

Collaborations for Health

• A McMaster University Initiative •

Retreat and Advance

Progress Report



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RETREAT AND ADVANCE

Progress Report

I. The Vision

The goal of Collaborations for Health at McMaster is to become CANADA'S PREMIER HEALTH UNIVERSITY.

This will be accomplished by:

- Leveraging strengths – building on existing areas of excellence; providing support for like-minded scholars to respond quickly to external opportunities and compete successfully in interdisciplinary grant competitions;
- Setting the standard – becoming the “incubator” for expertise in interdisciplinary health-related research and education;
- Informing and communicating – providing a centralized source of readily accessible health-related information, compelling websites, and opportunities for electronic interaction;
- Focusing – utilizing theme areas as “gathering devices” to attract researchers/educators, and as a rationale to prioritize resource allocation;
- Streamlining – creating processes that facilitate, and removing barriers that impede, interdisciplinary collaboration in research and education;
- Consolidating – establishing centres and institutes that reflect theme-based interdisciplinary activity; looking for opportunities to bring faculty and students with converging interests into existing and new shared physical space;
- Creating community – presenting public events, workshops, and seminars that highlight the research and educational activities within themes and providing opportunities for faculty to share work and create joint ventures;
- Expanding community – providing opportunities for increased numbers of students to take health-related courses and combined degrees;
- Stretching boundaries – launching an Institute of Visiting Health Scholars to provide a constant injection of new intellectual ideas and novel interdisciplinary approaches; using theme-based collaborations as a springboard for inter-university initiatives;
- Branding – clarifying McMaster's position as a health-intensive university and engaging existing and new students and faculty by creating a clear and focused message of the McMaster experience.

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II Overview

Collaborations for Health has its origins in the Refining Directions recommendation to strategically leverage the University's strengths in health. A synopsis of the history of the initiative is provided as Appendix A. Retreat On June 23, 2005, the McMaster Collaborations for Health initiative held a Retreat. Participants included faculty members who had responded to a Call for Ideas for enhancing collaborative health-related interdisciplinary research and education at McMaster University. The goal of the Retreat was to develop a shared understanding of the initiative and to assess support for a proposed organizational framework which had emerged from a review of the submitted proposals (for Retreat Agenda see Appendix B). The presence of approximately 100 participants from diverse disciplines across the University was a testament to the significant interest that exists at McMaster for exploring and harnessing collaborative relationships in health.

What did the Retreat accomplish?

- Awareness was increased and links were developed between faculty members of diverse disciplines across campus who share common interests;
- An organizational framework for Collaborations for Health was developed;
- An operational plan for Collaborations for Health was clarified including strategies to create opportunities to network, hone skills, take risks, stimulate, engage, facilitate, coordinate, underwrite, and lobby;
- Participants identified challenges and offered solutions in support of the initiative ("necessary conditions");

Advance

The Retreat was a critical stepping stone to the operational phase of the initiative. Collaborations for Health will ultimately reflect the full scope of interdisciplinary health-related research and education at the University. Beyond cataloguing existing and emerging activities, it will encourage and facilitate faculty and students to break new ground in educational and research collaborations that will distinguish and differentiate McMaster University in the area of health.

The initiative is funded by a two-year budget that is supporting a secretariat to strengthen collaborative activities across the campus. In order to facilitate communication and focus activity over the next year, the organizational framework that will advance Collaborations for Health will concentrate on three broad thematic areas: Health and the Environment, Health Services and Policy, and Development across the Lifespan. Leaders for the three thematic areas and theme-based working groups have been identified, guiding principles have been articulated, strategies for leveraging existing expertise and funding have been initiated and will be expanded upon, and communication strategies are under development, including a university-wide clearing house of information of health-related initiatives.

Collaborations for Health is quickly moving forward to foster collaborative research and education in health with the intention of developing McMaster as Canada's Premier Health University.

