

# Aboriginal Health Research News

## Message from Dr. Malcolm King, IAPH Scientific Director



### **National Aboriginal Day**

June 21 was [National Aboriginal Day](#). Since 1996, National Aboriginal Day represents an opportunity to acknowledge the unique achievements of First Nations, Métis

and Inuit in fields as diverse as agriculture, the environment, business and the arts. It's a time to join with our communities in celebrating our cultures, remembering our past, and looking forward to our future. In terms of health, there are certainly many challenges to overcome, but working together and building on the strengths of our Indigenous perspectives and ways of knowing, a future of wellbeing and resilience for all our families and communities is possible.

### **Pathways presentation at CPHA conference**

The recent [Canadian Public Health Association](#) meeting in Ottawa provided the Institute and our partners with an excellent opportunity to showcase our CIHR Signature Initiative *Pathways to Health Equity for Aboriginal Peoples*. On June 10, a plenary session on Pathways was held, with presentations by myself, Dr. Nancy Edwards (SD, IPPH), Dr. Diego Garcia (Public Health Advisor, AFN) and Albert Armieri (Senior Projects Analyst, FNIGC). The session was well attended, and there was plenty of good dialog with an attentive audience.

### **IAB Chair appointed VP of Aboriginal Health at Northern Health (BC)**

Please join me in congratulating our Advisory Board Chair, Dr. Margo Greenwood, who has accepted the role of Vice President, Aboriginal

Health for Northern Health (Prince George, BC) as of June 1, 2013. [Northern Health](#) provides health services to 300,000 people covering the northern half of British Columbia, including 55 First Nations communities. Margo will be providing executive leadership to the [Aboriginal Health portfolio](#) in Northern Health, including the development of relationships with the First Nations Health Authority and other relevant organizations. Margo will continue part-time in her role as Academic Lead, National Collaborating Centre for Aboriginal Health, and Associate Professor in the College of Arts, Social and Human Sciences at UNBC. Way to go, Margo!

Malcolm King, PhD

## New Funding Opportunities

### **Doctoral Research Award: Fall 2013 Priority Announcements**

[Aboriginal Research Methodologies](#)

[Research in First Nations, Inuit and Métis Health](#)

### **Operating Grant: Fall 2013 Priority Announcements**

[Aboriginal Ways of Knowing](#)

[Applying the "Two-eyed Seeing" Model to Aboriginal Health](#)

[First Nations, Inuit and/or Métis Health](#)

### **COMING SOON!**

### **Network Catalyst Grants: Skeletal Muscle, Skin, Aboriginal Knowledge and Ways of Knowing, and Adding Life to the Late Years**

IAPH, in collaboration with the CIHR Institute of Musculoskeletal Health and Arthritis (IMHA) and the CIHR Institute of Aging (IA), are partnering to provide support for the creation and/or further development of a formal network. IAPH will provide funding, up to \$200,000 per year for three years, to fund one Network, focusing specifically on Aboriginal Knowledge and Ways of Knowing as applied to health, wellness and/or resilience.

The aim of this network will be to facilitate the pooling of resources to support innovative research and practices, to build capacity and to provide a forum for discussing ideas, sharing best practices and consulting on challenges. This opportunity will provide funding for a network that demonstrates a capacity to advance work in priority research areas.

**Keep an eye on the CIHR website for this upcoming funding launch!**





# What is Lived Aboriginal Experience?



CIHR-IAPH recognizes that it is important that Aboriginal individuals conduct research with Aboriginal peoples. According to the Indigenous Peoples' Health Research Centre's [Ethics of Research Involving Aboriginal Peoples](#):

*"Indigenous peoples are now poised to assert the Indigenous perspective*

*on research and reclaim a voice that contributes to the dismantling of an old order of research practice. The old order of research - positivist, empirical, and driven by the agenda of the academy, has not served Indigenous populations whose interests are currently geared towards surviving and thriving through self-determination and control over resources including cultural and knowledge resources."*

Therefore, IAPH desires to target research funds towards increasing the number of health researchers of Aboriginal ancestry in our strategic funding opportunities. In order to accomplish this, the phrase "lived Aboriginal experience" is used by IAPH in funding opportunities such as [Aboriginal Ways of Knowing](#) and [Applying the 'Two-Eyed Seeing' Model to Aboriginal Health](#) to determine eligibility. The primary intent of this criterion is to increase the number of Aboriginal applicants funded in these opportunities, while recognizing that non-Aboriginal applicants may also meet this requirement through special circumstances as described below.

