



CIHR IRSC

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Institute of Nutrition, Metabolism and Diabetes

Strategic Plan
2010-2014



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MESSAGE FROM THE SCIENTIFIC DIRECTOR

It is with tremendous enthusiasm that I present this new Strategic Plan for the Canadian Institutes of Health Research (CIHR) Institute of Nutrition, Metabolism and Diabetes (INMD). This plan provides a map for the strategic activities of INMD over the next five years, from 2010-2014. These strategic priorities will guide the way that INMD utilizes its resources over this period of time, and will provide opportunities to build new partnerships and strategic alliances that enhance and leverage our capacity to fund targeted research initiatives.

The mandate of INMD is broad and covers a range of conditions and problems associated with hormones, the digestive system, kidneys, and the liver. Diet has been associated with a number of chronic diseases that contribute significantly to the economic burden of disease in Canada. Chronic conditions that fall within the INMD mandate are among the most costly to Canadians, in terms of both economic and social impacts.

Excellence in health research is the *raison d'être* of CIHR. This new strategic plan provides an opportunity for INMD to build on what was accomplished in the past by supporting Canadian research excellence in the area of Obesity and Healthy Body Weight, while moving forward to tackle some of the greatest health challenges facing Canadians today. The new priorities also position INMD to contribute to CIHR's overall success in achieving the Strategic Directions established in CIHR's recently released Strategic Plan, *Health Research Roadmap: Creating innovative research for better health and health care*.



Being strategic enables institutes to focus on specific research priorities, which ideally results in building research capacity while creating new knowledge and translating it to improving the health and quality-of-life of Canadians. In sharpening our focus, there are risks of alienating some stakeholders because they may feel disenfranchised if unable to identify their particular research interests with the stated research priorities. By increasing the number of strategic research priorities for INMD from one to four, I am sending a clear message to our communities that we will be inclusive and sensitive to their needs.

I am committed to evaluating the impact of targeted research funding supported by INMD as we move forward in implementing this Strategic Plan. The Institute Advisory Board will meet regularly to discuss our progress, to make certain that the implementation of the updated strategic plan is on track, and to ensure that INMD responds appropriately to emerging needs.

I wish to thank everyone who contributed to this strategic plan, especially the INMD Institute Advisory Board and INMD staff. I look forward to meeting with potential partners to discuss opportunities for collaboration in the implementation of this new strategic plan. I am confident that these strategic priorities will ensure INMD continues to make a strong contribution to CIHR in achieving its goal of improving the health of all Canadians.



Philip M. Sherman, MD, FRCPC



INTRODUCTION AND BACKGROUND

The Canadian Institutes of Health Research

The Canadian Institutes of Health Research (CIHR) is the major federal agency responsible for funding health research in Canada. Created under the *CIHR Act*, which came into force in June 2000, it comprises 13 virtual institutes that are mandated to support health research in four major areas:

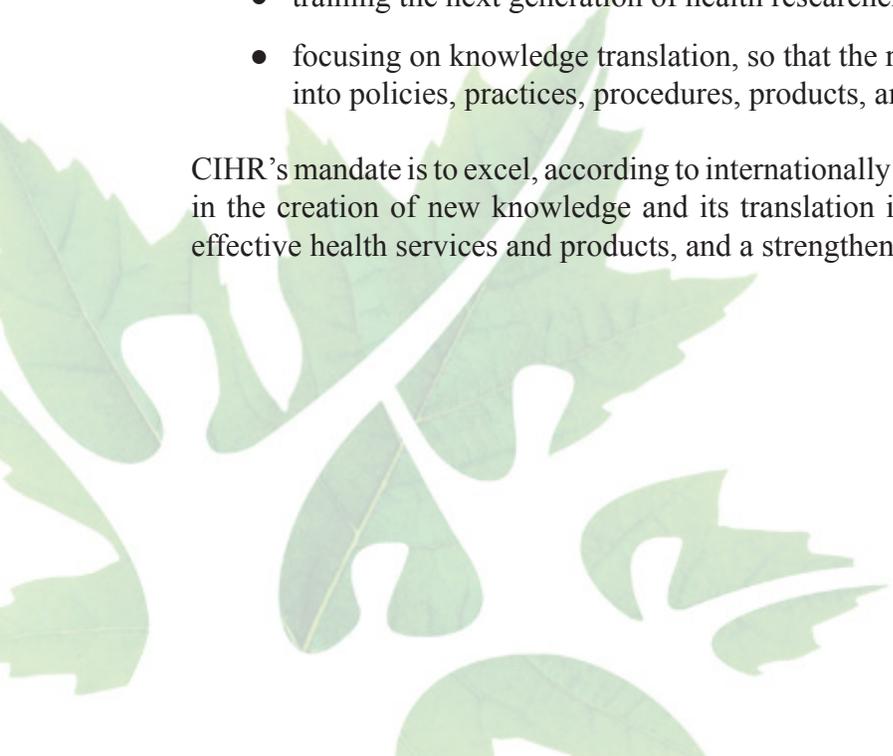
- biomedical;
- clinical;
- health systems and services; and
- population and public health.

