

BC Child and Youth Health Research Network

OCTOBER 13 AND 14, 2005 WORKSHOP

PROCEEDINGS AND OUTCOMES

INTERIM REPORT

December 2005

**BC CHILD AND YOUTH
HEALTH RESEARCH NETWORK**

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Table of Contents

	Page
A. Background	4
B. Thematic Areas	7
C. Building the Network Structure.....	10
D. Steering Committee Next Steps	14

Appendices

	Page
Appendix One	16

A. Background

With funding support from the MSFHR, the BC Child and Youth Health Research Network ('the Network') seeks to facilitate the development of a new, more integrated and collaborative research environment for B.C.'s child and youth health researchers. This is an important step in increasing the capacity of B.C. researchers to compete for federal and international funding, and, in the longer term, to improve the health outcomes of the children and youth of this province and beyond our borders. In our initial efforts to develop the Network, the members of the Steering Committee sought mechanisms that would serve to:

1. Identify areas of existing expertise, emerging teams, and research gaps in the community of child and youth health researchers in BC,
2. Facilitate networking activities among existing teams and foster emerging teams of child and youth health researchers,
3. Bring together child and youth health researchers from diverse areas of research expertise, disciplines, and regions of the province in a fall workshop,
4. Identify activities of the Network that could improve building of interdisciplinary collaborations,
5. Illuminate priority research themes that reflect existing expertise and interests of the BC child and youth health research community, and
6. Identify networking activities that will increase in submission of grant proposals to funding agencies in the longer term.

To this end, we invited BC researchers involved in any area of child and youth health to submit a letter of intent to attend a workshop and present the thematic research focus of their research programs. Each team received up to \$5,000 to assist in networking needed for the preparation of this presentation. Collaborations across different regions of BC or across research disciplines or pillars were particularly encouraged. The call for letters was widely circulated by email to all child and youth health researchers who could be identified and by word-of-mouth by steering committee members (who represent each of the major universities and child and youth health research centres) and research administrators of major universities (Appendix Two contains the Circulation List of BC Health Researchers). The call required that a BC researcher be included in the team submitting a proposal, but also allowed for the inclusion of researchers from other provinces, territories, or countries. Given the short turn around time (about 6 weeks), summer deadlines, and newness of this networking mechanism, we acknowledge that further effort is needed to adequately represent this research community. However, the strong response demonstrates

interest in the Child and Youth Health Research Network and considerable Provincial expertise.

Twenty-three proposals were received and twenty of these were funded (one submission was too brief to evaluate and two sets of teams were asked to join together with two others in preparing joint proposals.) One individual applicant was asked to share her research on child rights at the workshop in the form of an invited address that potentially had broad interest across research teams (Judith Mosoff, LL.M.). Ms. Mosoff, Faculty of Law, UBC, spoke on “Human Rights and Equality Law in Canada: Where have all the children gone?”

A total of \$76,838 in grants ranging from \$1,500 to \$5,000 was distributed to the twenty proponent teams accepted. This included a total of 176 researchers in biomedical, population health, health services delivery, mental health, aboriginal health, and disabilities research. Funding was administered through the University of Victoria (five grants), Simon Fraser University (one grant), and the University of British Columbia (seven grants) and the Child and Family Research Institute at Children’s and Women’s Hospital (seven grants).

Two researchers from each team were asked to attend the workshop. Guests invited who were able to attend also included: Clyde Hertzman, representing the HELP research network, Martin Taylor, University of Victoria’s VP Research and Board Member of the Michael Smith Foundation for Health Research, Nigel J. Livingston, PhD, Disabilities Health Research Network of MSFHR; Nancy J. Cochrane, Ph.D., Managing Director, Aboriginal Health Research Network, and Pat Atherton, Executive Director, BC Environmental and Occupational Health Research Network. Also invited but declining were Tim Stockwell, PhD and William Honer, MD, Co-Directors, BC Mental Health and Addictions Research Network, Eduardo Jovel, PhD, Director, Institute for Aboriginal Health; and James Watzke, PhD; Co-Director, Disabilities Health Research Network of MSFHR.

The complete agenda for the workshop is shown in Appendix One. On day one, in order to both best utilize time and facilitate discussion and networking among small groups of the attending researchers, teams were asked to present their thematic research areas during three morning and four afternoon seminars. Each seminar comprised 2 to 3 teams that were grouped to capitalize, where possible, on similar interests within the groups. Seminars included:

1. Disabilities and Significant Special Needs in Children and Youth,
2. Physical and Mental Health of Infants and Children,
3. Child and Adolescent Injury,
4. Aboriginal Health/Immigrant Health,
5. Injury and healthy Activity in Children and Youth,
6. Improved Health Services for Children and Youth, and
7. Improved Health Care for Children and Youth.

