



Dr. Stefan Grzybowski helps BC's rural and remote communities make decisions around maternity care service levels—see page 3

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Focus on rural and remote health research

Health research innovation is not confined to British Columbia's major centres. Across the province, researchers work together with care providers to improve the health of BC's rural and remote communities. **Pages 3, 10–12**

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By Dr. Jacques Magnan



Dr. Michael Smith
1932—2000

Funded by the Province of British Columbia, the Michael Smith Foundation for Health Research (MSFHR) is the provincial support agency for health research in British Columbia. MSFHR is an independent, third-party organization that works to develop BC as a leading force in health research, supporting improvements to health, health care and economic opportunity. We focus on:

- Supporting people with awards to attract the best and create an environment where they can excel.
 - Demonstrating fairness, accountability and transparency in all our activities.
 - Working across academic, health and government systems to foster collaborations that enhance health research productivity, competitiveness and impact.
 - Building partnerships within BC and across Canada to leverage BC's health research potential and create better returns on research investment.
- MSFHR was named to honour Nobel Laureate Dr. Michael Smith (1932-2000), a pre-eminent BC scientist with a long-standing personal commitment to ensuring support for researchers throughout their careers, and who believed that BC could and should be a leading centre for health research.

Great first impressions

Taking MSFHR to the next level



Dr. John Challis
President and CEO

During the past three months I have had the pleasure of meeting with many leaders across BC's broad health research community – universities and research institutions, government and health authorities, and our many partner organizations. It's been an invigorating experience. The great esteem in which the Foundation is held is evident in all of my interactions with our community. People are so positive about what has been achieved so far, and they're excited about where we can go next.

As you know, we are working closely with the Government of British Columbia on a renewed mandate for our Foundation. The government has been – and continues to be – a huge sup-

porter of the Michael Smith Foundation for Health Research. I am looking forward to a positive outcome that will enable our Foundation to do even more.

It's very clear to all of us that the Foundation is and will continue to be much more than simply a funding agency. It's also a strategic, provincially-focused organization that is a catalyst, facilitator and leader for joint planning and action across institutions and regions. Provincially and nationally, we're recognized as one of the most progressive and imaginative of the granting agencies for our work in developing intra-provincial collaborations and research platforms, and for linking researchers, practitio-

ners and policy makers to address British Columbia's health system priorities.

Over the next several months we are embarking upon an extensive strategic planning process. With input from our Board, our staff and our many stakeholders, we will create a bold new strategic vision for MSFHR. We will capitalize on new opportunities and enhance our strengths to translate research excellence into better health, better health care and economic opportunity for all British Columbians.

I look forward to working with all of you to take our Foundation and the BC health research community to the next level of excellence and relevance. ■

On the cover: Birthing in Bella Coola and beyond

For 12 years, Dr. Stefan Grzybowski was a family doctor in the Queen Charlotte Islands. "At that time, there was no research literature that described what constituted adequate levels of maternity services for communities like mine," he remembers. "We didn't have access to caesarean section services locally, and we weren't sure if birthing without operative services was safe."

Now an MSFHR Senior Scholar and Co-Leader of the MSFHR-funded BC Rural and Remote Health Research Network, Grzybowski—pictured with colleagues on the cover of this issue—has the opportunity to answer questions like this on behalf of rural and remote communities across BC, where approximately 3,000 babies are born every year.

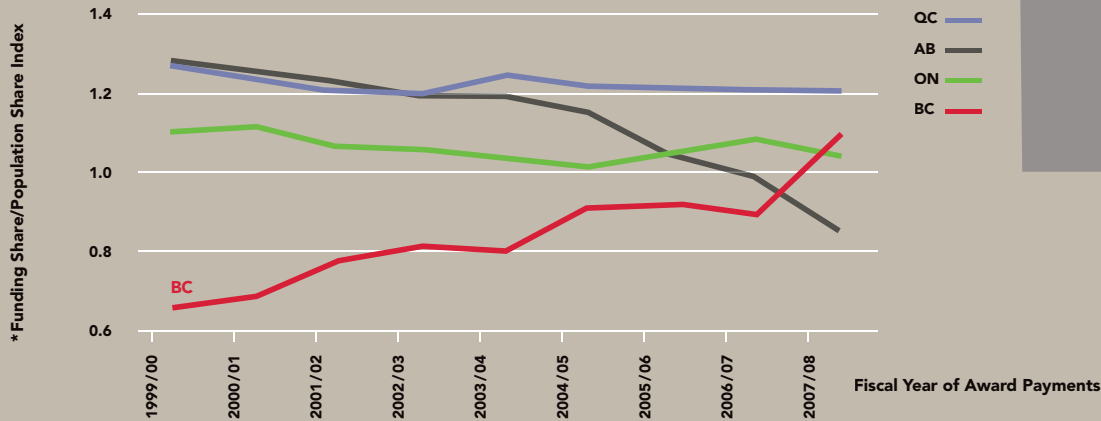
Grzybowski and a team of researchers are working with 26 communities, collecting and analyzing information on how maternity care service levels affect women, their use of health services and the health of their newborns.

Emerging from this work is a clearer picture of how community needs differ, depending on characteristics such as geographic isolation, population size and socio-economic status of residents. "The evidence we're gathering is directly helping health administrators make decisions about what type and level of maternity care services they should be providing in their communities," says Grzybowski. ■

See pages 10–12 for more stories on rural and remote health research.



CIHR funding to British Columbia, Alberta, Ontario, and Quebec



Based on CIHR funding data current to June 2008.

*Provincial share of CIHR funding ÷ provincial share of Canadian population (based on Statistics Canada data current to June 2008) = funding index.

CIHR funding to BC—climbing year by year

	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Total Amount	\$25,011,764	\$32,570,434	\$49,363,492	\$61,421,770	\$67,040,485	\$83,165,447	\$90,619,042	\$92,708,575	\$132,224,182
BC Share of National Total	8.6%	9.0%	10.2%	10.6%	10.5%	11.9%	12.1%	11.7%	14.4%

Based on CIHR funding data current to June 2008.

Massive leap forward

BC health researchers achieve record funding level

BC has reached a major new milestone for health research funding. For the past several years, the province has inched ever closer to bringing home a share of national funding from the Canadian Institutes of Health Research (CIHR) that's equivalent to our proportion of the Canadian population. This year, for the first time, BC reached and exceeded this goal.

In 2007/2008, BC— with about 13 per cent of Canada's population—brought in 14.4 per cent of CIHR funding, which amounts to more than \$132 million for BC health research from this one source alone. By comparison, in

1999/2000, BC received about \$25 million in funding from CIHR, which represented only an 8.6 per cent share of the national total.

"Massive," is how Dr. Martin Schechter, MSFHR's Chief Scientific Officer, describes the increase. "BC has completely reversed the historical decline in our share of funding from CIHR, and for the first time, we're performing above the national average," he elaborates. "There's no reason we shouldn't continue to improve."

