Signal49
RESEARCH

Driving Change in Chronic Pain

Impact of the Chronic Pain Network

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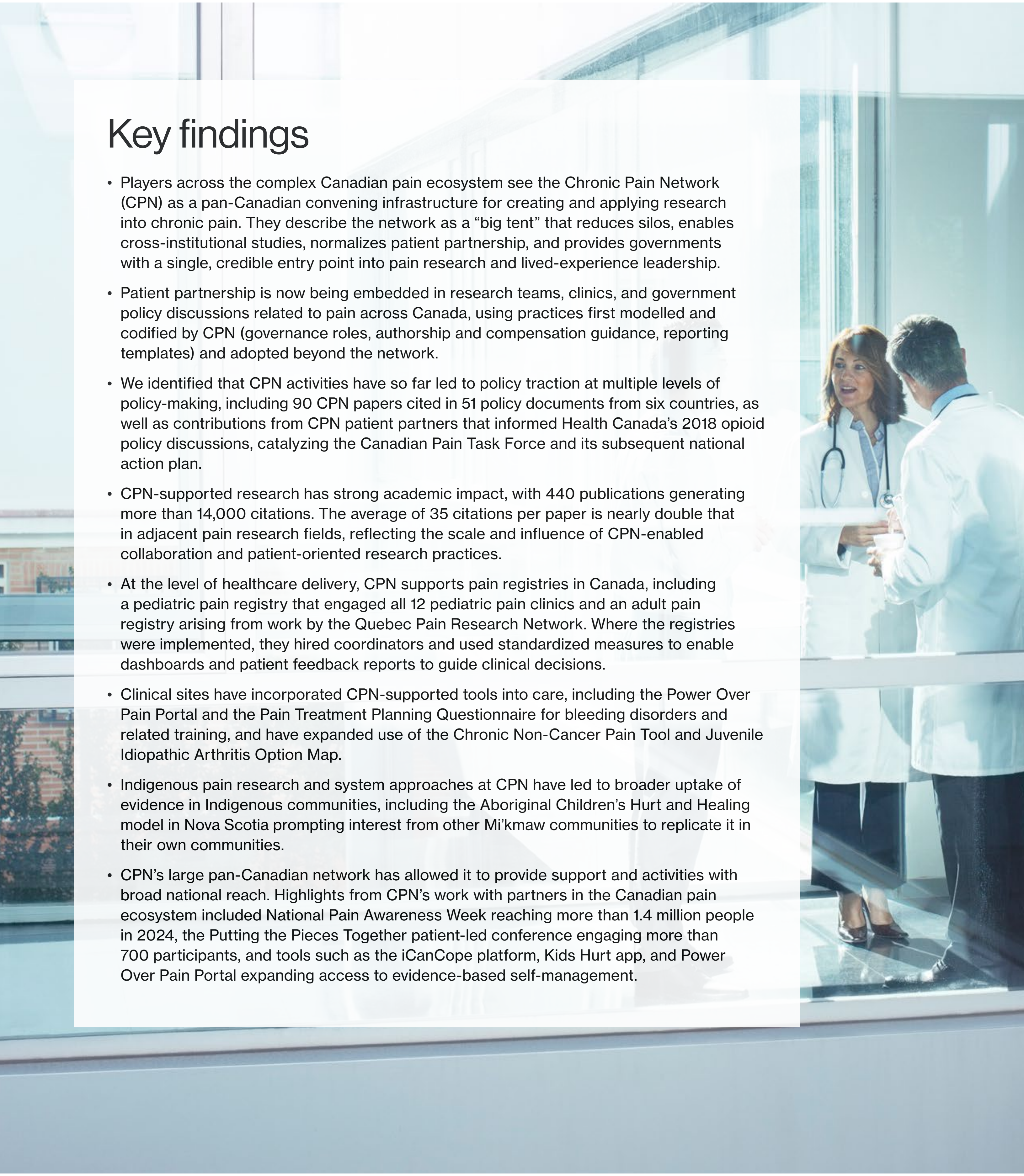
Contents



Key findings

- Players across the complex Canadian pain ecosystem see the Chronic Pain Network (CPN) as a pan-Canadian convening infrastructure for creating and applying research into chronic pain. They describe the network as a “big tent” that reduces silos, enables cross-institutional studies, normalizes patient partnership, and provides governments with a single, credible entry point into pain research and lived-experience leadership.
- Patient partnership is now being embedded in research teams, clinics, and government policy discussions related to pain across Canada, using practices first modelled and codified by CPN (governance roles, authorship and compensation guidance, reporting templates) and adopted beyond the network.
- We identified that CPN activities have so far led to policy traction at multiple levels of policy-making, including 90 CPN papers cited in 51 policy documents from six countries, as well as contributions from CPN patient partners that informed Health Canada’s 2018 opioid policy discussions, catalyzing the Canadian Pain Task Force and its subsequent national action plan.
- CPN-supported research has strong academic impact, with 440 publications generating more than 14,000 citations. The average of 35 citations per paper is nearly double that in adjacent pain research fields, reflecting the scale and influence of CPN-enabled collaboration and patient-oriented research practices.
- At the level of healthcare delivery, CPN supports pain registries in Canada, including a pediatric pain registry that engaged all 12 pediatric pain clinics and an adult pain registry arising from work by the Quebec Pain Research Network. Where the registries were implemented, they hired coordinators and used standardized measures to enable dashboards and patient feedback reports to guide clinical decisions.
- Clinical sites have incorporated CPN-supported tools into care, including the Power Over Pain Portal and the Pain Treatment Planning Questionnaire for bleeding disorders and related training, and have expanded use of the Chronic Non-Cancer Pain Tool and Juvenile Idiopathic Arthritis Option Map.
- Indigenous pain research and system approaches at CPN have led to broader uptake of evidence in Indigenous communities, including the Aboriginal Children’s Hurt and Healing model in Nova Scotia prompting interest from other Mi’kmaw communities to replicate it in their own communities.
- CPN’s large pan-Canadian network has allowed it to provide support and activities with broad national reach. Highlights from CPN’s work with partners in the Canadian pain ecosystem included National Pain Awareness Week reaching more than 1.4 million people in 2024, the Putting the Pieces Together patient-led conference engaging more than 700 participants, and tools such as the iCanCope platform, Kids Hurt app, and Power Over Pain Portal expanding access to evidence-based self-management.

Actionable insights

- As a convenor of the national pain community, the Chronic Pain Network can lead in the creation of common measurable standards for meaningful engagement, shared timelines, and a clear accountability process for patient partnership. This process includes embedding compensated and resourced lived experience across all pain programs and health system decision-making. Memorandums of understanding and a shared reporting dashboard can track adoption and progress of embedded lived experience across the ecosystem.
- As part of the Pain Canada National Advisory Committee, CPN can push for the committee to define clear mandates for different players in the ecosystem to reduce duplication of effort and drive forward national progress. To deliver on this change, CPN can lead in the clear articulation of responsibilities for parts of the pain ecosystem in research, clinical guidance, public awareness, data infrastructure, and patient engagement.
- CPN can leverage its relationships with leaders in the Strategy for Patient-Oriented Research (SPOR) Learning Health System to advocate for the creation of common measures of chronic pain and shared registries across clinics to accelerate the uptake of best practices and enhance continuous feedback loops between data and patient care.
- CPN can embed research and analysis experts with health system administrators to prioritize pain as a learning health system use case. Pilot projects could start in pain clinics and expand system wide as pathways prove effective.
- CPN can use its position as a key supporter to expand the Power Over Pain Portal, to introduce additional accessible and equity-focused resources that encourage patients to use existing pain self-management tools, such as free online courses, text-based guidance, multilingual resources, and directories available through system partners such as Pain Canada.
- Continued investment in CPN from existing and future partners would allow the organization to continue to deliver on its successes and strengthen coordination across the pain ecosystem, support federal and provincial priorities, and translate existing momentum into durable system change for Canadians living with chronic pain and their families and caregivers. To build on this momentum, sustainable funding streams will help to ensure the growth of pan-Canada infrastructure and expertise for patient-centred chronic pain leadership, coordination, and impact.

If these insights are acted on, people living with pain would experience a system that is clearer and fairer. They would also have earlier access to coordinated, evidence based care, with fewer gaps and delays. Lived experience would be consistently respected, compensated, and influential. Over time, these changes would reduce the burden of navigating the system and improve daily functioning, confidence, and quality of life.

