

**Annual Report for 2005
 CHSRF/CIHR Nursing Chair
 Multiple Interventions for Community Health Nursing Care
 Submitted by Nancy Edwards
 School of Nursing,
 University of Ottawa**

The 10 year vision for the CHSRF/CIHR Nursing Chair in Community Health Nursing:

- A strong network of community health nursing researchers across Canada who are linked with key decision-makers in government and non-governmental organizations; and strategically connected with regional, provincial, national and international health and nursing associations
- A firmly established training and mentoring program that supports development of a strong and renewable base of community health nursing researchers
- Community health nursing researchers providing significant input to the ongoing process of health care reform
- Reduced lag time in adoption of multiple intervention community health research into policy, programs, practice and curricula

1. Chair Program Objectives:

The Chair Program objectives outlined in my four-year progress report remain unchanged. They are summarized in Table 1.

Table 1: Objectives of Chair 2004-2008

Focal Areas of Chair	Proposed Objectives of Chair (2004-2008)
Education and mentoring	<p>To co-develop the intervention field of the Nursing PhD program at the University of Ottawa</p> <p>To pilot and package the internship “model” for capacity building for use by other international partners</p> <p>To expand and strengthen the involvement of more advanced researchers in the activities of the Chair</p>

	<p>To expand opportunities for co-supervision of postdoctoral fellows by other colleagues in nursing.</p> <p>To encourage and support involvement of intern and postdoctoral alumni in mentoring new cohorts of interns and postdocs.</p> <p>To support community nursing research fellows, and interns in the development of skills for competitive grantsmanship and knowledge transfer.</p>
Knowledge transfer	<p>To develop capacity of learners for knowledge translation with decision-makers in public health</p> <p>To examine ways to influence both the policy discourse for community health and the budgetary and regulatory/legislative decisions about public health at municipal, provincial and federal levels.</p> <p>To develop, implement and evaluate evidence-based knowledge transfer strategies for 2-3 key areas of multiple intervention research</p>
Linkage and exchange	<p>To link promising new community health nursing research scholars with decision-makers in professional and government organizations</p> <p>To strengthen networks for linkage and exchange between community health decision-makers, researchers and managers.</p> <p>To foster a constructive dialogue about multiple intervention methods and program design issues among community health nurse research scholars, managers and decision-makers</p>
Research platform	<p>To consider the design features of multiple interventions that are required to tackle interactions among nested determinants</p> <p>To further develop integrated conceptual frameworks that guide the selection of intervention strategies with a socio-ecological orientation</p> <p>To examine and test ways to optimize synergies and to reduce antagonistic effects among multi-level and multi-component interventions.</p> <p>To evaluate alternative procedures to monitor the fidelity of multiple intervention program implementation</p> <p>To test the cost-effectiveness of innovative multiple intervention programs</p> <p>To systematically document conditions that stimulate replication of</p>

2. Chair Program Activities:

Education and mentoring:

The cornerstone education and mentoring activities of my Chair continued including: holding the 5th annual research internship, working with postdoctoral fellows, mentoring career scientists and fellows, supervising graduate students enrolled in four programs at the University of Ottawa (nursing master's and nursing PhD, epidemiology master's, and population health PhD), teaching three intervention graduate courses, and guiding various teams of colleagues (trainees, researchers and decision-makers) as they developed multiple intervention research projects.

We have begun to build a critical mass of faculty-level positions to work with the Chair. Dr. Dawn Smith began her faculty position in the School of Nursing, University of Ottawa in July, 2005. (She completed her PhD in the Population Health Program and her Diploma in Health Services and Policy Research in December, 2005). Dr. Wendy Peterson is currently completing a postdoctoral fellowship. She will commence her faculty position in the School of Nursing at University of Ottawa in May, 2006.

