



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

# CIHR | Institute of Aboriginal Peoples' Health

ANNUAL REPORT OF ACTIVITIES | 2005-2006



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

**Canada**

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CIHR is a federal agency reporting to Parliament through the Minister of Health. It was created by an *Act of Parliament* in June 2000. (48-49 Elizabeth II, C.6).

For further information, please contact:

## **Canadian Institutes of Health Research**

160 Elgin Street, 9th Floor  
Address Locator 4809A  
Ottawa, Ontario K1A 0W9  
Telephone: 613.941.2672  
Fax: 613.954.1800  
Toll Free: 1.888.603.4178  
E-mail: [info@cihr-irsc.gc.ca](mailto:info@cihr-irsc.gc.ca)  
Web site: [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

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

University of Victoria  
PO Box 1700 STN CSC  
Victoria, BC V8W 2Y2  
Telephone: 250.472.5449  
Fax: 250.472.5450  
Web site: [www.cihr-irsc.gc.ca/e/8668.html](http://www.cihr-irsc.gc.ca/e/8668.html)

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*The cover illustration is called "Hummingbirds" and depicts the profile of two hummingbirds facing each other. The illustration was created by Coast Salish artist lessLIE from Duncan, British Columbia. He is currently pursuing his Master of Arts degree at the University of Victoria.*

## Message from the President



The Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health (CIHR-IAPH) has a unique role within Canada, and has established itself as an internationally recognized leader in advancing Aboriginal peoples' health research. As the only national health research funding agency with an Aboriginal institute, CIHR is pleased with the successes of CIHR-IAPH and its increasing visibility as a model for other countries.

CIHR-IAPH initiatives are enhancing capacity through development of a national network of Aboriginal health research centres that create supportive and productive environments for excellent research. Programs like these harness the potential of health research for knowledge translation and ultimately lead to the improvement of Aboriginal peoples' health.

CIHR-IAPH and the CIHR Ethics Office have undertaken a groundbreaking initiative to develop the *Guidelines for Health Research Involving Aboriginal Peoples*. The draft guidelines are designed to facilitate the ethical conduct of health research involving Aboriginal peoples. The guidelines will be adopted in Fall 2006 and implemented across Canada.

In the spirit of collaborative leadership known to CIHR, CIHR-IAPH has continued to nurture and develop international partnerships with circumpolar countries, Australia, New

Zealand, Mexico and the United States. CIHR's international partnerships are vital in developing collaborative research, setting international research priorities and enhancing opportunities to share information and approaches to improving Aboriginal health globally.

I would like to extend my appreciation to the Scientific Director of the Institute; Dr. Jeff Reading, Institute Advisory Board members, Institute staff, and the excellent researchers and Aboriginal communities that are creating a world-class research institute devoted to improving the health of Aboriginal peoples.

A handwritten signature in black ink, which appears to read "Alan Bernstein". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. 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 tirelessly since its inception in 2001 to provide leadership for the establishment of Aboriginal health research as a distinct specialty of health research in Canada. This year, CIHR-IAPH undertook a renewal process of its Strategic Plan. Although the plan has retained its original strategic directions, the CIHR-IAPH Strategic Plan for 2006 to 2011 charts an enhanced agenda that strengthens its mandate in knowledge translation, assertion of Aboriginal understandings of health and community-based research.

The strength of Aboriginal health research is measured through the quality of research undertaken and growth in the number of excellent Aboriginal health researchers. CIHR-IAPH's key initiative in building research capacity at the regional and national level in Canada, the Aboriginal Capacity and Developmental Research Environments program, continues to support masters and doctoral students in conducting important Aboriginal health research. Through the creation of a national network of regional centres devoted to Aboriginal health, CIHR-IAPH can establish the capacity necessary for identifying and acting on determinants of the health and well being of Aboriginal peoples.

This past year saw the completion of the *CIHR Guidelines for Health Research Involving Aboriginal Peoples*. The draft guidelines will provide a path for the conduct of respectful, ethical and culturally appropriate health research with Aboriginal peoples. The work in this area is a credit to the efforts of the expert working group on Aboriginal ethics and Ms. Doris Cook, MPH, CIHR Ethics Office,

who has led this process from its beginning. The guidelines are unique in Canada and the world in their national scope and comprehensiveness.

Applying what we learn from research – knowledge translation – is essential to ensuring results of research benefit Aboriginal communities. In the area of knowledge translation, the CIHR-IAPH supported the inaugural Indigenous Knowledge Translation Summit, "Sharing what we know about living a good life" at the First Nations University of Canada. This important gathering signals the beginning of increased understanding of indigenous knowledge and its translation, and its potential for improving Aboriginal people's health.

In closing, I wish to extend an enthusiastic welcome to the growing numbers of Aboriginal health researchers to this dynamic and important field. The successes of CIHR-IAPH would not be possible without the expert guidance of the CIHR-IAPH Institute Advisory Board, our dedicated professional staff and talented researchers and trainees. Together we work with a unified vision and purpose of improving the health of Aboriginal people in our communities.

All my relations,

A handwritten signature in black ink, appearing to read "J. Reading". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jeff Reading MSc, PhD, FCAHS  
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 of the Canadian Institutes of Health Research (CIHR). In 2001, when CIHR-IAPH was created, its mission was to actively pursue development of research capacity in Aboriginal health in Canada. In many ways, CIHR-IAPH has met this challenge and exceeded expectations.

