

## Message from the Scientific Director

Interdisciplinarity and partnership are emerging as the themes for this newsletter.

Both these areas were a focus for the Teams meeting INMD sponsored in July, which brought together representatives from 20 research teams funded to advance our knowledge of



Dr. Diane T. Finegood

obesity and chronic disease, as well as representatives from four major partners with an active interest in collaborative funding. The meeting, organized to enable researchers to network across pillars and related projects, was also an opportunity for funders to engage some of our research leaders in a dialogue about barriers to progress and research gaps. Highlights of the discussion on the central theme of the meeting are provided in one article, and we also offer you a summary of a panel discussion which took place at the meeting, on how to write successful team grant applications.

The work of one of these research teams is highlighted in our researcher profile this issue.

Interdisciplinarity is key to operations at a research centre at Hôpital Laval, which brings together researchers, physicians and trainees in the areas of respirology, cardiology and obesity, and we include an update on the work being done there.

We are also highlighting several new funding opportunities in this newsletter, including a major funding initiative on Novel Alternatives to Antibiotics Research, led by the Institute of Infection and Immunity and backed by more than 25 research institutes (including INMD), non-profit organizations, and industry groups.

Because of the connection between obesity and heart disease, INMD has often

partnered with the Heart and Stroke Foundation of Canada. A new funding opportunity from that group, focussing on our built environment, is again relevant to obesity researchers and we provide details on that RFA as well.

We hope you enjoy this newsletter. If you receive it only by email, we'd like to make you aware that all our newsletters are posted on our website, including in PDF format, and we encourage you to visit the site if that format appeals to you, or just to check out our new look and our constantly changing list of events and news of interest to our community.

Have a great fall!



## Opportunity to study built environment

The Heart and Stroke Foundation of Canada (HSFC) and its partners the Canadian Institutes of Health Research's Institute of Nutrition, Metabolism and Diabetes and the Institute of Aging are pleased to announce the upcoming Request for Applications (RFA) on the Relationship of the Built Environment on Nutrition, Physical Activity and Obesity. The RFA will be launched on December 1, 2006.

The HSFC believes that increased obesity rates in Canada over the past two decades are threatening population health. In response to this concern, the HSFC wishes to fund policy-relevant research that will improve understanding of how the built environments in

which Canadians live shape their patterns of physical activity and nutrition, and impact obesity.

*The primary objectives of the RFA will be to fund research that:*

*Examines how past, present and proposed policy relating to community planning, design and implementation impact physical activity levels, nutrition and obesity.*

*Examines how individual, social and environmental factors influence community planning, design and implementation.*

*Investigates the relationship between individual choices, environmental factors and socioeconomic deter-*

*minants on community planning, design and implementation, as well as their resulting impact on physical activity, nutrition and obesity.*

*Explores how the way we design, finance, build and operate communities affects health, particularly obesity.*

This RFA also aims to build capacity for research in this area by encouraging "horizontal" networks and collaboration among different partners, such as, urban planners, researchers, and non-governmental organizations.

Please visit [www.hsf.ca/research](http://www.hsf.ca/research) for more information.

## Obesity and chronic disease teams consider future

More than two dozen scientists involved in team-based or capacity-building research in the areas of obesity and chronic diseases met near Toronto in July to share their knowledge, consider collaborations and plan for the future. An INMD-sponsored meeting, Advancing Obesity and Chronic Disease Knowledge Through Team-Based Research, brought together representatives from teams funded by various CIHR Institutes and other stakeholders.

The two-day meeting included guest speakers, a “speed networking” event, and a panel discussion on maximizing chances of success when submitting an application for a team grant (see separate story this issue). Participants also spent some time in a group exercise identifying perceived barriers and gaps to progress.

The tone for the meeting was set by John Abele, founder and chairman of Boston Scientific Corporation and

competitiveness. He suggested that making an effort to find common ground was important, and that employing a “third-party, honest broker” to moderate the work can be effective.

An introductory exercise allowed the diverse group of participants to present an overview of their research. About half the teams were funded to study obesity or related issues, and others were funded to study diabetes, heart disease, pharmacology and kidney disease.

Presenters placed their team on an “asset map”, a visual overview of primary areas of research, which identified them both in terms of purpose (cause, prevention or treatment), as well by type of disease (see inset box).

“The appearance of the map made it obvious that many teams had difficulty placing themselves only in one spot,” Finegood noted. “This is not too surprising, given that these are interdisciplinary teams.”

The asset-mapping exercise was followed by group discussions, which allowed participants to distill concerns into several main points.

*Interdisciplinarity and Collaboration*  
Some researchers felt strongly that obesity is a disease, but others argued that it is always the result of caloric intake that is too high given the energy expenditure, even though there can be both biological and social factors involved. This led to a suggestion that obesity could effectively be viewed as not one condition or disease, but many.