Each institute is headed by a Scientific Director who receives guidance and advice from its Institute Advisory Board (IAB). IABs are made up of national and international representatives of the public, private, and non-profit sectors, including the research community and health practitioners. The institutes are formally accountable to both the President and Governing Council of the CIHR and, through the Minister of Health, to Parliament.

CIHR was created to transform health research in Canada by:

- funding more research in targeted priority areas;
- building research capacity in underdeveloped areas such as population health and health services research;
- training the next generation of health researchers; and
- focusing on knowledge translation, so that the results of research are transformed into policies, practices, procedures, products, and services.

CIHR's mandate is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system.



To assure Canadians that their investments in health research are used wisely, CIHR embraces **values** that permeate all aspects of the organization's activities and relationships with others. These core values provide critical context for the new INMD Strategic Plan and are listed below:

- **Excellence** - In all aspects of its work including research, knowledge translation and organizational services, CIHR strives to meet the highest international standards of excellence.
- **Scientific Integrity and Ethics** - CIHR upholds and promotes adherence to relevant research and organizational principles with utmost honesty, probity and professionalism. CIHR believes that excellent research, knowledge application and good governance require the development and application of sound ethical principles and processes.
- **Collaboration** - CIHR promotes, encourages and values collaboration among researchers in Canada and internationally. CIHR engages, collaborates and coordinates research activities with federal and provincial/territorial governments and departments, and non-profit and private-sector organizations. CIHR is committed to openness, responsibility, fairness and mutual respect with all its researchers and partners. CIHR cannot fulfill its mandate without the collaboration and support of domestic and international partners.
- **Innovation** - CIHR values new ideas and creative approaches to addressing health and health system challenges in Canada and worldwide.
- **Public Interest** - The public interest is of paramount importance in the creation and use of health knowledge through all research and related activities supported by CIHR.

In October 2009, CIHR launched its new strategic plan, *Health Research Roadmap: Creating innovative research for better health and health care*. This new strategic plan lays out CIHR's commitment to pursue the following strategic directions over the next five years:

1. Invest in world class excellence
2. Address health and health system research priorities
3. Accelerate the capture of health and economic benefits of health research
4. Achieve organizational excellence, foster ethics and demonstrate impact

INSTITUTE OF NUTRITION, METABOLISM AND DIABETES

The **mandate** of the Institute of Nutrition, Metabolism and Diabetes (INMD) is to support research to enhance health in relation to diet, digestion, excretion, and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney, and liver function.

INMD's **vision** is to position Canada as a leader in the creation of knowledge through health research in relation to diet, digestion, excretion, and metabolism that benefits all Canadians and the global community.

Unlike the other twelve institutes within CIHR, INMD pursued a single strategic focus since its inception. INMD's first strategic plan, released in

2002, outlined the initial goals and objectives for INMD's strategic focus on Obesity and Healthy Body Weight. In 2005, a mid-term evaluation of INMD identified that the selection of a single strategic focus was unique among the CIHR institutes, and although most stakeholders supported the decision to focus on this priority, some acknowledged that certain communities may have felt disenfranchised by this choice.

While an impact assessment is underway to evaluate the success of this approach, INMD's focus on a single priority since 2002 has resulted in growth in obesity-related research capacity. Data emanating from a bibliometric analysis commissioned by INMD indicates the number of peer reviewed papers published by CIHR-funded researchers increased dramatically between 1998 to 2007.



