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Institute of Indigenous Peoples' Health Strategic Plan 2019-2024



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Acknowledgements

IIPH acknowledges grassroots Indigenous communities across Turtle Island who shared their vision and stories for healthier and stronger Indigenous communities. Their input was invaluable to the development of this strategic plan. Miigwetch to everyone who shared knowledge with us.

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We would also like to thank Marlin Legare of Morning Star Lodge in Regina for providing the photos for this document.

At the Canadian Institutes of Health Research (CIHR), we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

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*Dr. Carrie Bourassa,
Scientific Director,
Institute of Indigenous
Peoples' Health.*

Message from the Scientific Director of the CIHR Institute of Indigenous Peoples' Health

Wisdom Water (community knowledge) is at the centre of research and the Hunter-Gatherer has a responsibility to act in an ethical way and undertake research by, with and at the direction of the community.

(Elder Betty McKenna, 2014)

As Scientific Director of the Institute of Indigenous Peoples' Health (IIPH) at the Canadian Institutes of Health Research (CIHR), I am pleased and proud to present our Strategic Plan for 2019-2024. I would like to begin by thanking Indigenous Elders and Knowledge Holders, grassroots Indigenous communities, key informants, IIPH Institute Advisory Board members, and CIHR staff for contributing to the development of this Strategic Plan.

The previous five-year IIPH Strategic Plan concluded in 2018, and much has evolved over the period of its mandate. This new Strategic Plan maps out the four strategic priorities to be undertaken by IIPH during the next five years. I am a community-based researcher from Treaty 4 Territory, and it was imperative to me that community voices and input were reflected throughout this Strategic Plan.

In March 2018, the CIHR Institute of Aboriginal Peoples' Health changed its name to the CIHR Institute of Indigenous Peoples' Health. "Indigenous" is consistent with the adopted terminology used in [CIHR's Indigenous Action Plan](#) to support Indigenous health research in Canada.

Building on the groundbreaking work of our past Scientific Directors, IIPH will focus on increasing the number of scholars and researchers of Indigenous ancestry, and on supporting community-based participatory research (also known as community-based research). As we work in partnership with First Nations, Inuit and Métis Peoples, communities, researchers and agencies, we will strive always to improve the health of Indigenous Peoples by recognizing Indigenous knowledges and being respectful of Indigenous values, cultures and ways of knowing.

IIPH continues to be committed to leading a CIHR Indigenous health research agenda and supporting exemplary research and knowledge translation to improve the health of all Indigenous Peoples.

*Miigwetch, Maarsii, Thank you,
Dr. Carrie Bourassa*



Tipi circle at the First Nations University of Canada.



Overhead view of Fort Qu'Appelle, SK.

Executive Summary


Indigenous Peoples in Canada (First Nations, Inuit and Métis) continue to experience serious health inequities in comparison to the general Canadian population. Changing the status quo requires introducing new knowledge. Research paradigms that are based on Indigenous cultures, values and beliefs and that are respectful of traditional Indigenous knowledges underpin the work ahead and the 'reason for being' of IIPH.

Ask Indigenous people how they view health and wellbeing and they will describe a holistic approach, a striving for balance in the spiritual, physical, emotional and mental spheres of their self and their environment. If there is an imbalance in one or more areas, the individual strives to restore the balance by focusing attention on the required sphere(s), thereby returning to a state of wellness. This worldview is qualitatively different from Western approaches to health and research, which focus more on illness as something foreign to the body and requiring treatment.

Indigenous holistic concepts of health will be the focus of IIPH's strategic priorities and the way IIPH intends to advance the health of Indigenous Peoples, while remaining inclusive of other scientific research approaches. Increasingly, Indigenous worldviews, theories, ways of knowing (i.e., epistemologies) and methodologies are better received and more productive than Western approaches alone when carrying out research with Indigenous Peoples in Canada.

With guidance from Indigenous communities, Elders and Knowledge Holders in Canada, IIPH has developed a strategic plan that will contribute to improving Indigenous health outcomes. Community engagement sessions were vital to establishing the vision for this strategic plan. Through these sessions, the voice of Indigenous communities was strong and focused on the communities' health and wellbeing needs. The result is a strategic plan that incorporates their voices while aligning with the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission of Canada Calls to Action.





The four strategic priorities of IIPH for the next five years are as follows:

1. To support First Nations, Inuit and Métis Peoples and communities to drive Indigenous health research and knowledge translation.
2. To contribute to the process of improving First Nations, Inuit and Métis health using multiple Indigenous and non-Indigenous research paradigms simultaneously to support research and innovation.
3. To advance research beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples at the individual, group and structural levels.
4. To encourage and champion Indigenous community-based health research networks across Canada to develop capacity for First Nations, Inuit and Métis health research and knowledge translation.

IIPH is committed to community-based research and to building capacity within Indigenous communities in a culturally safe way. To this end and through the leadership of IIPH, the CIHR position statement pertaining to meaningful and culturally safe research was developed and implemented.

