

# Impact Summaries Booklet:

## Applied Public Health Chairs – 2022 Cohort

### *Midterm Reporting Period*



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# Executive Summary

## About the Program

The [Applied Public Health Chair \(APHC\)](#) program is a joint initiative of the CIHR Institute of Population and Public Health (IPPH) and the Public Health Agency of Canada (PHAC) to support mid-career applied public health researchers to pair up with a key decision-maker and lead research programs that address public health challenges in Canada. Chairs conduct applied research across the country that is responsive to (re-) emerging applied public health priorities, focused on actionable solutions, and integrated with policy and evidence-informed decision-making processes to improve health and health equity.

The [2022 Chairs' research programs](#) represent the diversity of topics addressed through public health. The Chairs are working at different levels of the public health system, from local to provincial/territorial to federal to global. Several are working across sectors to leverage actions in non-health sectors to understand health impacts. Community engagement is a hallmark of the Chairs' work as did the very intent of the program to address applied issues at the intersection of where science meets policy or practice.

## About this Booklet

The seven [Applied Public Health Chairs](#) in the [2022 cohort](#) submitted an "impact summary" to serve as a stand-alone communication tool to showcase their impacts in the APHC program to date. Specifically, they were asked to describe in three to four paragraphs: the public health challenge that needed to be addressed; the key impacts of their work; how their approach enabled the impacts; and key contextual and system factors that affected their impact(s). This framing is loosely based on the Impact Narrative tool created by the *Canadian Health Services and Policy Research Alliance's (CHSPRA)* Impact Assessment Working Group.

This booklet presents the impact summaries, as submitted verbatim by each Chair in their Midterm Progress Report (reporting period: 2022-01-01 to 2025-01-31). Additionally, we summarized here the key implications of each Chair's research program for applied public health practice, as well as some knowledge mobilization outputs to date.

By analyzing, synthesizing and disseminating this Booklet, CIHR-IPPH strives to showcase the value and impacts of the APHC 2022 Chairs - individually and collectively as a cohort. This includes their impacts in generating responsive, actionable evidence on real-world public health issues and working with decision-makers to help support evidence-informed decisions that improve health equity across a broad range of areas (e.g., vaccine hesitancy, climate change and food security, primary healthcare, and more).

The creation of this booklet is inspired by the *CIHR Health System Impact Fellowship: 2017-19 Embedded Research Impact Casebook* ([link](#)).

**Consent disclosure:** CIHR obtained consent from all seven Chairs to analyze and disseminate their midterm progress reports for CIHR communications materials and/or scientific reports, publications, or presentations, including the herein impact summaries.

# Ève Dubé

**Affiliation:** Laval University

**Chair Focus:** Understanding and acting to address vaccine hesitancy

**Bio:** [Applied Public Health Chair – Ève Dubé - CIHR](#)

## IMPACT SUMMARY

“Le but de la Chaire est d’identifier les facteurs individuels, socioculturels, structurels et historiques qui influent sur l’acceptation de la vaccination afin d’identifier des stratégies d’interventions qui encouragent la vaccination de façon équitable, durable et efficace.”

*English translation:* “The aim of the Chair is to identify individual, sociocultural, structural and historical factors that influence vaccination acceptance in order to identify intervention strategies that encourage vaccination in an equitable, sustainable and effective manner.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Contributed to the National Advisory Committee on Immunization, which influences vaccination recommendations in Canada
- Contributions to the Strategic and Technical Advisory Group on Infectious Hazards (STAG-IH), which provides strategic advice to the WHO
- Member of the European Technical Advisory Group of Experts on Immunization, helping facilitate the European Immunization Agenda 2030

## KNOWLEDGE MOBILIZATION OUTPUTS

- Vidéo sur la vaccination scolaire destiné aux parents d’élèves de 4e année primaire Access [here](#).
- Vidéos pour parler de la vaccination aux enfants.  
Diffusé le 19 novembre 2021. Access [here](#).  
Diffusé le 30 octobre. Access [here](#).

