Picking Up The Feather
First Nations/Aboriginal Communities and the University
Working Together In Research

Presenters:
Brenda Elias, Dr. Judy Bartlett,
Doreen Sanderson,
Jennie Wastesicoot, Deborah Wilde
Picking Up The Feather - Objectives

• Developing an effective Aboriginal Research Centre
• Developing an effective process for doing research that is relevant and useful for First Nation communities
• Research that recognizes and respects the cultural, social, economic and political diversity within the Aboriginal/First Nations communities
• Developing protocols and guidelines that assist in the selection process for research proposals and working with communities in research
• Methods to provide training and employment opportunities for the development of Aboriginal community and Aboriginal academic researchers
Picking Up The Feather

Developing An Effective Research Centre
Manitoba First Nations
Centre for Aboriginal Health Research
History

J.A. Hildes Northern Medical Unit
Northern Health Research Unit
First Nations Regional Health Survey
Health Information and Research Committee
Assembly of Manitoba Chiefs / Foundations for Health
Canada Foundation for Innovation
AMC / CAHR Partnership

AMC HEALTH INFORMATION RESEARCH COMMITTEE

MANITOBA FIRST NATIONS COMMUNITIES & TRIBAL COUNCILS
Grand Opening Invited Speakers and Dignitaries

Marlyn Tanner-Spence
Master of Ceremonies
Norway House First Nation

Grand Chief Dennis White Bird
Assembly of Manitoba Chiefs
CAHR Grand Opening Ceremony

Drum Ceremony

Opening Prayer
Elder Frank Wesley †
† Deceased
Assembly of Manitoba Chiefs’ Gift to CAHR

Dr. Brian Hennen, Dean
Faculty of Medicine, University of Manitoba

Marilyn Tanner Spence
Norway House First Nation

Dr. Joanne Keselman
University of Manitoba Vice President Research

Grand Chief Dennis White Bird
Assembly of Manitoba Chiefs

Dr. John O’Neil
Centre for Aboriginal Health Research

Chief Noella Eagle
Canupawakpa Dakota Nation and Assembly of Manitoba Chiefs’ Committee on Health

Dr. Jeff Reading
Scientific Director
Institute of Aboriginal Peoples’ Health
Canadian Institute of Health Research
The CAHR will initiate, coordinate and support research activities designed to assist First Nations and Aboriginal communities and organizations in their efforts to promote healing, wellness and improved health services in their communities.

The research program will integrate scientific and traditional Aboriginal approaches to producing new knowledge about health and health care in First Nations and Aboriginal communities.
CAHR Objectives

• To conduct studies of the determinants of health in First Nations and Aboriginal communities.

• To support culturally-appropriate studies of traditional healing in First Nations and Aboriginal communities.

• To support and coordinate basic medical research into disease processes currently prevalent in First Nation and Aboriginal communities.
CAHR Objectives, cont’d

• To conduct community-based studies into innovative culture-based approaches to healing and wellness in First Nations and Aboriginal communities.

• To conduct studies of factors that influence the development of health service systems to meet the needs of First Nations and Aboriginal communities.

• To promote research that addresses the gender and age related needs of First Nations and Aboriginal communities.
CAHR Objectives, cont’d

• To provide community and university-based education and training in health research to First Nations and Aboriginal communities and students.

• To facilitate capacity-building in First Nations and Aboriginal communities and organizations in the use of health information for policy and program development.

• To assist with the development of quality health information systems describing changing health conditions in First Nations and Aboriginal communities.
CAHR Objectives, cont’d

• To advise First Nations and Aboriginal governments and organizations on health policy issues based on the best available research evidence.

• To facilitate communication and knowledge sharing concerning Aboriginal health development nationally and internationally.
CAHR Operations

CAHR Advisory Board

AMC Health Information and Research Committee / Chiefs Health Committee

Aboriginal Health Research Group (Faculty Associates/ Co-Investigator Group)

Project Funding/Staff
The purposes of the Advisory Board are:

- To develop a broad perspective on health research issues of importance to First Nations and Aboriginal communities and organizations;
- To advise and assist the CAHR to determine an appropriate set of activities to meet its goals and objectives;
- To assure the long-term viability of the CAHR.
Advisory Board
Powers, Duties and Responsibilities

