



Friday, 9 May 2003

**Community-University Research:
Perspectives from the Funders**

Alan Bernstein

William Coderre

Jonathan Lomas

Marc Renaud

The three panelists were asked to consider the following questions:

- *What are the motivations for the funding bodies to support the development of collaborative research, especially for those initiatives outside of the university?*
- *What expectations does the organization that they represent have in collaborative research initiatives?*
- *How are they going to go about evaluating the initiatives regarding their success and for future improvements?*

Alan Bernstein: I am delighted to be here. The first point that I'd like to raise, because the theme of the meeting is about partnerships, is a little quibble that I have with the title "perspectives from the funders." Funders, to me, implies that we write a cheque and say, "Good luck. See you three to five years later." I see what we do as a partnership both with individual researchers, with teams, with institutions, universities, and hospitals, and community groups across the country. I'm sure that I will say this a couple of times, but, to me, dollars are actually the least of the challenges that we face in this area. So, funders, to me, is not the right word. But I am, nonetheless, very pleased to be here.

What I plan to do is talk a little about CIHR in order to answer the questions that were laid out to us. Why are we involved in collaborative research? What types of collaborative initiatives is CIHR currently engaged in? What are we planning? What are our expectations? How will we know if it is working? I'm not sure, exactly, so I'm not sure I will answer that last question.

What are the challenges? Surely, one of our challenges is how to evaluate. So I am going to go back to our parliamentary mandate, which is basically to be Canada's lead agency in both developing new knowledge in areas of health research and transforming and mobilizing that knowledge into action. Action, in this case, means informing the evolution of evidence-based health care system, health policy makers, decision makers, patient groups, the public, and industry. So, these are very broad tasks. As Mr. Romanow, who's no stranger to this neck of the woods, said in a Toronto *Globe and Mail* article today, we need to move away from a medical model to a health model. That very much was what I think is encapsulated in the vision for CIHR. So, we have a very broad mandate. It makes it interesting. I think the support of parliament is evidence that we are valued in terms of impact on health research.

And how are we doing? This is not to suggest that we are where we should be. We're not, but we're well on the way with regards to a level of funding that is consistent both with our mandate and with international competitive levels of funding. There are a couple of highlights that I think are particularly relevant to a community-based meeting

like this. One concerns Aboriginal people's health. And I know that there are a lot of discussions here around that issue and deservedly so. Another one is gender and health—healthy aging, human development, child and youth health. I am putting those out because they represent population groups, and community-based research tends to focus on population groups. But, having said that, for example, our Institute of Nutrition studies diabetes, but their major interest is around obesity, health promotion, and healthy living. Indeed, here in Saskatoon, Karen Chad has a grant from us for Saskatoon In Motion to deal with exactly these sort of issues. I'm not going to go in depth with how these institutes are working because of time constraints, but I will be more than happy to discuss this with you later.

Why are we interested in collaborative research? Let me begin by stating what I am not going to talk about today. To me, collaboration is central to the vision of CIHR. Indeed, as you know, collaboration is key to research. The public's view of a researcher as someone going to their lab or office and coming out ten years later with a little bit of dust on their shoulders is, of course, a mistaken stereotype. Research is all about collaborating.

How do we get medical people to understand the language of social sciences and vice versa? I won't talk about that today. I will, however, talk about partnerships with community groups. Why are we interested? Because without community groups, without partners, it's only half a swing, if I can use a baseball metaphor. We haven't completed the swing. We're not only creating new knowledge, but also transforming it into action, mobilizing it to improve the health of Canadians. Researchers are, if they are good, going to search—period. These are cooperative values. I'm not going to go through that with you.

We've outlined one level of these five commitments to Canadians. It's a fund to support excellent research and excellent researchers. We've laid out four areas with excellence at the top. Excellence in all areas of research is crucial, of course, but I think it is particularly important in health research. We are at a unique moment in time when virtually every possible academic approach has become relevant to health. Medical, clinical, social sciences, humanities, the natural sciences, mathematics, economics, anthropology, information sciences can all be easily related to health. They are relevant on an individual basis, but also in terms of relevance as a grouping, of coming together. The third and fourth help us with vulnerable populations, particularly Aboriginal people in Canada who live in northern and rural areas, children, and seniors. Then, the fourth, incorporating and exporting the current revelations, is occurring in health research.

Let me briefly describe some of the programs that we have initiated in the last two years or so. Indeed, what I was sort of thinking about with this talk, it sort of struck me that every new program that we have started is a collaborative program. The total new investment through those programs is well over two hundred million dollars designed to both encourage rewards and stimulate partnerships and collaboration.