In 2008, the INMD Institute Advisory Board embarked on a process to identify future directions and strategic research priorities by undertaking an Environmental Scan. The purpose of this web-based survey was to gather researcher and stakeholder perspectives that would inform future strategic priorities and directions of the institute. A total of 645 researchers responded to the Environmental Scan. While there was a range of opinions offered by survey respondents with respect to retaining or changing the INMD strategic priority, the majority of respondents indicated that INMD should keep Obesity and Healthy Body Weight as a priority, but expand to include other priorities.



STRATEGIC PRIORITY

Food and Health

INMD aims to develop a stronger evidence base to inform future nutritional practice and food policy. We will foster research on the total diet and specific nutrients to enhance health and reduce the risk of chronic disease. This includes, for example, the evaluation of biomarkers of nutritional adequacy, emerging innovations in food engineering, and the ethical issues posed by these changes particularly with respect to people with vulnerabilities.

Background/rationale:

There is a growing interest on the part of many health and disease-based organizations in the role of food and nutrition, nutrients, dietary components, and dietary patterns in preventing and controlling premature morbidity and mortality resulting from chronic disease^{1,2}.

It has been said that, “Chronic non-communicable diseases constitute the major burdens of illness and disability in almost all countries of the world. They must urgently receive more resources, research and attention, as mapped out in these grand challenges. Inaction is costing millions of premature deaths throughout the world”³.

In Canada, chronic diseases, including diabetes and its complications, digestive diseases, cardiovascular disease, and cancers are responsible for a significant portion of the burden of disease.

During the past decade, the amount of scientific literature related to food and nutrition and chronic disease expanded tremendously. However, there remain many unanswered research questions regarding food and health. In almost all cases, these questions require investigation from a variety of approaches. These include, but are not limited to, the following:

- basic physiology, metabolism, and homeostatic mechanisms (e.g., lymphatic growth response to salt intake, lipid droplet formation).
- clinical research related to food and nutrition, nutrient requirements, and maintenance of health (e.g., micronutrient interventional research).
- food and nutrition policy research at the population level (e.g., sodium reduction, food fortification, functional foods, food security).

The overarching aim of this strategic priority is to foster research on food and health that results in improved nutritional status at the population level, compressed morbidity in relation to chronic disease, and evidence-informed policies and practice.



STRATEGIC PRIORITY

Environments, Genes, and Chronic Disease

INMD recognizes the influence of genes and the environment on the development of chronic disease. We will promote the acquisition of knowledge on the phenotypic variation of both complex and rare diseases, interactions with the human microbiome, and the health consequences of changes in the natural and built environments.

Background/rationale:

The mandate of INMD includes both extremely rare and highly prevalent conditions affecting the gut, the genitourinary system, the liver, and the endocrine system. The impact on the quality of life for affected Canadians is profound and the resulting costs to both the health care system and the Canadian economy are immense.

In the past decade, great advances have been made in understanding the genetic predisposition and biology of a number of polygenic disorders relevant to the mandate of INMD including, Crohn disease, ulcerative colitis, diabetes, polycystic kidney diseases, and disorders of lipid metabolism. However, there remain critical gaps in knowledge related to the impact of genetic modifiers and local microenvironments on disease phenotype, clinical course of disease and variability in disease expression in genetically susceptible individuals. Seeking answers to such research questions has the potential to reduce the burden of illness of both

common and rare diseases, to improve the quality of life of affected patients, and to reduce health care inequities for populations of increased vulnerability.

Research advances that improve current understanding of the biology of rarely occurring human diseases and optimizing the care of such affected individuals have tremendous positive implications for quality of life. Past experience also shows clearly that such targeted research often has a much wider impact that influences the health of the population at large. For example, research defining the genetic basis of the rare condition Tangier's disease provided new insights relevant to lipid metabolism. This insight then directed research aimed at providing novel interventions to prevent atherogenesis and its complications (cardiovascular disease and stroke) in the population at large.

In consulting with our stakeholders from across Canada, we heard multiple examples of how this priority resonated. For example:

- Enhance the knowledge base of natural environments and built environments relating to the pathobiology of both common and rare chronic diseases.
- Support research evaluating the role of environments on chronic disease (e.g., inflammatory bowel diseases, metabolic syndrome).
- Advance research on rare diseases, understanding that this approach ultimately benefits the health of all Canadians.