From chronic pain research to impact

Understanding the impact of research and research networks is more than just an accountability exercise; it is also a vital component in advancing meaningful research. For research organizations and networks across Canada, there is a desire to better understand their impacts to highlight the value of the research activities and to allow Canada to better benefit from that research. This type of research impact assessment is particularly important for research areas aligned with rapidly evolving, highly prevalent, and high-priority health conditions. Chronic conditions fall squarely within this category, given their complexity and the need for coordinated, multidisciplinary approaches. In the Canadian context, chronic pain is a clear example.

The Chronic Pain Network, a national research network funded through the Canadian Institutes of Health Research's Strategy for Patient-Oriented Research (SPOR), commissioned Signal49 Research to perform an impact assessment of its activities over its 10-year lifespan so far (2016–26).

This impact assessment draws on a research impact framework from the Canadian Academy of Health Sciences (CAHS)[1] that underpins most impact assessments of Canadian health research, including the SPOR program and its constituent components such as chronic disease networks.[2]

Our assessment involved input from publicly available documents, internal CPN reports, a survey of CPN members and collaborators, and eight focus groups with a total of 21 individuals involved in the governance of CPN activities over the prior 10 years. We also interviewed 11 key interest-holders in chronic pain in Canada. (See Appendix B, Methodology.)

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[1] Panel on Return on Investment in Health Research, *Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research*.

[2] Planning, Evaluation and Results Branch, *Evaluation of the Strategy for Patient-Oriented Research (SPOR)*.

Canada's chronic pain challenge

Chronic pain affects nearly eight million Canadians, impairing their physical and mental health, daily functioning, and economic productivity.[3] It is one of Canada's most substantial health burdens, with annual economic costs estimated at upward of $40 billion,[4] surpassing cancer and cardiovascular disease.[5] Despite this scale, chronic pain has historically been under-recognized in national health planning, with uneven access, long wait times, and persistent inequities across age, gender, and social groups.[6] These issues makes chronic pain both a public health challenge and a systems-level coordination problem requiring multi-sector leadership.

Given the scale of the challenge and overall lack of coordinated efforts, today Canada's chronic pain ecosystem includes multiple national and regional organizations that provide supports, evidence, and advocacy. The longest standing of these is the Canadian Pain Society, a national-level scientific and clinical association that plays a central role in advancing research, professional education, and national dialogue on pain.

For its part, federal leadership is anchored by Health Canada's Chronic Pain Policy Team, established at the conclusion of the work of the Canadian Pain Task Force (operating from 2019 to 2022). The Canadian Pain Task Force produced *An Action Plan for Pain in Canada* in 2021,[7] and the Chronic Pain Policy Team continues to guide national policy development and surveillance.

As one of the outcomes of the action plan, Pain Canada was launched in 2022, to act as a national convener, supporting cross-government, clinical, academic, and community collaboration while tracking progress on the action plan. Pain Canada is sponsored by Pain BC, one of the largest pain-specific charities in the world and a supporter of the BC Pain Research Network. Quebec also offers a multi-faceted provincial-level chronic pain ecosystem, with the Quebec Pain Research Network, the Quebec Pain Society, and *l'Association québécoise de la douleur chronique* addressing research, healthcare practice, and lived-experience components. In 2025, another provincial chapter was added with the creation of Pain Ontario, which mirrors the role of Pain BC in that province. There are also population-specific pain stakeholders such as Solutions for Kids in Pain, whose role is in knowledge mobilization—that is, bridging the gap between research and real-world application—for pediatric pain. Each organization is independent of the others, creating a highly complex pain ecosystem across the country.

In addition to these various provincial and federal initiatives, the Chronic Pain Network was founded in 2016 as a national research network for chronic pain. It is the activities of the CPN and the impacts of those activities that we focus on here.

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[3] Chronic Pain Policy Team, "About Chronic Pain."

[4] Abssy and others, "The Pain Funding Gap."

[5] Canadian Cancer Statistics Advisory Committee and others, *Canadian Cancer Statistics: A 2024 Special Report on the Economic Impact of Cancer in Canada*.

[6] Lynch, "The Need for a Canadian Pain Strategy."

[7] Health Canada, *An Action Plan for Pain in Canada*.

The Chronic Pain Network

Launched in 2016, the Chronic Pain Network is a key research and knowledge-mobilization anchor for Canadian chronic pain research. CPN is a pan-Canadian SPOR network funded by the Canadian Institutes of Health Research that brings together patients, researchers, clinicians, educators, policy-makers, and industry partners to advance pain science and improve care.[8] As part of the SPOR initiative, CPN has had patient and lived-experience representation in its governance, research projects, and broader activities from its inception. In 2022, CPN received additional funding to focus on knowledge mobilization (using knowledge to improve health, services, products, and systems through partnership and exchange) and implementation science (studying methods and processes that enable evidence-informed decisions and improved outcomes), deepening its role in translating research into real-world practice and supporting system change across jurisdictions.

Governance of CPN

At its inception in 2016, CPN's governance structure incorporated seven committees and a national coordinating centre, as well as a working group on pain data registries and one on clinical research networks. In addition, provincial SPOR Support for People and Patient-Oriented Research and Trials (SUPPORT) units provided support resources to CPN (and the other SPOR networks). In each of CPN's seven committees, at least two members were people living with pain, or their caregiver representatives, with one of the two acting as a committee co-chair. With the newer 2022 focus on knowledge mobilization and implementation science, CPN's committee structure expanded to the new areas, but the organization maintained its commitment to lived experience membership and co-chair roles.

Current CPN committees and working groups

- Executive Committee
- Equity, Diversity, and Inclusion Committee
- Knowledge Mobilization and Implementation Science Committee
- Patient Engagement Committee
- Training and Capacity Building Committee
- Clinical Research Network
- Strategy and Sustainability Committee
- Indigenous Health Research Advisory Committee
- Registry Working Group
- Primary Care Advisory Group

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[8] Chronic Pain Network, *2026-2029 Strategic Plan*.

Key activities

The Chronic Pain Network's goals can be understood as aligning with three distinct phases of its operations. As the focus areas evolved, so too did the impacts of CPN activities in each phase and over the lifetime of the organization.

Phase 1 focus

When CPN began in 2016, its purpose was to "change how pain is managed in Canada."[9] This purpose has guided its mandate and strategy over the years. The organization has focused on supporting innovative and high-impact chronic pain research, providing opportunities for patients, researchers, healthcare professionals, educators, government policy advisors, and industry to collaborate across Canada by funding multi- and single-centre clinical research sites. By 2021, CPN had 16 clinical research network sites, seven multi-site clinical research network projects, and 122 single-site clinical research network projects.[10]

Phase 1 priorities (2016-21)

- Enhance research through increased collaboration among scientists, the creation of 15 academic pain centres, and the funding of more than 30 pain scientists across the country.
- Create a structure that allows CPN to bring information to the attention of policy-makers across the country in a fashion which will assist in the development of systemic solutions.
- Enhance training of highly qualified professionals to increase the network's capacity for chronic pain treatment and research.
- Establish effective partnerships with patients and patient organizations.

Phase 2 focus

In 2022, CPN was awarded the SPOR Networks knowledge mobilization and implementation science grant, which shifted the focus from directing new research in chronic pain to translating these findings into knowledge and policy. This shift to knowledge mobilization and implementation science was a major change to CPN's prior focus on funding research. It led to changes in CPN's funding structure to focus on knowledge mobilization and implementation science initiatives and to the removal of particular research components (e.g., research site coordinators).

Phase 2 priorities (2022-26)

- Enable coordination, collaboration, and leadership across Canada.
- Improve access to timely, equitable, and patient-centred pain care.
- Increase awareness, education, and specialized training in pain.
- Support pain research and strengthen related infrastructure.
- Monitor population health and health system quality.
- Ensure equitable approaches for populations disproportionately impacted by pain.

Phase 3 focus

Starting in 2026, the CPN focus evolved further, with newly identified priorities in implementing evidence into healthcare policy and clinical practice to promote meaningful change for those living with chronic pain. There is also an explicit focus on the needs of Indigenous Canadians living with chronic pain.[11]

Future phase 3 priorities (2026-29)

- Position CPN as a "home" for patient-oriented pain research in Canada.
- Improve outcomes for people living with pain by implementing evidence from CPN multi-site clinical trials.
- Continue to support and strengthen Indigenous and community-led research.
- Collaborate and convene with provincial and territorial partners to translate research evidence into policy and practice.

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[9] Chronic Pain Network, *2026-2029 Strategic Plan.*

[10] Chronic Pain Network, *Chronic Pain Network Annual Report 2020/2021.*

[11] Chronic Pain Network, *2026-2029 Strategic Plan.*

Impacts arising from CPN

Research is one of many inputs into changes in health, healthcare, health policy, and broader societal impacts. Understanding the impacts of any research is a complex endeavour.