The Institute’s steadfast adherence to principles of scientifically excellent research, respect for Aboriginal culture and values, and innovative collaborations and partnerships, has seen CIHR-IAPH achieve a respected place in health research within Canada and globally. By developing key initiatives regionally, nationally and internationally, CIHR-IAPH has contributed to the growth and quality of Aboriginal health research and, thereby, to improving the lives of Aboriginal Canadians. These initiatives include:

- Creating research infrastructure within CIHR in the areas of ethics and scientifically and community-relevant peer review that will ensure the continued growth and longevity of Aboriginal health research both nationally and internationally;
- Creating opportunities for Aboriginal health researchers to conduct excellent research across the four CIHR pillars – biomedical, clinical, health systems and services, and social, cultural and environmental factors affecting health of populations;
- Providing targeted and enhanced support for developing Aboriginal research capacity through a national network of environments dedicated to improving the health of Aboriginal peoples through research and knowledge translation;
- Providing leadership in establishing a national dialogue for development of Aboriginal-specific approaches to knowledge translation with partners in the Aboriginal health and academic communities;
- Ensuring that the diverse perspectives of First Nations, Inuit, and Métis communities are respected and incorporated in health research involving Aboriginal peoples; and
- Engaging the expertise and advice of Aboriginal health researchers through the CIHR-IAPH Institute Advisory Board (IAB) in strategic planning, request for application (RFA) development and collaborative research.



### **Guiding Philosophies**

The guiding philosophies of CIHR-IAPH are fundamental to charting the course of its initiatives and the success of its endeavours.

#### **Vision**

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

#### **Mission**

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

### **Values**

CIHR-IAPH will be guided at all times by a core set of values based on the principles of:

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



*CIHR-IAPH Institute Day at CIHR office in Ottawa, June 2005 with Institute and CIHR staff. Seated is Institute Scientific Director, Dr. Jeff Reading.*

# Outstanding Research

## Research Priorities

Through a collaborative process that engaged the CIHR-IAPH IAB in August 2005, the Institute's strategic directions, or research priorities have been refined. CIHR-IAPH supports research that addresses the unique health needs of Aboriginal people across Canada through five strategic research priorities:

### **Priority #1 – Develop strategic regional, national and international partnerships to advance Aboriginal health research**

Advance CIHR-IAPH's mandate by building upon established and creating new partnerships at the regional, national and international levels. The development of diverse strategic alliances with Aboriginal and non-Aboriginal health and research organizations and governments is integral to sharing resources, brainpower and infrastructures.

### **Priority #2 – Ensure inclusion and recognition of Aboriginal values and cultures in health research**

Fund and promote scientifically excellent research that is grounded in Aboriginal conceptual models. Guide the development and implementation of Aboriginal health research ethical guidelines nationally.

### **Priority #3 – Enhance capacity and infrastructure to advance Aboriginal health research**

Develop, sustain and evolve a national network of Aboriginal health research centres. Advance research capacity through targeted funding for a new generation of investigators in Aboriginal health research.

### **Priority #4 – Resolve critical Aboriginal health issues**

Fund initiatives that utilize a health-determinants approach to identify and address priority health issues for Aboriginal peoples, working collaboratively at the regional, national and international levels.

### **Priority #5 – Facilitate and evaluate translation of Aboriginal health research into policy and practice**

Collaborate and partner with Aboriginal communities, researchers, key organizations and governments to facilitate development of an advanced knowledge translation agenda that incorporates Aboriginal knowledge, community-based principles and scientific research.





### **Generating New Knowledge**

CIHR-IAPH has continued to support targeted Aboriginal health research through initiatives that identify key research priorities aimed at improving the health of Aboriginal peoples. By developing innovative RFAs, CIHR-IAPH ensures the highest standards for scientifically excellent and Aboriginal-relevant research are met.

### **Aboriginal Community-Based Research**

As one of the first federal research granting agencies in Canada to fund community-based research projects, CIHR-IAPH has continued to support research that is multi-pillar, multi-disciplinary and participatory at the community level. This innovative RFA encourages the development of meaningful partnerships between scientific and Aboriginal communities to conduct research on critical health issues for Aboriginal peoples. It is anticipated that the prevalence of critical health issues can be addressed through research conducted with Aboriginal communities. Three outstanding projects were funded in this stream:

- Joan Botorff, RN, PhD, University of British Columbia, *Tobacco reduction initiatives for young pregnant and parenting Aboriginal women and their children*
- Laurie Chan, PhD, McGill University, *Effectiveness of a community intervention program on food security and dietary quality*
- Lorraine Greaves, PhD, British Columbia Women's Hospital and Health Centre, *Aboriginal adolescent girls and smoking: A qualitative study*

### **An Opportunity for New Researchers in Aboriginal Health**

A key objective of CIHR-IAPH is to increase the number of Aboriginal health researchers across disciplines. To this end, CIHR-IAPH has re-launched this RFA, which provides first-time grant funds to a cohort of new investigators who are engaged in Aboriginal health research. It is the aim of this RFA that both outstanding research and the support of career development of new scholars will continue to build the ranks of excellent Aboriginal health researchers in Canada. CIHR-IAPH is pleased to support two new scholars in the field of Aboriginal health research:

- Jacqueline Ellis, PhD, University of Ottawa, *Establishing the reliability and validity of the northern pain scale for use with Inuit children and adults*
- Caroline Tait, PhD, University of Saskatchewan, *Bringing a women-centered and culturally informed approach to fetal alcohol syndrome prevention targeting northern Saskatchewan First Nations women*

### **Aboriginal Peoples' Health Peer Review Committee**

In response to calls from the Aboriginal health research community for recognition of their field as a distinct specialty, CIHR created the CIHR Aboriginal Peoples' Health Peer Review Committee as a permanent standing peer review committee. The committee is responsible for reviewing applications from both CIHR-IAPH Strategic Initiatives and applications made to CIHR Open Competitions.

