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# **Summary Report**

## **A Health Services Research Agenda: Building Capacity within the Maternal, Child, & Youth Sector**

**February 18 and 19, 2010  
Sheraton Gateway Hotel  
Toronto, Ontario**

**CIHR - Institute for Human Development, Child and Youth Health  
and  
Canadian Child and Youth Health Coalition**

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# **A Health Services Research Agenda: Building Capacity within the Maternal, Child, & Youth Sector**

## **Summary Report**

### **Executive Summary**

In an effort to rise to the challenge of building stronger capacity in maternal, child and youth health services research, the Canadian Child & Youth Health Coalition (CCYHC), in partnership with the Canadian Institutes of Health Research – Institute for Human Development, Child & Youth Health (CIHR-IHDCYH), hosted an invitational workshop entitled *A Health Services Research Agenda: Building Capacity within the Maternal, Child, & Youth Sector*.

Capacity-building aims to support the education, training, mentoring and development of the brightest minds in health services and policy research to meet health system challenges. As this capacity is greatly needed, more opportunities must be developed to encourage and promote capacity in maternal, child, and youth health services research.

Participants of the workshop recognized the gap between the need for timely research and the number of researchers who can provide it. With a limited number of qualified researchers with this expertise, there is a sizable deficit in maternal, child, and youth health services research. More capacity must be developed in order to have a positive impact on the health of Canadians.

However, there are many barriers to capacity-building such as a lack funding, recognition, and mentorship opportunities. These barriers can be overcome by focusing on improving awareness, training, infrastructure, funding, channels for publication and recognition, and responsiveness to end-users.

Canada is lucky to have strengths and opportunities in capacity-building that already exist. Participants identified current strengths in capacity-building opportunities in six key theme areas: the collection and availability of high quality data; a strong collaborative network of researchers across Canada; some existing funding and training opportunities; interest and expertise in maternal, child, and youth health; formal training and increased recognition; and a strong multidisciplinary approach to doing research (that includes research with more than one focus and researchers with a range of expertise, for example).

To bridge the gap between the current state of maternal, child and youth health services capacity development in Canada and the desired outcome, participants identified four main areas of focus: support across the research career trajectory, networks, defining and profiling health system research, and a diverse expertise mix.

Since the current capacity-building initiatives are not meeting the demand for more experts and timely research, participants were encouraged to look beyond the usual tactics, use the network of contacts made at the workshop, and think outside the box for fresh, innovative solutions to increase capacity.

On the second day of the event, the focus shifted to the workshop's third objective: To assess progress, identify common themes, and explore collaborative strategies for promoting indicator uptake,

implementation, and knowledge transfer across funded projects in the Partnerships for Child and Youth Health Indicators initiative.

As each principal investigator of the funded projects presented key issues and lessons learned, it became clear that, though the projects differed in topic areas, they shared common challenges and over-arching themes in knowledge translation and capacity development. For example, many presenters indicated a need to sustain data collection tools throughout and after the research project. Additionally, some projects faced challenges in determining the risk of premature uptake of research results to respond to urgent needs.

The knowledge transfer challenges, however, present opportunities for innovative solutions. The research projects can overcome knowledge transfer obstacles by seeking/developing more requests for applications, working more effectively with government agencies, and re-examining key stakeholder groups.

Armed with the strategies, tools, new ideas, and new networking contacts, participants of the workshop left with a renewed purpose: to continue to foster capacity-building initiatives and research in maternal, child, and youth health.

# 1. Introduction

Developing the capacity to produce research, getting the research into the hands of policy makers, and ensuring it is put into action has been an ongoing challenge for Canada's health care system. In particular, health services research relating to maternal, child and youth health – from preconception to adolescence – is a domain facing a notable need for relevant research and timely research uptake.

In an effort to rise to the challenge of building stronger capacity in maternal, child and youth health services research, the Canadian Child & Youth Health Coalition (CCYHC), in partnership with the Canadian Institutes of Health Research – Institute for Human Development, Child & Youth Health (CIHR-IHDCYH), hosted an invitational workshop entitled A Health Services Research Agenda: Building Capacity within the Maternal, Child, & Youth Sector.