IAPH considers "lived Aboriginal experience" to be a quality demonstrated by Aboriginal individuals that are connected with their community. For non-Aboriginal people, this experience may be acquired through circumstances such as close relationships and experience with Aboriginal people, living an extended period of time (e.g., 5 years or more) on a reserve, in a

Métis or Northern Inuit community, or through similar experience with other Indigenous peoples – e.g., Pacific Islanders, or South American Indigenous peoples.

Applicants are required to indicate their Aboriginal identity and lived Aboriginal experience, to demonstrate their close working relationship with Aboriginal communities and/or organizations, and finally, describe how their "lived Aboriginal experience" will enhance their approach to research. Failure to include this information will result in being considered inadmissible to these particular funding opportunities. ***This is done on the Relevance Form portion of the application.***

IAPH welcomes you to provide some insight on what "lived Aboriginal experience" means to you, and what it should mean with respect to qualifying for related funding.

## Mentorship Workshop with Australia and New Zealand

As part of a [Tripartite Agreement](#) with the Canadian Institutes of Health Research (CIHR) and the New Zealand Health Research Council (HRC), our Australian partner - the National Health and Medical Research Council (NHMRC) - hosted a two-day [Indigenous Mentorship Workshop](#) which took place on May 23-24, 2013 in Melbourne. The Workshop was designed to solicit and provide advice to the three research organizations on increasing research capacity through the development of a mentorship program aimed at attracting, retaining, and better supporting emerging Indigenous health researchers with the ultimate goal of producing a cadre of Indigenous researchers poised to address health problems affecting Indigenous peoples in their host countries.

Each partner country sent an impressive delegation of ten Indigenous researchers to attend, which included both established mentors and emerging new investigators or leaders to participate and contribute to the workshop. [Dr. Nadine Caron](#) attended representing CIHR's Governing Council, and [Dr. Jane Aubin](#), Chief Scientific Officer and VP of Research and Jacques Dalton, IAPH Associate, Strategic Initiatives represented CIHR. The remainder of the

delegation consisted of: Drs. Catherine Cook, Judith Bartlett, Anita Benoit, Carrie Bourassa, Madeleine Dion Stout, François Gros-Louis, Dawn Martin Hill, Jeff Reading, and Lee Wilson. The recorded proceedings of the workshop, presentations, photos as well as a report will be posted on the [NHMRC website](#) once finalized.

One clear message was that there are many shared challenges and opportunities, and there continues to be much that we can learn and share across tripartite partners not just in mentorship but in Indigenous health research generally. The workshop also provided opportunities for identifying challenges facing emerging Indigenous researchers, comparing innovative mentoring practices, and enabling the sharing of experiences and best practices for defining the best approaches to mentoring the next generation of Indigenous health researchers.

The three countries have similar but not identical best practices in mentorship and related activities, therefore, the workshop report will focus on how to

share and implement best practices across countries while advancing the Indigenous health research agenda and outcomes. A recommendation for a Consortium-like structure in Indigenous Peoples' Health will likely be a key action item, allowing the strengths of Canada, NZ and Australia in Indigenous health research to be used as the core for an expanded global approach in mentorship and Indigenous intervention science. Other recommendations that resonated across all partners are regular workshops for young trainees and young investigators, including summer institutes and short-term exchanges between groups working on related issues in academic and community settings.

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*The Institute of Aboriginal Peoples' Health fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada, through research, knowledge translation and capacity building. The Institute's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures.*

[CIHR-IAPH Website](#)