



Message from the Scientific Director

We are very pleased to release this issue of POP News at the Canadian Public Health Association's (CPHA) 97th Annual Conference. IPPH enthusiastically supports this important opportunity to showcase innovative population and public health research and facilitate knowledge exchange along with CPHA, the Canadian Population Health Initiative, a part of the Canadian Institute for Health Information (CIHI-CPHI), the Public Health Agency of Canada (PHAC) and the Public Health Association of British Columbia (PHABC).

This issue includes articles that are directly relevant to the conference theme, *What Determines the Public's Health?*, its sub-themes (People, Places and Social Change) and streams (Aboriginal Health, Chronic Disease and Injury Prevention, Global Health and Infectious Diseases). As you read through this issue, you will recognize the names of several instrumental contributors to population and public health research who will also be participating in the conference such as Clyde Hertzman and Ronald Labonte. In addition, the work of Colleen Davison, PhD Candidate, Department of Community Health Sciences, University of Calgary, and student representative on CPHA's Board of Directors is featured. Please be sure to read

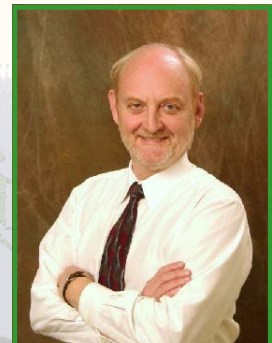
this interesting piece that describes her cutting edge social determinants of health research that looks at environmental influences on school-engagement among Aboriginal youth in northern Canada.

Finally, in this issue we are very pleased to promote IPPH and CPHI's inaugural knowledge translation (KT) casebook, *Moving Population and Public Health Knowledge into Action: A Casebook of Knowledge Translation Stories*, released earlier this spring. Please visit our website at: <http://www.cihr-irsc.gc.ca/e/30739.html> or contact IPPH for more information. We very much welcome your comments.

Warm regards,

A handwritten signature in black ink that reads 'John Frank'.

John Frank
Scientific Director



Inside This Issue:

Message from the Scientific Director	1
Researching Globalization and Health Equity	2 & 4
News: The Atlantic Rural Centre	3 & 6
Child Development on the Global Agenda	4
Bottleneck Engineers for Health Investments	5
2006 Student Awards	7
Funding Opportunities	7

Researching Globalization and Health Equity

An Article written by Ron Labonte

Ronald Labonte is Canada Research Chair, Globalization/Health Equity, at the Institute of Population Health; and Professor, Department of Epidemiology and Community Medicine, University of Ottawa. He bears full responsibility for the ex-temporizing in this article, but shares any credit for the work it describes with Ted Schrecker (Senior Scientist, Institute of Population Health and Department of Epidemiology and Community Medicine); and several grant-funded researchers (Corinne Packer, Joelle Walker and Vivien Runnels, University of Ottawa; Nathan Klassen and Tom McIntosh, University of Regina; and Arminee Kazanjian and Lars Aplan, University of British Columbia).

What does a research program on globalization and health equity study? A simple answer is that we interrogate all aspects of the (in)equitable distribution of health and its determinants for everyone except extra-terrestrials (assuming they exist). A more nuanced description is that we focus on disparities in health status that are both avoidable and unfair, within and across national borders. What makes this approach 'global' is its explicit attention to how health inequities within and between countries relate to globalization phenomena (e.g. market integration, trade agreements, capital mobility), pose trans-border risks (e.g. the spill-over of infectious and increasingly treatment resistant diseases) or otherwise rely upon international commitment and cooperation for their mitigation (e.g. development assistance, pledges to the Millennium Development Goals, human rights obligations). But the easiest way to grasp what global health equity research looks like is for us to describe what we do, and how we do it.

