

Maternal, Child & Youth Health Services Research Capacity Building Challenges

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What is health services research?

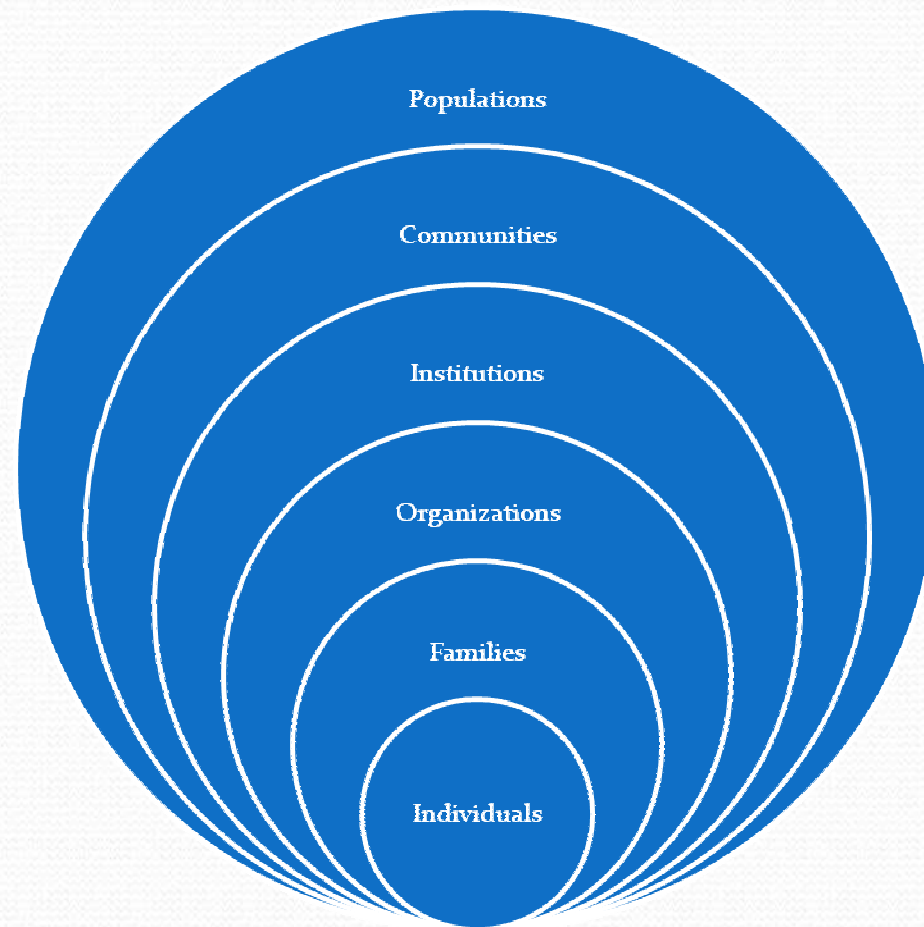