As written on the CIHR website [CIHR, 2019]: *Respectful relationships can be established when the research environment is socially, spiritually, emotionally and physically safe. Cultural safety is a participant-centered approach that encourages self-reflexivity among health researchers and practitioners. It requires an examination of how systemic and personal biases, authority, privilege and territorial history can influence these relationships. Cultural safety requires building trust with Indigenous Peoples and communities in the conduct of research.*

Realizing cultural safety in health and wellbeing research entails understanding the social, political and historical contexts that have resulted in power imbalances. It requires an individual to have cultural humility, competence, sensitivity and awareness in determining relevant health research policies, programs, models and projects with Indigenous Peoples.

Meaningful and culturally safe practices refer to equity in health research and delivery. In a meaningful and culturally safe research environment, each person's identity, beliefs, needs and reality are acknowledged. Participants feel safe based on mutual respect, meanings, learning experiences and shared knowledge. Cultural safety empowers people and ensures that the participating community, group or individual is a partner in decision-making (Bourassa, Oleson, Diver, & McElhane, in press; First Nations Health Authority [n.d.]; Williams, 1999).

Canadian Institutes of Health Research's Institute of Indigenous Peoples' Health



Miranda Northwind, Nicole Akan, Jen Billan (L-R).



Morning Star Lodge Team at the All Nations Healing Hospital, Fort Qu'Appelle.

CIHR's Health Research Roadmap II

CIHR is a federal health research funding agency in Canada. Created in 2000, its 13 Institutes are housed within academic institutions distributed across Canada. These 13 Institutes share responsibility for meeting the objectives of CIHR.

While recognizing that CIHR is currently preparing for its next strategic planning cycle, CIHR (2015a) previously developed its Health Research Roadmap II: Capturing Innovation to Produce Better Health and Health Care for Canadians – Strategic Plan 2014-15 – 2018-19. One of its three strategic directions is to mobilize health research for transformation and impact. This high-level direction includes four health and health system research priorities:

- Enhanced patient experience and outcomes through health innovation
- Health and wellness for Aboriginal Peoples
- A healthier future through preventive action
- Improved quality of life for persons living with chronic conditions

CIHR supports its 13 Institutes to develop research strategies aimed at contributing to the improvement of health and wellbeing – indeed the overall wellness – of Indigenous Peoples. CIHR also emphasizes the need for culturally safe research as well as meaningful engagement for and with Indigenous Peoples in research leadership and throughout the research process.

CIHR's Indigenous Action Plan

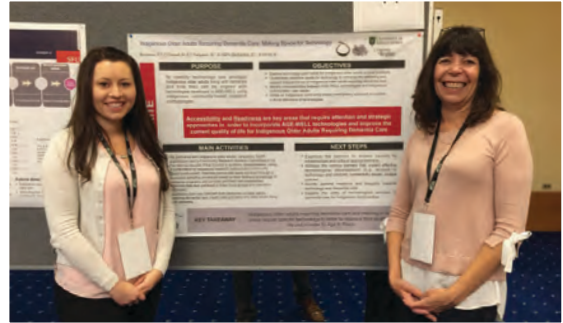
Coinciding with the 20th anniversary of the 1996 Report of the Royal Commission on Aboriginal Peoples, CIHR (2016) announced its [Action Plan: Building a healthier future for First Nations, Inuit and Métis Peoples](#). This Indigenous Action Plan is CIHR's commitment to support Indigenous health research in Canada, and build research evidence that can be used for improving the health of First Nations, Inuit, and Métis Peoples. Specific commitments of the Action Plan are summarized as follows:

1. Increase CIHR capacity to interact with Indigenous communities in a culturally appropriate manner through the creation of a dedicated team at CIHR;
2. Ensure that the Federal Government is made aware that the membership of CIHR's Governing Council should reflect the diversity of Indigenous Peoples in Canada;
3. Accept the definition of *Indigenous health research** as drafted by IIPH;
4. Develop performance indicators to validate CIHR investments in Indigenous health research;
5. Increase CIHR investments in Indigenous health research to a minimum of 4.6% of CIHR's annual budget;
6. Seek to grow CIHR investments as research capacity and additional financial resources allow;
7. Continue working with the Reference Group on Indigenous Health Research to implement iterative peer review processes for applications relevant to Indigenous health, so as to ensure better success rates for Indigenous-focused investigator-initiated grant applications;
8. Create impactful strategic initiatives aimed at improving the health of Indigenous Peoples;
9. Hold annual meetings between the President of CIHR and leaders of the Assembly of First Nations, Inuit Tapiriit Kanatami, and the Métis National Council to discuss Indigenous health research priorities; and
10. 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 is *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. Indigenous health and wellness research embraces the intellectual, physical, emotional and/or spiritual dimensions of knowledge in creative and interconnected relationships with people, places and the natural environment. Such research is based on the right to respectful*



Herd of cow elk in Elk Ridge, SK.



Mackenzie Jardine and Danette Starblanket presenting at AGEWELL's 4th Annual Conference.

engagement and equitable opportunities; it honours culture, language, history, and traditions. Indigenous health and wellness research, thus defined, may be implemented and adapted in research involving Indigenous Peoples around the world. Whatever the methodologies or perspectives that apply in a given context, researchers who conduct Indigenous research, whether they are Indigenous or non-Indigenous themselves, commit to respectful relationships with Indigenous Peoples and communities (CIHR, 2019a).

