LANDSCAPES OF FIRST NATIONS, INUIT, AND MÉTIS HEALTH: *An environmental scan of organizations, literature, and research, 4th edition*

National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

INDIGENOUS KNOWLEDGE(S) AND PUBLIC HEALTH

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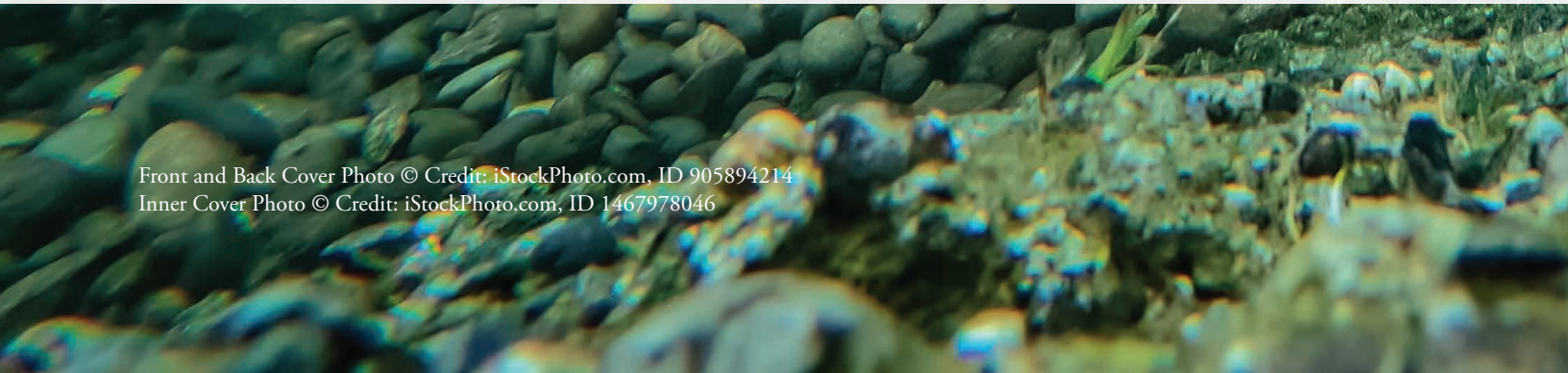

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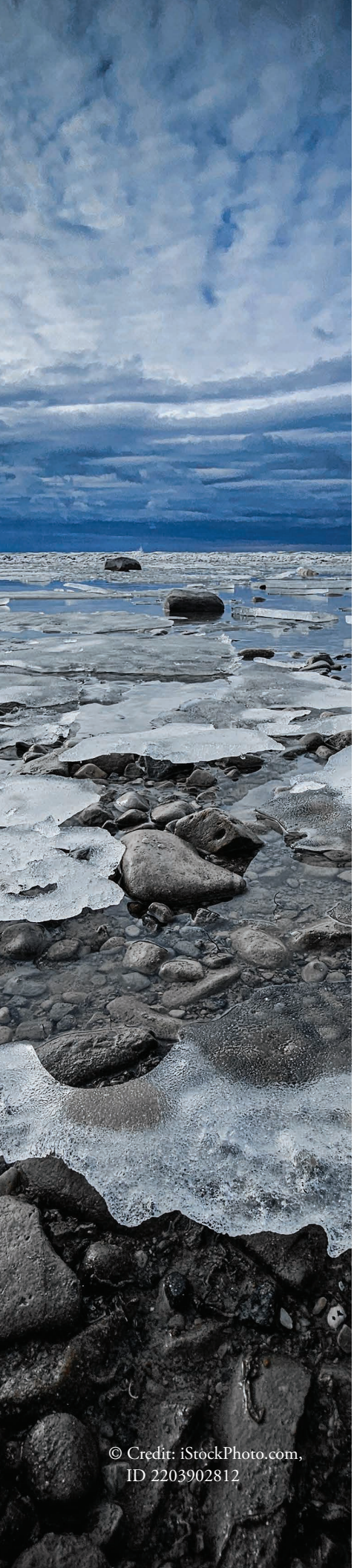

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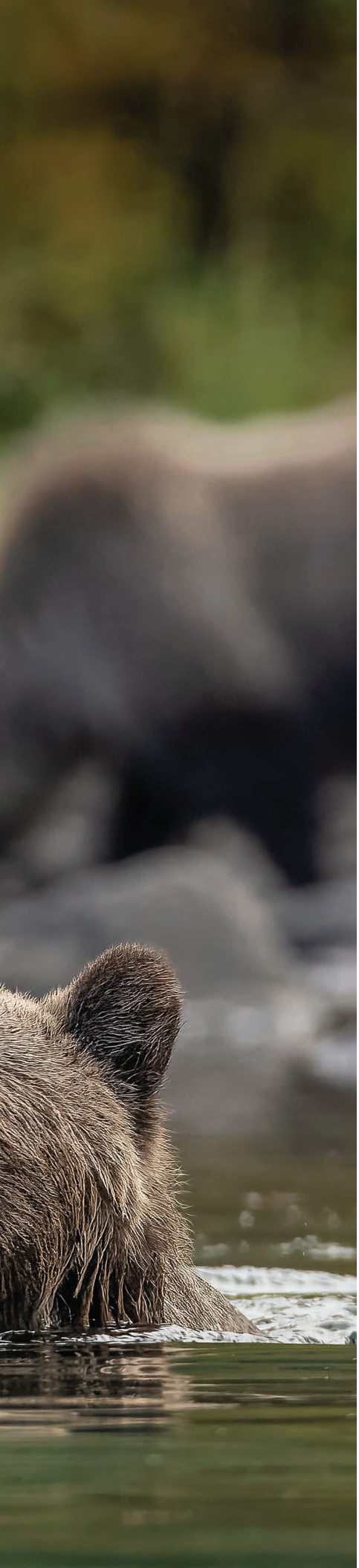


EXECUTIVE SUMMARY

Landscapes of First Nations, Inuit, and Métis Health: An environmental scan of organizations, literature, and research is the fourth iteration of a report produced first in 2006, then in 2010, and again in 2012 by the National Collaborating Centre for Aboriginal Health (NCCAH), now the National Collaborating Centre for Indigenous Health (NCCIH). The report provides information on the national Indigenous organizations working in First Nations, Inuit, and/or Métis health, and reviews relevant literature (peer- and non-peer-reviewed) from January 2013 to December 2020, and funded research by the Canadian Institute of Health Research (CIHR) from January 2017 to December 2020. This scan aims 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 Indigenous organizations working in public health. This report is thus an important resource for the NCCIH, which will help map future endeavours to reduce health inequities and support all Indigenous Peoples to achieve optimal health and well-being. The report is organized into four main chapters that cover the introduction, methodology, findings, and key observations. Appendices are available as separate PDF documents that can be accessed by clicking on the links embedded in the Appendices section of the digital version of this report or requested by emailing the National Collaborating Centre for Indigenous Health at **nccih@unbc.ca**.

National organizations working in First Nations, Inuit, and/or Métis public health

This portion of the environmental scan identifies national level Indigenous organizations that perform work related to First Nations, Inuit, and/or Métis public health in Canada. Providing information on the priorities of organizations working within Indigenous public health in Canada, as reflected in their current projects and strategies, is the goal of this portion of the environmental scan. Information is gathered from organizations' websites, with validation from the organizations, as well as published reports. Organizations are grouped into two categories:

National Indigenous organizations

- Assembly of First Nations (AFN)
- Assembly of Seven Generations
- Canadian Roots Exchange (CRE)
- Congress of Aboriginal Peoples (CAP)
- First Nations Child & Family Caring Society of Canada (the Caring Society)
- First Nations Information Governance Centre (FNIGC)
- Inuit Tapiriit Kanatami (ITK)
- Métis National Council (MNC)
- National Aboriginal Circle Against Family Violence (NACAFV)
- National Association of Friendship Centers (NAFC)
- Native Women's Association of Canada (NWAC)
- Pauktuutit Inuit of Women of Canada (Pauktuutit)
- Reconciliation Canada
- We Matter
- Women of the Métis Nation

National Indigenous health organizations

- Aboriginal Sport Circle
- Canadian Aboriginal AIDS Network
- Canadian Indigenous Nurses Association
- First Nations Health Managers Association
- First Peoples Wellness Circle
- Indigenous Physical Activity and Cultural Circle
- Indigenous Physicians Association of Canada
- Legacy of Hope Foundation
- National Aboriginal Council of Midwives
- National Collaborating Centre for Indigenous Health
- National Indigenous Diabetes Association
- Native Youth Sexual Health Network
- Occupational Therapy and Indigenous Health Network
- Ongomiizwin Indigenous Institute of Health and Healing
- Thunderbird Partnership Foundation
- Waakebiness-Bryce Institute for Indigenous Health

Summary of the health priorities of national Indigenous organizations

A broad overview is undertaken to summarize the health priorities of national Indigenous organizations and national Indigenous health organizations, coded according to main topic areas. The findings reveal that Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery are by far the top health-related priorities of both national Indigenous organizations and national Indigenous health organizations. This is followed by Socio-Economic and Cultural Determinants - priority focuses of both national Indigenous organizations and national Indigenous health organizations. It is also worth noting that Child and Youth Health is a priority focus of 20% of national Indigenous organizations and Lifestyle/ Healthy Living is a priority focus of 15.4% of national Indigenous health organizations.

Children, youth, and elderly populations are not well researched, and there is little research that disaggregates findings according to age or gender. Similarly, there is little research on Two-Spirited peoples and sexually diverse populations.

Review of literature

This portion of the environmental scan provides a review of literature and research, including peer- and non-peer-reviewed literature, to identify current Indigenous health research priorities. A total of 896 publications are identified. This represents a decrease from the yearly average of peer-reviewed publications identified in the previous scan. It is important to note that broad literature that only briefly touches on Indigenous health care or Indigenous health in Canada is not included in this scan. The search instead focuses on collating targeted literature whereby publications solely discuss Indigenous health in the Canadian context.

Peer-reviewed literature

This edition of the *Landscapes* report identifies a total of 839 peer-reviewed publications pertaining to First Nations, Inuit, and Métis health between 2013 to 2020. The main topics covered in this literature focus on Health Care Research, Policy, Human Resources, Programming, and Delivery (34.3%), followed by Chronic Diseases, (17.4%), Socio-Economic and Cultural Determinants (14.8%), Lifestyle/ Healthy Living (12.6%), and Mental Health and Wellness (11%). Remaining topics are represented in less than 10% of the peer-reviewed literature.

Non-peer-reviewed literature

An examination of non-peer-reviewed literature yields 58 reports, studies, and discussion papers published between 2013 to 2020 by national Indigenous organizations, governments, professional organizations, and other non-governmental organizations (NGO). Like the peer-reviewed literature, the main focus of non-peer-reviewed literature is on Health Care Research Policy, Human Resources, Programming, and Delivery (48.2%). Additionally, sizeable portions of the non-peer-reviewed literature address Socio-Economic and Cultural Determinants (23%) and Mental Health and Wellness (14%) as main topic areas. Chronic Diseases and Genetics/Human Biology receive the least attention within the non-peer-reviewed literature.

Population representation

An analysis is undertaken to assess the representation of various Indigenous populations by cultural identity, life stage, and gender, within the peer- and non-peer-reviewed literature. The proportion that various groups of Indigenous Peoples represent within the research is compared to their proportion within the total population in Canada. However, this research should not be generalized to represent all Indigenous Peoples in Canada. Though distinctions-based analysis is not provided in this report, specific groups may be prioritised in research based on outcomes or identified needs.

Overall, both peer- and non-peer-reviewed health literature focus on Indigenous Peoples collectively (58.5%). Of the remaining literature, 25.8% focus specifically on First Nations, 13.4% on Inuit, and 3.8% on Métis. These findings indicate that the literature reviewed over-represents Inuit, who represent 4% of the Indigenous population in Canada, and under-represents Métis peoples, who constitute approximately 33% of the Indigenous population in Canada. Children, youth, and elderly populations are not well researched, and there is little research that disaggregates findings according to age or gender. Similarly, there is little research on Two-Spirited Peoples and sexually diverse populations.

Funded research by Canadian Institutes of Health Research

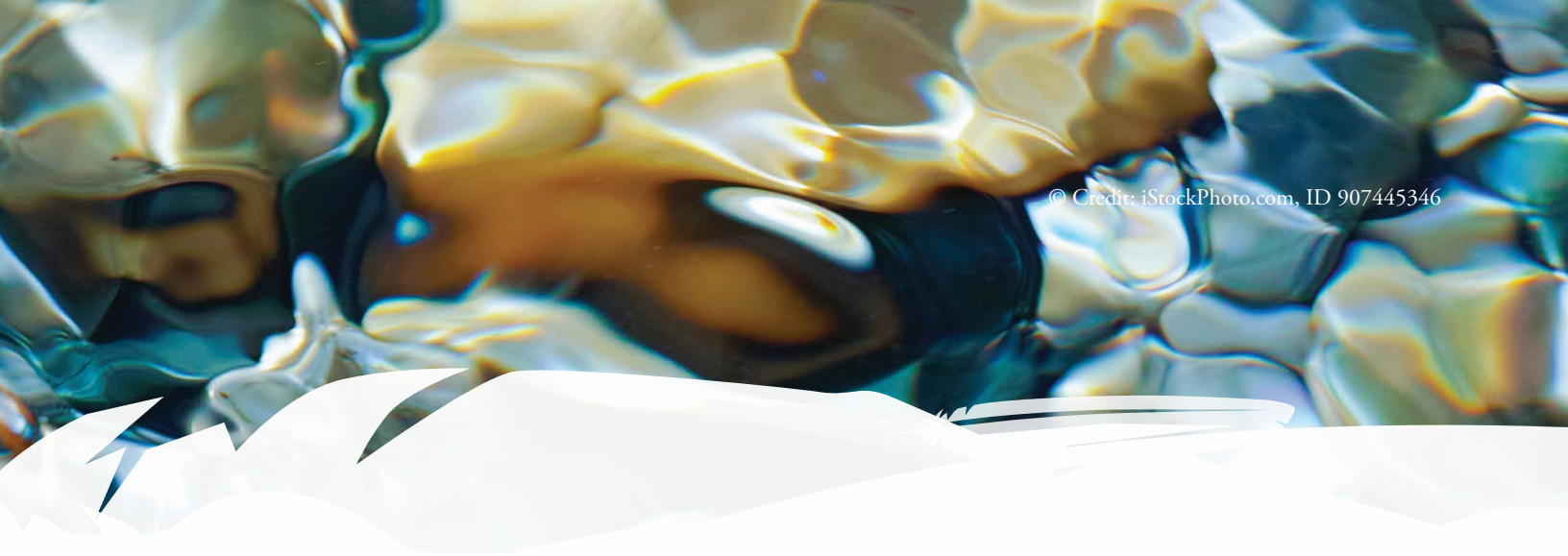
The Canadian Institutes of Health Research (CIHR) are the major sources of federal funding for work in health-related fields. Consequently, a review of the CIHR Funded Research Database was conducted to identify all research on First Nations, Inuit, and Métis health, funded by the CIHR's various institutes during the fiscal years 2017-18, 2018-19, 2019-20. With this, we highlight the funding agency's Indigenous health priorities, as well as recent research conducted that may not yet be published. Overall, a total of 1008 CIHR Indigenous health-related projects are analyzed from 2017-18, 2018-19, and 2019-20 fiscal years, representing a total of $95,015,168.00 in funding. In comparison to the previous *Landscapes* scan, this report identifies an increase in the yearly average of CIHR funded research focused on Indigenous health.

CIHR reviewed research

This edition of the *Landscapes* report identifies a total of 1008 research projects pertaining to First Nations, Inuit, and Métis health for the years 2017 to 2020 funded by the CIHR. The main topics covered in the CIHR funded research focus on Health Care Research, Policy, Human Resources, Programming, and Delivery (58.1%) and Chronic Diseases (10.9%). Communicable Diseases and Mental Health and Wellness account for 7.2% and 7.1% of the funded research respectively. Quite far behind these leading topics are Maternal, Fetal, and Infant Health and Child and Youth Health, each appearing in 3% - 5% of the literature. This is followed by Violence, Injury, and Abuse and Genetics/Human Biology.

Population analysis

An analysis is undertaken to assess the representation of various Indigenous populations within the CIHR funded research by cultural identity, life stage, and gender. Overall, Indigenous health focused research primarily addresses Indigenous Peoples collectively, accounting for 78.2% of CIHR funded research. First Nations comprise 15.3%, followed by Inuit, accounting for 5.2% of CIHR research. Métis peoples account for 2.3% of CIHR funded research focused on Indigenous health in Canada. The findings indicate that Métis peoples are under-represented within CIHR funded research.



Summary of federal government organizations

This report identifies eight federally directed and managed organizations with an Indigenous branch or directive pertinent to Indigenous health. We provide an overview of the mandates, objectives, and priority areas of these organizations; however, do not include a detailed analysis of Indigenous health topic areas they may cover (except for the Canadian Institutes of Health Research, which is presented and analysed in Section 3.3 of this report). The eight organizations identified for this report are:

- Canadian Institutes of Health Research (CIHR) – Institute of Indigenous Peoples Health
- Crown Indigenous Relations and Northern Affairs Canada (CIRNAC)
- Employment and Social Development Canada
- Environment and Climate Change Canada
- Health Canada
- Indigenous Services Canada
- Public Health Agency of Canada
- Statistics Canada

A changing landscape

The landscape of Indigenous health continues to experience shifts and changes in terms of funding, capacities, and the priority health areas of national Indigenous organizations. This report identifies growth in the areas of Health Care Research, Governance, Policy, Programming, Human Resources, and Delivery; Socio-Economic and Cultural Determinants; Lifestyle/ Healthy Living; and Mental Health and Wellness for national Indigenous organizations. These topics also make strong appearances in the literature and CIHR funded research as well. Additionally, this report identifies new national Indigenous organizations that have emerged over the 2013 to 2020 period. Despite these positive developments, there continue to be gaps in health care and health services for First Nations, Inuit, and Métis peoples.

1.0 INTRODUCTION

1.1 Objectives

Landscapes of First Nations, Inuit, and Métis health: An environmental scan of organizations, literature and research (henceforth referred to as *Landscapes*) is the fourth iteration of a report produced first in 2006, then in 2010, and again in 2012 by the National Collaborating Centre for Aboriginal Health (NCCAH), now the National Collaborating Centre for Indigenous Health (NCCIH). This environmental scan provides an update on the Indigenous health research landscape by identifying the priorities of national organizations working in First Nations, Inuit, and/or Métis health and analyzing the research focus of peer- and non-peer-reviewed literature published between January 2013 and December 2020. In addition, this report reviews research funded by the CIHR in fiscal years 2017-18, 2018-19, and 2019-20. The purpose of this report is to identify the areas of Indigenous health that researchers and Indigenous organizations considered priorities during this period and to determine similarities and differences across primary areas of focus.

The report also assesses whether specific Indigenous populations are over- or under-represented in the research to understand where the needs of First Nations, Inuit, and Métis are or are not being addressed.

In its focus on mapping the landscape of Indigenous health research in Canada, this environmental scan responds to the NCCIH's mandate to support "a renewed public health system in Canada that is inclusive and respectful of First Nations, Inuit and Métis peoples" and to facilitate "links between evidence, knowledge, practice and policy while advancing self-determination and Indigenous knowledge in support of optimal health and well-being" (NCCIH, 2022, para. 2). In support of this mandate, the NCCIH has the following goals:

- ensure the use of reliable, quality evidence 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 Indigenous public health by developing culturally relevant materials and projects; and
- facilitate a greater role for First Nations, Inuit, and Métis peoples in public health initiatives that affect Indigenous health and well-being (NCCIH, 2022, n.p.).

This report aims to provide an overview of the current landscape of Indigenous health research (including culturally relevant research) in Canada, the state of public health evidence relevant to Indigenous health, as well as opportunities for the NCCIH to establish new (and strengthen existing) partnerships with national organizations that focus on First Nations, Inuit, and Métis health.

1.2 Organization of report

Chapter 2 describes the methodology used for *Landscapes*. This methodology is rooted in an understanding of health as determined not only by physical, genetic, and lifestyle decisions, but includes various other factors that influence physical, mental, and social health and well-being. The chapter begins by describing the approach to the scan of national organizations working within First Nations, Inuit, and/or Métis public health in Canada and the categorization

of these organizations. The chapter then outlines the methods used for reviewing and sorting available published academic and grey literature focused on Indigenous health in Canada, population data, as well as information collated from national organizations to map the current state of knowledge on Indigenous health and wellness. Following that, the chapter outlines the approaches used for the scan of CIHR funded research. The chapter ends by detailing the categorization of topics and the structure used for coding information from the national Indigenous health organizations, peer- and non-peer-reviewed literature, and the CIHR funded research. The topic structure for coding is organized into three main categories (health care, health status, and health determinants), 13 main topic areas, and 86 subtopic areas.