MSFHR was founded in 2001 with a mandate to build health research capacity in

BC. Since then, the Foundation has invested more than \$234 million to fund trainees, researchers, teams, institutions and networks of researchers. This has contributed to a profound change in BC's ability to compete for funding from CIHR, Canada's major federal funding agency for health research. "MSFHR funding gives individuals and teams the time that they need to do the research, and it gives them support to prepare the highest quality grant applications," says Schechter. "It creates an environment of collaboration and support that helps them unleash their full capacity."

One reason that BC jumped

from receiving 11.7 per cent of CIHR funding in 2006/07 to 14.4 per cent in 2007/08 was the province's success in last year's Centres of Excellence for Commercialization and Research (CECR) competition. Three BC health research programs that received MSFHR grants competed successfully for more than \$44 million in CECR funding, which is included in CIHR funding data.

"We can't make too much of year-to-year changes because programs like CECR are introduced and can end," says Schechter. "What we need to focus on is the long-term, and the trend is absolutely going in the right direction." ■

"BC has completely reversed the historical decline in our share of funding from CIHR, and for the first time, we're performing above the national average. There's no reason we shouldn't continue to improve."

— Dr. Martin Schechter, MSFHR Chief Scientific Officer

Speed demons

How BC researchers decoded the SARS virus and developed three potential vaccines in record time

In late 2002, a mysterious new virus emerged in China's Guangdong province. Three months later, the virus—Severe Acute Respiratory Syndrome, or SARS—was a worldwide epidemic, eventually affecting 8,000 people, killing 800, and wreaking havoc on tourism and local economies.

BC researchers were among the first to respond, dropping existing work to focus solely on identifying the virus and developing containment strategies. Within six days they had sequenced the SARS genome, and in less than a year, developed three vaccine candidates—successes that received worldwide recognition.



Dr. Marco Marra



Dr. Steven Jones

MSFHR Senior Scholar Dr. Marco Marra led the group of researchers at Canada's Michael Smith Genome Sciences Centre at the BC Cancer Agency who were the first in the world to crack the genetic code for the SARS virus.

MSFHR Senior Scholar Dr. Steven Jones is Head of Bioinformatics at Canada's Michael Smith Genome Sciences Centre. The Centre's resources and expertise in bioinformatics—normally directed at cancer research—were crucial in sequencing the SARS virus.



Dr. Brett Finlay

UBC Professor Dr. Brett Finlay co-led the SARS Accelerated Vaccine Initiative (SAVI), which fast-tracked the development of three potential vaccines for the SARS virus.

Continued from 5

Speed demons decode SARS and develop potential vaccines

Drs. Marco Marra and Brett Finlay, who led the BC SARS charge, attribute their teams' success to a combination of factors: existing state-of-the-art equipment and infrastructure, an injection of dedicated funds, the enthusiastic participation of the brightest scientific minds in town, and the full support of the BC government and health research sector, including major contributions from MSFHR.

Sequencing SARS: A vital first step

Marra, Director of Canada's Michael Smith Genome Sciences Centre at the BC Cancer Agency, recalls the rapid rise of SARS as a significant health concern.

"It became clear very quickly that coordination and cooperation were needed to get a handle on this mystery virus," he says. "We needed to know its genetic make-up in order to control its spread."

The Genome Sciences Centre started in 1998 with a \$25 million commitment from the BC Cancer Foundation. It was further developed in 2001 with \$5 million funding from MSFHR to Genome BC, which made possible a \$5 million matching funding from Genome Canada. Although the centre's mandate is cancer-related, its genome mapping technology was just the thing to decode the SARS virus.

"Our staff basically dropped everything to focus on SARS," says Marra, an MSFHR Senior Scholar. "From the National Microbiology Laboratory in Winnipeg, we obtained a small amount of viral RNA — five billionths of a gram — from a Toronto SARS patient who had died. Then we set about amplifying it."

Marra credits Jaswinder Khattri, now an MSFHR-funded trainee, with developing enough material from the sample for DNA sequencing. And 24 hours later, thanks to the centre's unique bioinformatics facility headed

by Dr. Steven Jones and world-class sequencing equipment, Marra's team was the first in the world to decode the virus.

"There were some sleepless nights that week," recalls Marra, who received a 2008 British Columbia Innovation Council Frontiers in Research award for his SARS efforts and his work on cancer research and the Human Genome Project. "It was a highly collaborative effort, locally and nationally."

From sequencing to solutions

The sequencing of the SARS genome paved the way for another first — the development of three potential vaccines within a year. Dr. Brett Finlay, a professor in the Michael Smith Laboratories and departments of biochemistry and molecular biology and microbiology and immunology at UBC, led the process — dubbed the SARS Accelerated Vaccine Initiative (SAVI) — with Dr. Robert Brunham, then-medical director of the BC Centre for Disease Control.

Dr. Marco Marra mmarra@bcgsc.bc.ca

- 2006 MSFHR Senior Scholar Award
- 2001 MSFHR Scholar Award
- Director, Canada's Michael Smith Genome Sciences Centre, BC Cancer Agency
- Professor, Medicine/Medical Genetics, UBC

Dr. Steven Jones sjones@bcgsc.ca

- 2008 MSFHR Senior Scholar Award
- 2003 MSFHR Scholar Award
- Head, Bioinformatics and Associate Director, Canada's Michael Smith Genome Sciences Centre, BC Cancer Agency
- Associate Professor, Medicine/Medical Genetics, UBC

Research at the ready

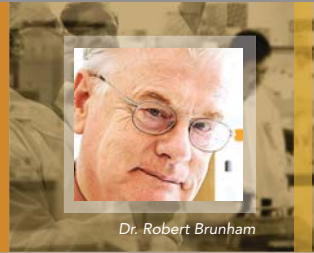
BC researchers were able to lead the world in unlocking the genetic code for the SARS virus and developing three vaccine candidates in record time because BC had the high tech genome sequencing infrastructure and scientific leadership in place to meet the challenge.

"That's what happens when a province supports researchers working across the spectrum of health research, and provides the infrastructure they need to do great work," stresses MSFHR President and CEO Dr. John Challis.

With the capacity for excellence and innovation in many areas of health, BC is better positioned to respond quickly to new and emerging issues, including pandemics such as SARS.

"We can't necessarily predict what might be coming down the pipeline," Challis notes. "But we can make sure we're ready to respond."

Dr. Robert Brunham of the BC Centre for Disease Control co-led the SARS Accelerated Vaccine Initiative.



Dr. Robert Brunham

“As important as the funding, was approval for our non-traditional approach: rather than progressing from one vaccine development stage to the next, all stages were initiated in parallel.”

— Dr. Brett Finlay

Dr. Brett Finlay
bfinlay@interchange.ubc.ca

- Professor, Michael Smith Laboratories, Medicine/Biochemistry and Molecular Biology, Science/Microbiology and Immunology, UBC
- UBC Peter Wall Distinguished Professor
- Scientific Director, SARS Accelerated Vaccine Initiative

Dr. Robert Brunham
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- Provincial Executive Director and Scientific Director, BC Centre for Disease Control
- Director, UBC Centre for Disease Control
- Professor, Medicine/Medicine (Infectious Diseases), UBC
- Associate Director, SARS Accelerated Vaccine Initiative

SAVI was funded by a \$2.6 million provincial government grant through MSFHR, which provided the team with administrative, communications and financial systems support. “As important as the funding,” says Finlay, “was approval for our non-traditional approach: rather than progressing from one vaccine development stage to the next, all stages were initiated in parallel.”

