

Public + Health is the Future



**IPPH Impact Report
2016-2022**



**CIHR
IRSC**

Institute of Population
and Public Health
Institut de la santé publique
et des populations



The CIHR Institute of Population & Public Health (IPPH) is located in Toronto, Ontario, the traditional territory of many Indigenous nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13 with the Mississaugas of the Credit. We recognize the enduring presence and resilience of Indigenous peoples in this area and are grateful to share the land and resources.

IPPH acknowledges that the current state of Indigenous health in Canada is a direct result of colonialism and systemic racism including current and past Canadian government policies. Colonialism and systemic racism manifest in many ways throughout society including in our health systems and health research ecosystems. We are committed to accelerating progress on the Truth and Reconciliation Commission's Calls-to-Action to tackle the systemic roots of these issues which includes meaningful collaboration with Indigenous partners to identify and address the distinct health needs of First Nations, Inuit, Métis and Urban Indigenous populations. We are additionally committed to addressing health inequities through the research we fund and the policies and processes we enact. We will work expeditiously to remove barriers and increase needed investments, always listening carefully to Indigenous colleagues, partners, elders, and communities.

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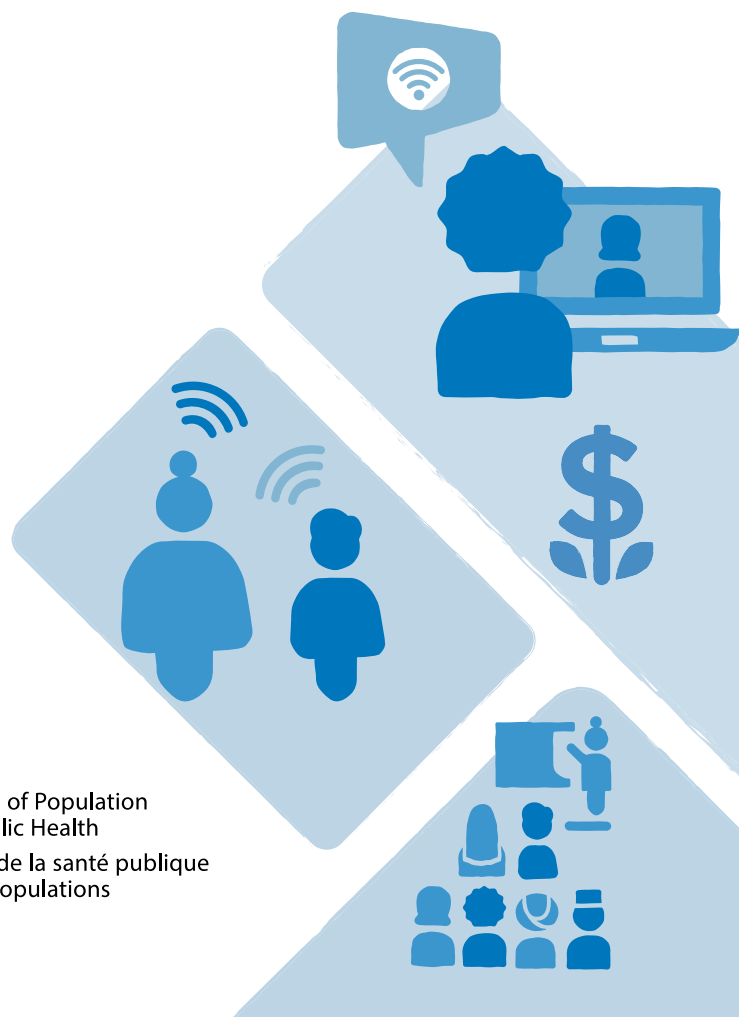
June 2022

Public + Health is the Future

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+health Research**

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Our Levers

- | | |
|---|--|
|  Funding |  Leading |
|  Communicating |  Advising |
|  Convening |  Engaging |
|  Governing |  Evaluating |

Targeted actions for transformative change

Some of the greatest opportunities to transform our society and achieve a healthy, inclusive, and sustainable future lie in public health. This was the opening line of the CIHR Institute of Population & Public Health's (IPPH's) Strategic Plan 2018-2023, *The Future is Public Health*. Published in 2018, this statement still rings true today.

Over the first year of my appointment as IPPH's Scientific Director in August 2016, I undertook a listening tour that engaged over 2,200 population and public health researchers, practitioners and policymakers to ask how IPPH could support their work and to identify which areas were ripe for growth, development or strengthening. Three core beliefs guided this engagement process:

1. Public health is the future and the world would be better if we invested properly in it;
2. Targeting a few focused areas within the broad field of population and public health would help achieve outsized impacts; and
3. Funding is just one of IPPH's many tools such that greater impacts could be achieved if IPPH drew on its full range of levers and mechanisms.

The Future is Public Health outlined three priority areas – Healthy Cities, Equitable AI, and Global Health Policy – each with specific objectives and mechanisms to help us achieve our goals. At the same time, we knew we needed to continue to advocate for and build capacity in our broad mandate area of population and public health. Over the last 5 years, we have released funding opportunities, planned workshops, and published reports that would contribute towards strengthening public health systems in Canada and around the world.

The promises we made in 2018 were ambitious, but the importance of these three areas of work inspired us every day and has never been clearer than the present as we face simultaneous health, environmental, and social crises.

While our work in these areas is not yet finished, IPPH must now evolve to meet the needs of a new era in public health. As we look to renew our strategic plan for the 2022-2026 period, we wanted to take stock of all that we have accomplished thus far. This *Public Health is the Future* impact report was developed to share progress made in our three priority areas – as well as in our core mandate area of population and public health – and serve as a tool that will help direct our work for the years to come. It also represents a key part of our commitment to transparency and accountability by reporting back directly to the communities we serve.

Ultimately, I hope that this report allows us to further connect with you as we continue to work towards our shared goals of a healthier and more equitable world. Thank you to everyone that has been a part of this journey; any impacts we have achieved are merely a reflection of the inspiring contributions made by Canada's population and public health researchers as well as the incredible efforts of those practitioners and policymakers who champion and make use of that work.



Steven J. Hoffman, JD PhD LLD FCAHS
Scientific Director
Institute of Population & Public Health
Canadian Institutes of Health Research
Government of Canada



+Healthy[^] Cities



QUICK FACTS

24

funding opportunities launched

93

projects funded

150+

researchers supported

\$12 M

awarded

\$44+ M

total planned investment

11

planned additional opportunities

WHY HEALTHY CITIES?

The environments in which we live, work, and play are critical to our health, development, and well-being because they shape our behaviours, impact our biology, and determine the opportunities we have to live healthy, happy and productive lives. Urban environments can become engines of good health and improve health equity so long as we can understand and act on the health-promoting potential of cities.

During IPPH's initial listening tour, many people recognized that Canadian researchers have led the field of healthy cities research, demonstrating the power of intersectoral partnerships and the value of applied population and public health research. Recent investments and reports – including the CIHR Applied Public Health Chairs program, the Chief Public Health Officer of Canada's *Designing Healthy Living* report (2017), as well as the Government of Canada's Smart Cities Challenge – highlighted receptor capacity in Canada for a major investment in healthy cities research. IPPH recognized that through a Healthy Cities Research Initiative, we could work with other CIHR Institutes and partners to help shift the way cities are designed, built, and sustained through efforts that prioritize health and health equity.

