



HEALTH FORUM

15-years of providing timely demand-driven evidence support

Over the past 15 years, the McMaster Health Forum has supported efforts to address health and broader societal challenges using the best-available research evidence and experiences and insights from citizens, professionals, organizational leaders, and government policymakers.

The Forum was able to move as far and as fast as it did because of its partnerships with individuals and groups that powerfully complement the Forum's areas of strength. With RISE, for example, we partnered with Rob Reid and colleagues at Trillium Health Partners, and more recently with Brianne Wood and colleagues at the Northern Ontario School of Medicine, to support Ontario's once-in-a-generation health-system transformation. With COVID-END, we worked with Jeremy Grimshaw at the Ottawa Hospital Research Institute in partnering domestically with more than 40 evidence-synthesis teams from across Canada, and globally with more than 55 world-leading evidence-synthesis, technology assessment and guideline-development groups, to support the pandemic response. We are now working with a broad range of partners to strengthen Canada's evidence-support system – within individual organizations; across central agencies, line departments and parliamentary bodies within a single government; and across federal and provincial governments in areas of shared jurisdiction like health. With the Global Commission on Evidence to Address Societal Challenges, we again worked with Jeremy to partner with more than 80 organizations, as well as citizen leaders and other stakeholders, from around the world to strengthen domestic evidence-support systems, enhance the global evidence architecture, and put evidence at the centre of everyday life. And with many of these activities we worked with our 'citizen partner extraordinaire,' Maureen Smith, who has led and supported our efforts to partner with diverse citizens in much of what we do.

To celebrate our 15-year milestone, we're looking back on our growth and impact, both with our work under the Forum banner and with our work as secretariat for RISE, COVID-END (and an emerging successor initiative in Canada), and the Global Evidence Commission. We thank our partners and our supporters, and we look forward to continuing our work with them in Ontario, across Canada, and around the globe.

- The McMaster Health Forum team

Five of the Forum's key programs

1 Learn how

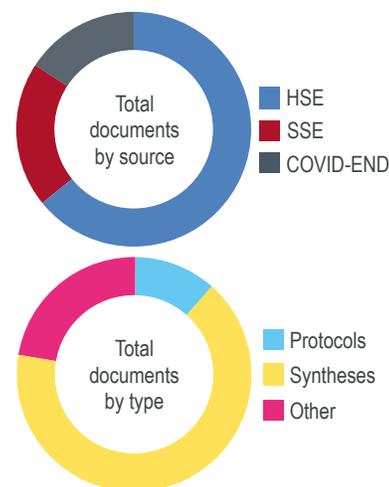
Trained **2,300+ leaders** in how to use evidence in their decision-making and in how to support efforts to systematize evidence use in their organizations and governments

2 Find global evidence

Added **27,000+ evidence documents** to Health Systems Evidence (HSE), Social Systems Evidence (SSE), and the now-archived COVID-END Inventory so that decision-makers and evidence-support units like the Forum have immediate access to what we've learned from around the world and how it varies by groups and contexts

Added enhancements to search functionality, including the ability to:

- search for the 'best' syntheses only
- filter for 'living' evidence products, as well as by other document features
- subscribe to monthly email updates of evidence relevant to your searches



