Ontario Network for Environment in Indigenous Health
Annual Report
Submitted to CIHR
Year 2
April 1 2021 – March 31 2022

Prepared by
Suzanne Stewart, Mikaela Gabriel, & Roy Strebel
Nominated Principal Applicant
&
Team

August 15 2021

Table of Contents

List of Tables

List of Figures

List of Appendices

Principal Knowledge User & Nominated Principal Investigator Statement

It is our honour and privilege to submit this ON NEIHR - *Shkaakaamikwe gchi twaa miigwewin* (Mother Earth's Gifts) 2022 annual report. The second/third year of the *Shkaakaamikwe gchi twaa miigwewin* has been both exciting and dauting. Continuing to navigate through the uncertainly of the COVID-19 pandemic has impacted the network in many ways, particularly in terms of how members interact with each other, the Indigenous community partners, policy makers, and the broader community of our peoples. What has remained the same is our commitment to relationship, reciprocity, community needs, spirituality, and working from community driven methodologies. We are immensely proud to be part of *Shkaakaamikwe gchi twaa miigwewin*, as its greatest strength is the people; the researchers, the students, the youth, the Elders and Knowledge Keepers, and the community leaders and members; everyone in the network has gone above-and -beyond a standard work ethic to meet the health and mental health needs of Indigenous individuals and communities during the pandemic, which has been one of the most challenging eras in world history. Of course, Indigenous Peoples are not new to societal and systemic challenges; the heart of this network is about undoing colonial harms and supporting healing from colonial wounds by preventing mental health crisis and supporting Indigenous wellbeing as a way of life across systems. In Fall 2022 *Shkaakaamikwe gchi twaa miigwewin* will hold its first in person gathering, in partnership with the Ontario Mentorship Network, since its outset in 2019; the Indigenous Health Policy Fall Gathering will showcase the research and relationships of each of the network's four theme groups and provide a venue for students from across the network to share their work with community and invited policymakers. This event comes on the heels of the first NEIHR National Coordinating Center in-person national student gathering since the NEIHR's debut, where in June 2022 we gathered with all the NEIHRs from across Canada in Saskatchewan to support Indigenous Mentorships Network students. For many of us across from the nine NEIHRs, it was the first time meeting in person, and this was a true revelation, as it created new linkages for research and teaching, knowledge exchange, and **spiritual connection**.

Among the many accomplishments of *Shkaakaamikwe gchi twaa miigwewin* in 2021/22 is the continuation of the network to meet the evolving needs of community in terms of the mental health impacts of COVID-19. With painful on-going group traumas that have occurred in this year, *Shkaakaamikwe gchi twaa miigwewin*, partnered with the Ontario Indigenous

Mentorship Network, has rallied together to support our community partners and ourselves, in addressing these issues with kindness, compassion, **spirit**, and Indigenous knowledges in research productivity and outputs and in interpersonal relationships that underpin these projects. These accomplishments are highlighted in concrete terms in this report, including monthly webinars, conferences, peer reviewed journal publications, book chapters, scholarly and community presentations and workshops, policy reports, ceremonial activities, community knowledge translation and mobilization events, and more. We believe that the ON-NEIHR will continue to play a critical role in the decolonization and Indigenization of mental health services, interventions, education, and policy in the region, across Canada, and across world.

Warmly,

Elder Clayton Shirt, *ON-NEIHR Principal Knowledge User*

& Dr. Suzanne Stewart, *ON-NEIRH Nominated Principal Applicant*

Research Team Structure and Updates

Investigators

The *Shkaakaamikwe gchi twaa miigwewin* research team comprises 34 applicants: 1 nominated principal applicant (NPI), 13 co-applicants, 3 knowledge users (including 1 Elder), and 8 collaborators (including 3 Elders). Note that 1 co-applicant and 2 collaborators are listed as inactive.

Nominated Principal Applicant: 1
1. Dr. Suzanne Stewart

Knowledge Users: 2
1. Elder Clayton Shirt, **Principal Knowledge User**, University of Toronto, ON
2. Ms. Pamela Hart, **Knowledge User**, Director, Native Women's Resource Centre Toronto, ON

Co-Applicants: 16
1. Dr. Angela Mashford-Pringle, **Early Career Investigator,** Assistant Professor, Public Health, University of Toronto, ON
2. Dr. Jeffrey Ansloos, **Sex and Gender Champion**, Assistant Professor, Psychology, University of Toronto, ON
3. Dr. Holly Graham, Associate Professor, Nursing, University of Saskatchewan, SK
4. Dr. Lynn Lavallee, Professor, Social Work, Ryerson University, ON
5. Dr. Janet Smylie, Professor, Public Health, St. Mike's Hosp/University of Toronto, ON
6. Dr. Rod McCormick, Professor, Educ and Social Work, Thompson Rivers University, BC
7. Dr. Alanaise Goodwill, Assistant Professor, Psychology, Simon Fraser University
8. Dr. Chris Mushquash, Associate Professor, Psychology, Lakehead University
9. Dr. Brenda Restoule, Director, First Peoples Wellness Circle, Bothwell, ON
10. Dr. Jeffrey Schiffer, Executive Director, Native Child and Family Services Toronto, ON
11. Dr. Michael Hart, Vice Provost of Indigenous Engagement, University of Calgary, AB
12. Dr. Chantelle Richmond, Professor, Medicine, Western University, ON
13. Dr. Amy Bombay, Associate Professor, Nursing & Psychiatry, Dalhousie University, NS (inactive due to being on leave)
14. Dr. Maile Taulii, Clinical Transformation Healthcare Researcher, Hawaii Permanente Medical Group, Kaiser Permanente, Hawaii
15. Dr. Michelle Dickson, Assistant Professor, Medicine, University of Sydney, Australia
16. Dr. Renee Linklater, **Decision Maker and Knowledge User**, Director of Indigenous Engagement, Centre for Addictions and Mental Health, ON

Collaborators: 6
17. Elder Pauline Shirt, Cree Treaty 6 and Toronto, ON
18. Elder Luanna Harper, Rama First Nation, ON
19. Elder Wendy Philips, Curve Lake First Nation, ON

20. Dr. Mikaela D. Gabriel, PhD, Post-Doctoral Fellow, University of Toronto ON
21. Dr. Karlee Fellner, Assistant Professor, University of Calgary, AB (inactive due to being on leave)
22. Dr. Sandra Eades, Associate Dean, Medicine, University of Melbourne, Australia (inactive)

Staff: 1
Roy Strebel, Research Coordinator

Student Trainees: 19
- 2 post-doctoral fellows
- 1 doctoral student
- 13 Master's students
- 0 Undergraduate Students
- 3 Community research assistants

Community Partners: 21
1. Kaiser Permanente, Hawaii
2. Na Pualei o Likolehua, Hawaii
3. Stanton Hospital, NWT
4. Institute for Circumpolar Health Research, NWT
5. Indigenous Mentorship Network of Ontario
6. First Peoples Wellness Society, ON
7. Sto:lo Service Agency, BC
8. Nisga'a Valley Health, BC
9. Muskoday First Nation, SK
10. Centre for Addictions and Mental Health, ON
11. First Nations Mental Wellness Continuum, ON
12. Native Child & Family Services Toronto, ON
13. Native Women's Resource Centre of Toronto, ON
14. Anishnawbe Health Toronto, ON
15. Institute for Circumpolar Health Research, NWT
16. Kids' Help Phone, ON
17. Well-Living House, ON
18. NA-ME-RES, ON
19. Auduzhe Mino Nesewinong Clinic, ON
20. 2Spirited People of the 1st Nation
21. Red Pepper Spectacle Arts

Overarching Goals

Shkaakaamikwe gchi twaa miigwewin is a network of academic and Indigenous partnerships designed to transform how the health care system responds to Indigenous mental illness for First Nations, Métis, and Inuit peoples. HIMHW is situated in at least 20 sites in Ontario, and aims to create a national shift from the current system response to Indigenous mental illness, which focusses on Western biomedical-based crisis and limited-term interventions and supports, to a coordinated strategic system that is based in Indigenous knowledges prevention. Indigenous mental illness is currently addressed by the health care system using Western biomedical-based interventions and models that are culturally inappropriate and ineffective in terms of symptoms reduction and remediation of diagnosis. *Shkaakaamikwe gchi twaa miigwewin's* objective is to provide Indigenous knowledge solutions, for practice and policy, that will help redress and remove barriers. In Year 2 it is clear that the research team, in partnership with communities, have begun to meet the goal of developing a cultural evidence-based Indigenous research network to improve mental wellness by generating data that shows that illness and crisis can be prevented with traditional knowledges, cultural safety, and Indigenous science, when applied to health systems. The evidence of the products of striving toward this goal are detailed in the body of this report, and are will pave the way to continued success in meeting the network's targets for system change.

Research Team Updates

Shkaakaamikwe gchi twaa miigwewin Meetings

Shkaakaamikwe gchi twaa miigwewin's leadership and organizational centre, led by the principal investigator, Dr. Stewart, continued to meet routinely throughout the Year 2 period. Table 1, below, summarizes the activities and meetings held on an ongoing basis to connect, coordinate, and organize research tasks, projects, and provide network updates. For each meeting, Elders offered a traditional opening prayer, smudging ceremony, and closing prayer. *Shkaakaamikwe gchi twaa miigwewin* Team Meetings, in which all collaborators, co-investigators, students, Elders, and community partners are invited, continued to be hosted monthly to provide updates, offer reciprocal relational support, and advise of upcoming events and collaborations. Additionally, monthly meetings for *Shkaakaamikwe gchi twaa miigwewin* Elders and Theme Leaders (*Shkaakaamikwe gchi twaa miigwewin* Theme Leader Meetings) were held for leaders providing updates on the activities and developments of their respective team efforts, and had an opportunity to receive Elder feedback and guidance.

Dr. Stewart's core team (Central Team Meetings) were held weekly, with ceremonial openings and closings; provided updates on developing projects; coordinated events, socials, ceremonies, webinars, and broader network support across branches; and organized individual research efforts with Toronto-based community members. The total meeting tallies across the Year 2 reporting period are noted below (Table 1).

Table 1. Year 2 Leadership Meetings.

Meeting Type	Attendees	Total (Year 2)
Shkaakaamikwe gchi twaa miigwewin **Team Meetings**	PI, Co-investigators, collaborators, students, researchers, Elders	11
Shkaakaamikwe gchi twaa miigwewin **Theme Leader Meetings**	Individual theme leaders, Elders, PI, Co-investigators, collaborators	13
Central Team Meetings	PI; post-docs; Elders; students	43

In addition to weekly meetings, Dr. Stewart's central team hosted a variety of activities, including team trainings; partnership projects; workshops; and community-based events. These meetings, attendees, and totals are summarized below, in Table 2.

Table 2. Central Team Activities

Meeting Type	Attendees	Total (Year 2)
Subsidiary Meetings *Partnership projects, data analysis & training workshops for team members*	PI; post-docs, Elders, students	29
Auduzhe Mass Vaccination Clinics	PI; post-docs; Elders; students; employees; volunteers	4*
NEIHR & Community Evaluation Meetings NCFST	Internal Team Meetings (PI, post-docs, Elders, students)	Internal: 39
	External Team Meetings (PI, post-docs, Elders, students, community partner leadership, executive director of community partners)	External: 7
NEIHR & Community Evaluation Meetings: NWRCT	Internal Team meetings (PI, post-doc, Elders, students)	Internal: 35
	External Team Meetings (NEIHR Team & NWRCT staff)	External: 5
Ceremonies		
Smudge Ceremony	Multiple times a week; spiritual opening with every meeting	50+
Sweat Lodge	October 2021; monthly starting Spring 2022	1
***Shkaakaamikwe gchi twaa miigwewin* Socials** *Friday, March 11, 2022*		

Mass Vaccination Clinics: May 1, May 26, 2021; Auduze Mass Vaccination Pow Wow, June 19, 2021

Central Team Activities

Auduzhe Mass Vaccination Clinics

Alongside research development and dissemination within the academic field, a key aspect of *Shkaakaamikwe gchi twaa miigwewin* central team includes community presence, connection, and capacity building. To ensure team efficiency and project management, the central team (6 staff, 6 community volunteers) were involved in working collaboratively with other Toronto-based community service providers for mass vaccination clinics for COVID-19 (Seventh Generation Midwives; Well Living House; NA-ME-RES; Auduzhe Mino Nesewinong; see Appendix A). These clinics prioritized Indigenous cultural approaches to health and wellbeing during the COVID-19 pandemic, and included Elder and ceremonial presence (i.e.,

smudging of medicines prior to clinic opening; smudging available at entrance for all community members), decolonial approaches to identification; Indigenous service staff and volunteers; drummers; and Indigenous beadwork, earrings, and regalia worn by staff and volunteers to support and promote positive cultural representation.
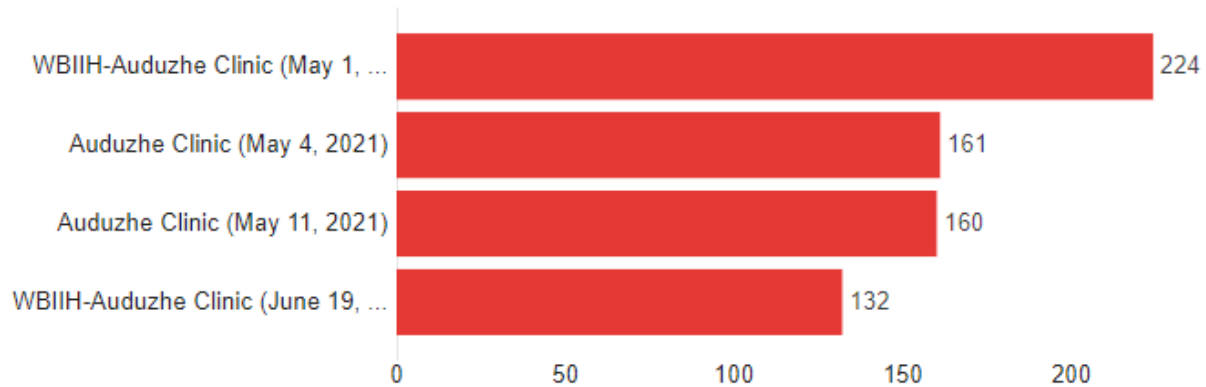
Shkaakaamikwe gchi twaa miigwewin's central team (principal investigator; research coordinator; post-doctoral fellows; research assistants; students; volunteers; Elders) received specialty training in the vaccination patient identification system, and worked in a variety of roles to ensure community comfort and safety when receiving vaccines. In total, four training meetings and five clinic days, running from 9:00am to 6:00pm each were conducted from April to May 2021. In order to evaluate the efficacy, safety, engagement, and experience of these clinics, a feedback survey was developed and provided for attendees.

On June 19, 2021, an Auduzhe Mass Vaccination Pow Wow was held at the University of Toronto's Varsity Stadium, with traditional drumming, dancing, and regalia present with available healthcare, vaccination staff, and medical personnel available to support community questions regarding the vaccination process. An in-depth evaluation of this event is available in Appendix A.

Shkaakaamikwe gchi twaa miigwewin's central team (principal investigator; research coordinator; post-doctoral fellows; research assistants; students; volunteers; Elders) received specialty training in the vaccination patient identification system, and worked in a variety of roles to ensure community comfort and safety when receiving vaccines. In total, four training meetings and five clinic days, running from 9:00am to 6:00pm each were conducted from April to May 2021. In order to evaluate the efficacy, safety, engagement, and experience of these clinics, a feedback survey was developed and provided for attendees.

677 survey responses were collected across clinic dates, the distribution of which are summarized in Figure 1 below. From these responses, the Vaccination Pow Wow was written into an evaluation report for community transparency. This report is available in **Appendix A.**

Figure 1. Auduzhe evaluation survey counts.

Research Training

Shkaakaamikwe gchi twaa miigwewin held specialty training meetings for central team members, research assistants, and practicum students. These training meetings focused on qualitative research methodologies for within- and across-participant analysis, as well as supported traditional perspectives on research interpretations, in methods developed by Dr. Stewart (2008-present). These methods honour Indigenous oral storytelling traditions, and operate from traditional knowledges framework, with ongoing feedback from traditional Elders and knowledge keepers. Trainings were conducted by Indigenous senior research staff members. Approximately eight separate training, coding, and analysis sessions were conducted, accumulating over 30+ hours of research training, coding, and preparation for analysis in ethical, culturally-safe, and traditionally-rooted research methods.

Native Child and Family Services/Native Women's Resource Centre Partnership

Over Year 2, ongoing support, partnership, and evaluation of Native Child and Family Services of Toronto (NCFST) was conducted. This partnership included weekly internal meetings in support of evaluation processes and materials, establishment of objectives, deliverables, outcomes, and goals, as well as dissemination plans. In total, 39 internal meetings, as well as 7 monthly external meetings, were conducted, during which development of research materials and methods; collaboration for recruitment plans; progress reports; and sharing of data

and final reporting. Similarly, Native Women's Resource Centre (NWRCT) evaluation of pandemic protocol services were conducted with appropriate cultural processes and protocols.

Ceremonies

The transition to online communications and meetings due to the COVID-19 pandemic resulted in significant reductions to land-based gatherings and ceremonies as originally planned in the construction of *Shkaakaamikwe gchi twaa miigwewin*. Over the course of the Year 2 reporting period, one sweat lodge ceremony was held at Hart House Farms for the *Shkaakaamikwe gchi twaa miigwewin* central team, and conducted by Elder and collaborator, Elder Clayton Shirt. This ceremony was the last of the fall season, and the first made available in accordance to COVID-19 protocols. Future sweat lodge ceremony programs have been planned on a monthly basis for available team members in the Toronto, Ontario region beginning in Spring 2022, weather permitting. Ceremony also occurred for other theme groups in local settings, such as at community partner organizations and/or on First Nations reserves.