Held on February 18 and 19, 2010 in Toronto, Ontario, this workshop brought together Canadian experts and key stakeholders in health services research to challenge them to think outside the box to explore collaborative ways to move the maternal, child and youth health services research capacity-building agenda forward. With a mix of backgrounds and perspectives, participants spent the two days identifying issues, opportunities, resources, and partnerships in an effort to build capacity.

Additionally, the workshop provided a venue for updates on the progress of projects funded under the Partnerships for Child and Youth Health Indicators initiative and to explore collaborative strategies for promoting indicator uptake, implementation, and knowledge translation across the funded projects.

The objectives of the two-day workshop were three-fold:

1. Review the state of maternal, child, and youth health services research in Canada;
2. Discuss and prioritize strategies for improving Canadian capacity in maternal, child and youth health services research; and
3. Assess progress, identify common themes, and explore collaborative strategies for promoting indicator uptake, implementation, and knowledge transfer across funded projects in the Partnerships for Child and Youth Health Indicators initiative.

The following report provides a summary of key themes and discussions that took place at the workshop.

## **2. Day 1: Capacity Development**

### ***Examining issues, opportunities, tools, and solutions***

Building capacity in health services research has been an ongoing challenge in Canada. Though some infrastructures and training opportunities are already available, the gap in health services and policy research in the areas of maternal and youth health have a direct impact on levels of care.

To properly address this issue, participants of the A Health Services Research Agenda: Building Capacity within the Maternal, Child, and Youth Sector workshop were asked to think about and discuss the current landscape education, training, and mentoring of health services researchers.

### ***Identifying Issues and Challenges***

To effectively unpack the issue of capacity-building within the maternal, child and youth health context, the current issues and challenges must be addressed. Dr. Colleen Flood, Scientific Director of the CIHR Institute of Health Services and Policy Research, and Dr. Shoo Lee, Pediatrician-in-Chief at Mount Sinai Hospital and Head of the Division of Neonatology at the University of Toronto, provided an overview of the issues and challenges faced in efforts to develop capacity.

Before creating solutions, these issues and challenges must first be understood. According to Dr. Flood, one of the issues is simple dollars and cents. One of CIHR's challenges is to fund and promote research that looks at the provision of care at the lowest cost. Policy research plays a large role in fulfilling this mandate but, she pointed out, there is an unfortunate gap between what is needed and what can be achieved with the current system.

For example, the current research funding system does not encourage the timely production and uptake of new research; there is lag time between the time needed to obtain funding, instigate and complete the project, and subsequently ensure the findings get into the hands of users. Additionally, policy makers are mandated to make timely health services decisions with the information that is available at the time. This does not always include the most recent or relevant research evidence. As a result, research can literally take years to be put into practice.

Creating health system and policy research also faces additional barriers. For instance, applied research is rarely formally recognized or valued in Canadian universities to the same extent as traditional research. Plus, researchers need a diverse skill-set including quantitative and qualitative research, mixed research methods, and communications and knowledge translation skills. Researchers also should have core competencies in a range of disciplines such as economics, political science, medicine, nursing, and health services research.

However, Dr. Flood presented some ideas to overcome those barriers. She stressed a need to provide support throughout the career stages of researchers to develop national leadership in health services and policy research. Ideally, this support would reflect the nature and inter-disciplinarity of health services and policy researchers.

That's why CIHR has a mandated capacity-building goal – to maintain and build training and mentoring programs and initiatives that are responsive to health services and policy needs and challenges as well as to the current and diverse career paths of health services and policy trainees and researchers. Though CIHR has built a budding community of excellence, there is still work to do in health services research capacity development across all of CIHR's institutes.

See [www.ccyhc.org/work\\_indicators\\_rfa.html#workshop](http://www.ccyhc.org/work_indicators_rfa.html#workshop) for Flood's presentation deck for more details.

Dr. Lee, in turn, identified some of the challenges and issues acting as barriers to the key players involved in capacity development. Each stakeholder group can experience unique barriers that inhibit capacity-building efforts.

