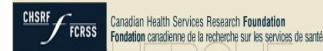


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Annual Report 2002

“FOCUS ON INTEGRATION”

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TABLE OF CONTENTS

1.0	INTRODUCTION.....	4
2.0	EDUCATION AND MENTORING INITIATIVES.....	5
2.1	Highlights from Ongoing Initiatives Launched 2001	5
2.2	Highlights from New Initiatives Launched 2002.....	6
3.0	LINKAGE AND EXCHANGE INITIATIVES.....	8
3.1	Highlights from Ongoing Initiatives Launched 2001	8
3.2	Highlights from New Initiatives Launched 2002.....	8
4.0	RESEARCH INITIATIVES	10
4.1	Highlights from Ongoing Initiatives Launched 2001	10
4.2	Highlights from New Initiatives Launched 2002.....	10
5.0	BUDGET.....	12
	Appendix 1: Demographic Information.....	Error! Bookmark not defined.
	Appendix 2: Institutional Support Survey	Error! Bookmark not defined.
	Appendix 3: Accountability Framework - Objectives, Milestones, Performance Indicators	Error! Bookmark not defined.
	Appendix 4: Research Linked Trainee Fellowship Testimonial and Resume.....	Error! Bookmark not defined.
	Appendix 5: Graduate Trainees	Error! Bookmark not defined.
	Appendix 6: 2002 Research Trainee Award Recipients And Resumes..	Error! Bookmark not defined.
	Appendix 7: 2001 Research Trainee Award Recipient Updates and Testimonials ...	Error! Bookmark not defined.
	Appendix 8: Selected Publications and Presentations by Trainees since 2000	Error! Bookmark not defined.

Appendix 9: Junior Faculty Activity Reports and Testimonials..... **Error! Bookmark not defined.**

Appendix 10: High School Co-Operative Education Testimonials **Error! Bookmark not defined.**

Appendix 11: Course Outline - Health Economics I**Error! Bookmark not defined.**

Appendix 12: Course Outline - Health Care Settings & Place **Error! Bookmark not defined.**

Appendix 13: 2003 Research Training Awards.....**Error! Bookmark not defined.**

Appendix 14: 2002 International Collaborative Workshop Summary ...**Error! Bookmark not defined.**

Appendix 15: 2003 International Collaborative Workshop **Error! Bookmark not defined.**

Appendix 16: Toronto Health Economics (THE) Network..... **Error! Bookmark not defined.**

Appendix 17: Health Care Technology & Place Strategic Training Program - Y2002
Summary**Error! Bookmark not defined.**

Appendix 18: Home and Community Care Highlights Digest **Error! Bookmark not defined.**

Appendix 19: Home and Community Care Seminars.....**Error! Bookmark not defined.**

Appendix 20: “Expanding the Principle of Comprehensiveness from Hospital to Home”:
A Submission to the Standing Committee on Social Affairs, Science and
Technology.**Error! Bookmark not defined.**

Appendix 21: “Estimates of the Cost of Proposed Home Care Services”: First Minister’s
Accord on Health Care Reform**Error! Bookmark not defined.**

Appendix 22: Broadening the Mandate of the Canadian Health Economics Research
Association (CHERA)**Error! Bookmark not defined.**

Appendix 23: Policy-Maker Feedback**Error! Bookmark not defined.**

Appendix 24: Publications 2002 to Present.....**Error! Bookmark not defined.**

Appendix 25: Presentations 2002 to Present**Error! Bookmark not defined.**

Appendix 26: Funded Research Grants 2002 to Present ...**Error! Bookmark not defined.**

1.0 INTRODUCTION

The key “take-home” message of this Report should be, “integration, integration, integration.”

With the CHSRF/CIHR Health Services Chair (Health Care Settings and Canadians), Peter C. Coyte launched a three-pronged program of education/mentoring, linkage/exchange, and research to enhance health services knowledge creation, research capacity, and knowledge translation. Through a range of activities, Coyte has generated a growing body of research evidence and a growing network of colleagues, students, and industry and policy partners who use evidence to inform decision-making in the financing, delivery, and organization of home and community health care activities.