# Mark Gilbert

**Affiliation:** University of British Columbia

**Chair Focus:** Sexually transmitted and blood-borne infections (STBBI)

**Bio:** [Applied Public Health Chair – Mark P. Gilbert - CIHR](#)

## IMPACT SUMMARY

“Implementing new approaches to enable people to test for sexually transmitted infections (STI) more easily is a national priority given that rates of STI continue to rise in Canada. Many barriers exist for people to access testing, particularly in key populations affected by HIV as well as in small, rural, and remote communities that are often located far away from testing services.

My Chair’s research program focuses on testing programs that are designed for these communities that need them the most. A major impact of my research has been from studying the impacts of GetCheckedOnline (BC’s Digital STI Testing Service, currently in 9 communities with >30,000 testing visits per year) over the past 10 years which has led to support among senior decision-makers in BC government for continuing to expand the service into smaller, rural cities in BC. My research team is also supporting a research project led by the Chee Mamuk Indigenous Health team at the BC Centre for Disease Control to develop a new culturally appropriate self-collection kit program for STI testing that responds to the priorities of Indigenous communities in BC.

These impacts have been possible because of a commitment to engaging, building and growing new relationships founded on respect and reciprocity. My Chair helped establish a Rural, Remote and Indigenous Testing Collaborative funded in 2022 by the Public Health Agency of Canada which created a new way of working together for Public Health, Laboratory, and Indigenous partners. Being embedded within the BC Centre for Disease Control, with the support of BC’s Provincial Officer of Health, has also facilitated connections to different public health and laboratory networks across BC and Canada. These foundations have enabled my Chair’s program of research to identify and respond to key priorities of these partners.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Engaged with public health practitioners to define “Digital Public Health” with the National Collaborating Centre for Determinants of Health
- Relationship building and evaluation of laboratory testing technologies in rural, remote, and Indigenous communities
- Development of STBBI self-collection kits in BC Indigenous communities with BC’s Provincial Health Officer

## KNOWLEDGE MOBILIZATION OUTPUTS

- Gilbert M, Chang JH, Ablona A, Iyamu I, Gomez-Ramirez O, Sierra-Rosales R et al. Ten years later: The Impacts of GetCheckedOnline, BC’s digital testing program for sexually transmitted and blood-borne infections. Digital & Sexual Health Initiative, UBC Centre for Disease Control, Vancouver, BC, 2024. Access [here](#).

- Expansion of GetCheckedOnline to Dawson Creek in 2024, a rural community and the first site in the Northern Health Authority. Access [here](#).
- Creation of a new knowledge mobilization page for the Digital Public Health Project through the UBC Faculty of Medicine website. Access [here](#).

# Matthew Herder

**Affiliation:** Dalhousie University

**Chair Focus:** Infectious disease innovation governance

**Bio:** [Applied Public Health Chair – Matthew Herder - CIHR](#)

## IMPACT SUMMARY

“The laws, policies, and practices that govern biopharmaceutical innovation systematically disadvantage populations in low- and middle-income countries (LMICs). This resulted in ‘vaccine inequity’ in the context of COVID-19, where populations in LMICs endured delayed and limited access to life-saving vaccines. The public health challenge to be addressed through my research is to alter the status quo, through the development of new models of biopharmaceutical innovation, that can deliver interventions where they are needed, not as a function of wealth.

My research has had three key impacts to date. First, it has raised public awareness about how the status quo limits access to biopharmaceutical innovations in LMICs, for example, by documenting how key technologies developed in Canada that were incorporated into mRNA-based COVID-19 vaccines were not shared with vaccine developers in the global South. Second, I have critically examined and published the first in-depth qualitative study of a novel initiative created by the World Health Organization intended to enhance local manufacturing capacity of mRNA vaccines in LMICs. The initiative has the potential to be a model for local production moving forward. And third, my research has facilitated linkages and advocacy efforts between researchers, civil society organizations, and policy makers that are trying to shift laws, policies, and practices around biopharmaceutical innovation in order to improve health equity.

