

Institute of Gender and Health: A Portrait of Innovation and Health Research Growth

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Since 2000, we have witnessed the unprecedented creation and growth of a national research institute devoted to the study of gender and health. The launch of the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health (IGH) represented the culmination of recommendations by research- and policy-influencing groups in Canada. The Institute fosters research about women's and girls' health, men's and boys' health, and gender, sex and health. No other country has created a national research institute dedicated to gender and health.

IGH funds the full spectrum of health research, encompassing the themes of biomedicine, clinical practice, population health and health services. This funded research is often conducted by multidisciplinary, collaborative research teams.

IGH is led by a Scientific Director, Dr. Miriam Stewart, who is a professor in the Faculty of Nursing and professor of public health sciences in the



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Faculty of Medicine at the University of Alberta. Over the past five years, the Institute has created extensive opportunities for researchers representing nursing and other disciplines to generate new knowledge and build research capacity.

Nurses have played key roles in funded grants and awards, peer reviews, advisory boards, CIHR Governing Council and Institute leadership (Alcock 2002).

Generating New Knowledge

National consultations in 2001 led to the identification of five research priorities: access and equity for vulnerable populations; promoting health in the context of chronic and infectious conditions; gender and health across the lifespan; promoting positive health behaviours and preventing addictions; and gender and the environment (Stewart et al. 2001). These five priorities have guided all strategic research initiatives undertaken by IGH.

IGH contributes to the generation of new knowledge and outstanding research through strategic research initiatives that offer requests for applications (RFAs) and priority announcements in the CIHR open competition. Since 2001, the Institute has launched 16 strategic initiatives as lead or co-lead institute, resulting in 33 RFAs. In partnership with one or more of the 12 other CIHR institutes and national organizations, IGH launched 30 strategic initiatives, resulting in 42 RFAs.

Funding for nursing researchers has increased exponentially since IGH's creation. From 2000/01 to 2004/05, the funding allocated to nurse scientists totalled nearly \$100 million. During that period, nurse researchers received almost 500 grants and awards.

Four examples of grants led by nurse researchers and funded through IGH strategic initiatives include:

- Non-support in the experience of male caregivers – Anne Neufeld
- On the margins: Understanding and improving Black women's health in rural and remote Nova Scotia

communities – Barbara Keddy

- The influence of stigma on access to health services by persons with HIV illness – Judith Mill
- Exploring Kanadier Mennonite women's health: Identifying their knowledge and need for health promotion – Judith Kulig

Three examples of open competition grants funded by IGH and received by nurse PIs include:

- Needs of refugee mothers after pregnancy: Early response services (NORMAP-ERS) – Anita Gagnon
- Neonatal sex differences in responses to pain and pain therapies – Janice Lander
- The effects of personal, social and economic resources on physical and mental health of Western women in the early years after leaving an abusive partner – Marilyn Ford-Gilboe

Research Training and Capacity Building

IGH had to invest extensive time and energy to develop its research community. The Institute now funds thousands of researchers and research trainees despite its initially limited research capacity. With a focus on the next generation of scholars in health research, IGH has contributed over 60% of its strategic initiative budget to foster the success of Canadian graduate students, post-doctoral fellows, new investigators and mid-career scholars through research training and career awards. IGH has offered 22 types of research training/career development

awards and research capacity-building training grants since 2001.

Successful examples of IGH-funded research training programs led or co-led by nurses include:

- Training program for the development of cardiovascular nursing research capacity in Canada – Heather Arthur
- EQUIPP: A training program to enhance qualitative understanding of illness processes and prevention – Janice Morse
- Centre on Gender, Women and Addiction – Joy Johnson

From 2001–2005, IGH hosted over 100 workshops, symposia and think tanks spanning the five research priorities, all in an effort to help create a Canadian community of researchers committed to themes on gender, sex and health. Examples of funded workshops, conferences and symposia led by nurse researchers include:

- Ethnicity and migration as social determinants of health – Bilkis Vissandjee
- Surviving and thriving: Coaching women and nurses through transitions: 13th AWHONN Conference – Denise Sommerfeld
- Graduate student poster session of the National Nursing Research Conference – Heather Laschinger

National and International Leadership

IGH has promoted, through national and international leadership, the

recruitment and retention of women researchers who face gender-based constraints in their research careers. Institute initiatives that foster women's research careers include a National Steering Committee, chaired by Dr. Stewart and the CIHR Vice-President of Research, Dr. Mark Bisby, in conjunction with 10 national research-funding agencies and international exchange programs with the United Kingdom and Japan. IGH and CIHR hosted four national roundtables that brought together funding bodies, government officials and representatives from academic and non-governmental organizations interested in promoting women's research careers in diverse disciplines, including nursing.

Since 2001, IGH has also led a large cross-cutting strategic initiative, Reducing Health Disparities (RHD), which emphasizes health inequalities faced by vulnerable groups. This strategic initiative has created a national niche and attracted important national and international partners. The RHD initiative has funded 48 interdisciplinary teams of 15 to 30 researchers each. Many of these teams included nurse investigators. Two such examples are:

- Housing and health: The impact of alternative service delivery and supportive housing on health outcomes – Jean Hughes
- Responses of childbearing newcomers to referrals for care – Anita Gagnon

Partnerships

Unlike many of the other CIHR institutes, IGH did not have any naturally

aligned funding partner organizations in Canada or internationally. IGH has invested extensive time and energy to develop partnerships, and today has 30 national and 22 international partners. The Institute has leveraged funding dollars eightfold through strategic partnerships with numerous provincial, national and international organizations.

IGH and CIHR are actively engaged in partnerships to promote research related to nursing. One example is IGH's partnership with the Canadian Nursing Foundation on the Caregiving and Alzheimer Disease RFA in 2003, 2004 and 2005. The Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) program represents a partnership between CIHR and the Canadian Health Services Research Foundation (CHSRF). In 2004, the CHSRF Open Grants Competition was transferred to CIHR. CIHR

continues to support nursing leadership, organizational and policy themes through this partnership.

Concluding Thoughts

"As the first nurse Scientific Director at CIHR, it has been my privilege and pleasure to create this innovative and important national research institute," says Dr. Stewart. "My background as a nurse scientist enabled me to design opportunities to foster interdisciplinary research teams and develop partnerships with public, program and policy arenas. I am absolutely delighted by the impact of this institute at provincial, national and international levels."

References

- Alcock, D. 2002. "Nurses and the Canadian Institutes of Health Research." *Canadian Journal of Nursing Research* 34(1): 115–17.
- Stewart, M.J., K.E. Kushner and D.L. Spitzer. 2001. "Research Priorities in Gender and Health." *Canadian Journal of Nursing Research* 33(3): 5–15.

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