I am the primary mentor for Dr. Barb Riley who is based at the University of Waterloo. Dr. Riley holds a three year career award from the Canadian Heart and Stoke Foundation. I am also the primary mentor for Dr. Chris Blanchard, School of Human Kinetics, University of Ottawa. He successfully applied for a career scientist award from the Ontario Ministry of Health. I continue as primary mentor for Dr. Jenny Medves (Queens' University) who has a career scientist award with MOH-LTC. I continue to actively work with a number faculty members who have completed postdoctoral fellowships with me. These include Dr. Bonnie Lee (now at Lethbridge University), Dr. Anita Kothari (now at UWO and a career scientist with Ontario MOH-LTC), Dr. Judy Mill (now Associate Dean, Graduate Studies at University of Alberta), and Dr. Karen Benzies (now Associate Professor, University of Calgary).

Dr. Adeline Falk-Rafael (faculty member at York University) and Dr. Angela Downey (University of Lethbridge) joined us as Visiting professors for the period June 2004-2005. Omaira Mansi (McGill University) was a Visiting Professor with us for a four month period (May-August, 2005).

We continued to strengthen the inter-provincial and national stream education and mentoring infrastructure. We expanded our satellite node in Alberta to include the University of Calgary. This was strongly supported by the Dean, Faculty of Nursing, University of Calgary. Both U of Calgary and U of Alberta provided full financial support for the 12 interns who joined us from these universities in 2005. We considerably expanded the number of distance sites for the internship last year. In 2005, the internship was offered to 10 sites including 2 sites in Newfoundland.

With funding from Health Canada, we developed a business plan for internationalizing the research internship and had a faculty member from the Department of Nursing, University of West Indies join the internship. This is consistent with our efforts to internationalize the internship. The internship was offered by distance education to the University of West Indies and several faculty members joined most of these sessions.

I continue as a Senior Scientist with two Research Institutes; the Institute of Population Health and the Elisabeth Bruyere Research Institute (EBRI). I am the Director of the Nursing Research Group at the EBRI. I also remain involved with three training centers; The Ontario Regional Training Centre, the Ottawa ACADRE Center and the UBC Community Partnerships Training Centre. During the year, I have been involved in administrative and planning meetings for these centers along with educational activities. For example, I am the supervisor for graduate students supported by two of the centers (Ontario Regional Training Centre and Ottawa ACADRE Centre) and provided mentoring for a postdoctoral fellow (Mike Patterson) who led a seminar course on aboriginal health issues as part of the Ontario Regional Training Centre program. I co-taught this course with him in 2005.

Knowledge transfer and linkage and exchange:

We organized an invitational workshop on stair falls in 2005. This was a knowledge translation strategy for the CIHR grant we had funded on this topic. An advocacy kit was developed as a result of this workshop. This is currently being distributed with the assistance of our local fall prevention coalition. We are implementing a comprehensive knowledge translation strategy as we attempt to move research findings into the current process for revising provincial building codes.

We have continued to develop the CHNET-works strategies. Building on the work completed with funding from CHSRF, we negotiated continuing the development, implementation and evaluation of tools as one of our Community Health Research Unit Ministry-directed projects. With our Ministry of Health partners, we are exploring how we might “migrate” the CHNET-works tools to the Ministry e-health portal. We have continued to develop new tools and in 2005, implemented several panel discussions, initiated on-line discussion groups on the topics regionalization, physical activity, multiple intervention programs and community health competencies. At the end of 2005, we developed plans for implementing a new tool called “fireside chats”.

Our third knowledge translation project also involves partners from the Ministry of Health. This builds on earlier work that we completed to provide recommendations to the Ministry on costing the recommendations for the Mandatory Core Program Guidelines revisions proposed by the technical review committees. Our current work is being undertaken with the Public Health Branch, Ministry of Health and Long-term Care. We have developed a tool that can be used by members of technical review committees to guide the development of multiple intervention program recommendations for Mandatory Core Program Guidelines.

