

Institute of Aboriginal Peoples' Health

Annual Report of Activities • 2001-2002



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

Canada

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CIHR is a federal agency reporting to Parliament through the Minister of Health. It was created by an Act of Parliament in June 2000. (48-49 Elizabeth II, C.6)

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Message from the Scientific Director

I am pleased to report on remarkable progress throughout fiscal 2001-2002 for the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health (CIHR-IAPH).

Under guidance from our outstanding advisory board, we developed four strategic research priorities to pursue:

1. Develop and nurture health research partnerships;
2. Influence policy development on ethical standards, peer review processes and knowledge translation systems that respect aboriginal values and cultures;
3. Build aboriginal health research capacity; and
4. Fund initiatives that address urgent or emerging health issues affecting aboriginal people.

Consistent with our priorities, CIHR-IAPH created numerous opportunities to engage aboriginal and non-aboriginal individuals, organizations and communities in advanced health research activities.

We sponsored two national meetings of graduate student health researchers and established our flagship program, coined "ACADRE," which stands for Aboriginal Capacity and Developmental Research Environments.

Objectives of the ACADRE program are twofold: to pursue scientific knowledge based on

international standards of excellence and to undertake research that is approved by the involved aboriginal communities.

The existing four ACADRE research training centres are exploring critical aboriginal health issues such as addictions and mental health, nutrition, lifestyle modification, and prevention. Plans are underway to fund more centres.

We also sponsored the Survey Research Centre for Aboriginal Health and co-funded the National Network for Aboriginal Mental Health Research.

As well, we issued requests for research applications to address health promotion for children and youth, diabetes among aboriginal populations, Fetal Alcohol Syndrome and HIV/AIDS, among others.

In closing, I want to thank all those who participated in our first fiscal year and I encourage everyone to become more familiar with our work as we move forward together.

All My Relations,

A handwritten signature in black ink, appearing to read "J. Reading". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jeff Reading, MSc, PhD

Scientific Director

Canadian Institutes of Health Research
Institute of Aboriginal Peoples' Health





Profile of the Institute

The idea for creating a research institute devoted solely to aboriginal health had its genesis in September 1999.

A national group of leading aboriginal and non-aboriginal health researchers urged the federal government to consider a specialized research funding agency dedicated to aboriginal health research and capacity building. The group firmly believed this approach would contribute significantly to the overall health and well-being of aboriginal people and hasten elimination of disparities between aboriginal and non-aboriginal populations.

The researchers also envisioned a “cadre” of expert and emerging researchers who would form a Canada-wide network that would strengthen information gathering and sharing, leading to heightened awareness and improved health among aboriginal populations.

The Canadian Institutes of Health Research (CIHR) was presented with the recommendations and subsequently launched the Institute of Aboriginal Peoples’ Health (CIHR-IAPH) in December 2000.

CIHR-IAPH is one of 13 health research institutes under CIHR. Each one focuses on a particular area of health research – for example, aging, cancer, gender, genetics, infection and immunity, and population and public health. They collaborate often on various projects, which strengthens research

outcomes and ultimately, health benefits for all Canadians.

CIHR-IAPH spent the first few months settling into its offices at the University of Toronto, creating an infrastructure, recruiting staff and establishing an advisory board. Once settled, CIHR-IAPH began mapping a new direction for aboriginal health research.

CIHR-IAPH maintains an arm’s length reporting relationship with CIHR that gives the aboriginal health research agency independence and control over planning and funding priorities, operating policies and procedures, and staffing.

Consistent with the overall CIHR mandate, CIHR-IAPH promotes holistic and cross-disciplinary health exploration embracing the four pillars of research – biomedical, clinical, health systems and services, and social, cultural and environmental factors affecting the health of populations.

Health research that has a positive impact on the mental, physical, emotional and spiritual health of aboriginal people at all life stages is promoted by CIHR-IAPH.

Since its launch, CIHR-IAPH has been leading and will continue to lead an advanced research agenda in aboriginal health. Guiding the journey are *inukshuks* or markers representing the highest ethical and moral standards that are reflected in the institute’s vision, mission and values.



Guiding Philosophies

Vision

CIHR-IAPH will strive to improve the health of First Nations, Inuit and Métis people by supporting innovative research programs based on scientific excellence and aboriginal community collaboration.

Mission

CIHR-IAPH will play a lead role in building research capacity in the First Nations, Inuit and Métis communities, and will support partnerships and alliances between aboriginal communities and non-aboriginal health research organizations/institutes at the local, regional, national and international levels.

CIHR-IAPH will support health research that respects aboriginal cultures, while generating new knowledge to improve the health and well-being of aboriginal people.

Values

CIHR-IAPH will be guided at all times during its voyage of discovery by the core set of values described below:

- Present health research results to aboriginal people in a way that is *accessible*, appropriate and easily understood.
- Maintain *ethical* standards by adhering consistently to prescribed values and principles.
- Act in an *honest*, fair and just manner.
- Aim to *include* aboriginal people in all health research activities.
- *Share* new knowledge with all research partners.
- Conduct all activities and business in a *transparent* manner.

“ I want to thank our creator for giving us this opportunity to launch this particular research program that will benefit the aboriginal people of this country.”

— Chief Charles Fox,
Regional Chief of Ontario,
Assembly of First Nations,
at the opening ceremony of
Anisnawbe Kekendazone,
the Ottawa ACADRE
centre in March, 2002





Outstanding Research

Research agenda setting

CIHR-IAPH supports research that addresses the special health needs of aboriginal people across Canada. With these needs in mind and after intense brainstorming sessions, CIHR-IAPH advisory board members and staff identified four strategic research priorities to pursue over the next five years.

Priority #1 – to forge partnerships and share knowledge

Develop and nurture aboriginal health research partnerships with aboriginal and non-aboriginal organizations in the public and private sectors at all levels – local, regional, national and international.

Priority #2 – to respect aboriginal cultures

Maintain open, two-way communication with CIHR to influence policy development on ethical standards, peer review processes and knowledge translation systems that respect aboriginal cultures.

Priority #3 – to build capacity

Build aboriginal health research capacity, especially among university graduate students studying aboriginal health.

Priority #4 – to resolve critical health issues

Fund initiatives that address urgent or emerging health issues affecting aboriginal people.

Generating new knowledge

The four strategic research priorities were continuously spun into motion by CIHR-IAPH as it funded a series of exemplary aboriginal health research projects. Outlined below is a description of CIHR-IAPH activities undertaken since January 2001 until March 31, 2002 reflecting outstanding research.

Enhancing research methods – Survey Research Centre for Aboriginal Health

Funding the first ever *Survey Research Centre for Aboriginal Health* was a key strategic initiative fulfilled by CIHR-IAPH in this fiscal year. The Principle Investigator for this centre is Dr. John O'Neil, PhD, from the University of Manitoba.

The research centre will improve health survey activity in First Nations, Métis and Inuit communities by producing quality, comparable, statistically valid, and culturally relevant data. Longitudinal data will be compiled to track changes in health over time.

Data will also be used to make statistical comparisons across aboriginal communities and populations, as well as between aboriginal and non-aboriginal Canadians. The centre is also mandated to:

- undertake complex surveys;
- build capacity of those with limited survey research and statistical knowledge;
- heighten the profile of and interest in survey research; and
- respond to current and potential data needs to support development of health policy, health and social programs, and health service delivery.