Developing relationships with, contributing directly to, and allowing researchers and activists in the global South to lead a range of research and policy-focused activities has been an essential feature of my programme of research. This approach has fostered trust with key actors in the Global South and facilitated my qualitative research in the field.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Presentations on the WHO mRNA technology transfer programme
- Policy workshops on fit-for-purpose health product regulation with regulatory authorities (e.g., Health Canada)
- Knowledge mobilization materials with the Health Justice Initiative to advocate for vaccine equity

## KNOWLEDGE MOBILIZATION OUTPUTS

- Research paper on WHO mRNA Technology Transfer Programme. Access [here](#).
- Policy Brief to the House of Commons Standing Committee on Foreign Affairs and International Development Study on Vaccine Equity and Intellectual Property Rights. Access [here](#).
- Research article (access [here](#)) and op-ed (access [here](#)) about how Canadian university technology transfer offices failed to help global health during the pandemic.

# Andrew Pinto

**Affiliation:** University of Toronto

**Chair Focus:** Upstream Prevention in Primary Healthcare (UPP)

**Bio:** [Applied Public Health Chair – Andrew D. Pinto - CIHR](#)

## IMPACT SUMMARY

“Health systems around the world focus the majority of their resources on addressing the biological determinants of health. Building upstream health systems, which also take action on social determinants, and which take proactive steps before disease occurs, is an enormous public health challenge.

I am privileged to hold the CIHR Applied Public Health Chair in Upstream Prevention. My work has impacted on the standard collection of social data as a foundation for upstream action

(<https://upstreamlab.org/project/spark/>), has compiled the evidence on addressing key social determinants such as employment (<https://tinyurl.com/yekwfaae>) and social isolation (<https://tinyurl.com/yc7aru8s>), and has supported policy advocacy (e.g. <https://ourhealthdata.ca/>).

Throughout these initiatives, we work with a diverse array of individuals and organizations. The Upstream Lab is now home to four scientists with >100 collaborators and over a dozen graduate students and post-doctoral fellows. As noted in our mission “we adopt community-based research principles and work closely with frontline health providers, patients, community and social service agencies, charitable organizations and foundations, advocacy organizations and the government to develop creative interventions to address social determinants.”

My work, and the work of the Upstream Lab, has been shaped by a series of contextual factors. During the COVID-19 pandemic we [focused](#) on the populations at greatest risk, and this also led us to focus on building trial infrastructure that can adapt with changing circumstances (e.g. <https://cantreatcovid.org/>) and to train others. This also resulted in [our work](#) to take an upstream approach to prepare for future public health threats. The Upstream Lab is well positioned as awareness of the importance of the social determinants grows at a time of greater uncertainty.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- CanTreatCOVID findings informed guidelines for acute SARS-CoV-2 treatment
- The Pandemic Preparedness Engaging Primary Care and Emergency Departments (PREPARED) study developed surveillance plans and informed secure data sharing between public health entities
- Development and implementation of SPARK tool into the Canadian Institute for Health Information (CIHI) reporting

## KNOWLEDGE MOBILIZATION OUTPUTS

- SPARK Tool. Access [here](#).
- Our Health Data. Access [here](#).
- Upstream Speaker Series Podcast. Access [here](#).



# Kelly Skinner

**Affiliation:** University of Waterloo

**Chair Focus:** Healthy environments for climate change and food security in northern Canada

**Bio:** [Applied Public Health Chair – Kelly Skinner - CIHR](#)

## IMPACT SUMMARY

“The main vision for this research program for the Chair is to broadly learn from and enhance community capacity to address place-based priorities and inform both climate change and food security action and support-structures at local, regional, and territorial scales. Through supporting and evaluating community-led initiatives, the research promotes community action and self-determination of local food systems in communities in the NWT and ultimately aims to improve health outcomes.

Key impacts thus far include the outcomes and preliminary findings of several projects to be used in decision-making at various levels, including by community leadership, regional, and territorial organizations and governments. Other impacts include the leveraging of existing Chair projects to obtain additional research and partnered funding.

