An aerial photograph of a river delta, showing a complex network of channels and islands. The water is a deep blue, and the land is a mix of brown and green. A white feather graphic is overlaid at the bottom of the image.

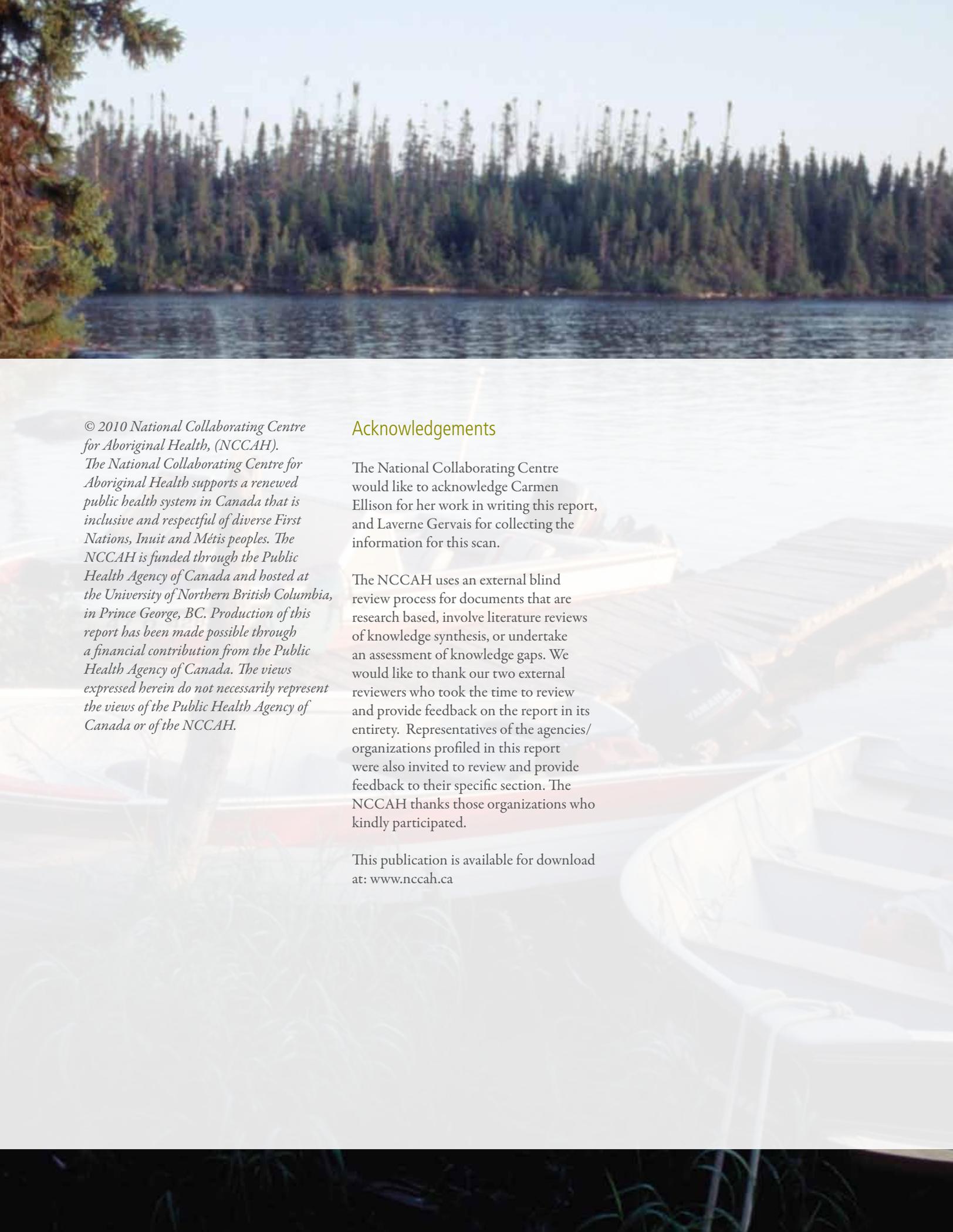
LANDSCAPES OF FIRST NATIONS, INUIT, AND MÉTIS HEALTH

An Updated Environmental Scan, 2010

NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE



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This publication is available for download at: www.nccah.ca

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EXECUTIVE SUMMARY



Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan is an updated version of the National Collaborating Centre for Aboriginal Health's (NCCAHA) 2006 document *Landscapes of Indigenous Health*. The document provides information on the national organizations working in First Nations, Inuit, and/or Métis health, and reviews relevant literature and research (peer-reviewed and otherwise) released in 2007 and 2008. The objective of this document is to map the current landscape of research in Canada on First Nations, Inuit, and Métis health, as well as the current health priorities of national organizations working in the field.

Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan is an important resource for meeting the goals of the NCCAHA – the document provides an overview of the current state of public health evidence, the landscape of research (including culturally relevant research), and opportunities for establishing new (and strengthening existing) partnerships with national organizations that focus on First Nations, Inuit and Métis public health.

National Organizations Working in First Nations, Inuit, and/or Métis Public Health

This portion of the environmental scan identifies the national level organizations which perform work relating to First Nations, Inuit, and/or Métis public health in Canada. The goal of this portion of the environmental scan is to provide information on the current projects and strategies that are priorities for organizations working in Aboriginal public health in Canada. Information has largely been gathered from organizations' websites. Organizations have been divided into four categories:

National Aboriginal Organizations

- Assembly of First Nations (AFN)
- Congress of Aboriginal Peoples (CAP)
- Inuit Tapiriit Kanatami (ITK)
- Métis National Council (MNC)
- National Association of Friendship Centres (NAFC)
- Native Women's Association of Canada (NWAC)
- Pauktuutit – Inuit Women of Canada
- First Nations Child & Family Caring Society of Canada (FNCFCS)

National Aboriginal Health Organizations

- Aboriginal Healing Foundation (AHF)
- Aboriginal Nurses Association of Canada (ANAC)
- Aboriginal Sport Circle
- Canadian Aboriginal AIDS Network (CAAN)
- National Aboriginal Diabetes Association (NADA)
- National Aboriginal Health Organization (NAHO)
- National Indian & Inuit Community Health Representatives Organization (NIICHO)
- Indigenous Physicians Association of Canada (IPAC)

Federal Government Organizations

- First Nations and Inuit Health Branch, Health Canada (FNIHB, HC)
- Indian and Northern Affairs Canada (INAC)

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples

- Network Environments for Aboriginal Health Research (NEAHR)
- Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research (IAPH, CIHR)
- Centre for Indigenous Peoples' Nutrition and Environment (CINE)
- Prairie Women's Health Centre of Excellence
- National Collaborating Centre for Aboriginal Health (NCCAHA, Public Health Agency of Canada)
- Statistics Canada

Review of Literature and Research

This portion of the environmental scan provides a review of literature and research, including peer and non-peer reviewed literature, and research projects funded through the Canadian Institutes of Health Research (CIHR), to identify current Aboriginal health research

¹ Throughout this document, the words "Aboriginal" and "Indigenous" are used to refer to First Nation, Inuit, and Métis peoples inclusively. In the literature and descriptions of various organizations, First Nations will sometimes be subdivided by Indian Act status (status/non-status) or by residence on/off reserve. However, while documents external to the NCCAHA cited here are likely to employ the terms "Aboriginal" or "Indigenous" in a similarly inclusive manner, the terminology of external researchers and organizations remains their own.

Peer-Reviewed Literature, by Main Topic Area (n=84)		
Topic	Number of Documents	Percentage of Documents
Social determinants of health	126	32.8%
Health care research, policy, human resources, programming, and delivery	124	32.3%
Maternal, child and youth health	101	26.3%
Chronic disease	76	19.8%
Infectious disease	56	14.6%
Mental health, including suicide	34	8.9%
Gender	29	7.6%
Genetics	24	6.3%
Addictions	22	5.7%
Environment and toxicology	15	3.9%
Injury and Violence	14	3.6%
Other	4	1.0%

priorities. The following topics have been identified as most prevalent in current research and literature.

Overall, the peer-reviewed literature (a total of 384 documents) is most likely to address the social determinants of health (32.8%), health care research policy, human resources, programming, and delivery (32.3%), and maternal, child, and youth health (26.3%). Both chronic and infectious disease also make a strong showing in the literature (19.8% and 14.6%, respectively), while mental health (8.9%), gender (7.6%), genetics (6.3%), environment/toxicology (3.9%), and injury/violence (3.6%) are less likely to find a place in the current peer-reviewed literature.

An examination of non-peer reviewed literature yielded a total of 84 reports, studies, and discussion papers published since 2007 by Aboriginal organizations, governments, professional organizations, and other NGOs. Overall, the non-peer reviewed literature shows both similarities and differences from the types of issues dealt with in the peer-reviewed literature. Whereas a fair proportion of the peer-reviewed literature addresses disease – chronic and infectious (19.8% and 14.6% respectively) – the non-peer reviewed literature is much less likely to be concerned with these issues specifically (3.6% and 4.8% respectively). Instead, the non-peer reviewed literature is more likely to address issues of policy (14.3%), social determinants of health (14.3%), general topics (e.g., a population's health status) (13.1%), and health care services/programs (11.9%). The accompanying table outlines the most common topics in the non-peer reviewed literature.

Finally, a review of research currently being funded by CIHR illustrates the type of research currently in the “pipeline” (approximately 40% of which is now complete, with the remaining 60% ongoing). In terms of

Non-Peer Reviewed Literature, Most Common Topics (n=84)		
Topic	Number of Documents	Percentage of Documents
Policy	12	14.3%
Social determinants of health	12	14.3%
General reports (e.g., health status)	11	13.1%
Health care services/programs	10	11.9%
Child and maternal health	8	9.5%
Mental health	6	7.1%
Research methodologies	6	7.1%
Health promotion/prevention	5	6.0%
Health careers	4	4.8%
Infectious disease	4	4.8%
Chronic disease	3	3.6%
Traditional knowledge	3	3.6%

topics addressed in the current CIHR research, health promotion/prevention and chronic disease top the list – both topics constitute approximately one-quarter of funded projects (24.8% and 24.2% respectively). Mental health and addictions (22.1%), health care access and/or services (22.1%), and infectious disease (18.1%) also figure prominently in the CIHR research. Health research infrastructure (12.8%), environment, toxicology, and food (12.8%), maternal/child health (8.7%), social determinants of health (7.4%), genetics (2.7%), and injury (accidental) and violence (4.0%) are less common topics.

Key Observations

A comparison was made between current topics of interest in Aboriginal health identified for this report and those identified for the previous review (covering 2001-2006) to determine what changes in focus have occurred over the past few years. The following trends were identified.

Peer-Reviewed Literature

Overall, the body of peer-reviewed literature examined indicates an increasing emphasis on the social determinants of health and on maternal/child/youth health, as well as a continued focus on

chronic disease and health care research, policy, human resources, programming, and delivery. The volume of research in environment and toxicology declined from the previous review, while published research on addictions and injury and violence remained relatively infrequent in the literature.

Non-Peer Reviewed Literature

The non-peer reviewed literature is much less likely than peer-reviewed literature to address chronic or infectious disease, and much more likely to be concerned with health policy, social determinants of health, general health reporting, and health care services and programs. Although this finding is indicative of the group of organizations producing non-peer reviewed literature (government, First Nation, Inuit, and/or Métis organizations, and NGOs), it is also likely to indicate a group of documents more closely concerned with more holistic approaches to health.

Canadian Institutes of Health Research

The CIHR research “pipeline” indicates an important shift in research priorities in First Nations, Inuit, and Métis public health. While there is a continuing focus on chronic disease (diabetes in particular), about one in four grants and awards address health promotion and prevention. Furthermore, in contrast to the peer-reviewed and non-peer reviewed literature, the CIHR database indicates a relatively high number of grants and awards pertaining to mental health and addictions (22.1% of CIHR projects, as opposed to 8.9% of the peer-reviewed literature²). As in the 2006 edition of *Landscapes*, research on diabetes, HIV/AIDS, and suicide/self-injury form a substantial portion of

Current CIHR Funding, by Topic (n=149)		
Topic	Number of Funded Projects	Percentage of Funded Projects
Health promotion and prevention	37	24.8%
Chronic disease (including chronic disease management)	36	24.2%
Diabetes	11	7.4%
Mental health and addictions (including tobacco, alcohol, suicide, and self-injury)	33	22.1%
Suicide/self-injury	6	4.0%
Health care access and/or services	33	22.1%
Infectious disease	27	18.1%
HIV/AIDS	13	8.7%
Health research infrastructure	19	12.8%
Environment, toxicology, and food (including diet, nutrition, and food security)	19	12.8%
Maternal/child health	13	8.7%
Social determinants of health	11	7.4%
Injury (accidental) and family violence	6	4.0%
Other	6	4.0%
Genetics	4	2.7%

² Caution should be taken in interpreting this finding, as some CIHR projects pertaining to mental health may find publication in venues outside the boundaries of the peer-reviewed literature search – in, for example, generalist sociology or social work publications.

the research on chronic disease, infectious disease, and mental health, respectively.

Review of Research and the Priorities of National Organizations: Positive Changes and Remaining Gaps

The review of literature and research provides some evidence that a shift is occurring in the research on First Nations, Inuit, and Métis public health. Social determinants of health, maternal/child/youth health, health promotion/prevention, chronic and infectious disease, and the health care continuum all make strong appearances in the literature and research – and considerations of each are priorities for many of the national organizations (particularly for national First Nation, Inuit, and Métis organizations). Furthermore, CIHR database findings indicate that mental health and addictions – both key issues identified by a number of national organizations – are beginning to receive increased attention.

At the same time, the CIHR database indicates a very low incidence of research pertaining to accidental injury or violence. These issues remain on the agendas of national organizations working in First Nations, Inuit, and Métis public health, but receive relatively little coverage in the extant literature and the research “pipeline” of CIHR.

More Research on First Nations, Inuit, and Métis Health is Being Published

In the 2006 edition of the Landscapes environmental scan, a total of 649 peer-reviewed documents were located pertaining to First Nations, Inuit, and/or Métis health in the years 2001 through mid-2006, an average of roughly 118 documents per year. However, the current review found a total of 384 documents for the years 2007 and 2008 – an average of 192 per year. More research on First Nations, Inuit, and Métis health is being disseminated.

Acronyms	
ACADRE	Aboriginal Capacity and Development Research Environment
ADI	Aboriginal Diabetes Initiative
AFN	Assembly of First Nations
AHF	Aboriginal Healing Foundation
AHRNets	Aboriginal Health Research Networks
AHTF	Aboriginal Health Transition Fund
ANAC	Aboriginal Nurses Association of Canada
ASC	Aboriginal Sport Circle
CAAN	Canadian Aboriginal AIDS Network
CAP	Congress of Aboriginal Peoples
CIHR	Canadian Institute of Health Research
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
FNCFCSC	First Nations Child and Family Caring Society of Canada
FNIHB	First Nations and Inuit Health Branch
HC	Health Canada
HHR	Health Human Resources
IAPH	Institute of Aboriginal Peoples' Health
INAC	Indian and Northern Affairs Canada
IPAC	Indigenous Physicians Association of Canada
ITK	Inuit Tapiriit Kanatami
ITRS	Inuit Tobacco Reduction Strategy
KSTE	Knowledge Synthesis, Translation, and Exchange
MNC	Métis National Council
NADA	National Aboriginal Diabetes Association
NAFC	National Association of Friendship Centres
NAHO	National Aboriginal Health Organization
NAMHR	National Network for Aboriginal Mental Health Research
NCCAH	National Collaborating Centre for Aboriginal Health
NEAHR	Network Environments for Aboriginal Health Research
NGO	Non-Governmental Organization
NICoH	National Inuit Committee on Health
NIICHRO	National Indian & Inuit Community Health Representatives Organization
NWAC	Native Women's Association of Canada
PHAC	Public Health Agency of Canada
SIDS	Sudden Infant Death Syndrome





INTRODUCTION AND PURPOSE



Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan is the follow-up to *Landscapes of Indigenous Health*, a document produced by the National Collaborating Centre for Aboriginal Health (NCCAH) in 2006. The document assessed 649 peer-reviewed documents and 242 reports, studies and discussion papers published since 2001 by Aboriginal organizations, federal and provincial governments, health regions, professional organizations, and other non-governmental organizations (NGOs). The scan also assessed 243 projects undertaken by the Canadian Institutes of Health Research (CIHR) that were devoted to the study of Aboriginal health.

This updated environmental scan builds on the previous document, as well as the ongoing work of the NCCAH. The new edition identifies new information on national organizations working in First Nations, Inuit, and/or Métis public health, and reviews literature and research produced and/or funded in 2007-2008. In its focus on charting the landscape of this health research in Canada, the environmental scan is an important piece in the NCCAH's mandate to support "Aboriginal communities across Canada in realizing their public health goals" and to facilitate "the inclusion of Aboriginal

peoples, research, and Indigenous knowledge in a renewed public health system that is respectful of, and responsive to, First Nations, Inuit, and Métis peoples."³ In support of this mandate, the NCCAH has the following goals:

- Support the use of reliable, quality evidence in the efforts of service delivery agencies, policy-makers, communities and research centres to achieve meaningful impact on the public health system on behalf of First Nations, Inuit, and Métis peoples in Canada.
- Increase knowledge and understanding of Aboriginal public health by developing culturally relevant materials and projects.
- Establish and strengthen partnerships to facilitate greater participation in public health initiatives that affect First Nations, Inuit, and Métis peoples.

Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan is an important resource for these goals. This document aims to provide an overview of the current state of public health evidence, the landscape of research (including culturally relevant research), and opportunities for establishing new (and strengthening existing) partnerships with national organizations that focus on First Nations, Inuit and Métis public health.

³ National Collaborating Centre for Aboriginal Health, "Who We Are," <http://www.nccah-ccnsa.ca/>.





METHODOLOGY



2.0 Methodology

Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan brings together a scan of national organizations working in First Nations, Inuit, and Métis public health in Canada with a review of literature and research. This methodology section summarizes the methods used in gathering each type of information and details how results were synthesized for the production of this document.

2.1 National Organizations Working in First Nations, Inuit, and/or Métis Public Health in Canada

A scan was undertaken of national organizations which perform work relating to First Nations, Inuit, and/or Métis public health in Canada. The goal of this portion of the environmental scan is to provide information on the current projects and strategies that are priorities for organizations working in Aboriginal

public health in Canada. Information has largely been gathered from organizations' websites. Organizations have been divided into four categories:

- National Aboriginal Organizations
- National Aboriginal Health Organizations
- Federal Government Organizations, and
- Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples.

Appendix B contains a matrix of detailed information on each organization. Its purpose is to establish a concise document that provides information on the vision, mandates, and objectives of these organizations.

2.2 Review of Literature and Research

This portion of the environmental scan provides a review of literature and research, including peer and non-peer reviewed literature, and research projects funded through the Canadian Institutes

of Health Research (CIHR), to identify current Aboriginal health research priorities. It is important to note, however, that this review is not comprehensive and is limited by the databases searched and the search terms utilized. A list of the peer and non-peer reviewed literature utilized for this scan is found in Appendix A.

2.2.1 Peer-reviewed Literature on First Nations, Inuit, and Métis Health in Canada

A review was made of peer-reviewed literature on Aboriginal⁴ health in Canada. The following databases were searched, and results were collated into one master document.

- Ovid MEDLINE, 1966 to present and Ovid MEDLINE In-Process & Other Non-Indexed Citations
- PubMed
- Native Health Database
- PsycINFO

All databases are indexed in English (but some include translations from French). Each database was searched for literature that was published during the period January 1, 2007 to December 31, 2008 using the following combined search terms: Aboriginal or Indigenous or Native or Indian or Inuit or Métis or First Nation or First Nations or Innu or Eskimo or Dene⁵ or Canada. While we recognize that there are differences in services being provided for status and non-status Indians or between on reserve and off-reserve Indians, and that Aboriginal peoples in Canada are increasingly living in urban locations, no specific search was undertaken using the terms ‘status/non-status’ or ‘urban Aboriginal/off-reserve/on-reserve.’ Duplicates and entries not relating to Canadian Aboriginal peoples

or to health were removed. Opinion-based articles were removed (e.g. letters and editorials). Aside from these limited exclusion criteria, no other specific exclusion criteria were applied to this search. Almost all articles examined in this section were published in peer-reviewed scholarly journals.