STRATEGIC PRIORITY

Continuum of Care

INMD aims to improve the health care experience and health of people with chronic disease by fostering research on access to appropriate care, including prevention and treatment. We will support research on new approaches to chronic disease prevention and management (e.g., coordination of primary and specialty health care sectors), focus on transitions across different dimensions of the care and age continuum, and advance research that includes health care reform, care gaps, and priority populations.

Background/rationale:

The continuum of care may be defined as the array of health services that spans the range over the life course from primary care (including prevention) through institutionally based secondary and tertiary care to community and home-based services that promote health maintenance, rehabilitation and palliation at the end of life⁴.

INMD will support knowledge creation with respect to this priority by:

- developing new approaches to prevent and manage chronic diseases with emphasis on diabetes, kidney and digestive diseases;
- optimizing coordination between specialists and primary care providers;
- reducing care gaps across the continuum of care and the lifespan.

Canada's health care system faces critical challenges, including capacity limitations related to Canada's aging population and an increasing prevalence of chronic disease. These challenges are extremely relevant to the INMD mandate in the areas of diabetes, kidney and digestive diseases, and will align with CIHR's new Strategy for Patient-Oriented Research.

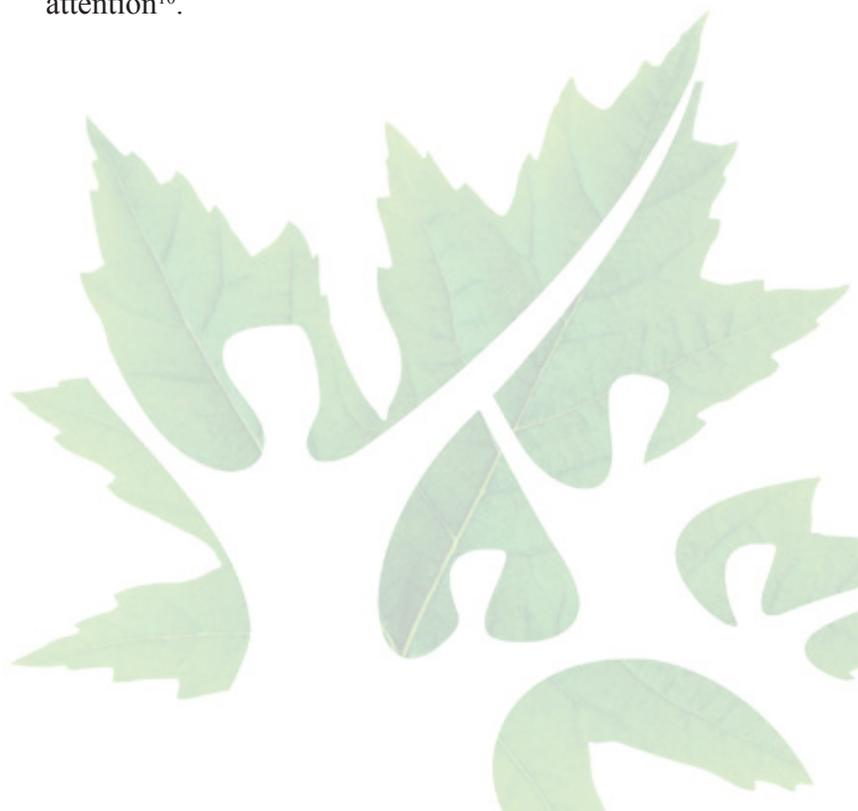


Rising obesity rates, sedentary lifestyles, an aging population, and changes in the ethnic mix of new immigrants will continue to drive up diabetes rates in Canada. The economic burden of diabetes in Canada is expected to be about \$12.2 billion in 2010, measured in inflation-adjusted 2005 dollars. The direct cost of diabetes now accounts for about 3.5% of public health care spending in Canada and this share will continue to rise given the expected increase in the number of people with diabetes in Canada. People with diabetes incur medical costs that are up to three times higher than those without diabetes⁵. Furthermore, the diabetes rates in Aboriginal people have been found to be as much as 3 to 5 times than in non-Aboriginal populations⁶.

Investments need to be made in research related to appropriate and timely access to health services, education, supplies and devices that will assist those with diabetes to manage their disease most effectively. While there is a genetic predisposition for diabetes, it is estimated that more than 50% of type 2 diabetes cases could be delayed – or even prevented – with healthier eating and increased physical activity⁷.

