Guide to Research in a Cross-Border Context

Health research in Canada operates within a unique landscape shaped by universal healthcare, provincial regulation, and national research governance. For students, researchers, and individuals with lived experience who are new to this environment, it can be challenging to understand how Canadian processes align, or differ, from U.S. systems. This guide provides a practical overview of key areas, highlighting Canadian practices while noting American equivalents for context.

Understanding Differences in Healthcare Systems

- In Canada, universal healthcare is funded through taxation and administered provincially. In contrast, the U.S. relies on insurance-based models (both public and private).
- Common terminology:
    - *Family doctor* (Canada) → *Primary care provider* (U.S.)
    - *Specialist referral* (Canada) → *Specialist access/insurance referral* (U.S.).
- For health research, this means study participants may describe experiences of access, affordability, or system navigation very differently across countries.
- Consider how international research may unintentionally privilege certain groups (e.g., those who can travel, those fluent in English).
- What this means for you**:** *If you're talking to participants or partners, remember their experiences with healthcare access and costs will differ depending on whether they're in Canada or the U.S.*

Research Ethics and Governance

- In Canada, all research involving humans must be approved by a Research Ethics Board (REB). An example consent form for submission to an REB can be found here. In the U.S., this role is filled by an Institutional Review Board (IRB). An example consent form for submission to an IRB can be found here.
- Privacy laws differ: Ontario's PIPEDA (Personal Information Protection and Electronic Documents Act) and PHIPA (Personal Health Information Protection Act) govern Canadian data protection, while HIPAA (Health Insurance Portability and Accountability Act) applies in the U.S.
- Canadian ethics emphasize principles from the Tri-Council Policy Statement (TCPS2), including respect for persons, concern for welfare, and justice.

- What this means for you: *If your project involves people in both countries, you may need both REB and IRB approval.*

Engaging People with Lived Experience

- Canada places strong emphasis on patient and public engagement, guided by CIHR's (Canadian Institutes of Health Research) Strategy for Patient-Oriented Research (SPOR) Framework. The U.S. has a similar model through PCORI (Patient-Centered Outcomes Research Institute).
- Honoraria: Canadian norms are often modest, while U.S. research partners and participants may anticipate higher compensation.
- Accessibility in Canada may include bilingualism (English/French), Indigenous perspectives, and rural/remote considerations.
- Payment systems differ: Canadian researchers often issue T4A tax slips, while U.S. researchers use 1099 forms.
- Partnership models: Canada emphasizes long-term relationship-building and equity, often aligning with OCAP® (Ownership, Control, Access, Possession) principles in Indigenous contexts.
- What this means for you*: When engaging PWLE, adjust your approach depending on the country, as compensation, accessibility, and advocacy expectations won't be the same. Be clear about payment, roles, and expectations up front to avoid confusion.*

Funding and Grants

- Canadian funders include CIHR (Canadian Institutes of Health Research), SSHRC (Social Sciences and Humanities Research Council), NSERC (Natural Sciences and Engineering Research Council of Canada), and provincial health research councils. U.S. funders include NIH (National Institutes of Health) and PCORI.
    - Some Canadian grants (e.g., CIHR) restrict funds from leaving the country.
    - U.S. funders (e.g., NIH) often won't fund non-U.S. researchers directly.
- Canadian grants typically require a Knowledge Translation (KT) plan, while U.S. grants focus on dissemination and implementation science.
- Budgeting: When working cross-border, consider currency exchange and additional reporting requirements.
- What this means for you: *Tailor your grant applications to the right funder. Canadian reviewers expect KT, while U.S. reviewers expect dissemination/implementation. The language matters!*

Knowledge Mobilization and Conferences

- In Canada, researchers are expected to share findings through knowledge mobilization, which includes plain language summaries, community dissemination, and bilingual access.
- In the U.S., this is often framed as dissemination and implementation.
- Conference travel: U.S. visitors to Canada may require an Electronic Travel Authorization (eTA), while Canadians presenting in the U.S. may need an Electronic System for Travel Authorization (ESTA) or visas.
- Travel health insurance is often required for international conferences or research trips.
- What this means for you**:** *If you're presenting across the border, check both travel requirements and how you frame your research results (KT vs. dissemination)*.

Data Management and Technology

- Canadian data must follow Tri-Council policies and may be subject to requirements that it be stored on servers located in Canada.
- In the U.S., data can be subject to federal access under the Patriot Act.
- Consent forms should clearly state whether data may be shared internationally.
- What this means for you**:** *Always know where your data is stored. If you're collaborating internationally, build in extra steps to ensure consent, security, and compliance*.

Equity, Diversity, and Inclusion (EDI)

- In Canada, EDI is a required component of most Tri-Agency (CIHR, SSHRC, NSERC) funding applications.
- Indigenous research must respect OCAP® (Ownership, Control, Access, Possession) principles.
- In the U.S., the NIH mandates inclusion across race, ethnicity, sex/gender, and age.
- What this means for you**:** *Frame EDI in ways that align with the country's expectations. Canadian projects must address EDI and Indigenous principles, while U.S. projects emphasize NIH's inclusion requirements.*

Conclusion

Navigating health research in Canada requires understanding the specific structures of universal healthcare, research ethics, and national funding systems. While many concepts overlap with the U.S., the terminology, legal frameworks, and expectations often differ. For researchers and individuals with lived experience working in cross-border contexts, recognizing these parallels (e.g., REB vs. IRB, PHIPA vs. HIPAA) can support smoother collaboration and ensure compliance in both systems.