Ontario Network Environments For Indigenous Health Research

—

Annual Report

PREPARED BY

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Table of Contents

List of Tables

Principal Knowledge User & Nominated Principal Investigator Statement

It is with gratitude that we submit the 2023 annual report for the ON NEIHR - Shkaakaamikwe gchi twaa miigwewin (Mother Earth's Gifts). As the completion of Year Three unfolds, there are exciting and challenging updates on the progress we have made, and the most effective ways to continue working towards goals of improved Indigenous health and wellness through the network. In the past year, we have continued to work diligently with our network of Indigenous community partners, researchers, policy makers and the broader Indigenous community; through our unique collaborations, we are constantly learning and discovering how to best serve the needs of our Indigenous Peoples across Turtle Island and globally. While the COVID-19 pandemic no longer presents the same issues as it did in Years 1 and 2, the residual impacts have continued to affect our Peoples and the network, and we are constantly trying to find safe and ethical ways to resume in-person research practices and approaches that are tailored to the unique needs of all those involved.

Throughout the last year, our network's commitment to relationships, reciprocity, community needs, spirituality, and working from community driven methodologies has not wavered. Working in collaboration with our network of Indigenous researchers, students, youth, Elders and Knowledge Keepers, as well as the community leaders and members, continues to be the aspect of Shkaakaamikwe gchi twaa miigwewin that we take the most pride in and feel is the most valuable component of the work we do together. All the passionate people involved in this amazing network have contributed immense time, energy, and efforts to ensure that our main goal is always met; that being, improving the overall wellbeing and quality of life for Indigenous Peoples. Every person in this network has worked hard to ensure that the mental health needs of Individual people and community continue to be at the forefront of our work.

In March of 2023, our Elder and members of the research team from Shkaakaamikwe gchi twaa miigwewin had the privilege and honour of travelling to Sydney Australia to meet with our international research partners from the Poche Centre for Indigenous health. As the knowledge exchange was held in person, both teams engaged in a research symposium together at the University of Sydney, and various other cultural and ceremonial events that expanded our existing partnership with the goal of advancing Indigenous research, education and academic development to ensure that Indigenous health and wellbeing, cultural reconnection, ceremony, community collaboration and spirit are always at the forefront of the research being completed. Being afforded the opportunity to discuss our research together, in person and on the land, allowed for us to plan on how to expand our efforts to an international scale.

We are excited to announce that in the Fall of 2023 Shkaakaamikwe gchi twaa miigwewin will hold its twice-yearly symposium in partnership with the Indigenous Mentorship Network (IMN) Ontario in its first land-based gathering. The Indigenizing Health Symposium 2023: Nations Gathering on the Land

invites keynote speakers from across the network, including Co-Investigators, Community Partner leaders, and Elders and Traditional Knowledge Keepers. Attendees will stay on the land for the two-day event, which will be based in spiritual ceremony. The gathering will showcase the research of the IMN and the network's four theme groups and provide a venue for students from across the network to share their work in a culturally based knowledge translation event. An aim for the symposium is to create new linkages for research and teaching, knowledge exchange, ceremony, Indigenous ways of knowing and being, and spirituality.

Among the many accomplishments of Shkaakaamikwe gchi twaa miigwewin in 2022/2023 is the continuation of the network to meet the evolving needs of community in terms of the mental health impacts resulting from the COVID-19 pandemic and the ongoing societal and systemic challenges that continue to face Indigenous Peoples in Ontario and across Canada due to historical and ongoing colonial harms. At the heart of our network is the support for our community partners and our researchers, in addressing the complex issues we face with kindness, compassion, spirit, and Indigenous knowledges in research, teaching, networking and collaborations as we continue to advance projects and meet the health needs of community.

The following report will highlight the accomplishments of the network over the 2023 year, including monthly webinars, conferences, research symposium involvement, workshops held, peer reviewed journal publications, book chapters, scholarly and community presentations, policy reports, policy forums, 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 locally, across Canada and globally - through research, collaboration and ceremony.

Warmly,

Elder Clayton Shirt & Dr. Suzanne Stewart

Elder Clayton Shirt, ON NEIHR Principal Knowledge User

Dr. Suzanne Stewart, ON NEIHR Nominated Principal Applicant

Research Team Structure

Investigators

The Shkaakaamikwe gchi twaa miigwewin research team has shifted slightly in Year Three with changes related to the movement of several collaborators to a co-applicant role; this occurred due to administrative requirements of the University of Toronto and CIHR in order to transfer research funds to team members. The number of student trainees also changed in Year Three, though this may be a reflection of reporting as in Years *One*

Nominated Principal Investigator

- Dr. Suzanne Stewart

Two Knowledge Users

- Elder Clayton Shirt, Principal Knowledge User, University of Toronto, ON

- Ms. Pamela Hart, Knowledge User, Director, Native Women's Resource Centre Toronto, ON

Seventeen Co-applicants

- Dr. Angela Mashford-Pringle, Early Career Investigator, Assistant Professor, Public Health, University of Toronto, ON

- Dr. Jeffrey Ansloos, Sex and Gender Champion, Assistant Professor, Psychology, University of Toronto, ON

- Dr. Holly Graham, Associate Professor, Nursing, University of Saskatchewan, SK

- Dr. Lynn Lavallee, Professor, Social Work, Ryerson University, ON

- Dr. Janet Smylie, Professor, Public Health, St. Mike's Hosp/University of Toronto, ON

- Dr. Rod McCormick, Professor, Education and Social Work, Thompson Rivers University, BC

- Dr. Alanaise Ferguson (Goodwill), Assistant Professor, Psychology, Simon Fraser University

