



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

# CANADIAN INSTITUTES OF HEALTH RESEARCH

## Institute of Aboriginal Peoples' Health



ANNUAL REPORT OF ACTIVITIES | 2006-2007



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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*The cover art, "Untitled, 2007" is  
by Métis visual artist Christi Belcourt.  
Christi Belcourt lives and works in  
Whitefish Falls, Ontario.*

# 1.0

## Message from the President

The CIHR Institute of Aboriginal Peoples' Health (CIHR-IAPH) continues to meet the challenge of creating an advanced Aboriginal health research agenda in Canada, by building capacity and fostering research excellence in partnership with stakeholders in Aboriginal health.

This past year saw the creation of a groundbreaking agreement with the Assembly of First Nations and the First Nations Information Governance Committee that will support research from the First Nations Regional Longitudinal Health Survey. The leadership CIHR-IAPH has taken in creating a national network of centres dedicated to building capacity in Aboriginal health research is ensuring a new generation of Aboriginal health researchers will have the expertise and skills to engage in relevant health research that will ultimately lead to improved Aboriginal peoples' health.

Dr. Cornelia Wieman, Canada's first female Aboriginal psychiatrist, was appointed to the CIHR Governing Council in 2007. Dr. Wieman will play an integral role in providing expertise in Aboriginal health to CIHR's Governing Council.

Finally, through the leadership of the CIHR Ethics Office and CIHR-IAPH, CIHR now has the *CIHR Guidelines for Health Research Involving Aboriginal People* that will apply to all CIHR-funded research involving Aboriginal peoples. This precedent-setting accomplishment provides Aboriginal communities and researchers with the confidence that CIHR will support excellent research conducted in partnership with Aboriginal communities.

I congratulate Dr. Jeff Reading, his Institute staff, and the Institute's Advisory Board for supporting health-research initiatives that aim to improve the health of First Nations, Inuit and Métis peoples in Canada.

**Pierre Chartrand, PhD**

Acting President, Canadian Institutes of Health Research



## 2.0 Message from the Scientific Director

In 2006, in consultation with its expert Institute Advisory Board, the CIHR Institute of Aboriginal Peoples' Health (CIHR-IAPH) updated and revised its Strategic Plan for 2006-11. In setting its broad strategic directions, the Institute also outlined specific goals and implementation strategies. I am pleased to report that CIHR-IAPH has already made significant progress in achieving the goals set out for completion in this five-year period. "Leverage and seek out international collaborations to pursue global indigenous health research"; "establish and implement ethical guidelines for Aboriginal health research"; and "sustain and evolve the Aboriginal Capacity and Developmental Research Environments (ACADRE) model" are all examples of goals CIHR-IAPH has made significant progress towards, or achieved.

The challenges of improving First Nations, Inuit and Métis peoples' health are complex and situated within historical, social and economic realities that Aboriginal peoples face. Evidence-based policy that is informed by scientifically excellent and community-relevant health research plays an integral role in efforts to improve Aboriginal peoples' health. There continues to be a growing awareness of the impact of health determi-

nants on indigenous peoples' health globally. Leveraging this awareness, CIHR-IAPH is collaborating at regional, national and international levels with key stakeholders to make connections among Aboriginal communities, academics and policy-makers that will lead to research that aims to both enhance resilience and improve health inequities.

The achievements of CIHR-IAPH are shared by those who make it possible: the Institute's expert Advisory Board members, the innovative and dedicated researchers and trainees in Aboriginal health and the Institute's skilled staff. Being guided by its vision, mission and values, CIHR-IAPH can remain committed to its goal of improving the health of the many diverse Aboriginal peoples in Canada.