The researchers on this peer review committee, who exemplify the highest standards in Aboriginal health research, review funding proposals for both scientific excellence and Aboriginal community relevance.



The Aboriginal Peoples' Health Peer Review Committee members (active between April 1, 2005 and March 31, 2006) are:

Valerie Gideon, PhD (Chair)  
Assembly of First Nations

David Newhouse, PhD (Scientific Officer)  
Trent University

Neil Andersson, MD, MPhil (Invitee)  
CIETcanada, Ottawa

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 Calgary

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 (Macdonald Campus)

Gina Muckle, PhD (Invitee)  
Université Laval

Cora Voyageur, PhD  
University of Calgary

Dennis Wardman, MD  
Health Canada, First Nations and  
Inuit Health Branch

Cora Weber-Pillwax, PhD  
University of Alberta

Cornelia Wieman, MD  
University of Toronto

Noreen D. Willows, PhD (Invitee)  
University of Alberta

Kue Young, MD, DPhil  
University of Toronto

## Outstanding Researchers in Innovative Environments

CIHR-IAPH aims to fund excellent research that will improve the health of Aboriginal peoples in Canada. Key health issues are addressed through support for outstanding Aboriginal health researchers.

### **International Collaborative Indigenous Health Research Partnership on Resilience**

A pioneering agreement between CIHR, the National Health and Medical Research Council of Australia (NHMRC) and the Health Research Council of New Zealand (HRC) led to the creation of this innovative RFA. With focus on two aspects of indigenous peoples' health internationally, health disparities and resiliency, research funded through this initiative is collaborative and demonstrates excellence within the researcher's home country and internationally. The second part of a two-phase RFA, planning grant and

operating grant, the following Canadian researchers were funded by CIHR to conduct innovative research:

- Neil Andersson, MD, MPhil, University of Ottawa, *The role of resiliency in responding to bloodborne viral and sexually transmitted infections in indigenous communities*
- Judith Bartlett, MD, MSc, University of Manitoba, *Resilient indigenous health workforce networks: Constructing an international framework*
- Laurence Kirmayer, MD, McGill University, *Roots of resilience: Transformations of identity and community in indigenous mental health*

## Partnerships and Public Engagement

CIHR-IAPH has always viewed collaborative relationships, alliances and partnerships as key to ensuring excellent research that is relevant to Aboriginal communities.

Partnerships facilitate the exchange of knowledge, help to share best practices, leverage funding resources and create new resources for Aboriginal health research. To this end, CIHR-IAPH has continued to create new opportunities in Aboriginal health research through the forging of collaborative relationships.

### Partnerships

#### CIHR

CIHR-IAPH has worked in partnership with the other CIHR institutes in supporting nine multi-institute and cross-disciplinary initiatives with external partners in diverse research priority areas. For example, in partnership with the lead institute, CIHR Institute of Circulatory and Respiratory Health, other institutes, major health organizations and other funding bodies, CIHR-IAPH supported the launch of Cardiovascular Complications of Diabetes: New Discoveries: High Risk Seed Grants. CIHR-IAPH also supported the Access to Quality Cancer Care New Emerging Team Grant, led by the CIHR Institute of Cancer Research, partnered with a number of health organizations and other institutes.

In partnership with the CIHR Institute of Gender and Health, CIHR-IAPH supported the following successful researcher in the Team Planning and Developmental Grants – Towards Enhanced Quality of Life through Injury Prevention, Acute Response and Rehabilitation:

- Ian Pike, PhD, University of British Columbia, *Societal determinants of trauma risk and outcome*

#### **HIV/AIDS Community-Based Research**

In collaboration with the lead CIHR Institute of Infection and Immunity, CIHR-IAPH was pleased to re-launch the HIV/AIDS Community-Based Research Program, Aboriginal and General Streams. The program was transferred to CIHR from Health Canada and includes six tools: Masters Awards, Doctoral Awards, Research Technical Assistant (RTAs), Capacity Building Workshop, Development and Operating Grants.

The initiative is supported through the Federal Initiative to Address HIV/AIDS in Canada, which reaffirms the Government of Canada's commitment to fight the HIV/AIDS epidemic. CIHR, a partner in the initiative, sets research priorities and administers this program as a part of the overall HIV/AIDS Research Program.

