



CIHR IRSC

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

***Research as Noojimo Mikana (A Healing Path) in
an Era of Reconciliation***

February 15th, 2018

Queen's University

Discoveries for life / Découvertes pour la vie



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Canada



I would first like to begin by acknowledging that the land on which we gather is the traditional territory of the Anishinaabeg and Haudenosaunee people.

The State of Indigenous Peoples' Health



Preventable deaths due to circulatory diseases (23% of all deaths) and injury (22% of all deaths) account for a near **staggering 50% of all deaths**.

For First Nations ages 1 to 44, the most common cause of death was **injury and poisoning**. The primary cause of death for children less than 10 years was classified as unintentional (accidents).

Suicide rates for Aboriginal youth range from **5-7 times higher** than the national average.

The potential years of life lost from injury alone was more than all other causes of death and was almost **3.5 times** than that of the general Canadian population (Health Canada, 2008).

The State of Indigenous Peoples' Health



- The mortality rate due to violence for Aboriginal women is **3X the rate** experienced by all other Canadian women.
- Aboriginal women with status under the Indian Act & who are between the ages of 25 & 44 are **5X more likely to experience a violent death** than other Canadian women in the same age category (Amnesty Int'l, 2004)
- Six in 10 (59%) Aboriginal female spousal violence victims reported injury, while about 4 in 10 non-Aboriginal female victims were injured (41%) (StatsCan, 2013).
- Aboriginal women aged **15 and older are 3.5 times** more likely to experience violence (defined as physical and sexual assault and robbery) than non-Aboriginal women; **3 times** more likely than non-Aboriginal women to experience spousal assault (physical or sexual assault and threats of violence) and nearly **one-quarter of Aboriginal women experienced some form of spousal violence** in the five years preceding the 2004 General Social Survey (Statistics Canada, 2006).

The State of Indigenous Peoples' Health



- Aboriginal women are also more likely to experience emotional abuse than non-Aboriginal women (Statistics Canada, 2011).
- The Standing Committee on the Status of Women's (2011) report on violence against Aboriginal women entitled *Interim Report Call Into the Night: An Overview of Violence Against Aboriginal Women* noted that: there is a normalization of violence within Aboriginal communities and also stigmatization; that root causes of violence such as colonization and residential schools need to be examined; and **there is a need to focus on a holistic, community-based approach with an emphasis on culturally-appropriate programming, services and resources.**
- Aboriginal women are greatly over-represented in HIV/AIDS statistics, yet there is a startling lack of gender-specific, Aboriginal-specific, HIV/AIDS resources, programs and services to support them.
- The rate of new HIV infections among Aboriginal women in Canada has been steadily increasing over the past two decades.
- Aboriginal women now account for **approximately 50% of all HIV-positive test reports** among Aboriginal people, **compared with only 16% of their non-Aboriginal counterparts.**

The State of Indigenous Peoples' Health



- Status First Nations women are five times as likely as non-Aboriginal women to be non-participants in the labour force (Statistics Canada, 2001)
- Aboriginal women have lower incomes, less formal education, live in poorer housing, have lower health status, & have a greater chance of becoming lone parents.
- 43% of Aboriginal women live in poverty*
- *Canadian Research Institute for the Advancement of Women, 2002.
- UN Special Rapporteur: "Poverty affects some 3 million Canadians, of whom more than 600,000 are children. In First Nations families, one in four children live in poverty."
http://www.srfood.org/images/stories/pdf/officialreports/201205_canadaprelim_en.pdf
- Suicide rates for Indigenous people is 2.1x the national rate; **for Indigenous women, 3x the national rate and for status First Nations youth age 15-24 8x the national rate (female) and 5x the national rate (male)** (AHF, 2007; Health Canada, 2002)
- Does History Matter? As the Canadian Research Institute for the Advancement of Women (CRIAOW) notes:
- *"Racism and sexism combine to produce more economic inequalities for racialized women than experienced by either white women or racialized men" (2002).*