A detailed listing of each of the presentations in each of the seven seminars is found in Appendix One. Attendees not presenting were free to choose to attend any of the concurrent seminars that they wished. A discussion section following each seminar was moderated by members of the Steering Committee to encourage participants to address the following questions:

1. What are the major child and youth health research themes that stem from your groups' presentations? What are the areas of strength? What are the emerging concerns?
2. What is the added value of networking for your group? What does networking with others allow you to accomplish that you would otherwise be unable to achieve?
3. Were the grants that you received effective in helping your research group? What were/are the difficulties and benefits? What are the outcomes of getting together for this project?
4. What is the added benefit of this research Network to the world of child and youth health research?

Day two commenced with a recap, discussion and revision of key themes identified from the previous day. Next, the group shifted into discussions focusing on the Network's purpose, priority activities, eligible expenses, leadership structure and decision-making mechanisms, membership and communication strategies. Next steps for taking advantage of the momentum established by the networking grants and workshop were then addressed.

This report briefly presents key outcomes and suggestions from the plenary sessions on each day to provide focus and direction for the Steering Committee on priorities for the substantive efforts of this Network, and to provide accountability to MSFHR for how the Network's infrastructure funds are being utilized.

B. Thematic Areas

1. Research Themes in Infant, Child and Youth Health

Acknowledging that a delimited group of BC child and youth health researchers were involved in this first attempt to gather these data, **six research themes in infant, child and youth health were identified where there is demonstrated BC expertise.** These have unique elements and also have notable overlap with areas of research in other MSFHR networks. There was considerable agreement among the researchers and steering committee that research on the health of infants, children, and youth needed to be the focus of explicit attention. Parallel to the Institute for Human Development Child and Youth Health, the BC Child and Youth Health Network would be ideally situated to collaborate with other MSFHR networks to ensure a sustained focus on infants, children and youth, in areas such as these six research themes:

1. Health services and a continuum of care,
2. Acute diseases,
3. Intentional and unintentional injuries,
4. Disabilities and Chronic Disease,
5. Mental Health, and
6. Aboriginal and Immigrant Health.

Themes were also identified as central and often unique features of infant, child and youth health research that cut across the priority areas identified. These serve as guiding principles for Infant, child, and youth health research:

1. Focus on the importance of transitions across developmental phases (preschool to school, adolescence to young adulthood) to health and to the need for a continuum of child and youth health care;
2. Take account of the implications of infant, child and youth health for health across the lifespan;
3. Emphasize prevention and promotion of optimal health and well-being of all infants, children, and youth, not only to reduce acute illnesses but also to improve the lives of children with disabilities and chronic health problems;
4. Understand the cultural relevance of research for groups distinguished by race or ethnicity or rural and remote residences;
5. Focus on the reduction of risks and the enhancement of protective factors;
6. Understand and support the resilience of infants, children, youth and families affected by adversity;
7. Attend to the need for inclusion of vulnerable populations in infant, child and youth health research;
8. Articulate the costs and benefits (economic and social) of health research for infants, children and youth; and

9. Engage, where possible and appropriate, interdisciplinary and inter-professional teams of researchers, practitioners, parents, youth and policy makers.

2. Added Value of the Network

Added value of the Network to the researchers was also identified that could be classified as: creating networking opportunities across institutions, disciplines, and professional groups; enhancing dissemination of child and youth health research; building and providing access to child and youth health data platforms; defining best practices for productive networking and providing advice on effective networking; and advocating for networking. Examples of recommended activities that would “add value” to child and youth health research that were mentioned under each of these headings are listed below.

Networking Activities that were seen to add value included enhancing face-to-face meetings among researchers; preparing a registry or inventory of constituents; facilitating or brokering cross-discipline, cross-regional, and cross-institution linkages among researchers; and providing small grants to seed networking activities that would move forward the research projects of both established and new emerging teams. Efforts to link existing researchers across health conditions (mental health and illness) were also valued. The Network could also work to enhance linkages among child and youth health researchers and experts in epidemiology, health economics, information technology, medical sociology, policy analyses, and social marketing.

Dissemination activities: Resources could be used to showcase child and youth health research in BC including disseminating relevant, research-based knowledge to practitioners, policy makers, and consumers (parents, youth and children). Disseminating research across disciplines and silos is also possible by facilitating conferences, workshops, talks, etc.

Data platforms and data-base linkages: The Network could play a role in facilitating access to existing data bases. There is a need for additional support to promote the development and use of data platforms specifically related to child and youth health, welfare, and education. There are many impediments to access that cannot be overcome, individual by individual or team by team or even network by network so a more coordinated approach is needed. Also there is a need to access databases with respect to special disease processes (e.g. acute infections) and vulnerable populations. There was also the view that data base linkages do exist but child and youth researchers are not using them to full potential to understand population health concerns.