III Objectives of this Progress Report

- To summarize the lessons learned from the Retreat and related consultations;
- To present the organizational framework for the Collaborations for Health initiative;
- To report on progress to date;
- To describe the next steps for moving the initiative forward

IV Key Messages from the Retreat

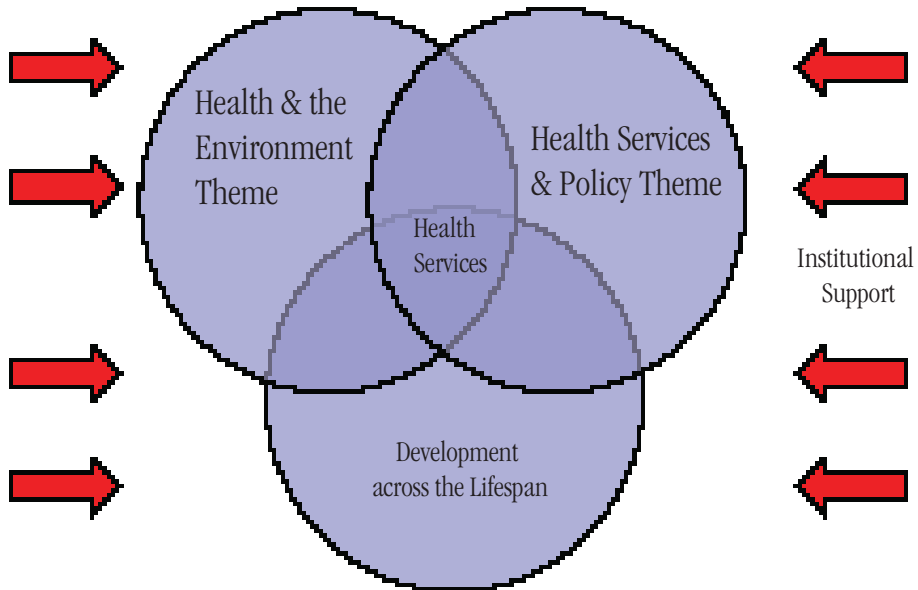
The Retreat, previous Task Force deliberations, and related consultations provided valuable input to guide and shape the development of the Collaborations for Health initiative:

- McMaster is already a health-intensive university. Collaborations for Health should leverage existing strengths and cultivate new strengths in health-related research and education to make McMaster Canada's Premier Health University;
- Broad thematic areas should guide the initiative. They will facilitate communication, direct resource allocation, and contribute to the branding of the University;
- Questions must be identified within themes to focus new cutting-edge initiatives. The resulting interdisciplinary collaborations will represent the distinctiveness and "value added" of Collaborations for Health;
- Boundaries around themes should be fluid and interactions between themes encouraged (e.g., health policy implications of environmental research);
- Themes cannot be static and should evolve as new strengths and opportunities emerge;
- Activities that result in "early wins" will provide momentum to the initiative;
- Supportive platforms (e.g., knowledge translation) can provide economies of scale and ensure a standard of excellence for emerging collaborations;
- All six Faculties (Business, Engineering, Health Sciences, Humanities, Science, and Social Sciences) as well as hospital and community health service partners should be key players in the initiative. Existing and emerging cross-Faculty collaborations (e.g., School of Biomedical Engineering; Health Leadership Institute) and university-hospital initiatives are integral to Collaborations for Health and will be enriched by the opportunities it provides for enhanced interdisciplinary collaboration.
- Partnerships with stakeholders at every stage of theme development are essential to facilitate intelligence gathering and relationship building, and to ensure relevance;
- There is a considerable gap in knowledge about expertise that exists in different parts of the campus. Easily accessible information about faculty members (e.g., areas of expertise, educational undertakings, and research interests) is critical to enabling innovative collaborations;
- There are "attitudinal" factors among faculty and administrators that could hinder the realization of a campus-wide collaborative environment. Solutions include:
 - Supporting a university-wide model that genuinely promotes innovation and risk-taking;
 - Acknowledging and addressing cultural differences across disciplines and Faculties in how research and teaching are conducted and valued;
- An inclusionary atmosphere is required to ensure that the initiative is sustained and grows over time. Small group discussion can facilitate information sharing and can develop a comfort level and mutual understanding among colleagues which is critical for interdisciplinary collaboration;
- The increased complexity of interdisciplinary team research will require researchers to consider new models of governance and accountability to guide decision-making.