Mandate of the CIHR Institute of Indigenous Peoples' Health

One of 13 Institutes of CIHR, IIPH is the first federal health research funding institute in the world dedicated to Indigenous Peoples' health. IIPH is committed to fostering the advancement of a CIHR Indigenous health research agenda contributing to the improvement of the health of First Nations, Inuit and Métis Peoples in Canada and internationally through research, knowledge translation and capacity development. IIPH's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledges, values and cultures.

IIPH aims to contribute to the improvement of the health and wellbeing of Indigenous Peoples in every part of Canada by stimulating Indigenous health research, supporting research capacity, supporting the creation of new knowledge and its translation, championing Indigenous insights and expertise related to health and wellbeing, forming research partnerships with organizations in Canada and abroad, and creating funding opportunities that respectfully involve Indigenous communities in the projects undertaken.

IIPH supports researchers in Canada conducting research that values Indigenous ways of knowing (i.e., epistemologies) and being (i.e., ontologies). IIPH also provides guidance and works alongside health researchers and Indigenous communities to ensure that the Indigenous community is involved throughout the research process, resulting in better outcomes for both the researchers and community. To carry out its work, IIPH is advised by the IIPH Institute Advisory Board (IAB) made up of experienced and knowledgeable people in Indigenous health and research. The IIPH IAB advises the IIPH Scientific Director on the IIPH Strategic Plan.

IIPH's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures.



Tiger lily and Tipi.

Vision, Mission and Values of the CIHR Institute of Indigenous Peoples' Health

Vision

To improve the health and wellbeing of First Nations, Inuit and Métis Peoples by supporting innovative research programs based on scientific excellence and Indigenous community collaborations that respect communities' right to self-determination.

Mission

To play a lead role in developing research capacity in First Nations, Inuit and Métis communities, and support partnerships and alliances between Indigenous communities and health research groups at the local, regional, national and international levels. IIPH supports health research that respects Indigenous values, beliefs and cultures, while generating new knowledge to improve the health and wellbeing of Indigenous Peoples.

Values

At all times, IIPH is guided by the highest ethical and moral standards and a core set of values:

Respect – Recognize and respect Indigenous Peoples' right to self-determination

Inclusiveness – Aim to include Indigenous Peoples in all IIPH's health research activities

Integrity – Act in an honest, fair and just manner

Transparency – Conduct all activities and business in a transparent manner

Ethics – Maintain ethical standards by adhering consistently to essential values and principles

Collaboration – Share knowledge with all research partners and knowledge users

Accessibility – Present health research findings and knowledge to Indigenous Peoples in a way that is accessible, appropriate and understood



Nicole Akan and Louise Big Eagle with members of the Nakota Advisory Committee.



Morning Star Lodge team travelling to work in community.

The Strategic Planning Process of the CIHR Institute of Indigenous Peoples' Health

The IIPH strategic planning process occurred over a 21-month period from May 2017 to January 2019 and involved two main activities: (1) web-based survey of individuals in the IIPH mailing list along with interviews and meetings with key informants, such as Indigenous organization representatives and IIPH IAB members, and (2) grassroots Indigenous community engagement sessions.

Strategic Planning Survey, and Key Informant Interviews and Meetings

IIPH conducted a web-based survey to gain initial input. There were 1,670 emails distributed through the mailing list of IIPH, inviting stakeholders to participate in either a short survey or a full survey. IIPH received 62 full survey responses, and nine short survey responses. The respondents had various backgrounds: 42% Indigenous ancestry; 80% female; 50% affiliated with academic institutions; and two respondents were spiritual leaders.

Key informant interviews and meetings were conducted with the IAB of IIPH and the following 10 organizations:

- Assembly of First Nations
- Chiefs of Ontario
- Inuit Tapiriit Kanatami
- Manitoba Inuit Association
- Manitoba Métis Federation
- Métis National Council
- National Association of Friendship Centres
- Native Women's Association of Canada
- Ontario Federation of Indigenous Friendship Centres
- Regroupement des centres d'amitié autochtones du Québec
[Coalition of Native Friendship Centres of Québec]



Morning Star Lodge team posing with Community Research Advisory Committee (CRAC) Members.

The IIPH IAB members held three in-person meetings to develop this strategic plan. The IAB strategic planning sessions guided the creation of the vision, mission, values and strategic priorities outlined in this strategic plan. Also, the IAB members reviewed the content of this strategic plan.

The results of the strategic planning survey and the key informant interviews and meetings corresponded with the findings from the 12 grassroots Indigenous community engagement sessions.

Grassroots Indigenous Community Engagement Sessions

In addition to the web-based survey of individuals and the interviews and meetings with key informants, it was important that IIPH engage with grassroots Indigenous communities meaningfully and as widely as possible. All of these activities informed the entire strategic plan.