So, first on top, are community alliances for health research. They are very much modeled on CURAs (Community University Research Alliance program) from SSHRC (Social Science and Humanities Research Council of Canada). Disciplinary health research teams from the Institute of Aboriginal People's Health Institute are building a sort of spinal cord of environments across Canada to stimulate research on Aboriginal health carried out by Aboriginals in a community-based research program. CIHR announced a year or so ago that fifty-one training centres had been established, with another twenty to be made public shortly. One was a research collaboration for safe food and water. It has about thirty partners, including every major food producer in this country, like chicken producers and pork producers of Canada, largely because of their concerns after September 11th and the anthrax poisoning. Every day we literally send millions and millions dollars of exports south of the border, and that food supply cannot become contaminated or we will be in big trouble, economically and many other ways.

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So let me talk a little bit about CIHRs. They are really meant to bring together universities, hospitals, institute-based researchers, and the broad fields of health and health care. Ideally, community partners are engaged from the outset in the planning, design, and simulation. Many of you know much more about the challenges of community-based research than I do. That's why I am not going to discuss that. A total of nineteen CIHRs were funded a couple of years ago now. With an average grant of \$400,000 per year, it represents a total commitment of well over \$20 million in this program. These were launched, actually, before the Institute was in place, as were the anchors. These are not partnerships that we organized; these are partnerships that the applicants successfully organized. There were many, many others that we were not able to fund because of grant money still outstanding to CIHR applicants back as far as eighteen months or so ago.

I'd like to present a few examples here. One is at Memorial University, led by Steven Borstein and Barbara Ness, about occupational health and safety in the fishing industry. This is a community-based partnership with over 60 researchers and 40 partners. It is an amazing team that includes trade unions, fishermen's groups, and the canning industry in Newfoundland dealing with maritime work safety, although these days no one's working. The other one, of course, is here in Saskatoon, led by Karen Chad, called Saskatoon In Motion. Again, it is a very impressive group bringing together community partners and a research team here at the University of Saskatchewan trying to understand why people are physically active, what the factors are, and trying to get them to become physically active for all kinds of reasons.

A third one is in Quebec, led by Daniel Gaudet in the field of community genetics. It's not about cloning genes, but, rather, taking the genes that have already been identified and working with the French-Canadian population in the Saguenay region. These communities have a very high prevalence of genetic disorders because they are isolated communities. They work with community groups, industry, and the church in terms of how to deal with children who are born with very severe genetic diseases, mental disorders, and anabolic diseases. This is a very crucial approach to completing, not just creating new knowledge in the lab, and moving that new knowledge to the real world.

The program that I mentioned—Aboriginal Capacity and Development Research Environment—has eight centres across Canada that are attempting to provide opportunities for Aboriginal communities and other organizations and to identify important health research problems in collaboration with health researchers. One of them is in Winnipeg, led by John O'Neil, who is here at this meeting. The Institute of Aboriginal People's Health is also contributing to some community-based research, which will be on our website, I think, by June 1st.

CIHR is a meaningful partnership between the community and health researchers and health research organizations to begin to address health research issues from a multi-pillar, multi-disciplinary perspective, and to actively promote participatory action research. True partnerships between the health research community, university-based community, and the lay community involve community members in all stages of the research, including the initial definition of what should be the research questions actually driving the work, analyzing and interpreting the findings as they come in, and developing and implementing an assimilation strategy.

The workshop I was just in regarding authorship was interesting because, in a sense, authorship is a lightning rod, if you will, for a lot of these other issues. What is the role of the community when it comes time to write a paper? As a kind of diagnostic metaphor for the broader issue, what is the role of the community in this partnership of community-based research? Another program of New Emerging Teams are meant to support the creation and development of new competitive research teams that are conducting multi-disciplinary research. One particular one, again here in Saskatchewan and Regina, is an evaluation of chronic pain and a treatment program for seniors. Again, it is a team of researchers working with community groups around that theme.

The training centres are what I am particularly excited about. I think that one of our challenges, looking around this room, is how do we train the next generation of researchers so that they are entirely comfortable with this sort of community-based participatory, multi-disciplinary research? So, a lot of these training centres are very actively involved in trying to deal with that question. I will just talk about one. Jim Frankish, of the University of British Columbia Trans-disciplinary Training and Community Partnership Research, uses that as the theme for that grant. They are bridging

research with practice and bringing together students, post-doctoral researchers, community program managers, learners, and policy makers to do this. I will come back to challenges in a moment. The Canadian Longitudinal Study on Aging will survey about fifty thousand Canadians over the next 20 years on everything from gene type to social, economic, cultural, and environmental determinants of health. There were two hundred seniors at the announcement meeting from across Canada in Ottawa a couple of days ago. They're not listed, but they should have been; it's an oversight.