Chapter 3 presents the findings of *Landscapes*. The chapter provides a profile of the national organizations working within First Nations, Inuit, and Métis public health, characterizes the current peer- and non-peer-reviewed literature, and provides an in-depth analysis of CIHR funded research focused on Indigenous health. In addition, the chapter provides a brief summary of federal government organizations that also work within Indigenous health contexts in Canada. The chapter begins by identifying national organizations active as of December 2021 that undertake work relating to First Nations, Inuit, and Métis public health in Canada, and provides information on their current projects, strategies, and priorities. The 33 organizations identified are grouped into two categories: National Indigenous Organizations and National Indigenous Health Organizations. The chapter then provides a thorough analysis of peer- and non-peer-reviewed literature to identify relevant Indigenous health knowledge production and research priorities. Following that, a detailed analysis of CIHR funded research is presented. The chapter ends with a brief summary of existing federal government organizations that work on Indigenous health related issues.

Chapter 4 summarizes the scan through a discussion of key observations on the landscape of First Nations, Inuit, and Métis health research in Canada. It reviews the findings from each of the four substantive chapters and highlights the priorities of national organizations working in First Nations, Inuit, and Métis health, as well as the gaps in knowledge and research that currently exist.

Detailed findings on the national Indigenous health organizations working in First Nations, Inuit, and Métis public health (Appendix A), the reviewed literature (Appendix B), and the federal government organizations engaged in First Nations, Inuit, and Métis health research (Appendix C) are available as separate PDF documents. These can be accessed either by clicking a link embedded in the Appendices section at the end of the digital version of this report or by requesting a copy from the NCCIH at **nccih@unbc.ca**.

1.3 Definitions

In undertaking a knowledge gathering process focused on Indigenous health, it is essential to recognize the political and often shifting language related to Indigenous Peoples. This has produced inconsistencies within the literature pertaining to the use of specific terminology and referencing of Indigenous cultural identities. In framing the scope of this report, it is important to define the following six key terms: Indigenous, Aboriginal, Indian, First Nations, Inuit, and Métis, as well as health-related terms such as Holistic Indigenous Health and Social Determinants of Indigenous Health.

Indigenous

"Indigenous" is an umbrella term used to refer to First Nations (status and non-status), Inuit, and Métis Peoples collectively (Schultz, 2021), and is used in international, transnational, and global contexts (Thornberry, 2013). Recently, it has been associated more with advocacy and has become, for many, the preferred term. In some settings, the term "Indigenous Peoples" in Canada is used interchangeably with "Aboriginal Peoples."

Aboriginal

The First Peoples of Canada are referred to as "Aboriginal" (Indigenous Foundation, 2009). This includes First Nations, Inuit, and Métis peoples. This term was widely adopted in Canada after 1982, when it was legally defined in Section 35 of the Canadian Constitution (Indigenous Foundations, 2009). While the term "Indigenous" has become the preferred term for many, in legal contexts the term "Aboriginal" Peoples or more specified Indigenous terms (i.e. First Nations, Indian, Métis, Inuit) may be warranted (Queens University, 2019).

Indian

The term "Indian" was used historically to identify Indigenous Peoples of the Americas but is now considered an outdated and offensive term because of its colonial use to interpret identity, such as through legislation (Indigenous Foundations, 2009). In Canada, the term continues to be used in legal contexts to define identities set out in the *Indian Act*, such as Indian Status (Indigenous Foundations, 2009). As such, the term "Indian" should be used only within its legal context.

First Nation

The term "First Nation" refers to Indigenous Peoples living on reserve or who have direct familial connection to reserve-based communities and are distinct from Inuit and Métis peoples (Indigenous Foundations, 2009). The term gained popularity in the 1970s, replacing the term "Indian"; however, the term itself does not have a legal definition (Indigenous Foundations, 2009). While "First Nations" refers to the ethnicity of First Nations peoples, the singular "First Nation" may refer to a band, a reserve-based community, or a larger tribal grouping (Indigenous Foundations, 2009).

Inuit

"Inuit" are Indigenous Peoples of the Arctic. The word Inuit means "the people" in the Inuit language of Inuktitut (Joseph, 2018). The singular of Inuit is Inuk. The Inuit homeland is known as Inuit Nunangat, which refers to the land, water, and ice contained in the Arctic region (Inuit Tapiriit Kanatami [ITK], n.d.-a). The Inuit Nunangat region is comprised of the Inuvialuit Settlement Region, Nunavut, Nunavik, and Nunatsiavut (Crown-Indigenous Relations and Northern Affairs Canada [CIRNAC], 2021).

Métis

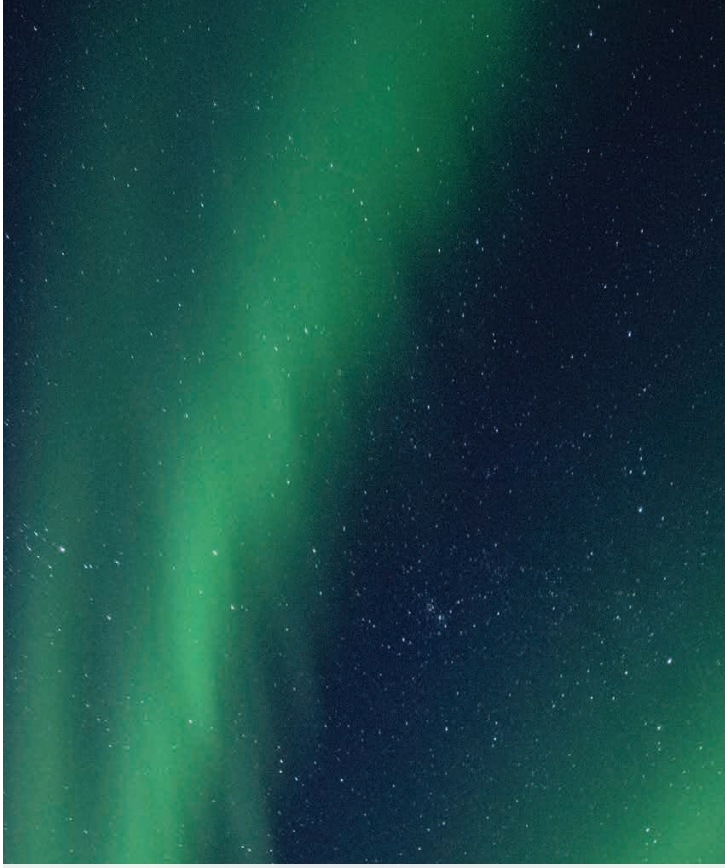
The Métis people established roots in the 1700s and trace their descendants to the French and Scottish fur traders who married First Nation women, such as the Cree and Anishinabe (Ojibway) (Library and Archives Canada, 2020). Métis people developed a "distinctive culture, a collective consciousness, and sense of nationhood in the Northwest" (Library and Archives Canada, 2020, n.p.). The Métis are one of the Aboriginal peoples of Canada as per Section 35(2) of the Constitution Act (Joseph, 2018). The term is used for those who self-identify as Métis, are of historic Métis Nation ancestry, and are accepted by and belong to a Métis community.

Holistic Indigenous health

For Indigenous Peoples in Canada, health and wellness are profoundly shaped by larger social structures, including family, community, and access to land and culture (Assembly of First Nations [AFN] & Health Canada, 2015). For many Indigenous communities, wellness can be achieved by maintaining a balance between the physical, mental, emotional, and spiritual aspects of life. A key paradigm within the cultures of many Indigenous Peoples is this understanding of holistic health, which encompasses a wide conceptual understanding of life and the interrelatedness of all its functions, including relationships between individuals, families, communities, the environment, and the spiritual realm (AFN & Health Canada, 2015; Healey, 2017). It is also important to note that there are variations in terms of understandings, emphasis, and approach to health from one Indigenous community to the other.

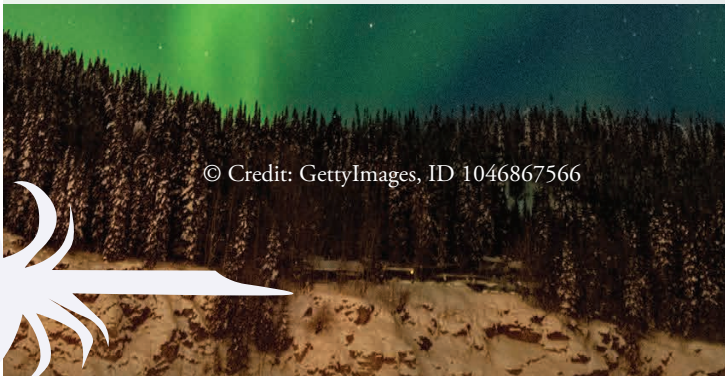
Social determinants of Indigenous health

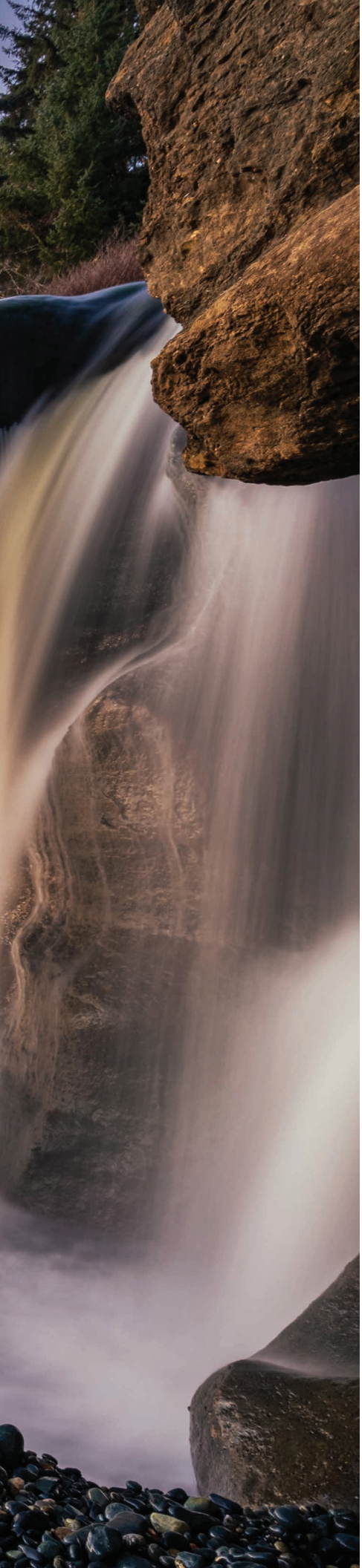
Social determinants of health are commonly defined as the conditions in which people are born, grow, live, work, and age that affect health and well-being (WHO, 2023). More specifically identified common determinants may include culture and language, early childhood development, systemic racism and discrimination, historical and ongoing colonialism, income, employment, housing, education, food security, availability and accessibility of health services, mental wellness, and the environment (George et al., 2019). When individuals experience inequities in the social determinants of health, they are at greater risk of poorer physical and mental health outcomes. For Indigenous Peoples, colonialism and ongoing systemic racism and discrimination are considered at the root of socio-economic inequities and health disparities (Loppie & Wien, 2022).



A key paradigm within the cultures of many Indigenous Peoples is this understanding of holistic health, which encompasses a wide conceptual understanding of life and the interrelatedness of all its functions, including relationships between individuals, families, communities, the environment, and the spiritual realm

(AFN & Health Canada, 2015; Healey, 2017).





2.0 METHODOLOGY

Landscapes, 4th Edition, brings together a scan of national organizations working in First Nations, Inuit, and Métis public health in Canada, as well as a review of literature and CIHR funded research. The methodologies utilized in this scan are identical to those used in the 2012 *Landscapes* report and are detailed below.

2.1 National organizations working in First Nations, Inuit, and/or Métis public health

A scan was conducted of national Indigenous organizations working in areas related to First Nations, Inuit, and/or Métis public health in Canada to summarize their current projects, strategies, priorities, and health-related agendas. At the initial stages, information was gathered exclusively from the websites of relevant Indigenous focused organizations. Organizations that were included in the 2014 report but are no longer active were removed from the discussion, while new organizations (either newly formed or newly identified) were added to our listings. This scan found 33 national Indigenous organizations that were then divided into two categories:

- National Indigenous organizations (organizations directed by and for Indigenous Peoples with a broad mandate that includes health); and
- National Indigenous health organizations (organizations directed by and for Indigenous Peoples that are focused specifically on health).

As there is no agreed-upon terminology or standard for defining what constitutes an organizational priority, to capture this information we relied on a general assessment of website information, considering aspects of the organization's stated goals, recent publications, and current projects, to determine which topics appear to have the most urgency or relevance. An assumption was made that of all the national organizations, those that are Indigenous directed are generally most closely in touch with the needs of the Indigenous communities they serve. Therefore, the priorities of national Indigenous organizations and national Indigenous health organizations were taken to be broadly representative of the health-related needs of people and communities for comparison against the topics being addressed by literature and research.

The information was compiled into a summary table for review by the NCCIH. The summary table contains information on each organization, including their vision, mission, mandate, objectives, priorities, and contact information, to function as a concise reference (see Appendix A). Organizations were then contacted to validate information and ensure organizational priorities, objectives, and mandates were accurate and up to date. A total of 18 organizations reviewed and validated the information presented in this report.

2.2 Federal government organizations working in First Nations, Inuit, and/or Métis public health

The environmental scan also aimed to identify federally directed and managed organizations with an Indigenous branch or directive pertinent to health. For the purposes of this report, organizations were considered an agency or branch of the federal government if its website was hosted within the Government of Canada's domains (e.g., .gc.ca or .canada.ca), rather than having an independent website. This report provides an overview of the mandates, objectives, and priority areas of these organizations but does not include a detailed analysis of Indigenous health topic areas that may be covered.

As there is no agreed-upon terminology or standard for defining what constitutes an organizational priority, to capture this information, we relied on a general assessment of website information, considering aspects of the organization or agency's stated goals, recent publications, and current projects.

2.3 Review of literature

Initial parameters for the literature scan were finalized in consultation with the NCCIH. A search strategy was then developed, reviewed, and implemented. As the 2014 report considered literature published up to December 2012, the current scan reviewed literature published from January 2013 to December 2020 to identify Indigenous health research priorities. It is important to note that this review, while quite comprehensive, did not follow formal systematic review procedures and therefore may not be inclusive of all relevant literature.

The scan consisted of three parts. First, a hand search of journals and their tables of contents was undertaken, including:

- Pimatisiwin: A Journal of Indigenous and Aboriginal Community Health
- Journal of Aboriginal Health
- International Journal of Circumpolar Health
- Journal of Indigenous Wellbeing
- International Indigenous Policy Journal
- International Journal of Indigenous Health
- American Indian and Alaska Native Mental Health Research
- AlterNative: An International Journal of Indigenous Peoples
- Turtle Island Journal of Indigenous Health
- Canadian Medical Association Journal, Aboriginal Health
- First Peoples Child & Family Review; and
- Canadian Geographer (special editions focused on Aboriginal people)

Health databases were then searched through the National Library of Medicine (MEDLINE and PubMed) and BioMed Central, supplemented by Google Scholar. Finally, a search of the websites of national Indigenous organizations that focus on improving the health of First Nations, Inuit, and Métis peoples in Canada was undertaken to identify relevant grey literature.

2.3.1 Search strategy

To ensure a detailed and targeted scan for the collation of relevant literature, initial search terms included 'Aboriginal' or 'Indigenous' or 'First Nations' or 'Métis' or 'Inuit,' combined with 'health,' 'health care/health care,' 'care,' 'health services,' 'health promotion,' and 'public

health'. Additional search terms were added based on keywords that appeared in the resulting publications including, but not limited to:

- cultural competency, cultural safety, cultural sensitivity
- anti-Indigenous racism
- health governance
- access to care
- nutrition
- physical activity
- food (in)security, food safety, food sovereignty
- communicable/infectious disease/illness
- cancer
- injury/injuries, disability/ disabilities, attention deficit disorder, fetal alcohol
- maternal, infant health, child health, youth health
- child development/early childhood development
- women and health
- seniors' health
- oral health
- respiratory health/ tuberculosis/pneumonia/ bronchitis/asthma/ obstructive pulmonary
- chronic disease/diabetes/ obesity/cardiovascular disease/hypertension
- pain/rehabilitation/ hemodialysis/epilepsy/ arthritis/Crohn's disease/mortality
- sexual health/human immunodeficiency (HIV)/pregnancy/ sexually transmitted
- suicide/mental health/ addiction/substance use/drug poisoning
- violence/abuse
- environmental health/ climate change
- knowledge translation/transfer
- evidence-based research
- holistic health
- health data/health status
- social determinants
- urban/rural

Google was also used to search the websites of all organizations listed in this report to identify additional non-peer-reviewed literature. While the intent was to identify literature that is readily accessible to the public, the project team also contacted organizations to validate information and ensure their publications were included.

2.3.2 Inclusion criteria

In all three search methods, (journal search, health database search, and website search), duplicates and entries not relating to Indigenous Peoples in Canada or to health were removed. Literature was assessed and deemed relevant to Indigenous health in Canada if it met one or more of the following criteria: 1) it exclusively focused on the health of Indigenous (First Nations, Inuit, and/or Métis) people in Canada. This included literature that focused on social determinants like education, income, housing, self-determination, and others, as long as the connection between those determinants was discussed in relation to Indigenous Peoples' health; 2) it compared the health of Indigenous Peoples (First Nations, Inuit, and/or Métis) with other population groups (general Canadian population or other ethnic groups), as long as analysis was undertaken highlighting differences between Indigenous Peoples and other population groups; and 3) it focused on Indigenous Peoples internationally or on the Canadian population, while exploring a health topic identified as being of particular importance to Indigenous Peoples in Canada, with some related discussion (e.g., at least one paragraph or section on Indigenous Peoples in Canada).

General literature that made only passing reference to Indigenous Peoples in Canada (less than a paragraph) or that showed the search terms 'Indigenous,' 'Aboriginal,' 'First Nation,' 'Inuit,' or 'Métis' only in the references were excluded. Working documents, drafts, or items marked "not for circulation" were also excluded from the search, along with news articles, editorials, and letters-to-the editor.

2.3.3 Analysis and coding

After relevancy of the literature was determined, each document was identified as either peer- or non-peer-reviewed (e.g., grey literature produced by government, academics, business, industry, or non-government organizations but has not been submitted to a formal peer-review process before publication). Dissertations and theses were considered peer-reviewed due to the review and revision process by experts in the field prior to publication. Academic presses and other publishing companies were checked for peer-review status; if their webpages did not indicate peer-review status in an obvious location (e.g., under Information for Authors), the assumption was made they did not use peer-review but rather in-house editors. The peer-review status of publications from lesser-known journals and research/knowledge translation institutes was also checked to ensure accurate categorization (peer-review versus non-peer-review). All sources that self-identified as peer-reviewed were accepted on this basis. No attempt was made to evaluate the rigour of the peer-review process.

Documents were further identified as having either a focus on health care, health determinants, or health status. Each item was then coded for population characteristics. Population information was taken from the title, abstract, or in some cases the methodology sections of each document. Unfortunately, the terms "Aboriginal" and "Indigenous" continue to be used inconsistently in the literature and it was often not possible to assess whether the term was being used inclusively or in reference to an unspecified First Nations, Inuit, and/or Métis community or population. Especially in general focus studies where 'Aboriginal' or 'Indigenous' is included as a variable, these terms were often used as a synonym for First Nations. Therefore, all demographic results should be read with caution.

Each item was then assigned to general topic, main topic, and non-exclusive subtopics to accommodate the complex interrelations of subject matter in the literature. The general topic, main topic, and subtopic categories were established through a review of previous *Landscape* reports. On average, documents were coded for two main topics and four subtopics each, reflecting the ways that Indigenous health issues often lie at the intersection of different subject areas.

2.4 Review of CIHR funded research

The Canadian Institutes of Health Research (CIHR) is the federal government's primary mechanism for funding research related to the health of Canadians. The CIHR consists of thirteen Institutes, one of which specifically focuses on Indigenous health research, while the remaining twelve focus on various health topics (e.g., aging, cancer research, etc.). As the Government of Canada's health research investment agency, CIHR supports promising research projects through $1 billion in expenditures each year, and nearly 95% of its funding is directly in health research activities (CIHR, 2021a). When grant proposals are submitted to the CIHR, applicants must select which type of grant and funding program they are applying to that best fits their research (CIHR, 2021a). To capture all research

related to Indigenous health funded by the CIHR, this scan includes all relevant research regardless of the institute and funding program the research is aligned with.