Publications

For the Year 2 reporting period, the *Shkaakaamikwe gchi twaa miigwewin* teams have focused extensively on all aspects of research dimensions, from inception of projects; collaboration, building, and strengthening of community partnerships; conducting research in a variety of Indigenous-based methodologies, depending on the needs, values, and practices of their communities; and multiple avenues of dissemination. Co-investigators and collaborators were contacted to provide updates and lists of various publications, including community and academic settings. Collected publications include: community reports; non-peer reviewed articles/publications; academic and community presentations; knowledge translation reports; and evaluation reports provided to service providers or communities.

The provided publications list is not exhaustive for all members; some reporting members for the annual report noted that they had published separately from their work on their respective theme groups and were not included in their general updates. Others provided updates of all publications during this reporting period, and some included publications that, while separate

from their *Shkaakaamikwe gchi twaa miigwewin* theme group, continued to contribute to the field their theme group supports.

Included below are the reported publications for the principal investigator, Dr. Suzanne Stewart; co-investigators, Dr. Christopher Mushquash, Dr. Michelle Dickson, and Dr. Jeffrey Ansloos; and collaborator, Dr. Mikaela D. Gabriel.

Dr. Suzanne L. Stewart, Nominated Principal Investigator

Peer Reviewed Publications
1. **Stewart, S.,** Ponton, S., Gabriel, M. D., Strebel, R., Lu, J. (2022, submitted). The Mental Health of Indigenous People During the COVID-19 Pandemic: A Scoping Review. *Health Psychology Review.* **Principal Author.**
2. Ansloos, J., Day, S., Peltier, S., Graham, H., Ferguson, A., Gabriel, M., **Stewart, S.,** Fellner, K., & DuPre, L. (2022, accepted). Indigenization in Clinical and Counselling Psychology Curriculum in Canada: A Framework for Enhancing Indigenous Education. *Canadian Psychology*. https://doi.org/10.1037/cap0000335. **Co-Author.**
3. Richard, L., Nisenbaum, R., Liu, M., McGeer, A., Mishra, S., Gingras, A-C., Gommerman, J. L., Sniderman, R., Pederson, C., Spandier, O., Jenkinson, J., Baral, S., Lancheros, C. M., Agarwhal, A., Jamal, A., Ostrowski, M., Dhalla, I., **Stewart, S**., Gabriel, M., Brown, M., Hester, J., & Hwang, S. W. (2022, accepted). COVENANT, the COVID-19 Cohort Study of People Experiencing Homelessness in Toronto, Canada: A study protocol. *BMJ Open*. **Co-Author.**

Chapters
1. **Stewart, S**., Gabriel, M., & Teekens, S. (2021) Indigenous Homelessness and Traditional Knowledges: Evidence Based Research and Practice. In S. Okpaku (Ed.) *Essentials of Global Mental Health*, Cambridge University Press. **Principal Author.**
2. Marshall, A. & **Stewart, S.** (2021). Indigenous and cultural minority school-to-work pathways in Canada in *Young Adult Development at the School-to-Work Transition* (Marshall and Symonds, Eds), Oxford University Press. **Co-Principal Author.**

Non-Peer Reviewed Publications & Reports
1. **Stewart, S.,** Fournier, C., & Adams, J., (2021). *Indigenous Research Ethics Consultation Report. Division of Vice-President of Research & Innovation, University of Toronto.* **Principal Author.**
2. **Stewart, S.,** Bowyer, D., & Gonzalez, A. & Team (2021). *Ontario Network Environments for Indigenous Health & Indigenous Mentorship Network-Ontario Indigenizing Health Symposium 2020*. University of Toronto. **Principal Author.**
3. **Gabriel, M. D,** Stewart, S. & Team (2021). Native Child and Family Services of Toronto COVID-19 Pandemic Service Evaluation Report. **Co-Principal Author.**
4. Stewart, S., **Gabriel, M. D,** & Team (2021). Anishinaabe Health Toronto COVID-19 Testing and Vaccine Clinic Evaluation Report. **Co-Principal Author.**
5. Stewart, S., & **Gabriel, M. D.** (2021). Native Child and Family Services of Toronto Youth Housing & Transition Research Report. **Co-Principal Author.**

6. Stewart, S., Gonzalez, A, & **Gabriel, M. D**. & Team. (2021). Auduze We Count COVID-19: Vaccination Pow Wow Evaluation Summary Report. **Co-Principal Author.**

Presentations
1. Gabriel, M. D., & **Stewart, S.** (2022). Employment and Education Pathways: Traditional Knowledges as Supports For Urban Indigenous Youth Life Transitions. Paper presentation. Hawaii International Conference on Education, Hawaii, USA.
2. **Stewart, S.** (2022). Indigenous Identity: What Is It and How Is It Understood Within Education and Current Self-Identification Debates? Paper presentation. Hawaii International Conference on Education, Hawaii, USA.
3. **Stewart, S.**, & Gabriel, M. D. (2021). Employment & Education Pathways: Traditional Knowledge & Cultural Supports for Urban Indigenous Youth. 10th SSEA Conference 2021. Virtual conference.
4. **Stewart, S**., Jeffrey, M., & Juutilainen, S. (2021). Building respectful research relationships with Indigenous communities. Alaska Indigenous Research Program Conference. Anchorage, USA.
5. **Stewart, S.,** Gabriel, M. D., Teekens, S. (2021). Traditional Pathways in Urban Jungles: Community, Culture, and Elder Supports for Indigenous Homelessness & Life Transitions. *Canadian Alliance to End Homelessness*. Virtual conference paper presentation.
6. **Stewart, S.,** & Gabriel, M. D. (2021). Caring for Our Stories in a Good Way: Exploring Indigenous Homelessness & Life Transitions in Research. Assembly of First Nations National First Nations Homelessness Symposium, 2021. Virtual paper presentation.

Media Presence
1. April 2021. Interviewee. Indigenous People in Toronto Have Much Higher Rates of Covid Hospitalization Than the General Population. The Toronto Star Newspaper. Toronto, ON.
2. April 2021 Interviewee. Indigenous Mass Vaccination Clinic at WBIIH/University of Toronto. Washington Post Newspaper.

Invited Lectures and Presentations
1. March 2021. Invited Speaker. Indigenous Health, Invited Speaker, Invited speaker for PHS 100 Global Health, Dalla Lana School of Public Health of the University of Toronto. Presenter: **Stewart, S.**
2. March 2021 Invited Speaker. Indigenous Mental Health Research, CHL 5020 Indigenous Practicum Preparation, Dalla Lana School of Public Health of the University of Toronto. Presenter: **Stewart, S**.
3. April 2021 Invited Speaker. Understanding Indigenous academic realities in the context of reconciliation. Invited presentation. *Perimeter Institute Colloquium 2021*. Perimeter Institute /University of Waterloo, Waterloo, ON. Presenter: **Stewart, S.**

Dr. Christopher Mushquash, Co-Applicant

Published Academic Journals and Articles
1. Reynolds, A., Keough, M. T., Blacklock, A., Tootoosis, C., Whelan, J., Bomfim, E., Mushquash, C., Wendt, D., O'Connor, R., & Burack, J. (accepted). The impact of cultural identity, parental communication, and peer influence on substance use among Indigenous youth in Canada. Manuscript accepted to Transcultural Psychiatry on June 27, 2022.
2. Toombs, E., Lund, J., Radford, A., Drebit, M., Bobinski, T., & Mushquash, C. J. (accepted). Adverse childhood experiences (ACEs) and health histories among Indigenous clients seeking treatment for substance use. Manuscript accepted to International Journal of Mental Health and Addiction on June 22, 2022.
3. Goetz, C., Maranzan, A., & Mushquash, C. J. (accepted). An integrative review of barriers and facilitators associated with mental health help-seeking among indigenous populations. Manuscript accepted to Psychiatric Services on May 27, 2022.
4. Lund, J., Toombs, E., Mushquash, C., Pitura, V., Toneguzzi, K., Bobinski, T., Leon, S., Vitopoulos, N., Frederick, T., Kidd, S. (in press). Cultural adaptation considerations of a comprehensive housing outreach program for Indigenous youth exiting homelessness. Transcultural Psychiatry.
5. Toombs, E., Mushquash, C., Leon, S., McKenzie, K. (in press). Thriving in three Northwestern Ontario communities. International Journal of Mental Health.
6. Lund, J. I., Mushquash, C., Carty, H., Bobinski, T., Lichtenstein, S., Daley, M., & Kidd, S. (in press). Implementing Indigenous youth peer mentorship: Insights from the By-Youth-For-Youth project. International Journal of Indigenous Health.
7. Toombs, E., Lund, J., Mushquash, A. R., & Mushquash, C. J. (2022). Predictors of land-based activity participation in a national representative sample of Indigenous individuals living off-reserve. International Journal of Environmental Research and Public Health, 19, 8029. https://doi.org/10.3390/ijerph19138029
8. Leung, T., Schmidt, F., & Mushquash, C. (2022). Personal trauma history and experience of secondary trauma stress, vicarious trauma, and burnout. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication: https://doi.org/10.1037/tra0001277
9. Lund, J. I., Boles, K., Radford, A., Toombs, E., and Mushquash C. (2022). A systematic review of childhood adversity and executive functions outcomes among adults. Archives of Clinical Neuropsychology, acac013. https://doi.org/10.1093/arclin/acac013
10. Tanner, B., Plain, S., George, T., George, J., Mushquash, C. J., Bernards, S., Ninomiya, M. M., & Wells, S. (2022). Understanding social determinants of health using a four-domain model of health and wellness based on the Medicine Wheel: Findings from a community survey in one First Nation. International Journal of Environmental Research and Public Health, 19(5), 2836. https://doi.org/10.3390/ijerph19052836
11. Pride, T., Lam, A., Swansburg, J., Seno, M., Lowe, M. B., Bomfim, E., Toombs, E., Marsan, S., LoRusso, J., Roy, J., Gurr, E., LaFontaine, J., Paul, J., Burack, J. A., Mushquash, C. J., Stewart, S. H., & Wendt, D. C. (2021). Trauma-informed approaches to substance use interventions with Indigenous Peoples: A scoping review. Journal of Psychoactive Drugs. https://doi.org/10.1080/02791072.2021.1992047
12. Jumah, N. A., Mushquash, C., Tyler, L., Turuba, R., Bishop, L., Tait, M., & Renaud, A. (2021). On the path to reclaiming Indigenous midwifery: The maternal infant support

worker pilot program clinical article. Journal of Gynecology and Obstetrics, 155(2), 203-210. https://doi.org/10.1002/ijgo.13918

13. Toombs, E., Lund, J., Bobinski, T., Dixon, J., Drebit, M., Byzewski, J., Radford, A., Kushnier, L., Mushquash, C. J. (2021). Client and staff experiences assessing Adverse Childhood Experiences in a clinical setting: Results from the First Nations ACE study. Child Abuse and Neglect, 121. https://doi.org/10.1016/j.chiabu.2021.105263

14. Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J.I., & Mushquash, C. (2021). Examining adverse childhood experiences (ACEs) within Indigenous populations: A systematic review. Journal of Child and Adolescent Trauma. https://doi.org/10.1007/s40653-021-00393-7

15. Malik, I., Toombs, E., Mushquash, A. R., McGrath, D. S., & Mushquash, C. J. (2021). Materialism and drinking motives: Examining the longitudinal associations in an undergraduate sample. Psi Chi Journal of Psychological Research, 26(2), 157-164. https://doi.org/10.24839/2325-7342.JN26.2.157

16. Toombs, E., Lund, J., & Mushquash, C. J. (2021). Preliminary Recommendations for Assessment of Adverse Childhood Experiences with Indigenous Populations. Journal of Health Service Psychology, 47(2), 73-83. https://doi.org/10.1007/s42843-021-00035-4

17. Toombs, E., Schmidt, F., Dalicandro, L., & Mushquash, C. J. (2021). A Scoping Review of Parenting Programs for Indigenous People in Canada: What approaches are being applied in Indigenous communities? Canadian Journal of Community Mental Health, 40(1), 81-104. https://doi.org/10.7870/cjcmh-2021-007

Works in Preparation
1. Aker, A. M., Serghides, L., Cotnam, J., Jackson, R., Robinson, M., Gauvin, H., Mushquash, C. J., Gesink, D., Amirault, M., & Benoit, A. C. (submitted). The impact of a stress management intervention including cultural components on stress biomarker levels and mental health indicators among Indigenous women. Manuscript submitted to Journal of Behavioral Medicine on June 17, 2022.

2. Young, N., Anderson, M., Wabano, M. J., Trudeau, T., Jacko, D., Mallick, R., Momoli, F., Thavorn, K., Szatmari, P., Usuba, K., McGregor, L., Restoule, B., Roy-Charland, A., Barbic, S., Cudmore, A., Peltier, S., Mian, O., Mushquash, C. J., Linklater, L., Hawthorne, L., Boydell, K., …, Roy, M. (submitted). Community-based identification of health needs among First Nations children and youth: A cohort study. Manuscript submitted to CMAJ Open on May 25, 2022.

3. Young, N., Anderson, M., Wabano, M. J., Trudeau, T., Jacko, D., Mallick, R., Momoli, F., Thavorn, K., Szatmari, P., Usuba, K., McGregor, L., Restoule, B., Roy-Charland, A., Barbic, S., Cudmore, A., Peltier, S., Mian, O., Mushquash, C., Linklater, L., Hawthorne, L., & Boydell, K. (submitted). Community-based identification of health needs among First Nations children and youth: A cohort study. Manuscript submitted to Canadian Medical Association Journal Open on February 3, 2022.

4. Kushnier, L., Nadin, S., Hill, M. E., Taylor, M., Gokiert, R., Jun, S., & Mushquash, C. J. (submitted). Culturally responsive evaluation: A scoping review of the evaluation literature. Manuscript resubmitted post-revision to Evaluation on Feb. 11, 2022.

5. Drawson, A.S., Toombs, E., Blain, J., Bobinski, T., Dixon, J., Paavola, N, & Mushquash, C.J. (submitted). The Development of the First Nations Children Wellbeing Measure.

Manuscript submitted to International Journal of Child and Adolescent Resilience on Jan. 29, 2022.

Book Chapters
1. Mushquash, C.J., Drawson, A.S., & Toombs, E. (in press). Indigenous mental health and addiction. In R. Schiff & H. Møller (Eds.) Health and Healthcare in Northern Canada.
2. Mushquash, C. J., Lund, J., Toombs, E., & Grol, C. (in press). Intergenerational Pathways to Incarceration for Indigenous People. In C. Cesaroni (Ed.) Canadian Prisons: Understanding the Canadian Correctional Landscape. Toronto, Ontario, Canada: Oxford University Press
3. Mushquash, C. J., Toombs, E., Kowatch, K. R., Lund, J., Dalicandro, L., & Boles, K. (2021). Promoting resilience within public health approaches for Indigenous communities. In M. Ungar (Eds.) Multisystemic Resilience: Adaptation and Transformation in Changing Contexts. Oxford, United Kingdom: Oxford University Press.

Reports/Letters/Non-Peer Reviewed
4. Centre for Rural and Northern Health Research (CRaNHR). (2022). Indigenous module project summary report. Thunder Bay: Centre for Rural and Northern Health Research.
5. Mushquash, C. J., Hill, M. E., Nadin, S., Dampier, A., Dowhos, J., ewen, V., & Zacharias-Bezanson, R. (2022). Evaluation of Eabametoong First Nation, Matawa First Nations Management, and the Northern Ontario School of Medicine Remote First Nations Family Medicine Residency Stream: Phase 2 evaluation report (Technical Report). Thunder Bay: Centre for Rural and Northern Health Research.
6. Toombs, E., Mushquash, C J., Mah, L., et al. (2022). Increased screen time for children and youth during the COVID-19 pandemic. Science Briefs of the Ontario COVID-19 Science Advisory Table, 3(59). https://doi.org/10.47326/ocsat.2022.03.59.1.0
7. National Standard of Canada. (2022). CAN/HSO 5064:2021(E) Suicide prevention program. Health Standards Organization. (Technical Standard).
8. Ontario COVID-19 Science Advisory Table. (2022). Ontario returns to school: An overview of the science. Science Briefs of the Ontario Covid-19 Science Advisory Table. https://covid19-sciencetable.ca/sciencebrief/ontario-returns-to-school-an-overview-of-the-science/
9. Adams, E., Anderson, M., Atkinson, D., Behn Smith, D., Funnell, S., Greenwood, M., Koonoo, T., Lonsdale, R., MacRury, S., Sangoya, I., Meeka, K., Panimera, J., Aluaqiaq, J., McDonald, S., Morin Dal Col, C., Mushquash, C., Smylie, J., Waters, S., Vides, E. (2021). Visioning the future: First Nations, Inuit, & Metis population and public health. National Collaborating Centre for Indigenous Health. https://www.nccih.ca/595/NCCIH_in_the_News.nccih?id=483#:~:text=Privileging%20Indigenous%20knowledges%20as%20articulated,racism%20%E2%80%93%20one%20in%20which%20First

Dr. Michelle Dickson, Co-Applicant

16

This work is my Australian work, not done with the NEIHR group, but aligns to our theme:

1. Vecchio, E. A., Dickson, M., & Zhang, Y. (2022). Indigenous mental health and climate change: A systematic literature review. The Journal of Climate Change and Health, 100121.
2. Sherriff, S., Kalucy, D., Tong, A., Naqvi, N., Nixon, J., Eades, S., Ingram, T., Slater, K., Dickson, M., Lee, A. and Muthayya, S., 2022. Murradambirra Dhangaang (make food secure): Aboriginal community and stakeholder perspectives on food insecurity in urban and regional Australia. BMC Public Health, 22(1), pp.1-17.
3. Chando, S., Dickson, M., Howell, M., Tong, A., Craig, J. C., Slater, K., ... & Howard, K. Delivering health programs for Aboriginal and Torres Strait Islander children: carer and staff views on what's important. Health Promotion Journal of Australia.
4. Garvey, G., Anderson, K., Gall, A., Butler, T.L., Whop, L.J., Arley, B., Cunningham, J., Dickson, M., Cass, A., Ratcliffe, J. and Tong, A., 2021. The fabric of Aboriginal and Torres Strait Islander wellbeing: a conceptual model. International Journal of Environmental Research and Public Health, 18(15), p.7745.
5. Kong, A., Dickson, M., Ramjan, L., Sousa, M. S., Goulding, J., Chao, J., & George, A. (2021). A qualitative study exploring the experiences and perspectives of Australian Aboriginal women on oral health during pregnancy. International journal of environmental research and public health, 18(15), 8061
6. Sinka, V*., Lopez-Vargas, P., Tong, A., Dickson, M., Kerr, M., Sheerin, N., ... & Craig, J. C. (2021). Chronic disease prevention programs offered by Aboriginal Community Controlled Health Services in New South Wales, Australia. Australian and New Zealand Journal of Public Health, 45(1), 59-64.
7. Butler, T*., Anderson, K*, Garvey, G., Cunningham, J., Ratcliffe, J., Tong, A., Whop, L., Cass, A., Dickson, M., Howard, K. (2019). Aboriginal and Torres Strait Islander people's domains of wellbeing: A comprehensive literature review. Social Science & Medicine, 233, 138-157.
8. Kerr, M., Evangelidis, N., Abbott, P., Craig, J. C., Dickson, M., Scholes-Robertson, N., ... & Tong, A. (2022). Indigenous peoples' perspectives of living with chronic kidney disease: systematic review of qualitative studies. Kidney International.
9. Dickson, M. (2020). "My work? Well, I live it and breathe it": The seamless connect between the professional and personal/community self in the Aboriginal and Torres Strait Islander health sector. BMC health services research, 20(1), 1-16.
10. Chando, S., Howell, M., Young, C., Craig, J. C., Eades, S. J., Dickson, M., & Howard, K. (2021). Outcomes reported in evaluations of programs designed to improve health in Indigenous people. Health Services Research, 56(6), 1114-1125.
11. Garvey G, Anderson K, Gall A, Butler TL, Cunningham J, Whop LJ, Dickson M, Ratcliffe J, Cass A, Tong A, Arley B. What Matters 2 Adults (WM2Adults): Understanding the Foundations of Aboriginal and Torres Strait Islander Wellbeing. International Journal of Environmental Research and Public Health. 2021 Jan;18(12):6193.
12. Chando, S., Tong, A., Howell, M., Dickson, M., Craig, J. C., DeLacy, J., ... & Howard, K. (2021). Stakeholder perspectives on the implementation and impact of Indigenous health interventions: A systematic review of qualitative studies. Health Expectations, 24(3), 731-743.

