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The Faculty of Health Sciences (FHS) at Simon Fraser University (SFU) is one of Canada's most integrated programs in health sciences. This unique Faculty serves as an innovative platform to support and develop interdisciplinary education and research, integrating the social and natural sciences with population health outcomes, societal application and policy analysis. FHS is an extension of SFU's commitment to excellence in teaching, research and community engagement, and brings together experts from the social, population and policy sciences, biomedical sciences, and public health sectors who are dedicated to generating new knowledge and applying their skills to improving the health of people in Canada and around the world.

A vibrant undergraduate and graduate teaching program with an emphasis on experiential learning is at the heart of FHS. The Faculty is committed to giving students practical opportunities to apply their knowledge in research laboratories and to engage with community health problems in British Columbia (BC) and around the world. Researchers from a wide range of disciplines as diverse as molecular biology, epidemiology, anthropology and philosophy, work together with students on studies addressing critical questions of health and disease. Both researchers and students make original contributions to the study and understanding of health and disease, placing SFU at the forefront of multi-disciplinary health research and teaching in Canada.

**OUR VISION**

The Faculty of Health Sciences will be a leader in the generation and mobilization of interdisciplinary knowledge to understand and improve health and well-being.

**OUR MISSION**

The Faculty of Health Sciences strives to improve the health of individuals and populations and to reduce health inequities through excellence in interdisciplinary research and education, in partnership with local, national and global communities and with a commitment to social justice.

**FACULTY OF HEALTH SCIENCES**

**FHS VALUES STATEMENT**

The Faculty of Health Sciences is committed to academic excellence and leadership through the pursuit of interdisciplinary scholarly activities, including research, teaching and learning, and through community engagement and partnership. The Faculty is committed to social justice and aims to improve health and reduce health inequities locally, nationally and globally.

**OUR CORE VALUES ARE:**

**Excellence in Teaching and Learning**

We strive to provide our students with an excellent education that will make a difference in their lives and help them apply their learning to make a difference in the world. We encourage critical thinking, intellectual creativity, and lifelong learning.

**Academic Freedom, Integrity, Excellence**

We pursue intellectual integrity, collegiality, academic freedom, academic rigor, quality and excellence; integration of education and research themes; and knowledge translation and exchange.

**Equity and Diversity**

We value the diversity of academic knowledge perspectives, skill sets, and methodologies that our Faculty possesses. We support diversity within the Faculty that reflects the composition of the communities we serve. We believe equity and fairness are central to an inclusive and diverse environment.

**Community Engagement**

We strive to engage with communities, adopt a community perspective, and embrace meaningful relationships with external partners.

**Healthy Workplace**

We promote the health of our students, faculty members, administrators, and staff. We value dialogue across differences and disagreements as well as consensus-based and democratic decision-making. We recognize the responsibilities of participants to be engaged, and the responsibilities of leaders to respect policy and processes. We conduct ourselves ethically, respect others' areas of expertise, conduct our activities in an open, honest and transparent manner, and practice civility with candour and a sense of humour.
In 2004, SFU took the bold decision to create a new Faculty of Health Sciences that would be unlike any other health-related Faculty in Canada. This new Faculty was designed to be interdisciplinary, encompassing a “cell to society” approach to teaching and research, and it was developed in response to the recognized need in Canada to build capacity in population and public health. In order to avoid the siloed biomedical focus that typically characterizes medical schools, it was designed around important research themes and problems rather than discipline based departments, and it was intended to be broader than the “School of Public Health” concept that other Canadian universities were implementing.

When I joined the Faculty as Dean in 2007, the founding Dean, David McLean, and a small team of dedicated faculty and staff had laid the foundation for an exciting new approach to understanding the broad determinants of health and innovative solutions to some of our most pressing global health problems. Since then we have continued to excel in meeting these visionary goals. We are developing new approaches to interdisciplinary thinking in health sciences related teaching, research, and community engagement and we have demonstrated a remarkable commitment to engaging with communities in the pursuit of health equity across the globe. I am confident that as we continue to grow and diversify, we will emerge as an internationally recognized centre of excellence in health sciences and population-based approaches to public health.

HISTORY AND DEVELOPMENT

SFU, a public tertiary institution within the province of BC, is named after the explorer Simon Fraser and the first classes began on September 9, 1965. Given the growth from the “idea stage” to almost a completely functioning university in 30 months, SFU became known as the “Instant University” throughout BC. SFU has grown from its early start on Burnaby Mountain into three campuses spread across the lower mainland of Vancouver, BC, with a current enrollment of 30,000 students. For more on SFU visit www.sfu.ca

With over 45 years of innovative research, teaching and community outreach, SFU has become a university of choice for researchers and teachers from around the world. SFU ranks in the top three of Canada’s comprehensive universities in publication intensity, and since 2008, SFU has consistently placed 1st in publication impact (Research Infosource). For four years in a row (2007 – 2011) SFU was rated Canada’s best comprehensive university in the annual Maclean’s survey. SFU placed sixth overall in science and engineering and 10th in social sciences and humanities in the August 2012 report by Higher Education Strategy Associates (HESA), which looked at 61 Canadian universities. Internationally, SFU ranks among the top 25 universities in the world (second in Canada) under 50 years of age, according to the QS (Quacquarelli Symonds Limited) ranking, and in the top 30 according to the Times Higher Education ranking. For more information visit www.sfu.ca/content/dam/sfu/vpresearch/pdfs/docs/SRP2010_15.pdf

FHS was formally created in 2004. Within a year, the first faculty complement was hired, and from 2005-2008, 37 new faculty members were recruited nationally and internationally. In September 2005, FHS enrolled its first graduate students in our Masters of Public Health (MPH) program, today offering concentrations in global health, population health, environmental and occupational health and social inequities and health. In September 2006, our Bachelor of Arts program, and in September 2007, our Bachelor of Science program was launched. A new Masters of Science was introduced in 2009 and a PhD program was approved in 2011.

For more on FHS visit www.fhs.sfu.ca
The US-based Council for Education in Public Health accredited our MPH, BA and BSc programs in 2010, making them the first public health-oriented programs in English Canada to receive international accreditation.

Benefits of Accreditation
- It promotes health, safety and welfare of society by assuring competent public health professionals.
- It provides assurance that the program has been evaluated and has met standards established by and with the profession.
- It provides assurance that the curriculum covers essential skills and knowledge needed for today’s jobs.
- It will enhance the national and international reputation of FHS at SFU.

On September 17 2008, Dean John O’Neil proudly opened the doors of Blusson Hall - a building as innovative as the faculty it houses - thanks to a $12-million gift from Vancouver philanthropists Stewart and Marilyn Blusson and a $1.5 million gift from the Djavad Mowafaghian Foundation to develop a Level 3 Biocontainment Laboratory. It is the greenest building on campus and home of the fledgling Faculty of Health Sciences. Designed by Vancouver-based architects Busby, Perkins and Will, the $56.9-million three-story complex exceeds Leadership in Energy and Environmental Design (LEED) Silver standards with numerous planet-friendly features such as a green (planted) roof, sustainably harvested wood products, limited use of off-gassing construction materials, storm-water collection for irrigation, radiant-floor heating and abundant natural light. The U-shaped building frames a tranquil courtyard that references Arthur Erickson’s original design for the AG gardens. Inside features airy tiers of offices, classrooms, seminar rooms, a computing lab, lecture theatre, and open-plan wet and dry labs, efficiently using space for research and equipment.
COMMUNITY SUPPORT:

FHS has benefited tremendously from generous philanthropic support from the community, including individuals, foundations, corporations, and faculty and staff, who have donated over $28 million since 2005. In particular, FHS would like to thank founding donors Dr. Stewart and Mrs. Marilyn Blusson and Dr. Djavad Mowafaghian for their transformational support.

INDIVIDUAL DONATIONS:

$10M+
Dr. Stewart and Mrs. Marilyn Blusson

$4M+
Dr. Djavad Mowafaghian

Additionally, other individuals, faculty and staff donated over $200,000 to FHS.

ORGANIZATION DONATIONS:

$1M+
St. Paul’s Hospital Foundation
BC Cancer Foundation
Merck Canada Ltd.
Pfizer Canada Inc.
Arthritis Research Centre of Canada
BC Cancer Agency

$500,000 – 999,999
The Great-West Life Assurance Company
Heart & Stroke Foundation of BC and Yukon
IBM Canada Ltd.

$50,000 – 499,999
TD Bank Financial Group
Open Society Foundation
MAC Cosmetics

$20,000 – 49,999
Dr. Cam Coady Foundation
Michael Smith Foundation for Health Research

$10,000 – 19,999
Gateway Casinos & Entertainment Inc.
BC Biomedical Laboratories Ltd.

$5,000 – 9,999
Legendary Developments (Clayton) Ltd.
Frucitana Fruits & Vegetables
Richard S. Hall Insurance Agency Ltd

$1,000 – 4,999
Guru Nanak Sikh Gurdwara Society
Central City-Blackwood Partners Management Corp.
Canadian Ramgarhia Society dba Gurdwara Sahib
The St. Andrew’s Saltire Society of Vancouver

OUR PROGRAMS
SFU’s Health Sciences undergraduate degrees are innovative and multidisciplinary, allowing students to examine the interactions between human biology and society, health and public policy, health and culture, health and the environment, and more. FHS undergraduate degrees provide interdisciplinary approaches to health, with attention to epidemiology, public and population health, and research. The two undergraduate degrees emphasize different disciplines in the health sciences, but have an overlapping focus on population and public health. By sharing parts of the curriculum, students from both degrees benefit from their exposure to different sub-disciplines, and thus become trained in a truly interdisciplinary manner.

To learn more about our undergraduate programs visit: www.fhs.sfu.ca/undergraduate-programs

The Bachelor of Arts (BA) draws upon the social, behavioral, and policy sciences, as well as biology, and focuses on the determinants of health, health promotion, disease prevention, and health care systems. Areas of study include global health, environmental health, mental health, and gender-based and other inequities in health. Core courses emphasize critical thinking and interdisciplinary learning, with the intent to develop new public health leadership. Some core courses are team-taught by faculty from a range of disciplines. Students meet in small tutorial groups, facilitating contact with faculty who are experts in the area and offering increased opportunity for class participation.

The Bachelor of Science (BSc) includes studies in biology, chemistry, molecular biology, biochemistry, Immunology, infectious disease, environmental health, and epidemiology. The BSc in Health Sciences promotes an interdisciplinary approach to the scientific and social determinants of health and disease, especially infectious and environmental diseases. Graduates will have laboratory skills comparable to those from basic biomedical science programs, and have strong interdisciplinary experience in social science settings. They will exhibit employable skills such as group problem solving, medical statistical and computational skills, communication and organizational skills, honed within the practical framework of knowledge and concepts in molecular biology, immunology, toxicology, epidemiology, and public and population health. Those desiring leadership roles or research positions in health will likely use the degree as a stepping stone to further education.
Alex Wright, president of the Health Sciences Undergraduate Student Union at SFU, founded the university’s first student-run and student-initiated peer mentoring program. The program, known as the Peer Guidance Project, was first implemented as a pilot in the Faculty of Health Sciences in the fall semester of 2010, in an effort to support new students in their studies, as well as to enhance their overall university experience, by linking them with fourth-year students. The idea came to Wright when she was the medical trainer for SFU women’s basketball team. “It’s simple and low maintenance,” said Wright of the peer mentoring program, adding that she wanted to bring the success that the basketball team had with their mentoring program to FHS.

The project began with 13 mentors and 50 new (mostly international) students. Mentors met with the initial cohort three times during the semester, to welcome the new students, discuss any questions or concerns, and follow-up on progress prior to midterms and finals. Ilhan Abdullahi, a first-year Health Sciences student, participated in the peer mentoring pilot project and found it to be very helpful. “In our first meeting we talked about life in general,” she said, of the initial conversation with her mentor. “What makes this program unique is that it is faculty-based,” said Abdullahi. “I became close friends with my mentor. I’d love to be a mentor one day.” Based on positive feedback from those who participated in the pilot, the Peer Guidance Project is sure to grow. The Faculty of Health Sciences is planning to expand the program to the whole undergraduate program in the future, and Wright explained that the program benefits the mentors as well as to enhance their overall university experience, by linking them with fourth-year students. The idea came to Wright when she was the medical trainer for SFU women’s basketball team. “It’s simple and low maintenance,” said Wright of the peer mentoring program, adding that she wanted to bring the success that the basketball team had with their mentoring program to FHS.

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HEALTH SCIENCES STUDENT REFUGEE ESTABLISHES THE DZALEKA PROJECT

The Dzaleka refugee camp, tucked away in the most isolated and coldest part of Malawi and formerly a prison meant to hold 4000 people, is now home to 10,000 refugees, most of who come from neighboring countries Rwanda, Burundi, Congo, Somalia, and Ethiopia. Lacking adequate food and shelter, those living in the camp remain trapped in poverty with little hope. For parents, the idea of sending their children to school is a dream usually far out of reach. There are over 11 million refugees worldwide. Only a lucky few, 60 a year, are sponsored through WUSC (World University Service of Canada) through its Student Refugee Program to study in Canada and resettle here as landed immigrants. One recipient of this sponsorship program is Joselyne John, who had lived in refugee camps since the age of 6, and made her way to SFU on Burnaby Mountain as a result of hard work and dedication to making a positive difference in the community around her. After fleeing war-torn Burundi, she and her family moved to refugee camps in Tanzania and Malawi, and she vividly recalls the terror, sickness and desperation surrounding her most of her life. Now in her third year as an undergraduate major in Health Sciences, she has gained a keen interest in public health and health promotion: “It has helped me to understand my own life better and the magnitude of my background” she says, of her current education. “It’s applicable to everyday life.” She is currently volunteering to challenge herself and explore her options.

Joselyne established the Dzaleka Project, a non-profit organization, in 2008 to raise awareness and funds for those living in the refugee camp. She is committed to raising the $30,000 required to sponsor her family to come to Canada. “I don’t spend any time thinking negatively, I just stay positive,” she says, adding that she hopes to see her family again soon. Once she reaches this goal, she is determined to continue working to sponsor other families and helping individuals who are less fortunate than her. The Dzaleka Project has grown to include over 300 student members. Through various exhibitions, concerts, barbecues and bake sales, the Dzaleka Project raises funds and educates people about the refugee camp and what it is like to live there. “Educating students is as meaningful as educating the world,” Joselyne explains with a smile. She believes that when people become passionate about something, they take what they have learned and apply it in life to make meaningful changes. “I want to give back. I want to make a difference, and Health Sciences will help me do that.”

BC’S NEWEST RHODES SCHOLAR

For FHS student Sarah St. John - BC’s newest Rhodes Scholar - 2012 promises to be a very exciting, transformative year. After completing her Bachelor of Science degree (FHS) and Certificate in Sustainable Community Development (Faculty of Environment) in Spring 2012, Sarah will use the scholarship to pursue a Masters in Public Policy at the prestigious University of Oxford.

“I love learning about how global, national and local policies affect the ability of communities to address environmental, social and economic determinants of health and well-being,” says St. John, who grew up in Coquitlam. “In today’s world, policy makers and politicians need to come together, regardless of their ideological ties, to solve significant global challenges, including climate change and global inequity.”

Rhode Scholar candidates must achieve a high standard of intellectual and academic success, and demonstrate strong leadership, community engagement and a commitment to improving the state of the world. They must also show evidence of physical vitality in sports, theatre, music or other non-academic pursuits. Among Sarah’s accomplishments are: Three-time recipient of Canadian Red Cross awards and worked extensively in a variety of volunteer awareness-raising capacities with the organization, including coordinating Humanity Strikes Back - a youth conference. In 2010, she was a youth delegate with the International Federation of the Red Cross at the United Nations Framework Convention on Climate Change in Mexico. Working first as a board member and then the external chair for Sustainable SFU, St. John garnered SFU undergrads’ agreement to contribute $100,000 annually to the organization through a fee added to their tuition. St. John has maintained a 4.1 GPA and enjoys a variety of recreational activities, including hiking, paddling and Cuban salsa dancing.

Established in 1903 under the will of Cecil Rhodes, the Rhodes is the oldest and perhaps the most prestigious international graduate scholarship program in the world. A class of 83 Scholars is selected each year from Australia, Bermuda, Canada, Germany, Hong Kong, India, Jamaica and Commonwealth Caribbean, Kenya, New Zealand, Pakistan, Southern Africa (including South Africa, Botswana, Lesotho, Malawi, Namibia, and Swaziland), United States, Zambia, and Zimbabwe. The $100,000 scholarship was established to develop outstanding leaders who would be motivated to fight ‘the world’s fight’ and to ‘esteem the performance of public duties as their highest aim’, and promote international understanding and peace.
FHS STUDENT HEADS TO GENEVA FOR INTERNATIONAL AFFAIRS SUMMER SCHOOL

FHS BA Honors Candidate Katherine Drasic attended Geneva-based Graduate Institute of International and Development Studies’ three week program: “Summer Programme on International Affairs and Multilateral Governance” (11 June - 29 June 2012).

Eligibility for this summer school was highly selective based on the applicant’s essay submission, resume, and references. Katherine, the recipient of the 2012 FHS Undergraduate Award for Citizenship and Exemplary Academic Performance, attributes her successful application to her volunteer work, co-op experience, honor’s thesis topic and completed coursework. Drasic, who has a strong interest in sustainable community development and in pursuing graduate studies, focused on “Health in All” policies for her honors thesis. She is now seeking an opportunity to integrate her studies in intersectoral public policy and the influence of non-health sectors’ policies on health, with her interests in sustainability, and public health law. This program will take her to the heart of international policy-making: it provides participants with a unique combination of academic expertise and practical experience on issues of economic integration, human rights and humanitarian action, health and environment.

The program is open to senior undergraduates, students at MA level and young professionals with a strong interest in international affairs. Katherine’s two-week stint covered Global Public Goods, Health and Environment, and Security, Human Rights & Humanitarian Action.

FHS REACHES OUT TO PARENTS AS PARTNERS

FHS Advisor and Undergraduate Programs Manager Brad Mladenovic was initially surprised when dozens of parents of incoming undergraduate students came to SFU Burnaby campus in 2009 to attend student advising sessions. This phenomenon is but one example of the role parents play in post secondary education and reflects the new realities of North American universities that are now increasingly answerable to both students and the parents that support them financially and emotionally through their post secondary years.

In response, Brad – with the help of FHS faculty and other student service units – initiated FHS’ efforts to engage parents as partners in post-secondary education. For the fourth year in a row, FHS hosted its well-attended “Parent Orientation Evenings” (previously Group Advising Sessions for Parents). This year, over 100 parents and relatives of FHS students entering first year at SFU attended the sessions. The July 9 and 10 (2012) sessions introduced parents to Brad and other FHS advisors who provided anxious parents with a backgrounder on FHS, an overview of graduation requirements, the registration process, and the ever-popular response to UBC Medical School Pre-requisites.

In addition, SFU staff from SFU Financial Aid & Awards (Marianna Ivaz and Karen McKitrick-Twaite) provided valuable information on university funding that is available. Co-op Education & Career Services personnel Faye Stefan and Brenda Badgero described current information on career options. Lastly, FHS students (2012 students Alyssa Jordan and Alex Suleiman representing the FHS Peer Mentorship program) and FHS faculty members (Dr. Rochelle Tucker) spoke in detail about the university experience.

The Faculty of Health Sciences currently offers three interdisciplinary graduate degrees and a graduate diploma:

- Diploma in Global Health
- Master of Public Health (MPH)
- Master of Science (MSc)
- Doctor of Philosophy (PhD)

To learn more about our graduate programs visit www.fhs.sfu.ca/graduate-programs

The Diploma in Global Health is a stand-alone credential, designed to serve the needs of those who would like training in the basics of global health practice. The diploma is a useful adjunct to clinical training (e.g., medicine or nursing) or academic training in complementary fields (e.g., public policy) for those who wish to work internationally, or those who simply wish to learn more about current challenges in global health research and practice.
The MPH program aims to promote an engagement with knowledge creation, exchange and application, and to equip public health leaders and practitioners of the future with the knowledge and skills required to improve the overall health and well-being of the population; prevent diseases, injuries, or disabilities that may shorten life or impair health; well-being and quality of life; and reduce inequities in health from local to global levels. The program consists of core courses, a practicum, and requires a selected concentration, which determines a capstone project.

The Practicum is a unique opportunity for graduate students to learn how to apply public health concepts, methods and theory in public health settings in Canada and globally. Students undertake a professional, practice-based internship for one academic term (11 weeks) in a designated workplace. Designed to bridge theory and practice in a variety of public and community health settings, the Practicum is a planned, supervised and evaluated practice experience in which students are mentored and supported by qualified public health supervisors and faculty.

Graduate students in the MPH Global Health concentration must do international practice. Since 2007, 261 MPH students have completed practicum placements in Malawi, Zambia, South Africa, India, Mongolia, Mexico, Iran, Australia and the United States, among other countries.

The research with Ashodaya provided evidence that supports the success and importance of community-led structural interventions for sex workers in India, where almost three million people live with HIV. The student team returned from India with a deeper understanding of the health challenges and structural barriers faced by sex workers in India, who showed inspiring determination and willingness to share their stories. Since then, three other FHS practicum students have also worked with Ashodaya – Anshu Parajiee, Laza Lazarus and Elayne Vahakali. The research with Ashodaya is described in the students’ following publications:


The MSc Program prepares graduates for research careers in one of the following areas: global health; environmental and occupational health; toxicology; maternal and child health; epidemiology and biostatistics; health promotion and disease prevention; infectious diseases; chronic diseases and aging; mental health and substance use; social inequities and health; adolescent and child development; reproductive health; and health policy. The available courses and directed research experiences available will cover health issues from the level of cells, organisms, systems, communities and populations, encompassing and transcending strictly individual or clinical perspectives.

The MSc curriculum is flexible by design. Students, in consultation with faculty advisors, create a curriculum plan that will best help them meet their research and career goals. A discipline-specific application of the scientific method shall be common to all MSc curriculum plans. Formal academic instruction is available in regularly taught courses within the faculty as well as in other SFU Faculties and Departments, and other universities in western Canada through the Western Deans’ Agreement. In addition, directed studies and directed research courses may be available in specific areas.

Mr. Emmanuel K. Saka, a final year medical student at the College of Medicine and Allied Health Sciences University of Sierra Leone, has been awarded a Canadian Commonwealth Scholarship for a four-month research visit in 2013 to SFU’s Faculty of Health Sciences, working with Dr. Susan Erikson. Dr. Erikson is a medical anthropologist who has worked extensively in Saka’s home country, Sierra Leone in West Africa. This is an outstanding achievement for a medical student from one of the poorest countries of the world.

The Canadian Commonwealth Scholarship Program (CCSP) is sponsored by the Canadian government’s Bureau for International Education. Since its inception in 1959, CCSP has provided scholarships of excellence to all member countries of the Commonwealth, with the goal of helping to meet the human capital needs of developing countries. CCSP provides short-term exchange opportunities for candidates from Commonwealth countries for study or research in Canada at the master’s or doctorate level. The program is open to all disciplines including interdisciplinary programs, with an emphasis on studies or research in science and technology.
The PhD program is designed to provide advanced research training in health sciences, and to provide students with the skills, content area expertise, analytical and critical-thinking capabilities required to pursue original research relevant to health. Consistent with the mandate and objectives of the FHS mission, the PhD program will introduce students to interdisciplinary approaches to research that will encourage them to develop cross-disciplinary research skills. Areas of disciplinary emphasis in the Faculty include: social science, epidemiology, biostatistics, policy analysis, ethics and laboratory-based biomedical science research skills. Areas of disciplinary emphasis in the Faculty include: social science, epidemiology, biostatistics, policy analysis, ethics and laboratory-based biomedical science.

FIRST HEALTH SCIENCES PHD TACKLES HIV/AIDS

For Nathan Ford, earning SFU’s first health sciences PhD has much less to do with rankings than what he plans to do with it. The U.K.-born overachiever aims to use his credentials to help improve care for people with HIV/AIDS in the world’s most impoverished countries, and he appreciates what it took to get the new PhD program up and running.

“They had to be flexible and respond to obstacles as they arose,” he says, “and I’m very grateful to staff in the Faculty of Health Sciences and the office of the Dean of Graduate studies for all the support they provided over the past few years.”

Ford’s interest in HIV/AIDS was ignited when he was an undergraduate studying microbiology and virology at Britain’s University of Warwick in the early 1990s. He remembers during one class being shown how the epidemic was spreading along major trucking routes, reflecting its proliferation by heterosexual transmission via the sex trade.

“We were told this single virus could have a major impact on economic underdevelopment in Africa, what was already the world’s poorest continent,” he says.

That was enough. From then on he was hooked on issues of social injustice, health inequalities and particularly HIV/AIDS. So much so that even before doing his PhD, he was widely published on issues of HIV/AIDS funding and treatment access. What the PhD has given him is added credibility, he says. “I now have the methodological skills for epidemiological analysis and can more rigorously assess the evidence in support of various models of care delivery.”

In addition to working in England as the medical coordinator for the international office of Doctors Without Borders, Ford has also continued his HIV/AIDS research, including collaborations with his PhD supervisors at SFU. Ford also knows how to keep a balance – he surfs and cooks when he really needs to switch off, but he rarely needs to. “I find the work I do very enjoyable,” he says. “I just hope that’s not what every unreformed workaholic says.”

MPH GRADUATE GOES GLOBAL AND GIVES BACK TO CANADIAN COMMUNITIES

Adam King
Current Position: Provincial Lead – Health Promotion and Prevention, Perinatal Services BC

Adam King began the MPH program in 2007, with a strong interest in program planning and health promotion in the area of maternal-child health. King completed a practicum placement at the Public Health Agency of Canada’s (PHAC) BC Office, where he conducted a provincial assessment of innovative service delivery models aimed at improving the reach of community-based Aboriginal child development programs. “My practicum provided me with an exciting opportunity to visit programs around the province and conduct a range of key informant interviews and focus groups with program directors, staff, and Aboriginal families,” says King. The result of his research was a report with programmatic recommendations for adopting an innovative service delivery model.

While working on his MPH, King also organized an internship at the World Health Organization (WHO) in Geneva, Switzerland, within the Maternal-Child Health department. He conducted research on the policy, funding, and programmatic opportunities and obstacles for promoting Early Childhood Development (ECD) within low-income countries. This research was the basis of his final Capstone project.

After graduating, King spent one year working with PHAC as a Program Consultant before taking on a consultancy contract with UNICEF in Sri Lanka. His love for global health grew quickly and he spent the next two years working as a program planning consultant in the area of maternal-child health promotion in Tanzania, Russia, Syria, and Bangladesh. Returning home to Vancouver, he began working with the Fraser Health Authority before taking on a permanent position as Provincial Lead - Health Promotion and Prevention with Perinatal Services BC, an agency of the Provincial Health Services Authority. In his current role, he is responsible for working with provincial partners to lead the development and implementation of best practice initiatives which promote healthy pregnancies and healthy infants across BC.
STUDENT AWARDS

CIHR Masters Award
2008
Emily Jenkins
Ellen Randall
Thiha Maung Maung
2009
Rebecca Mador
2010
Faith Elboff
Kimberley Korf-Uzans
Lisa Lazarus
Katherine Muldoon
Kaylin Woods

CIHR Doctoral Award
2010
Brittany Bingham
Surita Parashar (also awarded the Canadian Association for HIV Research New Investigator Award in 2012)
2012
Alexis Palmer (ranked in the top 2% in the competition)
Lupin Batterby

CIHR Frederick Banting and Charles Best Canadian Graduate Scholarship Awards
2011
Lindsay Galway (PhD Student)
2012
Brittany Bingham (PhD Student)
Lauren Wallace (MPH Student)
Justin Sharpely (MSc student; also awarded a Provost Prize of Distinction in 2012)

Vice-President Research - Undergraduate Student Research Award (VPR-USRA):
2011
Andreas Piliarinos
Quang Anh Le
Jashreee Nanthi
Gabrielle Radu
Manal Abdur Rahman

NSERC Undergraduate Student Research
2011
Addie Stewart
Ben Kingston

SFU CD Nelson Entrance award
2012
Kaitlin Lauridsen, MPH student
Glen Moulton, MPH student
Emily Kendall (MPH Program) received the Pacific Graduate Entrance Scholarship and Special Graduate entrance Scholarship (Fall 2009)

Ashley White (MPH Program) received a Michael Smith Foundation for Health Research Junior Graduate Studentship Award and SSHRC CGS Masters Scholarship (2008)

Laura Cotton (MPH student) was awarded a New Investigator Award to attend the 19th Conference on Retroviruses and Opportunistic Infections, Seattle WA

Mubrin Moshref (MPH student) won first place in the Canadian Bureau for International Education (CBEIE)’s International Education Photo Contest (2011)

Lyndsey Belvedere (BSc), Christine Lukac (BSc) & Martyna Purchia (BA) received a $1000 grant from the Ashoka Youth Venture Challenge to start Better Alternatives for Girls’ Survival (BAGS) (2011)

Thanya Al-Saadoon (CGSSM trainee) and the Cowichan Women Against Violence Society have been awarded funding for “Inviting Voice/Creating Space for Cowichan Valley Women”. Vancouver Foundation, $61,445 (2011-2014)

Internship Awards
2011
Quang Anh Le (BSc student) received a Research Internship in Science and Engineering Award from the Deutscher Akademischer Austauschdienst (DAAD), University of Hamburg (Dr. van Lunzen Lab), Germany
2012
Ryan Darroth (BSc student) was awarded a Training of Aboriginal Youth in Biomedical Labs (TAYBL internship (funded by Merck & Co) to undertake research in the laboratory of Dr. Brumme (2012)

Post-Doctoral Fellow Awards
2012
Dr. Denis Chopera was awarded the Bill and Melinda Gates Foundation Global Health Travel Award to attend the Keystone Symposium on HIV Vaccines in Keystone Colorado

Dr. Glynys Webster was awarded a MSFHR fellowship for “Prenatal exposures to PBDEs and PFCs: Sources of exposure, thyroid effects, and neurodevelopmental effects in children” Dr. Webster was also selected for a Science Communication Fellow with Virginia-based NGO Environmental Health Sciences

Faculty of Health Sciences Dean of Graduate Studies Convocation Medal
2010
Brynne Redford
2012
Stefanie Rezansoff

FHS Award for Highest Academic Achievement
2012
Lynnette Lyzwinski (BA)
Sarah St. John (BSc Student)

2012
Katherine Drasic received the FHS Award for Citizenship and Exemplary Academic Performance
Addy Musuku received the FHS Award for Outstanding Service to the Faculty of Health Sciences
Lindsay Belvedere received the FHS Award for Outstanding Community Service
Anna Carolifeld received the FHS Award for Extraordinary Achievement

Faculty of Health Sciences Dean of Undergraduate Studies Convocation Medal
2010
Lynnette Krebs
2012
Sarah St. John
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For more information on people in FHS visit www.fhs.sfu.ca/people-in-fhs
OUR RESEARCH
SFU’s FHS is a vibrant research community, with faculty, researchers and students engaging in a broad range of studies spanning “cell to society.”

FHS has established several centres of research and policy excellence in areas of children’s health, mental health and addictions, and gender, social inequities and mental health, and continues to develop research laboratories in areas such as immunology, neurobiology, microbiology, virology, toxicology, reproductive health and epigenetics. FHS also maintains a crosscutting interest in global health, health system policy, and public health practice, and supports strong interdisciplinary research groups addressing critical population level concerns in mental health and addictions, environmental and occupational health, infectious disease, and chronic disease.

We currently have 46 Faculty members, including six Lecturers. This also includes a total of eight Research Chairs – four Canada Research Chairs (CRC) and four Endowed Chairs:

- CRC Tier 2 in Viral Pathogenesis and Immunity
- CRC Tier 2 in Children’s Health Policy
- CRC Tier 2 in Global Perspectives on HIV and Sexual/Reproductive Health
- CRC Tier 1 in Molecular Immunity
- Maureen and Milan Ilich/Merck Chair in Statistics for Arthritis and Musculoskeletal Diseases
- Pfizer/Heart & Stroke Foundation Chair in Cardiovascular Prevention Research
- Leslie Diamond Chair in Cancer Survivorship Research (under recruitment)
- BC-CfE/St. Paul’s Hospital Foundation Chair in HIV/AIDS Research (under recruitment)
NEW ASSOCIATE DEAN FOR FHS MARKS WORLD NO TOBACCO DAY

The World Health Organization’s “World No Tobacco Day” is an annual education campaign to inform the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations. FHS researcher and new Associate Dean, Kelley Lee, was chosen by the Chatham House Centre on Global Health Security to provide its expert commentary on “Industry interference,” 2012’s theme for World No Tobacco Day.

Dr. Lee’s commentary is backed by over 20 years of related global health and tobacco industry research. Lee’s early work focused on analysis of the role of the United Nations in health. After completing an SSHRC postdoctorate fellowship, she was a core member of two major donor-led studies on WHO reform during the 1990s. She went on to pioneer analysis of the impacts of globalization on population health with funding from WHO, the Nuffield Trust and UK Economic and Social Research Council among others. She has established a leadership role as FHS’ new Associate Dean, Research.

The FHS officially welcomed internationally recognized global health researcher Dr. Kelley Lee into the faculty in September 2011. Lee has returned to Canada after spending an exciting 20 years at the London School of Hygiene and Tropical Medicine - Britain’s national school of public health and one of the world’s leading institutions for research and graduate education in global health. Trained in International Relations and Public Administration, with a focus on international political economy, Dr. Lee has come back to BC to take on a new leadership role as FHS’ new Associate Dean, Research.

FHS has established the Children’s Health Policy Centre (CHPC), an interdisciplinary research group that aims to improve children’s social and emotional health and reduce health disparities starting in childhood. The CHPC, led by FHS Associate Professor and Tier 2 Canada Research Chair Dr. Charlotte Waddell, complements the mission of the FHS to advance the health of populations locally, nationally and globally.

Current Grants:
For more on the CHPC visit www.childhealthpolicy.sfu.ca

GLOBAL HEALTH

FHS RESEARCHERS TACKLE INEQUITIES IN HEALTH FROM MINING IN MONGOLIA

As a landlocked country in central Asia with an economy historically based on animal herding, and populated by only 2.5 million people, Mongolia may seem like a distant and minor interest to most Canadians. However, after discoveries of copper, gold, coal, uranium and other minerals in the early 2000s, Canada has, in fact, a strong commercial interest in the Mongolian minerals sector, and is currently its largest foreign investor, leading to the establishment of an embassy in Mongolia in 2009. For FHS global health researchers Craig Janes, Kitty Corbett, and bioethicist Jeramy Snyder, along with PhD Mongolian student Tsogtbaatar Dyamba, and professors Lory Lang (University of Calgary) and Colleen Davison (University of Ottawa), the rapid development of mining by foreign, including Canadian, corporations in Mongolia presents challenges for population health.

With three grants to date from the Canadian Institutes of Health Research, this group has undertaken a long-term research program to assist Mongolians monitor and assess the effects of mining development in Mongolia on the population’s health and the subsequent regulation of the industry.

Beginning in 2009, Janes’ research team have engaged Mongolian governmental, non-governmental and industry stakeholders in dialogue over the health impacts of mining development projects and mechanisms for protecting public health and the environment. In 2010, the team went on to conduct an evidence-based policy-level intervention designed to support, foster, and encourage the development of a health impact assessment methodology for the mining sector that applies a social determinants and health equity framework.

In 2012, Janes and his team have expanded their knowledge translation work to focus on key policy makers and the policy making process: they are currently holding high level meetings within the Mongolian Ministry of Health on strategic planning around mining and health, and providing capacity-building workshops to a multi-sectoral working group on assessing the health impacts of mining and other large development projects. In March 2012, key Mongolian policymakers met with Canadian experts on mining and health from the BC Ministry of Health, BC Centres for Disease Control, and Health Canada in Vancouver.

IAPF MOVES TO SFU!

The Institute of Aboriginal People’s Health (IAPF), one of thirteen institutes that comprise the Canadian Institutes of Health Research (CIHR) relocated to SFU in 2012 under the leadership of Dr. Malcolm King who assumes an appointment as Professor in FHS. A member of the Mississaugas of the New Credit First Nation (Ontario), Dr. King obtained his doctorate in polymer chemistry from McGill University in 1973. After an initial faculty appointment at McGill University, he moved to the University of Alberta in 1985, and was promoted to professor in the Department of Medicine in 1990. Dr. King has been Scientific Director of the Institute of Aboriginal Peoples’ Health at the Canadian Institutes of Health Research since January 2009. He has been recognized for his achievements by the Alberta Lung Association (1999), the National Aboriginal Achievement Foundation (1998), and the University of Alberta Board of Governors (2003). IAPF fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Metis peoples in Canada, through research, knowledge translation and capacity building.

The Institute’s pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures. Dr. King will join other faculty members and students in FHS committed to improving the health of Indigenous Peoples globally. FHS works in partnership with First Nations organizations in BC to strengthen health systems under First Nations authority.
Bioethicist Jeremy Snyder and Geographer Valerie Crooks are learning just how prevalent medical tourism is among Canadians. In one Indian hospital in Chennai, Snyder and Crooks were surprised to learn that about a dozen people from the small community of Golden, BC had been there for orthopaedic surgery. Driven by the demand for faster, less costly and innovative procedures, India’s medical tourism industry is growing rapidly, surpassing other Southeast Asian countries and contributing significantly to the country’s economy. Analysts predict tremendous growth in this sector, from $150M/year in 2010 to $2B/year in 2015.

“As we walked from the immaculate and modern hospital building to the fine hotel-like quarters for international patients, we found ourselves under a hot noon-day sun crossing a stagnant canal of raw sewage flowing from nearby homes in a poverty stricken neighbourhood,” says Crooks.

The team has identified a number of areas of concern. Patients may travel alone to save money, but surgeries can be traumatic, requiring companionship and family support. Flights are typically 15 - 20 hours long, and if a person is recovering from knee or hip surgery, they may suffer travel-related complications. For developing countries offering medical tourism, there are ethical concerns when resources are injected into communities for creating state-of-the-art medical care for tourists while there is a huge disparity within the communities where these facilities are located. The team wants to find out what ethical, equity, and safety implications result from medical tourist dollars.

“We learned that more Canadians are going abroad for medical care than we were aware of,” says Crooks about her visit to Chennai.

The group is developing ethical buying guidelines for Canadian medical tourism—a first in the industry—while also identifying knowledge gaps that can inform their improvement. Crooks and Snyder co-edited a special issue on medical tourism for the journal Developing World Bioethics released this year.

Current Grants:
Snyder J, Crooks V. Informing Canadians about Ethical Concerns with Medical Tourism: Towards the Development of an Ethical Buying Guideline. CIHR Catalyst Grant: Ethics $87,129 (2011-13).

In sub-Saharan Africa, HIV-negative individuals in stable heterosexual relationships with HIV-positive individuals face a high risk of HIV infection. Current HIV prevention programs for sero-discordant couples (i.e., one partner is HIV-positive and the other HIV-negative) tend to focus on condom promotion to minimize the risk of transmitting the virus to the uninfected partner. However, reliance on condoms does not acknowledge the strong psychological, social, and economic motives that underlie the desires to reproduce.

Dr. Angela Kaida, FHS Assistant Professor and Tier 2 Canada Research Chair in Global Perspectives on HIV and Sexual and Reproductive Health, is currently examining the impact of HIV prevention and treatment programming on reproductive decision-making, behaviors, and outcomes of HIV-affected individuals in sub-Saharan Africa. Funded by the National Institute of Child Health and Human Development (NIH/NICHD), Dr. Kaida and co-investigators from Harvard University (Dr. David Bangsberg and Dr. Lynne Matthews) and the Mbarara University of Science and Technology (MUST) in Uganda (Dr. Jerome Kabakya) are working on a longitudinal prospective cohort study of fertility intentions, reproductive behaviors, pregnancy, and pregnancy outcomes among sero-discordant couples, where the index partner is receiving anti-retroviral therapy for HIV/AIDS.

Together, the study team is also collecting valuable new information on HIV-infected couples’ attitudes towards and use of biological prevention strategies in order to design future bio-behavioral reproductive counseling interventions. New HIV-prevention strategies are needed to support HIV-affected couples to achieve their fertility goals while minimizing the risk of infection for HIV-negative partners, mothers, and children.

Current grant:
SOCIAl INEQUITIES AND HEALTH
CHALLENGING TRADITIONAL PERSPECTIVES ON MENTAL HEALTH: CENTRE FOR THE STUDY OF GENDER SOCIAL INEQUITIES AND MENTAL HEALTH

Dr. Marina Morrow, FHS Associate Professor, challenges traditional discourses in public health through her involvement with other national and international scholars working to ensure gender, social inequities, and mental health are addressed in the activities of the Mental Health Commission of Canada (MHCC), established in 2007. She has worked on a variety of community-based projects, and maintains collaborative research partnerships with community-based organizations. “I’m very drawn to being practical and wanting to make a difference, to shift practice even if it doesn’t mean creating a dramatic overhaul of the system, but rather that it incrementally starts to take note of issues of inequality,” says Morrow.

Dr. Morrow is currently the director of FHS’ Centre for the Study of Gender, Social Inequities and Mental Health, funded by the CIHR’s Institute of Gender and Health (IGH) almost $2 million grant. Morrow is the Principle Investigator along with co-Principal Investigators Dr. Howard Chodos and Dr. Elliot Goldner of SFU.

“Through the support of innovative research, knowledge exchange, and training activities, the Centre aims to create a better understanding of why disparities in mental health and addictions outcomes persist, ultimately leading to improved mental health for women and men, girls and boys in Canada and internationally,” says Morrow.

The Centre fosters relationships among groups of academic and community researchers, community service providers, policy makers, practitioners, advocates, and those who have experience with mental illness from across Canada, the US, the UK, and Australia. The Centre explores the use of gender and sex-based analysis tools and other relevant methods in the following five key theme areas: mental health reform, recovery and housing, reproductive mental health, and substance use. The Centre also examines mental health and substance abuse issues within the criminal justice system. Morrow is also a Michael Smith Foundation for Health Research Scholar and co-director of the Institute for Critical Studies in Gender and Health at SFU.

Current Grant:

For more on the Centre visit www.socialinequities.ca

OCCUPATIONAL & ENVIRONMENTAL HEALTH

THE GENE-ENVIRONMENT LINK BETWEEN PHTHALATES AND ASTHMA

Asthma currently affects ten percent of the Canadian population, which is a dramatic increase from rates just thirty years ago. Historically, asthma was considered an allergic disease controlled by the adaptive immune system (the body’s more complex immune response that recognizes specific foreign cells and creates long term immunity against them). But asthma has many faces and by some estimates half of asthma cases in Canada are not “allergic asthma.”

PHS physician-scientist Dr. Tim Takaro and his team are taking a novel approach by conducting long-term investigations into the role of the innate immune system (the body’s more immediate, but non-specific immune response to attack foreign cells). Together, they are generating new evidence to determine whether early exposures to phthalates (plasticizers used in many household and personal care products) causes inflammation in the airways, that contributes to asthma. In 2010, Dr. Takaro, (first PI and co-Principal Investigator Jeremy Hirota (UBC, St. Paul’s Hospital), along with colleagues George Agnes (SFU Chemistry), Chris Carlsen and Darryl Knight (UBC ) and Mark Irwin (McMaster University) began a two-year study, “Phthalate Exposures in Canadian Children during the First Three Years of Life,” now allows the team to do pre-clinical studies on the effect of phthalates on human health. This project involves partnerships between scientists and policy-makers from Health Canada, the National Centre of Excellence AllerGen, and Canadian Mortgage and Housing Corporation and will determine whether exposures to phthalate plasticizers during fetal development and infancy play an important role in the enormous burden of asthma in Canada. This study will provide longitudinal estimates of exposure to these contaminants in young children at 3, 12, and 36 months of age through the analysis of data and information obtained as part of the Canadian Healthy Infant Longitudinal Development (CHILD) Study. Urinary biomarkers will be analysed for levels of phthalate metabolites and any consequent developments of respiratory health effects such as wheeze or allergic sensitization.

Current Grant:
Takaro, T. Dodds, P. (coPIs) Phthalate exposures in Canadian children during the first three years of life. Funded by Health Canada’s Chemical Management Program, Takaro’s new study, “Phthalate Exposures in Canadian Children during the First Three Years of Life,” now allows the team to do pre-clinical studies on the effect of phthalates on human health. This project involves partnerships between scientists and policy-makers from Health Canada, the National Centre of Excellence AllerGen, and Canadian Mortgage and Housing Corporation and will determine whether exposures to phthalate plasticizers during fetal development and infancy play an important role in the enormous burden of asthma in Canada. This study will provide longitudinal estimates of exposure to these contaminants in young children at 3, 12, and 36 months of age through the analysis of data and information obtained as part of the Canadian Healthy Infant Longitudinal Development (CHILD) Study. Urinary biomarkers will be analysed for levels of phthalate metabolites and any consequent developments of respiratory health effects such as wheeze or allergic sensitization.

Current Grant:
Takaro, T. Dodds, P. (coPIs) Phthalate exposures in Canadian children during the first three years of life. Funded by Health Canada’s Chemical Management Program, Monitoring and Surveillance Fund/Allergen NCE, $521,466 (2011-14).

The Climate Change Impact Research Consortium (CCIRC) is a group of SFU researchers investigating the impacts of climate change on our environment, our economy, our health and our quality of life. The CCIRC began in the summer of 2008, when the Community Trust Endowment Fund (CTEF) provided funding for a five-year research program entitled “Secondary Effects of Climate Change on Human and Ecosystem Health: A Risk-Based Approach.” SFU’s CCIRC research team’s expertise spans the physical, biological, health and social sciences, resources and environmental management, communication, and computing science. The CCIRC takes a risk-based approach to measure and communicate the range of possible impacts from climate change and the high degree of complexity of the systems that might be affected.
CLEANER AIR REDUCES RISK OF CARDIOVASCULAR DISEASE FOR A SMALL BC COMMUNITY

Dr. Ryan Allen, FHS Associate Professor, has been studying the relationship between air pollution exposure and cardiovascular disease. An article published last year in the American Journal of Respiratory and Critical Care Medicine discusses Dr. Allen’s research conducted in the small town of Smithers, in North-Western British Columbia – population 5,300.

Due to the rising cost of other fuels, more consumers in Smithers are turning to woodstoves as a source of heat, which is heavily impacting the air quality in this community. Air pollution causes inflammation in the lungs and may cause endothelial cells (the cells that line the inside of blood vessels) to function poorly, ultimately contributing to cardiovascular disease. Previous studies conducted in urban settings have shown the relationship between air pollution from vehicles and cardiovascular health effects, but few studies have evaluated wood smoke as the main source of pollution in small communities.

Dr. Allen and his research team examined 45 adults from 25 homes. Portable HEPA (high-efficiency particle air) filters were placed in each home and were operated normally during a seven-day period and then operated without the internal filters during another seven-day period. The participants did not know when the filters were being operated normally. Blood and urine samples were then collected from the participants at the end of each seven-day period. Although pollution levels in Smithers were relatively low, the results show that installing HEPA filters in homes reduced the average concentrations of fine particulates inside homes by 60% and wood smoke by 75%. Allen’s study provides evidence that the cardiovascular effects caused by air pollution can be mitigated with simple HEPA filters – a “useful intervention since they are relatively inexpensive to purchase and operate and can effectively remove tiny particles that can be inhaled, to improve air quality inside homes where the majority of time is spent” says Dr. Allen. “Our results suggest that there are health benefits to reducing air pollution concentrations, even if the levels are already relatively low. Ultimately, the best safeguard against these health risks is to minimize the amount of pollution that is created in the first place.”

Dr. Allen completed his PhD in Environmental Health at the University of Washington in Seattle, where his research focused on populations susceptible to air pollution exposure and the contribution of outdoor pollution sources to indoor air quality in residences. He has recently received CIHR operating grants to explore the effects of different sources of air pollution in Vancouver and in Mongolia.

Current Grants:
Allen, R. (PI) with Janes, C; Lanphear, B; Takaro, T; Venners, S. A Randomized Air Filter Intervention Study of Air Pollution and Fetal Growth in a Highly Polluted Community. CIHR Operating Grant, $276,267 (2012-2015).
Allen, R. (PI) with Brauer, M; Carlsten, C; Van Eeden, S. Subclinical cardiovascular health benefits of interventions to reduce exposure to combustion-derived particulate air pollution. CIHR Operating Grant, $319,686 (2011-2014).

CHRONIC & INFECTIOUS DISEASES

CANADA’S FIRST RESEARCH CHAIR IN CARDIOVASCULAR DISEASE PREVENTION

Renowned BC kinesiologist and heart disease researcher Dr. Scott Lear was the inaugural recipient of the Pfizer/Heart and Stroke Foundation Chair in Cardiovascular Disease Prevention Research at St. Paul’s Hospital, established in partnership with SFU in 2009. Funding from this $4.8-million endowed Chair allows Dr. Lear to join FHS and move his internationally renowned research program into a patient care setting, where he can have daily interaction with clinicians and patients. Working at the Providence Heart & Lung Institute based at St. Paul’s Hospital, he will investigate why people get heart disease and what they can do to prevent or manage it.

Dr. Lear is a leading researcher in the area of cardiovascular disease in Canada. He has conducted several high-profile studies demonstrating the disparities in heart disease risk across different ethnic communities. Dr. Lear is also responsible for developing an internet-based cardiac rehabilitation program, which provides prevention strategies that allow rural patients to receive care in their own homes. This program has helped contribute to improvements in patients’ cholesterol, blood pressure and body weight measurements. The additional funding allows Dr. Lear to further explore how technology can help break down geographical barriers to prevent heart disease and provide tailored treatments for different populations in Canada.

“Heart disease remains the leading cause of death in British Columbia, Canada and most countries throughout the world, yet much of this is preventable,” explains Dr. Andrew Ignaszewski, Division Head of Cardiology at St. Paul’s. “With our aging population, it is essential to focus on prevention to improve quality of life for patients and reduce the impact on the health care system.”

The Chair was established in 2007 with $1.25 million from Pfizer Canada, $1.128 million from St. Paul’s Hospital Foundation, including $1 million from an anonymous donor, $750,000 from Heart and Stroke Foundation of BC & Yukon and $1.5 million from SFU.

“This position, with Dr. Lear’s leadership, will serve as a catalyst to further much needed research into the prevention of cardiovascular disease at the population level and recruit additional expert researchers in the field,” says Dr. Bernard Prigent, Vice-President of Medical Affairs at Pfizer Canada.

“We are very excited about the establishment of this Chair,” says Ms. Bobbe Wood, President and CEO of Heart and Stroke Foundation of BC & Yukon. “It ensures the advancement of research and that its application and the promotion of healthy living are pushed to an even higher level.”

Current Grant:
Lear S; Fijnendoo D; Paton C; Rosin M; Schuurman N; Wister A. Using a Systems Analytic Approach to Living (SynAL) with Chronic Diseases. Community Trust Endowment Fund, $1.143 million (2011-16).
Mark Brockman, FHS Canada Research Chair in Viral Pathogenesis and Immunity, leads the investigation for a new CIHR Team on HIV Vaccine Discovery and Social Research, with FHS researchers Angela Kaida, Jeremy Snyder, Zabrina Brumme, Robert Hogg, Masahiro Niikura, and Ralph Pantophlet. Funded by the Canadian International Development Agency (CIDA) and the Canadian HIV Vaccine Initiative (CHVI), Dr. Brockman’s team is one of only five funded across Canada.

The five-year initiative “Barriers to engaging young people in HIV vaccine trials in a priority setting” will investigate challenges to including young people in HIV vaccine trials in HIV-endemic African settings. The winning proposal was developed in part through a series of meetings, convened by Dr. Brockman that facilitated intra-faculty dialogue among SFU faculty who study HIV-related questions. This diverse team of molecular biologists, adolescent health researchers, ethicists, and epidemiologists will partner with renowned South African researchers at the University of Witwatersrand and the University of KwaZulu-Natal to examine social, ethical, political, regulatory, and biomedical barriers using cohorts of adolescents enrolled in Soweto and Durban.

This is Dr. Brockman’s second major international project. In 2010, he and Durban-based collaborator Thumbi Ndungu from the University of KwaZulu-Natal were also awarded five year funding by the International Development Research Centre (IDRC) to lead an international team to build a sustainable HIV/AIDS research network that utilizes existing expertise at some locations to enhance clinical, sociological, and biomedical research capacity across seven linked sites in Africa (Durban and Soweto, South Africa; Maseru, Lesotho; Lusaka and Ndola, Zambia; Kigali, Rwanda; and Mbarara, Uganda).


Donald MacPherson is one of Canada’s leading figures in drug policy and advocates drug policies based on principles of public health, scientific evidence, human rights and social inclusion. He is currently the director of the Canadian Drug Policy Coalition, a national coalition of organizations and individuals working to improve Canada’s drug policies. The Coalition is a partner project with FHS’ Centre for Applied Research in Mental Health and Addictions (CARMHA).

MacPherson is involved in drug policy work at local, national and international levels. Formerly he was North America’s first Drug Policy Coordinator at the City of Vancouver where he worked for 22 years. He is the author of Vancouver’s groundbreaking Four Pillars Drug Strategy, which called for new approaches to drug problems based on public health principles and the appropriate regulation of all psychoactive substances. In 2007 he received the Kaiser Foundation National Award of Excellence in Public Policy in Canada. In 2009, MacPherson was awarded the Richard Dennis Drug Peace Award for Outstanding Achievement in the Field of Drug Policy Reform by the Drug Policy Alliance in the US and the City of Vancouver.

Mental Health and Addictions

As the Director of the Drug Treatment Program at the BC Centre for Excellence in HIV/AIDS (BC-CfE), Dr. Hogg has led large epidemiological studies, like the 2008 study he and colleagues published in the revered medical journal - Lancet. The Lancet study asked a big question: What’s the impact of AIDS drugs on life expectancy? He emphasizes the importance of size: “It’s only through these collaborative cohorts that you can ask the big questions,” he says. “The future of epidemiological research in HIV really is in these large studies.”


For more on the BC-CfE visit www.cfenet.ubc.ca

For more on the Canadian Drug Policy Coalition visit www.drugpolicy.ca
Few people know more than psychologist Julian Somers about the socio-psychological aspects of Vancouver’s homeless problem, but the issue is also deeply personal for the FHS associate professor.

Dr. Somers, who formerly directed the university’s Centre for Applied Research in Mental Health and Addiction (CARMHA), is now the Vancouver principal investigator for the Canadian Multi-site Research Demonstration Project in Mental Health and Homelessness. The Mental Health Commission of Canada and Health Canada co-sponsored the $110-million five-city research initiative that is tasked with finding ways to help the growing number of homeless Canadians who have a mental illness.

The Vancouver psychologist’s most visceral connection to homelessness, however, is literally in his blood: Somers’ father was an alcoholic who lived his final tragic years in a Downtown Eastside hotel with no support before dying from alcohol-related disease. “My dad’s story is the same as many others,” says Somers. “He was a self-educated Irishman involved in local theatre. He was literate, had a house in Point Grey. And it wasn’t just one single thing but a series of events and missed opportunities that put him on a trajectory terminating in precarious housing, untreated illness and premature death.”

The homelessness research initiative - the first randomized trial of housing interventions undertaken in Canada - employs a “housing first” approach to immediately provide permanent housing and services to support the homeless once they are stabilized. The current system provides emergency shelter and transitional housing first. Approximately 60 per cent of the Vancouver site’s $23.5-million budget is earmarked for housing and services for the homeless with the remainder devoted to data collection and research. Some 500 of the city’s 500 homeless participants will receive rental support for 2 ½ years plus ongoing individualized health support.

“Homeless people with mental disorders are grossly disenfranchised,” says Somers. “As a society we need to build a social scaffolding to reclaim these lost people. A scaffolding of new social ideas, a framework of thought, so people can be guided in their social behavior and actions. That’s the ultimate goal of the study.”

Health Canada’s decision earlier this year to replace the highly addictive prescription painkiller, OxyContin, with a new formulation less prone to misuse may be overall a positive move.

Research found the addition of long-acting oxycodone (the drug contained in OxyContin) to Ontario’s drug plan in 2000 to be associated with a drastic spike in opioid-related deaths. However, Dr. Benedikt Fischer, Director of SFU’s Centre for Applied Research in Mental Health and Addiction (CARMHA), cautions that making OxyContin unavailable will not solve the crisis of widespread abuse and he urges the country to implement a national strategy that includes additional training for physicians and treatment for addicts.

“One thing that’s for sure is that those people who have dependence will not suddenly be cured of their dependence because of OxyContin disappearing,” he told CBC News in February. Some remote First Nations communities - such as the Nishnawbe Aski Nation (NAN) in Northern Ontario, where up to 75% of the population is dependent on OxyContin - are faced with a public health catastrophe in the absence of treatment. “There are thousands of addicted individuals with rapidly shrinking supplies – likely leading to massive increases in black-market prices, use of other drugs, needle use and sharing and crime,” says Fischer.

The NAN has called on both provincial and federal governments to respond to the crisis, declaring a state of emergency in 2010. Dr. Fischer and his colleagues have since implemented a pilot treatment program delivering Suboxone, a treatment alternative to methadone for opioid-dependence, to NAN community members in need. Dr. Fischer holds a CIHR/PHAC Research Chair in Applied Public Health.

Current Grant:

For more on CARMHA visit www.carmha.ca
New FHS assistant professor Meghan Winters takes cycling seriously. Not only does she commute by bicycle to SFU from Vancouver, her research is delving into ways that people can be encouraged to cycle as a form of transportation.

Winters’ research program is focusing on ways that cities and their infrastructure can play a role in promoting active transportation, for people of all ages and abilities. Such research exemplifies health promotion through the “built environment,” a term typically used to describe the interdisciplinary field which addresses the design, construction, management and use of man-made surroundings as an interrelated whole as well as their relationship to human activities over time. As part of her doctoral work, she created a novel index for “bikeability,” an interactive on-line tool that can help cyclists identify areas that are more or less conducive to cycling.

Winters’ bikeability index has generated both national and international interest, and with funding from CIHR, Dr. Winters and her collaborators from UBC are making bikeability research easily accessible to consumers and city planners by introducing bikeability “heat maps” in partnership with Seattle-based Walk Score®, a company that has developed a “walkability” index to help promote more walkable neighbourhoods.

Victoria, Vancouver and Montreal rate highest in bikeability for Canadian cities; while Minneapolis, Portland and San Francisco lead in the US. Cycling rates in Canada and the US are low in comparison to many European cities. This disparity is explained, in part, by differences in urban form and cycling infrastructure, says Mike Brauer, Professor, UBC School of Population and Public Health. With rising gas prices, however, more North Americans are looking for more affordable ways to get around, particularly in neighborhoods with limited access to public transportation and where distances are too far to walk to work or shopping.

The bikeability index provides a user-friendly tool to gauge the bikeability of cities, helping planners to identify areas that would benefit from additional infrastructure, as well as encouraging people to hop on a bike.

Current grant:
Winters M (PI), Edwards S, Teschke K, Brauer M, Gauvin L, Fuller D, Frank LDF, Kestens Y. “Health Promotion through Active Transportation – A Pre-Post Evaluation of a Vancouver-Based Public Bikeshare Program”. CIHR Operating Grant- Population Health Intervention Research; $200,000 (2012-2014).
<table>
<thead>
<tr>
<th>Name</th>
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For more information about our Faculty members, visit www.fhs.sfu.ca/People-in-FHS/faculty-members
GRANTS 2006/07

1. Goldner E (PI) Strategic Training Program Grant - Mental Health & Addictions. CIHR; $310,500/yr (2003-2009)
3. Goldner E (PI) A framework for evaluation of mental health initiatives. Alberta Mental Health Board; $67,100
4. Jansen C (PI) Spatial dynamics of risk and vulnerability in a transitional pastoral economy (subgrant, Univ. of Colorado). National Science Foundation; US$28,016/yr (2 yrs)
5. Hayes M (PI) IMACS Project. BC Min. of Health; $150,000
6. Hogg R (PI) Impact of ART care on the health & wellbeing of persons with AIDS. CIHR—FIPA; $160,475/yr (2 yrs)
7. Morrow M (PI) Understanding community capacity in mental health reform— an examination of the gendered dimensions of the Riverview redevelopment process in BC. SSHRC; $61,109/yr (3 yrs)
8. Morrow M (PI) Understanding community capacity in mental health reform - an examination of the gendered dimensions of the Riverview redevelopment process in BC. MSFHR Scholar Award; $80,000/yr (2005-2010)
9. Scott J (PI) Immunogenicity of the membrane-proximal region of HIV-1 gp41. NIH; US$61,155/yr (2 yrs)
10. Somers J (PI) Mental health and addiction policy and services research. BC Min. of Health; $551,683/yr (3 yrs)
11. Somers J (PI) Vancouver Intensive Services Unit — Research and Evaluation. Vancouver Coastal Health Authority; $51,500/yr (2 yrs)
12. Somers J (PI) MOH Cross governmental review. Min. of Public Safety & Sol. Gen; $100,000
13. Somers J (PI) Vancouver drug court evaluation. Min. of Public Safety & Sol. Gen; $150,000
14. Somers J (PI) Community Investments Divisional Grant for Tele-health Research. TELUS; $94,647
15. Somers J (PI) Vancouver community standardized output indicators. Vancouver Coastal Health Authority; $51,500/yr (2 yrs)
16. Somers J (PI) Transitional and supportive housing: outcome measurement. BC Min of Forests; $50,000 (2 yrs)
17. Tucker R (PI) Listening to adolescent experiences of eating, dieting and other weight-focused behaviors: a voice centered analysis. SSHRC; $42,333/yr (3 yrs)
18. Waddell C (PI) Monitoring the mental health of children in BC. Human Early Learning Partnership (subgrant); $20,000/yr (2 yrs)
19. Waddell C (PI) Integrating research evidence into policy and practice. Ministry of Children and Family; $310,080/yr (5 yrs)
20. Waddell C (PI) Policy research partnership. Ministry of Children and Family Development; $613,924/yr (3 yrs)
21. Waddell C (PI) Children’s mental health monitoring. Ministry of Children and Family Development; $80,000
22. Waddell C (PI) Autism policy research. CIHR-McMaster University; $37,675/year (2004 to 2009)
24. Zeng L (PI) Challenges in translational analysis of longitudinal data. NSERC Discovery Grants; $15,000/yr (3 yrs)
25. Zeng L (PI) Challenges in translational analysis of longitudinal data. NSERC—University Faculty Award; $40,000/yr (5 yrs)

GRANTS 2008/09

4. Berry N. Launching Participatory Action Research (PAR) in Pakistan. CIHR Meetings and Dissemination Grant; $25,000 (2009-2010)
5. Beischlag T (PI) The role of the AH receptor in estrogen-sensitive breast cancer. Canadian Breast Cancer Research Foundation; $106,000


10. Fischer, B (co-PI) CIHR Strategic Training in Health Research (STHR) Grants: National Canadian Research Training Program in Hepatitis C (2009-14) & the Population Interventions for Chronic Disease Prevention: A Pan-Canadian Program (2009-14)


16. Lee R. Regulation of the dopamine transporter by microtubule Proteins. NSERC Discovery Grant; $25,000/yr (2009-2014)

17. McCandless L. Bayesian Bias Modeling for analysis of observational Data. NSERC Discovery Grant, $119,000/yr (2009-2014)

18. Morrow M (PI) Goldner, Malcsoe, Goldsmith, et al. Centre for Research on Gender and Social Disparities in Mental Health and Addictions. CIHR Letter of Intent Approved with Development Funds; $10,000

19. Morrow, M (PI) Moving from Knowledge to Action: Reducing Stigma Through Gender and Diversity Sensitive Recovery Programs in Mental Health. BC Mental Health and Addictions Network; $3,500


21. Niikura M. Marek’s disease, a lymphoma caused by herpes virus-replication dynamics, pathogenesis and vaccine effect. NSERC Discovery Grant, $32,000/yr (2009-2014)

22. Pantophlet R. Exploring antibody recognition of the V3 region on HIV-1 to guide vaccine design. NIH NIAID R21 Award (Operating Grant); $45,000/yr (2010-2012)

23. Pantophlet R. Sugar-coated designer immunogens to elicit HIV-1 neutralizing antibodies. CIHR Standard Operating Grant; $374,849 (2009-2012)


25. Snyder J (PI) Organ Transplantation and Easy Rescues. CIHR Institute Community Support Program Travel Grant; $1700


30. Zeng L. New methodology for the analysis of correlated data arising from longitudinal studies. NSERC Discovery Grant, $10,000/yr (2009-2014)
25. Nepomnaschy P (PI) Women’s Health Research Network Seed Funds; $5,000 (2010-2011)
26. Nepomnaschy P Interplay between women’s stress and reproductive axes: The dynamic transition from post-partum interferon to ovulatory cyclic. CIHR Operating Grant; $384,870 (2010-2013)
27. Nikuira T Physiological functions of endogenous humanin. NSERC Discovery grant; $268,450 (2010-2015)
29. Pantophlet R (PI); Nikuira M, Hodges R (Univ. Denver, collaborators). Immunogen design to elicit broadly neutralizing antibodies to HIV-1, using gene editing tools. NIH R01; $253,100 (2010-2015)
30. Poon AFY (adjunct) MIHy: Molecular Evolutionary Analysis. NH R01; $205,000 (2010-2014)
33. Scott J Biocollection NetNest to support flowcytometry and sorting of infectious cells. NSERC RTI
34. Snyder J, Crooks V. Ethical issues in Medical Tourism. CIHR MPO Grant; $14,975 (2010-2011)
35. Crooks V, Snyder J. Medical Tourism: Developing a Canada-India Collaboration. CIHR International MPO Grant; $17,485 (2010-2011)
37. Takaro T Assessment of Beryllium Disease Risk in Pre-selected BC Industries. WorkSafe BC; $294,268
38. Takaro T Preparing BC for Climate Migration: An Uncertain Climate for Migration and Settlement. Climate Justice Community-University Research Alliance Project (SJRC); $430,000 (2010-2012)
40. Takaro T Repeat home visits and alternative sampling techniques in the Mini Child Study (MiniChild), University of British Columbia. Canadian NCE/Health Canada; $598,775 (2009-2011)
41. MacMillan H, et al, including Waddell C Centre for research development in gender, mental health and addiction research cross the lifespan. CIHR Centres for Gender, Mental Health and Addictions; $2,000,000 (2009-2014)

GRANTS 2011

1. Allen R (PI) Subclinical cardiovascular health benefits of interventions to reduce exposure to combustion-derived particulate air pollution. CIHR Operating Grant; $319,686 (2011-2014)
2. Berry N (PI) Development of the North: correspondence between concepts of modernity and development practices. SSHRC Standard Research Grant; $64,644 (2011-2014)
3. Brumme Z. High throughput analyses in Immune Escape. CI Leaders Opportunity Fund; $75,000
4. Brumme Z. High throughput analyses in Immune Escape. BC Knowledge and Development Fund; $75,000
5. Brumme Z, Poon A (FHS Adjunct). Genetics. CIHR Meetings, Planning and Dissemination Grant; $2750
7. Fedele M (FHS Adjunct), et al. E-Health Mentoring: Building pathways to health careers for Aboriginal youth. CIHR Operating Grant – Aboriginal Intervention; $917,897 (2010-2014)
8. Goldsmith C (Co-ll). Evidence-Based Workshop for Plastic Surgeons. CIHR Meetings, Planning and Dissemination; $75,000 (2010-2011)
10. Hogg R (PI) HAART optimism, drug use and risky sexual behavior among MSM in British Columbia. NH R01; $1,143,869 (2011-2016)
13. James C (Co-PI) Unearthing and Communicating Health Implications and Possible Interventions for Aboriginal Communities Experiencing Mine Development. CIHR Knowledge Syntheses Grant; $59,821 (2011-2012)
25. O’Neil J (Co-I) Towards closing the gap: using evidence to identify the need for investments in primary health care services on BC First Nation reserves. CIHR; $145,853 (to UNBC) (2010 - 2013)
26. Poon A (adjunct) Reconstructing within-host evolution of HIV-1 from next-generation sequencing data. CIHR Operating Grant - PA; HIV/AIDS Research Initiative - Biomedical/Clinical Stream; $169,441 (2011-2014)
27. Prefontaine G (PI) How cells interpret DNA methylation to regulate gene transcription. NSERC Discovery Grant; $140,000 (2011-2016)
32. Takaro T (Co-PI) Phthalates exposure in Canadian children during the first three years of life. Health Canada Chemical Program Management, Monitoring and Surveillance Fund/Affiliated NCE; $512,466 (2011-2016)
33. Takaro T (PI) Do indoor exposures to phthalates act independently or as an adjuvant in the development of asthma and allergic disease? Affiliated NCE; $50,000 (2011-2012)
34. Waddell C (Co-It) Developing a Research-Policy Partnership to Evaluate Early Intervention for Autism. CIHR Meetings, Planning and Development - Partnerships for Health System Improvement; $15,000 (2011-2012)
35. Waddell C; BC’s Ministry of Health Services and Ministry of Children and Family Development. Nurse-Family Partnership (NFP) in British Columbia; $300,000 (2010-2012)
GRANTS 2012


5. Goldsmith CH (co-I) Randomized Controlled Trial Evaluating the Effectiveness of the Making It Work program at preventing work loss and improving at work productivity in employed people with inflammatory arthritis. CIHR Operating Grant; $584,983 (2011-2016)


18. Palmer K Activity-Based Funding of Hospitals and its Effect on Cost and Quality of Care, and Equitable Access to Care: A Broad-Based Systematic Review of the Literature. CIHR Knowledge Synthesis Grant PA-Evidence Informed Healthcare Renewal; $99,538 (2012-13)


23. Snyder J. Ethical and Practical Provincial After-Care Responsibilities for British Columbians Who Obtain Private Medical Care Abroad. Michael Smith Foundation for Health Research; $50,000 (2011-2012)


25. Scott J. Vaccines that replicate the Neutralization-Competent Structure of the gp120 MPER. NIH RO1; USE $2.7 million (2011-2015)


27. Waddell C Research-informed policy in childrens’ mental health (Phase I). BC Ministry of Children and Family Development; $1,500,000 (2011-2016)


29. Winters M (co-I) Transforming Spaces, Transforming Lives: Enhancing the Mobility and Health of Older Adults. CIHR Planning Grant; $25,000 (2011-2012)

30. Winters M (co-I) Knowledge Synthesis on the Intersection between Seniors’ Mobility and the Built Environment. CIHR Knowledge Synthesis Grant; $100,000, (2011-2012)

31. Winters M (PI) Health Promotion through Active Transportation – A Pre-Post Evaluation of a Vancouver-Based Public Bikeshare Program. CIHR Operating Grant- Population Health Intervention Research; $200,000 (2012-2014)

32. Winters M (co-I) A Multi-City Study of the Impact of Public Bicycle Share Programs on Active Transportation and Risk of Injury. CIHR Operating Grant- Population Health Intervention Research; $200,000 (2012-2014)


34. Winters M (co-I) Transforming Urban Spaces, Transforming Lives? An Integrated Partnership to Enhance the Health and Mobility of Older Adults. Michael Smith Foundation for Health Research - Knowledge Translation Supplemental Funding; $225,000 (2012-2015)
PUBLICATIONS 2008

A Randomized Controlled Trial of Asthma Self-Management Support Comparing Clinic-Based Nurses and In-Home Services. 2010


Kroeger AW, Takaro TK, Song L, Beaudet N, Edwards K. The Seattle-King County Healthy Homes II Project: A Randomized Controlled Trial of Asthma Self-Management Support Comparing Clinic-Based Nurses and In-Home Services. 2010

Wright JK, Goldman CH. The economics of children's mental health. Children's Mental Health Research Quarterly 2009; 3(1). Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, SFU.


Waddell c, Barican J, Zuberbier O, Nightingale L, Gray-Grant D, Waddell c. The economics of children's mental health. Children's Mental Health Research Quarterly 2009; 3(1). Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, SFU.


Waddell c, Barican J, Zuberbier O, Nightingale L, Gray-Grant D, Waddell c. The economics of children's mental health. Children's Mental Health Research Quarterly 2009; 3(1). Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, SFU.


PUBLICATIONS 2011


PUBLICATIONS 2012