In 2001, the sheer volume of start-up activities launched under the Chair was overwhelming. In consequence, Coyte’s basic research activity was dramatically affected and output of peer-reviewed publications featuring Coyte as Principal Author was reduced. The risk, and material costs associated with these shifts were documented in the Chair’s first Annual Report.¹

The occasion of developing that Report marked an important moment of reflection for the new Chair. Opportunities for synergy and economies of scale were identified, and a vision for **coherence and integration across the three streams of Chair initiatives was generated.**

2002 has been devoted to exploiting overlaps and fostering consolidation across the diverse and innovative activities that were launched by the Chair in 2001. Ultimately, these integrative efforts have had the effect of *releasing time* back to basic research projects, *without* sacrificing education/mentoring and linkage/exchange outputs. Coyte’s personal research program has not only been highly productive in 2002-2003, it has also generated significant, cumulative, positive effects for the other two streams of the Chair’s activities.

For example, new research undertaken with Dr. Audrey Laporte, concerning the cost-effectiveness of Community Care Access Centres, will add critical knowledge to the evidence base pertaining to home and community care financing, while also supporting linkage and exchange relationships with key decision-maker partners and supporting the Chair’s commitment to the mentorship of junior faculty.

As another example, Coyte’s research contributions to the two major national health policy development processes of 2002² are both documented in Volume I of “*Home and Community Care Highlights: A Quarterly Digest.*” The purpose of the Digest is two-fold: to provide immediately relevant research evidence to decision-makers in home and community care; and to cultivate knowledge translation skills among students by introducing them to the evidence needs of decision-makers. By incorporating Coyte’s research contributions in Volume I, the final integrative link is made, thereby bridging all three programmatic streams of the CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians.

This integrative approach, which educates, mentors, and fosters linkages directly *through* the conduct of innovative research, is the model of activity for this CHSRF/CIHR Health Services Chair.

¹ To an already challenging research, teaching, and supervision portfolio, and a full slate of community service activities, Coyte introduced in 2001: a new student award competition; an intensive mentorship program for junior faculty; a wholly new graduate seminar on “health care settings”; an international research and exchange workshop for new health services researchers; and a proposal for a \$2.5M CIHR research training program linked to the CHSRF/CIHR Chair. While none of these important activities could have been launched without the catalyst of the CHSRF Health Services Chairs initiative, Coyte’s research time allocation was reduced and his research practices shifted palpably away from Principal Investigation toward research coaching, facilitation, and delegation.

² The Royal Commission on the Future of Home Care in Canada (2002); and the report on The Health of Canadians by the Standing Senate Committee on Social Affairs, Science and Technology (Kirby Report, 2002).

2.0 EDUCATION AND MENTORING INITIATIVES

2.1 Highlights from Ongoing Initiatives Launched 2001

2.1.1 Research Linked Trainee Fellowships: International Success Story

This initiative bridges education/mentorship and research, and has benefited from Coyte's linkages to the national and international health services policy community.

MSc student Jennifer Tranmer graduated in September 2002, less than one year following admission. Under Coyte's supervision, her MSc thesis, "Valuing Patient and Caregiver Time: A Comparison of Methods" was presented at the Canadian Health Economics Research Association Conference in May 2002. She has been interviewed for admission to the University of Toronto's MD/PhD Program, commencing Sept. 2003. Between September 2002 and August 2003, Tranmer produced new health services research evidence. Through Coyte's linkages with Health Canada and Organization for Economic Cooperation and Development (OECD), she was commissioned to measure "Dementia Prevalence and Health Service Utilization in Ontario". In Nov. 2002, Tranmer and Coyte presented initial findings at the OECD in Paris, France. At the conclusion of her research associate contract with the Chair, Tranmer will have submitted 3 research papers for publication, presented research at 3 conferences (including the International Health Economics Association Meeting), and participated in the Chair's educational activities. *Such an intensive introduction to health services research, and exposure to internationally-recognized health policy contacts would not have been available to this talented scholar without the research, funding, and networking resources of the CHSRF/CIHR Chair (Appendix 4).*

2.1.2 Genesis Awards: Research Training Fellowships

This initiative integrates education and mentorship and reflects the Chair's commitment to linkage and exchange across disciplines.

