CHSRF/CIHR Chair

Annual Report 2008

Reporting Period: January 1 – December 31, 2008

Canadian Health Services Research Foundation / Fondation canadienne de la recherche sur les services de santé
Capacity for Applied and Developmental Research and Evaluation / Capacité et développement en recherche appliquée et évaluation
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Ottawa, ON K1Z 8R1 (Canada)
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Report Due: June 30th, 2009
Please submit electronic copy to José Hernández @ jose.hernandez@chsrf.ca
Chair Annual Report

The information in this report will be used for program planning and administration, and to monitor the impact of the CADRE program on building capacity for applied health services and nursing research in Canada. Please note that this report should reflect activities that occur in the reporting period. The annual report, participant database, financial report, accountability framework, and demographic information are the primary tools CADRE uses to capture quantitative measures and qualitative descriptions measuring the program’s results, impacts and key issues. Data collected in the annual reports will provide rich program descriptions that can be used to inform further program development.

<table>
<thead>
<tr>
<th>Chair Name:</th>
<th>Health Care Settings and Canadians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair Title:</td>
<td>CHSRF/CIHR Health Services Chair</td>
</tr>
<tr>
<td>File Number:</td>
<td></td>
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<tr>
<td>Institution:</td>
<td>University of Toronto</td>
</tr>
<tr>
<td>Faculty:</td>
<td>Medicine</td>
</tr>
<tr>
<td>Department:</td>
<td>Health Policy, Management and Evaluation</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>155 College Street, Suite 425 Toronto, ON M5T 3M6</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:Peter.coyte@utoronto.ca">Peter.coyte@utoronto.ca</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>416-978-8369</td>
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<tr>
<td>Fax:</td>
<td>416-978-7350</td>
</tr>
<tr>
<td>Program Start Date:</td>
<td>July 1, 2000</td>
</tr>
<tr>
<td>Program End Date:</td>
<td>June 30, 2010</td>
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</table>
**Chair Priorities:** List the five major priorities/objectives that were planned for the Chair program in the reporting period. Were these met? How? If not, why? Describe any contextual issues that may have influenced your ability to meet these priorities (regional factors, socio-political context, historical factors, resource issues).

The first significant priority for the Chair this year was the development and successful submission of a CIHR proposal for the Strategic Training Program in Health Care, Technology and Place (HCTP). The receipt of CIHR funding has assured the fundamental sustainability of the Chair’s core program. Up until now, the Chair’s program existed in parallel, and in synergy, with the original Health Care Technology and Place (HCTP) Program at the University of Toronto. However, going forward, the two programs will come together to focus on issues such as the technological mediation of health care in the 21st Century and health technology assessment. This integration will ensure that the goals of the Chair’s program (research, education and mentorship, and linkage and exchange) are incorporated into the new Strategic Training Program in HCTP. Funded by the CIHR for a six year period from April 1, 2009 to March 31, 2015, the Strategic Training Program in HCTP will enable the sustenance of the Chair’s vision with some innovative changes in education and mentoring formats, an emphasis on a more theoretically-informed and interdisciplinary applied health research program, and a significant range of knowledge exchange opportunities for trainees as well as decision makers.

The second priority included the successful acquisition of additional funding for research and education. This was achieved through continued efforts to secure funding for the evaluation of home-based palliative care programs in various regions of Canada, and funding from the Ontario HIV/AIDS Treatment Network to study immigration policy as it pertains to permanent resident applicants with health conditions that may represent an excessive demand on Canadian health or social services.

The Chair’s third priority involved the provision of supports and incentives to assist graduates in the timely completion of their studies. These supports and incentives included the provision of educational and mentorship opportunities, funding to support full-time studies, and access to decision makers organizations to facilitate research activities. Both existing and new trainees were afforded supports to complete their studies in a timely manner.

The fourth priority was the maintenance of an array of educational and knowledge translation activities built on a platform of research. Both the Home and Community Care Highlights and the Toronto Health Economics Network continued to grow in size and reach. Furthermore, the success of the 1st Annual Chair’s Workshop bodes well for future incarnations that provide a forum for exchange between trainees and decision makers.

Finally, the international reach of the Chair’s Program has continued through the enrollment of new international trainees as well as the involvement of international partners associated with the renewal application to CIHR for Strategic Training Program in Health Care, Technology and Place (HCTP).

