Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Institute of Population and Public Health

POP News

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Message from the Scientific Director

Welcome to the fall edition of our newsletter with updates and reflections from many corners of the population and public health research community in Canada. In this newsletter, we feature one of our Applied Public Health Chairs, share some highlights from this year's joint summer institute with the Institute of Health Services and Policy Research, and profile a personal description of peer review at CIHR.

Our new strategic priorities for the Institute were launched at the Canadian Public Health Association Conference in Winnipeg in June. The complete strategic plan will soon be up on our website. I want to take this opportunity to thank our Institute Advisory Board members, as well as scientists and stakeholders across the country who provided input on our new directions. Special thanks are due to our IPPH team who worked very hard behind the scenes to finalize the plan and prepare it for distribution. We think our new strategic directions will serve us well over the next five years.

We are using opportunities in both Canada and internationally to inform scientists and others of our Institute's strategic directions. In August, I shared these with colleagues attending the Nordic Health Promotion Research Conference in Gothenburg, Sweden and in November, I will present highlights of the strategic plan during the European Union of Public Health Associations Conference in Lodz, Poland. These international venues provide an opportunity to explore potential collaborations. We are now turning our attention to operationalizing the strategic directions. Several RFAs aligned with our strategic directions have already been launched this fall. Others will be announced in December, so stay tuned.

I am delighted to inform you that six new members have joined our Institute Advisory Board. They bring many exceptional experiences in the field of population and public health to the board. Armine Yalnizyan has written about labour markets and public finance for over 20 years. Her experience as program director with the Social Planning Council of Metropolitan Toronto, and her work on income inequality are a couple of her career highlights. Armine joined the Canadian Centre for Policy Alternatives as senior economist in 2008. Dr. Richard Massé is Director of the new School of Public Health at the University of Montreal. He has held many positions in public health, including Medical Officer of Health, Assistant Deputy Minister and President and CEO of the Quebec National Institute of Public Health. Debra Lynkowski brings the essential voice of non-governmental organizations to our Board. She has been Chief Executive Officer of the Canadian Public Health Association since 2007 and will provide strong links to public health organizations across Canada and internationally. Dr. Marni Brownell conducts her research through the Manitoba Centre for Health Policy, where she is a Senior Research Scientist. She has extensive expertise in the use of linked administrative databases, particularly in the field of child health. Dr. Tim Evans, is Assistant Director-General for Information,

Dr. Nancy Edwards
Scientific Director

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Evidence and Research, WHO. He will further enrich our global health expertise and brings very pertinent experience on intersectoral initiatives. Dr. Norman Daniels joins us as another international member. Based at the Harvard School of Public Health, he is a Professor of Ethics and Population Health and has consulted widely on issues of social justice and health policy. Norman has agreed to serve as our IAB's CIHR ethics delegate.

Several of our new members were able to join us for the Institute Advisory Board we recently held in Halifax. Kristan Aronson began her term as our new Chair of the Institute Advisory Board, and Richard Massé has agreed to serve in the role as Vice-Chair. We held our first joint meeting with the Institute of Gender and Health. In keeping with the film festival that was taking place in Halifax during our stay, we began our joint meeting with a public film screening of a CBC documentary entitled *The Disappearing Male*. We want to thank those who came out for the event and our terrific panelists (Dr. Françoise Baylis, Dr. Linda Dodds, and Dr. Robin Walker) who engaged in a lively discussion with the audience. We concluded our events in Halifax with the second annual meeting of our Applied Public Health Chairs. This was a welcome opportunity to get updates on the important work being undertaken by our Chairs, to discuss the evaluation framework for this program and to extend our networks.

As autumn inspires us with nature's tapestry of colour, we look forward to a busy and creative period. Continuing to operationalize our strategic plan and preparing summative evaluation reports for the tenth year review of CIHR, slated for 2010-2011, are sure to keep us busy over the coming months.

Invited Book Review

Health Promotion Evaluation Practices in the Americas: Values and Research

Health Promotion Evaluation Practices in the Americas: Values and Research

Louise Potvin and David McQueen (Eds).
With M Hall, L de Salazar, LM Anderson, & ZMA Hartz
New York: Springer 2008

Renée F Lyons

University of Toronto Chair in Complex Chronic Disease and Scientific Director, Bridgepoint Collaboratory for Research and Innovation in Complex Chronic Disease Toronto

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Louise Potvin (U de Montreal) and David McQueen (National Center for Chronic Disease, Atlanta) have compiled a very ambitious and informative text. The twin missions are to elucidate new perspectives on health promotion evaluation (HPE), and to introduce thinking and action on HPE in the Americas. There are eighteen chapters in the book loosely organized around three themes: health promotion evaluation as a values and knowledge driven enterprise, aligning evaluation thinking with health promotion, and reflections on HPE practice. This third section is where the bulk of case studies and Americas examples are located but it also provides a substantial contribution to conceptualizing health promotion and its evaluation.

