

**Annual Report of Activities 2002-2003**



CIHR - Institute of **Aboriginal Peoples'** Health



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

Under the watchful guidance of our dedicated volunteer advisory board and professional staff, the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health (CIHR-IAPH) completed another exciting year.

Of particular note is the establishment of four new ACADRE (Aboriginal Capacity and Developmental Research Environments) centres. What was once a dream is now reality, as we created a national network of aboriginal-focused advanced research environments based at universities in Vancouver, Edmonton, Regina, Winnipeg, Toronto, Ottawa, Quebec City and Halifax.

In addition, I had the honour of being invited to present Health Canada's fourth annual Amyot Lecture titled, *Global Indigenous Health Research: An Opportunity for Canadian Leadership*. This event provided me with the chance to share both our ACADRE experience in Canada and our international initiatives. We have much to learn from multilateral collaboration and much to contribute.

Over the past year, established Canadian researchers and trainees, and their colleagues from around the world worked collaboratively to solve complex problems to improve the health of indigenous people globally. CIHR-IAPH is using these opportunities to assume a leadership role in setting a global indigenous health research agenda.

As well, CIHR-IAPH posted two requests for applications titled, *An Opportunity for New Researchers in Aboriginal Health and Aboriginal Community-based Research* to develop opportunities for new researchers and to make research more responsive to aboriginal community concerns.

New research funding initiatives such as these build on our commitment to improve capacity for aboriginal health research that is informed by community health priorities and is consistent with the overall objectives of our national ACADRE network.

The coming year promises to be even more exciting. Please join us as our alliance of research trainees continues to grow and our institute becomes the nucleus for advanced indigenous health research to improve the health of aboriginal people in Canada and around the world.

All My Relations,

A handwritten signature in black ink, appearing to read 'J. Reading'.

**Jeff Reading, MSc, PhD**

Scientific Director

Canadian Institutes of Health Research  
Institute of Aboriginal Peoples' Health





## Profile of the Institute

CIHR-IAPH is one of 13 founding institutes under the Canadian Institutes of Health Research (CIHR). Consistent with the overall CIHR mandate, CIHR-IAPH promotes holistic and multi-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 aboriginal populations.

“The CIHR model is ground-breaking and is transforming health research in Canada. It’s an experiment other nations are following closely both for its innovative structure and approach to health research,” says Dr. Reading.

In the fall of 2002, CIHR-IAPH received a strong vote of confidence from Senator Michael Kirby and the Standing Committee on Social Affairs, Science and Technology. Volume six of their report says:

*“The Committee believes that research is perhaps the most important element that will help improve the health status of aboriginal Canadians. In our view, the creation of CIHR’s Institute of Aboriginal Peoples’ Health is an important step in this direction.”*

Indeed, preventative and prescriptive interventions based on research results will eventually close health gaps between aboriginal and non-aboriginal people – gaps that are currently quite wide. Only 38 percent of First Nations people report very good to excellent health, compared to 61 percent of all Canadians, according to Statistics Canada.

Significant inroads were made by CIHR-IAPH throughout fiscal 2002-2003 to close the gap. CIHR-IAPH doubled the size of its national network of health research centres from four to eight. Each one is dedicated to building capacity in aboriginal health research at both individual and community levels.

As the major funder of aboriginal health research in Canada, CIHR-IAPH funded 15 new research initiatives and posted 10 Requests for Applications (RFAs), remarkable achievements over the past 12 months.

Health research that has a positive impact on the mental, physical, emotional and spiritual health of aboriginal people at all life stages is at the heart of CIHR-IAPH. In addition, all CIHR-IAPH funded research projects are connected with aboriginal communities and are relevant to aboriginal people. They are guided by and respect traditional knowledge and values, while adhering to international standards of scientific excellence.



## 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.

**“ Our vision is to enhance the well-being of First Nations, Inuit and Métis people in Canada by supporting innovative research programs that are based on scientific excellence and community cooperation.”**

— Dr. Reading delivering the Amyot Lecture sponsored by Health Canada in Ottawa in November 2002





## Outstanding Research

### Research agenda setting

CIHR-IAPH supports research addressing the special health needs of aboriginal people across Canada and is pursuing ardently the following strategic research priorities:

#### **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 institute posted several RFAs reflecting an advanced research agenda aligned with its four research priorities. By September 2002, a multidisciplinary peer-review committee recommended the following four, highly diverse applications for funding:

#### **i) Diabetes**

Grant recipient: Sharon Bruce, PhD, University of Manitoba, *The relationship between stress and diabetes in a Manitoba First Nations community.*

According to Dr. Bruce, this study has a dual potential – to contribute to the health of First Nations people and to science. Because the research is community driven, it could help the community develop its own intervention programs dealing with stress and other health issues. In addition, aboriginal people will be hired and trained to act as field workers for the study and will develop valuable skills that can be used in other ways once their work for this project is completed.

Results will contribute to science by providing information on the relationship between chronic stress and diabetes in First Nations people, an issue that has not been examined systematically. As well, culturally appropriate measures of stress and coping could be adapted and used in future studies on diabetes.

