



CIHR Institute of Aboriginal Peoples' Health

Annual Report of Activities
2004-2005



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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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Photo of young Métis fiddler courtesy of Mr. Robert James McDonald. All other cover images courtesy of Masterfile.



Message from the President

As one of the 13 Institutes of the Canadian Institutes of Health Research (CIHR), the Institute of Aboriginal Peoples' Health (CIHR-IAPH) has taken great strides in improving the health of Aboriginal people since its creation in 2001. After only four years, the Institute is now leading a national research agenda in the area of aboriginal health, building capacity among First Nations, Inuit and Métis communities, and supporting partnerships and alliances among aboriginal communities and non-aboriginal health research organizations at the local, regional, national and international levels.

Today, thanks to innovative CIHR-IAPH programs, the number of researchers who are participating in aboriginal health research is growing rapidly. For example, the development of the network of Aboriginal Capacity and Developmental Research Environments (ACADRE) centres across Canada is an overwhelming success. To date, eight centres have been established, in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario (Ottawa and Toronto), Québec and Nova Scotia. These research centres make up a national network dedicated to conducting and advancing capacity in aboriginal health research.

In the true CIHR spirit, CIHR-IAPH is not working alone, but rather in partnership with the public and private sectors to develop strategies and activities that address disparities in aboriginal health. It has also embarked in collaborations with international partners, including circumpolar northern countries, Australia, New Zealand, Mexico and the United States, to develop international research priorities, share scientific expertise and research capacity building approaches.

As you will see in the following pages, CIHR-IAPH is truly making a difference and improving the health of aboriginal communities. I would like to extend my appreciation to Dr. Jeff Reading, PhD, all the Institute Advisory Board members and Institute staff, and to the talented researchers who, together, have made this groundbreaking Institute a model for others to follow.

Alan Bernstein, O.C., FRSC
President
Canadian Institutes of Health Research





Message from the Scientific Director

The Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health (CIHR-IAPH) has worked hard to establish a solid foundation for aboriginal health research in Canada. The fundamental aim of CIHR-IAPH is to investigate factors that aim to improve the health and well-being of Aboriginal people living in Canada.

Building relationships with international partners involved in indigenous health research has always been a priority of the CIHR-IAPH. The strength of our commitment in this area is seen in the landmark agreement signed between the CIHR President, Dr. Alan Bernstein, O.C., FRSC, and Dr. Elias Zerhouni, MD, Director of the National Institutes of Health Research (NIH) in the United States. The purpose of this collaboration is to develop mutually shared health research partnerships in areas significant to the interests of American Indian, Alaska Native and Canadian First Nations, Métis and Inuit peoples. These are truly exciting times.

This past year has also seen the creation of a dedicated CIHR Aboriginal Peoples' Health Peer Review Committee. The committee is a key step in the development of CIHR-IAPH, as research applications are now being reviewed by a standing committee, chaired by Dr. Valerie Gideon, PhD, ensuring that such research applications receive the specialized review they require.

To ensure that the research supported by the CIHR-IAPH meets the highest ethical standards, CIHR-IAPH has been working closely with the Ethics Office of CIHR to develop guidelines for aboriginal health research ethics. CIHR-IAPH is fortunate to

have the expert involvement of Ms. Marlene Brant-Castellano, MSW, a CIHR-IAPH Institute Advisory Board member, the leadership of Ms. Doris Cook, MPH, and the support of an expert working group on aboriginal health research ethics.

The CIHR-IAPH continues to develop the Aboriginal Capacity and Development Research Environment (ACADRE) network, consisting of eight ACADRE centres established across the country. A comprehensive evaluation of the ACADRE network was completed this year indicating that the eight ACADRE centres have been able to make significant progress towards achieving their stated objectives.

In closing, I encourage everyone to become familiar with CIHR-IAPH activities and to visit our website. I especially want to recognize and thank the dedicated volunteer advisory board, which I call the aboriginal health research "Dream Team", our dedicated professional staff, innovative researchers, and trainees who have all made significant progress possible. With this ongoing commitment, CIHR-IAPH can continue to make its mark as the first and only national institute of health research in the world dedicated to improving the health and well being of Aboriginal peoples in Canada and indigenous peoples around the globe.

All My Relations,

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



Profile of the Institute

The Canadian Institutes of Health Research – Institute of Aboriginal Peoples’ Health (CIHR-IAPH) is one of 13 founding institutes of the Canadian Institutes of Health Research. Since its creation in 2001, CIHR-IAPH has quickly taken a leading role in aboriginal health research. As the only national aboriginal or indigenous-specific health research institute in the world, CIHR-IAPH has made significant contributions to supporting collaborative research that aims to improve the health of Aboriginal peoples in Canada.