GOAL

Leverage cross-sectoral collaboration to champion the health-promoting potential of cities through a series of coordinated major investments.



KEY OUTCOMES

Convened a Federal Table on Healthy Cities to coordinate policy action across 15 government departments and agencies



Launched the first-ever training program to be jointly funded by Canada's Tri-Council Agencies (Canadian Institutes of Health Research, Natural Sciences & Engineering Research Council, and Social Sciences & Humanities Research Council), a \$5 million training platform that will build capacity in implementation science for urban interventions



Embedded 13 public health trainees into applied settings through Health System Impact Fellowships and Fellowships on Urban Housing & Health, and expect to fund 14 more over the next 3 years



Pioneered new mechanisms for the co-ownership of research between researchers and municipalities through unique opportunities like the Dragons' Den style event and the Immersive Urban Policy Workshop



BACKGROUND

At the beginning of IPPH's Healthy Cities priority area in 2017, we leveraged targeted investments to build training initiatives and support new partnerships with the goal of elevating an existing area of research while maximizing the impact of past and future research. This approach strived to institutionalize the use of research evidence in decisions about how cities are designed, built, and sustained in a way that is focused on health.

To effect positive change, knowledge users – like municipalities and community organizations – need to be able to leverage the power of research. As a result, we focused on designing new models for funding opportunities that could address real-world urban health challenges through emphasizing the co-design and co-ownership of solutions. By funding interdisciplinary teams of researchers and knowledge users, we tried to strengthen the research process and the uptake of research findings.

MILESTONES

Building on the initial work of IPPH's Healthy Cities priority area, in 2019 we formalized our partnership with six other Institutes to create CIHR's Healthy Cities Research Initiative (HCRI). This \$44+ million initiative has allowed IPPH to extend our network of partners and launch many funding opportunities, including two marquee components.

As the first-ever Tri-Council program, the Healthy Cities Research Training Platform will build capacity among Canadian researchers to engage in impactful research on how to design, implement, and scale innovative solutions in a variety of urban contexts. The Healthy Cities Implementation Science Team Grants, launched in partnership with the Public Health Agency of Canada and Australia's National Health & Medical Research Council, will provide teams with the resources they need to research and implement large scale interventions in partnership with multiple municipalities.

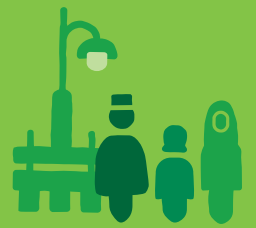
WHAT COMES NEXT?

The HCRI has also addressed long-standing challenges through opportunities like the Immersive Urban Policy Workshop which provides teams of researchers and municipal leaders with the opportunity to learn from cities around the world and use those lessons to co-lead a knowledge mobilization effort for their city. Urban Indigenous-specific research was integrated into several key funding opportunities, including the Implementation Science Team Grants. The Applied Public Health Chair on Sex, Gender & Healthy Cities is the first chair of its kind and will support research focused on ensuring urban environments are healthy for all sexes and genders.

The COVID-19 pandemic has shown the importance of resilient cities that can withstand challenges and reduce inequities. IPPH will continue to advance Canada's leadership in healthy cities research through the HCRI. Many core funding opportunities will have annual launches throughout the duration of the initiative. For the next phase of the HCRI, our Institute's focus is on expanding the reach of the initiative with our Federal Table partners by identifying new opportunities for international collaboration. We will also launch targeted investments in research that seek to better understand sex and gender as it relates to healthy cities as well as research that centres the diverse experiences of Urban Indigenous communities.

OBJECTIVE	ACTIVITIES	ACTIONS
FUNDING Strengthen Canada's global leadership in healthy cities research 	Supporting opportunities for large-scale, interdisciplinary, multi-sectoral, pan-Canadian intervention and implementation science initiatives in urban environments	• Foundational grants supporting partnerships, advancing data science, and promoting equity • Healthy Cities Implementation Science Team Grants (with NHMRC and PHAC)
TRAINING Train future researchers in implementation science for healthy cities 	Developing a national strategic training initiative for doctoral and post-doctoral students on the science of implementing tested solutions in cities	• Healthy Cities Research Training Platform (with NSERC and SSHRC) • Health System Impact Fellowships • Fellowships on Urban Housing & Health (with CMHC) • Applied Public Health Chair on Sex, Gender & Healthy Cities
KNOWLEDGE MOBILIZATION Support evidence use in urban planning and policymaking 	Facilitating opportunities for healthy cities research to be co-owned by researchers, policymakers, implementers, and the communities they serve	• Partnership Development Grants • Immersive Urban Policy Workshop • Dragons' Den style event • Federal Table on Healthy Cities

Exploring the range of Healthy Cities projects

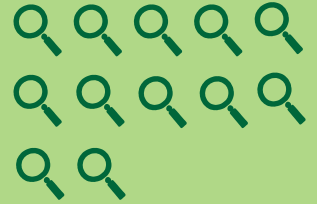


Exposure



Built environment

Housing, transportation, Age-friendly communities, smart cities, active transportation infrastructure



Exposure



Natural environment

Environmental exposures, climate change, proximity to green space

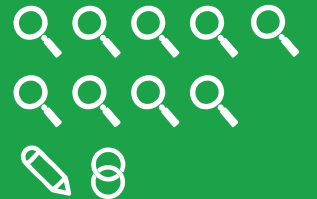


Exposure



Policy environment

Access to health services, safe and affordable housing, healthy food environments, policies around building resilient cities