Five Research Training Awards were granted in September 2002. Reflecting the Chair's commitment to encouraging new researchers both within the host department and in non-traditional health services research departments, awards were granted to 3 incoming MSc students in HPME, as well as an LLM student at Osgoode Hall, York University, and a dissertation-stage anthropologist in the Department of Public Health Sciences. (Appendix 6). The MSc. students are directly supervised by Coyte and participate fully in all of the Chair's education, research, and linkage and exchange programs. Innovative mentorship opportunities for the other grantees have included participation in the five-day 2002 International Collaborative Research Workshop; guest lectureships in the Chair's graduate courses, "Health Economics I" and "Health Care and Place," and Coyte's supervision of a research paper on Aging and Place.

2.1.3 International Collaborative Research and Exchange Workshop 2002: Health Care Settings and Public Policy

This initiative bridges education/mentoring and research programs, and has recently emphasized training in the area of knowledge translation.

The second iteration of this successful Canada-Sweden exchange for doctoral students and junior faculty was hosted by the Chair and its decision-maker partner, HCERC, in June 2002. This year, the proportion of doctoral and junior faculty was increased relative to tenured faculty, and policy representatives from a range of sectors, regions, and levels of government also participated in order to nurture knowledge translation relationships, and to expose new researchers to the priorities and perspectives of decision-makers. In addition to educating new researchers in new research methods, the driving concern of the Workshop was **to promote health services knowledge translation across academic boundaries and beyond academia**. Hence, knowledge translation models were a topic of inquiry during the Workshop (e.g. eHealth promotion; use of visual arts and narrative; and innovative career orientations such as "researchers in residence"). Outcomes, which continue to be tracked, include: joint submissions to the Commission on the Future of Health Care in Canada, cross-sectoral and cross-national research collaborations, and award-winning interdisciplinary knowledge translation methods (Appendix 14).

2.2 Highlights from New Initiatives Launched 2002

2.2.1 Home and Community Care Highlights: A Quarterly Digest

This initiative bridges education/mentoring, research, and linkage/exchange programs.

Initiated in September 2002 and first published in December 2002, the quarterly Digest responds to decision-makers' needs for timely and relevant evidence by providing accessible synopses of recent research in the peer-reviewed and grey literature pertaining to the financing, delivery, and organization of home and community-based health care activities. Synopses are provided in two formats. "Headlines & Conclusions" crystallize the take-home messages of the research in a few sentences. "Thumbnail Summaries" condense the background, methods, findings, and conclusions of the research into quick-to-use, single-page overviews that include reference information. Cost-recovery subscriptions are available to organizations at \$250/yr and have been purchased by CCAC's, industry stakeholders, and other outlets.

Under Coyte's mentorship, graduate researchers review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate or potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes young researchers' awareness of the perspectives and evidence needs of decision-makers. Editorship rotates to new trainees on a quarterly basis. (Appendix 18).

2.2.2 Toronto Health Economics Network (THE Network)

This initiative is an example of the Chair's commitment to strengthening integration of research, mentorship, and linkage/exchange endeavours.

Monthly afternoon meetings at the comfortable University of Toronto Faculty Club are facilitated by the Chair to foster a community of research collaboration, knowledge-sharing, and skills development among young health economists in the GTA who work in academic, industry, and government sectors. Meetings include a brief presentation and detailed follow-up discussion and feedback on research-in-progress, CIHR research proposals, and manuscripts. Few of the twenty participants in THE Network had ever collaborated prior to the launch of this new group (Appendix 16).

2.2.3 CIHR/CHSRF Regional Training Centre for Ontario

This Centre has been organized to provide applied health services and policy research training and scholarships to graduate students at participating universities. The education, research, and linkage and exchange activities of Coyte's Chair are available to registered students in the program and his expertise as a health economics mentor will be available as a resource for supervisory committees.

