



Vancouver Native Health Society Research Committee Charter

Prepared By VNHS Research Committee

Log of Drafts

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1 BACKGROUND

Vancouver Native Health Society (VNHS), a non-profit society in Vancouver's inner city, established a primary health care clinic in 1991 to encourage and improve access to health care, treatment and support for Aboriginal people, as well as other individuals living in the community. Since that time, VNHS has expanded its capacity in providing a variety of health services and participating in health research. VNHS staff have conducted, collaborated, and participated in research projects, and VNHS clients have been included as participants, employed as research assistants, and have worked in advisory committees and on research teams. Beyond the projects in which VNHS staff



and clients are directly engaged, there are regular and frequent requests for VNHS to participate in various aspects of research.

The purpose of this Charter is to guide the VNHS Research Committee to facilitate research at VNHS that is partnership-based and that aligns with the philosophy, values and broader mandate of VNHS.

2 MISSION, VISION&PRINCIPLES

2.1 VNHS Mission

To improve and promote the physical, mental, emotional and spiritual health of individuals, focusing on the Aboriginal community residing in Greater Vancouver.

2.2 VNHS3-Year Research Vision Statement (2014-2017):

The 3-Year Vision is to be engaged in innovative research that reflects the needs of and provides benefits to our urban Aboriginal and non-Aboriginal patients, and for VNHS to be recognized as a model organization in Canada for conducting community-based, culturally safe, participatory research in inner-city healthcare.

2.3 Guiding Principles

Research conducted at VNHS must comply with the CIHR (2007¹) ethical considerations for research involving Indigenous people in Canada, and Chapter 9 of the Tri-council Policy Statement on Research involving the First Nations, Inuit and Métis Peoples of Canada (2010²).

As outlined in this policy, Aboriginal people and their communities retain their inherent rights to any cultural knowledge, sacred knowledge, and cultural practices and traditions, which are shared with the researcher (Article 7). Community and individual concerns over, and claims to, intellectual property should be explicitly acknowledged and addressed in the negotiation with the community prior to starting the research project. Expectations regarding intellectual property rights of all parties involved in the research should be stated in the research agreement (Article 8). Researchers should also recognize and respect the rights and proprietary interests of individuals and the

¹Canadian Institutes of Health Research. (2007). CIHR guidelines for health research involving Aboriginal people. Ottawa, ON: Canadian Institutes of Health Research.

²Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Canada. (2010). Tri-Council Policy Statement: Ethical conduct for research involving humans. <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>



community in data and biological samples generated or taken in the course of the research (Article 12.1).

In addition to these policies, VNHS supports research that aligns with the VNHS mission, and that is informed by the following principles:

Equity: Research focused on addressing the differences in health status or access to health care that result from inequitable structural and social arrangements. Such research recognizes that indigenous peoples in Canada have been disproportionately affected by health and social inequities, and that manifestations of these inequities may differ by gender.

Action-oriented: Research that aims to generate knowledge that can be used to improve health, health care and health policies for indigenous peoples and the VNHS client-population as a whole. Opportunities to capitalize on synergies across research projects should be sought, including opportunities for policy-oriented or political actions. Research should endeavor to strengthen relationships between governments, policymakers, funders and VNHS.

Participatory Approaches: Research that: (a) is conceptualized and designed in partnership with leaders at the clinic to ensure maximum relevancy, and (b) involves leaders, staff, advisory committees, patients, or peer workers in aspects of the research. Knowledge translation and exchange activities must be integrated throughout the research activities, and engage staff, patients, community advisory committees, etc.

Capacity-Building: Research that contributes to research capacity at VNHS, for example, providing resources for research assistants or other staff; providing training and support to peer workers employed as research assistants; providing opportunities for client-groups, staff or elders to educate researchers, among other opportunities for multi-way capacity building.

Accountability: Research that integrates accountability mechanisms such as: the use of community-advisory committees to guide specific research projects; regular reporting of research activities and findings to VNHS and the client-population; meaningful knowledge translation activities. This also includes attention to representations of indigenous peoples in all communication, reports and presentations. More specifically, any communications that pathologize or stigmatize indigenous peoples must be avoided. As noted above, knowledge translation and exchange activities must engage staff, patients, community advisory committees, and other groups as appropriate.

2.4 Committee Composition

The Research Committee shall comprise of a specific balance of members to ensure objective input and adequate community representation. The committee will strive to include three community members and two Elders as well as three experienced researchers who do not have active studies with VNHS.