Broadly, experts in research impact assessment recognize that contribution is more important than attribution (that is, direct, quantified causality) because impacts in complex systems arise from a variety of contributing factors. By assessing contribution, was research part of a change, impact evaluation can understand meaningfully how, and to what extent, this research plausibly contributed to observed outcomes, alongside other factors.[12] In the case of CPN, we have identified where the network has made an identified contribution to impact, because without CPN's involvement either the impact would not have happened or it would have taken some other form (or been slower to occur).

We framed our impact assessment based on a logic model drawing from the Canadian Academy of Health Sciences framework (shown in Appendix A). Our model allows us to partition impacts from CPN activities across our version of the impact categories in the framework.[13] Our model views impact related to activities in these nine categories:

- research
- capacity building
- policy
- healthcare practice
- healthcare systems
- patients
- products
- society
- economy

Below we describe the key impacts in each category to understand how CPN drives impacts across the chronic pain ecosystem in Canada.

Research impacts

The Chronic Pain Network has always had a mandate to support impactful research, from its first-phase focus on research projects to its second-phase focus on knowledge mobilization and implementation of pain research findings. It has therefore been required to produce academic content that can move the field of chronic pain research forward.

To illustrate its impact, we reviewed a bibliometric analysis CPN commissioned of its academic outputs. The analysis identified 440 academic publications that have received 14,117 citations.[14] That average of 35 citations per paper compares favourably with other pain-related literature for which there is existing citation analysis, such as papers on cancer-related pain that have an average of only 19 citations per paper.[15] Given that CPN is a research network focused on patient partnership, it is also notable that almost 50 per cent of these publications (207) are open access. Open access publications have been shown to have higher downloads and citations than those behind a paywall.[16] Freely accessible reports are also more successful in reaching audiences outside of academia (such as healthcare professionals, policy-makers, and patients).

Beyond academic citations, a recurring message from interviews, focus groups, and survey findings was that CPN research helped move people with lived experience from end-of-project consultation to co-lead roles in governance, priority setting, study design, authorship, and dissemination.

"CPN changed the way pain is researched – patient partners embedded at all levels." (interview)

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[12] Collado and others, "Considerations for Measuring the Impact of Policy-Relevant Research."

[13] Frank and Nason, "Health Research."

[14] Chronic Pain Network, "CPN Bibliometrics_2016 to 2024."

[15] Yang and others, "Worldwide Productivity and Research Trend of Publications Concerning Cancer-Related Neuropathic Pain."

[16] Day and others, "Open to the Public."

Through its clinical research network, embedded research coordinators, harmonized measures, and registry design work, CPN contributed scaffolding that showed that multi-centre trials could reduce duplication and become more feasible. Even where full registry rollout faced constraints, interviewees emphasized the value of the “coordinators in clinics” model for data quality and trial readiness. This model of embedding research coordinators in trial research has also been adopted by the 2023 CIHR funded Accelerating Clinical Trials (ACT) Consortium, of which CPN is a partner organization, to support trials being conducted (beyond pain research) in community hospitals.

> **CPN supported “a network of research coordinators across multiple sites [and] a streamlined system for launching and managing multisite studies.”**
> **Survey respondent**

At the end of Phase 1, CPN rolled out a network-wide survey of knowledge translation that found researchers had a narrow view of knowledge translation that was predominantly limited to academic outputs. In Phase 2, CPN used the results of that survey to focus on providing structure to deliver new knowledge translation activities into the pain system to support the new knowledge mobilization and implementation science focus of the network. This structure included CPN knowledge translation templates and support from knowledge brokers to nudge teams to plan for use and audience-specific packaging, not just publication.

In our survey, respondents highlighted the CPN leadership in setting research standards, such as clarifying guidelines for authorship, acknowledgement, and compensation, as changing how they now do research.

Capacity-building impacts

The Chronic Pain Network is one of five SPOR networks. Each network has an explicit role in building capacity across its subject area. This capacity building includes supporting trainees and early career researchers, health professionals, policy-makers, and patients to increase their skills and abilities.

According to interviewees and focus group participants, patient partners saw meaningful growth in confidence as they engaged in research, supported by CPN’s activities in patient engagement and patient-partner training.[17] Some took on new roles in the research community. They co-presented at conferences and strengthened their leadership skills. Their involvement helped shape studies and broadened the understanding of clinical needs across the system. These comments are supported by the 2023 evaluation of patient engagement at CPN, which found that engagement built community, strengthened skills and confidence, shaped decisions, and supported culture change and coping, despite persistent challenges with equity, capacity, and sustainability.[18]

> **“Very empowering to be able to choose the projects I wanted to work on.”**
> **Focus group participant and person with lived experience**

The most commonly reported major impact of CPN we heard was its influence in strengthening researchers’ and patients’ ability to partner in pain research, by improving partnership skills, awareness, timelines, and compensation. Interviewees and focus group participants credited this capacity enhancement with broader effects from empowering the role of partnering with lived experience in setting healthcare policy to enhancing healthcare practice. Specific examples of CPN patient partnership impacts they highlighted included the previously noted guidance on authorship and acknowledgement (over 100,000 accesses and 93 citations as of February 2026)[19] and CPN-supported national recommendations on compensating patients for their engagement, produced in partnership with other SPOR networks.[20]

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[17] Chronic Pain Network, “Resources for Patients.”

[18] Tripp and others, “Evaluating the Impacts of Patient Engagement on a National Health Research Network.”

[19] Richards and others, “Guidance on Authorship with and Acknowledgement of Patient Partners in Patient-Oriented Research.”

[20] Chronic Pain Network, “Chronic Pain Network: People With Lived Experience (PWLE) Compensation and Appreciation Guidelines.”

Researchers reported that working with patients improved study design and recruitment, which in turn increased study success.[21]

Fostering research capacity

Interviewees and survey respondents also identified that CPN built capacity across the research system. CPN's financial and in-kind support of the copyrighting of the interfaculty pain curriculum at the University of Toronto helped spread training resources, allowing them to be delivered in multiple locations. CPN created spaces for people with lived experience to lead by launching annual patient-led conferences, incorporating digital storytelling into pain resources, and co-developing chronic pain tools with them to support those living in pain. Research trainees in pain and related disciplines in particular gained skills through hackathons, workshops, mentorship, and regular exposure to patient partners.

> **"Learners now expect a patient partner at the table for every project."**
> **Survey respondent**

CPN supported research capacity and evidence generation in clinical practice through its clinical research network. At each clinical site, the network hired a research coordinator to standardize measures of pain used on site, improve data readiness for multi-site implementation and pragmatic research, and reduce the administrative burden in the clinic. For example, CPN used network resources to help spread and scale the existing Sick Kids Hospital research training program Pain in Child Health to trainees across the country.[22] Interviewees also noted that CPN researchers partnered in the development and launch of the Association of Medical Faculties of Canada curricula on pain management[23] and provided content and knowledge translation to the Royal College of Physicians and Surgeons of Canada's pain medicine competencies framework.[24]

Another major area of impact regularly identified in interviews, focus groups, and the survey was building capacity for more culturally appropriate Indigenous pain research and practice. Examples include Indigenous partners expanding culturally grounded approaches through clinicians' gatherings and providing resources to increase access to, and uptake of, two-eyed seeing training and community-led clinics in clinical areas such as auditory pain.

Impacts on policy

Providing the evidence to shift policies across Canada that relate to chronic pain has been a core commitment of the Chronic Pain Network. Its access to policy-making organizations is reflected in an altmetrics (alternative metrics) analysis it commissioned. In the review of CPN content in policy documents, social media, news outlets, and blogs from 2016 to 2024, the analysis identified that 51 policy organizations mentioned CPN work across six countries, with a total of 217 policy documents citing CPN research.[25] The majority of these were in Canada at both federal and provincial levels (63 per cent), although organizations were also identified in the United Kingdom, the United States, Denmark, and Switzerland. Within these policy documents, 90 different CPN publications were cited (21 per cent of total CPN publications), with more than half (56 per cent) of those cited multiple times in a document. This suggests these citations are not simply contextual information for a policy document but likely to be key evidence components. At a national level in Canada, 24 citations were identified in Government of Canada and federally mandated organizations' publications. More broadly, 52 of the citations identified were in government policy documents.

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[21] Tripp and others.

[22] Pain in Child Health, "Pain in Child Health – A Paediatric Pain Research Training Initiative."

[23] Association of Faculties of Medicine of Canada, "AFMC Launches PGME And CPD Curriculum in Pain Management And Substance Use Disorder."

[24] Royal College of Physicians and Surgeons of Canada, "Pain Medicine Competencies."