The resulting 384 references were coded by population, by main subject area, and by more specific descriptors or topics. Non-mutually-exclusive codes in each of these three categories were assigned to each entry. Population information was gathered from titles and abstracts, and is as precise as possible. Where a particular nation, reserve, settlement, city, etc. is mentioned, this information was recorded. However, because authors and journals have inconsistent requirements in this area, results have only been provided for four categories: First Nations, Inuit, Métis, and Aboriginal. Unfortunately, the term “Aboriginal” is used inconsistently in the body of literature (it is often not possible to tell whether the term is being used inclusively or refers to an unspecified First Nations, Inuit, and/or Métis community or population). Therefore, these demographic results should be read with caution.

This review sought to cast an inclusive net: up to four main subject areas and six topic descriptors were assigned to each document. Although the overwhelming majority of documents were assigned only one or two main areas and the same number of descriptors, the ability to assign such a large number of multiple codes provides a more accurate view into the ways in which current research in

Aboriginal health in Canada often lies at the intersection of main areas (e.g. such a strategy allows for an examination of the intersections between addictions and infectious disease, maternal/child/youth health and environmental health, etc.). Main subject areas assigned included the following:

- Addictions (including substance use and treatment)
- Chronic disease (including non-communicable)
- Environment and toxicology (including air pollution, climate, healthy environments for children, occupational health, radiation, water and waste)
- Gender
- Genetics
- Health care research, policy, programming, and delivery
- Infectious disease (including, foodborne, waterborne and zoonotic infections; hepatitis; HIV/AIDS; human papilloma virus; tuberculosis; influenza; sexually transmitted infections)
- Injury and violence
- Maternal, child, and youth health
- Mental health, including suicide
- Social determinants of health

In addition to these main subject areas, each entry was assigned a number of descriptors, and these were employed to group together documents within the same main subject area. For example, a document might be assigned the main subject areas of “Health care research, policy, human resources, programming, and delivery” and “Chronic disease,” with the following descriptors: “Diabetes,” “Health promotion/prevention,” and “health policy.”

⁴ Where the term “Aboriginal” is used in the written body of this document, it denotes all three of First Nation, Inuit, and Métis peoples inclusively. In the literature and in descriptions of various organizations, First Nations will sometimes be subdivided by Indian Act status (status/non-status) or by residence on/off reserve. However, use of the term “Aboriginal” in the identified populations of the research literature is not reliably inclusive, and may denote either an inclusive usage or a specific population that has not been identified by the researcher(s). Limitations to available data, along with inconsistent application of population terminology remain a challenge in accurately assessing populations addressed by the current research and literature.

⁵ Additional terms that resulted in this search were added as they appeared in the literature, including: Oji-cree, Cree, Mohawk, Dogrib, Tsimshain, Carriers, Carrier, Sekanai, and Sekani.

2.2.2 Non-Peer Reviewed Literature on Aboriginal Health in Canada

A review of non-peer reviewed documents pertaining to Aboriginal health in Canada has been gathered for this portion of the review. The documents are of varying genres: from general reports on health status to considerations of policy and continuing care (non-peer reviewed literature may be completed by government, academics, business, industry, or non-government organizations, but has not been commercially published). The National Aboriginal Health Organization's online database, NEARBC, and the NCCAH were the sources and links used for these documents. The following combined search terms were used: Aboriginal or Indigenous or Native or Indian or Inuit or Métis or First Nation or First Nations or Innu or Eskimo or Dene⁶ or Canada. Again, no specific search was undertaken using the terms 'status/non-status' or 'urban Aboriginal/off-reserve/on-reserve.'

Given time constraints in completing this scan, organizations/agencies were not contacted directly to identify any documents/literature produced by them. As a result, there are likely gaps in the literature. For example, organizations such as the Congress of Aboriginal Peoples, the National Association of Friendship Centres, the National Aboriginal Housing Association, among others, may have published literature that addresses the health of urban Aboriginal peoples from a broad social determinants of health perspective, yet this literature would likely not be captured through our search strategy. Changes in methodology to incorporate direct contact with agencies/organizations will be considered in any future updates to this environmental scan.

A total of 84 documents published between January 2007 and December

2008 were reviewed. Documents were coded for the population each addresses, and by the following main subject areas, using non-mutually exclusive codes:

- Child and maternal health
- Chronic disease
- Social determinants of health
- Environment and toxicology (including food)
- General report
- Health care services/programs
- Health careers
- Health promotion/prevention
- Research methodologies
- Infectious disease
- Injury and violence
- Mental health and addictions
- Physical activity
- Policy
- Traditional knowledge/medicine

In general, the non-peer reviewed literature is much more attentive to accurately depicting the target population of each document. Where the term "Aboriginal" is used, it is generally meant inclusively.

2.2.3 Canadian Institutes of Health Research Funding

A search was made of the Funding Database of the Canadian Institutes of Health Research to determine research funded in 2007 and 2008. The scan provides information on the total number of approved and funded research projects engaged with some aspect of First Nations, Inuit, and/or Métis health, as well as the amount of monies devoted to such projects. The search focused specifically on work produced under the auspices of the Institute of Aboriginal Peoples' Health.

A total of 151 projects were obtained. These results reflect information available on the database since last modified February 12, 2009.⁷ The scope of information available for each

database entry varied. For each entry, the investigator(s), institution (i.e. location of research), funding program, project title, and grant/award amount were provided. In many, but not all, cases, descriptive keywords were available, along with an abstract, which provided more specific details about the scope and content of the project. Populations addressed by the research and research area were assessed using descriptive keywords and abstracts, where possible. Each funded project was assigned non-mutually exclusive codes to define the research area and specific topic. The resulting information is represented in a series of tables. The following main subject areas were assigned:

- Health promotion and prevention
- Chronic disease (including chronic disease management)
- Mental health and addictions (including tobacco, alcohol, suicide, and self-injury)
- Health care access and/or services
- Infectious disease
- Health research infrastructure
- Environment, toxicology, and food (including diet, nutrition, and food security)
- Maternal/child health
- Social determinants of health
- Genetics
- Injury (accidental) and violence

There are significant limitations to the representation of CIHR-funded research by its target population. Many projects indicate "Aboriginal" peoples as the target population. The population designations should, therefore, be understood as "descriptors" rather than as "identifiers": it is unclear from the information currently available how many projects are specific to particular First Nation, Inuit, or Métis communities or populations, or whether a more broadly defined "Aboriginal" population was the subject of research.

⁶ Additional terms that resulted in this search were added as they appeared in the literature, including: Oji-cree, Cree, Mohawk, Dogrib, Tsimshain, Carriers, Carrier, Sekanai, and Sekani.

⁷ webapps.cihr-irsc.gc.ca/funding/run_search (Accessed the week of March 4, 2009)





SUMMARY OF FINDINGS



3.0 Summary of Findings

The following section details the key findings of *Landscapes of First Nations, Inuit, and Métis Health: An Updated Environmental Scan*. The details of a scan of national organizations working in Aboriginal, First Nations, Inuit, and Métis public health are discussed first. A review of current literature and research closes this section – peer-and non-peer reviewed literature, and the funding patterns of the Canadian Institutes of Health Research are the constitutive parts of this review. Overall, this section provides a view into further opportunities for collaboration, clarity on the current landscape of research on First Nations, Inuit, and Métis public health in Canada, and insight into the gaps in research.

3.1 National Organizations Working in First Nations, Inuit, and Métis Public Health in Canada

A scan was completed of national level organizations that have involvement in First Nation, Inuit, and/or Métis public health in Canada. This includes national First Nation, Inuit, and/or Métis organizations, as well as governmental, health and research organizations in the field. For more detailed information on each organization, see Appendix A.

Currently there are 22 national organizations that fall into one of four categories:

- National Aboriginal Organizations
- National Aboriginal Health Organizations
- Federal Government Organizations
- Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples

New inclusions in this updated document include the Aboriginal Sport Circle, First Nations Child and Family Caring Society of Canada, the Indigenous Physicians Association of Canada, Centre for Indigenous Peoples' Nutrition and Environment, Prairie Women's Health Centre of Excellence, and Statistics Canada.

3.1.1 National Aboriginal Organizations

National Aboriginal Organizations are those organizations directed by and for Aboriginal peoples whose scope transcends provincial/territorial boundaries. Seven First Nations, Inuit, and/or Métis organizations have been identified:

- Assembly of First Nations (AFN)
- Congress of Aboriginal Peoples (CAP)
- Inuit Tapiriit Kanatami (ITK)
- Métis National Council (MNC)
- National Association of Friendship Centres (NAFC)
- Native Women's Association of Canada (NWAC)
- Pauktuutit – Inuit Women of Canada
- First Nations Child and Family Caring Society of Canada (FNCFCSC)

Nearly all of these national organizations have a broad mandate, and undertake advocacy, representation, or lobbying work. Health remains a strong priority for all organizations, and the health-related agendas of each organization are outlined below.

Assembly of First Nations

The Assembly of First Nations (AFN) is a national representative body for First Nations in Canada and a member organization of the National Aboriginal Health Organization (NAHO), discussed

below. Within the AFN, health issues are largely the responsibility of the Health and Social Secretariat, which has a mandate to be “responsible to protect, maintain, promote, support, and advocate for our inherent, treaty and constitutional rights, (w)holistic health, and the well-being of our nations.”⁸ The Health and Social Secretariat aims to achieve its mandate through policy analysis and communications, but positions its most important work in the area of “lobbying on behalf of, representing, supporting and defending First Nations’ communities and individuals to ensure properly funded services and programs are delivered at the same level enjoyed by all Canadians.”⁹

Guided by an overall goal of “First Nations’ control of the development and delivery of all health and social services, and programs,” the AFN’s Health and Social Secretariat hosts both Health Technicians and Health Directors portals on their website, produces a variety of health-related communiqués and other materials (e.g., letters to Ministers, presentations to government committees), and identifies a number of key health policy areas:

- Diabetes
- Early Childhood Development
- HIV/AIDS
- First Nations’ Research and Information Governance
- Health Renewal
- Home and Community Care
- Injury Prevention
- Non-insured Health Benefits (NIHB)
- Public Health
- Suicide Prevention and Mental Health
- Tobacco Control
- AFN Health and Social Communications¹⁰

The AFN also publishes the Assembly of First Nations Health Bulletin (published twice-yearly and available in .pdf format on the AFN website), the most recent issue of which contains articles covering such issues as the question of government fairness in the treatment of First Nations children in state care (i.e., the Canadian Human Rights Tribunal hearing on First Nations Child and Family Services), injury prevention, and youth leadership perspectives on gender, health, violence, and state care.¹¹

Congress of Aboriginal Peoples

The Congress of Aboriginal Peoples (CAP) represents “the rights and interests of Status and non-Status Indians living off-reserve and Métis people in Canada.”¹² Health is one of CAP’s long-term concerns, and they have undertaken extensive work on the issue. CAP’s health mandate is to undertake “advoca[cy] for policy and program change that would better reflect the unique situations and corresponding health needs of all Aboriginal peoples in Canada regardless of status or residency,”¹³ and the organization undertakes work in the following health program policy areas:

- Mental Health Commission
- National Aboriginal Youth Suicide Prevention Strategy (2005-2010)
- Aboriginal Health Transfer Fund (AHTF) (2005-2010)
- Aboriginal Health Human Resource Initiative (AHHRI)
- Early Learning and Childcare Cancer Project
- Social Determinants of Health Aboriginal Diabetes Initiative
- Health careers
- Health policy
- HIV/AIDS
- Injury and disease prevention

⁸Assembly of First Nations, “Health and Social Secretariat,” www.afn.ca/article.asp?id=103

⁹Assembly of First Nations, “Health and Social Secretariat”

¹⁰Assembly of First Nations, “Health Policy Areas,” www.afn.ca/article.asp?id=1647

¹¹Assembly of First Nations Health Bulletin (Winter/Spring 2009), www.afn.ca/cmslib/general/HB-09.pdf

¹² Congress of Aboriginal Peoples, “About Us,” www.abo-peoples.org/CAP/About/Overview.html

¹³ Congress of Aboriginal Peoples, “CAP Health Policy Program,” www.abo-peoples.org/CAP/Programs/Health.html

- Knowledge translation
- Legal series
- Nutrition
- Research
- Traditional knowledge
- Women's health
- Aging

With a specific vision for advancing off-reserve and Métis health perspectives, CAP values positive working relationships, partnerships, and collaboration in health and healing and “maintains a grass roots approach to health issues.”¹⁴

Inuit Tapiriit Kanatami

Inuit Tapiriit Kanatami (ITK) represents Inuit peoples from four regions in Canada: the Inuvialuit area of the Northwest Territories, Nunavut, Nunavik, and Nunatsiavut. ITK “represents and promotes the interests of Inuit,” and undertakes this work through four regional organizations, the National Inuit Youth Council, and the Inuit Circumpolar Conference.¹⁵

The National Inuit Committee on Health (NICoH) identifies priorities, provides guidance to both the ITK Board of Directors and the organization's Health Department, and undertakes responsibility in ensuring national representation in processes relating to policy or initiatives. ITK's Health and Environment Department sets the following areas as priorities or undertakes work in the following ways:

- Tuberculosis
- Food Security
- ITK Health Canada Task Group
- National Treatment Strategy

- Cancer
- Non-Insured Health Benefits – Dental Care
- Aboriginal Health Transition Fund (AHTF)
- ArcticNet
- Children & Youth
- Inuit Tobacco Reduction Strategy (ITRS)
- Aboriginal Diabetes Initiative (ADI)
- Health Human Resources (HHR)
- Mental Wellness
- Climate Change
- Contaminants
- Research
- Research and Data Initiatives
- Species at Risk Act (SARA)
- Wildlife Issues
- Home and Community Care
- Canadian Environmental Assessment Act (CEAA) Report
- International Polar Year
- Suicide Prevention.¹⁶

Recent health-related publications that the ITK provides access to on its website cover topics such as addiction and trauma healing, cancer, and diabetes.¹⁷

Métis National Council

Health is a key focus of the Métis National Council's (MNC) work as the Métis-specific national representative body. The MNC has particular priorities in the area of population health and early childhood development, and the organization's website provides an extensive set of links to resources and services pertaining to health.¹⁸ The MNC also hosts the Métis Nation Health/Well-Being Research Portal, which brings together information on the following topics:

- The health and well-being status of the Métis population
- The broader health determinants that influence health and well-being of the Métis people
- Métis Nation demographics which will play a role in determining the type and amount of resources required to address the health and well-being needs of the Métis Nation
- Programs that address those needs.¹⁹

The portal provides information on MNC health-related research activities, including those relating to diabetes, health human resources, Métis Nation capacity, indicators, suicide, and early childhood development.²⁰

National Association of Friendship Centres

The National Association of Friendship Centres (NAFC) represents 114 Friendship Centres and 7 Provincial Territorial Associations in Canada. Friendship Centre services are primarily aimed at Aboriginal people living in urban environments (although centres are open to all). Friendship Centres offer a wide variety of programming, from child care to youth drop-in centres to skills development and nutrition programs.²¹ The NAFC's Friendship Centre Program (administered by the organization and the regions), provides a large number of health-related services – in 2007-2008, nearly 250,000 health-related client contacts were made at Friendship Centres across Canada.²² In addition, the organization publishes policy and other documents on topics such as urban homelessness, matrimonial real property, family literacy, Aboriginal language

¹⁴ Congress of Aboriginal Peoples, “CAP Health Policy Program”

¹⁵ Inuit Tapiriit Kanatami, “About ITK,” www.itk.ca/about-itk

¹⁶ Inuit Tapiriit Kanatami, 2008 – 2009 Annual Report, www.itk.ca/system/files/2008-2009-ITK-Annual-Report_1.pdf

¹⁷ Inuit Tapiriit Kanatami, “Publications,” www.itk.ca/publications

¹⁸ Métis National Council, “Health,” www.metisnation.ca/cabinet/health.html

¹⁹ Métis Nation Health/Well-Being Research Portal, “Welcome from President Chartier,” healthportal.metisnation.ca/home.html

²⁰ Métis Nation Health/Well-Being Research Portal, “MNC Health Research Activities,” healthportal.metisnation.ca/research_activities.html

²¹ National Association of Friendship Centres, “Programs,” www.nafc-aboriginal.com/programs.htm

²² National Association of Friendship Centres, “Programs: Aboriginal Friendship Centre Program,” www.nafc-aboriginal.com/afcp.htm

programming, as well as Hepatitis C and tobacco reduction.²³

Native Women's Association of Canada

The Health Unit of the Native Women's Association of Canada (NWAC) focuses on adopting a (w)holistic approach to health, one which concentrates on "the mental, emotional, spiritual and physical aspects of health."²⁴ NWAC's Health Unit has, since its inception in 2005, worked nationally on a number of advisory/steering committees, working groups, and at national conferences and summits pertaining to First Nations, Inuit, and Métis health. The Health Unit aims to ensure that Aboriginal women's specific needs are addressed, including in the following areas:

- Maternal/child health
- Diabetes
- Early childhood development (including the sexual exploitation of children)
- Violence against women
- Human resources
- Cancer
- Health of seniors.²⁵

The Health Unit publishes a quarterly newsletter covering a variety of health topics and upcoming health-related events of interest to the female readership the newsletter targets itself toward.²⁶

Pauktuutit Inuit Women of Canada

Pauktuutit is the representative organization for Inuit women in Canada. Health

and health-related issues are among the organization's main focus areas. Most recently, the organization has been completing projects on the following topics:

- Residential schools
- Abuse
- Economic development
- Early childhood development
- Sexual health, HIV/AIDS.

Pauktuutit has also undertaken projects in the following health-related areas:

- Fetal alcohol syndrome disorder
- Home and community caregivers
- Teen pregnancy
- Tobacco reduction.²⁷

The organization provides access to a wide variety of documents relating to Inuit health (with a particular focus on women's health). These documents cover topics ranging from family violence and abuse to midwifery, aging, and mental well-being.²⁸

First Nations Child and Family Caring Society of Canada

The core mandate of the First Nations Child and Family Caring Society of Canada (FNCFCSC) is to provide research, policy and professional development services to First Nations child and family service agencies in Canada.²⁹ Within this mandate is a broader responsibility to promote the rights, safety and wellbeing of Aboriginal children and families. The organization has a number of ongoing projects within its mandate, including the following:

- First Nations Research Site (in partnership with the Centre of Excellence for Child Welfare)
- First Peoples Child and Family Review online journal
- Caring Across the Boundaries: Touchstones of Hope
- Follow-up work on The Joint National Policy Review on First Nations Child and Family Services (e.g., work on Jordan's Principle)
- Sub Group on Indigenous Child Rights
- Ethical Youth Engagement.³⁰

Alongside its online journal entitled First Nations Child and Family Review, the organization has a number of publications including fact sheets (Canadian Human Rights Complaint, Jordan's Principle, Profile on First Nations Child Welfare in Canada, Aboriginal Child Population Statistics, and others); research reports (on child welfare, FASD training, Aboriginal child welfare, and others); organization newsletters; and recommended readings.³¹ FNCFCSC also provides a current list of First Nations Aboriginal Child and Family Service Agencies in Canada,³² links to a range of documents produced by governmental and non-governmental organizations,³³ and hosts a database of sources based on literature reviews addressing Aboriginal child welfare in Canada and collaboration between the voluntary sector and First Nations Child and Family Service Agencies in Canada.³⁴

²³ National Association of Friendship Centres, "Policy, Research Papers & Resources," nafc-aboriginal.com/policy.htm

²⁴ Native Women's Association of Canada, "Health Unit – Background," nwac-hq.org/en/healthback.html

²⁵ Native Women's Association of Canada, "Health Unit – Background"

²⁶ Native Women's Association of Canada, "Health Newsletters," www.nwac-hq.org/en/healthnewsflash.html

²⁷ Pauktuutit Inuit Women of Canada, "Our Projects," http://www.pauktuutit.ca/programs_e.html

²⁸ Pauktuutit Inuit Women of Canada, "Publications," http://www.pauktuutit.ca/publications_e.html

²⁹ First Nations Child and Family Caring Society of Canada, "Mandate," <http://www.fncfcs.com/about/mandate.html>

³⁰ First Nations Child and Family Caring Society of Canada, "Projects," <http://www.fncfcs.com/projects/FNRS.html>

³¹ First Nations Child and Family Caring Society of Canada, "Publications," <http://www.fncfcs.com/pubs/onlineJournal.html>

³² First Nations Child and Family Caring Society of Canada, "List of First Nations and Aboriginal Child and Family Services Agencies in Canada," www.fncfcs.com/resources/agencyList.php

³³ First Nations Child and Family Caring Society of Canada, "Child Welfare Resources," www.fncfcs.com/resources/childWelfareResources.html

³⁴ First Nations Child and Family Caring Society of Canada, "FNCFCSC Database," www.fncfcs.com/pubs/databases.html

3.1.2 National Aboriginal Health Organizations

The following section provides a profile of the work of nine national organizations which focus specifically on matters pertaining to health for First Nations, Inuit, and/or Métis peoples:

- Aboriginal Healing Foundation (AHF)
- Aboriginal Nurses Association of Canada (ANAC)
- Aboriginal Sport Circle
- Canadian Aboriginal AIDS Network (CAAN)
- National Aboriginal Diabetes Association (NADA)
- National Aboriginal Health Organization (NAHO)
- National Indian & Inuit Community Health Representatives Organization (NIICHO)
- Indigenous Physicians Association of Canada (IPAC).