Research Platform:

Research platforms for multiple intervention studies have been established at regional and inter-provincial levels and are now being established internationally. The research platforms continue to provide a base for mentoring and recruiting potential learners, graduate work (e.g. theses), formalized links with decision-makers, and introducing innovative strategies for knowledge transfer. Ongoing research initiatives provide an immediate point of entry to research teams for both interns and postdoctoral fellows. During last year's internship, interns were invited to participate in one or more of 17 research projects. This slate of projects included those initiated or under development by postdoctoral fellows. During the internship, six new research projects and one research program were developed for submission to peer-reviewed funding agencies. Interns participated as coinvestigators (and for five grants as Principal and co-Principal Investigator) on each of these. Four of these six new research initiatives have been funded (one by CIHR, two by CNF, one by CHSRF). One project is still under review by SSHRC. The newly funded research initiatives are:

- Provincial prenatal record revision: A multiple case study of evidence-based decision making at the population policy level. Funded by CIHR
- Clinical outcomes and long term use of research evidence in nursing. Funded by CNF
- Tailoring best practices to support bereaved patients and families. Funded by CNF
- The emergence of evidence-informed service delivery models and their uptake with the health care system. Funded by CHSRF

Internationally, we obtained two funded contracts from Health Canada. The first was to develop a business plan for internationalizing the internship (this was done in partnership with Dr. June Webber, Director, International Programs, Canadian Nurses Association). The second was to support nursing faculty from the University of West Indies to develop capacity to conduct distance education courses and to attend the research internship. I visited Jamaica and Barbados in November, 2005 to meet with senior nurses in universities, colleges, government ministries, professional associations and at the Pan American Health Organization. As a result of this visit and following Dr. Kahwa's participation in the internship last year, nurses from Barbados and Jamaica joined our LOI for the Teasdale-Corti award. We have two additional projects involving colleagues from Canada and Jamaica (Dr. Tam Donnelly, U Calgary and Dr. Kahwa are co-leading a project on HIV/AIDS; and Dr. Edwards is participating on the asthma project submitted to the Jamaican Ministry of Health for funding). The letter of intent submitted to the Teasdale-Corti call for proposals in January, 2006 includes colleagues from Canada and five countries (Uganda, Kenya, South Africa, Jamaica and Barbados). One of my PhD students (Dr. Gail Webber) is also working on an international project. She successfully defended her thesis protocol in the fall of 2005, to examine HIV preventive practices among migrant women in Cambodia.

3. Chair Program Participants:

Table 2 summarizes the number of learners who have participated in the program since 2000. Fifty-two individuals participated in the activities of the Chair in 2005.

Table 1: NUMBER OF INTERNS, GRADUATE STUDENTS, POSTDOCTORAL FELLOWS, CAREER SCIENTISTS AND VISITING PROFESSORS DIRECTLY PARTICIPATING IN CHAIR'S PROGRAM

Category of Learner	2000	2001	2002	2003	2004	2005	Cumulative Total Completed
Interns							
• partial completion	0	1	2	2	0	1	76
• full completion	0	5	11	12	18	24	
<i>Subtotal</i>	0	6	13	14	18	25	
Master's students supervised (thesis)							
• New	0	3	0	1	1	0	4
• Continuing	2	1	4	5	4	3	
• Completed	0	1	1	0	1	1	
<i>Subtotal</i>	2	5	5	6	6	4	
Master's students (thesis committee)							
• New	1	0	0	3	0	0	4
• Continuing	1	1	1	0	1	0	
• Completed	0	1	0	1	2	0	
<i>Subtotal</i>	2	2	1	4	3	0	
PhD students supervised							
• New	1	1	1	1	1	4	1
• Continuing	0	1	2	3	4	3	
• Completed	0	0	0	0	0	1	
<i>Subtotal</i>	1	2	3	4	5	8	
PhD students (thesis committee)							
• New	0	1	0	1	0	0	0
• Continuing	0	0	0	0	1	1	
• Completed	0	0	0	0	0	0	
<i>Subtotal</i>	0	1	0	1	1	1	
Postdoctoral/master's fellows supervised							
• New	1	1	2	4	4	1	10
• Continuing	0	1	0	1	3	3	
• Completed	0	0	2	2	3	3	
<i>Subtotal</i>	1	2	4	7	9	7	
Career Scientists (formal mentor)*							
• New	0	0	1	0	3	0	0
• Continuing	0	0	0	1	1	4	
• Completed	0	0	0	0	0	0	
<i>Subtotal</i>	0	0	1	1	4	4	

Visiting Professors							
• New	0	0	0	0	2	1	3
• Continuing	0	0	0	0	0	0	
• Completed	0	0	0	0	0	2	
<i>Subtotal</i>	0	0	0	0	2	3	
EXTRA Fellows							
• New	0	0	0	0	1	0	0
• Continuing	0	0	0	0	0	1	
• Completed	0	0	0	0	0	0	
<i>Subtotal</i>	0	0	0	0	1	1	
Totals	6	18	27	37	49	63	99

Note: * Career scientists include career scientist award holders, new investigators, junior Chairs.
 Intern numbers do not include 12 postdoctoral fellows who have participated in internship.
 In 2005, 1 visiting professor, 1 master's research fellow and 1 career scientist are also included in the total # of interns for 2005.

