



RESEARCH ON THE HEALTH OF QUÉBEC FIRST NATIONS AND INUIT: AN OVERVIEW



20 years of research at a glance



FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION

*Institut national
de santé publique*

Québec 

AUTHORS

Marie-Jeanne Disant
INSPQ

Mathieu-Olivier Côté
FNQLHSSC

RESEARCH TEAM

Suzanne Bruneau
INSPQ

Mathieu-Olivier Côté
FNQLHSSC

Marie-Jeanne Disant
INSPQ

STEERING COMMITTEE

Guyline Gill
FNQLHSSC

Nancy Gros Louis Mchugh
FNQLHSSC

Pierre Joubert
INSPQ

Marjolaine Sioui
FNQLHSSC

BROCHURE

Isabelle Capmas
Consultant

REVISION

Odile Bergeron
INSPQ

Valérie Boudreault
MSSS

Michel Deschênes
FNQLHSSC

Julie Gauthier
MSSS

Denis Hamel
INSPQ

Marie-Claire Laurendeau
INSPQ

CONTRIBUTORS

Zineb Laghdir
FNQLHSSC

Mickel Robertson
Consultant

TRANSLATION AND REVISION

Susie Bernier
Consultant

COVER AND PAGE SETTING

Chantal Cleary
FNQLHSSC

Definition of Aboriginal health research (*FNQLHSSC*):

The entirety of research activities on the health and well-being of the Aboriginal population and on their determinants focused on producing, integrating and applying scientific knowledge, valid and relevant to the FNQLHSSC in the exercise of its mandate towards communities, families and individuals.

Definition of health (*FNQLHSSC*):

An indivisible whole, taking into account the physical, mental, spiritual, emotional, economic, environmental and cultural well-being of communities, families and individuals



BACKGROUND

Speaking to the First Nations of Quebec and Labrador Health and Social Services Commission's 2007-2017 Blueprint, this review provides valuable information to guide the development of research on First Nations and Inuit.

Between 2008 and 2009, both the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) and the Institut national de santé publique du Québec (INSPQ) worked together to achieve this report. It follows through with the commitment made by the ministère de la Santé et des Services sociaux du Québec (MSSS) to entrust the INSPQ with the support of experts allowing a strong increase in research ability within the FNQLHSSC.

The objective of this report is to provide relevant and valid information on the specific reality of Aboriginal health research, allowing us to determine strategic development priorities to influence and improve the health of Québec First Nations and Inuit.

The research team and steering committee was composed of representatives from both organizations. This collaboration was a source of mutual enrichment and an opportunity for knowledge sharing that consolidated the foundations of this research partnership.

A METHODOLOGICAL CHALLENGE

One of the principal challenges of this review was to elaborate a reference framework guiding the selection and coding operations in order to constitute a valid database on Aboriginal health research. Thus, to systematize the selection operations, we had to establish, according to precise criteria, "what is" Aboriginal health research in Québec and "what it is not". Also, we had to define thematic research areas that corresponded with the health priorities of the FNQLHSSC that were sufficiently explicit to be able to locate them. This review benefitted from the process used to elaborate the Bilan de la recherche en santé publique au Québec; however, it was adapted to the context and distinctive features of Aboriginal health research.

The methodological orientations were lead by the following strategies:

- The Banque sur la recherche sociale et en santé (BRSS) of the ministère de la Santé et des Services sociaux du Québec (MSSS) was selected as our source of data. On top of the quantity and quality of information collected on close to 40,000 funded research projects in Québec since the 1980's, its interest lies in providing information on funding and research context (researchers, research sites).
- The study covered 20 years, between 1986 and 2006. To allow for a more detailed analysis of the evolution of research, this period was further divided into two 10-year periods.

1) Laurendeau, M.-C., Hamel, M., Colin, C. & Disant, M.-J., 2007, *Bilan de la recherche en santé publique au Québec (1999-2004)*, INSPQ-MSSS

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- The funded research projects were examined according to the specific features of Aboriginal research allowing us to define the needs and priorities of Québec First Nations and Inuit. These three dimensions are:
 - Type of territory and Aboriginal nation targeted: territories under agreement or not under agreement, larger segments of territories (e.g. First Nations of Québec, circumpolar populations, Aboriginal);
 - Targeted segments of population: Elders, Adults, Men, Women, Families, Children and Youth, Perinatalité and Early Childhood;
 - Thematic areas of research: Living Conditions and Social Environment, Physical Environment, Lifestyles and Chronic Diseases, Infectious Diseases, Mental Health, Addictions, Violence, Unintentional Injuries, Food and Nutrition, Traditional Practices and Knowledge, Health and Well-Being Prevention and Promotion, Organization of Health and Social Services, Public Policy-Theories-Method, and General Health.

Among the 33,775 research projects indexed in the BRSS as having received research funding between 1986 and 2006, the selection process allowed us to retain 230 pertaining to Québec Aboriginal health research.