## ii) Fetal Alcohol Syndrome and Fetal Alcohol Effects

Grant recipient: Stuart MacLeod, MD, PhD, McMaster University, *Community methods: developing brief alcohol interventions for aboriginal mothers.*

The study team will develop, implement and evaluate an intervention model targeting postpartum women who drink above recommended levels. A participatory research approach will be used involving aboriginal people in all stages of the project including: i) the development of surveys and interventions by listening and learning from community people, ii) testing the interventions, and iii) preparing a guide for aboriginal communities interested in helping at-risk postpartum women.

## iii) HIV and aboriginal youth

Grant recipient: Judith Mill, RN, PhD, University of Alberta, *The diagnosis and care of HIV infection in aboriginal youth.*

The purpose of the project is to explore HIV testing and care decisions in aboriginal youth. In collaboration with aboriginal and non-aboriginal HIV/AIDS experts, a series of questions was developed to guide the study:

- i. Why do some aboriginal youth decide to have an HIV test, while others do not?
- ii. How do aboriginal youth view HIV testing?
- iii. What is the experience of aboriginal youth during testing?
- iv. What is the relationship between HIV testing and the decision to initiate treatment?
- v. How do aboriginal youth make decisions about the care and treatment of their HIV illness?

## iv) HIV and young aboriginal drug users

Grant recipient: Patricia Spittal, PhD, University of British Columbia, *Understanding HIV vulnerability in young aboriginal drug users: a multi-disciplinary northern-southern collaboration.*

Aboriginal injection drug users are currently the fastest growing group of new HIV cases in B.C. with women emerging as a highly vulnerable sub-group. This collaborative

**Because the research is community driven, it could help the community develop its own intervention programs dealing with stress and other health issues. In addition, aboriginal people will be hired and trained to act as field workers for the study and will develop valuable skills that can be used in other ways once their work for this project is completed.**



project will estimate the prevalence and incidence of HIV and hepatitis C infection among young aboriginal drug users living in Vancouver and Prince George. Sharing survey results and exchanging knowledge are key goals for the study so that culturally-sensitive, health care programs can be used by as many organizations and people as possible.

### **Global health research**

CIHR-IAPH is involved in a massive global health research initiative involving several key players including CIHR, six other CIHR institutes, the Canadian International Development Agency, Health Canada, and the International Development Research Centre.

The consortium of partners signed an historic memorandum of understanding to build and coordinate Canada's global health research

activities. A RFA was subsequently issued in mid-2002 and the following principal investigator was awarded funding by CIHR-IAPH:

Kue Young, MD, DPhil, University of Toronto, *Under Four Flags: Development of an international research consortium for Inuit Health.*

An international team of researchers from Greenland/Denmark, the United States, Russia and Canada will plan, implement and disseminate a long-term research program to improve the health of Inuit people, whose homeland stretches "across the top of the world."

### **Related Research**

Anthony Hanley, PhD, and his team of researchers are conducting a follow-up study examining biological factors affecting the incidence of diabetes among aboriginal people living in Sandy Lake First Nation in northern Ontario.



## Excellent Researchers in a Robust Research Environment

To ensure continued growth, aboriginal health research must be developed systematically – including both human resources and research environments. CIHR-IAPH is propelled by this need and over the past fiscal year supported an inspiring number of aboriginal health research projects illustrated below.

### **Expanding the ACADRE network and capacity building**

CIHR-IAPH proudly launched four additional ACADRE (Aboriginal Capacity and Developmental Research Environments) centres in October 2002, which were awarded a total of \$12 million over the next six years.

“Forty percent of these ACADRE funds supports graduate students engaged in research,” Dr. Reading says. “As a result, a new generation of aboriginal health researchers is emerging under the guidance and instruction of CIHR-IAPH and its national network of centres.”

The institute’s flagship initiative was expanded to include:

#### **i) Atlantic Aboriginal Health Research Program, Halifax, Nova Scotia**

Officially launched in February 2003, the Atlantic Aboriginal Health Research Program (AAHRP) will increase substantially the number of aboriginal people engaged in

health research and improve the health of aboriginal communities across the maritime provinces.

The program will foster community-generated indigenous research throughout the region in three broad areas: prevention, such as reducing smoking and alcohol consumption; mental health and addictions; and enhancing understanding of health determinants, for example, housing conditions, income, and cultural and spiritual factors.

As well, supportive environments and resources will be provided to encourage aboriginal students to pursue careers in health research. Financial support will be available for graduate and post-graduate students, as well as for post-doctoral and junior faculty appointments.

AAHRP will also guide aboriginal communities as they work with university researchers on various health research projects.





Dalhousie ACADRE  
launch, February, 2003

"Establishing AAHRP represents a big step in strengthening the research capacity of aboriginal people in Atlantic Canada," Director Fred Wien, PhD, says. "They are very interested not only in using the results in research, but also in being involved in all phases of the research process."

Guiding the centre is an 11-member governing board with a majority of aboriginal people chosen from the four maritime provinces.

**ii) Avativut - Ilusivut Centre, Quebec City, Quebec**

Climate change and environmental contaminants are impacting adversely the health of Inuit people living North of 60. Their close relationship to the land and participation in traditional activities, such as hunting and fishing, are compounding this threat.

Despite the pressing need, few post-secondary Inuit students are enrolled in health and environment related disciplines. Building capacity among Inuit youth is urgently needed now and is a driving priority for Avativut-Ilusivut (Inuit for our environment, our health).