Both by supporting scientifically excellent research and by respecting aboriginal cultures and values, CIHR-IAPH seeks to nurture aboriginal health research development and ensure research is relevant to aboriginal communities and their pressing health needs. This is accomplished through activities and initiatives such as:

- Building research capacity by developing and re-launching requests for applications (RFAs) in community-based research, urban aboriginal health, and opportunities for new researchers in aboriginal health.
- Maintaining and developing linkages across research pillars and with other CIHR Institutes to support high-quality research that is multidisciplinary and relevant to Aboriginal peoples.

- Working with the guidance and expert advice of the CIHR-IAPH Institute Advisory Board (IAB).
- Working, in collaboration with diverse stakeholders, to ensure the unique place and perspectives of First Nations, Inuit, and Métis communities in health research.
- Pursuing new and strengthening existing innovative partnerships to support research and knowledge translation to improve Aboriginal peoples’ health at the local, regional, national and international levels.

The CIHR-IAPH continues to pursue its overarching vision through collaboration, innovation and leadership with communities, researchers, governments and key organizations.



Guiding Philosophies

The guiding philosophies of CIHR-IAPH are fundamental to the direction of the Institute's work and the success of its endeavours.

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 by the core set of values described below:

- Present health research results to Aboriginal peoples and those that deliver health services to Aboriginal peoples in a way that is *accessible*, appropriate and easily understood.
- Maintain *ethical* standards.
- Act in an *honest*, fair and just manner.
- Aim to *include* Aboriginal peoples 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

The CIHR-IAPH supports research that addresses the unique health needs of Aboriginal people across Canada and pursues its mandate through four 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

CIHR-IAPH re-launched several RFAs and created groundbreaking new initiatives that reflect CIHR-IAPH's advanced and innovative research agenda. The success of previous applications attests to Canada's existing and increasing capacity and excellence in aboriginal health research.

Aboriginal Community-based Research

CIHR-IAPH is one of the first federal research granting agencies in Canada to fund community-based research projects. The CIHR-IAPH Aboriginal Community-based Research RFA was designed to build capacity and to support community-based, advanced multidisciplinary research in aboriginal health. The development of partnerships between scientific and aboriginal communities to conduct research on critical health issues for Aboriginal peoples is a prerequisite of funding. Through such partnerships, funded projects will help to lessen the prevalence of these health issues across the country. With this in mind, CIHR-IAPH supported the following six community-based research projects in health research:

- Paul Brassard, MD, MSc, McGill University, *Tuberculosis among urban aboriginals in Montreal.*
- Roy Cain, PhD, McMaster University, *Mental health & wellness among aboriginal people living with HIV/AIDS.*



- Nancy C. Edwards, PhD, University of Ottawa, *First Nations falls prevention: Engaging elders for community action.*
- Christopher S. Findlay, PhD, University of Ottawa, *Estimating the predictive power of indicators of aboriginal community health: The case of diabetes.*
- Stewart B. Harris, MD, MPH, University of Western Ontario, *Sandy Lake School-Based Primary Prevention Program.*
- Harriet V. Kuhnlein, PhD, McGill University, *Gwich'in traditional food for health.*

An Opportunity for New Researchers in Aboriginal Health

To increase the number of aboriginal health researchers across disciplines, CIHR-IAPH re-launched the RFA titled, An Opportunity for New Researchers in Aboriginal Health. Outstanding research and the support of career development of new scholars are the primary objectives of this initiative. The successful applicants are first-time recipients of federal grants. The CIHR-IAPH is pleased to support five new scholars and welcome them to the growing aboriginal health research community:

- Margaret D. Cargo, PhD, Centre Hospital de l'Université de Montréal (CHUM), Kahnawake Education Center (Quebec),

Understanding the context of application of community-based diabetes prevention: Dissemination of the Kahnawake Schools Diabetes Prevention Project model.

- Colleen Anne Dell, PhD, Carleton University, *Aboriginal women drug users in conflict with the law: A study of the role of self-identity in the healing journey.*
- Brenda R. Hemmelgarn, PhD, MD, University of Calgary, *Chronic kidney disease among First Nations people in Alberta: Prevalence, progression and access to care.*
- Ordan J. Lehmann, PhD, University of Alberta, *Investigating the genetic basis of aboriginal glaucoma and blindness.*
- Zhong-Cheng Luo, PhD, Hôpital Sainte-Justine, Université de Montréal, *Community characteristics and birth outcomes among Canadian Aboriginal women.*

Aboriginal Peoples' Health Peer Review Committee

The aboriginal health research community has consistently advocated for the acknowledgement of aboriginal health research as a specialized area of health research. To this end, CIHR-IAPH has helped to create the institutional capacity at CIHR to ensure that aboriginal health research is approached as a unique research area requiring specialized expertise to review research applications.

The CIHR Aboriginal Peoples' Health Peer Review Committee was created as a permanent standing peer review committee.

