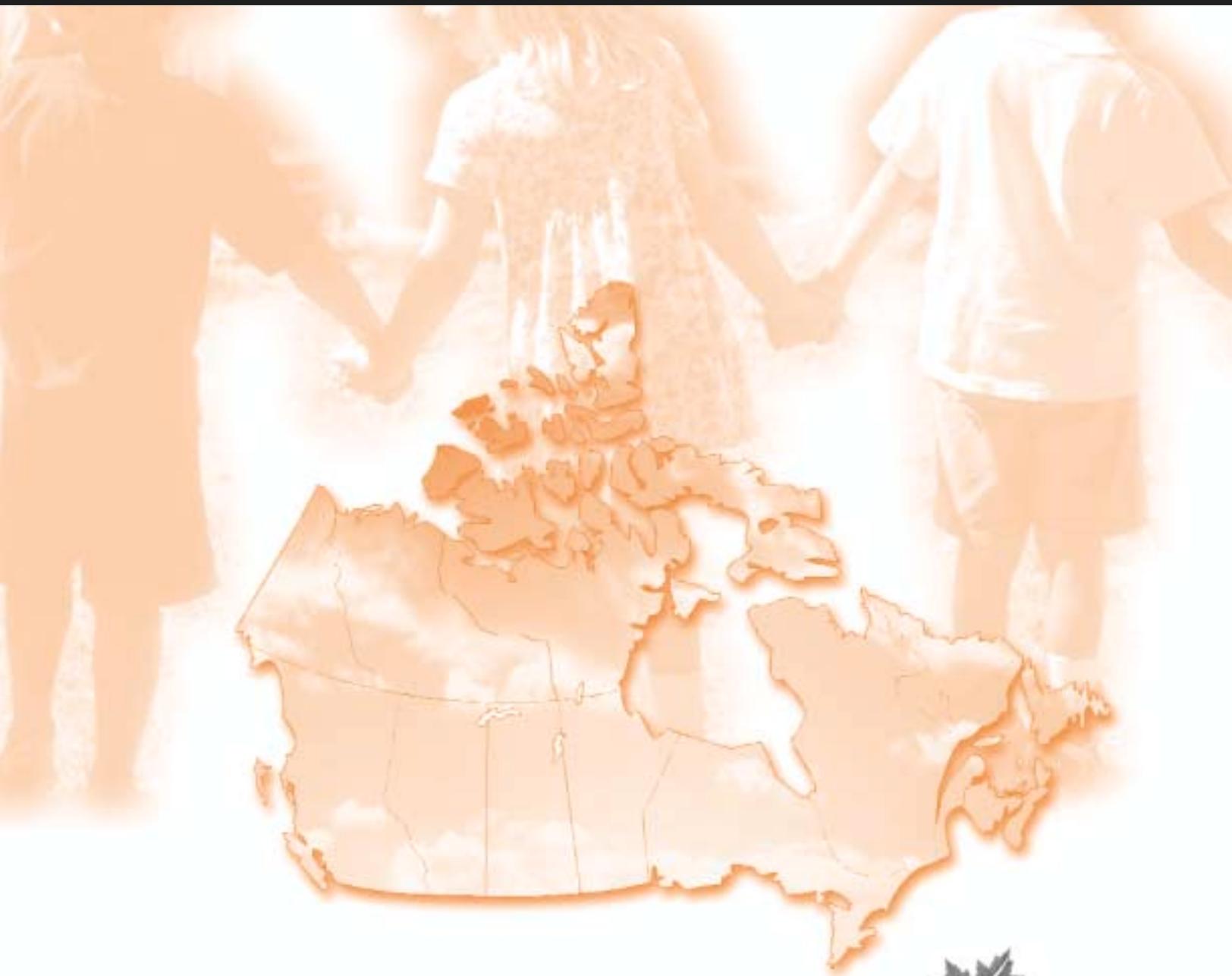


Canadian Population Health Initiative • Institute of Population and Public Health

# CHARTING THE COURSE

PROGRESS REPORT *Two Years Later: How Are We Doing?*



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé



CIHR IRSC

Canadian Institutes of  
Health Research Institut de recherche  
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Canadian Institute for Health Information  
377 Dalhousie Street  
Suite 200  
Ottawa, Ontario, Canada  
K1N 9N8

Telephone: (613) 241-7860  
Fax: (613) 241-8120  
[www.cihi.ca](http://www.cihi.ca)

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# CHARTING THE COURSE

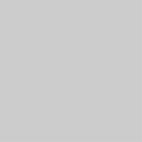
## PROGRESS REPORT

### TWO YEARS LATER: HOW ARE WE DOING?

Canadian Institutes of Health Research,  
Institute of Population and Public Health

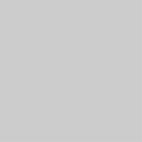
Canadian Institute for Health Information,  
Canadian Population Health Initiative

February 2004



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# INTRODUCTION

## PURPOSE OF CONSULTATION SESSIONS

In the fall of 2001, the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI) and the Institute for of Population and Public Health (IPPH) of the Canadian Institutes of Health Research (CIHR) collaborated on a ten-city, pan-Canadian consultation to identify priorities for population and public health (PPH) research and knowledge transfer. More than 400 participants took part in the consultations, which were intended to inform strategic planning for both CPHI and IPPH, and to ensure that the two organizations were working together to address key PPH

priorities. In May 2002, the two organizations produced the document *Charting the Course (CTC)*, which outlined the main themes and issues that emerged from the consultations.