13. Dickson, M. (2020). Learning ethics from an echidna: Embedding Indigenous knowledges at the core of ethical research practice. Methodological Innovations, 13(3), 2059799120976929.
14. Macniven R, Delbaere K, Lewis E, Radford K, Canuto K, Dickson M, Richards J, Gwynn J, Withall A. Community co-selection of measures to evaluate the health and wellbeing impact of Aboriginal and Torres Strait Islander community running groups. Health Promotion Journal of Australia. 2022 Mar 28.
15. Howard K, Anderson K, Cunningham J, Cass A, Ratcliffe J, Whop LJ, Dickson M, Viney R, Mulhern B, Tong A, Garvey G. What Matters 2 Adults: A study protocol to develop a new preference-based wellbeing measure with Aboriginal and Torres Strait Islander adults (WM2Adults). BMC Public Health. 2020 Dec;20(1):1-8.
16. Chando S, Dickson M, Howell M, Tong A, Craig JC, Slater K, Smith N, Nixon J, Eades SJ, Howard K. Delivering health programs for Aboriginal and Torres Strait Islander children: carer and staff views on what's important. Health Promotion Journal of Australia.

Has your network published any other sorts of works over this period? (i.e., community reports, reflections, brochures). If so, please list:

For each project (Australian projects) we produce summary reports for each participating community.

Dr. Jeffrey Ansloos, Co-Applicant

1. Ansloos, J., Day, S.*, Peltier, S.*, Graham, H., Ferguson, A., Gabriel, M.*, & Stewart, S. (2022). Indigenization in Clinical and Counselling Psychology Curriculum in Canada: A Framework for Enhancing Indigenous Education. Canadian Psychologist/Psychologie canadienne. https://doi.org/10.1037/cap0000335

Dr. Mikaela D. Gabriel, Collaborator, Post-Doctoral Fellow

Peer Reviewed Publications
Journal Articles
1. **Gabriel, M. D.** (2021, submitted). Our Home Is Native Land: Teachings, Perspectives, & Experiences of Indigenous Houselessness. *Journal of Nonprofit and Social Economy Research.* Decolonizing Inequities: Indigenous self-sustenance in a social economy, special issue.
2. Stewart, S., Ponton, S., **Gabriel, M. D.,** Strebel, R., Lu, J. (2021, submitted). The Mental Health of Indigenous People During the COVID-19 Pandemic: A Scoping Review. **Co-Principal Author.** In Progress. *Qualitative Health Research*
3. **Gabriel, M. D.** (2021, in prep). Blood Memory, Virtual Connection: Seeking Safe Research Practices with Indigenous Youth & Elders, Even in COVID-19. **Principal Author.** In Progress. *The Canadian Journal of Native Studies.*
4. **Gabriel, M. D.** (2021, in prep). Education and Ceremony: Intersections and Perceptions of Wellness & Wellbeing for Indigenous Students & Academics. In Progress. **Principal Author.** *First Peoples Child & Family Review*.
5. **Gabriel, M. D.** (2021, in prep). My Mother Wild: Land, Healing, and Colonization in Indigenous History and Communities. In Progress. **Principal Author.** *First Peoples Child & Family Review.*
6. **Gabriel, M. D.** (2021, in prep). *Gina'masuti:* Indigenous Learning in Western Education. In Progress. **Principal Author.** *The Canadian Journal of Native Studies.*
7. **Gabriel, M. D**. (2021, in prep). Wen Tana Gjitmei?/Who is That, Really?: Concepts & Culture in Indigenous Youth Identity Formation in Urban Centres. In Progress. **Principal Author.** *Native Social Work Journal.*

Book Chapters
1. **Gabriel, M. D**. (2021, accepted, in press). Strangers in Our Homeland: The Impact of Racism Across Healthcare Policy and Delivery for Indigenous Peoples in Canada. In R. Monchalin (Ed.), *Public Health Feminisms,* Canadian Scholars Press. **Principal Author.**
2. Stewart, S., **Gabriel, M. D,** & Teekens, S. (2021). Indigenous Homelessness and Traditional Knowledges: Evidence Based Research and Practice. In S. Okpaku (Ed.) *Essentials of Global Mental Health,* Cambridge University Press. **Co-Principal Author.**

Non-Peer Reviewed Publications
1. **Gabriel, M. D.** (2022). Sacred Women, Laws Profane: The Missing Justice for Murdered Indigenous Women & Girls. *Psynopsis,* 44(1), Canadian Psychological Association. **Principal Author.**
2. **Gabriel, M. D,** Stewart, S. & Team (2021). Native Child and Family Services of Toronto COVID-19 Pandemic Service Evaluation Report. **Co-Principal Author.**
3. Stewart, S., **Gabriel, M. D,** & Team (2021). Anishinaabe Health Toronto COVID-19 Testing and Vaccine Clinic Evaluation Report. **Co-Principal Author.**
4. Stewart, S., & **Gabriel, M. D.** (2021). Native Child and Family Services of Toronto Youth Housing & Transition Research Report. **Co-Principal Author.**
5. Stewart, S., Gonzalez, A, & **Gabriel, M. D**. & Team. (2021). Auduze We Count COVID-19: Vaccination Pow Wow Evaluation Summary Report. **Co-Principal Author.**

Presentations

1. **Gabriel, M. D.** (2021). *Gina'masuti:* Reflections, research, and recommendations for Indigenous education in Canada. Ontario Network Environments for Indigenous Health Research Monthly Webinar Series.
2. Stewart, S., & **Gabriel, M. D.** (2021). Caring for Our Stories in a Good Way: Exploring Indigenous Homelessness & Life Transitions in Research. National First Nations Homelessness Symposium, Assembly of First Nations.
3. Stewart, S. L., Shirt, C., **Gabriel, M. D**., Wilson, J., Ponton, S., & Koirala, D. (2021). What is Mental Health? Indigenous Wellness & Healing During a Pandemic. Summer Mentorship Program, Faculty of Medicine, University of Toronto. Presenters:
4. **Gabriel, M. D.** (2021). Indigenous Culture, Knowledges, & Perspectives for Good Ways Forward: Understanding Indigenous History for Wise Practice, Intentional Community Connection, and Implications for Policy. Ontario Public Service, Government of Ontario.
5. Hwang, S., Boozary, A. B., & **Gabriel, M. D**. (201). Just the Facts: Affordable Housing, Homelessness, and Healthcare. Toronto Science Policy Network, co-panelist.

Theme Group Research Highlights

For this annual report, theme leaders, members, and collaborators submitted updates regarding their ongoing projects, attendance, and advancement within their teams. Some noted changes to theme groups due to leave of absences or inactivity are noted below. Table 3 below summarizes the present members of theme groups, their leads, Elders, and partnerships.

Table 3. *Shkaakaamikwe gchi twaa miigwewin* Theme Groups.

Theme	3 Land-based And Planetary Health Solutions	4 Healing from Trauma and Reducing Addictions	5 Indigenous Suicide Prevention and Crisis Support Services	6 Translating Indigenous Knowledges into Policy
Members	Maile M. Taualii Angela Mashford-Pringle Chantelle Richmond Lynn Lavallee**	Brenda Restoule Alanaise Goodwill Christopher Mushquash	Renee Linklater Brenda Restoule Michelle Dickson	Jeffery Schiffer Mikaela Gabriel Pamela Hart Michael Hart Henry Harder*
Theme Lead	Rod McCormick	Holly Graham	Jeffrey Ansloos	Suzanne Stewart
Elder	Wendy Phillips	Luana Shirt	Clay Shirt	Pauline Shirt
Community Partnerships	Kaiser Permamente Hawaii Stanton Hospital (Yellowknife, NWT)	Sto:lo Service Agency and Nisga'a Valley Health Muskoday First Nation	Centre for Addictions & Mental Health First Nations Mental Wellness Continuum	Anishnawbe Health Toronto Native Child and Family Services of Toronto Native Women's Resource Centre of Toronto Well-Living House Nameres/ Auduzhe Mino Nesewinong Clinic

Table 3. *Shkaakaamikwe gchi twaa miigwewin* theme groups; members; leaders; Elders/knowledge keepers; and community partners. As indicated, each group is a gathering of Indigenous academic researchers, including their students; community partners; and Indigenous Elders/knowledge keepers to spiritual ground and guide the proceedings.
Retired, semi-active.
**On leave of absence.*

From the collected responses for this annual report, theme groups described ongoing, monthly meetings, with a variety of outputs, goals, and publications. Their activities are summarized in Table 4.

Theme Group Meetings

Table 4. Theme Group Activities.

Meeting Type	Attendees	Total Meetings (Year 2)	Major Outputs	Indigenous Methodologies
Theme Group 3 Land-based And Planetary Health Solutions*	Research partners;	Monthly; 11 total		
Theme Group 4 Healing from Trauma and Reducing Addictions	Elders; research partners; named partners	Monthly; 11 total	Approx 3 projects; Service development and construction; advancing; developing articles and community reports; community presence; related publications**	Indigenous data documentation and consultation; community connection; Indigenous research methods, interpretation;
Theme Group 5 Indigenous Suicide Prevention and Crisis Support Services*	Elders; research partners; students; named partners	Monthly; 11 total	Approx 4 projects; Literature review on complex crisis; knowledge translation report; policy and governmental connection; publication: advancing Indigenization in clinical practice; related publications**	Yarning methodologies, Elder collaboration; community translation; community organizations; Indigenous research methods, interpretation;
Theme 6 Group Translating Indigenous Knowledges into Policy*	Theme 6 members (PI, community members, students, staff)	Monthly; 11 total	Literature review; conference presentations; chapter publication; public conference symposium	Community reflections; Elder consultation and guidance; Indigenous research methods, interpretation;

*not all original members attended each month (time zone, project demands, retirement)
**publications not done with NEIHR group, but aligned with research theme and advances Indigenous health research*

Theme Group 3: Land-Based and Planetary Health Solutions

Members from Theme Group 3 described various levels of involvement in their theme group projects, related to involvement in their independent work, or requiring leaves of absence. However, all members described ongoing and consistent relationships with their community

partners; use of Indigenous methodologies to conduct research, collect data, and translate knowledges in community forums. Student development activities (monthly and ongoing) included professional development activities, mentorship, close support for Indigenous graduate students, and access to Indigenous research and practicum positions. Members described ongoing publications and academic presentations outside of their *Shkaakaamikwe gchi twaa miigwewin* work, and were not listed for inclusion in this report.

Theme Group 4: Healing from Trauma and Reducing Addictions

Members from Theme Group 4 reported ongoing monthly meetings with Elders to guide and reflect on the spirit of the work. In addition to extensive external work, members described ongoing activities as 1) discussion about outcomes for theme group activities; 2) service development and implementation; and 3) knowledge sharing and interpersonal, holistic support for members and students. Members noted that among network members, there are approximately three collaborative projects.

Each theme group member described employing Indigenous approaches for research, such as Two-Eyed Seeing approaches; identifying Indigenous knowledges in their application to interventions; stories and oral storytelling approaches to wellbeing; fostering long-standing community partnerships; and supporting Indigenous community development. Additional methods cited included knowledge sharing with communities, and knowledge translation at community, policy, and academic levels. Each individual member reported ongoing connections and collaborations with non-Indigenous service providers who assist in projects.

Working within networks and on respective projects, members described ongoing student support through professional development activities; supervision; the creation of research positions and activities of Indigenous students; and completion of projects by students. Student activities included:

- Positions created for students;
- Project engagement and completion;
- Meeting attendance, event coordination, assistance with research processes, connection with Indigenous communities;
- Holistic support for students;
- Student involvement at all levels of research development;
- Ongoing mentorship, involvement, and support for students;
- Bursaries, scholarships and awards

Theme Group 4 reported varying levels of publications from reporting members. While projects related to *Shkaakaamikwe gchi twaa miigwewin* are reported to be ongoing and in development for interventions, members reported ongoing and extensive publications in the fields related to this theme group, and Indigenous mental health overall (see: Dr. C. Mushquash).

Theme Group 5: Indigenous Suicide Prevention and Crisis Support Services

Members described ongoing progress and meetings, culminating in the development of literature reviews (ongoing) and publications (accepted, published), for a total of four projects. Similar to previous theme groups, monthly meetings continued, with regular Elder presence at meetings. Dr. Restoule, members of both Theme Groups 4 and 5, described development of outcomes and knowledge sharing with regard to suicide prevention and crisis supports, including working collaborative research and discussion for broader dissemination.

Those Theme Group 5 members that responded for this report described increasing numbers to network with the inclusion of students and additional members (ranging from 8-15), and ongoing connection with community partnerships and collaborations. Consistent with other theme groups, each member reported continued use of Indigenous research methods, practices, mentorship, and data collection, unique to the cultural protocols of their local tribes, nations, and practices in their work. When navigating relationships with non-Indigenous service providers and community collaborators, members described co-designing Indigenous research methods; providing consultation on Indigenous health concerns at the service, provincial/territorial, and national levels; and impacting policy and levels of government through direct research-based knowledge translation through consultation and advisory groups. Drs. Dickson and Ansloos reported continuing the themes of this work outside of direct NEIHR activities, including actions such as sitting on national Indigenous ethics boards (Dr. Dickson); cultural safety training and development for services (Drs. Ansloos, Dickson); and translating academic works to community knowledge translations (Dr. Dickson). While consistent with the themes of this research group, members described ongoing publications that support and enrich the Indigenous health field.

Similar to previous groups, theme group 5 described extensive student support, across personal mentorship, the creation of research, volunteer, experiential, practical, and publication opportunities, and financial support of student endeavours.

Theme Group 6: Translating Indigenous Knowledges into Policy

Theme Group 6, addressing Indigenous policy and knowledge translation, have maintained active collaboration and knowledge dissemination over Year 2. Recurring monthly meetings (approximately 11 total meetings with all group members over this time period; not including individual group meetings among separate partnerships) ensured ongoing discussion, collaboration, and exploration of group themes with group members, which included the PI, Elders, researchers, community partners, students, post-doctoral fellows, and research assistants. Elder presence and reflections continued to guide the framing of this work and directions of Group 6. From these meetings, presented their collective findings, reflections, and experiences working in translating Indigenous policy at the International Union for Health Promotion and Education, 24th Annual Conference, in a panel presentation entitled, "Indigenizing Policy Change In Canada: Eliminating Harms Using Indigenous Knowledges for Equity and Sovereignty for the People." The ongoing efforts of this team culminate in projects that will take place outside of the time period for this annual report, including a publicly hosted policy forum, scheduled for September 2022 in Toronto, Ontario, as well as ongoing policy discussions and working groups with other *Shkaakaamikwe gchi twaa miigwewin* members.

Community & Academic Outputs

In Progress: Indigenizing Health Symposium: Rethinking with Spirit. September 28-29, 2022. *Outside of this annual reporting period, however, this event was developed and constructed over the longitudinal work and efforts of Theme Group 6.*

Conference Proceedings

Stewart, S., Schiffer, J., Shirt, C., Gabriel, M. D., Ponton, S. J., Strebel, R., Atanasoff, M., Hart, P., & Brown, M. (May, 2022). Indigenizing Policy Change In Canada: Eliminating Harms Using Indigenous Knowledges for Equity and Sovereignty for the People. International Union for Health Promotion and Education, 24th Annual Conference, virtual presentation.

Publications

1. Stewart, S., Schiffer, J., Shirt, C., Gabriel, M. D., Ponton, S. J., Strebel, R., Atanasoff, M., Hart, P., & Brown, M. (2022, in progress). Indigenizing policy change in Canada: a scoping review.
2. *Gabriel, M. D. (2021, accepted, in press). Strangers in Our Homeland: The Impact of Racism Across Healthcare Policy and Delivery for Indigenous Peoples in Canada. In R. Monchalin (Ed.), Public Health Feminisms, Canadian Scholars Press. *Formulated from this author's dissertation data, reflections from theme group 6, and developed materials.*

Additionally, members of this theme group have worked on independent projects towards community-based research and program efforts, such as the evaluation of pandemic protocols and service delivery over the course of COVID-19. These efforts have produced reports for knowledge translation and development, which will be directed towards policy change and dissemination at the policy level.