How

- Social factors
- Financing
- Organization
- Technologies
- Behaviors

Affect

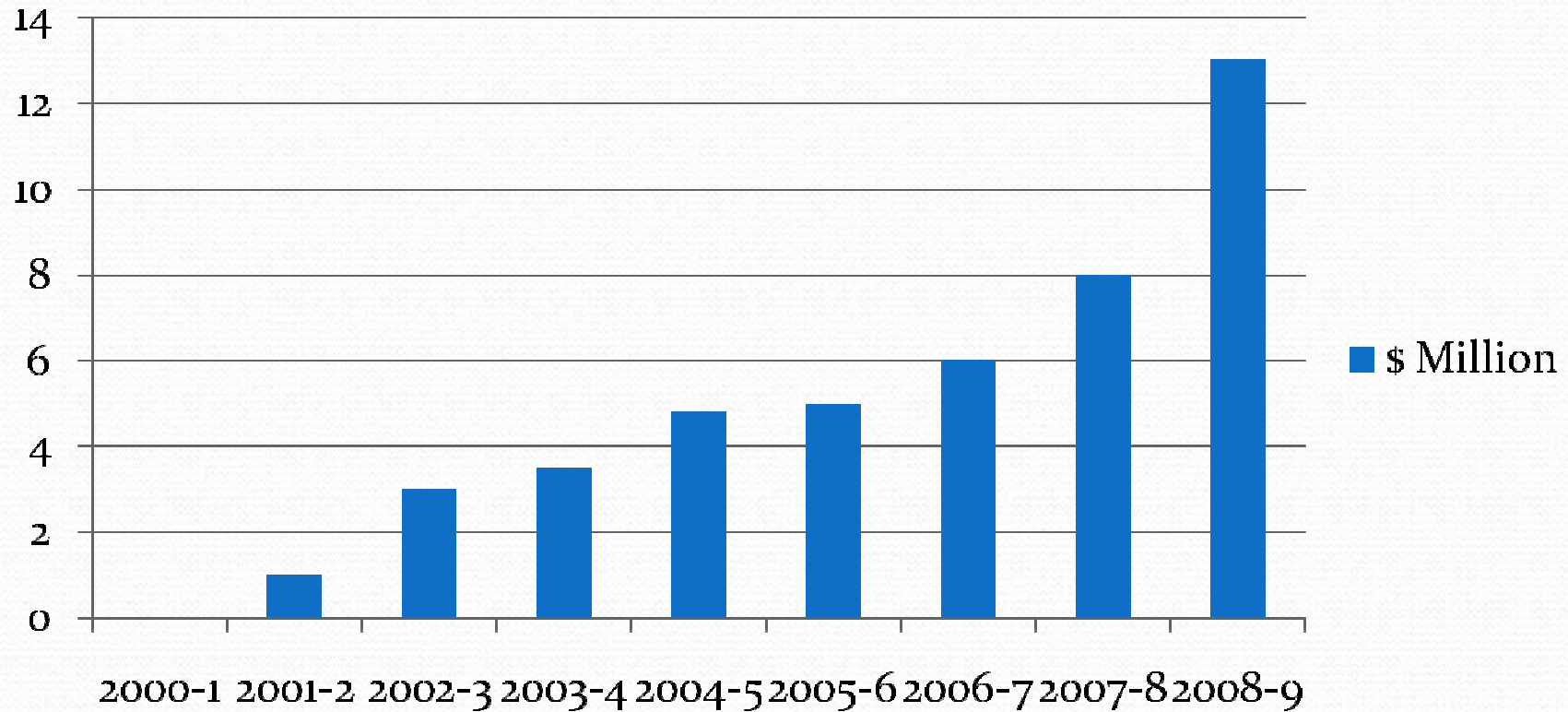
- Access
- Quality
- Cost
- Health
- Well being