Root Causes of Ill Health Among Indigenous People

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- Disparities in health exist on the basis of race in Canada (Lasser et al, 2006). Racism, oppression, historical legacies and government policies continue to perpetuate the ongoing state of Indigenous Peoples' health inequities in many Indigenous communities (Virginia Department of Health, 2013).
- Indigenous Peoples carry an inordinate burden of health issues and suffer the worst health of any group in Canada. Beyond that, Indigenous people experience the poorest living conditions, inequitable access to education, food, employment and healthcare/health services in a country that reliably ranks in the top ten on the United Nations human development index (Diffey and Lavalley, 2016; Allan & Smylie, 2015; Reading & Wien, 2009)

Root Causes of Ill Health Among Indigenous People

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- This racism is rooted in our colonial history and the processes that have – and continue to – disconnect Indigenous communities from their lands, languages, and cultures (Diffey and Lavallee, 2016; King, Smith, & Gracey, 2009; Commission on Social Determinants of Health, 2007).

However, Indigenous people are resilient, we do have greater capacity to undertake research and we have far more community engagement and direction than ever before.

- One of the immediate priorities of the institute is to engage Indigenous grassroots communities to ensure the priorities identified truly do reflect community priorities. Communities are also very keen to see strengths and asset based solutions and that included research initiatives.

Indigenous Peoples' Health: Federal Government Priority



All ministerial mandate letters

acknowledge it is
time for a nation-to-
nation relationship
with Indigenous
Peoples

The federal government has committed to a renewed nation-to-nation process with Indigenous Peoples based on recognition, rights, respect, co-operation, and partnership.

“ We are determined to make a real difference in the lives of Indigenous Peoples – by closing socio-economic gaps, supporting greater self-determination, and establishing opportunities to work together on shared priorities.

We are also reviewing all federal laws and policies that concern Indigenous Peoples and making progress on the Calls to Action outlined in the Final Report of the Truth and Reconciliation Commission. ”

-Justin Trudeau

Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples

In November 2016 CIHR's President announced a commitment to implement a series of concrete actions to further strengthen Indigenous health research in Canada:

Key commitments include

- Increasing our investments in Indigenous health research to a minimum of 4.6% (proportional to Canada's Indigenous population) of CIHR's annual budget, and developing performance indicators to validate it;
- Creating impactful strategic initiatives aimed at improving the health of Indigenous Peoples and seek to grow these investments as research capacity and additional financial resources allow;
- Work with other federal research councils to develop strategies to strengthen Indigenous research capacity development through training and mentoring along the entire career continuum from undergraduate to postdoctoral levels.



Indigenous health research at CIHR

Research in any field or discipline related to health and/or wellness that **is conducted by, grounded in, or engaged with, First Nations, Inuit or Métis communities**, societies or individuals and their wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present.

Researchers who conduct Indigenous research, whether they are Indigenous or non-Indigenous themselves, commit to respectful relationships with Indigenous peoples and communities.

CIHR Institute of Aboriginal Peoples' Health



- Fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada
- Support research, knowledge translation and capacity building
- Ensure pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures

CIHR Institute of Aboriginal Peoples' Health



- Dr. Carrie Bourassa is the Scientific Director of IAPH
- The Institute of Aboriginal Peoples' Health is located at Health Sciences North Research Institute (HSNRI) located in Sudbury, Ontario
- IAPH collaborates actively with the other 12 CIHR institutes to address the health issues facing Indigenous populations in Canada

Strategic Focus

- To propel First Nations, Inuit and Métis Peoples and communities to drive First Nations, Inuit and Métis health research and knowledge translation
- To transform First Nations, Inuit and Métis health using Indigenous Ways of Knowing, and the guiding principle of reciprocal learning
- To advance beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples



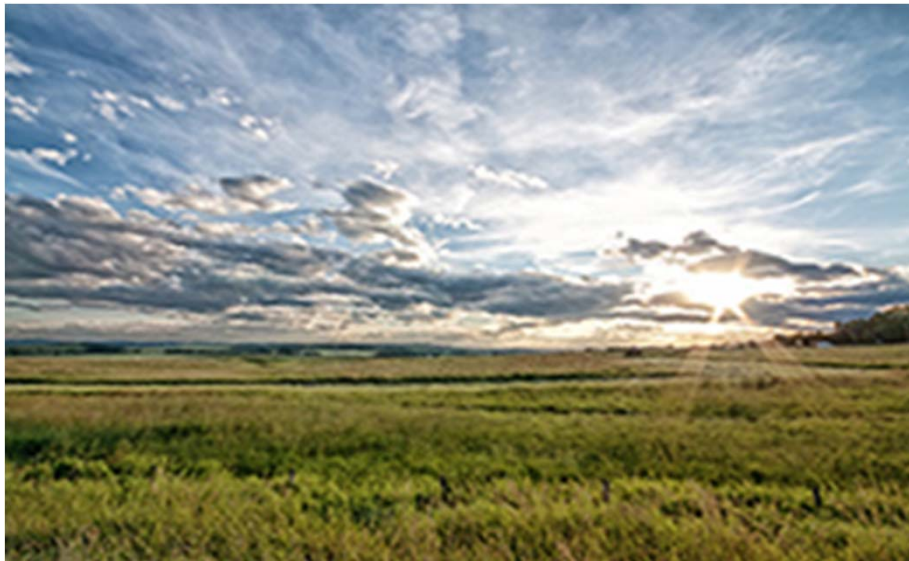
What do we need from YOU?

- A guiding principle of IAPH is that we seek advice from the communities we serve – given that:
- *What are YOUR research priorities?*
- *What are the strengths in your communities that IAPH and CIHR overall can and should build on?*
- *Are there any barriers in applying to funding opportunities that we should be aware of?*
- *We need to work in partnership and collaboration – how can we best do this?*
- *IAPH is interested in supporting KT both integrated KT and end-of-grant KT and would like to hear communities' thoughts in this area*



1. Mental Wellness & Prevention

- Focus on mental wellness
- Promote Indigenous approaches through land-based healing to wellness strength and resilience for First Nations, Inuit and Métis Peoples.



2. Non-Communicable Diseases

Address the issue of rising prevalence of non-communicable diseases - including cardiovascular diseases, respiratory diseases, diabetes, and mental health issues – in First Nations, Inuit and Métis Peoples.



3. Mentorship and Networks



- Create distinctive and culturally relevant learning and mentoring activities to support mechanisms, attend to the psychosocial needs of trainees and New Investigators, and identify systems and barriers hindering First Nations, Inuit, and Métis trainees and New Investigators in Indigenous health research
- Build research capacity in the First Nations, Inuit and Métis communities
- Support partnerships/alliances of Indigenous communities and non-Indigenous health research groups (local, regional, national & internationally)

4. New Initiatives: I-HeLTI

Development Grants for the Indigenous Component of HeLTI (Healthily Life Trajectories Initiatives)

- Supports communities to come together with relevant organizations to establish needed expertise to support Indigenous-driven research and will provide support for workshop preparation activities.
- First stage of a longer-term initiative whose objective is to enable the development of Indigenous-focused interventions designed to improve health outcomes across the lifespan for Indigenous boys, girls, women, men, gender-diverse and Two-Spirit individuals in Canada.