CIHR's investment data is available on CIHR's Funding Decisions Database, in CIHR's section of the Open Government portal, and in the Canadian Research Information System (CRIS) (CIHR, 2021b). The CIHR's Funding Decisions Database provides a list of all funding decisions made by the CIHR for applications it has received, while the CRIS is a database of all grants and awards funded by agencies participating in CRIS, including the CIHR. This scan focused on identifying CIHR's research priorities relevant to Indigenous health for any given year and the amounts allocated for each type of program, grant, and award rather than how much money was dispersed to each project during each fiscal year. All data obtained reflects information publicly available on the online database as of December 2020.

2.4.1 Search strategy

To ensure a detailed and targeted scan for the collation of relevant research, the CRIS database was the primary information source to inform this section. The CRIS database has advanced filters and allows users to designate the search criteria by research subject, investigator, location, funding agency, and keywords (CRIS, 2021). Filters were used to isolate research funded by all CIHR institutes. Initial search terms included 'Aboriginal,' 'Indigenous,' 'First Nations,' 'Métis,' 'Inuit,' combined with 'health,' 'health care/health care,' 'care,' 'health services,' 'health promotion,' and 'public health.' At times additional keywords were added, including but not limited to:

- cultural competency, cultural safety, cultural sensitivity
- anti-Indigenous racism
- health governance
- access to care
- nutrition
- physical activity
- food (in)security, food safety, food sovereignty
- communicable/infectious disease/illness
- cancer
- injury/injuries, disability/ disabilities, attention deficit disorder, fetal alcohol
- maternal, infant health, child health, youth health
- child development/early childhood development
- women and health
- seniors' health
- oral health
- respiratory health/ tuberculosis/pneumonia/ bronchitis/asthma/ obstructive pulmonary
- chronic disease/diabetes/ obesity/cardiovascular disease/hypertension
- pain/rehabilitation/ hemodialysis/epilepsy/ arthritis/Crohn's disease/mortality
- sexual health/human immunodeficiency (HIV)/pregnancy/ sexually transmitted
- suicide/mental health/ addiction/substance use/ drug poisoning
- violence/abuse
- environmental health/ climate change
- knowledge translation/transfer
- evidence-based research
- holistic health
- health data/health status
- social determinants
- urban/rural

2.4.2 Inclusion criteria

The research was assessed and deemed relevant to Indigenous health in Canada if it met one or more of the following criteria: 1) it exclusively focused on the health of Indigenous (First Nations, Inuit, and/or Métis) people in Canada. This included research that focused on social determinants such as education, income, housing, self-determination, and others, as long as the connection between those determinants was discussed in relation to Indigenous Peoples' health; and 2) it compared the health of Indigenous Peoples (First Nations, Inuit, and/or Métis) with other population groups (general Canadian population or other ethnic groups), as long as the research highlighted differences between population groups. Research that made only passing reference to Indigenous Peoples in Canada or mentioned the search terms 'Indigenous,' 'Aboriginal,' 'First Nation,' 'Inuit,' or 'Métis' briefly were excluded. All duplicates and entries not relating to Indigenous Peoples in Canada or Indigenous health were removed.

2.4.3 Analysis and coding

Once the relevancy of the research was determined, each research project was further identified as having either a focus on health care, health determinants, and/or health status. Each item was then coded for population characteristics. Population information was taken from the title and abstract of each research project listed on the CRIS database. Each item was then assigned to main topics and non-exclusive subtopics to accommodate the complex interrelations of subject matter in the research. On average, research was coded for two main topics and two-four subtopics each, reflecting the ways that Indigenous health issues often lie at the intersection of different subject areas.

2.4.4 Topic categories

To facilitate a comparison between topics that are priorities for Indigenous health organizations and those that are emphasized in recent literature and CIHR funded research, a set of non-exclusive topic categories was developed. Previously used topics and terms were scanned by researchers and the NCCIH to determine the most commonly used topic and subject matter divisions. This data was then synthesized and condensed to avoid category duplication as much as possible. Main topic areas were then identified, covering the three primary sectors of population health: health care, health determinants, and health status. Table 1 outlines the main topics and subtopic areas within these three primary sectors and shows a list of subtopic areas that were used in coding the data for this report. Table 1 further provides insight into what is included in each main topic. Inconsistent use of category terms by researchers and organizations can make data comparison difficult; therefore, by establishing a consistent set of topics, future research may use these categories to more accurately chart changes and trends.

TABLE 1: TOPIC STRUCTURE USED FOR CODING

Category	Main topic area	Subtopic area
Health care	1) Health care research, governance, policy, human resources, programming, and delivery	• Access to and use of health care services • Cultural competency/safety/sensitivity • Data governance and ethics • Diagnostic services, screening, and surveillance • Evidence-based research (including community involvement, culturally appropriate research) • Knowledge translation/transfer • Preventive care/health promotion • Psychology, psychiatry, and counselling services • Reconciliation • Self-determination • Seniors' housing and care • Traditional knowledge, medicines, and approaches to healing
Health determinants	2) Genetics/ human biology	• Sex
	3) Lifestyle/ healthy living	• Diet and nutrition • Holistic health • Oral health • Physical activity • Physical safety • Tobacco use • Vaping
	4) Socio-economic and cultural determinants	• Colonialism (including residential schools) • Community and family relationships • Community infrastructure • Culture and language • Education • Employment • Food security/ safety/sovereignty • Historic/intergenerational trauma • Housing (rural/urban)/ homelessness • Income • Resilience • Self-government • Stigma • Systemic racism, discrimination, and social exclusion

TABLE 1: TOPIC STRUCTURE USED FOR CODING CONT.

Category	Main topic area	Subtopic area
Health status	5) Environmental health	• Climate change • Environmental contamination • Indoor and built environment • Water safety and security • Wellness of the land
	6) Chronic disease	• Aging diseases • Arthritis • Asthma • Bone diseases • Cancer • Cardiovascular diseases • Diabetes • Disability/disabilities • Gastrointestinal diseases • Obesity • Renal diseases • Respiratory diseases • Skin diseases • Stroke
	7) Communicable disease	• Blood-borne illness/hepatitis • Immunizations • Infectious diseases/influenza • Respiratory infections • Sexual health, HIV, STI • Zoonotic diseases
	8) Maternal, fetal, and infant health	• Birth outcomes • Birthing and midwifery • Breastfeeding • Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorder (FASD) • Infant health • Prenatal care • Reproductive health

TABLE 1: TOPIC STRUCTURE USED FOR CODING CONT.

Category	Main topic area	Subtopic area
Health status	9) Child and youth health	• Child and youth welfare • Child and youth wellness • Child development/Early childhood development • Learning disabilities • Oral health • Otitis media • Vision health • Youth development
	10) Mental health and wellness	• Eating disorders • Mental illnesses • Substance use • Suicide/self-injury
	11) Violence, injury, and abuse	• Accidental injuries • Child abuse and neglect • Elder abuse • Gender-based violence • Intimate partner violence • Sexual violence/abuse
	12) General health status reports	• Health data
	13) Other	• Other

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3.0 SUMMARY OF FINDINGS

This section presents the findings of *Landscapes*. Detailed information is provided on the national organizations working within Indigenous, First Nations, Inuit, and Métis public health; current peer- and non-peer-reviewed literature; and the funding patterns of the Canadian Institute of Health Research. The end of this section includes a brief overview of federal government organizations that work on Indigenous health-related issues in Canada. Overall, this section provides insight into further prospects for collaboration, clarity on the current landscape of research on First Nations, Inuit, and Métis public health in Canada, and an awareness of current gaps in research.

3.1 National organizations working in First Nations, Inuit, and Métis public health

A scan was completed of organizations at the national level that are involved in First Nations, Inuit, and Métis public health in Canada. This includes national First Nations, Inuit, and/or Métis organizations, as well as national First Nations, Inuit, and/or Métis health organizations in Canada. Currently 31 national organizations were identified, falling into one of two categories:

- National Indigenous Organizations (organizations directed by and for Indigenous Peoples with a broad mandate that includes health); and
- National Indigenous Health Organizations (organizations directed by and for Indigenous Peoples that are focused specifically on health-related issues).

The 2013 to 2020 period saw an increase in new national Indigenous organizations working within First Nations, Inuit, and Métis public health in Canada since 2012. Despite continued structural challenges to Indigenous health in terms of access to health care and overall health status of Indigenous Peoples, these new Indigenous organizations have actively advocated for essential health and wellness services for First Nations, Inuit, and Métis populations. At the same time, this period also saw the departure of the First Nations Environmental Health Network (FNEHN) and National Indian and Inuit Community Health Representatives Organization (NIICHRO), while the Native Mental Health Association of Canada (NMHAC) and the National Native Addictions Partnership Foundation (NNAPF) merged to form the Thunderbird Partnership Foundation and the First Peoples Wellness Circle. The full impact of these changes is yet to be seen.

New inclusions in this updated report are twelve organizations with various focuses on professional, research, development, policy, and programming activities. These include: Aboriginal Sports Circle, Assembly of Seven Generations, Canadian Roots Exchange, First Peoples Wellness Circle, Legacy of Hope, Occupational Therapy and Indigenous Health Network, Ongomiizwin – Indigenous Institute of Health and Healing, Reconciliation Canada, Thunderbird Partnership Foundation, Waakebiness – Bryce Institute for Indigenous Health, We Matter, and Women of the Métis Nation.

3.1.1 National Indigenous organizations

This section provides an overview of national Indigenous organizations operating across Canada as of 2020. National Indigenous organizations are those directed by and for Indigenous Peoples whose mandates transcend provincial/territorial boundaries. These organizations have a broad determinants of health focus rather than an exclusive focus on health. Sixteen First Nations, Inuit, and/or Métis national organizations have been identified (the final six organizations in the list are newly developed since the last report):

- Assembly of First Nations (AFN)
- Congress of Aboriginal Peoples (CAP)
- First Nations Child & Family Caring Society of Canada (the Caring Society)
- First Nations Information Governance Centre (FNIGC)
- Inuit Tapiriit Kanatami (ITK)
- Métis National Council (MNC)
- National Aboriginal Circle Against Family Violence (NACAFV)
- National Association of Friendship Centers (NAFC)
- Native Women's Association of Canada (NWAC)
- Pauktuutit Inuit of Women of Canada (Pauktuutit)
- Assembly of Seven Generations
- Canadian Roots Exchange (CRE)
- Legacy of Hope Foundation (LHF)
- Reconciliation Canada
- We Matter
- Women of the Métis Nation

Most of these organizations have a broad mandate and undertake advocacy, policy, representation, or lobbying work. All of these organizations have an Indigenous health and/or wellness emphasis as one of their many priorities. The health-related agendas for these national Indigenous organizations are outlined below.

Assembly of First Nations

The Assembly of First Nations (AFN) is a national organization representing and advocating for First Nations peoples in Canada (AFN, n.d.-a). AFN's health mandate is to "protect, maintain, promote, support and advocate for First Nations intrinsic, Treaty and constitutional rights, holistic health, and the well-being of First Nations" (AFN, n.d.-b, para. 1). The AFN Health Sector is responsible for research, policy, and advocacy work pertaining to First Nations health in Canada. The AFN Health Sector's activities and goals are focused on seven areas: Children and Youth, Health Infrastructure, Health Governance, Information Management, Mental Wellness, Primary Care, and Social Development (A. Bisson, personal communication, March 29, 2022).

Within its seven areas of primary concern, AFN identifies several key health topics, including but not limited to:

- social determinants of health
- non-insured health benefits (NIHB)
- mental health, life promotion and suicide prevention, and substance use
- reconciliation, self-determination in health, and health legislation
- cultural competency and cultural safety
- accessibility and disability
- food security and nutrition
- Seven Generations Continuum of Care
- tuberculosis, asthma, and respiratory health
- youth health and wellness
- early childhood development
- maternal and child health, and FASD

Since the 2012 scan, The First Nations Health Transformation Agenda (FNHTA) was developed under the direction of the AFN Chiefs Committee on Health (CCOH), with contributions from subject matter experts, the National First Nations Health Technicians Network (NFNHTN), the AFN Task Force on Aging, and the First Nations Health Managers Association. The FNHTA outlines 85 recommendations to federal, provincial, and territorial governments (AFN, 2019a). These recommendations cover a wide range of policy areas aimed at highlighting severely underfunded First Nations health programs and increasing self-determination of First Nations health in keeping with fundamental, Treaty, and international rights.

The AFN has also published the First Nations Health Transformation Summit Report, which summarizes the First Nations Health Transformation Summit held in 2016 (AFN, 2019b). The summit focused on collaboration between First Nations, the federal government, and provincial/territorial governments to develop shared priorities and determine next steps towards closing jurisdictional gaps in First Nations health. In addition, the AFN Health Sector developed a First Nations specific opioid strategy to address the ongoing opioid crisis, in response to the AFN's Resolution 82/2016 (AFN, 2019a). Elements of the strategy include prevention, treatment, and harm reduction activities. Related to the implementation of the First Nations Mental Wellness Continuum Framework (FNMWCF), the AFN is working with partners to develop service delivery models for Crisis Response & Prevention and Land-Based Programs.

Assembly of Seven Generations

The Assembly of Seven Generations is a youth-led, national Indigenous organization formed in 2015. The organization focuses on research, Indigenous youth advocacy, and capacity building (Assembly of Seven Generations, n.d.). It provides cultural support and empowerment programs and policies for Indigenous youth and is led by traditional knowledge and Elder guidance. The Assembly of Seven Generations envisions unity of Indigenous youth from across Turtle Island to not only contribute to the success and healing of current generations but also affect the success and healing of the next seven generations (Assembly of Seven Generations, n.d.). As a relatively new organization, the Assembly of Seven Generations' work continues to expand as their networks and capacity grow with the needs and aspirations of Indigenous youth.

There are several key health topics the Assembly of Seven Generations is actively working on, including:

- mental health and wellness
- child and youth health and wellness
- youth violence, injury, and abuse
- COVID-19 community care

The Assembly of Seven Generations has co-produced a series of reports focused on youth health and wellness. The first report, *Mapping Indigenous youth services – Ottawa* (Kelly & Fayant, 2020a), maps and highlights Indigenous youth services in Ottawa, with findings informed by a literature review, environmental scan, community outreach, and focus group led by Indigenous youth. The second report, titled *Building the field on Indigenous youth healthy relationships* (Kelly & Fayant, 2020b), addresses youth violence and the support Indigenous youth need to build healthier relationships.

Canadian Roots Exchange

Founded in 2013, the Canadian Roots Exchange (CRE) is a national youth organization led by Indigenous and non-Indigenous youth that aims to "collaborate with communities to provide programs, grants and opportunities that are grounded in Indigenous ways of knowing and being and designed to strengthen and amplify the voices of Indigenous youth" (CRE, n.d.-a, p. 2). The CRE conducts its work through gatherings, workshops, and leadership training, bringing youth together in cities, towns, and traditional territories across Canada to break down stereotypes, foster dialogue, and build authentic relationships between Indigenous and non-Indigenous people living in Canada. Currently the CRE focuses on two priority health areas:

- culture, healing, and wellness
- domestic violence and human trafficking

The CRE also has a Culture and Wellness program that brings together ceremony, traditional teachings, Indigenous healing, and youth led arts-based wellness activities (CRE, n.d.). This program aims to build the capacity of Indigenous youth to create their own path for their healing journey and self- actualization.

Congress of Aboriginal Peoples

The Congress of Aboriginal Peoples (CAP), founded in 1971, is a national umbrella organization that represents the interests of provincial and territorial affiliate organizations across Canada. CAP's mandate is to improve the socio-economic conditions of off-reserve status and non-status First Nations, Métis, and southern Inuit living in urban and rural areas (CAP, n.d.). CAP is one of five national Indigenous organizations recognized by the Government of Canada. The organization works cooperatively with eleven provincial and territorial organizations to promote and advance the common interests, collective and individual rights and needs of off-reserve Indigenous Peoples (CAP, n.d.).

Health is a consistent concern of the organization. CAP works from the understanding that the health of a population is often reflective of the communities in which they live, influenced by economic conditions, changing environments, policy gaps, and legislative challenges that impact governance (R. Russell, personal communication, April 21, 2022). The organization works with the Government of Canada in the following priority and policy program areas:

- the Health Services Integration Fund
- jurisdictional issues
- Aboriginal Diabetes Initiative (ADI)
- living conditions and environmental health
- food security and traditional foods
- childhood obesity
- mental health and wellness
- accessibility services
- gender-based violence
- cancer diagnosis and treatments
- arthritis
- cardiovascular and respiratory diseases

CAP's goal is to understand community-based health perspectives and advance off-reserve First Nations, Métis, and southern Inuit health perspectives, while building collaborative relationships, partnerships, and co-operation in Indigenous health and healing.

First Nations Child and Family Caring Society of Canada

The First Nations Child and Family Caring Society of Canada (the Caring Society) provides reconciliation-based public education, research, and support to promote the safety and well-being of First Nations children, youth, families, and Nations. The Caring Society ensures First Nations children and their families have culturally based and equitable opportunities to ensure their safety, health, access to education, and cultural identity (FNCFCS, n.d.-a).

The organization has several ongoing projects/programs within its mandate, including the following:

- Development of culturally based equity, resources, and education for First Nations children, youth, and families
- Reconciling History Initiative
- Spirit Bear books, films, and educational resources
- Initiatives on Shannen's Dream and I am a Witness
- Reconciliation Ambearristers program
- Touchstones of Hope for reconciliation in child welfare
- Indigenous Knowledge Portal
- Caring Across Boundaries photo exhibition
- Spirit Bear and friends to support kids and families in staying healthy and safe during the COVID-19 pandemic
- Indigenous Kids Rights Path
- Canadian Human Rights Tribunal (CHRT) Information Sheets and Timeline

The Caring Society continues to publish via its online journal – *First Peoples Child and Family Review*. The most recent issue, published August 2021, contains articles on Shannen Koostachin and Shannen's Dream, First Nations child safety and wellness in schools, systemic barriers faced by First Nations children and youth in Canada, and a profile of First Nations child welfare in Canada. The organization also publishes a variety of information sheets concerning human rights and child rights in Canada, Jordan's Principle, First Nations child welfare in Canada, Indigenous child population statistics, and others; as well as research reports, organization newsletters, and recommended readings (FNCFCSC, n.d.-b). The Caring Society also provides a current list of First Nations Child and Family Service Agencies in Canada, links to a range of documents produced by governmental and non-governmental organizations, and hosts a free database of resources, including literature reviews, education content, reports, guides, films, and presentations addressing reconciliation and ending discrimination against Indigenous children and families in Canada.

First Nations Information Governance Centre

Mandated by the Assembly of First Nations' Chiefs-in-Assembly (AFN Resolution No. 48, 2009), the First Nations Information Governance Centre (FNIGC) envisions every First Nation will achieve data sovereignty in alignment with its distinct world view (FNIGC, 2022a). The FNIGC became an independent, incorporated non-profit entity on April 22, 2010. Its roots can be traced back to 1996, when the AFN formed a National Steering Committee to design a new national First Nations health survey. The committee was established in response to a decision from the federal government to exclude First Nations people living on reserve from three major population surveys (FNIGC, 2022a).

FNIGC is home to the First Nations Regional Health Survey (FNRHS, or RHS), the first and only First Nations governed national health survey in Canada, with data collection on First Nations reserves (FNIGC, 2022b). In addition to the RHS, FNIGC conducts the First Nations Oral Health Survey; the First Nations Regional Early Childhood, Education, and Employment Survey; the First Nations Labour and Employment Development survey; and the First Nations Regional Social Survey (FNIGC, 2022b). FNIGC is committed and accountable to First Nations, upholding and advancing the principles of Ownership, Control, Access, and Possession (OCAP®) to provide high quality, evidence-based research, data collection, data analysis, information, and dissemination services to First Nations (FNIGC, 2022d).

Survey data and reports are available on the FNIGC website (FNIGC, 2022c).

In March 2020, FNIGC released a *First Nations Data Governance Strategy* (FNDGS), which outlines an incremental path for achieving First Nations data sovereignty. The FNDGS represents a collective vision for the future, as articulated by First Nations leadership, rights holders, and data sovereignty experts through a series of engagements that have occurred over the course of several years. The Strategy establishes a network of expert-based apolitical Information Governance Centres across Canada that will provide shared data and statistical services to more than 600 First Nations communities, their governments, and their service delivery organizations (FNIGC, 2020.)

Inuit Tapiriit Kanatami

Inuit Tapiriit Kanatami (ITK) represents Inuit living throughout Inuit Nunangat, the traditional homelands comprised of four regions: the Inuvialuit area of the Northwest Territories, Nunavut, Nunavik (northern Quebec), and Nunatsiavut (Labrador). ITK represents and promotes the interests of Inuit, undertaking this work through four regional Inuit organizations (Inuit Regional Corporation, Nunavut Tunngavik Incorporated, Makivik Corporation, and Nunatsiavut Government), the National Inuit Youth Council, and Inuit Circumpolar Conference (ITK, n.d.-b). One of ITK's key priorities is "to improve the health and wellbeing of Inuit" (ITK, n.d.-b, para. 1). The National Inuit Committee on Health (NICoH) identifies priorities, provides guidance to both the ITK Board of Directors and the organization's Health and Social Development Department (formerly the Health and Environment Department), and has responsibility for ensuring national representation in processes relating to federal policy or initiatives.