4. Chair Program Accountability Framework: Program Impact

Feedback from Participants:

The main source of feedback we obtained from participants this year was from those who completed the internship. Highlights of the internship evaluation are presented in Tables 3 and 4.

Table 3: Response of interns to final evaluation

Items Rating Elements of Internship	Average score (SD)** N=24
Overall, how would you rate internship?	4.71 (0.62)
Dialogue and debate sessions	4.25 (0.9)
Joining research teams	4.0 (1.14)
Work in progress sessions	4.58 (0.72)
Writing exercises	3.88 (1.08)
Methods sessions	3.96 (1.07)
Advanced work in progress sessions (final week)	4.65 (0.65)
Challenge projects (final week)	4.43 (0.66)
Importance of remaining connected with the network of interns and experienced researchers	4.58 (0.72)
Activities of Interns	% responding yes
Wrote up paper(s) for publication	87.5%
Joined a research team and provided input on grant application	79.2%
Developed or began to develop a research project by self or with a team	82.6%
Planning to apply for funding for this research project	100%

Notes: ** Responses ranged from 1 – Minimally useful to 5 – extremely useful

Table 4: Comments by interns regarding the internship (selected comments)

<p>What have been the most valuable and most useful features of the internship?</p> <p>Funding bodies/policy maker connections. Grantsmanship, work in progress sessions. Insight to what a research career would be like. More understanding re developing programs of research, meeting decision-makers and networking, hearing experts' feedback, getting involved in research projects. Networks, time to reflect, meeting funders and decision-makers. The connections with other interns and postdocs, learning about different ways to approach research. The practical insights into the realities of the health care and nursing research work. Nancy's solidity, expertise and role modeling of patience and diplomacy was valuable. Working with such a diverse group of researchers. WIP sessions helped me tremendously to think outside the box and learned various components of doing and critiquing research.</p>
<p>What have been the least valuable and least useful features of the internship for you?</p> <p>Almost all were valuable and useful. I can't answer this, there was learning in absolutely everything attended. Too many work in progress sessions to critique. Difficult to understand and apply the concepts of multiple intervention programs - although [taking the NSG course for credit] is more work, it helps to integrate these concepts by applying them in course assignments.</p>
<p>Overall, how would you rate this internship?</p> <p>As a new faculty member, this internship was very useful in helping me to define my work. Broadening my horizons – very time consuming but I particularly enjoyed the lack of politics, the limited number of hierarchies that emerged and the gentle tutelage of Nancy. I learned a tremendous amount of very useful knowledge. It motivated me to want to get more involved in the research process. The networking with the diverse group was invaluable. I wish I had this 10 years ago. Learned a lot, stimulating, challenging. So much to reflect on, work with and share. The key thing for me is that the internship is ongoing – that what we have started to build individually and as a research community has legs. There is no other opportunity for me to gain this level of experience and connectedness.</p>
<p>What is the one piece of advice you would have for next year's interns to help them get the most out of the internship?</p> <p>Don't miss a thing if you can help it. Reach outside of your old expertise – try everything you can that is unfamiliar. Be open to all the new experiences, opportunities and wide variety of strengths and knowledge among the interns and postdocs. Participate in all the learning activities. They complement one another...you exchange</p>

perspectives with the network of interns and other experts. Reflect critically on your ideas and translate your interest into research project and or writing collaboratively. Clear your desk before you begin the internship.

Progress Towards Milestones:

A brief synopsis of outputs and short-term results achieved in 2005 are outlined below and detailed in Table 5.