The purpose of this document is to report to PPH partners on progress achieved to date by CPHI and IPPH in addressing the priorities identified through the CTC consultations. It is not meant to be an exhaustive list of these organizations' activities, but rather to provide some examples of the ways in which IPPH and CPHI are delivering on their commitment to address the important PPH priorities identified through the CTC process.

# BACKGROUND

## ABOUT CPHI AND IPPH\*

### CPHI

CPHI's mission is to develop a better understanding of factors affecting the health of individuals and communities and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

### IPPH

IPPH supports: (1) research into the complex interactions (biological, social, cultural, environmental) that determine the health of individuals, communities, and global populations; and (2) the application of that knowledge to improve the health of both populations and individuals.

## FOCUS OF THE CTC CONSULTATIONS

There were three areas consultation participants were asked to discuss:

- key priorities for PPH research and knowledge transfer;
- local capacity building needs with respect to PPH knowledge creation, synthesis, brokering and transfer; and
- Opportunities that exist for IPPH/CPHI to collaborate with stakeholders.

Within these broad areas, themes and issues emerged.

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\* Also see Appendix 1.

# KEY PRIORITIES FOR PPH RESEARCH AND KNOWLEDGE TRANSFER

Within this area, three themes emerged:

- A. Priority research themes
- B. Research methods, standards of evidence, and data infrastructure issues
- C. Knowledge transfer and priorities: moving from transfer to exchange

## A. PRIORITY RESEARCH THEMES

During the CTC consultations, participants identified five research themes:

1. *Health impacts of poverty/income inequality*: the ways in which income inequality affects health status and the effectiveness of program and policy interventions to ameliorate the negative health impacts of income inequality.
2. *Interactions among the determinants of health*: research on the pathways or causal relationships among the social, environmental, psychological, and biological factors affecting health status. Some participants noted that research in this area should take a “life course” approach.
3. *Health and the biophysical environment*: identifying factors contributing to environmental health-related problems

such as asthma, allergies, and chemical sensitivities, as well as the state of the physical environment and its effects on health.

4. *Gene-environment interactions*: the integration of population health sciences and genetic research methods to better understand the extent to which diseases are determined by individual genetic inheritance and/or the social and physical environments within which people live.
5. *Population-level interventions*: the effectiveness of specific policy and program interventions aimed at promoting population health.

The following represents CPHI's and IPPH's work on these priority research themes.

### 1. Health Impacts of Poverty/Income Inequality

#### CPHI

In this area, CPHI has:

- through its initial research funding, invested approximately \$1.8 million in research programs and projects that explore the relationships between place and health, including income

inequalities, in Calgary, Montréal and Québec City, and Atlantic Canada regions;

- commissioned two policy research papers on the issue of poverty and health, authored by Dr. Shelley Phipps (Dalhousie University) and Dr. David Ross (former executive director of the Canadian Council on Social Development);
- commissioned background research by Dr. Nancy Ross (McGill University) and is developing a synthesis paper on the relationship between income inequality and health. CPHI has also devoted an entire chapter of its upcoming Flagship Report, *Improving the Health of Canadians* (February 2004), to this issue; and
- commissioned the Caledon Institute of Social Policy to undertake an analysis of policy instruments relating to income and health.

### **IPPH**

IPPH has established “analyzing and reducing health disparities” as one of its five strategic priority areas. Accordingly, the Institute has:

- supported the establishment of this research area as a CIHR cross-cutting research priority, led by the CIHR Institute of Gender and Health (IGH);
- funded 13 interdisciplinary teams of researchers and stakeholders to develop

programs of research designed to understand and address health disparities. Funding for these research initiatives was provided through the “Reducing Health Disparities & Promoting Equity for Vulnerable Populations” request for applications (RFA) in collaboration with IGH and other CIHR Institutes and funders (Health Canada, Social Sciences and Humanities Research Council of Canada (SSHRC), and the National Secretariat on Homelessness). Examples of funded projects include *Creation of a BC Homelessness and Health Research Network* (Dr. Charles Frankish) and *Development of Migration and Reproductive Health Studies* (Dr. Anita Gagnon); and

- participated in a successful “training and research centre” proposal to the Robert Wood Johnson Foundation in the United States. This initiative will include student and scientist exchanges and colloquia focused on the health impacts of poverty/income inequality.

## **2. Interactions among the Determinants of Health**

### **CPHI**

CPHI acknowledges the need to examine this theme. Accordingly, CPHI:

- provided funding to Dr. Peggy McDonough (University of Toronto)

to facilitate research on *A Life Course Approach to the Social Determinants of Health*.

In the future, CPHI will explore opportunities – either alone or in partnership with IPPH and others – to facilitate research that sheds additional light on the causal pathways between determinants, their interaction, and population health.

### **IPPH**

IPPH supports the study of social and physical determinants of health and their interactions over the life course, as well as policy and program intervention research to improve social and physical environments, in order to achieve population-level health benefits. In this area the Institute has:

- funded “needs, gaps, opportunities, and assessment” (NGOA) grants to
  - » conduct, through participatory consultation processes, one-year environmental scans of current and planned research activity and capacity in Canada, and
  - » develop a list of priority research needs/gaps/opportunities in the following areas: social assistance and health, income and health, and housing and health.