Exposure & outcome



Social environment

Mental health, considerations around sex and gender, inclusion, safety

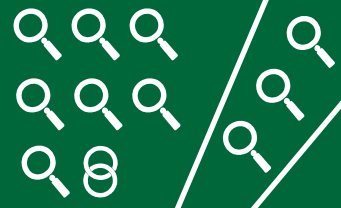


Outcome



Physical health and well-being

Chronic disease prevention, physical activity, accessibility and mobility



Legend



Research



Training



Knowledge mobilization

**General
population**



**Children
and youth**



Adults



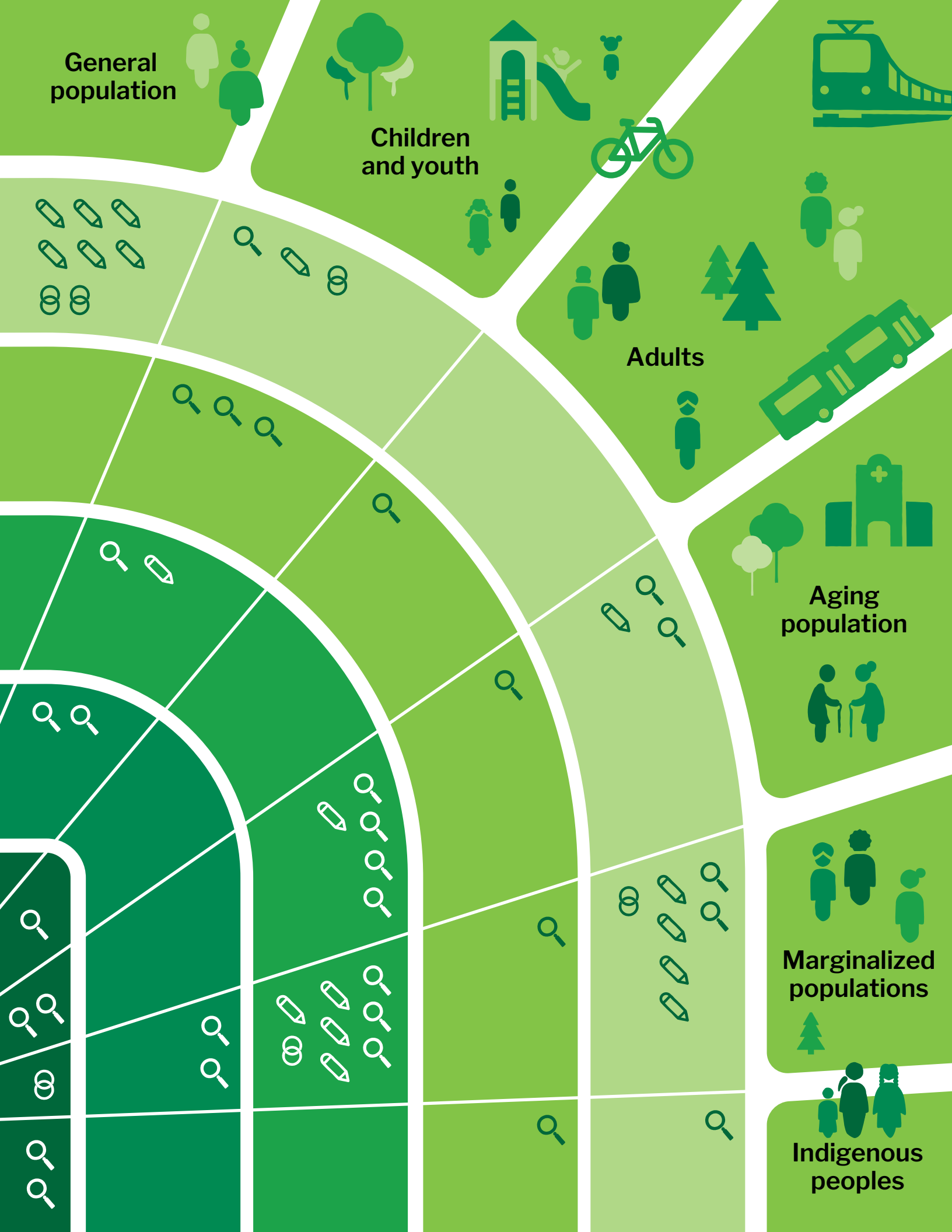
**Aging
population**

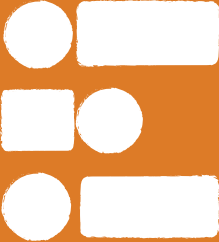


**Marginalized
populations**



**Indigenous
peoples**



 **Equitable** 
AI  

QUICK FACTS

13

**funding
opportunities
launched**

35

**projects
funded**

113

**researchers
supported**

\$6.7 M

awarded

\$7.5 M

**planned total
investment**

WHY EQUITABLE AI?

Artificial intelligence (AI) was one of the hottest area of research in 2016, but there were few indications it was being used to address public health challenges or that public health researchers would be well-positioned to make use of these new methods to improve population health and equity. During the IPPH listening tour, we heard that the public health research community could have greater impact if specific supports were made available to support the uptake of newer data science methods like AI. We also heard that AI research would be better and more equitable if it benefited from the expertise, frameworks and insights of public health researchers.

Nurturing collaborations between AI and public health researchers would, therefore, be one strategy of encouraging the use of AI in public health and to make AI more equity-oriented. The Pan-Canadian AI Strategy meant that targeted investments could be leveraged for greater impact so long as there was capacity within public health to make good use of these approaches.

GOAL

Spark interest and build self-sustaining capacity within public health to make full use of AI approaches and use them to promote health equity.



KEY OUTCOMES

Built teams of population and public health, computer science and social science researchers through 5 joint workshops with the Canadian Institute for Advanced Research (CIFAR) & Wellcome and 4 related funding opportunities



Created a stream of public health researchers working with AI by funding the first two landmark Canadian training initiatives focused on Equitable AI which will provide training and mentoring for doctoral students, postdoctoral fellows, and early-career researchers



Catalyzed pan-Canadian collaboration and the integration of AI approaches into the work plans of the four largest Canadian public health agencies – BC Centre for Disease Control, Institut national de santé publique du Québec, Public Health Agency of Canada, and Public Health Ontario – and jointly launched three cohorts of AI-focused professionals within each agency



Started a national conversation on the unique opportunity that AI and big data represent for public health and equity through conference workshops, presentations and publications



BACKGROUND

When IPPH's Equitable AI priority area was first launched, few people were working at the intersection of public health and AI. With limited training options available, we saw the need to support building the uncharted territory of AI and public health from the ground up.

Initially focused solely on building capacity in AI among public health researchers and professionals, IPPH's Equitable AI priority area was a learning process. By meeting with interdisciplinary experts, engaging with funded researchers, and analyzing AI-relevant research funded by CIHR, we sought to adapt to the needs of the research community and develop solutions to fill identified gaps. About one year into our work in AI, we redoubled efforts that focused on leveraging AI for population health equity, after which our Equitable AI priority area was fully realized.

MILESTONES

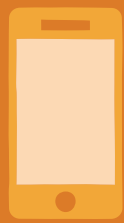
With an emphasis on training and capacity, we're building a network of leadership who are working at the intersection of public health and AI. In 2018, IPPH launched a funding opportunity for the first-ever public health-focused AI training program. The CIHR Summer Institute on Equitable AI for Public Health is supporting a pan-Canadian team of researchers to deliver a five-year program that enables trainees and early career researchers from across Canada to develop skills in applying AI approaches to public health challenges, with a strong emphasis on health equity. In 2021, IPPH also funded a six-year Health Research Training Platform which will increase training in Equitable AI approaches further. These opportunities represent a \$2.93 million investment in building capacity at the intersection of public health and AI.

WHAT COMES NEXT?

Through three launches to date, our IPPH Health Systems Impact Fellowships in Equitable AI program has allowed the four largest federal and provincial public health agencies in Canada to work together to tackle persistent public health challenges using AI. With more launches planned over the next few years, this program is creating a community of practice around public health and AI and a culture of working together across the country to leverage big data and AI innovations for public health.

To build on the momentum of our Equitable AI priority area, IPPH will continue to support foundational opportunities focused on capacity-building in public health data science. As we look for opportunities to integrate AI-derived research into policy, we are also expanding our scope to include an equity focus within data science more broadly. We will seek to ensure that equity is centred throughout the entire research process and advocate for community-centred and community-led approaches to advance data science methods that benefit all.

