Why Am I Here?
A Southern Academic’s Perspectives on Northern Health Research

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What’s a nice southern academic like you doing in a place like this?
Questions for discussion

• What is health research? Do we need research? Why does research have a bad name, especially in indigenous communities?
• How is research done, and how should it be done?
• Taking research to the “next level” - two examples from Northern Canada and Ontario
• Is there a role for academic researchers/institutions in northern health research?

Do We Need Research in the North?

• We don’t need research if we have all the answers
• Not so much an issue of whether research should be done, but how it is done
• Health policy should be guided by health research
• Health research can play a role in community development
• Health research improves health?
**Definition of Research**

According to the Report of the Commission on Health Research for Development (1990) chaired by John Evans:

**RESEARCH**: a systematic process for generating new knowledge

**HEALTH RESEARCH**: the generation of new knowledge using the scientific method to identify and deal with health problems

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**Communities’ View of Research**

- “We’ve been researched to death”
- “There is too much research”
- “We are used as guinea pigs”

Researchers/research are:
- paternalistic/colonialistic
- inquisitive/invasive
- exploitative
- irrelevant

“Helicopter research”
Who Benefits from Research?

The Community:
- increases knowledge/awareness of health issues
- obtains data for lobbying resources, needs assessment, program planning/evaluation
- community members acquire research skills - applies to other areas
- benefits economically - jobs, local spending by project team

Who Benefits from Research?

The Researcher:
- FAME: name in print, peer recognition, media publicity
- FORTUNE: $$? grants/contracts, tenure/promotion, travel in style, build empire (hire staff, buy things)
- NOBLE GOALS: intellectual challenge, scientific curiosity, helping others, excitement of discovery
Models of Research

• On the People:
  – traditional model
  – investigator-initiated
  – community as “subjects”
• For the People:
  – community-initiated
  – community lacks skills - partnership with outside experts
  – community as “clients”
• By the People:
  – community-initiated
  – community has the skills to do the research itself
  – community as “investigators”

“Western Science” vs Indigenous Knowledge

• Is there a conflict?
• Different ways of knowing the world
• Academics are products of “western” science, philosophy and education – we cannot /need not deny/denigrate their legitimacy or validity
• Health problems of indigenous people require solutions based on western science [including social science] – communities want more, not less, of “western” health care services/practitioners
Two Examples

Multi-year, multi-site, multi-million research programs focusing on northern/Aboriginal populations aimed at increasing capacity and developing infrastructure:

- CIHR team grant – Circumpolar Health Research
- CIHR – IAPH – ACADRE/NEAHR [will explain what these all mean!!]

The CIHR Team in Circumpolar Health Research 2006-2011

- 11 investigators from 7 universities – 5 holders of Canada Research Chairs and other endowed chairs; multidisciplinary
- Collaborators from territorial health departments, regional First Nations and Inuit organizations
- Total budget: $7.7 million
Objectives

• Create, develop and sustain an international, collaborative research program to:
  – Monitor burden of chronic diseases
  – Investigate genetic, behavioural and environmental risk factors unique to populations
  – Design and evaluate effective interventions
• Increase capacity for research in northern regional health authorities and community organizations
• Establish and maintain viable linkages with decision makers and practitioners to translate research results into health policies, programs and practices

Research Projects

1. Inuit Health Survey and international cohort study
2. Core laboratory in genetic polymorphism and cardiovascular risks
3. Risk assessment and communication of environmental contaminants in traditional foods
4. Circumpolar chronic diseases observatory
5. Birth outcomes and child health surveillance
6. Impact of climate change on food security
7. Northern Cochrane network: adaptation of best practices for the North
Inuit Health in Transition Study

- Multinational study in Inuit regions in 3 countries, focusing on a broad spectrum of health problems, especially cardiovascular and metabolic diseases and their biological, behavioural and social risk factors
- Interviews, clinical exams, lab tests – comparable protocols
- Baseline surveys completed:
- Follow-up in 7 years; repeat survey to track changes; monitor clinical outcomes from medical records reviews
Field work

CCGS Amundsen
Building Capacity

- Extensive consultations with national/ regional Aboriginal organizations, territorial governments, regional health authorities
- Supported development of Arctic Health Research Networks (AHRN) based at Yellowknife, Whitehorse, and Iqaluit - coordination, liaison, project development, community consultations, setting research priorities – each with independent, broad-based governing board

Research Training

- Graduate and postdoctoral fellowships
- Short-term practica in northern health agencies
- Spring/fall schools in health promotion planning and evaluation
- International exchanges of scientists and trainees
Research Dissemination

- Information service outreach
- Databases
- Symposia and workshops

What’s Next?