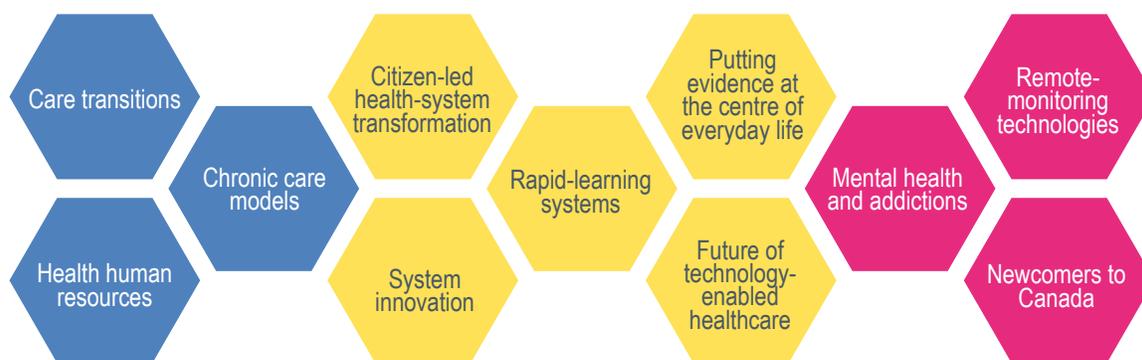
3 Find domestic evidence

Prepared at the request of decision-makers – typically on timelines of a few business days and with as many as 20 staff who can pivot to any given time-sensitive priority – **239 evidence products** about ways to address health and broader societal challenges

4 Spark action

Convened 77 stakeholder dialogues and **73 citizen panels** with the help of **500+ advisors** (e.g., as steering committee members, key informants, and merit reviewers), with a local, provincial or national focus, and on a diverse array of topics

◆ System arrangements ◆ Cross-cutting arrangements ◆ Sectors, conditions, services and populations

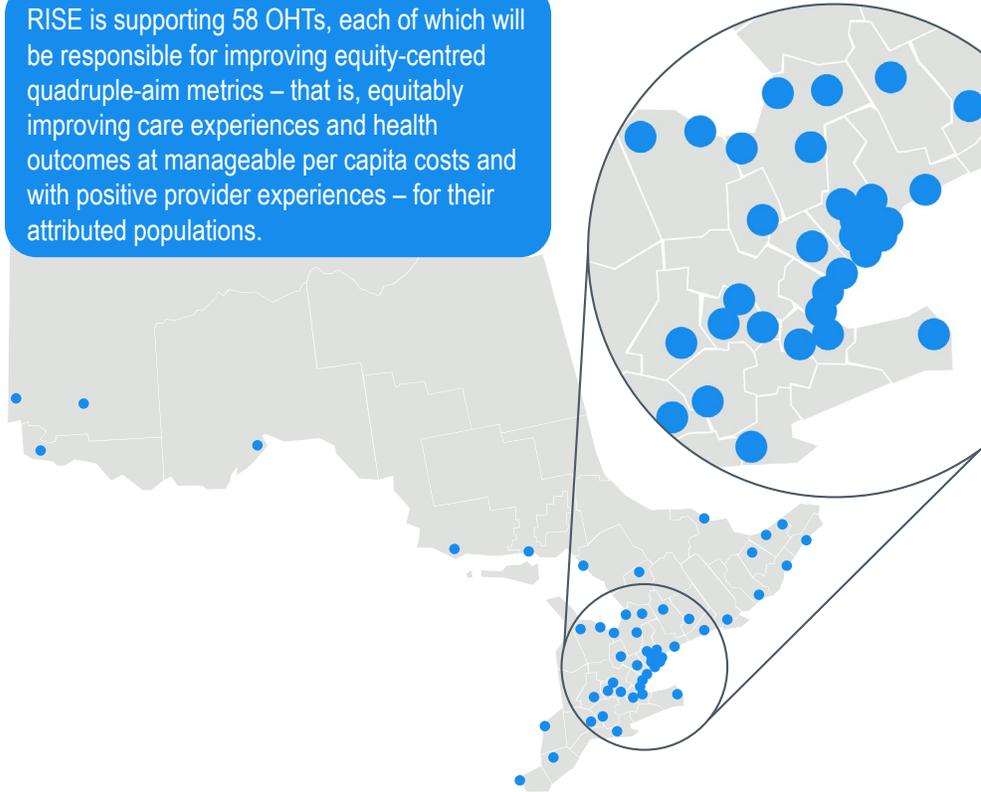


5 Leverage networks

Served as a secretariat for four networks, two of which (RISE and the Global Evidence Commission) we describe – along with an emerging successor initiative to COVID-END – in more detail in the following pages

RISE has three objectives. First, it supports rapid learning and improvement among Ontario Health Teams, or OHTs – the centre-piece of Ontario’s once-in-a-generation health-system transformation – through the RISE coaches and peer sharing and learning sessions. Second, RISE delivers and coordinates – with other stakeholders in Ontario’s evidence-support system – ‘on demand’ a suite of evidence products (e.g., RISE briefs) and evidence-related processes (e.g., RISE jamborees) that support OHTs, as well as other health-system initiatives. Third, RISE provides evidence-related tools and resources to OHTs (e.g., RISE website that serves as an OHT resource hub and OHT events calendar) and other health-system initiatives.

