



Developing strategies to enhance health services research capacity in a predominantly rural Canadian health authority

<https://arctichealth.org/en/permalink/ahliterature101110>

Author: Miller, J
Bryant MacLean, L
Coward, P
Broemeling, A

Author Affiliation: Interior Health, Kelowna, British Columbia, Canada
Michael Smith Foundation for Health Research, Vancouver, British Columbia, Canada

Source: Rural and Remote Health. 2009 Oct-Dec;9(4):1266

Date: Oct-Dec 2009

Language: English

Geographic Location: Canada

Publication Type: Article

Keywords: Canada
Facilitation
Health authority
Health Services Research
Knowledge translation
Research capacity

Abstract:

CONTEXT: This article outlines the planning, implementation and preliminary evaluation of a research capacity building (RCB) initiative within a predominantly rural Canadian health authority, Interior Health (IH), including initiative characteristics and key activities designed to initiate and enhance health services research capacity within the organization. Interior Health is one of 5 geographic health authorities in British Columbia. Over half of the population IH serves is considered to be rural/remote (approximately 3 people/km²), contributing to difficulties in sharing research information (ie geographical distance to meet in-person and a diverse set of needs and/or priority topics that warrant research support). An initial assessment of IH research capacity in 2006, using an organizational self-assessment tool and discussions with key stakeholders, revealed a need for enhanced communication of health research results, research education and networking opportunities for staff at all levels of the organization. Staff noted barriers to using and sharing research such as lack of time, resources and skills for, and value placed on, participating in research, as well as lack of awareness of linkages with local academic health researchers, including faculty located at two universities within the region. In response to this baseline assessment and stakeholder feedback, short-term funding has allowed for the initial development of RCB strategies in both urban and rural/remote areas of the region, including: IH Research Brown Bag Lunch Seminars; IH Research Skills Workshop Series; literature syntheses/summaries on priority topic areas; research collaboration/partnerships with health authorities, research networks and academic researchers; and an annual IH Research Conference. **ISSUE:** Although currently a poorly defined term, RCB is a concept that speaks to the need for improvement in the skills and assets that can facilitate the production and application research. It is difficult to gauge the progress of RCB initiatives when there is debate as to what the optimal outcomes and indicators of success are. Most definitions of RCB have focused on enhancing the ability to do research; however, there appears to be growing support for a more inclusive definition that also addresses the ability to use and apply research. The use and application of existing research findings, often referred to as knowledge translation and exchange (KTE), is one means of building organizational research capacity, and is particularly important within a rural health region where time, resources, and research skills are often limited. **LESSONS LEARNED:** Dedicated RCB resources and staff support, as well as enthusiasm, academic partnerships, and identification of research ?champions? within the organization, have been critical in building research capacity within the region. Video- and teleconferencing, as well as webcasts, have allowed for expansion of RCB activities to rural/remote communities. Preliminary evaluation parameters to date suggest that the information translated during the RCB activities is motivating different groups within IH to initiate their own research and/or KTE strategies. Although preliminary results indicate improvements in research capacity within the organization, barriers to research participation such as time, funding, and communication are still evident 3 years post-implementation. Additional challenges to building research capacity within a rural health authority include geographical distances, diverse ? hot?/priority topics in need of research support, lack of protected time and limited research-related human resource capacity. The translation of research evidence and enhancement of staff research skills through the IH RCB initiatives has helped to achieve new standards of excellence in the planning, management and delivery of all health services across the predominantly rural health authority.