This also led to discussion on whether funding would be more effectively directed towards biomedical research and pharmaceutical treatments, or towards societal interventions. Interdisciplinarity and collaborative research were seen to be key.

*Building Research Capacity*  
A general need to build research

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Exchanging research knowledge during “speed networking” activity

The meeting at Kingbridge Centre was also attended by members of funding bodies, including INMD, the Canadian Diabetes Association, the Chagnon Foundation, the Heart and Stroke Foundation of Canada, and the Kidney Foundation of Canada.

“The purpose of the meeting was to bring together scientists who lead successful teams and share common research interests, to discuss the challenges and benefits of working together in this particular way,” explains INMD’s Scientific Director Diane Finegood. “These kinds of discussions are a necessary part of planning for the future.”

developer of Kingbridge Centre, in a keynote address in which he stressed, “If we are going to be successful, we need to collaborate with everyone, including our so-called competitors.”

Abele demonstrated his theory by describing the very successful FIRST (For Inspiration and Recognition of Science and Technology) Foundation, which engages school children in robot races in which victory depends on both collaboration and competition.

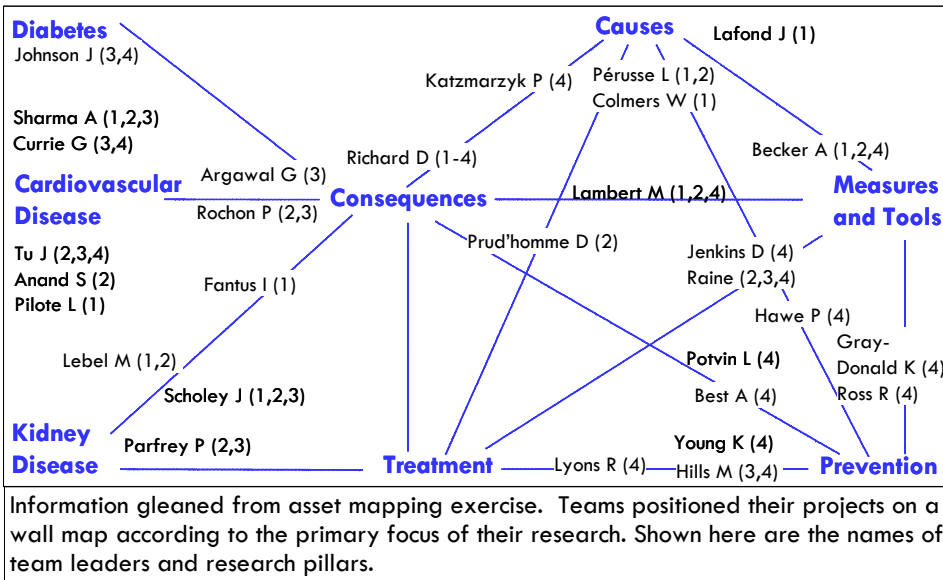
Questions for Abele focussed on how to engender more collaboration in a community where most incentive systems are designed to enhance only

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capacity was identified. It was suggested that this is especially important in the population and public

meeting, there was an acknowledgment that resources can always be seen to be limiting, underscoring the need to carefully identify strategic priorities.

They were also pleased to welcome CIHR President Dr. Alan Bernstein to the meeting, who took the opportunity to participate in some of the group discussions.



Bernstein also gave a dinner speech in which he spoke of the need for continued research in the area of obesity and chronic diseases, and about the positive nature of a recent external review of CIHR. Following the speech, he took questions from the group.

Said University of Toronto nutritionist David Jenkins, "I think the meeting's gone extremely well. I think it's been very useful to meet people working in the area, to look at the sorts of problems they're facing, to discuss solutions that we might have – both from the main floor and individually."

From University of Laval biomedical kidney researcher Richard Lariviere, "I've learned a lot about multi-disciplinary groups, and to see all the diversity and the work done by the teams is exciting. And we're still looking forward."

health field, where there is some perception that the work is not as relevant as other types because it does not lend itself well to quantitative assessment. However, this work contributes to understanding problems on a broader scale by identifying social, economic and political determinants.

### Evaluating Interventions

There was general agreement that there is a need for increased evaluation of intervention strategies. Policy-making can be hampered by a lack of data on the efficacy of interventions. Interventions that are successful in one setting may not be under other conditions. It was suggested that as a prelude to intervention, clinical trials should remain the "gold standard".

It was also noted that evaluation of "natural" experiments could contribute to our knowledge base if funding programs allowed researchers to take advantage of sudden opportunities, and that evidence-based data could be collected by those outside the scientific field, such as front-line health workers, if infrastructures were made available.