The following successful projects in the Aboriginal Stream of the program were funded:

- Kevin Barlow, Randy Jackson, Canadian Aboriginal AIDS Network, *HIV/AIDS community-based research program, research technical assistant (Western Canada)*



- Randy Jackson, Canadian Aboriginal AIDS Network, *HIV/AIDS community-based research program, research technical assistant (Eastern Canada)*
- Charlotte Loppie, PhD, Kevin Barlow, Canadian Aboriginal AIDS Network, *Canadian Aboriginal cultural competence for HIV/AIDS health care providers*

Four students received research awards for community-based HIV/AIDS research to be conducted in their respective academic programs:

**Masters Awards:**

- Sarah Fletcher, Brunel University, United Kingdom, *The cultural dynamics of care and service provision; HIV/AIDS prevention in First Nation communities*
- Melanie Ross, University of Victoria, *Implementation of a community-based approach to HIV/AIDS prevention in an Aboriginal community*

**Doctoral Awards:**

- Kim McKay-McNabb, University of Regina, *Life experiences of Aboriginal families living with HIV/AIDS: A qualitative inquiry*
- Kate Shannon, University of British Columbia, *HIV risk behaviours and barriers to prevention and treatment among Aboriginal women engaged in survival sex work*

**Strategic Initiative – Research in Addictions: Innovative Approaches in Health Research**

In partnership with the lead CIHR Institute of Neurosciences, Mental Health and Addiction (CIHR-INMHA), CIHR-IAPH was pleased to launch this important RFA. The strategic

initiative aimed to support high-quality research on alcohol and illicit drug use, abuse, addictions and cross-addictions, with researchers working from across the disciplines. Through targeting of research gaps and supporting research on the implementation of a national, coordinated research agenda in addictions, this strategic initiative aimed to improve the effectiveness of interventions through knowledge translation.

CIHR-IAPH was pleased to fund the following successful projects in the Research in Addictions: Innovative Approaches in Health Care – New Discoveries High Risk Seed Grant RFA:

- Thomas Brown, PhD, McGill University, *Towards biopsychosocial correlates of severe forms of driving under the influence*
- Alain Dagher, MD, McGill University, *Compulsion and control: Prefrontal and mesolimbic systems in human addiction*
- Alasdair Barr, PhD, University of British Columbia, *A parallel study of methamphetamine psychosis on brain structure and neuronal integrity in humans and animals with regards to cognitive impairment*

**Scoping Reviews and Research Synthesis: Priority Health Services and Systems Issues**

In partnership with the lead CIHR Institute of Health Services and Policy Research (CIHR-IHSPR), CIHR-IAPH supported this RFA, which aims to support health services and policy research in thematic areas. The following innovative projects are supported by CIHR-IAPH:

- Esther Suter, PhD, University of Calgary, *Health services integration definitions, processes and impact – A research synthesis*
- Elizabeth McGibbon, RN, PhD, St. Francis Xavier University, *Inequities in access to health services for rural Aboriginal and African Canadians: A scoping review*

### **Aboriginal Health Research Ethics**

CIHR-IAPH, in partnership with the CIHR Ethics Office, initiated a national consultative process for the development of Aboriginal health research guidelines in 2004. The guidelines are intended to facilitate and promote CIHR-funded health research that is grounded in partnerships and respectful of Aboriginal culture and values. With the direction and advice of the Aboriginal Ethics Working Group, the draft "Guidelines for Research Involving Aboriginal Peoples" were completed and are undergoing broad consultation with the Aboriginal and research communities.

CIHR's Standing Committee on Ethics endorsed the guidelines and recommended forwarding them to the CIHR Governing Council for adoption in the fall of 2006. It is anticipated that the CIHR Guidelines for Research Involving Aboriginal Peoples will provide a model for further research ethics guideline development undertaken as a part of the review of Section 6 of the 1998 Tri-Council Policy Statement (TCPS) – Research Involving Human Subjects.

### **Canadian Tobacco Control Research Initiative**

The Canadian Tobacco Control Research Initiative (CTCRI) is a national partnership of research organizations that are working collaboratively to support research that increases capacity, is innovative and is relevant to tobacco control policies and programs. It is anticipated that the CTCRI will provide strategic leadership in Canada and internationally in supporting research to support the development of programs and policies aimed at reducing tobacco abuse and nicotine addiction. In partnership with CTCRI, CIHR-IAPH is pleased to support the following successful applicants for their letter of intent:

- Cynthia Jardine, PhD, University of Alberta, *Youth at risk: Developing a community-based smoking prevention and cessation initiative in the northern Aboriginal communities of Ndilo and Dettah*
- Sonia Isaac-Mann, MSc, Assembly of First Nations, *Exploring how First Nations traditional use of tobacco can be utilized as a strategy in prevention and intervention for tobacco misuse amongst First Nations youth*
- Jennifer Dickson, Pauktuutit Inuit Women's Association, *Reducing tobacco use through knowledge brokering and capacity building in Inuit communities: Creating and sustaining change*
- Daniel Fritz, SSM and District Group Health Association, *Community-wide STOP Coalition – working together quitters win*
- Mark Lemstra, PhD, Saskatoon Health Region, *A community-based intervention to prevent tobacco usage among youth in Saskatoon*
- Meryll Hammond, PhD, Nunavik Regional Board of Health and Social Services, *Changing the "culturing of smoking" in the Western Arctic: Community-based evaluation of individual components of a comprehensive tobacco control strategy*
- Stephen McManus, West Coast Gay Men's Health Project – Gay West, *BC gay, lesbian, transgender, bisexual and Aboriginal GLBT, tobacco prevalence, beliefs, attitudes, influences and precursors*
- David Boisvert, Manitoba Métis Federation, *Developing effective tools to address abuse and nicotine addiction among Métis*