Education and capacity building: The Network could play a role in identifying and communicating “best practices” for productive networking to establish research teams (addressing such questions as the optimal size of research

teams, characteristics of effective leadership; how to engage policy makers, community members; and how to move local findings and programs to other regions). The Network could also sponsor workshops (possibly with matching funds from universities) on topics requested by Network members such as:

- How do we join with community stakeholders? How do we mobilize/work with communities to identify research questions?
- How can we take 'local' findings and make them 'generalizable'?
- How do we create meaningful *knowledge transfer* and translate research findings in a way that is relevant for stakeholders, practitioners, etc.?
- How do we *foster new, emerging teams* that are made up of researchers, practitioners and community members?
- How do we bring policy makers and other stakeholders into these discussions?
- How do we best involve *parents*?
- How to construct culturally sensitive measures and research designs?
- How do we address health economics as part of our research?

Advocacy: The Network could also work as an advocate to increase investment in child and youth health research on the part of federal and provincial funding agencies and private foundations. Also identified was the need for advocacy for networking activities on behalf of researchers to increase recognition of the amount of time these linkages require and to address concerns like course release, tenure and promotions, and competition with department-based research.

C. Building the Network Structure

The attendees spent the second day, October 14th, summarizing some of the key themes that emerged from the previous day and then providing concrete ideas, suggestions and directions about 'where the Network should go from here' and how it can best accomplish the identified **Mission of the Network**: To improve the health and well-being of children and youth in B.C., across Canada and beyond by:

1. Improving coordination and leadership for current and emergent research,
2. Raising child and youth health research to a new level of excellence,
3. Strengthening the competitive position of Network members, and
4. Informing and effecting government and community policy, programs and practices.

Three workgroups were formed to elicit the participants' views about what should be the day-to-day operations of the Network including: its purpose, priority activities, expenses, leadership structure, decision-making processes, membership and communications. Each group reported back to the plenary in the afternoon, and summaries of the small group and plenary discussions for the three topic areas are provided below.

1. Purpose, Priority Activities, Eligible Expenses:

a. What should be the purpose of the Network?

- Identifying new and emerging research areas;
- Levering funding and build research capacity;
- Bringing together researchers in new ways of collaboration and cross-fertilization, thereby 'filling in the blank space' in the current environment, using enabling technologies;
- Increasing the use and application of evidence in policy and practice;
- Working with academe to have network 'work' and contributions recognized by tenure and promotions, funding agencies etc.; and
- Reaffirming the vision to improve the health and well-being of children and youth in B.C. and across Canada and beyond.

b. What should be the priority activities of the Network?

Bringing people together with different expertise in face-to-face interactions was repeatedly identified as the most important activity of the Network. This could be accomplished by:

- Facilitating practical interactions through workshops, conferences, travel grants etc.;
- Funding pilots, pre-work, seed funding, pre-NET's and providing a venue for brainstorming, and brokering new connections in order to foster new research that cannot be done without the Network;

- Addressing burning issues;
- Fostering new research - not just what is being done.

Developing an inventory of ‘who is doing what’ in child and youth health research.

Leveraging research by:

- Increasing productivity through publications and discovery;
- Supporting research that cannot be done without a network;
- Co-sponsoring workshops with other networks and collaborating with CIHR and SSHRC for workshops that will inform national and international child and youth health researchers about BC research; and
- Connecting researchers to grant opportunities.

Increasing and building capacity by providing leadership and resources for the membership. Include specific workshops, on-line learning and formal mentoring and training programs. There is a need to facilitate access to expertise in:

- Marketing and communicating research findings,
- Health economics,
- Statistics, biostatistics, and methodology consultation,
- Grants facilitation,
- Website development,
- Education and training support for graduate students and new investigators, and
- Data base production, access and utilization.

Knowledge Transfer: Connecting with policy makers and other key stakeholders who need to know the results of our research.

c. What should be eligible networking expenses of members?

Flexible funding is needed for networking activities including funding for:

- Travel,
- Workshops,
- Face-to-face time for research development,
- Mentorship exchange, and
- Obtaining expertise to assist in grant writing.

Other suggestions concerning funding included:

- Building in incentives – for example for community linkage, involvement of new partners, student training etc. ;
- Being clear about requirements, outcome measures and deliverables - don’t be afraid to tie the funds to performance and outcomes; and
- Matching to CIHR structure to leverage for funding.

