

Connections

Institute of Circulatory and Respiratory Health

Quarterly Newsletter

Summer 2009

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Please provide us with your feedback on this newsletter. We also welcome any important research and knowledge translation stories. Please contact Caitlin Burgess at cburgess@uhnresearch.ca.



Message from Scientific Director, Dr. Peter Liu

Welcome to this summer edition of ICRH "Connections". This has been an extremely eventful season, and we appreciate the support and interactions with our community.

On February 24th, 2009, the Canadian Heart Health Strategy and Action Plan (CHHS-AP) was released in Ottawa by the federal Health Minister, the honourable Leona Aglukkaq. This was the culmination of 2 years of careful planning and consultation, chaired by Dr. Eldon Smith, along with key organizations including the Heart & Stroke Foundation, the Canadian Cardiovascular Society and the CIHR's Institute of Circulatory & Respiratory Health (ICRH). This Action Plan is aimed to reduce the suffering from cardiovascular disease, and CIHR-ICRH has already begun coordinating the research and knowledge translation components of this plan.

In April 2009, the Canadian Lung Framework, led by the the Lung Association/Canadian Thoracic Society received \$10 million funding from the federal government, as announced by our Minister. CIHR-ICRH has participated in the framework since its inception as a member of the steering committee, and has helped to lead the research working group. We will continue to work closely with stakeholder members to finalize the strategy and priorities of the research and knowledge translation programs.

In late February, in celebration of Heart Month; the Institute of Circulatory and Respiratory Health (ICRH), Heart and

Stroke Foundation of Canada (HSFC), Ontario (HSFO), and the Healthy Communities Research Network at the University



of Waterloo hosted a Café Scientifique in Kitchener-Waterloo. Community members attended to learn more about urban heart health. The audience were engaged in discussions on the importance of urban planning and the built environment on healthy living and prevention of heart disease.

In April, ICRH held a very successful Partners Forum in Ottawa focused on Strengthening Partnerships for Knowledge Translation. The particular focus included harmonization and integration of the cardiovascular and respiratory guidelines respectively, and the opportunities and challenges of commercialization. There were a wide range of stakeholders that attended the forum and Nancy Garvey from the Ministry of Health and Long Term Care gave the keynote lecture entitled "Moving Population and Public Health Into Action: Bridging the Gap Between Knowledge and Practice, Ontario's Asthma Plan of Action (APA)". There will be a report from the meeting posted shortly on the ICRH website. We thank everyone for their enthusiastic participation and contributions.

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I am pleased to report that we held another very successful Young Investigator's Forum in Ottawa this year from May 21 to 23. We had over one hundred participants with approximately 80 student presentations. Dr. Vivek Rao, Director of Mechanical Circulatory Assistance at Toronto General Hospital gave a very inspiring keynote lecture. One of the event highlights was an inspiring presentation from Dr. Roberta Bondar, Canada's first female astronaut and only neuroscientist, that was literally "out of this world", held at the Museum of Civilization. The awards dinner was particularly remarkable as it gave us the opportunity to thank our partners for supporting the event and for their ongoing commitment. I would like to especially thank all of the partners who provided financial support at this year's YI Forum, the list of which is again included on our website.

I am also delighted to announce that ICRH is a partner on the [Alternative Radiopharmaceuticals for Medical Imaging RFA](#). The primary objective of this funding opportunity is to provide funds to accelerate the development of clinically useful alternatives to the ^{99m}Tc radiopharmaceuticals that are currently produced using molybdenum generators derived from nuclear reactors.

Finally, we welcome your feedback and invite you let us know about your research and outcomes, as well as your knowledge translation activities.

Featured CIHR/ICRH Research

CCORT Investigators report cardiovascular disease mortality rates in Canada have declined by 30%-rates declining faster in men than women



Jack Tu, MD

A first in a series of articles to be published in the Canadian Medical Association Journal, CCORT investigators find cardiovascular disease mortality rates in Canada have declined 30 per cent between 1994 and 2004. For the first time, more women than men died from

cardiovascular disease in 2000. By 2004, 50.5 per cent of all cardiovascular deaths occurred in women.