All surveys will reflect distinct aboriginal social and cultural realities and be respectful of aboriginal principles around data and research governance – ownership, control, access and possession. These principles evolved out of the first wave – from 1996 to 1998 – of the First Nations and Inuit Regional Health Survey and are here to stay.

This survey research centre is affiliated with the Centre for Aboriginal Health Research (CAHR), which is a unit of the Department of Community Health Sciences in the Faculty of Medicine at the University of Manitoba. CAHR applied for and was granted funds to operate the centre over the next several years.

One of CAHR's primary objectives is to conduct research addressing the question of why some aboriginal communities are healthy and others are not. Health surveys are a useful tool for answering this question.

The Survey Research Centre for Aboriginal Health will foster a research environment based on collaboration and partnerships between universities and with aboriginal communities and organizations across Canada.

Increasingly, aboriginal communities are working with universities and the federal government to develop health infostructures that provide timely information to shape health policy and develop programs to improve the health of aboriginal people. Health surveys are an important component of a comprehensive infostructure to monitor the health of communities.

Improving access to appropriate health services for marginalized groups

Members of marginalized groups may have limited access to, or feel constrained in accessing, appropriate health services.

Aboriginal people, people with mental health problems or addictions, people with physical disabilities, injection drug users, women in certain circumstances, some ethnic minorities, those with particular sexual orientations, the homeless and the poor are among the marginalized.

“We are here to work together to build a foundation that will enable us to move forward and enable us to move in a direction that we see fit.”

– Chief Wilson Bearhead,
Regional Chief of Alberta,
Assembly of First Nations,
at the opening ceremony of
Anisnawbe Kekendazone,
the Ottawa ACADRE centre
in March, 2002



In January 2002, CIHR-IAPH awarded funding to Dr. Bonnie Jeffery, PhD, from the University of Regina for her research study titled *First Nations Health Development: Tools for Assessment of Health and Social Service Program Impacts on Community Wellness and Capacity*.

This project involves a team of researchers who are exploring innovative ways to enhance access to health services for people on the fringe of society. Research results will inform policy, program, and management decisions relating to improved access to appropriate health services for identifiable marginalized groups.

CIHR funded researchers affiliated with CIHR-IAPH's mandate

Edmonton Protocol

Dr. Ray Rajotte, PhD, and his team of researchers at the University of Alberta developed a groundbreaking treatment option for people with diabetes, known around the world as the Edmonton Protocol. They can now isolate insulin-producing cells from an organ donor pancreas and transplant them into patients with diabetes. One of his patients who received the transplant has been insulin-independent for more than two years. If all goes well with his clinical trials, Dr. Rajotte's treatment could offer new hope to people suffering from diabetes.

Drug therapy to prevent diabetes

McMaster University researchers Dr. Hertzell Gerstein, MD, and Dr. Salim Yusuf, MBBS, DPhil, are leading the largest clinical trial ever funded by CIHR. The DREAM trial involving researchers from across Canada, the United States and Europe is testing whether the drugs ramipril or rosiglitazone can prevent Type II Diabetes.

Gene therapy to promote remission

Researcher Dr. Ji-Won Yoon, PhD, from the University of Calgary and his team of Canadian and Korean researchers are using gene therapy to create a new pancreas inside the liver. Results are promising. Long-term remission of juvenile diabetes in rats occurred after just one treatment. Their work could mark the end of insulin injections for diabetics.

(from left to right) Dr. John O'Neil, the Honourable Allan Rock, former Federal Minister of Health and Dr. Reading at the official launch of CIHR-IAPH in Toronto, October 2001



Excellent Researchers in a Robust Research Environment

ACADRE – Aboriginal Capacity and Developmental Research Environments – Program

A key CIHR-IAPH goal is to build capacity by developing researchers and providing continued support for scientific careers in aboriginal health research.

In response, CIHR-IAPH developed the groundbreaking *ACADRE – Aboriginal Capacity and Developmental Research Environments – Program*.

October 11, 2001 witnessed the program's official launch by the Honourable Allan Rock, former Federal Minister of Health, who announced up to \$12 million in funding for the first four ACADRE centres over the next six years.

The historic announcement represents the foundation for capacity building in aboriginal health research in Canada, says Dr. Reading. "The objective is to have aboriginal health research on the radar screen of universities and communities and to improve the health of aboriginal people."

The ACADRE Centres

The first four centres are the initial links in what will become a network of centres across

Canada responsible for not only developing the next generation of aboriginal health researchers, but also for focusing research efforts on determinants of health in aboriginal communities.

i) Centre for Aboriginal Health Research, Winnipeg, Manitoba

The *Centre for Aboriginal Health Research* (CAHR), affiliated with the University of Manitoba, was the first organization to receive funding for an ACADRE centre.

The overall objective of this program, headed by Dr. John O'Neil, PhD, and Dr. Judith Bartlett, MD, is to increase the number and scope of aboriginal health researchers to undertake advanced health research work in partnership with aboriginal communities and academic institutions.

Training aboriginal health researchers at the graduate and junior faculty levels is key to the program's success and to that of CIHR-IAPH.

The new researchers will aim to increase aboriginal government and community access to research information for evidence-based decision-making and allocation of scarce societal resources.





Dr. Eber Hampton, head of the Regina-based ACADRE, welcomes guests to the centre's official launch, January 2002

The CAHR research program will concentrate its effort in areas where the University of Manitoba has already established excellence in aboriginal health. Primary research themes include population health, health services, child health and development, and ethical issues in aboriginal health research.

A secondary objective of this program is to develop a research environment that encourages aboriginal students to pursue careers in health research. Health science career camps and undergraduate internships in health research are program ideas in the offing.

By the end of its first three years in operation, the ACADRE program will be deemed successful if two new faculty and nine graduate students are recruited, according to the evaluation plan developed by CAHR. The plan includes several other success measures such as the number of individuals participating in various research training initiatives, detailed case histories of the experiences of all program participants and publication of research reports in relevant health research policy journals.

ii) National Aboriginal Health Research Training Program, Edmonton, Alberta

Under the direction of Dr. Malcolm King, PhD, the *National Aboriginal Health Research Training Program* for people interested in aboriginal health research is based at the University of Alberta.

Partnerships are with the Universities of Calgary, McGill, McMaster and British

Columbia, and a number of aboriginal organizations interested in health education and research.

The Edmonton ACADRE centre was set up to create a collaborative and interactive network of mentors in aboriginal health research training, bringing together resources from academia and aboriginal communities. Three broad research themes chosen by this ACADRE are:

- chronic health issues such as diabetes, and heart and lung diseases;
- child health including Fetal Alcohol Syndrome and Fetal Alcohol Effects, nutrition, and acute illness; and
- addiction, mental health and suicide.

The Community Advisory Committee (CAC), with a majority of aboriginal members, acts as an advisory board for the ACADRE training network. "The CAC is the heart of the network, providing guidance for the network," says Dr. King. "Policy and priority decisions in terms of direction and funding are made in consultation with this group."

iii) Indigenous Peoples' Health Research Centre, Regina, Saskatchewan

Elders, academics, CIHR-IAPH staff, and provincial and federal government representatives attended the momentous inauguration of the *Indigenous Peoples' Health Research Centre* in Regina.