One of our key current activities is functioning as the 'hub' for the globalization knowledge network of the World Health Organization's Commission on the Social Determinants of Health. This three-year Commission (2005-2008) has the goal of increasing the policy and program attention that governments and multinational organizations – including the WHO itself – give to health determinants. An important component of this work is assembling evidence of interventions that minimize health inequities associated with these determinants, for which a number of 'knowledge networks' (KN) have been created. Our KN, funded by Health Canada, has almost 30 members from academia, multilateral institutions and civil society organizations representing every region of the world, with co-chairs in Latin America and South Africa. Our ambitious task is to summarize how contemporary globalization (with a focus on its economic aspects) is affecting global health equity outcomes and, importantly, national governments' capacities to intervene on the social determinants of health. (We are working closely with the other KNs who are studying these determinants from an intra-national perspective.) Our first KN meeting was held last

February in Ottawa, during which a number of topics for synthesis papers were identified, including: global financial flows, global health governance, health and income distribution, labour market restructuring, trade agreements, health system reform, health worker migration, food security, access to water and changes in national 'policy space.' Writing groups for each paper have been established, research syntheses are underway and all members of our KN are seeking out case studies of where, and how, some countries have managed globalization in more health equitable ways than others.

But, paraphrasing one of Marx's famous philosophical aphorisms, "researchers have only interpreted the world; the point, however, is to change it." Generating research knowledge without action might build careers but fails to improve people's lives. The Commission itself is keen to be more than simply a report-generator. It is actively engaging a number of countries to commit to participate as 'global partners' prepared to act on some of what the Commission 'uncovers' or distils – Canada is one such partner – and with civil society organizations who will offer the evidence of their testimonials and the change-pressure of their mobilizations.

This activist intent of the Commission resonates with how we are approaching our other global health equity research initiatives. One ongoing study, for example, is examining Canada's role in the global migration of health workers, notably from sub-Saharan Africa which is facing a catastrophic shortage. The impetus for this came from research and civil society partners in southern Africa, who are lobbying for greater political and financial commitments by the Anglo-American countries that benefit most from such movement to help reduce the 'pull' on migration (an inadequate supply of domestically-trained health workers) as well as the 'push' to emigrate (an inadequately funded, poorly managed and sometimes unsafe health system). Another study – embodying the call for more 'accountability research' at the 2004 meeting of the Global Forum for Health Research – is an assessment of compliance and adequacy of G8 government commitments to health and develop-

Continued on page 4...

News: The Atlantic RURAL Centre

Dr. Judith Guernsey is Principal Investigator of the Atlantic RURAL Centre, and Associate Professor, Department of Community Health & Epidemiology, Dalhousie University.

The Atlantic RURAL Centre is an Atlantic Province region-wide, multi-disciplinary health research network that involves investigators from Dalhousie University, Memorial University, Mount Allison, Nova Scotia Agricultural College, Nova Scotia Community College Applied Geomatics Research Group, Saint Mary's University, University of New Brunswick and University of Prince Edward Island and was funded through the CIHR Centres for Research Development program.

The mission of the Centre is to enhance our understanding of physical and socioeconomic environmental influences on health and the capacity of rural Atlantic Canadians to respond to these challenges. Our objectives are to (1) provide a locus for exchange of ideas between researchers, government agencies, concerned citizens, and rural Atlantic Canadians, (2) foster trans-disciplinary interactions and initiatives in Atlantic Canada, (3) create enhanced training opportunities for students and rural health professionals in Atlantic Canada, and (4) include research on innovation uptake and implementation by policy makers and health service providers in Atlantic Canada.

Four key thematic research areas provide the framework for this research. These include Resource Reliant Communities (the direct and indirect health effects of living and/or working in rural, primary resource-reliant communities), Social Cohesion and Community Resiliency (dimensions of social cohesion and resiliency and health of rural Canadians), Rural Occupational and Environmental Health Hazards (aspects of occupational and environmental health hazards and impacts on rural communities), and Special Rural Populations (special populations and their health concerns - e.g. youth, aboriginals, seniors, etc. - living in rural areas).

Most of our initial efforts have been devoted to building Centre researcher collaborative groups around these themes and to building population health databases and environmental technology capabilities, including our GIS spatial analytic systems. For example, David Fleming, a Canada Research Chair in Health Physics at Mount Allison University, is focusing on the development and validation of non-invasive heavy metals biomonitoring technologies, including: (1) a high precision, four-detector, bone lead detection system, and (2) a system for measuring arsenic concentration in human skin. Various organo-metallic compounds exist as persistent pollutants in the north; our long range goal is to apply these systems as exposure assessment tools in epidemiological studies in the region. Elevated levels of groundwater arsenic in rural water

supplies are a concern in Nova Scotia; 40% of Nova Scotians obtain their drinking water from individual groundwater sources. Bob Maher and the Applied Geomatics Research Group, Nova Scotia Community College have been working with Robert Gordon, Nova Scotia Agricultural College and Graham Gagnon to create three dimensional GIS models of the physical geography (see figure on page 6) of Kings County Nova Scotia. These data will facilitate development of more informed exposure models for subsequent epidemiological research.

