Aboriginal people have a seven-year gap in life expectancy compared to other Canadians, as well as significantly higher rates of diabetes and other chronic diseases.

Laura Eggertson, Ottawa, Ont. December 15, 2014

The leaders of Canada’s largest medical research funding organization did not consider the ramifications of proposed restructuring on Aboriginal health research, recently released documents suggest.

The Canadian Institutes of Health Research (CIHR) convened two working groups — one internal, the other external — this year to examine its effectiveness. Despite glaring inequities in the health of Aboriginal Canadians, neither group’s final report evaluates the effect of recommended changes on the Institute of Aboriginal Peoples' Health.

“When it comes to the Aboriginal experience, I don’t think the senior [leadership] levels nor the governing council have a good grasp of
Aboriginal realities,” says Frederic Wien, principal investigator of the Atlantic Aboriginal Health Research Program.

“They have taken a number of system-wide decisions and they haven't paid any attention to how those system-wide decisions affect different constituencies, especially the Aboriginal constituency.”

Wien is the co-chair of the Aboriginal Health Research Steering Committee, which Aboriginal researchers formed this summer to oppose what they describe as “the crisis that exists between the [CIHR] and the Aboriginal health community.”

CIHR released the two working group reports on Dec. 9, in response to a request from CMAJ. The Aboriginal Health Steering Committee had been unable to get the external working group report.

CIHR declined CMAJ's requests for an interview with Dr. Alain Beaudet, its president, or a vice-president.

The word “Aboriginal” does not appear in the external working group's report. According to the list in the report, the group did not consult any Aboriginal health organizations or prominent Aboriginal health researchers during its work.

The Institute of Aboriginal Peoples’ Health and its central role in ensuring continued improvements in health outcomes and reducing health inequities is mentioned only in an appendix to the internal working group’s report.

The CIHR is proposing numerous changes to its governing structure, including a new requirement for many grant recipients to find matching funds. That requirement is particularly problematic for Aboriginal health research projects, which typically address health disparity and are not geared to generating profit — a prime motivation for many private-sector funding sources, says Dr. Laura Arbour, a professor in the Department of Medical Genetics at the University of British Columbia.
For example, Arbour investigates the causes and predisposition to sudden arrhythmic death from Long QT syndrome in a First Nations’ population in Northern BC, which she says would be unlikely to interest industry because it is such a small and specific population. Much of the motivation for the CIHR changes appears to be cost-cutting, Arbour told CMAJ in an interview.

“The problem is that ... it’s short-term cost-saving, which in the long run is going to cost our system so much more,” she says.

Other proposed CIHR changes that the steering committee says will disproportionately affect Aboriginal health research and health outcomes include:

- cuts to funding for the Network Environments for Aboriginal Health Research, which built capacity by funding students, most of them Aboriginal;
- phasing out the institute’s Aboriginal-specific peer review committee;
- designating half of CIHR’s open competition research funding for established and “star” scholars, which will put Aboriginal researchers who are less established at a disadvantage;
- cutting half the budget of the Institute of Aboriginal Peoples’ Health (along with all the other institutes) and placing the other 50% of funds in a common research pool;
- eliminating nine of the 13 current institute advisory boards, including the board for the Institute of Aboriginal Peoples’ Health. Four common advisory boards will be created instead; and
- reassigning some of the Ottawa-based staff of the Institute to more general duties, not specific to the Aboriginal institute.

“We feel kind of betrayed by CIHR,” says Rod McCormick, a Mohawk researcher and professor who holds the BC Innovation Chair in Aboriginal
Child and Maternal Health at Thompson Rivers University in Kamloops, BC. “Without any explanation, they’re just getting rid of everything we’ve built up over the past 14 years [since CIHR was established].”

The Aboriginal Health Steering Committee, which McCormick co-chairs, fears CIHR will dismantle the Institute of Aboriginal Peoples’ Health altogether, although the external working group report notes its members “do not have sufficient knowledge to judge whether any Institute should be dismantled or merged....”

The committee’s request for a consultation before CHIR implements any changes has not yet been granted. In a Dec. 9 letter to Wien, Beaudet confirmed many of the changes but said two vice-presidents and the scientific director of the Institute of Aboriginal People’s Health will “reach out to the community to establish meaningful dialogue” and strengthen Aboriginal health research capacity.

Several First Nations researchers are particularly concerned about the effect of cutting funding for students.

“Our prospects for continuing the journey to culturally appropriate research equity is wiped away,” Dr. Judith Bartlett, a Métis associate professor at the University of Manitoba, wrote in an open letter to Beaudet on Nov. 18.