The overall research program is led by the Saskatchewan Indian Federated College (SIFC), in partnership with the Universities of Regina and Saskatchewan. "SIFC is honoured to lead in the development of a provincial

research centre dedicated to research on indigenous health,” says Dr. Eber Hampton, PhD, president of the college and head of the Regina ACADRE. “We are committed to working with all of our partners to improve indigenous peoples’ health throughout Saskatchewan.”

Research at the Regina location is taking a holistic approach as it focuses on the following four areas:

- chronic diseases, nutrition and lifestyle;
- indigenous or traditional healing methods for addictions, including Fetal Alcohol Syndrome and mental health;
- health delivery and control, including ethics, community development and governance; and
- environmental health.

iv) Anisnawbe Kekendazone, Ottawa, Ontario

Community Information and Epidemiological Technologies (CIET) Canada and the Institute of Population Health at the University of Ottawa were also awarded a three-year ACADRE grant.

Anisnawbe Kekendazone (Ojibway for aboriginal knowledge) will train aboriginal researchers by offering them opportunities to participate in high-profile indigenous research projects in Canada and around the world.

Initial health research priorities at the Ottawa ACADRE facility are perinatal health, youth at risk and resilience, and knowledge translation – communicating health research knowledge to aboriginal communities in a way that is readily understood.

CIET is an international health research group of non-profit organizations and professionals dedicated to “building the community voice into planning and good governance.” By involving people in information gathering and analysis, CIET helps them participate “in an informed way” in decisions that affect their lives.

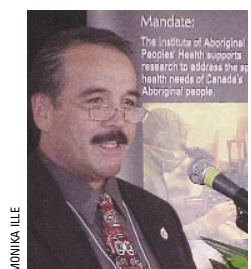
The association has a strong history of collaborating with aboriginal people and organizations in Canada on health research projects, beginning in 1995 with a study on cigarette use among aboriginal youth in Winnipeg. CIET helped train a group of urban indigenous youth to research addiction problems and anti-social behaviour among their peers.

Subsequent CIET programs have involved the Assembly of First Nations, several aboriginal organizations and band councils in a number of investigations on tobacco use, solvent abuse, prenatal nutrition, youth perceptions of HIV/AIDS, vandalism and violence. “In all of these programs, capacity building has been key with methodologies designed to enable ongoing community-initiated action on a range of challenging issues,” CIET says.

Dr. Neil Andersson, MD, who is taking a lead role in the Ottawa ACADRE, founded CIET in 1985 in Mexico to study tropical diseases.

“This is really quite exciting not only for the fabulous opportunities that participants in the program will have, but also what it means for the future of our communities, our young people and our governing institutions. I’m confident that with this new institution, we will be taking huge strides in a very short period of time.”

– Dwight Dorey, National Chief of the Congress of Aboriginal Peoples, at the opening ceremony of Anisnawbe Kekendazone, the Ottawa ACADRE centre in March, 2002



International collaborations

As they grow into their new roles, the four ACADRE centres will become more involved with the global aboriginal health research network and share their expertise with others around the world who are interested in aboriginal health research.

Their joint goals are to promote information sharing on best practices in research methodology, develop resourceful partnerships, staunchly support ethical conduct, encourage community engagement, advance knowledge translation, and build research capacity through training and experience.

Increasingly, they will initiate and participate in international exchange programs for researchers and research students involved in indigenous peoples' health.

ACADRE planning grants

CIHR-IAPH is moving ahead with plans to fund four more ACADRE centres. As such, a one-year, one-time planning grant was presented to each of the following four principle investigators to support their efforts in finding suitable research partners and to successfully develop a full ACADRE application:

- Dr. Sonia Anand, MD
McMaster University, Ontario
- Dr. Frederick Wein, PhD
Dalhousie University, Nova Scotia
- Dr. Kue Young, MD, DPhil
University of Toronto, Ontario

- Dr. Alex Michalos, PhD
University of Northern British Columbia

It is anticipated all applications will be completed and peer reviewed by the summer of 2002.

National Network for Aboriginal Mental Health Research

Another breakthrough in accessing excellent researchers and building a robust research environment was earmarked by the launch of the *National Network for Aboriginal Mental Health Research* in November 2001.

Co-funded by CIHR-IAPH and the CIHR Institute of Neurosciences, Mental Health and Addiction, the network is addressing critical mental health needs of aboriginal people in rural and urban settings.

Despite high rates of mental health problems among aboriginal people, a unified approach to resolving mental health issues remained elusive until now.

Dr. Laurence J. Kirmayer, MD, at the Sir Mortimer B. Davis Jewish General Hospital in Montreal is spearheading the project, which will receive support over a four-year period.

The innovative national network will train new researchers and will provide research consultation services in collaboration with and for aboriginal communities.

Dr. Reading speaks with reporters at the official opening of the Regina ACADRE centre, January 2002



Possible areas of mental health research include alcohol and drug addictions, volatile substance abuse, compulsive behaviours, suicide, abuse of prescription drugs, and sexual abuse.

The team consists of researchers from many Canadian universities including Alberta, British Columbia, McGill, McMaster, Memorial, Saskatchewan, Simon Fraser, St. Mary's, Victoria, Windsor and York.

New Emerging Teams (NET) Grant Program

CIHR put out a call for applications in August 2001 under the *New Emerging Team (NET) Grant Program*.

The NET program is designed to provide five years of support for new teams of independent investigators undertaking collaborative, multi-disciplinary research in Canadian research institutions.

The non-renewable five-year award is subject to a satisfactory progress review at three years.

CIHR-IAPH awarded funding to Dr. James Brien, PhD, of Queen's University in Kingston, Ontario, for a research project called *Fetal Alcohol Syndrome: Oxidative Stress and Innovative Therapies*.

CIHR Strategic Training Initiative in Health Research

Estimates suggest 100,000 new researchers and scientists will be needed in Canada by 2010. Compounding this dilemma is fierce international competition for research talent. In response, CIHR launched its *Strategic Training Initiative in Health Research* to:

- build a culture of creativity, innovation, and trans-disciplinary research within the next generation of health researchers;
- increase capacity of the Canadian health research community through training and support of research talent; and
- encourage and enable highly motivated individuals from Canada and abroad to undertake training in health research in this country.

Within this training initiative and along with other partnering CIHR institutes, CIHR-IAPH provided financial support to the following investigators who are leading health research training programs embraced by its mandate:

- Dr. Roy A. Cameron, PhD, University of Waterloo, Tobacco research training program
- Dr. Charles J. Frankish, PhD, University of British Columbia, Transdisciplinary training in community partnership research – bridging research to practice
- Dr. Ronald Labonte, PhD, University of Saskatchewan, Population health training that works – strengthening the interface between research, policy and community



Participants at the second national meeting of graduate student researchers in Ottawa, March 2002

- Dr. Michael F. McDonald, PhD, University of British Columbia, Proposal for an ethics health research training program
- Dr. Norman D. Rosenblum, PhD, Hospital for Sick Children, Canadian child and youth health research clinician-scientist development program

CIHR-IAPH, in alliance with a number of other CIHR institutes, also supported the following health research training programs:

- Dr. Francis A. Plummer, MD, University of Manitoba, International centre for infectious diseases training program
- Dr. Moira A. Stewart, PhD, University of Western Ontario, Interdisciplinary research training in primary health care research

Graduate student support

A significant portion of CIHR-IAPH funds goes towards capacity building by supporting and nurturing graduate students pursuing careers in aboriginal health research.