OBJECTIVE	WHAT WE SAID WE'D DO	WHAT WE DID TO ACHIEVE IT
FUNDING Catalyze new research areas at the intersection of AI and public health 	Seeding interdisciplinary collaborations among AI and public health researchers, especially on the ethical, legal and social challenges of AI	- Seed grants, planning grants, catalyst grants, priority announcements - IPPH-CIFAR workshops for public health and AI researchers
TRAINING Build capacity to use AI approaches in public health research 	Launching a national summer school for graduate students and early career researchers to learn AI skills and apply them to public health challenges	- Summer Institute on Equitable AI for Public Health - Health Research Training Platform on AI, Public Health and Equity - Equitable AI Health System Impact Fellowships (with BCCDC, INSPQ, PHAC and PHO)
KNOWLEDGE MOBILIZATION Nurture dialogue about the use of AI in public health decision-making 	Starting discussions on the benefits, challenges and opportunities of applying evidence generated by AI to policies, practices and programs	- Presentations at public health conferences - Workshops with CIFAR and Wellcome - Journal publications and reports - Pan-Canadian AI/Public Health Community of Practice - Co-hosted Best Brains Exchange: Artificial Intelligence in Public Health - Centering Partnership, Equity, and Interdisciplinarity



IPPH set out to explore the potential of using AI approaches in public health research

To build self-sustaining capacity in AI, IPPH created ways to leverage expertise across disciplines

FUNDING:
Catalyze new research areas

TRAINING:
Build capacity

NETWORKS:
Nurture dialogue

2017



Planning Grants: AI

2018

Legend



Funding opportunity



Workshop



Report/Summary/
Publication



Committees/
Groups/Tables



Presentation



TOPHC:
Here for Good

IMPACT
Established a community of practice



AI Operational Working Group
with provincial and federal PH Agencies

IMPACT
Enabled a cohort of trainees and mentors



Summer Institute

With the field more established, IPPH begins looking towards an expanded scope of data science and equity



A population health perspective on artificial intelligence



Ethical, Social and Political Challenges of Using AI in Health

IMPACT
Began discussions on the use of AI-generated evidence

2020

Building the Equitable AI Priority Area

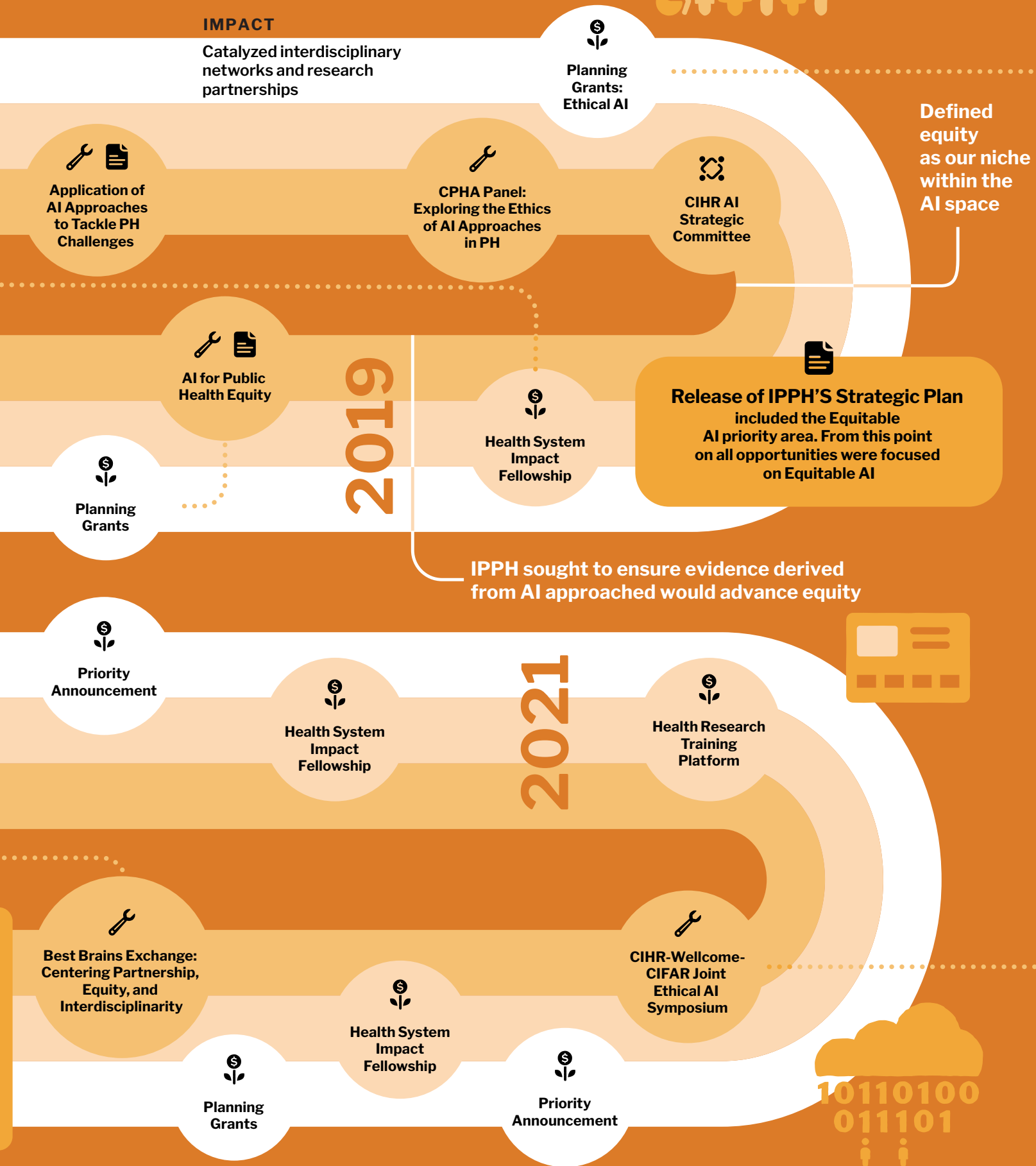
Formalized networks and partnerships between researchers, practitioners and policymakers

Institutionalized curricula and training opportunities

Enhanced researcher success in obtaining sustainable funding

LONG-TERM IMPACTS

Addressing challenges of AI in health, public health researchers grappled with the ethical impacts of AI approaches





Global + Health Policy



QUICK FACTS

20

funding opportunities launched

109

projects funded

\$4.1 M

IPPH investment

\$27.9 M

partnered Canadian investment

\$22.7 M

leveraged international funds

\$55 M

invested in 100 rapid response COVID-19 projects

US\$820 M

investment in UN Research Roadmap for the COVID-19 Recovery priorities from international funders

GLOBAL HEALTH POLICY

Health is global; in a world where disease and information can circle the globe in a matter of days, networks of connected researchers and policymakers are essential. Challenges like climate change, antimicrobial resistance (AMR) and inequality impact the whole world and require research and policy responses that are equally comprehensive. With a strong foundation in place, Canadian researchers have been well-positioned to lead responses to emerging global health challenges and provide valuable insights when it comes to making decisions.

The dimensions of a globalized world were obvious in 2016 – the future of public health would depend on engaging globally and understanding that shared risks mean shared responsibility. IPPH took an intentionally opportunistic approach to its Global Health Policy priority area; we built scaffolding for Canadian contributions to global health policy challenges but then purposefully left space and reserved financial resources to respond to emergencies as they arose. The partnerships, networks and rapid response capabilities built through IPPH's Global Health Policy priority area helped CIHR mount the world's fastest research response to the COVID-19 pandemic and one of its most comprehensive.

GOAL

Expand the impact of Canadian global health research by building mechanisms and innovative infrastructure that allows for research that is responsive, coordinated and policy relevant.