#### **Health Canada, First Nations and Inuit Health Branch**

There is a need for research on suicide in the Aboriginal community that employs culturally appropriate methods and identifies culturally appropriate strategies to address this critical issue. CIHR-IAPH, in partnership with CIHR-INMHA and Health Canada, First Nations and Inuit Health Branch, is pleased to be supporting a new emerging team targeting suicide prevention in Aboriginal communities:

- Michel Tousignant, PhD, University of Quebec à Montréal, *Établissement d'un modèle écosystémique, intergénérationnel et multidisciplinaire pour comprendre le suicide en milieu autochtone: Fondements pour une prévention efficace*

#### **Requests for Applications**

The past year saw CIHR-IAPH launch innovative new RFAs targeting emerging issues in Aboriginal health and re-launch RFAs that aim to encourage community-based and culturally appropriate methods in generating scientifically excellent Aboriginal health research results.

#### ***Aboriginal Health Human Resources in Community-Based Research***

CIHR-IAPH launched this initiative to increase the capacity and knowledge base of Aboriginal health human resources. An emerging research priority, it encompasses improving health services and increasing the number of Aboriginal health professionals and programs for health promotion and disease prevention. The objectives of this initiative are:

- To foster research partnerships between Aboriginal communities and health research organizations and Aboriginal health human resources;

- To address Aboriginal health issues from a health human resources perspective;
- To promote participatory and community-based research for long term sustainability, cultural appropriateness and knowledge translation; and
- To promote and build research skills of Aboriginal health human resources and Aboriginal communities.

#### ***Aboriginal Community-Based Research***

Integral guiding values of CIHR-IAPH include support for community-based research principles, and for researcher and Aboriginal community partnerships. Through targeted investment in developing community and academic capacity in community-based research, there is increased potential for enhanced knowledge translation, successful collaboration and partnership development. The objectives of this re-launched RFA are broad and allow for research partners to address critical health issues such as chronic disease, mental health or traditional medicine. The objectives 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.

### ***Opportunity for New Researchers in Aboriginal Health***

The purpose of this re-launched RFA is to support and nurture new investigators in Aboriginal health research. Aboriginal health researchers from any discipline are encouraged to apply who have not had any previous funding in health research from a national funding agency. Through this initiative new investigators become familiar with the grant application and funding processes. Specific 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.

### ***Priority Announcements***

Priority announcements fund highly rated research applications that are determined to be relevant to specific CIHR research priority areas and that do not receive funding through CIHR's regular competitions. CIHR-IAPH was pleased to launch two priority announcements:

- Aboriginal Health Research Operating Grants
- Institute of Aboriginal Peoples' Health Fellowship Awards

### **Public Engagement**

CIHR-IAPH is committed to engaging the diverse stakeholders in Aboriginal health research regionally, nationally and internationally. Building support and mechanisms for facilitating Aboriginal health research through public engagement is a priority of the CIHR model of health research and key to the outcome of partnerships and other collaborative relationships.

Institute Scientific Director Dr. Jeff Reading's expertise and leadership is widely sought and he is frequently invited to attend and present at regional, national and international meetings, conferences, strategy sessions and other health research consortiums. The following presentations and invitations attest to Dr. Reading's and CIHR-IAPH's growing reputation as leaders in Aboriginal health research within Canada and around the world.

### **National**

- April 2005, Participant, Health Canada, First Nations and Inuit Health Branch, Aboriginal Health Human Resources Initiative Strategy Session, Ottawa, Ontario
- April 2005, Presenter, Global Health Forum, Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia
- May 2005, Participant, Meeting with Dr. Kevin Keough, PhD, President and Chief Executive Officer, Alberta Heritage Foundation for Medical Research, Edmonton, Alberta
- May 2005, Speaker, Government of Northwest Territories, Think Tank on Northern Health Research, Yellowknife, Northwest Territories
- May 2005, Participant, Cochrane Introductory Workshop, Yellowknife, Northwest Territories



- May 2005, Participant, Health Canada, First Nations and Inuit Health Branch, and McGill University, Centre of Indigenous Peoples' Nutrition and Environment, Workshop on Aboriginal Environmental Health, Gatineau, Quebec
- June 2005, Presenter, Toronto-based Centre for Addictions and Mental Health, Workshop on Mental Health and Indigenous Peoples, Toronto, Ontario
- June 2005, Participant, National Engagement on the Blueprint on Aboriginal Health, Edmonton, Alberta
- June 2005, Participant, Expert Roundtable on Aboriginal Health, Vancouver, British Columbia with the Honourable Carolyn Bennett, Federal Minister of State (Public Health); the Honourable Theresa Oswald, Manitoba Minister of Healthy Living; and, Dr. Max Bloux, National Collaborating Centre for Aboriginal Health
- August 2005, Speaker, 5th ACADRE National Student Gathering Conference, Regina, Saskatchewan
- August 2005, Keynote Speaker, Primary Biliary Cirrhosis Workshop, University of British Columbia, Vancouver, British Columbia
- November 2005, Speaker, Canadian Psychiatric Association 55th Annual Conference, Vancouver, British Columbia
- November 2005, Speaker, Canadian Association for Graduate Studies, 2005 International Conference: Challenges to Innovation in Graduate Studies, Toronto, Ontario
- November 2005, Participant, Meeting with the Honourable Sue Barnes, Parliamentary Secretary to the Minister of Indian Affairs and Northern Development and Federal Interlocutor for Métis and Non-Status Indians; Member of Parliament Peter Adams; and Dr. Alan Bernstein, President, Canadian Institutes of Health Research, Ottawa, Ontario
- November 2005, Speaker, Knowledge Transfer and Exchange Workshop, British Columbia Ministry of Health and Canadian Institute for Health Information, Western Region, Victoria, British Columbia
- December 2005, Participant, Many Hands, One Dream: New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth Summit, Victoria, British Columbia
- March 2006, Keynote Speaker, Indigenous Knowledge Translation Summit, Regina, Saskatchewan
- March 2006, Keynote Speaker, Aboriginal Policy Research Conference, Ottawa, Ontario
- March 2006, Participant, Reducing Health Disparities Conference, Toronto, Ontario