IIPH's four strategic priorities were developed via grassroots Indigenous community engagement sessions throughout Canada. Since oral tradition is preeminent in many Indigenous communities, having community engagement sessions where participants could discuss firsthand their strengths and problems was instrumental and respectful to the participants. Community engagement sessions were facilitated by IIPH with the intention of identifying strategic health priorities for healthy communities. It was a priority for IIPH to receive feedback from a wide variety of Indigenous Peoples. IIPH met with First Nations, Inuit and Métis community members living in urban, rural and remote settings, as well as French-speaking Indigenous community members, Indigenous organizations, Indigenous researchers, and Indigenous Elders and Knowledge Holders. Twelve community engagement sessions were held at the following dates and locations:

May 24, 2017	Hamilton, Ontario
May 25, 2017	Six Nations, Ontario
September 25, 2017	Carcross/Tagish First Nation, Yukon Territory
October 19, 2017	Winnipeg, Manitoba
November 7, 2017	Whitehorse, Yukon Territory
November 29, 2017	Kahnawake, Quebec
January 21, 2018	Sioux Lookout, Ontario
February 2, 2018	Regina, Saskatchewan
March 7, 2018	Vancouver, British Columbia
May 4, 2018	Saskatoon, Saskatchewan
June 18, 2018	Sudbury, Ontario
January 22, 2019	Toronto, Ontario

With the exception of the Whitehorse session, each facilitated session had Indigenous Elders and/or Knowledge Holders present to begin and end in prayer, a cultural protocol for Indigenous nations throughout Turtle Island. After the opening prayer, IIPH presented its vision to the participants, and then posed facilitation questions focused on identifying the community research priorities, and the barriers and strengths to applying for research funding and conducting knowledge translation in the community. Once a session was complete, the Elders or Knowledge Holders closed with a prayer to ensure everyone moved forward in a

safe and good way. The Whitehorse engagement session was conducted via teleconference. All of the other sessions were conducted in person. For all sessions combined, approximately 100 people participated.

One recurring theme from the sessions related to sustainability efforts required to secure funding to support Indigenous community-based research, establish new partnerships and strengthen existing partnerships in order to aid **Indigenous self-determination**. Many participants pronounced on the therapeutic nature of land-based research that can heal First Nations, Métis and Inuit communities. Community-based research also addresses the needs of the community to learn about their traditional Knowledge Holders' solutions. Participants stated that having **partnerships** would alleviate "spinning our wheels trying to get the same outcome." IIPH's Strategic Priorities #1 and #4 draw out this theme of securing adequate access to sustainable CIHR funding for community-based research and collaborative partnerships.

A second common theme in the engagement sessions was enhancing **capacity development and infrastructure** in First Nations, Inuit and Métis communities with a focus on youth, Indigenous traditional teachings, and Indigenous Elders and Knowledge Holders. This theme is reflected in all four of IIPH's strategic priorities. In one of the engagement sessions, it was noted: "In terms of Indigenous pedagogy, there is a need for infrastructure that will support First Nations schools to develop and implement First Nations-centred curriculum in a traditional way (i.e., traditional teaching)." Furthermore, participants in the engagement sessions unequivocally agreed that the Indigenous Elders were their strength.

A third theme was ensuring **Indigenous health research and histories** are acknowledged, honoured and respected in an equitable way that promotes **wellness, strength and resilience** of First Nations, Inuit, and Métis Peoples. As noted at one engagement session: "[T]here is a need to educate decision makers about what equity is and means for Indigenous Peoples." Additionally, there were discussions around racism and sexism as obstacles to advancing Indigenous health research. One common issue acknowledged in the engagement sessions was the need for researchers and scholars to learn more about the colonization of Indigenous Peoples and the detrimental impacts it has on Indigenous Peoples today. This theme led directly to the development of IIPH's Strategic Priority #3.

A fourth theme that recurred in the engagement sessions was the necessity to invigorate and sustain the **CIHR Network Environments for Indigenous Health Research (NEIHR) model**. The participants saw the value to communities of the previous Network Environments for Aboriginal Health Research (NEAHR). As noted by a participant: "NEAHR centres were successful and valuable to Indigenous health research – community wants it back. There is a need to create space for Indigenous communities to work with Indigenous scholars." Other participants strongly believed the trust in the research community has deteriorated but that research done by and with Indigenous researchers and communities will "build trust within." IIPH's Strategic Priorities #1, #2, and #4 align with this last theme.

All of these strategic planning processes noted above contributed to the development of the strategic priorities presented in this strategic plan.



Tobacco tie basket.



Elder Betty practicing ceremony with Morning Star Lodge staff.

IIPH supports health research that respects Indigenous values, beliefs and cultures, while generating new knowledge to improve the health and wellbeing of Indigenous Peoples.

The 2019-2024 Strategic Priorities of the CIHR Institute of Indigenous Peoples' Health

IIPH has a firm commitment to support an approach to improving the health of First Nations, Inuit and Métis Peoples in Canada that reflects both Indigenous and non-Indigenous research paradigms in the creation of new knowledge and the translation of that knowledge.

CIHR Strategic Directions as a Foundation for IIPH Priorities

As previously mentioned, the next CIHR strategic planning exercise is underway. IIPH strategic priorities for 2019-2024 build upon IIPH's previous strategic plan, and align with the three strategic directions of the current CIHR (2015a) Health Research Roadmap II, which are as follows:

- Promoting excellence, creativity and breadth in health research and knowledge translation.
- Mobilizing health research for transformation and impact.
- Achieving organizational excellence.

Incorporating Indigenous ways of knowing as well as Western and other non-Indigenous epistemological approaches into health research endeavors undertaken by CIHR Institutes to benefit Indigenous Peoples will assist CIHR in addressing all three of its strategic directions. In this way, it is also increasingly likely that Indigenous Peoples will accept research findings and knowledge that are consistent with their values, beliefs and customs, and CIHR is apt to be more successful in bringing about transformative change to contribute to the improvement of the overall health, health systems and services for Indigenous Peoples.