Aboriginal Healing Foundation

The Aboriginal Healing Foundation's (AHF) mission is "to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of Physical Abuse and Sexual Abuse in the Residential School system, including intergenerational impacts."³⁵ AHF emphasizes its role in facilitating healing, providing resources for pertinent initiatives, promoting awareness, fostering a supportive public environment, and engaging Canadians in reconciliation.³⁶ AHF funds healing projects and organizations across the

country,³⁷ and provides access to a wide variety of AHF research documents, covering topics from elder abuse and mental health to addictions and suicide.³⁸

Aboriginal Nurses Association of Canada

The Aboriginal Nurses Association (ANAC) recognizes that Aboriginal nurses are an important resource, both for providing culturally appropriate services and for contributing crucial knowledge to health policy and services. In order to fulfill its mission of improving the health of Aboriginal peoples, ANAC "support[s] Aboriginal nurses and ... promot[es] the development and practice of Aboriginal Health Nursing."³⁹

Education, research, recruitment and retention, support for members, and consultation are all emphases of the ANAC.⁴⁰ The organization has made available fact sheets on Aboriginal Nursing,⁴¹ as well as longer publications on a range of topics pertinent to those working in nursing; documents on human resources issues, Aboriginal Health Nursing curriculum, primary care, tobacco cessation, Hepatitis C, HIV/AIDS, injury prevention, and family violence are all available for order on the association's website.⁴² The organization also hosts an annual conference and runs an Aboriginal Nursing Student Mentorship forum. ANAC has also developed the "Cultural Competency and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing; in partnership with the Canadian Association for Schools of Nursing

(CASN) and the Canadian Nurses Association.⁴³

Aboriginal Sport Circle

The Aboriginal Sport Circle (ASC) is a national organization formed to respond to "the need for more accessible and equitable sport and recreation opportunities for Aboriginal peoples."⁴⁴ The organization participates in four key areas relating to sport:

- Athlete development
- Coaching development
- Community development
- Recognition of excellence.

ASC's mission involves a great deal of work specific to the workings of sport, and includes a commitment to "[p]romote a philosophy of Aboriginal culture and community development that encourages healthy lifestyles through sport, recreation, and fitness."⁴⁵

Canadian Aboriginal AIDS Network

The Canadian Aboriginal AIDS Network (CAAN) "provides leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside."⁴⁶ The organization's current projects include the following:

- Aboriginal HIV/AIDS Anti-Discrimination (AHAAD)
- Aboriginal Strategy on HIV/AIDS
- Diagnosis and Care of HIV Infection in Canadian Aboriginal Youth
- HIV/AIDS Prevention Messages for Canadian Aboriginal Youth

³⁵ Aboriginal Healing Foundation, "Mission, Vision, Values," www.ahf.ca/about-us/mission

³⁶ Aboriginal Healing Foundation, "Mission, Vision, Values"

³⁷ Aboriginal Healing Foundation, "Funded Projects," www.ahf.ca/funded-projects

³⁸ Aboriginal Healing Foundation, "Research Series," www.ahf.ca/publications/research-series

³⁹ Aboriginal Nurses Association of Canada, "Mission Statement," www.anac.on.ca/Mission%20Statement.html

⁴⁰ Aboriginal Nurses Association of Canada, "Objectives," www.anac.on.ca/Objectives.php

⁴¹ Aboriginal Nurses Association of Canada, "Fact Sheets," www.anac.on.ca/FactSheets.htm

⁴² Aboriginal Nurses Association of Canada, "A.N.A.C. Publications," www.anac.on.ca/publications.html

⁴³ Aboriginal Nurses Association of Canada, "Framework," anac.on.ca/competency.php

⁴⁴ Aboriginal Sport Circle, "About the Aboriginal Sport Circle," aboriginalsportcircle.ca/en

⁴⁵ Aboriginal Sport Circle, "The ASC's Mission," aboriginalsportcircle.ca/en/the_ascs_mission

⁴⁶ Canadian Aboriginal AIDS Network, "About Us," www.caan.ca/english/about.htm

- “Joining the Circle” Aboriginal Harm Reduction
- Strengthening Aboriginal Community Based HIV Research Capacity
- WebLibrary⁴⁷

CAAN publishes the Canadian Journal of Aboriginal Community-Based HIV/AIDS Research (available on the organization’s website), and other recent publications include the following:

- “Relational Care” – A Guide to Health Care and Support for Aboriginal People Living with HIV/AIDS
- The Influence of Stigma on Access to Health Services by Persons with HIV Illness
- The Diagnosis and Care of HIV Infection of Canadian Aboriginal Youth
- Care, Treatment, and Support Issues
- Walk With Me Harm Reduction.⁴⁸

CAAN publishes a newsletter between two and three times per year, as well as a number of fact sheets on HIV/AIDS (e.g., Residential Schools and HIV/AIDS: Direct and Intergenerational Impacts)⁴⁹ and research methods (e.g., The Essentials of Knowledge Translation).⁵⁰

National Aboriginal Diabetes Association

The mission of the National Aboriginal Diabetes Association (NADA) is to “be the driving force in addressing diabetes and Aboriginal people as a priority health issue by working together with people, Aboriginal communities and

organizations in a culturally respectful manner in promoting healthy lifestyles among Aboriginal people today and for future generations.”⁵¹ The Association has five stated goals, which highlight the organization’s overall commitment to collaborative work (NADA, 2005):

- To support individuals, families and communities to access resources for diabetes prevention, education, research and surveillance
- To establish and nurture working relationships with those committed to persons affected by diabetes
- To inspire communities to develop and enhance their ability to reduce the incidence and prevalence of diabetes
- To manage and operate NADA in effective and efficient ways
- To be the driving force in ensuring diabetes and Aboriginal people remain at the forefront of Canada’s health agenda.⁵²

NADA produces a newsletter two or three times per year⁵³ and a variety of diabetes wellness and prevention resource documents, including the following (all available on the organization’s website):

- Resource Directory
- How-To (guides to setting up community-based activities, such as walking clubs, community kitchens, and support groups)
- Pathway to Wellness Handbook
- What Does Diabetes Mean to Me Booklet
- The Eagle Book Series (diabetes prevention texts for children, published

in partnership with the Native Diabetes Wellness Program in the United States)

- Healthy Living Activities for Grades 4 to 6⁵⁴

National Aboriginal Health Organization

The National Aboriginal Health Organization (NAHO) is “an Aboriginal-designed and -controlled body committed to influencing and advancing the health and well-being of Aboriginal Peoples by carrying out knowledge-based strategies.”⁵⁵ NAHO’s work falls under five main objectives:

- To improve and promote Aboriginal health through knowledge-based activities
- To promote an understanding of the health issues affecting Aboriginal peoples
- To facilitate and promote research on Aboriginal health and develop research partnerships
- To foster the participation of Aboriginal peoples in delivery of health care
- To affirm and protect Aboriginal traditional healing practices

NAHO has three centres – the First Nations Centre, the Inuit Tuttarvingat, and the Métis Centre – each of which focuses on the distinct needs of their respective populations and on the promotion of health care approaches that are culturally relevant.⁵⁶ NAHO hosts an annual conference,⁵⁷ and publishes the Journal of Aboriginal Health⁵⁸ and a regular E-Bulletin covering the organization’s activities.⁵⁹ NAHO publishes a wide range of health-related documents, covering the following topics:

⁴⁷ Canadian Aboriginal AIDS Network, “Projects/Research,” www.caan.ca/english/projects

⁴⁸ Canadian Aboriginal AIDS Network, “Publications,” www.caan.ca/english/publications

⁴⁹ Canadian Aboriginal AIDS Network, “Newsletters,” www.caan.ca/english/newsletters

⁵⁰ Canadian Aboriginal AIDS Network, “Fact Sheets,” www.caan.ca/english/factsheets

⁵¹ National Aboriginal Diabetes Association, “About NADA,” www.nada.ca/about/about-nada

⁵² National Aboriginal Diabetes Association, “About NADA”

⁵³ National Aboriginal Diabetes Association, “Library,” www.nada.ca/resources/library

⁵⁴ National Aboriginal Diabetes Association, “NADA Resources,” www.nada.ca/resources/resources

⁵⁵ National Aboriginal Health Organization, “About NAHO,” www.naho.ca/english/about.php

⁵⁶ National Aboriginal Health Organization, “About NAHO,” www.naho.ca/english/about.php

⁵⁷ National Aboriginal Health Organization, “Our People Our Health: National Aboriginal Health Organization National Conference,” www.naho.ca/conference/english/index.php

⁵⁸ National Aboriginal Health Organization, “Journal of Aboriginal Health,” www.naho.ca/jah/english/index.php

- Aging
- Conference reports
- Cultural competency
- Determinants of health
- Environmental health
- FASD
- Health careers
- Health policy
- HIV/AIDS
- Injury and disease prevention
- Knowledge translation
- Legal series
- Obesity
- Mental health and addictions
- Midwifery
- Nutrition
- Research
- Suicide Prevention
- Traditional knowledge
- Women's health.⁶⁰

National Indian and Inuit Community Health Representative Organization

Aboriginal Community Health Representatives in Canada are represented nationally by the National Indian/Inuit Community Health Representatives Organization (NIICHO). Projects currently being undertaken by NIICHO address tobacco control, Aboriginal health human resources, and physical activity.⁶¹ The organization has research and resource reports available on numerous topics, including:

- Domains and competencies for Community Health Representatives
- Core competencies for wellness and primary health care providers
- Comparative review of community health representative scope of practice
- Aboriginal injury prevention research

- Resource guide for physical activity and nutrition initiatives in Aboriginal communities.⁶²

NIICHO has also produced resource kits (available for order) on a wide range of health-related issues, including:

- Elders
- FASD
- Health careers
- HIV/AIDS
- Prescription drugs
- Physical activity
- SIDS
- Tobacco.⁶³

NIICHO hosts an annual conference and general assembly,⁶⁴ and publishes the In Touch newsletter on topics pertinent to Community Health Representatives.⁶⁵

Indigenous Physicians Association of Canada

The Indigenous Physicians Association of Canada's (IPAC) members are Indigenous physicians and medical students, who are part of an organization which aims to "improve the health (broadly defined) of ... nations, communities, families, and [individual members]."⁶⁶

The organization's mission is being accomplished through support of Indigenous physicians, medical students, and Indigenous health-related interests in Canada. IPAC has made it a priority to work in partnership with other national Indigenous and non-Indigenous organizations including the Association of Faculties of Medicine of Canada and the Royal College of Physicians and Surgeons of Canada. IPAC's work includes the following projects and priorities:

- Developing a data system to accurately monitor the number of Indigenous medical students/residents and physicians
- Contributing to Indigenous knowledge (cultural competence, medical education, curriculum, sharing of Indigenous knowledge, research and appropriate knowledge translation systems)
- Mentoring and support systems for Indigenous medical students by Indigenous physicians and the wider systems involved in training and supporting medical students
- Providing support to each other as members
- Addressing issues of Indigeneity and medical practice
- Developing and supporting the implementation of Indigenous medical student and physician recruitment and retention strategies
- Making contributions to national strategies around Indigenous health as well as local and regional initiatives in addition to exploring individual levels of advocacy that support health improvements at the patient and community levels.⁶⁷

IPAC publications cover key issues in human resource, curriculum, competencies, and care, and include the following:

- First Nations, Inuit, Métis Health Core Competencies: A Curriculum Framework for Undergraduate Medical Education
- Best Practices to Recruit Mature Aboriginal Students to Medicine

⁵⁹ National Aboriginal Health Organization, "NAHO E-Bulletin," www.naho.ca/english/publications_EBulletin.php

⁶⁰ National Aboriginal Health Organization, "Publications," www.naho.ca/english/publications.php

⁶¹ National Indian and Inuit Community Health Representative Organization, "Projects Underway," www.niichro.com/2004/?page=projects

⁶² National Indian and Inuit Community Health Representative Organization, "Reports," www.niichro.com/2004/?page=reports

⁶³ National Indian and Inuit Community Health Representative Organization, "NIICHO Training and Resource Kits," www.niichro.com/2004/pdf/resource-kits-2008.pdf

⁶⁴ National Indian and Inuit Community Health Representative Organization, "Walking the Prevention Circle," www.niichro.com/2004/?page=conference

⁶⁵ National Indian and Inuit Community Health Representative Organization, "In Touch Newsletters," www.niichro.com/2004/?page=intouch

⁶⁶ Indigenous Physicians Association of Canada, "Our mission," www.ipac-amic.org/mission.php

⁶⁷ Indigenous Physicians Association of Canada, "Our Organizational Mandate," www.ipac-amic.org/mandate.php

- Summary of Admissions & Support Programs
- IPAC-AFMC Pre-Admissions Support Toolkit for First Nations, Inuit, Métis Students into Medicine
- IPAC-RCPC – Promoting Culturally Safe Care for First Nations, Inuit and Métis Patients: A Core Curriculum for Residents and Physicians
- Cultural Safety in Practice: A Curriculum For Family Medicine Residents and Physicians
- Culturally Competent Care in Obstetrics and Gynecology: A Curriculum For Obstetrics and Gynecology Residents and Physicians
- Promoting Improved Mental Health for Canada’s Indigenous Peoples: A Curriculum For Psychiatry Residents and Psychiatrists
- First Nations, Inuit, Métis Health Core Competencies: A Curriculum Framework for Postgraduate Medical Education
- Métis Health Core Competencies: A Curriculum Framework for Continuing Medical Education.⁶⁸

3.1.3 Federal Government Organizations

Federal government organizations are federally directed and managed organizations with an Aboriginal branch or directive pertinent to health. Two organizations with this national scope were identified for the purposes of this scan:

- First Nations and Inuit Health Branch, Health Canada (FNIHB, HC)
- Indian and Northern Affairs Canada (INAC).

First Nations and Inuit Health Branch, Health Canada

The First Nations and Inuit Health Branch of Health Canada “supports the delivery of public health and health promotion services on-reserve and in Inuit communities.”⁶⁹ The organization also “provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence” and “primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.”⁶⁹ FNIHB’s mandate is to “ensure the availability of, or access to, health services for First Nations and Inuit communities; assist First Nations and Inuit communities address health barriers, disease threats, and attain health levels comparable to other Canadians living in similar locations; and build strong partnerships with First Nations and Inuit to improve the health system.”⁷⁰ Current priorities for FNIHB are to:

- Manage the cost-effective delivery of health services within the fiscal limits of the First Nations and Inuit Health Envelope
- Transfer existing health resources to First Nations and Inuit control within a time-frame to be determined by them
- Support action on health status inequalities affecting First Nations and Inuit communities, according to their identified priorities
- Establish a renewed relationship with First Nations and Inuit people.⁷¹

FNIHB’s programming addresses five main areas:

- Community programs (children and youth, mental health and addictions, and chronic disease and injury prevention)
- Health protection and public health

(communicable disease control and environmental health and environmental research)

- Primary care
- Supplementary health benefits
- Health governance infrastructure and support.⁷²

A large component of FNIHB’s work towards improving health outcomes, ensuring availability of, and access to, quality health services, and supporting greater control of the health system by First Nations and Inuit for Aboriginal peoples is through research and research related-activities. Current research priorities include:

- gathering accurate baseline data on Aboriginal health status
- information related to community-based program development, impact, and effectiveness
- research related to community-based interventions in the areas of environmental health, infectious diseases, chronic diseases, child development
- research related to social cohesion/determinants of health
- identification, evaluation, and possible adaptation (and validation) of best practices for use by First Nations and Inuit communities is important for home visitation, midwifery, and primary health care
- development and use of information and communication technologies to support, educate, inform and connect health care professionals and the people they serve
- identification of drug and dental utilization rates for FNIHB eligible populations; the utilization rates and costs associated with pharmaceuticals in the First Nations population; and

⁶⁸ Indigenous Physicians Association of Canada, “Publications,” www.ipac-amic.org/publications.php

⁶⁹ Health Canada, First Nations and Inuit Health Branch, “First Nations and Inuit Health Branch,” www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php

⁷⁰ Health Canada, First Nations and Inuit Health Branch, “Mandate and Priorities,” www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/mandat-eng.php

⁷¹ Health Canada, First Nations and Inuit Health Branch, “Mandate and Priorities”

⁷² Health Canada, First Nations and Inuit Health Branch, “First Nations and Inuit Health Program Compendium” www.hc-sc.gc.ca/fniah-spnia/pubs/aborig-autoch/2007_compendium/index-eng.php

- medical transport usage and costs; and
- the impact of self-governance and related processes and on the impact and influence of factors such as community and cultural identity, resilience, assets, self-determination, and the social determinants of health on the health and well-being of aboriginal people.⁷³

FNIHB also provides access to a variety of research and resource documents, covering the following topics:

- Aboriginal health
- Diseases and health conditions
- Family health
- Funding
- Health care services
- Health promotion
- Non-insured health benefits
- Substance use and treatment of addictions.⁷⁴

Indian and Northern Affairs Canada

Indian and Northern Affairs Canada's (INAC) mandate is to support First Nation, Inuit and Métis peoples and northerners in their efforts to:

- improve social well-being and economic prosperity
- develop healthier, more sustainable communities
- participate more fully in Canada's political, social and economic development – to the benefit of all Canadians.⁷⁵

Department programming is largely delivered in partnership with Aboriginal communities and through federal-territorial or federal-provincial agreements. INAC's health-specific responsibilities include "safe water supplies on reserves and funding a range

of province-like social programs to First Nations communities, including education, early childhood development, housing, family violence prevention, help for persons with disabilities, and income assistance;" INAC works "to reduce, and wherever possible, eliminate contaminants in traditionally harvested food" as well as "to ensure access to healthy, affordable food in remote areas through the Food Mail program."⁷⁶ The INAC also produces a range of publications and reports related to its mandate and responsibilities. Its publications catalogue contains over 200 documents pertaining to health and well-being, including research reports, program information and updates, and statistical information.⁷⁷ Recent publications include considerations of:

- Water/wastewater/water management legislative frameworks, action plans, and programs
- Recreational infrastructure
- Aboriginal and Northern investment announcements
- Aboriginal success stories
- Environmental contaminants (various publications)
- Evaluations of the Food Mail program
- Revised Northern Food Basket
- First Nations on-reserve housing
- Matrimonial real property
- Labrador Innu Comprehensive Healing Strategy
- Evaluation and Audit of First Nations Child and Family Services.⁷⁸

In addition to INAC's general roles and responsibilities, the Minister for Indian and Northern Affairs also serves as the Federal Interlocutor for Métis and Non-Status Indians. The Federal Interlocutor works to find practical ways of improving federal programs and services for Métis,

non-status Indians and urban Aboriginal peoples by:

- Maintaining and strengthening the Government of Canada's relationship with national Aboriginal organizations that represent Métis, Non-Status Indians and urban Aboriginal people, including the Congress of Aboriginal Peoples and the Métis National Council
- Participating in negotiation processes with these organizations and the provinces; and
- Coordinating the government's Urban Aboriginal Strategy.⁷⁹

3.14 Other Organizations/ Agencies that do Health-Related Research with Aboriginal Peoples

The following section provides an overview of six health research organizations that have a particular focus on First Nations, Inuit, and/or Métis health:

- Network Environments for Aboriginal Health Research (NEAHR)
- Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research (IAPH, CIHR)
- Centre for Indigenous Peoples' Nutrition and Environment
- Prairie Women's Health Centre of Excellence
- National Collaborating Centre for Aboriginal Health
- Statistics Canada.