For example, while academic researchers may seek capacity-building opportunities, they are faced with a low starting compensation, lack of formal recognition, lack of mentors, difficulty obtaining funding, and a long lag time to productivity.

Both public and private agencies experience their own set of challenges. For example, they must focus on responding to questions of interest in government agencies.

From the end-user perspective, since community health workers are mostly service-oriented, they have few trained research personnel and their funding is not geared toward research. Health care managers have a need for immediate results. Too busy fighting fires on a daily basis, these managers often do not have the time or resources to interpret research results, ask the right questions, or proactively find the answers. Similar to health care managers, policy makers must take action based on their priorities. In this case, politics take precedence over facts - a conflict of interest can occur when research results do not support a political decision. Additionally, there is often a lack of communication between policy makers, researchers, and end-users, creating the opportunity for multiple disconnections between each stakeholder group.

The public, in turn, has a strong interest in health care issues and the mass media is the main source of information. Unfortunately, important key messages are often lost in the way the issue is presented.

Lee outlined a strategy in which these barriers can be addressed by focusing on improving the following six main areas:

- **Awareness:** Increase awareness of health system research by exposing students early to this field, and by supporting communication channels among policy makers, researchers, and the public.
- **Training:** Make more training available by providing funding, creating mentorship programs, offering training, and recognizing knowledge translation activities.
- **Infrastructure:** Establish stable and funded infrastructure to ensure quality, accessibility and flexibility of databases.
- **Funding:** Dedicate funding for health services research training and career development. Create partnerships with institutions and health care agencies.
- **Channels for publication and recognition:** Establish journals and create innovative dissemination tools for areas with limited publication channels, like knowledge translation.

- **Responsiveness to end-users:** Foster partnerships with end users to fund projects with mutual interest and demonstrate the usefulness of the results. Consider funding teams that can produce results swiftly and demonstrate the impact of research.

See [www.ccyhc.org/work\\_indicators\\_rfa.html#workshop](http://www.ccyhc.org/work_indicators_rfa.html#workshop) for Lee's presentation deck for more details.

## ***Celebrating Opportunities***

While there are clearly some obstacles that can inhibit capacity-building efforts in health services research in Canada, there are also strengths and opportunities that already exist.

Participants were asked to share the strengths in maternal, child and youth health services research that can be used to further the capacity-building agenda. The ideas that emerged can be classified into six key themes:

### **1. Data**

The availability and quality of health services research data was a recurring theme among the responses for current opportunities. Existing and emerging databases, reports, information systems, and infrastructures provide the backbone for quantifiable sources of information for maternal, child, and youth health information. Organizations such as the Canadian Institute of Health Information, Statistics Canada, and other health services research organizations (Institute for Clinical Evaluative Sciences (ICES), Manitoba Centre for Health Policy (MCHP), etc.) provide much-needed support for developing and maintaining these rich data sources.

### **2. Collaboration**

Coalitions, partnerships, and networks between stakeholders can provide ways to facilitate communication and collaboration, thereby building a strong voice for maternal, child, and youth health services research. Workshop participants pointed to existing national collaborations, networks like the [Maternal Infant Child and Youth Research Network](#) for example, and organizations such as the [Canadian Institute for Advanced Research](#). Additionally, the partnerships that exist between researchers and decision makers are celebrated and future collaborations are widely encouraged.

### **3. Current funding and training opportunities**

There are existing programs and funding opportunities such as the [Meeting, Planning and Dissemination grants](#), [Partnerships for Health System Improvement \(PHSI\)](#) program and the [Strategic Training Initiative in Health Research \(STIHR\)](#) at CIHR that provide innovative ways to attract new talent and develop core research and knowledge translation skills.

Other funding opportunities, such as post-doctoral training funding or salary support for clinical scientists and researchers are ways in which capacity in health services research is grown. Clinical scientist awards and research chair opportunities are also available from various organizations such as the Canadian Institute of Health Research and several provincial funding agencies.

#### **4. Interest and expertise**

Whether within health care or as a nation, there seems to be no lack of interest and passion in the subject of maternal, child, and youth health. Additionally, while additional mentors are needed, the ones that currently exist are highly valued.