The committee conducted its first review of applications in November 2004. The committee reviews both Strategic Initiative applications and applications made to the CIHR's Open Competition. Peer Review Committee membership is:

Valerie Gideon, PhD (Chair)
Assembly of First Nations

David Newhouse, PhD (Scientific Officer)
Trent University

Cheryl Bartlett, PhD
University College of Cape Breton

Annette Browne, RN, PhD
University of British Columbia

Sharon Bruce, PhD
University of Manitoba

Lorne Clearsky, MD
University of Manitoba

Christopher Fletcher, PhD
University of Alberta

Christopher Furgal, PhD
Université Laval

Katherine Gray-Donald, PhD
McGill University

Marcia Hills, RN, PhD
University of Victoria

Bonnie Jeffrey, PhD
University of Regina

Harriet Kuhnlein, RD, PhD
McGill University

Cora Voyageur, PhD
University of Calgary

Cora Weber-Pillwax, PhD
University of Alberta

Kue Young, MD, DPhil
University of Toronto

Outstanding Researchers in Innovative Environments

The CIHR-IAPH supports important health research initiatives. A wide variety of key health issues were addressed through support for outstanding health researchers.

International Collaborative Indigenous Health Research Partnership on Resilience

The RFA titled, International Collaborative Indigenous Health Research Partnership on Resilience is the result of an innovative cooperation agreement between CIHR, the National Health and Medical Research Council of Australia (NHMRC) and the Health Research Council of New Zealand (HRC). This tri-country RFA addresses two important aspects of international indigenous peoples' health – health disparities and resiliency. Research within the tri-country network focuses on collaboration, capacity building, innovative and relevant research, and knowledge translation. Researchers in all three countries who demonstrated excellence in their research area of interest, collaboration at the community and international level received planning grants from their respective research funding agency. Canadian researchers whose planning grants were funded by CIHR include:

- Judith Bartlett, MD, MSc, University of Manitoba, *Indigenous health networks and resiliency.*
- Lorne Clearsky, MD, MSc, University of Manitoba, *Growing up indigenous; an international birth cohort study.*
- Mark Daniel, PhD, Université de Montréal, *Community and individual resilience for positive health in indigenous populations at risk for diabetes and cardiovascular disease: Challenging environmental and macrosocial adversity.*
- Brenda Elias, PhD, University of Manitoba, *Indigeneity, resilience and best outcomes for health.*
- Michael Green, MD, MPH, Queens University, *Collaboration to reduce disparities in chronic diseases.*
- Laurence Kirmayer, MD, McGill University, *Roots of resilience: Transformations of identity and community in indigenous mental health.*
- Rose-Alma McDonald, PhD, Assembly of First Nations, *The impact of injury on indigenous children and youth in Australia, Canada and New Zealand: A tri-country approach to prevention, resiliency, and implications for policy.*
- Thomas Wong, MD, MPH, University of Ottawa, *Resilience: The effect of sexual and injecting risk behaviour on the health of indigenous populations in Australia, Canada and New Zealand.*

CIHR Open Competition

The CIHR Open Competition, the largest funded initiative of CIHR, supports excellent research by leading health researchers. In partnership with the CIHR Institute of Population and Public Health, CIHR-IAPH is supporting a study led by principal investigator Harriet Kuhnlein, PhD, McGill University, *Indicators for health promotion with indigenous peoples: A global health project.*

Partnerships and Public Engagement

Partnerships, alliances and collaborative relationships are integral to CIHR-IAPH's successes in supporting excellent and relevant aboriginal health research. In fulfillment of one of the Institute's research priorities, *to forge partnerships and share knowledge*, CIHR-IAPH continues to create relationships among institutions to benefit Aboriginal peoples' health in Canada. Through exchange of knowledge and best practices and co-sponsorship of aboriginal health research, CIHR-IAPH is a leader in collaboration at the local, regional, national and international levels.

Partnerships

CIHR

The CIHR-IAPH has worked in partnership with the other CIHR institutes in supporting ten multi-disciplinary and multi-institute research funding initiatives. For example, the Community-based HIV/AIDS Research Program was transferred to CIHR from Health Canada and co-launched by CIHR-IAPH in partnership with the CIHR Institute of Infection and Immunity. The program includes 6 RFAs addressing community-based strategies for HIV/AIDS in aboriginal and non-aboriginal communities. Another example of an important inter-institute collaboration is the one formalized with the CIHR Institute of Nutrition, Metabolism and Diabetes to launch the RFA titled, Excellence, Innovation and Advancement in the Study of Obesity and Healthy Body Weight.

CIHR-IAPH has partnered with the CIHR Institute of Gender and Health to support Helene A. Berman, RN, PhD, University of Western Ontario, *Uprooting displacement and*

health in the lives of girls: A critical exploratory study.