Network Environments for Aboriginal Health Research

Network Environments for Aboriginal Health Research (NEAHR) builds on the work of an early initiative of the Canadian Institutes for Health Research Institute of Aboriginal Peoples'

⁷³ FNIHB Priorities for Research (2010). Ottawa, ON: FNIHB, p. 3.

⁷⁴ Health Canada, First Nations and Inuit Health Branch, "Reports and Publications," www.hc-sc.gc.ca/fniiah-spnia/pubs/index-eng.php

⁷⁵ Indian and Northern Affairs Canada, "About INAC," www.ainc-inac.gc.ca/ai/index-eng.asp

⁷⁶ Indian and Northern Affairs Canada, "Health and Well-Being," www.ainc-inac.gc.ca/hb/index-eng.asp

⁷⁷ Indian and Northern Affairs Canada, "Publication Catalogue," psc-esd.ainc-inac.gc.ca/pubcbw/catalog-eng.asp?start=40

⁷⁸ Indian and Northern Affairs Canada, "Publication Catalogue"

⁷⁹ INAC (nd). Office of the Federal Interlocutor for Métis and Non-Status Indians, www.ainc-inac.ca/ai/of/index-eng.asp, accessed May 19, 2010

Health. The Aboriginal Capacity and Developmental Research Environments (ACADRE) sought to “develop a network of supportive research environments” that would facilitate “the development of Aboriginal capacity in health research.”⁸⁰ NEAHR continues and moves forward on this work: nine centres across Canada have either been founded or transitioned from former ACADRE centres. Together, these centres comprise the Aboriginal Health Research Networks (AHRNets). The centres have the following objectives:

- To pursue scientific knowledge based on international standards of research excellence
- To advance capacity and infrastructure in Aboriginal health research
- To provide the appropriate environment for scientists from across the four research pillars, 1) biomedical research, 2) clinical research, 3) health services/ systems research, and 4) social, cultural, environmental and population health research, to pursue research opportunities in partnership with aboriginal communities
- To provide opportunities for **Aboriginal communities and organizations to identify important health research objectives in collaboration with Aboriginal health researchers**
- To facilitate the rapid uptake of research results through appropriate communication and dissemination strategies
- To provide an appropriate environment and resources to encourage Aboriginal and non-Aboriginal students to pursue careers in Aboriginal health research.⁸¹

NEAHR centres across the country take up a wide range of priorities:

- Alberta Network, Edmonton (traditional knowledge and ethics,

northern community environmental health, and community access to health services)

- Anisnawbe Kekendazone, Ottawa (perinatal health, youth at risk and resilience, and knowledge translation)
- Atlantic Aboriginal Health Research Program, Halifax (prevention, mental health and addictions, enhancing understanding of health determinants)
- British Columbia NEAHR, Vancouver, Vancouver Island and Northern BC Nodes (fostering a collaborative environment for researchers and communities to develop research capacity relevant to Aboriginal peoples)
- Centre for Aboriginal Health Research, Winnipeg (population health, health services, child health and development, and ethical issues in aboriginal health research)
- Indigenous Health Research Development Program, University of Toronto/McMaster University (prevention and control of chronic diseases; mental health of women and children; and culture, health, and healing)
- Indigenous Peoples’ Health Research Centre, Regina (chronic diseases, nutrition, and lifestyle; Indigenous healing and addition [including FAS], mental health, and the judicial system; health delivery and control [including ethics, community development and governance]; and prevention and environmental health)
- Nasivvik Centre for Inuit Health and Changing Environments, Quebec City (food, water, and traditional and natural medicines and remedies)
- National Network for Aboriginal Mental Health Research, Montreal (cultural continuity, mental health services, models and practices of health and healing).⁸²

Canadian Institutes of Health Research – Institute of Aboriginal Peoples’ Health

The Institute of Aboriginal Peoples’ Health (IAPH) is one of the twelve Canadian Institutes of Health Research. IAPH’s goal is to “improve the health and well-being of Aboriginal people in every part of Canada by stimulating aboriginal health research, creating new knowledge, forming research partnerships with organizations in Canada and abroad and respectfully involving communities in every project undertaken.”⁸³ Funding from IAPH supports research in universities, hospitals, and other research centres (including funding for graduate students), as well as the Network Environments for Aboriginal Health Research (NEAHR) initiative in areas such as⁸⁴

- Culturally relevant health promotion strategies
- Identification of health advantage and health risk factors in Aboriginal populations related to the interaction of environments (cultural, social, psychological, physical, genetic)
- Health determinants - to elucidate the multi-dimensional factors that affect the health of populations and lead to a differential prevalence of health concerns
- Disease, injury and disability prevention strategies
- Social, cultural, and environmental research that will contribute to the development of appropriate health policies and health systems
- Addiction and mental health strategies from prevention to intervention to policy formation
- Psychosocial, cultural, epidemiological and genetic investigations to determine causal factors for increased prevalence of certain conditions (e.g. diabetes, heart disease, cancer, infectious diseases)
- Clinical trials or other methodologies

⁸⁰ Canadian Institutes of Health Research, “Network Environments for Aboriginal Health Research,” www.cihr.ca/e/27071.html

⁸¹ Canadian Institutes of Health Research, “Network Environments for Aboriginal Health Research”

⁸² Canadian Institutes of Health Research, “Network Environments for Aboriginal Health Research”

⁸³ Canadian Institutes of Health Research, “Who We Are, CIHR – Institute for Aboriginal Peoples’ Health,” www.cihr.ca/e/27062.html

⁸⁴ Canadian Institutes of Health Research, “What We Do, CIHR – Institute for Aboriginal Peoples’ Health,” www.cihr.ca/e/27064.html

- to determine the most effective interventions with Aboriginal populations in order to address a variety of health needs (e.g. assessment of alternative and complementary medicine)
- Health services research to address the unique accessibility and provider issues such as funding and continuity of care and with particular regard to issues of child and elder care
- International research recognizing and exploring the commonalities among Indigenous populations worldwide with respect to health concerns
- Ethics issues related to research, care strategies, and access to care (e.g. community consent, sensitivity to culture).⁸⁵

Centre for Indigenous Peoples' Nutrition and Environment

The Centre for Indigenous Peoples' Nutrition and Environment (CINE) works in concert with Indigenous peoples in achieving its mission to “undertake community-based research and education related to traditional food systems.”⁸⁶ The empirical knowledge of the environment inherent in Indigenous societies will be incorporated into all its efforts. CINE's guiding principles include considerations of traditional knowledge, community responsiveness, elders, ethics and intellectual property rights, training, communication of findings, and contributions to policy.⁸⁷ The centre's work aims to make the following contributions:

- Work towards quantifying nutrients, non-nutrients and contaminant levels in traditional food systems

- Contribute to the understanding of the many health benefits associated with consumption of traditional food resources, as well as health risk from contaminants
- Contribute to the development of techniques to identify trends in deterioration in quality of traditional food systems, and to suggest possible remedial actions
- Contribute to the development of the necessary tools, methods and protocols for nutritional and related environmental studies
- Undertake collaborative international research and exchange among Indigenous Peoples on CINE issues.⁸⁸

CINE undertakes research work in three broad categories: social sciences, laboratory sciences, and data analysis.⁸⁹

Prairie Women's Health Centre of Excellence

The Prairie Women's Health Centre of Excellence (PWHCE) has a strong focus on the health of First Nations, Inuit, and Métis women. One of the Centres of Excellence for Women's Health, PWHCE's goal is to “improve the health of women in Manitoba and Saskatchewan in particular by making the health system and social systems more responsive to women's and girls' health and well being.”⁹⁰ The centre completes policy and community-based research on social determinants of health for women and girls, and is a partnership of the Fédération provinciale des francophones, Prairie Region Health Promotion Research Centre, University of Saskatchewan, University of Regina, University of Manitoba, University of Winnipeg, and the Women's Health Clinic.⁹¹

PWHCE's four main areas of focus are Aboriginal women's health issues; women, poverty and health; health of women living in rural, remote and Northern communities; and gender and health planning.⁹² The Centre's work is guided by a commitment to bring “together community-based and academic research and policy expertise” and value the “different viewpoints and approaches that women of diverse backgrounds and life experiences bring to health issues,” as well as “the importance of involving women in all aspects of health research.”⁹³

The Centre has published a number of pieces addressing the health of Aboriginal women specifically, including work on child/maternal health, access to health services for elderly Métis women, and holistic perspectives on wellness (among others).⁹⁴

The National Collaborating Centre for Aboriginal Health

The National Collaborating Centre for Aboriginal Health (NCCAHA) is one of six National Collaborating Centres (NCCs) for Public Health located across Canada which share a mission to translate existing and new evidence produced by academics and research in public health and undertake work that focuses on requirements for (and gaps in) knowledge and research in a variety of public health sectors: Aboriginal health, determinants of health, healthy public policy, infectious diseases, and methods and tools. The Centre undertakes knowledge synthesis, transfer, and exchange (KSTE) activities, but also undertakes its own program of original research, particularly work relating to KSTE issues (e.g., promising

⁸⁵ Canadian Institutes of Health Research, “Research, CIHR – Institute for Aboriginal Peoples' Health,” www.cihr.ca/c/27069

⁸⁶ Centre for Indigenous Peoples' Nutrition and Environment, “About CINE,” www.mcgill.ca/cine/about

⁸⁷ Centre for Indigenous Peoples' Nutrition and Environment, “About CINE”

⁸⁸ Centre for Indigenous Peoples' Nutrition and Environment, “About CINE”

⁸⁹ Centre for Indigenous Peoples' Nutrition and Environment, “Research Activities and Publications,” www.mcgill.ca/cine/research

⁹⁰ Prairie Women's Health Centre of Excellence, “About PWHCE,” www.pwhce.ca/about

⁹¹ Prairie Women's Health Centre of Excellence, “About PWHCE”

⁹² Prairie Women's Health Centre of Excellence, “About PWHCE”

⁹³ Prairie Women's Health Centre of Excellence, “About PWHCE”

⁹⁴ Prairie Women's Health Centre of Excellence, “Publications”

practices in youth engagement, perceptions of KSTE methods).

NCCs build partnerships within academia, governments and non-governments, and communities of practice, drawing on regional, national, and international expertise, and collaborating with a variety of organizations. NCCs aim to renew and strengthen public health in Canada through knowledge synthesis, translation, and exchange: bringing diverse knowledge together, translating it into tools for practice, and participating in an exchange of knowledge with those working in public health.

NCCs also work with each other as a network, supporting the knowledge demands around public health goals and priorities, attentive and responsive to current needs. The NCC Program, currently located within the Public Health Agency of Canada's National Capital Region and its Advisory Council of national and international public health experts, regularly reviews and assesses NCC priorities, but NCCs operate at an arm's length from the Public Health Agency of Canada. Each NCC is sponsored by a host institution.

The NCCAH's mandate is to support Aboriginal communities across Canada in realizing their health goals. The Centre uses a coordinated, holistic, and comprehensive approach to the inclusion of Aboriginal peoples, research, and Indigenous knowledges in a renewed public health system that is respectful of, and responsive to, First Nations, Inuit, and Métis peoples. The NCCAH's work targets the following:

- Facilitate greater Aboriginal participation in public health initiatives that affect First Nations, Inuit, and Métis peoples by establishing new, and strengthening existing, partnerships at

- the national and international level
- Support research centres, service delivery agencies, policy-makers, and communities, in their use of reliable, quality evidence in their efforts to achieve meaningful impact on the public health system as it effects First Nations, Inuit, and Métis peoples
- Work to increase knowledge and understanding of First Nations, Inuit, and Métis public health by developing culturally relevant materials and projects.

Statistics Canada

Statistics Canada is Canada's central statistical agency that, while not exclusively devoted to Aboriginal health research, does undertake research on a number of Aboriginal health related topics. It uses data from the Census of Population, the Aboriginal Peoples' Survey, and the Aboriginal Children's Survey, as well as from other sources such as the Labour Force Survey, the Canadian Community Health Survey, the National Longitudinal Survey of Children and Youth, and administrative data such as Vital Statistics, justice and hospital data to produce a number of research publications on health generally and Aboriginal health specifically. Some of these reports present data respecting the population profiles of Aboriginal peoples in Canada (disaggregated in a number of ways including Aboriginal identity, Aboriginal ancestry, location of residence, registered versus non-registered status, among others), which can be considered as reflective of a broader social determinants of health approach because they focus on issues such as housing conditions, income, education and the importance of language. Others are more specifically focused on Aboriginal health issues.

Statistics Canada includes a Health Analysis Division (HAD) with a mandate to "provide high quality, relevant, and comprehensive information on the health status of the population and on

the health care system."⁹⁵ HAD publishes Health Reports, a peer-reviewed journal of population health and health services research, as well as the Health Research Working Paper Series. In-house analysts have published their research findings in academic peer reviewed journals as well.

Statistics Canada also includes an Aboriginal Statistics Program which is housed in the Social and Aboriginal Statistics Division (SASD), whose mandate is to produce and disseminate high quality information explaining the social conditions of Canadians. The Aboriginal Statistics Program is responsible for the Aboriginal Peoples' Survey (APS) and the Aboriginal Children's Survey (ACS).

Statistics Canada works in collaboration with other governmental partners such as Indian and Northern Affairs Canada, Health Canada, Human Resources and Social Development Canada, Canadian Mortgage and Housing Corporation and Canadian Heritage and Public Health Agency of Canada. Statistics Canada also works collaboratively with national Aboriginal organizations such as: National Aboriginal Health Organization, the Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, National Association of Friendship Centres, and the Native Women's Association of Canada.

Some examples of the types of Aboriginal health topics researched by Statistics Canada include overviews of the general health and chronic conditions of specific groups of the Aboriginal population, social determinants of health (e.g., income, housing, lifestyle, living conditions, demographics, social support, education), access to health care, life expectancy, obesity and eating habits, non-fatal injuries, premature mortality, work stress, community well-being, unmet health care needs, disability, food insecurity,

⁹⁵ Statistics Canada, About Health Analysis Division (HAD), www.statcan.gc.ca/pub/82-003-x/3009003/had-das-eng.htm, accessed December 21, 2009

and heart disease and stroke. Reports can be Aboriginal-inclusive or focused on northern areas where there is a substantial Aboriginal population but which may also include non-Aboriginal peoples. Reports are generally not about the Aboriginal population as a whole, and instead recognize the diversity of Aboriginal peoples (First Nations/North American Indians, Métis and Inuit).

Certain health data is also collected on Aboriginal peoples through Statistics Canada's Canadian Community Health Survey. This survey collects data on health status, health care utilization and health determinants for the Canadian population generally. Topics include: disability, diseases and health conditions, factors influencing health, health services performance and utilization, injuries, measures of health, mental health and well-being, and prevention and detection of disease.⁹⁶ However, a major limitation of the health survey is its exclusion of individuals living on reserve, leaving a major data gap.

3.2 Review of Literature and Research

A review was completed of current literature and research in the field of Aboriginal health. This review is comprised of three main sections. The first two sections review literature specifically; peer-reviewed literature is addressed first, followed by non-peer reviewed literature. The third section of this review is a scan of the research on Aboriginal health in Canada currently being funded by the Canadian Institutes for Health Research (CIHR).

Taken together, these three sections provide a clear view into what has been published recently, what directions this research focuses on, and the topics of research currently underway.

This section is organized under three main headings:

- Peer-Reviewed Literature
- Non-Peer Reviewed Literature
- Canadian Institutes of Health Research Funding

Each of these subsections provides an overview of the key themes emerging from the literature and the population groups who are the focus of the literature (that is, whether the pertinent population(s) of the research are First Nations, Inuit, Métis, and/or use the inclusive term, 'Aboriginal'). In addition, the peer-reviewed literature section also identifies the most common specific subjects addressed in the literature and provides an analysis of how each theme overlaps with others. In the former case, for example, the reader will find information on how much of the literature on chronic disease deals specifically with diabetes, and in the latter case, how much of the literature on infectious disease overlaps with research completed on addictions.

3.2.1 Peer-Reviewed Literature

The review of peer-reviewed literature targeted literature focusing on Aboriginal health in Canada that was published from January 2007 to December 2008. A total of 384 documents were identified, reviewed to identify themes and topic areas, and then grouped, using non-mutually exclusive codes, into the following key thematic areas:

- Addictions
- Chronic disease
- Environment and toxicology
- Genetics
- Health care research policy, human resources, programming, and delivery
- Infectious disease
- Injury and violence
- Maternal, child, and youth health
- Mental health (including suicide)
- Social determinants of health.

To clarify main topic areas, each document was assigned narrative descriptors (e.g. "diabetes," "resiliency"). Each document was also assigned multiple population descriptors (First Nations, Inuit, Métis, or Aboriginal). These descriptors are as precise as possible, but should be read with caution: the collected population information is entirely reliant on the terms used by the publishing authors.

Overall, the literature overwhelmingly addressed "Aboriginal" peoples collectively, but sometimes the literature was more specific to either First Nation, Inuit and/or Métis peoples. Table 1 details the broad population breakdown of the peer-reviewed literature.

As Table 1 illustrates, 58.1% of the literature addresses itself generally to Aboriginal peoples. In some cases, this descriptor is used because the document in question deals with issues of broad interest to the entire population of

Table 1: Peer-Reviewed Literature, Population Breakdown (n=384)

Population	Number of Documents	Percentage of Documents
Aboriginal	223	58.1%
First Nations	130	33.9%
Inuit	50	13.0%
Métis	33	22.1%

⁹⁶ Statistic Canada, Canadian Community Health Survey, www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&db=imdb&adm=8&dis=2

Aboriginal peoples in Canada; however, in other cases, the use of Aboriginal as a descriptor simply means that the particular community or nation addressed in the research has not been named. First Nations peoples also receive strong attention in the literature, with 130 documents (33.9%). The Inuit and Métis peoples are less well represented in the

literature, comprising only 13% and 3.6% of documents respectively.

In terms of coverage of key themes, social determinants of health, health care research/policy/human resources/programming/delivery, maternal/child/youth health, and chronic disease receive the most attention, while work on addictions, environment/

toxicology, and injury/violence are published on less frequently. Table 2 illustrates the key themes arising from the peer-reviewed literature.

Social Determinants of Health

The most common theme identified in the peer reviewed literature is that of social determinants of health (SDOH). This subsection provides an overview of the populations addressed in this literature, and the specific topics which are most often mentioned. Furthermore, it details the overlap of SDOH with other key themes identified in the body of peer-reviewed literature.

The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, live, work and age, including the health system.”⁹⁷ These social determinants are “circumstances ... shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.”⁹⁸ In the view of the WHO, health inequities are largely the result of inequities in the underlying social determinants.⁹⁹

A total of 126 (32.8%) of the peer-reviewed literature touches upon some aspect of the social determinants of health. As Table 3 suggests, the majority of authors describe their research as being pertinent to (or completed with) Aboriginal peoples generally. Just over one-third of articles (37.3%) specifically address First Nation, while Inuit and Métis peoples are much less commonly identified as research subjects, participants, or audiences (15.1% and 5.6% respectively).