**Jeff Reading, MSc, PhD, FCAHS**

Scientific Director

Canadian Institutes of Health Research

Institute of Aboriginal Peoples' Health



# 3.0

## Profile of the Institute

CIHR-Institute of Aboriginal Peoples' Health (CIHR-IAPH) is guided in its goal to improve Aboriginal peoples' health by core values that respect Aboriginal communities and cultures. Together, the mandate, vision, mission, values and strategic priorities create a clear path for CIHR-IAPH to develop an advanced agenda for Aboriginal health research.

### **Mandate**

CIHR-IAPH supports health research that addresses the special health needs of Aboriginal peoples in Canada.

### **Vision**

CIHR-IAPH will improve the health of First Nations, Inuit and Métis people through the assertion of Aboriginal understandings of health and by fostering innovative community-based and scientifically excellent research.

### **Mission**

CIHR-IAPH will play a lead role in increasing the productivity and impact of Aboriginal health research by advancing capacity and infrastructure in the First Nations, Inuit and Métis communities, enhancing knowledge translation and forging partnerships with diverse communities and organizations at the regional, national and international levels.

### **Values**

- Respect for Aboriginal peoples and traditional knowledge
- Promotion of community-based and highest-quality scientific research
- High ethical standards in approach to and conduct of research with Aboriginal peoples
- Inclusiveness, trust and openness in our work
- Partnership and collaboration

### **Strategic Priorities**

1. Develop strategic regional, national and international partnerships to advance Aboriginal health research.
2. Ensure inclusion and recognition of Aboriginal values and cultures in health research.
3. Enhance capacity and infrastructure to advance Aboriginal health research.
4. Resolve critical Aboriginal health issues.
5. Facilitate and evaluate translation of Aboriginal health knowledge into policy and practice.



# 4.0

## Outstanding Research

Aboriginal health research supported by CIHR-IAPH has two necessary qualities: first, it must be scientifically excellent according to international standards; second, the research must be relevant to Aboriginal communities. The standard for relevance is high: Aboriginal communities must be engaged as equal partners in the research process from identification of the research question, through to the process for translation of new knowledge generated.

### 4.1 CIHR Guidelines for Health Research Involving Aboriginal People

In March 2007, CIHR's Governing Council (GC) approved the *CIHR Guidelines for Health Research Involving Aboriginal People*. This significant accomplishment was made possible through a partnership between the

CIHR Ethics Office and CIHR-IAPH. An intensive three years in development, these guidelines are a product of extensive consultation with the Aboriginal and Aboriginal health research communities and strategic advice from leading Aboriginal researchers on the Aboriginal Ethics Working Group.

The implementation of the *CIHR Guidelines for Health Research Involving Aboriginal People* in 2007-08 will mark the beginning of an era in which Aboriginal peoples can be engaged fully as partners in CIHR-funded, culturally competent research that affects the health and well-being of their communities.

GC unanimously approved the *CIHR Guidelines for Health Research Involving Aboriginal People* at the first meeting attended by Dr. Cornelia Wieman, Canada's first female Aboriginal psychiatrist, from the Faculty of Medicine, University of Toronto, after her appointment to GC in March 2007.



From left: Dr. Jeff Reading, Dr. Burleigh Trevor-Deutsch, Dr. Alan Bernstein, Dr. Cornelia Wieman and Dr. Harvey Chochinov.

### 4.2 Generating New Knowledge

CIHR-IAPH launched three strategic funding opportunities in June 2006:

- Request for Applications (RFA): CIHR Network Environments for Aboriginal Health Research

- Priority Announcements:

*Operating Grants* – Priority Announcement: Aboriginal Health

*Graduate Training Award* – Master's Priority Announcement: Aboriginal Health



# 5.0

## Outstanding Researchers in Innovative Environments

Across Canada, CIHR-IAPH is supporting the best Aboriginal health research through its strategic initiatives and the CIHR Open Competition.