2.2.4 CIHR Strategic Research Training Program: Health Care, Technology & Place (HCTP)/Collaborative Doctoral Program

Co-Directed by Coyte and Professor Patricia McKeever, and launched in May 2002, this \$2.5M, 6-year program provides generous fellowships to doctoral and post-doctoral trainees and transdisciplinary education and research mentorship opportunities (including team-taught courses, seminars, and an annual research conference/workshop). Seventy percent of funds for this program are earmarked for fellowships. Infrastructure funds to support education, mentorship, and research initiatives are supplied through a CIHR-funded Interdisciplinary Capacity Enhancement Team grant (\$1M, 5 years), and a newly established Strategic Alliance with The Change Foundation (\$1M, 5 years). In addition to his Co-Directorship responsibilities, Coyte teaches a core course in this program, and provides health economics and health services research mentorship to HCTP participants. This program will be submitted to the Ontario Council for Graduate Studies approval as a Collaborative Doctoral Program in June 2003. *Without the catalyst of the CHSRF/CIHR Chair, and the experiences that the Chair program has provided in graduate training, mentorship, and linkage and exchange, the HCTP initiative would not have been pursued* (Appendix 17).

The relationship of HCTP to the education and mentorship initiatives of the CHSRF/CIHR Chair has been carefully shaped during the past year, to optimize synergies while clarifying the distinctive roles and contributions of the respective initiatives. Three key outcomes are of note.

- First, Chair-supported students are eligible to participate in all core activities of HCTP (courses, monthly seminars, and conferences/workshops) funded by the CIHR grant. Hence these **students benefit from value-added resources through HCTP**, including exposure to upper-level, transdisciplinary research activities and interaction with a range of expert health research faculty from a range of disciplines.
- Second, a **market niche** has been identified for the Chair's Research Training Awards program, which supports research, internships, and knowledge transfer activities. While Chair activities will be available to mentored students and junior faculty at all levels, beginning September 2003, this funding program will be targeted to high-achieving Master's level trainees engaged in health services and policy research in the area of health care settings. With CIHR monies available to fund PhD and post-PhD students, the Chair's awards can now develop a distinctive focus in cultivating research proficiency and knowledge translation skills among two key groups: (1) terminal MSc students, who will move into the health services field immediately upon graduation from the Chair program; and (2) PhD-bound students, for whom the Chair program offers early-immersion to the innovative health services research component of HCTP.

The application deadline for the Chair's Research Training Awards is March 31, 2003. Also new in 2003, the **applications review team will include decision-maker partners**, such as Baxter Canada, St. Elizabeth Health Care, and The Change Foundation. This change marks the next step in *fully integrating decision-makers in the education and mentorship component of the Chair program*, and will help in the early identification of students who are most suitable for internships with decision-maker organizations. Notice of these innovative award opportunities has been circulated electronically to an array of HCERC, HCTP, and CHSRF-related organizations. The awards have also been communicated to admissions officers at pertinent university departments, and announced at conferences and meetings (Appendix 13).

- Third, a **stand-alone website for the Chair**, based at the University of Toronto, will be launched in May 2003. The site will prominently feature links to HCTP and the ORTC and will describe the unique role and identity of the Chair in promoting new methods of research and knowledge translation pertinent to the evolution of health care settings and ramifications of this change for policy and decision-making. It will also serve as a virtual library, offering decision-makers and other researchers direct and immediate access to research output associated with the Chair. It is appropriate at this time for the Chair to be represented by a unique website that reflects its distinctiveness from CIHR-funded research training programs. Name recognition associated with the Home and Community Care Evaluation and Research Centre will be maintained by locating the Chair website at www.hcerc.utoronto.ca.
This initiative will bridge the Chair's education/mentoring and linkage/exchange programs.

3.0 LINKAGE AND EXCHANGE INITIATIVES

3.1 Highlights from Ongoing Initiatives Launched 2001

3.1.1 Extension and Expansion of “Relational Capital”

This activity bridges linkage/exchange, research, and education/mentoring programs.

The Chair has cultivated a wide and dynamic network of colleagues, associates, and students in health services industries and agencies, government sectors, and in academe. The diversity of this network both promotes and is fostered by the Chair's commitment to cross-cutting knowledge creation and translation. The “relational capital” generated by the Chair's Health Care Settings Network is built on increasing trust and familiarity, and has enabled Coyte to facilitate research collaborations and research uptake throughout the home and community care sectors.