These CIHR strategic directions improve the efficiency of IIPH's efforts to work towards contributing to closing the existing gap in the health status between Indigenous and non-Indigenous Canadians. IIPH proposes to contribute to closing the gap by supporting the development of research capacity among researchers of both Indigenous and non-Indigenous ancestry to stimulate Indigenous-grounded research worldviews and theories and Indigenous methodologies that will result in new knowledge based on Indigenous values, beliefs and cultural practices regarding health and wellbeing. IIPH will establish partnerships at the national and international levels to collaborate on research efforts regarding Indigenous health and will involve Indigenous communities in all its research initiatives.

IIPH Strategic Priorities

The four strategic priorities of IIPH are as follows:

1. To support First Nations, Inuit and Métis Peoples and communities to drive Indigenous health research and knowledge translation.
2. To contribute to the process of improving First Nations, Inuit and Métis health using multiple Indigenous and non-Indigenous research paradigms simultaneously to support research and innovation.
3. To advance research beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples at the individual, group and structural levels.
4. To encourage and champion Indigenous community-based health research networks across Canada to develop capacity for First Nations, Inuit and Métis health research and knowledge translation.

In order to realize these four strategic priorities, IIPH will implement strategies, measure indicators, and ascertain expected outcomes (See Table).

Table: IIPH Strategic Priorities: Strategies, Indicators, and Expected Outcomes

Strategic Priority #1: To support First Nations, Inuit and Métis Peoples and communities to drive Indigenous health research and knowledge translation.		
Strategies	Indicators	Expected Outcomes
Review and implement policies pertaining to institutional eligibility of Indigenous community organizations to administer CIHR research funds	Increased number and diversity of Indigenous community organizations eligible to receive CIHR funds	Indigenous health research capacity is strengthened
Enable the flow of CIHR funding directly to Indigenous communities to enable communities to control research and knowledge translation	Increased Indigenous health research investments to Indigenous communities	Strengthened Indigenous health research capacity among Indigenous communities to drive the research agenda
Support the review of Indigenous health research in both CIHR investigator-initiated research and research in priority areas by reviewers who are qualified in the area of Indigenous health research.	Increased percentage of applications received and funded in the area of Indigenous health research	High quality and diverse research is supported across all areas of Indigenous health research and knowledge translation

Strategic Priority #2: To contribute to the process of improving First Nations, Inuit and Métis health using multiple Indigenous and non-Indigenous research paradigms simultaneously to support research and innovation.

Strategies	Indicators	Expected Outcomes
Design research funding opportunities that ensure First Nations, Inuit and Métis Peoples are an integral part of the entire research process while promoting Indigenous research ethics aligned with, at a minimum, the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)	Increased percentage of funding opportunities relevant to Indigenous health research incorporating an integrated knowledge translation approach and that speak to TCPS 2	Effective and efficient design, planning, operations and oversight of Indigenous health research and knowledge translation
Collaborate with CIHR and its Institutes to ensure that research funding opportunities support Indigenous ways of knowing along with other epistemological approaches in Indigenous health research	Increased funding opportunities that support Indigenous ways of knowing and other epistemologies that are relevant to Indigenous health research	Effective and efficient design, planning, operations and oversight of CIHR and its Institutes supporting Indigenous health research involving Indigenous ways of knowing along with other epistemological approaches
Provide Indigenous health research and knowledge translation opportunities	Increased percentage of research investments addressing all funded Indigenous health research	High quality and diverse research is supported across all areas of Indigenous health research and knowledge translation

Strategic Priority #3: To advance research beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples at the individual, group and structural levels.

Strategies	Indicators	Expected Outcomes
Contribute to improved health, wellbeing, strength and resilience of Indigenous Peoples at the individual, group and structural levels	Increased research contributing to improving health of Indigenous Peoples in Canada, and to strengthening the Canadian healthcare system for Indigenous Peoples	Research results contribute to the achievement of improved health outcomes, more effective health services and products, and a strengthened healthcare system that focuses on the health, wellbeing and strength of Indigenous Peoples at the individual, group and structural levels

Strategies	Indicators	Expected Outcomes
Increase the evidence for the transformative nature of research at the structural level to benefit Indigenous Peoples	Increased percentage of Indigenous health research publications and activities that inform decision making and policy setting	CIHR-supported research results are translated in order to implement Indigenous knowledge systems and Indigenous health research governance led by Indigenous Peoples, to decolonize academic institutions and other organizations, and to support culturally competent and culturally safe research organizations
Collaborate with international bodies, both Indigenous and non-Indigenous, to foster the integration of a wellness, strength and resilience approach to Indigenous health research and knowledge translation	Increased Indigenous research and knowledge translation involving international collaborations	Indigenous health research capacity is strengthened in Canada with international Indigenous and non-Indigenous organizations researching Indigenous Peoples' concepts of wellness, strength and resilience

Strategic Priority #4: To encourage and champion Indigenous community-based health research networks across Canada to develop capacity for First Nations, Inuit and Métis health research and knowledge translation.