In March 2001, CIHR-IAPH hosted the inaugural national gathering of graduate students at the University of British Columbia. Twenty-four students from across the country discussed capacity building and support, peer review and ethics, and knowledge translation and communications. They also shared their research with the group and voiced concerns over a number of issues such as the need for more support from CIHR-IAPH, ethical

research protocols, and a lack of networking opportunities. The institute responded to all concerns in a timely manner.

Since the last event, many more graduate students identified themselves to CIHR-IAPH. As a result, about 60 participated in the second national gathering of graduate students. Daylong discussions were held in Ottawa in March 2002, in conjunction with the CIHR-IAPH advisory board meeting.

As well, CIHR-IAPH is laying the groundwork to create a recognized specialty of aboriginal health research that aims to facilitate the advanced study of aboriginal health research. Currently, there is no single defined specialty addressing the unique and complex range of aboriginal health.

Other strategic initiatives: 2001-2002

CIHR-IAPH posted several *Requests for Applications* (RFA's) on a wide range of research topics that were linked to at least one of the institute's four priorities. Below, is a brief description of these initiatives:

Child and youth health promotion

Undertaking research to investigate the mental health of children and youth at risk in aboriginal communities is a high priority for CIHR-IAPH. A RFA titled *Child and Youth Health Promotion and Risk Reduction, Community Wellness and Addictions* was released to address this growing concern.

It is being rolled out again during fiscal 2002-2003. CIHR-IAPH is looking for research proposals that are based in communities considered high risk for mental health problems and that explore topics such as volatile substance abuse, alcohol or drug abuse, suicide and depression, and risky sexual behaviour.

For this project, CIHR-IAPH would like researchers to take a multi-disciplinary approach using holistic, community-based participatory research methods to investigate factors promoting health for children and youth, while contributing to community empowerment

Given that this project is designated as an aboriginal community-based research program, CIHR-IAPH requires that investigators respect community protocols and adopt culturally appropriate ways of partnering and communicating.

Influence of stress in the etiology and management of diabetes among aboriginal people

Diabetes research remains a top-level priority for CIHR-IAPH. The growing incidence of diabetes in aboriginal communities is cause for alarm and requires a tremendous amount

of research to halt its progress, especially Type II Diabetes Mellitus (DM). Previously known as Adult Onset DM, it is now affecting mounting numbers of children.

In fact, the rate of DM is three to five times higher among aboriginal people than the general Canadian population.

Recent research suggests there may be a link between stress, depression and diabetes. The possibility that these factors are related may be compelling because the prevalence rates of both stress and diabetes are high among aboriginal Canadians.

The purpose of this RFA is to assess the interaction between stress and diabetes and to investigate strategies for stress reduction among diabetic patients.

Prevention of accidents and injuries

Preventing accidents and injuries is another priority health issue for CIHR-IAPH. The risk of death due to injury is three to six times higher for aboriginal people than it is for other Canadians. Yet, numerous prevention measures effective in other populations have not been adapted, implemented and evaluated in aboriginal communities.

Injury prevention research has the potential to lead to immediate and significant community benefits because preventative measures, such as communicating boating and snowmobile safety tips, would likely reduce the incidence of unintentional accidents and injuries among all demographic groups.

Diabetes research remains a top-level priority for CIHR-IAPH. The growing incidence of diabetes in aboriginal communities is cause for alarm and requires a tremendous amount of research to halt its progress, especially Type II Diabetes Mellitus (DM). Previously known as Adult Onset DM, it is now affecting mounting numbers of children.



Partnerships and Public Engagement

CIHR-IAPH adopted a proactive outreach agenda, in line with its strategic research priority to forge partnerships and share knowledge.

Over the past fiscal year, CIHR-IAPH's Scientific Director Dr. Reading and Assistant Director Mr. Earl Nowgesic criss-crossed not only Canada but also international countries to establish partnerships and build strong alliances in indigenous health research.

Along the way, CIHR-IAPH tapped into a wealth of knowledge gleaned from previous and ongoing research. Several organizations in a wide array of disciplines already exist that deal with or have a vested interest in aboriginal health research.

"I thank you for developing this centre and having the vision to move us along the path of self-determination. I trust that you will include and involve aboriginal women every step of the way."

— President Kukdookaa Terri Brown, Native Women's Association of Canada, at the opening ceremony of the Ottawa ACADRE centre in March, 2002

Creating a network of researchers and constructing a database for this network is well underway.

Partnerships with CIHR institutes

Current partnerships with sister institutes on specific health research projects include:

- Cardiovascular and respiratory health: CIHR Institute of Circulatory and Respiratory Health
- Diabetes: CIHR Institute of Nutrition, Metabolism and Diabetes
- Fetal Alcohol Syndrome and Fetal Alcohol Effects: CIHR Institute of Human Development, and Child and Youth Health
- HIV/AIDS: CIHR Institute of Infection and Immunity
- Inner city health: CIHR Institutes of Circulatory and Respiratory Health; Infection and Immunity; Gender and Health; Health Services and Policy Research; Human Development, Child and Youth Health; Neurosciences, Mental Health and Addiction; Nutrition, Metabolism and Diabetes; and Population and Public Health
- Rural and northern health: All CIHR institutes



Descending to Whitehorse, YK, to attend one of several northern town hall meetings initiated by CIHR-IAPH in September 2001



Local and regional partnerships

Several local and regional groups have been contacted to heighten awareness of CIHR-IAPH as a key aboriginal health research funding agency, explore partnership opportunities and formalize working relationships.

For example, CIHR-IAPH solidified mutually beneficial relations with the Noojimawin Health Authority in Ontario and several leading Canadian universities.

National partnerships

Unique partnership opportunities were created with a number of national organizations including the Canadian Tobacco Control Research Initiative, Health Canada, Obesity Canada, and the Canadian FAS Research Consortium.

National presentations

Dr. Reading maintained a packed agenda over the past fiscal year, travelling across the country and attending various events as a keynote speaker, a panel member or as a delegate.

His mission was double-pronged: to seek and strengthen national partnerships and to share his expertise on topics in aboriginal health research. Some of the key events Dr. Reading attended include:

- February 2001, Speaker, Health Canada Symposium on Diabetes, Montreal, Quebec
- March 2001, Speaker, National Council on Ethics in Human Research, Protection of Human Participants in Research – Exploring the Challenges, Toronto, Ontario
- April 2001, Speaker, Cancer Care Ontario, Preventative Oncology Seminar, Toronto, Ontario
- October 2001
 - Plenary Speaker, Second Gathering for Aboriginal Health Conference, Calgary, Alberta
 - Plenary Speaker, Canadian Public Health Association Conference, Saskatoon, Saskatchewan
- December 2001, Guest Speaker, Health Canada Science Advisory Board, Ottawa, Ontario
- January 2002, Plenary Speaker, St. Michael's Hospital, Clinical Epidemiology Rounds, Inner City Health, Toronto, Ontario
- February 2002
 - Plenary Speaker, National Aboriginal Health Organization Symposium, Ottawa, Ontario
 - Guest Speaker, Canadian Society for Circumpolar Health – Regional Advisory Council Meeting, Toronto, Ontario
- March 2002, Guest Speaker, Canadian Institutes for Advanced Research, Montreal, Quebec

Community Alliances for Health Research Program

Health services

Dr. John O'Neil, from the University of Manitoba, is leading an investigation that aims to fully understand First Nations right to self-determination in health care.