• Promote the CAHR and its objectives.
• Assist with securing operational funding for the CAHR.
• Provide general guidance for research priorities for the CAHR.
• Ensure that First Nations and other Aboriginal leaderships are kept informed of the CAHR’s operations.
• Ensure that appropriate academic and scientific standards are maintained in accord with University policy.
• Ensure that appropriate ethical and dissemination protocols are developed and maintained.
• Assist with developing and maintaining linkages and partnerships with relevant Aboriginal organizations and communities, government, and private sector.
• The Board will meet twice per year or as required at the discretion of the Director, subject to the availability of funding.
Advisory Board Members

- William (Bill) Cook, Elder
- Rose Chaske, Elder
- Chief Bailey Colon, AMC
- Vacant, AMC
- Doreen Sanderson, HIRC
- Gary Munroe, HIRC
- Stephanie Sinclair, Youth
- Jason Whitford, Youth (alternate)

- Bruce Martin, University of Manitoba
- Cathy Cook, Member at large (MaL)
- Fred J. Shore, MaL
- Murray Sinclair, MaL
- Loretta Bayer, Manitoba Health
- Virginia Sanderson, FNIHB
Picking Up The Feather

Developing an Effective Process for Doing Research That Is Relevant and Useful for First Nation Communities
HEALTH INFORMATION AND RESEARCH COMMITTEE (HIRC)

• 1995 National Steering Committee developed to launch Regional Health Survey (RHS)
• 1996 HIRC was formed for the Manitoba RHS
• 1998 Responsibilities of the HIRC expanded
• 2001 Assembly of Manitoba Chiefs passed a resolution in support of the CAHR
• HIRC Relationship with the CAHR
• 2002 Second wave of the RHS
Objectives of the HIRC

• To review health research proposals on behalf of Manitoba First Nations and recommend actions for further development

• To monitor the progress of health research activities involving Manitoba First Nations and ensure that their concerns and priorities are respected, as well as to ensure cultural appropriateness

• To work collaboratively with health researchers in the development and implementation of health research projects to increase research capacity in First Nation communities

• To ensure confidentiality in data collection
HIRC Objectives, cont’d

• To facilitate communication between regional and national organizations/committees involved in health research or health information systems
• To act as an ethics review committee
• To develop and improve a code of ethics that is suitable for the HIR committee
• To designate sub-committees who will monitor and assist those involved in research
• To guide and direct the effective implementation of First Nation data base systems at a regional level
• To set standards and guidelines on the development of regional health database systems that will ensure that ownership and control rests with First Nations
HIRC Committee Composition

- One Health Coordinator or designate from the seven Tribal Councils
- One representative from the Assembly of Manitoba Chiefs
- One representative from Manitoba Keewatinowi Okimakanak
- One representative from northern independent First Nation
- One representative from a southern independent First Nation
- An elder will be invited to participate as an advisor
- CAHR/University provides technical support and guidance
# Current HIRC Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
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<tbody>
<tr>
<td>Doreen Sanderson</td>
<td>HIRC Chair, Assembly of Manitoba Chiefs</td>
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<tr>
<td>Joseph Perch</td>
<td>Manitoba Keewatinowi Okimakanak</td>
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<td>Mike Burdett</td>
<td>Norway House First Nation</td>
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<td>Gloria Cameron</td>
<td>West Region Tribal Council</td>
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<td>Garry Munro</td>
<td>Cree Nation Tribal Health Centre</td>
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<tr>
<td>Andy Wood</td>
<td>Four Arrows (ILTC)</td>
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<td>Cecelia Stevenson</td>
<td>Fisher River Health Centre</td>
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<tr>
<td>Larry Starr</td>
<td>Southeast Resource Development Council</td>
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<tr>
<td>Jeannie Danials</td>
<td>Dakota Ojibway Health Services</td>
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<tr>
<td>Emile Garson</td>
<td>Keewatin Tribal Council</td>
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<tr>
<td>Tracy Scott</td>
<td>Anishinaabe Mino-Ayaawin</td>
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<tr>
<td>Doreen Sanderson</td>
<td>HIRC Chair, Assembly of Manitoba Chiefs</td>
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Relationship with Manitoba First Nations

- Responsible to the Assembly of Manitoba Chiefs – Chiefs Health Committee
- Ensure that decisions and recommendations reflect a regional perspective and respect that considers geographical variations and processes
- Communicate activities and updates of the HIRC to Tribal Councils and First Nation Communities
- Ensure that regular reports are prepared for the Chiefs Health Committee meetings and Chiefs Assembly
Relationship with the CAHR