So, what are the expectations of funders? Well, I think that the process outcome will include increased networking collaboration across research pillars, obviously between researchers and the community. I think the expectation of the result of all this multi-disciplinary research is to change public behavior. I think one reason for getting the public engaged in the research is to empower them to change their own behavior and those around them in ways hopefully beneficial to their health.

How will we know if it is working? Well, we obviously need new ways of conducting research, new ways of evaluating. There's actually an abstract from the University of Victoria evaluating one of our CIHRs with healthy living and a healthy society that is going to be presented as a poster, I believe, at this meeting. So we need to develop new ways of evaluating these kinds of partnerships, not just about how many jobs were created in a tech company.

What are the challenges? This seems to be the day of David Letterman's top ten challenges. I think the first is finding a common language and goals between both the researchers and with researchers and communities. This means respecting each other's language and world perspectives, aspirations, and values. These are huge cultural divides with the usual programs of bridging cultures. Defining that in context, then, is a worthwhile and attainable research goal. I think "attainable" is probably a key word there. Sustaining commitments of those goals in the face of many challenges is something with which I again think that we are very familiar. Raising the funds to carry out the research is obvious, but there is more, such as being valued by funders. I certainly can speak for CIHR—we need you to the extent that we will be successful when we deliver on our mandate, which is to improve the health of Canadians. I don't think we can do this simply by doing research in labs or offices across this country. That's obvious. So, it's integral to our success. I can assure you that you're valued.

Being valued by peers, again, I'm sure has been discussed many times at this meeting. Part of that, of course, is being valued by the university, hospital, or home institutions where you work. There are many, many problems—everything from promotion and tenure decisions to recruitment decisions. How does one weigh an academic's contribution to a thirty-member team? How do you decide whether that person deserves tenure promotion? It's a big, big challenge. How do we value multi-disciplinary work when the historic strengths of a university are founded in the

departmental structure? How do we track young people to community-based research? In the end, this will only be successful if young people see this type of work as the next wave. I think that will only happen with role models, with organizations like CIHR valuing what is going on, with university promotion and tenure committee values, etcetera, etcetera. So we need to talk this up, as this is exciting research that's valued, it's important, and it's the future. And, finally, of course, we need time to properly carry out the research, as you all know better than I do. Thank you very much for your attention.

William Coderre: How many of you have ever received funding from NSERC? A show of hands, please. Not the majority. I am going to take a little bit of time, then, to explain NSERC to you. We usually don't spell it out—the Natural Sciences and Engineering Research Council—we just say NSERC hoping that one day, in the far future, the government will understand what it means.

NSERC invests in people discovering innovation—that is our motto. That's right there on our letterhead. I actually prefer to think of NSERC as investing in discovery and innovators because the bottom line purpose is to generate the quality of people who will build an aggressive and successful country in the twenty-first century. We invest in people and we do that by supporting the kinds of people who work in university research labs, and who, in fact, become role models, inspirations, and teachers of people. So we support research at universities and colleges. We support the training of scientists and engineers and we support research base innovation. We are the largest of the granting councils, but there's no glory in that—it just happens to be so. We focus on the natural sciences and engineering, and our budget is currently on the order of about two-thirds of a billion dollars. Our plans are, of course, to help the government deliver on its promise to double the size of the granting councils by the year 2010. Every grant is reviewed by experts in university-industry collaboration, and that is the closest we've come to what we're talking about here, that is, community-based research.

We do what we do because we are trying to contribute to the Canada that we want to live in, a prosperous Canada with a high quality of life for all Canadians. In order to

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do that, we need to have a smart Canada, a scientifically literate Canada that knows how to take advantage of the opportunities that come out of engineering and natural sciences. We invest in discovery and most of our money is, in fact, spent with university professors who receive funding from us because we believe that they are excellent, that they can deliver, but we don't hold them to what they are going to deliver. We, in fact, evaluate their excellence and allow them to change direction if that is what they choose to do. Compared to most of the other sources of

funds that they and their colleagues get, this is the thing that they value from us most. We trust them to choose their own directions. However, we also invest in innovation, which is what I will talk to you about. We fund projects where the goal is already there, so you don't shoot the arrow into the air then draw a circle around where it lands. You would, in effect, know that it's a target, and if you miss, you've missed it in the invested people.