"We need to recognize the transfer of health services from federal to First Nations authority is one of the most significant but undocumented experiments in the history of health care in Canada," Dr. O'Neil maintains.

Under the *CIHR Community Alliances for Health Research (CAHR) Program*, Dr. O'Neil pulled together an esteemed group of academic researchers from diverse disciplines, ranging from political science to nursing and social work, to propel the research project into action. Moreover, First Nations people are integral to the entire project, while five graduate students were hired to help develop its parameters.

He designed the following seven case studies which represent factors that impede or enhance development of a First Nations controlled health care system. They serve as guides for investigators who have been divided into working groups to explore each topic:

- contributions of traditional healers to community health;
- impact of health transfers;
- standards of care in non-insured health benefits;

- services for chronic illness and community care options;
- nurses' education in the North;
- health information and health policy capacity; and
- gender and health service development.

CAHR programs emphasize collaboration across academic disciplines, different communities, and strategies to hasten translation of research knowledge into benefits for Canadians.

Diabetes

Dr. Ann McCauley, MD, of the Kahnawake Centre for Research and Training in Diabetes Prevention is working with researchers from McGill University and aboriginal communities to expand and evaluate a model for diabetes prevention. Her research project is also funded through the *CIHR Community Alliances for Health Research Program*.

It is based on community participation and uses traditional methods to promote healthy lifestyles, which includes increased physical activity, balanced eating, and maintaining a healthy weight. Results will be disseminated to aboriginal communities throughout Canada as well as to policy makers and practitioners to influence decision-making.

Meeting of international peers in Ottawa, March 2002: (from left to right) Mr. Earl Nowgesic, CIHR-IAPH; Ms. Jacinta Elston, Australia; Dr. Sue Crengle, New Zealand; Mr. Michael Bird, United States; Dr. Maria del Consuelo Garcia Andrade, Mexico; and Dr. Reading, CIHR-IAPH



CIHR Interdisciplinary Health Research Teams Program

Diabetes

Led by Dr. Kue Young, who was at the University of Manitoba for several years and is now with the University of Toronto, a collaborative interdisciplinary team of researchers from Canada and two other countries is investigating the diabetes epidemic and its impact on aboriginal communities.

Likely causes and effective ways to prevent and control the epidemic are being explored. Active participation of aboriginal organizations and communities is key to the project's success.

The *CIHR Interdisciplinary Health Research Teams (IHRTs) Program* is providing support for this project.

International partnerships

Building partnerships with international organizations involved in indigenous health research has been a top priority for CIHR-IAPH over the past fiscal year and will continue to be over the next few years.

Health disparities between aboriginal people and the general population in Canada are strikingly similar to those experienced by indigenous people in other developed, post-colonial countries with minority indigenous populations. Thus, Canada can learn much and benefit from research conducted outside its borders.

Under Dr. Reading's direction, CIHR-IAPH has contacted several aboriginal health research organizations around the world with impressive results:

- A *Memorandum of Understanding* was signed by chief executive officers of the Canadian Institutes of Health Research, the National Health and Medical Research Council of Australia and the Health Research Council of New Zealand to co-operate on health research for indigenous populations.

"Co-operation between governments, institutions, researchers and indigenous peoples will facilitate a better understanding of factors that both determine and ultimately improve the health of indigenous populations in all three countries, thus contributing to the global pool of knowledge in the area," according to the signed memorandum dated April 2002.

The scope of the collaboration encompasses but is not limited to information sharing, international research partnerships, exchange programs, training and skills development.

- The Health Secretariat of the United Mexican States and CIHR signed a *Letter of Intent* on January 31, 2002 to develop "health research, research training, clinical training, and knowledge translation based on equality, reciprocity and mutual benefit."

A delegation of 21 Canadian health researchers and administrators from various CIHR institutes, including CIHR-IAPH, and other health organizations visited the Institutos Nacionales de Salud in Mexico from January 28 to February 1, 2002.

Areas of potential collaboration agreed upon include environmental health, genetics and genomic, needs of indigenous people and vulnerable populations, health policy development, health services, financing and electronic forms of knowledge transfer.

A bilateral working group was set up to monitor and report on progress at six-month intervals.

- A comprehensive discussion paper prepared, in part, by CIHR-IAPH was circulated in February 2002 proposing an International Indigenous Health Network supported by Canada, New Zealand and Australia. US participation is under discussion.

The network aims to foster “knowledge translation” by focusing on indigenous health policy development, education, training, and research.

CIHR-IAPH meeting at the Health Research Council of New Zealand, November 2001



International presentations and meetings

Dr. Reading is renowned internationally as an expert in aboriginal health research and has been invited to meetings and conferences around the world to share his opinions. He takes these opportunities to both promote CIHR-IAPH and to assess potential research partnerships. Events attended around the world include:

- October 2001
 - Plenary speaker at the North American Primary Care Physicians Meeting on Aboriginal Health Research, International Conference, Halifax, Nova Scotia
 - Plenary speaker at the American Public Health Association Conference, Atlanta, Georgia
 - Guest speaker at a meeting of the National Institutes of Health in Washington, DC, to present an overview of CIHR and CIHR-IAPH activities to representatives from a number of US health institutes including the National Cancer Institute, Minority Research Training and the Institute of Dental and Craniofacial Research.
- November 2001
 - Arctic Council Capacity Building Workshop, Helsinki, Finland
 - Meetings with the Australian National Health and Medical Research Council, Canberra, Australia



- Committee meeting to plan for the first International Forum on Indigenous Health Research, Townsville, Australia
- Meeting with the Health Research Council of New Zealand, Auckland
- January 2002, Plenary speaker at the Fogarty National Institute of Health, Tuscon, Arizona
- February 2002
 - Guest speaker at the New York Academy of Medicine, New York City
 - Speaker at the Indigenous Action Summit, Commonwealth of Dominica

CIHR-IAPH is emerging as an international leader with its bold aboriginal health research strategy. "We are committed to developing international collaboration agreements with national health research councils to create a global network of researchers," Dr. Reading says.

By contributing to an emerging body of advanced knowledge, aboriginal health researchers in this country can help improve the status of indigenous populations around the world.

Partnerships with aboriginal communities, organizations and individuals

Perhaps the most important partnership of all is with aboriginal communities and individuals in Canada. CIHR-IAPH will ensure aboriginal people are full partners in research, not merely informants and respondents.

In the past, research has not always helped aboriginal communities because it failed to address urgent health concerns and because there was little or no aboriginal ownership of research projects.

Increasingly, aboriginal communities are incorporating the principles of ownership, control, access and possession into health research activities affecting them.

These principles support valid and reliable research processes and products, which are based on aboriginal community needs, priorities and relevance within the context of aboriginal self-determination. Furthermore, these principles promote broader understanding and ways of knowing that include a more holistic approach, which draws heavily upon community-based, participatory research methods.

Panel and secretariat on research ethics

CIHR-IAPH called for a review and revision of an existing code of ethics for research involving aboriginal people in the 1998 Tri-Council Policy Statement titled *Ethical*

Conduct for Research Involving Humans.

Some believe power relations implicit in the document are threatening, while others claim the language is too confusing and removed from everyday experiences to be useful.

Canada's three main federal research funding agencies – the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council – created the policy statement on ethical conduct. As a condition of funding, all research institutions must comply with its prescribed standards.