At the University of Prince Edward Island, John VanLeeuwen and his team have used research funding to expand capacity for population health and ecosystem health research using merged administrative health databases and GIS data. This is being done in close harmony with the Prince Edward Island government. At Memorial University, SafetyNet researchers Barbara Neis and Stephen Bornstein have applied Atlantic RURAL Centre funding to further enhance development of a longitudinal cohort study of fish harvesters using a multiple linked database. Dalhousie researcher, Judy Guernsey, has been working with her graduate students, Leah Bartlett, Doug Willms at the University of New Brunswick, and Bill Reimer at Concordia University, to explore health impacts of living in resource-reliant communities, by making use of national databases available through the Statistics Canada Atlantic Research Data Centre at Dalhousie. New collaborations involving others are also being developed to examine social context and community cohesion dimensions of health in early childhood and adolescence in a rural context and in other areas.

We have greatly benefited from the support of Environment Canada's Atlantic Environmental Sciences Network. We have also received funding for creation of the Atlantic Provinces Agricultural Safety and Health Council, a coalition of agricultural organizations and governmental representatives, from the Canadian Agricultural Safety Association and are moving forward with safety interventions related to agriculture. The Atlantic RURAL Centre also assisted Safety Net researchers to deliver the CIHR IPPH Summer Institute in June of 2005 in Rocky Harbour, Newfoundland. Participation by senior level policy Newfoundland and Labrador governmental policy makers allowed valuable exchange of ideas and suggestions for research direction. NS Community Counts personnel are extremely interested in our GIS infrastructure development for population health and have been assisting us in this regard.

The Atlantic RURAL Centre's website (www.theruralcentre.com) was officially launched in January 2005. It contains several publicly accessible sections and a 'Research Greenhouse', which contains

Continued on page 6..

Child Development on the Global Agenda

Clyde Hertzman, leader of the ECD (Early Child Development) Knowledge Network hub, spells out the focus of the early child development KN. He is currently the Director of HELP, the Human Early Learning Partnership of the University of British Columbia. He is also a Fellow of the Canadian Institute for Advanced Research and holds a Canada Research Chair in Population Health and Human Development.

What is the mission of the ECD Network?

The broad mission of the ECD Knowledge Network is to make early child development a central principle in the domestic and international development agenda. It aims to align the existing international agendas for the 'rights of the child', 'child survival', 'gender equality' and 'access to education'.

How do you operate as a network?

We engage researchers, policy makers and agencies that connect the developed and developing worlds and involve people from different sectors with expertise on the subject from prenatal stages to eight years of age. Our aim is to build an international consensus on the scope of early child development.

We want to build a foundation of understanding and to track developments in ECD globally, make comparison of ECD across societies and initiate research and development of globally-applicable ECD evaluation tools.

What are your aims and goals?

The network will create a single modifiable standard for assessing ECD around the world. It

will promulgate a method of assessing the state of early child development on a population basis and create an understanding of why having a comparable approach throughout the world is important. It will highlight successes in the wealthy and developing worlds.

The primary purpose of highlighting successful societies will be to illustrate to a health-oriented audience how the right mixture of social policies and inter-sectoral collaboration can work to support child development and health.

What is your approach to the global challenges in ECD?

The network will emphasize the unique ways that determinants of ECD play out in different societies.

For instance, in many societies basic child survival, child slavery, or warfare are the dominant challenges for ECD.

We will articulate a strategy for maintaining a global unity of focus on ECD while emphasizing different major challenges in different places.

Ultimately, we aim to create a simple web-based system of access to the global knowledge base on 'what works' to improve ECD.

[From the Commission on the Social Determinants of Health newsletter.]