RISE is supporting 58 OHTs, each of which will be responsible for improving equity-centred quadruple-aim metrics – that is, equitably improving care experiences and health outcomes at manageable per capita costs and with positive provider experiences – for their attributed populations.



4,200+

engaged in RISE events

1,700+

subscribed to the e-newsletters

240+

RISE jamboree participants

110,000+

RISE website pageviews

30

RISE briefs and other publications

58

approved teams received coaching



“RISE has been instrumental in furthering the success of Ontario Health Teams (OHTs). RISE has supported OHTs through population-health management (PHM) learning sessions and coaching activities that have provided OHTs with essential tools to establish care in a more connected way. RISE has also been a trusted advisor to the Ministry of Health, providing expert advice as new policies were considered.”

Allison Costello, Ontario Ministry of Health

“In partnership with the Ministry of Health and Ontario Health regional and provincial teams, RISE has been a great support to Ontario Health Teams (OHTs) as they continue to work towards a common vision of more integrated and better coordinated care across the province using a population-health management approach and in alignment with the principles of the Quintuple Aim. The connection points that RISE offers through collaborative forums, population health management coaching, and translation of leading practices both locally and internationally are great enablers of continued OHT development.”

Meaghan Cunningham, Ontario Health



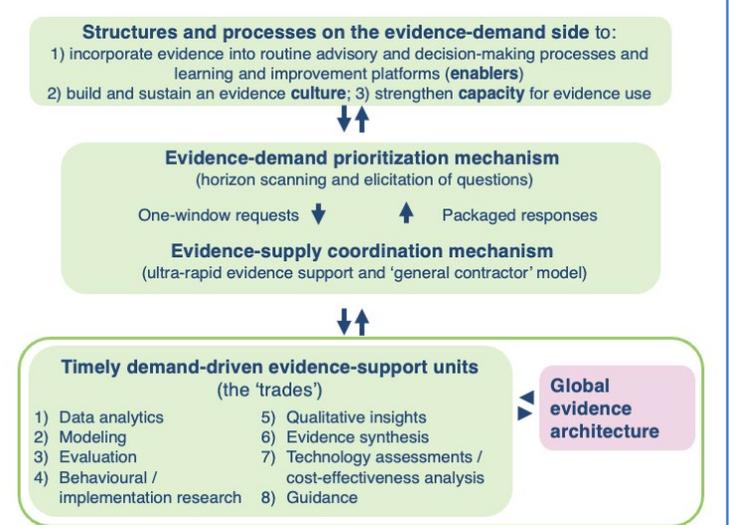
Network profile 2: An emerging successor initiative

The Forum is now working with a broad range of partners to strengthen Canada’s evidence-support system. First, we have co-created an evidence-support mechanism for organizations as diverse as federal government departments (e.g., Public Health Agency of Canada and Department of National Defence / Veterans Affairs Canada), provincial government departments and related agencies (e.g., BC Ministry of Health / WorkSafeBC, and Ontario Ministry of Health / Ontario Health), and professional associations (e.g., Canadian Medical Association). Second, we have conducted a rapid evidence-support system assessment across the federal government’s central agencies, line departments and parliamentary bodies, and provided technical support for those entities interested in acting on some of the lessons learned from this assessment (e.g., Global Affairs Canada, Health Canada, Public Health Agency of Canada, and Public Safety Canada). Third, we have partnered with many evidence champions across Canada to plan a virtual dialogue series about formalizing and strengthening the pan-Canadian health evidence-support system. We have also partnered with leaders in many provincial health systems to help them operationalize evidence support within a ‘learning health system’ framework.

