

**Broadening the Mandate of the Canadian Health Economics Research Association /  
Association Canadienne pour la Recherche en Economie de la Santé (CHERA/ACRES):**

**A National Interdisciplinary Health Services and Policy Research Association \***

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**\* The views expressed in this document are those of the author and do not necessarily reflect the opinion of the CHERA/ACRES Board or any funding agency or institution. I am grateful to the individuals listed in Appendix Two who agreed to be interviewed for this Report, and Ms. Kelly Murphy who provided useful feedback.**

## **Executive Summary**

The health research landscape in Canada has changed significantly in the past five years. There appears to be a growing consensus that a broad-based interdisciplinary health services and policy research association is a possible vehicle to enhance research capacity and interaction within both the researcher and research user communities. CHERA/ACRES is emerging as the leading candidate to move this agenda forward as it already has a diverse membership base encompassing many of the constituencies contemplated for a broader Association.

This Report builds on the presentation prepared by the Canadian Policy Research Networks Inc. (CPRN) and delivered to the CHERA/ACRES membership at the May 2002 annual general meeting in Halifax, Nova Scotia. Three sets of issues and recommendations are the focus of the current Report. First, the potential for a national broad membership-based interdisciplinary health services and policy research organization with CHERA/ACRES taking the lead role in its establishment is discussed in Section 2.0. Second, the obstacles and facilitators associated with the evolving mandate for the Association are discussed in Section 3.0. Finally, Section 4.0 focuses on the range of services that the new organization might offer its members. Section 5.0 offers a brief conclusion that outlines the next steps that may be pursued if the Board were to accept the recommendations contained in this Report.

**The Report Recommends (*as discussed in detail in the document*) and the CHERA/ACRES Board supports:**

### **Recommendation 1:**

The evolution of the Association into a national, broad-based, interdisciplinary health services and policy research association of practitioners, users and students of health services and policy research.

### **Recommendation 2:**

Mandating the new Association to enhance research and research-using capacity in areas of research pertaining to health services finance, organization, delivery, regulation and evaluation, and related health policies.

### **Recommendation 3:**

The extension of the Association's membership through an outreach policy to encourage inclusion of researchers, research users, and policy makers with interests in the fields of: health economics, health services and outcomes research, epidemiology, behavioural science, biostatistics, the social sciences and the humanities, political science, health care professional research, policy analysis, health law, health care ethics, research dissemination, health care management, and other related fields.

### **Recommendation 4:**

Changing the name of the Association to be the *Canadian Association for Health Services and Policy Research / Association canadienne pour la recherche sur les services et les politiques de la santé* (CAHSPR/ACRSPS).

**Recommendation 5:**

The development of study group sub-units, such as the Canadian Health Economics Study Group, within the new Association, which would also actively encourages the development of activities, products and services that enhance collaboration and integration across any such sub-units.

**Recommendation 6:**

The development of a governance structure for the new Association that provides for diverse Board representation from both the researcher and research user communities, and from different regions of Canada. Board members will be expected to focus on the core interests of the Association rather than to represent the interests solely of particular communities.

**Recommendation 7:**

That there be broad geographic participation in the new Association's activities, and to this end, as far as is practical, the use of both official languages in its communications and activities.

**Recommendation 8:**

The development of a communication strategy to reposition the Association in the light of its expanded mandate, diverse membership, and modified name.

**Recommendation 9:**

The maintenance of the following three core membership services: national research and policy conferences in line with the growth in the membership; an electronic inventory of Canadian health services and policy research; and a national database of health services and policy researchers and research users.

**Recommendation 10:**

The CHERA/ACRES Board strongly supports the development of a Canadian health services and policy research journal.

**Conclusions:**

We are at an important juncture in the life of CHERA/ACRES. The Association has a rich history that needs to be acknowledged, as we move forward. Recognizing and taking advantage of the opportunities as they present themselves is one characteristic of a vibrant and evolving organization. If the recommendations contained in this Report were endorsed by the CHERA/ACRES Board and by the membership, a Working Group should be struck immediately to oversee the development of a new Association. There is a clear need to develop a timeline for change and to establish strategic planning sessions in order to develop a mission and vision for any new Association, along with organizational values and new governance and organizational structures.

## **1.0 Background:**

In the recent past, there have been two notable changes to the Canadian health services research landscape. First, in 1997, the Canadian Health Services Research Foundation (CHSRF), was launched to support evidence-based decision making in the organization, finance, and delivery of health services by funding the creation, dissemination, and uptake of new knowledge through linkage and exchange activities. The CHSRF has enhanced the climate of interaction between researchers and research users. Second, in 2000, the Canadian Institutes of Health Research (CIHR), including an Institute dedicated to Health Services and Policy Research, was established to create new knowledge and to translate this knowledge into improved health for Canadians. The CIHR has fostered opportunities for creative syntheses between the clinical/health sciences and other disciplines. These national funding organizations reflect on-going shifts in the broader research community and signal opportunities for new research and knowledge translation pathways.