[25] Chronic Pain Network, "CPN Bibliometrics_2016 to 2024."

This broad policy impact was also identified in the survey we conducted of CPN members and collaborators. Over half of the survey respondents identified that their work through CPN had been cited or used in healthcare policy documents and that their work had affected policies at multiple levels of decision-making, ranging from organizational to federal government. (See Table 1.)

We heard that patient partners played a central role in shaping national policy conversations. Examples mentioned included Health Canada's Opioid Response Team working with CPN to bring patient partners who could speak to the realities of the opioid crisis as part of the 2018 Opioid Symposium, a two-day event held by Health Canada to bring together key interest-holders in opioids and pain in Canada.[26] The event included a dedicated meeting between the federal Minister of Health and CPN's patient partners.

> **"Patient partners meeting the Health Minister led to the [establishment of the] Canadian Pain Task Force."**
> **Interview participant**

Government officials we spoke to also mentioned that CPN became a trusted source for patient perspectives across multiple federal files. For example, CPN created opportunities for patient partners to participate directly in the Canadian Pain Task Force. CPN's involvement helped inform the task force's three-year mandate and contributed to the development of its final action plan for improving pain prevention and management in Canada.

Interviewees consistently linked CPN's role as an important "backbone" and "catalyst" for the creation of the task force's mandate.

A highlight at the federal level was CPN's co-sponsorship of the 2024 Parliamentary Health Research Caucus event on pain and addiction, which brought together key decision-makers in federal government to discuss evidence-informed solutions to policy on pain.[27]

Interviewees also identified that through its influence on the Canadian Pain Task Force, CPN contributed to the 2021 federal *Action Plan for Pain in Canada*.[28] It also had an impact provincially, including by contributing to the development of Pain Ontario and by helping advance Pain BC's growth strategy, particularly with work focused on socially marginalized populations.

In developing national standards for Canada, CPN members, including patient partners and researchers, helped shape the pain management component of the Health Standards Organization's national long-term care standard in 2023.[29]

Table 1
CPN activities had an impact across all geographic levels
Q: At what levels do you believe your work has informed, influenced, or resulted in change? (check all that apply)
(number of CPN member survey respondents)

Areas of change due to CPN activities	Local	Regional	Provincial	National
Policy (written sets of rules or guidelines for people or organizations)	5	1	3	9
Practices (the way in which care is delivered)	10	4	4	8
Processes (specific approaches to delivering care)	8	3	6	10
Behaviours (observable actions and reactions exhibited by individuals or teams)	6	3	5	7
Products (inventions, technologies, tools, or services)	8	4	2	7

Source: Signal49 Research.

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[26] Health Canada, "Opioid Symposium – Taking Stock and Moving Forward."
[27] Chronic Pain Network, "Parliamentary Health Research Caucus Virtual Panel Event Recording."
[28] Health Canada, *An Action Plan for Pain in Canada*.
[29] Health Standards Organization, "Long-Term Care Services."

Organizational policies have also been affected by CPN, with a partnership with McMaster Health Forum convening a national stakeholder dialogue on workers' compensation policies around pain diagnosis and treatment, in support of a campaign addressing pain in injured workers and trades.[30]

Beyond the realm of public and organizational policy, it is also clear that CPN activities have influenced clinical policies. For example, in the altmetrics analysis, 16 clinical guidelines across four countries cited CPN research outputs. Fourteen of these were in the U.S. and Canada, the main drivers of clinical policy in Canadian healthcare. This influence was backed up by the survey, in which six respondents said their work had been directly involved in clinical guidelines.

Impacts on healthcare practice

Changing clinical guidelines is a useful clinical policy shift. But to deliver change for patients, healthcare practice must change too.

The Chronic Pain Network has actively supported shifts in healthcare practice, with seven survey respondents noting their involvement in healthcare service improvements, and nine in appropriate care improvements.

One example identified in focus groups and interviews was CPN's role in moving forward pain registries in Canada. The pediatric pain registry that CPN contributed to the scale and spread of has moved forward and has engagement from all 12 pediatric pain clinics across Canada.[31] However, the adult pain registry[32] developed through CPN has struggled to gain momentum and has not advanced to the same level of health system integration as the pediatric registry. This has been attributed to fragmented support from adult pain clinical centres and insufficient support from CPN and other partners in creating and managing the adult pain registry. In contrast, with Solutions for Kids in Pain and Healthcare Excellence Canada both supporting a network in children's pain, the pediatric registry benefited from additional partners and infrastructure support. Despite the challenges for the adult pain registry, in the 12 clinics across the country in which CPN support created a research presence, the clinics saw increased routine use of dashboards of pain data and patient feedback reports to influence clinical practice decisions.

> **For adult pain registries, "we've built the scaffolding for data collection and feedback ... [but this scaffolding is] not yet being implemented everywhere."**
> **Focus group participant**

One other key area in which CPN has contributed to healthcare practice changes has been through the implementation of pain tools and clinical training programs. Survey respondents identified practice impacts at all levels from the local to the national. For example, interviewees identified that hemophilia care has been supported through the ECHO program for pain management in blood disorders and the broader pan-Canadian adoption of the SaskPain's Pain Treatment Planning Questionnaire for bleeding disorders.

As noted in Table 1, survey respondents identified impacts at all levels of practice, ranging from the local changes seen in individual clinics through to the pan-Canadian level practice changes seen through the ECHO program noted above.

A standout tool for survey respondents was the Power Over Pain Portal, a patient-facing portal with resources and evidence-based insights into pain management that has been a focus of support for CPN. Survey respondents identified that the portal has been adopted into care pathways in clinical practice, with some centres sunsetting internal pain education for staff in favour of the portal.

> **"Tertiary care centres ... chose to sunset their internal programs and integrate the Power Over Pain Portal into their care pathways."**
> **Survey respondent**

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[30] McMaster Health Forum, "Enhancing Policies and Programs to Support Injured Workers with Chronic Pain in Canada."

[31] iOUCH Pain Lab, "Canadian Paediatric Chronic Pain Registry (CaPCHR)."

[32] Canadian Adult Pain Data Registry, "Canadian Adult Pain Data Registry."

CPN support, alongside contributions from partners across the pain ecosystem, has helped expand the clinical use of other clinical practices tools, including the Chronic Non-Cancer Pain Tool at the Centre for Effective Practice and the Juvenile Idiopathic Arthritis Option Map at the Choice Research Lab.

Beyond tools, two studies supported by CPN were identified by interviewees as having led to clinical practice changes. CPN's support of the Chronic Pain in the Emergency Department: Understanding Contributing Factors to Improve Health Care Outcomes, Health Care Utilization and Prescription Opioid Abuse study[33] led to broad pan-Canadian uptake in emergency departments. And CPN researchers led the Combination Analgesic Development for Enhanced Clinical Efficacy (CADENCE) trial, which contributed valuable evidence on the effectiveness of combination therapies.[34]

Indigenous-led clinical pain practice has been a key impact for CPN. Community-designed clinics, such as the ear, nose, throat, and audiology model in Eskasoni, N.S., demonstrated clear practice change. They improved access to care and strengthened cultural safety for their patients, prompting requests from neighbouring communities to adopt similar approaches.

Survey respondents identified the stepped-care models that CPN developed and strengthened as a valuable contribution to pain care in Canada, with interest and adoption in numerous locations. However, these models currently operate as pilot initiatives rather than as embedded elements of routine care.

> **"Clinics, programs and regional health authorities have been adapting, adopting, and implementing our Stepped Care 2.0 Model for Chronic Pain Care."**
> **Survey respondent**

Impacts on healthcare systems

The Chronic Pain Network has contributed to broader health system improvements in accessibility, effectiveness, and efficiency. Table 2 shows that around one in five respondents considered that their work had led to improvements in the health system.

At the highest level of systems planning, CPN has been an amplifier of National Pain Awareness Week, a pain awareness event running since 2004. National Pain Awareness Week provides opportunities for patient-led system change, through lived-experience priorities, clinical guidelines related to need, and resources for health professionals to support those living with chronic pain. The pan-Canadian engagement of CPN helped the 2024 National Pain Awareness Week campaign reach more than 1.4 million people and generate 4.5 million social media impressions.[35]

Table 2

Nearly 1 in 5 survey respondents report their work had an impact on the effectiveness of the health system

Q: Has your work with the Chronic Pain Network been directly involved (cited or used) in any of the following:

(number and percentage of CPN member survey respondents)

System-level improvements	Yes	No	Don't know	Yes (%)
Health system accessibility improvements	3	11	5	16%
Health system effectiveness improvements	4	7	7	22%
Health system efficiency improvements	3	8	7	17%

Source: Signal49 Research.