Table 4, next page, illustrates that the overwhelming majority of documents in this section (60, or 47.6%) dealt with a

Table 2: Peer-Reviewed Literature, by Theme (n=384)

Theme	Number of Documents	Percentage of Documents
Social determinants of health	126	32.8%
Health care research, policy, human resources, programming, and delivery	124	32.3%
Maternal, child, youth health	101	26.3%
Chronic disease	76	19.8%
Infectious disease	56	14.6%
Mental health, including suicide	34	8.9%
Gender	29	7.6%
Genetics	24	6.3%
Addictions	22	5.7%
Environment and toxicology	15	3.9%
Injury and Violence	14	3.6%
Other	4	1.0%

Table 3: Peer-Reviewed Literature, Social Determinants of Health by Population (n=126)

Population	Number of Documents	Percentage of Documents
Aboriginal	70	55.6%
First Nations	47	37.3%
Inuit	19	15.1%
Métis	7	5.6%

⁹⁷ World Health Organization, “Social Determinants of Health,” www.who.int/social_determinants/en/

⁹⁸ World Health Organization, “Social Determinants of Health”

⁹⁹ World Health Organization, “Social Determinants of Health”

Table 4: Peer-Reviewed Literature, Social Determinants of Health, by topic (n=126)

Topic	Number of Documents	Percentage of Documents
Culturally appropriate care, community involvement, and/or traditional practices (including religion/spirituality and languages)	60	47.6%
Diet/nutrition	18	14.3%
Equity (e.g., race, poverty)	14	11.1%
Chronic disease (e.g., diabetes, cardiovascular disease)	8	6.3%
Parenting and child welfare	8	6.3%
Infectious diseases (HIV/AIDS, tuberculosis, chickenpox/shingles)	7	8.9%
Addictions (e.g., injection drug use, tobacco)	7	7.6%
Resilience/balance in health and well-being	6	6.3%
Education and literacy for children	5	5.7%
Pregnancy/birth	4	3.9%
Justice system	4	3.6%
Sexual violence and sexual abuse	3	1.0%

Table 5: Peer-Reviewed Literature, Social Determinants of Health – Overlap with Other Main Subject Areas (n=126)

Subject Area	Number of Documents	Percentage of Documents
Maternal, child, and youth health	33	26.2%
Health care research, policy, human resources, programming, and delivery	21	16.7%
Chronic disease	16	12.7%
Infectious disease	10	7.9%
Mental health, including suicide	10	7.9%
Gender	8	6.3%
Injury and Violence	5	4.0%
Addictions	4	6.3%
Education and literacy for children	2	1.6%
Environment and toxicology	1	0.8%

number of issues not easily disentangled from each other, such as culturally appropriate care, community involvement, and/or traditional practices/knowledge (including religion/spirituality and languages). Some of the literature in this large subsection on the social determinants of health can be loosely grouped under the rubric of social inclusion and exclusion – matters of colonization, discrimination, inequity, and residential schools are broached in the literature. However, this body of literature also includes calls for improved community participation and culturally appropriate research and programs (both of which may indirectly address social exclusion by providing tools, strategies, and philosophies for improvement in this area).

In this updated review, an increasing number of documents address considerations of models of wellness, resiliency, strength and healing, and community participation/governance in research and programming compared to the initial Landscapes document of 2006. In short, the literature touching upon the social determinants of health for Aboriginal peoples in Canada not only provides insight into needs and gaps, but, increasingly, delves into the growing field of research delineating the existing resources Aboriginal peoples in Canada possess in the field of health. Table 4 provides detailed information on topics addressed within the rubric of the social determinants of health.

Other key topics addressed within a social determinants of health framework include diet and nutrition (e.g., considerations of the relationship between food security or traditional diets and health status), equity (e.g., equitable access to health services), chronic disease (e.g., relationships between access and chronic disease prevention or management), and parenting/child welfare (e.g., the child welfare system’s relationship to child and/or community wellness). Other topics made less common

appearances in the literature, including infectious disease and addictions, resilience/balance in health and well-being, education/literacy for children, pregnancy/birth, the justice system, and sexual violence/sexual abuse.

The literature on social determinants of health overlaps with a number of other key thematic areas. Articles addressing the social determinants of health were most likely to overlap with maternal/child/youth health (26.2%); and health care research, policy, human resources, programming, and delivery (16.7%). An overview of these overlaps is provided in Table 5.

Health Care Research, Policy, Human Resources, Programming and Delivery

Not surprisingly, health care itself – considerations of research, policy, human resources, programming, and delivery – emerged strongly in the extant literature, and was the second-most-common key theme. The following subsection details the breakdown of populations addressed in these peer-reviewed articles, the most-common specific topics, as well as how the research falling into this thematic category overlaps with the literature addressing other key themes.

The literature in this subsection most commonly addressed Aboriginal peoples (61.3%) and First Nations (34.7%), while Inuit and Métis peoples were less likely to be specifically mentioned in the literature (11.3% and 5.6%, respectively). This population breakdown is illustrated in Table 6.

Culturally appropriate care, community involvement, and/or traditional practices were by far the most common topic in this body of literature. As Table 7 shows, approximately one-third (32.3%) of articles on health care addressed these issues, while health promotion/prevention (8.9%), research methodologies (8.9%), education of health professionals (8.1%),

and health care access and delivery (8.1%) were also commonly broached. Less common topics included diabetes (5.6%), human resources (5.6%), child welfare (4.8%), policy (4.0%), cancer (3.2%), and nursing (3.2%).

Articles on health care research, policy, programming, and delivery also overlap with a number of other main subject areas. Most commonly, this body of literature overlapped with the social determinants of health (17.7%); maternal/child/youth health (12.9%); chronic disease (8.9%);

and infectious disease (8.1%). Table 8 illustrates the relationship between literature on health care and other main subject areas.

Maternal, Child, and Youth Health

About one-quarter (26.3%) of the peer-reviewed literature is concerned with maternal, child, and youth health. First, populations addressed in this body of literature are detailed, followed by an overview of the topics most commonly addressed. Finally, information is provided on how literature covering aspects of

Table 6: Peer-Reviewed Literature, Health Care Research Policy, Human Resources, Programming, and Delivery, by Population (n=124)

Population	Number of Documents	Percentage of Documents
Aboriginal	76	61.3%
First Nations	43	34.7%
Inuit	14	11.6%
Métis	7	5.6%

Table 7: Peer-Reviewed Literature, Health Care Research Policy, Human Resources, Programming, and Delivery, by Topic (n=124)

Topic	Number of Documents	Percentage of Documents
Culturally appropriate care, community involvement, and/or traditional practices	40	32.3%
Health promotion/prevention	11	8.9%
Research methodologies	11	8.9%
Education of health professionals	10	8.1%
Health care access and delivery	10	8.1%
Diabetes	7	5.6%
Human resources	7	5.6%
Child welfare	6	4.8%
Policy	5	4.0%
Cancer	4	3.2%
Nursing	4	3.2%

Table 8: Peer-Reviewed Literature, Health Care Research Policy, Human Resources, Programming, and Delivery – Overlap with Other Main Subject Areas (n=124)

Subject Area	Number of Documents	Percentage of Documents
Social determinants of health	22	17.7%
Maternal/child health	16	12.9%
Chronic Disease	11	8.9%
Infectious disease	10	8.1%
Mental health, including suicide	6	4.8%
Gender	2	1.6%
Addictions	2	1.6%
Injury and Violence	1	0.8%

Table 10: Peer-Reviewed Literature, Maternal, Child, and Youth Health, by Topic (n=101)

Topic	Number of Documents	Percentage of Documents
Culturally appropriate care, community involvement, and/or traditional practices	18	17.8%
Pregnancy/birth	18	17.8%
Health promotion/prevention	12	11.9%
Child welfare	10	9.9%
Obesity/overweight	5	5.0%
Asthma/other respiratory disease	4	4.0%
Oral health	4	4.0%
Parenting	4	4.0%
Fetal alcohol spectrum disorder	4	4.0%
Alcohol	3	3.0%
Diabetes/cardiovascular disease	3	3.0%
Diet/nutrition	3	3.0%
Immunization	3	3.0%
HIV/AIDS	3	3.0%
Breastfeeding	2	2.0%

Table 9: Peer-Reviewed Literature, Maternal, Child, and Youth Health, by Population (n=101)

Population	Number of Documents	Percentage of Documents
Aboriginal	51	61.3%
First Nations	37	36.6%
Inuit	15	14.9%
Métis	2	2.0%

maternal, child, and youth health overlaps with other key themes that emerge in the peer-reviewed literature.

As Table 9 demonstrates, very few articles specifically address Métis or Inuit peoples (2.0% and 14.9%, respectively). First Nations and Aboriginal peoples are much more likely to be identified in the literature on maternal, child, and youth health (36.6% and 50.5%, respectively).

In the first *Landscapes* document, few discrete themes emerged from this body of literature.¹⁰⁰ However, an overall shift has occurred in the intervening years – pregnancy/birth and culturally appropriate care, community involvement, and/or traditional practices are the most common topics in this body of literature (17.8% each), while health promotion/prevention and child welfare also make a strong appearance in the literature (11.9% and 9.9% respectively). Table 10 provides an overview of the topics addressed in the literature.

In the previous *Landscapes* document, the key point of overlap between this area of research and others was environment and toxicology. However, environment and toxicology make only a fleeting appearance in this more recent body of literature. The social determinants of health, along with health care research, policy, human resources, programming,

¹⁰⁰ National Collaborating Centre for Aboriginal Health, *Landscapes of Indigenous Health: An Environmental Scan*, NCCA: 2006, 80

Table 11: Peer-Reviewed Literature, Maternal, Child, and Youth Health – Overlap with Other Main Subject Areas (n=101)

Subject Area	Number of Documents	Percentage of Documents
Social determinants of health	33	32.7%
Health care research, policy, human resources, programming, and delivery	19	18.8%
Infectious disease	10	9.9%
Chronic Disease	9	8.9%
Mental health, including suicide	8	7.9%
Addictions	5	5.0%
Injury and violence	3	3.0%
Gender	3	3.0%
Genetics	3	3.0%
Environment and toxicology	1	1.0%

Table 13: Peer-Reviewed Literature, Chronic Disease, by Topic (n=76)

Topic	Number of Documents	Percentage of Documents
Diabetes	25	32.9%
Culturally appropriate care, community involvement, and/or traditional practices	23	30.3%
Health promotion/prevention	12	15.8%
Cardiovascular chronic disease	10	13.2%
Physical activity	10	13.2%
Kidney/liver disease	8	10.5%
Cancer	7	9.2%
Diet/nutrition	5	6.6%

and delivery overlap much more often (32.7% and 18.8%, respectively) with maternal/child/youth health than they did in the 2006 review of literature. Table 11 details these points of overlap.

Chronic Disease

Chronic disease, from health promotion activities to chronic disease management and comorbidities, constitutes approximately one in five (76, or 19.8%) documents in the peer-reviewed literature. This subsection first examines the specific

Table 12: Peer-Reviewed Literature, Chronic Disease, by Population (n=76)

Population	Number of Documents	Percentage of Documents
Aboriginal	38	50.0%
First Nations	34	44.7%
Inuit	7	9.2%
Métis	2	2.6%

populations identified in the peer-reviewed literature on chronic disease, before moving on to discuss the most common topics addressed by this group of articles. Finally, points of overlap between the literature on chronic disease and other key themes are discussed.

As Table 12 illustrates, Inuit and Métis peoples are much less commonly identified in the peer-reviewed literature touching upon chronic disease (9.2% and 2.6% respectively). First Nations (44.7%) and Aboriginal (50.0%) peoples are more often named in this body of literature.

Diabetes is the most common topic in the literature on chronic disease, as demonstrated in Table 13, with approximately one-third (32.9%) of peer-reviewed articles relating to some aspect of diabetes (particularly Type 2 diabetes, or diabetes mellitus). In the initial draft of the *Landscapes* document, diabetes was the subject of nearly one-half of the articles on chronic disease,¹⁰¹ but the more current literature shows a move toward more holistic research relating to care and prevention of chronic conditions – 30.3% of articles address culturally appropriate care, community involvement, and/or traditional practices. Health promotion/prevention (15.8%), cardiovascular disease (13.2%), physical activity (13.2%), kidney/liver disease (10.5%), cancer (9.2%), and diet/nutrition (6.6%) also appear in this body of literature.

¹⁰¹ National Collaborating Centre for Aboriginal Health, *Landscapes of Indigenous Health*, 76

Table 14: Peer-Reviewed Literature, Chronic Disease – Overlap with Other Main Subject Areas (n=76)

Subject Area	Number of Documents	Percentage of Documents
Social determinants of health	16	21.1%
Health care research, policy, human resources, programming, and delivery	15	19.7%
Maternal, child, and youth health	9	11.8%
Gender	8	10.5%
Genetics	4	5.3%
Infectious disease	1	1.3%
Mental health, including suicide	1	1.3%
Environment and toxicology	1	1.3%

Table 16: Peer-Reviewed Literature, Chronic Disease, by Topic (n=56)

Topic	Number of Documents	Percentage of Documents
HIV/AIDS	16	28.6%
Tuberculosis	11	19.6%
Hepatitis (B, C, and/or E)	7	12.5%
Culturally appropriate care, community involvement, and/or traditional practices	7	12.5%
Health promotion/prevention	6	10.7%
Screening	4	7.1%
Injection drug use	4	7.1%
Housing	3	5.4%

Considerations of chronic disease are most likely to overlap with those dealing with the social determinants of health (21.1%); health care research, policy, human resources, programming, and delivery (19.7%); maternal, child, and youth health (11.8%); and gender (10.5%). Table 14 delineates further sites of overlap.

Infectious Disease

Infectious disease is covered by 56 (14.6%) documents in the peer-reviewed literature.

Below, an overview is provided of the populations addressed in the infectious disease literature, followed by a discussion of the specific topics covered in the literature, as well as information on how the infectious disease research overlaps with other key themes identified in the peer-reviewed literature as a whole.

In terms of the populations identified in the peer-reviewed literature covering infectious disease, Aboriginal peoples

Table 15: Peer-Reviewed Literature, Infectious Disease, by Population (n=56)

Population	Number of Documents	Percentage of Documents
Aboriginal	42	75.0%
First Nations	10	17.0%
Inuit	9	16.1%

are most often named (75.0%). Both First Nation (17.9%) and Inuit (16.1%) peoples figure in the literature with some regularity; however, Métis peoples are not specifically identified in any of the infectious disease literature. Table 15 provides an overview of the population breakdown.

As in the last draft of the *Landscapes* document, HIV/AIDS, Tuberculosis, and Hepatitis figure strongly in the research (28.6%, 19.6%, and 12.5% of articles, respectively), but culturally appropriate care, community involvement, and/or traditional practices represent a strong (and new) showing here (12.5%) – see Table 16. Notably, injection drug use no longer represents one of the most common topics (7.1%). Alongside injection drug use, health promotion/prevention (10.7%), screening (7.1%), and housing (5.4%) also make less robust appearances in the literature.

The most common key themes that overlap with the body of infectious disease-related journal articles include health care research, policy, human resources, programming, and delivery (17.9%); social determinants of health (17.9%); maternal, child, and youth health (17.9%); and addictions (10.7%). Table 17, on the next page, outlines how infectious disease overlaps with other main themes identified in the peer-reviewed literature as a whole.

Mental Health, Including Suicide

Documents pertaining to mental health issues totalled 34, or 8.9% of the peer-reviewed literature. After a brief discussion of the specific populations identified in this body of literature, this subsection summarizes the topics covered in the literature focusing on mental health and closes with an overview of how the mental health literature overlaps with other key themes identified in the peer-reviewed literature on First Nations, Inuit, and Métis health.

Inuit and Métis peoples are less commonly identified in the literature as are other populations; 8.8% and 5.8% of articles, respectively, specifically pertain to these populations. First Nation peoples are more likely to be addressed (26.5%), while the majority of articles pertain to Aboriginal peoples (64.7%). These population figures can be found in Table 18.

As Table 19 demonstrates, this thematic area broached a broad range of concerns, with common subjects including culturally appropriate care, community involvement, and/or traditional practices (32.4%); suicide/self-injury (26.5%); psychology/psychiatry/counselling services (17.6%); health promotion/prevention (11.8%); residential schools, intergenerational trauma, and loss of language (11.8%); and violence and abuse (8.8%).

In terms of overlap with other key thematic areas, the literature covering mental health, including suicide, was most often associated with the social determinants of health (32.4%); maternal, child, and youth health (29.4%); and health care research, policy, human resources, programming, and delivery (26.5%). Table 20 illustrates these overlaps.

Gender

Gender is a key issue in 7.6% of the peer-reviewed articles under consideration. The first concept covered in this subsection is how specific populations are addressed

Table 17: Peer-Reviewed Literature, Infectious Disease – Overlap with Other Main Subject Areas (n=56)

Subject Area	Number of Documents	Percentage of Documents
Health care research, policy, human resources, programming, and delivery	10	17.9%
Social determinants of health	10	17.9%
Maternal, child, and youth health	10	17.9%
Addictions	6	10.7%
Gender	4	7.1%
Genetics	3	5.4%
Injury and Violence	2	3.6%
Environment and toxicology	1	1.8%
Chronic Disease	1	1.8%

Table 18: Peer-Reviewed Literature, Mental Health (Including Suicide), by Population (n=34)

Population	Number of Documents	Percentage of Documents
Aboriginal	22	64.7%
First Nations	9	26.5%
Inuit	3	8.8%
Métis	2	5.9%

Table 19: Peer-Reviewed Literature, Mental Health (Including Suicide), by Topic (n=34)

Topic	Number of Documents	Percentage of Documents
Culturally appropriate care, community involvement, and/or traditional practices	11	32.9%
Suicide/self-injury	9	26.5%
Psychology/psychiatry/counselling services	6	17.6%
Health promotion/prevention	4	11.8%
Residential schools, intergenerational trauma, loss of language	4	11.8%
Violence and abuse	3	8.8%

Table 20: Peer-Reviewed Literature, Mental Health (Including Suicide) – Overlap with Other Main Subject Areas (n=34)

Subject Area	Number of Documents	Percentage of Documents
Social determinants of health	11	32.4%
Maternal, child, and youth health	10	29.4%
Health care research, policy, human resources, programming, and delivery	9	26.5%
Addictions	2	5.9%
Injury and violence	2	5.9%
Chronic disease	1	2.9%

Table 22: Peer-Reviewed Literature, Mental Health (Including Suicide), by Topic (n=29)

Topic	Number of Documents	Percentage of Documents
Culturally appropriate care, community involvement, and/or traditional practices	6	20.7%
Cancer	5	17.2%
Bone mass/density	4	13.8%
Violence	4	13.8%

Table 23: Peer-Reviewed Literature, Gender – Overlap with Other Main Subject Areas (n=29)

Subject Area	Number of Documents	Percentage of Documents
Health care research, policy, human resources, programming, and delivery	9	31.0%
Injury and violence	4	17.2%
Infectious disease	4	13.8%
Chronic disease	3	10.3%
Genetics	3	10.3%
Social determinants of health	2	6.9%
Addictions	2	6.9%
Mental health, including suicide	1	3.4%

Table 21: Peer-Reviewed Literature, Gender, by Population (n=29)

Population	Number of Documents	Percentage of Documents
Aboriginal	21	72.4%
First Nations	10	34.5%
Inuit	1	3.4%

within the literature touching upon gender. This brief discussion is followed by an exploration of the most common topics included in the peer-reviewed literature on gender, and is followed by an overview of how articles on gender overlap with other key themes emerging in the peer-reviewed literature as a whole.

Literature addressing gender rarely looks specifically at Inuit or Métis peoples (just 3.4% of articles pertain to gender and Inuit peoples, while no articles address Métis peoples). More commonly, the literature on gender identifies First Nations people (34.5%), but the vast majority of the literature names Aboriginal peoples as its focus (72.4%).

Almost without exception, articles deal with questions of women's or girls' health rather than the health of men or boys. As Table 22 shows, documents addressing gender are most likely to address culturally appropriate care, community involvement, and/or traditional practices (20.7%); cancer (17.2%); bone mass/density (13.8%); and violence (13.8%).

Literature dealing with gender issues shares points of overlap with other key themes. Common overlaps include health care research, policy, human resources, programming, and delivery (31.0%); and injury and violence (13.8%). Table 23 describes the overlap between gender and other themes in the peer-reviewed literature.