The book title initially suggested that I would be reading about some sort of "Americas study" that examined comparative health promotion evaluation (HPE) practices. Instead, the book was something quite different - a treasury of essays about a wide range of health HPE topics.

A central concept is that HPE should be about transforming the social reality of intervention. This is not an easy idea to grasp within the practice of health promotion and I never ended up being sure what that phrase meant, but knew immediately from the introductory chapters that this was not a book about simple logic models and whether simple interventions worked.

Although coherence is promised in the introductory chapter, these are diverse essays that could have benefited from both an integrative framework and a larger concluding chapter to help the reader tie the bits together. Nevertheless, the topic is complex, and there is much food for thought in each chapter and in the messages delivered in the concluding chapter. Many of the essays, in and of themselves, are excellent reading and provide new information and thinking about HPE. I have selected a few examples.

Because ideology and values

are central to investments in health promotion and HPE, I looked for how the authors conceived of the practice in the three Americas. There appear to be some fundamental differences within and across the Americas as to where we place our emphasis in health promotion. For instance, the ideological basis of health promotion and its measurement in Latin countries was described through two very interesting papers by Salazar and Anderson and Salazar and Hall (Ch. 2 and 4). The two essays should be read together. If the south appears to have a basic ideology for health promotion, does the north?

In Canada, for instance, we certainly have espoused views and lead on the health promotion theory side internationally. Are we seeing these perspectives supported in substantive and consistent ways? I think not. One needs to ask the question: is health promotion alive and well here, or buried within a variety of funded topics: population health, chronic disease prevention, public health, risk management, and the list goes on. Does it matter?

Potvin and Bisset, and McQueen, among others, provide in depth theoretical bases for evaluation methodology. I would read Chapters 3 and 5 together, but warn that they are dense reading that would have benefited from more examples from the Americas around application to specific health issues, types of policy and program interventions, and evaluation.

Building upon the need to develop a knowledge-based approach to HPE, the chapter by Merceille (Ch. 6) is an interesting application of Pawson and Tilley's (1997) realist review. The chapter lays out an orientation to the evolution of systematic reviews in health promotion and associated areas, the realist review approach and how it might be applied to health promotion systematic reviews. Why aren't high quality systematic reviews used? Technical reasons are discussed, but what about socio-political and economic reasons? Specific examples of reviews or themes would have been helpful. Under-funding is blamed for the slow advance, but is it more? Is it also our lack of content focus in this field? What reviews need to be conducted, how, and by whom? How can we synthesize core elements of the health promotion enterprise that influence outcome, regardless of the specific topic, and embed these in funding and policy? The use of the realist approach is also an important part of Ch. 17 by Poland et al. on context and HPE.

Several of the chapters in Part 3 of the text present the concept of participatory evaluation (participation being a core element of health promotion) and the many advances and dilemmas in its alignment with evaluation. For instance Rice and Franceschini (Ch. 12) speak to the value-added of well designed opportunities to be involved in participatory evaluation, which can help revitalize involvement and increase capacity.

Freudenberg (Ch. 11) gives an interesting analysis of inter-sectoral approaches to health promotion in urban areas. He challenges researchers and practitioners to redefine issues of sustainability and replicability in evaluating complex interventions (in a complex world!). Yes, there are technical factors, but the discussion could have included social factors. When is there enough evidence to support the efficacy of actions? When is a problem so salient it requires sustained investment, similar to what we see being committed for infectious disease technologies in developed countries?

Some of the essays talk about policy/social policy as the basic unit of analysis, and others speak to programs. If evaluation is a practice that seeks to transform the social reality of interventions, does it? I kept thinking how useful it would be to launch that study. I thought I was going to read of HPE in the Americas based on the ideas and concepts in this book (and the title).

Is there a uniquely Americas perspective on health promotion evaluation? I'm not sure, as many of the ideas have emerged from authors from all over the world. But so what? There is a considerable amount to be gained in the New World by sharing this exciting, ground-breaking work among ourselves and sharing it internationally. Congratulations to the editors and authors on this very ambitious enterprise. Pairing authors with different languages, and very different contexts is truly remarkable.