KEY OUTCOMES

Quickly activated emergency funds for rapid response research on Ebola and COVID-19 reducing the time to launch from 6 months to 12 days



Established a Funders' Forum for Social Science Research on Infectious Diseases with 10 partners from the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) to coordinate global investments and set priorities for social science research on infectious diseases



Connected Canadian researchers with international colleagues through the Joint Programming Initiative in AMR (JPIAMR) and through CIHR's \$2 million Network for Global Governance of Infectious Disease funding opportunity



Co-led CIHR's AMR Research Initiative which launched 10 funding opportunities



Supported the development of CIHR's Framework for Action on Global Health Research which will guide CIHR's work in global health for the next five years



Led the development of the *United Nations Research Roadmap for the COVID-19 Recovery*



BACKGROUND

Aiming to institutionalize the use of evidence in decision-making on global health issues, IPPH sought to ensure funding mechanisms, research capacity, and responsive networks were in place so that solutions could be as transnational as the challenges and responses as rapid as the threats. We leveraged small, targeted investments to boost global health research infrastructure and used our convening function to strengthen existing relationships and create opportunities for Canadian researchers.

Purposefully designed to be responsive to global events and capitalize on emergent opportunities, much of IPPH's Global Health Policy priority area focused on building up global health infrastructure to allow Canadian researchers to make contributions to global challenges. Our efforts to develop more responsive funding mechanisms allowed for rapid action in response to world events, culminating in the successful deployment of research funding during the COVID-19 pandemic and a rethinking of how CIHR responds to global health emergencies. By coordinating global research efforts, our working relationships and financial contributions through international alliances have opened the doors for Canadian researchers to form international partnerships, access a wide range of knowledge, and qualify for larger pools of funding. Ultimately, the fruits of this work are evident in faster, more comprehensive research responses to health emergencies and strong links between Canadian researchers and global colleagues, decision-makers and communities.



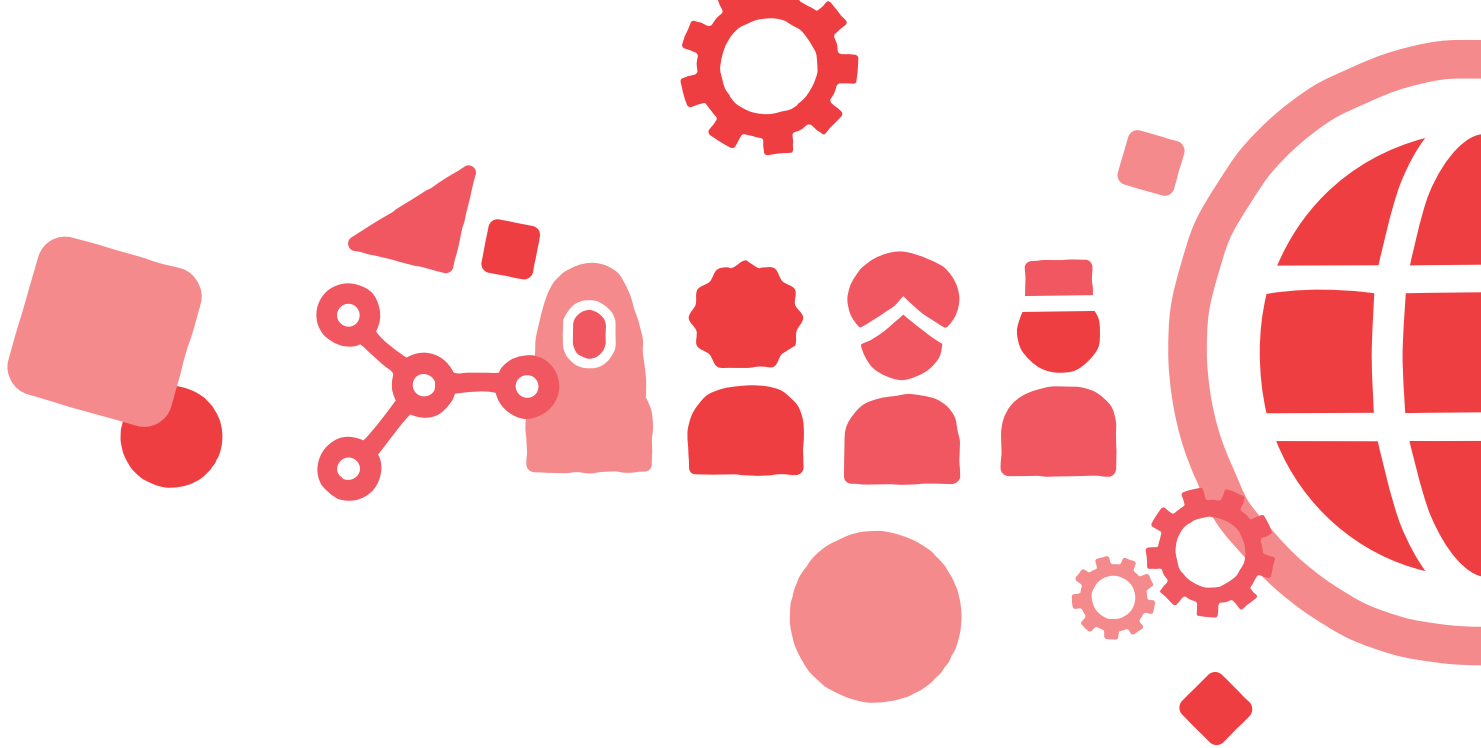
MILESTONES

In efforts to support effective global governance systems related to infectious diseases, in September 2018, IPPH co-launched the Network for Global Governance Research on Infectious Diseases funding opportunity which builds on other international efforts to ensure that the world is better prepared to respond to infectious disease threats and related challenges.

Responding to the growing Ebola outbreak in the Democratic Republic of the Congo (DRC), in 2018 IPPH worked with colleagues at CIHR and the International Development Research Centre (IDRC) to quickly mount a rapid research response and activate CIHR's emerging health threats response fund faster than ever before. This experience proved valuable as CIHR worked to address the budding COVID-19 pandemic in January 2020 and was the first national research funding agency to support peer-reviewed research on the novel coronavirus. In both opportunities, IPPH ensured that public health and social science were represented in funded projects.

Further, in May 2020, the United Nations (UN) Deputy-Secretary General Amina J. Mohammed invited IPPH's Scientific Director to lead the development of the *UN Research Roadmap for the COVID-19 Recovery* (November 2020). The goal was to support evidence-informed COVID-19 recovery efforts that would help achieve the Sustainable Development Goals. Several international research funding opportunities were launched to support its implementation and over US\$820 million has been invested in the research priorities identified in the Roadmap. Finally, IPPH helped to guide the creation of the new CIHR Centre for Research on Pandemic Preparedness & Health Emergencies, which will be a permanent legacy from the Government of Canada's significant investment in research to address the COVID-19 pandemic.