Population	Number of Documents	Percentage of Documents
First Nations	14	58.3%
Aboriginal	7	29.2%
Inuit	4	16.7%

Topic	Number of Documents	Percentage of Documents
Gene mutations/polymorphisms/genotypes	5	20.8%
Bone mass/density	4	16.7%
Diabetes/lupus/anaemia	4	16.7%
Hepatitis/tuberculosis	3	12.5%

Subject Area	Number of Documents	Percentage of Documents
Chronic Disease	6	25.0%
Infectious disease	3	12.5%
Maternal, child, and youth health	3	12.5%
Gender	3	12.5%
Environment and toxicology	2	8.3%
Social determinants of health	1	4.2%

Genetics

The 24 completed genetic studies represent just 6.3% of the peer-reviewed literature. The following section gives an outline of the population groups discussed in the genetics literature, provides an overview of specific topics found in this group of journal articles, and discusses how the genetics literature overlaps with other key thematic areas.

Literature pertaining to genetics tends to address more specific populations than does the literature falling under other key

themes; approximately three in five articles identify First Nation populations (58.3%), while Aboriginal and Inuit populations receive somewhat less attention (29.2% and 16.7% respectively). Notably, Métis peoples are not specifically named in the genetics literature. Table 24 represents this population breakdown.

As Table 25 illustrates, journal articles relating to genetics address themselves most commonly to gene mutations/polymorphisms/genotypes (20.8%), bone mass/density (16.7%), diabetes/

lupus/anaemia (16.7%), and hepatitis/tuberculosis (12.5%).

The genetics literature shares points of overlap with a number of other key themes found in the peer-reviewed literature as a whole. Documents are most likely to overlap with considerations of chronic disease (25.0%); infectious disease (12.5%); maternal, child, and youth health (12.5%); and gender (12.5%). Table 26 illustrates this overlap.

Addictions

A total of 22 articles, or 5.7% of the total peer-reviewed literature, address addictions issues. This subsection first discusses the population breakdown for literature on addictions, which is followed by an examination of the specific topics found within the literature. Finally, an overview of how addictions literature overlaps with other key themes is provided.

The literature on addictions is most likely to use Aboriginal as its population identifier (approximately three-quarters, or 77.3% of articles do so), while nearly one-quarter of articles (22.7%) specifically identify First Nations population(s). Inuit and Métis peoples are not identified in this group of journal articles.

As Table 28 demonstrates, topics emerging in this area of literature include considerations of injection drug use (36.4%), alcohol (18.2%), HIV/AIDS (18.2%), and health promotion/prevention (13.6%).

In terms of overlap between the addictions literature and other key themes found in the peer-reviewed literature (see Table 29), the most common points of overlap were between addictions and health care research, policy, human resources, programming, and delivery (27.3%); infectious disease (27.3%); and maternal, child, and youth health (22.7%).

Table 27: Peer-Reviewed Literature, Addictions, by Population (n=22)

Population	Number of Documents	Percentage of Documents
Aboriginal	17	77.3%
First Nations	7	22.7%

Environment and Toxicology

A total of 15 articles, or 3.9% of the total peer-reviewed literature, are concerned with matters of environment and toxicology as they relate to health. After a brief discussion of the populations represented in this body of literature, the subsection details the specific topics covered in the environment and toxicology journal articles before concluding with an exploration of overlap with other key themes.

As Table 32 shows, the literature is most likely to identify First Nations peoples (66.7%), with Inuit (26.7%), Aboriginal (13.3%), and Métis (6.7%) peoples less commonly cited.

Table 31 demonstrates a notable change since the last draft of the *Landscapes* document – there is no longer a focus in this body of literature on considering environment/toxicology in relation to maternal or child health.¹⁰² Instead, literature which discusses environment and toxicology is most likely to address environmental contaminants (40.0%), culturally appropriate care, community involvement and/or traditional practices (33.3%), and land use (13.3%).

Points of overlap between environment/toxicology literature and other key themes are displayed in Table 32. The most common overlaps include the social determinants of health, (13.3%) and genetics (13.3%).

¹⁰² National Collaborating Centre for Aboriginal Health, *Landscapes of Indigenous Health*, 81

Table 28: Peer-Reviewed Literature, Genetics, by Topic (n=22)

Topic	Number of Documents	Percentage of Documents
Injection drug use	8	36.4%
Alcohol	4	18.2%
HIV/AIDS	4	18.2%
Health promotion/prevention	3	13.6%

Table 29: Peer-Reviewed Literature, Addictions – Overlap with Other Main Subject Areas (n=22)

Subject Area	Number of Documents	Percentage of Documents
Health care research, policy, human resources, programming, and delivery	6	27.3%
Infectious disease	6	27.3%
Maternal, child, and youth health	5	22.7%
Mental health, including suicide	3	13.6%
Social determinants of health	3	13.6%
Injury and violence	3	13.6%
Gender	2	9.1%
Social determinants of health	1	4.2%

Table 30: Peer-Reviewed Literature, Environment and Toxicology, by Population (n=15)

Population	Number of Documents	Percentage of Documents
First Nations	10	66.7%
Inuit	4	26.7%
Aboriginal	2	13.3%
Métis	1	6.7%

Table 31: Peer-Reviewed Literature, & Environment Toxicology, by Topic (n=15)

Topic	Number of Documents	Percentage of Documents
Environmental contaminants	6	40.0%
Culturally appropriate care, community involvement, and/or traditional practices	5	33.3%
Land use	2	13.3%

Table 32: Peer-Reviewed Literature, Environment and Toxicology – Overlap with Other Main Subject Areas (n=15)

Subject Area	Number of Documents	Percentage of Documents
Social determinants of health	2	13.3%
Genetics	2	13.3%
Chronic Disease	1	6.7%
Health care research, policy, human resources, programming, and delivery	1	6.7%
Maternal, child, and youth health	1	6.7%
Infectious disease	1	6.7%

Table 33: Peer-Reviewed Literature, Injury and Violence, by Population (n=15)

Population	Number of Documents	Percentage of Documents
Aboriginal	13	92.9%
First Nations	1	7.1%

Table 34: Peer-Reviewed Literature, Injury and Violence, by Topic (n=14)

Topic	Number of Documents	Percentage of Documents
Violence and abuse	7	50.0%
Justice system	4	28.6%
Accidental injury	3	21.4%

Table 35: Peer-Reviewed Literature, Injury and Violence – Overlap with Other Main Subject Areas (n=14)

Topic	Number of Documents	Percentage of Documents
Social determinants of health	6	42.9%
Gender	6	42.9%
Health care research, policy, human resources, programming, and delivery	4	28.6%
Maternal, child, and youth health	4	28.6%
Addictions	3	21.4%
Mental health, including suicide	3	21.4%
Infectious disease	2	14.3%

Injury and Violence

Just 3.6% (or 14) peer-reviewed documents address themselves to issues of injury and violence. Populations addressed in this literature are covered first, followed by brief considerations of the specific topics covered in the injury and violence literature, along with a concluding examination of how this literature overlaps with other key themes identified in the peer-reviewed research.

The vast majority of journal articles focusing on injury and/or violence identified Aboriginal populations (92.9%), while First Nations were represented in 7.1% of the articles. Inuit and Métis peoples were not specifically mentioned in the injury and violence literature. Table 33 demonstrates the population breakdown.

In terms of specific topics (highlighted in Table 36), violence and abuse are addressed by one-half of these documents (50.0%), while the justice system and accidental injury represent other themes (28.6% and 21.4% respectively).

Journal articles pertaining to injury and violence had numerous points of overlap with other key themes identified in the peer-reviewed literature, with social determinants of health and gender being the most common points of overlap (42.9% of articles overlapped with each of these themes). And, as Table 34 shows, other overlapping themes include health care research, policy, human resources, programming, and delivery (28.6%); and maternal, child, and youth health (28.6%).

3.2.2 Non-Peer Reviewed Literature

A total of 84 reports, studies, and discussion papers published since 2007 by Aboriginal organizations, governments, professional organizations, and other NGOs were reviewed and grouped by subtopic. Overall, the non-peer reviewed

Table 36: Non-Peer Reviewed Literature, Most Common Topics (n=84)

Topic	Number of Documents	Percentage of Documents
Policy	12	14.3%
Social determinants of health	12	14.3%
General reports (e.g., health status)	11	13.1%
Health care services/programs	10	11.9%
Child and maternal health	8	9.5%
Mental health	6	7.1%
Research methodologies	6	7.1%
Health promotion/prevention	5	6.0%
Health careers	4	4.8%
Infectious disease	4	4.8%
Chronic disease	3	3.6%
Traditional knowledge	3	3.6%

Table 37: Non –Peer Reviewed Literature, by Population (n=84)

Population	Number of Documents	Percentage of Documents
First Nations	38	45.2%
Aboriginal	34	40.5%
Inuit	20	23.8%
Métis	11	13.1%

literature shows both similarities and differences between the types of issues dealt with in the peer-reviewed literature. Whereas a fair proportion of the peer-reviewed literature addresses disease – chronic and infectious (19.8% and 14.6% respectively) – the non-peer reviewed literature is much less likely to be concerned with these issues specifically (3.6% and 4.8% respectively). Instead, the non-peer reviewed literature is more likely to address issues of policy (14.3%), social determinants of health (14.3%),

general topics (e.g., a population’s health status) (13.1%), and health care services/ programs (11.9%). Table 36 outlines the most common topics in the non-peer reviewed literature.

The classification of the Aboriginal groups under study in the non-peer reviewed literature differs from that of the peer-reviewed literature. Whereas the peer reviewed literature is more likely to address Aboriginal peoples in general, the non-peer reviewed literature is more

likely to focus specifically on either First Nations, Inuit or Métis populations. As well, where the term ‘Aboriginal’ has been used, it is more likely to denote inclusivity of all sub-groups of Aboriginal peoples rather than reflect a lack of specificity. Table 37 illustrates the population classification in the non-peer reviewed literature, with work pertaining to First Nations occurring most frequently (45.2%), with considerations of Aboriginal peoples (40.5%), Inuit peoples (23.8%), and Métis peoples (13.1%) receiving less attention.

3.2.3 Canadian Institutes of Health Research Funding

The Canadian Institutes of Health Research are the major source of federal funding for work in health-related fields. Consequently, a review of the CIHR Funded Research Database,¹⁰³ detailing research recently and currently funded by the organization, is crucial to updating a scan of research pertinent to First Nations, Inuit, and Métis health. A scan was completed of projects receiving funding in 2007 and 2008 (including those ongoing, beginning as early as 2000, and those being funded through 2013). Details of a total of 151 grants, totalling \$66,529,582, relating to First Nations, Inuit, and/or Métis health were examined.

Table 38 details the number of projects, by category. Of a total of 151 entries in the database, the majority of funding (66.0%) is provided to operating grants and grants to the Aboriginal Capacity and Developmental Research Environments (ACADREs) and Network Environments for Aboriginal Health Research (NEAHRs) system.¹⁰⁴ Other major funding targets are institute support grants (12.5%) and grants made to research teams (10.4%).

¹⁰³ Canadian Institutes of Health Research, “CIHR Funded Research Database,” www.cihr.ca/e/826

¹⁰⁴ ACADREs were a program of CIHR, and have been reorganized and extended by the NEAHR program

Table 38: Current CIHR Funding, by Type of Funding (n=151)

Category	Funding Amount	Percentage of Funding
ACADRE/NEAHR Grant	\$29,869,650	44.9%
Operating Grant	\$14,027,573	21.1%
Institute Support Grant	\$8,302,409	12.5%
Team Grant	\$6,910,554	10.4%
Individual Investigator	\$1,723,387	2.6%
Interdisciplinary Capacity Enhancement Grant	\$1,338,846	2.0%
Scientific Research Program Supplement	\$1,087,500	1.6%
Randomized Controlled Trials	\$933,954	1.4%
Fellowships (Non-graduate Student)	\$921,478	1.4%
Graduate Students	\$773,165	1.2%
Diabetes Surveillance System Grant	\$250,282	0.4%
Partnerships for Health System Improvement	\$158,589	0.2%
Seed Grant	\$148,000	0.2%
Other	\$84,195	0.1%
Total	\$66,529,582	100.0%

Table 39: Current CIHR Funding, by Theme of Grant or Award (n=149)

Theme	Percentage of Funded Projects	Average Grant or Award
Social/Cultural/Environmental/Population Health	74.2%	\$323,376
Health Systems/Services	11.9%	\$318,296
Clinical	5.3%	\$219,616
Biomedical	4.6%	\$681,966
Institute Support/ACADREs	4.0%	\$3,008,571
Total	100%	\$440,593

As Table 39 demonstrates, the vast majority of funded projects fit within the theme of social/cultural/environmental/population health (74.2%), with health systems/services comprising about one in ten of funded projects (11.9%), and

clinical (5.3%), biomedical (4.6%), and institute/ACADRE support grants (4.0%) comprising the remaining CIHR funding to First Nations, Inuit, and/or Métis health.

Table 40: Current CIHR Funding, Completion Status (n=151)

Project Status	Percentage
Ongoing	60.3%
Completed	39.7%

The highest average grant or award amount goes to funds supporting the Institute of Aboriginal Peoples' Health and ACADRE centres. Biomedical projects also receive, on average, a higher level of funding (\$681,966 per project/grant), while social/cultural/environmental/population health and health systems/services receive, on average, just over \$300,000, and projects with a clinical theme have the lowest average funding (\$219,616).

As Table 40 illustrates, the majority of CIHR funding is currently devoted to projects ongoing as of March 2009 (60.3%), while the remainder goes to projects completed in 2007 or 2008 (39.7%). These results are similar to those found in the original *Landscapes* environmental scan, and indicate that a significant amount of research pertaining to First Nations, Inuit, and Métis health remains in progress. A significant number of publications can be expected in the short and medium term.

In terms of topics addressed in the current CIHR research, health promotion/prevention and chronic disease top the list – both topics constitute approximately one-quarter of funded projects (24.8% and 24.2% respectively). Mental health and addictions (22.1%), health care access and/or services (22.1%), and infectious disease (18.1%) also figure prominently in the CIHR research. Health research infrastructure (12.8%); environment, toxicology, and food (12.8%); maternal/child health (8.7%); social determinants of health (7.4%); genetics (2.7%); and

Topic	Number of Funded Projects	Percentage of Funded Projects
Health promotion and prevention	37	24.8%
Chronic disease (including chronic disease management)	36	24.2%
Diabetes	11	7.4%
Mental health and addictions (including tobacco, alcohol, suicide, and self-injury)	33	22.1%
Suicide/self-injury	6	4.0%
Health care access and/or services	33	22.1%
Infectious disease	27	18.1%
HIV/AIDS	13	8.7%
Health research infrastructure	19	12.8%
Environment, toxicology, and food (including diet, nutrition, and food security)	19	12.8%
Maternal/child health	13	8.7%
Social determinants of health	11	7.4%
Injury (accidental) and family violence	6	4.0%
Other	6	4.0%
Genetics	4	2.7%

injury (accidental) and violence (4.0%) are less common topics. These results are illustrated in Table 41.

At a more specific level, diabetes, HIV/AIDS, and suicide/self-injury form a substantial portion of the CIHR research. Nearly one-third (30.6%) of research projects on chronic disease address diabetes, and form 7.4% of the total research projects currently funded by CIHR. HIV/AIDS projects are nearly one-half (48.1%) of all CIHR research projects devoted to infectious disease (and 8.7% of total projects). Finally, suicide/self-injury comprises nearly one in five (18.2%) projects addressed to mental health (4.0% of total projects).

As with the peer-reviewed literature, there are limitations to the available data on the populations addressed by CIHR research. Specific denotation of population in the CIHR database is not universally applied, and so results should be read with caution. Overall, as Table 42 indicates, Aboriginal peoples are most likely to be identified as the target population (51.7%), with First Nations (38.9%), Inuit (7.4%), and Métis (4.0%) following.

Population	Percentage
Aboriginal	51.7%
First Nations	38.9%
Inuit	7.4%
Métis	4.0%





KEY OBSERVATIONS



4.0 Key Observations

The following section details key observations arising from this updated review of literature, research, and national organizations working in First Nations, Inuit, and Métis public health.

4.1 Peer Reviewed Literature

Overall, the body of peer-reviewed literature examined indicates an increasing emphasis on the social determinants of health and on maternal/child/youth health, as well as a continued focus on chronic disease and health care research, policy, human resources, programming, and delivery. Work on environment and toxicology declined in 2007-2008 (over the previous review, covering 2001-2006), while published research on addictions and injury and violence remained relatively infrequent in the literature.

4.2 Non-Peer Reviewed Literature

The non-peer reviewed literature is much less likely than peer-reviewed literature to address chronic or infectious disease, and much more likely to be concerned with health policy, social determinants of health, general health reporting, and health care services and programs. Although this finding is indicative of the group of organizations producing non-peer reviewed literature (government, First Nations, Inuit, and/or Métis organizations, or other NGOs), it is also likely to indicate a group of documents more closely concerned with more holistic approaches to health.

4.3 CIHR Research

Echoing the indications in both the peer and non-peer reviewed literature – both of which exhibit an increasing emphasis on social determinants of health and community-based approaches/wellness, the CIHR research “pipeline” indicates an important shift in research approaches to First Nations, Inuit, and Métis public health. While there is a continuing focus on chronic disease – diabetes in particular – about one in four grants and awards address health promotion and prevention.

Furthermore, in contrast to the peer and non-peer reviewed literature, the CIHR database indicates a relatively high number of grants and awards pertaining to mental health and addictions (22.1% of CIHR projects, as opposed to 8.9% of the peer-reviewed literature).¹⁰⁵ As in the 2006 edition of *Landscapes*, research on diabetes, HIV/AIDS, and suicide/self-injury form a substantial portion of the research on chronic disease, infectious disease, and mental health, respectively.

4.4 Review of research and the priorities of national organizations: Positive changes and remaining gaps

The review of literature and research provides some evidence that a shift is occurring in the research on First Nations, Inuit, and Métis public health. Social determinants of health, maternal/child/youth health, health promotion/prevention, chronic and infectious disease, and the health care continuum all make strong appearances in the literature and research – and considerations of each are priorities for many of the national organizations (particularly for national First Nation, Inuit, and Métis organizations). Furthermore, CIHR

database findings indicate that mental health and addictions – both key issues identified by a number of national organizations – are beginning to receive increased attention.

At the same time, the CIHR database indicates a very low incidence of research pertaining to accidental injury or violence. These issues remain on the agendas of national organizations working in First Nations, Inuit, and Métis public health, but receive relatively little coverage in the extant literature and the research “pipeline” of CIHR.

4.5 More research in First Nations, Inuit, and Métis health is being published

In the 2006 edition of the *Landscapes* environmental scan, a total of 649 peer-reviewed documents were located pertaining to First Nations, Inuit, and/or Métis health in the years 2001 through mid-2006, an average of roughly 118 documents per year. However, the current review found a total of 384 documents for the years 2007 and 2008 – an average of 192 per year.

There are two possible explanations to consider in this change. The first possibility is that the concept of “health” has, in recent years, become more inclusive. In other words, it is possible that established peer-reviewed health journals have become more open to publishing on, for example, the social determinants of health (and indeed that new journals with more holistic views of health have been founded in recent years). This could mean that research that was already being done is finding increasing venues for publication (rather than

there being an increase in the amount of research itself). The second possibility is that the level of research on First Nations, Inuit, and Métis health has risen.

Regardless of the cause, one finding is very clear: more research on First Nations, Inuit, and Métis health is being disseminated.

¹⁰⁵ Caution should be taken in interpreting this finding, as some CIHR projects pertaining to mental health may find publication in venues outside the boundaries of the peer-reviewed literature search – in, for example, generalist sociology or social work publications



APPENDICES



Appendix A

Peer and Non-Peer Reviewed Literature



Appendix B

National Organizations Working in
Aboriginal, First Nations, Inuit, and Métis
Public Health in Canada

Appendix A: Peer and Non-Peer Reviewed Literature

Introduction

The following literature, published between January 1, 2007 and December 31, 2008, was identified for inclusion in the review of peer and non-peer reviewed literature for this scan. Peer reviewed literature included those items identified through a search of Ovid MEDLINE, PubMed, Native Health, and PsychINFO databases. Non-peer reviewed literature includes a wide range of non-peer reviewed literature identified through a search of databases for the National Aboriginal Health Organization, NEARBC, and the National Collaborating Center for Aboriginal Health.¹⁰⁶ Further details on research methodology for the scan are found in Section 2.2 of this document.