Domains



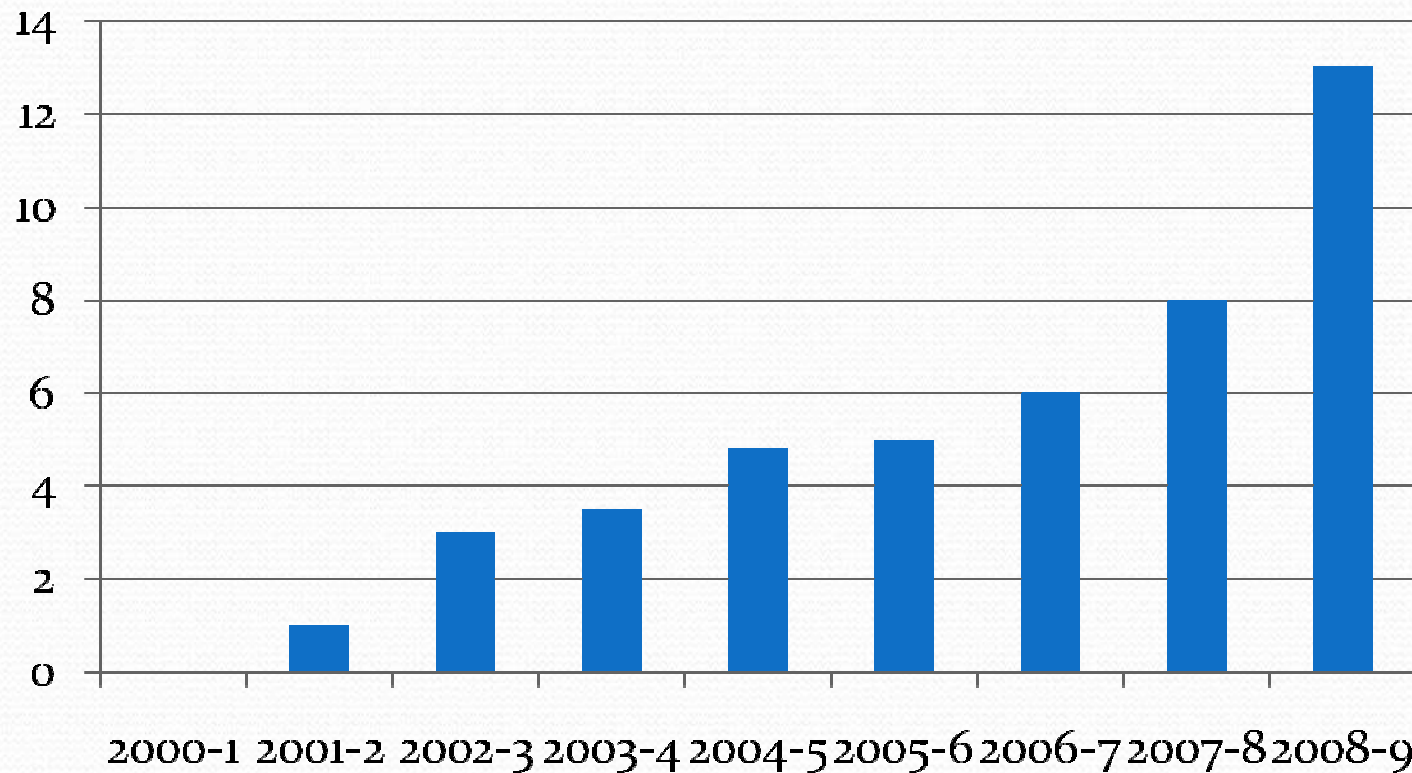
CIHR funding for maternal, child & youth health services research

\$ Million



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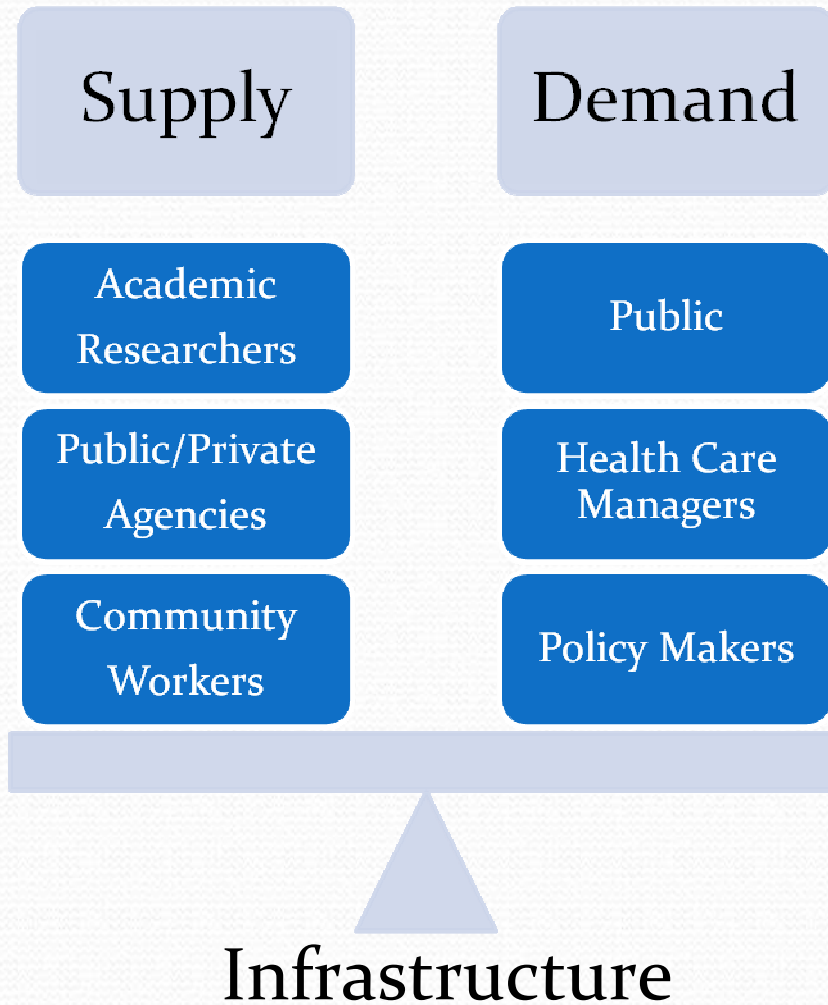
\$ Million



