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CANADIAN ASSOCIATION OF RESEARCH ETHICS BOARDS
L'ASSOCIATION CANADIENNE DES COMITÉS D'ÉTHIQUE DE LA RECHERCHE

Virtual REB Case 3 - Hypertension in a First Nations Community

Background

A literature review suggests hypertension and other cardiovascular diseases are increasing in both Aboriginal* and non-Aboriginal populations. Studies have called for more prevention programs and clinical services to prevent and manage these conditions. However, Aboriginal health professionals contend that biomedical and health promotion interventions are not enough. Studies suggest prevention and management programs should include pharmacologic and non-pharmacologic approaches, as well as culturally appropriate programs that incorporate beliefs about hypertension causation, manifestations and treatment.

Research Question

This study proposes to evaluate the incidence of hypertension in a First Nations population and to explore possible links between hypertension and weight, activity levels, dietary practices, occupation, other health problems, and family history.

Participants (Inclusion/Exclusion Criteria)

Participants will include First Nations individuals over 19 years of age living on Manitoulin Island.

Proposed Method

The researcher will collect a complete personal health history, dietary history and family history. Participants will undergo a physical examination including weight, estimation of body fat, blood pressure recording and eye examination. Finally, blood will be taken to assess blood sugar levels, cholesterol and other blood lipids, and for future genetic studies.

Risks

There are no major risks of this research. One minor risk is that the bloodwork may result in bruising.

* As the term “Aboriginal” does not reflect the distinctions among First Nations, Inuit and Métis peoples, we limit the use of the term to instances in which a global term is appropriate, here and in TCPS 2.

Potential Benefits

Participants will have the benefit of a complete medical history and thorough physical examination. Individuals found to be hypertensive will be referred for medical treatment. If associated factors are identified, the information may be helpful to the community in planning health education. The overall knowledge may be compared to data from other Aboriginal communities.

Recruitment

A medical resident will meet with elders to explain the project. A pamphlet will be prepared and a town meeting will be organized to explain the project and the importance of diagnosing and treating hypertension. A sign-up list will be circulated at the town meeting. Those individuals signing up will be contacted by telephone and given information about the study by the medical resident. If the individual agrees to participate, arrangements will be made for them to come to the Community Health Center and be assessed.

Consent Process

The medical resident will give the participant time to read the consent form and will answer any questions. When the initial contact is made, the participant will be told they may decline to enter the study or may leave the study at any time. When consent is given, and during the history and examination session, this will be mentioned again.

Data security

Each participant will be assigned a code number. This number will be used on all forms, and on all requisitions for bloodwork. The key to the code will be kept secure by the resident supervisor. All results will be reported as group data. Data will be stored in a locked filing cabinet in the Department of Medicine for an indefinite period.

Dissemination

Results of the research will be used for a Resident Research presentation and as an academic publication.

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