Although less than 0.1% of Canadians have End Stage Renal Disease (ESRD), the disease generated direct health-care costs of \$1.3 billion in the year 2000. According to the Canadian Institute of Health Information, the number of newly diagnosed ESRD (kidney failure) patients with diabetes increased by 114% over 10 years: from 1,066 in 1995 to 2,139 in 2004⁸. These figures highlight the need for innovative approaches to prevention, early detection, and treatment of ESRD, as well as the long-term treatment of kidney disease.

The economic burden of illness associated with digestive diseases is also of considerable magnitude. Digestive diseases ranked fifth in terms of the direct economic costs of illness in Canada in 2000⁹. Direct costs include hospital care, drug expenditures, physician care expenses, expenditures for care in other institutions and additional health expenditures. Digestive disorders include irritable bowel syndrome, ulcers, and colorectal cancer which have a severe impact on quality of life and drive up health care costs. It is estimated that 42% of digestive diseases are preventable, including colorectal cancer, but there are gaps in health services that require attention¹⁰.



STRATEGIC PRIORITY

Obesity and Healthy Body Weight: Seeking Solutions

INMD aims to support research on solution-focused interventions related to obesity at the clinical, policy, and population health level. We will foster research on priority populations (e.g., children, Aboriginal peoples, and morbidly obese individuals), and emphasize knowledge translation to improve prevention approaches and enhance weight management strategies.

Background/rationale:

Obesity continues to be a pressing public health challenge in Canada. In 2004, nearly one-quarter of adult Canadians, or 5.5 million people 18 years of age and older, were considered obese, and an additional 36% (8.6 million) were overweight¹¹. Evidence from the United States indicates that “if past obesity trends continue unchecked, the negative effects on the health of the U.S. population will increasingly outweigh the positive effects gained from declining smoking rates. Failure to address continued increases in obesity could result in an erosion of the pattern of steady gains in health observed since the early 20th century¹².”

This priority builds upon INMD’s previous strategic plan and CIHR investments. The INMD commissioned a bibliometric study of obesity research in Canada and found that between 1998 and 2007, the number of obesity-related publications increased 2.6 fold; the number of Canadian obesity-related publications increased by 3.7 fold and the number of obesity-related publications by CIHR funded researchers increased 4.4 fold¹³.

The vigor of the Canadian obesity research community has resulted in an eight-fold increase in peer reviewed funding supported by the CIHR. Given the relative strength and size of the Canadian basic biomedical research community, the majority of these funds have supported research related to understanding the causal mechanism and consequences of obesity. We recognize that there are still important basic research questions that need to be resolved. These types of proposals are well-suited for the CIHR open grant competitions. CIHR has always provided, and will continue to provide, strong support for discovery-based research.

