Driving the Global Public Health Research Agenda Forward by Promoting the Participation of Students and New Researchers

Perspectives from Quebec

Valéry Ridde, PhD^{1,2}

K.S. Mohindra, PhD^{1,3,4}

Francine LaBossière, MSc⁵

ABSTRACT

Objectives: Current trends suggest a movement towards driving forward a global health research agenda in Canada in order to redress global health research inequalities. In this paper, we explore how to promote the participation of students and new researchers in global health in Quebec. To accomplish this, we undertook a study in order to: 1) document the state of teaching and research activities in global health in Quebec and 2) obtain the point of view of various actors on conducting global health research in the Quebec context.

Methods: Quantitative and qualitative data were collected through specialized grids and a documentation review (5 major universities), surveys (n=25), individual interviews (n=9), and two convened workshops (n=79).

Results: We identified 27 courses with global health content, 36 researchers in Quebec working primarily on global health issues, and 76 global health research projects implemented over the past 5 years. A number of threats and opportunities were reported with regards to engaging in global health research activities, as were a number of strengths and weaknesses with respect to the teaching and research environments in Quebec.

Conclusion: There appears to be a relatively strong and growing presence of global health in Quebec universities – although the situation varies across institutions – with room for expansion. This trend is partly attributed to an increase in federal funding for and a growing awareness and profile of global health research activities since 2001 and to a growing expertise in global health research in the province. Students and new researchers, however, continue to face multiple challenges requiring special attention and targeted investment. We conclude with a set of recommendations for key stakeholders.

Key words: Global health research; teaching; Quebec; needs assessment

La traduction du résumé se trouve à la fin de l'article.

1. Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montréal, QC

2. Département de médecine sociale et préventive, Université de Montréal

3. School of Population and Public Health, University of British Columbia, Vancouver, BC

4. Global Health Research Program, University of British Columbia

5. Axe de recherche en « Santé mondiale », Réseau de recherche en santé des populations du Québec, Centre de Recherche du Centre Hospitalier de l'Université de Montréal

Correspondence and reprint requests: Valéry Ridde, USI/CRCHUM, 3875 St-Urbain, 507, Montréal, QC H2W 1V1, Tel: 514-890-8000, ext. 15928, Fax: 514-412-7108, E-mail: valery.ridde@umontreal.ca

Acknowledgments: This study was funded by the Global Health Axis of the RRSPQ (sponsored by the FRSQ). We are grateful for the guidance and support of the leader of the Axis, Slim Haddad. This paper benefited by the insightful comments of Slim Haddad and Erica Di Ruggiero. We also wish to thank Marie-Pierre Arsenault, Julie de Barbeyrac, Cheikh Faye, Isabelle Menard, and Nicole Saba for their assistance in data collection and review of the study's findings, as well as the presenters and participants of the 2006 and 2007 Axis' workshops. V. Ridde is a research fellow from the Fonds pour la Recherche en Santé du Québec (FRSQ). K. Mohindra is a global health postdoctoral research fellow supported by the Canadian Institutes of Health Research. This study was undertaken while she was a PhD student at the Université de Montréal.

In a recent commentary, Canada's Chief Public Health Officer asked "how we can effectively work with developing countries and disadvantaged communities around the world to improve health and development".¹ Addressing this question is a challenge. In 1990, the Commission on Health Research for Development found that of the more than US \$70 billion spent on health research and development each year by the public and private sectors, an estimated 10% was used for research into 90% of the world's health problems.² This imbalance, referred to as the "10/90 gap", has been a central concern of global health researchers worldwide.³ Since that time, the picture has slightly improved,⁴ although this powerful metaphor continues to capture the magnitude of inequalities in health research. At the 2007 World Health Assembly, state members were urged to implement the 1990 recommendations of the Commission in order to increase health research funds in low- and middle-income countries.

Although investments in global health research* witnessed a decline in Canada in the 1990s,⁶ there have been concerted efforts to increase investments in global health research since 2001, notably the creation of the Global Health Research Initiative (GHRI: www.cihr-irsc.gc.ca/ghri-irsm.html; accessed October 2008), a partnership involving the Canadian Institutes of Health Research (CIHR), the International Development Research Centre (IDRC), the Canadian International Development Agency (CIDA) and Health Canada.⁷⁻⁹ Another key initiative emerged in 2001: the Canadian Coalition for Global Health Research (www.ccghr.ca), a not-for-profit organization, was established to mobilize support for global health research through advocacy and intervention, following a nationally organized workshop of global health researchers. Also in 2002 and 2003, CIHR launched two competitions (Global Health Research Program Development and Planning Grants; Global Health

* Guiding this study was the following definition of global health: "Global health primarily concerns populations living in the poorest countries or in less developed regions where immense needs are far from being met. But global health is not just an issue for poor countries. Along with the interconnection of people, goods and ideas comes the globalization of environments, ways of life, and, it goes without saying, major public health issues."⁵

Figure 1. Total funding allocated to global health research by CIHR, 2000 to 2007

Source: CIHR

Note: includes all types of grants (Operating Grant, Randomized Controlled Trials, Program Development and Planning Grants, Workshops and Symposia, Fellowship, etc.)

Research Pilot Project Grants), which led to a surprising number of responses and illuminated the number of Canadian research teams engaged in global health research involving low- and middle-income countries: more than 70 teams responded to each competition. Due to these initiatives, resources allocated to global health by CIHR have significantly increased since 2001 (see Figure 1).¹⁰

Other provincial initiatives have also surfaced; here we present the approach adopted in Quebec. Global health is one of the five strategic priorities of the Quebec Population Health Research Network (RRSPQ : www.santepop.qc.ca/), sponsored by the Fonds de la recherche en santé du Québec (FRSQ : www.frsq.gouv.qc.ca/). The Global Health Research Axis (hereafter referred to as the Axis) of the RRSPQ was launched in 2003. The objectives of the Axis are threefold: 1) to contribute to the development of a trans-disciplinary expertise in global health research in Quebec, 2) to develop a critical mass of Quebec researchers in global health, particularly young researchers, who will contribute to the expansion of the field and resources, and 3) to improve the performance of Quebec researchers competing for national and international research funding.¹¹ The Axis, in conjunction with federal initiatives, has significantly

increased opportunities for and the profile of global health research in the province.

Key to promoting and maintaining this enthusiasm for global health research at the provincial and national levels is the role that students and new researchers will play. Elsewhere, it was argued that doctoral students and post-doctoral researchers in Canada are a “strong, untapped resource” in global health research and a variety of strategies should be pursued to ensure that new researchers are genuine partners in this endeavour.¹² In this paper, we pursue this line of thinking by exploring how to promote the participation of students and new researchers in global health research in Quebec. To accomplish this, we undertook a study in order to: 1) document the state of teaching and research activities in global health in Quebec and 2) gather the point of view of various actors regarding the threats and opportunities, as well as the strengths and weaknesses, of global health research in Quebec. The ultimate objective of this study is to provide recommendations for the RRSPQ, Quebec universities, and donor institutions. The details of this study are described elsewhere;¹³ here we outline the key findings and recommendations, which may be of interest not only to Quebec, but to other provinces and countries (e.g., the UK^{14,15}) currently promoting global health research agendas.

METHODS

Below we describe the methods adopted to address each of the two objectives of the study.

Objective 1: to document the state of global health research in Quebec

Study Population: we selected the five key universities which, according to a recent report,¹⁶ engage in public health research activities: Université de Montréal (UdeM), McGill University, Université Laval, Université de Sherbrooke, and Université du Québec à Montréal (UQAM). We consider only *public health* programs (including community health, population health and epidemiology) in the five universities; other faculties and departments also contribute to the production of global health research, but investigating their activities was beyond the scope of this study. UQAM is the only university without a public health program, but it was retained in the study because of the university’s engagement in global health research activities.

Instruments: data were collected with the use of grids (using spreadsheets) in order to standardize data collection across universities, following a pre-test in one university (UdeM). These grids were prepared in order to collect key information on public health programs, researchers, and research activities with respect to global health. Data were collected in each university by a student or a research assistant affiliated with that institution in order to increase the internal validity.

Data sources: internet sites, institutional documents, administrative data, and personal contacts with directors of research centres, researchers, professors and administration staff.

Analysis: the data were analyzed using descriptive statistics and content analysis.

Objective 2: to document the perspectives of global health actors

Instruments: data were obtained through i) surveys, ii) individual interviews and iii) workshops. Survey and interview guidelines were pre-tested with two academics.

Data sources: i) The survey was comprised of seven open-ended questions about strengths, weaknesses, opportunities and threats (SWOT) on global health

TABLE I

Summary of Opportunities and Threats to Engaging in Global Health Research in Quebec as Viewed by the Actors

Opportunities

- Relevance of health issues in the context of globalization
- Political will of universities to internationalize themselves
- Ahead of the field, to a certain extent, compared to other provinces
- Research is "close to populations" and their needs
- Need to be proactive in reducing prejudice with respect to the quality of researchers and research in low- and middle-income countries
- Importance of intercultural experiences
- Possibility of encountering top researchers in the field over and above local/national context

Threats

- Innovative projects are difficult to get funding for
- Limited availability of young professors, to develop long-term partnerships
- Diverts students from other aspects of their basic training
- Obligation for universities to promote global health to remain competitive and not be left behind
- Reinforcement of North/South disequilibrium if partnerships are not equitable

TABLE II

Summary of Strengths and Weaknesses in Teaching and Research in Global Health in Quebec

	Strengths	Weaknesses
Teaching	<ul style="list-style-type: none"> • Competent and motivated professors • Rooted in concrete realities • Political will of universities to internationalize themselves • Highly motivated students 	<ul style="list-style-type: none"> • Specific courses in global health are not always available • Courses are not often inter-disciplinary • Limited space in certain courses • No PhD program in global health • Insufficient number of professors • No professors from LMIC • Little/no intervention training in global health • Insufficient opportunities for international experiences for undergraduate students • Lack of scientific activities • Insufficient funding for students (e.g., for travel expenses) • Network could be improved • Centralization of global health efforts in Montreal • Unequal distribution of researchers and their respective disciplines in the province • Limited visibility of information on global health activities in Quebec • Senior researchers are too occupied and new researchers have little availability • Population/civil society are at times not adequately involved • Insufficient funding for emerging projects, building partnerships, inviting researchers from the LMIC, disseminating results to the field, supporting students
Research	<ul style="list-style-type: none"> • Relatively large pool of researchers • Presence of research units, centres and teams 	

research and was diffused via the listserv of the Axis (around 200 subscriptions). Twenty-five persons responded (6 senior researchers/professors, 19 new researchers/students); ii) nine persons (purposeful sample) were interviewed by telephone using the same SWOT guidelines (4 researchers/professors, 2 dean/vice-dean, 3 representatives of donor agencies (IDRC, CIHR, FRSQ); iii) one workshop (led by the first author) was held following a conference organized by the Axis in May 2006 with students and new researchers (n=15). The second workshop was part of a conference that the three authors organized in May 2007,¹⁷ which included a half-day workshop with a roundtable discussion (N=5 professors), oral presentations (N=15 students, professors, professionals), and participant discussions following the presentations (N=44 students, researchers and professors). To get the points of view from low- and middle-income countries (LMIC), which is not always an easy task,^{18,19} a public health professor from Burkina Faso was invited as the keynote speaker and students from LMIC were present. Systematic notes were taken at both

conferences and during telephone interviews.

Data analysis: data were analyzed using a thematic²⁰ and SWOT²¹ approach.

In order to increase the internal validity of the findings, preliminary results of our study and the recommendations were also presented at the May 2007 workshop.

RESULTS

Global health in Quebec universities: Programs, researchers and research activities

McGill and the Université de Montréal both have relatively larger research and training programs than the other universities. Among the universities surveyed, we identified 27 courses with a global health content offered by a variety of disciplines, including epidemiology, economics, demographics, health administration, social sciences, and nutrition. Three universities (McGill, Laval, UdeM) also have an introductory or general course in global health. We identified 36 researchers in Quebec working in global health (whose time allocated to global health research ranged from

15% to 100%), although researchers generally do not work exclusively on global health projects. These researchers come from a variety of disciplines, including medicine, epidemiology, sociology, anthropology and demography. Based on the available information, we identified 76 global health research projects implemented over the past five years. This is likely an underestimation since institutional sources are not necessarily complete or up to date. Key trends emerged in terms of themes and geographical regions across universities, particularly at Montreal and McGill where there are the largest number of global health projects in Quebec. Most of the projects undertaken at UdeM were in Sub-Saharan Africa (70%), whereas at McGill there was a more global focus, with a significant number of projects in Asia (36%). The regional focus of these institutions match the origins of foreign students from LMIC, especially at UdeM where there is a large and growing percentage of African students (from 20% in 2002 to 40% in 2007). The dominant themes of research projects were health services and policy research at UdeM and infectious diseases and parasitic diseases at McGill.

TABLE III

Recommendations to Increase the Participation of Student and New Researchers in Global Health Research in Quebec**Recommendations***To the Global Health Axis*

- Contract out the organization of the Axis' annual conference (with a new theme each year) to 2 new researchers or 1 senior and 1 new researcher.
- Create a global health broker position, which could be held by a post-doctorate fellow, to increase the visibility of research and teaching in global health in Quebec institutions; this could include coordinating regular provincial-wide scientific activities in global health; engaging in global health research activities with one or more Quebec universities.
- Create and regularly update an electronic database on the Axis website of the various actors working in global health in Quebec, research projects, and relevant publications.
- Support the publication of a textbook on global health with chapters authored by specialists in that field in Quebec.
- Explore opportunities for "new" senior researchers interested in global health after a previous career (e.g., clinicians who have practised domestically).
- Assist in carrying out the recommendations for other actors described below in this report.

To established researchers

- Foster operational alliances with NGOs and civil society.
- Institutionalize the practice of involving students in research projects.
- Participate in the preparation of a textbook on global health, as described above, with authors encouraged to co-author chapters with students and new researchers.

To universities

- Create teaching and research posts in global health.
- Create an information centre in each university.
- Increase global health programming by:
 - developing a new introductory course in global health in those universities where no such course exists;
 - developing more global health specific courses (and possibly a msc in global health, with intervention and research oriented options);
 - integrating global health components within general public health courses.
- Create visiting professor positions to receive professors from LMIC on a regular basis.

To funding agencies

- Federate the Quebec donor agencies to organize global health bursaries for PhD and MSc students without any disciplinary restrictions.
- Include additional funding in regular competitions for awardees who conduct field research in LMIC with budget allowances for travel and dissemination of results to local community and partners after completion of research.
- Create a "dyadic" research chair in global health for new researchers, jointly held by a researcher from LMIC and one from Canada.
- Organize a competition to fund the development of new collaborations and projects in global health.
- Enable post-doctorate researchers to be principal investigators in a funded research project.

Relatively fewer global health research projects are undertaken at the other universities, although it appears that Laval has worked especially on HIV/AIDS and UQAM on environmental health in Latin America. Of the 48 projects for which we have information on donor institutions, CIHR funded the largest number. Other major donor institutions included IDRC and private foundations (Gates Foundation, Rockefeller).

Actors' perspectives

In order to better understand the internal and external contexts in universities with respect to global health, we examined the perspectives of various actors or stakeholders. Tables I and II present information based solely on actor perspectives.

Table I provides a summary of the various opportunities and threats in pursuing research and teaching activities in global health in Quebec universities.

Table II presents the points of view of study participants with respect to strengths and weaknesses of teaching and research activities in global health in Quebec.

DISCUSSION

Despite adopting a comparative approach to data collection for universities (i.e., standardized grids), the type of information available on websites and from administration departments varied across universities. In addition, information obtained by direct contact with researchers, donor representatives or deans had low response rates. These limitations precluded a more exhaustive and sophisticated approach for a comparative analysis. There is a need to re-examine this data base to ensure that available information is valid and up to date; for example, a recent survey of health research in Quebec universities between 1999 and 2004 did not identify a single

global health research project.¹⁶ In addition, our study did not document capacity-building activities undertaken by Quebec universities and partner institutions in the global south.

Our analysis of stakeholders' points of view is not representative of those engaged in global health in Quebec, but rather is based on a sample of actors who we felt would bring rich and diverse opinions.⁵ However, our knowledge of this context through our own studies and work, in addition to validating our interpretations by presenting our findings at the May 2007 workshop, strengthens our confidence in our conclusions and recommendations (outlined below).

There is a strong and growing presence of global health in Quebec universities – although the situation varies according to the institution – with room for expansion. This growth is likely a reflection of two key trends. First, the changing financial picture at the federal level, starting in 2002-03 and more recently in 2006, has provided fertile ground for global health research to expand at the provincial level. In 2001, only 3 of the 478 health projects funded by CIHR concerned global health issues; in 2006, CIHR funded 73 projects in global health, encompassing a variety of grants (e.g., Operating Grants, Randomized Controlled Trials, Graduate Scholarships, Fellowships).¹⁰ Second, Quebec is gaining a certain reputation for academic excellence in global health research. The Teasdale-Corti Team Grants program²² of the GHRI is an example of this. Although Quebec universities and their partner institutions in low- and middle-income countries only accounted for 15% (40/259) of letters of intent submitted, they received 30% (4/13) of the grants awarded. The new generation of researchers is also represented; 2 of the 4 fellows supported by the first CIHR initiative of global health research fellowships (launched in 2006) are based in Quebec. This expertise in global health research is attracting resources. According to data provided by CIHR, 68 of 258 (26%) global health research projects financed between 2000/1 and 2006/7 were undertaken in Quebec institutions. Approximately 24% of the total amount allocated during this time period went to the same Quebec institutions, yielding a total of CAN \$9.5

million (30% to McGill and 23% to UdeM).¹⁰

Federal investment in global health research has clearly increased over the past few years. Global health support at the provincial level, however, is lagging. Evidently, both levels of government do not have the same level of resources²³ and the funds allocated by the Axis to increase the competitiveness of Quebec researchers (by offering seed money to apply for national and international grants) is an important contribution. But in order to optimize the potential in Quebec, we recommend that the provincial donors follow the approach adopted by the federal government by putting in place specific and complementary global health competitions. The progress made by the GHRI in capacity building was hailed in a recent review,²³ although it comprises predominantly short-term activities bringing together researchers from Canada and LMIC for a few days. Capacity building, a cornerstone of global health, should also be pursued at the provincial level, through long-term initiatives that seek to develop specific university programs in global health at the graduate level in other provinces. The importance of international experience and education of health workers was raised in the Global Health Partnerships UK report presented to the British prime minister in 2007.^{14,15} It was recommended that these trainings follow a pluri-disciplinary approach to learning about health and its determinants, a field in which Canadian researchers have a well-established expertise.^{24,25}

CONCLUSIONS AND RECOMMENDATIONS

In terms of teaching and research activities in Quebec, we suggest two main avenues for further development in global health that would facilitate the involvement of students and new researchers. The first avenue is through specializations within each university, both geographically and in particular research areas. This is already apparent and is implicit in practice, but could be more fully developed. A solid reputation in these specialized areas, not only within Quebec, but nationally and internationally, would attract students and faculty; and would provide students graduating

from those institutions. The second avenue is through stronger collaborations across universities, pooling of resources and promoting trans-disciplinary research teams in which students and young researchers could be integrated, especially those coming from smaller institutions where there are fewer resources and opportunities. Some examples of this type of collaboration include facilitating student exchanges in order to benefit from the specializations of each university or developing collaborative research initiatives of shared research concerns. The competition launched in September 2007 by the Axis goes in this direction by offering seed money to develop new partnerships between Quebec universities. Such a competition could represent a good opportunity for Quebec universities to work together to develop a joint training program in global health.

This study resulted in the proposal of a set of recommendations (Table III) for the four major stakeholders.

We hope that these recommendations will spur further debate and help foster a dynamic environment for students and new researchers engaged in global health research in Quebec and ultimately contribute to redressing global health inequalities.

RÉSUMÉ

Objectifs : Un mouvement en faveur d'un plan d'action pour la recherche en santé mondiale semble se dessiner au Canada afin de redresser les inégalités dans ce domaine de recherche. Nous nous sommes penchés sur les moyens de promouvoir la participation des étudiants et des nouveaux chercheurs à la santé mondiale au Québec. Pour ce faire, nous avons entrepris une étude afin : 1) d'exposer l'état des activités d'enseignement et de recherche en santé mondiale au Québec et 2) d'obtenir le point de vue de divers acteurs sur le travail de recherche en santé mondiale dans le contexte québécois.

Méthode : Des données quantitatives et qualitatives ont été recueillies au moyen de tableaux spécialisés et d'une recherche documentaire (dans cinq grandes universités), de sondages (n=25), d'entrevues individuelles (n=9) et de deux ateliers (n=79).

Résultats : Nous avons recensé 27 cours abordant les notions de santé mondiale, 36 chercheurs travaillant principalement sur des questions de santé mondiale au Québec et 76 projets de recherche en santé mondiale mis en œuvre au cours des cinq dernières années. Un certain nombre de menaces et de possibilités nous ont été signalées en ce qui a trait à l'exécution d'activités de recherche en santé mondiale; on nous a également signalé les forces et les faiblesses des milieux de l'enseignement et de la recherche au Québec.

Conclusion : La santé mondiale semble avoir une présence relativement solide et en croissance dans les universités québécoises (bien que la situation varie d'un établissement à l'autre), et l'on peut s'attendre à ce qu'elle prenne encore plus de place. Cette tendance est attribuée en partie à la hausse du financement fédéral des activités de recherche en santé mondiale et à la sensibilisation et à la visibilité croissante de ce domaine depuis 2001, ainsi qu'à l'augmentation des compétences de recherche en santé mondiale dans la province. Toutefois, les étudiants et les nouveaux chercheurs sont encore confrontés à de nombreux défis qui exigent une attention particulière et des investissements ciblés. Nous concluons par un ensemble de recommandations pour les parties prenantes.

Mots clés : recherche en santé mondiale; enseignement; Québec; évaluation des besoins

REFERENCES

1. Butler-Jones D. The health of the public is the foundation of prosperity: The work of the Public Health Agency of Canada at home and around the world. *CMAJ* 2007;177(9):1063-64.
2. Global Forum for Health Research, The 10/90 report on health research 2000. Global Forum for Health Research: Geneva, 2000;155.
3. Neufeld V, MacLeod S, Tugwell P, Zakus D, Zarowsky C. The rich-poor gap in global health research: Challenges for Canada. *CMAJ* 2001;164(8):1158-59.
4. Global Forum for Health Research. Equitable Access: Research Challenges for Health in Developing Countries. Global Forum Update on Research for Health, Volume 4. London: Pro-Brook Publishing Limited, 2007;180.
5. Haddad S, Zakus D, Mohindra K, Wei X. Promouvoir la participation du Canada et le renforcement des capacités dans la recherche sur les politiques et les systèmes de santé dans le monde : perspectives et recommandations. Université de Montréal et Université de Toronto. Ottawa: Instituts de recherche en santé du Canada, 2002;63.
6. Mohindra K. Health research at IDRC. Ottawa: International Development Research Centre, 2001 Available online at: <http://idinfo.idrc.ca/archive/corpdocs/118226/a-118226.pdf> (Accessed May 23, 2007).
7. Neufeld V, Spiegel J. Canada and global health research. *Can J Public Health* 2006;97(1):39-41.
8. Spiegel J, Labonte R, Hatcher-Roberts J, Girard J, Neufeld V. Tackling the 10/90 gap: A Canadian report. *Lancet* 2003;362:917-18.
9. Di Ruggiero E, Zarowsky C, Frank J, Mhatre S, Aslanyan G, Perry A, Previsich N. Coordinating Canada's research response to global health challenges: The Global Health Research Initiative. *Can J Public Health* 2006;97(1):29-31.
10. CIHR. Data treated by the authors and provided by Kim Gaudreau and Erica Di Ruggiero from ...continues

- the Institutes of Health Services and Policy Research & Population and Public Health, 2007.
11. Haddad S, LaBossière F. Axe de recherche en santé mondiale, rapport d'activités : septembre 2005-mai 2006. Montréal: Réseau de recherche en santé des populations du Québec, 2006. Available online at: http://www.santepop.qc.ca/santemondiale/Rapport_activites_%20sept2005-mai2006_smondiale.pdf (Accessed May 23, 2007).
 12. Walker SH, Ouellette V, Ridde V. How can PhD research contribute to the global health research agenda? *Can J Public Health* 2006;97(2):145-48.
 13. Ridde V, Mohindra K, LaBossière F. Promouvoir la recherche et l'enseignement en santé mondiale au Québec. État des lieux dans les universités québécoises et perceptives d'avenir pour les jeunes et nouveaux chercheurs. Axe « Santé mondiale ». Montréal: Réseau de recherche en santé des populations du Québec, 2007;47.
 14. McKee M. A UK global health strategy: The next steps. *Br Med J* 2007;335:110.
 15. Crisp N. Global Health Partnerships. The UK Contribution to Health in Developing Countries. London: Department of Health, 2007;180.
 16. Laurendeau M-C, Hamel M, Colin C, Disant M-J. Bilan de la recherche en santé publique au Québec (1999-2004). Québec: Institut national de santé publique du Québec et ministère de la Santé et des Services sociaux du Québec, 2007;55.
 17. Ridde V, Mohindra K (Eds.). *Développer et pratiquer la recherche et l'enseignement en santé mondiale au Québec*. Montréal: Cahiers scientifiques de l'ACFAS, numéro 110, 2008; 104 p.
 18. Ridde V, Gagnon E, De Koninck M. Scientifiques avec ou sans frontières? *Bulletin de l'Association pour la Santé Publique du Québec* 2007;Sept/Oct:5-7.
 19. Ridde V. Defying boundaries: Globalisation, bureaucracy and academic exchange. *Promotion Educ* 2008;15(1):3-4.
 20. Paillé P, Mucchielli A. *L'analyse qualitative en sciences humaines et sociales*. Paris: Colin, 2003;211.
 21. Iles V, Sutherland K. *Organisational Change. A Review for Health Care Managers, Professionals and Researchers*. Managing change in the NHS. London: NCCSDO, 2001;100.
 22. CIHR. Teasdale-Corti Global Health Research Partnership Program, 2007. Available online at: <http://www.cihr-irsc.gc.ca/e/31233.html> (Accessed November 20, 2007).
 23. Tait M. *Global Health Research Initiative Review - Final Report*. Ottawa: GHRI, 2006;36.
 24. O'Neill M, Pederson A, Dupéré S, Rootman I (Eds.). *Health Promotion in Canada: Critical Perspectives*, 2nd edition. Toronto: Canadian Scholars Press Inc, 2007.
 25. Evans RG, Barer ML, Marmor TR. *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*. Social Institutions and Social Change. New York: A. de Gruyter, 1994;xix, 378.

Received: February 2, 2008

Accepted: June 4, 2008

Presented by **insight**

3rd Annual

ABORIGINAL HEALTH

Collaborative & Team-Based Care Models | Chronic Care | Telemedicine - eHealth Solutions

December 3 – 4, 2008 | St. Andrew's Club and
Conference Centre 150 King Street West, TorontoKEYNOTE SPEAKERS: Chief Jonathan Solomon, *Kashechewan First Nation*
Six Nations Elected Council Chief William K. Montour, *Six Nations of the Grand River*

Here are 7 of the many key issues we will explore together:

- Latest research on improving chronic disease prevention
- Capacity building strategies and tactics
- Developments around the use and application of e-health programs to drive and improve quality in health care
- New clinical initiatives in Aboriginal telemedicine
- Bridging divergent models of health care for better health outcomes
- Key considerations when linking diverse communities using eHealth technologies
- Advancing Aboriginal health care through integration

and much more...

Marketing Partners

CHITTA

CANADIAN Lawyer

LAW TIMES

Healthcare Technology

HEALTHCARE CANADA

ENROLL TODAY!Call 1 888 777-1707 or fax 1 866 777-1292 Register online at www.insightinfo.comAn incisivemedia event