Along with the CIHR Institute of Circulatory and Respiratory Health, CIHR-IAPH is also supporting Peter Liu, MD, University of Toronto, *Cardiovascular complications in diabetes.*

Aboriginal Health Research Ethics

In 2002, CIHR-IAPH and the CIHR Ethics Office initiated a national consultative process to review existing codes of ethics on research involving Aboriginal people and to develop a code of ethics for CIHR-funded research involving Aboriginal peoples.

In acknowledgement of aboriginal communities' past experiences with research that was not culturally respectful or relevant, this process was designed to revitalize the potential for fruitful partnerships between aboriginal communities and health researchers. In this precedent-setting initiative, CIHR-IAPH has shown leadership in ensuring CIHR-funded health research with Aboriginal peoples is respectful, relevant and in the best interests of Aboriginal people.

Significant progress has been achieved in the development of draft CIHR guidelines for aboriginal health researchers. A detailed outline, along with major components, of the guidelines have been drafted. Draft guidelines will be available for public consultation in April 2005.



Members of the **Aboriginal Ethics Working Group** are:

Larry Chartrand, LLB, LLM (Co-Chair)
Francine Romero, PhD (Co-Chair)
Laura Arbour, MD
Kelly Bannister, PhD
Ed Borchert
Fern Brunger, PhD
Jeff Cornassel, PhD
Veronica Dewar
Shaun Haines, PhD
Phyllis Kinoshameg
Dawn Martin-Hill, PhD

Concurrently, the Aboriginal Ethics Initiative has a mandate to review Section 6 of the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS)*. CIHR-IAPH Scientific Director Dr. Jeff Reading is a member of the Guiding Consortium for the Development of TCPS Ethical Guidelines for Research Involving Aboriginal Peoples.

The TCPS sets standards and procedures for ethical research funded by Canada's three federal funding agencies – CIHR, the Social Sciences and Humanities Research Council of Canada (SSHRC), and the Natural Sciences and Engineering Research Council of Canada (NSERC). Once developed, CIHR's aboriginal research guidelines will assist with the review and revisions of Section 6 of *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans*.

Rural and Northern Health

Dr. Reading, in collaboration with a team of CIHR institutes and the tri-agency working group of CIHR, SSHRC, and NSERC, championed the cross-cutting CIHR Rural and Northern Health Research Strategic Initiative.

This strategic initiative included two RFAs that utilized diverse funding tools to generate health research in this important area. Aboriginal peoples comprise a significant proportion of the population in rural and northern parts of Canada where unique health issues require targeted strategic research. To build capacity in rural and northern health research, CIHR-IAPH is pleased to support the following researchers:

New Emerging Team Grants Competition:

- Ross Tsuyuki, PharmD, MSc, University of Alberta, *The role of pharmacists in improving healthcare in rural and northern regions*.

Operating Grants Competition:

- Martha MacLeod, PhD, University of Northern British Columbia, *The working relationship of public health nurses and high priority families in northern communities*.

The CIHR Rural and Northern Health Research Strategic Initiative launched an RFA titled, Northern Health Research Development Program.

Five outstanding research projects were funded in this fiscal year:

- Laura Arbour, MSc, MSc, MD, University of British Columbia, *The impact of long QT syndrome on First Nations people of northern British Columbia: Development of a community-based research program*.



- Rhona Hanning, PhD, University of Waterloo, *Developing a web-based survey of food intake and physical activity behaviour of Cree school children living in the James Bay region of Northern Canada to support needs assessment and program evaluation.*
- Lynn Meadows, PhD, University of Calgary, *Developing linkages to increase capacity for Inuit women's health.*
- Bernard Roy, PhD, Université Laval, *Marginalité, acte alimentaire et identité : résistance de populations de la nordicité au discours normatif des milieux de la santé.*
- Mark Wickstrom, PhD, University of Saskatchewan, *Gathering stories for community-based environmental contaminants research: A partnership of the Moose Cree First Nation and environmental toxicologists.*

Health Canada, First Nations and Inuit Health Branch

CIHR-IAPH and Health Canada, First Nations and Inuit Health Branch, are jointly supporting Sakej Henderson, PhD, University of Saskatchewan, *First Nations conceptual frameworks and applied models on ethics, privacy and consent in health research and information.*

CIHR-IAPH, in partnership with the CIHR Institute of Neurosciences, Mental Health and Addiction and Health Canada, First Nations and Inuit Health Branch, is also supporting two New Emerging Teams targeting suicide prevention in aboriginal communities:

- Neil Andersson, MD, MPhil, CIETcanada, University of Ottawa, *Aboriginal community youth resilience network (ACYRN): Community-led research and resources to prevent youth suicide.*

- Gustavo X. Turecki, MD, PhD, Douglas Hospital Research Centre, McGill University, *Understanding and acting on aboriginal suicide: A new multidisciplinary research team.*

National Institutes of Health Research, United States of America

A pioneering agreement was created between CIHR and the National Institutes of Health (NIH) to foster collaboration on health research issues of priority to American Indian, Alaska Native and Canadian First Nations, Métis and Inuit peoples. Coinciding with the inaugural opening of the Museum of the American Indian in Washington, DC, the President of CIHR and the President of NIH signed an historic Letter of Intent in Bethesda, Maryland on September 20, 2004.

