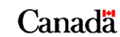


The Quest to Improve Aboriginal Health: Or How to Indigenize the Academy

Friday, June 1, 2007
Sault Ste Marie, Ontario

Jeff Reading, PhD. FCAHS

Scientific Director, Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health
Professor, Faculty of Human and Social Development, University of Victoria. B.C. Canada



Historic and Legal Context

- Federal Relationships
 - Treaties
 - Legislative
 - Regulations
 - Jurisdictional Practice
 - Canada Health Act
 - Charter of Rights

- Royal Commission on Aboriginal Peoples, 1997
Gathering Strength - Federal Response

Health Disparities

Gap in life expectancy

Registered Indians: 5 years (females); 7 years (males)
 Inuit: 11 years (females); 12 years (males)

Rates of Tuberculosis

Over 6 times higher for Registered Indians and almost 15 times higher for Inuit compared to rates in the overall Canadian population.

% new HIV cases

7.2% of all AIDs cases in Canada are Aboriginal (2001), an increase from 1.7% in 1992.

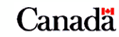
Rate of Diabetes

First Nations 2.7 times higher than the general Canadian population

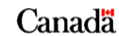
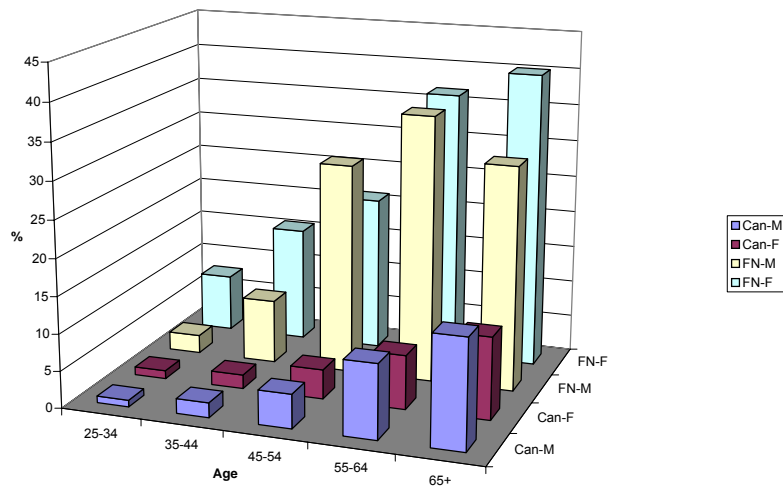
Leading Cause of Deaths in Children and Youths

Injury (primarily suicide, motor vehicle collisions and fires)
 Rate of FN youth (10-19 years) suicide is 4.3X greater than for Canada; Inuit rate is 11X higher (all ages)

Higher incidence of health problems among Aboriginal people, compared to the general Canadian population



Diabetes
 First Nations to the Canadian Population,
 Age-gender-specific prevalence (%)
 (Source: RHS 2002/03 & CCHS 2001)



Some Implications...A Modern Crisis

In the last 50 years, Type 2 diabetes has emerged as a serious problem among many Aboriginal communities; unfortunately, its prevalence is expected to steadily increase in the future.

(Source: Laboratory Centre for Disease Control. Diabetes 2000).

Some Implications...Public and Population health

Although traditionally undetected in Canada's indigenous population, diabetes in First Nations communities has reached epidemic proportions.

In addition to concerns about its prevalence and increasing incidence rates, diabetes is associated with many severe complications that are related to other chronic diseases.