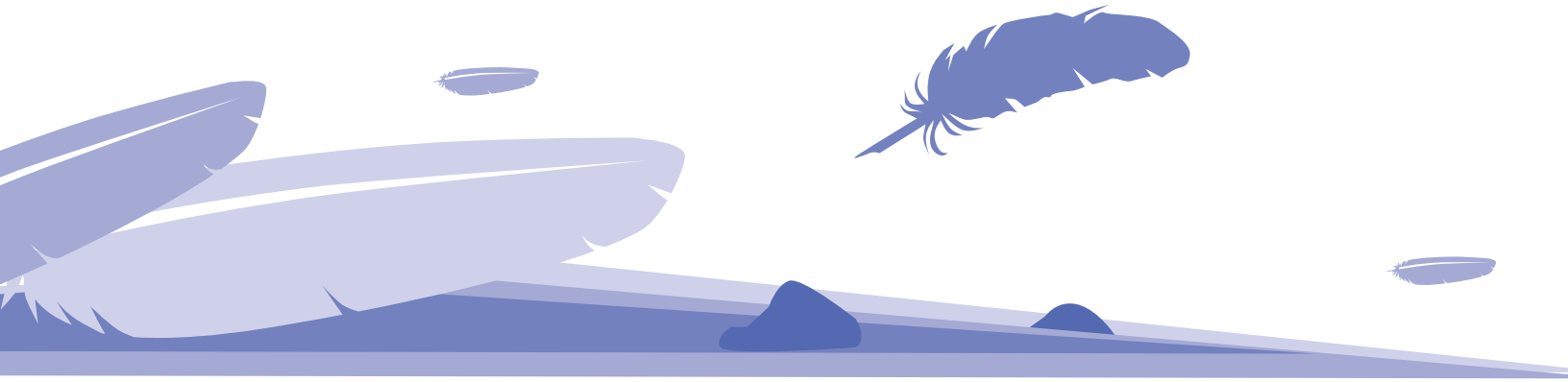
The ITK has several ongoing projects/programs within its mandate, including:

- Inuit Nunangat Research Program
- Inuit Post-Secondary Education
- National Inuit Youth Council
- COVID-19 resources
- Qanuippitaa? (National Inuit Health Survey)
- Inuktitut Magazine
- Inuit Nunangat Taimannganit

ITK's Health and Social Development Department undertakes work in the following areas:

- access to health care
- child and youth health
- COVID-19
- climate change
- early childhood development
- food security and nutrition
- gender based violence
- maternal and infant health
- mental health and wellness
- suicide prevention

In addition to publishing the *Inuktitut Magazine,* which includes material on health and wellness, ITK also publishes fact sheets and reports, such as the Inuit Nunangat Food Security Strategy, Inuit Nunangat Climate Change Strategy, and the Inuit Nunangat Suicide Prevention Strategy (ITK, n.d.-b). The ITK website also contains historical and contemporary information on Inuit life and culture and an archive of podcasts, videos, and presentations.



Legacy of Hope Foundation

The Legacy of Hope Foundation (LHF) is a national Indigenous organization working to promote healing and reconciliation in Canada (LHF, n.d.-a). The goal of the Foundation is "to educate and raise awareness about the history and ongoing intergenerational impacts of the Residential School System (RSS) and subsequent Sixties Scoop (SS) on Indigenous (First Nations, Inuit, and Métis) Survivors, their descendants, and their communities to promote healing and Reconciliation" (LHF, n.d.-a. para. 1). To support this goal, the foundation has produced a series of 19 mobile awareness exhibitions that can be hosted in schools, offices, parliaments, galleries, and public spaces. Many of the LHF's exhibitions feature survivor testimony and provide an interactive experience (LHF, n.d.-b).

The LHF offers programming and/or services in the following areas:

- curriculum resources
- exhibitions
- research
- workshops and training

The LHFs recent and/or ongoing projects include:

- The Waniskahtan project (focused on educating and raising awareness about missing and murdered Indigenous women and girls)
- Escaping Residential Schools
- LHF Exhibition Circulation project

Métis National Council

The Métis National Council (MNC) is the national representative body for Métis (MNC-n.d.-a). Health is a key focus of its work, with priorities in the areas of population health and early childhood development. The organization's website also provides an extensive set of links to resources and services pertaining to health.

The MNC hosts the Métis Nation Knowledge Gateway to share information on the following:

- environmental knowledge
- public safety
- socio-economic development
- human resources
- political development
- culture and language
- education
- child and family services
- housing

The social development portal also provides information on MNC health-related research activities, including those related to diabetes, health human resources, Métis Nation capacity, indicators, suicide, and early childhood development (MNC, n.d.-b).

National Aboriginal Circle Against Family Violence

The National Aboriginal Circle Against Family Violence (NACAFV) initiates and designs culturally appropriate programs and services to address family violence impacting Indigenous Peoples in Canada. The organization's objective is to support professionals working in the areas of Indigenous family violence, prevention, and intervention. In its vision, the NACAFV aims for "a future where Indigenous shelters have all the resources and supports they need to provide safe family environments" (NACAFC, n.d., para. 3). The NACAFV is working on several projects, including:

- practical training programs
- culturally appropriate tools and resources
- networking opportunities
- advocacy support

In addition to these services, NACAFV also publishes reports that are intended to help Indigenous families and service providers recognize and address various forms of violence. The NACAFV's recent publications, *ANANGOSH: Legal information manual for shelter workers* (NACAFV, 2015a) and *Resources for shelter workers providing services to First Nations women* (NACAFV, 2015b), provide knowledge and frameworks for shelter service providers working with Indigenous families experiencing violence and offer information on Indigenous women's legal rights on matters related to domestic violence and intimate partner violence (IPV).

National Association of Friendship Centres

The National Association of Friendship Centres (NAFC) was founded in 1972 and represents 125 Friendship Centres and seven provincial/territorial associations in Canada (NAFC, 2022a). Friendship Centres are currently the most comprehensive urban Indigenous service delivery network in Canada. The Friendship Centre Movement is a national network of Indigenous owned and operated civil society community hubs, offering programs and services to Indigenous Peoples living in urban, rural, and remote settings, and specifically for First Nations living off-reserve, Métis living outside of the Métis Homelands, and Inuit living in the south (NAFC, 2022a).

The NAFC offers a wide variety of services, including youth drop-in centres, skills development resources, urban planning, data collection, and resource mapping. Health is a priority policy area for the NAFC (NAFC, 2022b). Within this area of focus, the NAFC identifies several key health programs/services, including but not limited to:

- COVID-19
- food security
- systemic discrimination
- health initiatives

The NAFC's Policy Team works with community partners and government stakeholders to ensure the needs and priorities of the Friendship Centre Movement are heard (NAFC, 2022b). The Policy Team researches and provides recommendations for policy and legislative reform on a range of issues, including but not limited to:

- children and youth
- environment and climate change
- health
- languages
- family literacy
- Indigenous knowledge exchange
- housing and homelessness
- mental health and wellness
- Indigenous rights and justice
- missing and murdered Indigenous women, girls, two-spirited, lesbian, gay, bisexual, transgendered, queer, questioning, intersex, asexual, and nonbinary people (MMIWG 2SLGBTQQIA+)

In addition, the organization publishes policy and other documents on the topics listed above. The NAFC's website provides access to resources on COVID-19, justice, mental health, research, and Indigenous youth (NAFC, 2022c). The NAFC is supported by the Public Health Agency of Canada (PHAC) for various health-related projects and research.

Native Women's Association of Canada

The Native Women's Association of Canada (NWAC) is a national Indigenous organization, founded in 1974, that represents Indigenous "women, girls, and gender diverse people, inclusive of First Nations on and off reserve, status, and non-status, disenfranchised, Métis, and Inuit in Canada" (NWAC, 2022a. para. 1). The NWAC views holistic health as a key policy area. NWAC's Health Unit advocates for "all Indigenous women, girls, and gender-diverse people to have equal access to health, regardless of race, class, status, gender, age, sexual orientation, or geographic location" (NWAC, 2022a, para. 2). It emphasizes that Indigenous health must be understood from a holistic perspective and must include access to community-based and culturally safe services and supports (NWAC, 2022a).

NWAC's Health Unit has worked nationally on several advisory/steering committees, working groups, and at national conferences and summits pertaining to First Nations, Inuit, and Métis health since its inception in 2005 (NWAC, 2022a). The Health Unit aims to ensure that Indigenous women's specific needs are addressed in the following priority areas:

- Residential Schools
- violence and abuse
- economic development
- early childhood development
- sexual health, HIV/AIDS

The Health Unit publishes fact sheets and health reports covering a variety of health topics of interest, such as:

- fetal alcohol syndrome disorder
- gender-based violence
- midwifery care
- COVID-19
- LBGTQ2S+
- missing and murdered Indigenous women and girls (MMIWG)
- climate change
- diabetes
- food security
- poverty reduction
- homelessness and housing
- sexual health and reproductive rights
- mental health
- tuberculosis
- health equity

The NWAC's policy areas relevant to health include, but are not limited to:

- accessibility rights
- child welfare
- education and early learning
- environmental conservation and climate change
- food security
- forced sterilization, and
- health (NWAC, 2022b)

Pauktuutit Inuit of Women of Canada

Founded in 1984, the Pauktuutit Inuit of Women of Canada (Pauktuutit) is a national organization that represents Inuit women. Health and health-related issues are among the organization's focus areas. Pauktuutit's health department consists of a policy branch and a programs branch. The health department also supports and engages in health and wellness related advocacy work pertaining to Inuit women's health (Pauktuutit, 2022). Within Pauktuutit, there are several key health topics the organization is actively working on, including:

- cancer
- cannabis use
- bridging gaps in health care and access to care
- addressing systemic racism in health care
- maternal health and midwifery
- sexual health
- HIV/AIDS, Hepatitis C, sexually transmitted and blood-borne infection (STBBI), sexually transmitted infections (STI)
- COVID-19

Over the years, Pauktuutit has implemented numerous successful health prevention and promotion projects in a variety of areas and has been actively involved in Inuit health research. Building capacity for Inuit to deliver and lead health programs in their communities is also an important part of the work of the health department at Pauktuutit. The organization has undertaken projects in the following health-related areas:

- FASD
- cannabis use
- midwifery
- sexual health
- youth sexual health

The organization provides access to a wide variety of documents related to Inuit health (with a particular focus on women's health), such as *Born on the land with helping hands* (Pauktuutit, 2008) – an Inuit guide and calendar to a healthy pregnancy that preserves Inuit midwifery practices. The health department also developed the *Kaggutiq Inuit cancer glossary* (Pauktuutit, 2017). The glossary was Pauktuutit's first cancer resource for Inuit and provides Inuit patients, caregivers, and health care professionals with plain language information about cancer in English and in five dialects of Inuktitut.

Reconciliation Canada

Reconciliation Canada is an Indigenous-led national organization that was founded in 2012 to promote reconciliation by engaging Canadians in dialogue to strengthen the relationships between Indigenous and non-Indigenous Peoples (Reconciliation Canada, n.d.-a). Reconciliation Canada focuses on the development of meaningful partnerships and community outreach programs. In addition, the organization delivers a series of Reconciliation Dialogue Workshops across Canada, hosts events during Reconciliation Week, and has co-hosted events to coincide with the closing of the Truth and Reconciliation Commission of Canada (Reconciliation Canada, n.d.-b).

Reconciliation Canada prioritizes and undertakes work in the following areas:

- reconciliation dialogue workshops
- public awareness and education
- reconciliation learning experiences for organizations
- Reconciliation in Action program

In addition, the organization produces resources in the form of reports, toolkits, videos, and sharable documents.

We Matter

We Matter is a national Indigenous youth-led organization, founded in 2016, that is dedicated to Indigenous youth support, hope, and life promotion. The organization aims to create safe spaces for dialogue and engage Indigenous youth on important topics that deal with youth mental health (We Matter, n.d.). In addition, We Matter also creates and distributes materials and resources designed to encourage and support Indigenous youth and those who work on Indigenous youth issues (We Matter, n.d.).

We Matter offers programming and activities in the following areas:

- Ambassadors of Hope program
- Indigenous Youth Rise Mini Grants
- Indigenous youth support and advocacy
- art and storytelling

Since 2017, the organization has hosted various Indigenous youth workshops in communities across Canada (We Matter, n.d.). These workshops are developed to introduce We Matter to youth; facilitate discussions around mental health, youth challenges, and Indigenous hope and strength; foster positive identity; and engage youth in peer-to-peer messaging and support. The organization also creates and shares toolkits to address mental health issues and foster resiliency among Indigenous youth, teachers, and support workers.

Women of the Métis Nation (Les Femmes Michif Otipemisiwak)

Founded in 1999, Women of the Métis Nation, also known as Les Femmes Michif Otipemisiwak (LFMO), is a national Métis women's organization dedicated to advocacy work for the equal treatment, health, and well-being of all Métis people both nationally and internationally (Les Femmes Michif Otipemisiwak, n.d.-a). The organization has a special focus on the rights, needs, and priorities of Métis women, youth, children, and 2SLGBTQQIA+ peoples. The LFMO plays a significant role in enhancing the social, cultural, economic, environmental, and leadership space occupied by Métis women, as well as in influencing public policy and decision-making activities related to the rights, priorities, concerns, and interests of Métis women (LFMO, n.d.-a).

The LFMO's Health Unit is a key focus within its Policy and Advocacy branch. The Health Unit conducts research and advocacy work on health challenges and health outcomes impacting Métis women and 2SLGBTQQIA+ individuals (Les Femmes Michif Otipemisiwak, n.d.-b).

Within the Health Unit, the LFMO has undertaken projects in the following health-related areas:

- women's well-being
- systemic racism and access to care
- reproductive rights

The LFMO also focuses on a range of health-related policy and advocacy issues, including:

- gender-based analysis and implementation
- early learning and childcare
- environment
- health
- education and housing
- missing and murdered Indigenous women and girls (MMIWG)
- culture

3.1.2. National Indigenous health organizations

This section provides a profile of the work of fifteen national Indigenous health organizations that focus specifically on matters pertaining to the health of First Nations, Inuit, and/or Métis peoples. These include:

- Aboriginal Sport Circle
- Canadian Indigenous Nurses Association
- Communities, Alliances & Networks
- First Nations Health Managers Association
- First Peoples Wellness Circle

- Indigenous Physical Activity and Cultural Circle
- Indigenous Physicians Association of Canada
- National Aboriginal Council of Midwives
- National Collaborating Centre for Indigenous Health
- National Indigenous Diabetes Association
- Native Youth Sexual Health Network
- Occupational Therapy and Indigenous Health Network
- Ongomiizwin Indigenous Institute of Health and Healing
- Thunderbird Partnership Foundation
- Waakebiness-Bryce Institute for Indigenous Health

Aboriginal Sports Circle

Since its founding in 1995, the Aboriginal Sport Circle (ASC) has been Canada's national voice for Aboriginal sport, physical activity, and recreation (ASC, n.d.-a). The ASC is a member-based organization that delivers services and programs at a regional level through Provincial Territorial Aboriginal Sport Bodies (PTASBs). The ASC was created in response to the need for more accessible and equitable sport and recreation opportunities for Indigenous Peoples. This mandate has expanded to include physical activity, health, nutrition, physical education, and wellness (ASC, n.d.-a).

The ASC aims to build capacity at the national, provincial, and territorial levels in the design, delivery, and evaluation of sport, physical activity, and recreation programs that are culturally appropriate for Indigenous Peoples. The organization also ensures federal policies pertaining to sport, physical activity, and recreation account for the needs of Indigenous Peoples and communities (ASC, n.d.-b). The ASC offers programming and activities in the following areas:

- athlete support
- Indigenous Long-term Participant Development
- Aboriginal Coaching Program
- community support
- Indigenous Communities: Active for Life

Canadian Indigenous Nurses Association

The Canadian Indigenous Nurses Association (CINA), formerly known as the Registered Nurses, Indian and Inuit Association of Canada and the Aboriginal Nurses Association of Canada, was founded in 1975 (CINA, n.d.). CINA works on Indigenous health nursing issues and practices within the Canadian health care system together with communities, health professionals, and government institutions, with a focus on addressing interests and areas of concern in Indigenous communities. The organization's goal is to work for the benefit of Indigenous Peoples by improving their health and well-being – physically, mentally, socially, and spiritually (CINA, n.d.). In addition, CINA also engages in and conducts research on Indigenous health nursing and access to health care as related to Indigenous Peoples.

CINA publishes health related research reports, databases, and toolkits covering topics such as:

- access to care
- COVID-19
- health care governance
- health and wellness of Indigenous Peoples
- Indigenous nursing in Canada
- research ethics
- substance use
- quality of care

CINA also awards an annual nursing scholarship in honour of an Indigenous nurse, Jean Goodwill (CINA, n.d.). The aim of the scholarship is to encourage nurses of Indigenous ancestry to obtain the specialized knowledge and skills needed to support their work.

Communities, Alliances & Networks

Established in 1997, the Communities, Alliances & Networks (CAAN) – formerly Canadian Aboriginal AIDS Network – provides leadership, support, and advocacy for Indigenous Peoples living with and affected by HIV/AIDS (CAAN, n.d.-a). The organization aims to address the challenges faced by Indigenous Peoples living with and affected by HIV/AIDS through programming, research, workshops, and more. The CAAN aims to promote holistic health and wellness, empowerment and inclusion of Indigenous Peoples, and the use of traditional and cultural frameworks.

The organization's current projects include the following:

- International Indigenous Working Group on HIV & AIDS
- Indigenous Women's Leadership Project
- Promising Practises
- Assessing Community Readiness
- IPHA Caucus and Leadership
- 4 Directions Hub

CAAN publishes in the annual peer-reviewed *Canadian Journal of Indigenous HIV Research* (CAAN, n.d.-b). Recent journal publications in the Volume 12, 2021 issue include the following:

- Resilience among two-spirit males who have been living with HIV long term: Findings from a scoping review (Brennan et al., 2021);
- "Our gifts are the same": Resilient journeys of long-term HIV-positive two-spirit men in Ontario, Canada (Jackson et al., 2021); and
- Applying concepts of the life course approach in the context of a holistic Indigenous lens to create recommendations for the future of addressing the complexities of HIV (Varney et al., 2021).

CAAN also publishes a newsletter, blog, fact sheets, and other resources on topics such as residential schools and HIV/AIDS, community readiness to address HIV/AIDS risk reduction, population statistics, and knowledge translation.

First Nations Health Managers Association

Established in 2010, the First Nations Health Managers Association (FNHMA) is a national First Nations organization committed to expanding health management capacity for First Nations organizations. The organization is a professional association that exclusively serves the needs of individuals working in or looking for positions with First Nations health organizations. FNHMA is responsible for providing training, certification, and professional development opportunities in health management (FNHMA, n.d.-a).

The FNHMA offers programming and/or services in the following areas:

- Certified First Nations Health Manager (CFNHM) Certification Program
- standards of ethical conduct
- standards for professional competencies and professional development programs
- knowledge circle with tools, practices, and more
- career support services
- members' directory and opportunities to network
- courses, workshops, and seminars

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FNHMA helps members to maximize their organization's resources, strengthen decision-making, and deliver quality programs. The organization and the success of its members have contributed "to strengthening the health management capacities of First Nations organizations in Canada" (FNHMA, n.d.-a, para. 2). As a national First Nations organization working in health management, the FNHMA recognizes its role in supporting the recommendations of the Truth and Reconciliation Commission Calls to Action and providing a source for wisdom related to cultural safety and the elimination of racism (FNHMA, n.d.-a).

The FNHMA offers a certification program leading to the Certified First Nations Health Manager (CFNHM) professional designation. This certification responds to the need for designated First Nations health professionals, as First Nations organizations pursue more health-related opportunities and assume more responsibilities. CFNHM holders are identified as "highly qualified health management professionals in tune with today's challenges, with clearly defined and well-developed competencies that First Nations organizations want and need" (FNHMA, 2019, p. 2)

The FNHMA further provides training to support community health and wellness planning, utilizing the resource *Developing health and wellness plans: A guide for First Nations* (Keith, 2018). The guide represents and honours the voices of hundreds of First Nations Health Managers who contributed to the content. It was developed based on *Dynamic Values* that are culture-, community-, strength-, and quality-based. These values inform ways of working which honour community strengths and traditions while inclusively planning for quality health services (FNHMA, n.d.-b)

The FNHMA shares and develops evidence-based health information and resources by drawing strength from, and supporting the work of, partner organizations. Most recently, the FNHMA's virtual weekly Town Halls shared credible information on COVID-19 and health topics from trusted sources online, through radio and on the Aboriginal Peoples Television Network (APTN). FNHMA also publishes textbooks and toolboxes focused on the management of First Nations health services. Their most recent publication, *A pandemic planning tool for First Nations communities* (FNHMA, 2020), outlines a framework for developing community pandemic plans and includes risk identification, prevention, and mitigation strategies.