Health research priorities that will form the initial basis for collaboration and further consultation were developed at the United States and Canada Health Research Priorities Roundtable, September 19-20, 2004, Rockville, Maryland. The NIH National Center on Minority and Health Disparities and CIHR-IAPH will serve as the primary operational bodies in implementing the initial research plan resulting from this agreement.

*From left to right:
Ian Potter, MSc
Assistant Deputy Minister,
First Nations and Inuit
Health Branch
Health Canada*

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

*Alan Bernstein,
O.C., PhD, FRSC
President and Chief
Executive Officer,
Canadian Institutes of
Health Research*

*Elias A. Zerhouni, MD
Director, National
Institutes of Health (USA)*

*Sharon Hrynkow, PhD
Assistant Director, Fogarty
International Center (USA)*

*Charles W. Grim, DDS,
MHSA
Director, Indian Health
Services (USA)*



Requests for Applications (RFAs)

CIHR-IAPH was pleased to launch and re-launch a number of RFAs aimed at addressing critical health issues and capacity building in aboriginal health research. It is anticipated that research results from projects funded through these initiatives will generate knowledge that will benefit Aboriginal peoples and their communities.

Aboriginal Capacity and Developmental Research Environments (ACADRE)

The CIHR-IAPH re-launched the RFA titled, Aboriginal Capacity and Developmental Research Environments (ACADRE) to establish additional ACADRE centres. Currently, there are eight ACADREs based in universities across Canada. This unique initiative has five objectives:

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

Aboriginal Community-based Research

Support for research that involves aboriginal communities is an integral part of CIHR-IAPH's mission. Alliances between communities and academic networks are essential to the future of aboriginal health research. The successful RFA titled, Aboriginal Community-based Research was re-launched to encourage continued growth in this area. The objectives of this initiative are:

- To foster partnerships between aboriginal communities and health research organizations;
- To address health issues from a multi-pillar, multi-disciplinary and holistic perspective;
- To promote participatory research for long term sustainability and cultural appropriateness; and
- To promote and build research skills.

International Collaborative Indigenous Health Research Partnership on Resilience

The innovative tri-country RFA titled, International Collaborative Indigenous Health Research Partnership on Resilience supported research networks. Aimed at both health disparities and resiliency, this initiative will build tri-country networks capable of enhancing capacity, conducting excellent research and translating knowledge into action. The newly created research networks are composed of indigenous health researchers from Australia, Canada, and New Zealand.



Opportunity for New Researchers in Aboriginal Health

The RFA titled, Opportunity for New Researchers in Aboriginal Health was re-launched to address a fundamental need for supporting new investigators in aboriginal health research in Canada. Its purpose is to increase health research capacity and encourage high quality investigation by funding new aboriginal health researchers in any discipline. The objectives are:

- To fund new investigators in aboriginal health research;
- To fund innovative aboriginal health research;
- To increase and strengthen the expertise of aboriginal health researchers; and
- To encourage mentorship.

Suicide Prevention Targeting Aboriginal People

CIHR-IAPH, in partnership with the CIHR Institute of Neurosciences, Mental Health and Addiction and Health Canada, First Nations and Inuit Health Branch, jointly re-launched the RFA titled, Suicide Prevention Targeting Aboriginal People – New Emerging Team (NET). The objectives are:

- To foster cross-theme research in suicide prevention with an emphasis on a multidisciplinary approach;
- To create a team environment to advance understanding of suicide prevention targeting Aboriginal peoples in comparison to the non-aboriginal population; and
- To train and establish new investigators capable of undertaking research relevant to suicide prevention among Aboriginal peoples.

Urban Aboriginal Health

Creation of a national research agenda specific to urban aboriginal health is a significant goal of the RFA titled, Urban Aboriginal Health. This initiative supports research that is focused on urban aboriginal health needs by enhancing the capacity of the scientific, research and aboriginal communities in this area. Some key thematic areas include population health, health services utilization, health promotion and disease prevention and populations-at-risk.

Public Engagement

Responsiveness to research stakeholders is a key priority of the innovative CIHR model of health research, and engaging with stakeholders in aboriginal health research is an important priority of CIHR-IAPH. In the past fiscal year, Dr. Reading engaged with stakeholders across Canada and around the world. Dr. Reading shared knowledge on aboriginal health research and developed collaborations by delivering keynote presentations, participating in workshops and working to create new aboriginal health research initiatives. The many presentations and invitations to date attest to Dr. Reading's stellar reputation in indigenous health research both within Canada and around the world.