### Prioritizing Research Dollars

Although the desire for a higher level of funding was raised throughout the

Attendees expressed a high level of satisfaction with the two-day meeting, and appreciation at being afforded an opportunity to contribute their ideas.

## New information from CIHR

### CIHR External Review

The results of CIHR's first-ever External Review is now available on the CIHR website. The review was prepared by a 27-member International Review Panel, who met with investigators, university and government leaders, partners in industry, the health charities and the provinces, and CIHR management and staff. Panel members were also provided evaluations of each of CIHR's 13 Institutes, surveys of funded and non-funded researchers and 270 submissions from across Canada. Results of the evaluation of INMD and other institutes can be accessed at <http://www.cihr-irsc.gc.ca/e/31680.html>.

### Ethics Review

A report examining attitudes toward privacy of information used in health care research is now available online. The report, "Understanding Canadians' Attitudes and Expectations: Citizens' Dialogue on Privacy and the Use of Personal Information for Health Research in Canada", is the result of a funding initiative launched in 2003 by CIHR's Ethics Office in partnership with Health Canada. The study was conducted by Don Willison and colleagues at McMaster University, in collaboration with the Canadian Policy Research Networks. The report addresses such topics as trust, transparency, the balance between privacy and quality research, and changing desires for control depending on use of data. A copy of the report can be obtained at <http://www.cprn.com/en/doc.cfm?doc=1428>.

### Web Page Change

CIHR has made changes to its funding opportunities web page, to allow researchers to quickly identify funding opportunities and specific research tools of interest, as well as locate deadline information. More details are available at <http://www.cihr-irsc.gc.ca/e/31323.html>.

## RESEARCHERS:

## Prescribing for elderly patients more complex

The combination of an aging Canadian population and the cost of chronic diseases to the health care system stresses the importance of developing therapeutic programs for older adults that are not only effective, but carefully researched and monitored so that unpredicted complications do not arise, causing an increase in co-morbidities and further degeneration of health. Paula Rochon and Geoffrey Anderson, based at Baycrest (a geriatric care centre) and the Institute for Clinical Evaluative Sciences in Toronto, began work in this area in 2001 with the help of a New Emerging Team (NET) grant funded by INMD.

The grant, "Pharmacological Management of Chronic Disease in Older Adults", has strengthened a team of researchers working in this area, and resulted in publication of numerous scientific papers and press releases. The NET proposal was designed to evaluate the benefits and risks of current protocols for treating chronic conditions. Many of the people studied have diabetes, cardiovascular or kidney disease.

Explains Rochon, "In many of our patients, those are conditions that come up quite routinely for treatment. But we also look at some of those conditions as outcomes as well. For example, we're interested in the development of diabetes, and some of the drug therapies that we're evaluating may lead to diabetes."

She elaborates, "One issue that is quite topical right now is whether anti-psychotic drugs cause diabetes or hyperglycemia in otherwise relatively healthy people, or worsen the prognosis in people who already have the disease."

A possible association between treatment with certain types of anti-psychotics and metabolic disturbances such as impaired glucose metabolism and hyperlipidaemia was first discovered by researchers investigating side-effects of medication for people with

schizophrenia, but the studies were inconclusive.<sup>1</sup> The approach taken by Rochon's and Anderson's group was to move the study to a different population for which larger data sets could be analyzed: persons with dementia living in community or long-term care facilities. The first step was to determine the extent of anti-psychotic use.

"Anti-psychotics are widely used in this group," concludes Rochon. This became evident at the conclusion of a retrospective cohort study based on administrative data from a comprehensive and universal drug program utilized by all licensed nursing homes in Ontario from 1998-2000.<sup>2</sup> Results showed that 24% of residents with no previous exposure were started on anti-psychotics during their first year of admission.

Also noted was that atypical anti-psychotics accounted for 40% of prescriptions. Atypical anti-psychotics differ from older, "typical" anti-psychotics by blocking not only dopamine receptors, but also serotonergic receptors. These newer drugs are increasing in use in Canada, notes Rochon, probably because they are thought to have fewer side-effects.

However, she says, "Research suggests that they do have the same side-effects, maybe not to the same extent, but they're still there, and they also have other side-effects that we're just beginning to understand, such as they may lead to diabetes. There are quite a number of issues with them. We're also looking at how these drugs affect the heart. They can affect a number of different systems potentially, and because the people in the population we're studying often already have multiple chronic medical problems, it's something that we really need to look at carefully."

This is especially important when studying people with dementia, she notes, because "a lot of these people could develop problems and they could go unrecognized because they

may not be tested in the same way as other people, and they may not be able to talk about their symptoms in the same way."