Building on the lessons learned about timely, demand-driven and equity-sensitive evidence support during the pandemic (with 40+ domestic COVID-END partners) and after it (with ‘sister centres’ in 12 countries), we have continued to improve our existing approaches and developed new ones

- introduced ultra-rapid evidence support to summarize the existing stock of evidence in timelines of one to 10 days, and began to experiment with a ‘general contractor’ model to support multiple flows of new evidence (e.g., behavioural / implementation research and qualitative insights) in timelines of two to six weeks
- produced ‘living’ evidence documents (e.g., 28 updates to 7 living evidence profiles) and convened ‘living’ evidence-related processes (e.g., four sessions of a living stakeholder dialogue)
- convened horizon-scanning panels focused on identifying, refining and prioritizing health- and social-system innovations that could be considered for widespread uptake
- systematized the engagement of diverse citizen partners and subject-matter experts and foregrounded equity considerations in all of our work

A high-performing evidence-support system has in place the right structures and processes on the evidence-demand side, the right ‘interface’ mechanisms to bring in needed forms of existing evidence (which we call ‘ultra-rapid evidence support’) and to create flows of new evidence (using a ‘general contractor model’ that engages the right ‘trades’ at the right time), and the right timely, demand-driven evidence-support units (the trades) working with any of the eight needed forms of research evidence. This system needs to ensure that evidence support is aligned ‘up’ to advisory and decision-making processes and ‘out’ to learning and improvement platforms.



The McMaster Health Forum pivoted partway through the pandemic from a focus on providing timely, demand-driven evidence support to inform the pandemic response to add a concurrent focus on formalizing and strengthening Canada’s evidence-support system. We’ve participated in many calls with our former colleagues in the Government of Canada and in pan-Canadian health organizations where we’ve seen first-hand the Forum celebrating what’s working well and suggesting opportunities for improvement. The collective-impact orientation being used by the Forum is key to its past and current successes with this work.

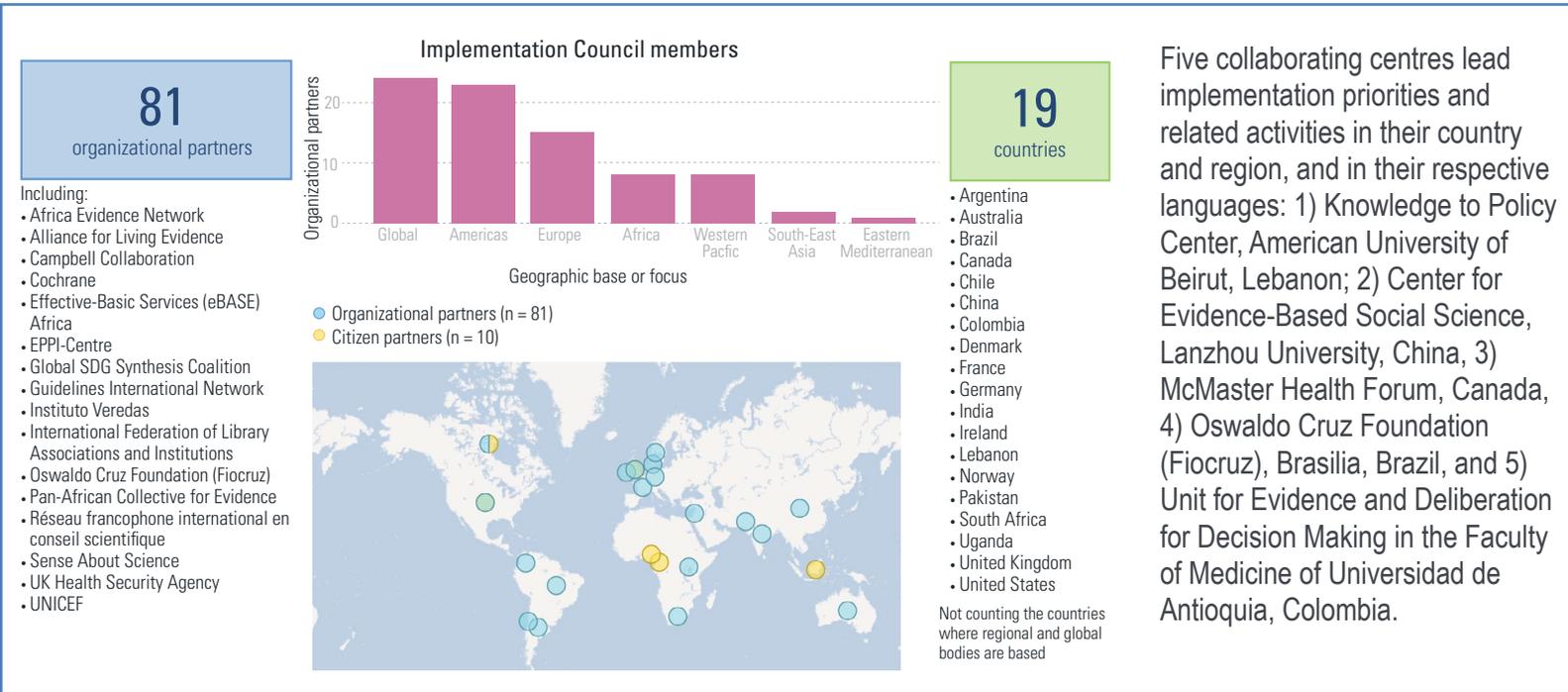
Jenn Thornhill Verma, Forum advisor and previously an executive at Healthcare Excellence Canada, and **Marcel Saulnier**, Forum advisor and previously an executive at Health Canada