The reports from these grants are being used to inform the re-launch of an RFA on health disparities.

- Supported a series of consensus-building meetings, conferences, and workshops (e.g. the Canadian Association of Researchers in Work and Health Consensus Conference (Nov. 2001) and the Inner City Health Conference (Oct. 2002)) to address context-related priorities.
- Funded eight teams of interdisciplinary researchers and stakeholders to develop programs of research to examine the health impacts of policy and programs that affect the quality of these environments, and design and test new interventions to achieve population-level health benefits through the “Understanding and Addressing the Impacts of Physical And Social Environments on Health” RFA. Examples of funded projects include *Understanding and Improving the Quality of Social Environments: Collaborative, Transdisciplinary Foundations* (Penelope Hawe and Allen Shiell), and *Work Organization and Prevention of Illness and Injury* (Harry Shannon).
- Launched, in September 2002, the first CIHR Centres for Research Development RFA in one theme area: “Understanding and Addressing the Impacts of Physical and Social Environments on Health.”

### 3. Health and the Biophysical Environment

#### CPHI

On this theme, CPHI has:

- provided funding to Dr. Yue Chen (University of Ottawa) for research on the *Determinants of Health Status of Asthmatics and Their Community Variation: Implications for Asthma Management in Canada*; and
- collaborated with Environment Canada and Health Canada on developing environmental health indicators.

#### IPPH

IPPH has:

- participated in the Safe Food and Water Initiative, led by a coalition of federal agencies and the CIHR Institute of Infection and Immunity (III). IPPH supports the integration of a PPH perspective to research on safe food and water. Such a perspective engages a broad array of researchers, stakeholder partners, and research users – such as policy-makers, public-and voluntary-sector program administrators, and clinical and public-health practitioners – in the research cycle; and
- supported an NGOA grant on the application of science in the control of infectious diseases. This project aims to determine the research needs, gaps, and opportunities of key stakeholders and

public health practitioners regarding infectious disease control, social determinants of health, the development of enhanced surveillance activities, and the use of genetic epidemiology in public health.

### 4. Gene-environment Interactions

#### CPHI

As this is not a CPHI priority theme, CPHI has not conducted work in this area.

#### IPPH

Planned in collaboration with the CIHR Institute of Genetics (IG), this strategic priority acknowledges that the new knowledge emanating from genomic research must be balanced with equally comprehensive assessments of relevant environmental exposures in order to understand fully the causal pathways leading from health to disease and premature mortality.

The Institute has:

- facilitated a series of joint workshops with IG, involving population geneticists, genetic epidemiologists, population health experts, and child development researcher groups that had never met previously – to explore areas of competitive advantage for research contributions by Canadians
- co-led the development of the rationale and case for establishing gene-environment interactions as a CIHR

cross-cutting research priority with other CIHR Institutes (Institute of Aging (IA); IG; and the Institute of Human Development, Child and Youth Health (IHDCYH))

- with IG and IHDCYH, planned and implemented an international workshop of experts to discuss the design, methodological, ethical, legal, and social issues pertaining to the planning of a multi-generational cohort study in Canada. If funded, this initiative will provide the research platform for a series of subsequent sub-studies to further our understanding of the bio-psychosocial determinants of health over the life course. Such an initiative will require the involvement of a variety of disciplines, including (but by no means limited to) genetic epidemiologists, social scientists, bio-statisticians, and behavioural psychologists.

## 5. Population-level Interventions

### *CPHI*

In response to the CTC consultations and as a result of its strategic planning process, CPHI has decided to focus its future research and analysis work on the following:

- synthesizing and analyzing population health research findings to highlight the state of the evidence on priority issues;
- facilitating future policy research to assess the impacts of interventions on the health of Canadians, whether or not

such interventions are designed to affect health; and

- synthesizing evidence about interventions and developing policy options.

### *IPPH*

IPPH has undertaken a number of activities to address the need for more research into the effectiveness of interventions aimed at promoting the health of entire communities or populations. The following three RFAs address the need for intervention research:

- *Reducing Health Disparities & Promoting Equity for Vulnerable Populations;*
- *Understanding and Addressing the Impacts of Physical and Social Environments on Health;* and
- *Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy, Population and Public Health Research and Knowledge Translation.* Eligible research areas in this RFA include developing generalizable methods to evaluate multi-level, population-level interventions that involve a combination of education, environmental supports and controls, economic levers, and enforcement of legislation and regulations.

## B. RESEARCH METHODS, STANDARDS OF EVIDENCE, AND DATA INFRASTRUCTURE ISSUES

### 1. Research Methods

#### CPHI

Through its initial Request for Proposals (RFP), CPHI has supported both quantitative and qualitative research; more CPHI-funded research Programs/Projects, however, have used the former rather than the latter approach. Through this RFP, CPHI funding has supported:

- analytic research based on secondary data sources
- formal systematic reviews
- the development of population health indicators
- the development of quantitative modeling and simulation tools to support evidence-based decision making
- an articulation of novel conceptual frameworks to advance public policy making in population health
- research exploring innovative approaches and methods in knowledge transfer and dissemination.