"A central concept is that [health promotion evaluation] should be about transforming the social reality of intervention. "

2009 IPPH-IHSPR Summer Institute—“Space, Place, and Health”

Emma Cohen
Knowledge Translation and Communications Officer
IPPH

“Minute creatures” were once thought to be the origin of diseases. Later scientists discovered microorganisms. Today, our understanding of disease continues to grow with an appreciation of the impact of various aspects of the environment—social, physical and built—on health.

Selected graduate students, mentors, funding agency representatives, and international speakers took four days out of their summer—including time away from studying for comprehensive doctoral exams, preparing for upcoming conferences, and sending their own kids off to summer camp—to participate in the 8th Annual CIHR IPPH/IHSPR Summer Institute on “Space, Place & Health” held at McMaster University in Hamilton, Ontario from July 9-12, 2009.

The Summer Institute is an intensive four-day training opportunity that brings together top graduate students, post-doctoral fellows, researchers, and decision makers from across Canada for a unique learning experience complementary to formal academic training.

The focused topic on space, place, and health attracted a specialized group of Canadian students. It didn’t take long for relationships to form that, thanks to online social network programs, will likely be sustained for years to come. In fact, the students started their online relationships before ‘Space Camp’—as they nicknamed the Summer Institute—even began.

Dr. Chantelle Richmond, Assistant Professor at the University of Western Ontario, previously participated in the 4th Summer Institute on Rural and Remote Health Research. This year she attended the Institute as a small group mentor. She is currently collaborating on a CIHR-funded research project with a colleague she met at the IPPH/IHSPR-supported Institute four years ago.

The prospect of working closely with distinguished academics at the Institute is intimidating for some, but it didn’t take long for Richmond to realize “we’re all human, and we can all learn from each other.”

We heard from three keynote speakers who shared several examples of changes that can be made to the environment to improve health outcomes.

Dr. David Mowat, Medical Officer of Health for the Region of Peel, reminded us of the pioneering work of epidemiologist John Snow who mapped cases of cholera in a London neighbourhood leading to the identification of the Broad street pump as the source of the illness. “If a picture is worth a 1000 words then a map is worth a 1000 pictures.” Mowat explained that maps are used to demonstrate and to discover phenomena in an analytic fashion. But maps also have the power to mislead and attention is needed to their interpretation.

Dr. Mei-Po Kwan, Ohio State University and Case Western Reserve University, uses Geographic Information Systems (GIS) to study the effect of social, economic, political, and health changes on people’s everyday lives. To do her research she analyses activity-travel diaries using sophisticated geocomputation and geovisualization methods. She complements her methods using geonarratives to help understand people’s feelings and thoughts.

Dr. Roger Ulrich from Texas A&M University discussed evidence-based design for safer hospitals. The most important design change to reduce infection and lead to a less stressful and more healing environment is the availability of single-bed rooms.

He also discussed community design to create healthier populations. Obesity is a major public health problem. Communities need to be better designed to promote more physical activity and ensure access to nutritious food choices.

On Friday afternoon, students could choose to take part in one of three field trips. One was a GIS lab consisting of a lecture followed by a hands-on exercise using ArcGIS computer software. This program en-