First Peoples Wellness Circle

The First Peoples Wellness Circle (FPWC) is a national Indigenous health organization governed and directed by Indigenous leaders to improve the lives of First Nations, Inuit, and Métis peoples by addressing healing, wellness, and other mental health challenges (TPF, 2022). The FPWC was built and inspired by the legacy of the Native Mental Health Association of Canada (NMHAC). The organization aims to support and advocate for First Peoples in pursuing holistic health and wellness, as well as their cultural values, beliefs, and practices (FPWC, n.d.-a). The FPWC conducts work on workforce wellness, anti-Indigenous racism, child and youth mental health, life promotion, and pandemic recovery (FPWC, 2018b). In addition, the organization prioritizes the implementation of the First Nation Mental Wellness Continuum Framework (FNMWC) in all areas of its work. This framework addresses First Nations mental wellness through supporting culturally safe delivery of services and identifying ways to enhance service coordination (TPF, n.d.-b). The organization also conducts health-related research and publishes reports and toolkits covering a wide variety of topics, including:

- First Nations Mental Wellness Continuum Framework
- mental health wellness
- workforce wellness
- systemic racism
- child and youth mental health
- life promotion
- pandemic recovery

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The FPWC recently contributed to *The Promoting Life Together Collaborative,* a 20-month long life promotion and community wellness project convened by the Canadian Foundation Healthcare Excellence Canada in partnership with the Canadian Northern and Remote Health Network (FPWC, 2018b). The Promoting Life Together Collaborative was comprised of six multi-disciplinary teams from northern, rural, and remote parts of Canada. These teams delivered a life promotion and community wellness initiative together with communities and First Nations and Metis coaches for people living in northern and remote regions across Canada. It supported collaboration and relationship development between Indigenous and non-Indigenous health organizations and the integration of community voices and Indigenous ways of knowing in health initiatives (Healthcare Excellence Canada, 2022).

Indigenous Physical Activity and Cultural Circle

The Indigenous Physical Activity and Cultural Circle (IPACC) was founded in 2011 to address barriers and promote access to physical activity opportunities to improve the overall health and wellness of Indigenous Peoples (IPACC, n.d.). With this goal, the IPACC aims to ensure options and opportunities in physical activity participation, competition, and leadership.

IPACC provides networking opportunities, mentorships, workshops, seminars, webinars, tournaments, conferences, and newsletters to its members. The organization also supports initiatives in coaching, officiating, and volunteer leadership for Indigenous Peoples, women, persons with a disability, and visible minorities. IPACC's work focuses on program implementation, leadership development, and advocacy for increased financial supports and resources dedicated to improving accessibility to physical activity and sport.

In 2014, IPACC released the Long-Term Athlete and Participant Development Model (LTAPD) (IPACC, 2014). The model identifies nine stages for the development of physical activity for life. Physical activity for Indigenous Peoples may be sport, fitness, recreation, or traditional activities. The LTAPD model identifies physical activity as a valuable community asset, as it provides a resource for Indigenous communities to take action and encourage more activity at all stages of life.

Indigenous Physicians Association of Canada

The Indigenous Physicians Association of Canada (IPAC) is comprised of Indigenous physicians, residents, and medical students who share a collective aim to advance the health of Indigenous Peoples, communities, families, and individuals (IPAC, n.d.). The organization's work primarily focuses on providing support to Indigenous physicians and medical learners and advocating for Indigenous health-related interests in Canada. IPAC works in partnership with other national Indigenous and non-Indigenous organizations, including the National Consortium for Indigenous Medical Education (NCIME), The Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada.

IPAC currently offers several resources, including a mentorship program, member events, and continuing professional development opportunities. They are responsible for the NCIME working group for Physician Wellness and Joy in Work and will become the secretariat for NCIME in April 2024 (IPAC, n.d.)

In 2022, IPAC will host the Pacific Region Indigenous Doctors Congress (PRIDoC) (IPAC, n.d.) to facilitate a networking environment for Indigenous physicians, residents, and medical students. Attendees may discuss issues of mutual interest, as well as share scientific developments, best practices, and traditional knowledge to advance the health and well-being of Indigenous communities.

National Aboriginal Council of Midwives

The National Aboriginal Council of Midwives (NACM), founded in 2008, is a national Indigenous health organization that works collaboratively with the Canadian Association of Midwives to support the development of Indigenous midwifery across Canada. They advocate for reproductive rights and cultural safety within childbearing practices for all Indigenous women (NACM, 2019a).

Indigenous midwifery has faced significant impacts on its practices and recognition in care as a direct result of colonization and the ongoing medicalization and systemic racism within the Canadian health care system (NACM, 2020a). The NACM aims to restore choice in birthing, enable access to culturally-safe sexual and reproductive health care for Indigenous communities, and decrease the number of medical evacuations for births in remote areas.

To promote the health and wellness of Indigenous mothers and their infants, NACM upholds ten core values: healing, clinical experience, bonding, education, respect, breastfeeding, responsibility, autonomy, cultural safety, and compassion (NACM, 2020b). The NACM actively engages in advocacy work regarding the COVID-19 pandemic to ensure that a reproductive justice framework

is applied to all perinatal care services. In addition, the NACM also releases publications (e.g., toolkits, booklets, educational guides) on various topics relevant to Indigenous midwifery. The most recent publication, *Indigenous midwifery knowledge and skills: A framework of competencies* (NACM, 2019b), is an educational toolkit aimed at growing and sharing teachings focused on cultural safety within the context of Indigenous midwifery. The NACM also publishes on infant care and traditional knowledge relevant to Indigenous midwifery. Most of the organization's publications are available both online and in print format.

National Collaborating Centre for Indigenous Health (NCCIH)

The National Collaborating Centre for Indigenous Health (NCCIH), founded in 2005, is one of six National Collaborating Centres (NCCs) for public health located across Canada. The NCCIH's mandate is to support Indigenous communities in realizing their health goals. The Centre uses a coordinated, holistic, and strengths-based approach to the inclusion of Indigenous Peoples in the public health system. It is dedicated to developing and sharing research, knowledge, practice, and policy while advancing self-determination and Indigenous knowledge in support of the health and well-being of First Nations, Inuit, and Métis peoples (NCCIH, 2022).

The NCCIH's goals and objectives are to:

- ensure the use of reliable, quality evidence to achieve meaningful impact on the public health system on behalf of First Nations, Inuit, and Métis peoples in Canada;
- expand knowledge and understanding of Indigenous public health by developing culturally relevant materials and projects; and
- facilitate a greater role for First Nations, Inuit, and Métis peoples in public health processes and policies that affect Indigenous health and well-being (NCCIH, 2022, n.p.).

The NCCIH is involved in knowledge production, synthesis, translation, and mobilization. All of these activities are guided by four core principles:

- respecting diversity and the unique interests of First Nations, Inuit, and Métis peoples;
- supporting the inclusion and input of First Nations, Inuit, and Métis peoples in the public health system;
- incorporating Indigenous knowledge and holistic approaches; and
- encouraging collaboration and capacity building (NCCIH, 2022, n.p.).

Building on partnerships, relationships, and collaborations with researchers, practitioners, policy makers, and First Nations, Inuit, and Métis communities and organizations, the NCCIH publishes research, reports, fact sheets, webinars, podcasts, and other educational resources on various health and wellness related topics. Topics include: social determinants of Indigenous health; child, youth, and family health; cultural safety and respectful relationships; environmental health; chronic and infectious diseases; sustainable development goals and Indigenous Peoples; and Indigenous knowledges and public health. The NCCIH collaboratively works with other NCCs to develop knowledge products, workshops, and presentations on relevant topics of mutual interest and concern.

National Indigenous Diabetes Association

The National Indigenous Diabetes Association (NIDA), founded in 1995, is a national Indigenous health organization that focuses on addressing diabetes in Indigenous populations through advocacy, education, and collaboration with Indigenous communities (NIDA, n.d.). NIDA envisions healthy communities and aims to support the promotion of healthy environments through providing important diabetes resources and information, hosting national conferences, and partnering with

other organizations in support of specific projects aimed at reducing diabetes-related complications (NIDA, n.d).

The NIDA produces a seasonal newsletter and creates resources on diabetes wellness and prevention, including:

- how-to and care guides on many subtopics
- National Roundtable on Indigenous Peoples and Diabetes 2019 report
- Gifts from Our Relations Indigenous Original Foods Guide
- Mino-Te-Mah-Ti-Zee-Win, A Good Way of Life Colouring Book
- Tâpwêwin: NIDA Research Protocol
- Indigenous Food Security and Sovereignty 2018 webinar
- Diabetes and Dental Health brochure

Native Youth Sexual Health Network

The Native Youth Sexual Health Network (NYSHN) is a national Indigenous health organization led by and for Indigenous youth that works on issues of sexual and reproductive health, rights, and justice throughout the United States and Canada. NYSHN is a peer-based network of Indigenous Peoples focused on advocacy, direct youth mobilization, media, and resource creation (NYSHN, n.d.).

The NYSHN key areas of work include:

- culturally safe sex education
- reclaiming rites of passage, coming of age ceremonies, and traditional knowledge
- healthy relationships and violence prevention
- pregnancy options, youth parenting, and families
- environmental justice and environmental violence
- harm reduction
- Two-Spirited and LGBTTIQQA+ advocacy and awareness
- Sexually transmitted and blood borne infections
- HIV/AIDS awareness and prevention
- youth in custody, jail, prison, and the child welfare system
- sex trade, sex industries, and street economies
- Indigenous feminisms and masculinities
- sexual self-esteem and empowerment
- media literacy
- youth activism and human rights

The NYSHN conducts work in these areas through workshops, teach-ins, presentations, curriculum development, and resource creation, as well as participation in long-term collaborative projects with various service providers, organizations, Elders, and allied communities.

Occupational Therapy and Indigenous Health Network

The Occupational Therapy and Indigenous Health Network (OTIHN), founded in 2009, is a national Canadian Association of Occupational Therapists (CAOT) Practice Network focused on "building capacity, lobbying for occupational therapy services, and generating a larger discourse on occupational therapy and Indigenous Peoples' health in Canada" (CAOT, 2016a, para. 1). The OTIHN is a volunteer group comprised of Indigenous, settler ally, and student occupational therapists who have a shared interest in providing leadership and support for occupational therapy research, education, and practice with and for Indigenous Peoples.

OCTIH offers programming and/or services in the following areas:

- volunteer programming
- COAT Practice Networks
- Mentorship on Demand
- professional development and memberships
- webinars and conferences
- practice resources

The OTIHN supports occupational therapy with Indigenous Peoples and engages in advocacy alongside the CAOT. Established in 1926, CAOT is the national voice of 20,000 occupational therapists and assistants across Canada (CAOT, 2016b). CAOT aims to advance

excellence in occupational therapy by offering various supports and resources to its membership, including volunteer programs, practice networks, webinars, conferences, and practice resources.

The OTIHN and its members contribute to *CAOT's Occupational Therapy Now* (OT Now) magazine, which provides occupational therapists with information and resources to meet the challenges of their day-to-day practice. Articles encourage discussion of occupational therapy issues and target health care practitioners, consumers, policy and decision makers, and members of the public. The OTIHN also contributes to CAOT's peer reviewed *Canadian Journal of Occupational Therapy* (CJOT). One of their recent publications, *Indigenous perspectives on health: Integration with a Canadian model of practice* (Fijal & Beagan, 2019), discusses the need to change current approaches within occupational therapy to support Indigenous Peoples in incorporating their views of health and wellness. In June 2019, members of the OTIHN joined forces with other CAOT members to convene a Truth and Reconciliation Commission Task Force to develop an action plan for the occupational therapy profession in Canada (CAOT, 2016c).

Ongomiizwin Indigenous Institute of Health and Healing

The Ongomiizwin Indigenous Institute of Health and Healing, officially launched in 2017, is part of the University of Manitoba's Rady Faculty of Health Sciences. The Institute's goal is to build respectful relationships and create pathways to Indigenous health, healing, and achievement (Ongomiizwin Indigenous Institute of Health and Healing, n.d.). The Ongomiizwin Indigenous Institute of Health and Healing currently conducts work in three primary areas:

- health services
- education
- research

Ongomiizwin Health Services (OHS), which is part of the Ongomiizwin Indigenous Institute of Health and Healing, is a comprehensive inter-professional health service agency led by a team of Indigenous health professionals. The Institute's research centre works to fulfil its mission through four core programs: Research Navigation Services, Mentorship, Membership, and Commissioned Research. Ongomiizwin Education provides leadership and teaching in Indigenous health professional education and Indigenous student academic, cultural, and social support services (Ongomiizwin Indigenous Institute of Health and Healing, n.d.). In addition, Ongomiizwin Indigenous Institute of Health and Healing offers programming and services in the following areas:

- Diabetic Retinal Screening program
- Diabetic Foot Care program
- Inuit Health program
- Island Lake Renal program
- First Nation, Métis, and Inuit Research Engagement Framework
- Gekinoo'amaaged: Indigenous Student Mentorship program
- family physicians and medical specialists
- guidance and protocols for working with Elders and Knowledge Keepers
- research navigation services
- Indigenous leadership and expertise in health professional education
- Indigenous student support
- recruitment and retention of Indigenous learners, including admissions interview preparation support
- cultural safety education
- response to the Truth and Reconciliation Calls to Action
- mentorship for Indigenous graduate students

Thunderbird Partnership Foundation

The Thunderbird Partnership Foundation (TPF) is a national Indigenous health organization focused on developing and supporting holistic healing approaches for the First Peoples

of Canada (TPF, n.d.-a). The organization works primarily with First Nations but also networks and collaborates with Inuit and Métis organizations. It is a leading, culturally centred voice on First Nations mental wellness, substance use, and addictions. It supports an integrated and holistic approach to healing and wellness serving First Nations peoples and various levels of government through research, training and education, policy, partnerships, and communications. TPF strives to support culture-based outcomes of hope, belonging, meaning, and purpose for First Nations individuals, families, and communities.

The TPF began its journey in 2000 as the National Native Addictions Partnership Foundation (NNAPF), created after a review of the National Native Alcohol and Drug Abuse Program. The organization was established to address the need for culturally grounded training resources, relevant research, and advocacy efforts to support First Nations treatment centres and community wellness workers. It rebranded in 2015 as the TPF, a division of NNAPF, to expand its mental wellness focus (TPF, n.d.-d). Internationally, TPF is a member of the Wharerātā Group, a global network of Indigenous leaders working in mental health and addictions (TPF, n.d.-a).

The type of work TPF undertakes includes:

- research and development
- best practises and training
- communications and networking
- resources and capital
- continuum of care

The TPF offers the following programs and services:

- certified training courses – includes the new Train-the-Trainer platform and online Community of Practice, to support a national network of regional trainers
- Virtual Community Wellness Hubs – provides peer support for the First Nations wellness workforce and access to TPF resources
- Addictions Management Information System (AMIS) – enables First Nations treatment centres to analyse client data quickly, streamline reporting, and focus on outcomes monitoring
- Native Wellness Assessment (NWA) – measures the impact of culture on wellness over time
- First Nations Opioid and Methamphetamine Survey – provides national statistics on First Nations opioid and methadone use and effectiveness of protective measures and community supports
- Indigenous Community Cannabis Survey – provides national statistics of First Nations cannabis use
- advocacy to advance equity for addictions workers, drawing from the *NNADAP funding parity report: Ontario region case study* (TPF, 2018)
- COVID-19 support/ advocacy for First Nations treatment centres

TPF continues to address First Nations substance use, addictions, and mental wellness issues through ongoing resource development and capacity building in the following key areas: harm reduction, life promotion, virtual services, trauma-informed care, policy development, and partnerships.

Waakebiness-Bryce Institute for Indigenous Health

The Waakebiness-Bryce Institute for Indigenous Health is a significant addition to the University of Toronto's Dalla Lana School of Public Health. The Waakebiness-Bryce Institute is spearheaded by Indigenous Peoples and works through collaborative partnerships to support Indigenous wellness through research, education, and service (Dalla Lana School of Public Health, n.d.-a). The Institute works with community partners to address the complexities that cause disparities in health between Indigenous and non-Indigenous people. The Institute provides a space for scholars, researchers, and community members to come together with the aim of studying health policy and public health trends to improve the delivery and quality of Indigenous health care across Canada (Dalla Lana School of Public Health, Health, 2016).

The Waakebiness-Bryce Institute for Indigenous Health research and work focuses on:

- knowledge translation and exchange
- Elder knowledge and ceremony
- partnerships and networks
- government relations
- grants and awards
- practicum placements for graduate students studying Indigenous Health

The Waakebiness-Bryce Institute for Indigenous Health offers two Indigenous Health study programs for university students: The Master of Public Health in Indigenous Health and the Collaborative Specialization in Indigenous Health (Dalla Lana School of Public Health, n.d.-b).

3.1.3 Health priorities of national Indigenous organizations

Table 2 presents a ranking of top health-related priorities for national Indigenous organizations as described in Section 3.1.1. Since these priorities are directed and managed by Indigenous leaders, we therefore assume them to be health priorities of Indigenous populations. As shown, Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery are the top health-related priorities of national Indigenous organizations. This is followed by Socio-Economic and Cultural Determinants, a priority focus adopted by 25% of organizations. It is also worth noting that Child and Youth Health is prioritized by 20% of national Indigenous organizations. Mental Health and Wellness; Violence, Injury, and Abuse; and Maternal, Fetal, and Infant Health are mid-level priorities overall, with Lifestyle/Healthy Living; Genetics/Human Biology; Environmental Health; Chronic Diseases; Communicable Diseases; and General Health Status Reports prioritized less.

3.1.4 Health priorities of national Indigenous health organizations

Table 3 presents a ranking of the top health priorities for national Indigenous health organizations as described in Section 3.1.2. These priorities are directed and managed by Indigenous leaders and assumed to be health-related issues prioritized by Indigenous communities. As Table 3 shows, the topic Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery is again the top health-related priority of national Indigenous health organizations. This is followed by Socio-Economic and Cultural Determinants and Lifestyle/Healthy Living, both prioritized by 15.4% of national Indigenous health organizations. Mental Health and Wellness; Communicable Diseases; Child and Youth Health; Maternal, Fetal, and Infant Health; and Chronic Diseases are mid-level priorities overall, while Violence, Injury, and Abuse; Genetics/Human Biology; Environmental Health; and General Health Status are less prioritized.

TABLE 2: PRIORITY HEALTH TOPICS OF NATIONAL INDIGENOUS ORGANIZATIONS

Main topic	Percentage (%)
Health care research, governance, policy, human resources, programming, and delivery	35
Socio-economic and cultural determinants	25
Child and youth health	20
Mental health and wellness	10
Violence, injury, and abuse	5
Maternal, fetal, and infant health	5

TABLE 3: PRIORITY HEALTH TOPICS OF NATIONAL INDIGENOUS HEALTH ORGANIZATIONS

Main topic	Percentage (%)
Health care research, governance, policy, human resources, programming, and delivery	42.3
Socio-economic and cultural determinants	15.4
Lifestyle/healthy living	15.4
Mental health and wellness	7.7
Communicable diseases	7.7
Child and youth health	3.8
Maternal, fetal, and infant health	3.8
Chronic diseases	3.8

3.2 Review of literature

A review of literature was conducted on Indigenous health, published between January 2013 to December 2020. A total of 896 publications were identified. The findings are comprised of three sections: peer-reviewed literature, non-peer-reviewed literature, and an analysis of the population characteristics (cultural identity, life stage, and gender) of focus in the literature. The analysis of the literature provides insight into research priorities for Indigenous health during this time period and reveal recent trends in research topics currently underway. Peer- and non-peer-reviewed literature are listed in Appendix C.

3.2.1 Peer-reviewed literature

This section reviews the peer-reviewed literature focused on Indigenous health in Canada published from January 2013 to December 2020. A total of 839 peer-reviewed publications were identified. It is important to note that broad literature that only briefly touched on Indigenous health care or Indigenous health in Canada was not included. The search focused instead on collating targeted literature whereby populations of study focused specifically on Indigenous Peoples in Canada. We then grouped the identified publications into the following three categories, using non-mutually exclusive codes:

- General focus
- Main topic
- Subtopic

General focus

Table 4 shows the breakdown of peer-reviewed literature by general focus. In some instances, the general focus categories overlap in the publications. Since each publication may be coded for up to three general focus areas, the data for the number of publications does not add up to the total number of publications reviewed in the search, and therefore percentages for the general focus categories do not add up to 100%. This information provides insight into the nature of research conducted relevant to Indigenous health in Canada.