**5% of
CIHR
Funds**

■ \$ Million

Health Services Research Capacity



Supply Barriers – Academic Researchers

- Low starting base
- Strong MRC tradition of biomedical research
- Early exposure of students interested in health care to biomedical studies, but not HSR subjects
- Recognition of HSR importance is recent phenomenon
- Lack of high visibility recognition
- Lack of institutional/system for recognition
- Lack of mentors
- Lack of established training & career pathways
- Difficulty of obtaining research funding (projects, infrastructure)
- Long lag time to research productivity
- KT is an important component, but unrecognized
- Problem with levels of evidence
- Quality improvement versus Research

Public/Private Agencies

- In-house capacity
- Reporting function
- Focus on responding to questions of interest in government agencies
- No emphasis on independent research or publication in peer-reviewed journals
- Control over release of information/results
- Lacks role in training and mentorship
- Contribution to policy making, less to public access research or training

Community health workers

- Mostly service oriented
- Few trained research personnel
- Funding not geared toward research
- Wide dispersion of personnel
- Methods, organization and infrastructure are lacking

Public

- Strong public interest in health care and health outcomes
- Mass media is main source of knowledge dissemination capacity
- “Bad news” is sensational – creates institutional and government aversion
- Important issues are often “lost” in the messaging

Health Care Managers

- Health cost constraints mean that delivery of health care takes priority
- Lack of capacity to:
 - ask the right questions
 - understand/interpret results (2-way communication)
 - act on findings (too busy fighting fires)
- Need for immediate results to take urgent action
- Need to answer specific end-user questions of need; not investigator initiated questions
- Literature seldom contains specific information to meet their needs

Policy Makers

- Similar challenges to Health Care Managers
- Politics takes precedence over facts
- Conflict of interest when research results do not support political decision
- Lack of interest in supporting research that may make the policy makers' life more difficult
- Lack of communication channels between researchers and users of research results

Infrastructure

- Databases are the life blood of HSR but little funding available to support research quality databases
- High quality HSR require stable TEAMS of researchers and supporting research staff, but research funding is project based and does not support infrastructure
- Time line for HSR research is long, project funding is usually time restricted
- Lack of dedicated envelope for HSR funding, particularly longitudinal cohort studies
- Access to databases is often restrictive
- Privacy regulations are increasing barrier
- Ethics process is institution based

Strategies

- Awareness
- Training
- Infrastructure
- Funding
- Channels for publication and recognition
- End-Users

Awareness

- Expose interested students early
- Increase awareness of HSR
- Increase awareness of HSR importance among end-users
- Ensure HSR presence on influential bodies
- Communication channels to public, politicians, health care managers, policy makers
- Messaging and partnership with mass media to message the public

Training

- Make training opportunities available
- Streamline HSR training – macro and micro views
- Funding for training e.g. CCHCSP, post-fellowship
- Mentorship program
- Clear and promising career track
- Recognize KT activities
- Offer appropriate training to both researchers and end-users, e.g. SEARCH

Infrastructure

- Establish stable and funded infrastructure
- Create Teams of researchers with critical mass
- Ensure quality, accessibility and flexibility of databases
- Connectivity and linkage
- Sensible privacy rules
- Streamline ethics process

Funding

- Dedicated funding for training and career development for HSR
- Dedicated envelope of research funding
- Stable funding for infrastructure and teams
- Partnerships with institutions and health care agencies for funding
- Translational research opportunities

Publication & recognition channels

- Establish journals for areas with limited publication channels e.g. KT
- New and innovative channels for publication and knowledge dissemination e.g. Cochrane library
- Provide for under-recognized areas e.g. KT
- Establish “Nobel Prize” for HSR

Responsiveness to Users

- Partnership with end-users to fund projects of mutual interest
- Demonstrate usefulness of results
- Create resources that are responsive to end-users e.g. rapid response teams for literature review
- Consider teams that can rapidly respond with research projects and fund them
- Knowledge translation
- Innovate solutions
- Demonstrate impact