Strategies	Indicators	Expected Outcomes
In collaboration with CIHR and its Institutes, support mentorship and training of the next generation of researchers, knowledge users and communities of practice in the area of Indigenous health research and knowledge translation	Increase in new researchers, knowledge users and communities of practice that go on to work in the area Indigenous health research	Strengthened research capacity among the next generation of Indigenous health researchers, knowledge users and communities of practice
Create Indigenous health research awards that enable Indigenous trainees to be guided by mentors, including Indigenous Elders and Knowledge Holders	Increased number of trainees supported in the area of Indigenous health research	Training and career awards for both academics and non-academics that contribute to and build on ongoing progress in Indigenous health research
Foster the establishment of long-term partnerships and collaborations among Indigenous communities, researchers and other interested parties	Increased percentage of grants reporting stakeholder involvement related to Indigenous health in the research process	Leveraged partnerships and collaborations in Indigenous health research



Morning Star Lodge posing with Dr. Carrie Bourassa.

Some Overarching Initiatives

Network Environments for Indigenous Health Research

The purpose of the Network Environments for Indigenous Health Research (NEIHR) Program is to establish a national network of centres focused on capacity development, research and knowledge translation centred on Indigenous Peoples (i.e., First Nations, Inuit and Métis). The network of centres is intended to provide supportive research environments for Indigenous health research driven by and grounded in Indigenous communities in Canada. The funded NEIHR centres will take a comprehensive approach to capacity building in Indigenous health research by concentrating on Indigenous communities and structural factors (e.g., educational systems, institutions, research infrastructures, policy apparatus) while keeping a focus on individual agency (e.g., supporting trainees and researchers). NEIHR is the largest one-time investment in Indigenous health research in the history of CIHR and of Canada. It involves all of the 13 CIHR Institutes and represents a 16-year commitment valued in excess of \$100 million. The 13 CIHR Institutes are comprised of: IIPH; Institute of Aging (IA); Institute of Cancer Research (ICR); Institute of Circulatory and Respiratory Health (ICRH); Institute of Gender and Health (IGH); Institute of Genetics; Institute of Health Services and Policy Research (IHSPR); Institute of Human Development, Child and Youth Health (IHDCYH); Institute of Infection and Immunity; Institute of Musculoskeletal Health and Arthritis (IMHA); Institute of Neuroscience, Mental Health and Addiction; Institute of Nutrition, Metabolism and Diabetes; and Institute of Population and Public Health (IPPH).

NEIHR Program Objectives:

- Support Indigenous community-based health research that reflects the priorities and values of Indigenous Peoples;
- Develop an Indigenous community-based health research network environment that will support Indigenous leadership and research-related organizations with existing and new research infrastructures and platforms;
- Augment awareness, capacity and relevance of Indigenous health research that improves the health of First Nations, Inuit and Métis Peoples across all health research domains;
- Improve understanding of Indigenous health research and Indigenous research paradigms through ethical and impactful partnerships between Indigenous communities and health researchers, scholars, professors and instructors, research administrators, policy and decision makers, and other parties with an interest in Indigenous health research;
- Engage Indigenous Peoples in Canada in leading and conducting health research and knowledge translation;
- Engage with researchers, Indigenous Peoples and other relevant parties from different countries as appropriate, in order to advance the objectives of the NEIHR centres; and



Namew Lake, SK.



Kayla Watson-McNab and Mackenzie Jardine (L-R) in Fort Qu'Appelle, SK.

- Develop enduring NEIHR centres with sustainable mandates to build research capacity, conduct research, advance Indigenous research paradigms, and carry out knowledge translation activities.

Indigenous Healthy Life Trajectories Initiative

Under the leadership of IIPH, and in collaboration with IA, ICRH, IGH and IPPH, CIHR has developed the Healthy Life Trajectories Initiative (HeLTI). HeLTI follows a Developmental Origins of Health and Disease (DOHaD) approach, which explores how the interaction of environmental factors with genes prior to and during conception, pregnancy, infancy and early childhood impacts an individual's health later in life. HeLTI combines a unique set of coordinated and linked international intervention cohorts to focus the DOHaD approach specifically on non-communicable diseases (NCDs) both in Canada and in countries where there is a high incidence of NCDs.

NCDs, including diabetes, cardiovascular diseases, and respiratory diseases are also a priority issue for Indigenous Peoples in Canada. Therefore, with input from Indigenous communities, and in collaboration with other CIHR Institutes, IIPH decided to lead the development of an Indigenous component of HeLTI (I-HeLTI) to address similar issues faced by and specific to Indigenous Peoples in Canada.

In 2018, CIHR awarded 11 development grants and held a strengthening workshop for the I-HeLTI program. The development grants targeted Indigenous communities. This decision represented a paradigm shift that ensured Indigenous Peoples were at the forefront of research. Moving forward, IIPH and other CIHR Institutes will support I-HeLTI team grants.

Transitions in Care Initiative

IIPH supports the CIHR Transitions in Care (TiC) Initiative (CIHR, 2019b), which is co-led by ICRH, IHDCYH, IHSPR, IIPH in collaboration with IA, ICR, IGH and IMHA. *Transitions in care are when transfer of responsibility and accountability for some or all aspects of patient care occurs among providers, institutions, and/or sectors (e.g., federal and provincial jurisdictions, or education, judicial and other environments). Our Canadian health systems are organized in a way that requires individuals to receive health services from a number of care providers, in a number of locations, leading to multiple transitions*

IIPH continues to be committed to leading a CIHR Indigenous health research agenda and supporting exemplary research and knowledge translation to improve the health of all Indigenous Peoples.