I maintain regular communication and work closely with many of my collaborators and community partners, including collaboratively designing research processes, presenting findings back to community partners first, co-presentations at meetings and conferences, and developing knowledge mobilization and translation products together.

The relationships I had with community, regional and territorial governments prior to the Chair can be nourished and are flourishing. I can be responsive to the research interests of the communities I work with. For example, we were asked to pursue more diabetes research, and our team has been able to secure a new knowledge mobilization in diabetes grant.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Collaboration with a territorial nutritionist to improve NWT public health service delivery surrounding food research
- Engagement with Paulatuk Leadership groups (Community Corporation, Hunter and Trappers Committees, Elders Committee) to guide research
- Collaboration with Inuvialuit Regional Corporation to guide research

## KNOWLEDGE MOBILIZATION OUTPUTS

- Ruetz AT, Michnik K, Engler-Stringer R, Alaniz Salinas N, Doyle E, Kirk S, Korten D, Tasala K, Levkoe C, Martin A, Mercille G, Heckelman A, Smith C, Renwick K, Sallans A, Ostertag S, Skinner K, Trask N, Weber N, Hoyer G, McKenna M. (2024). School Food Programs in Canada: 15 Promising Cases. Saskatoon: University of Saskatchewan and Coalition for Healthy School Food. Access [here](#).
- Spring A, Skinner K, Wesche S. (September 30, 2023). Northern Food Systems Student Symposium: Calls to Action. Pamphlet. 10 pages. Access [here](#).

# Kate Storey

**Affiliation:** University of Alberta

**Chair Focus:** Indigenous youth-led strategies: a pathway to holistic health and health equity

**Bio:** [Applied Public Health Chair – Kate Storey - CIHR](#)

## IMPACT SUMMARY

“Indigenous youth are disproportionately affected by poor health. Root causes are broad and directly linked to the lasting effects of colonization. To improve wholistic health, population health interventions aimed at reducing disparities must recognize the historical and contemporary adversity Indigenous youth face and prioritize Indigenous resurgence and self-determination. In partnership with Indigenous youth, we are examining if and how a school-based, communal, culturally-affirming intervention (Indigenous Youth Mentorship Program, IYMP) serves as a pathway to educational attainment and employability—ultimately improving wholistic health and health equity.

This work applies innovative methods, takes an implementation science approach, and prioritizes youth voice and Indigenous ways of knowing. We began this work in ceremony, hosting two Morning Star Visioning Gatherings with partners (2022) and youth (2023) to ensure work is done in a good way<sup>1,2</sup>. We bolstered infrastructure to support IYMP delivery and sustainability by creating IYMP’s Readiness Guide and Mentor Training Manual<sup>3</sup>. Using qualitative methods, we developed a comprehensive understanding of pathways to high school credit awarding<sup>4,5</sup>. Process-related knowledge products include an Alberta Course Credit Map, linking courses with learning outcomes that map to youth mentors’ learning objectives. We prioritize Mino-Bimaadiziwin/Miyo-Pimâtisiwin (“living in a good way”), with positive benefits related to the social determinants of health, including educational attainment and pathways to employment. Through talking circles, mentors highlighted how their leadership experiences improved their confidence and communication skills, which made school more enjoyable, fostered healthy behaviours, strong social networks, and employability<sup>4</sup>.

IYMP was co-developed with Indigenous youth and educators from diverse communities across Canada. Integrated knowledge translation is key. Youth mentors and community partners serve as the voice for IYMP and are supported to share their lived experience and stories. This partnership approach is essential to foster relationships and create meaningful impacts.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Raising awareness of the Indigenous Youth Mentorship Program (IYMP) in the health and education sectors

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<sup>1</sup> Indigenous Youth Mentorship Program. (2022) Morning Star Visioning Wheel Planning Session: Summary Report. March 2022.

<sup>2</sup> Indigenous Youth Mentorship Program Youth Advisory Circle. (2023) Morning Star Visioning Strategic Planning Session: Summary Report. March 17, 2023.