Another concern that arose from the retrospective study was that it showed that only 14% of patients had prior contact with a geriatrician or psychiatrist before being prescribed anti-psychotics, and one in ten received an initial dosage that exceeded recommended thresholds. Generally, metabolization or



Dr. Paula Rochon

clearance of drugs slows in elderly people, so doses that are too high can lead to toxicity in those with renal impairment.

The team has not yet found a definitive answer as to whether atypical anti-psychotics have a positive association with earlier onset or development of diabetes, but they agree it is important to continue the research.

"We need to come to some kind of conclusion with which we feel comfortable," says Rochon.

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The group is also exploring ways to better identify those with mild or moderate renal impairment in Ontario's large but clinically-limited databases. The large administrative databases lack detailed clinical information, making conditions such as renal impairment in its early stages difficult to identify. The group is using data from primary chart abstraction from physician offices on patients with renal impairment, and linking that information to administrative databases to see if this group can be better identified.

As well, they are developing a novel computerized system for monitoring and managing drug prescription in long-term care settings.

Rochon and Anderson say the variety, amount and quality of work that their team has been able to produce during the last five years is definitely related to NET funding. This has not only helped them by providing time and money to strengthen their original group, but to branch out to collaborate with a diverse group of students, post-doctoral fellows, and even established investigators interested in a range of areas such as clinical work, epidemiology, statistics, methodology, psychiatry, endocrinology, and neurology.

And, they say, "Some of the benefits of the NET are somewhat intangible. The NET provided the opportunity for us to work with people that we never would have worked with before, and a lot of that made us think about issues we never would have thought about before, and think about solutions we never would have thought about before."

Although the grant is drawing to a close, and the group is beginning to think about other sources of funding, Rochon says, "I really do think we're going to be staying together, so it really is just a question of how we're going to support what we're doing."

<sup>1</sup>Lindenmayer, J-P et al. Changes in glucose and cholesterol levels in patients with schizophrenia treated with typical or atypical antipsychotics. *Am J Psychiatry* 160: 290-296, 2003  
<sup>2</sup>Bronskill, SE et al. Neuroleptic drug therapy in older adults newly admitted to nursing homes: incidence, dose, and specialist contact. *J Am Geriatr Soc* 52: 2148-2149, 2004

## Funds available to find alternatives to antibiotics

In the last 40 years, we have come to rely on antibiotics to treat bacterial infections, from minor problems to life-threatening situations. Can we imagine returning to a pre-antibiotic era? With increasing concern about the rise in antibiotic resistance, this spectre has prompted a major funding initiative backed by more than 25 Canadian research institutes (including INMD), non-profit organizations (such as Crohn's and Colitis Foundation of Canada) and industry groups (such as Dairy Farmers of Canada).

Led by CIHR's Institute of Infection and Immunity, the Novel Alternatives to Antibiotics Research Initiative is expected to contribute at least \$10 million over the next five years to enhance immunity, discover novel anti-bacterials, develop bacteriophage therapy, and evaluate the use of probiotics and prebiotics.

This initiative was launched in June, and evaluation of seed grants and fellowships are underway. More funding is available. Letters of intent for proof-of-principle research projects are due October 1, 2006, and for team grant applications, December 1, 2006. Outlines for randomized control trials are due January 15, 2007.

Priorities were determined at a March 2005 workshop (<http://www.cihr-irsc.gc.ca/e/27879.html>) that identified a need to encourage collaboration on new methods of immune modulation, to link researchers in food and agriculture communities, and to build research capacity in both agricultural and clinical environments. The breadth of the initiative provides opportunities for varied types of research that fall under INMD's mandate.

Enhanced immune modulation and novel anti-bacterials could greatly improve organ transplant success. Research proposals are invited in areas such as preventive or therapeutic vaccines, modulation by peptides or synthetic molecules, and mechanisms to

evade immune responses. Development of novel agents could include antimicrobial peptides, incompatible plasmids, drugs that inhibit toxins, and use of ozone or essential oils.



Although use of bacteriophages has received little attention in the Western World, Eastern European countries have continued to employ these lethal, strain-specific bacterial-infecting viruses under circumstances in which antibiotics are inadequate. Phages have been used successfully to treat skin ulcers in diabetic patients. This new research initiative encourages studies using rigorous scientific conditions to assess the potential of phages or phage products as an adjunct or replacement to antibiotics.

Probiotics (microorganisms that when administered in sufficient quantities may confer health benefits) and prebiotics (non-digestible food materials that selectively stimulate growth or activity of established bacterial species) have been used for more than a century, and can confer health benefits. Probiotics have been successful in treating gastrointestinal diseases, and modulating the immune system to alleviate food allergies. However, these agents still require rigorous scientific testing.