Continued from page 2...

ment, earlier findings from which have been shared with Canadian policy workers and used by civil society groups pressuring G8 governments during their annual summits for more generosity and fulfillment of past promises. Two new studies are just getting started, one that brings together a global network of academic and NGO thinkers to consider the ethical, legal and political arguments for policies that increase global health equity; and another networked mini-program of research on how globalization is affecting the health of Canadians (globalization's impact on health is not simply

something that happens 'out there' in poorer nations).

In all of this work, we try to juggle academic scholarship, research rigour and linkages with the engines of social change (government and multilateral policy makers, civil society groups, the media). Oh. And also having a bit of a personal life, though we do find the first three a bit easier to keep airborne and dutifully apologize herewith and in print to our patiently understanding families.

Bottleneck Engineers for Health Investments

Colleen M. Davison, PhD Candidate and Trudeau Scholar, Department of Community Health Sciences, University of Calgary, and Student Representative, Board of the Canadian Public Health Association.

They called themselves *bottleneck engineers*, and they were heading to north-eastern Alberta to investigate a potential bottleneck at an oil and gas processing site. A bottleneck is a loss of efficiency, which means a loss of revenue, and this was a big enough concern for the oil and gas company that employed these workers that they were being sent on a private plane for a single day's work. I was a PhD student gratefully hitching a ride north to do preliminary fieldwork for my PhD. As I sat across from these engineers and listened to their technical account of maximizing profits for a large oil and gas company, I first thought – how did I get myself into this? And then – we sure could learn a thing or two from big business about maximizing our investments in health! I mean wouldn't it be amazing if we had bottleneck health workers, who were mandated to ensure that we invested in the right thing and that those investments yielded maximum health outcomes? When speaking at the 2005 annual conference for the Canadian Public Health Association, the then Minister of State for Public Health, Dr. Carolyn Bennett, called for more talk about health and less talk about health-care. I couldn't agree more, and this is the kind of goal that guides my work as a population and public health researcher in training.

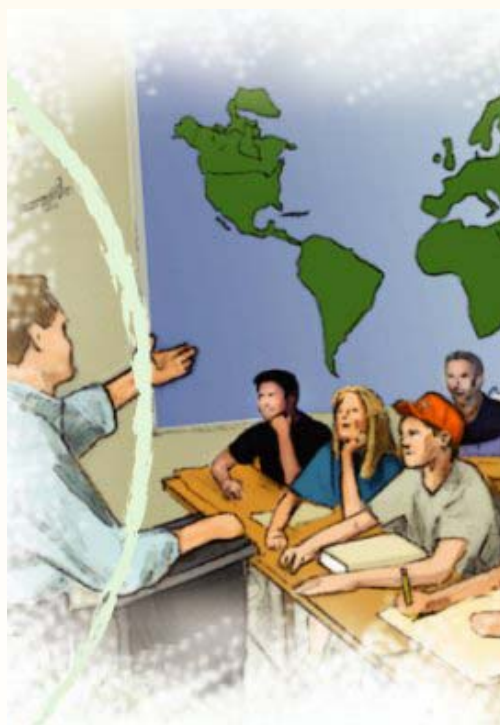
Social justice and the social determinants of health are themes that are tied to my doctoral dissertation. My research, under the supervision of Dr. Penny Hawe at the University of Calgary, looks at environmental influences on school-engagement among Aboriginal youth in northern Canada. Nearing completion is this ethnographic study, that was undertaken in collaboration with the Tlicho First Nation community of Rae-Edzo, NWT. The initial seed for this investigation was planted in me ten years ago, when I spent part of a year training to be a schoolteacher in a remote Inuit community in Nunavut. I had read the pessimistic re-

ports of high drop-out rates, youth suicides and addictions in the north and I had witnessed some of these realities first hand. However, although I respected these very real challenges and concerns, a negative impression was not what I took away from my time in northern Canada. Instead, I took away an appreciation for the strength that existed in these communities and an understanding that northern living was different and northern people were unique.

My doctoral research is as much a response to a gap in the academic literature as it is a recognition of something that northern people have known for a long time: that education is important to northern people, that education is essential to positive individual and community health and that northerners and schools exist in a complex relationship which is intricately shaped by their current and historical context or environment.

