



**Health Care Settings and Canadians**  
**CHSRF/CIHR HEALTH SERVICES CHAIR**  
**Peter C. Coyte**



**EDUCATION AND  
MENTORSHIP**

**LINKAGE AND  
EXCHANGE**

**RESEARCH**

**WHAT'S  
NEW**

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# **ANNUAL REPORT**

# **2003**

## **“Reaching Targets, Expanding Horizons”**

**March 1, 2004**



## **PETER C. COYTE**

***"An important aspect of academic work involves linkage and exchange with other faculty members and researchers in an array of disciplines as well as key decision makers. Dr. Coyte has acted as a 'connector' to other faculty members .... The process of linkage and exchange facilitated by Dr. Coyte has undoubtedly enriched the quality of her work and increased the potential for it to be of relevance to a broader policy audience .... Overall, Dr. Coyte has always been generous with his time and in sharing his experience with a view of assisting junior professors like Dr. Laporte reach her full potential as an educator, researcher and mentor for others."***

**-Audrey Laporte, PhD, Assistant Professor**

***"Dr. Coyte displays a genuine love for teaching and a continued commitment towards his students and fellow. He is continuously looking to improve areas of knowledge translation for his students, through networking events with former students and/or outside stakeholders. Dr Coyte demonstrates a sincere desire to have his students flourish, both academically and professionally. Dr. Coyte has always been approachable and welcoming, and I was fortunate enough to complete my Master's work under his guidance."***

**- Shamali Wickremaarachi, MSc Student**

***"Working with Dr. Peter Coyte as a research associate has been an exciting and transforming experience. As a mentor, Dr. Coyte has been very helpful and supportive to me in the projects I have worked on. He has introduced me to new ideas and has triggered my interest in furthering my education as a health professional. In my work, my capacity to research and communicate with local health academics and other health professionals, as well as those known nationally and internationally, has improved and expanded, due to the expert assistance I have received from Dr. Coyte."***

**- Andree Mitchell, MSc, Research Intern**

***"THE Network has been a welcome addition to the Health Economics community. It has provided a forum for reviewing grant proposals and research papers destined for submissions to journals. I was one of the first people to have a paper reviewed at the beginning of the group in 2002 and my paper was accepted and just appeared in print in January 2004. Dr. Coyte has provided a framework for health economists in Ontario to meet and to help foster collegial relationships. I have always found him pleasurable to work with and a person of honour."***

**- Eric Nauenberg, PhD, Ontario Ministry of Health and Long Term Care**

***"The course is the result of Peter's innovative thinking on knowledge transfer and student training... A number of providers, government ministries, and individuals subscribe to Highlights, the proceeds of which go to support graduate students ... Dr. Coyte has involved the participation of policy/decision makers in the course to provide feedback and guidance ... I can truly say that he is in the vanguard not only in research but in academic training".***

**- Pat Baranek, PhD, Research Consultant**

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## **1.0 INTRODUCTION: REACHING TARGETS, EXPANDING HORIZONS**

The CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians was created to build research uptake capacity through (i) enhanced linkage and exchange with decision-makers; (ii) innovative trainee education and mentorship in research and knowledge transfer; and (iii) a focused research program in applied health economics pertaining to health service delivery across a range of settings.

The theme of last year's report was "Integration," to reflect the value-added outcomes that were realized in 2002 through Chair initiatives designed to meet and exceed performance targets *across all three objectives areas*. This integrative approach has been carefully nurtured in 2003 and now serves as the hallmark of Coyte's CHSRF/CIHR Chair.

By interweaving linkage/exchange, education/mentorship, and knowledge creation in every Chair initiative, Coyte's program is cultivating a multi-generational community of health services stakeholders across disciplines, professions, sectors, and regions. As a result, the Chair is reaching targets more efficiently than anticipated, and has been able to expand its stakeholder horizon to include an important decision-maker constituency that was not addressed in the original plan: the courts. Hence, this year's theme is "Reaching Targets, Expanding Horizons".