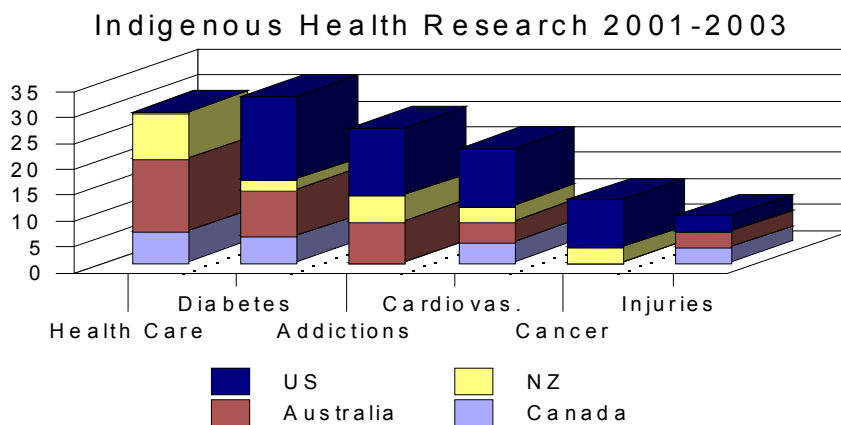
(Source: Young, Reading et al. 2000).

Some Implications...Co-mordidity

Such complications affect the circulatory system, eyes, kidneys, periodontal and nervous systems, and may result in premature mortality, disability, and a compromised quality of life. A study conducted in Manitoba demonstrated the magnitude of this problem:

- it estimated that between 1996 and 2016, due to diabetes alone, there will be a 10-fold increase in the rate of cardiovascular disease;
 - a 5-fold increase in strokes,
 - 10 times as many dialysis starts;
 - 10 times the rate of lower extremity amputations; and
 - 5 times the rate of blindness among Aboriginal people
- (Source: Greene, Blanchard et al. 1999).

Background on Indigenous Health Research: Selected Categories in Medline 2001-2003



CIHR-IAPH Strategic Directions:

1. Develop strategic regional, national and international partnerships to advance Aboriginal health research
2. Ensure inclusion and recognition of Aboriginal values and cultures in health research
3. Enhance capacity and infrastructure to advance Aboriginal health research
4. Resolve critical Aboriginal health issues
5. Facilitate and evaluate translation of Aboriginal health knowledge into policy and practice



Canada

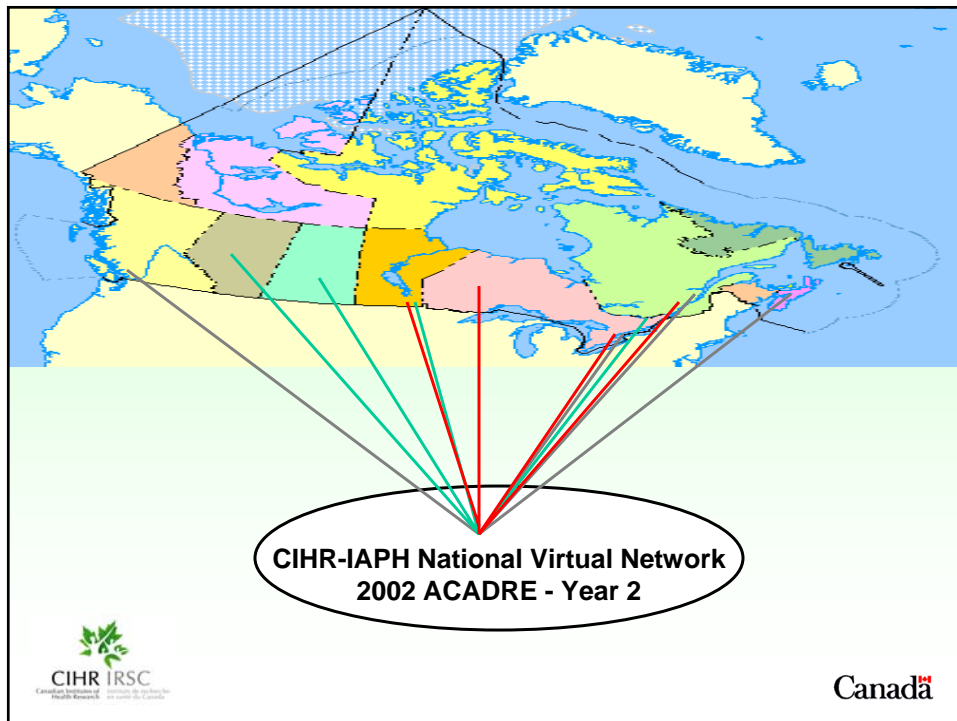
Aboriginal Capacity and Developmental Research Environments (ACADRE) Program