In 2006-07, CIHR-IAPH funded 20 new research projects and awards in the following competitions:

- New Researchers in Aboriginal Health;
- Aboriginal Community-Based Research planning grants and operating grants;
- Aboriginal Health and Human Resources in Community-Based Research grants;
- Research projects submitted to CIHR Open Competition: Priority Announcement in Aboriginal Health;
- CIHR Fellowship Awards in Aboriginal Health; and
- Suicide Prevention Targeting Aboriginal People – New Emerging Team.

The following CIHR-funded Aboriginal health research projects are examples of the innovative projects that are investigating Aboriginal health priorities, with the aim of contributing to the improvement of Aboriginal peoples' health in Canada:

### ***How the immunogenetic program and socio-economic conditions of Manitoba's First Nations affect their response to Mycobacterium tuberculosis isolates***

- Dr. Pamela Orr, along with her co-investigators, are looking to gain insights into the factors (genetic, environmental and cultural) that are contributing to the high rates of tuberculosis infection among northern Manitoba First Nations. Knowledge generated will be used to develop culturally relevant disease prevention and control programs for people who have experienced tuberculosis in the past and continue to suffer physically, socially and emotionally from recurrent epidemics.

### ***Eating as social practice: a theoretical approach for integrating context into the study of food and eating patterns***

- Treena Delormier, PDt MSc is a Doctoral Candidate in Public Health (Health Promotion) at the Université de Montréal. Treena Delormier's doctoral research project developed a theoretical approach, based upon social theory, to study food and eating patterns as *social practices* and tests its utility in one Aboriginal community. The application of this work will be in emphasizing the social structural aspects (context) of eating practices for promoting health and nutrition.



# 6.0 Partnerships and Public Engagements

## 6.1 Partnerships

Through its inter-Institute partnerships with the CIHR Institutes of Neurosciences, Mental Health and Addiction (CIHR-INMHA), Gender and Health (CIHR-IGH) and other CIHR Institutes and departments, CIHR-IAPH is contributing to a number of excellent health research projects, including:

- One research project in the Early Life Events and First Episodes of Brain Disorders – New Emerging Team (CIHR-INMHA).
- Five research projects in the Reducing Health Disparities and Promoting Equity for Vulnerable Populations – Interdisciplinary Capacity Enhancement Grants (CIHR-IGH).
- Four research projects in the Mexico-Canada Joint Health Research Program in Tuberculosis.

The CIHR HIV/AIDS Research Advisory Committee (CHARAC), a sub-committee of the CIHR Institute of Infection and Immunity (CIHR-III) Institute Advisory Board (IAB), provides guidance to the Institute in setting research priorities and developing initiatives. Dr. Charlotte Loppie, appointed to CHARAC in 2007, represents CIHR-IAPH and Aboriginal HIV/AIDS issues. CIHR-IAPH is a partner with CIHR-III on the HIV/AIDS Community-Based Research Program (Aboriginal Stream).

Dr. Judy Mill, CIHR-IAPH IAB member, and Dr. Charlotte Loppie are members of the CIHR HIV/AIDS Community-Based Research Steering Committee (Aboriginal Stream).

### First Nations Regional Longitudinal Health Survey (RHS)

In November 2006, a Memorandum of Understanding was signed between the Assembly of First Nations (AFN), the First Nations Information Governance Committee (FNIGC) and CIHR-IAPH to support collaboration, research and knowledge translation activities with the First Nations Regional Longitudinal Health Survey (RHS).

The RHS is currently the only national First Nations survey that is developed and managed by First Nations governance bodies. Funding opportunities or partnerships as a result of this agreement will respect the FNIGC RHS Code of Ethics and First Nations principles of Ownership, Access, Control and Possession. This collaboration with the AFN and FNIGC represents a historic opportunity for First Nations and Aboriginal health researchers to work in partnership to develop knowledge that meets both high standards of academic rigour and relevance to First Nations communities.

## 6.2 Public Engagement

CIHR-IAPH engages the public, interested parties and stakeholders in Aboriginal health through: communications; support for research priority-setting meetings, workshops, symposia and conferences; and through invited presentations by Institute Scientific Director, Dr. Jeff Reading.