3 OBJECTIVES AND ACTIVITIES

3.1 Specific Goals and Objectives

Goals	Objectives
1) Research conducted with VNHS reflect the needs of the DTES community and conducted in accordance with the Principles of Research outlined in section (sec 2.3).	1) That all research conducted with VNHS be first approved by the VNHS Research Committee, and progress/challenges will be reviewed at quarterly committee meetings.
2) Outcomes of research conducted at VNHS will be communicated effectively to the DTES Aboriginal and non-Aboriginal community, including patients, staff and other groups.	2) VNHS Research community will coordinate an annual one-day "Community Research Forum" in which outcomes of research conducted at VNHS will be presented to interested community members.
3) That the outcomes of research conducted at VNHS be appropriately catalogued and made accessible to the DTES community	3) That all final outcomes of research be collected by the VNHS research committee and archived on the VNHS website.
4) For the committee to be financially sustainable at \$8000/year	4) Obtain funding for 2015-2016

3.2 Activities and Timeline

Objectives	Activities	Timeline
1) That all research conducted with VNHS be first approved by the VNHS Research Committee.	1.1) Quarterly meetings of Research Committee where proposals will be vetted, and progress and challenges will be monitored	On going
2) VNHS Research community will coordinate an annual one-day research forum in which outcomes of research conducted at VNHS will be presented to	2.1) Organization of Research Forum (identification of venue; invitations, catering, etc.) (RM responsibility).	First Community Forum (September 24th, 2015)



Objectives	Activities	Timeline
interested community members		
3) That all final outcomes of research be collected by the VNHS research committee (RM) and archived on the VNHS website.	3.1) Cataloguing of previous completed and “contemporary” research manuscripts on the VNHS website (RM responsibility)	On going
4) That current projects and new applications will pay the agreed upon fee	4.1) Current projects will pay \$400 for the 2015 fiscal year 4.2) New proposals be charged the \$100 administration fee and, if accepted, the \$400 fee	Collect by March 2015



4 RESEARCH PROCESS

- All parties interested in conducting research with VNHS will complete the appropriate “Request” form (see appendix) and pay a non-refundable \$100 administration fee.
- In the case of student-led research, an appropriate research (academic) supervisor, and site supervisor (based at VNHS) must be identified.
- All requests will be vetted by the VNHS Research committee, which is composed of VNHS executive, community elder, community member, and other investigators currently conducting research at VNHS). A “consensus” model of decision-making will be employed for selecting / rejecting proposals.
- If their research proposal is selected, investigators automatically become members of the VNHS Research Committee
- All Research Committee members conducting research at VNHS must attend the quarterly Research Committee meetings and provide a brief progress report.
- All parties conducting research at VNHS must make an oral presentation of their research in progress at the annual “VNHS community research day”. Paid registering for this annual conference (\$400) will be a condition of conducting research at VNHS. A sliding scale fee or “in kind” donation will apply to researchers who do not have research funding
- Upon completion of the research process at VNHS a “final report” (in the form of a poster or manuscript) will be submitted to the VNHS research coordinator and will be posted in the “research” section of the VNHS website. Knowledge translation and exchange activities must be completed within a reasonable time frame.



5 FUNDING

5.1 Research Teams

- Those parties conducting research with VNHS will pay a \$100 research administration fee (for costs associated with the Research Manager) and \$400 registration fee for the VNHS community research conference.
- Those parties conducting research which involve extensive involvement of VNHS resources will negotiate a research administration fee as part of a memorandum of understanding (MOU) between the researcher and VNHS.

○ RESEARCH COMMITTEE MEMBERSHIP

Committee Role	Committee Member(s)	Responsibilities
Co-Chair	David Tu Linda Day	
Treasurer	Linda Day	
Research Manager	Tanya Martens	Coordinating the Annual Community Research Conference; coordinating meetings including minutes and agendas.
Elders	Roberta Price Doris Paul	
Peer Representative	Elmer Azak	
Members at large	Annette Browne	
	Lesley Cerny	
	MeckChongo	
	Paul Gross	
	Aida Sadr	
	Mark Tyndall	
	Christy Sutherland	
	Colleen Varcoe	
	PiotrKlakowicz	
	Guillermina Perez	