This initiative is not intended for projects addressing traditional studies, such as screening for new antibiotics or determining mechanisms of antimicrobial resistance. For more details, please visit <http://www.cihr-irsc.gc.ca/e/31302.html>.

## Tips on applying for team funding

Researchers interested in obtaining or maintaining team grant funding from CIHR received concrete advice on how to maximize chances of success as well as how to practically guarantee failure, from a panel of two grant reviewers and one successful applicant, at a meeting hosted by INMD in July.

More than two dozen scientists at the Kingbridge Centre near Toronto received advice from David Andrews (Scientific Officer of a panel that reviewed primarily biomedical research and some clinical research proposals), Louise Potvin (Chair of a panel that reviewed applications from population and public health researchers), and Jack Tu (team leader of the Canadian cardiovascular outcomes research team), about how to tailor applications for this particular funding tool.

The difficulty of obtaining these five-year grants was highlighted by Potvin, who noted that about half the applications are eliminated at the Letter of Intent stage.

Researchers must respect the criteria in the Request for Applications, said Potvin, but another major reason for elimination, she noted, is when it is not

made clear to the review committee why the proposal requires this type of funding rather than another type, such as an operating grant with several co-investigators. Team grant funding is only one of many avenues which should be explored.

Andrews agreed that the proposal must clearly demonstrate “added value” to receiving team funding. If so, “added value is required in order to get the credibility to go forward to the next stage.”

Potvin suggested that “a good hook is essential.” This requires engaging the reviewers by describing an innovative proposition. “Those people want to be excited. They are there for that.”

Tu said his team’s strategy was based on finding the most exciting topic possible in their area of expertise, generating a central theme that linked together the various projects, and putting a lot of thought into how to convey the importance of what could be accomplished.

Having a solid proposal is important at the outset, because applicants who are invited to submit a full proposal have a lot of hard work ahead, Andrews stressed, likening it to writing “a document the size of a telephone book”.

Tu agreed that writing a full application was a challenge, noting that the competition required assembling together a complex 30-page application and compiling together many large CV modules, in addition to dealing with the

challenge of determining how to respond to a set of team grant review and proposal criteria that seemed very general.

Andrews did not disagree that the forms can seem ambiguous, but noted that the structure allows sufficient freedom for researchers to demonstrate why their proposals are worthy of team funding. However, he and Potvin did impart several specific tips on how to write a successful application.

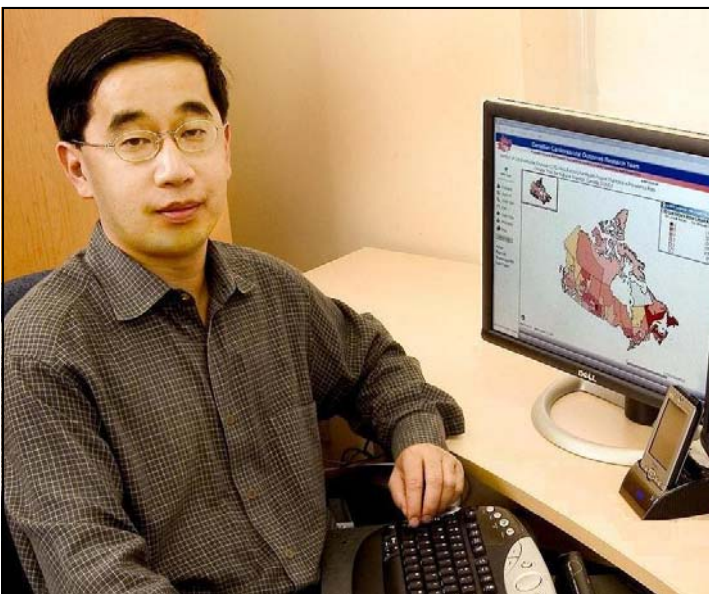
Identifying a strong team leader is essential. This should be someone who is “very, very seasoned and who will obviously have all the time that is required to carry out the endeavour,” explained Potvin. This is typically someone who has led significant research efforts, has a good publication record, has demonstrated success as a leader in some realm, and has administrative experience. This person should have a strong commitment to managing the team.

Demonstrating a commitment to the project is crucial not just for leaders, said Andrews. To illustrate, he recalled an application which delineated 2-3 hours of administrative meetings per week, but individual CV modules showed that some senior researchers were not prepared to commit even that much time to the project.

“You could hear the flushing sound all the way down the hall.”

The application should be detailed and specific, and care must be taken with every section, because although it is possible that certain reviewers will read and rank a set of applications in their entirety, if the applications cross many disciplines, any one reviewer may review and rank primarily one section. The latter scenario makes each section as important as the next.

“These applications are reviewed, and very, very thoroughly,” stressed Potvin.