### **Workshops, Symposia, Conferences**

CIHR-IAPH provides support to events in health and health research that have potential for generating knowledge and awareness, and for development of research priorities in Aboriginal health. In 2006-07, the following events received support:

- *Canadian Public Health Association 97th Annual Conference*, Vancouver, British Columbia (May 2006)
- *Canadian Student Health Research Forum*, Winnipeg, Manitoba (June 2006)
- *3rd Summer Institute for New Global Health Researchers*, Cuernavaca, Mexico (July 2006)
- *The 13th Canadian Conference on International Health*, Ottawa, Ontario (October 2006)
- *Aboriginal Forum on Homelessness Research for the British Columbia/Yukon Region*, Vancouver, British Columbia (November 2006)
- *2nd National Chronic Disease Alliance of Canada (CDPAC) Conference*, Ottawa, Ontario (November 2006)
- *Health Research Ethics Information Session and Community Consultation*, Iqaluit, Nunavut (November 2006)
- *Beginning the Dialogue on Defining a Culturally Appropriate Gender Based Analysis Framework for Aboriginal Women's Health and Healing Research*, Vancouver, British Columbia (February 2007)

- *Walking a Path to Wise Practices: 1st Canadian Aboriginal AIDS Network Community-Based Research Capacity-Building Conference*, Vancouver, British Columbia (February 2007)
- *Northern Aboriginal Health Research Gathering*, Prince George, British Columbia (March 2007)

### **Health Research Priorities and Ethics in Northern and Inuit Communities**

CIHR-IAPH was pleased to provide support for the Health Research Ethics Workshop and Community Consultation hosted by the Arctic Health Research Network-Nunavut, in November 2006. The goals of the two-day gathering were to provide information about ethical guidelines to key community members and identify health priorities of northern and



*At the 6th Annual Gathering of Graduate Students in Aboriginal Health (from left): Dr. Jeff Reading, Andrée Maheux (Scientific Director's Award 2006), Hannah Tait Neufeld (Scientific Director's Award 2006), Dr. Malcolm King.*



Inuit communities in Nunavut. As part of the workshop, Doris Cook, MPH, CIHR Ethics Office, provided a presentation and workshop on the *CIHR Guidelines for Health Research Involving Aboriginal People*.

Workshop participants discussed issues for health research conducted in Nunavut, including shared benefits, meaningful consultation, data ownership and use of appropriate research methods. Participants also identified broad health research priorities and specific health issues, including mental health (e.g. suicide, substance use); public health education; housing (e.g. overcrowding); nutrition (e.g. access to traditional foods); and professional training in health care. The workshop identified both the strong need for, and interest that northern communities have in, participating in health research and identifying health priorities in northern and Inuit communities.

#### **Presentations by the CIHR-IAPH Scientific Director**

Dr. Jeff Reading is a renowned researcher and leader in Aboriginal health. CIHR-IAPH is also renowned internationally as an innovative and leading model for Aboriginal health research. Dr. Reading is an invited speaker at many national and international events. In 2006-07, Dr. Reading gave ten national presentations and seven international presentations. In addition to these numerous national and international engagements, Dr. Reading spoke at a number of important

regional health events organized by Aboriginal communities, universities and health organizations.

#### **CIHR-IAPH Presentation to the International Congress on Circumpolar Health**

The 13th International Congress on Circumpolar Health (ICCH 13), "Gateway to the International Polar Year", was held June 12-16, 2006, in Novosibirsk, Russia, and was sponsored by the International Union for Circumpolar Health (IUCH). The first International Congress on Circumpolar Health (ICCH) was held in 1967; the Congress serves as the primary source of information exchange and scholarly communication in issues related to circumpolar health. Past ICCHs have had upwards of 750 participants from circumpolar countries, including researchers, policy makers, Aboriginal peoples and others; more than 400 scientific papers or posters are usually presented.