Since incorporation in 1985, CHERA/ACRES has also evolved. Based on responses to the recent membership survey, the Association has grown eightfold from its initial membership base of fifty. This membership is evenly balanced between researchers (within academic centers) and research users (within government agencies, non-governmental organizations, and industry), and is rich in its diversity, comprising health economists (40%), health services researchers (22%), policy analysts (16%), and other disciplines/professions (22%), including research disseminators, epidemiologists/bio-statisticians, providers, and social scientists.

While the current Association is diverse in the disciplines and professions represented, and is evenly balanced between researchers and research users, there is a general perception in the broader research community that CHERA/ACRES remains an exclusive preserve for health economists. This perception is maintained through the Association's name and official objectives that emphasize health economics. As a consequence, the CHERA/ACRES Board felt that it was timely to canvass its members and external stakeholders regarding the evolution of the Association's mandate, name, membership and range of services. This Report summarizes the findings from these consultations and offers recommendations for consideration by the Association's Board.

This Report builds on a presentation prepared by the Canadian Policy Research Networks Inc. (CPRN) and delivered to the CHERA/ACRES membership at the May 2002 Annual General Meeting in Halifax, Nova Scotia. Three sets of issues and recommendations are the focus of the current Report. In Section 2.0, the potential for a national broad membership-based interdisciplinary health services and policy research organization with CHERA/ACRES taking the lead role in its establishment is discussed. In Section 3.0, impediments and facilitators associated with the evolving mandate for the Association are discussed. Section 4.0 focuses on the range of services that the new organization might offer its members. Section 5.0 offers a brief conclusion that outlines the next steps that may be pursued if the Board were to accept the recommendations contained in this Report.

## **2.0 Evolving Mandate and Membership of the Association**

CHERA/ACRES has evolved since its inception. The Association is home to a diverse range of disciplines and professions representing both researchers and research users. While there is the potential for significant growth in its membership and in strengthening the integration of existing members, the CHERA/ACRES Board decided that it would be prudent to canvass existing members and external stakeholders in order to assess whether there was interest in and support for an explicit broadening of the membership and the orientation of the Association.

Between December 2002 and January 2003, all members of CHERA/ACRES were asked to participate in an internet-based membership survey (Appendix 1). Approximately 40% of the membership responded. In addition, approximately thirty face-to-face interviews with members of CHERA/ACRES and external stakeholders (Appendix 2) were conducted between February and April 2003 in order to determine whether it would be feasible and prudent for CHERA/ACRES to evolve in response to the perceived need for a national, broad-based, inter-disciplinary health services and policy research organization. These interviews were equivalent in structure to the membership survey. Each interviewee was sent a four-page document that formed the basis for a semi-structured interview (Appendix 3). When the interviewee was not available for a face-to-face interview, other modes of communication were used.

### **2.1 Membership Survey and Interviews Re: Mandate and Membership**

The members demonstrated overwhelming support for broadening the membership base to include researchers, research-users, and policy makers with interests in the fields of: health economics, health services and outcomes research, epidemiology, behavioural science, biostatistics, the social sciences and humanities, political science, health care professional research, policy analysis, health law, health care ethics, and research dissemination, health care management, and other related fields. Indeed, 84.5% of the respondents were either comfortable or very comfortable with this shift. Only 8.3% were very uncomfortable with this evolution.

In addition, there was overwhelming support for a shift in the mandate of the Association, from an exclusive emphasis on health economics to one more congruent with a national, broad-based, interdisciplinary health services and policy research association for Canada. Specifically, 78.4% of respondents were either comfortable or very comfortable with this shift in mandate, with 10.8% very uncomfortable.

Notwithstanding the more than five to one ratio of support for a shift in membership and mandate, important concerns were raised. Uppermost were the concerns that broadening the Association could: dilute research integrity and rigour; erode the distinctive features and identity of CHERA/ACRES; and cause the Association to lose focus. These concerns have to be addressed carefully during the process of organizational change, and mechanisms and strategies should be implemented to minimize their occurrence.

## **2.2 External Stakeholder Interviews Re: Mandate and Membership**

Enthusiastic support was reported for a national, broad-based, interdisciplinary health services and policy research association for Canada, and CHERA/ACRES was clearly endorsed as the appropriate organization to advance this agenda. External stakeholders unambiguously agreed that the quality and relevance of health services research are enhanced through both effective interdisciplinary collaboration and substantive involvement of research users throughout the research process. There was clear recognition among the External stakeholders that the new Association would be an important vehicle to enhance research capacity and knowledge translation for Canada.

