



November 12, 2016

To: The Indigenous Health Research Community


From: Rod McCormick and Fred Wien, Co-chairs, Aboriginal Health Research Steering Committee


Re: Briefing note on CIHR

Many of you will have already heard about the major announcement that Alain Beaudet made on behalf of CIHR a week ago. The occasion was a Forum held in Winnipeg to mark the 20th anniversary of the Report of the Royal Commission on Aboriginal Peoples.





The announcement of decisions with respect to Indigenous health research followed from a very positive meeting that Rod, Fred, Marlene and others had with Governing Council at its two-day retreat held at Wendake, Quebec toward the end of August. Minister Bennett spoke at dinner on the first evening, as did Mark Dockstator, the President of First Nations University. Presentations were made the next day by elected leaders from the AFN, MNC and ITK as well. For our part, we made a number of specific recommendations for change, which subsequently became the focus of discussion and decision-making by Governing Council.

Below you will find the link to the formal announcement on the Government of Canada web site. We also offer this summary below, which provides more contextual and interpretative information:


 *Creation of a team within CIHR.* This is in addition to the Institute of Aboriginal Peoples Health because one of the key features of the reforms is that the effort to tackle issues of health and well-being in Indigenous communities is increasingly becoming a CIHR-wide endeavor. There is also the idea that CIHR needs to do work internally so that it deals with First Nation, Inuit and Métis communities in a culturally appropriate manner.

 *Improvements in advice and decision-making.* We have pushed hard for Indigenous people to have a stronger voice in CIHR decision-making. Governing Council will recommend to the Government that there be additional appointments of Indigenous people to the Council, a recommendation which we believe will be accepted by the Minister of Health and is in keeping with the Government's overall diversity initiative. In addition, the CIHR President has committed to meeting annually with the leaders of the

Assembly of First Nations, Métis National Council and Inuit Tapiriit Kanatami to discuss Inuit health research priorities.

-  *Defining Indigenous health research.* Governing Council accepted a definition of Indigenous health research that was drafted by the Institute of Aboriginal Peoples Health. A central feature of the definition, which is similar to one adopted earlier by SSHRC, is that such research must fully engage Indigenous communities through all stages of the research process in a culturally appropriate manner. From our point of view, the significance of this step is that applicants will no longer be able to claim that they are doing Indigenous health research by simply checking a box on the application form. They will need to provide information as part of their application package to demonstrate to what degree and in what manner they are engaging Indigenous communities, consistent with the norms set out in Chapter 9 of the Tri-Council Policy Statement on Research Ethics.
-  *Providing for designated funding.* At the Wendake meeting and earlier, we argued strongly that issues of Indigenous health and well-being, by any objective standard, should be recognized as one of the most significant public health issue facing our country, and that they would require extraordinary measures to address. Governing Council accepted our recommendation that funds to support Indigenous health research and capacity building should be set aside or designated for that purpose (CIHR language is “ring-fenced”)
-  *A greatly increased level of funding.* We had previously argued that CIHR’s financial commitment to Indigenous health research and capacity building was quite low and did not even rise to the standard of the size of the Indigenous population in Canada (4.6 per cent). Governing Council accepted the idea that, as a first step, CIHR would increase its financial commitment to the 4.6 per cent level and it would do so by reallocations within its \$1.1 billion budget. It also agreed to “seek to grow these investments as research capacity and additional financial resources allow”, and we understand that this is being pursued through requests to the Government of Canada to contribute. We have recommended that the 4.6 per cent grow to 9.2 per cent in recognition of the additional burden faced by Indigenous communities to achieve comparable levels of health and well-being. How much of an increase in funding is represented by the 4.6 per cent? Current funding is in the low 3 per cent range, but not all of this would meet the definition of Indigenous health research referred to above, so we could be looking at a doubling of CIHR’s financial investment for research and related measures that meet the definition.
-  *Reforming the peer review process.* We have been greatly concerned with the changes to the peer review process that CIHR instituted over the past year or two, and we joined other scientists in last July’s special meeting on peer review that Minister Philpott mandated. Like others, we are pleased to see a return to face-to-face meetings of peer

review committees and, in the case of Indigenous health research, peer review committees made up of persons with experience in Indigenous health research. There is an additional element, and that is agreement that proposals in IHR will follow an iterative process. While details remain to be worked out, we understand it to mean a process whereby strong applications that are not, however, actually funded, will be offered a kind of mentorship process and the opportunity to fix any shortcomings before funding is approved. Some months ago, CIHR established a Reference Group on indigenous Health Research where our community has strong representation and it has the responsibility to implement this and related processes. The objective is “to ensure better success rates for Indigenous-focused investigator-initiated grant applications”.

 *A renewed commitment to investments in capacity building.* It has become more widely accepted within CIHR that the main program designed to increase the capacity for Indigenous health research was prematurely terminated in 2014. Governing Council has now recognized that it needs to make a renewed commitment in this area and that it should do so in conjunction with the other granting councils (SSHRC and NSERC). In addition, it has recognized that training and mentoring “needs to take place along the entire career continuum from undergraduate to postdoctoral levels”.

While many details remain to be worked out, members of our Steering Committee are very pleased with the decisions Governing Council has made. Positive reviews extend as well to the AFN, MNC and ITK (also on our Steering Committee) who have each issued press releases commending CIHR for its positive change in direction. We are hopeful that the precedents set by CIHR will have a constructive impact on SSHRC, NSERC and other agencies. We are especially encouraged that a significant pool of funds is being set aside specifically to support Indigenous health research and capacity building, and will permit funding of research on very high priority challenges to Indigenous health and well-being, of which there are far too many.

We conclude by thanking you very warmly for your active support as we worked through the issues with CIHR. We have the strong impression that the meeting of some 30 national organizations that we had at the Wabano Centre in January of 2016 contributed substantially to a turn-around with CIHR, even though it may not have seemed like that at the time. The change in government was also important, and was manifested by strong support from Ministers Philpott and Bennett. We also underline the importance of the Calls to Action of the Truth and Reconciliation Commission, which created a positive environment for change. We ask that you distribute this memo widely within your organization.

The Aboriginal Health Research Steering Committee will be meeting soon to consider its future. If it decides to continue in existence, it will renew its leadership and membership, and determine its future mandate which may include items such as monitoring implementation at CIHR, the Naylor panel, and the negotiation of health accords.

<http://news.gc.ca/web/article-en.do?mthd=index&crtr.page=1&nid=1147669>