Table 4 demonstrates that 48.2% of the literature focuses on health status. Health care also has a strong presence, appearing in 34.3% of the literature, while 30% focuses on health determinants. The most common overlap observed within the general focus categories is between health care and health status.

Main topics of peer-reviewed literature

Table 5 outlines the breakdown of peer-reviewed literature by main topic. Since each publication may be coded for up to four main topics and subtopics, the data for the number of publications does not add up to the total number of publications reviewed in the search, and therefore percentages for each main topic and subtopic do not add up to 100%. Table 5 shows 34.3% of the literature focuses on Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery. The topics Chronic Diseases, Socio-Economic and Cultural Determinants, Lifestyle/Healthy Living, and Mental Health and Wellness also show up significantly in the peer-reviewed literature, each accounting for between 11% and 17.4% of publications. The topics Communicable Diseases; Child and Youth Health; and Maternal, Fetal, and Infant Health each appear in 5% - 10% of the literature. This is followed by Environmental Health; Violence, Injury, and Abuse; and Genetics/Human Biology, each appearing in less than 5% of the publications. General Health Status reports and other topics that do not fit into our main subject areas receive the least attention.

TABLE 4: PEER-REVIEWED LITERATURE, BY GENERAL FOCUS AREA

General focus	Number of publications	Percentage (%)
Health status	404	48.2%
Health care	288	34.3%
Health determinants	252	30.0%

TABLE 5: PEER-REVIEWED LITERATURE, BY MAIN TOPIC AREA

Main topics	Number of publications	Percentage (%)
Health care research, governance, policy, human resources, programming, and delivery	288	34.3
Chronic diseases	146	17.4
Socio-economic and cultural determinants	124	14.8
Lifestyle/healthy living	106	12.6
Mental health and wellness	92	11.0
Communicable diseases	64	7.6
Child and youth health	59	7.0
Maternal, fetal, and infant health	46	5.5
Environmental health	36	4.3
Violence, injury, and abuse	25	3.0
Genetics/human biology	9	1.1
General health status reports	4	0.5
Other	3	0.4

Health care research, governance, policy, human resources, programming, and delivery

Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery are the most prominent main topic categories in the peer-reviewed literature, representing 34.3% of the literature. Table 6 shows the most common subtopics related to this main topic area. The table indicates that Access to and Use of Health Care Services receives the most priority in the literature, accounting for 30.2% of the literature in this main topic area. This is followed closely by Knowledge Translation/Transfer (25%), a topic that includes the ways knowledge is collected, disseminated, and mobilized within health care. Cultural Competency, Cultural Safety, and Cultural Sensitivity is the third most prevalent subtopic (22.9%), followed by Self-Determination (11.5%) and Evidence-based Research (10.4%). All remaining subtopics are found in less than 10% of this main topic's literature.

TABLE 6: PEER-REVIEWED "HEALTH CARE RESEARCH, GOVERNANCE, POLICY. . ." LITERATURE, BY SUB-TOPIC AREA

Subtopics	Number of publications	Percentage (%)
Access to and use of health care services	87	30.2
Knowledge translation/transfer	72	25.0
Cultural competency, cultural safety, and cultural sensitivity	66	22.9
Self-determination	33	11.5
Evidence-based research	30	10.4
Preventive care/health promotion	23	8.0
Diagnostic services, screening, and surveillance	15	5.2
Traditional knowledge, medicines, and approaches to healing	12	4.2
Data governance and ethics	7	2.4
Reconciliation	7	2.4
Psychology, psychiatry, and counselling services	5	1.7
Seniors' housing and care	1	0.3

Chronic diseases

The second most prominent main topic in the peer-reviewed literature is Chronic Diseases, accounting for 17.4% of the peer-reviewed literature. As Table 7 shows, the most common subtopics in this main topic area are Diabetes (25.3%), Cancer (18.5%), and Cardiovascular Diseases (17.8%). Obesity, Disability, and Asthma appear in between 5% to 8% of the literature, with the remaining subtopics receiving less attention.

TABLE 7: PEER-REVIEWED "CHRONIC DISEASES" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Diabetes	37	25.3
Cancer	27	18.5
Cardiovascular diseases	26	17.8
Obesity	12	8.2
Disability	12	8.2
Asthma	8	5.5
Arthritis	7	4.8
Renal diseases	7	4.8
Stroke	4	2.7
Gastrointestinal diseases	3	2.1
Respiratory diseases	3	2.1
Skin diseases	2	1.4
Bone diseases	1	0.7
Aging diseases	1	0.7

Socio-economic and cultural determinants

Table 8 shows the most prominent subtopics within the body of literature on Socio-Economic and Cultural Determinants, which comprises nearly 15% of the peer-reviewed literature. The most prominent subtopics are Food Security, Safety, and Sovereignty; Colonialism; and Systemic Racism, Discrimination, and Social Exclusion, each accounting for 18.5% of the literature, followed by Housing and Homelessness (16.1%). Historic Trauma/Intergenerational Trauma and Education are also prevalent subtopics, comprising 14.5% and 12.9% of the literature in this topic area respectively. Community Infrastructure, Income, Community and Family Relationships, and Resilience account for between 5% and 9% of literature. The subtopics which receive the least attention are Employment, Culture and Language, Stigma, and Self-Government, reflecting between 0.8% to 4.8% of the peer-reviewed literature within this main topic area.

TABLE 8: PEER-REVIEWED "SOCIO-ECONOMIC AND CULTURAL DETERMINANTS" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Food security, food safety, food sovereignty	23	18.5
Colonialism (including residential schools)	23	18.5
Systemic racism, discrimination, social exclusion	23	18.5
Housing/homelessness	20	16.1
Historic trauma/ Intergenerational trauma	18	14.5
Education	16	12.9
Community infrastructure	11	8.9
Income	11	8.9
Community and family relationships	10	8.1
Resilience	7	5.6
Employment	6	4.8
Culture and language	5	4.0
Stigma	4	3.2
Self-government	1	0.8

TABLE 9: PEER-REVIEWED "LIFESTYLE/HEALTHY LIVING" LITERATURE, BY SUB-TOPIC AREA

Subtopics	Number of publications	Percentage (%)
Holistic health	32	30.2
Oral health	17	16.0
Diet and nutrition	17	16.0
Physical activity	16	15.1
Tobacco use	10	9.4
Physical safety	4	3.8
Vaping	4	3.8

TABLE 10: PEER-REVIEWED "MENTAL HEALTH AND WELLNESS" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Mental illnesses	51	55.4
Substance use	27	29.3
Suicide/self-injury	25	27.2
Eating disorders	1	1.1

Lifestyle and healthy living

Lifestyle and Healthy Living is the third most prominent main topic addressed in the peer-reviewed literature, representing 12.6% of the literature. Table 9 shows that, by far, the most prioritized subtopic is Holistic Health (30.2%), a topic that covers a broad range of health perspectives, practices, and frameworks pertaining to Indigenous health and wellness. This is followed by Oral Health and Diet and Nutrition, each accounting for 16% of the peer-reviewed literature within this main topic area, and Physical Activity, accounting for 15.1%. The subtopics that receive the least attention within this main topic area are Tobacco Use (9.4%), Physical Safety (3.8%), and Vaping (3.8%).

Mental health and wellness

Approximately 11% of the peer-reviewed literature focuses on the topic of Mental Health and Wellness. As shown in Table 10, the most prevalent subtopics in this body of literature pertain to Mental Illness (55.4%), followed by Substance Use (29.3%) and Suicide (27.2%). Only one publication focuses on Eating Disorders.

Communicable diseases

The topic of Communicable Diseases comprises 7.6% of the peer-reviewed literature identified in this scan. As shown in Table 11, the most prevalent subtopic focus is on Sexual Health, Human Immunodeficiency Virus (HIV), and Sexually Transmitted Infections (STIs), comprising 43.8% of the literature within this main topic. This is followed by Infectious Diseases and/or Influenza (14.1%) and Blood-borne Illnesses and/or Hepatitis (12.5%). Immunizations comprise 10.9% of the peer-reviewed literature, while tuberculosis comprises 7.8% of the literature. Respiratory Infections and Zoonotic Diseases each account for 6.3% of the peer-reviewed literature within this main topic area.

Child and youth health

Table 12 shows the subtopics identified under the topic of Child and Youth Health, which accounts for 7% of the peer-reviewed literature. The most prominent subtopic, Child and Youth Wellness, accounts for 44.1% of the literature on this topic. This is followed by Child and Youth Welfare (27.1%) and Child Development/Early Childhood Development (20.3%). Youth Development and Otitis Media each account for 6.8% of the literature in this area, while the subtopics of Learning Disabilities, Oral Health, and Vision Health receive the least attention.

TABLE 11: PEER-REVIEWED "COMMUNICABLE DISEASES" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Sexual health, HIV, STIs	28	43.8
Infectious diseases, influenza	9	14.1
Blood-borne illnesses and Hepatitis	8	12.5
Immunizations	7	10.9
Tuberculosis	5	7.8
Respiratory infections	4	6.3
Zoonotic diseases	4	6.3

TABLE 12: PEER-REVIEWED "CHILD AND YOUTH HEALTH" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Child and youth wellness	26	44.1
Child and youth welfare	16	27.1
Child development/Early childhood development	12	20.3
Youth development	4	6.8
Otitis media	4	6.8
Learning disabilities	3	5.1
Oral health	1	1.7
Vision health	0	0

Maternal, fetal, and infant health

As shown in Table 13, the subtopic Birth Outcomes comprises the largest proportion of the peer-reviewed literature under the topic of Maternal, Fetal, and Infant Health, accounting for 54.3% of the literature on this topic. This is followed by Prenatal Care (26.1%), Reproductive Health (23.9%), and Infant Health (21.7%). Breastfeeding, Fetal Alcohol issues, and Birthing and Midwifery receive the least attention, comprising between 8.7% and 15.2% of the peer-reviewed literature within this topic area.

TABLE 13: PEER-REVIEWED "MATERNAL, FETAL, AND INFANT HEALTH" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Birth outcomes	25	54.3
Prenatal care	12	26.1
Reproductive health	11	23.9
Infant health	10	21.7
Breastfeeding	7	15.2
Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorder (FASD)	6	13.0
Birthing and midwifery	4	8.7

3.2.2 Non-peer-reviewed literature

This review identified 57 relevant non-peer-reviewed documents published between January 2013 and December 2020. Like the peer-reviewed literature, most of this literature focuses exclusively on Indigenous health in a Canadian context. These documents are grouped based on non-mutually exclusive codes into the following three areas:

- General focus
- Main topic
- Subtopic

General focus of non-peer-reviewed literature

This section describes the general focuses of the non-peer-reviewed literature. The literature was categorized as focusing on health status, health care, and health determinants, with categories overlapping in some publications. Table 14 shows the breakdown of non-peer-reviewed literature by general focus areas. Since each publication could be coded for up to three general focus areas, the total number of publications in Table 14 may not add up to the total number of publications reviewed in the search, and therefore percentages do not add up to 100%. Table 14 shows an almost equal focus of the non-peer-reviewed publications on health status and health care.

TABLE 14: NON-PEER-REVIEWED LITERATURE, BY GENERAL FOCUS AREA

General focus	Number of publications	Percentage (%)
Health status	29	50.0%
Health care	28	48.3%
Health determinants	18	31.0%

TABLE 15: NON-PEER-REVIEWED LITERATURE, BY MAIN TOPIC AREA

Main topics	Number of publications	Percentage (%)
Health care research, governance, policy, human resources, programming, and delivery	28	48.3
Socio-economic and cultural determinants	13	22.4
Mental health and wellness	8	13.8
Communicable disease	8	13.8
Child and youth health	5	8.6
General health status reports	4	6.9
Lifestyle/healthy living	3	5.2
Violence, injury, and abuse	2	3.4
Maternal, fetal, and infant health	2	3.4
Genetics/human biology	2	3.4
Environmental health	1	1.7
Chronic diseases	1	1.7

TABLE 16: NON-PEER-REVIEWED "HEALTH CARE RESEARCH, GOVERNANCE, POLICY. . ." LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Access to care	14	50.0
Cultural competency, cultural safety, and cultural sensitivity	14	50.0
Knowledge translation/transfer	8	28.6
Self-determination	7	25.0
Reconciliation	4	14.3
Evidence-based research	2	7.1
Data governance and ethics	1	3.6
Preventive care/health promotion	1	3.6
Seniors housing and care	0	0
Traditional knowledge, medicines, and approaches to healing	0	0
Diagnostic services, screening, and surveillance	0	0
Psychology, psychiatry, and counselling services	0	0

Main topics of non-peer-reviewed literature

To clarify general focus areas, each document was assigned narrative descriptions to identify the main topic areas. Table 15 shows the breakdown of non-peer-reviewed literature by main topic. As is shown, 48.3% of this literature focuses on Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery. The topic Socio-Economic and Cultural Determinants is represented in 22.4% of the non-peer-reviewed literature, while Communicable Disease, Child and Youth Health, Lifestyle/Healthy Living, and General Health Status Reports are mid-level priorities. Lower priorities in this body of literature are the topics of Violence, Injury and Abuse; Maternal, Fetal, and Infant Health; and Genetics/Human Biology, each accounting for 3.4% of the literature. Environmental Health and Chronic Diseases each account for 1.7% of the non-peer-reviewed literature.

Health care research, governance, policy, human resources, programming, and delivery

Table 16 shows the most frequent subtopics under the main topic areas of Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery. The most frequent subtopics are Access to Care and Cultural Competency, Cultural Safety, and Cultural Sensitivity, each accounting for 50% of the literature. This is followed by Knowledge Translation/Transfer (28.6%) and Self-Determination (25.0%), while Reconciliation is a focus of 14.3% of this body of literature. All remaining subtopics are found in less than 7% of the literature on Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery.

TABLE 17: NON-PEER-REVIEWED "SOCIO-ECONOMIC AND CULTURAL DETERMINANTS" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Housing/homelessness	6	46.2
Education	5	38.5
Income	4	30.8
Colonialism	4	30.8
Systemic racism, discrimination, and social exclusion	3	23.1
Food security/food safety/ food sovereignty	1	7.7
Culture and language	1	7.7
Employment	1	7.7
Community infrastructure	1	0
Community and family relationships	0	0
Self-government	0	0
Resilience	0	0
Historic trauma/ intergeneration trauma	0	0
Stigma	0	0

Socio-economic and cultural determinants

The second most prominent main topic area in the non-peer-reviewed literature is Socio-Economic and Cultural Determinants, comprising 22.4% of the non-peer-reviewed literature. As Table 17 shows, Housing (46.2%) and Education (38.5%) are the most frequent subtopics, followed by Income and Colonialism, each accounting for 30.8% of this body of literature. The subtopic Systemic Racism, Discrimination, or Social Exclusion is present in 23.1% of this literature, while all remaining subtopics receive less attention.

Mental health and wellness

Mental Health and Wellness is discussed in 13.8% of the non-peer-reviewed literature. Table 18 shows that 87.5% of the literature on this topic pertains to Substance Use, followed by Mental Illnesses (62.5%) and Suicide (25.0%). None of the non-peer-reviewed publications in this topic area focus on eating disorders.

Communicable diseases

The topic of Communicable Diseases is discussed in 13.8% of the non-peer-reviewed literature identified in this scan. As shown in Table 19, Infectious Diseases/Influenza is the most prevalent subtopic in this area, accounting for 37.5% of the non-peer-reviewed literature. This is followed by Sexual Health, Human Immunodeficiency Virus (HIV), and Sexually Transmitted Infections (STIs) and Tuberculosis, each accounting for 25% of the literature on Communicable Diseases. Respiratory Infections, Immunizations, and Blood-borne Illnesses and/or Hepatitis each comprise 12.5% of the non-peer-reviewed literature in this topic area, while none of the literature focuses on Zoonotic Diseases.

TABLE 18: NON-PEER-REVIEWED "MENTAL HEALTH AND WELLNESS" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Substance use	7	87.5
Mental illnesses	5	62.5
Suicide/self-injury	2	25.0
Eating disorders	0	0

TABLE 19: NON-PEER-REVIEWED "COMMUNICABLE DISEASES" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Infectious disease/influenza	3	37.5
Sexual health, human immunodeficiency virus (HIV), sexually transmitted infections (STI)	2	25.0
Tuberculosis	2	25.0
Respiratory infections	1	12.5
Immunizations	1	12.5
Blood-borne illnesses and Hepatitis	1	12.5
Zoonotic	0	0

Child and youth health

Table 20 shows the subtopics under Child and Youth Health. In this topic area, Child and Youth Wellness accounts for 60% of the non-peer-reviewed literature, followed by Child Development/ Early Childhood Development (40%). None of the publications in this topic area focus on Youth Development, Otitis Media, Learning Disabilities, Oral Health, or Vision Health.

Lifestyle and healthy living

Lifestyle and Healthy Living represents 5.2% of the non-peer-reviewed literature. Table 21 shows Holistic Health, Oral Health, and Physical Safety each account for 33.3% of the literature on this topic, while none of the non-peer-reviewed literature focuses on Physical Activity, Tobacco Use, Diet and Nutrition, or Vaping.

General health status reports

General Health Status Reports represent 6.9% of the non-peer-reviewed literature. These publications provide health data on a range of health indicators, and for the purposes of this analysis, are not further categorized into sub-topics.

TABLE 20: NON-PEER-REVIEWED "CHILD AND YOUTH HEALTH" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Child and youth wellness	3	60
Child development/early childhood development	2	40
Child and youth welfare	1	20
Youth development	0	0
Otitis media	0	0
Learning disabilities	0	0
Oral health	0	0
Vision health	0	0

TABLE 21: NON-PEER-REVIEWED "LIFESTYLE/HEALTHY LIVING" LITERATURE, BY SUBTOPIC AREA

Subtopics	Number of publications	Percentage (%)
Holistic health	1	33.3
Oral health	1	33.3
Physical safety	1	33.3
Physical activity	0	0
Tobacco use	0	0
Diet and nutrition	0	0
Vaping	0	0

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3.2.3 Population analysis

Data was collected from peer- and non-peer-reviewed literature to identify the target population. The populations were identified, grouped, and coded into three broad categories:

- Cultural identity, including:
  - Indigenous
  - First Nations
  - Inuit
  - Métis
- Life stage, including:
  - Child
  - Youth
  - Elders/seniors
- Gender, including:
  - Female
  - Male
  - Non-binary
  - Two-spirited

This section of the report examines the population characteristics of the peer- and non-peer-reviewed publications. Since each publication may be coded for up to four subcategories, the data for number of publications does not add up to the total number of publications for the topic categories in each of the tables, and therefore percentages for each sub-category do not add up to 100%.

Peer-reviewed literature

Cultural identity

Table 22 details the population breakdown of cultural identity within the peer-reviewed literature. In general, most of the peer-reviewed publications address Indigenous Peoples collectively, with 56.9% of the literature doing so. First Nations peoples are the focus of 25.7% of the literature, while Inuit are the focus of 13.6% of the literature. Approximately 4% of the literature focuses on Métis peoples. The data suggest that Inuit, who represent 4% of the Indigenous population in Canada, are over-represented in the peer-reviewed literature, while Métis, who constitute approximately 33% of the Indigenous population in Canada, are considerably under-represented in the literature.

TABLE 22: PEER-REVIEWED POPULATION ANALYSIS OF "CULTURAL IDENTITY" IN LITERATURE

Main topics	Number of publications	Percentage (%)
Indigenous	477	56.9
First Nations	216	25.7
Inuit	114	13.6
Métis	33	3.9

TABLE 23: PEER-REVIEWED POPULATION ANALYSIS OF "LIFE STAGE" IN LITERATURE

Main topics	Number of publications	Percentage (%)
Not specified	698	83.2
Youth	66	7.9
Child	63	7.5
Elder/Senior	12	1.4

Life stage

As shown in Table 23, approximately 83.2% of peer-reviewed publications do not specify population life stage. Of the peer-reviewed publications, 7.9% focus on youth populations, while 7.5% focus on children. Population data show that in 2016, Indigenous children under the age of fourteen years comprised between 22% and 33% of the Indigenous population (33% of the Inuit population, 29.9% of the First Nations population, and 22.3% of the Métis population) (Statistics Canada, 2019). Indigenous youth aged 15-24 years made up 17% of the Indigenous population in 2016 (17% for First Nations, 16% for Métis, and 18% for Inuit) (Statistics Canada, 2021b). The current demographic of Indigenous children and youth is expected to contribute to steady growth in the Indigenous population over the period 2016 to 2041 (Statistics Canada, 2021a; Statistics Canada, 2021b). The data also indicate there has not been an increased research focus on elder or senior populations during the January 2013 to December 2020 period, despite the proportion of the Indigenous population over 65 years increasing from 4.8% in 2006 to 7.3% in 2016 (Statistics Canada, 2019). Only 1.4% of the peer-reviewed literature captures this demographic compared to 4.7% in the previous *Landscapes* report (NCCIH, 2014, p. 67). Considering that both the Indigenous senior and child/youth populations are growing in Canada, the little research on these groups in comparison to their population demographic and growth rate is problematic for informing evidence-based decision-making.