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[33] Rash and others, "Chronic Pain in the Emergency Department."

[34] Gilron and others, "Combination Analgesic Development for Enhanced Clinical Efficacy (the CADENCE Trial)."

[35] Open Access Government, "Canada's National Pain Awareness Week Reached over 1.4 Million People."

CPN has also advanced culturally grounded approaches to care. Interviewees and focus group participants identified that the Aboriginal Children's Hurt and Healing initiative evolved from research into a practical system-level model that blends western medical knowledge with community-led practices in First Nations communities in Nova Scotia. As well, they said CPN's Cultural Safety in Health Care for Indigenous Peoples course supported learning across the health system. They also noted that chiefs from Mi'kmaw nations not involved in the initiative asked about adopting the Aboriginal Children's Hurt and Healing model in their communities at an Assembly of First Nations meeting in December 2025.

Respondents reported that the stepped-care models influencing clinical practice also drive system-level improvements in access and patient flow. Interviewees described CPN-supported stepped-care models reducing waitlists dramatically (from about 2,000 to about 300 in some cases) and shortening waits from years to months.

Impacts on patients

Patient impacts stemming from Chronic Pain Network activities can be categorized into two broad groups: micro-level impacts on individual patients and macro-level impacts on the broader chronic pain population.

At the micro-level, individual patient partners involved with CPN told us that working with the network helped them to cope with their chronic pain, by providing distractions and purpose and by helping them connect with others.[36] Also, patient self-support and peer support activity during the COVID-19 health crisis contributed to mental health well-being during that time of isolation.[37]

With the network's support for lived-experience leadership, individual patients also benefited from access to shared research experiences. CPN contributed to the Putting the Pieces Together conference, the first national patient-led conference on pain in Canada, which welcomed more than 700 people from across the country in 2025.[38]

At the macro-level, interviewees identified that CPN-supported tools such as the iCanCope platform and the Kids Hurt app give patients practical support in daily life. The Power Over Pain Portal, which offers open access resources for adults and children, saw strong use, with over 250,000 visits between its opening in November 2022 and November 2024.[39]

The Action on Pain podcast, 12 Days of Chronic Pain Research social media campaigns, and community sessions created more ways for patients to learn, connect, and feel supported. As noted, CPN activities also contributed to national awareness through National Pain Awareness Week.

> **CPN helps patients through "earlier access to high-quality, stigma-free resources that support coping, reduce fear and isolation."**
> **Survey respondent**

Helping patients and the public is clearly an important component in patient-oriented research, and CPN members identified that they have been able to do so in instrumental (influencing actions or behaviour), conceptual (informing understanding of issues), and capacity-building (providing new skills) ways. In the survey, 12 respondents (50 per cent) identified that their work as members in CPN had an instrumental impact on patients, and nine (38 per cent) noted instrumental impact on the public. For conceptual impact, the numbers of respondents were 11 (46 per cent) and eight (33 per cent), while for capacity building impact they were eight (33 per cent) and five (21 per cent). Across these three categories, CPN can point to its patient-focused impacts arising in between one-fifth and one-half of its work activities.

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[36] Tripp and others, "Evaluating the Impacts of Patient Engagement on a National Health Research Network."

[37] Tripp and others.

[38] Open Access Government.

[39] Zahrai et al., "Implementation and Effectiveness of the Power Over Pain Portal for Patients Awaiting a Tertiary Care Consultation for Chronic Pain."

Impacts on products

Although the Chronic Pain Network has not specifically focused on product development, when asked about products in the survey, respondents identified that CPN members and collaborators have been involved to a small extent in supporting the development of intellectual property, technology, and companies. (See Table 3.) These products included the development of apps for patient monitoring and online portals such as Power Over Pain.

Despite this indication of product development in the survey, none of the interviewees or focus group participants identified specific products or intellectual property that had been produced as a result of CPN's activities. This suggests they did see the value of the apps and portals they identified but viewed them as system tools and not intellectual property.

Broader societal and economic impacts

Often considered as a long-term impact of research, shifting societal behaviours and affecting the economic conditions of individuals and of the country are major goals for the Chronic Pain Network. Over the 10 years of CPN activity, there are already examples of the work driving societal and economic shifts.

In the altmetrics analysis, 600 news stories referencing CPN activities were identified across 31 countries.[40] This shows not only the reach of CPN evidence into broader society but also its broad global visibility.

Interestingly, Canadian news coverage ranked fourth, behind the United States, the United Kingdom, and Australia. This pattern suggests other jurisdictions may still be ahead of Canada in societal interest in pain issues. Survey respondents identified that CPN-supported evidence and engagement informed public advertising campaigns from Health Canada and Santé Québec about opioids, highlighting the social reach of CPN evidence.

At a broad social capital level, participants across interviews, focus groups, and the survey describe gains in confidence, communication skills, and leadership for Canada. Additionally, six survey respondents noted their own involvement in new job creation, while three identified broader economic benefits arising from their CPN activities.

The potential for economic impact is high, with an estimated $38.2 billion to $40.3 billion attributed to chronic pain in Canada in 2019[41] and an estimated monthly out-of-pocket cost of $1,462 (with 95 per cent borne by the patient).[42] System efficiencies identified by research participants included fewer unnecessary emergency department visits, improved throughput under stepped-care models, and healthcare organizations retiring duplicative patient-education programs. All of these initiatives have the power to address inefficiencies. Specific programs such as Indigenous community clinics can also address inefficiencies by reducing the need for patients to miss school or work and increasing patient attendance at clinic appointments.

Table 3
Almost half of survey respondents report their work had been involved in developing intellectual property
Q: Has your work with the Chronic Pain Network been directly involved (cited or used) in any of the following:
(number and percentage of CPN member survey respondents)

Product-related impacts	Yes	No	Don't know	Yes (%)
Intellectual property development	8	4	6	44%
Company development (including new or expanding companies)	1	13	4	6%
Revenue generation from royalties, equity, industry connections	1	12	5	6%
New technology or devices being brought to market	2	12	4	11%

Source: Signal49 Research.

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[40] Chronic Pain Network, "CPN Bibliometrics_2016 to 2024."

[41] Health Canada, *An Action Plan for Pain in Canada.*

[42] Guerriere and others, "The Canadian STOP-PAIN Project – Part 2."

Canadian Pain Strategy focus on social outcomes

Interviewees recognized that CPN is also helping address four key social outcomes identified in the *Action Plan for Pain in Canada* by strengthening education, awareness and self-management across the country.

1. Education about wellness and preventive strategies for pain in primary and high school curricula: CPN partnership with Solutions for Kids in Pain, which is developing resources for students and schools.
2. National public awareness campaigns: CPN has a variety of activities related to national public awareness of chronic pain, including Pain+ CPN lay summaries of research articles and Pain Connect.
3. Pain education for healthcare professionals: CPN has produced numerous training resources, including Pain+ CPN, a literature surveillance service for professionals.
4. Self-education about pain management and more opportunities to share their experiences with and help others also living with pain: CPN patient-facing outputs have focused on self-management (e.g., Power Over Pain Portal).

CPN’s unique role in the ecosystem

As a federally mandated research network, with co-funding from many participants in Canada’s complex pain research ecosystem, the Chronic Pain Network plays a unique role in providing national-level leadership through evidence development with lived-experience and focused knowledge mobilization and implementation. This position allows it to catalyze the work of other research initiatives in Canada that are not as broad (single research areas, provincial mandates) and to engage with the needs of organizations focused on policy, practice, and advocacy (such as the Canadian Pain Society, Pain Canada and others) on building the evidence-based and lived-experience mandate for their activities.

Convening an ecosystem

Across interviews and focus groups, participants credited the Chronic Pain Network with creating the first “big tent” community spanning basic scientists, clinicians, researchers, trainees, people with lived experience, Indigenous leaders, and system actors. This convening reduced siloed work, enabled cross institutional studies, and legitimized pain as a national research priority. Before CPN, as one interviewee put it, “pain research was a wasteland…. Nobody was really working cohesively.” While work remains to remove silos and duplication in the pain ecosystem, CPN acted as “a unifying infrastructure” that intentionally aligned interprovincial and cross-sector groups. This unification was seen as essential in catalyzing the Canadian Pain Task Force, the emergence of Pain Canada, and the creation of the Action Plan for Pain in Canada, although participants also noted that work remains to remove silos and duplication in the pain ecosystem.