#### **International**

- May 2005, Participant, Canada-US Indigenous Cancer Collaboration Conference, Portland, Oregon, United States
- May 2005, Presenter, A Global Perspective on Indigenous People – Meeting with the US Department of Health and Human Services, Public Health Services, US National Institutes of Health Research, John E. Fogarty International Center for Advanced Study in the Health Sciences Advisory Board, Bethesda, Maryland, United States
- May 2005, Delegate, United Nations, Economic and Social Council, 4th Session of the Permanent Forum on Indigenous Issues, New York, New York, United States

- July 2005, Participant, The 2nd Peoples' Health Assembly, Cuenca, Ecuador
- July 2005, Participant, The 2nd Summer Institute for New Global Health Researchers, Ifakara, Tanzania
- August 2005, Participant, Global Indigenous Health Research meeting with Health Unlimited and London School of Hygiene and Tropical Medicine, London, England
- September 2005, Participant, Inter-Agency Dinner Meeting, Vancouver, British Columbia to discuss Grand Challenges in Indigenous Health
- October 2005, Keynote Speaker and Participant, Joint Meeting of the International Network of Indigenous Health Knowledge and Development and the Indigenous Health Measurement Group, Vancouver, British Columbia
- October 2005, Speaker, Health Disparities Conference, US National Institute on Drug Abuse, Atlanta, Georgia, United States
- November 2005, Speaker, 4th Health Services and Policy Research Conference, Canberra, Australia
- November 2005, Keynote Speaker, Capacity Building in Indigenous Policy-Relevant Health Research, Canberra, Australia
- February 2006, Speaker, Indigenous Suicide Prevention Research and Programs in Canada and the United States: Setting a Collaborative Agenda, Albuquerque, New Mexico
- March 2006, Speaker, Heart Foundation Conference and Scientific Meeting, Sydney, Australia

#### **Workshop, Symposium and Conference Support**

CIHR-IAPH supported several Aboriginal health research priority-setting events in 2005-2006 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:

- July 2005, Summer Institute for Global Health Researchers, Ifakara, Tanzania, hosted by the Canadian Coalition for Global Health Research
- September 2005, International Conference on the Scientific Basis of Health Services, Montreal, Quebec, hosted by the University of British Columbia
- November 2005, Canadian Conference on International Health, Ottawa, Ontario, hosted by the Canadian Society for International Health
- November 2005, Third International Congress on Developmental Origins of Health and Disease, Toronto, Ontario, hosted by the University of Toronto
- December 2005, Consensus Conference on Systemic Autoimmune Rheumatic Diseases: A Research Forum on Lupus, Scleroderma, Sjogren's Syndrome, Myositis and Vasculitis, Toronto, Ontario, hosted by the Canadian Arthritis Network, and University Health Network, based in Toronto
- March 2006, Indigenous Knowledge Translation Summit, Regina, Saskatchewan, hosted by the University of Saskatchewan
- March 2006, Aboriginal Policy Research Conference, Ottawa, Ontario, hosted by Indian and Northern Affairs Canada, the National Association of Friendship Centres and the University of Western Ontario

## Translating Health Research into Action

Health research improves health through the uptake or translation of knowledge generated to key stakeholders, including governments and health and human services. Knowledge translation is an integral part of CIHR's mandate in health research. As this growing field continues to evolve in domains such as research, best practices and specialized areas, CIHR-IAPH is committed to working with Aboriginal stakeholders to further define Aboriginal or indigenous understandings and methodologies for effective knowledge translation.

### Knowledge Translation

In March 2006, CIHR-IAPH supported the inaugural Indigenous Knowledge Translation Summit held at the First Nations University of Canada in Regina, Saskatchewan. A milestone event, the summit, "Sharing what we know about living a good life", brought together Aboriginal people, academics, national and government stakeholders to begin to establish consensus on indigenous knowledge translation in Canada. The summit was the result of the collaboration of the Indigenous Peoples Health Research Centre, Health Canada, Saskatchewan Health Research Foundation, the National Aboriginal Health

Organization and CIHR-IAPH. The conference initiated a multi-disciplinary dialogue that will contribute to the development of a national agenda in Aboriginal knowledge translation.

