

# Aboriginal Health Research News

## Message from Dr. Malcolm King, IAPH Scientific Director



As we come to the close to the year and the beginning of another, it is a perfect time to reflect on the past and look towards the New Year.

This year IAPH has been very busy with the CIHR Signature Initiative **Pathways to Health Equity for Aboriginal Peoples** (Pathways). On June 21st the Honourable Leona Aglukkaq, Minister of Health and the Honourable John Duncan, Minister of Aboriginal Affairs and Northern Development officially announced the 10-year \$25 million Pathways initiative. As part of the development of this Signature Initiative, IAPH in partnership with the CIHR Institute of Population and Public Health (IPPH) and the Institute of Gender and Health (IGH), held a Partner Forum October 16-17, in Ottawa. Approximately 100 people attended the Partner Forum; a summary of the discussion is found on page 2 of this newsletter.

### ***IAPH's move to SFU***

This year, the Institute relocated from Edmonton to Vancouver. IAPH is now housed at Simon Fraser University. On November 6th, the new IAPH office was officially opened at the time of the fall Institute Advisory Board meeting. Special thanks to Dr. John O'Neil, Dean of the Faculty of Health Sciences, and the Simon Fraser community for welcoming the Institute and making me feel at home in Vancouver.

### ***New Funding Opportunities***

Next year also promises to be a very busy year for the Institute. IAPH, in partnership with IPPH and IGH, will be launching funding opportunities for the Pathways initiative. If you are interested in learning more about these funding opportunities, I encourage you to keep reading the IAPH newsletter in the New Year.

In the short term, IAPH is launching two new funding opportunities to support research on *Aboriginal Ways of Knowing* and the *Two-Eyed Seeing* approach. IAPH broadly views Aboriginal Knowledge and Ways of Knowing as complex and contextual. It includes knowledge of and experience with healing practices both ceremonial and physical, such as herbal treatments. Some practices are known externally, while others are closely held within a small circle of knowledge holders.

***Aboriginal Knowledge and Ways of Knowing*** include the concepts of health,

wholeness and resilience, and approaches to wellness and healing. For example, the attainment and maintenance of wellness, including mental, emotional and spiritual health, is often based on Aboriginal teachings and ceremony, which provide a basis for positive self-image and healthy identity. Aboriginal herbal treatments, including the ceremony of their application are valued in dealing with many chronic conditions including diabetes and arthritis. Indigenous knowledge of the land and its ecology helps sustain health for many First Nations, Inuit and Métis peoples.



Dr. John O'Neil, Dean, Faculty of Health Sciences, speaking at the opening of IAPH's new offices at Simon Fraser University.

### ***Two-Eyed Seeing***

recognizes the benefits of "seeing from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and finally to use both of these eyes together". For more information about these funding opportunities please see the announcements in this newsletter and on the CIHR website.

Happy Holidays and best wishes for 2013.

Malcolm King, PhD



# Pathways Update

## Pathways to Health Equity for Aboriginal Peoples - Partner Forum

It was a great pleasure for IAPH to co-host with the CIHR Institute of Gender and Health (IGH) and the Institute of Population and Public Health (IPPH), the Pathways Partner Forum on October 16-17, in Ottawa. The Forum facilitated dialogue among potential partners and stakeholders interested in promoting health equity for Aboriginal Peoples. At the Forum, diverse groups – including representatives from Aboriginal organizations, Federal, Provincial and Territorial Governments, Industry, NGO's and health charities came together to share their views on how CIHR could make Pathways more relevant to First Nations, Inuit and Métis peoples. Approximately 100 people attended the Forum.

For those unfamiliar with the Initiative, Pathways to Health Equity for Aboriginal Peoples is a CIHR Signature Initiative focusing on 4 themes or health inequities affecting First Nations, Inuit and Métis (Aboriginal) peoples – namely suicide, tuberculosis, obesity and oral health. Over the course of the Initiative, Pathways will fund research to improve our understanding of what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable.

At the Forum, we were honoured to have many excellent speakers and discussants. Albert Dumont, an Algonquin Elder from Kitigan Zibi Anishinabeg opened the Forum with a prayer and blessing. His participation helped to ground the meeting.

We are very grateful to Richard Jock from the Assembly of First Nations (AFN), Elizabeth Ford from Inuit Tapiriit Kanatami (ITK), Jeffery Cyr from the National Association of Friendship Centres (NAFC) and Charles Hill from the National Aboriginal Housing Association (NAHA) for their presentations and participation at the Forum.