Under the direction of Éric Dewailly, MD, PhD, the ACADRE centre will focus on three broad research themes: changing environments and

Inuit health; environmental surveillance and health monitoring; and western science and Inuit knowledge in environmental health research.

Affiliated with Université Laval, the centre takes a multi-disciplinary approach to problem solving by bringing together indigenous knowledge and excellence in the medical, natural and social sciences.


The Avativut - Ilusivut Centre is governed by an advisory board with a majority of members from participating Inuit regions.

**iii) Centre for Aboriginal Health Research Development in Ontario, Toronto, Ontario**

*Develop! Educate! Attract! Retain!* is the bold motto for the new Centre for Aboriginal Health Research Development in Ontario (CAHRDO), which is affiliated with the University of Toronto and McMaster University in Hamilton. Both post-secondary institutions already have strong ties to aboriginal communities and demonstrated expertise in aboriginal health research.

Lakehead University in Thunder Bay and Laurentian University in Sudbury are also linked to the ACADRE centre. They too have a long tradition of research into health issues affecting northern communities, including First Nations.

Research themes guiding CAHRDO include prevention and control of chronic diseases; mental health of women and children; and culture, health and healing.



CAHRDO aims to produce rapidly a cadre of researchers in aboriginal health, especially researchers of aboriginal heritage, notes Director Kue Young, MD, DPhil. Additionally, the centre will encourage aboriginal students to acquire advanced training in health research under the mentorship of nationally recognized investigators.

CAHRDO is governed by a board of nine directors, consisting of representatives from all major aboriginal organizations in the province and prominent aboriginal scholars, scientists and health professionals.

**iv) British Columbia ACADRE Centre, Vancouver, British Columbia**

Founded on the four principles of respect, relevance, reciprocity, and responsibility, the B.C. ACADRE centre is determined to develop a community of aboriginal health researchers to respond to the specific health needs of aboriginal people throughout the province.

As part of its platform, the centre will offer selected aboriginal students in grades eight through 12 opportunities to participate in the annual summer science program at the University of British Columbia (UBC).

The ACADRE centre is led by Roderick McCormick, PhD, and is concentrating on four research theme areas:

- i) Developing health assessments that are ethical and respect community values;
- ii) Ensuring aboriginal health researchers act responsibly;

- iii) Holistic wellness in mental health and addictions; and
- iv) Community motivated research themes.

The governing board is comprised of aboriginal people from the community and aboriginal and non-aboriginal faculty from UBC.

**ACADRE milestones**

CIHR-IAPH holds great expectations for the newest ACADRE centres, given the exceptional milestones reached by the original four centres over the past fiscal year. Notably:

- Through the Winnipeg-based ACADRE, 11 students were funded including one BSc, one PhD, two MScs, and two who worked as summer interns. In addition, five student investigators received small grants to explore critical facets of aboriginal health.

This ACADRE program is part of the *Centre for Aboriginal Health Research* (CAHR), which is affiliated with the University of Manitoba. Managed by Coordinator Judith Bartlett, MD, CAHR is a ground breaking health research facility focusing its work on health services, health surveys, social capital, osteoporosis, and health indicators.

“To ensure that such research continues, is culturally appropriate and is scientifically sound, a cadre of new aboriginal researchers needs to be developed. The CAHR-ACADRE program fills this essential purpose,” Dr. Bartlett says. Activities that stimulate community-based research projects and encourage better use of health research results are also supported through the program, she adds.

- Individual and community-based capacity building activities topped the agenda at the Edmonton ACADRE, known as the *National Aboriginal Health Research Training Program*.

It is affiliated with the University of Alberta and is guided by Co-Directors Malcolm King, PhD, and Nancy Gibson, PhD. Over the past 12 months, nine graduate and 16 undergraduate students received funding for their aboriginal health research projects. As well, funding was committed to a two-year post-doctoral fellow and to four community-based health research projects.

- Capacity building initiatives now span the entire province of Saskatchewan with linked ACADRE centres in Prince George, Saskatoon and Regina. All are part of the *Indigenous Peoples' Health Research Centre*, which is affiliated with the

Saskatchewan Indian Federated College, and the Universities of Regina and Saskatchewan. The province-wide ACADRE program is led by Ralph Nilson, PhD, who is based at the University of Regina. Some 36 undergraduate students received funding for the centre's inaugural summer research program. Five graduate students entered the fellowship program, while an additional four received operating grants for their aboriginal health research projects. In addition, four projects were funded under the community partnership/network developmental grant program.

- *Anisnawbe Kekendazone* is affiliated with the University of Ottawa and under the guidance of Director Neil Andersson, MD, MPhil. The Ottawa ACADRE centre is currently supporting three students – two at the master's level and one PhD candidate, Dr. Andersson recounts.

In addition, an all-aboriginal, voluntary advisory board was established in fiscal year 2002 -2003. The five members who sit on the board represent the five national aboriginal organizations: Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council and Native Women's Association of Canada.

Over the past fiscal year, seven health research projects were funded by the board. These projects reflect the health priorities of the five national organizations and will help build aboriginal research skills, Dr. Andersson says.



### ACADRE planning grant

As part of the institute's plan to expand the ACADRE network to ten locations, a one-year, one-time planning grant was awarded in October 2002 to Grace Egeland, PhD, from McGill University to help her find suitable research partners and to develop a full ACADRE application.