Dr. Jeff Reading was invited by the IUCH to present "Improving Health for Future Generations" to members of the international circumpolar health research community.

#### **Media Engagement**

CIHR has a responsibility as a federal agency to demonstrate to Canadians the exceptional value and importance of health research. Engaging national and regional media is an important part of communicating the value of health research.

CIHR-funded Aboriginal health researchers and CIHR-IAPH representatives were featured in an announcement for September 10, 2006, World Suicide Prevention Day; and an Expert Alert for January 22, 2007, for National Non-Smoking Week.

# 7.0

## Knowledge Translation Initiatives

The CIHR-IAPH Five-Year Strategic Plan 2006-11 includes a new and dedicated strategic priority to “facilitate and evaluate translation of Aboriginal health knowledge into policy and practice”. To meet this priority, CIHR-IAPH is undertaking knowledge translation activities in a number of areas, for example the creation and implementation of national and international agreements with Aboriginal organizations, government departments and national funding agencies; funding health research that includes or focuses on knowledge translation as a component; and support for research priority-setting workshops. An opportunity for the near future is for CIHR-IAPH to bring together and synthesize the activities occurring at the

regional, national and international level, in consultation with experts in Aboriginal health and research, to develop a formal CIHR-IAPH Strategy for Knowledge Translation.

### Publications

- **Reading J.** Guest Editorial – The quest to improve Aboriginal health. *Canadian Medical Association Journal*. April 2006.



## 8.0 Organizational Excellence

### 8.1 Institute Advisory Board

The CIHR-IAPH IAB members represent the excellence of Aboriginal health research in Canada. Members, from academia, government and Aboriginal health organizations, work closely with CIHR-IAPH to provide strategic advice on partnerships, research program development and research capacity-building initiatives.

Three important IAB Meetings were held in 2006-07 from the east coast to western Canada:

- July 12-13, 2006 (Halifax, Nova Scotia):  
11th Meeting of the CIHR-IAPH IAB and 1st Joint CIHR-IAPH IAB and the Aboriginal Capacity and Developmental Research Environments (ACADRE) Network
- November 2-3, 2006 (Montreal, Quebec):  
12th Meeting of the CIHR-IAPH IAB

- March 12-13, 2007 (Edmonton, Alberta):  
13th Meeting of the CIHR-IAPH IAB and 1st Joint Meeting of the CIHR-IAPH and CIHR Institute of Human Development, Child and Youth Health (CIHR-IHDCYH) IABs.

#### CIHR-IAPH 2006-07 IAB members:

Judith Bartlett, MD, MSc, CCFP\*  
Marlene Brant-Castellano, BA, BSW, MSW\*  
Michael Chandler, PhD\*\*  
Bernice Downey, RN  
Stephen Graham, BSc (Pharm), PhD\*\*  
Margo Greenwood\*\*  
Richard Jock, BA, MEd  
Malcolm King, PhD (IAB Chairperson)  
Laurence Kirmayer, MD, FRCPC  
Ann Macaulay, MD, CCFP, FCFP  
Judy Mill, RN, PhD  
John O'Neil, BA, MA, PhD  
Ian Potter, MSc  
Francine Romero, MPH, PhD  
Janet Smylie, MD, MPH, CCFP  
Isaac Sobol, MD, CCFP, MHSc  
Lisa Sterling, MA, PhD  
Gail Valaskakis, PhD

\* IAB member until August 2006

\*\* IAB member since September 2006



Members of the CIHR-IAPH IAB at the November 2006 meeting in Montreal, Quebec.