Panel on *Aboriginal Ways of Knowing and Traditional Knowledge* (left to right): Cheryl Bartlett (Cape Breton U), Pierre Haddad, (U Montreal), Albert Dumont (Algonquin Elder), Simon Brascoupé (National Aboriginal Health Organization)

We also heard from researchers and experts who are using Aboriginal Ways of Knowing as an approach to better understand how Aboriginal social and other determinants affect health. I am extremely grateful to Simon Brascoupé (Carleton U), Pierre Haddad (U Montreal), Cheryl Bartlett (Cape Breton U), Carol Hopkins (National Native Addictions Partnership Foundation), Albert Dumont (Elder) and Wendy Johnson (Truth and Reconciliation Commission of Canada) for sharing their learnings at the

Forum. Their talks were inspiring and reminded us of the richness and diversity of Aboriginal knowledge. Aboriginal Ways of Knowing came across very strongly in their talks and also from the group discussions.

The Forum also sought to learn from what others have been doing to address health inequities. The diversity and breadth of activity is very impressive. I would like to thank Shannon Doram (YMCA), Sonia Isaac-Mann (AFN), Tricia McGuire-Adams (NAFC) and Sharon Rudderham (Eskasoni Community Health Centre) for presenting on initiatives from their organizations. Their work is extremely innovative and there is much that can be learned from these examples.



Dr. John Ruffin, Director of the US National Institute on Minority Health and Health Disparities (NIMHD), presented an American perspective on addressing health disparities from a community-based participatory approach. His talk, which emphasized the importance of partnership-building, was very warmly received by the audience.

We also reached out to the non-traditional sector. Many "for profit" companies have been addressing issues relevant to Aboriginal Peoples through their corporate social responsibility agendas. The success of the Pathways Initiative hinges on reaching out to all sectors of society, which must include the private sector. We fully acknowledge that people have different views on engaging with the private sector, but we feel that the issues are too important not to involve them. I want to thank Greg Brady (Canadian Association of Petroleum Producers), Chinyere Eni (Royal Bank of Canada) and Joanne Wong (Cisco Systems) for taking time from their busy schedules to present at the Forum.

A short workshop report is presently being drafted and as soon as it is finalized we will be sharing it with the participants and posting it on the CIHR website.

On behalf of IAPH, IPPH and IGH, I also want to thank all of the participants for sharing their knowledge, opinions and valuable time with CIHR. I would be remiss if I didn't recognize the wonderful facilitator Kim Scott and CIHR staff for their hard work. We look forward to working with partners to further develop Pathways into a research initiative that will contribute to reducing health disparities affecting First Nations, Inuit and Métis.

# Funding Opportunities



## Operating Grants – Winter 2013 Priority Announcements

**Application Deadline: March 1, 2013**

For this launch of CIHR's Open Operating Grants competition, IAPH's Priority Announcements will focus on **two new key areas**: Aboriginal Ways of Knowing, and the Application of the "Two-Eyed Seeing" model to Aboriginal Health. The amount available for each of these funding opportunities is \$1.2M (\$2.4M total). The maximum amount awarded for a single grant is \$200,000 per annum for up to three (3) years.

### Aboriginal Ways of Knowing

- IAPH will provide funding for applications that are relevant to Aboriginal Knowledge and Ways of Knowing as applied to health, wellness and/or resilience.

- IAPH broadly views Aboriginal knowledge and Ways of Knowing as complex and contextual. It includes knowledge of and experience with healing practices both ceremonial and physical, such as herbal treatments. Some practices are known externally, while others are closely held within a small circle of knowledge holders.
- Aboriginal Knowledge and Ways of Knowing include the concepts of health, wholeness and resilience, and approaches to wellness and healing. For example, the attainment and maintenance of wellness, including mental, emotional and spiritual health, is often based on Aboriginal teachings and ceremony, which provide a basis for positive self-image and healthy identity. Aboriginal herbal treatments, including the ceremony of their application, are valued in dealing with many chronic conditions including diabetes and arthritis. Indigenous knowledge of the land and its ecology helps sustain health for many First Nations, Inuit and Métis peoples.