> **“It’s a big tent that welcomes everybody, researchers, clinicians, and patient partners.”**
> **Interview participant**

Bringing lived experience to evidence generation and use

Across interviews, focus groups, and the survey, participants described patient partnership as CPN's most defining, field-shifting contribution. CPN helped spread patient partnership norms to other parts of the pain ecosystem including the Canadian Pain Society, federal policy processes, and provincial networks. It also embedded patient partnership in pain research from health systems all the way through to basic biomedical research.

"CPN changed the way pain is researched ... patient partners embedded at all levels."
Focus group participant

Shifting research and clinical recognition of chronic pain

Interview participants emphasized that the Chronic Pain Network's catalytic role in getting chronic pain recognized as a chronic disease at the Canadian Institutes of Health Research was an early CPN-enabled milestone that "got pain on the map." Focus group participants noted that with this role as a research lead for newly recognized chronic pain issues, CPN is seen as providing evidence, leadership, and a single, credible "doorway" through which governments can access the pain research community and patient voices. This has led to shifts in clinical policies and practices (such as federal opioid campaigns, health professional training programs, and the implementation of pain tools) and to the embedding of research in clinical practice sites through its clinical research network.

The future for chronic pain in Canada

As of 2026, the future for organizations addressing chronic pain will be to act on the recommendations of the Canadian Pain Task Force and its subsequent pain strategy.

Across interviews, focus groups, and surveys, participants saw the Canadian Pain Network as well positioned to leverage its strengths and to expand its impact by addressing five key areas. (See Table 4.)

Sustainability is key to achieving these goals and delivering on future impacts. CPN has shown it can contribute to impacts across the Canadian chronic pain ecosystem. Now is the time to build on its collaboration and leadership efforts with other players (including Pain Canada and the Canadian Pain Society) to show how it can facilitate the growing ecosystem's ability to deliver meaningful change for Canadians living with chronic pain.

Table 4

Key opportunity areas for CPN

Opportunity area	Description of opportunity	Illustrative quotes
Build sustainable, long-term funding, infrastructure, and leadership	Develop diversified funding, secure a long-term "home" for core infrastructure (CRN, registry, knowledge mobilization). Strengthen operational leadership, business development, and strategic execution to support impact.	"We have not taken into account sufficiently our sustainability.... It's a major issue." (focus group participant) "There's a need for new leadership... and a more strategic, transparent approach." (interview participant)
Clarify CPN's role in a crowded ecosystem	Clearly define CPN's unique mandate relative to Canadian Pain Society, Pain Canada, provincial networks; coordinate national strategy to reduce duplication.	"Many people ask me—what is CPN?... The aim has been unclear." (interview participant) "We need a strategic meeting across all organizations.... We are working in silos." (focus group participant)
Scale approaches and models	Expand and formalize patient-oriented research processes, enhance Pain Connect, develop national standard operating practices, and strengthen people with lived experience readiness and training. Scale proven models (stepped care, Indigenous clinics), develop implementation supports, and tailor interventions to provincial contexts.	"It needs to be the organization that connects people with pain with researchers." (interview participant) "Dissemination is strong, but we're only in the early days of implementation." (focus group participant)
Advance Indigenous-led work and equity-centred models	Scale successful Indigenous clinic models, strengthen equity frameworks, and support Indigenous research training.	"They've tried to take an equity approach... establishing an Indigenous clinicians' network." (interview participant)
Build a national rapid-evidence and trials network	Establish a coordinated system for fast, policy-aligned research responses and multi-site trial recruitment.	"If there was a network that could direct important questions into research... valuable for policy-makers." (interview participant)

Source: Signal49 Research.

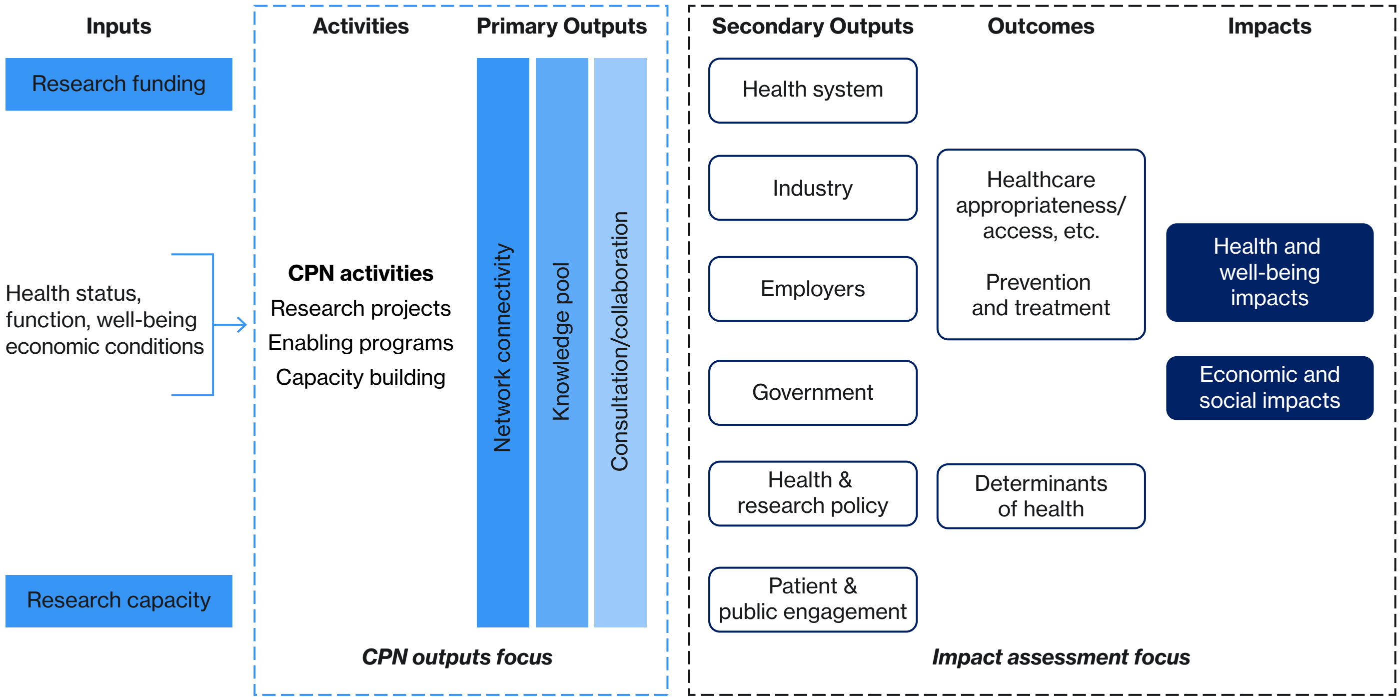
Appendix A

CPN impact assessment logic model

The logic model used for this impact assessment is a modification of the Canadian Academy of Health Sciences framework for understanding the impact of health research in Canada. The logic model shown in Exhibit 1 provides an understanding of the pathways to impact that exist for CPN activities, as well as the likely areas in which impacts can arise.

While the logic model uses standard program evaluation language of inputs, activities, outputs, outcomes, and impacts, we have used the broad concept of impact outlined in the CAHS framework to encompass impacts that occur everywhere from the research system through to the full Canadian society level.

Exhibit 1
Logic model for CPN impact assessment



Source: Signal49 Research.

Appendix B

Methodology

This appendix provides methodological detail supporting the document and data review, bibliometric analysis, survey, focus groups, and interviews presented in the report.

About the research

This research was an impact evaluation designed to answer the following questions addressing the perspectives of different players in the Canadian chronic pain ecosystem:

1. What are the impacts the Chronic Pain Network contributed to in creating meaningful change for chronic pain sufferers in Canada?
2. Why was it important to have CPN achieve them?

To answer these questions, we reviewed CPN documents and data, we conducted a bibliometric analysis, interviews, and focus groups, and we sent an online survey to CPN members.

Document and data review

We reviewed background documents provided by CPN, which included past newsletters, annual reports, an action tracker analysis, and an exploratory case study evaluation of the impacts of CPN's patient engagement. We developed a document and data analysis tool using Microsoft Excel that was structured to capture the type of documentation being analyzed, create a summary of the document, and then code the document according to features of the logic model.

Bibliometric analysis

CPN provided data and a prior bibliometric analysis it had commissioned for 2016 to 2024. The bibliometric analysis assessed publication volumes, citations, and altmetrics for non-academic outputs (such as policy documents, media, clinical guidelines and social media). We used this existing bibliometric analysis in addition to an updated list of the most recent CPN cited guidelines and journal publications to ensure we were able to identify specific outputs that aligned with impact categories in the logic model.

We created an output list in Microsoft Word that summarized:

- the updated bibliometric analysis
- specific outputs aligned with impact categories from 2016 to 2025 (including collaborators involved in outputs)

CPN leadership reviewed the summary and key output list for clarity and corrections.