2. What should the leadership structure and decision-making authority look like and do?

- Defined, committed leadership with a Steering Committee and Chair(s);
- Infrastructure core should include:
 - Scientific director with protected time;
 - Managing Director (PhD) to facilitate access to missing pieces, opportunities, technical advice, grant writing; Person with clear expertise and experience delegating to others;
 - 5 year terms; and
 - staff could include expertise in marketing, health economics, statistician, grants facilitation, web site development;
- Infrastructure core activities should include:
 - Leadership group focus on research priorities and creation and detection of opportunities for researchers;
 - Increasing capacity to respond to RFA's quickly by identifying and coordinating teams of appropriate researchers;
 - Evaluation function(s) with built in, clearly defined deliverables/ accountability;

Look at the models adopted by the other networks (e.g. the Aboriginal Health Research Network has a Research Advisory Task Force to approve research as well as a community advisory panel).

3. Membership and Communications:

- a. Who should be a “member” of the Network? What are the benefits and responsibilities?_What is the appropriate size?
How do we define a ‘member’? Are there categories?

- Member rights and responsibilities should be defined and understood,
- Membership should reflect purpose of the Network,
- A two tier membership system was proposed of ‘full’ members (active researchers and participants) and ‘associate/affiliate’ (anyone/organization with an interest in child and youth health research), and
- The need to outline a process for joining was highlighted.

- b. How should the Network communicate with the membership and with other constituents outside the Network (e.g. public)?

➤ Issues identified included:

- How can we take local research questions and issues and make them ‘generalizable’ while respecting limitation of current findings?

- How can we access community organizations and practitioners to *identify* research questions; *do* research; and *disseminate* findings?
 - Who is not at the workshop that should be?
 - How can we better reach and engage health care policy makers and decision makers to bring our research into their decisions?
- Communication resources that are needed to communicate with constituents **outside** of the Network were also identified:
- Website News for health journalists/ families/ health care,
 - Newsletter – to promote partnerships, etc.,
 - Connection with advocacy groups like First Call to communicate issues and results of research,
- Communication resources that could increase communications **within** the Network included:
- Website development:
 - ‘Research Team’ rooms?
 - Postings for “Want Ads” – “I need a ----“ –,
 - Intranets for members, teams and affiliates,
 - Information from this and other workshops, made available electronically (i.e., put all the LOI’s for this workshop on the intranet?).
 - Face to Face Meetings:
 - Sponsor *Open Lectures* about research,
 - Focused Retreats (one day),
 - Research Topics for consideration/development:
 - How to Develop a Network,
 - How to Work Within a Network,
 - How to Write Grants,
 - Workshops on methodologies, and
 - Knowledge Translation.
 - Resources that were identified to support communications across Network members included:
 - Peter Wall Institute (www.pwias.ubc.ca),
 - Exploration workshop grants, and
 - New Insights/ thematic grants.

D. What are the next steps that the Steering Committed should take to advance the Network?

1. Specify purpose and priorities for year two:

- Affirm areas of research: complete the inventory of researcher interests;
- Clarify the targeted role that the Network intends to play in child and youth health research in B.C. (facilitating research, developing an inventory, building capacity, knowledge translation); and
- Draft, approve, and circulate a business statement.

2. Finalize the leadership structure and decision-making processes for year two:

- Make final decisions on governance and leadership model, put position descriptions in place; and
- Make decisions on membership (two categories, annual application or other process, fee, etc.).

2. Identify and prioritize strategic networking activities that will facilitate research, build capacity, transfer knowledge and increase communications among members:

a. Facilitate research and build capacity by:

- Funding annual rounds of 'seed' grants and pre-NET grants, consolidating some of those that are already 'in play', and showcasing one that is bound to succeed;
- Funding groups already in early formation for another round of collaborative work, in order to further refine proposals to stage of readiness for peer-reviewed grant applications;
- Funding one or two targeted workshops to develop capacity in particular areas needing attention;
- Establishing a mentoring program; and
- Showcasing research that is likely to succeed in the short term in obtaining funding with networking assistance.

b. Knowledge translation and communications:

- Showcasing the results of this Network to date via a two page report;
- Enlisting members and affiliate members;
- Establishing a web site and posting all pertinent materials to this site; and
- Developing a comprehensive KT strategy for policy makers, decision makers, service providers, consumers and families, etc.).

3. Create a short form for reporting back on the initial networking grants specifying:

- Team members,
- Resources enhanced by funding,
- Successes,
- Obstacles, and
- Details of expenses.

A potential problem for the Network identified was that expectations may be too high and funding too small to make a difference in such a large community of researchers with varied interests and needs. The effectiveness of the Network could be diluted and mediocre. There is a need to liaise with MSFHR to better predict future funding and deliverables, obtain updates and status reports from other MSFHR networks, and indicate current and future directions of the BC Child and Youth Health Research Network and seek support for these activities.

All materials generated over the two days will be considered and reflected upon by the Steering Committee as it determines an Action Plan for the coming 12 to 18 months, and provides a Report to MSFHR on progress to date.