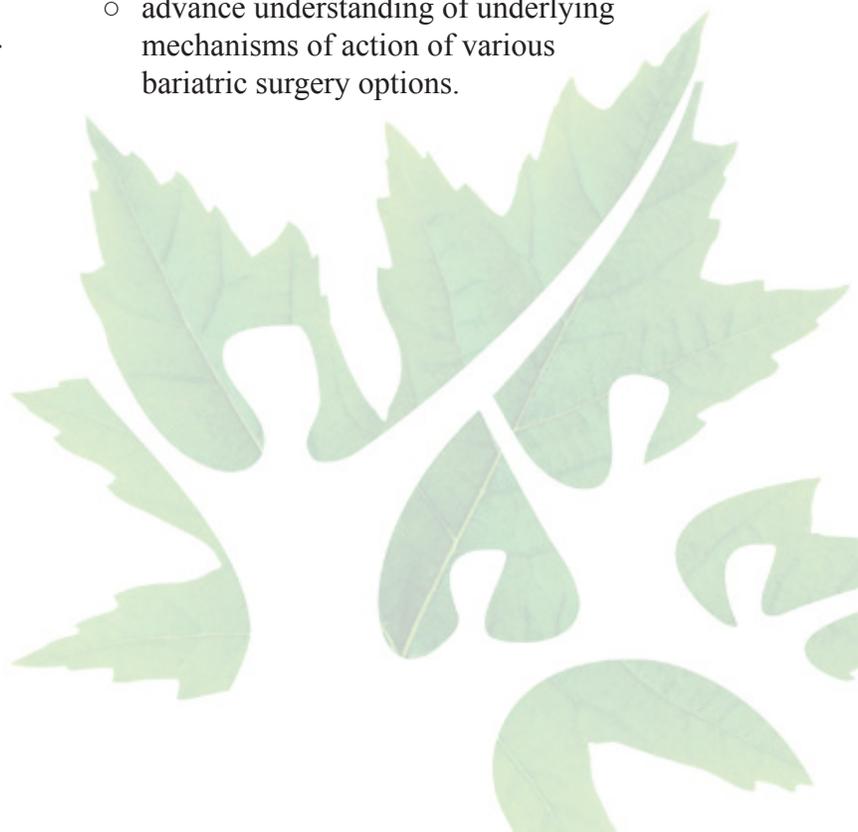


According to 2006 Canadian Clinical Practice Guidelines¹⁴ on the management and the prevention of obesity in children and adults, the level and grade of evidence for various interventions is very poor. Many of the recommendations for prevention had weak or no evidence. Practitioners, governments, and the general public are all searching for effective ways to deal with overweight and obesity and to promote healthy body weight. Additional research to delineate more efficient and effective strategies for preventing and treating obesity are needed. This is an area of research that the INMD can support to have a positive impact on the health of Canadians.

Our constituents have overwhelmingly told us to continue supporting solution-focused research at both the individual and population levels. Among governments, non-governmental organizations (NGOs), and health care professionals there is a growing consensus about the need for additional research to help children maintain healthy body weights, to seek culturally relevant approaches for Aboriginal peoples, and to develop strategies to more effectively address the health care needs of those with morbid obesity. Public health agencies, governments, and NGOs are initiating large scale projects to address both the general population and specific priority populations.

INMD will support knowledge creation with respect to this research priority by:

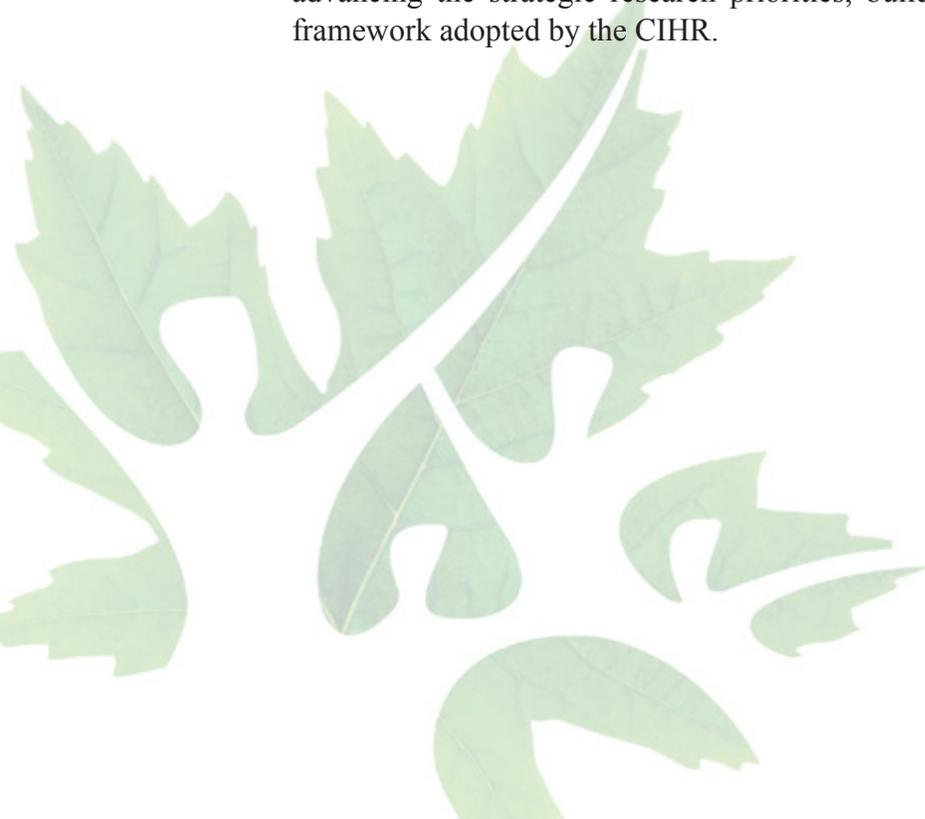
- focusing on solutions to promote healthy body weights at the population level (e.g., school-based approaches, intervention research).
- concentrating on interventions to prevent and manage obesity that align with CIHR's Strategy on Patient-Oriented Research Strategy that:
 - evaluate the outcomes of specialized treatment services;
 - provide a comparative analysis of clinical outcomes for bariatric surgical procedures;
 - advance understanding of underlying mechanisms of action of various bariatric surgery options.