Participants felt that, while the subject area may need more experts, the subject alone is a burning platform and attracts specialists passionate about their work. Conversely, while there is a recognized gap in the amount and quality of timely research, this gap provides an opportunity to make the case for better solutions. Maternal, child, and youth health makes a compelling case for more researchers to answer a larger range of research questions in this topical subject area.

#### **5. Formal Training and Increased Recognition**

Though it is widely believed that there is a need for more formal scholastic training and recognition, the models that do exist are celebrated. For example, McMaster University offers a PhD in health policy, and the University of Calgary offers an undergraduate degree in health science with a health and society stream.

These types of formal recognition models give this field more weight and provide support to a diverse, multi-disciplinary career path.

#### **6. Multi-disciplinary approaches**

Within health services research, the sum is greater than its parts. The strength of multi-disciplinary perspectives within research teams provides a mix of complementary skills that can act as a great advantage. This diversity of expertise is a welcomed, value-added quality of teams.

A truly effective health services researcher has a varied skill-set including quantitative and qualitative research, mixed research methods, communications and knowledge translation skills, as well as knowledge in economics, political science, medicine, and nursing.

### ***Exploring Tools***

Building on the tools and opportunities that already exist, an overview was provided of the tools and resources devoted to training and capacity building available at CIHR. Ranging from the traditional master, doctoral and fellowship funding, there are also more specific salary support programs for junior to senior investigators.

The Clinical Scientist awards allow clinicians to dedicate 70% of their time to research while maintaining their clinical practice. This program is currently under review to fit the needs of a variety of clinicians.

The [Applied Health Services and Policy Research Chairs Program](#) is a unique funding program that provides salary support as well as funding for research, mentoring and knowledge translation. Other capacity-building tools include the Strategic Training Initiatives in Health Research (STIHRs), emerging teams, and network funding.

The advantage of CIHR's tools is that they can be built or adapted to the needs of the community that requires capacity-building. Details about CIHR's tools and can be found here: [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca).

### ***A Case Study from the U.S.***

In a departure from the agenda, Dr. Christopher Forrest, Professor of Pediatrics at the Children's Hospital of Philadelphia and Senior Vice President and Chief Transformation Officer at The Institute for Translational Medicine and Therapeutics at the University of Pennsylvania, shared his unique perspective on the challenges associated with health services research.

According to Dr. Forrest, one of the greatest advances in maternal, child, and youth health research in the U.S. is the mandatory requirement for health care studies to address effects on children. If children and youth are not part of the study, researchers must justify the exclusion as part of the application. This has resulted in much more health research about kids.

Dr. Forrest outlined some ways the U.S. has been successful in promoting maternal, child, and youth health as an area in need of more research. A key factor in capacity-building was the investment in centres of excellence. These centres link research and training, and create organizational architecture for this research niche. Dr. Forrest encouraged participants to consider centres of excellence and determine how to connect them across the country.

Another tactic is to coordinate regular networking events. At Academy Health, a one-time breakfast meeting of 100 participants quickly turned into a regular meeting that encouraged researchers to network with their peers.

According to Dr. Forrest, however, the U.S. still has some work to do. Unfortunately, there is a lack of available health research data. Though the implementation of electronic health records is hugely promising, currently it is a struggle to find new ways to get research data. Dr. Forrest stressed that, in both the U.S. and Canada, data collection and availability are crucial. Until there are better strategies to share data, the field cannot advance.

### ***Proposing Solutions***

In an ideal world, there would be countless ways to build capacity in maternal, child, and youth health services research. The event's participants were asked to articulate their vision for improved capacity-building in order to facilitate their work.

The main needs that made their wish-lists included:

**More resources:** Many participants voiced their desire for more resources, whether it be for funding, data, communication tools, researchers who have maternal, child and youth health expertise, or mentors.

**More clarity:** A common understanding and more fulsome articulation of the definition of health services research, and clearer expectations, goals, and processes were sought.

**More recognition:** As a crosscutting theme throughout the event, participants wished for more opportunities for formal recognition of health services research in universities and training centres.