Dr. Jack Tu with a cardiovascular “atlas” produced by CCORT

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## Obesity Centre becomes largest in Canada

Hôpital Laval in Québec City is home to Canada's largest team of cardiologists, respirologists and bariatric obesity surgeons. The hospital's Research Centre, affiliated with Université Laval, is under large-scale development to strengthen its obesity research component and enhance collaborative work between researchers and clinicians.

### Tips...

Feedback following the letter of intent stage should be carefully considered, and this is likely to lead to modifications, even to the extent of changing the investigators if the team decides this would strengthen the proposal. The team does not need to include researchers from all pillars, and this can in fact create a proposal that is disjointed and therefore difficult to evaluate. It is allowable to submit a proposal that includes researchers who are all from one pillar. However, Andrews warned that if reviewers perceive that research from a particular pillar would be appropriate and it has not been included, this can be problematic.

"It's a matter of what the project requires," he explained. "The proposal has to be structured around achieving success."

Tu said that in order to develop a superior application, his team undertook a competition amongst themselves to create proposals for individual projects, and the best were chosen by the entire group.

"Think as a corporation, not as a club," agreed Andrews.

Successful applications have included only a few researchers, or dozens. Researchers may be located in the same institution, or they may be scattered around the world. If some of the researchers have been working together prior to submitting the application, this can enhance the chance of success, said Andrews. As well, selecting an external scientific advisory board can be very beneficial.

In March, the first phase of expansion was completed when Hôpital Laval, which houses the university's Institute of Cardiology and Respiratory Medicine, officially opened two specialized laboratories for obesity research in a new building. Construction was made possible by \$6.1 million in grants from the Canadian Foundation for Innovation, the Government of Québec, private corporations and the Research Centre itself. This makes it Canada's largest centre for obesity studies.

The need to expand the facilities at Hôpital Laval was evident to Denis Richard, the Merck Frosst/CIHR Research Chair in Obesity since 2005, when he was invited to join the hospital's Research Centre.

"Up until 2000, there were only two research axes at Hôpital Laval, one in cardiology and one in respirology. They wanted me to become director of the Research Centre but I needed an axis for my own research, as well as research undertaken with my collaborators on the university campus, so we decided to create the obesity component." Given the effects of obesity on both cardiovascular and respiratory problems, consolidation and integration of these research areas made sense.

"We wanted to bring all the people to one site, to investigate the causes and consequences of obesity," explains Dr. Richard.

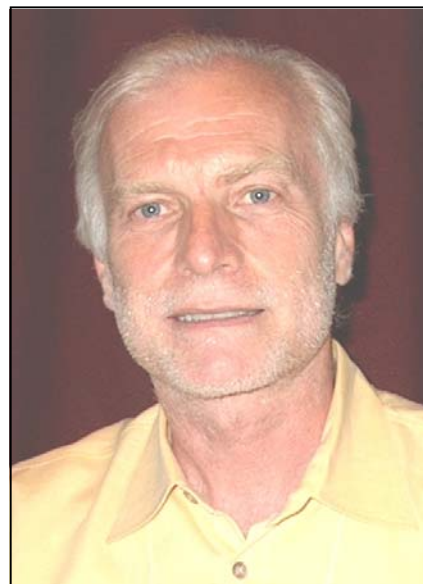
The research includes multidisciplinary collaborations on energy balance regulation, genetics associated with obesity, adipose tissue biology, cardiometabolic risk factors, sleep apnea, bariatric surgery, nutritional determinants, behavioural factors and healthy lifestyle prevention programs.

Finishing this phase of the expansion was crucial to attracting highly qualified researchers, including several with research chairs, explains Dr. Richard.

"So with 5 chairs around obesity, we want to continue to be an influential

group and we are going to do it. We have brought people together, people who are able to work together well as a group, and I think this is the strength of our centre."

The Research Centre currently includes 25 researchers, 85 physicians and surgeons, 100 graduate students, and



Dr. Denis Richard

22 post doctoral trainees. Dr. Richard is Research Director and also manages an INMD-funded training program in obesity. Assistant Directors are Yves Deshaies (obesity and metabolism), François Maltais (respirology) and Jean-Pierre Després (cardiology). Each research component has a clinical counterpart, to enhance knowledge transfer to patients.

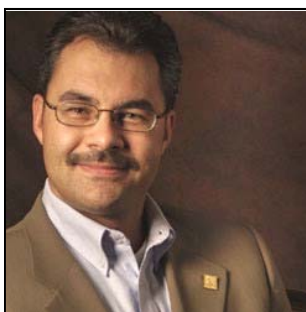
The second phase of expansion will be construction of another facility for additional clinical research. The building will also house a new animal facility. Funding was granted by the Government of Québec, and the \$12.9 million building is expected to be completed by the fall of next year. Phase three incorporates another facility and purchase of high technology equipment. The estimated cost of \$33 million has been submitted to the Leading Edge Fund of the Canada Foundation for Innovation.