3.2 Highlights from New Initiatives Launched 2002

The following exemplify the range of home and community care decision-making relationships that Coyte has cultivated with diverse health services sectors since 2002. These linkages promote the participation of stakeholders and decision-makers throughout the research process, leading to new and pragmatic research questions, collaborative data collection and interpretation, and context-appropriate knowledge dissemination and application. In each situation, Coyte has played a leadership role that raises the profile of the CHSRF/CIHR Chair and encourages integrated education, research, and knowledge translation pursuits (Appendix 18, 23).

3.2.1 Federal Linkages: Senate of Canada

This initiative bridges research and linkage/exchange activities.

In addition to academic excellence, Coyte has made major contributions to evidence-based health care services planning in Canada in the past year. In doing so, the profile of the CHSRF/CIHR Chair has been raised. 2002 was an exciting year of research and reflection on health care in Canada. Senator Michael Kirby invited Coyte to prepare a blueprint for the financing, delivery, and organization of a publicly funded national post-acute home care program. The pragmatic considerations shaping Coyte's research problem were identified during consultations with the Senate Standing Committee on Social Affairs, Science and Technology, and with other health care agenda-setters. In the Senate's Final Report (2002) the emphasis on home care is based entirely on Coyte's research contribution. Following release of the Kirby and Romanow Reports, Coyte was cited widely in the media and provided expert feedback to Ontario Ministries of Finance, Intergovernmental Affairs, and Health on the home and community care recommendations found in these documents. Coyte has sought to emphasize that efficiencies are best achieved when home care is integrated with other necessary health care services (Appendix 20, 21).

3.2.2 Provincial Linkages: Ontario Ministry of Health & Long Term Care

This initiative links research, linkage/exchange, and mentorship activities.

In late 2002, the Ministry invited Coyte to collaborate with a team of divisional directors, senior health policy strategists, and health policy consultants on the Long Term Care Redevelopment Project. The goal of this assignment is to build a comprehensive, yet concise, conceptual framework to guide the development and implementation operational long-term care planning models for Ontario. The framework will be: evidence-based, to reflect the state of scientific knowledge about long term care planning; flexible, to accommodate new knowledge with respect to estimation techniques and new data; and pragmatic, to respond to the policy environment in which it will be applied. Coyte's role involves the development and application of new forecasting methods; the cultivation of research aptitude and uptake on the part of policy makers, and the fostering of knowledge exchange and evidence-based decision-making in a context of competing priorities (Appendix 23).

3.2.3 Community Agency Linkages: Ontario Association of Community Care Access Centres and the North York Community Care Access Centre

This initiative bridges linkage/exchange, research, and mentorship programs.

Coyte has served on the board of the North York Community Care Access Centre (CCAC) since 1999 and currently holds an Order-In-Council appointment as Board Member and Treasurer. He also continues to hold a seat on the Board of the Ontario Association of Community Care Access Centres, and for two years has served as the Chair of the OACCAC Research Committee. Such long-term relationships have heightened Coyte's understanding of the research needs of these home and community care organizations and have enabled him to shape the Chair programs to respond to these needs. In addition, these long-term relationships have fostered a high level of trust. For example, when the OACCAC Board sought evidence regarding best practices, Coyte recommended the research techniques of Dr. Audrey Laporte, a CHSRF Post-Doctoral Fellow and junior faculty member mentored under the Chair. The OACCAC agreed to release data to Coyte and Laporte to measure the comparative operational efficiency of various CCACs in the province. While the findings of this research are likely to be politically charged and may be divisive within the OACCAC, Coyte and his mentee have been entrusted to gather this evidence and to explain these sensitive findings to stakeholders (Appendix 9).

3.2.4 Industry-Academic Linkages: St. Elizabeth Health Care

This initiative bridges linkage/exchange, research, and mentorship activities.