A total summary of theme group activities is available in Table 5.

Table 5. Reported co-investigator and collaborator activities over Year 2.

Co-Investigator	Community Partners & Engagement	Network	Indigenous Approaches	Student Support	Policy & Transformation	Dissemination
S. Stewart	NCFST, NWRCT, AHT	Elders; students; named community partners	Yes; ceremony (monthly); Elder guidance and support; Indigenous research, dissemination	Yes; mentorship, training, supervision; co-authorship; dissemination collaboration	Constructing Indigenous policy forum;	Publications; conference presentations; symposium construction; community knowledge events
J. Ansloos	CAMH, FNWC	15; Elders, students, named collaborators; 4 ongoing projects	Yes; Indigenous-based approaches and land engagement	12 professional development activities; 5 lab-hosted knowledge translation. 5 students with internship/practica, scholarships, bursaries. 3 total awarded, 2 completed student projects. Student training, research opportunities and mentorship	Cultural safety with non-Indigenous mental health providers; debriefing with community partners; drafting Indigenization of clinical programs. Cultural promotion in post-secondary. External funding applied.	Hosting community gatherings, land-based activities, presentation of work in academic and community settings. Connected to policy makers and government via consultation & advisory groups
M. Dickson	Aboriginal Community Controlled Health	In Australian network: Students (300+), Elders (10),	Yes; Elders involved with independent and NEIHR network;	10 student development; 15 staff development activities; drop in	Connection to policy makers for climate, health, social housing	Community forums(6) community 2 meetings per year;

28

	Services across New South Wales, Australia	researchers (~50), community partners (~15)	yarning methodology, circles, ceremonial protocols; co-developed research process	research support; research supervsision and training; 15 students engaged in research, 10 Indigenous; 73 scholarships and awards; multilevel student involvement	policies; state and national consultations; policies and practices changed; connection to Indigenous ethics board (national); Indigenization of curriculum; challenging anti-oppressive Indigenization efforts;	
B. Restoule	FPWC, IRS RHSP)		Yes;	Holistic student engagement; supporting students; students participate in event coordination, meeting, dissemination, research		
A. Mashford-Pringle	NWRCT, ALS, PASAN, Kebaowek FN, Thunder Woman Healing Lodge, Transform		Yes;	1 student development activity per month		Presentation at RDMLA conference

	HF (heart failure), MNO (Metis nation of Ontario)					
L. Lavallee	Metis Nation of Ontario (as a citizen and auntie), Healer Grey Cloud/James Carpenter	Elder, community, ceremony involvement;	Yes;	Yes; professional development; host knowledge translation events; praticum experience for undergrad, grad students; mentorship; land-based healing		
C, Mushquash	local, regional, provincial, and national community partners	Approx 40+ members, including Elders;	Yes; Two-Eyed Seeing, long-standing meaningful partnership with communities to pursue Indigenous community priorities; land-based activities	Yes; approx. 90 events. 10 students, 3 Indigenous; 2 students given awards; student support, encouragement, check ins;		
A. Goodwill	Nisga'a Lisims Government and Nisga'a Valley Health Authority	6; Elders; student engagement	Yes; community connection; Elder connection; health surveys; community-engaged researchers employing	Yes; 4 students (2 Indigenous) engaged; research positions created for Indigenous students; 1 completed project. Student	Policy and government connection; change in permission to conduct health surveys in Nisga'a nation;	Video documentation development; community reports, brochures; attendance, presence at community

Indigenous-based research methods; oral stories and wellbeing	drop-in sessions; development activities. Holistic research and support for students and network.	Indigenization efforts	gatherings; 3 knowledge translation activities. Presentation at National Assembly for the Nisga'a Nation

Knowledge Translation Events

***Shkaakaamikwe gchi twaa miigwewin* Monthly Webinars**

Shkaakaamikwe gchi twaa miigwewin continued to host free, online webinars in which a named co-investigator, Elder, or collaborator presented their research, projects, or community-based work. These events included traditional openings and closings by traditional Elders and knowledge keepers (when available; other moderators performed traditional openings/closings when traditional knowledge keepers were unavailable). For the Year 2 reporting period, there were 10 scheduled webinars and special events hosted by *Shkaakaamikwe gchi twaa miigwewin*. Each event was recorded and posted to the *Shkaakaamikwe gchi twaa miigwewin* YouTube account for later viewing and in support of accessible knowledge translation.

Table 6. *Shkaakaamikwe gchi twaa miigwewin* Webinar Attendance

Webinar Date	Presenters	Title	Registered Attendees	YouTube Views
April, 2021	Dr. Jeffrey Ansloos	Lessons of Indigenous Mental Health Promotion and Health Communications During the COVID-19 Pandemic	123	106
May, 2021	Dr. Rod McCormick	Using metaphors to guide our research and practice.	16	60
July, 2021	Dr. Maille M. Taualii	Overcoming the Increasing Barriers to Ceremony	15	52
September, 2021	Dr. Mikaela Gabriel	*Gina'masuti:* Reflections, research, and recommendations for Indigenous education in Canada	41	60
October, 21	Dr. Jeffrey Schiffer	A Trauma-Informed Land-Based Response to COVID-19 in the City of Toronto with Dr. Jeffrey Schiffer	71	51
November, 21	Mr. Steve Teekens	*MinoKaanjigoowin*:a holistic response to mental health services for Homeless	17	36
December, 2021	Dr. Brenda Restoule	Putting the First Nation Mental Wellness Continuum Framework into Practice	20	47
January, 2022	Dr. Sabina Mirza	Exploring Education and Mental Health Through the Voices of	37	108

		Indigenous Youth Who Have Experienced Homelessness		
February, 2022	Elder Wendy Phillips	Teachings on the Mind from an Anishnaabe perspective	94	26
March, 2022	Dr. Ansloos & Team	*Shkaakaamikwe gchi twaa miigwewin* Indigenous Suicide Prevention and Complex Crisis Response	223	87
March, 2022	Ms. Pam Hart & Dr. Suzanne Stewart*	Pandemic Response Evaluation With, By, & For Native Women	23	
Total			**680**	**633**

Rescheduled

A further breakdown of the *Shkaakaamikwe gchi twaa miigwewin* webinar attendance and reach across both live and recorded platforms are included in Table 7.

Table 7. *Shkaakaamikwe gchi twaa miigwewin* Webinar breakdowns.

Shkaakaamikwe gchi twaa miigwewin **Webinar**	Attendance & Views
Total Webinars	**10**
Total Live Attendees	**680**
Highest Attendance	223
Lowest Attendance	15
Attendee Average	61
Total Recorded YouTube Views	**633**
Highest YouTube Views	108
Lowest YouTube Views	26
Average YouTube Views	56

Of the included webinars for this time period, presenters ranged across a variety of positions within *Shkaakaamikwe gchi twaa miigwewin*. Elders, co-investigator/collaborators, community partners, research teams, and post-doctoral fellows were included. The distribution of these roles is illustrated in Figure 2.
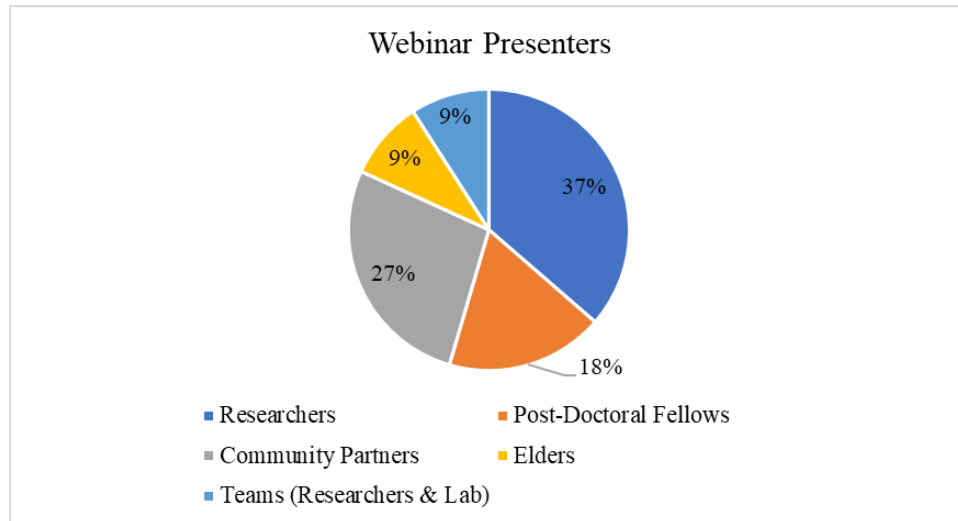
Figure 2. Breakdown of webinar presenters.

Starting in February 2022, an online evaluation survey was developed for circulation and evaluation of each webinar. Audience engagement and feedback were sought to continually improve the *Shkaakaamikwe gchi twaa miigwewin* webinar experience. Each webinar evaluation survey is included in **Appendix B,** including comments from attendees regarding strengths and improvements. In effort to explore total audience feedback, the following information was included across all surveyed responses for the Year 2 period.

Shkaakaamikwe gchi twaa miigwewin Webinar Evaluation Feedback

Results and feedback on the consistency, quality, and educational content provided in the webinar was overwhelmingly positive across evaluation metrics.
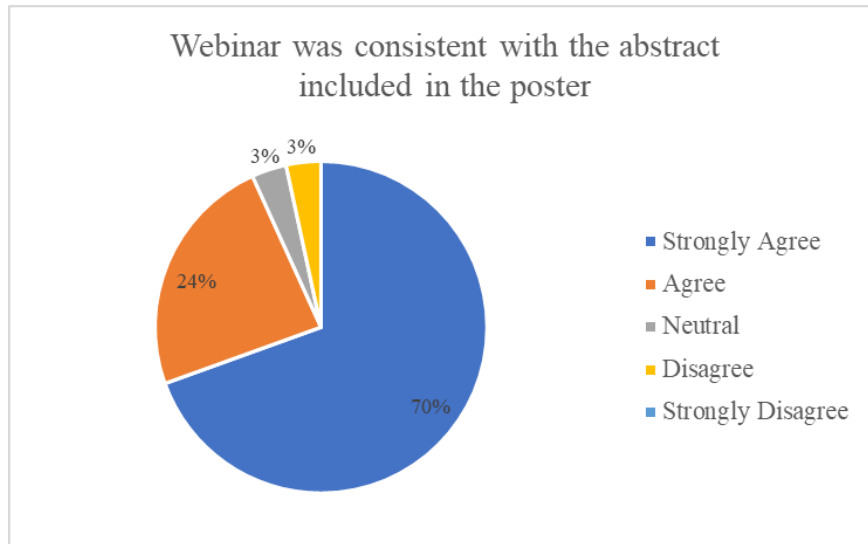
Figure 3. Members' perception of webinar consistency with advertised abstract.

96% of responses (n = 59) describing they "Strongly Agreed" or "Agreed" with the webinar's content being consistent with the abstract and as advertised.
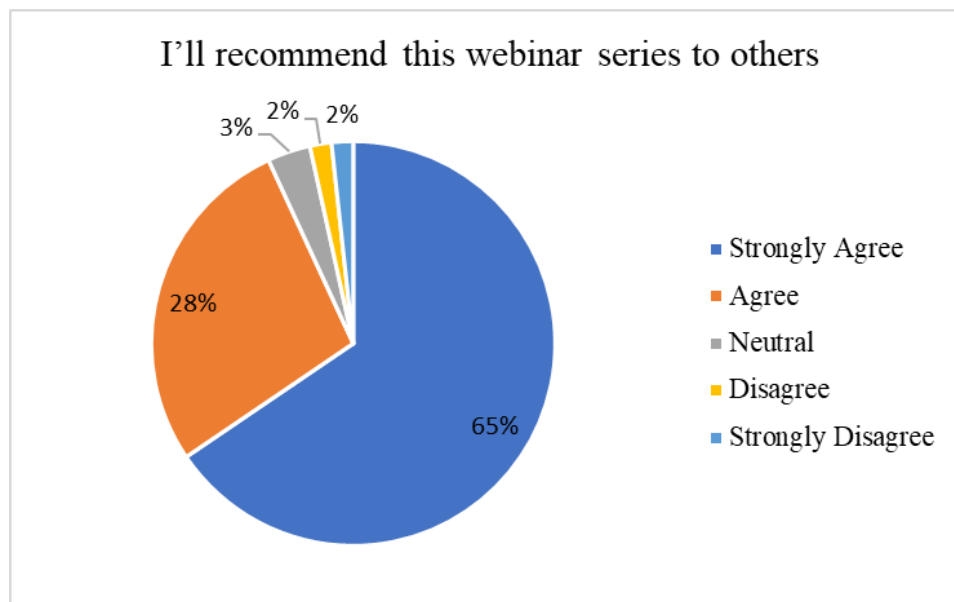
 Figure 4. Members' reports of recommending *Shkaakaamikwe gchi twaa miigwewin* webinar series.

92% stated they "Strongly Agreed" or "Agreed" that they would recommend this webinar to others. A very small fraction, totaling less than 7% of members, were neutral, disagreed, or strongly disagreed on recommending this series to others.
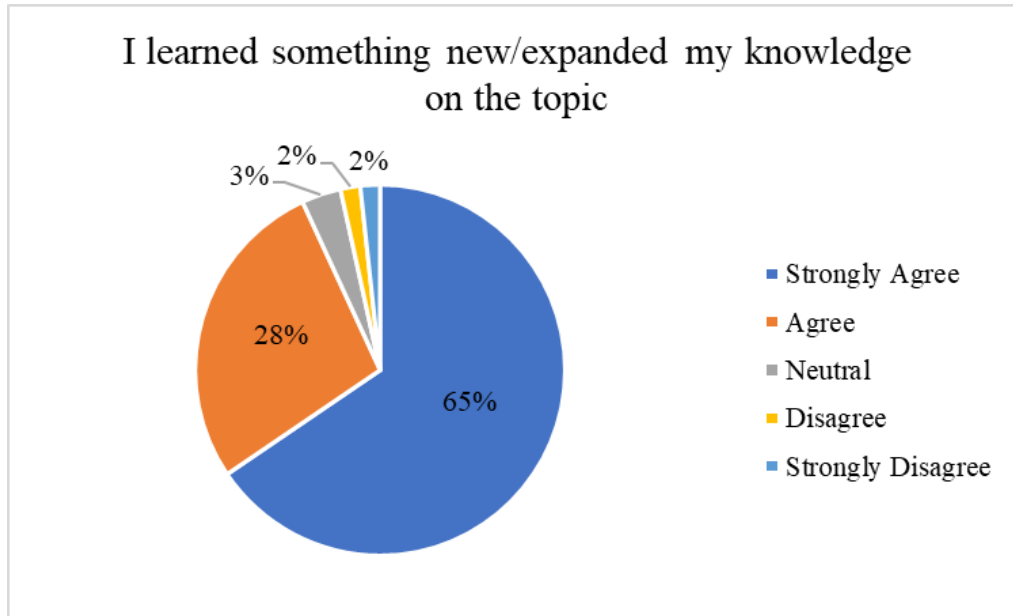
Figure 5. Members' endorsements of learning and knowledge expansion.

Consistently high endorsements were made as to the educational constructs found in the webinars. 93% of members endorsed that they "strongly agreed" or "agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge. Less than 6% of members expressed neutral or strongly disagreed that the webinar expanded their knowledge.

The perceived quality of the speaker, their communication skills, and knowledgeability of topics were also evaluated.
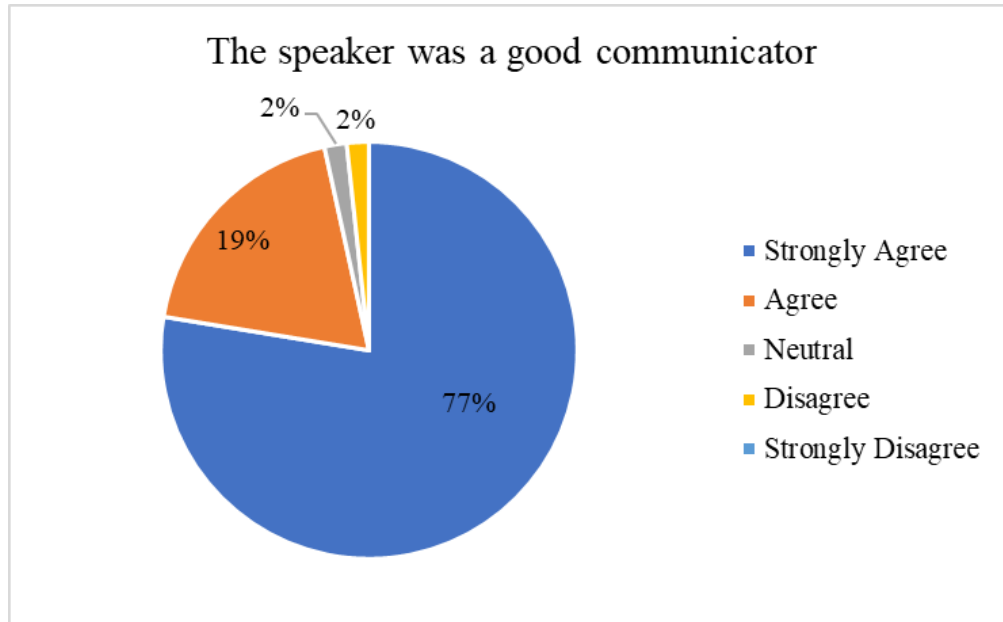
Figure 6. Members' review of speaker communication skills.