Given Canada's small population base and the immense geography, the stakeholders signaled the obvious economies of scale (size) and scope (diversity) in having a single national broad membership-based interdisciplinary Association with an administrative structure able to respond to the diverse needs of the membership. Consequently, many stakeholders recommended that CHERA/ACRES should develop strategic alliances with existing Associations rather than launch "yet another new national broad-based Association". Strategic alliances might best be cultivated under the umbrella of a national Association (described below), and might be most effective in furnishing various membership services, such as linked conferences (whether organized as consecutive, overlapping or even concurrent events), a common health services journal, or through the development of coordinated membership databases and communications materials (e.g. a searchable online inventory of grey literature, and a searchable online database of research experts and their coordinates).

## **2.3 Recommendations Re: Mandate and Membership**

The CHERA/ACRES Board is asked to support the following Recommendations:

### **Recommendation 1:**

The evolution of the Association into a national, broad-based, interdisciplinary health services and policy research association of practitioners, users and students of health services and policy research.

### **Recommendation 2:**

Mandating the new Association to enhance research and research-using capacity in areas of research pertaining to health services finance, organization, delivery, regulation and evaluation, and related health policies.

### **Recommendation 3:**

The extension of the Association's membership through an outreach policy to encourage inclusion of researchers, research users, and policy makers with interests in the fields of: health economics, health services and outcomes research, epidemiology, behavioural science, biostatistics, the social sciences and the humanities, political science, health care professional research, policy analysis, health law, health care ethics, research dissemination, health care management, and other related fields.

### 3.0 Organizational Change: Impediments and Facilitating Factors

In order to achieve the status of a national broad membership-based interdisciplinary health services research and research user Association, various mechanisms that facilitate or hinder the organizational change process need to be reviewed. Members and external stakeholders were canvassed regarding mechanisms that facilitate or hinder organizational change. In this Section, three main issues are addressed: modifying the name of the Association; developing organizational structures that support study groups; and changes to the Association's governance structure.

#### 3.1 Membership Survey Re: Organizational Change

One of the major impediments to the successful evolution of CHERA/ACRES into a national, broad-based, interdisciplinary health services and policy research Association for both researchers and research users is the perception that CHERA/ACRES exists only for health economists. While the membership survey clearly demonstrated the diversity of the existing Association, there is potential to demonstrate this more explicitly to the external community, in order to encourage their participation in the Association's activities.

One mechanism proposed to demonstrate the inclusive nature of the evolved Association was to modify the CHERA/ACRES name. Specifically, the emphasis on "health economics" in the title may represent a barrier to expanding the mandate of the Association. When members were canvassed with respect to their level of comfort in changing the name of the Association to the *Canadian Association for Health Services Research / Association canadienne pour la recherche sur les services de santé (CAHSR/ACRSS)*, two-thirds of respondents were supportive of this change.

While there was strong support for a name change, 12.6% of respondents were very uncomfortable with this shift. These members associated a name change with: a loss of the CHERA/ACRES "brand"; erosion of the Association's distinctive emphasis on health economics; and general unease with the vagueness of "health services research". As each of these concerns has been well articulated, mechanisms need to be developed to minimize their occurrence and impact.

Some members were supportive of a name change reflective of CHERA/ACRES' evolution, but they emphasized the importance of the acronym as both a link to the past and to maintain the "brand". In order to advance this position, the new Association might be named the *Canadian Health Research Association / Association canadienne de recherches de santé*, with CHeRA/ACReS as the acronym. While this change emphasizes health research rather than health economics, the inclusiveness of the name might be detrimental to the advancement of its distinctive interdisciplinary focus, and the maintenance of the acronym may create confusion regarding the new Association's purpose. Moreover, the affinity between names like the *Canadian **Health Research** Association* and that of the *Canadian Institutes of **Health Research*** may create a false perception that the new Association intends to embrace the full scope of CIHR-supported researchers and research-users; a view that could damage efforts to build the health services and policy research "pillar" within CIHR. While some of these concerns might be addressed through the clear articulation of vision and mission statements, it would be difficult to overcome the perceived linkage to CIHR.

While changes to the CHERA/ACRES acronym and a more inclusive membership base may erode the Association's identity from the perspective of some existing members, the majority of current members and external stakeholders (who may become members in the future) believe the evolution would enhance the Association's status, prestige, and cachet. More importantly, these respondents suggested that this evolution might improve the utility of the Association by enhancing its strength, usefulness and effectiveness.

The Association's distinctive emphasis on health economics might be maintained through greater reliance on the existing Canadian Health Economics Study Group (CHESG). Just over 10% of the membership of CHERA/ACRES attended the last Study Group meeting in Halifax and most of these participants characterized themselves as health economists. Consequently, a closer relationship with CHESG, organized within the framework of a broad health services research and research-user Association, provides the potential to maintain a distinctive, high calibre, rigorous, health economics perspective, while at the same time achieving economies of scale and scope in the organization and administration of the broader Association. The membership reported nearly unanimous support for a new role for CHESG as a specialized vehicle to advance health economics activities within a broadened Association. Indeed, 84.8% of respondents were comfortable or very comfortable with this emphasis, while only 6.1% were very uncomfortable with this proposed relationship with CHESG.