• Implements research proposals in partnership with the University of Manitoba on behalf of the First Nation communities in Manitoba

• The CAHR supports meetings with the HIRC to build capacity in reviewing research proposals and assessing the ethics of research projects

• The CAHR sponsors bimonthly meetings/workshops and assists creating new partnerships between university investigators and the HIRC
Working Together in Partnership
Picking Up The Feather

Research That Recognizes and Supports the Cultural, Social, Economic and Political Diversity Within the Aboriginal/First Nations Communities
Health Services Research Project

Manitoba First Nations
Centre for Aboriginal Health Research
and
Assembly of Manitoba Chiefs
First Nations Health Services Project

- To determine what factors enhance or constrain the development of a First Nations controlled health care system.

- To understand within the context of health transfer the self-government aspirations of First Nations, as well as the devolution and regionalization policy objectives of federal and provincial governments.

- To address several theoretical questions related to the history and development of First Nations controlled health care system.
Health Services Research Project

1. Health Transfer
2. Health Information and Policy
3. Gender and Health Development
4. Services for Chronic Illnesses
5. Nursing Education in the North
6. Pre and Post Natal Health
7. Non-Insured Health Benefits
8. Traditional Healing
1. Assessing the Impact of Health Transfer and Regionalization on First Nations Community Development

This case study will address the broad implications of health care re-structuring for the development of community capacity to address health needs and implement policy and programs in an effective manner. The self-government context will be examined through a review of other “devolution” initiatives in areas such as education, housing, and the Manitoba Framework Agreement Initiative, signed in 1994. Contrasting perspectives on “transfer” policy will be obtained from interviews with First Nations representatives, and government officials.
2. Creating Health Information and Health Policy

This case study will examine policy development capacity in First Nations communities and organizations. Information sharing arrangements between federal and provincial government departments, and First Nations communities and organizations will be addressed. Data ownership perspectives will be examined, including issues related to confidentiality and access to information. Technical capacity in terms of both human resources as well as hardware and software infrastructure will be explored. These themes frame a research interest in the factors that determine First Nations capacity to synthesize health information as a basis for evidence-based policy development.
3. Gender and Health Development

The purpose of this case study is to develop an understanding of the past, present and future of health policy, programs and planning as seen from the perspective of a group of women who have spent their careers in the health arena. The emergence of health issues as a political priority in First Nations communities is the culmination of the work of a number of First Nations men and women, many of whom now occupy key positions running the programs featured in the other case studies or as senior advisers or health administrators in First Nations political organizations. Often linked with one another through a network of both formal and informal ties, they are also each part of a larger series of networks linked to their local communities and into other provincial and national social and political organizations, both First Nations and professional.
This case study will examine the following community based programs: 1) A diabetes prevention and management program involving home care and telehealth links; 2) A community-based hemodialysis and ambulatory peritoneal dialysis program; and 3) A Community based treatment and palliative care for cancer and HIV/AIDS patients. The key questions vary from program to program, but always involve the following issues. What resource transfers are needed to support a program that will provide care within the community rather than externally? Who are the stakeholder groups and do they support or oppose the program? What is the relationship between this program and other programs within the community or at a regional level? What will be the impact of the program on consumers, their families, resident health professionals and other community health workers?
In this two-phase case study, different approaches to nursing education, one historical and one current, are explored in order to identify those factors that contributed to the suspension of one program and the conditions that affect the on-going evolution of another. This case study will examine the forces (macro, organisational, community-based, etc.) that have facilitated and/or hindered the training of nurses in Manitoba’s north. It will also identify community expectations regarding the nursing program in order to identify what further needs exist, and how the program can work towards making itself even more relevant to the people who will be the beneficiaries of it.
6. The Transfer of Pre- and Post Natal Health Care Programs and Services