While most heart attack deaths were in men (56 per cent of all heart attack deaths), the majority of deaths from heart failure and stroke were in women (60 per cent of all heart failure deaths and 59 per cent of all stroke deaths). The dramatic decrease in death rates from heart attack has meant that more patients survive with

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a damaged heart and this explains in part an increase in the number of subsequent deaths due to heart failure, and the higher proportion of deaths from this condition in women.

Overall the study represents good news for Canadians. It looked at national trends between 1994 and 2004 in the death rates and hospital admission rates for cardiovascular disease in Canada with a particular focus on heart attacks, heart failure and stroke.

The rapid decline in death rates from heart attacks means that 4,000 fewer Canadians died from acute myocardial infarction in 2004 than in 1994. This could reflect declines in risk factors, such as smoking, and increased use of statins to control cholesterol, along with better acute treatment for those heart attack patients treated in-hospital. The study showed improved survival for heart attack patients who reached hospital.

However, the study also showed trends towards high rates of death and hospital admission related to cardiovascular disease in elderly women. "This highlights the need for increased investment in education and research on cardiovascular health and disease in women," says lead author Dr. Jack Tu. "Heart disease is becoming an increasing problem affecting elderly women, in part because of previous successful efforts to prevent and treat heart disease among younger men."

The authors caution that despite the 30 per cent decrease, "these findings are not grounds for complacency. They suggest that previous efforts to prevent cardiovascular events have been successful, but in many cases they may have delayed the occurrence of such events until people are older and potentially more difficult to treat.

(Reprinted from CCORT website <http://www.ccort.ca/>)

Featured Partners

The Canadian Heart Health Strategy and Action Plan (CHHS-AP)

On February 24, Health Minister Leona Aglukkaq participated in the public release of the Heart Health Strategy & Action Plan at an event in Ottawa. This Strategy was created by approximately 100 expert volunteers who assessed the current situation in cardiovascular care in Canada, made international comparisons to identify best practices and developed a number of recommendations to place Canada on the road to

becoming a heart healthy nation. Lead organizations supporting this activity included the Heart and Stroke Foundation of Canada, the Canadian Cardiovascular Society and the Institute of Circulatory and Respiratory Health of CIHR. Although the Strategy is called 'Heart Health', it addresses the full spectrum of cardiovascular and cerebrovascular health and disease.

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Over two years in the making, the Strategy has 6 major recommendations:

1. **Creating heart healthy environments.** This stresses the importance of policy development to improve food quality (particularly reducing trans fats, salt and high fat content), and helping Canadians deal with the emerging epidemic of overweight and obesity. This recommendation also addresses ways to improve opportunities for Canadians to be more physically active and for fewer to smoke.
2. **Helping Canadians lead healthier lives.** This recommendation acknowledges that Canadians are capable of doing much more to achieve a better personal health status but recognizes that citizens do not receive the supports to make this possible – including access to reliable Canadian sources of information.
3. **The third recommendation deals with the urgent crisis existing in our Aboriginal/Indigenous populations.** These communities require access to the same quality of health services as the rest of Canadians – something that is far from the current reality.
4. **Continue the reform of Health Services.** The Strategy strongly recommends that most of cardiovascular care can and should be provided by primary care teams in the community by utilizing the Chronic Disease Prevention and Management Model popularized by Wagner and others. Specialized cardiac care needs (consultation, diagnostic testing and therapeutic interventions) to be organized as networks with effective triage systems and utilizing system navigators to help patients and their information move quickly and effectively between the various levels of care. The recommendation also addresses other inefficiencies in the current care delivery system and calls for a national set of quality indicators to be regularly monitored and reported to Canadians.
5. **Build the knowledge infrastructure.** Unlike cancer, cardiovascular disease lacks proper surveillance systems. These must be improved if we are to be able to use good information to make good decisions. The faster implementation of both the electronic health and medical record is also advocated. Finally, there are recommendations for more research in several important areas. These include more support for genomic/proteomics research and the establishment of a network of centres of excellence in vascular health.
6. **Develop the right service providers.** This recommendation calls for a comprehensive health human resource plan, the development of incentives to faculties of health sciences to provide more health promotion and disease prevention in the curricula and to provide more emphasis on preparing graduates to work in inter-professional teams.