V Organizational Framework for Collaborations for Health

The organizational framework has three interlocking components: (1) over-arching themes, augmented by (2) “enabler” initiatives and (3) strategic institutional support.

Collaborations for Health Organizational Framework



Themes

- The vast majority of proposals submitted to the Call for Ideas fit within three overarching themes:
- Health and the Environment
- Health Services and Policy
- Development across the Lifespan
- Thematic areas reflect major strengths that currently exist at the university which have contributed to McMaster's strong record of achievement in health-related research and education;
- Themes are not mutually exclusive; rather, they will serve as organizing "umbrellas" with permeable boundaries to encourage and facilitate dialogue among interdisciplinary researchers and educators;
- Thematic areas will enable a range of collaborative initiatives to flourish ("collaborations within collaborations") and will create opportunities for risk-taking and innovation in addressing health research, education, and service questions;
- Theme-based collaborations will not only facilitate communication internally within the university, but will also foster communication with key stakeholders within the hospital, community, and governmental sectors;
- Thematic areas are defined broadly, therefore, there is a strong likelihood that excellence in collaborative interdisciplinary health-related initiatives can flourish and transform to meet emerging needs over time;
- Thematic working groups will meet in November and December 2005 to further develop (or modify) the foci listed below and to generate action plans for moving theme initiatives forward.

Table 1: Potential foci emerging from Retreat for collaborations within themes

Health & the Environment

- Confronting global health infections: origins, prevention, & management related to infectious diseases such as HIV/AIDS, Polio, SARS, and West Nile; Public Health
- Understanding gene-environment interactions: immunities & infections, populations, & germ-cell genomics;
- Investigating the impact of war & violence on health: effecting peace through health;
- Responding to health effects of modern societies (e.g., environmental pollution, work place/home life stress, work-related disability, the stress of acculturation of new immigrant arrivals & refugees).

Health Services & Policy

- Understanding inequalities in health, both in health status & in access to health services within & across populations;
- Managing re-alignments in health delivery priorities (e.g., why is it so difficult to transfer resources from acute care to community?);
- Documenting the health effects of population health interventions;
- Examining economic, ethical, & political dimensions of health-care service delivery;
- Using a chronic disease model to develop innovative approaches to health policy & service delivery.

Development across the Lifespan

- Creating synergies among basic, applied, & population studies that employ a life-course perspective, focusing on long-term outcomes of early experiences (e.g., the effects of biology, behaviour, & environments);
- Shifting developmental pathways of children with special needs toward improved function & societal participation;
- Understanding the forces & experiences that shape human development throughout the adult life course e.g., life course transitions in areas such as family, work, or health; development in the context of historical, demographic & social change.

“Enabler” Initiatives

Enabler initiatives will provide supportive platforms to enrich and expand the scope of theme activity. Such initiatives will not only pursue scholarship in their own right, but will cut across theme areas and add value to the research and teaching within themes.

- Knowledge translation strategies will support knowledge exchange between educators, clinicians, healthcare managers, and health policymakers, and will encourage partnerships between researchers and these groups;
- Information/learning technologies will be used to upgrade and expand communication as a vehicle to enhance research, teaching, and service;
- Networking mechanisms will bring internal and external educators, researchers, and decision-makers together to share information and create innovative partnerships;
- Cross-cutting perspectives and methodologies will mobilize existing expertise and broaden the scope of projects (e.g., History of Medicine, Bioethics, Gender and Health, International Health) by extending their capacity to address questions from multiple perspectives.

Institutional support

Many necessary administrative and academic conditions were identified:

- Some can be addressed with current resources allocated to Collaborations for Health;
- Some will require strategic application for external funding (noted below).

Administrative

- Administrative infrastructure (Secretariat) to guide and manage this University-wide initiative and to support theme-based activities;
- Communication tools to raise the visibility of the initiative and to facilitate sharing of information (e.g., website);
- Electronic clearinghouse of information regarding health-related activity and expertise across the university;
- Seed grants to support collaborative pilot projects and start-up costs;
- Central support for interdisciplinary grant writing and course development;
- Incentives (including lieu time) for educators to develop new interdisciplinary offerings

- Review and revision of institutional processes and procedures to streamline the introduction of new interdisciplinary offerings (e.g., creation of guidelines for approval of new interdisciplinary programs);
- Public relations support;
- Shared space to co-locate key faculty and resources (external funding required);
- Faculty positions for a leader and theme-based scholars (external funding required).