This year's report summarizes the Chair's range of partners, trainees, and integrative activities.. Two initiatives are showcased as exemplars of the value that is added when the Chair's three objectives are linked:

- *From Class Room to Court Room: A New Look at Evidence-Based Decision Making*
- *Embedding Knowledge Translation in the University Curriculum*

This report consists of seven sections. Section 2 reviews relationship developments for the Chair. Sections 3-4 focus on the Chair's exemplar activities in 2003. Research, education, and linkage/exchange processes and products are described for each initiative and new achievements for 2003, and outcomes for trainees/mentorees and for stakeholders are highlighted. Key challenges that were encountered and strategies utilized to meet these challenges are reported. Section 5 lists milestones reached in 2003. Section 6 provides the Chair's updated five year budget.

## **2.0 NEW RELATIONSHIPS**

### **2.1 PRINCIPAL DECISION MAKER PARTNER: THE CHANGE FOUNDATION**

*The Change Foundation* is warmly welcomed in its new capacity as Principal Decision Maker Partner, replacing the Home and Community Care Evaluation and Research Centre (HCERC), which completed its five year mandate in 2002. The Change Foundation, which through HCERC, has always been a Decision Maker Partner to the Chair, was incorporated by the Ontario Hospital Association in 1995. The Foundation underwrites an applied research grants program and, most importantly for the Chair, facilitates knowledge transfer programs that enable senior health care administrators to manage and plan in response to socioeconomic and clinical change. Among its many Knowledge Translation activities, The Foundation offers research workshops, international health administration study tours, and develops diverse research-informed decision tools for hospital managers and health executives in cooperation with the Canadian College of Health Service Executives.

A more direct relationship with The Change Foundation has been established that will result in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise between the university and the non-governmental organization sector. Moreover, the Chair's home department will be further exposed to the priorities and perspectives of the health services decision maker community. The Foundation

CEO, Gale Murray, and two Change Foundation PhD researchers have been appointed Adjunct Lecturers in the Department of Health Policy, Management, and Evaluation (HPME), University of Toronto – the department's strongest demonstration of support for Coyte's efforts to link decision makers to his research and training projects. In 2004, for the second year, Gale Murray will evaluate student applications for the Chair's Fellowship Awards with Peter Coyte, to ensure that the research projects of new trainees are sufficiently oriented to linkage and exchange priorities of the professional health services sector.

## **2.2 THE CANADIAN ASSOCIATION FOR HEALTH SERVICES AND POLICY RESEARCH**

Under Coyte's leadership as President, the Canadian Health Economics Research Association (CHERA) formally transitioned into the Canadian Association for Health Services and Policy Research (CAHSPR) in November 2003. Following an intensive survey of the current CHERA membership and potential members of the new body, CAHSPR was instituted as a broadly-based, interdisciplinary, and intersectoral organization for linking academic researchers and health services and policy decision-makers. The CHSRF and the CIHR's Institute for Health Services and Policy Research have provided substantial financial and strategic support during this transition and will play strong leadership roles in the new organization. A meaningful partnership with the Canadian College of Health Service Executives (CCHSE) has also been designed, including the establishment of a joint post for CAHSPR/CCHSE Executive Director and plans for an interdisciplinary professional journal.

From the standpoint of the Chair, the most important consequence of Coyte's role in developing CAHSPR has been the opportunity to expose trainees to the 'front-lines' of cultural change as relationships shift and become more intersecting between academe and health service professionals. Nine of the Chair's trainees/mentorees attended the CAHSPR launch, either through bursaries provided by the Chair or by CHSRF or CIHR, and all trainees are eligible to receive special Chair's travel grants to present research at the CAHSPR Conference in May 2004. The Chair established a unique internship for an interim CHERA/CAHSPR Executive Director during the transition period. HPME PhD student Kathy Rampersad (who also holds an MBA) was awarded the part-time position. This experience complemented her research training in health policy analysis, by exposing her to the priorities of academic and decision-maker stakeholders during the negotiations to establish CAHSPR.

Mentorship and career placement is a priority for CAHSPR as it aims to populate academic and decision-maker sectors with health services specialists who support evidence-based decision-making. Coyte's expertise in integrative research and KT mentorship, honed through the Chair experience, will enable him to advise CAHSPR's mentorship arm. His CHSRF/CIHR trainees will benefit from, and will participate in planning, CAHSPR's career development resources, contacts, job fairs, and field placements. Moreover, the Canadian College of Health Service Executives will play an increasingly significant role for the Chair, through a three-way linkage with The Change Foundation, CAHSPR, and the CHSRF EXTRA/FORCES program.

## **2.3 CIHR STRATEGIC RESEARCH TRAINING: "HEALTH CARE, TECHNOLOGY & PLACE"**

In last year's report, distinctive roles for the CHSRF/CIHR Health Services Chair and the newly established CIHR Strategic Training Program were clarified. In 2003, these roles have been borne out in practice, with satisfying results for both training programs. The most important outcome to notice is that, as HCTP matures, the relationship between the two initiatives is far less significant than was originally anticipated. The Chair program and HCTP share Coyte's leadership, a decision-maker partner, and one trainee. Beyond this, the programs are developing in highly differentiated directions and are making valuable, separate contributions to health research capacity building in Canada.

The Chair program prioritizes applied health services research and research training, and activities to facilitate research uptake and bi-directional knowledge transfer among health services stakeholders. The Chair's training niche targets professions-oriented MSc students and PhD trainees in applied health economics domains, and helps to place them in decision-maker

contexts and organizations that support evidence-based decision-making. This year's graduates have been hired, respectively, as a policy analyst for a long-term care needs forecasting project at the Ontario Ministry of Health and Long Term Care, and as a data analyst at the Canadian Institute for Health Information, specializing in the development of health status indicators. Interdisciplinary approaches to data collection and analysis are encouraged in the Chair's program where these contributions will enhance knowledge transfer, deepen understanding of health services policy, and contribute to comprehensive economic analyses.

In contrast, HCTP encourages wide-ranging research projects. Most HCTP research investigates psycho-social consequences, for patients and families, of using innovative health technologies and alternative health care settings. HCTP supports PhD and Post-Doctoral training and faculty research, and emphasizes interdisciplinarity at the problem-exploration and problem-definition stage. Efforts to integrate the arts and humanities with sciences and social sciences are prioritized to generate new lines of research inquiry. HCTP graduates are interviewing for faculty positions in areas such as Women's Studies, Disability Studies, and Geography.

The programs are related insofar as HCTP research may inform the Chair's applied projects, and Chair trainees have the opportunity to attend HCTP activities (e.g. monthly seminars, courses, workshops). Moreover, The Change Foundation has joined HCTP to develop KT projects. However, in the main, these innovative training programs are composed of different people, doing very different things.

### **3. EXEMPLAR A: From Class Room to Court Room: A New Look at Evidence-Based Decision Making**

#### **3.1 What It Is**

The genesis of this project was the Chair's revised course curriculum for *Health Economics HAD 5730* (described in last year's report), in which students prepare publishable research by applying cost-effectiveness models to real data. In Fall 2002, Professor Wendy Ungar taught this course under Coyte's mentorship. Three MSc trainees funded under the Chair were enrolled. Thanks to departmental support for the Chair, Meredith Lilly, Sanobar Motiwala, and Shamali Wickremaarchi occupied shared office space proximal to Coyte, which facilitated their collaboration.

At Coyte's suggestion, the team agreed to evaluate the long-term cost-effectiveness of expanding intensive behavioral intervention therapy (delivered in a range of settings) to all autistic children in Ontario. Currently the province provides funding for only one third of autistic children. Coyte had been informed of the need for this research by a parent involved in *Wynberg v Ontario*, a \$75 M lawsuit launched in 2002 against the government for the discriminatory treatment of children with autism. The study was onerous, as data were difficult to access and because outcomes from the therapy were controversial and difficult to estimate. Yet the students were encouraged by Coyte's sense that their study would be of significant legal import – a sense that grew when their analysis reflected a potential cost saving of \$172, 549, 472 associated with full expansion of the therapy.

After submission of the term paper, a different type of learning exercise took place, as Coyte and Ungar mentored the trainees throughout the spring of 2003, to restructure the paper for scholarly submission and for use by legal decision makers. The team evaluated the significance their work could have for the Ontario trial, and discussed how (and to which parties) the research should be presented. Ultimately the students decided to make their results available to the plaintiffs and to the government at the same time. Coached by Coyte and Ungar, they tested their data against a range of assumptions that could be brought to bear by either side, and they revised their text assiduously to create the strongest piece of scientific evidence possible. In April 2003, the research was submitted to both parties in the case. The research was admitted as evidence in *Wynberg v. Ontario* on September 17, 2003. The paper is currently under review for publication.

### 3.2 Achievements

This project is an exemplar of integrated research, education/mentorship, and linkage/exchange achievements.

1. **Relevant and timely knowledge with direct implications for decision-making was generated** about the costs and consequences of health services in Ontario.

2. **New research was promptly disseminated and translated for a range of stakeholders**

prior to scholarly publication, in order to hasten opportunities for research uptake:

- Results were distributed to a range of autism interest groups, including The National Autistic Society of Great Britain, which posted results from the paper on its website, and the Autism Society of Ontario.
- Coyte provided expert testimony at the *Wynberg v. Ontario* trial.
- For scholarly dissemination, Meredith Lilly presented results at the November 2003 CIHR Institute for Health Services and Policy Research Symposium and the paper was submitted to the Canadian Medical Association Journal for review.

3. **Research mentorship transformed a classroom exercise into a real-world contribution**, with significant legal, social, economic, and health ramifications.

4. **The Chair's stakeholder constituency was expanded to include the courts.**

5. **Trainees were educated about the role of the courts as an important forum for effecting health policy change and knowledge uptake.**

### 3.3 Outcomes for Trainees

The student team, reports Coyte, has done "a better job than anybody else of assessing the pros and cons of expansion of (IBI) services ... definitely better than anything ever done in Canada and much more scholarly than anywhere else in the world." Moreover, the students learned *in situ* to prepare sensitive research findings for scholarly consumption and to translate research findings for uptake by diverse decision makers and stakeholders. Under Coyte's mentorship, the trainees painstakingly prepared and tested their work for the scrutiny of journal editors and for legal examination and critique. They assessed the differences in presentation strategies for diverse audiences, and confronted and responded to the ethical dimensions of relationships between research, advocacy, and the law.

### 3.4 Outcomes for Stakeholders

This project was initiated because a parent contacted Coyte for information about the cost effectiveness of behavioral intervention therapy for children with autism. Hence the research was conducted from the start with decision-makers in mind, and was strengthened by consideration of various stakeholder perspectives throughout the data analysis processes. The results were delivered to both sides of the legal argument as early as possible, prior to scholarly publication, to inform decision making. Coyte appeared at the trial to explain the assumptions made in the analysis, and to support the legitimacy of the work, based on his scholarly track record. The research was shared with other autism stakeholders soon afterward, and disseminated internationally through advocacy and research communications channels. This study will undoubtedly be used in the judgement in *Wynberg v. Ontario*, and may be used in other decision-making contexts. In January 2004, the Ministry of Community and Social Services disclosed additional information about current service provision of Ontario. The students and Coyte have been formally commissioned by the Superior Court of Justice to analyse these new data.

### 3.5 Challenge

From the trainees' point of view, a significant challenge in this project was legitimacy. While they felt confident about the validity of their research findings, each expressed anxiety at the prospect of participating at the trial, and at the notion of possibly being called as an 'expert' witness. The Chair fast-tracks MSc trainees, fresh from undergraduate classrooms, into potentially high-stakes decision-making contexts within the span of a year. Meticulous education prepares trainees with



the research and communication skills to make this transition successful, but other inputs are required to make it comfortable.

### 3.6 Strategy to Meet the Challenge

Coyte's strategy for encouraging confidence in new these trainees lay in individual mentoring, and, especially, in the cultivation of their teamwork and collegiality. Trainees received one-on-one instruction and supervision, but they were also encouraged strongly to work as a team, and they received training and feedback as a team. A shared student research space enabled them to work nearby one another on individual and group projects, and combined work/social activities were regularly organized to enhance relationships. By nurturing collegiality among trainees, the Chair program facilitated peer-mentoring and knowledge-sharing with the result that trainees inspired confidence in one another.

Coyte provides trainees with models for effective teamwork, usually by co-teaching courses, as in the work with Ungar. Moreover, he frequently joins the trainees' teams himself, getting 'into the trenches' and contributing to the project in the capacity of colleague-mentor. The trainees described his role in this project as having changed after their submission of the term paper. By participating as a member of their research team and engaging in the research process with them, he encouraged their confidence in their own work: "I guessed that if he was going to stand up in court and defend our project, then he must have thought it was really strong," observed one trainee. "I appreciated that".

## 4. EXEMPLAR B: Embedding Knowledge Translation in the Curriculum

### 4.1 What It Is

*Home and Community Care Highlights: A Quarterly Digest* was first published in December 2002 as a knowledge transfer tool for decision makers who plan health service provision in the community. To produce the digest, trainees distill key messages from scholarly publications and explain the potential applications and implications of this research for the decision maker audience. Seventy international and Canadian journals from across the health disciplines are reviewed, and between eight and ten articles are summarized in each issue. Where available, publications developed under the auspices of the Chair are included. *Highlights* was profiled by the CHSRF in the Spring 2003 issue of the newsletter, *Links*. Proceeds from subscriptions are returned to Chair to support graduate Fellowships and training awards. This project integrates the education/mentorship, linkage/exchange, and research objectives of the Chair.

### 4.2 Achievements

Three important new changes make the *Highlights* initiative an exemplar activity in 2003.

1. **Direct knowledge transfer links to decision makers increased** substantially, with 25 new organizations across Ontario having signed on as *Highlights* subscribers.
2. **The University recognized the value of training in knowledge transfer** by approving this initiative as a full credit graduate course in the Dept. of Health Policy, Management & Evaluation.
3. **Bi-directional knowledge transfer occurred**, as policy makers attended class meetings to provide decision maker perspectives and provide feedback on student writing.

### 4.3 Outcomes for Trainees

In researching, writing, and editing the Digest, and in receiving feedback from decision-makers, this year's thirteen trainees developed effective, jargon-free communication skills for working with research users and developed sensitivity to the decision-making contexts and research needs of the subscriber agencies. Earning a course credit for participation enabled trainees to develop knowledge transfer skills without unduly extending their academic program. Moreover, University accreditation of *Highlights* is also an important symbolic gesture, signaling to trainees that knowledge transfer is valued by the academy and is a legitimate activity for researchers.

#### **4.4 Outcomes for Stakeholders**

Home care is a chronically understudied area of health care, and the published research is scattered across a broad range of journals that is difficult for decision makers to access and review. Informal feedback from subscribers indicates particular appreciation for *Highlights*' comprehensive scope. Enthusiasm for this initiative is reflected in this year's significant growth in subscriptions. Notably, 40% of Community Care Access Centres in Ontario, the regional bodies responsible for home and long term care assessments, case management, and service contracting, have subscribed. Trainees will survey subscribers in Spring 2004 for feedback on the effectiveness of the Digest in supporting decision-making and for suggestions for improvement.

#### **4.5 Challenge**

As a result of the decision to accredit *Highlights* as a course, the primary challenge faced in 2003 was planning for retention. The significant tangible and symbolic benefits of creating the credit course have been described. The potential cost is that trainees may choose not to participate in the program in subsequent years, after the academic credit has been earned.