Bowl of tobacco and tobacco ties.

in care over time. This is especially true for individuals experiencing changes to their health status, as they grow older, experience a change in care need and/or have a change in their location of care. This initiative is a multi-Institute, multi-pillar and trans-disciplinary initiative that integrates CIHR's commitment to the health and wellness of Indigenous Peoples, Sex- and Gender-Based Analysis, Training and Early Career Development, and Data Use and Management across three primary focus areas: across life's trajectories; changing health status or care; and key populations to optimize transition outcomes.

TiC Initiative Objectives:

- To inform actionable health system changes within the TiC focus areas through systematically identifying transition in care knowledge gaps and/or identifying effective evidence-based interventions and/or policies;
- To address transition in care gaps and/or determine effectiveness of implemented activities through evaluation of existing evidence, policy and/or best and wise practices;
- To address identified transition in care gaps at a local, regional and/or national level through identification, adoption, spread and scale, and iterative evaluation of evidence-based practices and/or solutions;
- To improve quality of life, and support efficiencies and sustainability of health care delivery with a potential to stimulate economic growth and competitiveness through development, adoption, scaling and iterative evaluation of innovative policies and/or best and wise practices for transitions in care; and,
- To achieve measurable and sustainable impacts in the health system, and for patients, through effective partnerships among researchers, health providers, patients, family, care-givers, agencies, government, industry and other relevant stakeholders.

Indigenous Gender and Wellness Initiative

Along with other CIHR Institutes (i.e., IGH and IPPH), IIPH is supporting the development of the CIHR Indigenous Gender and Wellness Initiative. This community-led initiative will aim to explore how Indigenous perspectives on gender can improve social, physical and economic wellness of First Nations, Inuit and Métis Peoples. *Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people* (CIHR, 2015b). Gender can affect identities, choice of occupation, and participation in ceremony. More is yet to be done to support Indigenous perspectives on gender and how they affect wellness of First Nations, Inuit and Métis Peoples. Some potential research topics include: (1) the role of First Nation clan mothers in community health; (2) Indigenous masculinity and the importance of men in family caregiving; and (3) Two-Spirit People and resiliency.

Collaborations in Canada and Abroad

Early Career Investigator Meetings, Community-Based Research Capacity-Building Workshops, and National Gathering of Graduate Students in Indigenous Health

The IIPH Early Career Investigator Meeting (ECIM), and the Community-Based Research and Capacity-Building Workshop (CBRCBW) bring together Indigenous health researchers who are early in their careers with community members, established researchers, and partners from across IIPH mandate areas. Through these events, participants have an opportunity to make connections with other early career investigators, community members, established researchers, and representatives from partner organizations.

Recognizing the importance of building capacity in Indigenous health research, the 2018 combined ECIM and CBRCBW event was hosted by IIPH in collaboration with the Métis National Council (MNC). In future years, IIPH will strive to partner with the Assembly of First Nations, Inuit Tapiriit Kanatami, and other Indigenous organizations and Indigenous health research groups in planning these events in order to provide unique learnings each year such as Inuit Knowledge and First Nations teachings.

Similar to the ECIM and CBRCBW, the National Gathering of Graduate Students in Indigenous Health (NGGS) is a mentorship event that is directed at graduate students. The NGGS attracts graduate students conducting research in Indigenous health and wellbeing with the goal of providing support and guidance in their research journey. This event is another investment that IIPH will support over the years in collaboration with graduate students and other groups such as NEIHR centres.

Research Chairs in Indigenous Health Nursing

IIPH, IGH and the Canadian Nurses Foundation, in partnership with First Nations Health Authority, Fonds de recherche du Québec – Santé (FRQS), Research Manitoba, New Brunswick Health Research Foundation, Nova Scotia Health Research Foundation and Saskatchewan Health Research Foundation, plan to support Research Chairs in Indigenous Health Nursing. This initiative is expected to:

- Support research and development of knowledge and best and wise practices in the area of Indigenous health nursing;
- Investigate structural factors, including gender, that support and impede Indigenous health nursing and Indigenous health;
- Explore, describe and/or explain Indigenous research paradigms and their theoretical and methodological implications for Indigenous health nursing standards;
- Advance the understanding and conceptualization of Indigenous health nursing and its role in the nursing profession;



Sacred items on a buffalo hide.



Morning Star Lodge conducting community-based research.

- Examine the recruitment and retention of people into the nursing discipline (i.e., practice, education, research and administration) and nurses into the specialty of Indigenous health nursing
- Create opportunities and the will for nurses and trainees to engage in Indigenous health nursing; leadership; and
- Provide mentorship and training for students.

Canadian Consortium on Neurodegeneration in Aging

Indigenous Peoples are unduly affected by neurodegenerative diseases causing dementia. In order to address this issue, and in collaboration with other CIHR Institutes and external partners, IIPH plans to invest in the Canadian Consortium on Neurodegeneration in Aging (CCNA). The external partners who plan to support this investment in CCNA are: Alberta Innovates, Alzheimer Society of Canada, Brain Canada Foundation, Centre for Aging and Brain Health Innovation, CARP, Canadian Nurses Foundation, FRQS, Hypertension Canada, New Brunswick Health Research Foundation, Ontario Brain Institute, and Saskatchewan Health Research Foundation. This planned investment in CCNA is to advance scientific knowledge in the area of neurodegenerative diseases in order to contribute to the improvement of health, wellbeing and services for people affected. The CCNA is the flagship initiative of the CIHR Dementia Research Strategy. This strategy also has an international component that may, in the future, provide opportunities to advance knowledge with respect to dementia and Indigenous Peoples.