## Members leave Board with good memories

When Doug Philp, Kim Raine, Paul Goodyer and Janet Hux joined the INMD Institute Advisory Board (IAB), they had little professional experience in common. As they exit the board, their work will still differ markedly.

But they have shared common experiences that have enriched both their professional and personal lives, and they've contributed to the INMD research communities. And they'll retain fond memories of snowshoeing in the dark, yoga, and less than stellar performances on the badminton court.

Doug Philp is Senior Consultant with IBM Business Consulting Services. He joined the board at its inception, and, as a business person, was able to make a special contribution to board functioning.



Mr. Doug Philp

"I'm a person with a non-medical, non-scientist background, so I brought experience regarding the not-for-profit sector, or non-governmental organization sector," he explains.

"Some skills I've shared are related to strategic

planning, management, and how to take care of operations."

Philp was not entirely new to an important area of the mandate, however, having served as National President, Vice-President and Secretary of the Canadian Diabetes Association, with a long-term commitment to volunteer leadership.

He admits, "I went in wondering how much of a fish out of water I would feel. But my experiences have been really pleasant. The group regularly accepts differing opinions. They've been recruited to do that.

"The broader the set of perspectives applied to any given issue, the more carefully considered it will be and the better the response will be."

An initial exercise for the IAB was to set funding priorities, and Philp says this was exciting.

"Being involved right from the beginning was a unique opportunity because we had the challenge to figure a lot of things out from scratch, and included in that was what our strategic priority would be. I think the process the group used, and the end result, was really positive."

The most notable decision was to make one issue - obesity and healthy body weight - the sole strategic initiative of INMD, an atypical approach amongst the CIHR Institutes and one that has been met with both praise and scepticism.

Kim Raine, another inaugural board member, agrees those first years were both challenging and rewarding.

"I put my name forward



Dr. Kim Raine

because I thought I might have something to contribute. It was exciting to be in at the beginning and to help shape the direction of the Institute."

Raine is Director for the Centre for Health Promotion Studies, and Professor in the Department of Agricultural, Food and Nutrition Science at the University of Alberta. She was also in a unique position to contribute to the IAB.

"I was the first person on the board who represented population and public health, and I was asked to take an educational role, so I did that. Some members had never been exposed to this area before, so I thought, 'this is going to go over like a lead balloon'.

"But I saw openness and curiosity. Together we considered what was best for the Institute and the community. It's been a gratifying experience."

Janet Hux, although she joined the board two years after the others, was in a similar position.

"I belonged to a very small community of diabetes health service researchers."

Hux, an Associate Professor in the Department of Health, Policy and Management at the University of Toronto, a Physician at Sunnybrook Health Sciences Centre, and a Scientist at the Institute for Clinical Evaluative Sciences, admits that like others she was nervous at first.

"I was still a fairly junior investigator, and I saw it as a bit of a stretch. But it seemed a wonderful opportunity to be exposed to the broader mandate of the Institute. I think many research initiatives focus you quite narrowly. For instance, I don't just do diabetes research, I do diabetes health services research in Ontario.

"So to have to consider initiatives of people coming from basic science



Dr. Janet Hux

backgrounds or population health was challenging. When basic science was being discussed, the vocabulary alone was quite

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different, and at times I struggled to follow the conversation. However, I think the Board members made a remarkable effort to make their areas accessible because they were cognizant that there were people there who didn't have their expertise."

Paul Goodyer is Director of the Division of Pediatric Nephrology at McGill University Health Centre and a Physician at Montreal Children's Hospital. He suggests his background in both clinical and biomedical research was probably a factor that led to his nomination.

He explains, "I had worked on some projects that involved clinical research, but I also had a fundamental research bent. Most of my life I've been running a lab." Also, "I was interested in the Board and in the process and in the Institute from early on."

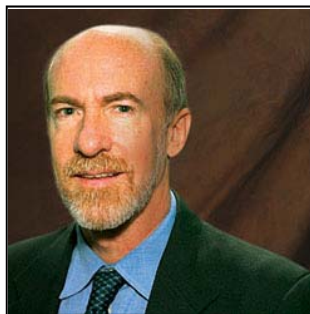
As well as participating in the initial strategic planning, Goodyer took over as chair of the IAB in the fall of 2003. He speaks with enthusiasm about his experiences on the board, but notes that the decision to identify obesity and healthy body weight as the sole strategic priority created some challenges.

Although the work has involved some controversy, all four leave the board with mixed feelings.