While there was clear recognition that an evolved Association should act to facilitate Study Group meetings (not just for health economists, but also for other groups seeking a distinctive "home" within a broad-based Association) and should support broad, interdisciplinary meetings, there was a concern that the Association might become splintered as a result. Therefore, mechanisms need to be developed to alleviate these potential unintended consequences.

### **3.2 External Stakeholders Re: Organizational Change**

The external stakeholders unanimously asserted the need for a new name that would accurately reflect the current activities of the Association. Many stakeholders indicated that the current name and its emphasis on health economics was their main reason for not participating in the Association's activities. Others suggested that the current name inaccurately described the current membership base and content of the biennial conference.

Stakeholders proposed several names for the new Association including: the *Canadian Association for Health Services Research*; the *Canadian Health Research Association*; the *Canadian Health Services Research Association*; the *Association for Canadian Health Services Research*; the *Canadian Association for Health Services and Policy Research* (CAHSPR, pronounced "Casper"); the *Canadian Association for Health Services Research and Policy*; the *Canadian Association for Interdisciplinary Health Services and Policy Research*; the *Association for Canadian Health Services and Policy Research*; and the *Association for Canadian Health Services and Outcomes Research*. In addition to these names, some of the external stakeholders supported the use of the terms "Academy" or "Advancement" in the title of the Association.



With respect to broadening the membership of the Association, stakeholder views were split. Some felt that the Association should encompass a broad spectrum of health research fields, in order to advance integration across health disciplines and sectors. Others believed that while the Association had appropriately expanded beyond health economics, it should nevertheless maintain a sharp focus, and not be opened up to every sort of health-related research enterprise. These stakeholders prioritized health services and policy research as the Association's most appropriate and most obvious "niche". However, these stakeholders emphasized that health services and policy research was an area of research, not a discipline. Health services researchers are but one category of expertise interested in conducting health services and policy research. Therefore, the new Association should be open to all who have active research or research-user interest in issues pertaining to health services finance, organization, delivery, regulation and evaluation, and related health policies.

A key sticking point was the role of population and public health research (i.e. broad determinants of health). In every interview, the Association's relationship to this field of health research was addressed. Stakeholders noted that the Canadian Public Health Association (CPHA) already has an important mandate in the area of population and public health. In the interest of encouraging strategic alliances with groups such as the CPHA, it was therefore felt that the new Association required a distinctive focus that would not overlap or compete with CPHA. Advocates for a health services and health policy focus were amenable to involving population or public health research within the new Association in cases where such research was clearly linked to the delivery, organization, and/or financing of health services. However, it was felt that the Association was not the appropriate home for research that would be only tangentially related to health services and policy issues.

Stakeholders supported the creation of an umbrella structure for the new Association with study (or interest) groups used to support networking among member sub-groups. While it was frequently suggested that this umbrella structure might limit boundary crossing, and thereby limit the enhancement of interdisciplinary research and research-using capacity, there was general agreement that the umbrella structure would be a useful vehicle, especially during the period of organizational transformation. Whether the study groups would be maintained would depend on their value to the membership. Indeed, some suggested that study groups were likely to constitute an ongoing fixture in a new Association, just as the Canadian Health Economics Study Group was established because CHERA/ACRES had grown in size and diversity. A new Board might be proactive in encouraging new members to join the Association and form their own vibrant study (or interest) groups in order to grow the membership base and constituencies. Notwithstanding the support for the establishment of distinctive Study Groups, general support was demonstrated for organizational activities, products and services that enhance collaboration and integration across such Study Groups.

Finally, with respect to a governance structure for the new Association, external stakeholders unanimously agreed that a new Board would be required that was reflective of the researcher and research-user communities of the Association, and reflective of the range of disciplines to be attracted. There was the suggestion that a "Network of Champions" be established in order to raise awareness about the new Association and to facilitate membership growth.

### **3.3 Recommendations Re: Organizational Change**

The CHERA/ACRES Board is asked to support the following Recommendations:

#### **Recommendation 4:**

The CHERA/ACRES Board supports changing the name of the Association to the *Canadian Association for Health Services and Policy Research / Association canadienne pour la recherche sur les services et politiques de santé* (CAHSPR/ACRSPS).

#### **Recommendation 5:**

The development of study group sub-units, such as the Canadian Health Economics Study Group, within the new Association, which also actively encourages the development of activities, products and services that enhance collaboration and integration across any such sub-units.

#### **Recommendation 6:**

The development of a governance structure for the new Association that provides for diverse Board representation from both the researcher and research user communities, and from different regions of Canada. Board members will be expected to focus on the core interests of the Association rather than to represent the interests solely of particular communities.