**Enabling/Hindering Factors:** List the factors that significantly enable and hinder the work of your Chair.

<table>
<thead>
<tr>
<th>Enabling Factors</th>
<th>Hindering Factors</th>
</tr>
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<tbody>
<tr>
<td>1. The University of Toronto’s Mentorship Program enabled the Chair to expand his</td>
<td>1. Time and funding.</td>
</tr>
</tbody>
</table>
mentoring role to high school trainees.

2. Support from the Chair of HPME.  
2. On-going commitments.

3. Funding from the CHSRF/CIHR Chair’s Program.

**Governance/Advisory Structure:** Describe your program’s mandate and composition (list the members, titles and affiliations). How does your Chair use the expertise of this group? *if applicable

**Advisory Committee:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dr. Tim McTiernan</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Interim Vice President – Research and Associate Provost</td>
</tr>
<tr>
<td></td>
<td>University of Toronto, Faculty of Medicine</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Dr. Louise Lemieux-Charles</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Chair – Dept. of Health Policy, Management and Evaluation</td>
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<tr>
<td></td>
<td>University of Toronto, Faculty of Medicine</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Jane Gibson</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Knowledge Transfer and Exchange, Institute for Work and Health</td>
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</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Teresita Warner</th>
</tr>
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<tbody>
<tr>
<td>Title:</td>
<td>Formerly with the Ontario Ministry of Health and Long-Term Care</td>
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</table>

**Funding Partners:** List all the organizations that contribute cash or in-kind support to your Chair.

1. Canadian Health Services Research Foundation (CHSRF)
2. Canadian Institutes for Health Research (CIHR)
3. Ontario Ministry of Health and Long-Term Care

**Stakeholder Engagement:** Mark with an “X” the stakeholder groups that are engaged in your Chair program:

- [X ] Health system managers/decision makers
- [X ] Health policy makers
- [X] Researchers/academics
- [ ] Health professional organizations
- [X] Health provider organization
- [X ] Community/municipal organizations
- [X ] International health organizations (for example, WHO)
- [X ] Charitable organizations (for example, Cancer Care Ontario)
- [X ] Clinicians/health care providers
- [X ] Patients/consumers

Chair Annual Report 2008
Industry (for example, pharmaceutical)
[X] Media
[X] Public
[X] Other (please describe)

**Decision Maker Involvement:** Describe your relationships with decision makers; this could include policy/decision maker advisory roles, governance, training and student opportunities such as residencies/field placements, and Chair promotion. Provide a list, including name and organizational affiliation and a description of their role/involvement, if relevant.*attach as an appendix if preferred

(i) The Change Foundation - Principal Decision-Maker
(ii) Ontario Long-Term Care Association

(i) The Change Foundation continues to be the Principal Decision Maker Partner for the Chair’s program. The Foundation has been instrumental in facilitating the knowledge transfer programs for the Chair. Since 2004, a more direct relationship with the Change Foundation has been established that has resulted in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise between the university and non-governmental organizations. This, in turn, exposes the Chair’s home Department to the priorities and perspectives of the health services decision maker community.

(ii) The Chair also created a unique collaboration and training opportunity with his second main Decision Maker Partner, the Ontario Long-Term Care Association (OLTCA). Nancy Cooper, Director of Policy and Professional Development at the OLTCA, was recruited to serve as a co-instructor for the Chair’s knowledge translation course, *Home and Community Care Highlights* (JNH 5003). The new partnership with Ms. Cooper enhanced ‘linkage and exchange’ by creating a direct collaboration with the OLTCA and providing a novel yet essential decision-maker perspective to this knowledge translation course.

**University Deans and VPs:** How have you kept your university administrators informed of your Chair activities?

Dr. Louise Lemieux-Charles, Chair of the Department of Health Policy, Management and Evaluation, continues to be a member of the Chair’s advisory committee. In addition to regular meetings between the Chair and Dr. Lemieux-Charles, Dr. Lemieux-Charles was a key participant in the 1st Annual CHSRF/CIHR Chair Workshop held on April 30th, 2008.

**Collaboration Opportunities:** Describe any new opportunities for collaboration; for example, with other Chairs, RTCs, EXTRA, centers for research, STIHRs, and researchers.