Regional

- October 2004, Speaker, Grand Rounds, British Columbia's Children's Hospital, Vancouver, British Columbia.
 - January 2005, Speaker, UBC Forum for Global Citizenship and Global Health, Vancouver, British Columbia.
- 

National

- June 2004, Speaker, National Gathering of Graduate Students and Community Members Interested in Aboriginal Health Research, Edmonton, Alberta.
- September 2004, Delegate, Meeting of the Guiding Consortium for the Panel on Research Ethics – Aboriginal Ethics Policy Development Initiative, Ottawa, Ontario.
- September 2004, Delegate, Leaders Forum for Health Research in Canada, Ottawa, Ontario.
- October 2004, Speaker, 12th Cochrane Colloquium, Ottawa, Ontario.
- October 2004, Speaker, Canadian Society for Exercise Physiology Conference, Saskatoon, Saskatchewan.
- October 2004, Speaker, 11th Canadian Conference on International Health, Ottawa, Ontario.
- February 2005, Delegate, Symposium on Traditional Diet and Diabetes, Gatineau, Quebec.
- February 2005, Delegate, Meeting with House of Commons, Member of Parliament (Nunavut), Ms. Nancy Karetak-Lindell.
- March 2005, Delegate, Crossing Borders and Cultures: Issues of Protection for Human Research Participants, National Council on Ethics in Human Research Annual Conference, Ottawa, Ontario.
- March 2005, Speaker, Health Canada, First Nations and Inuit Health Branch, Branch Executive Meeting, Vancouver, British Columbia.

International

- April 2004, Delegate, London School of Hygiene and Tropical Medicine Meeting, London, England.
- April 2004, Speaker, 18th World Conference on Health Promotion and Health Education, Melbourne, Australia.
- May 2004, Delegate, 16th Annual Research Conference of the US Indian Health Service, Scottsdale, Arizona, United States.
- July 2004, Speaker, Research with Arctic Peoples: Unique Research Opportunities in Heart, Lung, Blood and Sleep Disorders (Workshop), Bethesda, Maryland, United States.
- September 2004, Delegate, Roundtable Conference on US-Canada Native Health Research Priorities, Rockville, Maryland, United States.
- October 2004, Speaker, Public and Environmental Health Research Unit Seminar, London School of Hygiene and Tropical Medicine, London, England.
- October 2004, Speaker, 4th World Conference of Science Journalists, Montreal, Quebec.
- November 2004, Delegate, Controlling the Risk: Science to Combat Global Infectious Disease, Toronto, Ontario.
- November 2004, Delegate, Forum 8: Global Forum for Health Research and World Summit on Health Research: The Health Research Necessary to Achieve the Millennium Development Goals, Mexico City, Mexico.
- December 2004, Speaker, Indigenous Peoples' Right to Health: Did the International Decade of Indigenous Peoples make a difference?, London, England.

Media Events

Dr. Reading participated in important media events in March 2005 highlighting the commitment and excellence of CIHR-funded researchers. These events included the national announcement of CIHR funding for health research by Prime Minister Paul Martin in Calgary, Alberta and the regional health funding announcement for Manitoba by Minister Reg Alcock in Winnipeg, Manitoba.

Workshop, Symposium and Conference Support

CIHR-IAPH supported several aboriginal health research priority-setting events in 2004-2005 across Canada on a wide range of issues critical to the health of aboriginal communities and directly related to the Institute's research priorities. CIHR-IAPH was pleased to support the following workshops and conferences:

Graduate Students in Aboriginal Health Research

Hosted by the University of Alberta, the 4th National Gathering of Graduate Students and Community Members Interested in Aboriginal Health Research was held in Edmonton in June 2004. The purpose of this gathering was to discuss various original aboriginal health research projects being conducted by graduate students throughout Canada, to provide the opportunity for networking and to

foster capacity building. In this setting, students are supported and empowered to learn and share knowledge in a culturally sensitive environment.

Literacy and Health Research

A workshop was hosted by the Centre for Health Promotion, University of Toronto, in Ottawa in October 2004. The purpose of this workshop was to encourage young Canadian researchers to conduct research in literacy and health by providing them with an opportunity to meet and interact with researchers, practitioners in the field and fellow graduate students.

International Indigenous Health Research

In December 2004, the University of London, London School of Hygiene and Tropical Medicine, conducted a workshop in London, England. Within the context of the United Nations International Decade on Indigenous Peoples, the workshop provided an opportunity for presentation of research, discussion and the development of recommendations related to the health of indigenous people, indigenous peoples' right to health, and the breadth of traditional knowledge.