BC Child and Youth Health Research Network

OCTOBER 13 AND 14, 2005 WORKSHOP

PROCEEDINGS AND OUTCOMES

INTERIM REPORT

APPENDIX ONE

BACKGROUND DOCUMENTS

Table of Contents

	Page
Background Document One:	
Program Announcement	18
Background Document Two:	
Letter of Intent for Network Participation.....	20
Background Document Three:	
Workshop Agenda	22
Background Document Four:	
List of Participants.....	26

BACKGROUND DOCUMENT ONE:

PROGRAM ANNOUNCEMENT: BC CHILD AND YOUTH HEALTH RESEARCH NETWORK

July, 2005

Mission: Improving the health and well being of children and youth in BC, across Canada and beyond, with four primary aims:

- 1) **Improve coordination and leadership for current and emergent research**, by strengthening relationships across disciplines and among BC academic, health services and community stakeholders; and by encouraging child and youth research activities throughout BC;
- 2) **Raise research to a new level of excellence** by building on existing strengths, increasing capacity, and supporting a broad research community of practitioners, researchers, and policy makers;
- 3) **Strengthen the competitive position of network members** by facilitating high quality proposals to national and international peer-reviewed research funding; and
- 4) **Inform, and have a substantive impact upon, policy, practices and programs of government, clinical practice and communities** by improving interfaces between research, clinical care, programs and policy.

Goals: Promote and facilitate research on key transitions in the development of children and youth;

- Develop an evidence base and connect it to programs, policy and practice respecting children and youth;
- Create a multi-sectoral, multidisciplinary Network for collaborative and synergistic research;
- Balance health and research approaches, recognizing the importance of biological, social and environmental determinants in the health of children and youth.

Research: Supporting a broad range of health research about children and youth, highlighting improved understanding of:

- 1) Developmental trajectories and transitions through infancy, childhood and adolescence;
- 2) The family's role in building resilience for young people;
- 3) Influences on healthy development, such as chronic conditions, and biological, socioeconomic and environmental factors; and
- 4) Methodologies unique to developmental science and population health research for children / youth.

Network Management: Two Co-Directors are responsible for the network and its activities:

Bonnie Leadbeater, Ph.D. Professor, and
Director, Centre for Youth & Society,
Department of Psychology
Cornett Building A234
3800 Finnerty Road (Ring Rd)
University of Victoria
PO Box 3050 STN CSC
Victoria BC Canada V8P 5C2
Email: bleadbea@uvic.ca
FAX: 250-721-8929

Robert Peterson, MD, PhD, MPH
Clinical Professor,
Department of Pediatrics
University of British Columbia
Vancouver B.C.

Email: bpeterson@cw.bc.ca

Responsible for Network priority setting, policy oversight, approval of key initiatives and fund disbursement, the **Network Executive Committee** consists of the Co-Directors and members representing a balance among regions of the Province, disciplines, research backgrounds and the five stages of child/youth development.

The Network invites membership *from researchers, clinicians and other interested parties, in university, health services and community agencies concerned with the health and well being of children and youth.*

Network Benefits:

- **WORKSHOP: October 13th and 14, Laurel Point Inn, Victoria:** Bringing researchers together from diverse disciplines, organizations and regions, this workshop will define themes for Network that reflects BC priorities.
- **DEVELOPMENT GRANT:** Those actively conducting child and youth research in BC are eligible to apply for a grant of up to a maximum of \$5000. Recipients must agree to prepare and present a research proposal to the October Work-shop, and ensure workshop attendance by the Senior Researcher. The Network will also pay hotel and food expenses for recipients. **Apply by letter of intent.** Send to Dr. Bonnie Leadbeater at

coordinates described above. The letter of intent **must be received by email, fax or mail no later than close of business on Monday, July 25, 2005.**

- Future, targeted seed grants to support development of research proposals to selected funding bodies;
- Opportunities to interact, or work, with BC Child and Youth Research Network and other, emerging, research networks;
- Fostering of internal and external research collaborations; and
- Grants facilitation and support for funding searches and access to data platforms.

Information Contact: Jane King, M.A.D.R., Network Coordinator
Email: janeking@uvic.ca Tel: 250.472.5699 FAX: 250.721.8929

BACKGROUND DOCUMENT TWO:

MICHAEL SMITH FOUNDATION CHILD AND YOUTH RESEARCH NETWORK

Letter of Intent for Network Participation

DEADLINE FOR SUBMISSION: July 25, 2005

MSF CHILD AND YOUTH RESEARCH NETWORK WORKSHOP ATTENDANCE GRANT

The steering committee of the MSFHR Child and Youth Health Research Network (the “Network”) aims to support the development of a new, more integrated and collaborative research environment for BC researchers. We believe that this is an important first step in increasing the capacity of BC researchers to compete for federal and international funding.