Eight Centres in Canada

- Dalhousie University (AAHRP)
- Laval University (NASIVVIK)
- Ottawa University (AK)
- University of Toronto (IHRDP)
- University of Manitoba (CAHR)
- University of Regina (IPHRC)
- University of Alberta (AAN)
- University of British Columbia (IAH)



Canada



Guidelines for Health Research Involving Aboriginal People

- Research involving Aboriginal people poses special ethical challenges (Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans [TCPS], Article 6)
- CIHR developed the Guidelines to address those challenges.
- Guideline developed by: CIHR's Institute of Aboriginal Peoples' Health and Ethics Office, and the Aboriginal research community.
- The Guidelines are applicable to all CIHR funded researchers.
- The Guidelines are not intended to set out all the obligations of researchers and Aboriginal communities and individuals.
- The Guideline will feed into the process of revision of TCPS Article 6.

Guidelines for Health Research Involving Aboriginal People

The objectives of the Guidelines are that they:

- serve as a tool for health researchers;
- promote, facilitate & encourage culturally-competent research;
- provide clear guidance on how to approach Aboriginal communities; and
- how to conduct research in a manner which respects Aboriginal culture, tradition and values.

Guidelines for Health Research Involving Aboriginal People

- The World Health Organization has recognized the need for a research agreement template -- such as the one referenced in the CIHR Guidelines -- to guide partnerships between researchers and Aboriginal communities.
- Australia, New Zealand, United States, Circumpolar countries and other nations have expressed interest in CIHR's Guidelines, to inform and update their own guidelines

Guidelines for Health Research Involving Aboriginal People

- Aboriginal Ethics Working Group informed by
 - Health Canada and CIHR studies.
 - Extensive preliminary consultations with Aboriginal communities and individuals
 - Comprehensive, national consultations on Draft Guidelines
 - Round 1: Aboriginal and research communities (2005).
 - Round 2: (2005-06)
 - Web-based: Broader research community and general public; CIHR
 - On-site consultation, research institutions and in Aboriginal Communities.



Guidelines for Health Research Involving Aboriginal People

Scope of consultations and vetting of Guidelines

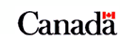
- Aboriginal communities (Northern Territories, Yukon, Nunavut, etc.)
- Aboriginal Capacity and Developmental Research Environment (ACADRE Networks) helped engage the Aboriginal and research communities and ensured widespread consultation across Canada.
- Federal Government (Health Canada, Indian & Northern Affairs Canada, Justice Canada)
- Researchers and Research Institutions (University of British Columbia, University of Victoria, University of Manitoba, University of Northern Ontario, etc.)
- Partners include National Council on Ethics in Research, Tri-council Panel on Research Ethics



Guidelines for Health Research Involving Aboriginal People

The Guidelines provide an ethical framework that incorporates Aboriginal world views, addressing key issues such as:

- Research Partnership Methodology;
- Collective and Individual Consent;
- Protection of Cultural Knowledge;
- Benefit Sharing; and
- Collection, Use, Storage and Secondary use of Data & Biological Samples.



**Memorandum of Understanding
between
the Canadian Institutes of Health Research the National Health and Medical Research
Council of Australia and
the Health Research Council of New Zealand
on COOPERATION on HEALTH RESEARCH FOR indigenous POPULATIONS**

“This collaboration will build upon existing networks of researchers to further develop research of Indigenous peoples’ health in areas of mutually shared priorities”



News Release

MINISTER DOSANJH ANNOUNCES \$5.5 MILLION TO SUPPORT GLOBAL INDIGENOUS HEALTH RESEARCH PROJECTS

For immediate release

2005 - 26

OTTAWA, CANADA (June 27, 2005) – The Honorable Ujjal Dosanjh, Minister of Health, Dr. Alan Bernstein, President of the Canadian Institutes of Health Research (CIHR), and Dr. Jeffrey Reading, Scientific Director of the CIHR Institute of Aboriginal Peoples' Health (IAPH), today announced Can\$5.5 million to support three Global Indigenous Health Research projects, looking at HIV/AIDS, mental health and Indigenous health workforce networks.