Collaboration with other Chairs:
1. A book is being developed based on the experiences and innovations of each of the Chairs’ Programs across Canada. Dr. Coyte’s contribution to this book will be in relating the experience of developing court expertise in the context of knowledge production and transfer/translation among multiple networks: the classroom, peer-reviewed journals, lay press, and court. The individual chapters of the book were
collected in February 2009 to be reviewed and compiled, thereby providing an exceptional exchange of Chairs’ experiences and innovations.

Collaboration with other researchers:
1) *Variation in patient and physician attitudes towards spinal stenosis surgery and their influence on regional surgical rates.* Ontario Neurotrauma Foundation. Co-Principal Investigators Bederman S and Wright JG; Co-investigators Coyte PC, McIsaac WJ, Kreder HJ, and Mahomed NN.


**Key Program Developments:** Describe the top five developments within your Chair program.

1. Opportunity to reach a new phase of knowledge translation, namely through re-communicating evidence to Canadian courts (i.e. research on expanding Intensive Behavioural Intervention (IBI) therapy to all autistic children in Ontario) and to Citizenship and Immigration Canada (i.e. *Medical Inadmissibility Guidelines* project)

2. Development of exemplary knowledge translation course, *Home and Community Care Highlights* (JNH 5003). As part of the course, graduate students review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate and potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes awareness of the perspectives and evidence needs of decision-makers. The products from this course are four issues of the *Home and Community Care Highlights* Digest, a quarterly summary of research in the area. Since 2002, more than 20 issues have been published for a wide range of subscribers.

3. The development and direction of the Strategic Training Program in Health Care, Technology and Place (HCTP). Six two-year-cohorts of 56 trainees, comprising 38 doctoral and 18 post-doctoral fellows have been admitted to HCTP. Just over half of these fellows were from non-traditional areas of health research (eg English and Philosophy). Key outcomes from this interdisciplinary research capacity enhancement Program have been: (1) that 70% of post-doctoral fellows have acquired tenure-track appointments; and (2) that 30% and 20% of doctoral graduates have acquired post-doctoral fellowships or tenure-track appointments, respectively.

4. Trainee stipends for numerous MSc and PhD Students.

5. Funding for students to attend various workshop and conferences.

6. Recruitment of international trainees.

**Research Outcomes:** Describe the top five research outcomes, including new knowledge created, within your Chair program.
The Chair’s top five research outcomes involved applied research across a diverse range of clinical and academic areas: HIV and immigration policy, palliative home care, nursing research capacity evaluation, evidence and the law, and clinical productivity in paediatric health science centres.

1) The project entitled “Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applicants with HIV/AIDS” was funded by the Ontario HIV Treatment Network. It yielded a report and policy guidelines regarding economic burden thresholds that could be applied to immigration applicants with significant illnesses in order to assess whether they represented an “excessive demand” on Canadian health or social services.

2) Palliative Home Care was funded by the Canadian Institutes of Health Research. It examined variations in the cost and quality of home-based palliative care in Calgary, Edmonton and Toronto. Research was conducted in conjunction with home-care managers and enable such managers to identify more efficient and effective methods of organizing and delivering home-based palliative care.

3) The Federal government’s initiative to fund the Nursing Research Fund was evaluated through support from the CHSRF. Results were disseminated through publication in the Canadian Journal of Nursing Research and a report on the CHSRF’s web site.

4) The Chair contributed a chapter entitled, “Evidence Informed Public Policy Decision–Making” to an edited volume, “Shaping the Academy for the Public’s Good” [Louise Potvin, editor; currently under review by the University of Toronto Press]. This involved an examination of the experiences of trainees and the Chair in the use of scientific evidence to facilitate the development of public policy. In the first exemplar, the Chapter examined the effect on the research process of interactions between legislative goals and the Court’s role in interpreting the Charter of Rights in relation to autism. In the second exemplar, the Chapter discussed the necessity of precautions and preparedness planning for the possible negative social policy applications of research results.

5) With support from the Hospital for Sick Children (that in turn was funded by the Ontario Ministry of Health) the Chair conducted a systematic review of the literature concerning: measures of clinical performance in academic paediatric health science centres; differences between paediatric and adult patient populations; how these differences impact clinical productivity; and finally, the impact of different remuneration schemes on clinical practice and productivity for academic paediatricians. A report was written and disseminated to leaders from each of the five academic health science centres in Ontario and is forthcoming in Paediatrics and Child Health.