The Global Evidence Commission is a grassroots effort to improve the use of research evidence, both in routine times and in future global crises. In January 2024, we released our second annual update (Update 2024), focused on three implementation priorities:

-  Formalize and strengthen domestic evidence-support systems
-  Enhance and leverage the global evidence architecture
-  Put evidence at the centre of everyday life

Our Implementation Council – drawn from every part of the world and from many global and regional bodies – believes that momentum is building for a step-change improvement in each of these implementation priorities. Examples of this building momentum are the increasing number of pilots of ultra-rapid evidence support; the growing demand for an evolving suite of artificial intelligence-enabled living evidence syntheses and the rising prospects for their sustained funding; and organizations coming together to learn more about ways to put evidence at the centre of everyday life, including in addressing misinformation.



“In our work to support Brazil’s evidence-support system, the Global Evidence Commission has been instrumental in guiding us on the importance of supplying different forms of evidence and facilitating the engagement of evidence users, intermediaries and producers.”

Laura dos Santos Boeira, Executive Director, Veredas Institute

“Three years into the Commission’s work, it’s been hugely successful in creating a new conversation and a new moment. An increasing number of people understand and can see a new path forward in the use of evidence.”

Julian Elliott, Secretary, Executive Committee, Alive and Founder & CEO, Future Evidence Foundation



“The Global Evidence Commission’s commitment to put evidence at the centre of everyday life is happening at a critical moment – when citizens are inundated with misinformation and disinformation. The opportunity to find effective ways to counter mis/disinformation couldn’t be more important.”

Maureen Smith, Chair, Implementation Council’s Citizen Leadership Group

Additional partnerships

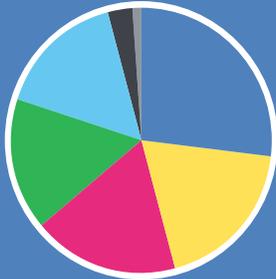
In addition to its secretariat role for key networks, the Forum works directly with partners to address a wide range of societal challenges and across a range of jurisdictions.

First, as the World Health Organization (WHO) Collaborating Centre for Evidence-Informed Policy, the Forum supports evidence-informed policymaking in **75+** WHO member states and in WHO headquarters and regional offices. We have hosted **150+** capacity-building **workshops** for policymakers and stakeholders from **60+ countries**.

Second, through the Queen Elizabeth Scholars program and the Global Skills Opportunity program, the Forum has arranged and funded **100+ internships** to support health- and social-system strengthening in **40 organizations in 18 countries**.