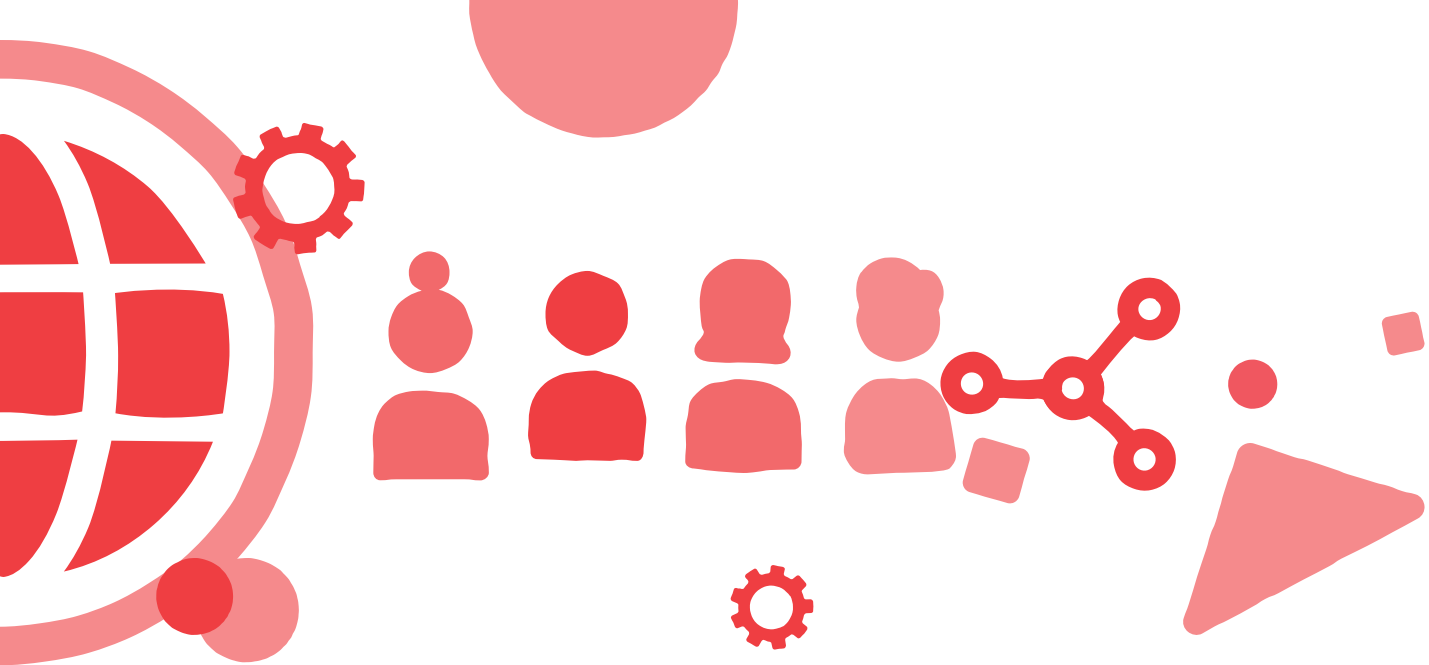




WHAT COMES NEXT?

Global Health Policy was at the forefront of IPPH's work throughout 2020-2022 with the rapid spread and global reach of COVID-19. The pandemic reinforced the need for international collaboration and particularly social science research capacity within global health systems. IPPH will be examining how we are best placed in a post-pandemic world to leverage our unique position and scientific leadership, and how to support better collaborations with researchers and policymakers in low- and middle-income countries. We are also committing to work that acts on the priorities of *Global Health 3.0: CIHR's Framework for Action*

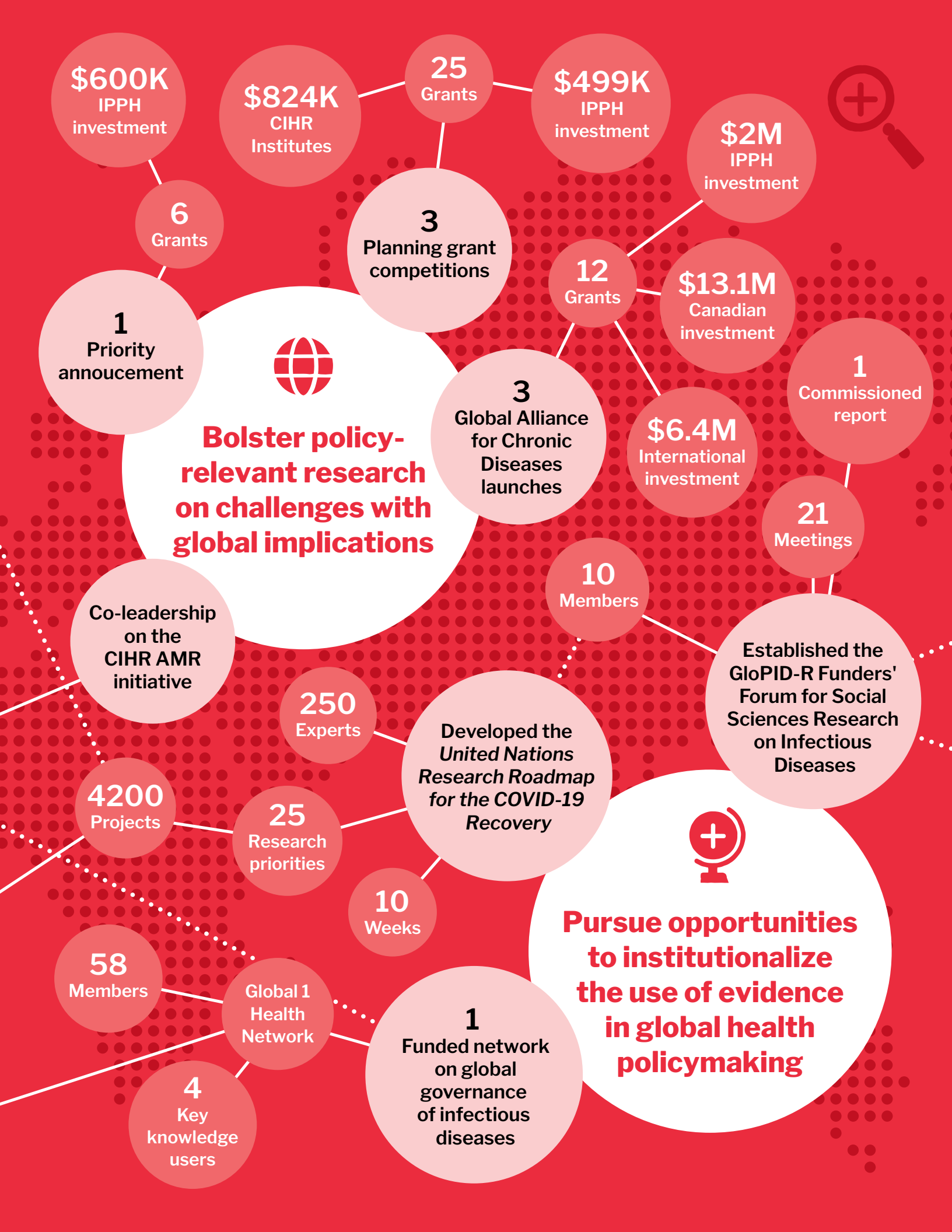
on *Global Health Research* such as the \$22 million Women RISE Initiative (Women's Health and Economic Empowerment for a COVID-19 Recovery that is Inclusive, Sustainable and Equitable) that we co-launched with IDRC and SSHRC in January 2022. This initiative will support authentic global partnerships focused on gender-transformative approaches through action-oriented research on how women's health and their work (paid or unpaid) intersect and interact in the context of preparing for, responding to and recovering from the COVID-19 pandemic.