This case study (dissertation project) addresses the potential of the transfer of pre- and post-natal health programs on the care giving and self-government capacities of First Nations women. One objectives of this case study is to present a conceptual framework of the pre- and post-natal experiences of First Nations women comparing communities at different stages in the health transfer agreement. The other objectives is to obtain a broader understanding of the ideological context of the women and health programs including traditional experiences and perceptions of pregnancy, child-birth, and early parenting, the structural contexts of present programs, First Nation women and community articulation, and similarities and differences to previous pre- and post-natal health programs.
This case study will provide singular insight into the debate surrounding standards of care and resource needs relative to non-insured health benefits for First Nations. This is a widely contested topic affecting a variety of services for First Nations across the country. The case study will identify the historical, political, administrative and cultural factors that influence contrasting perspectives on standards of care and will then compare these perspectives with empirical measures of oral health status in a First Nations community.
8. Contributions of Traditional Healers to Community Health

This case study will identify factors that impact on the goals of achieving a community health care system that provides both traditional and western medicine. The study will address the following questions: a) What are the perspectives of healers and health care providers on the degree to which the systems can be integrated? b) What are the cultural and structural aspects of health care organizations and institutions that impede collaboration with traditional healers?
CAHR Survey Research

- Individual
- Family
- Community
- Tribal
- Regional
- National
- International
Aboriginal Health Survey Support Program

• Develop national expert working groups for existing surveys & developing new surveys that address emerging health issues

• Work in full partnership with Aboriginal advisory groups or organizations in such areas as:
  – First Nation and Inuit Regional Longitudinal Health Survey (FNIRLHS)
  – FNIRLHS Off-cycle surveys
  – New Surveys
  – Ethical/Data Management Protocols
  – Data linkage studies

• Offer Summer Institutes in Survey Research through the CAHR Applied Aboriginal Population Health Research Institute Program
Manitoba First Nations Regional Longitudinal Health Survey

• History
  – The First Nations and Inuit Regional Health Survey helped develop this partnership and the Assembly of Manitoba Chiefs’ Health Information and Research Committee (HIRC).
  – In 1997, the AMC passed a resolution for the Health Information Research Committee (HIRC) to work in full partnership with the University of Manitoba on behalf of all First Nations communities and organizations in Manitoba.
  – In the same resolution, AMC mandated the CAHR to coordinate the First Nation Regional Longitudinal Health Survey (FNIRLHS) and to act as stewards of the regional database.
National Survey Partnership

• The national component of the First Nations Regional Longitudinal Survey is governed by the Assembly of First Nations’ Chief’s Committee on Health and its delegated committee, the First Nations Information and Governance Committee (FNIGC) comprised of representatives from First Nations regions.

• The Chair of the AMC-HIRC (Doreen Sanderson) is a member of the FNIGC.

• The FNIGC has mandated the First Nation Centre of the National Aboriginal Health Organization (NAHO) to coordinate the 2002 First Nation Regional Health Survey (FNRLHS)

• The First Nation Centre of NAHO will also act as stewards of the national database.
National Survey Partnership

AFN Chief’s Committee on Health

First Nations Information Governance Committee

Regional Health Survey Partnerships
- Dene National Office (NWT)
- Council of Yukon First Nations
- First Nations Adult and Higher Education Consortium (Alberta)
- Federation of Saskatchewan Indians
- Assembly of Manitoba Chiefs/Centre for Aboriginal Health Research
- Chiefs of Ontario
- First Nations of Quebec & Labrador
- Union of New Brunswick Indians
- Union of Nova Scotia Indians

National Aboriginal Health Organization
1997 Manitoba First Nations Regional Health Survey (MFNRHS)

62 Manitoba First Nation Communities

*Estimated Adult Population is 32,030*

- 17 First Nation Reserve Communities participated

Target sample 2400
Sample Size Achieved:
1948 Adults
870 Children
CAHR and HIRC developed regional questions to address the social determinants of health in Manitoba First Nation communities:

- Targeting childhood development
- Targeting youth resiliency factors
- Targeting social determinants of gender health across the lifespan

35 Communities selected within geopolitical clusters, that is:

- Communities selected within 7 Tribal Councils
- Communities selected from Northern Independent Political Areas
- Communities selected from Southern Independent Political Areas

2002 Target Sample:

- Adults 6400
- Youth 2300
- Children 1900
Questions on the Social Determinants of Health

Social Determinant Areas Include

- Social economic wellbeing
- Economic insecurity
- Housing conditions
- Social support
- Social cohesion
- Social capital
- Culture and spirituality
- Discrimination
- Residential School
- Social Problems
- Early childhood development
- Resiliency
Questions on Health & Health Services

Health Areas Include:

- Health Service Utilization
- Preventative health practices
- Continuing Care / Disabilities
- Risk Factors and Positive Health Behaviors
- Gender health across the lifespan
- Chronic disease
- Injuries
- Diabetes specific conditions
- Mental and Emotional health
- Women’s health
- Dental Health
- Non-Insured Health Benefits
Interviewer Training

- Training manual developed by the CAHR for the National Aboriginal Health Organization to harmonize the training of interviewers.