- Bad News – “open” team grant program discontinued by CIHR – hope for renewal for another 5 years dashed
- From adversity -> opportunity – looking for potential new funding from federal/territorial governments, industry, etc
**Some Good News?**

Federal interest in Arctic research:
- 2007 Throne Speech – Canadian High Arctic Research Station [CHARS] proposed
- 2008 – Council of Canadian Academies report broadened concept – *Health research stands a chance!*
- 2009 Federal Budget – Arctic Research Infrastructure Fund – $1.7 million to AHRN to renovate office space for research centre
- North in the spotlight – Arctic sovereignty, climate change

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**A New Vision**

Need for new formal institutional structure for health research: creating an Institute for Circumpolar Health Research with the motto

*Advancing health in a changing North*

- A northern-based research centre - non-profit corporation with a governing board of key northern stakeholders, multi-sites in the North
- Partnership with governments, indigenous peoples’ organizations, northern colleges, industries
Meanwhile …

- CIHR’s Institute for Aboriginal People’s Health initiated strategic program called *Aboriginal Capacity and Developmental Research Environments* [ACADRE]
- 8 ACADREs funded since 2001: BC, Alberta, Saskatchewan, Manitoba, Toronto/McMaster, Ottawa, Laval, Dalhousie
- ACADRE replaced by NEAHR in 2007 – *Network Environments for Aboriginal Health Research*

Ontario’s ACADRE/NEAHR

- Oct 2002 – funded under ACADRE program
- Official opening in Nov 2003 under the name *Indigenous Health Research Development Program* (IHRDP)
**Academic partners**

- **University of Toronto**
  - Kue Young (Public Health)
  - Cornelia Wieman (Public Health)
- **McMaster University**
  - Wayne Warry (Anthropology)
  - Dawn Martin-Hill (Anthropology/Indigenous Studies)
  - Harriet MacMillan (Psychiatry/Pediatrics)
  - Theresa McCarthy (Indigenous Studies)
  - Karen Hill (Aboriginal Students Health Sciences Office)
- **Lakehead University**
  - Bruce Minore (Centre for Rural & Northern Health Research)
- **Northern Ontario School of Medicine**
  - Marion Maar (Human Sciences)
  - Kristen Jacklin (Human Sciences)
- **Trent University**
  - Christopher Furgal (Environment & Resources Studies)

**Mission Statement**

IHRDP is committed to a student-centred approach to community-based health research in Ontario. It will assist with building a career structure for students in Aboriginal health research and will focus its resources on community-driven research projects that will identify health-related issues in Aboriginal communities.

*Our logo was designed by Arnold Jacobs of Ohsweken. “In practically every First Nations culture across Turtle Island, the Bear was revered for its strength. Because of where the bear roamed in its daily life, across meadows and woods, it became the guardian symbol of the plants. Various plants were, and are used today, for medicinal purposes. The bear is an icon of his natural plant pharmacy. The plant then is embraced by human hands.”*
Funding

- Total received from CIHR under ACADRE:
- Total committed by CIHR under NEAHR:
- Future beyond Sept 2010?
  - Will IAPH continue NEAHR program?
  - Will all existing NEAHR be renewed?
  - Need for other sources of funding

Objectives

- Form and sustain partnership between academic institutions and Aboriginal communities
- Provide and support advanced training (graduate and post-doctoral levels) in Aboriginal health research
- Increase Aboriginal communities’ capacity for health research
- Disseminate research to decision makers
**Governance**

- A board of directors determines vision, sets broad policies, provides advice, and assesses impact; serves as link to communities
- Board model emerged from stakeholders consultations in 2003, which recommended a small body composed of committed individuals with specific skills and knowledge while reflecting geographical and cultural diversity of Province
- Two meetings per year, usually rotating North/South
- Elders’ Council provides guidance and advice

**Administration**

- Originally two sites at U of Toronto and Six Nations Polytechnic, Ohsweken
- Third site initiated in 2008 at Oshki-Pimache-O-Win Education and Training Institute, Thunder Bay – knowledge translation and northern focus
Research Themes