OBJECTIVE	WHAT WE SAID WE'D DO	WHAT WE DID TO ACHIEVE IT
FUNDING Position Canada to be a leader in global health emergency research 	Identifying mechanisms to rapidly fund public health research during global health emergencies	• Rapid research responses to 2018 Ebola outbreaks • Activated emergency funds for COVID-19 and co-led the world's fastest research response to the pandemic • Supported the creation of the CIHR Centre for Research on Pandemic Preparedness & Health Emergencies • Planning grants on global health
TRAINING Bolster policy-relevant research on challenges with global implications 	Investing in key global health research areas such as antimicrobial resistance and chronic disease prevention	• Antimicrobial Resistance Research Initiative stewardship • 3 Global Alliance for Chronic Disease (GACD) funding opportunities
KNOWLEDGE MOBILIZATION Pursue opportunities to Institutionalize the use of evidence in global health policymaking 	Mobilizing networks of researchers, research funders and policymakers, especially around social science research on infectious diseases	• Network on Global Governance of Infectious Disease funding opportunity • Founded the GloPID-R Funders' Forum for Social Sciences Research on Infectious Diseases • Led the development of the <i>UN Research Roadmap for the COVID-19 Recovery</i>



Seizing opportunities in Global Health Policy



Population and Public Health Research



QUICK FACTS

\$698 M

invested in 2,683
population and public
health projects by 2,254
unique research teams
from January 2016 to
December 2021

13

dedicated funding
opportunities
for early-career
researchers

\$21 M

invested in 21 Applied
Public Health Chairs
across two cohorts

\$290 M

invested in 450
social/cultural/
environmental projects
in the CIHR project grant
competition since 2016

\$6,036,020

strategic investment
in Indigenous health
research priorities

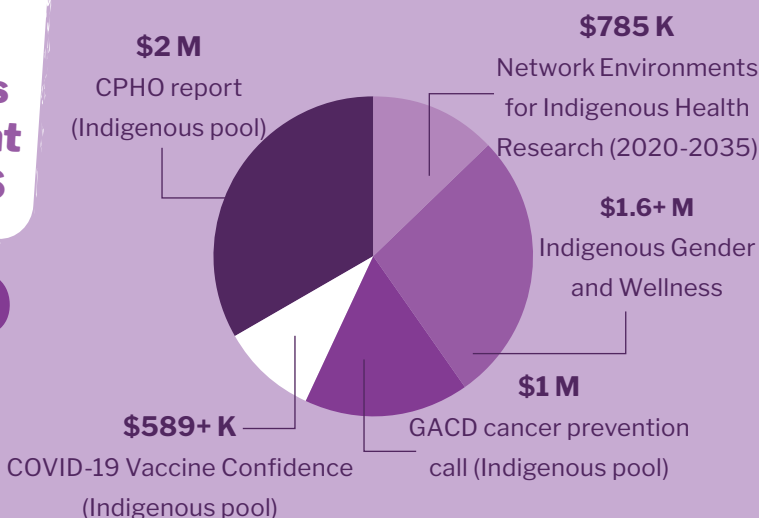
POPULATION AND PUBLIC HEALTH RESEARCH

The field of population and public health has changed and grown significantly over the past few decades. Seizing on key foundational activities in the field built by previous IPPH teams, we have continued the momentum of this work by advocating for public health, supporting applied research, and championing the role of well-funded public health systems in addressing the most pressing health and health equity challenges.

As a CIHR Institute that represents an entire pillar of research – Social, Cultural, Environmental, Population Health – the scope of our work had to extend beyond our three focused priority areas and encompass a wider spectrum. Acting on our mandate, IPPH aims to support the full population and public health research ecosystem – which includes preparing and supporting researchers in their career growth, identifying opportunities to reinforce more equitable research policies, facilitating opportunities for knowledge mobilization, and enabling research that can help strengthen Canada's public health systems.

GOAL

Building capacity in the field of population and public health research and institutionalizing the generation and use of public health research in decision-making.



KEY OUTCOMES

477 population and public health research trainees funded from 2016-2021



Reinforced the importance of public health systems through 2 funding opportunities, 2 reports, 2 workshops, and 8 community dialogues



Support policy decisions through scientific leadership on 6 Best Brains Exchanges, 2 Special Advisory Boards and 8 other committees and working groups



Championed more equitable policies and programs at CIHR such as routinely reporting on the distribution of awarded grants by gender, banning the use of CIHR funds for all-male panels, and implementing mandatory unconscious bias training for grant applicants



BACKGROUND

IPPH's capacity-building efforts have spanned from graduate students to senior researchers. We support early-career researchers through a bi-annual Starting Investigator Workshop as well as dedicated funding pools that are integrated across our priority areas. Our Applied Public Health Chairs program was relaunched in partnership with the Public Health Agency of Canada in 2021. Designed to be responsive and adaptable through more frequent launches and timely thematic positions, this program identifies mid-career leaders and equips them with the resources and tools needed to maximize their impact. Celebrating excellence, our annual IPPH Trailblazer Awards showcase the important contributions of population and public health research across all career stages.

Population and public health's broad spectrum integrate key areas of research like social epidemiology, health policy analysis, and the role environments play in shaping our behaviours and health outcomes. IPPH has stewarded key CIHR-wide investments made through the agency's Environments & Health Signature Initiative as well as the Canadian Longitudinal Study on Aging. Additionally, we have co-led initiatives that place equity at the core such as the Indigenous Gender & Wellness Initiative, Community-Based Primary Health Care Initiative, and the Global Alliance for Chronic Disease.

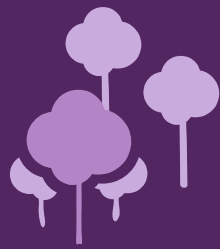
While most of our funded grants include knowledge mobilization components, IPPH plays a key role in informing public health decisions with the best available evidence. We have hosted Best Brains Exchange events on topics including the regulation of vaping products, health data, COVID-19 recovery, and strengthening public health systems. As chair of the Government of Canada's Scientific Advisory Board on Vaping Products, IPPH's Scientific Director has led a group of interdisciplinary experts to provide recommendations on implementing the federal legislative framework and strategy on vaping products.

WHAT'S NEXT?

COVID-19 has exhausted Canada's public health workforce and challenged systems like never before. Ensuring robust and resilient systems that can withstand new obstacles requires properly understanding how to best build, finance and deliver these systems as well as equip them with the right tools and infrastructure for success. IPPH intends to build on earlier work through a new priority area on public health systems with the goal of strengthening the field of public health systems and services research in Canada to enable public health systems transformation and improve the health of all Canadians.

Working with partners including the Public Health Agency of Canada, IPPH will continue key opportunities like the Applied Public Health Chairs program and expand our response to critical public health systems issues as informed by the research community and broader population and public health stakeholders.