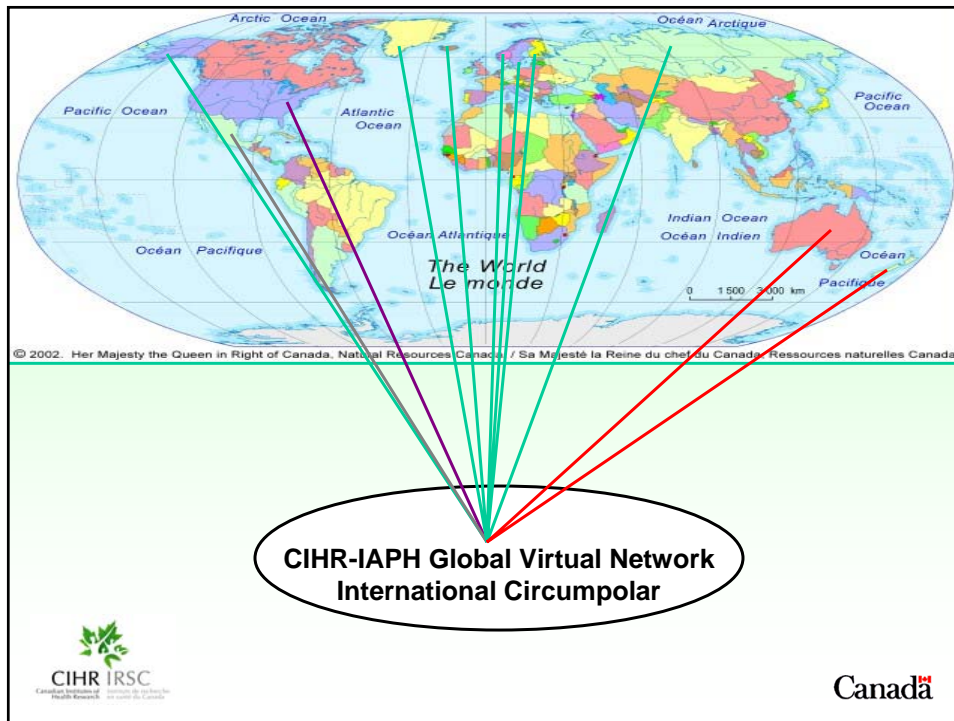
The projects announced today are supported by the International Collaborative Indigenous Health Research Partnership (ICIHRP), an initiative resulting from a Tripartite Cooperation Agreement between New Zealand (HRC NZ), Australia (NHMRC) and Canada (CIHR) signed in 2002. The total contribution of the three countries, over 5 years, amounts to approximately Can\$12.3 million.

INTERNATIONAL CONGRESS ON CIRCUMPOLAR HEALTH 13

NOVOSIBIRSK, RUSSIA

June 12 -16, 2006





Global Health Research 10:90 Gap

USD 73 billion investments in health research (1998), of which less than 10% for 90% of the world's health problems.

Because of the vicious circle between poor health and poverty, correction of this gap could make a major contribution to the fight against poverty.

Global Indigenous Populations by Region of the World (Millions)

Maybury-Lewis D. *Indigenous peoples, ethnic groups and the state*. Needham, Massachusetts: Allyn & Baker, 2002.

China	91
South Asia	60
Former Soviet Union	28
Southeast Asia	26.5
South America	16
Africa	14.2
Central America and Mexico	12.7
Arabia	5
United States and Canada	2.7
Japan and Pacific Islands	.8
Australia and New Zealand	.6
Greenland and Scandinavia	.12

Conclusion

Clearly Indigenous Peoples' in Canada and around the world experience profound *health disparities* compared to mainstream populations.

Thus, the CIHR-IAPH supports advanced knowledge that aims to create solutions to improve health and well being in a process that promotes meaningful involvement of the Indigenous communities, in pursuit of scientific excellence.