

Social scientists redirected to CIHR for grants

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“SSHRC Health Researchers: You can find acceptance, challenge and \$\$\$ at CIHR.”

That blunt pitch issued from the Canadian Institutes of Health Research (CIHR) in an Oct. 30 email newsletter to social scientists and humanists in Canadian universities who would like to conduct health research.

It was largely a function of another decision, by the Social Sciences and Humanities Research Council, to begin redirecting applicants for some of its health research grants to CIHR.

The Social Sciences and Humanities Research Council signaled that it was retreating from issuing grants for some forms of health research in a Feb. 13 “Dear Colleague” letter from President Chad Gaffield. The letter stated that the agency’s \$20-million envelope of health research monies would be cut by \$5.59 million over three years, with a \$1.05-million cut in fiscal year 2009/10, \$2.65 million in 2010/11 and \$1.89 million in 2011/12. The cuts applied to “health-related research that is eligible under the mandate of CIHR,” Gaffield indicated, stating that they were required as a result of an \$8.19-million hit the council took under federal cost-cutting measures.

Social sciences and humanities researchers, meanwhile, say they are wary of the shift and are concerned about whether they will continue to have their proposals evaluated by disciplinary peers.

The Oct. 30 email indicated that social scientists and humanists were being redirected to CIHR in a bid to “eliminate overlap between different research investment agencies.” It also noted that, to date, CIHR had received “very few applications” from social scientists and humanists.

The Social Sciences and Humanities Research Council, meanwhile, says that it is redirecting all grant applications



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The Canadian Institutes of Health Research has begun aggressively campaigning for health research grant applications from social scientists and humanists.

that now fall under the rubric of CIHR. “It is a transition year,” says Gisèle Yasmeen, vice-president for partnership.

When CIHR was created in 2000, it vowed to expand the scope of its activities beyond basic, biomedical science to include more clinical, population health and health services and systems research, but social scientists have consistently reported mixed results in their applications for grants.

“I will never apply to them again,” says Margrit Eichler, a member of the Royal Society of Canada and professor of sociology and equity studies at the University of Toronto in Ontario. Eichler, who applied unsuccessfully to CIHR for a large-scale international grant, says the information required was “totally inappropriate for social scientists. ... It is all directed to the medical audience.”

Eichler and others are also concerned about CIHR peer review panels.

“There’s always an issue of whether

other disciplines are having issue with the way a discipline approaches a problem, or with the quality of the application itself,” says economist Mark Stabile, director of the University of Toronto’s school of public policy and governance.

Stabile, who has received funding from both federal granting agencies, says his applications to the social sciences council have been evaluated by fellow economists, while those reviewed by CIHR panels included experts from a range of disciplines.

Social scientists write differently than biomedical researchers and use different theoretical frameworks and methodologies, says Dr. Rick Glazier, a Toronto physician who conducts research related to the determinants of health. He expects no problems at CIHR in the future, “as long as the panels are structured so that you are really being judged by peers.”

CIHR stated in its email to social scientists and humanists that it is “planning important reforms to its peer

review system to ensure ... that applications from all four pillars of health research are reviewed with the same degree of equity.”

Glazier says that a potentially positive aspect of the change is that CIHR is better funded. Proposals with “larger budgets dealing with larger problems” may fare better, and the CIHR is more accustomed to evaluating interdisciplinary research proposals, he says.

Stabile says the move is “in some sense warranted” because there is a group of researchers who are tapping both agencies for funding.

Stabile and others, though, are con-

cerned that some research may not readily fit into the subject areas of current CIHR institutes. Stabile notes that his own research on health care financing may not fit, while Dennis Raphael, professor of health policy and management at York University in Toronto, whose research seeks to apply sociology to medicine, isn’t “upbeat” about the turn of events.

The CIHR email, which “assures us that proposals will receive credible reviews,” also cites as examples of research projects ones that are “very narrowly medically or illness oriented,” Raphael says. “The kind of

research I do is about why the social determinants of health are deteriorating so rapidly in Canada and how that is related to public policy.”

CIHR has indicated that its outlays for biomedical research in fiscal year 2007/08 were almost \$450 million, while spending on clinical research totalled about \$100 million. Spending on social, cultural, environmental and population health was roughly \$80 million and spending on health systems/services research was just under \$5 million. — Ann Silversides, *CMAJ*

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