	Dana Clifford	
	AlyciaFridkin	
	George Hadjipavlou	

6 CURRENT, PROPOSED AND PAST RESEARCH AT VNHS

6.1 Current Research

Project Title	Principal Investigator	VNHS Lead	Status	Funder
Interventions to support women with intimate partner violence (Reclaiming Our Spirits)	Colleen Varcoe	David Tu	Implementation of Intervention /Data collection	CIHR
Equity-oriented primary health care interventions for marginalized populations: Addressing structural inequities and structural violence(EQUIP)	Annette Browne	David Tu	Implementation of Intervention /Data collection	CIHR
If Hepatitis C Virus (HCV) is an opportunistic infection, why has HAART not lead to dramatic improvements in liver disease? (Co-Infection Cohort Study)	Mark Hall (PI for VNHS cohort), Marina B. Klein (PI for overall study)	Aida Sadr	Data Collection	CIHR
Evaluating and Extending the Aboriginal Men's Dudes Club Program (Movember Study)	Vicki Smye	Paul Gross	Data analysis	CIHR
Aboriginal Men's Health Narrative: Reclaiming Our Lives		Paul Gross	Data collection	
Two worlds, one hope? A multi-sited	Lesley Cerney		PhD dissertation –	



ethnography of HIV positive, drug-using residents' experiences of health care in Vancouver's Downtown Eastside			Thesis defense	
Physicians & Healers: Educating Towards Culturally Safe Care for Urban Indigenous People	David Tu, Daniele Ben Smith	David Tu	Data collection	UBC -SPF
Experience Talks, Resilience Shapes - Revisiting historic trauma: Impact on treatment in Aboriginal males living with HIV/AIDS in British Columbia	MeckChongo	David Tu	Initial stages	CIHR
Improving access to primary health care: Lessons from two Urban Aboriginal Health Centres (UAHC)	Annette Browne	David Tu,	Writing and Dissemination All data collection completed. The UAHC study directly informed the current Health Equity study listed above.	CIHR
Review of chronic disease management of hepatitis C -from diagnosis to treatment- at VNHS Medical Clinic (HepC Cascade Study)	PiotrKlackowicz David Tu		Ethics Approval Received; Fall 2014	
VNHS HIV Mortality	Piotr Klackowicz	David Tu	Writing &Dissemination	UBC/CCFP
Moving Towards Cultural Safety in Mental Health &	Viviane Josewski	Paul Gross	PhD Thesis	



Addictions Contracting for First Nations, Inuit and Métis Peoples: Lessons from British Columbia				
Vancouver Indigenous Elders Partnership – Suicide Prevention	George Hadjipavlou	George Hadjipavlou	Initial stages	CIHR

6.2 Proposed and Tabled Research

Project Title	Principal Investigator	VNHS Lead	Status and Approximate Time Frame	Funder
Mapping cultural activities and spaces within Vancouver’s urban Aboriginal community	Ginger Gosnell-Myers	VNHS administration		City of Vancouver
Contraceptive Methadone Study (ConMMT)	Dr Wendy Norman	Lingsa Jia	On Hold Awaiting Approval	Currently not funded

6.3 Past Research

Project Title	Principal Investigator	VNHS Lead	Starting & Completion Year	Funder
Mental health project	Vicki Smye	Doreen Littlejohn	Complete	
HIV Associated Mortality on ART	Aida Sadr / Mark Tyndall	Aida Sadr	Complete	Residency Project
Aboriginal health and healing (AHAH)	Denielle Elliott	Doreen Littlejohn	Complete	
Toward Aboriginal health and healing (TAHAH)	Denielle Elliott	Doreen Littlejohn	Complete	



Vancouver Native Health Youth Initiative Project (VNHYI or Youth Initiative Project)	David Tu	David Tu	Complete	
An investigation of the determinants of adherence to highly active antiretroviral therapy (HAART) in Aboriginal men in the DTES of Vancouver	MeckChongo	Doreen Littlejohn	Complete	Vive – Pharma Co. (Master's project)
CHCNUP I– HIV care quality improvement using the Chronic Care model	David Tu / Mark Tyndall	David Tu	Completed – manuscript (in print) 2012, Canadian Family Physician	Pfizer / BI
Social identity, agency and the politics of adherence to antiretroviral therapy in HIV/AIDS care	Mark Tyndall/ SuzeBerkhout	SuzeBerkhout	Completed	PhD Research
Roundtable on Aboriginal health policy and research in an urban context	Annette Browne and AlyciaFridkin	Doreen Littlejohn	Completed	CIHR
Determining the natural history of hepatitis C infection among current and former injection drug users in Vancouver	Greg Deans	David Tu	Incomplete – abandoned due to data linking barriers	Master's Project
Sex work study	Francine Gosseline, Grant Charles		? completed	Master's project