HIGHLIGHTS



From the analysis of these 230 projects on the health of Québec First Nations and Inuit, the following key points stand out:

- A great diversity in projects across the thematic areas;
- Differences according to themes, Nations and territories or segments of population studied: the subjects most frequently investigated are not necessarily the ones receiving more funds;
- Some form of duality exists, with on the one hand, a few research areas where the majority of funds go to acute issues and, on the other hand, numerous projects with modest funding that cover a large spectrum of subjects;
- The very important but difference influence of two funding sources (one in Québec, the other in Canada) on research development;
- An increase, in the second observation period, of projects and amounts invested, particularly in certain thematic areas of research.





Projects funded and invested amounts

Aboriginal health research is far from being consistent. Thus when we examine projects funded and invested amounts, we observe differences according to:

■ Territories and Nations:

- Almost two-thirds of the projects pertain to territories under agreement, as opposed to 10% in territories not under agreement (28% of the projects concern Cree and 32% Inuit);
- Projects concerning the Aboriginal population in general or larger segments of territories (e.g. Québec First Nations or the circumpolar population) are less numerous but better funded;
- Projects concerning territories under agreement are mainly funded by Québec sources, contrary to territories not under agreement or to larger segments of territories that Canadian sources fund.

■ Segments of population

- Almost one-third of the projects concern two groups, Children and Youth, Perinatality and Early Childhood; the latter receiving less than 15% of the invested amounts.

■ Thematic areas:

- Almost half of the projects are aimed at either the thematic area of Lifestyles and Chronic Diseases (26%) or Health and Well-Being Prevention and Promotion (18%);
- Mental Health and Physical Environment are aimed at less than 20% of the projects; however, they received 63.5% of the amounts.

■ Funding programs (infrastructure funding, grants and subsidies)

- Less than 10% of the projects received infrastructure funding (research centre, chair, network of excellence), however, they received close to two-thirds of the invested amounts;
- Less than 10% of the projects were granted support for upcoming researchers (scholarships, fellowships...), receiving less than 5% of the amounts;
- More than three-quarters of the projects were classic research projects; they received less than one-third of the invested amounts.



Participation of funding sources

In total, nine sources (6 Canadian institutions and 3 from Québec) participated in the funding of 230 projects in the Aboriginal health research database. However, two sources stood out: the Canadian Institutes of Health Research (CIHR) and the Programme de subventions en santé publique du Québec (PSSP).

The PSSP and CIHR funded close to three-quarters of research projects in Aboriginal health and awarded three-quarters of the amounts invested. However, the contribution of both sources is structurally different:

- The PSSP supports a great number of small projects (50% of funded projects and 6% of invested amounts);
- The CIHR awards important amounts focusing on a few projects (21% of funded projects and 68% of invested amounts);
- The PSSP contributes to the funding of the majority of the projects focusing on territories under agreement;
- The CIHR funds the majority of infrastructure projects linked to the developing thematic areas in Aboriginal research on Mental Health, Environmental Health, Nutrition and Diabetes Prevention.

Other sources of funding are not as active in Aboriginal health research; however, recent strategic directions taken by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the Fonds de recherche en santé du Québec (FRSQ) lead us to hoping for a greater implication from these granting agencies.

Evolution of research

Over the study period, we noticed an increase in funded projects (multiplied by 1.4) and in invested amounts (multiplied by 8.7) in the beginning of 2000. However, a closer look sheds light on this evolution of research.

- The increase in projects had little effects on territories under agreement or not under agreement but affected more those of larger territories;
- Projects funded and invested amounts increased a great deal in Mental Health and Physical Environment while there was a decrease in projects and amounts invested in Lifestyles and Chronic Diseases as well as in Organization of Health and Social Services;
- Compared to other segments of the population, Children and Youth sustained a significant decrease in funded projects and invested amounts;
- There was a strong increase in Canadian contributions and particularly in regards to infrastructure funding in the early 2000's, with the establishment of the CIHR and the Institute for Aboriginal People's Health.



NEXT STEPS

This review provides indications regarding the challenges to address in matters of Aboriginal health research. Even if it only accounts for research covered by public funding, the review provides valuable indicators on the evolution in this research area.

Many of the trends observed shed light on development issues in regards to funding, support of upcoming researchers and research orientations. The dichotomy observed between the myriad of small projects and the concentration of funding in a few areas of research, raises questions on the courses of action to be taken to focus research on emerging problems. In the same way, questions on research contribution to health improvement as well as on Aboriginal communities' participation in its process must be raised.

By rendering this account of Aboriginal health research, while allowing us henceforth to follow its evolution, this review represents, for all decision-making bodies, a key tool for the improvement of health and well-being of Québec First Nations and Inuit.



For more information, you may refer to the full report at:

- First Nations of Quebec and Labrador Health and Social Services Commission: cssspnql.com
- Institut national de la santé publique du Québec : inspq.qc.ca