The trio of agencies added to this foundation of research ethics by creating a panel and a secretariat on research ethics in November 2001. The panel's mandate, supported by the secretariat, is to manage the development, interpretation, promotion and implementation of the policy statement. The 11-member panel represents a wide range of expertise and experience in research involving humans, ethics, ethics review, research administration, and law.

*Totem pole at Beacon Hill Park,
Victoria, British Columbia*



Ethics in aboriginal health research are under consideration by panel members, in consultation with CIHR-IAPH.

Assessing current ethical standards and protocols

To augment these efforts, CIHR-IAPH began its own review of existing information on research ethics involving aboriginal people. A forthcoming report based on results from the literature search will highlight both best practices and ill-conceived procedures. Upon completion of the ethics review, sometime next year, CIHR-IAPH will present its report to CIHR for further deliberation on the tri-agency research ethics process.

Ongoing collaboration with CIHR

CIHR-IAPH will continue collaborating with CIHR on developing and refining ethical standards, peer review processes and knowledge translation that respect aboriginal values and cultures.

Greater aboriginal presence on peer review panels

Through the ACADRE training centre network and other capacity building vehicles, CIHR-IAPH is committed to increasing the number of aboriginal health research experts on CIHR peer review panels assigned to assess funding applications. In this way, the peer review process will be even more culturally attuned to unique nuances of the First Nations, Inuit and Métis cultures.



*Dr. Diane Finnegood,
Scientific Director of CIHR
Institute of Nutrition,
Metabolism and Diabetes
and Dr. Reading speaking
with aboriginal communities
North of 60 on CBC Radio*

Workshop, symposium and conference sponsorships

CIHR-IAPH promoted partnerships and engaged the public throughout fiscal 2001-2002 by sponsoring workshops and other relevant events, such as the ones described below:

Tribally controlled DNA/tissue bank

Lack of aboriginal control over what happens to biological materials including DNA samples and lack of dissemination of research findings has led to a general mistrust of genetic research. However, such research will increasingly need to be available to benefit aboriginal people in Canada since there are gene-based illnesses that are found in higher frequencies in certain aboriginal communities and populations.

CIHR-IAPH sponsored two workshops held in August 2001 and January 2002 facilitated by Dr. Laura Arbour, MD, from the University of British Columbia on her proposed *Tribally Controlled DNA/Tissue Bank*. Dr. Arbour's extensive consultations with aboriginal communities suggest widespread support for control over how their DNA could be collected and stored.

A tribally controlled tissue bank could also empower aboriginal communities and individuals to decide which research projects they want to participate in and under what circumstances such a project could proceed.

Northern health

CIHR-IAPH, along with the CIHR Institute of Nutrition, Metabolism and Diabetes, and the director of partnerships for CIHR engaged northern aboriginal communities, health scientists, government representatives and other stakeholders in town hall meetings in Whitehorse, Yellowknife, and Iqaluit in September 2001.

Introductory meetings were held to outline the mandates of both CIHR institutes and to obtain feedback on the type of research and research support needed by aboriginal communities "North of 60." Nutrition and environmental health issues emerged as the top priority health concerns.

Urban health, inner city health and homelessness

CIHR-IAPH is taking steps to address the health research needs of urban aboriginal people.

The few studies that exist on urban aboriginal health suggest their condition mirrors that of aboriginal people living on-reserve. Key factors affecting the health of urban aboriginal people include limited access to health care services and culturally appropriate health systems. Fear of racism and stigmatization also hold back some



One of many
CIHR-IAPH
visits to northern
communities,
September 2001

aboriginal people from using the mainstream health care system. Compliance with prescribed medical treatment is sometimes low due to lack of financial resources to buy prescriptions or lack of confidence in the health care professional.

In September 2001, CIHR-IAPH provided a one-time grant to the *Noojimawin Health Authority (NHA)* to help it develop a research priorities plan that will generate desperately needed health information about off-reserve aboriginal communities throughout Ontario. NHA is a non-profit, Ontario-based organization dedicated to aboriginal determination in health.

In fiscal year 2001-2002, CIHR-IAPH also committed financial support to an international conference that will be hosted by clinician scientist researchers at St. Michael's Hospital in Toronto on inner city health in October 2002. The theme for the *International Conference on Inner City Health* is "improving the health of the disadvantaged" and will feature research relevant to several groups considered "disadvantaged" with respect to their ability to access care – for example, aboriginal people, inner city youth and people with mental health problems.

Moreover, CIHR-IAPH is partnering with the CIHR Institutes of Health Services and Policy Research, and Gender and Health on a RFA to study access to health services by marginalized groups.

A National Dialogue on Healthy Body Weights

The number of obese aboriginal and non-aboriginal people is mounting in Canada and around the world. The World Health Organization identified overweight/obesity as the most neglected public health issue.

CIHR-IAPH helped sponsor a major national conference called *A National Dialogue on Healthy Body Weight* produced by Obesity Canada, a non-profit organization dedicated to improving the health of Canadians by decreasing obesity levels through research, education, awareness, prevention and treatment. The conference was held in Toronto in December 2001.

Four themes explored at the two-day event include determinants of body weight, patterns and trends in body weight, impact of obesity and promoting healthy weights.

Noted aboriginal health researcher Dr. Kue Young delivered a presentation on obesity among aboriginal people.

"Interventions [to reduce the prevalence of obesity in aboriginal communities] should incorporate aboriginal learning styles, cultural practices, and traditional knowledge and they could include school-based programs, community activities and the creation of a supportive environment," he concluded.

Canadian Tobacco Control Research Summit

Tobacco use is sometimes dismissed as a single issue but it underlies diet, body image, depression, mood control, and other behavioural health risks. In fact, smoking has multiple impacts that are not always recognized. Smoking is quite prevalent in aboriginal communities.

In March 2002, CIHR-IAPH partnered with the Canadian Tobacco Control Research Initiative and other CIHR institutes to organize the *Canadian Tobacco Control Research Summit* held in April 2002 in Ottawa. CIHR-IAPH also hosted an information booth at the event.

The purpose of the summit was to develop a long-term strategic research agenda, from 2002-2012, that will influence a significant reduction in tobacco use and its associated harm.

A primary objective of the event was to develop communications vehicles to facilitate knowledge translation among researchers, health care practitioners, policy makers and target public audiences such as youth and aboriginal people.

CIHR-IAPH plans to fund additional research projects exploring issues surrounding aboriginal health and tobacco misuse.

Fetal Alcohol Syndrome and Fetal Alcohol Effects

According to health researchers, the devastating effects of Fetal Alcohol Syndrome (FAS) were first recognized three decades ago. Despite aggressive educational programs since then, there has been little progress in preventing FAS and no decrease in its incidence.

Among their many problems, children with FAS suffer pre- and post-natal growth and developmental difficulties, craniofacial malformations, and vision, hearing, speech and mobility deficits.

Although FAS is not a concern exclusively to aboriginal communities, it does involve aboriginal people dramatically more often than non-aboriginal populations.

CIHR-IAPH agreed to co-fund a 2.5-day workshop hosted by the FAS Research Consortium and led by Dr. Jocelyn Cook, PhD. The event attracted aboriginal community partners and health experts from across the country. Participants met in Saskatoon in March 2002 to develop comprehensive, multi-faceted and multi-centre research collaborations to better understand the social, economic, and biologic factors contributing to FAS.



Working groups were set up reflecting the four CIHR research pillars – biomedical, clinical, health systems and services, and social, cultural and environmental factors affecting the health of populations.