The national network of ACADRE Centres has, individually and collectively, embarked upon an investigation of knowledge translation as it pertains to the research mandate of each Centre. The Centres utilized diverse approaches for the development of knowledge translation initiatives with Aboriginal communities in their respective regions. The research activities of each ACADRE will be included in a national synthesis that will further contribute to a national agenda in Aboriginal knowledge translation.

### Publications

- **Dean HJ and Reading J.** Editor's Note – Building diabetes research capacity in Aboriginal communities. *Canadian Journal of Diabetes*. December 2005.
- **Reading J, Ritchie AJ, Victor JC, Wilson E.** Implementing empowering health promotion programs for Aboriginal youth in two distinct communities in British Columbia, Canada. *Promotion and Education*. 2005;12(2):62-5.
- **Smith HS, Bjerregaard P, Chan HM, Corriveau A, Ebbesson SOE, Elzel R, Fabsitz RR, Hakonarson H, Hild C, Nobmann ED, Reading J, Tereshchenko L, Young TK, Howard BV.** Research with Arctic Peoples: Unique research opportunities in heart, lung, blood and sleep disorders: Working group summary and recommendations. *International Journal of Circumpolar Health*. 2006;65(1):79-90.

# 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, FCAHS,  
Scientific Director  
Earl Nowgesic, BScN, RN, MHSc,  
Associate Director  
Namasté Marsden, BA, LLB and  
Catherine Hodgins, BSc, MBA, CHE and  
Velten Pilger, BA, Programs Managers  
Mary Hum-Wan, Office Manager

### **Ottawa:**

Laura Commanda, MSW, Assistant Director  
Gwendoline Simard, BSc and Karine Lemay,  
Project Officers  
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 and Director of the Aboriginal Health Research Group at the University of Victoria. Dr. Andrew Kmetc, PhD, Assistant Director, Aboriginal Health Research Group, supports Dr. Reading's research-based activities.

## Institute Accountability

Ensuring the accountability and transparency of CIHR-IAPH through reporting of activities and expenditures is a prerequisite to its success and reputation. A key initiative in this regard has been the support, preparation and

participation in the CIHR mid-term evaluation and review that is mandated by its governing legislation every five years. The external review was completed by an international review panel of research experts and examines the success of each institute and CIHR as a whole in achieving its mandate.

## Strategic Plan

The CIHR-IAPH developed its initial "Five Year Strategic Plan: 2002 to 2007", charting an ambitious course of rapid development to enhance and develop Aboriginal health research in Canada. Through defining its guiding vision, mission and values, and identifying the strategic research priorities that need to be addressed to improve Aboriginal peoples' health, CIHR-IAPH established institutional objectives and a basis for measuring its success.

The CIHR-IAPH held a strategic planning retreat in August 2005 to revisit, review and refine the CIHR-IAPH Strategic Plan. The retreat was attended by CIHR-IAPH staff, CIHR-IAPH Institute Advisory Board members, CIHR staff and invited guests. The result is a Strategic Plan for 2006-2011 that will further enhance the advanced health research agenda CIHR-IAPH has set out for Aboriginal people in Canada.



CIHR-IAPH staff (from left): Earl Nowgesic, Velten Pilger, Mary Hum-Wan, Jeff Reading. Missing: Laura Commanda, Doris Cook, Catherine Hodgins, Karine Lemay, Namasté Marsden, Gwendoline Simard.

### Institute Advisory Board

Key to the CIHR model for health research is working closely with, and utilizing the expertise of the research community. The CIHR-IAPH IAB is composed of many of the leading Aboriginal health researchers and experts in Canada and the United States. IAB members provide strategic advice and guidance on emerging research priorities and CIHR-IAPH initiatives in Aboriginal health research.

The CIHR-IAPH IAB met June 6-7, 2005, and in a joint meeting with CIHR-IHSPR IAB June 7, 2005 in Toronto, Ontario. The CIHR-IAPH IAB met with CIHR-IAPH and CIHR staff, and institute partners for the CIHR-IAPH Strategic Planning Retreat Meeting August 30-31, 2005 in Banff, Alberta.

#### The 2005-2006 IAB members are:

Judith G. Bartlett, MD, MSc, CCFP  
- Associate Director, Centre for Aboriginal Health Research, Department of Community Health Sciences, University of Manitoba

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

Bernice Downey, RN\*\*  
- Executive Director, National Aboriginal Health Organization

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

Malcolm King, PhD  
(IAB Chairperson July 2005 - March 2006)  
- Professor, Division of Pulmonary Medicine, Department of Medicine, University of Alberta

Laurence 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



MCpl Paz Quillé

CIHR-IAPH Institute Advisory Board member Marlene Brant-Castellano, O.C., O.Ont., and Her Excellency the Right Honourable Adrienne Clarkson, Governor General of Canada at the investiture ceremony of the Order of Canada, September, 2005.

Rod McCormick, 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

Judy Mill, RN, PhD\*\*  
- Associate Dean, Graduate Studies, and Associate Professor, Faculty of Nursing, University of Alberta

John O'Neil, BA, MA, PhD  
(IAB Chairperson April 2005 - June 2005)  
- 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, MPH, PhD  
- 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, and Professor, Department of Community Health and Epidemiology, University of Saskatchewan  
- Assistant Professor, Department of Family Medicine, University of Ottawa

Isaac Sobol, MD, CCFP, MHSc\*\*  
- Chief Medical Officer of Health, Nunavut

Lisa Sterling, MA, PhD\*\*  
- Special Advisor and Director of Aboriginal Affairs, Office of the Vice-President, Simon Fraser University

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

\* IAB member until August 2005

\*\* IAB member since September 2005

## Financial Statements

CIHR is funded through federal government appropriations, which totaled \$813.1 million for the year ended March 31, 2006. 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 ending March 31, 2006.