Gender

Table 24 details the population breakdown based on gender within the peer-reviewed literature. The majority of the literature (90.6%) does not specify gender for the target population nor specify a mixed gender population of both male and female. The unique health issues facing men, women, and gender diverse people is overlooked in research. Approximately 7.6% of the peer-reviewed literature focuses specifically on females, while only 0.2% focuses on males. Only 1.5% of the peer-reviewed literature focuses on Two-spirited people, while none focuses on non-binary people, though they are often encompassed under the definition of Two-spirited.

Non-peer-reviewed literature

Cultural identity

Table 25 details the population breakdown of cultural identity within the non-peer-reviewed literature. In general, non-peer-reviewed documents focus on Indigenous Peoples collectively, with 50% of the literature doing so. Of this body of literature, 24.1% focuses specifically on First Nations, 10.3% on Inuit, and 1.7% on Métis. The over-representation of Inuit and under-representation of Métis peoples is again evident.

TABLE 24: PEER-REVIEWED POPULATION ANALYSIS OF "GENDER" IN LITERATURE

Main topics	Number of publications	Percentage (%)
Not specified	760	90.6
Female	64	7.6
Male	2	0.2
Two-spirited	13	1.5
Non-binary	0	0.0

TABLE 25: NON-PEER-REVIEWED POPULATION ANALYSIS OF "CULTURAL IDENTITY" IN LITERATURE

Main topics	Number of publications	Percentage (%)
Indigenous	29	50
First Nations	14	24.1
Inuit	6	10.3
Métis	1	1.7

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Life stage

As shown in Table 26, 5.2% of the non-peer-reviewed literature focuses on youth and 3.4% focuses on children. Approximately 88% of non-peer-reviewed literature does not indicate population life stage. Like the peer-reviewed literature, the data indicates little attention has also been directed towards the elder/senior population during the January 2013 to December 2020 period.

Gender

Table 27 details the population breakdown of gender within the non-peer-reviewed literature. The data show that females are the only population identified, accounting for 3.4% percent of the non-peer-reviewed literature. All other subcategories within gender are not found within the scan of the non-peer-reviewed literature.

TABLE 26: NON-PEER-REVIEWED POPULATION ANALYSIS OF "LIFE STAGE" IN LITERATURE

Main topics	Number of publications	Percentage (%)
Not specified	51	87.9
Youth	3	5.2
Child	2	3.4
Elder/Senior	2	1.7

TABLE 27: NON-PEER-REVIEWED POPULATION ANALYSIS OF "GENDER" IN LITERATURE

Maintopics	Number of publications	Percentage (%)
Not specified	56	96.6
Female	2	3.4
Male	0	0
Non-binary	0	0
Two-spirited	0	0

3.3 Research funded by Canadian Institutes of Health Research

The Canadian Institutes of Health Research (CIHR) are the major sources of federal funding for work in health-related fields. Consequently, a review of the CIHR Funded Research Database, detailing research funded by the 13 institutes during the fiscal years 2017-18, 2018-19, and 2019-20, adds to the data collection strategy by showing research that has been recently undertaken but may not yet be published. The Institute of Indigenous Peoples Health (IIPH) focuses solely on health research related to First Nations, Inuit, and Métis peoples, while the remaining twelve institutes focus on various health subjects and fund Indigenous-related research relevant to their mandates. CIHR research information between 2017 to 2020 is critical to advance our learning on current research projects pertinent to First Nations, Inuit, and Métis health.

This review is comprised of two sections. The first focuses on the types of awards, themes, and main topic and subtopic areas of research; while the second provides an analysis of the population (cultural identity, life stage, and gender) reflected in CIHR's research database focused on Indigenous health in Canada.

3.3.1 Review of the types of awards, themes, and topics aeas of CIHR research

A total of 1,008 CIHR Indigenous health-related projects were identified during the 2017-18, 2018-19, and 2019-20 fiscal years, representing $95,015,168.00 in funding. In comparison to the previous *Landscapes* scan, this report identifies an increase in the yearly average of CIHR funded research focused on Indigenous health. It is important to note that this report does not include broad or general research that only briefly touches on Indigenous health care or Indigenous health in Canada; rather, it focuses on targeted research projects focussed solely on Indigenous health in the Canadian context.

First, an analysis of funding according to CIHR's institutes, types of awards, and themes was conducted. Once the research items were identified and the relevant information collated, research themes were grouped into the following three areas, using non-mutually exclusive codes:

- General focus
- Main topic
- Subtopics

Institute affiliation

Table 28 shows that 1,008 Indigenous health-related funding awards were administered during the 2017-18, 2018-19, and 2019-20 fiscal years. When an application is submitted, applicants are required to indicate the institute the research is most aligned with. Of the 1,008 research projects, over half (60%) align with CIHR's IIPH, totalling approximately $73.8M. Two hundred and ninety-nine projects, totalling approximately $8.5M, do not specify a specific institute. This is followed by the Institute of Infection and Immunity (22 projects totalling approx. $4.5M), the Institute of Population and Public Health (20 projects totalling approx. $2.1M), and the Institute of Health Services and Policy Research (18 projects totaling approx. $2M). It is interesting to note that in comparison to the information provided in the previous scan on CIHR's Indigenous health related funding, during the 2017 to 2020 period the CIHR has worked to increase capacity for research by funding more research projects (CIHR, 2021a; CIHR, 2021b). Lastly,

TABLE 28: CIHR FUNDED INDIGENOUS HEALTH RESEARCH, BY INSTITUTE AFFILIATION

Institute	# Projects	% Total projects	$ Amount	% Total dollars
Indigenous Peoples' health	609	60	73,816,319	78.0
No institute specified	299	29.6	8,557,126	9.0
Infection and immunity	22	2.1	4,525,094	4.8
Population and public health	20	1.9	2,060,893	2.1
Health services and policy research	18	1.7	2,015,222	2.1
Cancer	8	0.8	579,621	0.6
Aging	7	0.7	723,388	0.7
Nutrition, metabolism, and diabetes	7	0.7	1,372,970	1.4
Gender and health	5	0.5	173,652	0.1
Musculoskeletal health and arthritis	5	0.5	500,560	0.5
Circulatory and respiratory health	3	0.3	185,000	0.2
Neuroscience, mental health, and addictions	3	0.3	198,283	0.2
Human development, child, and youth health	2	0.2	307,040	0.3

as mentioned in the previous scan, there are several institutes with mandates that cover Indigenous health related topics; however, these institutes fund very few projects that specifically focus on Indigenous health. These include the Institutes of Circulatory and Respiratory Health (3 projects) and Neurosciences, Mental Health, and Addictions (3 projects).

Type of award

CIHR provides funding for a wide range of research-related activities, nearly all of which can be expected to lead to publications. Table 29 shows that of the 1,008 research projects focused on Indigenous health, most of the funding is directed to large scale, multi-year research projects and networking activities.

Project grants constitute 33.2% of all CIHR funding, followed by team grants (17.6%). Operating grants account for 13.8% of CIHR funding, while unspecified grants comprise 13.6% of the funded research. All other types of grants/awards receive less than 10% of CIHR funds.

TABLE 29: CIHR FUNDED INDIGENOUS HEALTH RESEARCH, BY TYPE OF AWARD

Type of award	# Projects	Funding amount	% Total funding
Project grant	174	31,558,541	33.2
Team grant	74	16,736,981	17.6
Operating grant	109	13,106,842	13.8
Not specified	80	12,965,375	13.6
Foundation grant	12	5,020,535	5.3
Training grant	24	4,797,798	5.0
Catalyst grant	26	2,813,773	3.0
Doctoral Research Award	65	2,200,167	2.3
I-HeLTI Award	22	1,650,000	1.7
Fellowship Award	45	1,589,037	1.7
HIV/AIDS Community-based Research	3	1,233,477	1.3
Indigenous Gender and Wellness	253	761,384	0.8
New Investigator Award	15	620,000	0.6
Master's Award	25	437,500	0.5
Travel Award	81	143,758	0.2

Funding priorities by theme

The CIHR database categorizes funded research by four specified themes and one unspecified. Table 30 shows that the vast majority of funded research projects fit within the Social/Cultural/ Environmental/Population Health theme (66%) This is followed by the Health Systems/ Services theme (16.8%), no specified theme (8.1%), and the clinical (7.3%) and biomedical (1.8%) themes.

General focus of CIHR Indigenous health research

Table 31 shows the breakdown of CIHR research by general focus. In some instances, the general focus categories overlap for each research project. Since research projects may be coded for up to three general focus areas, the data for number of research projects does not add up to the total number of projects in the tables, and therefore percentages for the general focus categories do not add up to 100%. This information provides insight into the nature of CIHR research relevant to Indigenous health in the Canadian context. Table 31 demonstrates that 58.3% of the research focuses on health care. Health status also has a strong presence, accounting for 33.0% of CIHR funded research, followed by health determinants (14.1%). The most common overlap observed within the general focus categories is between health care and health status.

TABLE 30: CIHR FUNDED INDIGENOUS HEALTH RESEARCH, BY THEME

Theme	# Funded projects	Total amount	% Total funding
Social/cultural/ environmental/ population health	519	62,698,495	66.0
Health systems/services	142	15,926,651	16.8
Not specified	284	7,708,993	8.1
Clinical	45	6,945,205	7.3
Biomedical	18	1,735,824	1.8

TABLE 31: CIHR INDIGENOUS HEALTH RESEARCH, BY GENERAL FOCUS AREA

General focus	Number of projects	Percentage (%)
Health care	588	58.3%
Health status	333	33.0%
Health determinants	142	14.1%

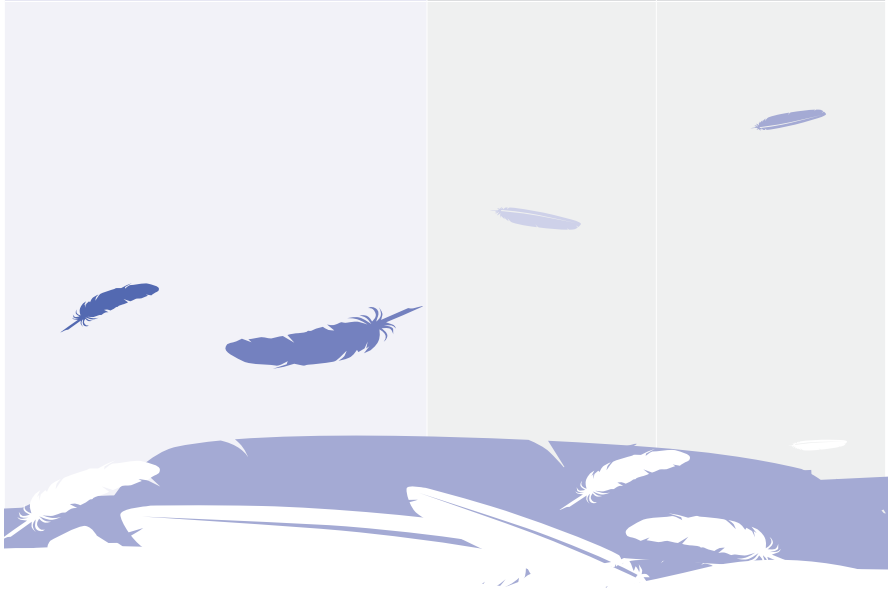


TABLE 32: CIHR INDIGENOUS HEALTH RESEARCH, BY GENERAL FOCUS AREA

Main topics	Number of projects	Percentage (%)
Health care research, governance, policy, human resources, programming, and delivery	586	58.1
Chronic diseases	110	10.9
Communicable diseases	73	7.2
Mental health and wellness	72	7.1
Lifestyle/healthy living	59	5.9
Socio-economic and cultural determinants	56	5.6
Environmental health	50	5.0
Maternal, fetal, and infant health	40	4.0
Child and youth health	39	3.9
Violence, injury, and abuse	7	0.7
Genetics/human biology	7	0.7
General health status reports	0	0
Other	0	0

Main topics of CIHR Indigenous health research

Table 32 shows the breakdown of CIHR research by main topic area. Since each research project may be coded for up to four main topics and subtopics, the data for number of research projects does not add up to the total number of projects in the tables, and therefore percentages for each main topic and subtopic do not add up to 100%. As Table 32 shows, 58.1% of the research focuses on Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery, followed by research on Chronic Diseases (10.9%). Communicable Diseases and Mental Health and Wellness account for 7.2% and 7.1% of the research respectively. Lifestyle/Healthy Living, Socio-Economic and Cultural Determinants, and Environmental Health account for between 5-6% of the research, while all other topics receive little attention in the research, despite the youthfulness of the Indigenous population (Statistics Canada, 2021b), the importance of maternal health for future populations (Office of Disease Prevention and Health Promotion, 2020), and the recent attention on missing and murdered Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, n.d.).

Health care research, governance, policy, human resources, programming, and delivery

The most prominent topic area funded by the CIHR is Health Care Research, Governance, Policy, Human Resources, Programming, and Delivery, accounting for 58.1% of the research projects. Table 33 shows the most common subtopics under this theme. Knowledge Translation/Transfer – a topic that includes the ways knowledge is collected, disseminated, and mobilized within health care – is the leading subtopic, accounting for 46.1% of the research funded by the CIHR within this main topic area. This is followed by Evidence-based Research (15.7%), Self-determination (9%), and Cultural Competency, Cultural Safety, and Cultural Sensitivity (8.2%). The two subtopics of Psychology, Psychiatry, and Counselling Services and Seniors' Housing and Health Care do not appear in the CIHR funding database focused on Indigenous health.

TABLE 33: CIHR FUNDED RESEARCH "HEALTH CARE RESEARCH, GOVERNANCE, POLICY. . .", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Knowledge translation/transfer	270	46.1
Evidence-based research	92	15.7
Self-determination	53	9.0
Cultural competency, cultural safety, and cultural sensitivity	48	8.2
Diagnostic services, screening, and surveillance	40	6.8
Preventive care/health promotion	38	6.5
Traditional knowledge, medicines, and approaches to healing	37	6.3
Access to and use of health care services	29	4.9
Reconciliation	17	2.9
Data governance and ethics	6	1.0
Psychology, psychiatry, and counselling services	0	0
Seniors' housing and care	0	0

Chronic diseases

Chronic Diseases, the second most prominent main topic area, accounts for 10.9% of the CIHR funded research focused on Indigenous health. As Table 34 shows, the most common subtopics are Diabetes (23.6%) and Respiratory Diseases (12.7%). This is followed by Arthritis and Aging Diseases, each accounting for 10% of the research within this main topic area. Cancer, Obesity, and Cardiovascular Diseases each represent between 5% - 9% of the research, while research on Asthma and Stroke do not appear in the CIHR funding database focused on Indigenous health.

TABLE 34: CIHR FUNDED RESEARCH "CHRONIC DISEASES", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Diabetes	26	23.6
Respiratory diseases	14	12.7
Arthritis	11	10.0
Aging diseases	11	10.0
Cardiovascular diseases	10	9.1
Obesity	10	9.1
Cancer	9	8.1
Gastrointestinal diseases	4	3.6
Renal diseases	3	2.7
Disability	2	1.8
Skin diseases	1	0.9
Bone diseases	1	0.9
Asthma	0	0
Stroke	0	0

Communicable diseases

Research on Communicable Diseases accounts for 7.2% of CIHR funded projects identified in this scan. As shown in Table 35, the subtopic Sexual Health, Human Immunodeficiency Virus (HIV), and Sexually Transmitted Infections (STIs) is represented in 58.9% of the research within this main topic area. This is followed by Tuberculosis and Blood-borne Illnesses and/or Hepatitis, each represented in 13.7% of the funded research. Immunizations is the subtopic focus of 11.0% of the research, while the subtopics Infectious Diseases/Influenza and Respiratory Infections receive little attention and no research in this area focuses on Zoonotic Diseases.

Mental health and wellness

Mental Health and Wellness accounts for 11.7% of the CIHR funded research focused on Indigenous health. The breakdown in Table 36 demonstrates that Mental Illness is the most prominent subtopic, accounting for 44.9% of research on this topic, followed by Substance Use (22.9%) and Suicide/Self-Injury (15.3%). Lastly, none of the CIHR funded research focuses on Eating Disorders.

TABLE 35: CIHR FUNDED RESEARCH "COMMUNICABLE DISEASES", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Sexual health, HIV, STIs	43	58.9
Tuberculosis	10	13.7
Blood-borne illnesses and Hepatitis	10	13.7
Immunizations	8	11.0
Infectious diseases/influenza	1	1.4
Respiratory infections	1	1.4
Zoonotic diseases	0	0

TABLE 36: CIHR FUNDED RESEARCH "MENTAL HEALTH AND WELLNESS", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Mental illnesses	53	44.9
Substance use	27	22.9
Suicide/self-injury	18	15.3
Eating disorders	0	0

Lifestyle and healthy living

Lifestyle and Healthy Living represents 5.8% of the CIHR funded research on Indigenous health. Table 37 shows that Holistic Health is the most prominent subtopic (42.4%). This topic covers a broad range of health perspectives, practices, and frameworks pertaining to Indigenous health and wellness. This is followed by Tobacco Use (18.6%), Diet and Nutrition (16.9%), and Physical Activity (13.6%). The subtopics that receive the least amount of attention are Vaping and Oral Health (5.1% and 3.3% respectively). Lastly, none of the CIHR funded research focuses on Physical Safety.

TABLE 37: CIHR FUNDED RESEARCH "LIFESTYLE/HEALTHY LIVING", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Holistic health	25	42.4
Tobacco use	11	18.6
Diet and nutrition	10	16.9
Physical activity	8	13.6
Vaping	3	5.1
Oral health	2	3.3
Physical safety	0	0

Socio-economic and cultural determinants

The topic Socio-Economic and Cultural Determinants comprises 5.5% of CIHR funded research on Indigenous health in Canada. As Table 38 shows, Food Security/Food Safety/Food Sovereignty is the most frequent subtopic, represented in 53.6% of the funded research, followed by Resilience (19.6%). Housing/Homelessness; Colonialism; Education; Systemic Racism, Discrimination and/or Social Exclusion; Historic Trauma/Intergenerational Trauma; and Stigma each represented in 5% to 10% of the funded research. The subtopics Culture and Language, Income, and Employment receive little attention, while none of the funded research focuses on Community Relationships and Self-Government.

TABLE 38: CIHR FUNDED RESEARCH "SOCIO-ECONOMIC AND CULTURAL DETERMINANTS", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Food security/food safety/food sovereignty	30	53.6
Resilience	11	19.6
Housing/homelessness	5	8.9
Colonialism	4	7.1
Education	4	7.1
Systemic racism, discrimination, and social exclusion	4	7.1
Historic trauma/intergeneration trauma	4	7.1
Stigma	4	7.1
Culture and language	2	3.6
Income	2	3.6
Employment	2	3.6
Community infrastructure	1	1.7
Community and relationships	0	0
Self-government	0	0

Environmental health

The topic Environmental Health accounts for 5% of the CIHR funded research focused on Indigenous health. The breakdown in Table 39 shows that 46% of the research on this topic pertains to Climate Change, while Wellness of the Land and Environmental Contamination comprise 24% and 20% respectively of the funded research. A smaller proportion of this research focuses on Water Safety and Security, while none of the research focuses on Indoor and Built Environments.

3.3.2 Population analysis

This section provides an analysis of population categories within the CIHR funded research on Indigenous health. The populations were identified, grouped, and coded into three broad categories:

- Cultural identity, including:
  - Indigenous
  - First Nations
  - Inuit
  - Métis
- Life stage, including:
  - Child
  - Youth
  - Elders/seniors
- Gender, including:
  - Female
  - Male
  - Non-binary
  - Two-spirited

TABLE 39: CIHR FUNDED RESEARCH "ENVIRONMENTAL HEALTH", BY SUBTOPIC AREA

Subtopics	Number of projects	Percentage (%)
Climate change	23	46.0
Wellness of the land	12	24.0
Environmental contamination	10	20.0
Water safety and security	5	10.0
Indoor and built environment	0	0

TABLE 40: CIHR POPULATION ANALYSIS OF "CULTURAL IDENTITY"

Main topics	Number of projects	Percentage (%)
Indigenous	788	78.2
First Nations	155	15.4
Inuit	53	5.3
Métis	24	2.4

Since each research project may be coded for up to four subcategories, the data does not add up to the total number of projects in the topic categories in the tables, and therefore percentages for each sub-category do not add up to 100%.

Cultural identity

Table 40 details the population breakdown of cultural identity within CIHR funded research focused on Indigenous health in Canada. In general, CIHR research projects focus on Indigenous Peoples collectively, with 78.2% of all Indigenous health related research doing so. Of this research, 15.4% focuses on First Nations, 5.3% on Inuit, and 2.4% on Métis. The data suggest that Métis peoples, who constitute approximately 33% of the Indigenous population in Canada, are significantly under-represented in CIHR's funded research.