### Other Strategic Initiatives

Either alone or in partnership, CIHR-IAPH posted a number of RFAs to address challenges facing aboriginal health.

#### • Improving access to appropriate health services for marginalized groups

Given the paucity of research on marginalized groups and their limited access to desperately needed health services, CIHR-IAPH and the CIHR Institutes of Health Services and Policy Research, and Gender and Health once again rolled out a strategic initiative targeting the disenfranchised.

Aboriginal people, homeless women, and the poor are among those experiencing the worst health, yet face the greatest barriers to getting medical help. Aboriginal people, in particular, are reluctant to use mainstream health services because of past discriminatory treatment.

In the search for solutions, CIHR-IAPH awarded grants in November 2002 to three principal investigators who are exploring different facets of the problem:

- Mary Hampton, PhD, University of Regina, *Strengthening and building sexual health of aboriginal youth and young adults.*

This project aims to: i) describe the experiences of aboriginal youth and young adults, ii) identify barriers blocking access to and the subsequent inability to deliver appropriate sexual health services, and iii) evaluate current intervention strategies used by community-based agencies identified as "providers of choice."

- Marcia Hills, RN, PhD, University of Victoria, *In from the margins: collaborative action to improve access to appropriate health services.*

Improving access to appropriate health services by aboriginal people living with substance abuse, hepatitis, and HIV/AIDS in B.C. is the purpose of this project. Trust, open communication, and collaborative decision-making embody the research process.

- Judith Mill, RN, PhD, University of Alberta, *The influence of stigma on access to health services by persons with HIV illness.*

Based on research findings, interventions will be developed to help aboriginal people living with HIV feel more comfortable using mainstream health services. Investigators will explore practices perceived to be stigmatizing, and create and implement a plan for health practitioners on how to deliver services without disgracing clients.

Results stemming from these three health research projects will serve to improve policy, program and management decisions affecting the health of aboriginal people.

- **New investigators**

Emerging aboriginal health investigators were given a boost in February 2003 when CIHR-IAPH launched the RFA titled, *An Opportunity for New Researchers in Aboriginal Health*. To apply, only two conditions had to be met. First, researchers who have never received a grant from a national health-research funding agency could submit an application. Second, it was designed for researchers whose work falls into one or more of the four pillars of health research in any discipline.

- **Aboriginal community-based research**

Aboriginal communities, in partnership with seasoned researchers and other professionals, were provided with an opportunity to explore health issues affecting indigenous people via the RFA titled, *Community-based Research*.

- **Innovative ideas and projects**

Objectives for this broad-based RFA are to promote high risk, high yield innovative aboriginal health research, for example, the impact of spiritual health.

- **Child and youth health**

Launched again this fiscal year, the RFA focuses on substance abuse including tobacco, alcohol, drugs, and volatile substances, such as gasoline, among aboriginal children and youth. Suicide among children and youth is another troubling issue requiring investigation, given its prevalence in aboriginal communities.

- **Injuries and accidents**

Objectives for this CIHR-IAPH sponsored RFA are to reduce injuries and to involve aboriginal communities and organizations in the research process.

## Partnerships and Public Engagement

CIHR-IAPH maintained a strong presence in all parts of Canada and on the world stage throughout fiscal 2002-2003, vigorously pursuing one of its strategic priorities – to develop and nurture aboriginal health research partnerships with aboriginal and non-aboriginal organizations in the public and private sectors at all levels.

Institute staff met and collaborated with several highly respected individuals and groups specializing in aboriginal health research. At the same time and with equal vigour, they strengthened ties with communities by engaging them in the health research process.

### Partnerships with CIHR institutes

CIHR-IAPH is intricately involved with various projects involving CIHR and the other CIHR institutes. “We are very much interested in collaborating with other institutes around various health research concerns,” Dr. Reading says. New initiatives launched jointly or supported include:

*Accessing appropriate health services:*  
CIHR Institutes of Health Services and Policy Research, and Gender and Health

*Diabetes:* CIHR Institute of Nutrition, Metabolism and Diabetes

*Global health:* CIHR, and the CIHR Institutes of Population and Public Health, Circulatory and Respiratory Health, Gender and Health, Infection and Immunity, Neurosciences, Mental Health and Addiction, and Nutrition, Metabolism and Diabetes

*HIV/AIDS:* CIHR Institute of Infection and Immunity

*Health disparities:* CIHR Institutes of Gender and Health, Population and Public Health, Aging, Human Development, Child and Youth Health, Health Services and Policy Research, Infection and Immunity, Neurosciences, Mental Health and Addiction, Nutrition, Metabolism and Diabetes, and Musculoskeletal Health and Arthritis

*Knowledge translation:* CIHR and all CIHR institutes

*Rural and northern health:* All CIHR institutes

**Institute staff met and collaborated with several highly respected individuals and groups specializing in aboriginal health research. At the same time and with equal vigour, they strengthened ties with communities by engaging them in the health research process.**



### Local and regional involvement

In addition to reaching out to universities and aboriginal community groups locally and across the province, Dr. Reading participated in the following events:

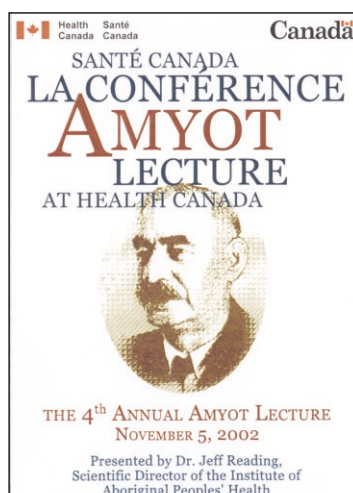
- Participant, Meeting with the Mohawk Council of Akwesasne, Akwesasne, Quebec, August 2002
- Keynote speaker, University of Alberta – Empey Lecture and launch of the Alberta ACADRE Centre, Edmonton, Alberta, October 2002
- Participant, Canadian Society for International Health Conference, Montreal, Quebec, October 2002
- Keynote speaker, Dalhousie University launch of the Atlantic ACADRE Centre, Halifax, Nova Scotia, February 2003

### National involvement

Dr. Reading also focused on relationship building with several national groups and on increasing awareness of the institute by

delivering keynote and other presentations, notably:

- Keynote speaker, National Health Promotion and Education Conference, Victoria, British Columbia, April 2002
- Witness, Parliamentary Sub-Committee on Children and Youth at Risk, House of Commons, Ottawa, Ontario, April 2002
- Speaker, Global Health Conference, Toronto, Ontario, April 2002
- Speaker, National Aboriginal Health Organization – Privacy & Ethics Round Table, Aylmer, Quebec, April 2002
- Keynote speaker, Canadian Association for HIV/AIDS Research, Winnipeg, Manitoba, April 2002
- Keynote speaker, Federal/Provincial/Territorial Advisory Committee on Population Health, Toronto, Ontario, May 2002
- Speaker, Ministerial Advisory Council on Rural Health, Ottawa, Ontario, June 2002
- Speaker, Aboriginal Policy Research Conference, Ottawa, Ontario, October 2002
- Keynote speaker, Fourth Annual Amyot Lecture, Ottawa, Ontario, November 2002
- Participant, Meeting with the National Association for Friendship Centres, December 2002
- Speaker, Developmental Trajectories of Children and Youth Consensus Meeting, Toronto, Ontario, January 2003
- Speaker, Aboriginal Research Ethics Session, Secretariat on Research Ethics, Ottawa, Ontario, February 2003
- Speaker, National Sciences and Engineering Research Council of Canada, Ottawa, Ontario, February 2003





### International involvement

CIHR-IAPH is committed to continue developing international partnerships and collaboration agreements.

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

Against this backdrop, Canada's Minister of Health, the Honourable Anne McLellan and Tommy G. Thompson, Secretary of Health and Human Services in the United States, signed a memorandum of understanding in May 2002 to raise the health status of First Nations and Inuit people in Canada, and American Indians and Alaska Natives in the United States.

Ian Potter, MSc, Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada and a member of the CIHR-IAPH advisory board, was instrumental in bringing the parties together to sign the memorandum.

Dr. Reading says, "The effort highlights our mutual intent to share knowledge and learning experiences, which will strengthen our respective approaches to improving indigenous health."

He met with representatives from high profile U.S.-based health research organizations, including the Fogarty International Center and

Indian Health Services, to discuss the prospect of collaborating on health research projects.

Other CIHR-IAPH representatives are also actively engaged in the international arena. Dr. Judith Bartlett, MD, an award-winning aboriginal health researcher based at the University of Manitoba and a member of the institute's advisory board, is leading the Canadian arm of a global initiative to organize the first-ever forum on indigenous health research to be held in Townsville, Australia in October 2003. Colleagues from Australia, New Zealand and the United States are also involved in planning the international event.

As part of CIHR-IAPH's strategy to build effective international partnerships, Dr. Reading attended the following events:

- Participant, International Convention in Public Health, Havana, Cuba, April-May 2002
- Participant, Malama I Na Oiwī Pakipika Pacific Rim Indigenous Doctors' Conference, Honolulu, United States, May-June 2002
- Keynote speaker, International Biotechnology Conference, Toronto, Canada, June 2002
- Keynote speaker, Fogarty International Center, National Institutes of Health Conference, Washington, D.C., June 2002

**"The global network of indigenous health researchers is growing rapidly, thanks in large part to Canada's push on this front. With CIHR support and the expert advice from my Institute Advisory Board and staff, our accomplishments and program goals are nothing less than remarkable."**

— Dr. Reading, delivering the Amyot Lecture sponsored by Health Canada in Ottawa in November 2002

- Speaker, Headstart National Research Conference, Washington, D.C., June-July 2002
- Participant, North American Indigenous Games, Winnipeg, Canada, July 2002
- Speaker, Kaiser Media Fellowship Program, Vancouver, Canada, August 2002
- Keynote speaker, Indigenous Health Initiatives Across Northern Australia, Darwin, Australia, September 2002
- Keynote speaker, International Conference on Inner City Health, Toronto, Canada, October 2002
- Keynote speaker, London School of Hygiene and Tropical Medicine, London, United Kingdom, November 2002
- Participant, Global Forum for Health Research, Arusha, Tanzania, November 2002
- Participant, U.S. Department of Health and Human Services, Indian Health Service, Albuquerque, New Mexico, December 2002

### **Aboriginal health research ethics**

Many aboriginal people feel intense suspicion towards academic research. In the past, research has not always helped because results were rarely shared and there was little or no aboriginal ownership of research projects.