Academic

- Networking opportunities, including seminars, workshops, public events, and the establishment of an Institute for Visiting Health Scholars (external funding will be sought);
- Recognition of interdisciplinary activity in the academic review process (e.g., CP/M, T&P);
- Faculty development (e.g., workshops focusing on the creation of innovative collaborative educational offerings);
- Mentorship of faculty and students by faculty experienced in interdisciplinary research and education.

VI Achieving the Vision

Progress will be tracked in the areas of: Resources, Organizational Framework, and Academic Output.

A. Resources – leveraging existing funding and acquiring new funds Progress to date:

- In June 2005, a 2-year budget was approved by the Refining Directions Funding Allocation Committee (approximately \$230,000 per annum);
- Funding can be allocated to:
- Hire personnel;
- Develop a web-based information centre (campus-wide clearing house);
- Support the development of interdisciplinary grants;
- Buy out teaching time to allow for the development of collaborative curriculum and programs;
- Funding is not intended to replace research operating grants.

In progress:

- Applications for infrastructure funding to support knowledge translation (led by John Lavis) and information technology platforms (led by Anthony Levinson);
- Collaborative CFI/CIHR application in development by the university and teaching hospitals;
- Partnership with AllerGen NCE on a workshop to enhance the participation of social scientists (December 1-2, 2005; Susan Elliott);
- Application for an Ontario Research Chair in Health Policy and Service Delivery;
- Search for a new director of the Centre for Health Economics and Policy Analysis (CHEPA) who will expand the interdisciplinary scope of the centre;
- Discussions underway to endow a new Chair in Aging and Public Health.

Next steps:

- Position Collaborations for Health as a fundraising campaign priority.

B. Organizational Framework Progress to date:

- Theme Leaders identified:
- Health and the Environment – Bruce Newbold and Warren Foster;
- Health Services and Policy – Jerry Hurley and Susan Watt;
- Development across the Lifespan – Allison Sekuler and Parminder Raina;
- Secretariat hired:
- Sue Whittaker – Managing Director (half-time, Ext. 28658);
- Margaret Shkimba – Administrative support (part-time, Ext. 22133);
- Collaborations for Health office set up in HSC-2E5C;
- Broadened representation on the Advisory Group;
- Email distribution list developed and used to distribute materials to Retreat participants; the list will be expanded as collaborations develop (individuals who wish to be included should email shkimba@mcmaster.ca).

In progress:

- Identification of theme-based working groups;
- Templates to guide theme work (e.g., terms of reference, partner identification, engagement strategy);
- Website;
- Process for streamlining approval and administration of new interdisciplinary graduate programs.

Next steps:

- Electronic clearinghouse;
- Procedures for vetting requests for support (e.g., seed grants for developing proposals such as the next CIHR Team Grants, visiting speakers).

C. Academic Outcomes

- Educational

In progress:

- Multiple educational initiatives that are consistent with the vision of Collaborations for Health; examples include:
 - Interdisciplinary PhD in Health Policy;
 - Expansion of Health Research Methodology (HRM) fields to Clinical Research, Health Technologies, Health Services, Health Ethics/Health Research Ethics, Knowledge Translation, and Population Health/Public Health;
 - Graduate program in Biomedical Engineering;
 - Combined Bachelor of Health Science/Bachelor of Engineering;
 - Graduate Diploma in Health Management;
 - Master's Degree in Environmental Health;
 - Merger of Health Studies and Gerontology programs in Social Sciences to create a Department of Health, Aging, and Society.

Next steps:

- Discussions to develop university-wide opportunities for health-related courses/inquiry topics;
- Development of new interdisciplinary health-related graduate programs in the context of opportunities for graduate expansion.