In 2002/03, CPHI Council undertook a strategic review of CPHI's knowledge-

generation activities. Council decided that, for the period 2003-2007, CPHI would focus on:

- collecting and analyzing existing research and research reviews related to CPHI-funded priority themes in order to identify what we know – as well as knowledge gaps and priorities – about specific population health issues;
- synthesizing research evidence related to core themes for the CPHI flagship report, *Improving the Health of Canadians*;
- commissioning “state of the evidence” reviews on key population health issues and CPHI priority themes;
- commissioning research to examine the health effects of existing policies and programs in Canada; and
- partnering with others to commission policy-relevant research, build evidence for priority themes, and generate new knowledge on the determinants of health.

In November 2002, CPHI brought together seven CPHI-funded research teams in a research workshop that examined the relationships between place and health. The workshop's purpose was to facilitate pan-Canadian, coordinated research on place and health by identifying common methods and data collection tools to facilitate comparability of research results across Canada. A final report on the workshop (posted on the CIHI Web site in June 2003) provides other researchers with insights and

approaches that emerged from the workshop. CPHI is organizing a research workshop on “youth and health” in February 2004.

### **IPPH**

IPPH has undertaken a number of initiatives to address the need for appropriate research methods. The Institute:

- launched research development grant RFAs, intended to encourage development and build capacity in addressing a variety of population health issues using various research methods; and
- held its first Summer Institute in 2002, with a repeat of the event in 2003, in collaboration with the CIHR Institute of Health Services and Policy Research (IHSPR), the Quebec Population Health Research Network (PHR), and the Fonds de recherche en santé du Québec (FRSQ). The overall aim of the Summer Institute is to learn about and share qualitative and quantitative approaches to conducting interdisciplinary partnered health research.

## **2. Standards of Evidence**

### **CPHI**

As part of its new role in research synthesis and analysis, CPHI will consult with stakeholders to develop “quality screens” to ensure that research synthesis meets rigorous quality standards.

### **IPPH**

In collaboration with IHSPR, launched the *Advancing Theories, Frameworks, Methods and Measurement in Health Services & Policy, Population and Public Health Research and Knowledge Translation* RFA. This RFA aims to support research likely to lead to

- new breakthroughs in advancing theory, conceptual frameworks, research methods, or measurement approaches (qualitative or quantitative) that have broad application to health services (including public health), systems, and policy research and population health research, or
- understanding the translation of research into a strengthened Canadian health care system and improved health for Canadians. More than 100 applications, which will be peer reviewed in autumn 2003, were submitted for this competition.

## **3. Data Infrastructure Issues**

### **CPHI**

As a condition of eligibility for funding, CPHI’s initial research funding RFP (2000-2002) stipulated that research program proposals must demonstrate how the research would enhance Canada’s population health research infrastructure. CPHI-funded research Programs are thus contributing to the development of Canada’s population health research infrastructure.

- CPHI published the report *Barriers to Accessing and Analyzing Health Information in Canada*, by Dr. George Kephart (Dalhousie University). The report documents challenges to conducting a CPHI-funded, multi-province population health research project in Canada.

### IPPH

IPPH has undertaken a number of initiatives to address the need for data infrastructure to advance PPH research. In this area, the Institute:

- Partnered with CPHI, IHSPR, Health Canada, and Statistics Canada on an RFP to address the current state of Canada's public health research infrastructure, as well as gaps and future priorities. The RFP consisted of four components:
  - » a conceptual framework and taxonomy of population-based health and health service research databases, registries, and repositories in Canada;
  - » key issues and challenges for enhancing access to and use of population-based health and health service research databases, registries, and repositories in Canada;
  - » classifying and building capacity for an ongoing inventory of population-based health and

health service research databases, registries, and repositories in Canada; and

- » planning for strategic investments in population-based health and health service research databases, registries, and repositories in Canada.

## C. KNOWLEDGE TRANSFER AND PRIORITIES: MOVING FROM TRANSFER TO EXCHANGE

### CPHI

CPHI undertakes knowledge transfer in a variety of ways, including understanding, engaging and influencing policy-makers; and investigating mechanisms for synthesis and knowledge transfer/exchange.

### UNDERSTANDING, ENGAGING, AND INFLUENCING POLICY MAKERS

- In March 2002, CPHI organized a "Partnership Meeting," which brought together more than 100 researchers, policy makers, and other stakeholders from a variety of sectors to discuss three themes: Communities and Health, Work and Health, and Children and Youth Health. The meeting proved to be an effective networking opportunity and meeting ground for researchers and policy makers alike; participants discussed evidence, policy issues, and priorities in relation to the three themes.