Some people think that this is about linear access-based research on one side and applied research on the other, and that the two are natural enemies. We don't subscribe to that. We fund the search for new knowledge because innovation is what we need in order to solve real world problems. Basic research is the search for real knowledge. So our goal is Canadian excellence in the creation of knowledge and the use of that knowledge. We work in all areas of natural science and technology. NSERC is trying to go beyond its mandate to influence other people in the community to become much more science-literate and to be able to understand and take advantage of the opportunities that come from that.

Discovery grants fund more than nine thousand professors every year with an average grant of about \$30,000 per year. In the past three years, we've had about a 20-25% increase in applications because an awful lot of university professors are retiring right now. Many of those were not research active, but those who are replacing them are research active, so the demand is rising. We've had, in the past two annual budgets, a 7% and a 10% increase in our budget, but the demand has increased by 20-25% percent.

We spent about a quarter of our money in research partnerships. This is a partnership with government, with industry, and, to an increasing degree, but still fairly small, with communities. And, of course, we are supporters of over fifteen thousand graduate and undergraduate students. We partner with industry and governments, and we stimulate and build research relationships. In these cases, we don't just sit back and wait for a manual submission of research projects. Our staff will go out and help to build those relationships between industries, the government, laboratories, and the university community. But our money only goes to the university partner. We transfer money from industry and from the government into those research projects in universities. Our research partnership strategy was built upon a primary role of supporting research and research training. We support collaborations and stimulate industrial investment. We expose students to real world challenges that are found in the government's policy research centre found in industrial research and we facilitate innovation. Selection criteria in the research partnership area are very similar to the selection criteria in our discovery grants, but it is a project and we must know how it will be solved and whether it can be solved. It must have a dimension of training qualified people. It must have the potential to generate a load of ideas that can be exploited in industry or policy, and it must have a benefit to Canada.

Projects are where we ask for partners to help us see over the far horizon to the most important areas of work. We work with our community to decide where we should put that emphasis. Research networks are increasingly becoming cluster-based or regionally-based. Industry grants are where we do our work together with industries, as well as share funding. A research partnership agreement is how we deal with our government partners and industry. We have industrial research chairs and other kinds of chairs (for example, we establish chairs for engineering design). We are using chairs to create expertise and on-going competence within the university and areas important to Canada. And we have programs that relate to the transfer and exploitation of knowledge and intellectual property, which is generated by our funding.

Now, what I wanted to do next is just give you a few examples of some of these collaborative projects so that you get a better understanding of how, in fact, this theory is turned into reality. One that I would like to talk to you about is called "Coasts Under Stress." This is a project, in fact, that we jointly fund with Oceans and Fisheries Canada. When Canada's East Coast cod industry closed down in 1992, fishing communities were thrown into economic and social turmoil. These types of long-term threats to traditional resource-based coastal towns are the focus of an enormous collaborative research project. More than one hundred investigators across the country studied the social, economic, and environmental direction of people living in coastal British Columbia, Newfoundland, and Labrador. Their findings will help small towns and communities adapt more easily to this drastic change, and the results of this research will be applicable in other resource-based towns and communities under similar stress.

We're also doing a massive collaborative research project analyzing the fresh water supplied in the Mackenzie Valley and all the factors that are threatening the flow of fresh water and clean water in that area. This involves, I can't find the right numbers here, but I think its something on the order of sixty researchers and local northern communities working in collaboration with us. The collaborative mercury research aims to provide an integrated research effort that will improve our general understandings of how mercury is transmitted and accumulates in the biological system. Studies have revealed a rise of mercury levels in a number of fresh water fish species. This research network will attempt to assess the causes of this contamination and its health consequences. So we will establish a nationwide network of mercury researchers and specialists to link efforts in decreasing atmospheric mercury emissions to those of mercury in aquatic ecosystems and model the mercury pathways in the Canadian environment. This involves 50 researchers from 14 universities, 3 research centers, and 7 provinces.

Our northern chairs for the study of permafrost in the Yukon will focus on the stability of permafrost in regions of northwest and northern Canada. This will be done with Yukon College, Carleton University, villages, Yukon First Nations. and the Water Resources division of Indian and Northern Affairs. That is the breadth and depth of this kind of collaborative research. Another northern environment study involves security and the relationships of indigenous people in the North. And so it goes.

