



**CIHR IRSC**

Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

## Primary and Integrated Health Care Innovations Network (PIHCI) Health Integration Summit

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Discoveries for life / Découvertes pour la vie



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Canada



I would like to take the opportunity to acknowledge that we are gathered on Treaty 6 Territory. It is the traditional territory of numerous First Nations, including Cree, Dene, Saulteaux, Ojibway, and is the homeland of the Métis Nation.

## CIHR's Commitments

1. Increase capacity to interact with Indigenous Peoples in an appropriate way
2. Make Government aware that Governing Council should reflect the diversity of Canada's Indigenous Peoples
- 3. New definition of Indigenous Health Research (IHR)**
4. Develop performance indicators to monitor IHR investments
5. Increase investments in IHR to a minimum of 4.6%
6. Increase investment as capacity and additional financial resources allow
- 7. Implement and evaluate iterative peer review**
8. Develop impactful strategic initiatives aimed at improving the health of Indigenous Peoples
9. Hold annual meetings with National Indigenous Organizations
10. Develop strategies to strengthen Indigenous research capacity

## Definition of Indigenous Health Research:

- *Indigenous Health Research can be defined by any field or discipline related to health and/or wellness that is **conducted by, grounded in, or engaged with, First Nations, Inuit or Métis communities, societies or individuals and their wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present (CIHR, 2017).***

## IIPH Strategic Focus & Priorities

- 1) To propel First Nations, Inuit and Métis Peoples and communities to drive First Nations, Inuit and Métis health research and knowledge translation
- 2) To transform First Nations, Inuit and Métis health using Indigenous Ways of Knowing, and the guiding principle of reciprocal learning.
- 3) To advance beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples.

## Root Causes of Ill Health Among Indigenous People

- Disparities in health exist on the basis of race in Canada (Lasser et al, 2006). Racism, oppression, historical legacies and government policies continue to perpetuate the ongoing state of Indigenous Peoples' health inequities in many Indigenous communities (Virginia Department of Health, 2013).
- Indigenous Peoples carry an inordinate burden of health issues and suffer the worst health of any group in Canada. Beyond that, Indigenous people experience the **poorest living conditions, inequitable access** to education, food, employment and healthcare/health services in a country that reliably ranks in the top ten on the United Nations human development index (Diffey and Lavalley, 2016; Allan & Smylie, 2015; Reading & Wien, 2009)

## Root Causes of Ill Health Among Indigenous People

- **Inequitable access** leads to the worst health outcomes (Aboriginal Health Advisory Committee, 2012; Reading & Wien, 2009), but most importantly racism has been identified as the major factor in creating and reinforcing these disparities (Diffey and Lavalley, 2016; Allan & Smylie, 2015; Hart & Lavalley, 2015; Loppie, Reading, & de Leeuw, 2014).
- This racism is rooted in our colonial history and the processes that have – and continue to – disconnect Indigenous communities from their lands, languages, and cultures (Diffey and Lavalley, 2016; King, Smith, & Gracey, 2009; Commission on Social Determinants of Health, 2007).
- However, Indigenous people are resilient, we do have greater capacity to undertake research and we have far more community engagement and direction than ever before.
- One of the immediate priorities of the institute is to engage Indigenous grassroots communities to ensure the priorities identified truly do reflect community priorities. Communities are also very keen to see strengths and asset based solutions and that included research initiatives.

## Truth & Reconciliation .. Let's Talk About Truth

- Indigenous communities must be leading the Indigenous health research agenda in Canada
- How do we address the needs of Indigenous people inside an integrated health system?
  - Do you ask Indigenous communities?
  - What does patient engagement truly look like?
  - What is Indigenous patient-centred care?
  - How do you measure “success”? What does evaluation look like?

The *truth* is that we often talk about reconciliation and rarely listen to Indigenous communities.

## Truth & Reconciliation .. Let's Talk About Truth

- The *Digging Deep: Examining the Root Causes of HIV/AIDS Among Indigenous Women* Project funded by CIHR in 2014 is one example to learn from.
- Interviewed 148 Indigenous women living with HIV, AIDS and/or HCV as well as 21 service providers (such as physicians, nurses, pharmacists, counselors, professionals within the criminal justice system, social workers) and Elders, Knowledge Keepers.
- Two main goals were to develop a model of culturally safe care and increase the research capacity of All Nations Hope Network (ANHN) and the broader Indigenous community in Regina.

## Truth & Reconciliation .. Let's Talk About Truth

- The research team engaged, supported, and walked with Indigenous women living with HIV and/or HCV. Community-based research navigators (CBRNs) were a key ingredient in the success of this project that used community-based participatory research (CBPR) approach, Indigenous storytelling, and mutual learning methods.
- CBRNs were women who worked at All Nations Hope Network and were trained to conduct surveys and one-on-one in-depth interviews. They also worked to establish relationships with participants and walked alongside them for the course of the project (and beyond, as these relationships continue today).
- They were not seen necessarily as patients but could be seen as such in the context in which we are discussing today

## Truth & Reconciliation .. Let's Talk About Truth

- The women that participated in the project ultimately helped to develop a model of culturally safe care and ANHN was successful in a second grant that will evaluate this model of care.
- This implementation research grant will develop a new and innovative model of care but also a community-based, holistic evaluation.
- While models cannot be duplicated from community to community, there are lessons to be learned and adapted from this project (and others) to patient-oriented care and primary and integrated health care networks.



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*If we truly want to live as one we first have to  
create a world that is good for all*

*~ ArchDuke White Privilege Explained*



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HANK YOU!

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