FOUNDATIONAL PRINCIPLES

INMD's strategic research priorities will build on the following Foundational Principles:

- **Research excellence through partnerships** – INMD will engage, collaborate, and coordinate partnerships at the national and international levels. We will leverage partnership opportunities with other CIHR Institutes, government partners, voluntary health organizations, private sector partners, and international partners to advance our strategic research priorities.
- **Ethics** – INMD adheres to CIHR's belief that excellent research, knowledge application, and good governance require the development of sound ethical principles and process. INMD will increase awareness of the ethical issues inherent in research relevant to our mandate, and will support a broad range of ethics research related to the strategic research priorities.
- **Capacity** – INMD will strive to provide the necessary support to attract and sustain talented researchers to advance the INMD strategic research priorities, in collaboration with our many partners.
- **Knowledge translation** – INMD will contribute to CIHR's role in knowledge translation by promoting the dissemination and application of new knowledge generated by INMD's strategic priorities.
- **Evaluation** – INMD will contribute to CIHR's overall strategic priority of demonstrating impact by monitoring and evaluating the impact of our efforts in advancing the strategic research priorities, building on the impact assessment framework adopted by the CIHR.



MOVING FORWARD

This plan outlines the INMD strategic priorities for the next five years. The directions in this document will be used to guide future activities of the Institute, funding opportunities, and knowledge translation initiatives.

Over the next few months, a more detailed implementation and evaluation plan will be developed with the Institute Advisory Board. The CIHR mandate is to create new knowledge and translate this knowledge into improved health for Canadians, more effective health services and products, and a strengthened Canadian health-care system. In order to demonstrate impact, INMD will be developing a comprehensive evaluation plan to measure results.



APPENDIX 1

STRATEGIC PLANNING APPROACH

Principles:

- Transparency
- Engagement of key stakeholders and research communities
- Consistency & equity in engaging communities
- Position INMD to support the CIHR mandate
- Build links between INMD and other institutes
- Build on accomplishments of INMD to date

Methodology:

INMD 2008 Environmental Scan

In July, 2008 the Institute of Nutrition, Metabolism and Diabetes (INMD) conducted an on-line survey of researchers and other key stakeholders as one component of an environmental scan on research and knowledge translation priorities. In this survey, respondents (N = 645) chose from among eight thematic areas and responded to a common series of questions in each area. The results of this environmental scan indicated that stakeholders perceived obesity and healthy body weight to be of continued importance, but respondents recommended that INMD broaden its strategic focus.

Summary of High Level Scan of Investment Priorities of Related Research Funders

In preparation for Strategic Planning, INMD commissioned a study to provide a scan of investment priorities of related funders. This scan provided a high-level overview of strategic research investment priorities, activities and future opportunities for research investment identified by a wide range of national and international organizations operating within a scope similar to the mandate areas of the INMD. The scan was limited to publicly available data, so it may not provide a complete picture of the funding landscape.

Consultation with Stakeholder Groups

From May to October, 2009 the INMD team consulted a variety of stakeholders in INMD Strategic Planning Summits.

It was decided at the outset that in order to maximize opportunities to meet with research communities and other stakeholders while being conscious about operating expenses, INMD sought opportunities to meet with stakeholders at existing conferences and scientific meetings where groups were already gathering. These meetings included:

- Canadian Society Nutritional Sciences/Canadian Society of Clinical Nutrition
- Digestive Disease Week
- Canadian Public Health Association Conference
- Canadian Lipoprotein Conference
- Canadian Society of Endocrinology and Metabolism
- World Diabetes Congress/International Diabetes Federation
- Obesity Society

INMD also met with a number of stakeholders through smaller meetings and consultations. These included:

- Federal/Provincial/Territorial (F/P/T) Group on Nutrition
- Expert Group on Chronic Disease Prevention and Control (F/P/T)
- Federal health portfolio (Health Canada, Public Health Agency of Canada, First Nations and Inuit Health Branch) - Nutrition
- Canadian Society of Nephrology – Executive Board Meeting

In total, some 200 stakeholders participated in either a Strategic Planning Summit or consultation meeting in person. These stakeholders included investigators from across Canada, representing the breadth of the INMD mandate, as well as representatives from governments, professional associations, and voluntary health organizations. In addition, INMD conducted an on-line survey of partner voluntary health organizations.