I'll stop there but restate that we are reaching out beyond our mandate and looking into other things because we know that in terms of being scientifically literate and mathematically literate, Canadians are not as healthy as we could be. We look into things like that to see if we can improve Canada. Thank you for your attention.

Jonathan Lomas: The Canadian Health Services Research Foundation (CHSRF) has a really specific mandate, which involves us being quite inventive in how we involve ourselves in building partnerships as an integral part of the research process. Compared to the three large national granting agencies, we are a very small agency. This allows us to fill the gap of research transfer that is not often seen as a major part of the mandate of the larger agencies. Partnerships are a crucial part of research transfer and are integral to all our programs. Indeed, to give due credit and, in fact, more than due credit to CIHR, one of our major capacity development programs is an extensive partnership with that agency.

So, with that overall introduction, I do want to answer the questions posed to us first of all. Because, if there is one thing that I have heard over the last few days, it's that developing these partnerships is hard. Grinding rats in a lab is a lot easier than doing community-university partnerships, right? It's reflective of a great many messages about things over the last two days, and I think in these messages many of the same issues and challenges come up again and again. So why should a funding agency that might have some choice about how it distributes its funds actually aggressively embrace this whole idea? Well, probably the most obvious reason is because it's our mission and it is absolutely essential. It is essential in the sense that the pig is truly committed in the bacon and egg sandwich compared to the chicken. We are truly committed to this whole idea, and our vision is, of course, of a strong Canadian health care system guided by solid research-based management and policy decisions.

Our mission actually incorporates this whole idea of supporting evidence-based decision-making in the organization, management, and delivery of health services, through funding research, building capacity, and transferring knowledge. Our communities are, in fact, those involved with the day-to-day management and development of the health care system. Partnerships with them are absolutely crucial because the best predictor of use of research results is their involvement in the research process itself.

A very common example in health sciences is the use of EC-IC bypass surgery to prevent strokes. When the results from research on this surgery were released, those who were involved in the clinical trial almost immediately picked up the results, while those who were not involved in the clinical trial took many, many years before they started to use them.

So, our strategy in trying to achieve our vision or mission is very much established. The linkages between our research community and the managers and policy decision makers in our health care system are not only limited to doing the research. It is also present in the governance of the Foundation, and in the design and implementation of our programs to support the research, and transfer the knowledge. So, for instance, half of the Foundation trustees are, in fact, managers or policy makers in the system, and the other half are from the research world. We believe that if we expect the partnerships go on at the level of our projects, then the least we can do is try to make it happen at the level of our own governance.

So, if we think about this as no longer a separate world between those who might be able to use and influence the research and those who do the research, it really requires then shifting our thinking and accepting this as a joint production, rather than separate roles. Decision-making and research are both processes and that simple observation has some fairly significant implications for this kind of research funding. Give attention to dissemination and receptive capacity, the capacity of those doing the decision-making to be able to use the research, as well as the capacity of those doing research to be able to do it well. But, most of all, ensure that there is ongoing interaction between these two processes—research and decision-making. This is what we at the Foundation call “linkage and exchange.” Ongoing linkage and exchange becomes an integral part of what we want to support. We don’t just want to support the production of a product called research. We don’t just want to disseminate the research out to an event that is occurring out there somewhere. We want to create an ongoing linkage and exchange between these two processes.

It also raises the issue of technology. We use people technology, which is so important. Therefore, we need the knowledge-brokers and the boundary spanners and other kinds of intermediaries, as well, which are an integral part of doing this. The whole philosophy in this research linkage is about interpersonal links that are spread throughout the life of a given study.

So, once you adopt this idea of doer and user partnership—that knowledge translation is about relationship building—once you do that, you can think about all the different stages in the research process where partnerships can take place. What’s interesting is putting them all together in some form.

Regarding the format for communicating research results, I think it’s a matter of different strokes for different folks. The senior-level decision maker wants something probably not more than half a page long that can be scanned pretty quickly. The middle-level technologist would like something more detailed and so on. The vehicles for these types of communication are something that should be generated through a partnership exercise by talking to the potential users.

Partnership should exist as early as the setting of initial priorities. So, for priority setting we go out every three years and do an exercise called “*Listening for Direction*,” in collaboration with other national organizations, where we listen to the community of managers and policy makers in the health system to extract their pressing issues. We don’t expect them to know the difference between an issue and a research question—we have another process in place to translate issues into some researchable themes and areas.