Synopsis of outputs for 2005 include:

Education and Mentoring Infrastructure:

- 25 colleagues from six provinces and five postdoctoral fellows participated in the summer research internship
- 38 scholars completed one of three intervention courses
- Internship offered by distance education to 12 sites in 6 provinces
- 5 externally funded postdoctoral fellows working with the Chair, 2 colleagues have submitted applications for postdoctoral fellowships
- Interns indicate high levels of satisfaction with internship program.

Innovative Dissemination, Linkage and Exchange Activities:

- All postdoctoral fellows and career scientists are maintaining active links with decision-makers
- Invitational workshop on stair falls attended by over 25 participants including decision-making partners from 5 organizations (National Research Council, Canada Mortgage and Housing, Canadian Standards Association, Ottawa Public Health, SCO Health Services) and research colleagues from 5 universities (Ottawa, Acadia, Victoria, University of Western Ontario, Toronto)

Integrated MIP Research and Training:

- Interns and postdocs have joined many existing multiple intervention projects and developed new multiple intervention projects on topics including: collaborative maternity care, bereavement, HIV/AIDS prevention, built environment and physical activity, restraint use in long-term care settings, stigma and HIV, child development, falls prevention and Aboriginal communities etc.
- > 30 Conference presentations on various multiple intervention topics by Chair and trainees

Administrative Outputs:

- Chair advisory committee continues to provide critical input on activities of and directions for the Chair

- Multiple intervention web site regularly updated
- Governance structures for Chair remain functional

Short-term results achieved in 2005 are listed below.

Expanded Research Capacity:

- 4/5 2005 postdocs have obtained external funding for their research. 1/5 postdocs have obtained internal funding for their research.
- 100% (5/5) 2005 postdocs published one or more articles in peer-review journals in 2005

Expanded Mutual Networks for Innovative MIP Research and Training:

- Postdocs are continuing to work with their decision-making partners and report an expanded network of linkages to partner organizations at regional, provincial and national levels

Multiplier Effect:

- University of Alberta and University of Calgary are satellite nodes for the internship. They supported 12 faculty to join internship in 2005 and supported a faculty member to assist with planning the internship.

Indicators:

Table 5 summarizes the indicators for 2004-2008 and progress towards these indicators in 2005.

Table 5: Indicators and Outputs for 2005

Indicators for 2004-8	Progress Towards Indicators 2005
<p><u>Education and Mentoring:</u></p> <p>4 externally funded postdoctoral fellowships obtained by 2008</p> <p>70 scholars complete intervention graduate courses (audit or credit) by 2008</p> <p>Nursing PhD program implemented</p> <p>Intervention graduate course for Nursing PhD developed.</p>	<p>3 postdocs obtained external funding in 2005: Wendy Peterson obtained funding from PHC TUTOR – 2005-6, Sonia Semenic and Mike Patterson obtained CHSRF postdoc fellowship funding for 2005-7.</p> <p>Karen Benzies completed CHSRF-funded postdoc fellowship</p> <p>Ariella Lang continued CIHR-</p>