This appendix is designed to be used as a supplementary resource for individuals who may be interested in reading further on a topic that may be of interest to them. While the categorization of the literature contained in this appendix into peer reviewed and non-peer reviewed sections corresponds directly with that utilized in the analysis of the literature contained in the main report (that is, all literature listed here under peer reviewed formed the basis of the analysis of peer reviewed literature, and all literature listed under non-peer reviewed formed the basis of the analysis of non-peer reviewed literature), the subject areas used in this appendix to further categorize the literature are not intended to correspond directly with those used in the analysis of literature in the main report (as identified in Section 2.2 of this document). The subject areas for this appendix were generated through

the identification of predominant themes and health focus areas rather than utilizing a systematic approach. All literature has been listed under only one subject area despite the fact that topics covered may 'straddle' more than one subject area. For example, an article on children's diabetes could be found either under Chronic Disease or it could be found under Children's Health and Welfare. Readers who are interested in literature on a particular subject will need to refer to all subject areas that may be relevant.

The peer reviewed literature was categorized under 19 general subject areas, while non-peer reviewed was categorized under 15 general subject areas. The subject areas for peer reviewed literature include: Health Care Policy, Programming and Delivery; Infectious Diseases; Chronic Diseases; Nutrition and Physical Activity; Bones and Joints; Mental Health and Addictions; Neurological Disorders; Genetic Disorders; Social Determinants of Health; Environmental Health; Sexual Health/Sexually Transmitted Diseases; Child Health and Welfare; Women's Health; Seniors Care; Injury and Violence; Research Methodologies; Knowledge Translation in Aboriginal Health; Traditional Knowledge and Medicine; and General Report. The subject areas for non-peer reviewed literature includes: Health Care Policy, Programming and Delivery; Infectious Diseases; Nutrition and Physical Activity; Mental Health and Addictions; Social Determinants of Health; Environmental Health; Sexual Health/Sexually Transmitted Diseases; Child Health and Welfare; Women's Health; Seniors Care; Injury and Violence; Research Methodologies; Knowledge Translation in Aboriginal Health; Traditional Knowledge and Medicine; and General Report.

Peer-reviewed Literature

Health Care Policy, Programming and Delivery

Agnot-Johnston, T. & Ringland, S. (2008). Teaching north of the Arctic Circle. *Journal of Emergency Nursing*, 34(4): 365-8.

Anderson, K., Yeates, K., Cunningham, J., Devitt, J., & Cass, A. (2008). They really want to go back home, they hate it here: The importance of place in Canadian health professionals' views on the barriers facing Aboriginal patients accessing kidney transplants. *Health & Place*, 15(1): 390-3.

Anderson, M. & Lavallee, B. (2007). The development of the First Nations, Inuit and Métis medical workforce. *Medical Journal of Australia*, 21, 186(10): 539-40.

Anonson, J.M., Desjarlais, J., Nixon, J., Whiteman, L., & Bird, A. (2008). Strategies to support recruitment and retention of First Nations youth in baccalaureate nursing programs in Saskatchewan, Canada. *Journal of Transcultural Nursing*, 19(3): 274-83.

Arnold, O., Appleby, L., & Heaton, L. (2008). Incorporating cultural safety in nursing education. *Nursing BC*, 40(2): 14-7.

Baines, D. (2008). Race, resistance, and restructuring: Emerging skills in the new social services. *Social Work*, 53(2): 123-31.

Begoray, D.L. & Banister, E. (2008). Learning about Aboriginal contexts: The reading circle approach. *Journal of Nursing Education*, 47(7): 324-6.

¹⁰⁶ It might be noted that the Non-Peer Reviewed Literature section includes a number of articles from *Pimatisiwin: A Journal of Indigenous and Aboriginal Community Health*. While this journal considers its contributions to be peer-reviewed, these articles have been included in the Non-Peer Reviewed section because they were not included in the academic literature databases identified above.

- Browne, A.J. (2007). Clinical encounters between nurses and First Nations women in a Western Canadian hospital. *Social Science & Medicine*, 64(10): 2165-76.
- Buxton, J.A., Ouellette, V., Brazier, A., Whiteside, C., Mathias, R., Dawar, M., & Mulkins, A. (2007). Bridging the gap in population health for rural and Aboriginal communities: A needs assessment of public health training for rural primary care physicians. *Canadian Journal of Rural Medicine*, 12(2): 81-8.
- Curran, V., Solberg, S., LeFort, S., Fleet, L., & Hollett, A. (2008). A responsive evaluation of an Aboriginal nursing education access program. *Nurse Education*, 33(1): 13-7.
- Decker, K.M. (2008). Retention of screened women in the Manitoba Breast Screening Program. *Canadian Journal of Public Health*, 99(3): 216-20.
- Donelle, L. & Hoffman-Goetz, L. (2008). An exploratory study of Canadian Aboriginal online health care forums. *Health Commun*, 23(3): 270-81.
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- Green, M.E. & Van Iersel, R.I. (2008). Response of rural physicians in a non-fee-for-service environment to acute increases in demand due to physician shortages. *Canadian Journal of Rural Medicine*, 12(1): 10-5.
- Gregory, D., McCallum, M.J., Grant, K.R., & Elias, B. (2008). The Swampy Cree Tribal Council and Aboriginal governance: A case study of nursing education in Northern Manitoba. *Canadian Journal of Nursing Research*, 40(2): 132-49.
- Gregory, D., Pijl-Zieber, E.M., Barsky, J., & Daniels, M. (2008). Aboriginal nursing education in Canada: An update. *Canadian Nurse*, 104(4): 24-8.
- Griffin, S. & Layton, B. (2008). Bringing care closer to home. *Canadian Nurse*, 104(6): 12-3.
- Hall, L.M. (2008). Career planning and development needs of rural and remote nurses. *Journal of Research in Nursing*, 13(3): 207-217.
- Hammond, M., Rennie, C., & Dickson, J. (2007). Distance education for Inuit smoking counsellors in Canada: A case report. *International Journal of Circumpolar Health*, 66(4): 284-6.
- Hendricks, A. (2007). Canadian dispatches from medical fronts: Whaling. *Canadian Medical Association Journal*, 177(2): 139.
- Hogan, P. (2008). RN embraced culture in her role on First Nations community. *Alberta RN*, 64(6): 21.
- Ives, N.G. & Aitken, O. (2008). Technology and access: Responding to the social work education needs of First Nations and Inuit communities. *Social Work Education*, 27(6): 683-692.
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- Kulig, J., MacLeod, M., & Lavoie, J.G. (2007). Nurses and First Nations and Inuit community-managed primary health-care services. *Nursing BC*, 39(1): 14-5.
- Kurtz, D.L.M., Nyberg, J.C., Van den Tillart, S., & Mills, B. (2008). Silencing of voice: An act of structural violence. Urban Aboriginal women speak out About their experiences with health care. *Journal of Aboriginal Health, Aboriginal Women's Health*, 4(1): 53-63.
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- Marrone, S. (2007). Understanding barriers to health care: A review of disparities in health care services among indigenous populations. *International Journal of Circumpolar Health*, 66(3): 188-98.
- Morrisette, P.J. (2008). Clinical engagement of Canadian First Nations couples. *Journal of Family Therapy*, 30(1): 60-77.
- Nabalamba, A. & Millar, W.J. (2007). Going to the doctor. *Health Report*, 18(1): 23-35.
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- Richmond, C.A., (2007). Narratives of social support and health in Aboriginal communities. *Canadian Journal of Public Health*, 98(4): 347-51.
- Richmond, C.A., Ross, N.A., & Egeland, G.M. (2007). Social support and thriving health: A new approach to understanding the health of indigenous Canadians. *American Journal of Public Health*, 97(10): 1827-1833.

- Russell, C.K., Gregory, D.M., Care, W.D., & Hultin, D. (2007). Recognizing and avoiding intercultural miscommunication in distance education a study of the experiences of Canadian faculty and aboriginal nursing students. *Journal of Professional Nursing*, 23(6): 351-61.
- Tang, S.Y. & Browne, A.J. (2008). 'Race' matters: Racialization and egalitarian discourses involving Aboriginal people in the Canadian health care context. *Ethnicity & Health*, 13(2): 109-27.
- Tarlier, D.S., Browne, A.J., & Johnson, J. (2007). The influence of geographical and social distance on nursing practice and continuity of care in a remote First Nations community. *Canadian Journal of Nursing Research*, 39(3): 126-48.
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- Wihak, C. & Meral, N. (2007). Adaptations of professional ethics among counselors living and working in a remote Native Canadian community. *Journal of Multicultural Counseling and Development*, 35(3): 169-181.
- Infectious Diseases**
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Appendix B: National Organizations Working in Aboriginal, First Nations, Inuit, and Métis Public Health in Canada

National Aboriginal Organizations 			
Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Aboriginal Healing Foundation</p> <p>75 Albert Street, Suite 801 Ottawa, ON K1P 5E7 Tel: (613) 237-4441 Fax: (613) 237-4442 Toll Free: (888) 725-8886 Website: www.ahf.ca</p>	<p>Vision: for those affected by abuse experienced in residential schools: to address the effects of unresolved trauma, break the cycle of abuse, and enhance their capacity to sustain their well-being, and future generations.</p> <p>Mission: To provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing process that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.ⁱ</p>	<p>Facilitation Providing Resources” “Strategic investments,” i.e., funding Promoting Awareness Support</p>	<p>Assessing the impact of lump sum payments on residential school survivors; Models of Aboriginal healing practices Opportunities and challenges in the reconciliation process; suicide prevention; addictive behaviours; domestic violence; resilience; HIV/AIDS; mental health issues; sexual offending</p>
<p>Aboriginal Nurses Association of Canada (ANAC)</p> <p>56 Spark Street Suite 502 Ottawa ON K1P 5A9 Tel: (613) 724-4677 Fax: (613) 724-4718 Toll Free: 1-866-724-3049 Email: info@anac.on.ca Website: www.anac.on.ca</p>	<p>Mission: The mission of the Aboriginal Nurses Association of Canada is to improve the health of Aboriginal people, by supporting Aboriginal Nurses and by promoting the development and practice of Aboriginal Health Nursing.ⁱⁱ</p> <p>This will be achieved through activities that promote recruitment and retention of Aboriginal nurses, foster support, consultation, research and education.</p>	<p>Education/professional development Lobbying Research Mentorship/support Providing resources</p>	<p>Recruitment & Retention Culturally relevant practice</p>
<p>Aboriginal Sport Circle</p> <p>Unit 7, 34 McCumber Road N Akwasasne, Mohawk Territory Akwasasne, Ontario K6H 5R7 Tel: 613-938-1176 Fax: 613-938-9181 Toll Free: 1-866-938-1176 Website: aboriginalsportcircle.ca/en/contact_us</p>	<p>Mission: Support the revitalization of Aboriginal sport Promote a philosophy of Aboriginal culture and community development that encourages healthy lifestyles through sport, recreation and fitness Help create and sustain an effective and accountable Aboriginal sport delivery system Prevent racism and promote gender equity and cultural values Provide a national and international voice in sport, fitness, culture, and recreation pursuits for Aboriginal peoples in Canada ⁱⁱⁱ</p>	<p>Athlete training/support Coaching certification Lobbying Providing resources</p>	<p>Athlete development Coach development Recognition of excellence</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Canadian Aboriginal AIDS Network (CAAN)</p> <p>602-251 Bank St., Ottawa, ON K2P 1X3</p> <p>Tel: (613) 567-1817</p> <p>Fax: (613) 567-4652</p> <p>Toll Free: 1-888-285-2226</p> <p>Website: www.caan.ca</p>	<p>Mandate and Mission: to provide "leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside."^{vii}</p> <p>Goals and Objectives: "To provide accurate and up-to-date information about the prevalence of HIV in the Aboriginal community and the various modes of transmission; To offer leaders, advocates and individuals in the AIDS movement a chance to share their issues on a national level by building skills, education/awareness campaigns, and acting in support of harm reduction techniques; To facilitate the creation and development of regional Aboriginal AIDS service agencies through leadership, advocacy and support; To design material which are aboriginal specific for education and awareness at a national level, and to lessen resource costs of underfunded, regional agencies by distributing and making available these materials wherever possible; To advocate on behalf of Aboriginal people living with HIV/AIDS (APHA's) by giving them forums in which to share their issues and to facilitate the development of healing and wholeness strategies among the infected Aboriginal population; To build partnerships with Aboriginal and Non-Aboriginal agencies which address the issues of Aboriginal people across jurisdictions, thereby improving the conditions in which Aboriginal people in Canada live through a continuous and focused effort."^{viii}</p>	<p>Education</p> <p>Advocacy</p> <p>Support</p> <p>Research</p>	<p>Anti-discrimination</p> <p>Aboriginal strategy on HIV/AIDS</p> <p>Diagnosis and care of HIV in Aboriginal youth</p> <p>HIV/AIDS prevention</p> <p>Harm reduction</p> <p>Strengthening Aboriginal community based research capacity</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Assembly of First Nations (AFN) Trebla Building</p> <p>473 Albert Street, Suite 810 Ottawa, ON K1R 5B4 Tel: (613) 241-6789 Toll-Free: 1-866-869-6789 Fax: (613) 241-5808 Website: www.afn.ca</p>	<p>Health and Social Secretariat Mandate: “to protect, maintain, promote, support, and advocate for our inherent, treaty and constitutional rights, (w)holistic health, and the well-being of our nations.”^{iv}</p> <p>“This will be achieved through policy analysis, communications, and, most importantly, lobbying on behalf of, representing, supporting, and defending First Nations’ communities and individuals to ensure properly funded services and programs are delivered at the same level enjoyed by all Canadians.”^v</p> <p>“The ultimate goal is First Nations’ control of the development and delivery of all health and social services, and programs.”^{vi}</p>	<p>Lobbying Policy analysis Provide information</p>	<p>Diabetes Early childhood development HIV/AIDS First Nations research and information governance Home and community care Injury prevention Non-Insured Health Benefits First Nations public health framework Suicide prevention & mental health Tobacco control strategy</p>
<p>Congress of Aboriginal Peoples</p> <p>867, boul. St. Laurent Blvd. Ottawa, ON K1K 3B1 Tel: (613) 747-6022 Fax: (613) 747-8834 Website: www.abo-peoples.org/</p>	<p>Mandate: “to advocate for policy and program change that would better reflect the unique situations and corresponding health needs of all Aboriginal peoples in Canada regardless of residency.”^{ix}</p> <p>Vision: “to advance off-reserve Aboriginal and Métis perspectives on health in a balanced, positive, proactive manner, fostering positive working relationships, partnerships and collaborative approaches to health and healing. CAP maintains a grassroots approach to health issues in order that wholistic, forward thinking changes can occur that reflect identified needs, and are consistent with traditional teachings of the seven generations.”^x</p> <p>Objectives: “building sustainable capacity and expertise at the national, regional and local levels.”^{xi}</p>	<p>Representation Advocacy Working with Health Advisory Committee</p>	<p>Housing Policy development and frameworks on economic development Education policy and programs Aboriginal labour force development strategies Programs and services for Aboriginal peoples with disabilities Environment Aboriginal gang violence Health policy Human resource development Capacity building Mental health Cancer Suicide prevention Early learning and childcare Diabetes Social determinants of health</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>First Nations Child and Family Caring Society of Canada</p> <p>Suite 302 251 Bank Street, Ottawa ON K2P 1X3 Phone: (613) 230-5885 Fax: (613) 230-3080 Website: www.fncfcs.com</p>	<p>Mission: "building helping communities"^{xii}</p> <p>Value statement: "We value and promote the holistic knowledge and practices that support the sharing of national First Nations communities to love, respect and nurture First Nations children, young people, families, communities and nations."^{xiii}</p>	<p>Research Advocacy Policy Provide resources Professional development networking</p>	<p>Child welfare Culturally appropriate research and evaluation Empowerment of families and communities Children's rights</p>
<p>Indigenous Physicians Association of Canada</p> <p>305 - 323 Portage Avenue Winnipeg, MB R3B 2C1 Phone: 204-219-0099 Fax: 204-221-4849 Email: info@ipac-amic.org Website: www.ipac-amic.org</p>	<p>Vision: "The vision we hold is healthy and vibrant Indigenous nations, communities, families and individuals supported by an abundance of well educated, well supported Indigenous physicians working together with others who contribute to this vision with us."^{xiv}</p> <p>Mission: "to work together to use our skills, abilities and experiences to improve the health (broadly defined) of our nations, communities, families and selves."^{xv}</p>	<p>Support/mentorship Policy influence Advocacy Monitoring Curriculum development Provide resources Medical workforce development</p>	<p>Recruitment and retention strategies Indigenous knowledge and knowledge translation Culturally safe care</p>
<p>Inuit Tapiriit Kanatami</p> <p>170 Laurier Avenue West Suite 510 Ottawa, ON K1P 5V5 Tel: (613) 238-8181 Toll-free (Canada) 1.866.262.8181 Fax: (613) 234-1991 Website: www.itk.ca</p>	<p>Mandate/Vision: "Founded on the strength of Inuit unity and culture, guided by the Inuit Action Plan, ITK represents Inuit on the national level to help achieve their hopes and priorities."^{xvi}</p>	<p>Representation Organization Advocacy/policy influence Learning/teaching organization Public awareness</p>	<p>Climate change/Arctic strategy Poverty Land claims Inuit role in intergovernmental mechanisms Inuit human rights and sovereignty Traditional knowledge, language and culture Education strategy Truth and reconciliation</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Métis National Council</p> <p>350 Sparks St., Suite 201 Ottawa, ON K1R 7S8 Tel: (613) 232 - 3216 Fax: (613) 232 - 4262 Toll Free: (800) 928 - 6330 Email: info@metisnation.ca Website: www.metisnation.ca</p>	<p>The Métis National Council represents the Métis Nation and Métis rights at the national and international levels. It's goal is to "secure a healthy space for the Métis Nation's on-going existence within the Canadian federation." ^{xvii}</p>	<p>Policy influence/ development Facilitation Advocacy Representation Liaison</p>	<p>Métis rights Social development Culture and heritage Environment Economic development Health</p>
<p>National Aboriginal Diabetes Association (NADA)</p> <p>174 Hargrave Street Winnipeg, MB R3C 3N2 Canada Tel: (204) 927-1220 Toll Free: 1-877-232-NADA (6232) Fax: (204) 927-1222 Email: diabetes@nada.ca Website: www.nada.ca</p>	<p>Vision: a diabetes free people</p> <p>Mission: "to be the driving force in addressing diabetes and Aboriginal people as a priority health issue by working together with people, Aboriginal communities and organizations in a culturally respectful manner in promoting healthy lifestyles among Aboriginal people today and for future generations." ^{xviii}</p> <p>Goals: "To support individuals, families and communities to access resources for diabetes prevention, education, research and surveillance; to establish and nurture working relationships with those committed to persons affected by diabetes; to inspire communities to develop and enhance their ability to reduce the incidence and prevalence of diabetes; to manage and operate NADA in effective and efficient ways; to be the driving force in ensuring diabetes and Aboriginal people remains at the forefront of Canada's health agenda." ^{xix}</p>	<p>Education/ awareness Advocacy Health promotion</p>	<p>Diabetes prevention Culturally appropriate programs/services</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>National Aboriginal Health Organization</p> <p>220 Laurier Ave. W. Suite 1200 Ottawa, ON K1P 5Z9 Phone: (613) 237-9462 Toll Free: 877-602-4445 Fax: (613) 237-1810 E-mail: info@naho.ca Website: www.naho.ca</p>	<p>NAHO is “an Aboriginal-designed and controlled body committed to influencing and advancing the health and well-being of Aboriginal Peoples by carrying out knowledge-based strategies.”^{xx}</p> <p>Objectives: “To improve and promote Aboriginal health through knowledge-based activities; to promote an understanding of the health issues affecting Aboriginal Peoples; to facilitate and promote research on Aboriginal health and develop research partnerships; to foster the participation of Aboriginal Peoples in delivery of health care; to affirm and protect Aboriginal traditional healing practices.”^{xxi}</p>	<p>Research Education Knowledge dissemination</p>	<p>Traditional knowledge and traditional practices Health promotion Language retention and revitalization Youth suicide and health issues Midwifery/maternal care Urban Aboriginal health priorities Health human resources Alcohol and substance abuse</p>
<p>National Association of Friendship Centres (NAFC)</p> <p>275 MacLaren Street Ottawa, ON K2P 0L9 Tel: (613) 563-4844 Fax: (613) 594-3428 or (613) 563-1819 Email: nafcgen@nafc.ca Website: www.nafc.ca/ayc.htm</p>	<p>Mission: “is to improve the quality of life for Aboriginal peoples in an urban environment by supporting self-determined activities which encourage equal access to, and participation in, Canadian Society; and which respect and strengthen the increasing emphasis on Aboriginal cultural distinctiveness.”^{xxii}</p> <p>Objectives: “to act as a central unifying body for the Friendship Centre Movement: to promote and advocate the concerns of Aboriginal Peoples: and, to represent the needs of local Friendship Centres across the country to the federal government and to the public in general.”^{xxiii}</p>	<p>Program and service delivery Skills training counselling</p>	<p>Homelessness Literacy Aboriginal language/culture Human resources development Alcohol and substance abuse Recreation Counselling Justice</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>National Indian and Inuit Community Health Representative Organization (NIICHO)</p> <p>P.O. Box 1019 1 Roy Montour Lane Kahnawake, QC J0L 1B0 Tel: (450) 632-0892 Fax: (450) 632-2111 Website: www.niichro.com</p>	<p>Mission: "to upgrade the quality of health care of First Nation and Inuit people to the standard of health enjoyed by the rest of the population of Canada; to provide a forum for CHRs to communicate and exchange information with each other on various community health initiatives and on the improvement of the CHR program at national level; to create and promote awareness and understanding of the CHR program in Canada ; to provide a mechanism and a means for advising First Nations and Inuit communities, First Nations and Inuit Health Branch (FNIHB), Health Canada and others on all matters pertaining to CHRs."^{xxiv}</p>	<p>Information Exchange Advisory Role Development of training tools</p>	<p>Injury Prevention Contraception Awareness Tobacco control Health human resources Physical activity/nutrition</p>
<p>Native Women's Association of Canada</p> <p>Six Nations of the Grand River 1721 Chiefswood Road, P.O. Box 331 Ohsweken, ON N0A 1M0 Tel: (519) 445-0990 Fax: (519) 445-0924 Website: www.nwac-hq.org</p>	<p>Goal: "to enhance, promote, and foster the social, economic, cultural and political well-being of First Nations and Métis women within First Nation, Métis and Canadian societies."^{xxv}</p>	<p>Advocacy Education</p>	<p>Violence against women Environment Women's equality International women's rights and equality Aboriginal human resources development Economic development Diabetes Birthing Suicide prevention Seniors abuse Health careers</p>