Too often communities and individuals complain they have been “researched to death” and are very reluctant to participate in further projects by outsiders, Dr. Reading explains. “We are determined to change these attitudes by working in full partnership with aboriginal groups. We need to develop research capacity to avoid the rhetoric and begin to engage in meaningful partnerships with communities.”

At the same time, aboriginal people are demanding ownership, control, access and possession of health research activities affecting them. They are demanding a respectful process that conforms to traditional values, customs and ways of knowing.

“We are determined to honour and balance the aboriginal world with the scientific and academic worlds,” Dr. Reading affirms. Indeed, all applications and proposals submitted to CIHR-IAPH for funding must describe how aboriginal people will be involved and consulted throughout the entire process. Participatory research and /or community-based research are *de rigueur*.

Additionally, 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*. (The three councils are the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, and the Natural Sciences and Engineering

Research Council of Canada.) Some believe power relations implicit in the document are threatening.

Late last year, Dr. Reading asked these three major funding bodies to set-up a steering committee consisting of members from the respective organizations to review Section 6, the section on “research involving aboriginal peoples.” Since then, gainful discussions have been ongoing.

### **Senior research fellowship in aboriginal health**

For the first time ever in Canada, a senior research fellowship was established to explore the history of aboriginal health and medicine. The search for up to two qualified candidates began this fiscal year.

The fellowship was developed in partnership with Associated Medical Service Inc. (AMS), a Canadian research granting organization.

### **Strengthening ties with the National Aboriginal Health Organization (NAHO)**

CIHR-IAPH and the National Aboriginal Health Organization (NAHO) formalized their working relationship in fiscal 2002-2003 by signing a Memorandum of Understanding (MOU). It lays out how the two groups will work together in partnership on projects supporting their respective goals and visions in aboriginal

health. CIHR-IAPH plays a lead role in generating new knowledge, whereas NAHO plays a lead role in aboriginal health systems and knowledge transfer.

### **Investigator-initiated CIHR open competition**

CIHR-IAPH would like to see more investigators from a greater variety of disciplines, specialties and the four pillars develop research projects in areas covered by its strategic priorities. Operating funds supporting these priorities were made available through the CIHR-led open competitions held during the fall of 2002.

In the end, CIHR-IAPH co-funded two projects via this mechanism: one in partnership with the CIHR Institute of Gender and Health for a study led by principal investigator Bonnie Jeffery, PhD, from the University of Regina, titled, *Role quality and health: influence of individual, workplace and community social supports*.

The other study is supported equally by the CIHR Institute of Nutrition, Metabolism and Diabetes for a research program led by principal investigator Michelle Mottola, PhD, from the University of Western Ontario titled, *Nutrition and exercise lifestyle intervention program for overweight and obese aboriginal pregnant and postpartum women*.

**For the first time ever in Canada, a senior research fellowship was established to explore the history of aboriginal health and medicine.**

### **Rural and northern health research initiative**

On behalf of CIHR, Dr. Reading is taking the lead on the CIHR cross-cutting initiative titled, *Rural and Northern Health Research*.

Good health and timely access to appropriate health care are critical to sustaining rural and northern communities. However, health policies and programs are often developed for urban areas and are not wholly suitable for people living elsewhere.

Given that half of the aboriginal population lives in rural or northern communities, CIHR-IAPH believes it is critical to find solutions through community-based, participatory research and welcomes the opportunity to lead the broad-based rural and northern health initiative.

The program aims to build a strong foundation of evidence to guide future research, review and consolidate existing knowledge, and build research capacity and knowledge translation in rural and northern health.

### **Reducing health disparities for vulnerable populations**

Because aboriginal people are identified as a vulnerable population, CIHR-IAPH is actively participating in the initiative to reduce health disparities, along with nine other CIHR institutes, Health Canada, the National Secretariat on Homelessness and the Social Sciences and Humanities Research Council. The institute provided funding for the following two aboriginal health research projects:

Terry Leigh Mitchell, PhD, Sunnybrook and Women's College Hospital, Toronto, *Intersecting vulnerabilities: gender, poverty, age and aboriginal identity in women's lived experience of breast and gynecological cancers*.

After a cancer diagnosis, aboriginal women, those living below the poverty line and older women are at risk for not receiving the health care they need, which could lead to premature death. This study will show how social, cultural, economic and institutional factors influence women's experiences of cancer and cancer care.

Alan Shiell, PhD, University of Calgary, *Reducing disparities in aboriginal health in urban settings*.

Investigators will examine health disparities in urban settings between aboriginal and non-aboriginal people, and among aboriginal people. They will identify available resources and develop culturally appropriate interventions to reduce health disparities.

In addition, CIHR-IAPH joined alliances with its partners and strongly supported the next two initiatives also designed to reduce disparities:

Naomi Adelson, PhD, York University,  
*Indigenous women, inequality and health: international strategies for research and action.*

Charles Frankish, PhD, University of British Columbia, *Homeless Research Network.*

### **Workshop, symposium and conference sponsorships**

Dr. Reading consulted with a broad spectrum of national partners, via workshops, symposia and conferences, to set and refine CIHR-IAPH health research priorities across a wide range of issues. For example:

- **Circumpolar Inuit health research**

An international team of researchers from Denmark, Greenland, Alaska and Canada expects to conduct a study on the dietary determinants of disease among Inuit people. At a planning workshop held in May 2002, they argued a new study is necessary because i) the roles of traditional and store bought food in relation to health are not sufficiently known, ii) dietary patterns are changing rapidly in the Arctic, and iii) previous studies are not comparable internationally.