The event was deemed a success based on the high number of collaborative working relations set up as a result of the workshop.

Future directions 2002-2003

In summary, CIHR-IAPH will be pursuing the following priority aboriginal health research needs over the 2002-2003 fiscal year:

- Aboriginal Capacity and Developmental Research Environments (ACADRE) – four ACADRE planning grants allotted last year will likely produce full proposals next year that will be reviewed, assessed and either accepted or rejected.
- Child and youth health
- Diabetes

- Fetal Alcohol Syndrome and Fetal Alcohol Effects
- HIV/AIDS
- Improving access to appropriate health services for marginalized groups
- Injuries and accidents
- Innovative projects – CIHR-IAPH set aside funds to support high-risk but potentially high-yield research projects.

In addition, CIHR-IAPH will become involved as an initiator, partner, or sponsor in other relevant health research initiatives as they arise over the coming year.

Planning the future: meeting of the Canadian Society for Circumpolar Health, Regional Advisory Council and CIHR-IAPH, Toronto, February 2002





Knowledge translation in action: Dr. Malcolm King, head of the Edmonton-based ACADRE, speaks with an Alberta reporter about the goals of the training centre, Calgary, October 2001

Translation and Use of Knowledge

Knowledge translation defined

Making research relevant to people is the cornerstone on which CIHR-IAPH stands. All CIHR-IAPH research activities are devoted to this principle. After all, if research simply generates data and reports that sit on shelves gathering dust, it does not serve its fundamental purpose, which is to improve health.

As such, knowledge translation is essential. The term refers to the exchange, synthesis and ethical application of knowledge by researchers and users. The goal is to accelerate the benefits of aboriginal health research, such as more effective services and products, a stronger health care system for indigenous people and improved overall health.

Manifesting effective knowledge translation

All applications requesting CIHR-IAPH research funding must explain how research results will be disseminated and communicated in ways that are meaningful and beneficial to aboriginal organizations, communities and individuals.

In particular, applications for the four ACADRE centres clearly indicate how knowledge will be gathered, translated and used.

Specifically, the Edmonton-based ACADRE training centre developed the following list of “foundation principles” that facilitate and

encourage knowledge translation:

- All research will be collaborative rather than competitive and enhance the health of aboriginal communities.
- All ways of knowing and learning will be equally valued.
- Aboriginal communities will be full partners in research programs, from beginning to conclusion.
- As much as possible, research will be community-based and conducted in and with aboriginal communities as full partners.
- Individual, family and community integrity and sensitivity will be respected and protected.
- The research agenda will be developed proactively in response to aboriginal health priorities, confirmed by the ACADRE's Community Advisory Committee that has a majority of aboriginal members.
- Knowledge will be jointly collected, created and owned by all research partners.
- Aboriginal communities are diverse and complex, and their unique natures will be recognized.

“These principles will become a living document to guide the [training] program, the communities and other research partners,” according to the centre. Moreover, they help strengthen linkages within the research community and between researchers and research users.

Organizational Excellence

Building the institute – staffing

CIHR-IAPH supports three full-time, highly qualified staff – Scientific Director, Dr. Jeff Reading, MSc, PhD; Assistant Director, Mr. Earl Nowgesic, BScN, RN, MHSc; and Senior Secretary, Ms. Trudy Jacobs. A fourth full-time position (Senior Research Analyst and Projects Manager) is being added to the CIHR-IAPH team in early fiscal 2002-2003.

In addition to providing support to CIHR, Dr. Reading is an associate professor and Research Chair, Aboriginal Health and Well-being at the University of Toronto, Department of Public Health Sciences. Mr. Nowgesic is an assistant professor, University of Toronto, Department of Public Health Sciences.

Providing invaluable guidance, direction and support to CIHR-IAPH staff throughout the reporting period was Ms. Ginette Thomas, BA, MA, CIHR Institute Liaison.

Ms. Sittanur Shoush, BSc, provided additional support to CIHR-IAPH by completing a number of special projects critical to the institute's mandate.

Inaugural staff retreat

CIHR-IAPH employees held their first retreat in June 2001 at an off-site location for two days to define roles and responsibilities, bring everyone up to speed on each other's activities, prioritize aboriginal health research funding issues and make decisions on pressing matters. Ms. Thomas and Ms. Shoush also attended the two-day session.

The off-site facility provided everyone with the opportunity to engage in uninterrupted discussions on strategic direction and policy.

Communications and marketing

Effectively communicating with a plethora of target audiences – from aboriginal individuals, organizations and communities, to health researchers, potential and current research partners, the general public and others – is another key priority goal for CIHR-IAPH.

A comprehensive communications strategy was outsourced and developed by a leading team of experts, with input from CIHR-IAPH staff and board members. The plan includes several components including communications objectives, target audiences, key messages, approach, implementation, and evaluation. It is being rolled out in three phases over the next two years.

CIHR-IAPH staff and guests at planning retreat: (from left to right) Jeff, Trudy, Sittanur, Earl and Ginette





Advisory board members and staff at the official launch of CIHR-IAPH in Toronto, October 2001: (from left to right) John O'Neil, Marlene Brant-Castellano, Rod McCormick, the Hon. Allan Rock, Malcolm King, Judith Bartlett, Bronwyn Shoush, Jeff Reading, Earl Nowgesic. Missing members are listed below

Advisory board members

Advisory board members have been instrumental in leading and guiding CIHR-IAPH along its exciting path of discovery and success.

The 16-member board is committed to achieving excellence in aboriginal health research and has been heavily engaged in strategic planning and execution. CIHR-IAPH staff relies extensively on the unparalleled expertise and support provided by the following board members:

John O'Neil, BA, MA, PhD (chair)
*Head, Aboriginal Health Research Group,
 University of Manitoba
 Professor, Department of Community Health Sciences
 Director, Northern Health Research Unit*

Judith Bartlett, MD, CCFP
*Chair, Aboriginal Health and Wellness Centre
 of Winnipeg*

John Kim Bell, BMus, OC
*President, National Aboriginal
 Achievement Foundation*

Michael Bird, MSW, MPH
*Executive Director, National Native American AIDS
 Prevention Centre, Oakland, California*

Marlene Brant-Castellano, BA, BSW, MSW
*Professor Emeritus and private consultant
 Department of Native Studies, Trent University*

Eric Dewailly, MD, PhD
*Professeur agrégé en santé environnementale,
 Département de médecine sociale et préventive,
 Faculté de médecine, Université Laval:
 Directeur, Unité de recherche en santé publique (CHUQ)*

Eber Hampton, PhD
President, Saskatchewan Indian Federated College

Robert Hegele, MD
*Director, J.P. Robarts Research Institute,
 University of Western Ontario*

Richard Jock
*Executive Director, National Aboriginal Health
 Organization*

Barney Masuzumi
Member, National Council on Ethics and Research

Rod M. McCormick, BA, BEd, MA, PhD
*Director, Native Indian Teacher Education Program
 Associate Professor, Department of Educational and
 Counselling Psychology, Special Education, Faculty of
 Education, University of British Columbia*

Lynn McIntyre, MD, MHSc, FRCPC
*Dean, Faculty of Health Professions,
 Dalhousie University*

Michael E. K. Moffat, MSc, MD, FRCPC
*Professor and Head, Department of Pediatrics
 and Child Health, University of Manitoba
 Medical Director, Child Health Program,
 Winnipeg Hospital Authority*

Cameron Mustard, ScD
*Scientific Director, Institute for Work
 and Health, Toronto
 Associate Professor, Department of Public Health
 Sciences, University of Toronto*

Ian Potter, BA, MSc
*Assistant Deputy Minister, First Nations and Inuit
 Health Branch, Health Canada*

Bronwyn Shoush, BSc, LLB
*Director, Aboriginal Justice Initiatives Unit,
 Alberta Justice Department*



Financial Statements

Funding sources

CIHR is funded entirely through federal government appropriations, which totaled \$553.8 million for the year ended March 31, 2002. CIHR Governing Council delegates financial authority to each institute for managing a portion of these funds that are described below:

- *Institute Strategic Initiatives:* Each institute is provided with funding annually to support strategic health research in their respective scientific areas by awarding peer-reviewed grants and awards.
- *Institute Support Grant:* Each institute receives a support grant of \$1 million annually to operate and to develop research capacity in the scientific community they represent through a wide array of collaborative activities.