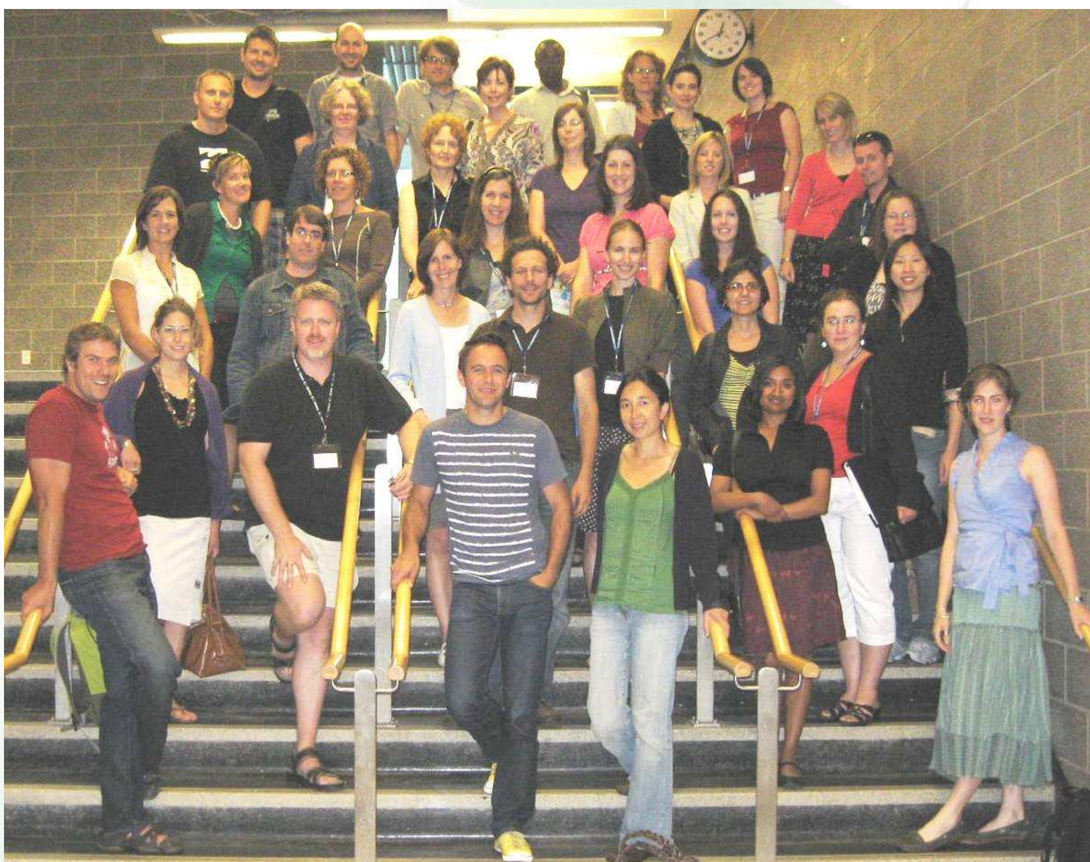
ables referencing the location of an object (such as a person) to the earth and then overlaying environmental factors of interest (such as air pollution) to the map. Alejandra Dubois, a PhD student at the University of Ottawa, said that she intends to enrol in a course next fall to gain more knowledge of these methods.

Another option was to visit the Wesley Centre Drop-In in Hamilton and the surrounding impoverished neighbourhood. Some of the students who took part in this field trip mentioned they stepped out of their comfort zone when meeting with the homeless. Marie-Noëlle Rondeau, a Master's student with l'Institut National de Recherche Scientifique, shared the insight that "entering the public space of the homeless at the shelter felt like entering their private space." Place can have different meanings in different contexts.

The third option was to participate in a systematic social observation of health attributes in two distinct Hamilton neighbourhoods. Mirella Veras, a PhD student enrolled at the University of Ottawa who comes from Brasilia, Brazil, however, remarked she didn't notice much difference between the two neighbourhoods: "In my country there are some neighbourhoods where children run around naked and walk barefoot and there is no sanitation." Poverty is relative.

Over the course of the Institute we heard about the research of a number of the mentors and other invited speakers with backgrounds in geography (including spatial and medical geography), health services, and population and public health. They shared the diverse methods including GIS, photovoice, and long-term surveys that are being used to measure the relationship between environment and health. When students weren't on field trips or listening to speakers, they were working in small groups (named after astronauts) with mentors to develop a research proposal. The team presentations occurred on the final day.

Our thanks go to Dr. Jim Dunn, Summer Institute host, who is an Associate Professor in the Department of Health, Aging and Society at McMaster University and a Scientist at the Centre for Research on Inner City Health (CRICH) at St. Michael's Hospital, Toronto. He is also an Applied Public Health Chair funded by the Canadian Institutes of Health Research (CIHR) and the Public Health Agency of Canada.



A total of thirty students from the master's, doctoral, and post-doctoral levels attended the Institute.

The CIHR Institutes of Population and Public Health and Health Services and Policy Research, the Public Health Agency of Canada, and the Canadian Population Health Initiative of the Canadian Institute for Health Information sponsored the Summer Institute.

Applied Public Health Chair Feature: Dr. Marjorie MacDonald (with Trevor Hancock)

Marjorie MacDonald (MM) is the recipient of one of fifteen Applied Public Health Chairs funded by the CIHR Institute of Public and Population Health, the Public Health Agency of Canada, and other partners. She is an Associate Professor in the School of Nursing at the University of Victoria and Co-Lead with Trevor Hancock (TH) of the BC Core Public Health Functions Research Initiative (CPHFRI). This collaborative initiative among researchers and decision makers is a major component of Marjorie's program of research supported by the Applied Public Health Chair Award.