- **Oral health**

Although the national incidence of dental caries (decay) continues declining, it is still an enormous problem in aboriginal communities. Aboriginal infants have some of the highest rates of dental disease in the world, while the prevalence of periodontal disease is very high in aboriginal adults living in rural communities. These and other critical oral health issues affecting aboriginal people were discussed at a workshop in June 2002.

- **Vision care**

Impaired vision and blindness among aboriginal people was discussed at length during a one-day vision care workshop held in June 2002. Participants agreed that increasing rates of diabetic retinopathy in aboriginal groups must be given greater attention by heightening awareness of the disease and the importance of early diagnosis.

- **Inner city health**

An international conference on inner city health was held in October 2002 and organized by St. Michael's Hospital in Toronto. The event brought together a diversity of researchers, practitioners, community members, and policy makers determined to improve the health of

disadvantaged populations including aboriginal people, inner city youth, and sex trade workers. Four themes were explored: inequalities, healthy communities, effective interventions and research methods.

- **International health**

CIHR-IAPH supported a forum that focused on poverty, health and equity in a global context, examining both challenges and solutions. It provided an opportunity for researchers, educators, policy makers and community workers interested in health and development issues to share knowledge and promote collaborative action. The event was organized by the Canadian Society for International Health and held in October 2002.

- **Literacy and health**

A group of 32 leaders in research, policy and practice met for two days at a literacy and health research workshop in October 2002 to share information and to identify priorities for future research. Studying literacy and health in the aboriginal community was one of eight research priorities named. Recommendations were

also made to study further relationships between literacy and mental, spiritual, physical and emotional health.

- **Gender and health in the global context**

CIHR-IAPH is one of several Canadian partners supporting development of a series of four symposia on gender and health in a global context to be held in Canada, the United States and Thailand, which hosted the first event in February 2003. CIHR-IAPH board member Bronwyn Shoush, BSc, LLB, is taking a leadership role in discussions on key issues.

- **Diabetes**

*The Canadian Native Diabetes Outcomes Prevention Evaluation (CANOE)* is the name of a proposed study to determine if the drug Avandamet will decrease development of diabetes in high-risk people. At a February 2003 workshop, discussions were held to provide an overview of the proposed study, obtain feedback, and recruit First Nations communities to participate in the randomized, double-blind controlled trial.

- **Technology enabled knowledge translation**

Held in March 2003, the focus of this CIHR-sponsored workshop was on the role of modern information and communication technologies in disseminating and translating evidence-based health information into policy development, and program and services improvements.

- **Injury research**

Because injuries represent the number one cause of death and disability in the national aboriginal population and because it is a strategic health research priority for CIHR-IAPH, the institute eagerly supported the National First Nation/Inuit Injury Research meeting held in March 2003 in Winnipeg.

- **Suicide**

A two-day workshop was held in February 2003 to develop a national, collaborative research agenda on suicide in Canada. Objectives were to review the range of suicide-related research in Canada and internationally, to establish themes that will guide suicide-related research over the next ten years and to support multi-disciplinary collaboration in research and knowledge translation.

CIHR-IAPH also supported the National Forum on the Environment and Health, and the Behavioural and Social Sciences Health Research Workshop in fiscal year 2002-2003.

In cooperation with CIHR, the institute's Web page was revamped to include a newsroom. And in response to rising demand for written information about the institute, a brochure was produced and sent to more than 1,200 destinations, and posted on the Web.

To engage further decision-makers and opinion-leaders, Dr. Reading met with the federal Minister of Health Anne McLellan, and the Lieutenant Governor of Ontario James K. Bartleman to explain the pivotal role and responsibilities CIHR-IAPH holds to improve the health of aboriginal people across the country.

For similar motivations, he completed several media interviews on a wide range of issues, was quoted in a number of aboriginal and non-aboriginal publications and initiated development of news releases and media advisories for cross-country pick-up.

## **Communications and outreach**

Early in the fiscal year, CIHR-IAPH embarked on a number of communications initiatives to engage key publics and to increase awareness of the institute, its mandate, and its activities.

Key messages and fact sheets were finalized.

## Translation and Use of Knowledge

### Encouraging knowledge translation

Knowledge translation strategies are incorporated into a number of CIHR-IAPH activities. For example:

- Knowledge translation is the main theme for an upcoming international forum on indigenous health research, which is being organized by Dr. Bartlett, a member of the institute's advisory board.

- Dr. Reading and CIHR-IAPH Assistant Director Earl Nowgesic, BScN, RN, MHSc, have had peer-reviewed articles published in professional journals. For example, together they wrote – *Improving the health of future generations*, which was published in the September 2002 edition of the *American Journal of Public Health*.

A number of other articles and documents have been written, either alone or in collaboration by CIHR-IAPH staff and published, contributing further to the spirit and practice of knowledge translation.



CIHR-IAPH planning retreat.  
(from left) Doris Cook, Jeff  
Reading, Linda Day, Laura  
Commanda, Trudy Jacobs  
and Earl Nowgesic (missing:  
Ginette Thomas).