**Healthier moms and kids:** If investments are made in the areas above, this would have a direct impact on the health and well-being of mothers and children.

To bridge the current state of capacity development in Canada with the desired outcome, participants were asked to further explore their wish list into achievable, realistic goals. By focusing on the tools involved, potential outcomes and impact, leaders, cost, and timelines, the group reported back on four main subject areas:

### **Career Trajectory Support**

To facilitate and support careers in health services research with a focus on maternal, child, and youth health, it was proposed that providing support for both the top and bottom ends of the career spectrum must be made a priority.

In order to achieve this, the group suggested that CIHR's applied health service and policy research chairs model would provide the right support at the mid and senior end of a researcher's career. This model provides support for knowledge transfer activities, funding for training, and a strong focus on developing and fostering mentorship opportunities. Other ideas included the development of more team grants with a focus on maternal, youth, and child health services as well as the creation of an up-to-date list of the "who's who": key players in Canadian health services research.

### **Networks**

Participants felt that networks should be developed for training, infrastructure, and research platforms. Using current networks and health services research centres as a guide, specific networks with a focus on maternal, youth, and child health should be developed. However, the group acknowledged the fine line between a scope that is too broad versus one that is too narrow. Specialized networks can often experience difficulties obtaining funding.

As an incentive, the group proposed a "carrot": funding for training. Network members would be given preferential advantage for these funding opportunities.

### **Defining and Profiling Health Services Research**

Health services and policy research must be properly promoted and marketed in all health disciplines.

With CIHR as the instigator, it was suggested that national professional training and accreditation bodies can be brought together to promote health services research in universities and marketed to undergraduates looking for an exciting and fulfilling career option. Also, CIHR could fund prizes in health research with a focus on maternal, child, and youth health services and policy.

Additionally, the mention or promotion of maternal and youth health services research at presentations and conferences is a no-cost tactic with a sizable marketing impact.

### **Expertise Mix**

It was felt that a mix of both general and specific experts is needed to build capacity. While methodologists have a general capacity to move across disciplines, content experts are also often required for narrower subject areas in order to address specific research questions.

One solution is to create centres of excellence. While an on-site centre may be ideal for face-to-face interaction, a virtual centre could reach a critical mass and provide greater visibility and reach. Partners in this endeavor could include organizations like CIHR, health foundations, hospitals, the [Maternal Infant Child and Youth Research Network](#), and schools.

### ***A Call to Action***

Building on the group's suggestions for improving capacity development, Dr. Lisa Simpson, director of the Child Policy Research Center at the Cincinnati Children's Hospital Medical Center reflected on other approaches to best build capacity in her keynote address.

Simpson noted that one of the best things to have happened in the United States is the mandatory requirement at the National Institutes of Health for all health care studies to address the effect on children. If children are not involved in a study, a strong rationale must be provided for their exclusion from receipt of funding.

Though Canada does not have a similar funding requirement, Simpson challenged participants to find other ways to encourage maternal, child, and youth health services research capacity-building. Taking a fresh look at capacity-building models, she suggested that rather than turning towards the tried and true types of solutions, new approaches and opportunities could appeal to a range of disciplines. For example, she turned to innovative directions such as short-term "boot camps" in research, distance mentoring, short online courses, and "speed-date" mentoring.

## **3. Day 2: Knowledge Transfer in Action**

### ***Exploring common themes in funded projects***

The second day of the A Health Services Research Agenda: Building Capacity within the Maternal, Child, and Youth Sector workshop moved beyond capacity-building to explore knowledge transfer and collaborative strategies in action. By examining the projects funded through the Partnerships for Child and Youth Health Indicators initiative, participants were treated to a summary of the progress made to date.

The Partnerships for Child and Youth Health Indicators initiative was launched by CIHR-IHDCYH, the Canadian Child & Youth Health Coalition (CCYHC), and their 13 partners. The purpose of this initiative is to support teams of researchers and decision makers to develop and apply indicators of child and youth health and health care. The research teams are in the midst of 2- to 3-year research projects on pediatric indicators in thematic areas identified as high priority by CIHR, CCYHC, and their partners.