Dr. Marjorie MacDonald
Applied Public Health Chair

Trevor Hancock is a public health consultant in the BC Ministry of Healthy Living and Sport and chairs the Core Public Health Functions Steering Committee, a group comprising representatives from the Ministry and all BC health authorities. This group is responsible for overseeing the public health systems renewal process in BC, guided by the Core Public Health Functions Framework. Together, Marjorie and Trevor are leading a large program of research initially established in partnership with the BC Health Authorities to explore the context and process of core functions implementation and its impact and outcomes at practitioner, organizational and population levels.

They explain the history of the CPHFRI initiative, the research currently being conducted under the CPHFRI banner, and their plans for future initiatives and expansion.

MM: Our partnership and the CPHFRI initiative began with a conversation we had in the spring of 2006 when I was stepping down as Director of the School of Nursing at UVIC and looking to redirect my research interests to return to my public health roots. I asked Trevor for advice on what was new in public health in BC that might serve as the focus of my research. Most of my previous research could be characterized as involving researcher-decision maker-practitioner-community partnerships and I knew that I wanted to continue to work in these types of collaborations.

TH: In essence, I said "Do I have a project for you!" I was excited by the work we were doing in BC to develop a suite of evidence-informed core programs in public health, to do this in a collaborative manner with our six health authorities, and to develop and implement a performance management approach based on performance plans, targets and reporting by the health authorities. I thought this was worthy of research, and so we worked with the Steering Committee to establish a practitioner/ policy maker/ researcher team.

MM: Fortuitously, at the time we were putting together a team, the Michael Smith Foundation (MSFHR) put out a call for proposals for a Team Planning Grant. We were successful in obtaining this funding to support our initial planning efforts. We brought team members together for a "Think Tank" to which we invited public health experts from outside BC and Canada to help us establish a research agenda. We followed up the Think Tank with a team meeting in which we reviewed the team's consensus on the proposed agenda and set some priorities to guide our initial grant applications for funding.

TH: A high priority identified by the team was to study knowledge translation and exchange (KTE) within the Core Functions Framework, because the proposed implementation process involved an embedded KTE process. Each core program/function is supported by an evidence review, a model core program paper, and a performance improvement process. Thus, we applied for and received a CIHR Knowledge to Action (KTA) grant to study the embedded KTE processes in the food safety and injury prevention core functions in three BC Health Authorities (HAs). We are now into the second year of that study. As we were launching the KTA study, MSFHR put out a call for proposals for a Team Start Up grant to support team development and leverage national funding. This grant has supported a series of successful CIHR grant proposals led by various members of our team. All of these projects are described on our website (http://

web.uvic.ca/~cphfri/).

MM: Our early success boosted our confidence and we decided we needed to seek more substantial funding to address a broader range of our priorities than these smaller, but very important grants, would allow us to do. In the Think Tank we had identified the need to do inter-provincial comparisons on the public health renewal process. Thus, the team put together a comprehensive and integrated framework to guide future proposal development that would focus on comparing two provinces (BC and Ontario) with respect to core function implementation and outcomes. We chose Ontario because they were just beginning to roll out their revised public health standards in parallel with the BC process, yet there were significant differences in the two processes. This provided an excellent opportunity to engage in a "natural experiment" of sorts.

TH: The research framework is outlined in a Figure (http://web.uvic.ca/~cphfri/about/index.htm). On the face of the matrix are the priority research studies the team identified as important. Along the top are the themes embedded in all of our research projects: KTE, equity, partnerships, and methods development. Along the side are the BC core functions and Ontario standards within which our studies to date have been grounded. This framework guided proposal development for a successful five year CIHR Emerging Team Grant in Public Health Systems Renewal in BC and Ontario (RePHS). This includes the BC team members and representatives from the Ontario Ministry of Health and Long Term Care, the Ministry of Health Promotion, the Ontario Agency for Health Protection and Promotion, three health units (Sudbury, London-Middlesex, and Ottawa), and three universities (McMaster, Western, and Waterloo). We anticipate that co-investigators from two or three additional health units will be added to the team. Again, see our website for the list of team members and a project description.