## 8.2 Staff

CIHR-IAPH has four full-time staff that are employed with its host institution, the University of Victoria, Victoria, British Columbia, and two full-time and one half-time staff employed with the CIHR corporate headquarters in Ottawa, Ontario:

### **Victoria:**

Jeff Reading, MSc, PhD, FCAHS,  
*Scientific Director*

Earl Nowgesic, BScN, RN, MHSc,  
*Associate Director*

Namaste Marsden, BA, LLB, *Senior Advisor*  
and Velten Pilger, BA, *Programs Manager*

Mary Hum-Wan, *Office Manager*

Colleen O'Leary, Natasha Peltier, and  
Elizabeth Estey, *Summer Students*

### **Ottawa:**

Laura Commanda, MSW, *Assistant Director*

Doris Cook, MPH, *Project Manager*,  
*Aboriginal Ethics Policy Development*

Allison Forsythe, *Junior Project Officer*



*CIHR-IAPH staff (from left): Earl Nowgesic, Namasté Marsden, Mary Hum-Wan, Colleen O'Leary, Jeff Reading. Missing: Laura Commanda, Doris Cook, Allison Forsythe, Velten Pilger.*

Dr. Jeff Reading is a professor at the University of Victoria, Faculty of Human and Social Development, and divides his time between CIHR-IAPH and his research activities as the Director of the Aboriginal Health Research Group at the University of Victoria.

Dr. Reading has a number of voluntary professional appointments at the national level that involve providing expertise in



Aboriginal health to diverse health groups. These include:

- Canadian Heart Health Strategy Steering Committee (CHHS)
- Canadian Academy of Health Sciences (CAHS)
- Public Health Agency of Canada Advisory Council for National Collaborating Centres (PHAC-NCC)
- ParticipACTION – Sports and Physical Activity
- WHO-UN Agency Committee on School Health
- Review of Section 6 of the 1998 Tri-Council Policy Statement (TCPS) – Research Involving Human Subjects

#### **Staff Development**

As a part of its annual team building and organizational planning for implementation of the CIHR-IAPH Five-Year Strategic Plan 2006-2011, the CIHR-IAPH staff from Victoria and Ottawa met on June 14, 2006 in Halifax, Nova Scotia for their annual staff retreat.

### **8.3 Institute Accountability**

#### **CIHR Year 5 International Review Panel Report 2000-2005**

The CIHR Year 5 International Review Panel Report 2000-2005 was released in June 2006. In addition to a comprehensive review of CIHR, the International Review Panel (IRP) reviewed each Institute. CIHR-IAPH received favourable reviews from the IRP for its leadership and capacity-building initiatives and the overall general recommendation was, “to maintain the present policy settings and strategy”. No changes to the status or mandate of CIHR-IAPH were recommended.

#### **Program Evaluation**

CIHR-IAPH has endeavoured to ensure through program evaluation that research programs established by CIHR-IAPH are meeting, and are effective in achieving, the goals it set out.

To this end, two program reviews were initiated in 2006-2007:

- Canadian Review of the International Collaborative Indigenous Health Research Partnership
- ACADRE Outcomes Evaluation

Results generated and recommendations made by the external evaluators in these two evaluations will be considered and implemented, where possible, into future program design.



# 9.0

## Financial Statements

CIHR is funded through federal government appropriations, which totaled \$863.5 million for the year ended March 31, 2007.

CIHR's GC delegates financial authority to each Institute for managing a portion of these funds through two mechanisms:

*Institute Strategic Initiatives:* Each Institute is provided with funding annually to support strategic health research in its respective area by awarding peer-reviewed grants and awards (Table A).

*Institute Support Grant:* Each Institute receives a support grant of \$1 million annually to operate and to develop research capacity in the scientific community it represents through a wide variety of collaborative activities (Table B).

*Open Competition Grants:* These funds support competitions that are not managed by specific initiatives. Each application is peer reviewed on its scientific merit and the top ranked applications are funded regardless of which area they represent in science (Table C).

The following tables provide financial results of operations for the year ending March 31, 2007.

### **CIHR Research and Knowledge Translation Committee**

In addition to having direct responsibility for managing the funds described in the tables, Institutes 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.