Translating Health Research into Action

Knowledge generated through research has the potential to improve the health of Aboriginal peoples if it is communicated effectively to key audiences and decision-makers. Knowledge translation is a key priority for CIHR and its 13 institutes. Knowledge translation in aboriginal health continues to develop and grow as a specialty both in aboriginal health research and the larger body of knowledge translation research.

Knowledge Translation

CIHR-IAPH has been working very hard to develop and define its collaborations and partnerships in the area of knowledge translation. Key national stakeholders and federal government departments have been approached to plan knowledge translation activities that will assist in moving forward an agenda on indigenous knowledge translation in Canada.

One key partnership of CIHR-IAPH is with the National Aboriginal Health Organization (NAHO); NAHO has the national mandate for knowledge translation in the area of aboriginal health. The two-year collaboration agreement between CIHR-IAPH and NAHO, signed July 2003, provides an opportunity for these national partners to collaborate on activities that will improve aboriginal health and research. Both partners have begun a comprehensive planning process to conduct a national knowledge translation conference in the area of aboriginal health.

Publications

Reading, J. "Foreward from the CIHR Institute of Aboriginal Peoples' Health". *Canadian Journal of Public Health*. January-February 2005, 96 (supplement 1):58.

Organizational Excellence

Staff

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

Victoria:

Jeff Reading, MSc, PhD, Scientific Director;
Earl Nowgesic, BScN, RN, MHSc,
Assistant Director;
Namaste Marsden, LLB, Programs Manager;
and
Mary Hum-Wan, Administrative Assistant.

Ottawa:

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

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 and Director of the Aboriginal Population Health Research Group at the University of Victoria. Andrew Kmetc, PhD, Senior Research Associate, supports Dr. Reading's research-based activities.

Institute Accountability

Accountability and transparency are key to the operation and success of CIHR-IAPH. Two areas of CIHR-IAPH's focus in the past fiscal year have been working towards the completion of the ACADRE evaluation which

was initiated in 2003-2004, and preparing for the CIHR mid-term evaluation to be conducted in 2005-2006.

Mandated by CIHR's governing legislation, the CIHR mid-term evaluation is a formative evaluation that leads into CIHR's quinquennial review. The quinquennial review, which occurs every five years, is a review by CIHR's Governing Council of the mandate and performance of each CIHR institute.

Institute Advisory Board

CIHR-IAPH's Institute Advisory Board provides an important function to CIHR-IAPH. The Board is composed of leading aboriginal health researchers and experts in Canada. Institute Advisory Board members are consulted on an ongoing basis by the CIHR-IAPH on a wide range of strategic issues and specific CIHR-IAPH initiatives. The Institute Advisory Board met in May and November 2004.

CIHR-IAPH planning retreat. (from left) Jeff Reading, Mary Hum-Wan, Doris Cook, Gwendoline Simard, Earl Nowgesic, Laura Commanda and Namaste Marsden.



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

Michael Bird, MSW, MPH *
- Executive Director, The National Native American AIDS Prevention Centre

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

Éric Dewailly, MD, PhD
- Professeur agrégé Faculté de médecine - santé environnementale, Université Laval

Minnie Grey
- Chairperson of the Nunavik Nutrition and Health Committee
- Board Member, Laval University Inuit ACADRE – Nasivik Centre for Inuit Health and Changing Environments
- Negotiator, Makivik Corporation

Eber Hampton, EdD, PhD *
- President, First Nations University of Canada

Richard Jock, BA, MEd
- Chief Executive Officer, Assembly of First Nations

Malcolm King, PhD **
- Professor, Division of Pulmonary Medicine, Department of Medicine, University of Alberta

Lawrence Kirmayer, MD, FRCPC **
- Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University
- Director, Culture and Mental Health Research Unit, Department of Psychiatry, Sir Mortimer B. Davis Jewish General Hospital

Ann Macaulay, MD, CCFP, FCFP
- Scientific Director, Kahnawake Schools Diabetes Prevention Project, Centre for Research and Training
- Professor, Family Medicine, McGill University

Rod M. McCormick, BA, BEd, MA, PhD
- Associate Professor, Department of Educational and Counselling Psychology and 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

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
- Director, Northern Plains Tribal Epidemiology Center (USA)

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

Janet Smylie, MD, MPH, CCFP **
- Director, Indigenous Peoples' Health Research Centre, First Nations University of Canada
- Assistant Professor, Department of Family Medicine, University of Ottawa

Gail Valaskakis, PhD
- Director of Research, Aboriginal Healing Foundation

* IAB member until August 2004

** IAB member since September 2004

Financial Statements

CIHR is funded through federal government appropriations, which totaled \$757.9 million for the year ended March 31, 2005. 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 area by awarding peer-reviewed grants and awards (Table A).

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

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

The following tables provide financial results of operations for the year ended March 31, 2005.