- A report of the meeting was developed and disseminated, and is available through the CIHI Web site ([www.cihi.ca](http://www.cihi.ca)).
- CPHI organized a national roundtable on Poverty and Health, held in Ottawa on March 26, 2002. This event brought together policy makers, researchers, and other interested parties from across the country to begin to identify new, evidence-based strategies for addressing poverty and health issues in Canada. Proceedings from the roundtable are available on the CIHI Web site.
  - In February 2003, CPHI organized a regional workshop, held in Fredericton, N.B. The workshop brought together CPHI-funded researchers from the Atlantic region working on children and youth health issues with policy makers and community representatives from a variety of sectors. Approximately 40 people attended the workshop; a final report is available through the CIHI Web site.
  - A second regional workshop, held in Saskatoon in March 2003, brought together CPHI-funded researchers, other researchers, policy-makers across sectors, and community representatives to discuss research and policy issues related to the determinants of healthy communities. Approximately 40 people attended this workshop; a report is available on the CIHI Web site.
  - In November 2002 and January and March 2003, CPHI held a series of focused meetings to discuss the health of Aboriginal peoples and communities (including urban communities). These discussions involved Aboriginal leaders, policy-makers, and researchers, and have provided direction for CPHI's policy research and analysis with respect to Aboriginal peoples' health. Proceedings are available on the CIHI Web site.
  - CPHI contributed to the Federal/Provincial/Territorial Healthy Living Strategy consultations during the winter of 2003 by advising on the consultation process; engaging in policy dialogue with key influencers, such as the Chronic Disease Prevention Alliance of Canada and the F/P/T/ Advisory Committee on Population Health and Health Security; and providing contextualized evidence on effective strategies for improving health outcomes.
  - As an ongoing practice, CPHI maintains strategic contacts with key policy actors in federal, provincial/territorial, regional, and municipal jurisdictions. In this way, CPHI can monitor emerging policy issues relevant to its themes and maintain current information on policy needs to guide research, analysis, and reporting.
  - CPHI made submissions on population health to the Romanow and Kirby Commissions on the importance of

focusing on “upstream” determinants of health.

- In 2003/04, CPHI will hold a series of roundtables and meetings with a cross-section of policy/decision makers to give visibility to population health issues.
- The CPHI Flagship Report, *Improving the Health of Canadians*, will have as its primary audience policy/decision makers. The communications strategy for the report includes:
  - » baseline information about public opinion on the determinants of health
  - » a national media release for the report and other products
  - » a regional promotional tour for the report and other products
  - » in-depth research and policy papers on report-issue areas
  - » planning web-based and other communications strategies

#### MECHANISMS FOR SYNTHESIS AND KNOWLEDGE TRANSFER/EXCHANGE

- CPHI has provided \$425,000 in funding for a research Program on *Knowledge Transfer and Uptake in Policy-making Environments: A Research Program Focused on Knowledge about the Determinants of Health*, led by Dr. John Lavis (McMaster University). This Program seeks to facilitate information-sharing on the factors contributing to effective research-knowledge transfer

and exchange in policy-making environments.

- CPHI has developed reports, fact sheets, and workshops to facilitate the research knowledge-transfer process. CPHI will also develop an enhanced, web-based information system to add to the knowledge-transfer and exchange processes.
- CPHI has developed a formal plan for research synthesis and will commission syntheses of evidence through the course of 2003/04.
- Throughout 2003/04 and beyond, CPHI will work with CIHI's communications department to disseminate research findings through media releases and other vehicles.

#### IPPH

The Institute is committed to facilitating the uptake and translation of PPH knowledge by , engaging, and influencing policy makers, and by developing and implementing mechanisms for synthesis and knowledge exchange. In this area the Institute has, for example:

- in all IPPH RFAs, required the engagement of the general public and research users (e.g. policy-makers, program administrators, public health practitioners), and incorporated incentives for developing mechanisms to facilitate knowledge exchange;

- prepared a briefing note on globalization and health and global health research priorities as a backgrounder for the 2002 G8 meetings;
- submitted a deposition and background brief to the Romanow Commission on the importance of strengthening Canada's public health infrastructure;
- commissioned synthesis papers to help set global health research priorities, including *Setting Global Health Priorities for Funding Canadian Researchers: A Discussion Paper* (by Drs. Ron Labonte and Jerry Spiegel) and *Promoting Canadian Involvement and Capacity Building in Global Health Policy and Systems Research* (by Drs. Slim Haddad and David Zakus), which have, in part, informed the development of Global Health RFAs;
- sponsored a variety of workshops, conferences, and symposia (e.g. a Behaviour Social Sciences and Humanities Health Research (BSSHHR) workshop and the Inner City Health Conference). As a result of the BSSHHR workshop, IPPH and other stakeholders established an interim steering committee to develop a policy paper to examine the integration of BSSHHR into the programs of health research funding agencies. The steering committee was also charged with developing a business case to describe how BSSHHR creates value, including a policy framework for expanding and increasing the use of BSSHHR. Building on this work, a second workshop is being planned for early 2004. The goal of this event is to develop a collaborative, inter-agency approach to encouraging, supporting, and funding BSSHHR as a vital contributor to the health of Canadians;
- together with an expert/stakeholder committee, conducted a structured review of PPH evidence-synthesis needs in Canada;
- addressed the Commission on the Future of Health Care to underscore the essential role of public health services as part of a sustainable health care system;
- commissioned a review of the organization and funding of public health services in comparative nations, with a view to making recommendations to bolster Canada's public health infrastructure to meet the challenges of the 21st century;
- made a number of presentations to increase awareness of the Institute and its activities, and to impart existing knowledge about key PPH concepts and research findings to a variety of researchers and research users (e.g. policy-makers, political representatives). Examples include: meetings with the Prime Minister's Office to discuss environmental contaminants and a children's health initiative (January

and February 2001); presentations to the Canadian Society for International Health Conference (global health focus) (November 2001) and to Health Canada's Scientific Advisory Board: "A New Vision for Population and Public Health in Canada" (March 2002);