INMD Advisory Board's Determination of Strategic Priorities

The Institute Advisory Board (IAB) met in November, 2009 at the University of Manitoba to consider the wide-ranging input from stakeholders to determine the new INMD Strategic Priorities. The Board considered the input received from multiple sources in relation to criteria developed for decision-making. The criteria evolved from input received from stakeholders who participated in INMD Strategic Planning Summits, consideration of criteria used by other CIHR institutes, and reflection on the new CIHR Strategic Plan.

The IAB used the following criteria for selecting research priorities:

- Addresses an identified knowledge gap.
- Likely to result in measurable results consistent with the Health Impact Assessment Framework (i.e., advance knowledge, build capacity, inform decision-making, improve health and the health system, contribute to the economy).
- Likely to translate into affordable and sustainable interventions to improve the health of Canadians and the Canadian health care system.
- Likely to effectively reduce the burden of illness/disease.
- Builds on Canadian research strength.
- Supports innovation, risk-taking and creativity in contributing to CIHR and INMD mandates.
- Likely to secure Canada's place on the global stage in addressing health challenges relevant to the INMD mandate.

Dr. Brian Rush facilitated the IAB meeting to ensure that the IAB was able to complete its task on time. Members of the IAB agreed unanimously on the four new INMD strategic priorities.

After the IAB meeting, the draft Strategic Priorities were sent out electronically to CIHR researchers identified through the CIHR database for their feedback (these researchers had applied to CIHR in the past for funding and identified their project(s) as relevant to INMD). Almost 200 researchers responded to this web-based survey, the majority indicating they either supported or strongly supported all four priorities. However, stakeholders identified that some of the priorities needed to be clarified. The results of the survey were used to fine-tune the draft INMD Strategic Priorities and make them more specific.

ACKNOWLEDGEMENTS:

We thank Dr. Brian Rush for his expertise as a facilitator and his work in guiding the INMD Institute Advisory Board to determine the new INMD Strategic Priorities.

APPENDIX 2

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APPENDIX 3

INMD INSTITUTE ADVISORY BOARD



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Loren D. Grossman

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Eli Lilly, Canada



Robert J. Haché

Associate Vice-President of Research
University of Calgary



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REFERENCES

1. WHO Technical Report Series 916, Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation. WHO, 2003.
2. World Cancer Research Fund, American Institute for Cancer Research, Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective. 2007.
3. Daar AS, et al. Grand challenges in chronic non-communicable diseases. *Nature*. 2007; 450 (22) 494-496
4. Appendix 1, Funding of the Continuum of Care, CMA Reports to General Council, 2007
5. Canadian Diabetes Association. An Economic Tsunami: The Cost of Diabetes in Canada. November 2009. CDA.
6. Public Health Agency of Canada. National Diabetes Fact Sheet Canada 2008. Accessed on-line: http://www.phac-aspc.gc.ca/publicat/2008/ndfs-fnrd-08/ndfs_ff-fnrd_fc-eng.php.
7. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada. *Canadian Journal of Diabetes*. 2008; 32(supplement 1):S1-S201.
8. Canadian Institute for Health Information, Treatment of End-Stage Organ Failure in Canada, 1995 to 2004 (2006 Annual Report) (Ottawa: CIHI, 2006).
9. Public Health Agency of Canada. Economic Burden of Illness in Canada, 2000.
10. Canadian Digestive Health Foundation. Establishing Digestive Health as a Priority for Canadians. November 2009.
11. Tjepkema M and Shields M. Nutrition: Findings from the Canadian Community Health Survey, Issue no. 1. Measured Obesity: Adult obesity in Canada. Component of the Statistics Canada Catalogue no 82-620-MWE2005001.
12. Stewart S, Cutler D, Rosen A. Forecasting the Effects of Obesity and Smoking on U.S. Life Expectancy. *N Engl J Med* 2009; 361:2252-60.
13. Girard G, Gendron JP, Macaluso B, Robitaille JP, Lariviere V. Observatoire des sciences et des technologies (OST). Bibliometric Study of Obesity Research in Canada 1998-2007. June 2009.
14. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. *CMAJ*, 2007;176(8):S1-S13