Finlay, a UBC Peter Wall Distinguished Professor, praises the government and MSFHR for whole-heartedly endorsing the fast-track process.

“SARS was still a major threat,” says Finlay. “We couldn’t afford to take the usual 10 years to develop a vaccine.”

SAVI invited scientists across the country to submit proposals for various phases of vaccine

development. “We had two criteria — is it good science, and will it get us to a vaccine quickly?” says Finlay. “If the answers were yes, those labs had funding the following day.”

Many British Columbian and Canadian scientists played key roles in SAVI, says Finlay: “There was no ‘one person’ — this was a strongly-motivated and highly-organized team approach.” This approach and a “leave your ego at the door” attitude enabled SAVI’s successes, including:

- Rapid development of neutralizing antibodies (proteins that fight infection) — the first clue that a vaccine could work.
- Growth of the virus in culture.
- Identification of SARS’ major epitopes (markers that alert the immune system to a virus’s presence).
- Testing two of the three prototype vaccines on animals

within six months, and the third within a year.

“If the SARS threat had continued, the next step would have been testing in humans,” says Finlay.

Lessons learned

SARS spread to 26 countries before subsiding in July 2003, due to public health efforts aimed at early identification and isolation of patients. But the work undertaken by Marra, Finlay and their colleagues had far-reaching consequences. As well as spawning a huge body of SARS-related research, it has demonstrated how research capacity — with support from government and funding agencies — can be mobilized to achieve immediate, potentially life-saving results. ■

BC research leader stepping down



Dr. Simon Sutcliffe will be resigning as President of the BC Cancer Agency (BCCA) at the end of 2008. Under his leadership, BCCA achieved distinction nationally and internationally for the quality of its cancer care programs and for its world class researchers and research facilities. But Dr. Sutcliffe’s commitment to research benefited far more than cancer alone. BCCA researchers led the world in sequencing the SARS virus, demonstrating the power

and promise of deploying resident research strength when faced with a serious BC and international public health threat.

Dr. Sutcliffe was also an early champion of establishing a provincial agency to support the full spectrum of health research. In 2001, when MSFHR was created by the provincial government to attract and retain the best health researchers for BC’s hospitals and universities, he became a found-

ing member of the MSFHR Board, later serving as its Chair.

Dr. Sutcliffe’s commitment to advancing BC health research of all types has been instrumental in advancing BC’s capacity to address critical health problems. On behalf of MSFHR and the health research community, we thank him for his vision and leadership.

Research Snippets



MSFHR video highlights BC health research gains

Called Celebrating BC Health Research Leadership, a new MSFHR video features leaders from academic and health communities across British Columbia and Canada reflecting upon the Foundation's role in revitalizing BC's health research community.

They point out that MSFHR has become a leading force in BC, not just in universities and research institutions, but also in hospitals and communities around the province. "MSFHR has brought researchers and professionals and practitioners closer

together, provided funding for research as well as knowledge exchange, and built infrastructure across the province that has enabled people to come together and identify research priorities," says Cathy Ulrich, CEO of the Northern Health Authority, who is featured in the video. ■

Watch the video at:
www.msfhr.org/sub-media-photosvideos-videos.htm



Award winning team aims to reduce waiting times

A team of researchers from the UBC Centre for Health Care Management and the BC Cancer Agency (BCCA) is helping to reduce waiting times at BCCA outpatient clinics. Using a simulation model, the CIHR Team in Operations Research for Improved Cancer Care showed that improved patient scheduling and operational changes could reduce patient waiting times and enable more efficient use of resources. The team developed recommendations for reducing wait times by up to 70 per cent and physical space requirements by 25 per cent. BCCA senior management is evaluating the recommendations for implementation.

Given a head start by an MSFHR Team Planning Award, the team received a new emerging team grant from the Canadian Institutes of Health Research. The team—including MSFHR Scholar Dr. Scott Tyldesley—has also received international recognition for their work, receiving the Best Poster Award in the "Operations/Clinical Application" category at a Mayo Clinic Conference in September 2008. ■

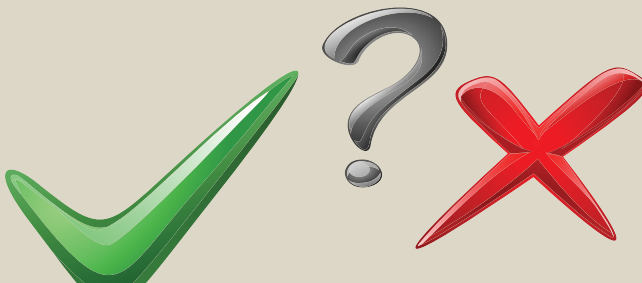
See the team's website at:
www.orincancercare.org/cihrteam

Getting feedback on Health of Population Networks

Are MSFHR Health of Population Networks meeting the expectations of their stakeholders? To find out, MSFHR contracted an independent research and evaluation firm to conduct a survey of participants and non-participants of the eight networks to assess their perception of, and satisfaction with, each of the networks.

More than 1,000 people responded to the survey. Feedback was received on areas such as the networks' perceived value add to the health research community, and potential improvements for the networks and the Networking Program. Results show that the networks have attracted a broad cross-section of stakeholders, who are very satisfied with the value and contributions of the networks. The findings will be used to enhance and improve the overall Health of Population Networks program, and to provide feedback to each network. ■

See the survey results at:
www.msfhr.org/sub-funding-network-population.htm



Helping people find their way

For most, the daily routine of travelling to and from work is routine. For individuals with developmental topographical disorientation, the task is almost impossible.

"People navigate or orient themselves by forming a mental map using landmarks and distances," explains MSFHR Trainee Dr. Giuseppe Iaria, one of the few researchers worldwide studying this disorder. "Most of the people with developmental topographical disorientation can't create these maps and get lost in any environment."

Using functional magnetic resonance imaging, Iaria and colleagues discovered that the hippocampus, a brain region essential for orientation skills, doesn't function properly for individuals with the disorder. In August 2008, Iaria documented the first case of a person affected by developmental topographical disorientation in the journal *Neuropsychologia* and has been contacted by numerous people asking for help. Iaria and his team have since created a web resource: www.gettinglost.ca ■



Left: Friends and colleagues celebrated the contributions of Dr. Aubrey Tingle. Pictured (from left): Dr. Brett Finlay, Dr. Aubrey Tingle, Dr. Brian MacVicar and Dr. Janet Werker.

Above: Guest speakers at the event honouring Dr. Aubrey Tingle included (from left): Dr. Henry Friesen, Dr. John Challis, Dr. Alain Beaudet, Dr. Jean Shoveller, Dr. Aubrey Tingle, Dr. Bruce Clayman, Dr. Carlo Marra and Dr. Bernie Bressler. Missing from photo: Ms. Heather Chaulk, Dr. Tingle's daughter.