Trilateral Cooperation Among CIHR, the Health Research Council of New Zealand and the National Health and Medical Research Council of Australia

In addition to the various partnerships and collaborations already mentioned in this strategic plan, IIPH will work with international partners, both Indigenous and non-Indigenous, to contribute to improving the health and wellbeing of Indigenous Peoples around the globe.

In December 2017, CIHR, the Health Research Council of New Zealand and the National Health and Medical Research Council of Australia renewed their commitment to collaborate on health research priorities of Indigenous Peoples. In developing and undertaking future joint initiatives, the three agencies will continue to facilitate the sharing of the expertise, cultures and values of the populations they represent—the Aboriginal and Torres Strait Islander Peoples, Māori people and the First Nations, Inuit and Métis Peoples—to support Indigenous methodological approaches to health and wellbeing research. This will prove especially valuable throughout the partnership as agencies develop a joint action plan and reassess priorities each year.

Based on its success in working with Australia and New Zealand, IIPH will explore collaborations with other countries.



Kayla Watson-McNab looking over Fort Qu'Appelle, SK.

Conclusion

Since 2001, IIPH has proven its commitment to contributing to the improvement of health of First Nations, Inuit and Métis Peoples by assuming a leadership role in advancing health research that is scientifically and ethically sound in both Indigenous and non-Indigenous research paradigms. IIPH is convinced that research that is inclusive of Indigenous ways of knowing, and that includes Indigenous Elders and Knowledge Holders throughout the research process, will result in a better understanding and acceptance of research findings by the Indigenous Peoples who will, consequently, be more receptive to leading transformative change.

In the next five years, IIPH will commit to increase the number of health researchers of First Nations, Inuit and Métis ancestry, to involve Indigenous Peoples in determining their health research needs, and to focus research on the concepts of Indigenous wellness, strength and resilience. In addition, IIPH will continue to work in partnership with other governmental and non-governmental organizations and groups (e.g., Canada Research Coordinating Committee) to engage in joint research initiatives that align with IIPH's vision.

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Appendix A: Institute Advisory Board of the CIHR Institute of Indigenous Peoples' Health

The IIPH Institute Advisory Board (IAB) advises the IIPH Scientific Director on a range of Institute activities, including IIPH's Strategic Plan. IIPH IAB members are:

Dr. Marcia Anderson, Executive Director, Indigenous Academic Affairs, Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba

Sheila Carter, Indigenous Health Policy and Research, Carter Consulting

Wayne Clark, Director, Indigenous Health - Patient Services, Winnipeg Regional Health Authority

Dr. Gillian Crozier, Canada Research Chair in Environment, Culture and Values, and Professor of Philosophy, Laurentian University

Dr. Pierre S. Haddad, Tenured Professor, Department of Pharmacology, University of Montreal

Dr. Robert Hogg, Professor, Faculty of Health Sciences, Simon Fraser University; and Senior Research Scientist, BC Centre for Excellence in HIV/AIDS in Vancouver

Elder Mabel Lena Horton, Retired Nurse and Health Consultant

Dr. Debbie Martin (IIPH IAB Chair), Associate Professor, Faculty of Health Professions, Dalhousie University

Dr. Christopher Mushquash (IIPH IAB Vice Chair), Canada Research Chair in Indigenous Mental Health and Addiction; Associate Professor, Department of Psychology and Northern Ontario School of Medicine, Lakehead University; Clinical Psychologist, Dilico Anishinabek Family Care, and; Associate Vice President Research, Thunder Bay Regional Health Sciences Centre, and Chief Scientist, Thunder Bay Regional Health Research Institute.

Dr. Margaret Robinson, Assistant Professor, Indigenous Studies Program, Department of Sociology & Social Anthropology, Dalhousie University; and Affiliate Scientist, Centre for Addiction & Mental Health

Elder Mary Wilson, Resident Elder Cultural Specialist at Manitoba Adolescent Treatment Centre and Child and Family Services



Jen Billan, Nicole Akan, Marlin Legare, and Miranda Northwind (L-R) at the Treaty 4 Governance Centre, Fort Qu'Appelle, SK.



Medicine Bundle formed at Elk Ridge, SK.

Appendix B: Elders' Council of the CIHR Institute of Indigenous Peoples' Health

The IIPH Elders' Council was established to provide guidance to IIPH, and to provide a space where IIPH staff can be grounded in prayers and ceremony. In August 2017, the current IIPH staff and IIPH Elders' Council met and had their first ceremony in Six Nations, Ontario. The Elders' Council will support IIPH in addition to the Institute Advisory Board of IIPH. The membership of the IIPH Elders' Council includes:

Dot Beaucage-Kennedy

Ontario

Rosella Kinoshameg

Ontario

Arvol Looking Horse

USA

Louise McDonald

Ontario

Betty McKenna

Saskatchewan

Roberta Price

British Columbia

Mary Wilson

Manitoba



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