Saint Elizabeth Health Care is a founding HCERC donor and decision-maker partner to the CHSRF/CIHR Health Services Chair. One of the largest home health services delivery organizations in Canada, Saint Elizabeth is also an industry leader in innovation and technology utilization and is committed to research collaborations that inform health services delivery. Saint Elizabeth's relationship to the CHSRF/CIHR Chair was strengthened in 2002, when Dr. Wendy Young, a CHSRF Post-Doctoral Fellow and trainee of the Chair, joined Saint Elizabeth in a newly-created position as Senior Researcher. With Coyte's mentorship, Dr. Young has spearheaded collaborative research and capacity building initiatives linking Saint Elizabeth, the York University Centre for Health Studies, and the CHSRF/CIHR Chair. Her work has included a CIHR grant proposal for a New Emerging Health Services Research Team, which would use industry and CHSRF-linked resources to leverage federal funds in support of applied health services research and health services capacity advancement. In January 2003, the Chair hosted a special presentation focused on the new models for research collaboration and knowledge sharing that have been developed as a result of the linkages between the Chair and Saint Elizabeth Health Care. A subsequent presentation was delivered in March 2003 at the CHSRF Annual Invitational Workshop in Montreal (Appendix 4, 19).

3.2.5 Research Linkages: Canadian Health Economics Research Association

This initiative bridges linkage/exchange and research programs.

Coyte's efforts to link home and community care services research with pertinent decision-making constituencies have been extended and integrated, partly in consequence of his election to President of the Canadian Health Economics Research Association (CHERA) in 2002. Coyte leads CHERA during a critical juncture as the organization evolves into a broad-based, interdisciplinary health services and policy research organization mandated to "support practitioners, users, and students of health research in enhancing research and research uptake capacity." This new direction for CHERA directly complements the cross-cutting, multi-stakeholder approach emphasized by Coyte's CHSRF/CIHR Chair. Moreover, Coyte's approach in building the organization reflects the priorities and strategies of CHSRF. During 2002-2003 Coyte has consulted directly with key decision-makers across national research institutions, funding organizations, service provider agencies, and government departments. The purpose of these meetings has been to develop a shared vision, direction, and strategic path for CHERA by creating opportunities for communication, collaboration across disciplines and health services research perspectives (Appendix 22).

4.0 RESEARCH INITIATIVES

4.1 Highlights from Ongoing Initiatives Launched 2001

4.1.1 Publication Output

Research undertaken in 2001 resulted in nine peer-reviewed journal publications in 2002, one book chapter, two published conference proceedings, two reports, monographs, and thirteen manuscripts submitted to peer-reviewed journals. As indicated in the previous Annual Report, Coyte's role has shifted from Principal Investigator to research facilitator and mentor, with the consequence that he is listed as Principal Author on only five of these twenty-six new research offerings. The potential negative implications of this change for career advancement within the academy have been articulated previously. However increased opportunities to integrate the education, linkage and exchange, and research programs of the Chair, as well as a higher tolerance for new research roles relevant to the cross-cutting agendas of the Chair, promises to mitigate this risk over the long term (Appendix 24, 25).

4.2 Highlights from New Initiatives Launched 2002

The Chair's research agenda for 2002 advanced in three major areas.

4.2.1 "Research Into Various Health Care Settings"

Funded by the Ontario Ministry of Health and Long Term Care, Health System-Linked Research Units Program, 2001-2003, \$338, 000. Coyte is Principal Investigator.

This project integrates research, linkage/exchange, and education/mentoring activities.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) five distinct but interrelated projects were identified: Palliative Care (a research synthesis); Economic Evaluation Techniques for Tele-Home-Health; Forecasting Facility and In-Home Long Term Care for the Elderly; Development and Assessment of a Housing Adequacy Checklist for Home Care; and Capitation Funding and Outcome Assessments for Post-Acute Home Care. 2002 has been devoted to completing projects undertaken in 2001 and launching new projects.

This research program has provided research immersion opportunities for two full-time pre-MSc research assistants, who have been mentored under the auspices of the Chair and have participated in the full slate of the Chair's educational activities. Andrée Mitchell was responsible for conducting a literature review and focus group assessment exercises for a housing adequacy checklist for home care for the elderly. She has been accepted to the Master of Community Health Practice at Griffith University, Brisbane, Australia. Dara Zarnett was responsible for completing background assessment research and a comprehensive literature review for "A Review of Canadian Health Resource Allocation Mechanisms". She has been accepted to the Master of Health Administration Program, Cornell University, Ithaca, New York. Under the mentorship of Coyte, Mitchell and Zarnett were exposed to a range of meaningful research and knowledge translation experiences in the health services sector. They engaged in consultative processes with members of the Ministry of Health and Long-Term Care, participated in a professional conference organized by the Victorian Order of Nurses of Canada, conducted focus groups with key stakeholders in the provision of long term care services in the home, and provided research assistance to faculty from a range of disciplines (Appendix 26).