Dr. Aubrey Tingle

Legacy builder

Community honours key contributor to BC's health research resurgence

Members from across Canada's health research community gathered on October 2, 2008 to recognize and celebrate a leader who helped transform BC's health research landscape: MSFHR founding President and CEO Dr. Aubrey Tingle. Besides acknowledging the contributions of Dr. Tingle, who retired in June 2008, the event also highlighted the tremendous advances in BC health research made possible by the support of the Government of British Columbia since MSFHR was created in 2001.

MSFHR President and CEO Dr. John Challis described the breadth of Dr. Tingle's contributions: "His drive, enthusiasm and commitment to bringing colleagues together to achieve consensus on a plan and to build partnerships with gov-

ernment, the universities, and hospitals was pivotal in reversing the trend of declining funding for health research in this province. His leadership put BC on the Canadian and international map as one of the places to perform outstanding health research," said Challis.

These remarks were echoed by guest speakers including Dr. Alain Beaudet, President and CEO of the Canadian Institutes of Health Research and Dr. Henry Friesen, former head of the Medical Research Council of Canada, who spoke to Dr. Tingle's leadership in promoting inter-provincial and national alliances. Drs. Jean Shoveller and Carlo Marra spoke on behalf of BC health researchers about the impact of new programs spearheaded by MSFHR.

"Dr. Tingle was the architect who helped design and build a new system that would forever change the landscape of health research funding," said Shoveller. "As a result, for the first time in BC, there emerged a concerted effort to foster career development and training efforts related to research that sought to improve the health of the population." ■

Many more accolades for Dr. Aubrey Tingle can be found on an online guestbook that MSFHR created in honour of his retirement. To view the guestbook, visit www.aubreytingle.com. To view more photos of the event, go to: www.msfhr.org/sub-media-photosvideos-photos.asp.

Focus on rural and remote health research

With MSFHR funding, researchers, community groups, health care consumers, health service planners and care providers are coming together in unprecedented ways to act on rural and remote health priorities.



Interior Health reaches out

Talking, teaching and technology keys to boosting research capacity

Interior Health spans more than one-quarter of the mid and southern part of BC, with a population base of approximately 730,000 residents. That's a lot of ground to cover in supporting the development and uptake of research within its boundaries.

"Our staff acknowledge the importance of using evidence to guide us as we make decisions around health planning, policy, resource allocation, management and clinical services delivery," says Dr. Jennifer Miller, a research facilitator in the health authority's Information Support and Research Department. "The challenge is creating and sustaining an active research culture in spite of some of the barriers."

In 2005, Interior Health and BC's five other health authorities received funding through MSFHR's Health Services and Policy Research Support Network (HSPRSN) to develop infrastructure for building research capacity. Miller is one of two research facilitators funded through the grant. Their role is to increase research skills, resources and opportunities for learning and networking among health authority employees and academic researchers.

Guided by an initial needs assessment, the Interior Health team has reached out to clinicians and managers throughout their region. Miller and her colleagues present research skills workshops, organize research seminars and

"Our staff acknowledge the importance of using evidence to guide us as we make decisions around health planning, policy, resource allocation, management and clinical services delivery."
— Dr. Jennifer Miller

sponsor networking opportunities to connect practitioners with academic researchers. They also synthesize existing research literature to assist with health service delivery, such as the management of the frail elderly. Video, teleconferencing and on-line technologies encourage participation from those who can't attend in person.

Miller notes that on average, it takes several years to build research capacity. Interior Health isn't there yet, Miller credits HSPRSN funding for helping the health authority gain ground in this area. She's also optimistic about the potential for Interior Health to benefit significantly from research. "Ultimately, that's why I'm in this job." ■

Crossing the great divide

Researchers focus on increasing research awareness and uptake

Dr. Martha Macleod vividly remembers the experience that made her think about research in a new way. She was presenting the findings of a national study on the nature of nursing practice in rural and remote Canadian communities to a group of BC Chief Nursing Officers. Then came the question: "What do you want us to do with this information?"

"They asked me what I'd like to see happen in the next five years as a result of the research," Macleod explains. "I didn't really have an answer, because I had been focusing on the research methodology."

The nurses had zeroed in on the concept of knowledge translation and exchange (KTE). Also known as integrated knowledge translation, it's described by Macleod as the ongoing exchange of insights, perspectives and experiences about research between those who conduct research, and those who use it. Increasingly, KTE is being seen as integral to the business of research, particularly when it relates to health service delivery and population-based research.

MSFHR recently funded a joint proposal from the eight Health of Population Networks it supports to build a development strategy

"Our goal is to heighten awareness, get some best practices in place, and expand how we make our research as useful and useable as possible."
— Dr. Martha Macleod

for optimizing the networks' knowledge translation and exchange activities, individually and collectively. The project has been contracted to Dr. Kathleen Bloom, a nationally renowned expert in this area.

The network project is spearheaded by Macleod, Co-Leader of MSFHR's BC Rural and Remote Health Research Network. "There's already an awful lot of knowledge exchange going on

across the networks," she says. "Our goal is to heighten awareness, get some best practices in place, and expand how we make our research as useful and useable as possible." ■

See the BC Rural and Remote Health Research Network website at www.bccrrhn.ca





As part of this issue's feature on rural and remote health research, MSFHR invited Northern Health President and CEO Cathy Ulrich to describe the bottom line impacts of increased research capacity in BC's North.

Relevant research

Northern Health President and CEO **Cathy Ulrich** explains why research is important for BC's largest geographic health region

Q: Can you tell us a little bit about Northern Health and its characteristics?

A: Northern Health is a huge geographic area: it covers the northern two-thirds of the province. We have lots of rural small communities, so that brings with it challenges in terms of delivering health services.

We have a fairly young population, although the population is aging faster than the rest of the province, so we also have an aging demographic. Our health status is poorer than the rest of the province – both for Aboriginal people and non-Aboriginal people – so that affects the direction we need to take in terms of our services.

In addition, we have the same recruitment and retention challenges as the rest of the province, but they're magnified because of our remote and rural setting.

Q: Why is research important to Northern Health?

A: A lot of the services that are traditionally delivered in health care aren't necessarily designed for rural locations or northern settings, so having research that's focused on rural, remote and northern health helps us understand how to better deliver services that meet the needs of people who live in our region.

A big focus for us is the amount of change required in order to better meet the needs of our population. We need to create a sustainable health system. Having an evidence base that links research with practice will enable us to stimulate change in a way that's informed. Research at the University of Northern British Columbia helps us understand our population better and shape our programs differently.

I also think that having the ability to involve our staff in research opportunities is very attractive, and helps recruit and retain health care professionals to the north.

Q: What has been the impact and influence of MSFHR for your health authority?

A: Through the Health Services and Policy Research Support Network, MSFHR provided funding for all the health authorities to build capacity around research. For Northern Health, we had very little capacity to engage in research and engage in knowledge exchange or research utilization. We needed to build some infrastructure around that, and MSFHR enabled us to do that.

I think the other thing is the forums that have been created through MSFHR. Researchers, health professionals and managers within the health system

can come together and talk about needs in the health system and the need for research. We can discuss the kind of evidence we need so that the research undertaken in academic institutions is relevant to what we need to know to improve our services.