The CIHR Research and Knowledge Translation Committee is composed of 13 Scientific Directors, the Vice-Presidents of Research and Knowledge Translation, the Director of Ethics, the Executive Vice-President, the Chief Financial Officer, and the President. This committee develops, implements and reports on CIHR's research and knowledge translation strategy in accordance with the *CIHR Act* and the overarching strategic directions set out by GC and makes recommendations to GC on the appropriate allocation of resources.

Researchers aligned with 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.



**Table A: Institute of Aboriginal Peoples' Health • Investments in Strategic Initiatives**  
For the year ended March 31, 2007

Strategic Initiatives	Number	Investments Through Grants and Awards				Total
		2006-07	2007-08	2008-09	2009 and beyond*	
An Opportunity for New Researchers in Aboriginal Health	17	\$ 753,385	\$ 514,589	\$ 216,289	\$ 148,742	\$ 1,633,005
Aboriginal Community-Based Research	17	797,626	680,061	210,666	83,319	1,771,672
Reducing Health Disparities	5	420,838	419,276	420,820	639,460	1,900,394
Aboriginal Peoples' Health	1	39,206	—	—	—	39,206
Operating Grants to Open Competition	4	137,995	118,224	60,918	—	317,137
New Emerging Team	1	45,834	—	—	—	45,834
Rural and Northern Health Research	2	60,839	69,581	69,580	—	200,000
Training Awards	5	116,605	164,080	74,833	43,230	398,747
National Network for Aboriginal Mental Health Research & Training	1	58,317	—	—	—	58,317
CIHR Training Program Grants	6	170,311	201,937	32,215	—	404,463
Aboriginal Capacity and Developmental Research Environments (ACADRE)	7	1,375,210	2,370,237	1,762,863	—	5,508,310
Canadian Tobacco Control Research Initiative	1	100,000	50,000	50,000	100,000	300,000
Suicide Prevention Targeting Aboriginal People	4	576,998	581,843	574,939	786,813	2,520,593
International Collaborative Indigenous Health Research Partnership on Resilience	3	873,205	902,914	907,782	1,046,241	3,730,142
Priority Health Services and System Issues	1	34,705	—	—	—	\$34,705
Research in Addictions	4	149,960	194,917	145,320	206,446	696,643
Early Life Events and Brain Disorders	1	200,000	—	100,000	200,000	500,000
Mexico-Canada Tuberculosis Program	4	12,500	12,751	2,639	—	27,890
Aboriginal Health Human Resources	6	294,002	476,747	385,827	171,572	1,328,148
Clinical Autoimmunity		—	60,582	80,776	100,970	242,328
Access to Quality Cancer Care		—	99,744	99,665	298,995	498,404
<b>Total</b>	<b>90</b>	<b>\$ 6,217,536</b>	<b>\$ 6,917,483</b>	<b>\$ 5,195,132</b>	<b>\$ 3,825,788</b>	<b>\$ 22,155,938</b>

\* 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 2006-07 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, 2007

<b>Available Funds</b>		<b>\$ 1,124,624</b>
<b>Expenses</b>		
Institute Development		
Conferences, symposia and workshops	\$ 105,030	
Institute Advisory Board	43,081	
Professional services	85,313	
Travel expenditures	96,805	
Other costs	2,181	\$ 332,410
Institute Operations		
Salaries and benefits	\$ 431,818	
Office accommodations	27,538	
Telephone and communication services	15,812	
Supplies, material and other services	11,676	
Office Furniture and fixtures	870	
Computer equipment and IT support	6,816	
Professional services	8,577	
Travel expenditures	63,478	
Other expenditures	12,175	\$ 578,760
<b>Total Expenses</b>		<b>\$ 911,170</b>
<b>Unspent Balance*</b>		<b>\$ 213,454</b>

\* Note: The balance as at March 31, 2007 is carried forward to the subsequent fiscal year.