**Impact and Significance:** List five ways in which your research, mentorship activities and/or linkage and exchange activities have affected or will influence health services decision-making, stakeholders, decision makers, future research, and the Canadian health system.

1. Health services decision-making and the Canadian health system will be impacted by the Chair’s array of evidence-based knowledge translation activities. The IBI therapy (autism) research project has already made a difference to Canadian jurisprudence and it is expected that Citizenship and Immigration Canada will be significantly impacted following the results of the Medical Inadmissibility Guidelines project.

2. Results of the Chair’s commissioned research project, *The Evaluation of CHSRF’s Nursing Research Fund* will influence stakeholders and decision-makers in the Canadian nursing community. This program evaluation will inform decisions and
directions in the establishment of an potential second phase to the Nursing Research Fund.

3. The Chair’s mentorship activities will inevitably influence future research, as the interest, experience and know-how in conducting health services research are being developed at an early stage in the research careers for each mentee (i.e. through mentorship of high school students and undergraduates).

4. The Chair’s knowledge translation course, *Home and Community Care Highlights* (JNH 5003), has the potential to impact health services decision-making by providing a media through which decision-makers have timely access new and relevant research findings.

5. By creating and championing the Toronto Health Economics Network (THE Network), the Chair has established Toronto as a key centre for the study and dissemination of health economics. The success and prominence of this work has been demonstrated in the awarding of the 2011 International Health Economics Association meetings with leaderships from members of THE Network including the Chair.

**Grants/Funding Awarded:** Provide a complete list of research grants received. Describe the funding source, type of grant, full period of support, project title, amount of funding, and any co-investigators.

<table>
<thead>
<tr>
<th>Grant Title</th>
<th>Amount</th>
<th>Funding Source</th>
<th>PI(s)</th>
<th>Co-PI(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applicants with HIV/AIDS”,</td>
<td>$46,982.00</td>
<td>Ontario HIV Treatment Network, Coyte PC and Battista M (Co-PIs), Co-investigators Bayoumi A, Li A, Holmes D, and Elliott R.</td>
<td></td>
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<tr>
<td>“An Evaluation of the Nursing Research Fund: Lessons to date and Recommended Next Steps”,</td>
<td>$74,986.00</td>
<td>Canadian Health Services Research Foundation, Coyte PC (PI).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Variation in patient and physician attitudes towards spinal stenosis surgery and their influence on regional surgical rates”,</td>
<td>$74,998</td>
<td>Ontario Neurotrauma Foundation, Bederman S and Wright JG are Co-Principal Investigators, Co-investigators comprise Coyte PC, McIsaac WJ, Kreder HJ, and Mahomed NN.</td>
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</tr>
<tr>
<td>“Factors Influencing the Adoption of New Cancer Drugs Across Various Institutional Contexts”</td>
<td>$150,000</td>
<td>Canadian Institutes of Health Research, Partnerships for Health System Improvement, Coyte PC and Sullivan T (Co-PIs), Co-investigators are Chafe RE, Culyer AJ, Dobrow M, Kara LE, Morgan SE, Peacock</td>
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</tbody>
</table>
Awards and Recognition: Provide a complete list of all awards and recognition received by Chair holder.

Institute for Health Services and Policy Research, Article of the Year award that recognizes published research that has significantly contributed to the advancement of the field of health services and policy research in Canada, 2009.

Course work: List any university courses taught.*if applicable

JNH 5003H – Home and Community Care Knowledge Translation
HAD 5730 - Economic Evaluation Methods for Health Services Research

Program of Study: List and describe any new courses, curriculum, practicum or workshops/seminars that have been developed. *if applicable

The 1st Annual CHSRF/CIHR Health Services Chair Workshop was held on April 30th, 2008. The purpose of the workshop was to profile the members of the CHSRF CAN (Coyte’s Alumni Network). The theme of the workshop was Research for Policy Decision-Making. It was a great success with over fifty participants. We look forward to hosting the workshop annually until the completion of the Chair.

Qualification/Skill Development: List any new qualifications and/or skills attained; for example, leadership training, media training.

The ability to mentor high school students was developed under the auspices of the University of Toronto’s Mentorship Program

Trainee Recruitment Strategy: Explain your trainee recruitment strategies, such as promotional announcements, conference postings or international journal ads. Do you operate with an explicit approach to target a diverse candidate pool; for example, geographical, professional background and/or educational background?