CHCNUP II – HIV self-management support RCT	David Tu / Mark Tyndall	David Tu	Writing and Dissemination	Vancouver Foundation / BMS / Gilead
Seasons 4 Change: HIV self-management support quality improvement research	David Tu	David Tu	Analysis & Writing	VCH / BMS / Gilead
LISA Project – long-term quality of life / social determinants study for people on ARV's since 1996	Bob Hogg		Writing and Dissemination	CIHR
Oral cancer screening project	Catherine Poh	?		
Determinants of Adherence to Highly Active Anti-Retroviral Therapy in Aboriginal Men in the Downtown Eastside of Vancouver	MeckChongo			



7 APPENDICES

7.1 Research Request Form

VNHS Research Request Form

To conduct research (which includes participant recruitment) the following form and required attachments must be filled out and submitted to the Vancouver Native Health Society (VNHS) Research Committee. This policy pertains to all levels of research (undergraduate, graduate, or investigator driven) and all types of research (clinical, epidemiological, social, marketing, and others).

The Research Committee will review all completed applications. The committee meets quarterly, and will respond with in two weeks of each meeting. Please complete this form and submit it by email to Tanya Martens (clinicnurse@vnhs.net) along with the required attachments listed below.

Incomplete applications will not be reviewed.

Required Attachments:

1. One page single-space summary of research proposal (with methods clearly defined)
2. A copy of the of the Principle Applicant CV
3. A copy of IRB letter of approval.

Application Fee: \$100 CND ; *On the day of your review, please bring a cheque for \$100, addressed to Vancouver Native Health Society (sub-department 18-10) to cover administrative costs of this review. Once approved, the applicant will be asked for a \$400 conference/membership fee.*

Contact person at VNHS:

Tanya Martens
Research Manager
Vancouver Native Health Society
Tel.: 604-255-9766
Email: clinicnurse@vnhs.net

Yours truly,

David Tu and Linda Day Co-Chairs
Vancouver Native Health Society Research Committee



Title of Research Project:

Name of Principle Applicant:

Institutional Affiliation and Position:

VNHS program where the research will be carried out POP, Medical Clinic, Sheway,
(please circle or highlight) Other: _____

Has this research project been approved by the VNHS program director? Yes / No

Name of Director(s):

(please circle or highlight)

<p>Is there an identified VNHS Staff advisor? (please circle or highlight)</p>	<p>Yes / No <i>Name of VNHS Advisor(s):</i></p>
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Please describe the expected resources required from VNHS (office space, staff time, etc.)

<p><i>Is this research project part of a research degree?</i> (please circle or highlight)</p>	<p>Yes / No undergraduate, MD, masters, PhD Other: <i>Name of Academic Supervisor(s):</i></p>
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Please describe how your project reflects the following four research principles:

VNHS Research Principle	Project Relevance
<p>Action-oriented: Research that aims to generate knowledge that can be used to improve health, health care and health policies for Indigenous peoples and the VNHS client-population as a whole. Opportunities to capitalize on synergies across research projects should be sought, including opportunities for policy-oriented or political actions. Research should endeavor to strengthen relationships between governments, policymakers, funders and VNHS.</p>	
<p>Participatory Approaches: Research that: (a) is conceptualized and designed in partnership with leaders at the clinic to ensure maximum relevancy, and (b) involves leaders, staff, advisory committees, patients, or peer workers in aspects of the research. Knowledge translation and exchange activities must be integrated throughout the research activities, and engage staff, patients, community advisory committees, etc.</p>	
<p>Capacity-Building: Research that contributes to research capacity at VNHS, for example, providing</p>	



<p>resources for research assistants or other staff; providing training and support to peer workers employed as research assistants; providing opportunities for client-groups, staff or elders to educate researchers, among other opportunities for multi-way capacity building.</p>	
<p>Accountability: Research that integrates accountability mechanisms such as: the use of community-advisory committees to guide specific research projects; regular reporting of research activities and findings to VNHS and the client-population; meaningful knowledge translation activities. This also includes attention to representations of Indigenous peoples in all communication, reports and presentations. More specifically, any communications that pathologize or stigmatize Indigenous peoples must be avoided. As noted above, knowledge translation and exchange activities must engage staff, patients, community advisory committees, and other groups as appropriate.</p>	

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Researcher's Signature

Date

Senior Supervisor's Signature
(Required if part of a research degree)

Date