#### **Recommendation 7:**

That there be broad geographic participation in the new Association's activities, and to this end, as far as is practical, the use of both official languages in its communications and activities.

#### **Recommendation 8:**

The development of a communication strategy to reposition the Association in the light of its expanded mandate, diverse membership, and modified name.

#### **4.0 Range of Membership Services**

The evolution of CHERA/ACRES into a national, broad-based, interdisciplinary health services research and research user Association may be a useful point to undertake an assessment of the range and form of membership services. Indeed, this period of organizational change may be the catalyst to consolidate some services and to enhance others in order to attract new members and retain existing ones. Members and external stakeholders were canvassed regarding the range of services that should be priorities for the new Association. In this Section, several key services are outlined.

#### **4.1 Membership Survey Re: Membership Services**

Respondents to the membership survey identified five service categories as priorities for a new Association:

- (1) Hosting national research and policy conferences;
- (2) Hosting an electronic inventory of Canadian health services and policy research;
- (3) Supporting a Canadian health services and policy research journal;
- (4) Supporting the development of a national database of health services and policy researchers and research users; and,
- (5) Supporting advocacy for health services and policy research.

A national research and policy conference and an electronic inventory of Canadian health services and policy research were identified as the top priorities, each receiving over 60% support from the respondents. Support for these priorities was closely followed by support for a Canadian health services and policy research journal and a database of health services researchers and research users, each with almost 60% support. A slim majority supported a role for the Association in advocating on behalf of health services and policy research capacity enhancement.

Support for a journal was tempered by concerns about the cost of its establishment and maintenance, difficulty in ensuring commitment from the research communities for a flow of substantive articles, and a general perception that it might not earn first tier status. To ensure success, significant efforts would be needed to establish sound financial and editorial leadership. The potential benefits of this initiative are tremendous in terms of knowledge translation in both official languages (across disciplines, communities, and geography).

Support for an annual Health Economics Study Group meeting was expressed by only 37.8% of the respondents, in line with the proportion who supported Association discounts on journal subscriptions, and marginally above the level of support for recruitment and placement support (34.4%). Limited support for focused Study Groups is not surprising for a broad-based Association. Respondents reported least support for professional development services, such as grant writing and communication courses or workshops; however, this might reflect the age distribution of the respondents or a lack of clarity in the survey questions.

#### **4.2 External Stakeholders Re: Membership Services**

External stakeholders held views similar to the membership, with the notable exception that the stakeholders reported almost unanimous support for a Canadian health services and

policy research journal and other dissemination outlets. Stakeholders felt that the creation of a new, bilingual, journal, or the development of strategic alliances with existing journal-producing organizations, would help to grow the membership and would act as a useful vehicle to communicate knowledge to Canadians (and the rest of the world) about health care in various jurisdictions across this country. Tying journal subscriptions to the sale of Association memberships was seen as an appropriate approach to support the journal, with the caveat that corporate and other forms of institutional support would also be warranted. The development of a new Association and its linkage to a new membership-based journal was perceived as an important and sustainable step forward.

The external stakeholders supported the idea of a national research and policy conference conducted in conjunction with other organizations, such as the Canadian Public Health Association or the Learned Societies, in order to take advantages of potential synergies and opportunities to attract new members. There was support for the suggestion that the frequency of conferences should be determined by the size of the new Association. There was, however, support for the idea that in the first two years of its existence, an annual conference should occur in order to capitalize on the momentum of the new Association.

The external stakeholders were supportive of an electronic inventory of Canadian health services and policy research literature and in the development of a national database of health services and policy researchers and research users. While the development of a national database of researchers and research users would be useful, there was recognition that such activities might best be pursued in partnership with other organizations. Besides the provision of a website, an electronic digest (or listserv) and other dissemination activities, there was very little support for other membership services.

#### **4.3 Recommendations Re: Membership Services**

The CHERA/ACRES Board is asked to support the following Recommendations:

##### **Recommendation 9:**

The maintenance of the following three core membership services: national research and policy conferences in line with the growth in the membership; an electronic inventory of Canadian health services and policy research; and a national database of health services and policy researchers and research users.

##### **Recommendation 10:**

The CHERA/ACRES Board strongly supports the development of a Canadian health services and policy research journal.

## **5.0 Conclusions**

The health research landscape in Canada has changed significantly in the past 5 years. There is an urgent need for a broad-based, interdisciplinary health services and policy research association to capitalize on new opportunities to enhance research capacity within researcher and research user communities. CHERA/ACRES represents a useful vehicle to move this agenda forward as it already has a diverse membership base encompassing many constituencies contemplated for a broad-based, interdisciplinary Association. However, there is significant potential to grow this Association by developing strategic alliances with other groups, modifying the name of the Association, accommodating various Study Groups, and reforming the Association's governance structure. Foremost amongst these changes is a name change to signal accurately the activities of the Association and its current and expanded membership. This change would signal openness to the broader health services and policy research and research user communities, but must be followed with changes to the Association's governance that will ensure full and meaningful participation by the broader membership base.