MM: We have now received funding for all of CPHFRI's initial research priorities and hope to convene a meeting again in 2010 with the BC team to come to consensus on the next set of research priorities. We are grappling with how to manage an expanding team that now includes members in two provinces. Do both teams operate under one CPHFRI umbrella? Or do we develop two separate teams that each have their own research agendas, but may collaborate from time to time? And what do we do about adding researchers from other provinces; should we have some sort of national network?

TH: Fairly early on we recognised the need to develop a public health services research agenda in Canada. This is a topic at the confluence of both health services research and public health research – and is the 'poor cousin' of both. But we believe that research on how to best provide effective public health services should be an important priority for CIHR. We specifically raised the issue of a national agenda in our workshop session at the 2009 CPHA Conference and got a fair bit of interest. So we are now in the early stages of planning a national meeting to explore this idea. We also want to link up with the small group of researchers and practitioners doing public health services research in the USA and internationally, and help position Canada as a leader in this emerging field.

Trevor Hancock
Co-Lead, BC Core Public Health Functions Research Initiative

Canada’s Global Health Research Initiative

Carol Clemenhagen
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Health around the world is a key building block of sustainable social and economic development. As a result, there is universal interest in understanding health determinants as well as in building better, more efficient health systems to deliver improvements to health. A key part of this effort involves health research, and in recent years opinion leaders around the world have argued that more research funding should be focused on improving the health of people in developing countries.[1,2]

“The Global Health Research Initiative (GHRI) is an important part of Canada’s contributions to international efforts on global health priorities.”

The Global Health Research Initiative (GHRI) is an important part of Canada’s contributions to international efforts on global health priorities. The GHRI promotes and facilitates inter-disciplinary research on global health challenges, and strengthens the capacity to conduct research and to apply findings to address real world problems. The initiative is a research funding partnership of five agencies and departments of the Government of Canada, including the Canadian International Development Agency (CIDA), the Canadian Institutes of Health Research (CIHR), Health Canada (HC), the International Development Research Centre (IDRC), and the Public Health Agency of Canada (PHAC). A Steering Committee made up of representatives from the five partners provides governance and oversight for the GHRI. Erica Di Ruggiero and Nancy Edwards from the IPPH represent CIHR.

GHRI funded projects bring together teams of researchers from Canada and low- to middle-income countries working on a wide range of topics, such as the interaction of public health and environmental health in food and waterborne illnesses in the Caribbean region; the impact and reproducibility of a child health program involving village health volunteers in southwest Uganda; identifying and overcoming barriers to immunization in developing countries; and prevention, care, and support for vulnerable populations at risk for HIV/STI in Shanghai, China.

GHRI-supported research teams work to translate research results into action, especially results that add to our understanding of the factors that make up good health, improve the organization and delivery of care, and strengthen health systems. They address the need to make research results more accessible to those responsible for decisions about policy, implementation of health interventions, and how best to allocate health-related investments.

The GHRI is unique among Canadian research funders in that it only funds global health research. Since its launch in 2001, the initiative has played a central role in establishing a strong global health research community in Canada, providing support to close to 200 Canadian researchers affiliated with research institutions and universities across Canada collaborating with over 500 researchers based in low- to middle-income countries. Over 100 projects have been funded to date. In addition to meeting rigorous standards of merit review in the context of a competitive grants process, GHRI funded research projects are interdisciplinary and cross-sectoral in nature and often involve research teams spread across several countries.

Before the GHRI was established, a small number of Canadian researchers were involved in international health research but there was no clear mandate in any one organization to connect them with developing country researchers. Now, a new generation of researchers adept in competitive research excellence and collaborative international research in global health are looking to the GHRI to take a leadership role, particularly in areas where global health priorities for Canada and low- to middle-income countries converge, and where research can advance efforts to deliver sustainable gains in health.

The Memorandum of Understanding governing the GHRI partnership is scheduled for formal review in 2010-2011. Feedback on

GHRI's contribution to Canadian global health research to date and new ideas for its potential next evolution are always welcome.

[1] The US Commitment to Global Health: Recommendations for the Public and Private Sectors, Institute of Medicine, National Academy of Sciences, May 2009. Available for download at: http://www.IOM.EDU/USANDGLOBALHEALTH

[2] The World Health Report 2008: Primary Health Care Now More Than Ever. World Health Organization, 2008. Available for download at: http://www.who.int/whr/2008/en/index.html

Navigating Partnerships: CIHR's Plan for Successful Collaborations

Allison Forsythe
CIHR Partnerships and Citizen Engagement Branch Project Officer

In 2008, CIHR's Governing Council gave the organization the directive to "partner better." As the central coordinating body for partnerships within CIHR, the Partnerships and Citizen Engagement (PCE) Branch took up the call to action and led one of the 2008/09 Corporate Projects to develop a CIHR Partnership Plan.