Beginning in January of this year, I have also been elected as the student representative to the Board of the Canadian Public Health Association (CPHA). Taking my interest for population and public health advocacy into this role, I hope to do two primary things, first to increase the student membership and love of student engagement in CPHA and second, to increase and enhance the opportunities for students to assume meaningful roles in public health work in Canada. As a first step, we are developing a CPHA student website and communication plan and we are discussing ideas for how the CPHA can help facilitate more internship opportunities and chances for students to be highlighted in public health publications and conferences in Canada. So watch for these and more developments over the next two years.

It is an exciting time to be a population and public health researcher and practitioner! I believe we are making progress in finding our own bottlenecks and in working to improve health investments and outcomes, but we must remain steadfast, as there is still much work to be done. I would encourage those who may be interested in discussing my research, my work with the CPHA or public health student issues in general to contact me at: cmdaviso@ucalgary.ca .



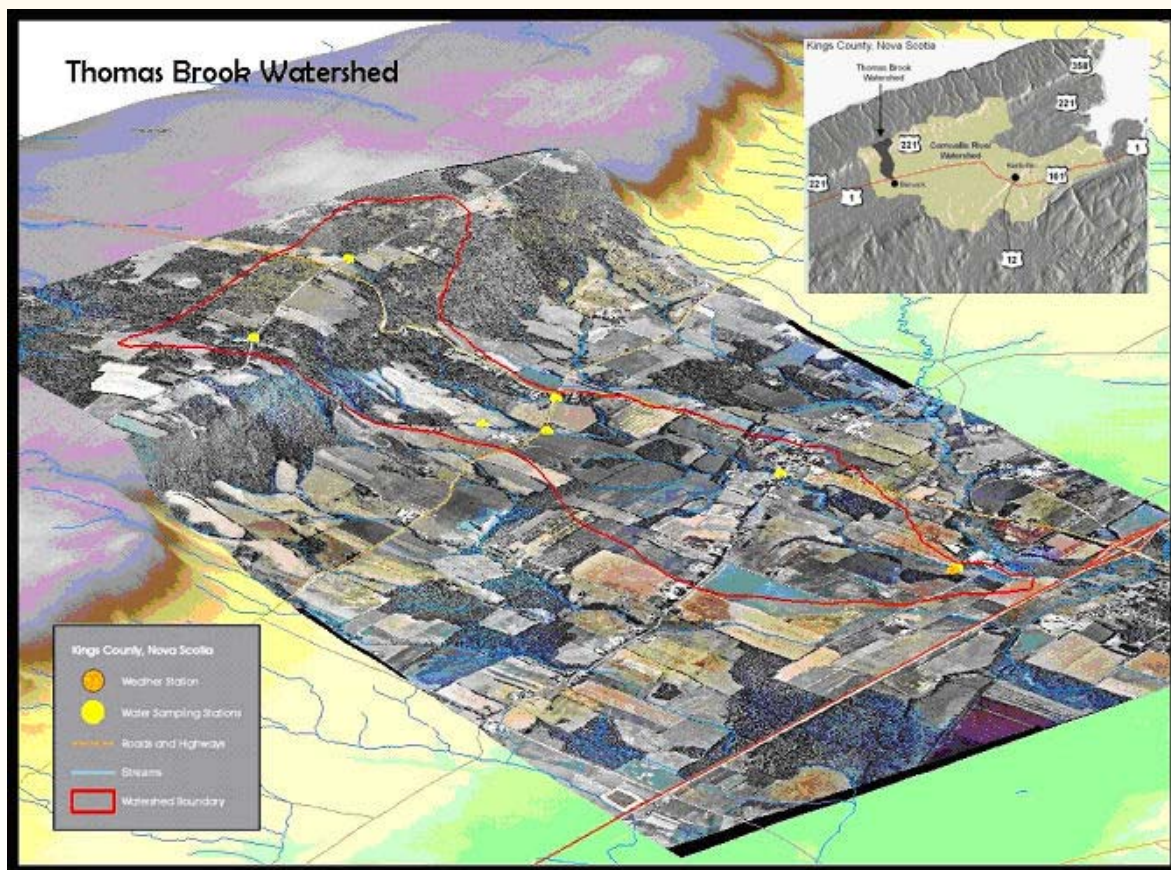
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shared data sets and other protected information and which is password protected and is accessible only to investigators. This website has been an extremely useful dissemination tool and, as of March 1st, 2006, there were 150,580 hits to the site.