The following tables provide financial results of operations for the year ended March 31, 2002 for each of these funding sources.

Table A: Institute of Aboriginal Peoples' Health • Investments in Strategic Initiatives
For the year ended March 31, 2002

Strategic Initiatives	Investments Through Grants and Awards					Total
	Number	2001-2002	2002-2003	2003-2004*	2004 and beyond*	
Aboriginal Capacity and Developmental Research Environments (ACADRE) - Planning Grants	4	\$ 99,075	\$ 99,075			\$ 198,150
Improving Access to Appropriate Health Services for Marginalized Groups	1	9,258	30,746	38,001	12,253	90,258
National Network for Aboriginal Mental Health Research	1	47,407	82,027	85,386	145,560	360,380
New Emerging Teams	1	4,166	50,000	50,000	145,834	250,000
Survey Research Centre for Aboriginal Health	1	150,000	300,000	300,000	450,000	1,200,000
Strategic Training Initiative in Health Research	5	10,415	125,000	125,000	489,585	750,000
	13	\$ 320,321	\$ 686,848	\$ 598,387	\$ 1,243,232	\$ 2,848,788

The Canadian Institutes of Health Research also invested \$5,701,336 over three years in the Aboriginal Capacity and Developmental Research Environments Centre Grants through its CIHR Strategic Initiatives budget envelope.

** Note: Grants and awards in respect to these programs are approved for 1 to 6 years. Figures displayed represent financial commitments for these programs in 2001-2002 and subsequent years. Availability of these funds in future years is subject to funding appropriations by Parliament.*



Table B: Institute of Aboriginal Peoples' Health • Institute Support Grant
For the year ended March 31, 2002

Available Funds		\$ 1,317,583
Expenses		
Institute Development		
Conferences, symposia and workshops	\$ 87,785	
Institute Advisory Board	130,571	
Professional Services	134,327	
Travel Expenditures	171,700	\$ 524,383
Institute Operations		
Salaries and benefits	\$ 362,585	
Telephone and communication services	3,917	
Supplies, material and other services	13,178	
Office furniture and fixtures	55,736	
Computer equipment and IT support	29,045	
Travel expenditures	28,683	
Other expenditures	14,300	\$ 507,444
Total Expenses		\$ 1,031,827
Unspent Balance*		\$ 285,756

* Note: The unspent balance as at March 31, 2002 is carried forward to the subsequent fiscal year.

CIHR Research Planning and Priorities Committee

Although institutes have direct responsibility for managing the funds described in the tables, they also play an important role in allocating the remaining grants and awards budget of CIHR.

The CIHR corporate budget is used to support open, investigator-initiated research through funding programs primarily in the areas of operating grants and personnel awards.

CIHR's *Research Planning and Priorities Committee*, comprised of the CIHR President

and the Scientific Directors from each of the 13 institutes, decides on the overall research priorities of CIHR and makes recommendations to the Governing Council on the appropriate allocation of resources.

As such, researchers aligned to individual institutes can compete for grants and awards from both the *Strategic Initiatives Program* linked to each institute and from the funding pool for open, investigator-initiated programs of CIHR.



Glossary of Terms

ACADRE Program	<i>Aboriginal Capacity and Developmental Research Environments</i> program is designed to build aboriginal health research capacity. It consists of a network of training centres across the country that are financially supported by CIHR-IAPH and based at leading universities. Four centres are up and running, while more are planned for the near future.
CAHR (Winnipeg)	<i>Centre for Aboriginal Health Research</i> is a unit of the Department of Community Health Sciences in the Faculty of Medicine at the University of Manitoba. CAHR applied for and was granted funds to operate an ACADRE training centre and the Survey Research Centre for Aboriginal Health.
CIHR-CAHR Program	The <i>CIHR Community Alliances for Health Research Program</i> supports health research initiatives that are multi-disciplinary and community-based, and that focus on translating research findings into benefits for Canadians.
CIET	<i>Community Information and Epidemiological Technologies (Canada)</i> is an international health research group of non-profit organizations and professionals dedicated to empowering communities. CIET has a strong history of collaborating with aboriginal communities in Canada. CIET head Dr. Neil Andersson is taking a lead role in the ACADRE centre based at the University of Ottawa called Anisnawbe Kekendazone (Ojibway for aboriginal knowledge).
CIHR	<i>Canadian Institutes of Health Research</i> is a federal health research funding agency reporting to Parliament through the Minister of Health. It was created by an Act of Parliament in June 2000 (48-49 Elizabeth II, C.6). CIHR supports 13 institutes of health research: Aboriginal Peoples' Health; Aging; Cancer Research; Circulatory and Respiratory Health; Gender and Health; Genetics; Health Services and Policy; Human Development, Child and Youth Health; Infection and Immunity; Musculoskeletal Health and Arthritis; Neurosciences, Mental Health and Addiction; Nutrition Metabolism and Diabetes; and Population and Public Health.
CIHR-IAPH	The <i>Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health</i> is one of 13 institutes under the umbrella of CIHR. Each institute is dedicated to a particular stream of health research.

- CIHR-IHRT Program The *CIHR Interdisciplinary Health Research Teams Program* supports interdisciplinary, multi-centre collaborations on at least two of the four health research themes, including biomedical, clinical, health services and population health. In other words, this program brings together existing teams of health researchers from different fields of study and from different locations.
- NET Grant Program The *New Emerging Teams Grant Program* under CIHR is designed to provide five years of support for new teams of independent investigators undertaking collaborative, multi-disciplinary research.
- RFA When CIHR or any of its 13 institutes identifies health research areas that need further investigation, they post a *Request for Applications*, inviting qualified health researchers to submit proposals.
- SIFC The Indigenous Peoples' Health Research Centre in Regina, Saskatchewan, is part of the ACADRE network and is located at the *Saskatchewan Indian Federated College* in Regina. Dr. Eber Hampton is president of the college and head of the ACADRE centre.

"We thank our ancestors, grandfathers and grandmothers, Gitchi Manitou, Great Spirit, Creator and God. Thank you for bringing us all together for this important meeting on health. Thank you for all the people who have shared their knowledge. And thank you for being with them as they were seeking this new knowledge that can be applied in our homes and in our communities so that we have healthier children and happy families."

— Closing prayer given by Dr. Rosalyn Ing, PhD, coordinator of First Nations health careers at the University of British Columbia, at the second national gathering of graduate student researchers, March 2002



Sage burning ceremony at CIHR-IAPH meeting to cleanse, purify and heal