The Plan itself was created in response to the need for improvement in the creation, management, and sustainability of CIHR's domestic partnerships. Based on extensive internal and external consultations performed by consultants from The Intersol Group, the Plan is intended to address the needs of both CIHR staff and our partners. The consultations revealed common concerns about the apparent lack of communication and coordination of partnership activities within CIHR, and the need to clarify roles, responsibilities, and terms. The Plan, entitled *Navigating Partnerships: CIHR's Plan for Successful Collaborations*, specifically addresses these concerns by providing an overview of the roles and responsibilities that each party has in the course of the relationship. These roles, responsibilities, as well as partnership terms (definitions) will be expanded upon in an accompanying *Partnership Handbook*, which is currently being drafted. In addition, the Handbook will describe the communication and coordination roles of the PCE Branch and how those functions will be enhanced.

It is important to note that while the Plan provides a clear overview of CIHR's approach to partnering and the benefits that all parties can gain by investing time and energy into cultivating meaningful relationships, it is *not* intended to provide strategic direction as to whether or not CIHR should partner with a given organization in a specific situation. The responsibility to partner strategically and to achieve the outcomes listed in *CIHR's Health Research Roadmap* (CIHR's Strategic Plan for 2009-2014), lies with the individual Institutes and Branches and will be integrated into the implementation of that strategic plan.

"Partnership" under the microscope

This Plan and accompanying Handbook are designed to support CIHR's vision for partnerships, which is to *"engage in partnerships that maximize the collective impact of knowledge creation and its application to improve the health of Canadians and the global community."* The formality of CIHR's relationships may vary, but they all must be grounded in trust, mutual respect, and effective communication. CIHR's inclusive approach to the term "Partner" welcomes other organizations that share CIHR's commitment to the creation of new knowledge and its translation into improved health for Canadians and the global community. The different *types* of partners that CIHR has are discussed in *Navigating Partnerships*, and best practices for working with those partners

will be described in the Handbook.

Next Steps

The Plan was officially approved by CIHR's Senior Management in August 2009. The finalized document will be sent to everyone consulted, and a variety of venues will be used to share the Plan both internally and externally. As noted above, a *Partnership Handbook* is also being drafted to accompany the document; it will address more of the operational, "everyday" aspects of engaging in partnerships. Updates will be available online (through the Partnerships section of CIHR's website: http://www.cihr-irsc.gc.ca/e/27335.html) in the coming months.

For more information, or if you have any questions or comments, please feel free to contact the PCE Branch at pce.pec@cihr-irsc.gc.ca.

My Experience on a CIHR Peer Review Committee

Mariane Pâquet, MD, MSc
Centre de recherche sur le vieillissement, Institut universitaire de gériatrie de Sherbrooke, Université de Sherbrooke
Département de médecine sociale et préventive, Université de Montréal

"Other than offering an opportunity to meet potential research collaborators and even friends, the activity is a pleasant little break from our routine."

To ensure excellence in research, projects submitted to the Canadian Institutes of Health Research (CIHR) are evaluated by one of approximately 50 peer review grant committees, each with about 10-16 members. Committee members in CIHR's open competition typically meet twice a year and serve for a period of three years.

Last spring, I was invited by the CIHR to participate on a peer review committee. Although when I accepted the offer I knew approximately what was expected, I had not realized how much work it would be. Yet, this was one of the best experiences I have had in the past few years.

Here, I would like to share with other researchers in the community why being involved in a peer review committee was so gratifying. First, as a young researcher, just to receive the invitation was very flattering. By flattering I mean motivating and when I received the dozen or so research projects that I had to evaluate I could not repress feelings of accomplishment and pride. While these feelings vanished slightly when I examined closely the outstanding curriculum vitae of the people composing the teams that were applying for grants, it made me realise that work does get rewarded eventually.

Second, this was a great learning experience. While reading the research proposals I realised how excellent they were and how difficult it would be to rank them. However, what struck me as differentiating the most and least successful research protocols was the way ideas were organised. Clearly articulated proposals were automatically more attractive. For example, the use of a single figure was a lot more convincing than a long detailed text. Easier said than done! However, as a result of this experience, my own work has improved.