Raine explains, "I would have been happy to continue, basically because I've had so much fun with this group and I've learned a lot." But she adds, "I've had my full stay. It's time

for new ideas."

Says Philp, "The extra time will be appreciated by me and my family, but having



Dr. Paul Goodyer

said that, the opportunity to interact with a lot of these excellent people will be sorely missed."

From Janet Hux, "I recently got married for the first time and I have four step-children and life is much busier on the home front. But my husband has been aware that when IAB meetings came around they were the ones I actually looked forward to, even though they were fairly packed agendas and travel was not always convenient. It was fun because of the people and the atmosphere, and it's been a real learning opportunity."

Goodyer also brings up what has become a highlight of IAB meetings, something that has made it easier to do the hard work.

"It's been fun. One of the fun things is that we've always done some physical exercise at each meeting, and I've always looked forward to that. I've been snowshoeing at night with a headlamp, and we've done all sorts of things – bicycling, walking, badminton."

Hux agrees.

"Certainly the bold decision to have a single strategic initiative was risky. But Diane's leadership was evident even with decisions that could be seen to be much more trivial – the inclusion of physical activity in every meeting.

"It gave us an opportunity to just get to know each

other as people. It also gave us a chance to demonstrate our commitment to our strategic initiative.

"If we were really concerned about obesity as a health issue, then we couldn't spend our entire day immobile in chairs eating doughnuts."

## We're looking for a few good researchers!

We are committed to disseminating research information and news that falls within our mandate. As well as this newsletter, we are able and willing to explore other avenues with CIHR to generate publicity. One of our goals is to help create connections between researchers, clinicians, policy-makers and the general public. You can help us immensely if you give us a call or send an email when you have something to share. Then we can go to work for you!!

Contact Nola Erhardt at 604-268-6722 (English) or at [inmd\\_communications@sfu.ca](mailto:inmd_communications@sfu.ca) (English or French).

## HOW TO GET IN TOUCH WITH US:

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(Lumina Romanycia)



# INSTITUTE OF NUTRITION, METABOLISM AND DIABETES

## MEETINGS AND CONFERENCES:

- 4th Annual World Congress on the Insulin Resistance Syndrome** Oct. 5-7, 2006  
Las Vegas, NV  
<http://www.insulinresistance.us>
- 1st Conference on Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity** Oct. 5-7, 2006  
Vancouver, BC  
<http://www.interprofessional.ubc.ca/>
- Community Food Security Coalition and Food Secure Canada Conference** Oct. 7-11, 2006  
Vancouver, BC  
<http://www.foodsecurity.org>
- Canadian Association of Paediatric Health Care Centres Conference** Oct. 15-18, 2006  
Vancouver, BC  
<http://www.caphc.org/>
- Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism: Professional Conference and Annual Meetings** Oct. 18-21, 2006  
Toronto, ON  
[http://www.diabetes.ca/Section\\_Professionals/profconference.asp](http://www.diabetes.ca/Section_Professionals/profconference.asp)
- The Obesity Society Annual Scientific Meeting** Oct. 20-24, 2006  
Boston, MA  
<http://www.naaso.org/>
- Journées annuelles de santé publique: 10 Years of Boundless Knowledge** Oct. 23-27, 2006  
Montreal, QC  
<http://www.inspq.qc.ca/jasp/Default.asp?A=7&Lg=en>
- The World Congress on Controversies in Obesity, Diabetes and Hypertension** Oct. 26-29, 2006  
Berlin, Germany  
<http://www.codhy.com/>
- First Asia Pacific Evidence-Based Medicine Network Conference** Dec. 8-10, 2006  
Hong Kong  
Abstract Submission: Oct. 15, 2006  
<http://www.hkcochrane.cuhk.edu.hk/>
- Federation of Clinical Immunological Societies** June 7-11, 2007  
San Diego, CA  
Abstract submission: Jan. 19, 2007  
<http://www.focisnet.org/meetings/>

Please visit our website at <http://www.cihr-irsc.gc.ca/e/13521.html> for constantly changing information on Conferences and Meetings.

## INMD FUNDING OPPORTUNITIES:

New and ongoing funding opportunities for researchers working under INMD's mandate are now posted on the web site, covering a range of possibilities from workshops on research development and knowledge exchange, to doctoral awards in the area of public health, to general operating grants. New to the website is a section listing opportunities available from other funding bodies. Awards for travel continue to be available, and application is encouraged from researchers working under all areas of the mandate. Visit <http://www.cihr-irsc.gc.ca/e/30494.html> for information on travel awards, and <http://www.cihr-irsc.gc.ca/e/26887.html> for information on other grant opportunities. Please note that some deadlines are very quickly approaching.