- convened a public health research infrastructure meeting (March 2003), which aimed to facilitate the development of a network and infrastructure for public health researchers, practitioners, community advocates, and policy-makers in Canada. submitted articles for publication and contributed to stakeholder newsletters;

Examples include:

- » profile of IPPH and summary of the National Birth Cohort Design Meeting in the Canadian Society for Epidemiology and Biostatistics newsletter
- » "Prevention: Delivering the Goods" (John Frank, Scientific Director, IPPH, & Erica Di Ruggiero, Assistant Director, IPPH; *Longwoods Review*, April 2003)
- » "Public Health: What are the issues?" (Frank & Di Ruggiero, *Canadian Journal of Public Health*, May 2003)
- completed, in collaboration with Ontario's Public Health Research, Education and Development Program (PHRED), a study to assess the feasibility of implementing

the PHRED model in other parts of Canada as a basis for building applied PPH research infrastructure in the community. Such research would be anchored in both universities and public health practice settings.

## Local Capacity-building Needs

### CPHI

In order to foster local capacity-building, CPHI has undertaken several initiatives, reflecting the variety of ways in which this activity can be approached:

- CPHI research funding facilitates research capacity-building by creating opportunities for graduate students, post-doctoral fellows, and community members to engage in population health research.
- The Place and Health and two regional workshops provided opportunities for young investigators (including graduate students) to interact with principal investigators. The second CPHI research workshop on Youth and Health (February 2004) will offer similar opportunities. These workshops are designed to bring together researchers and policy-makers in different regions to identify research needs and exchange knowledge on population health issues and priorities.
- CPHI has developed an education workshop in Population Health Planning. The workshop is part of CIHI's suite of

education workshops and became available in Autumn 2003. The workshop is oriented to policy-makers and others at the regional, provincial, and community levels who undertake health planning and health promotion initiatives.

### **IPPH**

The Institute has undertaken several activities that address regional inequalities in local research and knowledge exchange capacity. These activities are directed at the development and transfer of new PPH knowledge and the expansion of partnerships to support knowledge generation and transfer. To these ends, the Institute has:

- designed and issued the first-ever CIHR Research Development Centres RFA, and three Development Grant RFAs to build PPH research capacity, emphasizing cross-pillar activity
- developed RFA criteria that encourage the development and transfer of new PPH knowledge exchange
- launched RFAs in partnership with other Institutes and external organizations (e.g. Health Canada, SSHRC)
- supported capacity building in underdeveloped regions of Canada as a key objective of the Centres for Research Development RFA
- facilitated a review of the funding and organization of public health services in comparative nations, with a multi-stakeholder steering committee
- in partnership with other Institutes and external funding partners, funded or co-funded 14 innovative, multi-year, trans-disciplinary training initiatives across the country as part of CIHR's Strategic Training Initiative in Health Research. Examples include: (1) *Programme de formation transdisciplinaire en recherche en santé publique et en santé des populations: accroître la capacité de recherche et d'action dans le système de santé publique au Canada* (Dr. Gilles Paradis, McGill University and Régie régionale de la Santé et des Services sociaux de Montréal-Centre), co-funded with IHSPR; and (2) *An Integrated Training Program in Health and Social Science Research To Improve the Health of Marginalized Populations* (Dr. Wendy Levinson, St. Michael's Inner City Health Research Unit), co-funded with IGH, IHSPR, and the CIHR Institute of Aboriginal Peoples' Health (IAPH).
- launched a Summer Institute for PPH trainees at the PhD and post-doctoral level, to strengthen interdisciplinary health research capacity in Canada, facilitate connections between researchers at different points in their careers, and complement training in more formal academic settings. Building on the success of this inaugural institute, IPPH collaborated with IHSPR, the

Quebec Population Health Research Network, and FRSQ to organize another training event in June 2003 in Montréal.

## Opportunities for Collaboration

### *CPHI and IPPH*

- CPHI has established collaborative relationships with several agencies. In addition to IPPH and IHSPR, CPHI has collaborated with several other CIHR Institutes, including IAPH, the Institute of Nutrition, Metabolism and Diabetes, IA, and the Rural Health secretariat; the National Aboriginal Health Organization; the Laidlaw Foundation; the Caledon Institute of Social Policy; the Canadian Policy Research Networks; and the Canadian Fitness and Lifestyle Research Institute, among others.
- IPPH has also built relationships and collaborated with several organizations, including Health Canada, the Canadian International Development Agency (CIDA), the International Development Research Centre (IDRC), Statistics Canada, the Alberta Heritage Foundation for Medical Research, the Nova Scotia Health Research Foundation, the Canadian Public Health Association (CPHA), SSHRC, the Heart and Stroke Foundation of Canada, L'Institut de recherche Robert-Sauvé en santé et en sécurité du travail, the Association of Workers' Compensation Boards of Canada, the Canadian Lung Association, and FRSQ and the Quebec Population Health Research Network on the 2003 Summer Institute.
- Numerous opportunities for collaboration between CPHI and IPPH are on the horizon, including potential collaborations on several existing IPPH/CIHR initiatives, and on RFAs to be launched in the near future (e.g. Privacy in Health Research RFA). As well, in 2004, IPPH and CPHI plan to collaboratively organize a major PPH event that will bring together PPH researchers and research users to exchange knowledge focused on synthesizing evidence to inform policy and/or practice.