At the level of assessing research applications, we take more of an educational than an adjudication approach with our review process, and this, too, is a partnership. Half of our reviewers, on what we call a merit review panel, are researchers and half are health system decision-makers. Therefore, not only are the research applications a partnership, but so too is the review process. We adapt that process to give an expertise role to the health system decision-makers. We have separate dimensions upon which the assessment is being made. One of them concerns the potential impact of the research, which is the expertise from our health system decision-makers, and the other is scientific merit, which is the expertise of the researchers.

In any project, to get funding through the Foundation one must pass through both of those dimensions, because no matter how good you are on one dimension, you must be above the threshold on both dimensions before we provide the funding. That ensures that we’re really dealing with projects that appear to be relevant to those sitting on that panel in terms of potential impact and scientific merit. All of the projects that we fund are, in fact, collaborations. We won’t fund the project unless it is a community-university partnership.

We actually have a set of synthesis programs. We’ll fund them as an activity. We commission synthesis products as part of it as well. All of the projects that come out as final reports are required to be in this format—one page of bullet points listing implications for the health system, three pages of an executive summary, and then twenty five pages of a more traditionally-oriented report.

We do a lot of work in the area of communications. We work with all the funded folks on plain language communication. How do we encourage plain language communication? We have a series of communication notes on our website. We emphasize simple things, like how to communicate to a non-research audience, like not spending seventy percent of the report on methodology.

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We've got programs trying to support knowledge brokers and training. Creating theme-based networks and knowledge networks between the community and university sectors. And we have a series of publications, such as our *Mythbusters* series, where research arguing against common wisdom is summarized and communicated in easy-access formats.

And last is the issue of "receptor capacity," i.e. the ability of our non-researcher community to be able to understand and use the research. We have a self-assessment tool for organizations to assess their capacity for being able to use research in day-to-day activities. We were just funded in the last federal budget to train health system executives to do a better job of using research as a day-to-day part of what they do. Instead of just looking on the supply side of research, we're also working on the demand side.

The evaluation part of it is a real challenge. With a couple of projects, we asked what is it that they expect to have as an impact from these kinds of partnerships. So, in the first place, we decided that we wanted to start by getting our community together every year in a workshop setting. In one workshop last year, in 2002, we basically said, "Look, what do you think is a success on this partnership that you engage in together?" Remember, 50% of these folks were from the community and 50% were from the university. They said that on an outcome basis, success is when a planned research initiative produces results that are valued and acted upon by the decision maker. In other words, we did the research and it solved the problem. But it also has a process characteristic, which is when the researcher and decision maker have close ties before joining as well as after the research has been completed.

In fact, we have some very good examples where the planned research was not a big success, but the resulting relationship and the ongoing linkage between the researchers and the community was a huge success. All sorts of subsequent activity of value went on for both sides of the partnership. So we do need to remember that it's not just about the outcome of getting research to influence a specific decision or decisions, it also about changing attitudes towards research, towards decision-making and generally achieving cross-cultural understanding between two communities. Sustained relationships were seen as a very positive outcome from a project-specific partnership.

Finally, what are the big barriers and challenges that have to be overcome to do a better job? These are no big surprise to anybody in this room. The same things come up again and again. Incompatible timeline is a particular challenge. For example, when our communities say, "We need some help with a problem. It's needed within the next month." It's not particularly helpful for a researcher to come back and say, "Well, I will think about writing a grant for that sometime before the end of this semester. Actually, come to think about it, I've got too much teaching this semester, I will do it over the summer and will submit it in the Fall and we'll get it back in March. I can get to you on that one

sometime next year.” That kind of incompatible time line issue really has to be addressed in a good way.

Perhaps the number one barrier in our community is mobility and turnover among community partners compared to researchers. The average researcher stays in their job for five to ten years. In fact, if they turn over every eighteen months to two years, you can look at their record and see that there is something wrong with this person. The average decision maker in the health system, however, is unlikely to stay in a position for more than a couple of years. So the big problem is that when you try to build these partnerships, the person you’ve got a linkage with at the beginning of the project, by the end of the project you’ve gone through two other people in that same position. So much of this is about relationships. When people with whom you are building a relationship are changing, it’s a real challenge to build and maintain the trust that is the bedrock of partnership.