<p>Multiple intervention course content integrated into other community health nursing courses across Canada (target 2006-8)</p> <p>Scholars enrolled in intervention courses indicate satisfaction with and relevance of course content</p> <p>Master's and graduate students select thesis topics in area of multiple interventions</p> <p>2 successful applications for New Investigator or career scientist awards for those working with Chair</p> <p>Internship model being used by an international partner by 2008</p> <p>Minimum of 50 nurses complete internship by 2008</p> <p>Increase in proportion of intern and postdoctoral alumni involved in mentoring new cohorts of interns and postdocs.</p> <p>University of Alberta operational as a satellite node for internship by 2004</p> <p>Within one year of completing the internship, at least 50% of those completing internship report participation as investigators or collaborators on successful submissions of grant applications or participation as co-authors on publications in peer reviewed journals</p>	<p>funded postdoc fellowship Josephine Etowa (Dalhousie University) and Phyllis Montgomery have applied for post-doc funding from CHSRF for 2006-8</p> <p>3 intervention graduate courses (NSG 7104, NSG 6115, POP 8930) completed by 38 scholars in 2005</p> <p>Intervention course for Nursing PhD program (NSG 7104) on systems change developed and implemented in 2005. Two postdocs co-taught the course with Dr. Edwards</p> <p>Thesis topics in area of multiple interventions include: The built environment and physical activity in long-term care (Morgan) The introduction of minimal restraint use legislation in long-term care settings in Ontario (Ralphs-Thibodeau)</p> <p>Dr. Anita Kothari successfully applied for a career scientist award from the Ontario Ministry of Health. Anita completed a postdoctoral fellowship with me. We continue to work jointly on a number of research projects.</p> <p>25 individuals completed internship in 2005</p> <p>Mentoring links established among former, current and proposed postdocs. Current postdocs actively involved in mentoring interns.</p> <p>University of Alberta and University of Calgary jointly form a satellite node in Alberta. Discussions underway with Dalhousie University to set up a satellite node in Halifax.</p>
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	<p>We have not completed a comprehensive assessment of the number of publications and grant applications submitted by interns and postdocs. This data will be provided in the 2006 annual report.</p>
<p><u>Knowledge transfer:</u></p> <p>Innovative dissemination strategies developed for selected research projects with emphasis on strengthening uptake of research findings</p> <p>2 funded research projects on knowledge transfer of relevance to Chair objectives.</p> <p>Key research areas for evidence-based KT selected by 2005</p> <p>Minimum of 10 conference presentations annually by Dr. Edwards and postdoctoral fellows</p>	<p>Stairs workshop, advocacy kit developed and letter to editor regarding postal worker and safe stairs.</p> <p>CHNET-works! interactive tool development continued. Debates held in the summer of 2005.</p> <p>Fireside chats planned for winter of 2006.</p> <p>KT project on prenatal forms submitted for funding to CIHR (funding notification received January, 2006). CHNet funding has continued through the Community Health Research Unit.</p> <p>Further discussion on key research areas for evidence-based KT will continue at the planned biennial symposia in 2006.</p> <p>29 conference presentations by Dr. Edwards and colleagues in 2005 (6 invited presentations).</p>
<p><u>Linkage and exchange:</u></p> <p>Think tanks operational with regular contributions from research community</p> <p>All postdoctoral fellows and research fellows linked with appropriate decision-makers</p> <p>Community health research scholars report maturation of links with selected decision-makers</p>	<p>All postdoctoral fellows are formally linked with and working closely with decision-making partners.</p> <p>CHNET-works shows potential to support functioning network.</p>

<p>Functioning network for linkage and exchange</p> <p>Evidence of ongoing dialogue about multiple intervention methods and program design issues on network.</p>	
<p><u>Research platform:</u></p> <p>All postdoctoral fellows and career scientist obtain external funding for their research within 18 months of award start-up</p> <p>15 peer reviewed publications or technical reports arising from funded research are published by Nursing Chair by 2008</p> <p>External funding obtained by Nursing Chair for a minimum of 3 research projects by 2008</p> <p>Each externally funded research project involves one or more decision-makers in a formal collaborative role</p> <p>Funded research projects on multiple interventions of relevance to objectives</p> <p>Research platform supports participation of learners on multiple intervention research conducted regionally, provincially, nationally and internationally.</p>	<p>The following postdoctoral fellows have obtained external funding for research projects: Mike Patterson (CIHR funding with Dr. Edwards; ACADRE funding) Sonia Semenic (CIHR funding with Dr. Edwards and Dr. Premji) Ariella Lang (CNF funding) Wendy Peterson (Pilot funds, Chair award).</p> <p>Blanchard, Medves and Riley have all received external research funding from the following sources: SSHRC, Health Canada, CIHR, Ontario Ministry of Health and Long-term Care.</p> <p>Publications by Nursing Chair in 2005: 11 peer-reviewed publications arising from funded research and funded international projects published or accepted for publication in 2005 15 additional manuscripts submitted and currently under review or under revision. 5 technical reports published.</p> <p>Examples of decision-makers involved in the funded projects include colleagues from the following organizations: Health Canada, NAHO, RNAO, SCO Health Services, Health Canada (Public Health Agency, FNIHB), Ottawa Public Health, Canadian</p>

	<p>Nurses Association, CHSRF. The roles of decision-making partners include advisory roles, coinvestigators, knowledge brokers, and decision-maker lead.</p> <p>A multiple intervention community of practice group, involving postdoctoral fellows, postdoctoral fellow alumni and career scientists was initiated in the fall of 2005.</p>
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5. Program Governance/Advisory:

The internal advisory committee continues to meet 2-3 times per year. Dr. Ariella Lang is our current postdoctoral fellow representative on the committee. Terms of reference were modified slightly at our most recent advisory meeting.