### **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, 2006

Strategic Initiatives	Investments Through Grants and Awards					Total
	Number	2005-06	2006-07	2007-08	2008 and beyond*	
An Opportunity for New Researchers in Aboriginal Health	15	\$ 910,604	\$ 705,094	\$ 360,387	\$ 43,631	\$ 2,019,716
Aboriginal Community-Based Research	14	870,183	748,410	464,633	110,781	2,194,007
Aboriginal Peoples' Health	2	339,271	39,625	–	–	378,896
Obesity and Healthy Body Weight	2	94,090	–	–	–	94,090
Operating Grants to Open Competition	1	51,251	137,995	134,649	80,071	403,966
New Emerging Team	1	50,000	45,834	–	–	95,834
Rural Health	2	100,000	100,000	50,000	50,000	300,000
Access for Marginalized Groups	1	35,748	–	–	–	35,748
IAPH Strategic Initiative	3	466,938	–	–	–	466,938
National Network for Aboriginal Mental Health Research & Training	1	87,585	58,317	–	–	145,902
CIHR Training Program Grants	6	163,527	190,908	177,744	32,215	564,394
Aboriginal Capacity and Developmental Research Environments (ACADRE)	7	2,167,822	1,715,509	1,665,109	793,504	6,341,944
Tobacco Initiative	1	38,750	–	–	–	38,750
Suicide Prevention Targeting Aboriginal People	3	328,397	576,998	581,843	1,361,752	2,848,990
International Collaborative Indigenous Health Research Partnership on Resilience	3	660,638	873,205	902,914	1,954,023	4,390,780
Priority Health Services and System Issues	1	34,743	34,705	–	–	69,448
Research in Addictions	3	40,000	150,000	194,917	351,766	736,683
Enhanced Quality of Life	1	49,990	–	–	–	49,990
<b>Total</b>	<b>67</b>	<b>\$6,489,537</b>	<b>\$5,376,600</b>	<b>\$4,532,196</b>	<b>\$4,777,743</b>	<b>\$21,176,076</b>

\* Note: Grants and awards in respect to these programs are approved for 1 to 6 years. Figures displayed represent financial commitments for these programs in 2005-06 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, 2006

<b>Available Funds</b>		<b>\$ 897,670</b>
<b>Expenses</b>		
Institute Development		
Conferences, symposia and workshops	\$ 45,733	
Travel expenditures	30,926	\$ 76,659
Institute Operations		
Salaries and benefits	\$ 408,178	
Office accommodations	22,178	
Telephone and communication services	14,079	
Supplies, material and other services	20,297	
Computer equipment and IT support	366	
Professional services	76,498	
Travel expenditures	146,937	
Other expenditures	2,854	\$ 691,387
<b>Total Expenses</b>		<b>\$ 768,046</b>
<b>Unspent Balance*</b>		<b>\$ 129,624</b>

\* Note: The balance as at March 31, 2006 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, 2006

	Investments Through Grants and Awards							Total
	Number	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
Operating Grants	125	\$ 173,726	\$ 701,693	\$ 1,730,770	\$ 3,351,963	\$ 3,910,803	\$ 3,907,619	\$ 13,776,574
Group Grants								
NET	8	–	–	5,000	–	836,974	1,392,419	2,234,393
CAHR	6	430,437	1,328,251	1,640,302	1,550,113	1,437,166	1,123,823	7,510,092
IHRT	2	173,200	589,578	558,108	523,725	431,298	322,300	2,598,209
ACADRE	8	–	849,075	1,851,078	1,925,129	1,999,590	1,500,000	8,124,872
Clinical Trials	4	450,367	871,600	778,999	520,131	744,178	678,854	4,044,129
Fellowship Programs	20	171,463	333,154	351,171	263,564	161,451	96,681	1,377,484
Doctoral Research Awards	15	–	16,358	39,584	58,586	92,440	227,785	434,753
Canada Graduate Scholarships	5	–	–	–	35,000	72,916	67,084	175,000
New Investigators	10	32,084	–	60,000	185,656	182,388	439,957	900,085
Senior Investigators	5	117,142	163,936	304,613	329,630	330,403	283,971	1,529,695
Investigators	1	20,000	20,000	20,000	20,000	–	–	80,000
Training Program Grants	9	–	125,577	1,175,297	1,444,279	981,272	1,865,869	5,592,294
Master's Awards	3	–	–	–	–	–	37,958	37,958
Other Grants	8	–	–	–	–	26,750	40,000	66,750
<b>Total</b>	<b>229</b>	<b>\$ 1,568,419</b>	<b>\$ 4,999,222</b>	<b>\$ 8,514,922</b>	<b>\$ 10,207,776</b>	<b>\$ 11,207,629</b>	<b>\$ 11,984,320</b>	<b>\$ 48,482,288</b>

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

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

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

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

The amounts reflected in Table C were 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.