- Prevention and control of chronic diseases (e.g. diabetes, heart disease, stroke)
- Mental health of children and women
- Culture, health and healing
- Indigenous knowledge
- Research ethics
- Knowledge translation

These themes represent the areas of interest and strengths of IHRDP co-investigators. There are no restrictions on the subject of research projects proposed by students or communities.
2 rounds of competition per year, 12 rounds since 2003

Summary student statistics

- 69 annual awards to 40 graduate students
- Cumulative acceptance rate 69/133 (52%)
- Proportion of awards to Aboriginal students 44/69 (64%)
- Distribution by graduate degrees:
• Proportion of awards to health professionals [dietitian, nurse, speech pathologist, occupational therapist]: 8/69 (12%)
• Number of research allowance awards: 27 [23 in conjunction with scholarships]
• IHRDP also supported two MHSc students at U Toronto for practicum placements in Yellowknife, NT and Saddle Lake, AB

IHRDP supports Ontario graduate students studying anywhere and other students studying in Ontario graduate schools. Awards are for one academic year – there are no renewals but trainees can re-apply annually [up to 5 times]

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**Research Grants**

IHRDP provides 3 types of “seed grants” to researchers in partnership with Aboriginal communities/organizations to develop, plan and implement projects.

• Community-based research grants: $25,000 for 1 year
• Development grants: $10,000 to develop proposals for submission to national/provincial granting agencies
• Knowledge translation grants: $25,000 for 1 year
Educational Programs

• **Collaborative Program in Aboriginal Health** [CPAH] established 2006 at U of T; master’s and doctoral degrees with concentration in Aboriginal health jointly offered by Public Health; Nursing; Anthropology; Geography; Sociology and Equity Studies in Education; Nutritional Sciences; Adult Education & Counselling Psychology

• **Indigenous Studies Program, McMaster University:** Dawn Martin-Hill is academic director and also teaches a variety of courses, including Contemporary Indigenous Societies (3CC3). IHRDP contributed to the purchase and development of instructional media and other teaching aids

• IHRDP supported successive *McMaster Conferences on Indigenous Peoples’ Health* organized by students since 2004, each attracting over 200 participants
Summer Institutes

Held annually to address current issues relevant to Aboriginal health research and offer short intensive workshops on special topics

- Rural health services research [Thunder Bay, June 2004];
- International Elders’ Summit [Ohsweken, August 2004]
- Knowledge transfer [Ohsweken, August 2005]
- Publishing and ethics [Ohsweken, August 2007]

Annual Graduate Students Meetings

- 4th - June 2004, Edmonton
- 5th - August 2005, Regina
- 6th - June, 2006, Ohsweken
- 7th - June 2007, Winnipeg
- 8th - June 2008: Quebec City

IHRDP staff and trainees played major role in organizing and participating in these events
IHRDP investigators have undertaken special projects as part of national ACADRE initiatives:

• Research Ethics: Dawn Martin-Hill, with Danielle Soucy (McMaster University)
• Knowledge Translation: Wayne Warry, with Jennifer Renford (McMaster University)

IHRDP was instrumental in the formation of the Aboriginal Health Research Network Secretariat [AHRNet] based at Six Nations Polytechnic, serving all NEAHRs; Dawn Martin-Hill served as its first board chair.

Synthesis and Dissemination

• IHRDP supported the production of a series of documentaries based on the 2004 Elders Summit:

  ![Documentary Cover](image1.jpg)

  "Jiyagach" - "Let's Become Again" - November 2005

  ![Documentary Cover](image2.jpg)

  "Dickwadakwanhara" - "The Dish With the Piece" - November 2006

  Released 2008, available for purchase from: [www.ieys.ca](http://www.ieys.ca)


  Producer: Dawn Martin-Hill
Books published by IHRDP co-investigators

Kue Young
UTP (2006)

Wayne Warry
Broadview Press (2007)

Dawn Martin-Hill
UTP (2008)

Kue Young
UTP (2008)

Take Home Messages

• Southern academics [and their institutions] “belong” in northern health research – can offer specific research skills, training opportunities, access to funding

• Partnership with communities is key – based on mutual respect, acknowledging different ways of knowing [but not necessarily “merging”]
Thank You!