Research

Progress to date:

- Multiple applications were submitted from Retreat participants and other McMaster faculty to the 2005 CIHR Team Grant Competition which is consistent with the goals of Collaborations for Health. In progress:
 - Proposal for a McMaster Transdisciplinary Institute for Pandemic Diseases;
 - Applications for new competitive and endowed chairs (see Resources above).

Next steps:

- Theme group meetings to identify prospective collaborations for future grant applications and educational offerings;
- Space planning for graduate expansion to include possibilities for co-location of researchers from different Faculties to maximize synergies.

VII Benefits of the Collaborations for Health Initiative

- To individual faculty and students
- Support for collaborative research and education (e.g., seed grants to assist with developing/writing new collaborative research proposals and new collaborative educational initiatives; explicit valuing of these initiatives);
- Opportunities to engage in cutting-edge research and educational initiatives (e.g., new research scenarios based on a collaborative model; increased access to information and skill sets);
- Broader visibility;
- Graduates able to address complex health challenges, work resourcefully across disciplines, and interact effectively with decision makers.
- To the University
- Increased external funding;
- New and innovative educational initiatives;
- Increased readiness to respond to emerging opportunities;
- Enhanced visibility and reputation.
- To society • Enhanced research and educational outcomes (e.g., increased awareness of complex health issues; informing important health challenges in new ways; and creating new educational capacity).

VIII Communication and Involvement with Collaborations for Health

The Collaborations for Health office is located in HSC-2E5C. Theme leaders are currently assembling small Theme Working Groups to further define the focus of the thematic areas. Regular communications (e.g., newsletters, progress reports, website) will be disseminated to actively update the McMaster community on opportunities for engaging in collaborative health-related activities, including the process for applying for seed grants. Contact information for the Secretariat, Theme Leaders, and Advisory Group members is provided below.

Secretariat				
Susan Denburg Director,	Collaborations for Health	HSC-2E5C	X22110	denburgs@mcmastser.ca
Sue Whittaker Managing Director,	Collaborations for Health	HSC-2E5C	X28658	whittak@mcmaster.ca
Margaret Shkimba Administrative Assistant		HSC-2B11	X22133	shkimba@mcmaster.ca

Theme Leaders

Health and the Environment Theme

Warren Foster Associate Professor, Obstetrics & Gynecology fosterw@mcmaster.ca
 Bruce Newbold Associate Professor, School of Geography & Geology newbold@mcmaster.ca

Health Services and Policy Theme

Jerry Hurley Professor, Economics hurley@mcmaster.ca
 Susan Watt Professor, School of Social Work wattms@mcmaster.ca

Development across the Lifespan Theme

Parminder Raina Associate Professor, Clinical Epidemiology & Biostatistics praina@mcmaster.ca
 Allison Sekuler Professor, Psychology sekuler@mcmaster.ca

Advisory Group

The Advisory Group is comprised of the Theme Leaders (above) and the members listed below:

Paul Bates	Dean, School of Business	batesp@mcmaster.ca
Susan Denburg,	Chair Director, Collaborations for Health; Associate Vice-President, Academic	denburgs@mcmaster.ca
Susan Elliott Dean,	Social Sciences	elliotts@mcmaster.ca
Del Harnish	Professor, Pathology & Molecular Medicine	harnishd@mcmaster.ca
John Lavis	Assistant Professor, Clinical Epidemiology & Biostatistics	lavisj@mcmaster.ca
Anthony Levinson	Assistant Professor, Psychiatry and Behavioural Neurosciences; Director, e-Learning Innovation	levinsa@mcmaster.ca
Heather Sheardown	Assistant Professor, Chemical Engineering	sheadow@mcmaster.ca
John Weaver	Professor, History	jweaver@mcmaster.ca

APPENDIX A

Key Phases in the Development of the Collaborations for Health Initiative:

1. Consultation phase of the Refining Directions process recommended the University leverage its strengths in health.
2. Establishment of a Task Force on Integrated Health Research and Education (2004) supported by Dr. Ken Norrie, Provost and Vice-President (Academic) and Dr. Mamdouh Shoukri, Vice-President (Research and International Affairs) and charged with identifying the means, methods and opportunities, either available or needed, to encourage and support collaborative, interdisciplinary health-related research and education.
 - a. Initial focus was on identifying opportunities for interdisciplinary health-related collaborations drawing on the social and behavioural sciences, humanities, and business.
 - b. Resulting report contains much of the rationale for pursuing this initiative at McMaster and considers many of the factors that would be necessary for its success. Report available at: www.mcmaster.ca/vpacademic/IHWG_report.pdf.
3. Public announcement of initiative with two key features:
 - a. Expanding the scope to include all faculties, in order to capture the breadth of collaborative health-related initiatives at the University;
 - b. Identification of areas of particular strength and potential synergies to situate McMaster competitively in the external environment. "McMaster is world-renowned for its excellence in health-related education and research. This reputation has been built on unique interdisciplinary collaborations, a commitment to excellence, and the willingness to take risks and innovate. We now have the opportunity to build on existing strengths across all sectors of the university to ensure that McMaster's capacity for excellence and leadership in meeting existing and emerging health challenges is fully realized." ... "The goal of this initiative is to mobilize the university's strengths in health-related research and education to excel locally, nationally, and internationally." Memo available at: www.mcmaster.ca/vpacademic/IHWG_memo.cfm.
4. Announcement of a University-wide Call for Ideas as a strategy to identify projects suitable for, and people interested in, interdisciplinary health collaborations. Available at: (www.mcmaster.ca/vpacademic/callforideas.cfm).
5. Broad-based review of the more than sixty submissions suggesting a framework for organizing the initiative.
6. Collaborations for Health Retreat to discuss the framework and the means to implement it [see Appendix B for Agenda, including Objectives].
 - University endorsement provided by Mamdouh Shoukri who welcomed the participants on behalf of senior University administration.
 - Invited guests Lillian Bayne (moderator), John Frank, Scientific Director, Canadian Institutes of Health Research – Institute of Population and Public Health (CIHR-IPPH), and Jonathan Lomas, CEO, Canadian Health Services Research Foundation (CHSRF), provided an external perspective on the trends and challenges inherent in an interdisciplinary health initiative. Their comments informed group discussion and subsequent recommendations for sustaining the Collaborations for Health initiative.

Collaborations for Health Planning Retreat
 June 23 2005 08:00-17:00
 Auditorium Royal Botanical Gardens Centre
 680 Plains Road West,
 Hamilton/Burlington, ON

PROGRAM

MEETING OBJECTIVES:

- To develop a shared understanding of the McMaster Collaborations for Health initiative
- To explore emerging theme areas including:
 - o Potential areas for collaborations: i.e., significant research questions that McMaster is optimally positioned to address
 - o Innovative educational opportunities within and among these thematic areas
 - o Strategies for promoting and supporting collaborations

08:00 - 08:30 CONTINENTAL BREAKFAST

08:30 - 08:40 WELCOME AND INTRODUCTIONS Lillian Bayne, Moderator Overview of retreat objectives and program and “ground rules” for the day.

08:40-08:45 OPENING REMARKS Mamdouh Shoukri, Vice President, Research

08:45-09:00 OVERVIEW OF INITIATIVE Susan Denburg, Chair, Advisory Committee, Collaborations for Health, Associate Dean Academic, Faculty of Health Sciences Overview of the history and objectives of the initiative.

09:00-09:30 Jonathan Lomas, CEO, Canadian Health Services Research Foundation BUILDING NEW RESEARCH COLLABORATIONS: OPPORTUNITIES FOR MCMASTER Jonathan Lomas will provide a perspective on the opportunities and potentials of the initiative including pressing policy and research opportunities, other competitors and complements against which to identify unique McMaster strengths, and new types of partnerships that can help enhance the initiative’s objectives.

09:30-09:45 QUESTIONS AND COMMENTS Lillian Bayne

09:45-10:15 CALL FOR IDEAS: EMERGING THEMES AND ENABLERS Susan Denburg will provide an overview of the results of the Call for Ideas and a proposed framework for shaping activities within the Collaborations for Health initiative. Participants are invited to share their views on this framework and to help refine it over the course of the day.