<sup>3</sup> Indigenous Youth Mentorship Program. (2024). Community Resources. Access [here](#)

<sup>4</sup> Kirkpatrick, M., Tiernan, K., Sulz, L., Torrance, B. Storey., K. (2024). Mapping Pathways to High School Credit Awarding for the Indigenous Youth Mentorship Program in Alberta and Manitoba: A Document Analysis. [Manuscript in preparation]

<sup>5</sup> Kirkpatrick, M., Sulz, L., Torrance, B., Storey., K. (2024). “We’re so familiar with the challenges, but the opportunities are still there.” Exploring educator experiences with high school crediting awarding for health promotion programs in Alberta, Canada.

- School administrators, teachers, and university faculties use the research findings to inform practices (e.g., credit awarding) and to garner support among trustees
- Youth mentors use knowledge from IYMP through participatory research approaches and the Youth Advisory Council

#### **KNOWLEDGE MOBILIZATION OUTPUTS**

- New website developed with information and resources to support knowledge mobilization and implementation. Access [here](#).
- Course Credit Map, linking courses with learning outcomes that map to youth mentors' learning objectives and experiences. Final version will be accessible through the website [here](#).
- Scholarly publication of qualitative research conducted in partnership with youth mentors to understand the impact of leadership experience on the educational attainment, employability, and holistic wellness of Indigenous youth mentors. The manuscript is in preparation for open access publication following the peer review process.

# Meghan Winters

**Affiliation:** Simon Fraser University

**Chair Focus:** Sex, Gender and Healthy Cities

**Bio:** [Applied Public Health Chair – Meghan Winters - CIHR](#)

## IMPACT SUMMARY

“REACH-Cities addresses the challenge of integrating gender and social equity into urban policy, design, and planning. REACH-Cities has informed public health by helping to embed equity considerations into planning processes. Our impacts have been through responsive, and on-the-ground activities. Select activities include: producing fact sheets (at the request of the municipal partners) on poverty and demographics to inform key planning decisions and discussions in Surrey and Delta, facilitating the development of Surrey's first organization-wide equity statement, running workshops on GBA+ principles for city staff, delegating to Burnaby City Council to undertake a GBA+ pilot and advising throughout the process, informing equity considerations for sustainable transportation initiatives like Surrey's electric bike share pilot, developing a training program to engage racialized youth in civic efforts, and conducting community-informed research on 15-minute neighbourhoods to inform Surrey's Official Community Plan update. Collectively, these activities have had the dispersed impacts intersectorally.

The program's success stems from its collaborative and responsive approach, cultivating trusting relationships with municipalities, NGOs, and community groups. Our "meeting staff where they are" approach enables us to provide tailored and timely support. REACH-Cities staff also regularly attend community events to make connections, and through this, we have facilitated many connections between city staff, community groups, and residents.

Equity work is often not prioritized or formally resourced within the municipalities we have been working in, so progress is often slow. Nevertheless, we have been making incremental changes by supporting staff with capacity and resources. It's important to recognize that progress can take many forms, and the equity journey of each city is unique. Some municipalities may focus on broad policy changes, while others prioritize community engagement or data collection. We adapt our approach to each city's context, acknowledging that meaningful change requires long-term commitment and a willingness to learn and grow along the way.”

## IMPLICATIONS FOR APPLIED PUBLIC HEALTH PRACTICE

- Implementing a bike share pilot program with the City of Surrey
- Informed policy decisions and hosted community dialogues at the Surrey Poverty Reduction Forum
- Engaging racialized youth to break down barriers to cycling in Surrey

## KNOWLEDGE MOBILIZATION OUTPUTS

- 15-minute neighbourhoods in Surrey (lay report). Access [here](#).

- Demographic Insights on Poverty Trends and Food Insecurity in Surrey (fact sheets). Access [here](#).
- Municipal Equity Policies: Takeaways for Planners (practitioner-oriented publication). Access [here](#).
- Practices and Inspiration for Sustainable Transportation Equity Report (formal report, widely disseminated over 2024). Access [here](#).