Interview and focus group guides

Based on the research questions, we developed interview and focus group guides, which were reviewed by CPN leadership.

All interviewees and focus group participants were guaranteed confidentiality and reminded of their right to withdraw consent to participate. Given that this project is a program evaluation, the interviews and focus groups do not constitute research under the 2022 Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans[1] and as such do not require ethics board review.

Recruitment for focus groups

We held six focus groups with representatives from each of the 10 committees under the current CPN governance structure. Focus group recruitment relied on CPN's existing committee mailing list. We provided CPN with an email invitation template that it sent to its lists. CPN's coordinators forwarded the names of interested individuals to us so we could send them MS Teams invitations directly.

All focus groups were conducted by MS Teams videoconferencing software. Focus groups lasted about 60 minutes and were transcribed and anonymized.

Recruitment for interviews

We sought interviews with key figures in the Canadian pain ecosystem who were also outside of CPN's membership and governance. In addition, we provided an opportunity for CPN committee members to be interviewed if they could not attend their respective committee's focus group session.

To build the recruitment list for key interviews, we relied on recommendations from CPN's leadership team. Invitations to participate in an interview were sent via email to all potential interviewees between October and December 2025. These emails were followed up a maximum of two times after a non-response that lasted longer than two weeks. Of the six contacts who were approached, five accepted invitations to be interviewed. A snowball approach was undertaken, where interviewers would ask interviewees if there were other individuals in the Canadian pain ecosystem who would be of interest to speak with. This led to an additional six interviews.

All interviews were conducted by MS Teams videoconferencing software. Interviews lasted about 30 minutes and were transcribed and anonymized.

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[1] Panel on Research Ethics, "Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans."

Interview data collection

Our aim with the interviews was to understand what impacts interviewees have seen from CPN and why it was important to have CPN to achieve them. We wanted to learn about their involvement (if any) with CPN and its activities, as well as better understand what impacts came from those activities. These could have been impacts in healthcare, impacts on the health of patients, and broader impacts to society and the economy. We also wanted to know which pivotal and defining features of CPN contributed to system impacts that would not have happened without CPN.

The interviews were semi-structured, and the guide was framed around the Consolidated Framework for Implementation Research.[2] The interview guide had 13 questions in total, with two to three prompts for eight questions. Key and supplementary interviews were held between November to December 2025. In total, 11 key informant interviews and five CPN interviews were completed, resulting in 74.25 hours of interviews covering 414 pages of transcript totalling 75,279 words.

Focus group data collection

Our goal for the focus group sessions was to understand from the perspective of committee members what the CPN's main impacts have been and why it was important to have CPN to achieve them.

Similar to the interview guide, the focus group guide was semi-structured, and we used the Consolidated Framework for Implementation Research to frame the focus group questions. The guide contained 12 questions in total. A total of six focus groups with 18 participants were completed for this project. We held the focus groups from November 2025 to December 2025. Individuals who could not attend the original focus group date were offered a supplementary one-on-one interview using the same focus group guide between November and December 2025. Focus group discussions added up to 5.3 hours, covering 272 pages of transcript totalling 48,582 words.

Interview and focus group analysis

Text from the interview and focus group transcripts was downloaded from MS Teams, then reviewed and cleaned. We used NVivo to code and analyze the transcripts with coding themes developed through a mix of deductive and inductive coding. The deductive codes were developed using predefined codes from the logic model followed by the inductive coding process for opportunities, weaknesses, and impacts. Themes were examined based on frequency and contrast between interview and focus group participants.

Online survey

Signal49 Research developed an online survey to assess the perceptions of members and collaborators on the impact that CPN has had on improving chronic pain care in Canada since its inception. Members of CPN are those who are identified contributors to the work of the network (such as researchers, patients, clinicians, etc.), whereas collaborators are those who provide support to the work of the network (such as decision-makers engaged in knowledge mobilization, etc.). The survey was meant to be forward-looking and gather insights into the broader impacts CPN has contributed to from the perspective of its members and collaborators. It was not intended to quantify CPN's outputs or measure its impact performance.

The objectives of the survey were the following:

- Describe where CPN members' work is being used and positioned to have impact (e.g., media, guidelines, training, etc.).
- Learn where the work supported through CPN is influencing decision-making and affecting outcomes and broader impacts.
- Understand the pathways through which impact occurs from CPN activities to influencing decisions, to making changes, and finally to having broader impacts.
- Understand which interest-holders are being engaged in ways that support impact.
- Gather content to form impact narratives.

Development

Survey questions were constructed based on the CPN impact assessment logic model (see Appendix A) and informed by the Canadian Academy of Health Sciences impact framework.[3] An initial draft of the survey questions was reviewed by CPN staff for alignment with CPN terminology, specificity for their members, and relevance.

The final survey asked members 17 questions (12 closed-ended and five open-ended questions) and collaborators seven questions (five closed-ended and two open-ended questions). The first five questions asked about the CPN membership (role, length of time, etc.) and type of work they do. The remaining questions were used to understand impact. We refined the survey questions to take 10-30 minutes to complete, depending on the level of detail shared in the open-ended questions.

We designed and distributed the online survey using the survey programming software Voxco.

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[2] Reardon and others, "The Consolidated Framework for Implementation Research (CFIR) User Guide."

[3] Panel on Return on Investment in Health Research, *Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research.*

Distribution

A link to the survey was included in an email distribution that went out from CPN to its members and collaborators using its internal mailing list. CPN sent the survey out on December 8, 2025, and then two reminder emails. Signal49 Research initially closed the survey January 5, 2026, but then reopened it until February 9, 2026, to elicit additional responses. Again, CPN sent an email with the survey link to its members, along with targeted emails from CPN to active members requesting participation.

There were 24 respondents out of a total of 198 potential respondents (a 12 per cent response rate) who completed survey impact questions (i.e., responded to more than the initial five membership questions), including two collaborators, one past member, 19 current members, and two who were both collaborators and current members. Among the current and past members, there were nine who indicated they were patient partners, three trainees, three staff, and seven co-principal investigators/co-applicants. (Note: these are not mutually exclusive groups, as respondents had the option of selecting more than one.) With a low response rate, findings from the survey can be considered not as generalized across CPN but as indicative of a portion of the CPN membership.

Analysis

Raw survey data was downloaded from Voxco into Microsoft Excel. The survey data was cleaned to remove duplicates (e.g., someone logged in more than once) and test log-ins.

For responses to closed-ended questions, we aggregated the results to present the numbers of responses for each category and calculated proportions when helpful to support interpretation.

For open-ended questions, we uploaded response text into NVivo (5 pages, or 2,046 words) and conducted a qualitative analysis using the same coding framework as was developed for the focus group and interviews. Similarly, coded results were used to derive high-level themes that were incorporated into the body of the report. In addition, the open-ended responses provided illustrative quotes to support the findings.

Appendix C

The evolution of CPN phases

Phase 1 was more research-heavy and focused on building infrastructure: it established a structure for CPN with strong governance and contributed to building a national community for pain research. Respondents noted that Phase 1, CPN:

- funded 27 research projects and established its clinical research network;
- was oriented toward research production, governance, and accountability, including committee work and standardized quarterly reporting templates; committees met frequently, reviewed project reports, and shaped patient-oriented research norms;
- had a strong emphasis on building the culture of patient partnership;
- created trust, norms, and relationships in pain research and for engagement with persons with lived experience.

Phase 2 was more focused on knowledge mobilization and implementation and having influence in the system. Respondents noted that Phase 2, CPN:

- was more outward-facing with stronger knowledge mobilization capacity, staff expertise, and public-facing tools; there was a pivot from generating evidence to mobilizing and scaling it through Power Over Pain Portal, knowledge translation strategies, and implementation science work;
- had fewer new funded research studies, instead focusing on implementing or disseminating Phase 1 products. Some participants felt this limited opportunities for involvement;
- increased collaborations with Pain Canada, Canadian Pain Society, provincial bodies, and government partners, although CPN also faced more role confusion and calls among members and interest groups for clearer land definitions related to Indigenous pain issues;
- saw expansion of Indigenous-led work, including clinic models, clinician gatherings, and two-eyed seeing training;
- experienced a shift in governance activity, with some committees remaining highly active (e.g., patient-oriented research and knowledge mobilization and implementation science), while others became inactive for extended periods, reflecting both shifts in focus and governance complexity.