A total of 96% of members either "Strongly Agreed" or "Agreed" that *Shkaakaamikwe gchi twaa miigwewin* webinar speakers were good communicators.
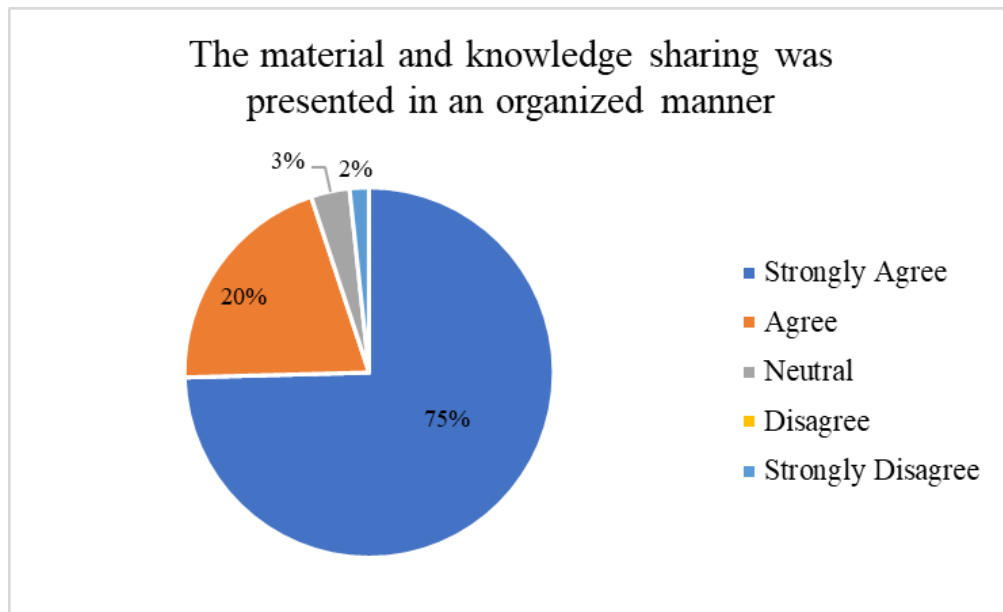
Figure 7. Members' review of speaker organization and knowledge sharing.

96% of members endorsed that they "Strongly Agreed" or "Agreed" that *Shkaakaamikwe gchi twaa miigwewin* webinar presenters and knowledge shared were organized in a thorough manner.

The speaker was knowledgeable on the topics

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2% 2% 20% 76%
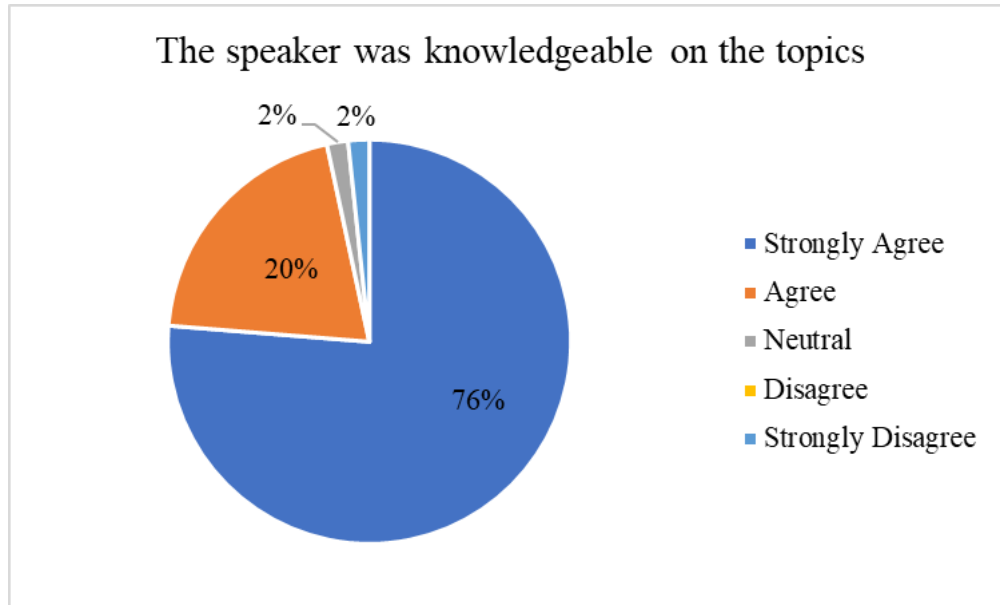
Figure 8. Members' review of speaker knowledgeability.

96% of total members stated that they "Strongly Agreed" or "Agreed" that the speakers were knowledgeable on the topics.

Included in the evaluation were recommendations, suggestions for improvement, and aspects appreciated. The following responses are highlighted from various responses. A total list of written responses and feedback can be found in **Appendix B**.

Knowledge Sharing & Social Media Engagement

To support *Shkaakaamikwe gchi twaa miigwewin* 's principles of ensuring accessible, barrier-free, and engaging educational content to all, our social media domains have been active and growing to best reach a diverse audience, for academic and community members alike. Each webinar is advertised across all *Shkaakaamikwe gchi twaa miigwewin* social media networks (Instagram, Facebook, Twitter, e-mail newsletters) in attempts to continuously spread awareness and engagement for these free, educational events. In effort to creatively and engagingly share the content generated from our network, promotional material had been crafted to be aesthetically pleasing, accessible, and attention-grabbing for viewers. These efforts help to personalize Indigenous academic presentations, engage diverse communities, and support participation across broad levels and demographics.

Most notably, *Shkaakaamikwe gchi twaa miigwewin's* Instagram page is instrumental in the promotion and publication of webinars, live events, and sharing information relevant to Indigenous health circles. *Shkaakaamikwe gchi twaa miigwewin's* Instagram page (@ neihr_on) has 347 followers, *Shkaakaamikwe gchi twaa miigwewin's* Facebook page has 363 followers, and the Twitter page is followed by 267 accounts. Promotional posters, relevant posts, and content is created for circulation and distribution across each network. While the engagement metrics for each of these social media accounts is limited, the *Shkaakaamikwe gchi twaa miigwewin* Instagram page offers detailed statistics regarding content engagement and the reach of our posts beyond our social media followers. **Table 8** lists each social media post made for the Year 2 period, and includes summaries of post interaction, network reach, and account connection online by Instagram.

Table 8. Social Media Engagement & Reach on *Shkaakaamikwe gchi twaa miigwewin* Instagram account (@neihr_on)

POST	Engagement	Reach
	Likes: 18 Sent: 3 Accounts Reached: 94 Content Interactions: 21 Profile Activity: 10	Followers: 79 Non-Followers: 15 Impressions: 129
	Likes: 16 Comments: 1 Sent: 3 Saves: 1 Accounts Reached: 112 Content Interactions: 21 Profile Activity: 8	Followers: 86 Non-Followers: 26 Impressions: 145

	Likes: 32 Comments: 3 Sent: 4 Saves: 1 Accounts Reached: 234 Content Interactions: 40 Profile Activity: 20	Followers: 109 Non-Followers: 125 Impressions: 273
	Likes: 18 Comments: 1 Sent: 6 Saves: 1 Accounts Reached: 119 Content Interactions: 26 Profile Activity: 8	Followers: 87 Non-Followers: 32 Impressions:150
	Likes: 23 Sent: 13 Saves: 4 Accounts Reached: 110 Content Interactions: 40 Profile Activity: 2	Followers:83 Non-Followers: 27 Impressions:142
	Likes: 13 Comments: 1 Sent: 4 Saves: 1 Accounts Reached: 115 Content Interactions: 19 Profile Activity: 16	Followers: 69 Non-Followers: 46 Impressions: 129
	Likes: 9 Comments: 1 Sent: 6 Saves:3 Accounts Reached: 94 Content Interactions: 19 Profile Activity: 7	Followers: 81 Non-Followers: 13 Impressions: 107

	Likes: 9 Comments: 6 Accounts Reached: 97 Content Interactions: 15 Profile Activity: 1	Followers: 79 Non-Followers: 18 Impressions: 115
	Likes: 30 Comments: Sent: 10 Saves: 7 Accounts Reached: 168 Content Interactions: 47 Profile Activity: 45	Followers: 96 Non-Followers: 72 Impressions: 234
	Likes: 15 Comments: 1 Accounts Reached: 160 Content Interactions: 16 Profile Activity: 6	Followers: 88 Non-Followers: 72 Impressions: 195
	Likes: 17 Comments: 1 Sent: 4 Accounts Reached: 151 Content Interactions: 22 Profile Activity: 9	Followers: 93 Non-Followers: 58 Impressions: 179
	Likes: 17 Comments: 1 Accounts Reached: 163 Content Interactions: 18 Profile Activity: 4	Followers: 87 Non-Followers: 76 Impressions: 213

	Likes: 16 Comments: 1 Sent: 12 Saves: 2 Accounts Reached: 126 Content Interactions: 7 Profile Activity: 23	Followers: 73 Non-Followers: 53 Impressions: 162
	Likes: 28 Comments: 2 Sent: 36 Saves: 2 Accounts Reached: 183 Content Interactions: 37 Profile Activity: 31	Followers: 84 Non-Followers: 99 Impressions: 237
	Likes: 21 Comments:5 Sent: 70 Saves: 4 Accounts Reached: 144 Content Interactions: 39 Profile Activity: 4	Followers: 103 Non-Followers: 41 Impressions: 158
	Likes: 28 Comments:1 Sent: 64 Saves: 5 Accounts Reached: 130 Content Interactions: 39 Profile Activity: 18	Followers: 95 Non-Followers: 35 Impressions: 162
	Likes:41 Comments:2 Sent:27 Saves:7 Accounts Reached:335 Content Interactions: 50 Profile Activity:18	Followers: 93 Non-Followers: 242 Impressions: 435

Likes: 15
Comments: 2
Sent: 7
Accounts Reached: 128
Content Interactions: 18
Profile Activity: 4

Followers: 91
Non-Followers: 37
Impressions: 143

Likes: 12
Comments: 1
Sent: 8
Accounts Reached: 164
Content Interactions: 14
Profile Activity: 10

Followers: 79
Non-Followers: 85
Impressions: 210

Network Evaluation Plan

Objectives of the Evaluation

This evaluation will explore the success, challenges, and reach of the *Shkaakaamikwe gchi twaa miigwewin* network by reviewing the scope, impact, and total changes through the ON-NEHIR's several branches. To do so, a mixed-methods approached will be employed, applying quantitative and qualitative methods to conduct thorough research across strategies, interventions, and gatherings conducted by the multiple branches of *Shkaakaamikwe gchi twaa miigwewin*. This evaluation strategy will orient and align the various efforts of researchers and community partners; review and explore projects; and gauge the fulfilment of both the established objectives, as well as the milestones and objectives reached that were produced throughout the life of *Shkaakaamikwe gchi twaa miigwewin*.

This evaluation is constructed to be responsive to the needs for culturally-based, ethically appropriate, and safe domains of health and research interventions in support of broad scale Indigenous health and wellness. By assessing and exploring the efficacy, reach, and benefit of such interventions, this evaluation will aim to identify key strategies towards successful partnerships; review partnerships in practice; decrease, and ultimately eliminate, barriers to Indigenous mental health access; and substantially reduce, and ultimately eliminate, Indigenous health and mental health crises across Canada.

The evaluation research plan has two aims addressed by the following research question: **What are the successes and challenges of *Shkaakaamikwe gchi twaa miigwewin* from the perspectives of the NEIHR researchers and the community partners?** And, **how has the NEIHR impacted policy, program, and practice changes for Indigenous mental health in Ontario?**

Evaluation Materials and Traditional Importance

The evaluation of Indigenous programming is crucial to be rooted in Indigenous methods, understanding, and perspectives. Elders have described the importance of Indigenous-based evaluation methods of Indigenous services, as Western-based skills are ill equipped to assess and explore core community needs, values, and cultural components. One Elder in previous research

by Gabriel (2021) described the importance of culturally appropriate evaluation methods to meet
community's needs, and the detriment that occurs without it,

> … we've seen the loss of our services and sadly, you know, they've seen more Western
> models get adopted in. And so, that's the sad thing in that notion, but at the same time like
> nobody could really prove the benefit of having a drop-in in that sense and making sure
> you had staff to support it, you know, at the same time. … Like looking at the impacts
> and the benefits and the evaluation components are always going to be hard to prove. (in
> Gabriel, 2021, p. 239)

Indigenous-driven evaluations are necessary to fully encapsulate the diversity of program
offerings from an Indigenous point of view. Indigenous values are necessary in evaluation of
Indigenous systems, such as the foundation of respect, mutual relationship, and emphasis on
reciprocity in research. While typical program evaluations focus on programming outcomes,
deliverables, and efficiency of interventions or established programs (Caron & Asselin, 2020;
Rossi et al., 2018) these variables alone are often insufficient in incorporating the
multidimensional, multilayered and holistic structure of Indigenous programming. Akin to
Indigenous worldview and health perspectives, Indigenous programs and structure are
multifaceted across areas of wellbeing, such as the inclusion of personal, community, and
intergenerational wellbeing. As a result, LaFrance (2004) described the importance of evaluation
of Indigenous-based strategies to have "an approach to evaluation that understands the tribal
context, contributes knowledge and builds capacity in the community, and is practiced by
evaluators who value building strong relationships with those involved in the evaluation (p. 45;
Grover, 2010). Thus, a mere assessment of objectives and outcomes are insufficient without
relational capacity; dedication to improving community and service capacities; reciprocity; and
equal respect in the evaluative approach. When conducted in a culturally-based, respectful way,
evaluations can "improve the responsiveness of a service or program to Indigenous peoples'
needs and inform decisions about policy Evaluation can also provide insight on the population-
specific health impact, relevancy, and sustainability of a particular service or program" (Cousins,
2003; Maddox, 2021, p. 333; Weaver & Cousins, 2007). When solely Euro-Western perspectives
and evaluation methods are employed, they are typically limited and can be seen as culturally
inappropriate, and "further oppressing Indigenous ways of knowing and doing" without an
Indigenous lens (Scott, 2008; Maddox, 2021, p. 333). While Western approaches may include

participant outcomes alone, community consultation and inclusion, as in, a multi-layered consultation in evaluating the scope and effect of programming, is important to capture the multidimensional aspects of Indigenous programming and communities.

Methodology

Research Design

To support the Indigenous approaches to research design and evaluation as reflected in the methods and heart of this work, Indigenous knowledges will be employed as a conceptual, operational, and methodological framework for the conduction and interpretation of this evaluation. As noted, Indigenous knowledges are rooted in the multigenerational transmission of knowledge, such as skills, practices, beliefs/perspectives, and ceremonial engagement that promote health, wellness, and positive balanced living with the land of Turtle Island (Estey, Smylie, & Macaulay 2009, p. 1). In order to conduct an Indigenous knowledges evaluation, several steps will be taken to ensure thorough and traditional integration in evaluation.

Firstly, community collaboration with identified community partners (i.e., Indigenous service agencies) will be included throughout every step of the evaluation. Community collaboration and review will be an integral part of feedback, structure of the materials of the evaluation, and the selection of materials to ensure appropriate markers of service efficacy and methods are being assessed. This ensures that the maintenance of programming and interventions across *Shkaakaamikwe gchi twaa miigwewin* are consistently and thoroughly rooted in community practices. Secondly, similar to community collaboration, materials, guidance, review, and discussion with Elders and traditional knowledge keepers will be recruited to ensure appropriate interpretation of messages; provide invaluable, Indigenous-based perceptions; and support the evaluation to be rooted in holistic approaches to thoroughly capture its total impact. Additionally, Indigenous youth community members and students will be included to share youth perspectives, insights, and engage appropriately throughout the evaluation.

Finally, Indigenous ceremony will be an integral part of the evaluation process. Consistent with the opening naming ceremony, additional closing, dissemination, and community gathering ceremonies will be included, alongside ceremonies in the review of data collection and interpretation from research materials gathered. Ceremony, as well as spiritual

practices and presence, will also be an evaluated dimension across collected research for both surveys and interviews.

Methods

To appropriately explore all relevant dimension of the scope of *Shkaakaamikwe gchi twaa miigwewin,* a mixed-methods framework will be employed. In order to best capture the reach of the network, a quantitative methods survey will be employed to track ongoing collaboration, output, progress, and Indigenous student involvement across identified domains of values rooted in the NEIHR. To best explore the in-depth, personal experiences and perspectives of *Shkaakaamikwe gchi twaa miigwewin*, qualitative methods will be employed, such as semi-structured narrative interviews, that will best be able to capture dimensions of impact and transformation that quantitative methods may be unable to measure. Mixed-methods methodologies are best suited for both the expanse of this project and diverse branches, as well as to explore the in-depth characteristics that are at the heart and intention of this work. While there are inherent limitations in attempting to quantify variables such as spiritual ceremonies and educational partnership, quantitative methods can assist in establishing reach, student participation, funding investment, and amount of published works, while qualitative methods will assist in exploring the strengths, challenges, and interpersonal factors present across branches of theme groups and communities.

Participants

In order to appropriately and substantively capture the engagement and scope of *Shkaakaamikwe gchi twaa miigwewin.* Multiple branches of *Shkaakaamikwe gchi twaa miigwewin* partnership will be included in this evaluation. To ensure multilevel framework, the evaluation will include both survey and interviews with:

- Theme Leaders
- Elders
- Community partners
- Students

By including a variety of roles across partnership branches, in-depth understanding to the scope of *Shkaakaamikwe gchi twaa miigwewin* will be available and accessible across domains of

reach for each partnership group. Collectively, academic, community, students, and traditional knowledges/Elders components can provide insights, perspectives, and reflective experiences will be included as to the strengths, challenges, and progress of *Shkaakaamikwe gchi twaa miigwewin*. This also reflects a holistic approach that aligns with traditional holism, including a spectrum of involvement for age; connection with traditional practices and ancestry (Elders); youth and burgeoning students; academics; and community partners (Absolon, 2016). Each dimension of participant groups are crucial in employing and executing a holistic review of scope, impact, perspective, and experience for this project.