Next steps for the Centre include forming an Advisory Board and developing three Centre-wide initiatives resulting from the 2005 Summit. Other presentations at the Summit triggered discussions on community resiliency and special population issues. The Atlantic RU-

RAL Centre will also continue supporting rural health research by providing pilot project funding to Centre researchers and a limited number of fellowships to graduate students.

Figure 1. 3- dimensional model of Thomas Brook watershed, Kings County, Nova Scotia (courtesy: Dr. Robert Maher and Jeff Wentzell, Applied Geomatics Research Group, NSCC and Dr. Rob Gordon, Nova Scotia Agricultural College)



New Publication : The Canadian Institutes of Health Research - Institute of Population and Public Health (IPPH) and the Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information, are pleased to launch a new joint publication on knowledge translation (KT).

Moving Population and Public Health Knowledge into Action: A Casebook of Knowledge Translation Stories — highlights original submissions from across Canada that focus on lessons learned from both successful, and less than successful, KT activities, and demonstrates the impact of population and public health research evidence in shaping policy and practice change.

The casebook represents a broad cross-section of experiences in Aboriginal health, child and youth health, women's health, occupational and workplace health, and infectious and chronic diseases. The collection is designed to help researchers, policy makers and community members learn from the experiences of others and to find innovative new ways to move research into action.

The casebook is available at: <http://www.cihr-irsc.gc.ca/e/29489.html>



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2006 Population and Public Health Student Awards & Dr. John Hastings CPHA Student Award

The Institute of Population and Public Health (IPPH), in partnership with the Canadian Public Health Association (CPHA), the Canadian Population Health Initiative (CPHI), and the Public Health Agency of Canada (PHAC) are pleased to announce the results of the 2006 Population and Public Health & Dr. John Hastings CPHA Student Awards Program. The award winning research abstracts represent diverse topics in Population and Public Health (PPH) research, especially as they relate to the 97th Annual Canadian Public Health Association Conference streams of Aboriginal Health, Chronic Disease and Injury Prevention, and Global Health.

Dr. John Hastings CPHA Student Award:

Chantelle A.M. Richmond, a PhD candidate in the Department of Geography at McGill University, is recipient of the 2006 Dr. John Hastings CPHA Student Award for her abstract "Societal resources and their implications for Aboriginal health in Canada."

PhD Level PPH Student Awards:

Dawn Smith, who has recently completed a PhD in Population Health at the University of Ottawa, received a PPH award for her abstract "Learning from Success: Evaluating Care with Pregnant and Parenting Aboriginal People."

Cat Tuong Nguyen, a PhD Candidate in the Department of Public Health at the University of Montreal received a PPH award for her abstract "Depressive disorders among young Canadians: associated factors of its continuity and discontinuity."

Masters Level PPH Student Awards:

Karen Roberts, a MSc. Candidate in the Department of Epidemiology, Biostatistics and Occupational Health at McGill University is an award winner for her abstract "Predictors of Nutritional Risk in Community Dwelling Seniors."

Laura Nimmon, a M.A. Candidate in Health Literacy Education at the University of Victoria received an award for her abstract "ESL speaking immigrant and refugee women's responses to creating and using participatory photonovels as a means to comprehend health information."

Marie-Jo Ouimet, MSc. Candidate in the Department of Social and Preventive Medicine at the University of Montreal, received an award for her abstract "Conception de l'équité et performance des mutuelles de santé au Sénégal."

This is the third year that the awards, which are intended to recognize excellence in Masters and PhD level population and public health research in Canada, have been offered. In addition to a cash prize, the awards provide an opportunity for students to present their research at the 97th Annual CPHA Conference to be held in Vancouver, British Columbia from May 28-31, 2006 at The Fairmont Hotel Vancouver. For more information about the awards and conference, visit the CPHA conference web-site at:

<http://www.conference.cpha.ca/english/index.html>

IPPH Funding Opportunities

Check the CIHR website around June 15th for upcoming funding opportunities.

<http://www.cihr-irsc.gc.ca/e/779.html>