## THE ROAD AHEAD ...

CPHI and IPPH are exploring collaborative approaches to research and knowledge exchange for PPH in Canada and internationally. Some areas of mutual interest include:

- developing a population health infrastructure to support research
- ensuring the uptake and exchange of population health knowledge
- strengthening public health capacity, and
- promoting a better understanding amongst policy-makers and the public about the broad factors that determine health

# APPENDIX 1: ABOUT CPHI AND IPPH

## CPHI

### Mission

CPHI's mission is to develop a better understanding of factors affecting the health of individuals and communities and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

### Activities

As a key actor in population health, CPHI

- provides analyses of Canadian and international population health evidence to inform policies that improve the health of Canadians;
- funds research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health;
- synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives, and develops policy options;
- works to improve public knowledge and understanding of the determinants that

affect individual and community health and well-being; and

- works within the Canadian Institute for Health Information to contribute to improvements in Canada's health system and the health of Canadians.

CPHI received funding (\$19.9 million) in the 1999 federal budget for the period 1999-2003, through the Health Information Roadmap Initiative. Through that funding, CPHI invested approximately \$11 million to fund more than 40 population health research Programs and Projects that addressed its five Strategic Themes. In this period, CPHI also established three priority areas for policy analysis: poverty/social inclusion, Aboriginal people's health, and obesity.

CPHI's funding (\$15 million) was renewed in the December 2001 federal budget, for the years 2003-2007. With renewed funding for an additional four years, CPHI Council and staff developed a Strategic Plan over the course of the spring and summer of 2002. The recommendations in CTC informed the development of this plan. CPHI's Strategic Plan includes four Strategic Goals and a series of Objectives for each. The four Strategic Goals are:

- A) Establish collaborative strategies and networks to bring a focus to understanding the determinants of health (Knowledge Exchange)
- B) Build a better understanding of the factors affecting population health (Knowledge Generation and Synthesis)
- C) Contribute to policy development to improve the health and well-being of Canadians (Policy Synthesis and Analysis)
- D) Provide objective and credible information on population health issues (Knowledge Transfer and Reporting)

## Strategic Goals and Objectives

### *Strategic Goal A – Knowledge Exchange*

Establish collaborative strategies and networks to bring a focus to understanding the determinants of health.

#### *Objectives*

- Identify emerging population health themes, and factor in population health research evidence and the national social policy agenda.
- Support the development of networks that bring researchers and policy makers together and build strategic collaborative partnerships through proactive, ongoing external relations.

- Establish a campaign of sustained communications, including targeted, proactive media relations.
- Launch an interactive CPHI Web site to improve access to population health information and evidence.

### *Strategic Goal B – Knowledge Generation and Synthesis*

Build a better understanding of the factors affecting population health.

#### *Objectives*

- Synthesize and analyze population health research findings.
- Support the generation of new knowledge on the determinants of health, in collaboration with other funders.
- Build capacity and infrastructure for population health research, in partnership with others.
- Implement proactive, ongoing external relations with population health researchers, research funders, and research organizations, across disciplines.

### *Strategic Goal C – Policy Synthesis and Analysis*

Contribute to policy development to improve the health and well-being of Canadians.

#### *Objectives*

- Assess impacts of policies and policy changes on the health of Canadians,

whether or not they are designed to affect health.

- Support the synthesis of evidence about policy experience and develop policy options.
- Analyze evidence on the effectiveness of policy interventions.
- Monitor the policy environment to identify emerging themes and priorities.
- Implement active, ongoing external relations with policy- and decision-makers from all sectors to promote the exchange of knowledge.

### **Strategic Goal D – Knowledge Transfer and Reporting**

Provide objective and credible information on population health issues.

#### **Objectives**

- Stimulate public debate and dialogue on the determinants of health.
- Produce every two years a high-quality, policy-oriented “flagship report”: Improving the Health of Canadians.
- Produce a publication series to develop key themes and frame population health issues and ideas.

## **IPPH**

### **Mission**

The CIHR Institute of Population and Public Health (IPPH) will support:

1. research into the complex interactions (biological, social, cultural, environmental), which determine the health of individuals, communities, and global populations; and
2. the application of that knowledge to improve the health of both populations and individuals, through strategic partnerships with population and public health stakeholders, and innovative research funding programs.

### **Vision**

Canada will be a world leader in interdisciplinary PPH research and research application, fostering evidence-based policies and programs, and training in the fields of public health, health promotion, and occupational and environmental health. The Institute will also influence, through scientific consultation, the wide range of broader public, voluntary, and private sector activities that profoundly impact on the health of populations.

## Strategic Research Priorities

IPPH's strategic research priorities build on the Strategic Outlook themes recently published in CIHR's Towards a National Health Research Agenda document. Each of the following strategic research priorities is explained in greater detail in the full strategic plan:

- capacity building
- understanding and addressing the impacts of physical and social environments on health
- analyzing and reducing health disparities
- environmental and genetic determinants of disease in human populations
- global health

## Capacity Building

Capacity for cutting-edge and relevant PPH research – and for its use by decision-makers – needs to be strengthened, especially in certain regions of the country, by building on Canada's competitive advantages and research niche in PPH.