Third, I acquired additional knowledge and skills about how to write a grant, but also about how the peer review process itself works. Other reviewers were outstandingly well prepared. I was especially impressed by the scientific officer and the chairperson who assured that the principles of objectivity and integrity, fairness, confidentiality, transparency, accountability and disclosure were applied.

Finally, on a different level, accepting to participate on a peer review committee also means becoming more aware of the application procedures and policies impacting peer review. Insights gained during the process greatly helped to orient my own research. For example, by considering gender analysis, I obtained new evidence-based knowledge upon which to eventually develop practice, programs,

policies and further research. My results were presented at an international congress and enabled me to win a prestigious prize. Also, acting as a peer reviewer does not preclude submitting one's own research proposals for review by another CIHR committee.

Furthermore, being a peer reviewer is also a very interesting social activity. Other than offering an opportunity to meet potential research collaborators and even friends, the activity is a pleasant little break from our routine. I would like to stress how well CIHR coordinates not only the peer review procedure but also all the meetings including details concerning travel, accommodation and meals.

In conclusion, I consider that the week or so of work for CIHR was an excellent investment. It was a very enriching experience, which may be profitable socially as well as professionally to junior but also senior researchers. I'm really looking forward to participating in the next committee.

Announcements

New global health research results published today!
Available at: http://www.biomedcentral.com/1472-698X/9?issue=S1.

We are pleased to announce the publication today of a journal supplement titled *The Fallacy of coverage: uncovering disparities and improving immunization coverage - The Canadian International Immunization Initiative Phase 2 (CIII2).* The supplement, which contains 13 research articles, is being published by BioMed Central's *International Health and Human Rights Journal.*

The articles present the results of a multi-country research project and explain why some children in developing countries are not receiving vaccines. The research also shows how targeted, low-cost interventions can increase vaccination rates, at times doubling or tripling the odds of children being vaccinated.

This five-year research initiative was launched in September 2003, as part of a larger program funded by the Canadian International Development Agency and as part of the Global Health Research Initiative. Six research teams covering 12 countries were selected for funding, and the IDRC provided the technical oversight and administered the grants.

For more information contact Dr. Sharmila Mhatre at: smhatre@idrc.ca

Dear researchers,
Please let us know about your recent publications. We would like to profile some of these in future newsletters.
Please email Emma Cohen, Knowledge Translation and Communications Officer, IPPH: ecohen@uottawa.ca
Thank you.

Funding Opportunities
Please visit the CIHR website for a list of current funding opportunities being offered by the Institute:
http://www.researchnet-recherchenet.ca/rnr16/srch.do?view=search

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16th Canadian Conference on International Health (CCIH)

Janet Hatcher Roberts
Executive Director, Canadian Society for International Health (CSIH)

Canadians, as global citizens, first declared our commitment to health equity and social justice in 1948 with the signing of the *Universal Declaration of Human Rights*; we continue the commitment through our participation in the implementation of the *Global Call to Action: Closing the Gap in One Generation*. In spite of significant progress and improved health status over the last 60 years, as global citizens, we continue to be challenged to live up to our promise.

We have a responsibility to work toward health equity, social justice, and universal attainment of human rights.

To be effective, communities—with governments, non-government organizations and the private sector—must work in partnership, with a common vision. Addressing the social determinants of health, such as food security, shelter, safety, education, income, poverty, employment, and access to care, will create the necessary foundations for our solutions.

The 2009 Canadian Conference on International Health (CCIH) will examine inequities of health status and the impact on the health of marginalized, vulnerable and Indigenous populations of changing environments, whether these changes are due to climate, technology, the economy or threats to human security.

This conference will bring attention to our responsibility as global citizens to take action on progress toward achieving the Millennium Development Goals (MDGs) and ultimately health equity. The conference will address the evidence and action on the progress of the MDGs, the role of global health diplomacy and the evidence and opportunities for action as we integrate a social determinants of health framework into our policies, programs, and action at the global, national and local level.

The 2009 CCIH promises to provide exciting opportunities for learning, networking and sharing projects and proposals.

Hosting a number of esteemed, international speakers, who are experts in their fields, we are expecting over 600 people to attend this busy and thought-provoking conference.

Be sure to register at http://www.csih.org/ for the conference soon to ensure that you do not miss out on this important international event.

We look forward to seeing you in October.

16th Annual Canadian Conference on International Health (CCIH)

"*Health Equity: Our Global Responsibility*"

October 25 - 28, 2009

Crowne Plaza Ottawa Hotel, 101 Lyon Street

Ottawa, Ontario