

Driving Change in Chronic Pain in Canada

Impact of the Chronic Pain Network on Canada's Chronic Pain Ecosystem

Nearly 8 million Canadians live with chronic pain, at an annual economic cost exceeding \$40 billion—surpassing that of cancer and cardiovascular disease. Despite its prevalence and impact, chronic pain has long suffered from fragmented research, inconsistent care pathways, limited policy attention, and uneven recognition of lived experience.

New impact evidence shows how, over the past decade, the Chronic Pain Network (CPN) has contributed to changing this trajectory through building the first pan-Canadian, patient-oriented infrastructure for chronic pain research, evidence mobilization, and system change.

Opportunity: A national backbone for a complex problem

Chronic pain is a system-level challenge spanning research, health care, policy, education, and community support. Before CPN, pain research in Canada was highly siloed and patient engagement was inconsistent. Governments lacked a single, credible entry point into pain evidence and lived-experience leadership.

As a CIHR-funded SPOR Network, CPN created a national “big tent” that convened researchers, clinicians, people with lived experience, Indigenous leaders, trainees, policy-makers, and partners. This infrastructure enabled cross-institutional collaboration, reduced duplication, and was part of broad efforts to position chronic pain as a legitimate national priority requiring coordinated action.



Impact: Research excellence translated into practice

High-impact research at scale

CPN supported 440 peer-reviewed publications generating more than 14,000 citations. Averaging 35 citations per paper, that's nearly double rates seen in adjacent pain research fields. Almost half were open access, extending reach to clinicians, policy-makers, and patients. Beyond volume, people we spoke with emphasized that CPN changed *how* pain research is done, embedding patient partnership as a norm rather than an exception.

Policy traction across jurisdictions

CPN-supported research has informed policy at multiple levels. Ninety CPN publications were cited across 51 policy documents from six countries. In Canada, CPN patient partners directly informed Health Canada opioid policy discussions, helped focus the Canadian Pain Task Force on lived experience, and contributed to the 2021 Action Plan for Pain in Canada. CPN members identified their work having policy impacts at local, regional, and national levels.

Practice change and care improvement

CPN enabled the spread of tangible tools and models into care, including pediatric and adult pain registries, stepped-care pathways, and clinical dashboards. Tools such as the Power over Pain Portal, iCanCope, and Kids Hurt expanded access to evidence-based self-management, while some tertiary centres integrated these tools directly into care pathways for patients.

Differentiator: Lived experience embedded, not appended

Across all lines of evidence, patient partnership emerged as CPN's most defining and field-influencing contribution. CPN moved lived experience from advisory roles to co-leadership in governance, priority-setting, study design, authorship, and dissemination. It codified standards for compensation, authorship, and reporting that are now used well beyond the network.

This culture shift led to perceived enhancements in research quality, recruitment, and relevance. It strengthened policy credibility and built capacity among people living with pain to lead change across research, clinical, and policy settings.

System effect: Capacity, coordination, and credibility

CPN strengthened capacity across the ecosystem, supporting trainees, early-career researchers, clinicians, patient partners, and Indigenous communities. It helped embed research coordinators in clinics, contributed to national curricula and professional competencies, and advanced culturally grounded Indigenous pain models such as the Aboriginal Children's Hurt and Healing initiative, now attracting interest for replication across First Nations.

At a system level, CPN amplified national awareness efforts, with National Pain Awareness Week reaching more than 1.4 million Canadians in 2024. Clinicians reported measurable improvements in wait times, patient flow, and coordination where CPN-supported stepped-care models were implemented, even when still operating as pilots.

The unique role for CPN in a complex ecosystem

Canada's pain landscape now includes professional societies, advocacy organizations, provincial initiatives, and federal policy bodies. CPN's role is distinct. It does not duplicate advocacy or service delivery.

Instead, it acts as a national backbone organization for research and knowledge mobilization, aligning evidence generation, lived experience, and implementation science to support policy, practice, and system change.

CPN's scale, pan-Canadian reach, and credibility allow it to catalyze and complement the work of others, providing coordination where fragmentation persists and accelerating impact where momentum already exists.

Building from an impactful foundation

Over its first decade, the Chronic Pain Network has delivered wide-ranging impact across its mandate. It has helped put pain "on the map" in Canada as a chronic condition with its own evidence needs. Its work has reshaped research norms, informed national policy, enabled practice change, and elevated lived experience as a source of system leadership.

Role clarity in the pain ecosystem and sustained investment into its third phase could allow CPN to build on this foundation, scale proven models, and translate research momentum into durable improvements in care and outcomes for Canadians living with chronic pain.

For the full research, see our impact paper *Driving Change in Chronic Pain: Impact of the Chronic Pain Network*, coming May 2026.



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