



CANADA FOUNDATION FOR INNOVATION 15-3
Innovation Fund

Notice of Intent

1. Completed NOIs must be submitted by the Associate Dean (Research)/Research Liaison Officer of the “Lead” Unit to the Office of Research Services to: Birtukan.Gebretsadik@umanitoba.ca by May 15, 2018.

Proposed name of project: Indigenous Health Care Quality and Innovation Lab	Estimated Total Project Costs: \$10,000,000
Designated Project Leader/Faculty/Dept: CV: <input type="checkbox"/> Y Dr. Catherine Cook/ Rady Faculty of Health Sciences/ Ongomiizwin Indigenous Institute of Health and Healing List Principal Users/Faculty/Dept:	
1. Dr. Marcia Anderson	CV: <input type="checkbox"/> Y
2. Melanie MacKinnon	<input type="checkbox"/> N CV:
3. Leona Star	<input type="checkbox"/> N CV:
4. Wayne Clark	<input type="checkbox"/> N CV:
5. Jacqueline Nobiss	<input type="checkbox"/> N CV:
6.	CV: <input type="checkbox"/>
'Lead' Unit ADR/RLO: Ongomiizwin Indigenous Institute of Health and Healing Name: Dr. Catherine Cook	

Briefly describe (max 2 page, 12 pt. font size, 2 cm margins):

- The proposed research and how it is world-class, innovative and demonstrates clear benefits to Canada.
- The infrastructure and how it will enhance the University’s existing research capacity.
- The excellence of the team, including expertise and existing collaborations necessary to conduct the proposed research.
- Plans to secure matching funds and the potential funding sources for the operation and maintenance of the infrastructure.

I. The proposed research

Indigenous health and health care gaps are well described and pervasive in Canada and countries with similar colonial pasts such as the United States, Australia and New Zealand. There is little research on effective ways to close these gaps. Our objective for the Indigenous Health Care Quality and Innovation lab is to prove a state-of-the-art environment to educate HQP in this emerging area of Indigenous health care quality with leadership from Canadian and international Indigenous health experts.

Manitoba does not have a Healthcare Quality Council like some other provinces. Those in other provinces do not take a specific focus on Indigenous health. There are only occasional reports on health care quality for Indigenous people, and American research has documented that quality improvement projects can increase the average care received by patients while at the same time widening gaps in health care for racialized people. This can happen when bias and cultural (un)safety in health care are not explicitly considered and addressed.

This project will build on existing frameworks of quality and patient safety by applying these to Indigenous health and including concepts of anti-racism and cultural safety. We will use quality measures for a specific program area and increase program capacity to report these by self-identified race. Interventions will be designed and implemented, with measurement of changes in quality disaggregated by race. In addition to the standard indicators of quality, we will work with Indigenous people to define what quality in that context means to them so that the quality improvement interventions will be responsive to Indigenous peoples needs. This lab is innovative, unique, timely and given the call to close the gaps in Indigenous health from the Truth and Reconciliation Commission of Canada, essential. It complements and enhances the important work of Dr. Bourassa's Cultural Safety, Evaluation, Training and Research Lab in Sudbury.

II. The excellence of the team, including expertise and existing collaborations necessary to conduct the proposed research.

Dr. Catherine Cook will lead this innovative and timely proposal and is well positioned to be the NPI and team lead given her vast leadership, mentorship and research experience. Dr. Cook is Metis and has been supporting capacity building; developing culturally safe curricula; fostering community-based Indigenous health research agendas through various partnerships (ie. the NEAHR Centre 2008-10 and 2010-11; Winnipeg Health Region 2012-15) and now through the new Indigenous Institute of Health and Healing. She has held several senior administrative roles at both the University of Manitoba and the Winnipeg Regional Health Authority (WRHA) and the Province of Manitoba.

Dr. Marcia Anderson, a Cree-Saulteaux physician with roots going to the Norway House Cree Nation and Peguis First Nation in Manitoba, will co-lead this project with Dr. Cook. She practices both internal medicine and Public Health. She is the Executive Director of Indigenous Academic Affairs in the Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba. She has a particular research interests in the development and implementation of the Truth and Reconciliation Response Action plans and Indigenous health care quality. Both of these are critical aspects of the proposal given that five of the TRC recommendations directly relate to patient care, the

training of Indigenous and non-Indigenous health professionals and the transformation of the health care system.

Melanie MacKinnon is a Cree woman, administrator and scholar from Misipawistik Cree Nation in Manitoba. She holds a BN degree and has extensive experience in health service model planning from a First Nations perspective and a focus on patient safety, quality in health care delivery and community engagement.

Leona Star is a Cree woman from Thunderchild First Nation, Saskatchewan, within the Treaty 6 Territory in Canada. She studied at the First Nations University of Canada, before moving to Manitoba, where she worked for the Assembly of Manitoba Chiefs and now Nanaandawewigamig. She has a strong background in Indigenous participatory action research. She is a strong advocate of First Nations self-determination in research grounded in the First Nations principles of Ownership, Control, Access and Possession (OCAP).

Wayne Clark is an Inuk-Canadian research practitioner. He has published his work in *Healthcare Quarterly* and *World Health Report* as part of his research trajectory and is currently a co-investigator on the research projects: Qanuinnngitsiarutiksaid: Developing population-based health and well-being strategies for Inuit in Manitoba, Medevac patterns in Nunavut: perspectives from health service providers, and the Prairie Indigenous Knowledge Exchange Network initiative. Wayne has served on several committees for the International Networks of Indigenous Health Knowledge Development organization and was appointed to the Canadian Institutes of Health Research Institutes Advisory Boards on Indigenous Peoples' Health for a three-year term in 2017.

Jacqueline Nobiss is a Metis Scholar currently engaged in seeking a PhD through the University of Dalhousie. Her current work involves Metis land claims, Metis health outcomes and Metis service delivery models. Jacquie has worked extensively with Indigenous Health programs and the development of models of integration

Dr. Carrie Bourassa will be a visiting fellow on this project and ensure that her CFI funded lab (Cultural Safety, Evaluation, Training and Research Lab) based in Sudbury is a formal partner. The labs will address common goals to improve the health of Indigenous people and address ongoing systemic racism, discrimination and bias and focus on the priority of mentorship, capacity building among health professionals, with more of a focus on health care quality in this current application. . Dr. Carrie Bourassa, is a Métis scholar with nearly 15 years of Indigenous community-based health research experience. She is an internationally and nationally recognized scholar and was recently inducted into the Royal Society of Canada, College of New Scholars, Artists and Scientists.

III. *Plans to secure matching funds and the potential funding sources for the operation and maintenance of the infrastructure.*

We will apply to Research Manitoba for matching funds. In the event that additional matching funds are required, Dr. Postl, the Dean of the Rady Faculty of Health Sciences (RFHS) has indicated a willingness to pursue funding options internal to the RFHS.