We will hold a workshop October 13th and 14th in Victoria, BC that will bring together researchers who are diverse in areas of research expertise, disciplines, and regions of the Province to identify priority areas of for the Networks’ activities in the next five years. This workshop will be used to define thematic research priorities for the Network that directly reflects the expertise and interests of the BC community of researchers and their partners. Research proposals in the thematic research areas identified will become eligible for subsequent Network funding and assistance to create full proposals for submission to other national or international funding agencies. *We hope you will participate in this important effort to get your interests on the Network’s agenda.*

Researchers in British Columbia involved in any area of child and youth health are invited to submit a Letter of Intent to come to this workshop and to present the thematic research focus of your research program. A grant of \$5,000 will be given to assist in expenses related to your preparation for this meeting including travel, teleconferencing, and other meeting expenses for team members and community partners. Individuals who submit proposals will be encouraged to join with others in their areas of expertise whenever possible.

ELIGIBILITY TO APPLY AND ELIGIBLE EXPENSES:

This special development grant is available for all researchers in British Columbia who are active in child and/or youth research. Funds must be expended in ways that directly support the development of a proposal for a thematic area to be presented at the workshop and carry a commitment that a senior member of the team developing the proposal will attend the October Workshop. Examples of eligible expenses include:

- Expenses for networking team members prior to or for the October Workshop.
- Development and preparation of a proposal for a Thematic Research Area for the Network including access to data platforms, preliminary data analysis, and workshop presentation materials.
- Meetings or teleconferences to facilitate networking and “team building”
- Travel costs to the workshop (hotel expenses and food will be paid by the Network)

The Network Steering Committee encourages teams of researchers to submit a single proposal in a given area.

LEVEL AND TERMS OF THE AWARD:

Funding will be provided to a maximum of \$5,000. Recipients must agree to prepare and present a proposal at the October Workshop that will define thematic areas for Network concentration and support. All expenditures against this award will require justification in writing.

DEADLINE AND APPLICATION PROCESS:

The deadline for submitting a Letter of Intent is **July 25, 2005.**

BACKGROUND DOCUMENT TWO, continued

ADJUDICATION PROCESS:

The steering committee members (who cannot be a principal applicant for this grant) will review the proposals for evidence that the identified area of research will benefit and develop through interaction with the Network. We also aim for wide participation of investigators in multi-disciplinary teams across the Province. New areas of research, not previously established under other programs of support will be given priority; however, established investigators are also invited to identify areas for collaboration across disciplines or regions that can lead to knowledge generation in a wide range of health related factors in the child and youth population.

FORMAT OF LETTER OF INTENT:

The Letter of Intent should not exceed three typewritten pages. The format for the Letter of Intent is flexible. However, it should address the following:

1. Applicant names, affiliations, titles, and contact information (e-mail, phone, fax).
Append a 2 page C.V. for each of the principal participants.
2. Title of the proposed Thematic Research Area.
3. Brief description of the scope the research team (disciplines, added benefits of the collaboration, added value).
4. Statement of how networking would broaden the scope or capacity of your proposed research program.
5. Budget for expenses leading to the preparation of the proposal and its presentation at the October Workshop.
6. Signatures of two or more co-applicants with a commitment that one or more of the applicants will attend and participate in the October Workshop.

GUIDANCE:

The following may serve as guidance in the preparation of a successful Letter of Intent and subsequent proposal for a Thematic Research Area:

Provide one paragraph describing the purpose and activities of your proposed thematic research program (non-technical, plain language).

Describe the scope of the thematic area with respect to the population to be studied and the investigator disciplines to be brought together.

Provide a succinct, rationale for why this thematic research area should be supported by the Network and its relevance to knowledge generation in child and youth health (broadly conceived to include basic knowledge as well as health promotion, prevention, and interventions)

Describe briefly how the budget will be spent in preparing for the October workshop presentation.

The Letter of Intent should be received by e-mail, fax, or mail no later than close of business on Monday, July 25, 2005 and sent to:

Bonnie Leadbeater, Ph.D.
Professor,
Department of Psychology
University of Victoria
Cornett A241
Victoria, BC V8W 3P5
(FAX 250-721-8929)

Notification of successful Letters will be on or before 19 August, 2005.