5. New Initiatives: NEIHR

Network Environments for Indigenous Health Research



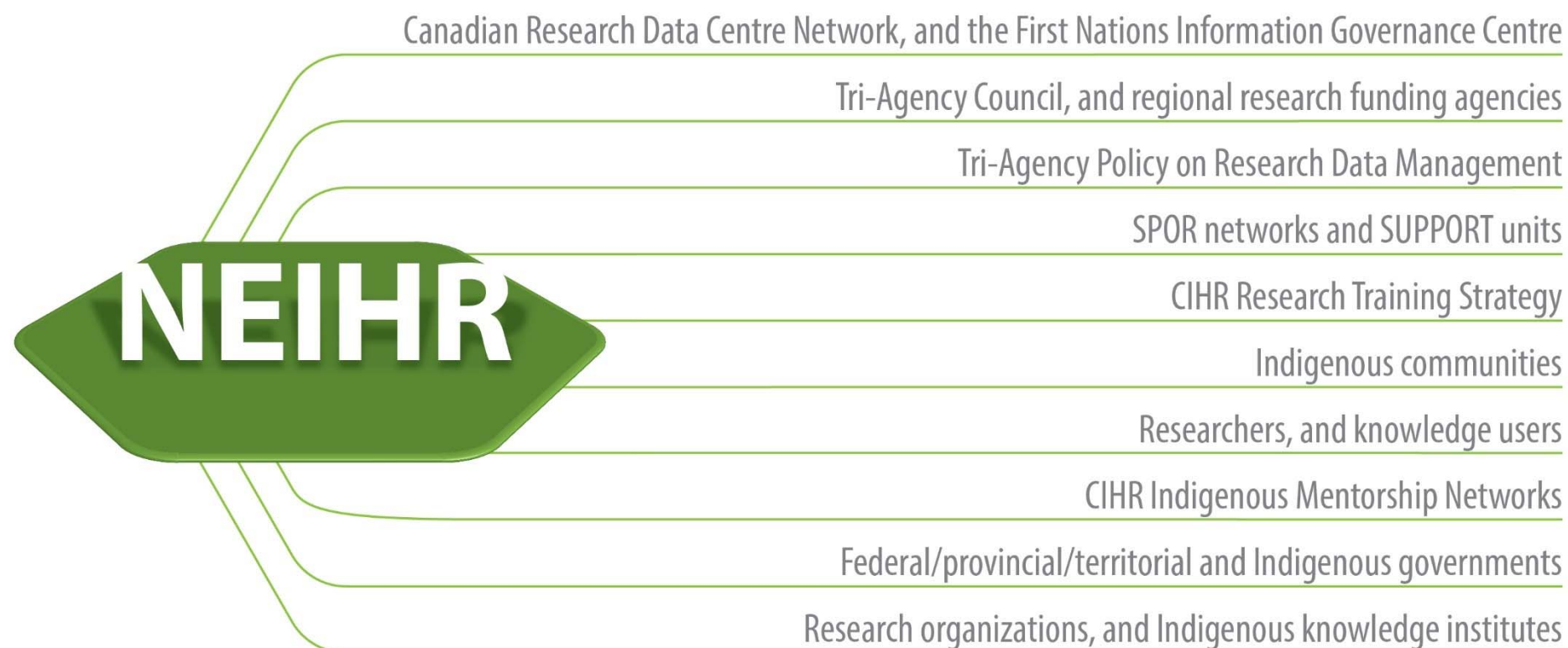
- A 15-Year Initiative → Long-term networks will support new and existing sustainability efforts and will ensure that research outcomes are effectively translated to improve the health of Indigenous Peoples
- Supporting Indigenous Communities, and Indigenous & Non-Indigenous Researchers, Knowledge Users, Groups and Organizations
- NEIHR will establish a foundation for Indigenous health research driven by and grounded in Indigenous communities

Listening to Communities, Policy Makers and Multi-Stakeholder Groups: Strong Support for NEIHR

- Valuing First Nations, Inuit & Metis and multigenerational perspectives
 - To date, IAPH completed 16 Indigenous community engagement sessions in urban, rural, remote & northern settings
- Listening to multi-sectoral groups in Canada and abroad
 - To date, IAPH engaged over 40 groups, including researchers, non-governmental organizations, policy makers, and private foundations (e.g., CIHI, CINA, HC-FNIHB, NADA, PHAC)
 - NEIHR will send a strong message around the world that CIHR continues to be a leader in supporting innovative approaches in Indigenous health research and capacity building
- Valuing multi-sectoral perspectives and providing a platform for partnership and collaboration between Indigenous and non-Indigenous multi-stakeholder groups
 - NEIHR will help develop meaningful partnerships & foster a new generation of allies to conduct scientifically excellent & ethical health research with Indigenous Peoples
- Responding to the recommendations of Canada's Fundamental Science Review & the Truth and Reconciliation Commission of Canada
 - NEIHR will be the mechanism by which the four granting councils can collaborate, promote and provide long-term support for Indigenous research guided by the TRC Calls to Action
- Acting on the advice from CIHR Institute Advisory Board meetings
 - In June 2017, the meeting of the IAB on Indigenous Peoples' Health identified that the sun-setting of the NEAHRs was detrimental

NEIHR is more than a network to build capacity, conduct research and translate knowledge – it's also a platform

Network Environments for Indigenous Health Research



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