4.2.2 "Interdisciplinary Capacity Enhancement Team for Health Care, Technology & Place"

Funded by the Institute of Health Services and Policy Research (Canadian Institutes of Health Research), 2002-2006, \$1.0M Coyte is Co-Principal Investigator with Patricia McKeever. In addition the co-investigators comprise Adams A, Chambon A, Dunn JR, Eakin JM, Fernie G,

Flood C, Gignac M, Gray RE, Harvey ED, Jadad AR, Laporte A, Laupacis A, Levinson W, MacKeigan LD.

This project builds bridges across research and education/mentorship.

The purpose of this grant is to enhance interdisciplinary research capacity by nurturing the creative synergies of the clinical/health sciences and the social sciences and humanities. Interdisciplinary scientific achievement will be fostered and junior researchers mentored in order to generate a cadre of scholars from diverse disciplines focused on the generation of methods, concepts and theories required to understand contemporary health care networks. Research activities will focus on four thematic areas: Improving Quality; Public Advice Seeking in an Era of eHealth; Health Care Evaluation and Technology Assessment; and Health Human Resources. This project is intended to directly complement the HCTP Research Training Program by providing opportunities for faculty collaboration across disciplines. Coyte will play a leadership role in supporting interdisciplinary inquiry into the evolution of health care settings. This federally-funded research initiative, which will foster linkage and exchange across disciplines and mentorship of junior faculty, would not have been pursued absent the critical resources and experiences generated through the CHSRF/CIHR Chair (Appendix 26).

4.2.3 Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing, Funded by the Canadian Health Services Research Foundation, 2003-2006, \$200, 000, Coyte and Professor Denise Guerriere Co-Principal Investigators.

This project bridges research, linkage and exchange, and the mentorship of junior faculty.

The purpose of this study is to assess the determinants and outcomes of publicly and privately financed home-based nursing by examining the impacts of the absolute and relative amounts of publicly and privately financed home-based nursing on total health service and caregiver costs and the perceived quality of nursing care. Executive Directors from six Community Care Access Centres in Ontario will participate in shaping the research questions and interpreting the research findings for their decision-maker communities. Professor Denise Guerriere, who is formally mentored under the Chair program, and has been awarded a CIHR Partnership Appointment linked to the Chair and the Faculty of Nursing, University of Toronto, will lead this research initiative (Appendix 26).

5.0 BUDGET

The budget allocations associated with the first three years of the Chair are summarized below. Funds not spent in a given year are carried forward to ensure incentives for efficient and effective allocation of the operating funds.

	Year 1: July 1, 2000 - June 30, 2001	Year 2: July 1, 2001 - June 30, 2002	Year 3: July 1, 2002 - June 30, 2003	Year 4: July 1, 2003- June 30, 2004
Salaries & Benefits Asst. Professors, Acad. Salary Recovery, Administrative Asst., & Knowledge Manager	\$ 119,806	\$ 89,972	\$ 120,000	\$ 120,000
Education & Mentoring Trainee Awards, Fellowships & International Workshops.	\$ 6,747	\$ 8,115	\$ 45,000	\$ 80,000
Research Statistician, Software, & Equipment	\$ 13,056	\$ 18,920	\$ 20,000	\$ 20,000
Linkage & Exchange Travel & Supplies	\$ 7,657	\$ 10,167	\$ 10,000	\$ 15,000
	\$147,266	\$ 127,174	\$ 195,000	\$ 235,000
GRAND TOTAL				
Annual Surplus (Deficit)	\$ 47,734	\$ 67,862	\$ 0	(\$ 40,000)
CUMULATIVE SURPLUS	\$ 47,734	\$ 115,560	\$ 115,560	\$ 75,560