National Aboriginal Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Pauktuutit – Inuit Women of Canada</p> <p>56 Sparks Street, Suite 400 Ottawa, ON K1P 5A9 Tel: (613) 238-3977 Toll Free: 1-800-667-0749 Fax: (613) 238-1787 email: info@pauktuutit.ca Website: www.pauktuutit.ca</p>	<p>Mission: foster “greater awareness of the needs of Inuit women, advocates for equity and social improvements, and encourages their participation in the community, regional and national life of Canada. Pauktuutit leads and supports Canadian Inuit women in policy development and community projects in all areas of interest to them, for the social, cultural, political and economic betterment of the women, their families and communities.”^{xxvi}</p> <p>Vision: “to be a dynamic, visible, influential organization, supporting Inuit women and providing leadership, voice and excellence for the betterment of Inuit women, their families and communities. Pauktuutit is the national non-profit charitable organization representing all Inuit women in Canada. Its mandate is to foster a greater awareness of the needs of Inuit women, and to encourage their participation in community, regional and national concerns in relation to social, cultural and economic development.”^{xxvii}</p> <p>Objectives (health specific): “To work for the betterment of individual, family and community health conditions through advocacy and program action.”^{xxviii}</p> <p>Mandate: to ensure Inuit women’s “input on national issues of concern to aboriginal peoples in Canada, and to increase their participation in federal policies and programs.”^{xxix}</p>	<p>Advocacy Research</p>	<p>Violence against women Environment Residential schools Abuse Early childhood development Economic development Sexual health Diabetes Environment Injury prevention Tobacco reduction</p>

Federal Government Organizations



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>First Nations and Inuit Health Branch (Health Canada) (FNIHB, HC)</p> <p>Website: www.hc-sc.gc.ca</p>	<p>Mission & Vision (general to HC): Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. HC is committed to improving the lives of all of Canada 's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.^{xxx}</p> <p>Objective (specific to FNIHB): to improve health outcomes, by ensuring the availability of, and access to, quality health services, and by supporting greater control of the health system by First Nations and Inuit.</p> <p>http://www.tbs-sct.gc.ca/rpp/2009-2010/inst/shc/shc-eng.pdf</p>	<p>Core Roles (general to HC):</p> <ul style="list-style-type: none"> Leader/Partner Funder Guardian/Regulator Service Provider Information Provider 	<ul style="list-style-type: none"> Food/drug safety Tripartite agreement on health Injury surveillance Tobacco control Environmental health Greater integration of provincial/territorial health systems Health service infrastructure Canada Health Infoway Fostering science and research^{xxxi}

Federal Government Organizations (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Indian and Northern Affairs Canada (INAC)</p> <p>Terrasses de la Chaudière 10 Wellington, North Tower Gatineau, Quebec Postal Address: Ottawa, ON K1A 0H4 Tel: (toll-free) 1-800-567-9604 Fax: 1-866-817-3977 TTY: (toll-free) 1-866-553-0554 Email: InfoPubs@ainc-inac.gc.ca Website: www.ainc-inac.gc.ca</p>	<p>Vision: "Canada's economic and social well-being benefits from strong, self-sufficient Aboriginal and northern people and communities. Our vision is a future in which First Nations, Inuit, Métis and northern communities are healthy, safe, self-sufficient and prosperous - a Canada where people make their own decisions, manage their own affairs and make strong contributions to the country as a whole." ^{xxxii}</p> <p>Mandate: "The department is responsible for two mandates Indian and Inuit Affairs and Northern Development." ^{xxxiii}</p> <p>"The Indian and Inuit Affairs mandate derives from the Indian Act and its amendments over the years." ^{xxxiv}</p> <p>The Northern Development mandate "derives from statutes enacted in the late 1960's and early 1970s; from statutes enacting modern treaties north of 60; and from statutes dealing with environmental or resource management, and is framed by statutes that enact the devolution of services and responsibilities from INAC to territorial governments." ^{xxxv}</p> <p>Both mandates include an international dimension.</p>	<p>Indian and Inuit Affairs negotiate comprehensive and specific land claims and self-government agreements on behalf of the Government of Canada oversee implementation of claim settlements deliver provincial-type services such as education, housing, community infrastructure and social support to Status Indians on reserves manage land execute other regulatory duties under the Indian Act ^{xxxvi} Northern Development play a direct role in the political and economic development of the territories significant responsibilities for resource, land and environmental management."</p>	<p>INAC education and housing renovation of core program authorities to improve responsiveness to changing conditions and needs development of legislative frameworks that will empower Aboriginal Canadians and Northerners to make their own decisions, manage their own resources and support their community's development special attention to ensuring that those Aboriginal people who are most vulnerable are protected and empowered, for example, by establishing family violence shelters and tabling legislation designed to protect the property rights of First Nations women in cases where relationships fail</p> <p>Indian and Inuit Affairs Aboriginal economic development activities Development of the government's Northern Strategy Government-wide policy development activities relating to Aboriginal and northern priorities</p>

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>National Collaborating Centre for Aboriginal Health (NCCAHA)</p> <p>3333 University Way Prince George, BC V2N 4Z9 Tel: (250) 960-5986 Fax: (250) 960-5644 Email: nccah@unbc.ca Website: www.nccah-ccnsa.ca</p>	<p>Mandate: "The National Collaborating Centre for Aboriginal Health (NCCAHA) supports Aboriginal communities across Canada in realizing their health goals. The centre uses a coordinated, holistic and comprehensive approach to the inclusion of Aboriginal peoples, research, and Indigenous knowledges in a renewed public health system that is respectful of, and responsive to, First Nations, Inuit and Métis peoples."^{xxxvii}</p> <p>Goals: "Support research centres, service delivery agencies, policy-makers and communities to use reliable, quality evidence in their efforts to achieve meaningful impact on the public health system on behalf of Aboriginal peoples in Canada; Increase knowledge and understanding of Aboriginal public health by developing culturally relevant materials and projects; Establish new, and strengthen existing, partnerships at the national and international level to facilitate greater Aboriginal participation in public health initiatives that affect First Nations, Inuit, and Métis peoples."^{xxxviii}</p>	<p>Research Knowledge synthesis, translation and exchange Networking Partnerships Production of tools and resources</p>	<p>Child and Youth Health Indigenous Knowledge Indigenous Social Determinants of Health Emerging Public Health Priorities Aboriginal Health Policies</p>

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Network Environments for Aboriginal Health Research (NEAHR)</p> <p>Previously - Aboriginal Capacity and Development Research Environment (Institute of Aboriginal Peoples' Health) (ACADRE, IAPH)</p>	<p>Objectives: "to pursue scientific knowledge based on international standards of research excellence; to advance capacity and infrastructure in aboriginal health research; to provide the appropriate environment for scientists from across the four research pillars: 1) Biomedical Research, 2) Clinical Research, 3) Health Services/ Systems Research, 4) Social, Cultural, Environmental and Population Health Research, themes and to pursue research opportunities in partnership with aboriginal communities; to provide opportunities for aboriginal communities and organizations to identify important health research objectives in collaboration with aboriginal health researchers; to facilitate the rapid uptake of research results through appropriate communication and dissemination strategies; to provide an appropriate environment and resources to encourage aboriginal and non-aboriginal students to pursue careers in Aboriginal health research."^{xxxix}</p>	<p>Research Knowledge dissemination</p>	<p>Recruitment & Retention Culturally relevant practice</p>
<p>Alberta ACADRE Network, Edmonton Tel: 1-780-492-1827 Email: acadre@ualberta.ca Website: www.acadre.ualberta.ca</p>	<p>1. Alberta ACADRE Network, Edmonton</p>		<p>Traditional knowledge and ethics; northern community access to health services</p>
<p>Anishnawbe Kekendazone – CIET, Ottawa Tel: 1-613-241-2081</p>	<p>2. Anishnawbe Kekendazone – CIET, Ottawa</p>		<p>Perinatal health; youth at risk and resilience; knowledge translation</p>
<p>Atlantic Aboriginal Health Research Program, Halifax Tel: 1-902-494-2117 Email: aahrp@dal.ca Website: aahrp.socialwork.dal.ca</p>	<p>3. Atlantic Aboriginal Health Research Program, Halifax</p>		<p>Alcohol and substance abuse research; mental health and addictions; enhancing the understanding of social determinants of health</p>

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
British Columbia NEAHR (NEAHRBC), Vancouver Website: www.nearbc.com	4. British Columbia NEAHR (NEARBC), Vancouver		Knowledge transfer; build Aboriginal health research capacity
Centre for Aboriginal Health Research, Winnipeg Tel: 1-204-789-3250 Website: www.umanitoba.ca/centres/cahr/	5. Centre for Aboriginal Health Research, Winnipeg		Population health; health services; child health and development; ethical issues in Aboriginal health research
Indigenous Health Research Development Program, Toronto Tel: Toronto 1-416-978-0298 Ohsweken 1-519-445-0023 ext. 236 Website: www.ihrdp.ca/	6. Indigenous Health Research Development Program, University of Toronto, McMaster		Chronic diseases; nutrition and lifestyle; Indigenous healing; addiction; mental health and the judicial system; health delivery and control; community development and governance; prevention and environmental health
Indigenous Peoples' Health Research Centre, Regina Tel: 1-306-337-2461 Website: www.iphrc.ca/	7. Indigenous Peoples' Health Research Centre, Regina		Chronic diseases; nutrition and lifestyle; Indigenous healing; addiction; mental health and the judicial system; health delivery and control; community development and governance; prevention and environmental health
Nasivvik Centre for Inuit Health and Changing Environments, Quebec City Tel: 1-418-656-4141 ext. 46516 Website: www.nasivvik.ulaval.ca/	8. Nasivvik Centre for Inuit Health and Changing Environments, Quebec City		Health of populations in the theme areas of food, water, and traditional and natural medicines and remedies

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Institute of Aboriginal Peoples' Health (Canadian Institutes of Health Research) (IAPH, CIHR)</p> <p>Canadian Institutes of Health Research University of Victoria P.O. Box 1700, STN CSC Victoria, BC V8W 2Y2 Tel: (250) 472-5449 Fax: (250) 472-5450</p> <p>Room 97, 160 Elgin Street Address locator: 4809A Ottawa, ON K1A 0W9 Tel: 1-888-603-4178 Fax: (613) 954-1800 Website: www.cihr-irsc.gc.ca/e/8668.html</p>	<p>Vision: "CIHR-IAPH will improve the health of First Nations, Inuit and Métis people through the assertion of Aboriginal understandings of health and by fostering innovative community-based and scientifically excellent research."^{xi}</p> <p>Mission: "CIHR-IAPH will play a lead role in increasing the productivity and impact of Aboriginal health research by advancing capacity and infrastructure in the First Nations, Inuit and Métis communities, enhancing knowledge translation and forging partnerships with diverse communities and organizations at the regional, national and international levels."^{xii}</p>	<p>Foster research through funding and collaboration Knowledge translation Advancing capacity and infrastructure Graduate student support</p>	<p>Culturally relevant health promotion strategies Identification of health advantage and health risk factors Health determinants Disease, injury, and disability prevention strategies Addiction and mental health strategies Social, cultural and environmental research that contributes to development of appropriate health policies and health systems Psychosocial, cultural, epidemiological and genetic research to determine causal factors for certain conditions Clinical trials Health services research International research to address accessibility and provider issues Ethics issues</p>
<p>National Network for Aboriginal Mental Health Research (NAMHIR) c/o Culture and Mental Health Research Unit, Sir Mortimer B. Davis - Jewish General Hospital 4333 chemin de la Cote Ste. Catherine Montreal, QC H3T 1E4 Tel: (514) 340-8222 Ext. 5244 Fax: (514) 340-7503 Website: www.namhr.ca</p>	<p>NAMHIR is committed to building research capacity in the field of Aboriginal mental health and addictions, and knowledge translation in rural, remote and urban settings.</p> <p>Objectives: 1) train new researchers (especially Aboriginal), 2) develop research partnerships and collaborations, and 3) engage in innovative knowledge translation activities. These objectives emphasize methodologically sound and culturally responsive research in Aboriginal communities.^{xiii}</p>	<p>Research Knowledge dissemination Training of future researchers</p>	<p>Develop research capacity Culturally responsive research</p>

Other Organizations/Agencies that do Health-Related Research with Aboriginal Peoples (cont'd)



Organization	Mission/Vision/Mandate/Objectives	Scope/Role	Relevant/Current Priorities/Strategies
<p>Centre for Indigenous Peoples' Nutrition and Environment</p> <p>c/o McGill University Macdonald Campus 21111 Lakeshore Road Sainte-Anne-de-Bellevue, QC H9X 3V9 Tel: 514-398-7757 Fax: 514-398-1020 Website: www.mcgill.ca/cine</p>	<p>Guiding Principles: "document, promote and incorporate traditional knowledge of nutrition and environment; respond to concerns of local communities on their food, food use and environment; develop participatory relationships between communities and scientists for undertaking research in nutrition and ecosystems; encourage continuing consultation, communication and recognition of elders to enhance the relevance of CINE's work; implement ethics guidelines for research, including those related to intellectual property rights as adopted by University Councils and the CINE Board; provide training to students and other residents of local communities; communicate research findings widely, both nationally and internationally, and contribute to policy developments in areas related to the CINE mission." ^{xiii}</p>	<p>Research Knowledge dissemination Training of researchers Information exchange education</p>	<p>Traditional knowledge Nutrition Environment Community-based research</p>
<p>Prairie Women's Health Centre of Excellence</p> <p>56 The Promenade, Winnipeg, MB R3B 3H9 Tel: 204-982-6630 Fax: 204-982-6637 Email: pwhce@uwinnipeg.ca Website: www.pwhce.ca/</p>	<p>The Centre is dedicated to "improving the health status of Canadian women by supporting policy-oriented, and community-based research and analysis on the social and other determinants of women's health." ^{xiv}</p>	<p>Research Policy advice Data analysis Knowledge dissemination Networking</p>	<p>Aboriginal women's health issues Women, poverty and health Health of women living in rural, remote and northern communities Gender and health planning</p>

Endnotes

- ⁱ <http://www.ahf.ca/about-us/mission>
- ⁱⁱ <http://www.anac.on.ca/Mission%20Statement.html>
- ⁱⁱⁱ http://aboriginalsportcircle.ca/en/the_ascs_mission
- ^{iv} <http://www.afn.ca/article.asp?id=103>
- ^v Ibid.
- ^{vi} Ibid.
- ^{vii} <http://www.caan.ca/english/about.htm>
- ^{viii} http://www.caan.ca/english/org_policies.htm
- ^{ix} <http://www.abo-peoples.org/programs/health.html>
- ^x Ibid
- ^{xi} Ibid
- ^{xii} <http://www.fncfcs.com/about/mission.html>
- ^{xiii} <http://www.fncfcs.com/about/StrategicDirections.html#>
- ^{xiv} <http://www.ipac-amic.org/vision.php>
- ^{xv} <http://www.ipac-amic.org/mission.php>
- ^{xvi} <http://www.itk.ca/publications/itk-strategic-plan>
- ^{xvii} <http://www.metisnation.ca/mnc/index.html>
- ^{xviii} <http://www.nada.ca/about/about-nada/>
- ^{xix} Ibid.
- ^{xx} <http://www.naho.ca/english/about.php>
- ^{xxi} <http://www.naho.ca/english/about.php>
- ^{xxii} <http://www.nafc/about.htm>
- ^{xxiii} <http://www.nafc/about.htm>
- ^{xxiv} <http://www.niichro.com/2004/?page=history&lang=en>
- ^{xxv} <http://www.nwac-hq.org/en/nwacstructure.html>
- ^{xxvi} http://www.pauktuutit.ca/pdf/ART_PauktuutitAnnual0607_ENG.pdf
- ^{xxvii} Ibid.
- ^{xxviii} Ibid.
- ^{xxix} http://www.pauktuutit.ca/faq_e.asp
- ^{xxx} <http://www.hc-sc.gc.ca/ahc-asc/activit/about-apropos/index-eng.php>
- ^{xxxi} Health Canada 2009-2010 Estimates, Part III – Report on plans and priorities,
- ^{xxxii} <http://www.tbs-sct.gc.ca/rpp/2009-2010/inst/shc/shc-eng.pdf>
- ^{xxxiii} <http://www.ainc-inac.gc.ca/ai/index-eng.asp>
- ^{xxxiv} <http://www.ainc-inac.gc.ca/ai/arp/mrr-eng.asp>
- ^{xxxv} Ibid.
- ^{xxxvi} Ibid.
- ^{xxxvii} <http://www.nccph.ca/nccah>
- ^{xxxviii} Ibid.
- ^{xxxix} <http://www.cihr-irsc.gc.ca/e/27071.html>
- ^{xl} <http://www.cihr-irsc.gc.ca/e/9188.html>
- ^{xli} Ibid.
- ^{xlii} <http://www.namhr.ca/about-mission.html>
- ^{xliii} <http://www.mcgill.ca/cine/about/principles/>
- ^{xliv} <http://www://www.pwhce.ca/>



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NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH
CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE

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