FURTHER INFORMATION: Contact R.G. Peterson 604-875-2345 ext 5642, bpeterson@cw.bc.ca or B. Leadbeater 250-721-7523, bleadbea@uvic.ca

BACKGROUND DOCUMENT THREE:

WORKSHOP AGENDA	Thursday, October 13, 2004	Coast Harbourside Hotel	Victoria, BC
8:00 – 8:45 a.m. The Fairfield Room, Lower Lobby	Buffet Breakfast / Registration		
9:00 – 9:30 a.m.	WELCOME		
Welcome Plenary Session: North Coast Ballroom, Lobby level Co-Chairs: Steering Committee:	Bonnie Leadbeater, Ph.D. Robert Peterson, MD Ron Barr, MD; Sherry Beaumont, Ph.D.; Craig Mitton, MD; Marlene Moretti, Ph.D.; Elizabeth Saewyc, Ph.D. [Regrets: Bob Armstrong, MD]		
Presentation:	"Introducing The MSFHR Child and Youth Health Research Network"		
9:30 - 10:30 a.m.	KEYNOTE SPEAKER		
Plenary Session Continues:	Introduction: Sherry Beaumont, PhD		
Keynote Speaker: North Coast Ballroom	Clyde Hertzman, MD, FRCPC. "The Utility of Linked Data in Child Health Research"		
10:30 – 10:45 a.m.	Nutrition Break: Lower Lobby		
10:45 – 12:30 p.m.	CONCURRENT Seminars		
Seminar One: Fairfield Room, Lower Lobby Presentations:	DISABILITIES AND SIGNIFICANT SPECIAL NEEDS IN CHILDREN AND YOUTH 1. Miller, MD: <i>Improving Services for Children & Youth With Disabilities</i> 2. N. Virji-Babul, PhD: <i>Auditory, Language & Motor Development in Disability</i> 3. L. Tucker, MD: <i>Barriers to Pediatric Subspecialty Care for Children with Chronic Health Conditions</i> DISCUSSION: 30 minutes		
Seminar One Moderators:	Craig Mitton, MD; Bob Peterson, MD.		
Seminar Two: Gonzales Room, Lower Lobby Presentations:	PHYSICAL AND MENTAL HEALTH OF INFANTS AND CHILDREN 2. B. Sokol, Ph.D.: <i>The Development of Emotional Regulation, Self-Control, & Psycho-Social Adjustment: Health Implications of Children's Evolving Moral Agency</i> 5. P. Reebye: <i>CPHAP Clinical Pathway for Aggressive Preschoolers</i> 6. J Tanaka, PhD: <i>Face and Emotional Processing in Preschoolers with Early Evidence of Autism</i> DISCUSSION: 30 minutes		
Seminar Two Moderators:	Marlene Moretti, Ph.D.; Elizabeth Saewyc, PhD		

BACKGROUND DOCUMENT THREE, continued

Agenda Oct. 13 Cont'd.	CHILD AND ADOLESCENT INJURY
Seminar Three:	7. M. Nixon, MD. <i>Early Intervention and Treatment of Self-Injury in Adolescents</i>
Simcoe Room, Lower Lobby	8. I. Pike, MD: <i>BC Child and Youth Intentional Injury Surveillance Project</i>
Presentations:	9. P. Janssen, PhD: <i>Intimate Partner Violence and Fetal/Newborn Outcomes</i>
	DISCUSSION: 30 minutes
Seminar Three Moderators:	Ron Barr, MD; Bonnie Leadbeater, PhD
12:30 - 1:30 p.m.	Buffet Lunch: The South Coast Ballroom
1:40 – 3:00 p.m.	CONCURRENT Seminars
Seminar Four:	ABORIGINAL HEALTH / IMMIGRANT HEALTH
Simcoe Room, Lower Lobby	10. E. Bannister, PhD: <i>Mentoring Aboriginal Adolescent Girls: Enhancing Sexual Health</i>
Presentations:	11. H. Budden, MD: <i>Preventive Health Care Strategies for Aboriginal Youth at Risk</i>
	12. Z. Wu, PhD: <i>Mental Health of Immigrant & Refugee Children</i>
	DISCUSSION: 30 minutes
Seminar Four Moderators:	Elizabeth Saewyc, PhD.; Marlene Moretti, PhD
Seminar Five:	INJURY & HEALTHY ACTIVITY IN CHILDREN AND YOUTH
Gonzales Room, Lower Lobby	13. C Reilly, MD / K Mulpuri, MD : <i>Biomechanics of Spinal Injuries and Co-Morbidities of Idiopathic Scoliosis</i>
Presentations:	14. H. McKay, MD / T. Warshawski, MD: <i>Obesity Prevention /Treatment & Related Chronic Diseases</i>
	DISCUSSION: 30 minutes
Seminar Five Moderators:	Craig Mitton, PhD; Ron Barr, MD
	IMPROVED HEALTH SERVICES FOR CHILDREN AND YOUTH
Seminar Six:	15. C. Hertzman, MD: <i>Human Early Learning Partnership</i>
Fairfield Room, Lower Lobby	16. R. Lindstrom, PhD Candidate: <i>Strengthening Local Relevance: participatory approach to integrated Health services in North and West BC</i>
Presentations:	17. S. Cadell PhD, S. Marshall PhD.: <i>Transitions for Youth With Chronic Illness</i>
	DISCUSSION: 30 minutes
Seminar Six Moderators:	Sherry Beaumont, PhD; B. Leadbeater, PhD.
Seminar Seven: Next Page	Seminar Seven - see next page