Life stage

As shown in Table 41, approximately 91% of CIHR's research projects do not specify a life stage focus. Of the CIHR funded Indigenous health research, 6.9% focuses on youth populations, while 2.7% focuses on children. The data indicate that despite an aging population, there has been no corresponding increase in research focused on elder/senior populations during the January 2013 to December 2020 period, as they account for only 0.05% of the CIHR's research on Indigenous health. In fact, this finding represents a decline from the previous *Landscapes* report, where 3.1% of the CIHR funded research focused on elder/senior populations (NCCIH, 2014, p. 67). Similarly, the 9.7% of CIHR funded research focused on Indigenous children and youth in this edition of the environmental scan is a significant decline from the 33.2% of funded research focused on this population in the previous scan (NCCIH, 2014, p. 67). Again, this finding is surprising given the size and growth rate of Indigenous children and youth in Canada.

TABLE 41: CIHR POPULATION ANALYSIS OF "LIFE STAGE"

Main topics	Number of projects	Percentage (%)
Not specified	915	90.8
Youth	70	6.9
Child	28	2.8
Elder/Senior	5	0.05

TABLE 42: CIHR POPULATION ANALYSIS OF "GENDER"

Main topics	Number of projects	Percentage (%)
Not specified	936	92.9%
Female	65	6.4
Male	6	0.6
Two-spirited	1	0.1
Non-binary	0	0

Gender

Table 42 details the population breakdown of gender within the CIHR funded research focused on Indigenous health in Canada. In general, CIHR research projects did not specify gender. As shown, the female population is the targeted focus of 6.4% of all CIHR funded Indigenous health research. In contrast, male focused research comprises only 0.6% of the CIHR research, while Two-spirited focused research accounts for only 0.1%. None of the CIHR funded research projects focus on non-binary populations.

3.4 Overview of federal government organizations

Federal government organizations are federally directed and managed organizations with an Indigenous branch or directive pertinent to health. In total, eight federal government organizations with this national scope are identified. For the purposes of this report, organizations are considered an agency or branch of the federal government if its website is hosted within the Government of Canada domains (.gc.ca or .canada.ca). This report provides an overview of the mandates, objectives, and priority areas of these organizations but does not include a detailed analysis of Indigenous health topic areas that may be covered (except for the Canadian Institutes of Health Research, which is presented and analysed in Section 3.3 of this report). The eight organizations identified for this report are:

- Canadian Institutes of Health Research (CIHR) – Institute of Indigenous Peoples Health
- Crown Indigenous Relations and Northern Affairs Canada (CIRNAC)
- Employment and Social Development Canada
- Environment and Climate Change Canada
- Health Canada
- Indigenous Services Canada
- Public Health Agency of Canada
- Statistics Canada

Canadian Institutes of Health Research – Institute of Indigenous Peoples Health

The Canadian Institutes of Health Research (CIHR) is Canada's federal funding agency for health research. The CIHR is comprised of thirteen Institutes, each collaborating with partners and researchers to support research and innovations that improve health care in Canada. The CIHR's mission is to "create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system" (CIHR, 2022, para. 3). One of the CIHR's thirteen institutes is the Institute of Indigenous Peoples Health (IIPH).

Established in 2000, IIPH works to advance a national health research agenda to promote the health of First Nations, Inuit, and Métis peoples in Canada. The Institute does this through leadership, collaboration, research, funding, support, knowledge translation and dissemination, capacity building, and training. IIPH's mission is to play a lead role in "developing research capacity in the First Nations, Inuit, and Métis communities, and … support partnerships and alliances between Indigenous communities and health research groups at the local, regional, national and international levels" (CIHR, 2019a, p. 8). With this, the IIPH "supports health research that respects Indigenous values, beliefs, and cultures, while generating new knowledge to improve the health and wellbeing of Indigenous Peoples" (CIHR, 2019b, para. 7).

The IIPH has several focus areas including the following:

- Indigenous health research and knowledge translation
- funding
- training and capacity development
- publications
- IIPH Network Environments for Indigenous Health Research (NEIHR) initiative

The IIPH supports researchers in universities, hospitals, and other research centres across Canada. Research funding is in the form of grants and capacity building programs and training for Indigenous researchers. One major contribution to improving the health of Indigenous Peoples comes from the IIPH Network Environments for Indigenous Health Research (NEIHR) initiative, a network of research centres that fosters collaboration between researchers and Indigenous Peoples.

Other IIPH projects and programs include:

- Drug Safety and Effectiveness Network
- Food Security and Climate Change in the Canadian North Initiative
- HIV/AIDS Research Initiative
- Indigenous Gender and Wellness Initiative
- Indigenous Mentorship Network Program
- Indigenous Healthy Life Trajectories Initiative
- Indigenous Research Chairs in Nursing
- Integrated Cannabis Research Strategy
- Pathways to Health Equity for Aboriginal Peoples
- Strategy for Patient-Oriented Research
- Transitions in Care

Crown Indigenous Relations and Northern Affairs Canada

Announced in 2017 and formally established in 2019, the Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) Department is one of two departments that emerged from the reconfiguring of the Department of Indian Affairs and Northern Development (DIAND). CIRNAC is primarily responsible for meeting the federal government's constitutional responsibilities for northern lands in Canada, the territories, and obligations and commitments to First Nations, Inuit, and Métis peoples. Key areas within CIRNAC's portfolio include Treaties, agreements, and negotiations; rights recognition; consultation and engagement; and addressing the *Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan* (2021) and the Truth and Reconciliation Commission Calls to Action (2015) (Government of Canada, 2021). Most of the department's programs are delivered in partnership with Indigenous communities through grants and contributions, as well as federal-provincial or federal-territorial agreements.

Indigenous Services Canada

Indigenous Services Canada (ISC) is the second federal department resulting from the reconfiguration of the DIAND. ISC is tasked with "support[ing] and empower[ing] Indigenous Peoples to independently deliver services and address the socio-economic conditions in their communities" (ISC, 2022a, para. 1). These services include education, infrastructure, child welfare, and managing the Indian Register. In addition, the First Nations and Inuit Health Branch (FNIHB), situated within ISC, aims to "provide effective, sustainable, and culturally appropriate health programs and services that contribute to the reduction of gaps in health status between First Nations and Inuit and other Canadians" (ISC, 2022a, para. 1). FNIHB programs and services include clinical and client care, Jordan's Principle,[1] home and community care, community-based health programs, public health (including communicable disease control and environmental public health), as well as health infrastructure support and the Non-Insured Health Benefits program (ISC, 2022b). While some programs and services are provided directly by FNIHB, most are administered by First Nations and Inuit communities and organizations, funded through FNIHB contribution agreements.

Employment and Social Development Canada

Employment and Social Development Canada (ESDC) is the department responsible for developing, managing, and delivering social programs at the federal level (Government of Canada, 2022a). ESDC delivers several federal government programs and services regarding skills and

[1] Jordan's Principle is a federal government initiative, based on a child-first principle, that aims to eliminate service inequities for First Nations children. Under the Principal, families can receive information about resources available for their child and how to access it; programs, services and supports can be coordinated; and families can access funding when it is needed to ensure they have timely access to services and supports (Government of Canada, 2022).

employment, volunteer work for youth, learning, labour, income security, social development, and delivery of services for other Government of Canada programs. The department is also responsible for the Indigenous Skills and Employment Training Program and the First Nations and Inuit Child Care Initiative, to improve employment opportunities and support health and safety of Indigenous children and families (ESDC, 2022b, 2022c).

Environment and Climate Change Canada

Environment and Climate Change Canada (ECCC) is the lead federal department on a wide range of environmental issues. The department addresses these issues through various actions, including implementing the Pan-Canadian Framework on Clean Growth and Climate Change; engaging in strategic partnerships with the provinces, territories, and Indigenous Peoples; monitoring water and environmental health; conducting science-based research; developing policies and regulations; and enforcing environmental laws (ECCC, 2022). Programs within the department focus on "minimizing threats to Canadians and their environment from pollution; equipping Canadians to make informed decisions on weather, water, and climate conditions; and conserving and restoring Canada's natural environment" (ECCC, 2021, para 1). Related to Indigenous Peoples and health, ECCC provides grants and contribution funding to Indigenous-led projects on climate adaption planning, food security, clean energy, health infrastructure, and climate monitoring.

Health Canada

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. The department's mission is to improve the lives of all peoples living within its jurisdictions, and to make the population one of the healthiest in the world (Health Canada, 2022). To advance this mission, Health Canada has several specific objectives. They are to:

- prevent and reduce risks to individual health and the overall environment
- promote healthier lifestyles
- ensure high quality health services that are efficient and accessible
- integrate renewal of the health care system with longer term plans in the areas of prevention, health promotion, and protection
- reduce health inequalities in Canadian society
- provide health information to help Canadians make informed decisions (Health Canada, 2011)

Specifically, Health Canada is responsible for the administration of the *Canada Health Act* (1984) and serves as a funder for provincial/territorial health services vis-à-vis the Canada Health Transfer, as well as offers grants and contributions to various organizations. Further, Health Canada is responsible for the regulation of products that impact health and well-being, such as biologics, pharmaceuticals, foods, pesticides, toxic substances, medical devices, natural health products, and consumer goods (Health Canada, 2022). The department also includes a Controlled Substances and Cannabis Branch, which serves a public health and prevention role related to substance use including tobacco, licensing and compliance, and overdose crisis response.

Health Canada transferred most programs and services specific to Indigenous health when the FNIHB moved to ISC in 2017-2019. However, Health Canada works with ISC to address anti-Indigenous racism by supporting the integration of cultural safety throughout Canada's health systems and improving access to culturally safe services; increasing Indigenous representation in health professions; and improving supports for Indigenous patients (ISC, 2021). Initiatives under these themes include, but are not limited to:

- expanding support for Indigenous midwives and doulas
- providing capacity funding for National Indigenous Women's Organizations
- implementing a new Cultural Safety Partnership Fund at ISC
- supporting community-based worker training and Indigenous-specific health education programs
- funding Indigenous organizations and partners to hire Indigenous health systems navigators and advocates (ISC, 2021)

Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) is part of the federal health portfolio and utilizes a population health approach in the areas of health promotion; the prevention and control of chronic diseases and injuries; prevention and control of infectious diseases; and public health emergency preparedness and response (PHAC, 2022). PHAC works with the provinces and territories to support and coordinate public health surveillance and reporting, primarily related to infectious diseases. PHAC also provides grant and contributions to support projects that align with the department's priorities. Related to Indigenous health, PHAC funds the National Collaborating Centre on Indigenous Health (NCCIH), the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program, diabetes prevention initiatives, and many other programs which include all populations falling under its mandate, some of which are particularly relevant to the health of Indigenous Peoples, such as Nutrition North Canada (PHAC, 2021).

Statistics Canada

Statistics Canada is the national statistics office, tasked with providing Canadians access to high quality, insightful, and accessible data related to the population, economy, environment, society, and culture (Statistics Canada, 2022). This data function aims to support the development and evaluation of public policies and programs and improve public and private decision-making activities.

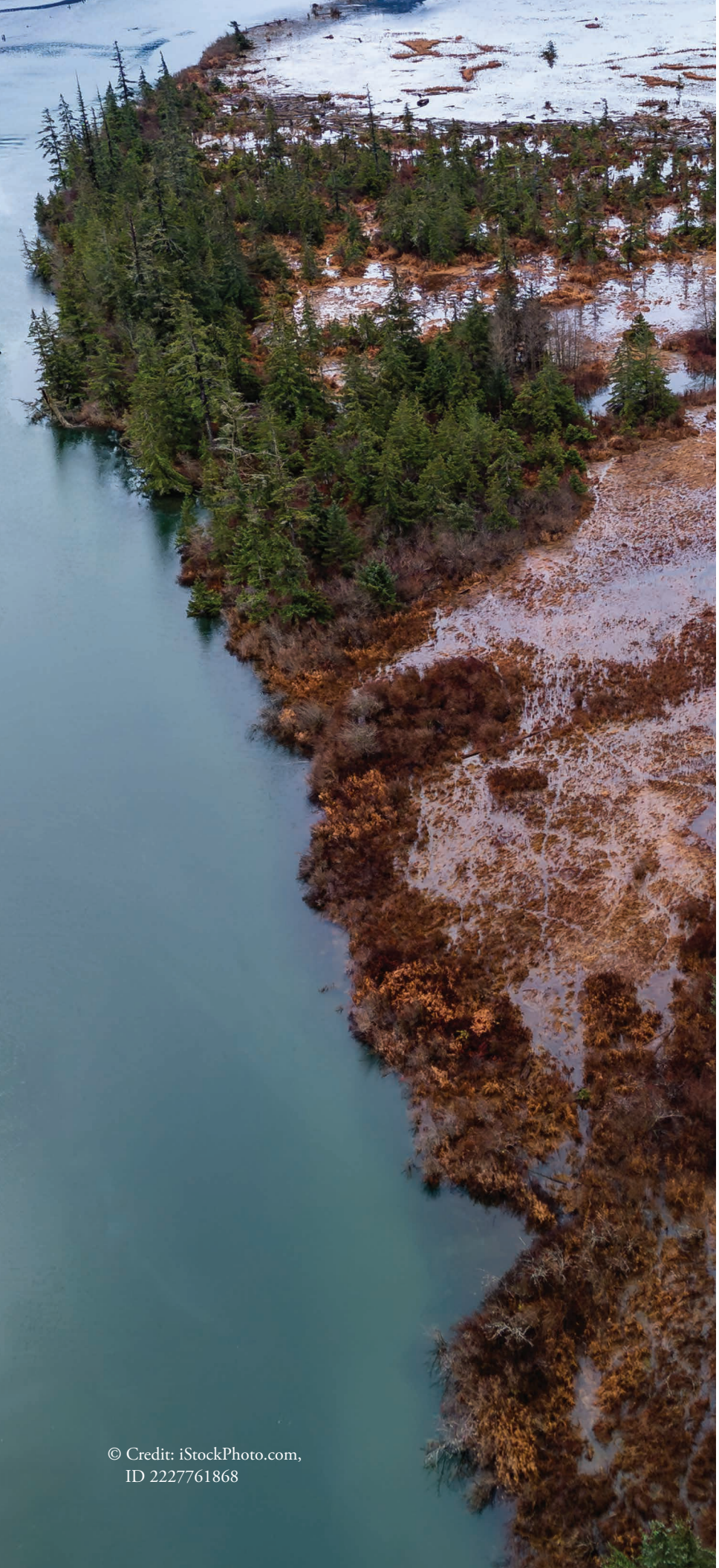
Statistics Canada conducts the Census of Population every five years as well as an annual Canadian Community Health Survey (off-reserve data), which covers a variety of health topics. In addition, the agency conducts a large number of population or topic-specific surveys, numbering some 350 active surveys. This includes the Aboriginal Peoples Survey, a national survey of First Nations people living off reserve, Inuit, and Métis living in Canada that is conducted every five years.

4.0 KEY OBSERVATIONS AND CONCLUSIONS

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

4.1 National Indigenous research: A developing landscape

The environmental scan provides evidence of a shift in research on First Nations, Inuit, and Métis public health. In comparison to the previous *Landscapes* report, between 2013 to 2020 there is more research conducted on topics such as Mental Health and Wellness and Chronic Diseases. Furthermore, this current *Landscapes* report notes a significant increase in CIHR funding ($95,015,168.00) for Indigenous health research compared to the previous report ($78,575,708). As outlined previously in Section 3.2, Health Care Research, Governance, Policy, Programming, Human Resources and Delivery; Lifestyle/Healthy Living; Socio-Economic and Cultural Determinants; Chronic Diseases; and Mental Health and Wellness are all prominent topics in the literature. These topics are also priorities for CIHR funded research as well as for many of the national Indigenous organizations. Despite these positive developments, there continue to be gaps in health care and health services for First Nations, Inuit, and Métis peoples.



Additionally, there has been growth in the number of national Indigenous organizations that focus on different areas of health and wellness, including self-determination in health care, knowledge ownership and exchange, capacity building, Indigenous health related training, and holistic health care. Whether these new organizations will be able to secure the funding, resources, and community support needed to create change related to Indigenous health/ health care at the national level remains to be seen.

4.2 Population representation

The population analysis of the literature and CIHR funded research identifies one important area for further consideration and research development; that is, the need for consistent and detailed identification of target populations. This report found that the literature (peer- and non-peer-reviewed) and CIHR funded research often does not disaggregate population data based on gender and life stage. Population identification is essential in research and is an important methodological process that informs the outcome of a study's findings and analysis. By identifying the distinct lived experiences and identities of Indigenous Peoples, disaggregated data can lead to a more accurate identification of the needs of

specific Indigenous populations and the development of targeted health-related policies.

Overall, some groups of Indigenous Peoples continue to be over-represented in research, while others continue to be under-represented. Findings from this report indicate that Inuit are over-represented in the literature, while Métis peoples are under-represented. In addition, the data also show that despite an aging population, little research focuses on elder/senior populations. Furthermore, considering the youthfulness of the Indigenous population and the growth rate of Indigenous youth and children in Canada, research focused on these groups continues to be lacking. There is also little research focus on Two-spirited peoples and sexually diverse populations. Additional research is needed on specific groups of Indigenous Peoples who are currently under-represented in the literature.

4.3 Health priorities, trends and gaps

There continues to be ongoing research undertaken in Indigenous health. Overall, the body of literature and CIHR research examined indicates an increasing emphasis on research related to Health Care Research, Governance, Policy, Programming, Human Resources, and Delivery; Chronic Diseases; Communicable Diseases; and Mental Health and Wellness. Overall, research on Environmental Health declined over the 2013 to 2020 period compared to the previous scan, while research on Genetics/ Human Biology and on Violence, Injury, and Abuse also remains relatively low in comparison to other topics.

This report identifies similar trends between the health priorities of national Indigenous organizations and the primary focuses of reviewed literature and CIHR funded research. Health Care Research, Governance, Policy, Programming, Human Resources, and Delivery; Mental Health and Wellness; and Socio-Economic and Cultural Determinants represent a few of the overlapping priorities found across all literature, funded research, and Indigenous organizations reviewed as part of this report. This report also highlights some differences in the health priorities of national Indigenous organizations and the primary focuses of reviewed literature, and CIHR funded research. National Indigenous organizations place less emphasis on programs, services, and research related to chronic diseases and communicable diseases, while both the reviewed literature and CIHR funded research heavily focus on these two topic areas. Lastly, Environmental Health is not a priority in the reviewed literature, however, is identified as a priority within CIHR research.

4.4 Concluding statement

There has been considerable research conducted in Indigenous health to date, reflecting the importance of realizing equitable health and well-being for all First Nations, Inuit, and Métis communities and peoples. It is vital that research and knowledge translation professionals and organizations continue to work to ensure that the emerging body of research and work is undertaken and disseminated in culturally relevant ways to communities and practitioners. In seeing that new national Indigenous organizations are emerging, it is imperative that funding continues to be prioritized and allocated towards the health and wellness of Indigenous Peoples in Canada. Additionally, new research should be done through meaningful engagement, collaboration, and co-development with Indigenous communities and organizations to ensure that public health decision makers at all levels can access this research to develop high quality, evidence-based, and informed policies that impact First Nations, Inuit, and Métis Peoples health and well-being.

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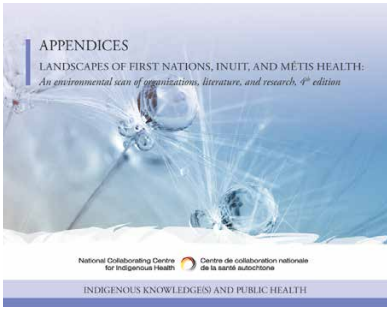
APPENDICES

The appendices are available in English only as a digital publication companion to this document available for download at **nccih.ca**.



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Appendix A

Appendix A consists of a list of national Indigenous organizations working in First Nations, Inuit, and Metis public health in Canada.

View Appendix A (**nccih.ca/docs/IndKnowledges/RPT-Landscapes-Appendices-4th-EN-Web.pdf#page=4**).

Appendix B

Appendix B consists of a list of reviewed literature.

View Appendix B (**nccih.ca/docs/IndKnowledges/RPT-Landscapes-Appendices-4th-EN-Web.pdf#page=37**).

Appendix C

Appendix C consists of a list of federal government organizations working in First Nations, Inuit, and Metis public health in Canada.

View Appendix C (**nccih.ca/docs/IndKnowledges/RPT-Landscapes-Appendices-4th-EN-Web.pdf#page=55**).

sharing knowledge · making a difference
partager les connaissances · faire une différence
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National Collaborating Centre for Indigenous Health
Centre de collaboration nationale de la santé autochtone

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