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The Strategy is comprehensive, extending from policy development through primary prevention, acute and chronic care to end-of-life planning and care. The emphasis is on prevention across the continuum – realizing that prevention interventions at all stages can be very cost-effective. Although this is primarily about cardiovascular health (principally heart disease and stroke), the models proposed are applicable to most other chronic diseases – and, of course, many of the prevention strategies when implemented will benefit those at risk of other chronic diseases that share risk factors with cardiovascular diseases. The Strategic initiatives proposed are not only integrated with current initiatives in cardiovascular disease but also with the other chronic disease strategies developed in Canada. Finally, and importantly, the Strategy calls for urgent attention to the crisis existing in our Aboriginal/Indigenous populations; Canada must do better. Outcome targets have been created for the period 2009 to 2020 for each of a number of key measurement variables; we believe that these are feasible targets if the Strategic Plan is implemented now.

The accompanying Action Plan document describes how each of these recommendations might be implemented and suggests organizations that could lead or partner to achieve implementation. In addition, there is a suggested timeline for implementation. It also suggests a governance structure – importantly, there is not a recommendation for the creation of a new organization to oversee implementation. Rather, the suggestion is that there

be appointed an Advisory Council on the Implementation of the Heart Health Strategy reporting to the Minister of health on an annual basis.

The final document is a Business Plan which outlines the anticipated budgetary requirements from the federal government over a seven (7) year period. This document also provides views on the potential partnership opportunities for funding and opportunities for leveraging.

Work since the February release date has focused on distributing the report(s), informing government departments of the opportunities for collaboration and making preparation for a submission to the budget process in the fall of 2009. In addition, the Conference Board of Canada was contracted to determine the economic impact of implementing the strategy. The draft document indicates that even if only 5 of the key targets were achieved, by 2020 there would be 600,000 fewer Canadians affected with heart attack or stroke at a cumulative cost savings of \$76 billion – this being approximately \$10 billion per year in 2020.

Much remains to be accomplished. But if this Strategy is implemented, Canada will be on the road to being a ‘heart’ healthy nation; this will have a major positive impact on the health of Canadians, on the productivity of our workforce and on sustainability of our Health Care system.

For further details on the strategy, please visit the website at <http://www.chhs-scsc.ca/web/>

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National Lung Health Framework

The National Lung Health Framework is a 'Made in Canada' strategic action plan developed by and for a wide range of stakeholders working to improve lung health. Its coordinated approach to the prevention and management of respiratory diseases will have a significant positive impact on the state of lung health in Canada.

The goal of this joint collaboration is to deliver a plan that acts as a catalyst for change; building partnerships, sharing best practices, identifying gaps and opportunities in the current respiratory health environment and supporting initiatives for advocacy and policy development. It has been built by stakeholders, for stakeholders.

The four goals of the Framework are based on the need to raise awareness of and prevent lung disease, to improve detection and disease management, to increase the efficacy of tools such as policy, partnerships and community/systems support, and to advance research, surveillance and knowledge translation.

As part of its strategy to connect stakeholders together and to breakdown the "silos of excellence", the Framework has developed a number of tools and resources. Among them include the [Knowledge Exchange Hub](#). This hub is a one-stop-shop online information repository and collaboration centre. It provides stakeholders with access to a number of surveillance databases, and an Asset Map in which stakeholders can conduct searches for programs, best practices and

models of care across the country. This hub also provides a virtual meeting centre where networks, working groups and committees can set up private or public areas to share documents, have discussions, and schedule meetings. Registration and use of all aspects of the hub are free and all stakeholders involved in respiratory health are invited to register.

The Framework has been working on ways to address complex issues around vulnerable populations and the determinants of health – and in particular, the unique challenges faced by First Nations, Inuit and Métis communities. It has also been working with other national chronic disease strategies to identify strategies to address common risk factors and comorbidity issues.

Over the last three years, stakeholders from a range of sectors and areas of expertise have been working together to collectively build a common plan. In 2008, the Framework produced a document outlining the "what" – an overview of the key issues, gaps and successes in respiratory health in Canada. It is now in the process of building the Action Plan and identifying the "how" – how are we going to work together to move forward on the Framework's goals and strategies?

In April 2009, the Federal Minister of Health announced \$10M over three years to begin work on respiratory health initiatives that will fill the gaps identified by the Framework. This will enhance the large amount of work that is already in progress to move the Framework forward. It is also a direct testament of

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the effectiveness of the partnership in addressing the key issue at hand: The escalating burden of lung disease and how all the stakeholders can work together to conquer it.

For further information on the Lung Health Framework, please visit the website at http://www.lung.ca/about-propos/framework-cadre_e.php

Knowledge Translation – Research to Practice

Halifax researchers receive funding to examine how lifestyle modification program may reduce risk of future strokes



Marilyn MacKay-Lyons, PhD

Funded in partnership with the Heart and Stroke Foundation, a new Nova Scotia research project will investigate whether an intensive 12-week education and exercise program can reduce stroke

risk factors in patients who have had mild or non-disabling strokes.

The team, led by Dalhousie University physiotherapist Dr. Marilyn MacKay-Lyons and Queen Elizabeth II Health Sciences Centre neurologist Dr. Gord Gubitza, will examine the timely delivery of stroke prevention strategies.



Gord Gubitza, MD

“By figuring out what lifestyle changes, particularly physical activity, diet, and medication adherence, are effective in reducing cardiovascular risk factors, our research will help people who have had a small

stroke avoid a second, and potentially bigger and more disabling one,” says Dr. MacKay-Lyons. “The impact of this new knowledge could be significant, given 50,000 strokes occur in Canada each year.”

This is one of three research teams across Canada to receive approximately \$600,000 in special funding over the next three years

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through the Secondary Stroke Prevention Health Services and Care research initiative, a Heart and Stroke Foundation of Canada-led partnership with the Canadian Stroke Network and the Canadian Institutes of Health Research.

“Projects such as this coupled with the province’s commitment to implement a long-term stroke strategy will go even further to address health outcomes for Nova Scotians and Canadians affected by stroke,” says Elaine Shelton, Director of Health Promotion for the Heart and Stroke Foundation of Nova Scotia.

The innovative three-year project – Program of Rehabilitative Exercise and Education to avert Vascular Events after Non-disabling stroke and Transient ischemic attack (PREVENT) – incorporates strategies known to help improve risk factor reduction; provides a comparison between urban and rural settings, where the incidence of cardiovascular morbidity is particularly high; and compares health costs to determine whether PREVENT is sustainable and cost-effective.

“Mild and non-disabling strokes are important warning signs that should not be overlooked, but survivors are often unaware of the potential danger that they face, and the changes that need to be made to reduce future risk for stroke, heart attack and death,” says Dr. Gubitz.

“However, if the project demonstrates reduced risk factors in a more cost-effective manner, the results could be used to support improved care throughout Nova Scotia and Canada.”

The project involves 464 patients with mild or non-disabling strokes from Nova Scotia, who will be randomly assigned either to a community-based program of exercise and education or to clinic visits for health assessment, counseling, and education. The participants will be evaluated at baseline, 12 weeks, and at six and 12-month follow-up. The research team will measure, among other things, blood pressure, cholesterol levels, physical activity rates, and smoking status at 12 months. They will also use questionnaires to look at depression and quality of life.

Stroke is a leading cause of death and disability for Nova Scotians. Approximately 1,500 Nova Scotians experience a stroke each year. And of those who survive, more than half require ongoing assistance with daily activities. The Heart and Stroke Foundation of Nova Scotia spearheaded the development of a stroke strategy that focuses on prevention, acute care, rehabilitation, and improved quality of life. The Foundation was an effective advocate for the strategy securing its adoption by the Nova Scotia government.

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ICRH Events

2009 Young Investigators Forum

The 2009 Young Investigators (YI) Forum is a major training initiative held annually by ICRH and its partners. This year's YI Forum was held on May 21-23 at the Brookstreet Hotel in Ottawa. The event is a major training and educational initiative of CIHR's Institute of Circulatory and Respiratory Health (ICRH) which provides the trainees and young investigators with the opportunity to learn about latest research findings in the circulatory and respiratory fields, develop leadership skills, interact with colleagues and mentors, as well as showcase their research. Nearly 100 trainees and young investigators attended this year's forum. One of the event highlights was Astronaut, Dr. Roberta Bondar's presentation at Social Night. Dr. Bondar delivered an inspirational talk to the enthusiastic trainees, young investigators and faculty who attended this year's dinner, which was held at the Museum of Civilization in Gatineau, Québec.

This year ICRH collaborated with the Molecular Function and Imaging (MFI) Program at the Ottawa Heart Institute for the Second Annual Symposium on Regenerative Medicine. The symposium was held on the third day of the program.

Those researcher trainees whose work most demonstrated scientific rigour, innovation, and potential for advancement and impact within their respective fields were presented with awards. The top nine candidates gave an oral presentation of their research at the Forum.

We recognize the following recipients:

Amanda Rizk – Concordia University “Acute Affective and Physiological Response to Exercise Training in Chronic Obstructive Pulmonary Disease (COPD)



Andrea Mackesy accepts Partner Recognition Award on behalf of the Canadian Cystic Fibrosis Foundation from Dr. Peter Liu

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Darren Yuen – University of Toronto “Bone Marrow Cells Attenuate Renal and Cardiac Injury in a Model of Progressive Chronic Kidney Disease”

Chao Deng – University of Ottawa Heart Institute “An Injectable Collagen-Citosan Hydrogel: Preparation, Physical Properties and Angiogenic Capacity”

Laura Todd – Hospital for Sick Children “Outcomes of Pediatric Heart Transplantation for Children with Congenital Versus Acquired Heart Disease”

Maria-Graciela Hollm-Delgado – University of Montreal “AIDS and outbreaks of multi-drug resistant tuberculosis: Examining the link using DNA fingerprinting”

Emilie Boudreau – “Mutant lamn A/C disrupts sumo1 localization and sumolytation

Claudia Blais – Institut national de santé public du Quebec “Is the decline in coronary heart diseases mortality in Quebec attributed to effective secondary prevention”

Harjot K. Saini-Chohan – University of Manitoba “Modification of the gene expression of myocardial cardiolipin biosynthesis and remodeling enzymes in a model of persistent pulmonary hypertension of the newborn”

Shereen Hamza – University of Alberta “Splenic reflex neurohormonal control of mesenteric arterial tone”



Emily Wong receives Best Lay Summary Award from Ann Nguyen from the Heart and Stroke Foundation

ICRH would like to thank all of the partners who provided financial support at this year's YI Forum namely, the Heart and Stroke Foundation of Canada, Canadian Stroke Network; AstraZeneca Canada Inc; Réseau en Santé Respiratoire du FRSQ; Canadian Society of Transplantation; Canadian Lung Association; Pfizer Canada; Canadian Anesthesiologists' Society; Canadian Cystic Fibrosis Foundation; Canadian Anesthesiologists' Society; and Manitoba Institute of Child Health.

ICRH would also like thank all of those partners who provided in-kind support and to those who provided their time to give workshops and to provide mentoring, and those who helped evaluate the research.

ICRH will continue to support and hold training activities in 2010. Details about these activities will be available shortly on our website at <http://www.cihr.gc.ca/e/8663.html>

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2009 ICRH Partners Forum

ICRH held its biennial Partners Forum in Ottawa in April. This year's theme was strengthening partnerships for knowledge translation. Three partnership building workshops were held in the areas of clinical practice guidelines and commercialization of medical innovation.

Nancy Garvey from the Ministry of Health and Long Term Care the keynote lecture entitled "Moving Population and Public Health Into Action: Bridging the Gap Between Knowledge and Practice, Ontario's Asthma Plan of Action (APA)". Nancy highlighted the development, implementation and evaluation of APA and spoke about the importance of developing partnerships in the process.

As part of the 2009 forum, a two-day workshop was held for the following groups to work on their respective objectives:

- Commercialization of Imaging Technology: Experience with Start-Ups and Large Companies.
- Clinical Practice Guidelines (CPGs) and Canadian-Cardiovascular HARmonized National Guidelines Endeavor (C-CHANGE) 2009.
- Respiratory Clinical Practice Guidelines (CPGs) - Canadian Respiratory Guidelines

The final day of the workshop provided an opportunity for the working groups to meet and report back on their objectives and to share best practices.

A final workshop report will be available and can be obtained on the ICRH website by September 2009.

Café Scientifique: Urban Hearth Health, You are where you live...

In recognition of Heart Month, the Institute of Circulatory and Respiratory Health (ICRH), Heart and Stroke Foundation of Canada (HSFC), and the Healthy Communities Research Network at the University of Waterloo hosted a Café Scientifique in Kitchener-Waterloo in late February.

About 80 people from the region attended. The expert panel, consisted of local and national experts: Dr. Stuart Smith, Chief of Cardiovascular Services at St. Mary's Regional Cardiac Care Centre, Dr. Douglas Manuel, Senior Scientist of Ottawa Health Research Institute and a Senior Medical Advisor for Statistics Canada, Mr. Patrick Fisher, Public Health Planner with the Region of Waterloo Public Health and Dr. Pierre Filion, Professor in the Dept of Urban Planning at the University of Waterloo. Dr. Marco DuBuono, the Director of Research from Health Stroke Foundation of Ontario moderated the discussion.

Dr. Smith spoke about population growth in the K-W Region over the past ten years which necessitated the creation of a regional cardiac care centre and that the rate of local

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panel from left to right: Dr. Marco Di Buono, Dr. Doug Manuel, Dr. Stuart Smith, Mr. Patrick Fisher, Mr. Pierre Filion

improvement and that more advocacy needs to occur around encouraging better planning and behaviour change.

Dr. Manuel talked about cardiovascular health from a population point of view. He discussed the impact of risk factors such as smoking, physical inactivity, and nutrition as related to where people live and how some populations show certain patterns which can be related to the physical and social surroundings.

Patrick Fisher, talked about how the Region of Waterloo Public Health has worked to encourage people to "get people off the couch" and start walking and cycling. They are currently working on a strategy to get people walking. This includes a guide that will assign a "walkability rating" to each area of the region by postal code — this is new and is not being done anywhere in Canada. Some residents will participate in the strategy and will keep a diary of where they go and how they get there. This will help inform recommendations for change in land-use policies as the region prepares a new official plan.

Café Scientifique: Get the 911 on Stroke

The Heart and Stroke Foundation of Canada in collaboration with ICRH kicked off Stroke Month with a Café Scientifique Get the 9-1-1 on stroke! on June 1, at the Heart and Crown Irish Pub in Ottawa. The event was a public outreach success! A wide range of people, from health professionals to members of the general public to aspiring young students, attended and discussed stroke prevention, the latest treatment, research advances and the challenges ahead. The expert panelists included Dr. Antoine Hakim, Dr. Mike Sharma, and Dr. Nancy Mayo.



panel from left to right, Mr. Abe Schwartz, Dr. Antoine Hakim, Ms. Sally Brown, Dr. Mike Sharma, Dr. Nancy Mayo

people receiving interventions for blocked arteries has doubled since its inception. He also told the audience that the Centre will soon start to focus on prevention

Professor Filion, talked about the relationship between land use and form in fostering cycling and walking. He said that "People do not walk for a lot of other reasons, because there is nowhere to walk to". He suggested that the city planning in the KW area needs

For more information on CIHR's Café Scientifiques, please visit our website <http://www.cihr-irsc.gc.ca/e/34951.html>.

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Research in the News

Please click on the following titles to read the full article.

FRSQ Now a Partner of ERA-NET NEURON, A European Research Network

Montréal, May 27, 2009 – The Fonds de la recherche en santé du Québec (FRSQ) is pleased to announce that as of June 1st it will be a partner of one of Europe's research networks, namely, ERA-NET, as part of the European Union's Seventh Framework Programme for Research and Technological Development (FP7). ERA-NET NEURON, the first network in which FRSQ is a partner, focuses on neurosciences and mental health. FRSQ has the distinction of being the first Québec funding agency to be included in ERA-NET.

Our deadliest killer gets a lot less deadly; Heart and stroke deaths plummet 30% in 10 years because the message is getting through, experts say

The Toronto Star (June 23, 2009) – Rates for heart attacks dropped 38.1 per cent, says Dr. Jack Tu, a cardiologist at Sunnybrook Health Sciences Centre and lead author of the study, which appears today in the Canadian Medical Association Journal. Strokes decreased 28.2 per cent, while deaths due to heart failure fell 23.5 per cent.

SALT: HARD TO SHAKE / SALT STRATEGIES A taste of things to come. The food industry is looking to slash sodium in response to a health crisis, but with no good alternatives, it's a big challenge

The Globe and Mail (June 23, 2009) – Canadians consume dangerously high levels of sodium - an average of about 3,100 milligrams a day, more than double the recommended intake - increasing their risk of developing high blood pressure, which can lead to heart disease, stroke and other serious health problems. But up to 80 per cent of that salt intake comes from packaged and processed foods, such as canned goods, salad dressings and bread products, which can make avoiding high-sodium foods tricky.

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Upcoming Events

ICRH Distinguished Lecture in the Respiratory Sciences

CIHR'S Institute of Circulatory and Respiratory Health (ICRH), in collaboration with the Canadian Thoracic Society (CTS), established a Distinguished Lectureship in the Respiratory Sciences in recognition of scholarship and innovation in the respiratory sciences. Each year a lecturer who predominantly works in Canada is invited to deliver a plenary address at the annual conference.

This year [Dr. James Martin](#) has been selected to speak on **Monday, November 2nd, 2:30 – 3:30 p.m. at the CHEST Conference in San Diego, CA.** Dr Martin is a graduate of Ireland, whose was trained at John Hopkins University and is currently a Professor of Medicine at McGill University and the Director of Montreal Chest Institute. He is also a senior physician at the McGill University Health Center.

ICRH Distinguished Lecture and Prize in Cardiovascular Sciences

In 2002, CIHR's ICRH established the annual ICRH Distinguished Lecture Prize in Cardiovascular Science, in honour of scholarship and creativity in the cardiovascular sciences. This prize is awarded annually in conjunction with the Canadian Cardiovascular Society and the Heart and Stroke Foundation of Canada at the Canadian Cardiovascular Congress (CCC).

This year [Dr. Eduardo Marban](#) has been awarded the Distinguished Lecturer prize and will speak at the **CCC on Tuesday, October 27th, 11:00 – 12:30 p.m.** Dr. Marban is currently the director of the Cedars-Sinai Heart Institute and Cedars-Sinai's Specialized Center for Cell-based Therapy, a National Institutes of Health-sponsored research program in stem cells.

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Funding Opportunity

The Government of Canada is supporting research to find alternatives to nuclear-produced Technetium-99m, the principal medical isotope affected by the current shutdown at the Chalk River nuclear reactor. In addition, the funding opportunity will support research on alternative means of 99mTc production that do not require the use of a nuclear reactor and that are likely to yield clinically useful Technetium-labeled radiopharmaceuticals within the two year granting period. It is expected that this funding opportunity

will lead to clinical trials applications and small scale clinical validation studies which compare the novel radio labeled probes with those in current practice. For more information on the Rapid Response Request for Applications on Medical Isotopes, please visit <http://www.research-net-recherchenet.ca/rnr/6/viewOpportunityDetails.do?prog=774&language=E&fodAgency=CIHR&view=browseArchive&rowseArc=true>. Application deadline is September 1, 2009.

Of Note...

Congratulations to [Dr. Salim Yusuf](#), an ICRH funded cardiovascular researcher, for being named as one of the most cited scientists in the world. Dr. Yusuf is a professor of medicine and director of the

Population Health Research Institute at McMaster University in Hamilton, ON. He has received several grants from ICRH for his outstanding work in the area of Cardiovascular Disease.



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