Summaries and presentation slide decks for each of the funded projects can be found here: [www.ccyhc.org/work\\_indicators\\_rfa.html#launch](http://www.ccyhc.org/work_indicators_rfa.html#launch).

Though the focus areas of the projects may be vastly different, they shared common challenges and over-arching themes.

### ***Common Knowledge Transfer Challenges***

The following thematic challenges weaved through each of the funded projects:

- **Long-term investments:** For some projects, the development of indicators is simply the tip of the iceberg. Much more work will need to be done in order to build on the indicators and eventually put the evidence into action. For example, in the project examining assistive technology, more commitment must be made to measure outcomes and the effect of other contextual factors in order to understand the influence of assistive devices. In many projects, a case was made for the need to develop more indicators to round out the scope of the project or to find ways to move the evidence into policy.
- **Sustainability of data collection tools:** Sustaining data collection tools throughout and after a research project can be a large investment of time and resources. Some researchers find it challenging to provide assurances of implementation and continued support of reporting tools such as scorecard maintenance, data collection, and analyses. In other cases, data collection was more challenging. The project that examined the development of measures of the quality of hospital care for children indicated a concern of saturation of mandatory reporting requirements in Ontario hospitals. There will be resistance if another reporting requirement is added.
- **Initiating and sustaining relationships:** Whether the relationship is with policy makers, clinicians, or funding partners, initiating and sustaining relationships both throughout and after a project can prove to be a challenge. As an example, the project that worked on an assessment framework and indicators for the pediatric cancer control system in Ontario noted that it was difficult to sustain external interest in the project throughout its development.
- **Rigour versus speed:** A common thread throughout the projects was the risk of premature uptake of research evidence to respond to urgent requests for research results. In the case of the FOCUS project, clinicians expressed an urgent wish to use the tool before reliability, validity and responsiveness had been established.
- **Need for greater funding:** Obtaining and stretching out funding to address all the indicators in a province-centric project proved to be a barrier in some projects. For example, in the project examining injury prevention policies (such as bicycle helmet laws), the allotted funding of \$62,500 would not cover the cost of the entire project, and cuts to the scope had to be made. Additionally, some projects found it difficult to find enough funding to support knowledge translation initiatives.
- **Commercial versus free:** In the FOCUS project, the speech therapy tool is now in high demand. This prompted an interesting question that was not clearly answered: Should health services researchers

consider charging for cost-recovery, additional research and development, and knowledge transfer activities?

- **Managing and adapting expectations:** In some projects, managing the expectations of partners and other stakeholders proved to be a challenge. For example, the indicator project that compared questionnaires for measuring change in functional status of children with cerebral palsy found that it was important to understand the limitations related to language and technology. For the project that examined child maltreatment and deliberate self harm, there is little evidence that ties process to outcome. The project underscored the need to manage expectations and understand that more work must be done to build the knowledge base.

### ***Possible Solutions to Common Knowledge Transfer Challenges***

Rising to the challenge, participants of the workshop discussed ways in which the presented funded projects, or any research project, could overcome knowledge transfer obstacles. Led by Dr. Melanie Barwick, participants navigated through the barriers to present five key thematic solutions:

1. Seek and/or develop more opportunities for requests for applications for implementation of indicators.
2. Foster more effective work with government:
  - Aim for director-level positions for points of contact.
  - Be tenacious and build relationships.
  - Redefine roles of government policy makers to link with researchers more effectively.
3. Re-examine your key audiences:
  - Consider looking outside the box for new stakeholders and key audiences, such as professional associations, end users, universities and other stakeholders rather than limiting to provincial decision makers.
  - Determine who needs to be involved at both the beginning and at the end of the project.
  - Build mutually-beneficial relationships.
4. Determine the tasks to transfer and when:
  - Offer your expertise and ask for other expertise when it's needed; lessons learned can go both ways.
5. Recognize that there is more than meets the eye:
  - Once the indicators are determined, there is a ripple effect for every other activity.
  - Think about all the logistics and details.
  - Determine the best approach, and the best people, to help fulfill all the requirements and details.