In conclusion, we are at an important juncture in the life of CHERA/ACRES. The Association has a rich history that needs to be acknowledged as we move forward. Recognizing and taking advantage of opportunities as they present themselves is one characteristic of a vibrant and evolving organization. But organizational change is not without its own set of challenges. While there are concerns and uncertainties associated with change, these need to be addressed during the change process through mechanisms and strategies that maximize the benefits of change. The future bodes well for a new Association that evolves from the strong base established by CHERA/ACRES.

If the recommendations contained in this Report were endorsed by the CHERA/ACRES Board and by the membership, a Working Group should be struck immediately to oversee the development of the new Association. This Working Group should include current CHERA/ACRES members, representatives of the new constituencies highlighted in this Report, as well as agencies who have made a multi-year commitment to the new Association. The responsibilities of the Working Group should include establishing a timeline for change, developing mission and vision statements for the new Association, and planning new governance and organizational structures. Attention should be paid to detail during the period of transition to ensure that the benefits of change are maximized.

**Appendix 1:**

**Membership Survey**

## **Broadening the Mandate of CHERA/ACRES: a questionnaire to members**

**Background:** A need has been identified over the last number of years for a national broad-based interdisciplinary health services and policy research organization. Building on the feasibility study that was presented at last year's conference that looked at expanding the mandate for CHERA/ACRES - the CHERA/ACRES Board has decided to canvass the membership as proposals are under development.

***Note:*** *This questionnaire is not a referendum to members on changing the organization. This is for the purposes of allowing input from members as proposals are developed. The final recommendations arising from Board deliberations and discussions with other agencies/associations will be brought back to the membership for ratification.*

### **Some information for consideration:**

**Proposed Name:** Canadian Association for Health Services Research / Association canadienne pour la recherche sur les services de santé (CAHSR/ACRSS)

**Mandate:** The new organization will be a national broad-based *interdisciplinary health services and policy research* association to support practitioners, users and students of health research enhance their research capacity and career development.

**Target Membership:** Members to include (*not an exclusive list*): health economists, health services researchers, health outcomes researchers, epidemiologists, biostatisticians, social scientists, political scientists, nurse researchers, physician researchers, policy analysts and research disseminators.

**Services:** The new Association will provide a range of services to its membership, including the following services:

- (6) Hosting national research and policy conferences;
- (7) Providing information, networking and communication services to its members and the research community in general;
- (8) Hosting a repository of Canadian health services and policy research;
- (9) Supporting a Canadian health services and policy research journal;
- (10) Supporting the development of a national database of health services and policy researchers; and,
- (10) Supporting advocacy for health services and policy research.

**Governance:** The board should represent the make up of the membership at the individual level with care taken to ensure appropriate geographic, gender, linguistic and discipline balance.

**Health Economics Focus:** The Canadian Health Economics Study Group would serve as an organizational structure within the new organization to allow for a specialized focus on health economics issues.

## **Survey of the Membership:**

We hereby canvass the membership as we plan for a new chapter in the life of CHERA/ACRES.

1. How comfortable are you with the broadening of the CHERA/ACRES mandate to become a broad-based interdisciplinary health services and policy research Association?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

2. How comfortable are you with an expansion in the Association's membership base to encompass individuals from other communities, such as the social sciences and humanities, epidemiology, and health services management?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

3. How comfortable are you with a change in the name of CHERA/ACRES to the Canadian Association for Health Services Research (CAHSR/ACRSS)?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

4. How comfortable are you with the use of the Canadian Health Economic Study Group (CHESG) as a vehicle to advance the Association's unique original health economics identity?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

5. Specific concerns you wish to bring to the attention of the Board:

Comments:



6. What activities do you feel should be priorities for the new broad-based interdisciplinary health services and policy research Association?

Assign a priority to

Very low priority	Low priority	Neutral	High Priority	Very high priority
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- |       |   |
|-------|---|
| _____ | Annual Association Conference                                     |
| _____ | Biennial Association Conference                                   |
| _____ | Annual Health Economics Study Group meetings.                     |
| _____ | Establish a Canadian Health Services and Policy Research Journal. |
| _____ | Negotiate Journal Discounts (conjoint memberships)                |
| _____ | Health Services and Policy Researcher and User Database           |
| _____ | Recruitment and Job Placement Support                             |
| _____ | Advocacy for Health Services and Policy Research                  |
| _____ | Professional development courses, eg grant writing                |
| _____ | Literature Inventory, eg Cabot.                                   |