Q: What's your hope for the future?

A: I think we've built a good foundation, but we need to keep building in order to sustain the relationships that we have established and maintain the coming together of researchers and practitioners, so that research is relevant. ■

Cathy Ulrich talked about MSFHR's impact on BC health authorities in a new video, Celebrating BC Health Research Leadership, now available on the MSFHR website: www.msfhr.org/sub-media-photosvideos-videos.htm.

Proteomics: Studying the fundamentals of life

MSFHR funding makes proteomics resources available to more BC researchers

Dr. Gregg Morin gmorin@bcgsc.ca

- 2007 MSFHR Technology/Methodology Platform Award
- Head, Proteomics, Canada's Michael Smith Genome Sciences Centre, BC Cancer Agency
- Assistant Professor, Medicine/Medical Genetics, UBC

Dr. Christopher Overall chris.overall@ubc.ca

- 2007 MSFHR Technology/Methodology Platform Award
- Professor and Canada Research Chair in Metalloproteinase Proteomics and Systems Biology, Dentistry/Oral Biological & Medical Sciences, UBC
- Director, UBC Centre for Blood Research Proteomics Hub

Dr. Christoph Borchers christoph@proteincentre.com

- 2007 MSFHR Technology/Methodology Platform Award
- Associate Professor, Science/Biochemistry and Microbiology, UVic
- Director, University of Victoria-Genome BC Proteomics Centre

For more information about the BC Proteomics Network and to become a member, visit www.bcpn.ca

Directly or indirectly, proteins are at the core of all biomedical research, whether they're related to chromosome structure or RNA expression, says Dr. Gregg Morin. Proteomics—the biochemical study of how proteins direct cell growth and function at the molecular level—touches every form of life sciences research, including human health.

Researchers focused on proteomes (the complete set of proteins in a cell, tissue or organism) are uncovering details about how proteins are produced, how they communicate and interact to function, and how these functions are influenced by hereditary or environmental factors. This new knowledge is key to understanding disease development and developing targeted new treatments.

Morin is Scientific Director of the BC Proteomics Network (BCPN), one of five Technology/Methodology Platforms funded by the Michael Smith Foundation for Health Research in 2007. The funding program is the first of its kind in Canada. It was developed by MSFHR to enhance collaboration and sharing of research resources and expertise across BC's health research institutions.

The Proteomics Network is jointly-led by Morin, Dr. Christopher Overall and Dr. Christoph Borchers, who each direct a different proteomics facility in British Columbia: one at the BC Cancer Agency's Genome Sciences Centre, one at UBC's Centre for Blood Research, and one at the University of Victoria-Genome BC Proteomics Centre.

The Network uses MSFHR funding to run a variety of programs, including workshops, scientific symposia and training awards. It also provides shared infrastructure and analysis support and supports collaborative research programs.

Network members are currently working on two major biomarker projects in partnership with the James Hogg iCAPTURE Centre at St. Paul's Hospital. This research centre, also funded by MSFHR, is focused on prevention, diagnosis and treatment of heart, lung and blood vessel disease. "This collaboration significantly improves the Centre's ability to determine risk for both the development and progression of disease," says Dr. Bruce McManus, Director of the iCAPTURE Centre and the Providence Heart + Lung Institute at St. Paul's Hospital.

The Network also supports a small seed grants program. The program offers awards up to \$20,000 to encourage university or hospital based research groups to develop their ideas for innovative research programs, using proteomics as a tool for understanding human health. These pilot projects often produce results that lead to full scale grant applications.

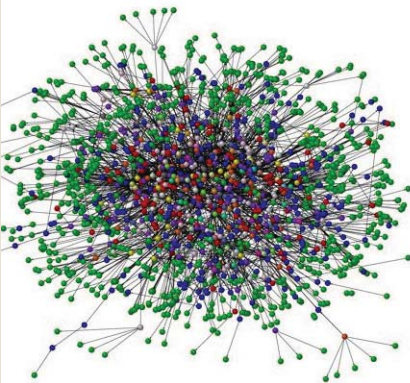
Network funding supports sharing of infrastructure and technical expertise, reducing costs in the individual labs and facilities and providing more opportunities for collaboration. "We have dramatically increased our analytical abilities, through our Software Access Program, which enables our members to share a variety of software products and expertise. This greatly improves the performance of our research projects," says Morin.

The Network has opened up communication between proteomics experts and other health researchers across the province in a way that creates synergy and transcends institutional boundaries, says Bruce McManus, "The result is that investigators from all areas of health research are becoming more aware of how to involve proteomics in their fields of study." ■

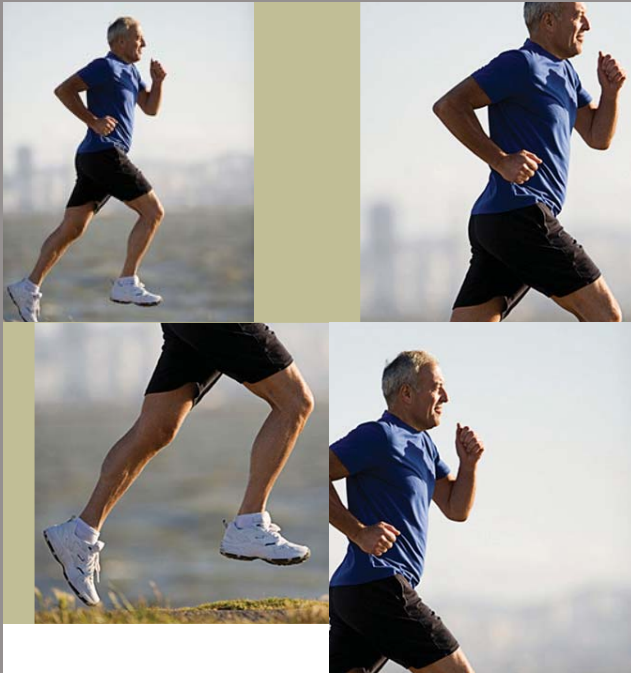
Proteomics primer

Proteins are chemical messengers produced by genes that act alone or in sequence to control all aspects of growth and function at the cellular level. As such, proteins fundamentally influence how we grow and function when healthy and when disease or injury affects our health. Only with a complete understanding of how these proteins function, can we then understand how whole organisms work—and how faults in proteins can disrupt or change cellular activities, leading to disease.

Known as proteomics, this field of study emerged from the development of genomics—the science of decoding the information contained in the full complement of genes that make up genomes. Technology advances have made it possible to do comprehensive analysis of protein structure and function.



Graphic of a protein interaction network, created by Dr. Gregg Morin



What researchers don't know about exercise and aging

How much is enough: How much and what intensity of training is required to improve the physical condition of older adults.

How to exercise with health conditions: What constitutes a suitable (safe/effective) exercise regime for middle-aged and elderly people with acute and/or chronic health conditions.

How to minimize the risks: What is required to adjust for the fact that older individuals are more prone to injuries from exercise and are slower to recover, or may not recover, when they are injured.

Preventive prescription

Tailoring exercise programs to improve muscle performance and mobility

You know that exercise is good for you, but would you go as far as making it a part of your retirement strategy? Dr. Darlene Reid, Director of the Muscle Biophysics Laboratory at the Vancouver Coastal Health Research Institute, thinks you should. "When planning for your retirement, you need to plan from both a financial and a physical perspective," she says. "Failure to invest in your fitness at mid-career can significantly affect your ability to enjoy your retirement. Investment in physical health has to continue throughout your adult years. If you don't invest, you'll deteriorate and simple activities like climbing stairs will become increasingly difficult or painful."

There is substantial evidence linking physical inactivity with the development of chronic degenerative conditions and premature death. In spite of this, statistics reveal that almost 75 per cent of Canadi-

ans aged 50-75 years and 84 per cent of those over 75 lead sedentary lives. The associated health and economic burdens are significant and promise to increase with the aging of BC's population.

Although research shows that exercise can slow the progression of certain diseases, many questions remain. (See "What researchers don't know about exercise and aging", above.) "We need to figure out the specifics: how much exercise, how often, and who benefits," Reid explains. "Most research about exercise prescription is related to young adults. Sustaining effective exercise for older adults, however, is difficult because the therapeutic window is narrower. We need to train at a high enough level to become fit, but strenuous exercise can cause discomfort and injuries."

In 2006, Reid received an MSFHR Team Planning

Award to develop a team of researchers to explore how muscles of middle-aged and elderly people with acute and/or chronic conditions respond to a rehabilitative exercise program. This initial funding set the stage for the team to qualify for a three-year MSFHR Team Start-up Award to implement their research plans.

The Rehabilitation Aimed at Muscle Performance (RAMP) team brings together a range of expertise from physical therapy, kinesiology, exercise science, orthopedics, respiratory medicine, geriatrics, engineering and computer science. They are using basic science, clinical, and translational approaches to study muscle at the cell, tissue, and whole body level among middle-aged and elderly people.

"When we examine muscle at the cellular level, we can determine if an individual is susceptible to a certain type of

injury, or why he may or may not respond to a certain exercise. Then we can apply this information at a functional level to develop specific exercise programs to improve muscle performance and mobility," says Reid.

Ultimately, their goal is to clarify what type, level and intensity of activity is safe and effective for middle-aged and older people with acute and/or chronic health conditions.

Reid credits the MSFHR award for helping them develop a team that crosses disciplines, universities and institutions. "This collaborative approach increases the breadth of our research and clinical expertise," she says. "It improves our ability to address health issues and to compete for national and international funding." ■

Dr. W. Darlene Reid
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- 2008 MSFHR Team Start-up Award
- 2006 MSFHR Team Planning Award
- Professor, Medicine/Physical Therapy, UBC
- Director, Muscle Biophysics Laboratory, Vancouver Coastal Health Research Institute

Maximizing impact

Feedback from hundreds of health research stakeholders informs recommendations for refining MSFHR’s personnel programs

MSFHR needs to work with stakeholders to plan provincial strategies for the development of its research workforce and direct more funds to develop expertise in targeted areas. These were the key themes emerging from an expert review conducted last April to help MSFHR design its Personnel Programs going forward.

Chaired by Dr. Mark Bisby, former Vice President Research at the Canadian Institutes of Health Research, the review was initiated by MSFHR to evaluate and recommend ways of improving its programs to recruit and develop health researchers and research trainees.

The External Review Panel led by Bisby commended the Foundation for the comprehensive information provided to support their deliberations (see “Community consulta-

tion”, below). They also commended the programs. “MSFHR’s investment in personnel awards had been remarkable in terms of its contribution to rebuilding and rejuvenating the health research community in BC.”

Still, the panel noted that the approach that MSFHR initially adopted as a new organization — supporting rapid growth and a “one-size-fits-all” suite of awards — may now require alterations to ensure ongoing sustainability and maximum impact.

Of the panel’s 12 recommendations, two were flagged as particularly important:

- MSFHR and stakeholders (universities, health authorities, relevant ministries of the

BC government, agencies and research foundations) must work together urgently to develop an academic health research workforce plan, to guide MSFHR in setting an appropriate and sustainable number of career awards at the different levels that exist today, but without reinstating the Distinguished Scholar award.

- MSFHR should depart from its generic approach to training and career awards in the case of health professionals, and review the approaches taken by other funding agencies to encourage their participation in research careers. It should then work with the research institutions, Ministry of Health Services and health authorities to develop a “made in BC” approach to support research training and

careers for all types of health professionals that recognizes the needs of the public health and health care systems.

“This was a great process, and we’re indebted to the panel for their careful deliberations,” says MSFHR President and CEO Dr. John Challis. “These recommendations will contribute significantly as we plan for our Personnel Programs in the context of a renewed mandate.” ■

To see a video of Dr. Mark Bisby commenting on MSFHR’s Personnel Program Review, go to: www.msfhr.org/sub-media-photosvideos-videos.htm

Community consultation

To prepare for the 2008 Personnel Program Review, MSFHR staff developed a comprehensive binder of information for advance review by an external panel. The material included:

- Analyses of MSFHR data and competition outcomes (Career and Trainee awards)
- Environmental scans, comparing similar programs offered by other health research agencies in Canada and abroad
- Applicant follow-up surveys
- Focus groups and stakeholder interviews
- Online survey of the BC research community

The review incorporated feedback from a full range of stakeholders, who participated in focus groups, web surveys and face-to-face interviews with the review panel. The stakeholders included:

- Award recipients and applicants in all categories, including unsuccessful applicants
- Award competition review panel members
- MSFHR advisory committees, such as the Research Advisory Council and the Steering Council of the Health Services and Policy Research Support Network
- Senior health researchers
- Academic institution leaders
- BC ‘thought leaders’
- Health authorities
- Ministry of Health
- Industry representatives

Did you know?

MSFHR’s personnel programs account for 60 per cent of the Foundation’s investments. Almost \$160 million was committed to funding 283 Career Investigator and 1,008 Research Trainee awards between 2001 and 2008.

Researchers in the spotlight

MSFHR recently announced the newest recipients of our Career Investigator Awards—40 Scholars and Senior Scholars. These awards help BC universities and hospitals recruit and retain highly qualified new and mid-career health researchers. This year, our award recipients include: 10 new recruits to BC; nine Senior Scholars who were previously funded as Scholars; and three individuals whose training was previously supported through the MSFHR Trainee Award program. Our funding commitment to support this group of Scholars and Senior Scholars totals \$4.03 million.

Bringing workplace research to the school gymnasium

Many of us can point to role models in our youth—such as parents, coaches, or bosses—whose positive influence motivated us to achieve. This leadership model is well documented in organizational psychology and is exemplified by business leaders whose behaviours and interactions inspire employees to reach new heights of work performance and self confidence.

The model is known as transformational leadership. “Transformational leaders inspire, energize and intellectually stimulate their followers,” explains exercise and health psychologist Dr. Mark Beauchamp. “We also know from training programs in business and military settings that leaders can successfully acquire and develop these behaviours.”

Beauchamp is taking this leadership model out of the workplace and into the school gymnasium. He’s studying whether training physical education teachers in transformational leadership can positively affect the attitudes and behaviours of their adolescent students around adopting and maintaining physical activity. “If this approach is effective, we have a great opportunity to deliver targeted training that can help teachers promote healthy lifestyles among their students.”

Dr. Mark Beauchamp
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Education/Human Kinetics, UBC

Taking a new approach to diagnosing Alzheimer’s disease

For Dr. Faisal Beg—a researcher trained in engineering, biology and mathematics—the current methods of diagnosing Alzheimer’s disease are frustratingly inexact. Lacking ways to identify the onset of disease within the brain itself, clinicians instead look for telltale symptoms, such as failing memory. And as Beg explains, even when the disease has progressed and structural changes become apparent on magnetic resonance imaging (MRI) scans, “Neurologists do not have tools to precisely measure how advanced the disease is—they rely on visual inspection.”

Drawing from international MRI databases containing the brain scans of hundreds of older adults with and without Alzheimer’s, Beg is taking precise measurements to

pinpoint where and how brain structures change with the onset of the disease. It’s a complex analysis, made even more challenging due to the normal variations seen in brain shape, size and structure.

Beg anticipates that his research will help take the guesswork out of diagnosing Alzheimer’s disease, especially in its early stages. In the longer term, it also may contribute to more accurate assessments of whether new Alzheimer’s drugs are effective in slowing or halting progression of the disease.

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Applied Sciences/Engineering Science, SFU



Determining how the startle reflex affects whiplash injury

If you're a jumpy person, you may be at a higher risk for getting whiplash in a rear-end collision.

As an MSFHR-funded post doctoral fellow, Dr. Jean-Sébastien Blouin conducted research that suggested the presence of a startle response when people are exposed to low speed rear-end collision.

Now a newly-minted MSFHR Scholar, he is delving deeper into this finding. "We have a hypothesis that the startle response is linked to stimulation of the deep neck muscles," he explains, adding that activation of these muscles during a collision may increase the risk of injury.

With volunteers acting as "crash test dummies," Blouin is simulating very low speed (1.8 km/hour) collisions to observe their startle response and measure the corresponding muscle activity. He's validating research that suggests a link between a strong startle response during a low speed collision and the development of whiplash symptoms. He's also exploring if stimuli delivered immediately prior to the collision can inhibit the startle response, possibly providing protection against injury.

If this proves effective, Blouin says, "We might be able to develop a warning device in cars to help prevent whiplash injuries."

Dr. Jean-Sébastien Blouin
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Education/Human Kinetics, UBC

Unlocking the mechanisms of syphilis

Dr. Caroline Cameron views MSFHR support as a key selling point in helping her attract graduate students and post doctoral fellows to her lab at the University of Victoria. "They see how many opportunities there are in BC now—opportunities that didn't exist a decade ago."

Cameron's own research is also benefiting from new opportunities created by advances in proteomics, which have opened up a range of new tools and techniques for studying the bacterium that causes syphilis.

Although this sexually transmitted disease is 100 per cent curable with penicillin, syphilis remains a health threat. In BC, new cases are being reported at double the national rate. Unchecked, the infection can damage every tissue and organ in the body, including the brain. Equally troubling, syphilis infection drastically increases vulnerability to HIV infection.

"We need a vaccine to eradicate the disease," Cameron argues. Her research is zeroing in on how the bacterium attaches itself to host cells lining the bloodstream—a critical step in the development of infection. By understanding these mechanisms, she hopes to identify potential ways that scientists could interfere with adhesion and disrupt the infection process.

Dr. Caroline Cameron
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Science/Biochemistry and Microbiology, UVic

Exploring the costs of injury

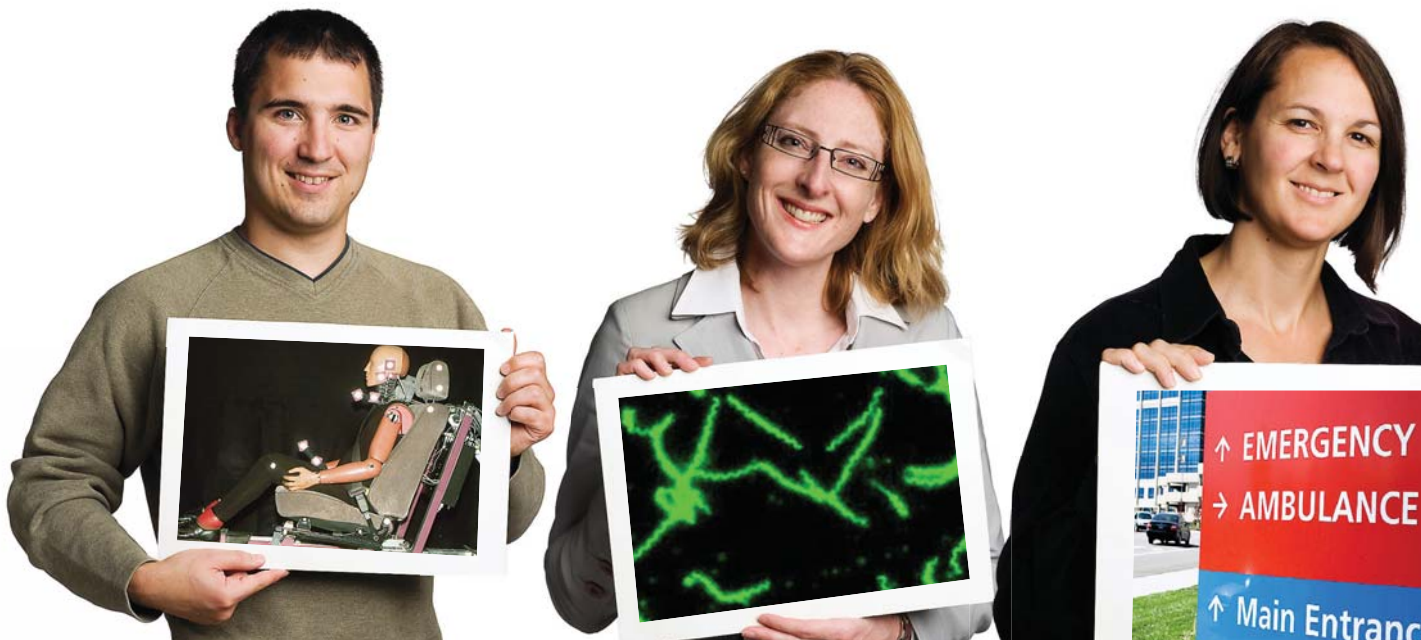
"Injury research has never been seen as a very sexy topic," admits Dr. Mariana Brussoni. Still, the impact of injury is major and widespread. Every year about 1,600 British Columbians die due to injury, 42,000 are hospitalized, and an estimated 400,000 people throughout the province sustain some sort of injury.

Brussoni recently returned to her home base in BC after spending three years in England working with world leaders in injury research and prevention. She's drawing on this international experience to lead a longitudinal study in BC to quantify the impacts of injury on individuals and the health system.

Her ambitious study will recruit more than 1,400 injured people of all ages across urban and rural settings in BC. They will be followed for 12 months post-injury, with the research team tracking their quality of life and recovery, use of health and social services, and time away from school or work.

The goal of her studies is to more fully describe the various impacts of injury and to identify areas where prevention and treatment interventions could make the biggest difference.

Dr. Mariana Brussoni
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Medicine/Pediatrics, UBC



Strong support

As MSFHR engages in discussions with the BC Government about a renewed mandate, the support expressed by BC's broad health research community has never been stronger. Below are some samples of the comments we have received:

This is an extraordinary organization that has changed the quality, quantity and impact of research in the health sciences in British Columbia — MSFHR not only responds to, but more importantly, anticipates new trends and new directions, and carefully, with full input from government and the community, institutes new and exciting programs.

Janet Werker

*Professor, Psychology
University of British Columbia;
Canada Research Chair in
Psychology*

In my estimation, MSFHR is establishing the standards of excellence that are needed for all organizations who seek to support both depth and breadth in health research funding and support. The planning and stewardship that MSFHR shows is exemplary.

Ronald Barr

*Director, Centre for Community
Child Health Research,
Child & Family Research Institute;
Canada Research Chair in
Community Child Health*

Developing and sustaining a vibrant and world-class health research environment in British Columbia is critical to the subsequent growth of the life sciences industry here. This research is the foundation of our industry, and MSFHR has been invaluable in ensuring such a strong research environment exists.

Karimah Es Sabar

*President, LifeSciences British
Columbia*

The Michael Smith Foundation for Health Research has been an essential support for the research agenda of the Human Early Learning Partnership of BC... Without MSFHR support, our research agenda would be at least five years behind where it is now.

Clyde Hertzman

*Professor, Healthcare and
Epidemiology, University of
British Columbia;
Canada Research Chair in
Population Health and Human
Development*

The undeniable and impressive role that MSFHR has played in ensuring that BC attracts a greater share of federal peer-reviewed funding, coupled with the ability to recruit highly qualified researchers to BC because of MSFHR career support, have had a snowball effect. In many areas of health research, BC is now seen as *the* place to be.

A. Jon Stoessl

*Director, Pacific Parkinson's
Research Centre
University of British Columbia;
Canada Research Chair in
CNS Disorders*

Fraser Health is currently working in collaboration with MSFHR to create an Institute that will focus on health systems management improvement and sustainability. We look forward to working together to develop initiatives to support a high quality, sustainable health system in BC.

Nigel Murray

*President and CEO,
Fraser Health Authority*

Support received from MSFHR has been essential to position our best health researchers to assemble and support their own programs of scholarship as well as to look after their teams of graduate and post doctoral students to address questions of health and wellness that are at the forefront of the minds of society, politicians and the research community.

Peter Keller

*Dean, Social Sciences
University of Victoria*

Through its team and network awards, the Foundation demonstrates its commitment to finding interdisciplinary and integrative solutions to health problems for the benefit of all Canadians. MSFHR's infrastructure funding has built a robust health research environment within our institutions. In its brief existence, the Foundation has had a profound and invaluable impact on strengthening health research in BC.

B. Mario Pinto

*Vice President, Research
Simon Fraser University*

MSFHR funding to scholars, trainees, emerging teams, etc. has catalyzed the energies of BC health researchers by increasing their capacity to engage in and lead world-class research. The opportunities for BC health researchers, and students, to be eligible at a provincial level for funding support has served to advance their work, particularly as the climate for national and international funding becomes increasingly competitive.

Joan Wharf Higgins

*Associate Professor, School of
Exercise Science, Physical and
Health Education
University of Victoria;
Canada Research Chair in
Health and Society*



Dr. John Challis
President and CEO

Making contact

MSFHR's new CEO tours the province to talk research with health authority leaders

Dr. John Challis brims with enthusiasm as he describes his meetings with leaders of British Columbia's health authorities over the summer. "It was a fantastic and very positive experience all around," he says. "I learned a great deal about the commonalities between the authorities, and more importantly, where their needs differ in terms of research support."

New to the province and to MSFHR, Challis requested the meetings as an opportunity to meet the health authority CEOs and their staff, and learn about ways that MSFHR can support them going forward. He was accompanied by Dr. Patricia Coward, who recently retired as Executive Director of MSFHR's Health Services and Policy Research Support Network.

Across the board, Challis notes, there was an interest in knowledge translation and translational research. "They are keen to access existing knowledge and increase their capacity to implement research," he says.

Still, he remarks, the context in which each delivers care dictates their approach to health research. "Each health authority has different opportunities, different needs and different circumstances."

So how should MSFHR best support the organizations that deliver care across the province? "It's clear that the trick is not to develop one catch-all program," Challis stresses. "The trick is to design opportunities that are tailor-made to the diversity and the richness of each of the health authorities."

"It's both a challenge and a huge opportunity," he says. MSFHR must support areas of research that have practical importance to the health authorities and the populations they serve." ■

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Dr. Jacques Magnan

MSFHR impact is Canada-wide

Working together for common gain

By Dr. Jacques Magnan

Interim CEO, Alberta Heritage Foundation for Medical Research

Since its creation by the Government of British Columbia in 2001, I have watched with interest and admiration as the Michael Smith Foundation for Health Research has established a strong leadership position in the growth and continued evolution of the national health research enterprise in Canada.

At the provincial level, there is no doubt that MSFHR has made significant contributions in the reinvigoration of British Columbia health research activity. From receiving little attention and modest proportional funding support nationally in the late 1990s, BC's reputation and leverag-

ing ability has grown in leaps and bounds over the last seven years, thanks in large part to the BC government's investment in MSFHR.

Provincial investment in health research is critically important for a strong health system. It adds to the body of locally important and relevant evidence, which helps to optimize the effectiveness and efficiency of the health care system and contributes to its quality and sustainability over time. Alberta and Quebec long ago recognized this and developed strong provincial research organizations.

I would suggest, however, that the establishment of MSFHR in BC and its successful evolution may have been even more important from national and inter-provincial perspectives. Its creation coincided with a

period of great change for the research environment in this country: the launching in 2000 of the Canadian Institutes of Health Research and the Canada Research Chairs program, as well as the creation of additional provincial health organizations in Nova Scotia and Saskatchewan and the redesign of the Manitoba Health Research Council.

These major changes provided increased prospects for competition between provinces, and could have left us sadly divided in our attempts to build a strong national research enterprise. Instead, through the leadership provided in large part from MSFHR in BC — as well as from Nova Scotia, Quebec and Alberta — the challenges were transformed into opportunities for partnerships, collaborations, and strong working relationships

between provinces through the creation of a National Alliance of Provincial Health Research Organizations (NAPHRO).

MSFHR had a key role in advancing a national agenda for health research that is now largely influenced by the inter-provincial discussions supported through the NAPHRO alliance. This also led to the creation of a National Funders Forum, where again MSFHR has played, and continues to play, a strong leadership role while ably representing the interests of the province of British Columbia.

I applaud and look forward to MSFHR's continued contribution to the provincial, national and international health research enterprises for the benefit of British Columbians and all Canadians. ■

*We welcome submissions from MSFHR award recipients for our First Person feature.
Email: info@msfhr.org*