- Interviewers were trained in the following areas:
  - Sampling
  - Interviewing
  - Consent Process and Data Protection
  - Types of Interviews
  - Handling Difficult Situations
  - Direct entry of survey data in laptops
  - Record Keeping, Shipping, and Reporting
Health Information, Health Policy and Health Service Development

- Health information will be used to improve the health and quality of life of Manitoba First Nation peoples.

- RHS data will be used by First Nation communities, Tribal Councils and the AMC Health Information and Research Committee, and AMC Policy Analysts to:
  - provide a broader understanding of the factors associated with health.
  - assist in the development of policies and programs that account for or accommodate the social factors associated with health.
Other Research Projects

- Why are Some First Nations Communities Healthy and Others Are Not?
- Social Capital as a Determinant of Health in First Nations Communities
- Mathias Colomb Contaminant Project
- First Nation Bone Health Study
- Health of Registered First Nations People Living in Manitoba: A Population-based Study (MCHP)
Other Research Projects (con’t.)

• Diabetes Project (IHRT)
  – Regional Diabetes Registry
  – Community-Based Screening
  – Administrative Database Surveillance
  – Identification of Genetic Markers
  – Prenatal / Early Infancy Risk Factors
  – Fetal Alcohol Exposure (lab animals)
  – Prenatal Nutrition Knowledge
  – Randomized Trial of Metformin
  – Evaluation of Community-Based Prevention Projects
Picking Up The Feather

Developing Protocols and Guidelines That Assist in the Selection for Research Proposals and Working With Communities in Research
Elders Teaching: “Whatever We Do Will Have Affect for Seven Generations”

- Research ethics is doing what is best for and with First Nation/Aboriginal communities with the big picture in mind
- Eagle Vision
History of Research Ethics in Aboriginal Communities

- Helicopter research
- University had Research Ethics Board
- Aboriginal peoples need their own
- 1997 RHS and the formation of the HIRC
- Defining Aboriginal priorities in research
- OCAP
- Gatekeepers
- HIRC → University Ethics Board
Process for Research Project Support

- HIRC ➔ University Ethics Board
- Research proposals are submitted
- HIRC meet with researchers
- Questions
- Discussions
- Decisions
Checklist for New Research Project Proposals

• Research Team
• About the Research Project
• Community participation
• Results of the Research Project
• Dissemination of Research Project Results
Manitoba First Nation Community Access
Protocol for Health Research

• Inform the community Health Director/Administrator or Health Portfolio Counselor of the general intent of the project and ask for advice regarding an appropriate communication strategy for the community(s).
• Provide a one-page summary of the research project.
• The Health Director and the researcher should meet with Chief and an appropriate designate informing them of the research project. They will decide if a further information meeting with Chief and Council or a public meeting is required.
• Organize further information meetings with Chief and Council or public, if required.
• Once the study has been approved by Chief and Council, community participation forms should be signed and returned to researcher as quickly as possible to facilitate Ethics submission. A copy of the Ethics approval from the University of Manitoba should be provided to the Chief and Council as soon as it is available.
Guidelines for Health Research with First Nation Communities in Manitoba

- The most appropriate contact person in First Nation communities is the Health Director/Administrator or Health Portfolio Counselor.
- The researcher may wish to undertake a cultural orientation session, which can be arranged by the Centre for Aboriginal Health Research.
- The researcher should follow the First Nation Community Access Protocol for Health Research, when seeking community approval of a research project.
Guidelines for Health Research with First Nation Communities in Manitoba (con’t)

- A member of the health Information and Research Committee representing the relevant First Nation community or Tribal Council should be involved as a research team member.
- A communication strategy should be agreed upon in advance between the researcher and the community. An agreed upon, number of reports should be provided (by the researcher) to the community contact person.
- The communication strategy should include a plan for disseminating research results back to the community.
Guidelines for Health Research with First Nation Communities in Manitoba (con’t)