Last, I want to mention incentive structures. This is a huge issue because most university incentives are *against* working in partnership with the community—we are swimming upstream. We actually did some public opinion polling, asking the public what they think university professors get promoted for, and what they think they *ought* to get promoted for. What the public thinks university professors ought to be promoted for is, chiefly, community impact. Very few members of the public think that the traditional academic activities of research and writing up journal articles should be the main criterion for deciding whether a professor gets promoted. So we have a big issue here in which universities are designed to resist change, and, indeed, they appear to be very well designed. I think it is an issue that all of us as funding agents and researchers need to start addressing with the university sector. This is key to the future ability to engage in rewarding community-university partnerships. Thank you.

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Marc Renaud: First, let me begin by thanking those who have organized this fabulous and innovative conference. Being here, I must admit that I feel much more in tune and relaxed. I am more in my element. I want to talk about the CURA program and the straightforward three questions that were asked to us. What were your motivations behind this, what are your expectations, and are you getting better at this?

Let me begin by talking about our motivations. It’s very important to realize what these motivations are because there still is not enough of a support to the community research alliance model. The other day, actually, I was sitting beside a quite well known economist and he said, “Marc, can I talk to you in confidence?” I said, “Sure.” “What do you think of those CURAs? They are a bunch of crap, aren’t they?” “They’re not science, they’re not real research. You funded them only to please your political masters.” So, for those of you who know me, I’m sure that you can imagine that he and I had an interesting evening. I said to him, “You’re not fair. You’ve not even looked at one of

them. You've not looked at the evidence whatsoever and concluded that this is crap. It's not. You assume because it's different that it's not good." So, because of this position, it's pretty important to understand what the key drivers are behind this experience and the research that is trying to help us.

First, we are not a tool for community or economic development, although, of course, we would be delighted if they aided community development. Above all, we are a tool for science, a tool for research. Mind you, a different nature of research, which does more applied research, engages in more disciplinary research that is driven more by need, by the basic issue that exists. Again, at the end of day, there is economic impact or economic development impact, but this is not the motivation. Second, CURAs are not there to be one more layer of bureaucracy between the universities and the community that they serve. They are not another transfer office. They are not the tech transfer offices for the social sciences and humanities. They are a research outfit. Third, CURAs are not a secret weapon for SSHRC to support what we call standard research grants .

CURA was created because we needed to say that something different had to be done. And it actually has. You probably know that CURA is now a permanent program. So the board is very much on side and people realize how important those initiatives were.

Now, what were the two key elements of context that were to be discussed next? First, we are living in a period of extraordinary change. It's not the printing press and it's not the steam engine. This time, it's everything that's linked to globalization, an information revolution, the extraordinary era of discoveries that is changing your world. Somebody once told me that our great grandchildren won't have a clue about the world in which we live because their world will be so different. Now, all of this is very scary because we all know, as individuals, that somehow we have to adjust, somehow we have to change. The institutions have to change. And in that context, the social sciences, the humanities play an extremely important role.

Universities are being pushed more than ever before into acting outside their walls. You know, universities are three things. First of all, they're a corporation, with the CEO, with officers, with employees, with clients. Second, universities are a collegium, where a bunch of colleagues band together for the purpose of deciding what programs are desirable, defining the criteria for tenure promotion within the university environment, and so on. And third, universities are a community. They're a whole variety of people interacting in classes, but also in the athletic facility, cultural facility, and often the many hospitals on campuses. I am saying this because what's been happening to us is that the corporate aspect of the university is becoming more and more important. Universities are becoming more and more institutions that have a contract with the state, if you wish, a contract to help develop products that will help us get market shares in more of the markets, and that would help increase our standard of living.

You know, when I arrived in the university, it was very much a community of scholars debating the issues of the day. Now when I return to universities, I often have the feeling that people don't talk as much as they did in the past. They are experts, and when we find ourselves at the other end the university club, you know, people don't know what to talk about except money, sex, or the last hockey game. Sadly, the collegium community aspect of the university has lost its place a bit. Two things have been neglected in this process. The first one is the quality of undergraduate education and learning. Now, I won't talk about this because it is not the place. But the other thing that has been forgotten is the role of the university as a critic of society as the shaker and mover of civil society. This is largely because social sciences and the humanities, although still a majority of university faculty and students, have lost an incredible amount of money and power.

You know, when I chose sociology as a field of study, I did so because I thought it was the discipline to learn how to change the world. Now sociology has lost a lot of glamour and a lot of its place within the community. If I am sad about sociology, think about all those in the humanities. In that context, motivation with community-based research was to create some new conditions. One was for social science and humanities research to regain some power by becoming movers and shakers of society. A second was for community groups of all kinds to call upon universities to help them adjust to change and create the future, and also for Canadian groups to push the universities to change the institution. CURAs are a new type of approach to human sciences to bring a bit more into the public square. It's about getting human sciences to help communities change the world that we live in for the better. These were the motivations behind the CURA program.