Table 9. Data Collection Table

Data Set	Survey for Individuals	Qualitative Individual Interview	Total Participants
Theme Leaders	6	6	6
Elders	4	4	4
Community Partners	20 x 12 (240)	12	252
Students	15 x 12 (180)	15	195
			457

Quantitative Methods

A constructed survey collecting demographic and frequency information will be created, reviewed, and circulated, based on circulated NEIHR values (see Appendix C). This survey will include collating and quantifying frequency of *Shkaakaamikwe gchi twaa miigwewin* related meetings; spent funding for partnership, research, and community-building; collate and tally publications, grey literature, presentations, and community work; and provide in-depth views into the frequency and consistency of meetings, alongside the number of students engaged in this work. This will provide an initial surveyor into broad domains of attendance, knowledge output, deliverables, and concrete variables that are related to research and community activities, ceremonial gatherings, or related fields.

In this survey, additional features such as endorsements across holistic domains of wellbeing will be included. Developed by Stewart (2008) to incorporate Indigenous perspectives of holism to gauge efficacy of surveys, questions in initial survey tools on *Shkaakaamikwe gchi twaa miigwewin* will reflect and explore participants' personal perspectives on perceived benefits

and challenges of NEIHR partnership across domains of physical, emotional, mental, and spiritual wellbeing with regards to their work. Both quantifying and tallying meeting frequency and collaboration in works will be included, alongside Likert scale questions to identify and review areas of strengths and weaknesses.

Qualitative Methods

Qualitative interviews will be conducted to explore in-depth experiences, perspectives, and knowledges regarding participant involvement and direction of *Shkaakaamikwe gchi twaa miigwewin.* Consistent with Indigenous knowledges framework employed in this evaluation, an Indigenous narrative inquiry method will be used to support cultural perspectives, subjective experiences, and highlight lived realities (Barton, 2009). These interviews will be semi-structured, and conducted with a conversational framework for rapport building and free flow of thoughts, ideas, and perspectives.

This method of evaluation and research collaboration will include methods of collection and analysis created and refined by Dr. Stewart (2008-2011), and employees Indigenous knowledges, research ethics, and is consistent with oral storytelling traditions for communication and knowledge translations (Medicine-Eagle 1989; Stewart, 2008; Stewart & Reeves, 2011). Once interviewed, these interviews will be transcribed and analyzed in a similar method employed by Stewart (2008-present).

Interview Questions. The interview questions will likely change slightly based on population interviewed. The general structure of interview questions will include:

1. Can you tell me about your experiences as (theme lead/community partner/Elder in residence) with *Shkaakaamikwe gchi twaa miigwewin*? What are the successes and challenges from your perspective?
2. From your perspective, how has the NEIHR impacted practice, program, and policy changes for Indigenous mental health?
3. What are some of the core needs in Indigenous communities you work in? How has your work and experience of *Shkaakaamikwe gchi twaa miigwewin* met these needs?
4. What are some existing barriers and challenges that face Indigenous mental health in Ontario?
5. Is there anything else you would like to share?

Interviews are proposed to be approximately one hour, however, this will be flexible in order to accommodate participant needs, comfort level, and narrative. Prior to beginning the interview,

materials (i.e. research questions, evaluation purposes) will be provided via email. To ensure coherency and clarity, these materials will again be reviewed at the beginning of interviews, where participants will be provided with an opportunity to ask questions to ensure clarity and provide verbal consent to procedures. Throughout the interview process, prompts such as "tell me more about that" will be employed to support open-ended answers, encourage discussion, and promote the participant's narrative exploration. Additionally, rapport building to support comfort, expression, and ease of process will be facilitated throughout the interview. Upon completion of the interview and data coding, results and summaries will be provided to participants via e-mail, and where they will be invited to review and edit these findings to ensure appropriate representation in the research.

Immediately following each of the individual interviews, this researcher will write down impressions, reflections, and a brief narrative sketch including demographic details that will be included with their files and used to support triangulation of data.

Analysis

For quantitative methods, core descriptive variables will be collected to review core elements of NEIHR themes, such as Transformation, Revitalization, Responsiveness, Relations, Mentorship, Self-determination, Sustainability, and Respect. While these themes can be challenging to quantify to fully capture, descriptive variables can offer initial understandings as to the frequency of meetings for ongoing collaboration; scope of student engagement and participation; reach of output, such as total tallies of produced reports, articles, workshops, and attendees; as well as volume of projects and ongoing successful completion of projects, both for individual partners, as well as within each theme group.

Analysis for qualitative methods will require in-depth narrative analysis, a coding method developed and refined by Stewart (2008-present). Each individual interview will be audio recorded with the participant's permission, and then transcribed. To ensure anonymity, each participant will be assigned a non-identified code, with markings only to determine which participant pool (i.e., Elder, theme lead, community partner, student). These files will be stored in a password-protected and encrypted drives. The transcripts will be analyzed in-depth through a multi-stage process. In the first stage, the direct transcript will be reviewed, so that pauses, umm's, and emotive expressions are reviewed, and pauses, jargon, slang, or curses are removed.

In the second stage, objective responses become further isolated and analyzed into broader data chunks, or codes. In the third stage of analysis, broad themes are identified among data codes, and grouped into similar categories from which the participant's most prominent metathemes and core messages are captured. The resulting metathemes, themes, and core messages from each participant will then be shared for review, editing, and confirmation with interview participants to ensure transparency, validity of coding process, and assist in ensuring ethical methods of representation and data management.

Recruitment

Step One: Community & Student Recruitment

A recruitment letter detailing the evaluation study, and inviting participant engagement, will be distributed to student and community networks through domains such as *Shkaakaamikwe gchi twaa miigwewin* social media, e-mail, and listservs. Community partnership leaders will also receive emails with recruitment details, as well as methods for completing evaluation materials, both survey and interview.

Step Two: Elders & Theme Leaders

Recruitment invitation will be sent to Elders and Theme Leaders outlining the purpose of the evaluation, projected questions, and invitation to participate in a semi-structured interview. Preferences for anonymity will be discussed and explored.

Sharing Results

Following analysis, the results of this evaluation will be shared through a variety of means. Firstly, the preliminary results will be shared with Elders and Theme Leaders for initial review, clarity, and exploration of the NEIHR network in a collective gathering that is ceremony-based. Following their guidance and edits, the finalized results will be shared in a variety of formats: a finalized report, made publicly available on the *Shkaakaamikwe gchi twaa miigwewin* website; through social media; as well as, where relevant, in academic and manualized reported for dissemination and implementation. Students, community partners, and networks will be included in the dissemination of results.

Applying Evaluation Findings

The results of this evaluation will be applied to direct implementation and manualization of findings. In consultation with Elders and theme leaders with the identified goals and themes of *Shkaakaamikwe gchi twaa miigwewin*, the results of this evaluation, recommendations, and guidance will contribute to working manuals, ongoing material development, and intervention strategies that will be produced publicly and forwarded to services for implementation.

Financials

Shkaakaamikwe gchi twaa miigwewin is funded by a five-year grant from the Canadian Institute for Health Research (CIHR). Published funding decision on the world wide web is available here:

https://webapps.cihr-irsc.gc.ca/decisions/p/project_details.html?applId=417504&lang=en

For the year ending March 31, 2022:

Revenue

- CIHR Grant Contract $680,000.00
  Revenue $680,000.00

Table 10. Summary of finances for Year 2.

Revenue	Cost
Expenses	
Management Salaries and Benefits	$238,545.87
Equipment	$70,974.86
Elder Honorariums	$38,700.00
Community Partner	$1,541.90
Subgrant Contracts	$120,000.00
Travel	$18,176.12
Total Expenses	**$487,938.75**
Total Revenue	**$680,000.00**
Balance	**$192,061.25**

References

Absolon, K. E. (2016). Wholistic and ethical: Social inclusion with Indigenous Peoples. *Social*

      Inclusion, 4(1), pp.44-56. DOI: 10.17645/si.v4i1.444

Barton, S. (2004). Narrative inquiry: Locating Aboriginal epistemology in a relational

      methodology. *Journal of Advanced Nursing*, *45*, 519-526.

      https://doi.org/10.1046/j.13652648.2003.02935.x

Caron, J., & Asselin, H. (2020). Evaluation of indigenous employability programs in the

      Canadian mining industry. *The Extractive Industries and Society, 7*(4), 1424-1437.

Cousins, J. B. (2003). Utilization effects of participatory evaluation. In T. Kellaghan & D. L.

      Stufflebeam (Eds.), International handbook of educational evaluation (pp. 245–265).

      Springer.

Estey, E., Smylie, J., & Macaulay, A. (2009). Aboriginal knowledge translation: understanding

      and respecting the distinct needs of aboriginal communities in research. For CIHR –

      institute for aboriginal peoples' health.

Gabriel, M. D. (2021). *Employment and Education Pathways: Exploring Traditional*

      Knowledges Supports for Transitions Out of Homelessness for Indigenous Peoples.

      Published doctoral dissertation. Toronto, ON: University of Toronto

Grover, J. G. (2010). Challenges in applying Indigenous evaluation practices in mainstream gran

      programs to indigenous communities. *The Canadian Journal Of Program Evaluation,*

      *23(*2), p. 33-50.

LaFrance, J. (2004). Culturally competent evaluation in Indian country: New Directions for

      Evaluation [Special issue: In search of cultural competence in evaluation], 102, 39–50.

Fairhaven, MA: Jossey-Bass and the American Evaluation Association.

Maddox, R., Blais, G., Mashford-Pringle, A., Monchalin, R., Firestone, M., Ziegler, C., Ninomiya, M. M., and Smylie, J. (2021). Reviewing Health Service and Program Evaluations in Indigenous Contexts: A Systematic Review, *American Journal of Evaluation, 4 2*(3) 332-353

Medicine-Eagle, B. (1989). The circle of healing. In N. R. Carlson, B. Shields, & J. Brugh (Eds.). *Healers on Healing* (pp. 58-62). New York: J.P Tarcher/ Putnam

Rossi, P. H., Lipsey, M. W., & Henry, G.T. (2018). *Evaluation: A Systematic Approach.* Sage publications, Thousand Oaks, CA

Scott, S. (2008). Drawing on indigenous ways of knowing: Reflections from a community evaluator. *Canadian Journal of Program Evaluation, 23*(2), 73–92.

Stewart, S. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. International Journal of Health Promotion and Education, *46(*2), 49-56. https://doi.org/10.1080/14635240.2008.10708129

Stewart, S. (2009). Family counseling as decolonization: Exploring an Indigenous Social constructivist approach in clinical practice. *First Peoples Child & Family Review*, *4*, 62-70. Retrieved from http://hdl.handle.net/1807/32404

Stewart S. (2017). Supporting Indigenous youth experiencing homelessness in S. Kidd et al. (Eds.) *Mental Health & Addictions Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers,* 89-100. Canadian Observatory on Homelessness: York University.

Stewart, S. L., & Gabriel, M. D. (2018). *Indigenous mental health: Personal and systemic stories of trauma and healing.* Symposium collaborators at the Canadian Counselling

Psychology Conference, 2018, Calgary, Alberta.

Stewart, S., Beaulieu, T., Gabriel, M. D., Elliott, N, Hyatt, A., & Ayoub, M. (2016, June).

Mental Health Interventions for Aboriginal Homelessness: Best Practices from the

Streets. Workshop presented at 77th Canadian Psychology Association National

Convention, Victoria BC.

Weaver, L., & Cousins, J. B. (2007). Unpacking the participatory process. Journal of

Multidisciplinary Evaluation, 1(1), 19–40.

Appendix A: Auduzhe Vaccination Pow Wow Evaluation Report

Evaluation Summary Report

We Count COVID-19:
Vaccination Pow Wow
(June 19, 2021)

Adriana Gonzalez, Mikaela Gabriel, Stephanie McConkey, Raman Brar,
Suzanne Stewart, and Janet Smylie
Waakebiness Institute of Indigenous Health and Well-Living House

Pow Wow dancers at the Auduzhe-WBIIH Vaccine Pow Wow clinic held at the University of Toronto's Varsity Stadium on June 19, 2021

Table of Contents

Background & Overview

The "We Count COVID-19: Demonstrating an Integrated and Indigenous Led Public Health Approach to First Nations, Inuit, and Métis (FNIM) COVID-19 Case Identification and Response in Urban and Related Homelands" project, led by Dr. Janet Smylie and community partners, Seventh Generation Midwives Toronto (SGMT) and Native Men's Residence (Na-Me-Res), focuses on the rapid implementation of a demonstration project to address data gaps and bolster public health responses in an urban COVID-19 epicentre (Toronto). With support from a local reference group which includes more than 20 urban Indigenous and allied health and social service providers (see Appendix 1 for list of local organizations on the project reference group), the overarching goal of We Count COVID-19 is: to work in partnership with local urban health and social service providers to rapidly design, implement, evaluate, and share an Indigenous community-led and situated FNIM-specific COVID-19 case identification and public health follow-up demonstration program in Toronto.

Auduzhe Mino Nesewinong (Anishnabeek: Place of Healthy Breathing), a community-led comprehensive Indigenous-specific COVID-19 response clinic that supports Indigenous individuals and families impacted by COVID-19 in Toronto, was established and opened on October 16, 2020. The clinic offers rapid testing, case management, Indigenous-specific contact tracing, as well as outreach services for those who are experiencing or at risk of COVID-19 to local FNIM community members in Toronto. In early 2021, the Auduzhe Mino Nesewinong clinic partnered with the University of Toronto Waakebiness-Bryce Institute for Indigenous Health (WBIIH) and Sunnybrook Hospital to expand and start offering COVID-19 vaccinations, in addition to COVID-19 testing, case management, contact tracing, and outreach services.

Auduzhe Mino and Nesewinong and WBIIH organized a COVID-19 Vaccine Pow Wow that took place at University of Toronto on June 19, 2021, where culturally safe access to the COVID-19 vaccination was provided to the local FNIM community. In addition to the 175 individuals who were vaccinated at the Vaccine Pow Wow, a total of 6331 vaccinations have been administered by Auduzhe Mino Nesewinong and partnered clinics to date.

Methods

Data Collection

Individuals who were vaccinated at the clinic were given the opportunity to provide feedback about their experience through a COVID-19 vaccination clinic feedback survey. A total of 132 individuals participated in the survey (75% response rate). The evaluation survey included 8 questions about their experience accessing an Indigenous-led vaccine clinic, the communication and information shared by organizing staff and clinicians before and during the vaccine event, and the participants' preference for accessing an Indigenous-specific clinic. Auduzhe clinical staff administered the surveys to participants after they received their vaccine dose to complete during the 15 or 30-minute observation period. Upon departing the observation area, clients were able to drop off their completed surveys in a lockbox that was observed by a WBIIH or Auduzhe staff member.

One week after the Vaccine Pow Wow, Research Assistants from WBIIH inputted the survey data into Qualtrics and an aggregate summary report specific to the COVID-19 Vaccine Pow Wow was produced.

The subsequent section offers a summary of the survey results, as well as a thematic analysis of the responses gathered from the final two open-ended questions. Subthemes from this analysis are organized into positive and constructive feedback categories.

Results

Most participants identified as Indigenous (43.75%) or a non-Indigenous person who is a member of an Indigenous household (37.50%). Some participants identified as a non-Indigenous person who works at an Indigenous organization (4.86%) or other (6.94%) (see Figure 1).

Figure 1: Distribution of responses to survey question "how do you identify?"
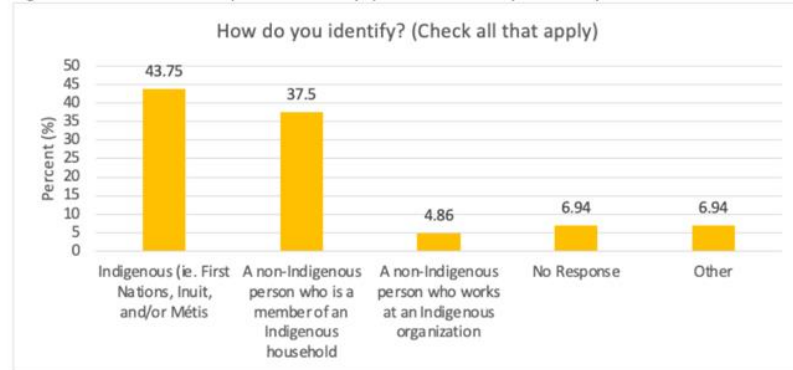
Most participants reported that they heard about the WBIIH-Auduzhe vaccination clinic through a family/friend (50.74%) or online (30.15%) (see Figure 2). Participants who selected other were given the opportunity to specify. Participants reported, "Métis Nation of Ontario", "university", "walk by", and "work".

Figure 2: Distribution of responses to survey question "how did you hear about the WBIIH-Auduzhe COVID-19 clinic?"
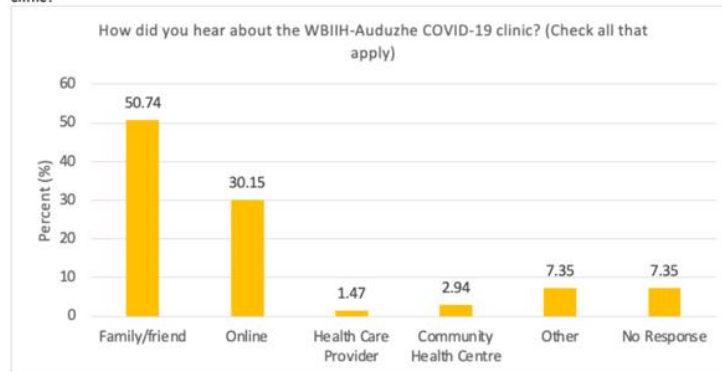
A high majority (87%-97%) of participants rated their visit as excellent to the following vaccination clinic processes: (1) entrance and screening processes; (2) check-in process; (3) respect and warmth from staff; and (4) presence of Indigenous peoples and processes (see Figure 3).