**Respondent Characteristics:**

Province of Work \_\_\_\_\_

**Gender:**

☐ Male

☐ Female

**Work Environment:**

☐ Academic

☐ Industry

☐ Provincial Government

☐ Federal Government

☐ National NGO

☐ Provincial NGO

☐ Care Facility

☐ Self Employed

☐ Other \_\_\_\_\_

**Primary Role:**

☐ Educator

☐ Student

☐ Researcher

☐ Manager

☐ Policy Maker

☐ Consultant

☐ Care Provider

☐ Other \_\_\_\_\_

**Identification:**

☐ Health Economist

☐ Outcomes Researcher

☐ Health Services Researcher

☐ Epidemiologist/Biostatistician

☐ Social Scientist

☐ Political Scientist

☐ Nurse Researcher

☐ Physician Researcher

☐ Policy Analyst

☐ Research Disseminator

☐ Other \_\_\_\_\_

## **Appendix 2:**

### **Interviewees**

**Interviews with Selected CHERA members and external stakeholders:**

**Chris Auld**, Department of Economics, University of Calgary, Calgary.

**Morris Barer**, Scientific Director, CIHR Institute of Health Services and Policy Research and Professor, Department of Health Care and Epidemiology, University of British Columbia, Vancouver.

**Renaldo Battista**, President, Agence d'évaluation des technologies et des modes d'intervention en santé, Montréal.

**Diane Berthelette**, Professor and Directrice, Institut Santé & société, Université du Québec à Montréal, Montréal.

**Allan Best**, Senior Scientist, Behavioural Scientist, Centre for Clinical Epidemiology and Evaluation, Vancouver Hospital and Health Centre, Vancouver.

**Charlyn Black**, Director, Centre for Health Services and Policy Research, University of British Columbia, Vancouver.

**Francois Champagne**, Professor, Department of Health Administration and the Groupe de recherche interdisciplinaire en santé, University of Montreal, Montréal.

**Jillian Cohen**, Associate Professor, Faculty of Pharmacy, University of Toronto, Toronto.

**Andre-Pierre Contandriopoulos**, Professor, Department of Health Administration and the Groupe de recherche interdisciplinaire en santé, University of Montreal, Montréal.

**Gerald H. Dafoe**, Chief Executive Officer, Canadian Public Health Association, Ottawa.

**Veronic Dery**, Scientific Director, Agence d'évaluation des technologies et des modes d'intervention en santé, Montréal.

**Brian Ferguson**, Associate Professor, Department of Economics, University of Guelph, Guelph.

**Pierre-Gerlier Forest**, Professor, Department of Political Science, Laval University, Quebec.

**Rebecca Fuher**, Professor and Chair, Department of Epidemiology and Biostatistics, McGill University, Montreal.

**Richard Gallagher**, President, Canadian Society for Epidemiology and Biostatistics, Vancouver.

**Paul Grotendorst**, Associate Professor, Faculty of Pharmacy, University of Toronto, Toronto.

**Steven Grover**, Director, Division of Clinical Epidemiology, Montreal General Hospital, Montreal.

**Rejean Hebert**, Scientific Director, CIHR Institute of Aging, and Professor, University of Sherbrooke, Sherbrooke.

**Paul Lamarche**, Professor and Chair, Department of Health Administration and the Groupe de recherche interdisciplinaire en santé, University of Montreal, Montréal.

**Jean-Marie Lance**, Former Scientific Director, Agency for Technology Assessment, Agency for Technology Assessment, Montréal.

**Réjean Landry**, Professor, Department of Management, Laval University, Quebec.

**Audrey Laporte**, Assistant Professor, Department of Health Policy Management and Evaluation, University of Toronto, Toronto.

**Pascale Lehoux**, Associate Professor, Department of Health Administration and the Groupe de recherche interdisciplinaire en santé, University of Montreal, Montréal.

**Alain Lesage**, Psychiatrie sociale, Centre de recherche Fernand-Seguin, Montréal.

**Richard Lessard**, Director, Montreal Public Health Department, Montréal.

**Gaston Levac**, President and Executive Director, Canadian College of Health Service Executives, Ottawa.

**Antonia Maioni**, Professor, Department of Political Science, McGill University, Montreal.

**Nancy Mayo**, Professor, Department of Epidemiology and Biostatistics, McGill University, Montreal, Montreal.

**Devidas Menon**, President, Canadian Association for Population Therapeutics and Executive Director, Institute of Health Economics, Edmonton.

**Eric Nauenberg**, Health Economics Branch, Ministry of Health and Long-Term Care, Toronto.

**Raynald Pineault**, Professor, Department of Health Administration and the Groupe de recherche interdisciplinaire en santé, University of Montreal, Montréal.

**Louise Robert**, Deputy Director, Knowledge Creation Programs Branch,  
Canadian Institutes of Health Research, Ottawa.