#### **4.6 Strategy to Meet the Challenge**

The two-pronged (stick and carrot) strategy to meet the retention challenge is (1) to heighten trainees' attention to the importance of research 'follow through,' and (2) to utilize the proceeds from subscriptions to provide small compensatory stipends to second-year participants. The *Highlights* course – like all activities of the Chair – is designed to encourage an attitudinal shift among trainees regarding the role of research and the responsibility of researchers in the knowledge uptake continuum. It is anticipated that trainees will perceive their continued participation in *Highlights* as a valuable knowledge translation contribution. A test of the success of this initiative will be the number of trainees who re-enroll in 2004, without the credit option.

## **5.0 MILESTONES**

### **5.1 Linkage/Exchange:**

*Home and Community Care Highlights: A Quarterly Digest*

Trainee Participants: 13

Disciplines Represented: 7

Subscribers: 28

Subscribing Community Care Access Centres/Community Health Centres: 13

Subscribing Provider Agencies: 4

Subscribing Ontario Ministry of Health and Long Term Care Divisions: 3

Subscribing Research Centres/NGOs: 3

Subscribing Advocacy/Professional Organizations: 2

*Toronto Health Economics Network*

Participants: 24

Presentations Made: 9

Institutions/Departments Represented: 18

### **5.2 Education/Mentorship**

Trainees Graduated: 2 MSc (Health Economics)

Trainees Placement: Analyst, Ontario Ministry of Health and Long Term Care;  
Analyst, Canadian Institute for Health Information.

PhD Admitted/Chair Fellowships Received: 2

Disciplines Represented: Health Policy;; Health Economics.

MSc Admitted/ Chair Fellowships Received: 3

Disciplines Represented: Health Economics (1); Pharmacy (2)

Research Interns Admitted: 3

Disciplines Represented: Nursing; Economics; Management.

### **5.3 Research**

Coyte: Peer-Reviewed Publications: 13

Coyte: Presentations: 15

Coyte: Funded Research Proposals: 4

Junior Faculty Papers Submitted & Published: 25

Junior Faculty Presentations: 11

Trainee Papers Submitted & Published: 14

Trainee Presentations: 10

## 6.0 BUDGET

	<b>Year 1</b> July 1, 2000- Dec. 31, 2000	<b>Year 2</b> Jan. 1, 2001- Dec. 31, 2001	<b>Year 3</b> Jan. 1, 2002- Dec. 31, 2002	<b>Year 4</b> Jan. 1, 2003- Dec. 31, 2003	<b>Year 5</b> Jan. 1, 2004- Dec. 31, 2004
Coordinator	12,500.00	25,000.00	25,000.00	25,000.00	25,000.00
Other Asst.	5,100.00	10,200.00	30,100.00	0.00	12,000.00
Grad. Stipends	0.00	6,647.07	40,000.00	109,000.00	100,000.00
Junior Faculty	27,350.00	46,908.96	18,124.96	5,975.00	5,975.00
Other Personal	18,450.00	37,171.35	21,261.25	36,000.00	36,000.00
Supplies	5,990.24	(2,271.52)	382.48	14,051.89	8,000.00
Equipment	0.00	0.00	5,198.90	3,298.62	5,000.00
Travel	1,847.00	10,657.70	9,757.82	24,669.05	15,000.00
Special Events	0.00	0.00	0.00	0.00	0.00
Other Costs	0.00	3,000.00	5,000.00	0.00	5,025.00
<b>Total Costs</b>	<b>71,237.24</b>	<b>137,313.56</b>	<b>149,825.41</b>	<b>217,994.56</b>	<b>212,000.00</b>
<b>Total Revenue<sup>1</sup></b>	<b>97,500.00</b>	<b>195,000.00</b>	<b>195,000.00</b>	<b>195,000.00</b>	<b>195,000.00</b>
<b>Surplus</b>	<b>26,262.76</b>	<b>57,686.44</b>	<b>45,174.59</b>	<b>(22,994.56)</b>	<b>(17,000.00)</b>
<b>Cumm. Surplus</b>	<b>26,262.76</b>	<b>83,949.20</b>	<b>129,123.79</b>	<b>106,129.23</b>	<b>89,129.23</b>

<sup>1</sup>This includes annual in-kind support of \$25, 000 from the Home and Community Care Evaluation and Research Centre (HCERC).