

Promising Practices In Research Use

Organizations investing in people, processes, and structures to increase their capacity to use research

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How a B.C. health authority is boosting its research capacity

Interior Health is one of six B.C. health authorities created in 2001. It serves just more than 15 percent of the province's population – including a large percentage that resides in rural and remote areas – and encompasses about one-quarter of the province's land mass.

Although research had always played a role at Interior Health, senior management increasingly recognized there were more opportunities for research to support decision-making. In 2005, a research department was formed through funding from the Michael Smith Foundation for Health Research to help increase research capacity in the region. "We knew we needed to enhance our capacity," says research facilitator Jennifer Miller, "not only for research production, but also how it was evaluated, adapted, and applied."

The first step was to assess current research capacity, to provide a baseline measure and identify priorities for action. After a search for assessment methods, Interior Health selected the Canadian Health Services Research Foundation's *Is Research Working for You?* self-assessment tool. "It covered all the relevant issues," says Dr. Miller, "and had been validated and pre-tested."

Interior Health tailored the tool to suit its needs. For example, the assessment's existing questions about the organization's research capacity were

Key Messages

- **Assessing organizational research capacity is a good first step for health services organizations on the path to establishing a more evidence-informed decision-making culture.**
- **Organizations can adapt *Is Research Working for You?*, the Canadian Health Services Research Foundation's tested research capacity assessment tool, to suit their needs.**
- **The tool can establish baseline measurements as well as identify strengths, weaknesses, and priorities for action.**

supplemented with similar questions about individuals' personal circumstances, such as whether they personally had the time and resources to get involved in research. This helped the authority understand individual situations in addition to what people thought was happening in the organization as a whole.

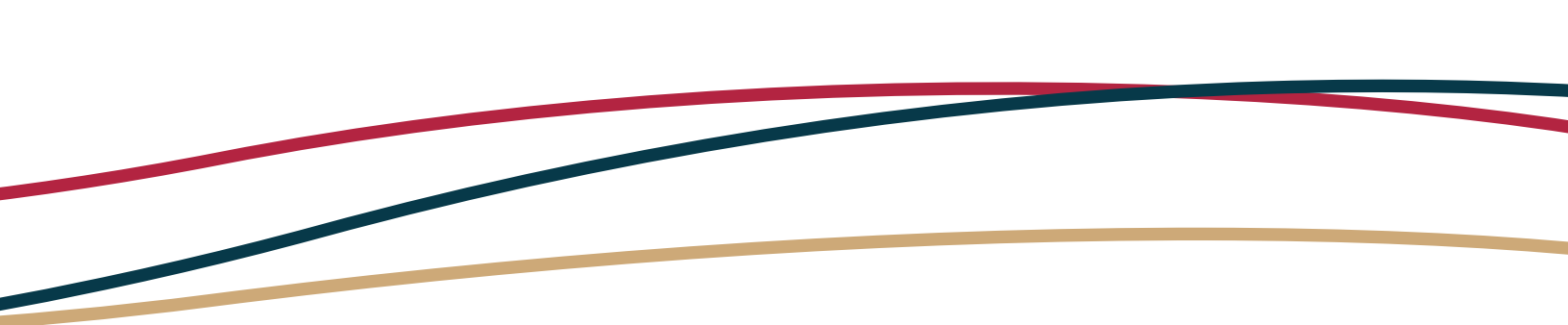
Another key modification was to add "don't know" to the choice of responses, a useful addition, as it revealed areas of low awareness that may not have emerged without the inclusion of that response.

Are you interested in bringing this practice to your organization? The foundation may be able to help. Please visit www.chsrf.ca/promising for information. You can also find more stories about how organizations are increasing their capacity to use research and tell us your own stories, which may be used for future installments of this series.



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Completed assessments were returned from staff, stakeholders, partners, and other contacts, for an overall response rate of 47 percent. “Our return rate could have been higher from our hard copy distribution,” says Dr. Miller, “but we were quite pleased with the response from our electronic distribution.”

The results were a mix of encouraging trends and clear areas for action. Respondents strongly agreed the organization had skilled people for research, though they were less positive about having the necessary time, resources, and incentives. Respondents also showed a strong understanding of where to access and obtain research.

There was less confidence employees had the skills to assess research quality and validity. Responses also revealed low awareness about the opportunities available for linkages with university researchers to collaborate on research activities.

“It was clear we needed to first focus on building capacity to assess and adapt research,” says Dr. Miller. To meet the need, the research department developed several educational tools, including brown bag lunch seminars and a popular workshop series on various research skills, such as evaluating research literature.

Another focus has been on raising awareness of potential linkages with local university researchers – a partial solution to the time and resource issues staff identified. The assessment

itself helped raise awareness of these opportunities, and Dr. Miller believes more employees are making the links. “Members of our home and community care group are participating in a Canadian Institutes of Health Research-funded research project on priority-setting and resource allocation decision-making with Dr. Craig Mitton and other researchers from UBC-Okanagan,” notes Dr. Miller. “A key to the project is demonstrating the involvement of many stakeholders and the commitment of the health authority partners to support knowledge translation.”

The work of the research department is also evolving. “It has opened new avenues for us,” agrees Dr. Miller. “We’re focusing a lot on knowledge translation. Our literature synthesis *Managing Frail Seniors in the Community*, for example, gave managers a clear summary of the evidence in several areas. And we’re developing research partnerships ourselves with other health authorities and research networks. For example, we’re linking up with two other predominantly rural authorities to collaborate on knowledge translation strategies for rural areas.”

The bottom line is a sense of heightened awareness at Interior Health of research and its potential contributions. Dr. Miller is confident a repeat of the assessment tool later in 2007 will reflect these positive trends.

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