**Table C: CIHR Investments in Aboriginal Health**  
For the year ended March 31, 2007

Investments Through Grants and Awards									
	Number	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	Total
Operating Grants	114	\$ 173,726	\$ 570,501	\$ 1,258,068	\$ 2,220,932	\$ 2,982,002	\$ 3,044,438	\$ 4,409,375	\$ 14,659,042
Group Grants									
NET	16	—	37,249	435,349	426,451	1,123,989	1,886,260	1,988,712	5,898,010
CAHR	6	430,437	1,328,251	1,640,302	1,550,113	1,437,166	1,123,823	—	7,510,092
IHRT	2	173,200	589,578	558,108	523,725	431,298	322,300	—	2,598,209
ICE	6	—	—	—	—	—	—	551,833	551,833
Team Grants	3	—	—	—	—	—	10,000	2,363,214	2,373,214
ACADRE	8	—	849,075	1,851,078	1,925,129	1,999,590	1,500,000	1,659,328	9,784,200
Development Grants	23	—	—	—	439,580	420,860	50,000	25,000	935,440
Randomized Control Trials	4	450,367	871,600	778,999	520,131	744,178	678,854	14,173	4,058,302
Fellowship Programs	20	171,463	333,154	351,172	263,564	161,451	96,681	110,000	1,487,484
Doctoral Research Awards	18	—	16,358	39,584	58,586	92,440	227,785	260,646	695,399
Canada Graduate Scholarships	10	—	—	—	35,000	72,916	67,084	63,332	238,332
New Investigators	11	32,084	—	60,000	185,656	182,388	439,957	485,158	1,385,243
Senior Investigators	5	117,143	163,937	304,613	329,630	330,403	283,971	246,223	1,775,920
Investigators	1	20,000	20,000	20,000	20,000	—	—	—	80,000
Training Program Grants	9	—	125,577	1,175,297	1,444,279	981,272	1,865,869	1,750,507	7,342,801
Master's Awards	4	—	—	—	—	—	37,958	45,614	83,572
Pilot Project Grants	5	—	—	—	250,000	32,478	75,000	—	357,478
Workshops and Symposia	14	—	—	—	—	101,750	69,340	77,000	248,090
Other Grants	8	—	93,943	42,353	15,000	113,449	205,000	200,000	669,745
<b>Total</b>	<b>287</b>	<b>1,568,420</b>	<b>4,999,223</b>	<b>8,514,923</b>	<b>10,207,776</b>	<b>11,207,630</b>	<b>11,984,320</b>	<b>14,250,115</b>	<b>62,732,406</b>

Table C reflects an estimate of CIHR's support of research on Aboriginal peoples' health only. The numbers were generated through a keyword search of the CIHR database for grants and awards.

The following keywords were used to search the CIHR database: Aboriginal OR Inuit OR First Nations OR Indigenous OR Native American OR American Indian OR North American Indian OR Amerindian OR Indian Nation OR Native OR Eskimo OR Métis OR Cree OR Mohawk OR Ojibway.

Grant and award projects which the applicant has identified being related to the mandate of the Institute of Aboriginal Peoples' Health were included. Expenditures that were contributed by the Institute of Aboriginal Peoples' Health were excluded. The expenditures in this table reflect in-year investments for projects that included, but were not necessarily exclusive to, Aboriginal peoples' health.

It is not possible to determine the proportion of a project's expenditures that are relevant to a specific research area or population. Therefore project expenditures can be reported multiple times across several CIHR institutes as estimated expenditures relevant to their areas of research. It would therefore be inappropriate to add up similar numbers from all Institutes to determine CIHR's overall support of health research. Certainly, such a process would lead to a figure that exceeds CIHR's total budget.

The amounts reflected in Table C were classified using a slightly different classification method than in the prior year. As a result, prior year's figures have been modified to be consistent with the current year classification method.