Trainee recruitment is conducted through Networks of collaborators and word-of-mouth. The Chair provides direct follow-up to all inquiries associated with the Program and offers customized advice on educational programs for each prospective trainee.

Dissemination and Knowledge Translation (KT)
Give a complete list of all dissemination and KT activities that describe the work of the Chair and/or those conducted on behalf of the Chair. Do not include activities of trainees. Provide full citations.


Motiwala SS, Coyte PC: “The Role of Remuneration in Clinical Productivity of Paediatric...


of Health and Social Care in the Community, 16:2, 126-136, 2008.


MONOGRAPHS/REPORTS

Coyte PC, Goodwin N, Laporte A: How to Balance the Care Settings Used to Provide Care for Older People? Policy Brief for the Health Evidence Network (World Health Organization Regional Office for Europe) and the European Observatory on Health Systems and Policy, March 2008.


DOCTORAL THESIS


Michele Kohli, “Priority Setting in Home Care”, PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor, 2001-2009).

Presentations: List all oral presentations, posters and/or conferences/workshops where the Chair or Chair representative was invited to speak; for example, traditional peer-reviewed conference presentations and posters, and/or invited presentations for decision-making organizations. Identify the organization or group that invited the Chair to present or attend; for example, CAHSPR, invited presentation to officials at the provincial health ministry.

<table>
<thead>
<tr>
<th>Date and Place</th>
<th>Presentation Title</th>
<th>Organization/Group</th>
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</thead>
<tbody>
<tr>
<td>Beijing, July 2009</td>
<td>“Economic Burden of Immigrants: When to Say No?”</td>
<td>International Association for Health Economics</td>
</tr>
<tr>
<td>Hamilton. March 2009</td>
<td>“Mechanisms to Finance Health Care Service Provision”</td>
<td>Economics Department, McMaster University</td>
</tr>
<tr>
<td>Pakistan, November 2008</td>
<td>“Economic Burden of Immigrants: When to Say No?”</td>
<td>1st South Asian International Conference</td>
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</table>
Pakistan, November 2008  | “Globalization and Change” | 1st Sound Asian International Conference
Thailand, November 2008  | “Local Trends in Thailand’s Expenditure on Health Care” | American Chamber of Commerce
Niagara-on-the-Lake, May 2008  | “Health Care, Technology and Place Training Program” | Toronto Health Economics and Technology Assessment (THETA) Collaborative Retreat
Toronto, May 2008  | “Interdisciplinary Collaboration” | Annual Workshop for the Collaborative Program in Health Care, Technology and Place
Toronto, April 2008  | “Research for Policy-Decision Making” | 1st CHSRF/CIHR Chair’s Annual Workshop
Toronto, March 2008  | “Canadian Medical Inadmissibility Study” | Women’s Health in Women’s Hands
Hamilton, March 2008  | “Health Financing Mechanisms and Methods to Improve Health Sector Performance” | Economics Department, McMaster University

Committee Participation: List all committees that you are a member of, including university committees, selection committees, editorial boards, grant review panels, organizing committees for meetings/symposia, and others as appropriate.

a. Chair, Appeals Committee, Health Policy, Man., & Eval., 1999-present.
b. Member, Appointments and Promotions Committee, 2001-present.
c. Member, Advisory Board, national Home Care and Primary Health Care Partnership Project, 2004- present.
e. Member, Advisory Board, John, John Duetsch Institute for the Study of Economic Policy in Canada, Queen’s University, 2003 – present.
f. Reviewer of Papers for:
   i. Journal of Health Economics
   ii. Medical Care
   iii. Health Affairs
   iv. Canadian Medical Association Journal
   v. Health Services Research
   vi. Social Science and Medicine
   vii. Canadian Public Policy
   viii. Pharmacoeconomics
   ix. Chest
Masters and PhD Committees: Provide the number of masters and doctoral committees of which you are the primary supervisor.

<table>
<thead>
<tr>
<th>Masters</th>
<th>PhD</th>
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<td>3</td>
<td>7</td>
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Upcoming Priorities: Describe the major priorities/objectives planned or envisioned for the next reporting period.

