



Diabetes Action Canada

Strategy for Patient-Oriented Research Network

Network Evaluation Report

Executive Summary

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EXECUTIVE SUMMARY

The Diabetes Action Canada (DAC) Strategic Patient-Oriented Research (SPOR) Network, formed in 2016, is supported by funding from the Canadian Institute of Health Research (CIHR) and numerous academic partners, and public and private sponsors. The Network is just over two-thirds of the way through their initial 5-year funding cycle and has membership from across Canada consisting of Patient-Partners, Researchers and Clinicians. The following report provides a mid-term examination of the DAC SPOR Network using a State of Network Evaluation framework on three key themes: Network Connectivity, Network Health and Network Results.(1)

A variety of methods were used to study these Network themes. A cross-sectional network survey of members was completed to examine Network Connectivity to assess the frequency of interactions and the topics discussed during them and how networking effectively facilitates interactions and collaboration among its members. Network Health was assessed through semi-structured qualitative interviews, a membership survey inquiring about satisfaction and experience with the Network and a review of funding and infrastructure to evaluate Network Sustainability. Finally, Network Results and Impact were examined using of the Canadian Academy of Health Sciences (CAHS) preferred framework and indicators to measure returns on investment in health research.(2)

The DAC SPOR Network includes several interconnected individuals with different status, function and location, with each of the 150 individuals on the official membership list having at least one relationship in the DAC SPOR Network. Within these relationships, the exchanges within the Network show that the two most discussed topics between members are research and patient engagement, that are at the core of the Network's vision and mission statement.

New collaborations are considered to be one of the DAC SPOR Network's key success factors and for many members it was a significant motivating factor to join the Network. These new collaborations have generated identifiable benefits and have enabled members to improve the quality and relevance of their research, to have access to key

players and to benefit from new professional opportunities. The development of new collaborative links has also brought benefits to the DAC SPOR Network as a whole, for example by creating new funding opportunities and increasing the network's competitiveness and visibility. Aligned with these new collaborations, DAC SPOR Network members have been contributed to 26 new grants leading to over \$36 million in additional funding over the past 3 years from CIHR (N=18) and other funding sources including the Canadian Foundation for Pharmacy Innovation, Centre de recherche sur les soins et les services de première ligne de l'Université Laval (CERSSPL-UL), CIHR/NSERC, MEDTEQ, North York General Hospital Foundation and the Public Health Agency of Canada.

Communication within the DAC SPOR Network is an essential condition for members' involvement in the network's activities. As identified in the interviews, ensuring smooth communication between members and finding ways to engage their participation in network activities are ongoing challenges for large networks such the DAC SPOR Network. Overall, surveyed members were very satisfied or satisfied with the Network and considered the activities innovative (40.6%) or very innovative (20.3%) compared to other networks.

Network Results and Impact were examined across the 5 domains of the CAHS framework which include: advancing knowledge; capacity building; informing decision making; health impact; and economic and social impact. Collaboration within the DAC SPOR Network, through the advancement of knowledge over the past 3 years, was further examined through the 59 peer reviewed publications published in the areas of medicine; biochemistry, genetics and molecular biology; nursing, agricultural and biological sciences; and pharmacology, toxicology and pharmaceuticals by Network members. The number of publications was 27 in fiscal 2017-18 and 32 in fiscal year 2018-19, aligned with the maturing of the Network. Of the papers with bibliometric data 44% (25/57), were published in high-quality outlet journals and at the time of the analysis, have been cited 528 times in other publications. These papers have involved 238 co-authors with international collaboration from 10 other countries in 33.3% of the publications.

Fulfilling its commitment to support capacity building related to health research, the DAC SPOR Network has funded 16 individuals, as either graduate students or post-doctoral fellows, and has provided salary support for 15 research staff to support the investigators and co-investigators across the country. Network participation has also grown over the past 3 years to now include 80 co-investigators.

The DAC SPOR Network members have engaged discussions with decision makers related to health and research policy at all levels of government across the country with the purpose to inform policy makers about the Network and its overall provincial and national research initiatives as well as studies related to diabetes and aging, indigenous health, digital health systems, diabetic retinopathy and foot care. The activities of DAC SPOR Network members related to informing health and research policy will be captured more comprehensively over the remaining reporting periods.

Patient Partner participation is an aspect of the Network with significant progress. The DAC SPOR Network currently has 75 Patient Partner participants involved many of whom are members of the 3 Patient Partner Circles. Patient Partners contribute to the Network governance as members on 15/27 (56%) of the advisory and planning groups within the DAC SPOR Network, have participated in the majority (73%) of the workshops and training sessions, including acting as facilitators and co-designers of the curriculum.

As the DAC SPOR Network is still evolving, the health, economic and social impact of the research and network activities remain to be fully realized, as may be expected based on the age and the stage of development the network. It is anticipated that as projects and different initiatives mature the Network will have further opportunity to influence healthcare and research policy as well as economic and societal wellbeing in Canada.

1. Network Impact and Center for Evaluation Innovation. Framing Paper: The State of Network Evaluation. 2014.
2. Panel on Return on Investment in Health Research. Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research. Ottawa, ON, Canada; 2009.