6. Institutional Support:

The University of Ottawa and both of my partner organizations provide institutional support for my Chair in the form of funding, staff time for administrative and knowledge transfer activities and involvement on research studies and participation on the internal advisory committee. Examples of support include:

- Major renovations to our area with new furnishings provided for our offices were completed in the fall of 2005. The total cost of these renovations, paid for by the University, is over \$211,000.
- Strong support for establishment of Nursing Best Practice Research Unit. This Unit is now part of the strategic plans for the Faculty of Health Sciences.
- Support from the Dean, Faculty of Health Sciences for additional release time for faculty participating in the work of my Chair.
- Strong support for establishment of interventions as one of two fields of research in our nursing PhD program. In the 2005 cohort of 4 students, all are enrolled in the intervention field.

The Community Health Research Unit was funded for an additional year (funding to March, 2006). Funding beyond that period is not known. The Community Health Research Unit and the City of Ottawa Department of Public Health Services provide both in-kind and cash contributions to the Chair award. These are noted in my financial report.

SCO Health Services provided full-time funding for a Research Assistant (Kathleen Benjamin) until August, 2005. Kathleen is now enrolled in our Nursing PhD program. I am her thesis supervisor. Kathleen is currently being supported by a doctoral fellowship

from the Elisabeth Bruyere Research Institute (EBRI) (a joint initiative of SCO Health Services and the University of Ottawa). Support for a part-time research assistant is currently provided by EBRI. This research assistant is also a student in the master's epidemiology program. In 2005, EBRI provided one-year fellowship support for two master's research fellows who have worked closely with the Chair. The Community Health Research Unit provided a portion of the funding for one of these fellows. While the EBRI has decided not to continue providing research assistant support, gerontology fellowships will continue to be offered.

The University of Ottawa has continued to provide admission scholarship funding for several graduate students whom I supervise. In addition, one of my graduate students (Dawn Smith) had doctoral fellowship funding from both the ACADRE Training Centre and the Ontario Regional Training Centre. Another graduate student (Susan Eldred) obtained funding from the Ontario Regional Training Centre for the period 2005-6.

We continue to have many contributors to the internship. The following are notable supports and inputs received in 2005:

- University of Calgary and University of Alberta covered costs for 12 interns to participate.
- Douglas College and Okanagan University College each covered the costs for 1 intern
- Various decision-makers took time to meet with the interns (e.g. Canadian Population Health Institute, Canadian Society for International Health, Canadian Medical Association, Canadian Public Health Association) and orientated them to the goals of their organization, the research they are involved with, and the program initiatives that are priorities for them.
- Over 40 colleagues participated as speakers during the internship for sessions including meet the funders, meet the editors, knowledge translation and meet the media panels, and dialogue and debate sessions, advanced work in progress sessions, challenge projects).

7. Decision Maker Involvement:

Structures are established and operational for decision-maker involvement for the two regional partner organizations with whom I work. The nursing working group at SCO Health services and the management committee of the Elisabeth Bruyere Research Institute (formerly Institute of Health of the Elderly) are the two committees in which I participate at SCO Health Services. The Public Health Research and Education Development steering committee at the Health Department along with the annual retreat of Investigators and Associates with the Community Health Research Unit are the formal structures for discussing issues pertaining to the emerging research issues in the Health Department. It is through these formal committees that strategic and operational directions are defined.

I am continuing my appointment as member of the CIHR Governing Council and remain Chair of the Knowledge Transfer Advisory Committee. I am also on the CIHR nominating committee and participated in interview panels for the Vice-President, Knowledge Translation and Institute Scientific Director, Institute of Health Services and Policy Research.