## 4. Next Steps

Armed with the strategies, tools, new ideas, and new networking contacts, participants of the workshop left with a renewed purpose: to continue to foster capacity-building initiatives and research in maternal, child, and youth health.

In the meantime, participants were encouraged to learn more about CIHR's Partnership for Health System Improvement initiative (PHSI). PHSI is an integrated knowledge transfer program to strengthen Canada's healthcare system through collaborative, applied, and policy-relevant research.

A funding program founded on partnerships, every PHSI project involves collaboration between decision makers and researchers interested in working together to address health system challenges. It aims to offer Canada's health system decision makers evidence-based answers to their most pressing questions.

Any applied health services and policy research topic can be addressed, so long as it responds to the information needs of the participating decision makers. More information about PHSI can be found here: [www.cihr-irsc.gc.ca/e/34348.html](http://www.cihr-irsc.gc.ca/e/34348.html).

CCYHC and CIHR-IHDCYH, in turn, have committed to continuing to build partnerships and examining the valuable advice and ideas put forth by the participants.

# Appendix 1

## Additional Information and Resources

[Workshop Agenda](#)

[Participant List](#)

[Project Summaries](#)

### Workshop Presentations:

#### Day 1

[» Building Capacity in Health Services and Policy Research](#)

Colleen M. Flood, Scientific Director, CIHR – Institute of Health Services and Policy Research

[» Maternal, Child, & Youth Health Services Research - Capacity Building Challenges](#)

Shoo K Lee, Professor of Paediatrics, Obstetrics & Gynecology and Head, Division of Neonatology, University of Toronto; Women's Auxiliary Chair & Head, Division of Neonatology, Hospital for Sick Children; Paediatrician-in-Chief & Director, Maternal-Infant Care Research Centre (MiCare), Mount Sinai Hospital; Head, Department of Neonatology & Developmental Paediatrics, Sunnybrook Health Sciences Centre

[» Growing Up? Parenting Strategies for the MCHSR Field](#)

Lisa Simpson, Director, Child Policy Research Center, Cincinnati Children's Hospital Medical Center; Professor, Department of Pediatrics, University of Cincinnati

#### Day 2

[» Canadian Injury Indicators Team: Policy Indicators](#)

Alison Macpherson, Assistant Professor, School of Kinesiology & Health Science, York University; Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)

[» Development of Measures of the Quality of Hospital Care for Children](#)

Astrid Guttmann, Clinician Scientist, Paediatric Medicine, Hospital for Sick Children;

Scientist, Institute of Clinical Evaluative Sciences (ICES)

[» Developing an Assessment Framework and Indicators for the Pediatric Cancer Control System in Ontario \(POGO\)](#)

Corin Greenberg, Executive Director, Pediatric Oncology Group of Ontario (POGO)

Dr. Anne Klassen, Associate Professor, Department of Pediatrics, McMaster University

CanChild Centre for Childhood Disability Research

[» Child Maltreatment and the Risks of Deliberate Self Harm \(DSH\)](#)

Anne Rhodes, Associate Professor, Departments of Psychiatry and the Dalla Lana School of Public Health University of Toronto, Faculty of Medicine; Research Scientist, Suicide Studies Unit St. Michael's Hospital and the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital; Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)

[» Development of an indicator of the impact of assistive devices in children and their families](#)

Steve Ryan, Bloorview Research Institute, Bloorview Kids Rehab & Dept of Occupational Science and Occupational Therapy

[» Evaluating the validity and responsiveness of the FOCUS: Focus on the Outcomes of Communication Under Six](#)

Nancy Thomas-Stonell, Scientist, Bloorview Research Institute, Bloorview Kids Rehab

[» A comparison of the WeeFIM and PEDI questionnaires for measuring change in functional status of young children with cerebral palsy or developmental delay](#)

Virginia Wright, Clinician Scientist, Bloorview Research Institute, Bloorview Kids Rehab; CanChild Centre for Childhood Disability Research

[» Partnerships for Health System Improvement \(PHSI\) Program](#)

Meghan McMahon, Assistant Director, CIHR – Institute of Health Services and Policy Research (IHSPR)