**Susan Ross**, Scientist, Maternal and Infant Health Research Unit, University of Toronto,  
Toronto.

**Mark Stabile**, Assistant Professor, Department of Economics, University of Toronto,  
Toronto.

**Robyn Tamblyn**, Professor, Department of Epidemiology and Biostatistics, McGill  
University, Montreal.

**Bill Tholl**, Secretary General, Canadian Medical Association, Ottawa.

**Jack Williams**, Vice-President Research, Toronto Rehabilitation Institute, Toronto.

## **Appendix 3:**

### **Semi-Structured Interviews**

## Broadening the Mandate of the Canadian Health Economics Research Association

**Background:** A need has been identified recently for a national broad-based interdisciplinary health services and policy research organization. Building on earlier work that looked at expanding the mandate for CHERA/ACRES, the CHERA/ACRES Board has decided to canvass the membership as well as external stakeholders in order to:

1. Identify the **potential for this evolution** of CHERA/ACRES, including a broadening of its target membership;
2. Examine potential **obstacles and facilitators** for this change, including the name and governance structure of the new organization; and to
3. Assess the **range of services** that the new organization association might offer its members.

These consultations are designed to inform the decision making process for the CHERA/ACRES Board and the membership. These interviews are structured around the following points:

### 1. Market Potential for the Interdisciplinary Organization:

#### **Mandate:**

The new organization will be a national broad-based *interdisciplinary health services and policy research* association structured to support practitioners, users and students of health research enhance their research and research-using capacity.

(1i) How comfortable are you with the broadening of the CHERA/ACRES mandate to become a broad-based interdisciplinary health services and policy research Association for Canada?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

#### **Target Membership:**

Members to include (*not an exclusive list*): health economists, health services researchers, health outcomes researchers, epidemiologists, biostatisticians, social scientists, humanists, political scientists, health care professional researchers, policy analysts, health lawyers, health care ethicists, and research disseminators.

(1ii) How comfortable are you with an expansion in the Association's membership base to encompass individuals from other communities, such as the social sciences and humanities, epidemiology, law, ethics, and health services management?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>



**2. Obstacles and Facilitators of Change:**

**Current Name:**

There is a perception that the emphasis on “health economics” in the name of the current association may represent a barrier to expanding the mandate of the organization.

**(2i)** Do you agree with the suggestion that reference to “health economics” in the current name of CHERA/ACRES poses an obstacle to the broadening of the organization and its membership base?

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Proposed Name:**

Association for Canadian Health Services Research / Association canadienne pour la recherche sur les services de santé (ACHSR/ACRSS)

**(2ii)** How comfortable are you with a change in the name of CHERA/ACRES to the Association for Canadian Health Services Research (ACHSR/ACRSS)?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Governance:** The board of the new organization should represent the make up of the membership at the individual level with care taken to ensure appropriate geographic, gender, linguistic and discipline balance.

**(2iii)** What would be the implication of this evolution of CHERA/ACRES for other existing research and research user organizations in Canada?

**(2iv)** What organizational mechanisms would ensure that the new organization is of mutual benefit to other existing organizations?

**Disciplinary Sub-Structures:** Specialized interests or disciplinary foci may be accommodated within the new organization through use of Sections or Study Groups. However, these sub-structures should not detract from the overarching objective of the new organization to foster the application of discipline-based insights to interdisciplinary health services and policy research.

**(2v)** How comfortable are you with the use of disciplinary or interest-based sub-structures within the new organization?

<b>Very uncomfortable</b>	<b>Uncomfortable</b>	<b>Comfortable</b>	<b>Very comfortable</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**3. Range of Services:**

The new organization will provide a range of services to its membership, including the following services:

- (11) Hosting national research and policy conferences;
- (12) Providing information, networking and communication services to its members and the research community in general;
- (13) Hosting a repository of Canadian health services and policy research;
- (14) Supporting a Canadian health services and policy research journal;
- (15) Supporting the development of a national database of health services and policy researchers and research users; and,
- (16) Supporting advocacy for health services and policy research.

**(3i)** What activities do you feel should be priorities for the new broad-based interdisciplinary health services and policy research Association?

Assign a priority to

<b>Very low priority</b>	<b>Low priority</b>	<b>Neutral</b>	<b>High Priority</b>	<b>Very high priority</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

_____	Annual Association Conference
_____	Biennial Association Conference
_____	Annual Sub-Section or Study Group meetings.
_____	Establish a Canadian Health Services and Policy Research Journal.
_____	Negotiate Journal Discounts (conjoint memberships)
_____	Health Services and Policy Researcher and User Database
_____	Recruitment and Job Placement Support
_____	Advocacy for Health Services and Policy Research
_____	Professional development courses, eg grant writing
_____	Literature Inventory, particularly grey literature
_____	Other , specify _____

**4. Specific concerns and ideas you wish to bring to the CHERA/ACRES Board:**

Comments: