



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

Annual Report of Activities 2003-2004



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



CIHR IRSC

Canada

Table of Contents

2 Profile of the Institute

- Guiding philosophies

4 Outstanding Research

- Research priorities
- Generating new knowledge
 - Aboriginal community-based research
 - New researchers in aboriginal health
 - History of aboriginal health and medicine

7 Outstanding Researchers in Innovative Environments

- Global health
- Obesity
- Palliative and end-of-life care
- CIHR open competition
- Strategic training program

9 Partnerships and Public Engagement

- Partnerships
- Strategic alliances
 - Aboriginal health research ethics
 - Rural and northern health research
- Request for Applications (RFAs)
 - ACADRE
 - Aboriginal community-based researchers
 - Immunization research
 - New researchers in aboriginal health
 - Suicide prevention among aboriginal people
- Public Engagement
 - Regional, national, international
 - Workshop, symposium, and conference sponsorships

18 Translating Health Research into Action

- Knowledge translation
- Publications

19 Organizational Excellence

- Staff
- Institute accountability
- Institute advisory board

21 Financial Statements

- Table A: Strategic initiatives
- Table B: Institute support grant
- Table C: CIHR investments in aboriginal health

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

Aboriginal people in Canada over the past several decades have demonstrated resiliency and determination to prosper despite the health challenges facing them; they endure a profound gap in health and life expectancy compared to the mainstream population. At the same time, aboriginal communities in this country are young and growing with half of the population under 30 years of age. Consequently, failure to improve the health status of this young cohort means an entire generation is potentially at risk to inherit higher rates of preventable disease, disability and premature death. To address these issues, the Institute of Aboriginal Peoples' Health (IAPH), as part of the Canadian Institutes of Health Research (CIHR), is leading an advanced research agenda to improve the health of aboriginal people.

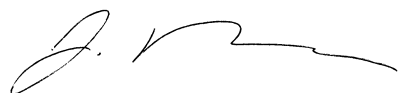
A consensus has emerged among social theorists that for aboriginal people to improve their health, they must manage their own affairs, echoing self-determination aspirations of the aboriginal community. CIHR-IAPH continues responding actively to this challenge by expanding and strengthening its ACADRE – Aboriginal Capacity and Developmental Research Environments – network. Eight ACADRE centres are now up and running, creating new training opportunities that support career aspirations of young scientists in advanced aboriginal health research. Guided by community advisory committees, the ACADRE program is supporting more than 50 graduate student

researchers at the masters, doctoral and post-doctoral levels in four health research domains – biomedical, clinical, health services and policy, and population and public health. These activities are producing more comfortable working relationships between the aboriginal health community and academic health researchers.

Against this backdrop, CIHR-IAPH continued refining a code of research ethics to guide relationship building between the two groups. The revised code will also articulate realistic roles and expectations for both.

With the advice of our stellar institute advisory board and professional staff, CIHR-IAPH continues making its mark as the only national institute of health research anywhere in the world dedicated to improving the health of aboriginal people. I encourage you to read our report, learn more about CIHR-IAPH and join our journey of enormous opportunity and immense challenge.

All My Relations,



Jeff Reading MSc, PhD
Scientific Director
Canadian Institutes of Health Research,
Institute of Aboriginal Peoples' Health



Profile of the Institute

The Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health (CIHR-IAPH) is one of 13 founding institutes under the Canadian Institutes of Health Research (CIHR). Since its beginning slightly more than three years ago, CIHR-IAPH has emerged swiftly as a highly respected leader in aboriginal health research at home and abroad.

From boldly supporting new aboriginal health researchers and their innovative projects in Canada, to collaborating with indigenous health researchers on significant international projects, CIHR-IAPH is making long-lasting contributions to revitalizing the health of aboriginal people globally. Over the past fiscal year, these accomplishments were achieved, in part, by taking a proactive approach across a number of issues, specifically:

- Supporting initiatives that embrace the four CIHR pillars of research – biomedical; clinical; health systems and services; and social, cultural and environmental factors affecting the health of aboriginal people.
- Nurturing its ACADRE (Aboriginal Capacity and Developmental Research Environments) network. With eight centres across Canada, all affiliated with leading universities, both expert and student researchers conduct their studies while working alongside aboriginal people. Each ACADRE pays particular attention to its student researchers through active mentoring because they are tomorrow's innovators. To ensure the ACADRE program remains on course, CIHR-IAPH launched an extensive evaluation assisted by external specialists in 2003.
- Being proactive to ensure an aboriginal perspective is clearly evident in all health matters affecting First Nations, Inuit and Métis communities.
- Creating innovative solutions to bridge the gap between research results and everyday health problems.
- Encouraging increased collaboration between scientific researchers and their community-based partners.
- Seeking advice from the CIHR-IAPH Institute Advisory Board, which is composed of diverse experts in aboriginal health research. Board members guide development and implementation of the Institute's strategic plan and priorities and evaluation of accomplishments and outcomes.
- Tackling challenges facing aboriginal people and their health, such as less-than-optimal multi-disciplinary collaboration and diverse aboriginal community agendas.



Guiding Philosophies

CIHR-IAPH attributes its success to its guiding philosophies and its faithful adherence to them:

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.



Outstanding Research

Research priorities

CIHR-IAPH is guided in its work by four research priorities. In fact, all initiatives undertaken by the Institute support one or more of the following 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

By being proactive, adhering to guiding philosophies, and heeding its health research priorities, CIHR-IAPH can readily identify needs and respond effectively to them. For example, CIHR-IAPH posted several Request for Applications (RFAs) over the past 12 months that were ground breaking and innovative, as illustrated by the projects described below:

Aboriginal community-based research

CIHR-IAPH is one of the first federal research granting agencies in Canada to fund community-based research projects. Specifically, its aboriginal community-based RFA was designed to build capacity and to develop and enhance partnerships between scientific and aboriginal communities. In its aim to lessen the profound burden of ill health experienced by aboriginal people across the country, CIHR-IAPH was very pleased to announce funded grants for six community-based research projects:

- Cheryl Bartlett, PhD, University College of Cape Breton, *Integrative health and healing: Co-learning our way to expanding wholeness through restoration of relationships with the land.*

- Yoshitaka Iwasaki, PhD, University of Manitoba, *Stress/trauma and coping/healing among aboriginal people with diabetes in an urban Manitoba community.*
- Jude A. Kornelsen, PhD, B.C. Centre of Excellence for Women's Health, B.C. Women's Hospital, Vancouver, *Issues in rural aboriginal maternity care; A community-based research project.*
- William D. Leslie, MD, University of Manitoba, *Clinical determinants and fracture outcomes in Manitoba First Nations.* (Co-funded with the CIHR Institute of Musculoskeletal Health and Arthritis.)
- Donna Mergler, PhD, Université du Québec à Montréal, *Combining traditional and scientific knowledge to maximize use of traditional food and minimize toxic risk.*
- Brenda E. Munro, PhD, University of Alberta, *Making connections – strengthening community: A project to increase the quality of health of aboriginal homeless youth in Edmonton.*

New researchers in aboriginal health

To increase the number of aboriginal health researchers from any and all disciplines, CIHR-IAPH launched a unique RFA in 2003-2004 titled, *An opportunity for new researchers in aboriginal health.* All applications were peer-reviewed by independent committees. CIHR-IAPH was, again, very pleased to fund nine new scholars and welcomes them into the growing family of aboriginal health researchers:

- Laura Arbour, MD, MSc, University of British Columbia, *The genetic, nutrient and environmental determinants of congenital heart malformations in northern aboriginal children and their mothers.*
- Betty Bastien, PhD, University of Calgary, *Intergenerational trauma of First Nation peoples.*
- Lola T. Baydala, MD, MSc, Misericordia Hospital, Edmonton, Alberta, *Evaluating success: Mother Earth's children's charter school longitudinal study.*
- Christopher Fletcher, PhD, University of Alberta, *Cultural models, concepts, and practices in Dene health and healing, Déline, Northwest Territories.* (Co-funded



with the CIHR Institute of Population and Public Health.)

- Eduardo Jovel, PhD, University of British Columbia, *Health effects of mould exposure in aboriginal housing in British Columbia.*
- Chantal Plourde, PhD, Université Laval, *Psychoactive substance use in Nunavik youth and their families: Epidemiological investigation and contextual data.*
- Julia Rempel, PhD, University of Manitoba, *The contribution of natural killer cells in the enhanced ability of aboriginals to resolve Hepatitis C virus infection.*
- Bruce C. Wainman, PhD, McMaster University, *The toxicity of persistent organohalogenes and metals on reproductive function in Omushkego women.*
- Cora Weber-Pillwax, PhD, University of Alberta, *Medicine people and population health: Parallel pathways to indigenous well-being.* (Co-funded with the CIHR Institute of Population and Public Health.)

History of aboriginal health and medicine

It is often said, to understand the present, we must first understand the past. Acknowledging the validity of this adage, two senior research fellows received grants to conduct research into the history of aboriginal health and medicine:

- Janet Smylie, MD, MPH, University of Ottawa, *Interfacing western health science and indigenous knowledge systems to enhance the health of young aboriginal families.* Dr. Smylie's project is supported jointly by the Institute and Associated Medical Services Inc. (AMS), a non-profit Canadian funding agency. The mission of AMS is to "facilitate education, research and other initiatives that promote the development and understanding of those human and social values that are fundamental to health."
- Paul Hackett, PhD, University of Manitoba, *A comparative historical analysis of the emergence and impact of tuberculosis among the First Nations of Western Canada, 1700 to 1940.*

Outstanding Researchers in Innovative Environments

Building on momentum generated over the previous three years, CIHR-IAPH continued supporting key health research initiatives this fiscal year, either alone or in partnership with CIHR and selected sister institutes.

Global health

Poor health does not occur in isolation. Fully recognizing this, CIHR-IAPH collaborated with CIHR in the CIHR Global Health Research Pilot Project initially launched in 2002 and again in 2003. Its purpose is to examine the global burden of disease against the backdrop of social, political, environmental and economic factors. The following principal investigators were awarded funding in 2003-2004:

- Mark Daniel, PhD, Université de Montréal, *Social context, psychosocial status and obesity in indigenous peoples of Canada and Australasia: Mapping and testing multi-level pathways for intervention.*
- Harriet Kuhnlein, PhD, McGill University, *Indigenous peoples' food systems for health promotion: Development of an international research program.* Dr. Kuhnlein received additional support for another project, *Indigenous peoples' food systems*

for health promotion: Pilot data for Inganos, Agrarunas, Igbo and Masaai.

- Janet Smylie, MD, MPH, University of Ottawa, *Action-oriented indicators of health and health system development for indigenous people in Australia, Canada and New Zealand.*

Obesity

Obesity affects all population groups, all age levels and all socio-economic strata across the country. Aboriginal communities, however, are among those more seriously affected by this epidemic. In partnership with the CIHR Institute of Nutrition, Metabolism and Diabetes, CIHR-IAPH supported two lead investigators to explore the problem from different perspectives:

- Michelle Mottola, PhD, University of Western Ontario, *Nutrition and exercise lifestyle intervention program for overweight and obese aboriginal pregnant and postpartum women.*
- Harriet Kuhnlein, PhD, McGill University, *Inuit dietary assessment.*



On its own, CIHR-IAPH funded a study by Karen Chad, PhD, University of Saskatchewan, *Northern LITES: Northern lifestyle initiatives targeting the environments*. Dr. Chad is examining the interplay among physical, social, cultural and geographic factors and their influence on physical activity, healthy eating and healthy body weights.

Palliative and end-of-life care

In partnership with the CIHR Institute of Cancer Research, CIHR-IAPH is supporting Mary Hampton, PhD, University of Regina, who is contributing to cross-cultural palliative care concepts and theories through a pilot project titled—*Developing and piloting cross-cultural curriculum for delivery and utilization of end-of-life health care services*.

CIHR open competition

In the fall of 2002, operating funds supporting CIHR-IAPH priorities were made available through the CIHR open competition. In partnership with the CIHR Institute of Gender and Health, CIHR-IAPH is providing support for a study led by principal investigator Bonnie Jeffery, PhD, University of Regina, *Role quality and health: influence of individual, workplace and community social supports*.

Strategic training program

CIHR-IAPH and the CIHR Institute of Population and Public Health, through the CIHR Strategic Training Initiative in Health Research program, are jointly supporting Wendy Levinston, PhD, St. Michael's Hospital, Toronto, *Integrated training program in health and social sciences research* which is exploring health issues of marginalized Canadians using a transdisciplinary approach.

Partnerships and Public Engagement

Across Canada and around the world, CIHR-IAPH is actively pursuing its priority of *forging partnerships and sharing knowledge*.

Reaching out to share ideas, collaborate, obtain feedback, and jointly sponsor aboriginal health research projects are part and parcel of the way CIHR-IAPH performs its activities.

Partnerships

CIHR Institutes:

Over the past fiscal year, CIHR-IAPH collaborated with eight other CIHR institutes on a number of initiatives – as part of its strategy to promote and strengthen multi-disciplinary research. For example, CIHR-IAPH partnered with the CIHR Institute of Infection and Immunity to launch a RFA for immunization research.

Other CIHR Institute partners involved in various projects are: Cancer Research; Gender and Health; Health Services and Policy Research; Musculoskeletal Health and Arthritis; Neurosciences, Mental Health and Addiction; Nutrition, Metabolism and Diabetes; and Population and Public Health.

Natural Health Products Directorate, Health Canada:

In partnership with the Natural Health Products Directorate at Health Canada, CIHR-

IAPH supported Pierre Selim Haddad, PhD, Université de Montréal, to lead a research project titled—*Rigorous scientific evaluation of selected anti-diabetic plants: Towards an alternative therapy for diabetes in the Cree of Northern Quebec*. Traditional, yet standardized, plant extractions are being evaluated to determine their anti-diabetic potential. This project is supported through the CIHR New Emerging Teams (NET) program, which funds new teams of independent investigators undertaking collaborative, multi-disciplinary research.

“The CIHR Institute of Aboriginal Peoples’ Health is proud to fund the scientific investigation of traditional medicine in Cree communities in Northern Quebec. This study will examine the value of traditional medicine with the Cree using advanced biomedical methods. The partnership with Health Canada is unique and underscores the fact that indigenous people have much to contribute to the field of health research.”

— Jeff Reading, Scientific Director



Mexico

The international trilateral partnership among the Instituto Nacional de Psiquiatria, the Toronto-based Centre for Addiction and Mental Health and CIHR-IAPH focuses on creating health promotion and prevention strategies to improve health services for indigenous populations.

Strategic alliances

CIHR-IAPH fostered two key alliances as it moved forward with its health research agenda in 2003-2004 in two key areas – research ethics and rural and northern health research.

Aboriginal health research ethics

In pursuit of its goal to respect aboriginal cultures, CIHR-IAPH and the CIHR Ethics Office are leading a review of an existing

code of ethics on research involving aboriginal people. CIHR-IAPH has a critical role to play in this precedent-setting action because the revised code will have a significant and positive impact on aboriginal communities.

In the past, researchers have not always conducted research in aboriginal communities that would be considered consistent with aboriginal cultures and that respects the subjects of these experiments as partners in the research. As a result, and not surprisingly, aboriginal communities have become reluctant to participate in further research. To quell suspicion, CIHR-IAPH has been calling for the review. Moreover, Dr. Reading has been an outspoken supporter of such a review.

Recently, the CIHR Standing Committee on Ethics, in conjunction with the Interagency Advisory Panel on Research Ethics, carried forward a motion to the CIHR Governing Council to review *Section 6, Research Involving Aboriginal Peoples*. Section 6 is part of the *1998 Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans*. The three councils involved are the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council of Canada (SSHRC), and the Natural Sciences and Engineering Research Council of Canada (NSERC).

The Honourable Ethel Blondin-Andrews, Secretary of State (Children and Youth), on behalf of The Honourable Anne McLellan, Minister of Health, addresses the participants in Ottawa at a Colloquium on Ethics in Aboriginal Health Research. The Colloquium was organized in November 2003 by the Aboriginal Capacity and Developmental Research Environments (ACADRE) in Ottawa and Alberta.



CIET/IS Merhi

Doris Cook, an aboriginal elder who holds joint appointments with CIHR-IAPH and the CIHR Ethics Office also believes a review is urgently needed.

“Not having appropriate and sufficient protection for aboriginal research participants is a hindrance to research. After all, CIHR is about creating and implementing a national health research agenda that responds to the health needs of Canadians. The lack of an adequate ethics framework stands in the way of CIHR responding to the health needs of aboriginal Canadians.”

— Doris Cook, Project Manager,
Aboriginal Ethics

Rural and northern health research

The CIHR Rural and Northern Health Research Strategic Initiative is a major, long-term project championed by Dr. Reading, involving a team of CIHR institutes and a tri-agency working group. The three working-group members are CIHR, SSHRC and NSERC. The mission of participants closely involved in this initiative is to advance research and

knowledge translation that strengthens the health and health systems of rural and northern Canadians. Its vision is to be a world leader in rural and northern health research.

In line with these goals, two research projects were approved in 2003-2004. A community health survey on aging and mental health was undertaken with funding from a CIHR New Emerging Teams Grant. Additionally, the CIHR Centres for Research Development began an investigation to understand and address the impacts of the physical and social environments on health.

Moreover, to ensure rural and northern health research is on the radar screen of key influencers, various participants involved in the initiative delivered presentations at some nine conferences over the past fiscal year. Workshops on health indicators, rural interdisciplinary health care and northern research were also sponsored through this initiative.

Requests for Applications (RFAs)

Several new RFAs were developed and released throughout 2003-2004, while some earlier RFAs that had been particularly successful were re-launched. Research results from these projects will benefit aboriginal communities through new knowledge generated and disseminated by committed aboriginal health researchers.

ACADRE

CIHR-IAPH posted a RFA to establish additional *Aboriginal Capacity and Developmental Research Environments (ACADREs)*. Currently, there are eight ACADREs based across the country affiliated with the following universities: University of British Columbia; University of Alberta; First Nations University of Canada, University of Regina, and the University of Saskatchewan; University of Manitoba; University of Toronto and McMaster University; Ottawa University and CIETcanada; Laval University; and Dalhousie University. In total, ACADREs at these locations support 54 undergraduate students, 26 master's students, 21 doctorate

candidates and five post-doctoral fellows. The five broad-based ACADRE objectives are to:

- Develop a network of supportive research environments across Canada to facilitate development of aboriginal capacity in health research;
- Provide the appropriate environment for scientists from across the four CIHR research themes to pursue research opportunities in partnership with aboriginal communities;
- Provide opportunities for aboriginal communities and organizations to identify important health research objectives in collaboration with aboriginal health researchers;
- Facilitate the rapid uptake of research results through appropriate communication and dissemination strategies; and
- Provide an appropriate environment and resources to encourage aboriginal students to pursue careers in health research.

Aboriginal community-based researchers

Given the success of community-based research projects, CIHR-IAPH re-launched the RFA for *Aboriginal community-based research*. Objectives of this request are to:

- Foster partnerships between aboriginal communities and health research organizations;

- Address health issues from a multi-pillar, multi-disciplinary and holistic perspective;
- Promote participatory research for long term sustainability and cultural appropriateness; and
- Build research skills.

Immunization research

In June 2003, CIHR-IAPH and the CIHR Institute of Infection and Immunity co-launched the RFA, *Planning immunization research targeting aboriginal people*. Its key objective is to support interdisciplinary researchers and government or aboriginal stakeholders at the regional and national levels to:

- Examine the burden of illness of vaccine-preventable diseases in the aboriginal community;
- Investigate possible barriers preventing aboriginal people from getting immunized;
- Develop long-term research programs to design, test and/or evaluate relevant interventions to address barriers to immunization; and
- Develop long-term research programs to explore new ways of engaging diverse disciplines and fields and for facilitating the exchange, uptake and translation of new knowledge.

New researchers in aboriginal health

This RFA is being re-launched because it addresses a fundamental need in aboriginal health research. Its purpose is to increase aboriginal health research capacity in Canada by funding new aboriginal health researchers in any discipline. Objectives are to:

- Fund innovative aboriginal health research;
- Increase and strengthen the expertise of aboriginal health researchers; and
- Encourage mentorship.

Suicide prevention among aboriginal people

CIHR-IAPH, along with the CIHR Institute of Neurosciences, Mental Health and Addiction, and Health Canada First Nations and Inuit Health Branch are jointly funding this innovative RFA, *Suicide prevention targeting aboriginal people*, through the CIHR New Emerging Teams (NET) grant program.

Objectives are to:

- Foster cross-theme research in suicide prevention;
- Create a team environment to advance understanding of suicide prevention among aboriginal and non-aboriginal people; and
- Train and establish new investigators capable of undertaking research relevant to understanding suicide prevention.

Public Engagement

By engaging increasing numbers of aboriginal communities, health research experts, academics, community workers, non-profit organizations and students, the Institute is moving closer to reaching one of its overriding goals – to eliminate health disparities between aboriginal and non-aboriginal populations.

Dr. Reading travelled extensively from coast to coast to coast in Canada throughout the past fiscal year, delivering keynote presentations, participating in workshops and collaborating on specific research projects. His itinerary also included several trips abroad to exchange ideas and share knowledge with indigenous health researchers working in other parts of the world. The following list of activities is a testament to his determination:

Regional

- April 2003, Keynote Speaker, British Columbia Injury Prevention Conference, Richmond, British Columbia
- April 2003, Speaker, Aboriginal Health Vision of the North Conference, Université Laval, Ste. Foy, Quebec

- June 2003, Speaker, ACADRE Launch: Université Laval, Avativut-Ilusivut Centre, Ste. Foy, Quebec
- July 2003, Speaker, Saskatchewan Health Research Foundation, Saskatoon, Saskatchewan

National

- July 2003, Speaker, National Aboriginal Friendship Centres, Aboriginal Youth Council Meeting, Prince Albert, Saskatchewan
- July 2003, Speaker, National Aboriginal Friendship Centres, Board of Directors Meeting, Prince Albert, Saskatchewan
- October 2003, Speaker, 10th Canadian Society for International Health Conference, Ottawa, Ontario
- November 2003, Keynote Speaker, Colloquium on Ethics in Aboriginal Health Research, Ottawa, Ontario
- March 2004, Keynote Speaker, Dialogue on Northern Research, Whitehorse, Yukon

International

- May 2003, Keynote Speaker, 3rd World Congress and Exposition: Child and Youth Health, Vancouver, British Columbia
- May 2003, Speaker, 15th Annual Indian Health Service National Research Conference, Scottsdale, Arizona
- June 2003, Speaker, Yale University Symposium—Globalization and Health: The Gender Challenge, New Haven, Connecticut



*Canadian delegation,
Inaugural Conference of
the International Network
in Indigenous Health
Knowledge and
Development, Townsville,
Australia, October 2003*

- September 2003, Keynote Speaker, 12th International Congress on Circumpolar Health, Nuuk, Greenland
- September 2003, Participant, National Institute of Public Health—Section for Research in Greenland meeting, Copenhagen, Denmark
- October 2003, Speaker, International Network in Indigenous Health Knowledge and Development, Inaugural Conference 2003: Exploring the Health of Indigenous Peoples in Canada, the USA, New Zealand and Australia, Townsville, Australia

Workshop, symposium and conference sponsorships

CIHR-IAPH supported several events in 2003-2004 across Canada on a wide range of issues critical to the health of aboriginal communities and directly related to the Institute's research priorities. These included:

- **Child and youth health**
The Child and Youth Health 3rd World Congress and Exposition in Vancouver, British Columbia, May 2003, included workshops that focused on building upon existing strengths of aboriginal communities and developing international networks to address indigenous health issues.