Wendy V Norman
**Sexual and
reproductive health**



Meghan Winters
**Sex, gender
and healthy cities**



Mark P Gilbert
**Sexually transmitted
and blood-borne
infections**

Candace Nykiforuk
**Public policy and
community environments**



Kate E Storey
**Indigenous youth-led
strategies**



Lindsay McLaren
**Oral health
and policy**



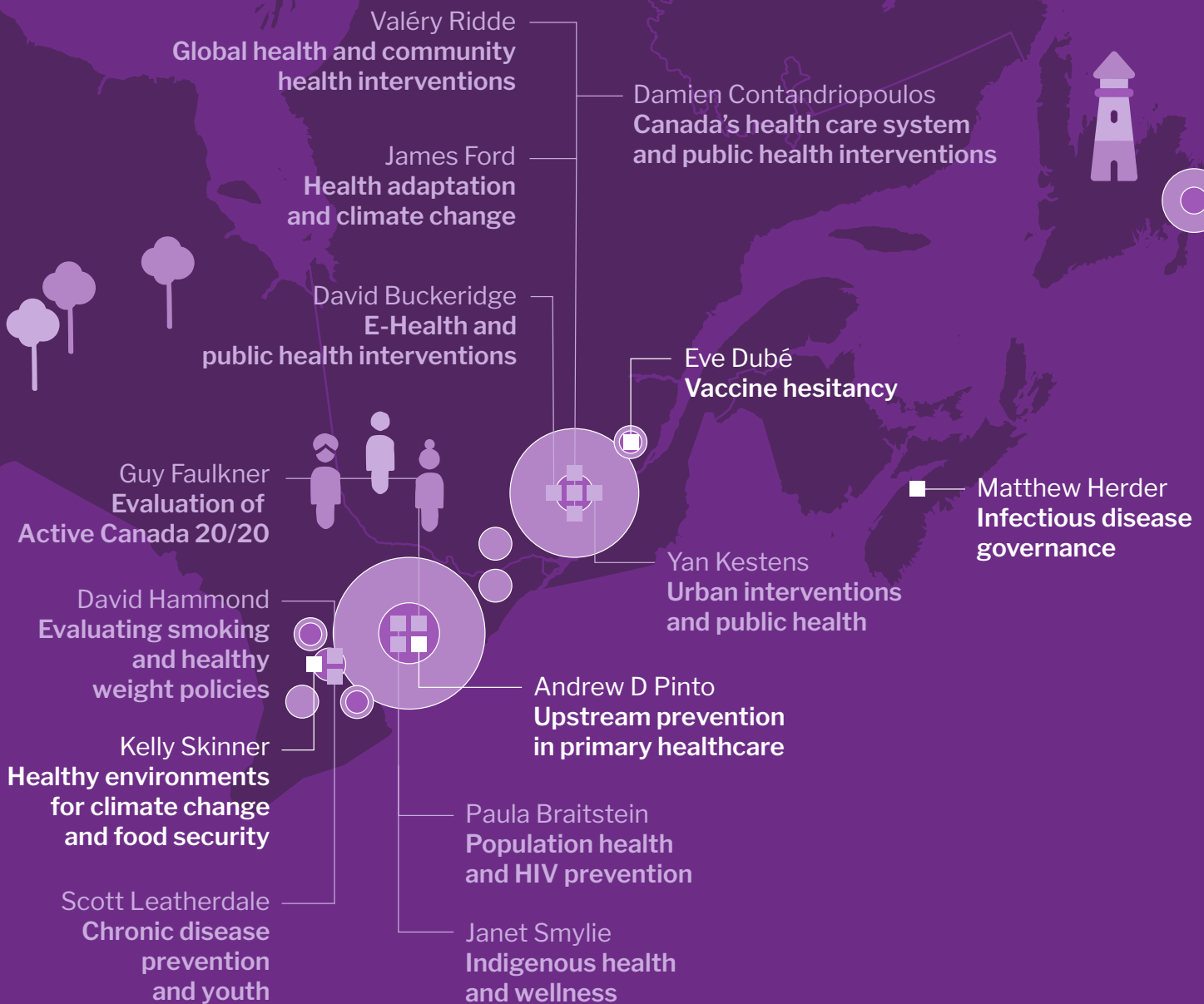
Jonathan McGavock
**Indigenous health
equity and obesity**



Supporting Canadian Researchers

Legend

- Starting Investigator Workshop participant (2017)
- Starting Investigator Workshop participant (2019)
- Applied Public Health Chair (2014)
- Applied Public Health Chair (2022)



BUILDING THE FUTURE OF PUBLIC HEALTH

Much has changed since 2016. We have entered a new era of public health as we grapple with long-standing challenges including climate change, systemic racism, as well as the impacts of the COVID-19 pandemic.

The spotlight is on public health like never before. Although there have been victories along the way, there are fractures in our systems that must be addressed to ensure that our field is able to make good on our core promise of equity. As we enter a season of COVID-19 inquiries, we also enter a season of opportunity. We have an opportunity to revisit how public health is structured, resourced, and delivered. An opportunity to rebuild in a way that centres the needs of communities and advances health equity.

This work will require new partnerships, methods, and programs. It will also require research. Research that seeks to understand how to best create public health systems of the future, and research that can respond to the specific needs of communities facing conditions of marginalization.

While IPPH has achieved many successes over the past five years, there is more work to be done to ensure a shared vision for the future of public health.

In early 2022, IPPH published its ***Moving Forward Report*** (March 2022), which detailed discussions from a community dialogue series on Canada's public health systems held in Spring 2021. The new strategic plan is the direct result of these dialogues, along with ***CIHR's Strategic Plan 2021-2031*** (June 2021), the Chief Public Health Officer's ***A Vision to Transform Canada's Public Health System*** report (December 2021), and the past five years of work under IPPH's previous ***The Future is Public Health*** strategic plan (November 2018) as detailed in this report. We will continue to leverage all the tools at our disposal to advance public health through research, strengthen public health research capacity, and ensure research can be used to benefit population health and health equity everywhere.

IPPH would like to thank Canada's population and public health researchers, practitioners, policymakers and partners for their amazing work and contributions. We look forward to our continued work building a better and healthier future for all.



IPPH TEAM

Scientific Director

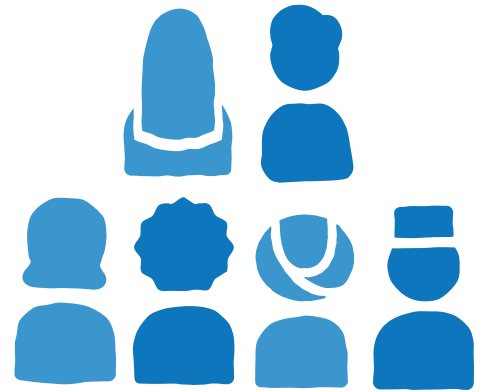
Steven J. Hoffman (2016-present)

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Marisa Creatore, Associate Scientific Director (2016-2022)
Chelsea Gray, Project Coordinator (2017-2018)
Jennifer Gunning, Associate Director (2022-present)
Annie Jones, Administrative Assistant (2016-17)
Ariane Klassen, Communications Manager (2017-present)
Stephanie Kovala, Project Manager (2017-20)
Morgan Lay, Senior Policy Advisor (2018-present)
Phoebe McAuley, Executive Assistant (2017-present)
Christiane Mitchell, Project Manager (2019)
Jennifer Morgan, Operations Manager (2016-present)
Fatima Mussa, Project Manager (2017-present)
Stephanie Simpson, Policy Advisor (2022-present)
Andrew Taylor, Director of Policy (2016-17)

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Christine Straehle, University of Ottawa (2017-2020)
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et des populations