Phase 3 has yet to be fully confirmed but will continue the patient-partnered focus of phases 1 and 2. Key tenets for Phase 3 are the following:

- Position CPN as a “home” for patient-oriented pain research in Canada.
- Improve outcomes for people living with pain by implementing evidence from CPN multi-site clinical trials.
- Continue to support and strengthen Indigenous and community-led research.
- Collaborate and convene with provincial and territorial partners to translate research evidence into policy and practice.

Appendix D

Survey results

Below we highlight the key quantitative results from the survey of CPN members and collaborators. While it's a small sample, this evidence provides insight into where and how CPN activities are having impacts as of early 2026. Qualitative insights from the survey are included in the main body of this report.

Table 1

Q: "Has your work with the Chronic Pain Network been directly involved (cited or used) in any of the following?"
(number and percentage of CPN member survey respondents)

CPN-member activity informed:	Yes	No	Don't know	Yes (%)
Presentations to patients/the public	17	2	0	89%
New educational materials (for any audience)	15	1	3	79%
New research projects by people outside your team	14	1	3	78%
New research projects by you or your team	14	2	3	74%
Media mentions	13	2	3	72%
Social media posts	13	2	3	72%
Patient wellbeing improvements	13	2	4	68%
New research networks creation	9	3	6	50%
Appropriate care improvements (including planning or delivery)	9	4	5	50%
Intellectual property development	8	4	6	44%
Healthcare services improvement (including service development, updating, or planning)	7	6	5	39%
Clinical guidelines	6	7	5	33%
New job creation	6	7	5	33%
Healthcare policy documents	5	8	5	28%
Employee productivity improvements	5	7	6	28%
Patient/public safety improvements	5	7	7	26%
Health system effectiveness improvements	4	7	7	22%
Health system efficiency improvements	3	8	7	17%
Broader economic benefits (including local, regional, or national economic benefits)	3	9	6	17%
Health system accessibility improvements	3	11	5	16%
New technology or devices being brought to market	2	12	4	11%
Company development (including new or expanding companies)	1	13	4	6%
Revenue generation from royalties, equity, industry connections	1	12	5	6%

Source: Signal49 Research.

Table 2

Q: "At what levels do you believe your work has informed, influenced, or resulted in change?"
(number and percentage of CPN member survey respondents)

Area of influence	Local level (e.g., clinic, educational facility, hospital group)	Regional level (e.g., health authority, municipality)	Provincial/ Territorial level (e.g., provincial ministry, agency)	National level (e.g., federal department, agency)
Policy (Written sets of rules or guidelines for people or organizations)	5	1	4	9
Practices (The way in which care is delivered)	11	4	5	8
Processes (Specific approaches to delivering care)	8	3	7	10
Behaviours (Observable actions and reactions exhibited by individuals or teams)	7	3	6	7
Products (Inventions, technologies, tools, or services)	8	4	3	7

Source: Signal49 Research.

Table 3

Q: "Where do you see the Chronic Pain Network work has informed, influenced, or resulted in change?"
(number of CPN collaborator survey respondents)

Area of influence	Local level (e.g., clinic, educational facility, hospital group)	Regional level (e.g., health authority, municipality)	Provincial/ Territorial level (e.g., provincial ministry, agency)	National level (e.g., federal department, agency)
Policy (written sets of rules or guidelines for people or organizations)	1	1	1	2
Practices (the way in which care is delivered)	1	1	2	2
Processes (specific approaches to delivering care)	1	1	1	2
Behaviours (observable actions and reactions exhibited by individuals or teams)	0	0	0	1
Products (inventions, technologies, tools, or services)	0	0	0	2

Source: Signal49 Research.

Table 4

Q: "How do you think the following groups are being or have been impacted by your work?"
(number of CPN member survey respondents)

Group impacted	Instrumental impact (influencing action or behaviour)	Conceptual impact (informing understanding of issues)	Capacity building impact (providing new skills)	No impact	Unknown impact
Healthcare professionals	11	12	7	0	0
Public	9	11	8	0	0
Research & development community (including academia)	12	9	6	0	1
Patients/patient advocacy groups	12	8	5	2	1
Healthcare organizations	4	11	2	1	1
Media	4	9	2	3	2
Government	5	7	3	4	3
Professional & regulatory organizations	4	8	2	1	3
Industry/private sector	0	7	3	5	2

Source: Signal49 Research.

Table 5

Q: "What groups do you think should be impacted by your work in the next year?"
(number of CPN member survey respondents)

Group impacted	Instrumental impact (influencing action or behaviour)	Conceptual impact (informing understanding of issues)	Capacity-building impact (providing new skills)	Unknown impact
Healthcare professionals	12	10	7	1
Healthcare organizations	12	7	6	1
Public	10	9	6	1
Professional & regulatory organizations	11	8	5	1
Patients/patient advocacy groups	10	9	5	2
Research & development community (including academia)	11	9	4	1
Government	9	8	3	2
Media	8	7	2	3
Industry/private sector	5	7	2	4

Source: Signal49 Research.

Table 6

Q: "Of the following interest-holders in chronic pain in Canada, how do you perceive the Chronic Pain Network's type of impact?"
(number of CPN collaborators survey respondents)

Group impacted	Instrumental impact (influencing action or behaviour)	Conceptual impact (informing understanding of issues)	Capacity building impact (providing new skills)	No impact	Unknown impact
Healthcare professionals	2	1	2	0	0
Healthcare organizations	1	2	1	0	0
Public	0	1	1	0	0
Professional & regulatory organizations	1	1	1	0	1
Patients/patient advocacy groups	1	2	1	0	0
Research & development community (including academia)	2	1	1	0	0
Government	1	1	0	0	1
Media	0	1	0	0	1
Industry/private sector	0	1	0	0	1

Source: Signal49 Research.

Table 7

Q: "Have you brought your Chronic Pain Network work or findings to the following interest-holders?"
(number of CPN member survey respondents)

Interest-holder group	Yes	No	Tried but without success
Industry/private sector	4	13	1
Government	7	11	0
Healthcare professionals	16	2	0
Professional & regulatory organizations	8	8	1
Healthcare organizations	12	5	0
Public/patients	17	1	0
Patient advocacy groups	13	3	1
Research & development community (including academia)	15	3	0
Media	10	6	0
Other	2	n/a	n/a

Source: Signal49 Research.

Table 8

Q: "For the interest-holder groups you tried to engage but without success, why do you think the engagement was unsuccessful?"
(n = 2)

Group	Reason
Industry/private sector:	Lack of interest in research (e.g., did not value research evidence) Timing for engaging was not correct (e.g., evidence and time of need did not align) Not enough time to engage (e.g., interest-holder was too busy) Research findings did not align with interest-holder needs (e.g., findings were not generalizable) Lack of resources to engage (e.g., your team lacked resources to reach out effectively to people) Information overload (e.g., interest-holders have too much information being shared with them)
Professional & regulatory organizations	Not enough time to engage (e.g., interest-holder was too busy)
Patient advocacy groups	Not enough time to engage (e.g., interest-holder was too busy)

Source: Signal49 Research.

Table 9

Q: "Thinking about how the Chronic Pain Network has supported your work, which of the following types of efforts do you think have been useful to you?"
(number of CPN member survey respondents)

Support type	I have not interacted with these supports	I have not found these supports to be useful in supporting my work to achieve impact	I have found these supports to have some role in driving impact of my work	I have found these supports to be useful in driving the impact of my work
Patient-oriented research supports	3	3	4	9
Training/capacity-building supports	4	2	5	8
Knowledge mobilization supports	2	2	8	7
Connecting people supports	3	2	2	12
Outreach supports	4	3	7	4

Source: Signal49 Research.

Table 10

Q: "Considering your knowledge of the Chronic Pain Network (CPN) from your collaboration, which of the following specifically supported impacts arising from CPN activities and outputs?"
(number of CPN member survey respondents)

Area of support	Yes	No	Don't know
Leadership of CPN	2	0	0
Networks of CPN	2	0	0
Funders of CPN	2	0	0
Governance and structure of CPN	2	0	0
Quality of CPN activities and outputs	2	0	0
Breadth of CPN activities and outputs	2	0	0
Geographic distribution of CPN	2	0	0
Supports provided by CPN	2	0	0
Knowledge translation and mobilization at CPN	2	0	0
Patient engagement at CPN	2	0	0

Source: Signal49 Research.

Table 11

Q: "If you were a member of the Chronic Pain Network in both phases of its existence (i.e., 2016–21 and 2022–present), have you observed differences in the extent, types, or nature of impact your work has been able to achieve?"
(number of CPN member survey respondents)

Response	n
I was not a member of CPN in both phases	5
Yes, I observed differences	10
No, I have not observed differences	1
I don't know if I have observed differences	2

Source: Signal49 Research.

Appendix E

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