- **Dental hygiene**

The purpose of the May 2003 Canadian Dental Hygienists Association's three-day workshop in Ottawa, Ontario, was to define a national dental hygiene research agenda reflecting oral health priorities in various populations, including aboriginal people.

- **Urban aboriginal health**

In May 2003, the National Association of Friendship Centres hosted a forum in Ottawa, Ontario, to identify research priorities that combined the concepts of aboriginal people, health and urbanization. Issues explored included socio-economic needs of aboriginal migrants, chronic and infectious diseases, lifestyle and behaviour, vulnerabilities across the lifespan and appropriate health services.

- **Cardiovascular disease epidemiology**

The World Heart Federation 34th Ten-Day International Teaching Seminar on Cardiovascular Disease Epidemiology and Prevention, held in Victoria, British

Columbia, July 2003, presented lectures on epidemiological principles and methods of investigation to 40 international indigenous and non-indigenous fellows.

- **First Nations cancer workshop**


Cancer research and surveillance related to First Nations people were the broad topics for a two-day workshop in Ottawa, Ontario, hosted by Cancer Care Ontario, September 2003. Genetic factors, environmental factors, prevention, culture and accessibility were identified as research priorities in First Nations populations.

- **International health**

Promoting innovation and collaborative action, practitioners, researchers, educators, policy makers and community mobilizers were part of the Canadian Society for International Health Conference in Ottawa, Ontario, October 2003. Event objectives included: discuss challenges to poverty and ways to improve health and promote equality; profile strategies, approaches and methodologies with a focus on disadvantaged groups/regions; and share ideas on programs and projects.

- **Biodiversity and health workshop**

Developing strategic partnerships was the central theme of the Tropical Conservancy Conference in Ottawa, Ontario, in October



2003. Approximately 200 participants discussed biological science and health care research. Topics included: assessment of the volumes and values of harvested medicinal plants, inventories of medicinal plants, guidelines for collecting wild medicinal plants, identification of propagation or cultivation techniques, social and biological impact, development of new crops, selection of treatments and access to medicinal plant resources.

- **Health and privacy workshops**

Best practices were discussed at two key workshops held in Toronto, Ontario, in October 2003 and February 2004, titled *Harmonizing Research and Privacy: Standards for a Collaborative Future*, respectively. Issues included privacy, confidentiality and security.


- **Alcohol and illicit drugs**

In October 2003 at the Forum on Alcohol and Illicit Drug Research in Canada, held in Kanata, Ontario, participants developed a

strategic addictions-related research agenda. A specific aboriginal session noted several key areas for research including: intervention strategies in corrections, community-based research methods for addictions, human resource strategies, policy reviews, patterns of substance abuse behaviours, diagnosis and treatment, impact of systemic violence and institutional racism, resiliency and continuum of care.

- **Dialogue on northern research**

In March 2004, 120 researchers, decision-makers, representatives of Northern organizations and Northern community leaders networked in Whitehorse, Yukon, to discuss research issues. Social scientists, natural scientists and health science researchers identified strategies for collaboration.



Translating Health Research into Action

Knowledge generated through research must be disseminated and communicated effectively so that it can be acted upon and ultimately, benefit the intended audiences; in this case, First Nations, Inuit and Métis populations. Translation and use of knowledge are priorities for CIHR and its 13 health research institutes.

Knowledge translation

In partnership with CIHR and the CIHR Institute of Nutrition, Metabolism and Diabetes, CIHR-IAPH provided support to Janet Smylie, MD, MPH, University of Ottawa, for her study *Knowledge translation and indigenous knowledge*. The goal of this four-phase project is to weave together indigenous knowledge and Western scientific health research. With this information, the research team will develop, implement and evaluate one or more knowledge-translation models that can be used by aboriginal communities.

Publications

Dr. Reading authored or co-authored four major papers on aboriginal health research which were disseminated through various channels to reach their target audiences:

Reading, J. "Global model and national network for aboriginal health research excellence." *Canadian Journal of Public Health*, May-June 2003, 94(3):185-189.

Cunningham, C., **Reading, J.** and Eades, S. "Health research and indigenous health." *British Medical Journal*, August 2003, 327:445-447.

Reading, J. "Unravelling the mystery of Type 2 Diabetes in the Oji-Cree." *Canadian Journal of Diabetes*, September 2003, 27(3):227-228.

Reading, J. "Investing in aboriginal health." *Canada Research Horizons*, Winter 2004, 3(1):19.



Shelagh Rogers, CBC,
interviewing Jeff Reading,
Vancouver, British Columbia,
August 2003

*Earl Nowgesic, New
President of the Canadian
Society for Circumpolar
Health, Nuuk, Greenland,
September 2003*



Organizational Excellence

Staff

Currently, CIHR-IAPH supports an exceptional team of four full-time staff based in Toronto and two full-time staff located in Ottawa:

Toronto:

Jeff Reading, MSc, PhD, Scientific Director;
Earl Nowgesic, BScN, RN, MHSc,
Assistant Director;

Linda Day, MA, Senior Research Analyst and
Projects Manager (until August 2003);
Dawn Bruyere, RN, BA, MScN, Senior
Research Analyst and Projects Manager
(since September 2003); and
Trudy Jacobs, Senior Secretary.

Ottawa:

Laura Commanda, MSW, Assistant Director
for Partnerships, Knowledge Translation and
International Affairs; and
Doris Cook, MPH, Projects Manager,
Aboriginal Ethics Policy Development.

In addition to his role as CIHR-IAPH Scientific Director, Dr. Reading is a professor at the University of Victoria, Faculty of Human and Social Development. Mr. Nowgesic is an assistant professor at the University of Toronto, Faculty of Medicine, Department of Public Health Sciences. Katherine Gofton, BA, Research Officer, supports Dr. Reading's research-based activities.

Institute accountability

One of CIHR-IAPH's main activities over the past year has been preparing for and participating in an evaluation of selected programs and procedures. The Institute's ACADRE program is now being evaluated with assistance from a team of outside specialists that is examining the effectiveness, relevance and efficiency of the ACADRE model. Effectiveness and efficiency of individual ACADREs are also under review.

As one of CIHR's 13 Institutes, CIHR-IAPH has been involved in developing a common performance measurement and evaluation framework for all 13 CIHR institutes.

Institute advisory board

The Institute Advisory Board (IAB) has been invaluable in advising CIHR-IAPH since its inception slightly more than three years ago. Board members are consulted regularly and provide timely and relevant feedback on a wide array of issues. They participate actively in institute-led initiatives throughout the year, such as board meetings and working group sessions.

Institute advisory board members are:

Judith G. Barlett, MD, CCFP

- Associate Director, Centre for Aboriginal Health Research, Department of Community Health Services, University of Manitoba
- Aboriginal Health and Wellness Centre of Winnipeg

John Kim Bell, BMus, OC *

- President, National Aboriginal Achievement Foundation

Michael Bird, MSW, MPH

- Past President, American Public Health Association (USA)

Marlene Brant-Castellano, BA, BSW, MSW

- Professor Emeritus, Department of Native Studies, Trent University

Éric Dewailly, MD, PhD

- Chairperson to the Nunavik Nutrition and Health Committee
- Board Member, Laval University Inuit ACADRE; Nasivvik Centre for Inuit Health and Changing Environments

Minnie Grey **

- Chairperson to the Nunavik Nutrition and Health Committee
- Board Member, Laval University Inuit ACADRE; Nasivvik Centre for Inuit Health and Changing Environments
- Negotiator, Makivik Corporation

Eber Hampton, EdD, PhD

- President, First Nations University of Canada

Robert Hegele, MD *

- Director, J.P. Robarts Research Institute, University of Western Ontario

Richard Jock, BA, MEd

- Chief Executive Officer, Assembly of First Nations

Ann Macaulay, MD, CCFP, FCFP **

- Scientific Director, Kahnawake Schools Diabetes Prevention Project, Centre for Research and Training
- Associate Professor, Family Medicine, McGill University

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. Moffatt, MSc, MD, FRCPC

- Head, Department of Paediatrics & Child Health, University of Manitoba

Cameron Mustard, ScD *

- Scientific Director, Institute for Work and Health, Toronto
- Associate Professor, Department of Public Health Sciences, University of Toronto

John O'Neil, BA, MA, PhD (IAB Chairperson)

- Chair, Department of Community Health Sciences, University of Manitoba

Ian Potter, MSc

- Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada

Francine Romero, PhD, MPH **

- Epidemiologist, Northwest Portland Area Indian Health Board (USA)

Bronwyn Shoush, BSc, LLB

- Director, Aboriginal Justice Initiatives Unit, Alberta Justice Department

Gail Valaskakis, PhD **

- Director of Research, Aboriginal Healing Foundation

* IAB member until August 2003

** IAB member since September 2003

Financial Statements

CIHR is funded through federal government appropriations, which totaled \$ 697.7 million for the year ended March 31, 2004. CIHR Governing Council delegates financial authority to each institute for managing a portion of these funds:

Institute Strategic Initiatives: Each institute is provided with funding annually to support strategic health research in its respective areas 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 they represent 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 ended March 31, 2004 for each of these funding sources.