## Organizational Excellence

### Staff

CIHR-IAPH supports a dynamic and committed team of four full-time staff in Toronto – Scientific Director, Dr. Jeff Reading, MSc, PhD; Assistant Director, Mr. Earl Nowgesic, BScN, RN, MHSc; Senior Research Analyst and Projects Manager, Ms. Linda Day, MA; and Senior Secretary, Ms. Trudy Jacobs.

In Ottawa, Ms. Laura Commanda, MSW, is the CIHR-IAPH Research Projects Manager.

In addition to his role as head of CIHR-IAPH, Dr. Reading is an associate professor and the inaugural holder of the TransCanada Pipelines Endowed Chair in Aboriginal Health and Wellbeing at the University of Toronto in the Department of Public Health Sciences. Creation of the endowed chair would not have been possible without the invaluable support from Harvey Skinner, PhD, Professor and Chair, Department of Public Health Sciences, University of Toronto, and David Naylor, MD, DPhil, Dean, Faculty of Medicine, University of Toronto.

Mr. Nowgesic is an assistant professor at the University of Toronto in the Department of Public Health Sciences.

Ms. Ginette Thomas, BA, MA, supported the institute until October 2002, when she took the position of Project Director, Rural and Northern Health Research at CIHR.

### Professional development

An off-site retreat was held in September 2002, allowing staff to brainstorm on current issues and future strategies in an environment free of interruptions. As well, staff meetings are held on a regular basis to keep each other up-to-date on activities, institute issues and CIHR directives.

Annual performance reviews are completed for all employees, who are also provided with professional development opportunities on a regular basis.

### Institute accountability

Being accountable to aboriginal people and to the public at-large is paramount to Canada's premier health research funding agency – CIHR. As such, the evaluation process is taken very seriously by CIHR and its 13 institutes.

CIHR is developing a common framework for all institutes based on common areas such as activities and outcomes, and is looking to CIHR-IAPH for input.

Under the direction of Mr. Nowgesic, who is guided by CIHR policies, CIHR-IAPH is developing an evaluation framework to assess the institute's progress in meeting the goals outlined in its five-year strategic plan.



### Advisory board members

The Institute Advisory Board (IAB) is indispensable to the operation of CIHR-IAPH, Dr. Reading notes. Members are regularly consulted, providing timely and relevant feedback on a wide array of issues.

Additionally, they participate actively in institute-led initiatives, such as establishing and sitting on national committees.

Board meetings are held throughout the year and are well attended by members, who give the institute their full attention and enthusiasm.

### IAB 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*

Éric 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  
*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 \$651.2 million for the year ended March 31, 2003. 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, 2003 for each of these funding sources.



**Table A: Institute of Aboriginal Peoples' Health • Investments in Strategic Initiatives**  
For the year ended March 31, 2003

Strategic Initiatives	Number	Investments Through Grants and Awards				Total
		2002-2003	2003-2004	2004-2005	2005 and beyond*	
Aboriginal Capacity and Developmental Research Environments (ACADRE)	9	\$ 1,096,110	\$ 1,942,182	\$ 1,921,246	\$ 960,539	\$ 5,920,077
Improving Access to Appropriate Health Services for Marginalized Groups	4	100,745	147,431	99,405	35,748	383,329
National Network for Aboriginal Mental Health Research	1	82,027	85,386	87,134	58,426	312,973
New Emerging Team Grant Program (NET Program)	1	50,000	50,000	50,000	95,834	245,834
Global Health Research	1	87,500	0	0	0	87,500
IAPH Strategic Initiative	5	551,781	741,605	683,127	324,950	2,301,463
Reducing Health Disparities & Promoting the Health of Vulnerable Populations	2	187,846	0	0	0	187,846
Knowledge Translation Applications	0	0	15,559	12,500	0	28,059
Strategic Training Initiative in Health Research	6	130,000	125,000	125,000	364,585	744,585
	<b>29</b>	<b>\$ 2,286,009</b>	<b>\$ 3,107,163</b>	<b>\$ 2,978,412</b>	<b>\$ 1,840,082</b>	<b>\$ 10,211,666</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 2002-2003 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, 2003

<b>Available Funds</b>		<b>\$ 1,285,756</b>
<b>Expenses</b>		
Institute Development		
Conferences, symposia and workshops	\$ 200,753	
Institute Advisory Board	150,726	
Travel Expenditures	153,755	\$ 505,234
Institute Operations		
Salaries and benefits	\$ 437,782	
Telephone and communication services	3,834	
Supplies, material and other services	17,638	
Office furniture and fixtures	2,001	
Computer equipment and IT support	26,806	
Professional Services	250,652	
Travel expenditures	43,580	\$ 782,293
<b>Total Expenses</b>		<b>\$ 1,287,527</b>
<b>Unspent Balance*</b>		<b>\$ (1,771)</b>

\* Note: The unspent balance as of March 31, 2003 is carried forward to the subsequent fiscal year.

### CIHR Research Priorities and Planning 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 Priorities and Planning Committee*, comprised of the 13 Scientific

Directors, Vice-President Research Portfolio, Vice-President Knowledge Translation and Partnerships Portfolio, Director of Ethics, and the President, 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. Eight centres are up and running, while more are planned for the near future.
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.
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.