BACKGROUND DOCUMENT THREE, **continued**

Agenda Oct. 13 Cont'd.	IMPROVED HEALTH CARE FOR CHILDREN AND YOUTH
North Coast Ballroom Lobby level	18. G. Blair, MD: Improving Quality of Patient Care Via Operations Research Methods
Presentations:	19. D. Speert, MD: Network for Prevention of Infection
Seminar Seven Moderator:	20. B. Carleton, MD: Paediatric Drug Databases
	DISCUSSION: 30 minutes
	Robert Peterson, MD
3:00 - 3:30 p.m.	Nutrition Break in lobby adjacent to the Coast Ballroom
3:30 - 5:00 p.m.	
Planning/ Plenary Session	
The Coast Ballroom Co-Chairs:	REPORTS FROM SEMINAR DISCUSSIONS TO WHOLE GROUP
Seminar One:	DISABILITIES & SIGNIFICANT SPECIAL NEEDS IN CHILDREN and YOUTH
Seminar Two	PHYSICAL AND MENTAL HEALTH OF INFANTS AND CHILDREN
Seminar Three	CHILD AND ADOLESCENT INJURY
Seminar Five:	INJURY & HEALTHY ACTIVITY IN CHILDREN AND YOUTH
Seminar Six:	IMPROVED HEALTH SERVICES FOR CHILDREN AND YOUTH
Seminar Seven:	IMPROVED HEALTH CARE FOR CHILDREN AND YOUTH
Seminar Four:	ABORIGINAL HEALTH / IMMIGRANT HEALTH
Planning Facilitation	Themes & Priorities for MSF Child and Youth Health Research Network
Facilitator:	Barbara Grantham
5:00 –7:00 p.m.	Free Time
7:00 - 7:30 p.m.	Reception: No-host Bar The Coast Ball Room, Lobby Level
7:30 onward The Coast Ball Room	Buffet Dinner: No-host Bar The Coast Ball Room, Lobby Level

BACKGROUND DOCUMENT THREE, continued

Friday, October 14, 2004		Coast Harbourside Hotel, Victoria, BC
8:00 – 8:45 a.m.	Buffet Breakfast Location: South Coast Ballroom Lobby Level near main entrance	
9:00 - 9:15 a. m.		
Plenary Session: South Coast Ballroom	Welcome to Participants: Martin Taylor, Ph.D., MSFHR Board of Directors, Vice President, Research, University of Victoria	
9:15 – 10:00 a. m.		
Plenary Session continues: Co-Chairs: Facilitator:	Strategic Approach, Themes and Challenges Summary/Recap of Day One: Priority Areas / Advantages of Networking Bonnie Leadbeater, Ph.D.; Robert Peterson, MD Barbara Grantham	
10:00 - 11:00 a.m.	Refreshments available: South Coast Ballroom	
Breakout Sessions: Group A: North Coast Ballroom Group B: Simcoe Room lower lobby Group C: South Coast Ballroom	“Building the Network” 1. Purpose; Priority Activities; Eligible Expenses; 2. Leadership, Structure and Decision-making 3. Membership; Communications	
Facilitators:	Barbara Grantham; Marlene Moretti, PhD; Ron Barr, PhD	
11:00 - 12:00 noon	Setting Priorities for the Network	
Plenary Session: South Coast Ballroom	“Reporting Back; Network Plan” 1. Purpose; Priority Activities; Eligible Expenses; 2. Leadership, Structure and Decision-making 3. Membership; Communications	
Facilitator:	Barbara Grantham	
12:00 noon – 1:00	Buffet Lunch: The North Coast Ballroom	
Luncheon Speaker:	Introduction: Elizabeth Saewyc, PhD	
	J. Mosoff, LLB, LLM: “ Human rights and equality law in Canada: Where have all the children gone?”	
1:30 – 3:00 p.m.	Setting Priorities for the Network	
Plenary Session: The South Coast Ballroom	“Next Steps ” 1. Plans for Outcomes/ Deliverables: Year I, Year II 2. Preparation of the Workshop Report 3. Evaluation of Workshop Process; 4. Next Steps: Closing Comments	
Facilitator: Co- Chairs:	Barbara Grantham Robert Peterson, MD; Bonnie Leadbeater, Ph.D.	

BACKGROUND DOCUMENT FOUR:

BC CHILD & YOUTH HEALTH RESEARCH NETWORK WORKSHOP

Coast Harbourside Hotel, October 13 & 14, 2005

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