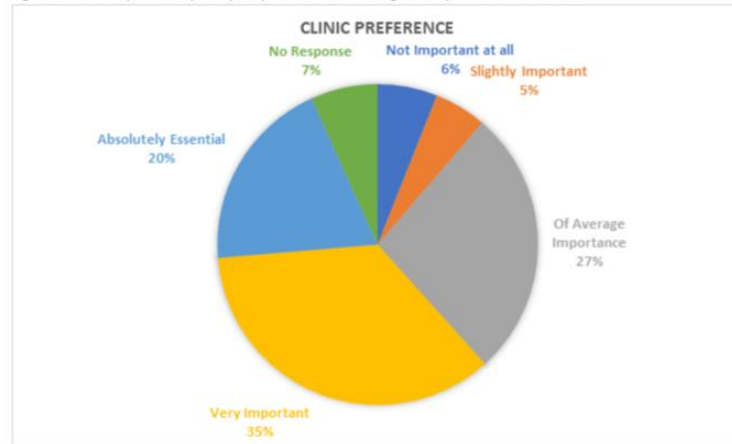Figure 3: Rated responses to survey question "how was your visit today?"
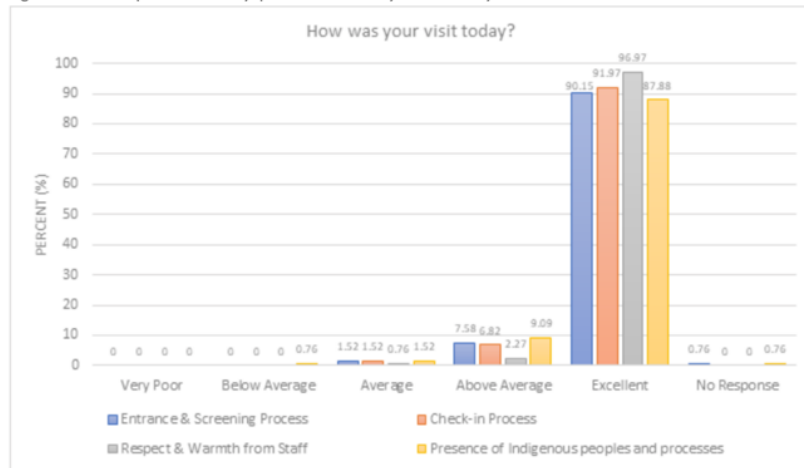
Most participants rated "explanation of vaccine and follow-up care" as excellent (79.70%) or above average (12.78%). The high majority (84%-94%) rated excellent to the remaining communication and information processes: (1) clarity of information and responses to questions; (2) felt respected, comfortable and able to be myself; and (3) overall kindness and compassion from the providers (see Figure 4).

Figure 4: Rated responses to communication and information processes
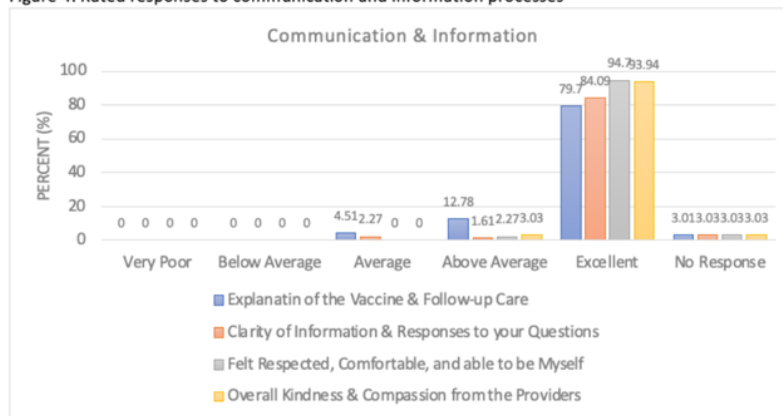
Most participants rated their preference of an Indigenous-specific vaccination clinic as very important (35.00%), of average importance (27.00%), or absolutely essential (20.00%) (see Figure 5).

Figure 5: Rated responses to participant preference of an Indigenous-specific vaccination clinic

The high majority (95.00%) of participants would recommend the WBIIH-Auduzhe clinic to others, whereas a few reported that they would not (2.00%) (see Figure 6).

Figure 6: Responses to survey question "would you recommend the WBIIH-Auduzhe clinic to others?"

5
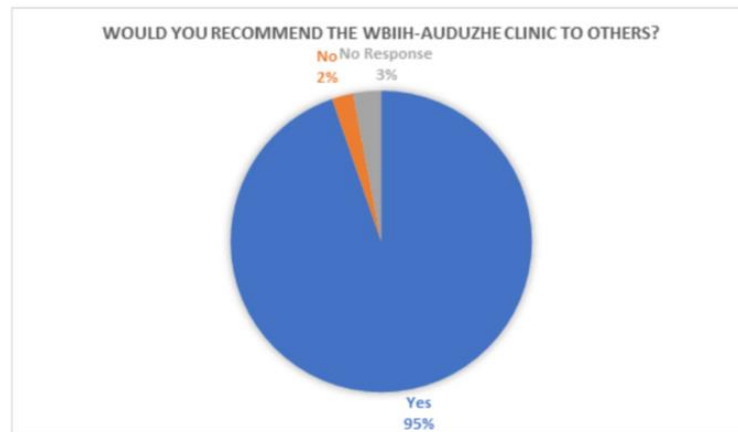
Thematic Analysis

Surveys offered space in which respondents could provide detailed, written feedback regarding clinic functioning, their experiences, and suggestions for ongoing improvement. Each comment was transcribed verbatim and analyzed separately from clinic data for a thematic analysis of total responses. Hand-written notes in other areas (I.e., margins, under-scaled questions) were also included and analyzed.

Thematic analysis for this project involved a complete review of all written responses on completed survey questionnaires. Initial groupings according to general topics (I.e., expressions of gratitude; mention of staff interactions) to identify emerging themes expressed by participants. Further analysis identified five main themes or initial groupings for positive feedback, and five main themes for constructive feedback (Q7 a and b, see below).

Positive feedback from respondents included enjoyment in support received from staff, gratitude for providing a safe and welcoming environment, efficiency, and an overall fun experience. Some respondents noted the inclusion of Indigenous medicines, dancing, dress, and music were positive throughout the event. Other respondents noted the overall success of the event required no further improvement.

Of constructive feedback provided, respondents noted increasing social awareness of the Vaccine Pow Wow event, including on social media and clear signs directing attendees, would have been additionally beneficial. Increased communication to advertise more broadly for the event was highlighted, as well as increasing the ongoing presence of traditional and cultural practices (I.e., consistent traditional medicine use/smudge burning; more attendees in traditional regalia or dress). Additional recommendations included confirming that technology was working appropriately; ensuring additional information provided for vaccine follow-up care; shade for weather conditions; and clear parking instructions. From a total review of this thematic analysis, respondents noted the positive value of Indigenous traditional and cultural representation in their vaccine process, including constructive feedback to not only continue in providing such representation among health services and events, but to increase and spread awareness, have more medicine readily available as needed, and enhance representation through music, dress, and dancers.

Much of the written comments included in this analysis were overwhelmingly positive. In efforts to visually depict the more common responses or responses that were repeated, a word cloud was constructed that included expressions of gratitude, key phrases, and overall feedback from this event (Q8, below). Of note, those keywords or phrases input repeatedly increased the size represented in the word cloud, in effort to visually and proportionately depict their frequency of use.

Thematic Overview of Positive Feedback

Below is a sample of responses collected from survey participants divided into themes.

No Recommended Improvement
- "Not sure, as everything was fantastic. Thank you!"
- "You are doing great, no need for more improving."
- "Nothing, perfect."
- "No improvement needed."
- "I wouldn't change anything."
- "Not sure if you can do anything better than you have. Stellar service."

Staff Interactions
- "You guys are fantastic. Keep up the good work!"
- "People very lovely, kind, respectful and knowledgeable."
- "I think everyone was really nice and I enjoyed the music."
- "Every staff member was extremely kind and helpful! This was such a positive experience."

Safe and Welcoming Environment
- "As I am afraid of needles, I felt safe. Thank you."
- "The clinic was extremely welcoming and informative."
- "Honestly, the whole experience was very accomodating and inclusive! Keep up the great work :)"
- "Sal made me feel less anxious and was very welcoming."
- "Thank you for welcoming those who live with Indigenous people. I appreciate the welcome."

Efficiency of Service
- "I think it was very easy and simple to book and come. Pow Wow was fun."
- "Everything was excellent and well organized."
- "It was an easy and excellent experience."
- "I think every step was perfect."
- "It was fast and easy."
- "This was such a seamless process! Thank you for providing this service."

Indigenous Medicines and Cultural Practices
- "I loved the 4 individuals fully dressed in traditional dress."
- "It was so nice to have the dancing and the music."
- "I loved hearing the Indigenous speakers and Pw-wow music."

Thematic Overview of Constructive Feedback

Below is a sample of responses collected from survey participants divided into themes.

Increase Advertisement and Awareness
- "More signage and clearer announcements."
- "More social awareness."
- "More communication. 140 booked vaccine out of 400 available."
- "Get the word out more. I spoke to others about it and it would be good for others to know about it."

Increase Cultural Representation
- "I think my only change would have been more Indigenous presence."
- "Maybe have medicine burning- I felt emotional, would have been nice to have a smudge without asking for one."

Technology Issues and Improvements
- "Increased access via online- was tricky to find info on this pop up."
- "Ensure that the technology is working for the staff (Dr had issues logging in."

More Information and Additional Resources
- "Talk about possible side effects."
- "Provide more information about the vaccine."

Environment and Surrounding
- "Perhaps a map/location dot for people driving in and info about parking close by."
- "Entrance felt weird, lots of confusion and annoyed people outside the gate."
- "More shade."

Word Cloud of Responses

Summary & Next Steps

Based on the results of the COVID-19 vaccination clinic feedback survey, it appears that the vaccination clinics at Auduzhe and WBIIH have been well received by the local FNIM community in Toronto. Participants shared positive feedback about the efficiency of the services provided, the staff, and felt that the Auduzhe-WBIIH clinics created a safe and welcoming environment for the FNIM community. Participants also shared areas for improvement such as increased advertisements and space for clinics, increased cultural representation, and there were recommendations for staff to provide more medical information and resources about the COVID-19 vaccinations and services being offered.

Currently, vaccination clinics are still being offered two days per week and COVID-19 testing clinics are being offered three days per week at Auduzhe Mino Nesewinong. Individuals who come to Auduzhe Mino Nesewinong to get vaccinated, ask questions about the vaccine or discuss vaccine barriers with health care providers can receive a $25 gift card.

- We know that finding time to get the information you need to make decisions and to get vaccinated can be difficult, especially in these busy times. Come to the Auduzhe Clinic to get vaccinated, ask questions about the vaccine, and/or discuss any vaccination barriers with a healthcare professional and you will get a $25.00 gift card. We want you to make safe and informed decisions, so come talk to us about the vaccine! Folks can book their appointment using the following link: https://healthybreathing.janeapp.com/
- Visit our website: https://www.wecountcovid.com/

Appendix 1: We Count COVID-19 Reference Group

- Toronto Aboriginal Support Services Council (TASCC)
- Toronto Inuit Association
- Toronto and York Métis Council
- City of Toronto Aboriginal Affairs Office
- Nishnwabe Homes
- Toronto Public Health
- Women's College Hospital Centre for Wise Practices
- Anishawbe Health Toronto
- Provincial Office of Indigenous Affairs
- Indigenous Services Canada
- Partners in Health
- Ontario Ministry of Health and Long-term Care
- Wigwamen Housing
- Ryerson University
- Toronto District School Board
- Chiefs of Ontario
- Indigenous Primary Healthcare Council
- Toronto Central Local Health Integration Network
- Anduhyaun Inc.
- Toronto Birth Centre
- George Brown College
- Aboriginal Legal Services
- Gabriel Dumont Housing Inc.
- Native Child and Family Services of Toronto
- Native Canadian Centre of Toronto
- Ontario Aboriginal HIV/AIDS Network University of Toronto
- Miziwebiik Aboriginal Employment Agency
- Thunder Woman Healing Lodge
- Centre for Addiction and Mental Health

Appendix 2: Vaccine Clinic Feedback Survey

TELL US WHAT YOU THINK

Thanks for taking the time to complete the Vaccine Clinic feedback survey. This survey is completely anonymous and will be used to help improve services and evaluate the We Count COVID-19 research project. You can learn more about the research project from the We Count COVID-19 Research Project Information Sheet, available at this site.

If you complete this survey, you will also be agreeing to share your survey responses with the We Count COVID-19 Research Project.

How did you hear about the WBIIH Auduzhe COVID-19 clinic? *(circle all that apply)*
Family/Friend   Online   Health Care Provider   Community Health Centre   Other:
_____

How do you identify? *(check all that apply)*
Indigenous (ie. First Nations, Inuit and/or Metis)_____
A non-Indigenous person who is a member of an Indigenous household_____
A non-Indigenous person who works at an Indigenous organization_____

For the following section, please check off the appropriate box:

HOW WAS YOUR VISIT TODAY?	VERY POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Entrance & screening process					
Check-in process					
Respect & warmth from our staff					
Presence of Indigenous people and processes					

COMMUNICATION & INFORMATION	VERY POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Explanation of the vaccine & follow-up care					
Clarity of information & responses to your questions					
Felt respected, comfortable and able to be myself					
Overall kindness & compassion from the providers					

CLINIC PREFERENCE	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	OF AVERAGE IMPORTANCE	VERY IMPORTANT	ABSOLUTELY ESSENTIAL
How important is it to you to get your vaccine at an Indigenous clinic?					

Would you recommend the WBIIH Auduzhe vaccine clinic to others? (*circle* one)
Yes or No

How could we improve?

Is there anything else that you want to tell us?

Thank you for participating in the WBIIH Auduzhe client feedback survey!

11

Appendix B
Shkaakaamikwe gchi twaa miigwewin **Webinar Evaluations: Year 2**

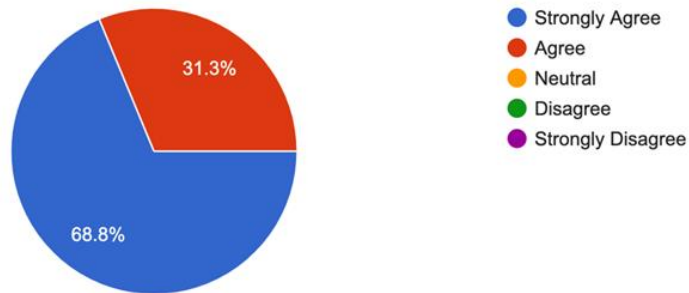**Title:** *Teachings on the Mind from an Anishnaabe Perspective*
Presenter: Wendy Phillips
Moderator: Dr. Suzanne Stewart
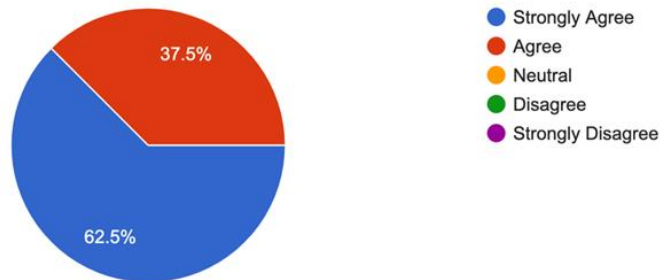**Date**: February 22, 2022; 2-3 p.m.

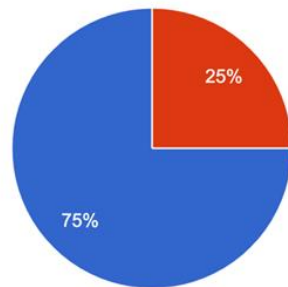The webinar content was consistent with the abstract included in the poster.
16 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

31.3%
68.8%

I will recommend this webinar series to others.
16 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

37.5%
62.5%

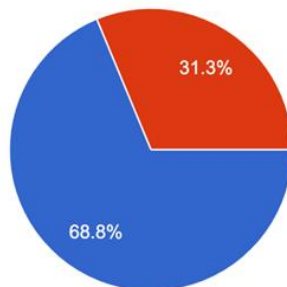## I learned something new/expanded my knowledge on the topic.
16 responses

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

25%

75%
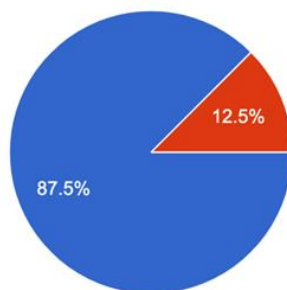
The speaker was a good communicator.
16 responses

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

31.3%

68.8%

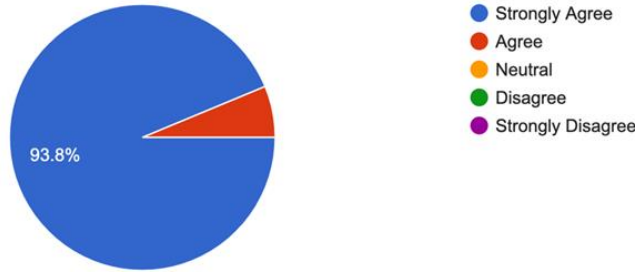## The material and knowledge sharing was presented in an organized manner.
16 responses

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

12.5%

87.5%

The speaker was knowledgeable on the topics.
16 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

93.8%

What did you most appreciate about the webinar? 11 responses
It is always good to listen to Elders speak and questions people ask
I enjoyed learning about different aspects of the culture and medicines used.
It is always a treat to hear from Elder Wendy
I really appreciated the numbers and corresponding teachings; very insightful
Learning from an Elder :)
the speaker was amazing, and having it ground in ceremony was outstanding
how in depth process is
Clear Communication
how the speaker explained the information
All of it! The Seven Aspects of the Mind
Everything. It's all new to me. Thank you.