The Chair has three major upcoming priorities. The first two involve ensuring the smooth and strategic wind down of the Chair’s Program, as well as the sustainability of as many of the Chair’s fundamental activities as is feasible through the allocation and reorganization of the Chair’s activities in other forms - specifically, through the Strategic Training Program in HCTP. Course offerings, and mentorship and practicum opportunities will be revised in line with the goals and objectives of the Strategic Training Program in order to maintain the legacy of the Chair’s successful commitment to research, education and mentorship, and linkage and exchange.

Given the huge success of the 1st annual CHSRF/CIHR Health Services Chair workshop, we are eagerly awaiting the 2nd Annual CHSRF/CIHR Health Services Chair Workshop that is to occur in March of 2009.

Award Value: Highlight the activities/outcomes that you were able to achieve that would not have been possible without your CHSRF/CIHR Chair award.

1. The financial contributions made by the Award supported an array of infrastructure supports such as “THE Network” which has recently been undertaken with the Toronto Health Economics and Technology Assessment (THETA) collaborative. THE (Toronto Health Economics) Network brought together users of health economics research in government and industry with health economists from research institutes and diverse University of Toronto departments/faculties. THE Network provided the groundwork for the successful submission and funding of THETA with support furnished by the Ontario Medical Advisory Secretariat.
2. The Chair’s award funded the Annual Chair’s Workshop, a fora for linkage and exchange between mentors, trainees and policy decision-makers. The Workshop additionally showcased activities of the Chair’s program. The Chair’s Award was the only source of funding for the annual workshop.
3. The Chair’s Program has privileged mentorship and teaching. The Chair’s mentorship expanded beyond the Masters, doctoral and post-doctoral levels to encompass undergraduate students at the University of Toronto, and adolescent novice learners from local Toronto area high-schools. Undergraduate University of Toronto students included: Debbie Poon (Radiation Technology; Yr II); Dominika Krzeminska (Global Health Specialist Program; Yr III) and Hana Dhanji (Life Sciences; Year III). Eight High school students participated in the full year (Sept to May) “University of Toronto Mentorship Program.” Six grade 12 students and two grade 11 students successfully participated in the program which met as a group every 2-3 weeks: Jennifer Chen; Michele Lam; Daphne To; Seowoo Kim; Yuri Chung; Sumiya Abdul-Mannon; Daphne Xu, and Lena Bae. This level of sustained, intensive mentorship to junior learners at the high school and undergraduate levels would not have been possible without funding for the Chair.
4. The Chair’s Award enabled the development and maintenance of the Chair’s Alumni Network, CHSRF-CAN! The Network flourished under the management of Ms. Jenny Korolik, Chair’s Assistant, and engaged individuals such as decision-makers and students in multiple levels of mentorship, and fostered linkage and exchange. Annually $10,000 was set aside for CHSRF-CAN! So that current and past trainees would have access to funds to support learning exercises, knowledge translation opportunities and dissemination activities, thus providing an enhanced value to their academic exposure.

How can CADRE better assist you?

Ensure continuity of funding for the Chair’s Program.

Accountability Framework: (due June 30)

[X ] Accountability framework is attached (as an appendix)
[ ] Accountability framework is not attached*

Expected date of submission: June 30, 2009

*In the absence of an accountability framework, describe the methods and/or approaches you use to measure/assess progress toward your Chair priorities/objectives (indicators).

Financial Statement: Must be endorsed by your university. (due February 15)

[X] Financial statement has been submitted
[ ] Financial statement has not been submitted

Expected date of submission: MONTH/DAY/2009

Demographic Information: (due February 15)

[ ] Demographic information has been submitted
[X] Demographic information has not been submitted

Expected date of submission: June 30th, 2009

Participant Database: (due June 30)

[ ] Participant database has been submitted
[X ] Participant database has not been submitted

Expected date of submission: June 30th, 2009

Curriculum Vitae: (due June 30)

[ ] Curriculum vitae has been submitted
[X] Curriculum vitae has not been submitted

Expected date of submission: June 30th, 2009

Permission to Distribute/Promote: CADRE retains the right to share this report with CHSRF and CIHR stakeholders. Information may be used for promotional purposes; for example, CADRE web pages, InfoCADRE, and the CHSRF “Links” newsletter.

YES
Please submit an electronic copy of this report to José Hernández at jose.hernandez@chsrfe.ca no later than June 30, 2009.