### Applying the "Two-Eyed Seeing" Model to Aboriginal Health

- IAPH will provide funding for applications that are determined to be relevant to the application of the concept of "Two-Eyed Seeing", as put forward by Mi'kmaq Elder Albert Marshall. The Institute is interested in funding projects using the Two-Eyed Seeing approach in any area relevant to its mandate.
- Two-Eyed Seeing recognizes the benefits of seeing from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and finally to use both of these eyes together. Projects that have a Two-Eyed Seeing approach will be considered eligible under this Priority Announcement.
- The IAPH mandate is to foster the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada, through research, knowledge translation and capacity building. The Institute's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures.

## Other Funding Opportunities Currently Available

### Operating Grants – Priority Announcements: First Nations, Inuit and/or Métis Health

Application Deadline: March 1, 2013

### Fellowship: Aboriginal Research Methodologies

Application Deadline: February 1, 2013

### Fellowship: Mixed Methods Approach to Aboriginal Research

Application Deadline: February 1, 2013

### Fellowship: Research in First Nations, Métis and/or Inuit Health

Application Deadline: February 1, 2013

### Dissemination Events: First Nations, Inuit, and/or Métis

### Knowledge Dissemination Activities

Application Deadline: February 15, 2013

### Planning Grants: First Nations Inuit or Métis planning activities

Application Deadline: February 15, 2013

### Institute Community Support: Travel Awards

Application Deadline: January 25, 2013



## Update to the CIHR Open Access Policy

Starting January 2013, CIHR-funded researchers will be required to make their peer-reviewed publications accessible at no cost within 12 months of publication – with no exception. Amendments to the CIHR Open Access Policy, formerly known as the Policy on Access to Research Outputs, modify current requirements to provide the public with freely accessible research articles while aligning with other major funding agencies, such as the US National Institutes of Health. Researchers can comply with the green open access policy by depositing the articles in an archive, such as PubMed Central Canada or an institutional repository, and/or by publishing results in an open access journal.

While the CIHR Open Access Policy provides researchers with clear guidance on CIHR's minimum expectation, in the spirit of public benefits of research, CIHR continues to encourage researchers to make their publications accessible for free as soon as possible after publication. Compliance with the policy will continue to be monitored through end of grant reporting.

The revised Open Access Policy is available [online](#). For further information, please contact [access@cihr-irsc.gc.ca](mailto:access@cihr-irsc.gc.ca).

## The Measure of Success

The Canadian Institutes of Health Research (CIHR) are pleased to introduce their annual report, entitled [CIHR Annual Report 2011-12: The Measure of Success](#).

CIHR takes the measurement of success seriously. Last year, as a part of ongoing efforts to assess performance, CIHR hosted a prestigious International Review Panel (IRP). [Their report](#) highlights actions taken to implement the recommendations of the IRP, and how these recommendations align with the overall strategic plan.

## New Health Council of Canada Report

The Health Council of Canada released the report [Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care](#) at a community event in Winnipeg, Manitoba.

The report tackles cultural safety and positive efforts underway to change policies, governance, education and training that support and formalize culturally safe health care environments for First Nations, Inuit and Métis people in urban settings.

## Funding Results

IAPH would like to congratulate the following researchers on obtaining funding through the June competitions for Planning Grants and Dissemination Events.

### Planning Grants

#### Helen Brown & Ruby Peterson (UBC)

*Indigenous Knowledge-Centred Practices and Mental Health Equity: Community Research Dialogue and Planning*

#### Jocelynn Cook and the FASD Research Network (U Ottawa)

*Toward a National Fetal Alcohol Spectrum Disorder Research Agenda: Setting Evidence-Based Priorities to Improve Outcomes*

#### C.P. Keller & Eleanor Setton (U Victoria)

*Disseminating Environmental Health Information to First Nations Communities*

#### Stuart Skinner & Catherine Worthington (U Saskatchewan)

*Rural Engagement and Retention in Care HIV Working Group*

### Dissemination Events

#### Mary Louise Kelley (Lakehead U)

*Translating Indigenous Knowledge into Palliative Care Policy and Practice: Creating a Dialogue between Four First Nations Communities, Health Care Decision-makers and Researchers*

#### Renée Masching & Colleen Dell (Canadian Aboriginal AIDS Network)

*Sharing the Results - Alcohol Use and Access to Care and Treatment*

#### Jeffrey Reading (U Victoria)

*2013 Centre for Aboriginal Health Research's Summer Institute in Aboriginal Health*



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