- A short evaluation (1-2 pages) and retrospective analysis of lessons learned from the research activities should be completed at the end of the research project, and provided to the community.
- The communities should be supported in developing ways to utilize the information from the research.
- The First Nation communities and HIRC members should actively participate in analysis and report writing for the research projects.
Health Services Research Project

Process

- HIRC Involvement in the formation of the research proposal
- HIRC Involvement in determining interest/suitability of First Nation communities
- Speaking with community people
- Meetings with communities
- Written consent of communities
- Written consent of individual participants
MFNRLHS Consent Process

- **Community Consent**
  - Communities invited to participate
  - If they opt to participate, a community consent letter is signed and submitted to CAHR

- **Individual Consent**
  - Consent to survey only
  - Consent to survey and follow-up surveys (longitudinal for 20 years)
  - Consent to other studies (cohort), including biological measures and qualitative research studies
  - Consent to provide Manitoba Health Personal Health Information Number for data linkage studies (5 years retrospectively and prospectively for 20 years)
  - Consent to provide a contact name for follow-up purposes
Picking Up The Feather

Methods to Provide Training and Employment Opportunities for the Development of Aboriginal Community and Aboriginal Academic Researchers
ACADRE Program Objectives

- Develop research based on collaboration and partnership between the University and Aboriginal communities;
- Create an environment that encourages Aboriginal students to pursue careers in health research;
- Develop a research environment that fosters participation for scientists from all disciplines to engage in collaborative research with Aboriginal communities;
- Ensure that research training is available for students and faculty;
- Training emphasizes appropriate communication and dissemination activities;
- Consistent with Aboriginal values and goals for healthy, self-governing communities.
Primary Research Themes

- **Population Health Research** - exploration of complex health interactions (First Nation regional health surveys, women’s health, addictions and respiratory health, cancer, depression, STD’s, HIV/AIDs, aging, cardiovascular health, biostatistics, child health)

- **Health Services Research** - address the need for health systems (health systems evaluation, health communications, self-government & community health services, diabetes care, community-based primary care)

- **Child Health and Development Research** - ensure children benefit from the medical knowledge and technology and to determine how communities can best support children and youth (pediatric care, community-based programs and research, children’s diabetes, genetics, osteoporosis, SIDS, infant care)
Primary Research Themes

- **Emerging Themes- Clinical and Basic Sciences**
  (osteoporosis, infectious diseases, neurovirology and neurogenerative disorders)

- **Dental Health** (oral health surveys)

- **Ethical Issues** in Aboriginal Health Research (informed consent, collectivities, surveillance, health infostructure, biotechnology, privacy, data linkage, clinical trials)

- **Other themes** as determined by partnerships
Funding Opportunities

- Summer Internships
- BSc. Medicine and Dentistry
- M.Sc. and PhD Fellowships
- Investigator Development Awards (IDA’s)
- Small Grants
Summer Internships

Mary Jane Monias
Project: "Health and Disease in Island Lake, 1900-2000: A Century of Change", (supervisor Dr. Paul Hackett)

Marcella Beaulieu
Project: “Summer Early Exposure Program”; (supervisors Dr. Pam Orr and Dr. Mike Moffat)

Ms. Linda Diffey
Project: “Experience in Urban Aboriginal Health Research and Using Data Management Software Program”; (supervisor Dr. Judith Bartlett)

BSc. Dent

Ms. Sherri McKinstry
ACADRE Training Program Students
Graduate/Post Graduate Studies

Ms. Sandi Gendreau

Dr. Barry Lavallee
M. Sc. Clinical Science in Family Medicine (U of Western Ontario); support for thesis requirement- Project: Aboriginal Peoples Affected by AIDS/HIV Within the Context of the Patient/Physician Relationship (Dr. Judith Bell)

Ms. Fjola Hart-Wasekeesikaw
Ph.D. Nursing University of Calgary: Topic- Cancer Among First Nation People (supervisor Dr. Elizabeth Thomlinson)
Investigator Development Award

Dr. Mary Jane McCallum, Faculty of Dentistry

Small Grants

Ms. Elaine Ross

American Society for Bone & Mineral Research Annual Meeting Conference- attendance related to her research

Ms. Elaine Csupak & Mr. Michael Ouellette

Leadership Development Award: partial support for attendance at Canadian Medical Association Leaders Forum
Future Plans for ACADRE

• Seminars in Health and Health Services
• Aboriginal Health Research Colloquium
• Health Science Career Camps
Thank You