What are any suggestions for improvement? 9 responses
Would like to hear more Elders speaking
N/A
An hour just didn't feel long enough, but I know everyone is extremely busy these days. Thanks again for this event!
Because I found it so interesting, I wanted to hear more about the numbers and their meanings in depth, as they all related to the mind and spirit
perfect as is
Continued Community Engagement
everything was good.
More time to expand on sections of the material/presentation
No

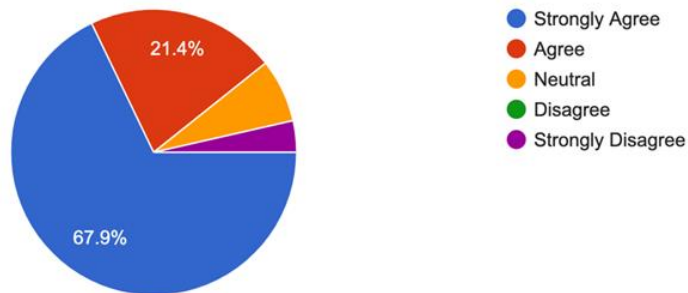**Title:** *Indigenous Suicide Risk Assessment in the Canadian Context: Literature Review*
Presenter: Dr. Jeffrey Ansloos, Shanna Peltier, Jordan McVittie, Nicole Santos Dunn
Moderator: Dr. Suzanne Stewart
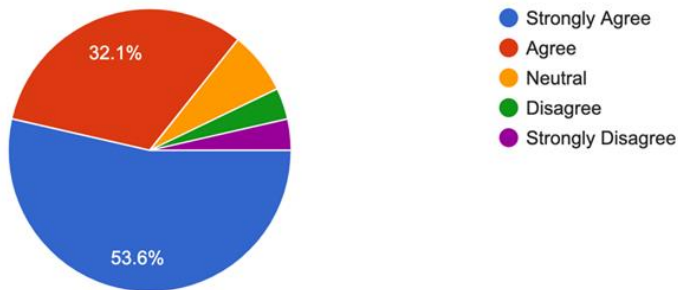**Date**: February 25, 2022; 1-2:30 p.m.

The webinar content was consistent with the abstract included in the poster.
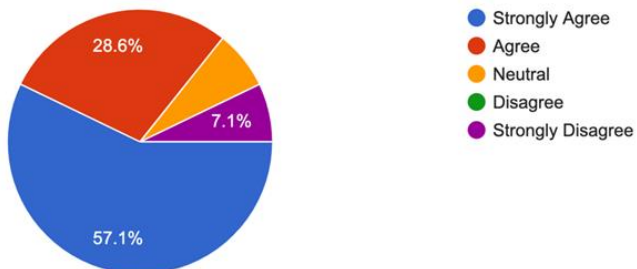28 responses

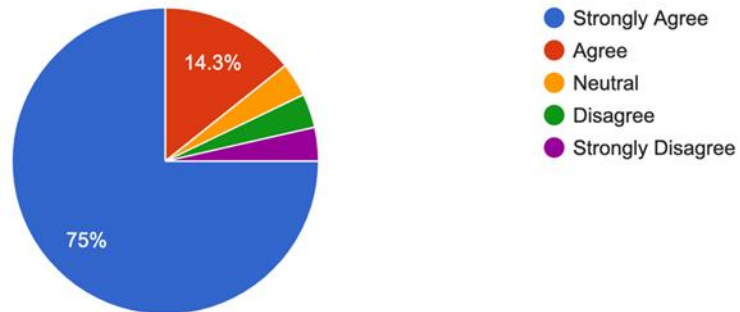I will recommend this webinar series to others.
28 responses

I learned something new/expanded my knowledge on the topic.
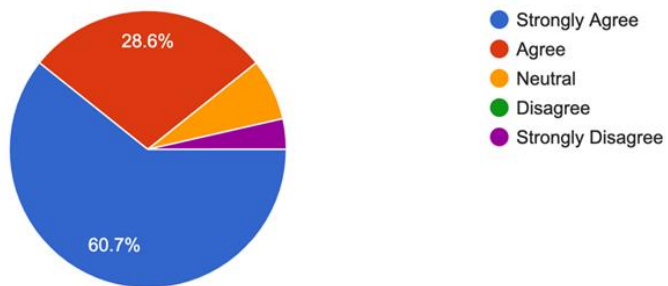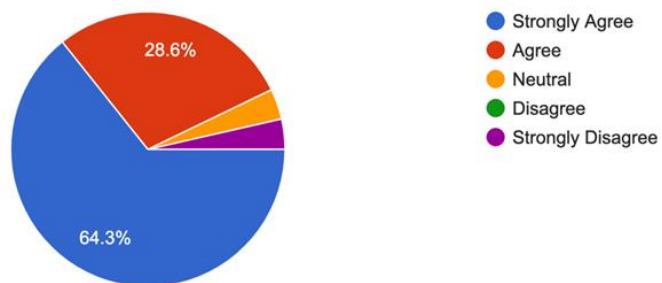28 responses

The speaker was a good communicator.
28 responses

The material and knowledge sharing was presented in an organized manner.
28 responses

The speaker was knowledgeable on the topics.
28 responses

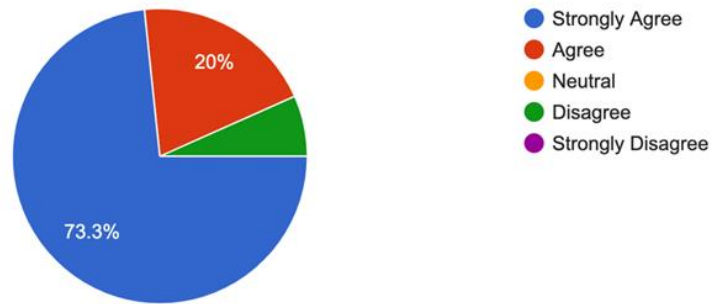| What did you most appreciate about the webinar?
17 responses |
|---|
| I thought the Q and A session was interesting and informative |
| I appreciated the further discussion on being aware of training gaps and risk assessments - makes me understand some of the difficulties, beyond my workplace, that are ongoing. |
| The knowledge was very extensive and left the audience with many questions and points of self reflection |
| Hearing about the most recent statistics, that the student researchers were included. They are the future. |
| Indigenous Perspectives |
| Important perspective too often missed |
| Candid speakers despite talking about a sensitive topic. Did not feel an imbalance in power between speakers (e.g. professor to students). |
| It was all really excellent! I really appreciated the wealth of knowledge on the topic that each presenter brought. Great work and looking forward to reading the published paper. |
| This is a very complex topic and I appreciated the literature review to help me better understand |
| Expanding what suicide risk assessment means! |
| Hard to choose |
| All of it. Thanks for staying on time and for taking questions. |
| The knowledge and time spend in research and bringing this issue forward |
| I appreciated the validation of the importance of training (vs. a checklist) AND having knowledge on cultural and historical background. How do we teach people to be relational and authentically engaging which is what is need for this work to be effective. |
| I really enjoyed the discussion near the end comparing gatekeeping with a position of power. I feel that was a very important insight to bring up. I also really like the discussion around police being the first call when someone is at risk and posing further issues. As a Social Worker I still have a duty to make that call, but it has me re-thinking how I can continue to support the client through that process and being an ally for them. |
| Resource |
| The current data and clear presentation |

What are any suggestions for improvement? 12 responses
Would like to see more webinars regarding mental health
Well presented!
I would prefer if the presenters take their time with presenting the material, and make it more organic and conversational when delivering the information. It felt quite formal and you could tell that individual's were reading from notes or a script, it would have been nice to just hear them expand more on personal perspectives, or provide personal examples to reinforce/supplement the literature results
Miigwetch Dr. Stewart for these webinars. Especially during covid - these webinars are keeping people engaged and connected.
Send out a written component with the articles/resources that you mentioned (such as CARES) for further professional development

74

I felt it was very 'read', and with that it was done quickly, too fast. Speakers could have slowed down a bit, I felt it was a rush reading of information.
The Q&A seemed to have included questions about suicidal ideation and triggering content. Maybe a set of resources could have been included for people who become distressed following the workshop/during.
I think less wordy presentation slides would have made it less distracting for me. I sometimes had a hard time attending to the content on the slides and what the speakers were saying. Otherwise, no other suggestions!
It was excellent
None
No suggestions for improvement. It was terrific.
don't read off slides, I wonder in this topic also the difference between language of intervention versus prevention, is it warranted?

Title: *PHAC Report Launch*
Presenter: Dr. Angela Mashford-Pringle
Moderator: Dr. Suzanne Stewart
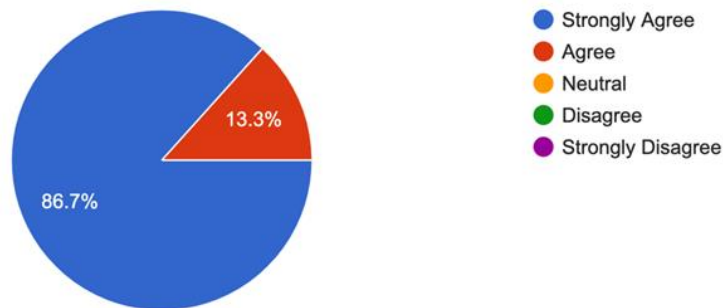**Date**: February 24, 2022; 11 a.m.-12 p.m.

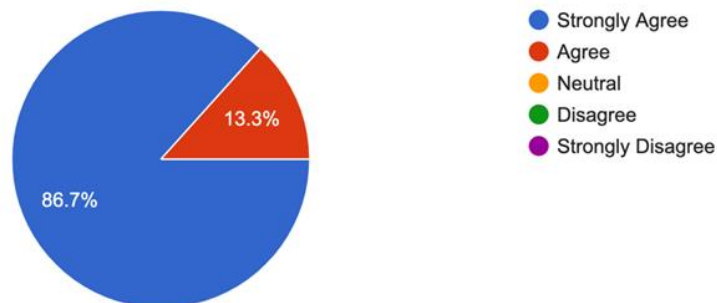I learned something new/expanded my knowledge on the topic.
15 responses

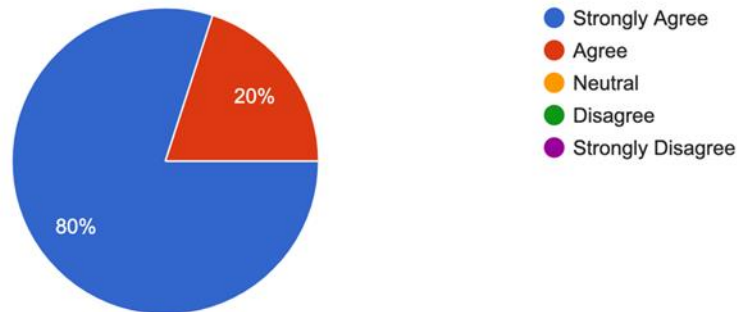The speaker was a good communicator.
15 responses

The material and knowledge sharing was presented in an organized manner.
15 responses

The speaker was knowledgeable on the topics.
15 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

20%

80%

What did you most appreciate about the webinar? 8 responses
refreshing to hear a little more honesty from leadership
Relevant, honest and grounded.
The subject about communication issues
I really enjoyed this opportunity and learn from and listen to Indigenous scholars. I enjoyed the use of visual representations to assist my learning. As a nurse I found the social determinates of health through an Indigenous lens very interesting, helpful and eye opening. I appreciated being able to hear first hand accounts of how Indigenous comminutes reported feeling/what they experienced though this pandemic. The story regarding Inuit pregnant people having to give birth alone/unable to access healthcare or partake in their birthing traditions was very heart breaking and impactful. Thank you for this webinar!
The truth
It was very clear and shed a lot of light on what different communities were thinking and how they were affected by the pandemic in the first year
I really appreciated just Dr. Mashford-Pringle's clear talk and being able to hear from her.
It was really insightful to hear about all the very important research results.

What are any suggestions for improvement? 4 responses
More time for questions.
nothing. It was amazing and an honour.
I wonder if there might have been a way to ask questions over mic? I'm not 100% sure how the webinar function is on zoom but I remember having a question but not being sure how to type it out in a coherent way haha
None- Dr Mashford Pringle's presentation was amazing.

Appendix C: Annual Reporting Collection Survey

Shkaakaamikwe gchi twaa miigwewin Collective Data Analysis
Year 2 Reporting Period

1. Your name and network:
2. Do you have community partners? If so, please list:
3. How many members are included in your network? (i.e., students, Elders, researchers, community partners)
4. Are Elders or traditional knowledge keepers involved in your network?
   - Yes
   - No
   - Other:
5. How often does your team meet?
   - Multiple times a week
   - Weekly
   - Every 2 weeks
   - Monthly
   - Every 2 months
   - Other:
6. Are Elders/Traditional Knowledge holders at these meetings?
   - Yes
   - No
   - Sometimes
   - Other:
7. How many projects are ongoing in your network?
8. Do these projects include community organizations?
9. From these projects, are services/programs being developed?
10. In your work, are Indigenous-based approaches to research and/or interventions included?
    - Yes
    - No
    - Other
11. If yes, please tell us more (i.e., ceremony type, frequency, etc)
12. Has your lab/organization hosted student support or professional development activities?
    - Yes
    - No
13. If yes, how many student/professional development activities have you hosted/supported?
14. Has your network created support activities for Indigenous researchers? (i.e., sharing circles, drop-in sessions, retreats, etc)
15. Has your lab/organization hosted any knowledge translation activities? (i.e., meetings, sharing circles)?
    - Yes
    - No

16. If yes, how many? Please tell us more.

17. Does your work connect with non-Indigenous service providers, communities, or researchers?
    - Yes
    - No
18. If your work connects with non-Indigenous peoples, please tell us more/in what capacity:
19. Has your network published work in academic articles/journals/domains over this period?
    - Yes
    - No
20. If you have published, please list:
21. If you have works in preparation, please list:
22. Has your network published any other sorts of works over this period? (i.e., community reports, reflections, brochures). If so, please list:
23. Is your network developing/preparing any other sorts of work? If so, please list:
24. Have there been other knowledge translation or cultural event in your work and research that hasn't been captured in the above questions? Please let us know:

Mentorship & Student Support

25. Have students been engaged in your network? (full time, part time, contract)
    - Yes
    - No
26. If so, how many students?
27. Are Indigenous students engaged with your network?
    - Yes
    - No
28. If so, how many Indigenous students?
29. Are internship, practica, or other activities available?
    - Yes
    - No
    - Other
30. Have student stipends, scholarships, bursaries, or other financial supports available through your network?
    - Yes
    - No
31. If so, please let us know how many, and total amounts awarded
32. Have scholarships been given to Indigenous students?
    - Yes
    - No
33. If so, how many Indigenous students have received scholarships/awards? Please list total amount.
34. Have positions, opportunities, or activities been created for Indigenous students?
    - Yes
    - No
35. If students are included in your network, how many projects have they been connected to and/or completed?
36. Can you tell us how your network supports students?

37. Are there other methods of Indigenous student or community revitalization that we haven't asked? Please let us know:

Community & Support

38. Does your network connect with Indigenous communities/community networks?
    - Yes
    - No
39. Does your network have meetings with Indigenous leadership or partnerships?
    - Yes
    - No
40. If your network dos have meetings with Indigenous leadership or partners, how often do you meet?
    - Multiple times a week
    - Weekly
    - Every other week
    - Monthly
    - Other:
41. Does your network host community gatherings with researchers/students/community members?
42. Are youth community members involved in this work?
43. Does your network host any land-based activities? If so, tell us more:
44. Have you presented in community/academic settings?
    - Yes
    - No
45. If you have presented in community, please tell us more:
46. If you have presented in academic circles/places, please tell us more
47. Have there been other community engagement efforts not captured here? Please let us know:

Policy & Transformation

48. Does your network connect with policy makers?
    - Yes
    - No
49. If your network does connect with policy makers, please tell us how so:
50. Does your network connect with levels of government?
    - Yes
    - No
51. If your network does connect with levels of government, please tell us more (i.e., what level; what manner of connection and partnership):
52. Have policies or practices been impacted/changed due to these connections?
    - Yes
    - No
    - Maybe

- Other:
53. If policies or practices have been impacted, please tell us more:
54. Has your network been related to Indigenization efforts? (i.e., in community; schools; programs)
    - Yes
    - No
    - Maybe
    - Other:
55. If your network has been related to Indigenization efforts, please tell us how so:
56. Has your network funded community organizations?
    - Yes
    - No
    - Other:
57. If your network has funded community organizations, please tell us more (i.e., amount funded, details of connection)
58. Has your network assisted with, or facilitated, advocacy or community-based events? (i.e., MMIWG, UNDRIP, TRC, community needs, other)
    - Yes
    - No
    - Other:
59. If yes, please tell us more about community-based events/experiences (including attendees, if possible):
60. Has your network connected with institutional leadership (i.e., universities, colleges, other)regarding NEIHR work, Indigenous education, or Indigenous health?
    - Yes
    - No
    - Other:
61. If your network has been connected with institutional leadership, please tell us more:
62. Has your network facilitated partnerships, agreements with post-secondary institutions?
63. If yes, please tell us more:
64. Has your network hosted any other public events? Please tell us more:
65. Does your network connect with policy makers/practices?
66. Does your network connect with policy makers/practices?
    - Yes
    - No
67. If your network does connect with policy makers or practices, please tell us how
68. Does your network have any formal partnerships with ethics boards?
    - Yes
    - No
    - Other:
69. Has your network been involved with, sponsored, or facilitated anti-oppressive/Indigenization efforts for non-Indigenous groups or teams (i.e., researchers, healthcare professionals, policymakers)
    - Yes
    - No

- Other:
70. If your network has been involved in such efforts, please tell us more:
71. Has your network been involved in cultural promotions in post-secondary institutions, education centres, health facilities, or others?
    - Yes
    - No
    - Other:
72. Have there been any publications or media posts regarding the activities of your network?
    - Yes
    - No
73. If there have been publications or media posts, please tell us more (link if possible):
74. Has your lab/organization begun any evaluation/impact events of your work?
    - Yes
    - No
    - In progress
    - Other:
75. If evaluation efforts are in progress, are students, Elders, and/or community involved?
    - Students
    - Elders
    - Community members
    - Volunteers
    - Other:
76. Have there been other policy or transformation impacts of your network, not captured here? Please let us know:

Sustainability

77. Has your network applied for external funding?
    - Yes
    - No
    - Other:
78. If your network has applied for external funding, please tell us more:
79. Has your network created employment positions?
    - Yes
    - No
    - Other:
80. If your network has created employment positions, please tell us more:
81. Has your network hosted volunteers?
    - Yes
    - No
82. If your network has hosted volunteers, please tell us more (for what event, how many, etc):