Our collaborations by region

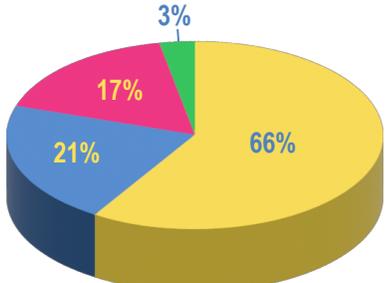


- 27% Americas
- 19% Global
- 18% Europe
- 16% Africa
- 16% Western Pacific
- 3% South-East Asia
- 1% Eastern Mediterranean

Third, the Forum works under memoranda of understanding with organizations in Australia, Brazil, China, Colombia, Ethiopia, and Trinidad and Tobago, among other countries. For example, our partnership with the Monash Sustainable Development Institute – host organization for the Sustainable Development Solutions Network (SDSN) for Australia, New Zealand and the Pacific – helps us to maintain Social Systems Evidence, which provides the best-available evidence to achieve the Sustainable Development Goals.

Funding

The Forum achieves a remarkable amount with very limited funding: **\$13 million** in the last five years, and \$30 million in total since we begin in 2009.



Funding breakdown for the the last five years

- Grants and service agreements with government departments** (e.g., Public Health Agency of Canada, B.C. Ministry of Health, and Ontario Ministry of Health), **system agencies** (e.g., Nova Scotia Health Authority), **and professional organizations** (e.g., Canadian Medical Association)
- Peer-reviewed awards** (e.g., Canadian Institutes of Health Research, both directly and through other entities like the Ontario SPOR SUPPORT Unit)
- Foundation grants** (e.g., CMA Foundation, Azrieli Foundation) **and donors** (Suzanne Labarge)
- University support** (e.g., McMaster’s Faculty of Health Sciences and the McMaster Institute for Research on Aging MIRA | Dixon Hall Centre)

Key milestones

2009 to 2019



McMaster Health Forum launched

First stakeholder dialogue convened



Health Systems Evidence launched

Rapid Response program launched



First citizen panel convened

McMaster Optimal Aging Portal unveiled



Online capacity building launched

Queen Elizabeth Scholarships launched



Social Systems Evidence launched

RISE (Rapid-Improvement Support and Exchange) launched



2020 - now



COVID-19 Evidence Network to support Decision-makers (COVID-END) launched

COVID-END inventory of evidence syntheses and rapid evidence profile service launched



Living evidence products and dialogues introduced

Global Commission on Evidence to Address Societal Challenges launched



Global Evidence Commission Implementation Council established

Global Evidence Commission report released (followed by yearly updates)



Global Skills Opportunity launched

Building on the momentum

We've seen more progress in using evidence to address societal challenges – such as timely, demand-driven evidence support aligned 'up' to advisory and decision-making processes and 'out' to learning and improvement platforms – in the last three years than at any time since the Forum was created 15 years ago.

The emergence of ultra-rapid evidence support and the general contractor model are part of a 'sea change' in domestic evidence-support systems. The emergence of 'living' evidence syntheses – continuously updated summaries of what we've learned from around the globe and how it varies by groups and contexts, are part of a sea change in the global evidence architecture. The growing participation of everyday citizens in both these domains are part of a sea change in putting evidence at the centre of everyday life.

As we note in the Global Evidence Commission's Update 2024, we're seeing many signs across Canada and globally that momentum is building. We thank our partners and supporters for their contributions to this momentum. We look forward to continuing our work with them further build this momentum and to make it the 'new normal' to use evidence to address societal challenges, both in routine times and in global crises.

We also look forward to continuing to build out our talented team with fresh faces alongside the 'old' ones!



John Lavis
Founder and Director

Ahmednur Ali

Scientific Lead, Equity-driven Evidence Support and Editor of Health Systems Evidence



Kerry Waddell

Scientific Lead, Evidence Synthesis and Support



Marcela Vélez

Senior Scientific Lead, Innovative Evidence Products and Spanish Outreach



Let's collaborate

We already work with a diverse array of individuals and organizations, but we're always looking for ways to expand our collaborations. If you're interested in working with us to improve how we use evidence to address societal challenges, contact us at forum@mcmaster.ca.

Keep in touch via our e-newsletter, and engage with us on social media