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.

The CIHR Research Priorities and Planning Committee is composed of 13 scientific directors, Vice-President Research Portfolio, Vice-President Knowledge Translation and Partnerships Portfolio, Director of Ethics, and the President. This committee decides on the overall research priorities of CIHR and makes recommendations to the Governing Council on the appropriate allocation of resources.

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



Table A: Institute of Aboriginal Peoples' Health • Investments in Strategic Initiatives
For the year ended March 31, 2005

Strategic Initiatives	Investments Through Grants and Awards					Total
	Number	2004-05	2005-06	2006-07	2007 and beyond*	
An Opportunity for New Researchers in Aboriginal Health	11	\$ 574,139	\$ 878,186	\$ 637,766	\$ 320,954	\$ 2,411,045
Aboriginal Community Based Research	11	429,295	839,946	607,615	306,955	2,183,811
New Frontiers Program	1	10,000	–	–	–	10,000
Aboriginal Peoples' Health	2	72,250	395,000	95,000	–	562,250
Obesity and Healthy Body Weight	2	110,814	94,090	–	–	204,904
Operating Grants to Open Competition	2	46,141	51,251	58,845	76,443	232,680
Knowledge Translation Applications	1	12,500	–	–	–	12,500
New Emerging Team	1	50,000	50,000	45,834	–	145,834
Rural Health	2	105,000	100,000	100,000	100,000	405,000
New Perspectives on Gender & Health	1	15,997	–	–	–	15,997
Access for Marginalized Groups	4	99,405	35,748	–	–	135,153
IAPH Strategic Initiative	5	675,115	466,938	–	–	1,142,053
National Network for Aboriginal Mental Health Research & Training	1	87,134	58,426	–	–	145,560
CIHR Training Program Grants	6	69,197	182,547	182,547	197,279	631,570
Aboriginal Capacity and Developmental Research Environments (ACADRE)	8	2,643,496	1,095,129	80,000	40,000	3,858,625
Palliative & End of Life Care	1	35,625	–	–	–	35,625
Compelling Values – Privacy Access to Data & Health Research	1	51,667	–	–	–	51,667
Suicide Prevention Targeting Aboriginal People	0	–	297,367	294,867	829,456	1,421,690
International Collaborative Indigenous Health Research Partnership on Resilience	8	114,900	–	–	–	114,900
Total	68	\$5,202,675	\$4,544,628	\$2,102,474	\$1,871,087	\$13,720,864

* 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 2004-05 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, 2005

Available Funds			\$ 982,396
Expenses			
Institute Development			
Conferences, symposia and workshops	\$	37,512	
Professional services		154,185	
Travel Expenditures		34,656	
Other costs (advertising & promotion)		13,098	\$ 239,451
Institute Operations			
Salaries and benefits	\$	404,549	
Office accommodations		69,128	
Telephone and communication services		15,420	
Supplies, material and other services		44,988	
Office furniture and fixtures		82,879	
Computer equipment and IT support		21,701	
Professional services		45,859	
Travel expenditures		141,094	
Translation costs		—	
Other expenditures		10,566	\$ 836,184
Total Expenses			\$ 1,075,635
Unspent Balance*			\$ (93,239)

* Note: The unspent balance as of March 31, 2005 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, 2005

	Investments Through Grants and Awards						Total
	Number	2000-01	2001-02	2002-03	2003-04	2004-05	
Operating Grants	94	\$ 173,726	\$ 672,977	\$ 1,487,186	\$ 3,258,264	\$ 3,997,146	\$ 9,589,299
Group Grants							
NET	6	–	–	5,000	–	281,974	286,974
CAHR	6	430,437	1,328,251	1,640,302	1,550,113	1,437,166	6,386,269
IHRT	2	173,200	589,578	558,108	523,725	431,298	2,275,909
ACADRE	6	–	800,000	1,851,078	1,925,129	1,999,590	6,575,797
Clinical Trials	3	–	9,167	27,500	139,108	363,155	538,930
Fellowship Programs	18	171,463	325,125	351,172	263,564	161,451	1,272,775
Studentships	10	–	16,358	39,584	93,586	153,856	303,384
New Investigators	3	32,084	–	–	65,656	62,388	160,128
Senior Investigators	8	137,143	183,937	384,614	469,631	450,403	1,625,728
Other Grants	2	–	–	–	–	21,000	21,000
Total	158	\$ 1,118,053	\$ 3,925,393	\$ 6,344,544	\$ 8,288,776	\$ 9,359,427	\$ 29,036,193

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 Peoples' Health (IAPH) as the primary institute were included. Expenditures that were contributed by the Institute of Aboriginal Peoples' Health (IAPH) were excluded. The expenditures in this table reflect in-year investments for projects that included, but were not necessarily exclusive to, aboriginal peoples' health.

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

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