CIHR Research Priorities and Planning 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.

CIHR's *Research Priorities and Planning Committee*, composed of 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 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, 2004

Strategic Initiatives	Investments Through Grants and Awards					Total
	Number	2003-04	2004-05	2005-06	2006 and beyond*	
An Opportunity for New Researchers in Aboriginal Health	9	\$ 260,350	\$ 545,490	\$ 515,995	\$ 283,215	\$ 1,605,050
Aboriginal Community-based Research	6	168,107	361,062	355,380	207,559	1,092,108
Aboriginal Peoples' Health	2	187,250	272,250	250,000	0	709,500
Global Health Research	4	373,669	0	0	0	373,369
Excellence, Innovation and Advancement in the study of Obesity & Healthy Body Weight	2	98,990	110,814	94,090	0	303,894
Operating Grants to Open Competition	1	27,349	13,218	0	0	40,567
Knowledge Translation Grants	1	15,559	12,500	0	0	28,059
New Emerging Team	1	50,000	50,000	50,000	45,834	195,834
Access for Marginalized Groups	4	147,431	99,405	35,748	0	282,584
IAPH Strategic Initiative	5	607,629	675,115	466,938	0	1,749,682
National Network for Aboriginal Mental Health Research	1	85,386	87,134	58,426	0	230,946
CIHR Training Program Grants	6	150,000	150,000	150,000	314,585	764,585
Aboriginal Capacity and Developmental Research Environments (ACADRE) - Planning and Full Grants	9	2,022,182	2,114,196	1,015,129	0	5,151,507
Palliative & End of Life Care	1	14,375	35,625	0	0	50,000
Environmental Approaches to Physical Activity, Healthy Eating & Healthy Body Weight	1	100,000	0	0	0	100,000
Total	53	\$ 4,308,277	\$ 4,526,809	\$ 2,991,706	\$ 851,193	\$ 12,677,685

* 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 2003-04 and subsequent years. Availability of these funds in future years are subject to funding appropriations by Parliament.

Table B: Institute of Aboriginal Peoples' Health • Institute Support Grant
For the year ended March 31, 2004

Available Funds		\$ 998,228
Expenditures Incurred for the Current Year		
Institute Development		
Conference, symposia and workshops	\$ 148,867	
Institute Advisory Board & principal investigators expenditures	88,293	
Travel expenditures (National Gathering of Graduate Students)	54,836	
Other costs (advertising & promotion costs)	14,413	
	Subtotal	\$ 306,409
Institute Operations		
Salaries and benefits	\$ 381,689	
Office accommodations	21,450	
Telephone and communication services	16,629	
Supplies, material and other services	19,675	
Office furniture and fixtures	1,894	
Computer equipment and IT support	7,620	
Professional services	108,586	
Travel expenditures	124,152	
Translation costs	27,728	
	Subtotal	\$ 709,423
Total Expenditures Incurred for the Current Year		\$ 1,015,832
Unspent Balance*		\$ (17,604)

* Note: The unspent balance as of March 31, 2004 is carried forward to the subsequent fiscal year.

Table C: CIHR Investments in Aboriginal Health • Outside the CIHR-IAPH Envelope
For the year ended March 31, 2004

	Number	Investments Through Grants and Awards				
		2000-01	2001-02	2002-03	2003-04	Total
Operating grants	49	\$ 173,726	\$ 716,975	\$ 1,261,766	\$ 2,477,376	\$ 4,629,843
Group grants						
NET	1		20,584	230,349	226,451	477,384
CAHR	6	430,437	1,328,314	1,640,302	1,550,113	4,949,166
IHRT	2	173,200	589,578	558,108	523,725	1,844,611
STIHR	4		10,000		440,000	450,000
Clinical trials	2		9,167	27,500	139,108	175,775
Fellowship/PhD research awards	18	186,338	329,500	351,173	263,564	1,130,575
Studentship	5		16,358	39,584	93,586	149,528
New investigators	2	32,084			20,625	52,709
Senior investigators	7	137,143	183,937	384,613	469,630	1,175,323
Total	96	\$ 1,132,928	\$ 3,204,413	\$ 4,493,395	\$ 6,204,178	\$ 15,034,914

* 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 2003-04 and previous years.

NET – New Emerging Teams; CAHR – Community Alliances in Health Research; IHRT – Interdisciplinary Health Research Teams; STIHR – Strategic Training Initiative in Health Research

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 in which the applicant chose the Institute of Aboriginal People's Health (IAPH) as the primary institute were included. Expenditures that were contributed by the Institute of Aboriginal People's Health (IAPH) were excluded. The expenditures in this table reflect in-year investments for projects that included, but were not necessarily exclusively related to, aboriginal people's 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.