Traditional academic departments are often too isolated from each other, and from PPH policy and program stakeholders, to facilitate integration of the necessary perspectives. Innovative institutional collaborations are required to foster active collaboration between a range of investigators and with PPH research users, and to improve career

prospects for the new generation of PPH researchers committed to research and its application. These efforts are essential if IPPH is to effectively support CIHR's overarching vision of innovative, “cross-pillar” research that actually improves the health of Canadians.

### Goal

To create, with the Institute's partners (researchers, research funders, and users), novel funding vehicles and collaborations to pursue excellence while addressing particular PPH capacity challenges in Canada, including:

- new programs, centres, and networks to reduce regional disparities in PPH training, research, and research application; and
- creative inter-institutional arrangements to sustain the long-term partnerships needed for interdisciplinary investigation, effective research transfer, and the ethical use of Canada's rich, anonymized, and linkable administrative databases to study the health of entire populations.

## Understanding and addressing the impacts of physical and social environments on health

As individuals pass through life's stages, their health is affected by a sequence of macro- and micro- environments or contexts – both physical and social – such as home/family,

daycare/school, work/recreation, care settings (at home and institutional) for the disabled and elderly, neighbourhood/community, region, and society or national-state levels. Numerous public-, private-, and voluntary-sector policies and programs are intended to improve the quality of these environments, but the effects are not always optimal in terms of human health. A major research program, led by the IPPH and appropriate partner organizations, will examine the health impacts of such policies and programs, devise improvements that should benefit population health status, rigorously evaluate the effects of those changes, and synthesize this body of knowledge for ease of use by decision-makers.

### **Goal**

To create a trans-disciplinary national network of researchers, policy makers, program administrators, and public health professionals who can identify and study these important social and physical determinants of health and their interactions, and design and carry out interventions to improve critical “life-course-environments” to achieve population-level health benefits.

## **Analyzing and Reducing Health Disparities**

The health status of virtually all populations varies widely across subgroups, defined by socio-economic status, gender, race/ethnicity,

geography (e.g. rural/urban/intra-urban), etc. In Canada, many of these disparities in health status are poorly characterized and documented. Other disparities, while documented, have remained largely unchanged over the course of many years. Comprehensive research programs are needed to describe, investigate, and – especially – reduce such disparities. These programs will need to utilize a trans-disciplinary approach, which acknowledges the many possible origins of health disparities, including differences in the biological, socio-economic, physical, and cultural characteristics of populations and their environments, as affected by local policies and programs that have an impact on health.

### **Goal**

To develop, together with partner organizations such as CPHI, other CIHR Institutes, and the National Institutes of Health, Canada’s expertise in assessing and addressing disparities in health status across subpopulations – both nationally and globally.

## **Environmental and Genetic Determinants of Disease in Human Populations**

Virtually all of the major diseases affecting industrialized nations are jointly determined by the interaction of our individual genetic endowments and the complex sequence of environmental factors – physical, chemical,

biological, and social – to which we are exposed over the life-course. The new knowledge emerging from genomic research must be balanced by equally sophisticated assessments of environmental exposures (which, unlike an individual's genome, generally change over time) in order to elucidate the full causal pathways leading to disease and premature death. Innovative research strategies will be required to accomplish these goals, and it may be necessary to conduct large, complex, long-term longitudinal studies that integrate these measurements and accurately link them to precisely ascertained health outcomes. Such research will require close collaboration across scientific disciplines.

### Goals

IPPH will work with other CIHR Institutes and other stakeholders to:

- facilitate research that elucidates the interactions between an individual's genetic endowment and the complex sequence of environmental exposures – physical, chemical, biological, and social – that occur over the life-course and determine health and disease;
- promote the application of genomic methodologies and knowledge to studies of biological pathways operative in population health, and in relationship to environmental factors that operate over the life course;
- elucidate the biological pathways through which established population health determinants and disparities operate; the understanding of such pathways may lead to innovative disease prevention and health promotion programs; and
- develop specific Canadian expertise in the genetic, ethical, legal, and social (GELS) implications of the new molecular biology, and to explore its policy implications in the context of PPH.

### Global Health

Canada's health status is increasingly affected, like that of many countries, by ecological, technological, economic, political, and socio-cultural forces acting at a global level. Understanding these "upstream" forces and their health impacts in this country and others (especially poorer nations) is essential to ensuring the future health of Canadians. If we are to act as responsible global citizens, it is also ethically imperative to work on global issues.

### Goal

To improve Canada's ability to investigate and intervene into those underlying forces that challenge global health by enhancing, in a sustainable manner, the capacity of national and international researchers and research users to collaboratively develop and apply global health knowledge for evidence-based public health practice.

The Institute will focus on “what we can do best with limited resources” (e.g. integrating social/biomedical science perspectives on the origins of global health problems) while collaborating with other CIHR Institutes and funding partners under the Global Health Research Initiative, Health Canada, CIDA, and the IDRC. Other partners include but are not limited to the Canadian Society for International Health, SSHRC, CPHA, the Association of Universities and Colleges of Canada, the Pan American Health Organization, the World Health Organization, the World Bank, the International Monetary Fund, and the Department of Foreign Affairs and International Trade on specific global health challenges.



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taking health information further  
à l'avant-garde de l'information sur la santé