Among our expectations was to develop a strong vibrant partnership between community groups of all kinds and academics. Academics were talking about thirty-five, forty kinds of disciplines. Community groups were talking about all kinds of incredibly diverse occupations, talking about the court system in one, talking about museums in two or three others, and talking about the fine art gallery in another one. We're talking about First Nations organizations, about municipalities, about social services establishments, about unions, and about planning agencies. What we hope is a real conversation, a real discussion that describes what occurs between academics and people involved in other walks of life.

The second expectation is that through these partnerships, real new knowledge that is will help devise better policies for developing new cultural products, developing regions and economies, getting better medical and social service delivery mechanisms, better court behavior, and so on and so forth. In fact, those two expectations are exactly what the merit review committees look for because we usually add people from the community to help us make these decisions. Those are the two criteria that are being used. First, are we in front of a real team where all the partners bring their skill sets and

their time and energy? Second, are we in front of a real and tight research endeavour? How tight is the research program? What methodologies are used? Is there any real chance that the research will actually deliver, if not discoveries—because we don't emphasize discoveries in our field—but knowledge breakthroughs? Will they bring new ways of thinking and new ways of acting? Will there be added values as measured by scientific papers, cultural products, changes in practices, or changes in policies? So those are two expectations of partnerships and research.

A third expectation is that the university will move with time from being these corporations called universities to being more directly involved with the communities that they are suppose to serve. In a way, CURA serves exactly the same function as all the pressures for commercialization have done for the natural sciences in the past. You

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know, when CURA was introduced in the pilot phase, we didn't expect that it would have such an impact. We said, we can get many applications from a single university, but universities will only get one CURA grant. This had the impact of spreading out the funding, and that's quite remarkable for the small institutions, usually in small neighborhoods. Now I won't mention any names here, but in some places it is extraordinarily vital to the life of the community.

In some medium-sized universities, a CURA has become that thing that has allowed a university to move more rapidly in the rankings of *MacLeans* magazine. So that's another expectation, that down the road universities will evolve and change.

The board had to decide whether or not we would make this program permanent, and I knew that there would be hard positions on that board. So I had to convince myself that that was the way to go, so we went and met with some CURA researchers. Honestly, I was flabbergasted. Of course, some of them did not work very well. Nationally, some of them were not meeting the conditional granting stage. But most were just incredible. The passion, the desire for knowledge, the desire for informed action was so powerful. The students involved felt that they were saving the world. I said to myself, "My god, the board has to make the CURA permanent," which it finally did.

Second, as you know there's an opportunity for members of the community to provide input through our review system. Every three years, the groups have to come back and face a panel of judges. Both economics and non-economics influence the questions and they have to show their progress. Now, I'm the first one to argue that a merit review is not the best thing in the world. But it is certainly the best of the worst. What are the alternatives? We have to make a judgment.

Third, we are undertaking formal evaluations because it is requested by the Treasury Board, or what they call their result-based management assessment framework. But most importantly, all CURAs will be evaluated by the communities and the CURAs themselves. The CURAs are so diverse that it just doesn't make sense to have a one size fits all model. It just wouldn't work. But the communities themselves define the performance indicators and we know to ask them to do this. It's actually one of the key aspects of the judging process. You know, we are asking communities to tell us what success will look like and they will know when we have reached this success. I will always remember this lawyer who was sitting on a panel and he was saying, "God damn it, why is it that people do not know how to make a case like a lawyer makes a case?" And we feel in the CURA program, because it's a program that we really cherish, we feel that it's absolutely essential that every single member be capable of defining the performances that we fund. You know, we weren't making that case. That's how we planned to evaluate the CURA program.

Let me conclude by saying a few words on SSHRC's transformation, which you may have heard about and is very much in debate. Over the last few years, SSHRC has looked to several kinds of experiences. Community is certainly one of the most important; the initiative on the New Economy is another. We've undertaken all kinds of new investments, some coming up in fine arts research or better use of technologies. We're not in the process of going out and measuring progress to figure out how we should help more, or better our funding in a different way. We've also fought, not too successfully, but fought very hard to get an increase of funding for SSHRC. So we feel that now the time has come to take stock and look rationally at the future. After all, SSHRC has been in business for twenty-five years and we have to think through how we want to live the next twenty-five.

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