- Dr. Chris Mushquash, Associate Professor, Psychology, Lakehead University

- Dr. Brenda Restoule, Director, First Peoples Wellness Circle, Bothwell, ON

- Dr. Jeffrey Schiffer, Executive Director, Native Child and Family Services Toronto, ON

- Dr. Michael Hart, Vice Provost of Indigenous Engagement, University of Calgary, AB

- Dr. Chantelle Richmond, Professor, Medicine, Western University, ON

- Dr. Amy Bombay, Associate Professor, Nursing & Psychiatry, Dalhousie University, NS (inactive due to being on leave)

- Dr. Maile Taulii, Clinical Transformation Healthcare Researcher, Hawaii Permanente Medical Group, Kaiser Permanente, Hawaii

- Dr. Michelle Dickson, Assistant Professor, Medicine, University of Sydney, Australia

1 and 2, this data was not captured in the reporting process. The team comprises 26 applicants: One nominated principal applicant (NPI), 17 co-applicants, two knowledge users (including one Elder), and six collaborators (including three Elders). Note that in Year Three one co-applicant and two collaborators are listed as inactive.

- Dr. Renee Linklater, Decision Maker and Knowledge User, Director of Indigenous Engagement, Centre for Addictions and Mental Health, ON

- Dr. Chelsea Gabel, IMN, McMaster University, ON

Six Collaborators

- Elder Pauline Shirt, Cree Treaty 6 and Toronto, ON

- Elder Luanna Harper, Rama First Nation, ON

- Elder Wendy Philips, Curve Lake First Nation, ON

- Dr. Mikaela D. Gabriel, PhD, Post-Doctoral Fellow, University of Toronto ON

- Dr. Karlee Fellner, Assistant Professor, University of Calgary, AB (inactive due to leave)

- Dr. Sandra Eades, Associate Dean, Medicine, University of Melbourne, Australia (inactive)

One Staff

- Roy Strebel, Research Coordinator

One Hundred Ten Student Trainees

- 12 PhD students

- 80 Master's students

- 10 Undergraduate students

- 8 Community research assistants

- (**Note.** The composition of 110 trainees based on network members' budget proposals, not reported trainees after hiring, thus there may be some inaccuracies in composition though it is confirmed that there are 110 reported trainees across the network for Year Three.)

Forty Three Community Partners

- Aboriginal Health and Wellness Centre, MB

- Aboriginal Health Access Centres, ON

- Anishnawbe Health Toronto, ON

- Anishnawbe Mushkiki, ON

- Auduzhe Mino Nesewinong Clinic, ON

- Centre for Addictions and Mental Health, ON

- Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, AUS

- Congress of Aboriginal Peoples, ON

- Dilico Anishinabek Family Care, ON

- First Nations Health Authority, BC

- First Nations Health and Social Secretariat of Manitoba, MB

- First Nations Mental Wellness Continuum, ON

- First Nation, SK

- First Peoples Wellness Circle, ON

- Institute for Circumpolar Health Research, NWT

- Indigenous Mentorship Network of Ontario, ON

- Kaiser Permanente, Hawaii, USA

- Kids' Help Phone, ON

- Manitoba Inuit Association, MB

- MAP Centre for Urban Health Solutions, MB

- Muskoday, SK

- Métis Nation of Ontario, ON

- Native Child & Family Services Toronto, ON

- Native Mens Residence Toronto, ON

- Nisga'a Nation, BC

- Na Pualei o Likolehua, Hawaii, USA

- Nisga'a Valley Health, BC

- Native Women's Resource Centre of Toronto, ON

- Red Pepper Spectacle Arts, ON

- San'yas Anti-Racism Indigenous Cultural Safety Program, BC

- Sacred Circle, BC

- Seventh Generation Midwives Toronto, ON

- Stó: lo Service Agency, BC

- The Métis Nation Government in British Columbia, BC.

- Tungasuuvingat Inuit Southwest Ontario, ON

- 2Spirited People of the 1st Nation, ON

- Wayeshkadawin Collective, SK

- Well-Living House, ON

- Wassegiizhig Nanaandawe'iyewigamig Health Access Centre, ON

- Wise Practices for Life Promotion, ON

- Working to End Racial Oppression, New Zealand

- Umingmak Centre, Nunavut

- Unity Health Toronto, ON

Overarching Goals

Shkaakaamikwe gchi twaa miigwewin is a collaborative network of academic and Indigenous partnerships, situated in over 22 sites in Ontario, 20 sites elsewhere in Canada, and 4 sites internationally. The network is designed to transform how the health care system responds to Indigenous mental illness for First Nations, Métis, and Inuit peoples, from a Western biomedical approach to an Indigenous knowledge solutions approach. The Canadian health care system currently addresses Indigenous mental illness through a Western biomedical-based intervention, using models that are culturally inappropriate, unsafe and ineffective in terms of symptoms reduction and remediation of diagnosis. One of the main objectives of Shkaakaamikwe gchi twaa miigwewin's is to provide Indigenous knowledge solutions, for practice and policy, that will help redress and remove barriers. Together, the network aims to create a national shift from the current system response to Indigenous mental illness, which focusses heavily on siloed Western biomedical-based crisis and limited-term interventions and supports, to a coordinated strategic system that is based in Indigenous knowledges prevention.

In Year 3, it has been made even more apparent that the research team, in partnership with community and community organizations, 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 and ceremonies, cultural safety, and Indigenous science, when applied to health systems. Data, evidence, and goals of the network are detailed throughout this report and have and will continue to pave the way to continued success in meeting the network's targets for system change.

Research Team Updates

Shkaakaamikwe gchi twaa miigwewin Meetings

During the Year Three period, Shkaakaamikwe gchi twaa miigwewin's leadership and organizational centre, led by the principal investigator, Dr. Stewart, continued to meet routinely with the networks collaborators and researchers to determine the best and most effective research paths forward. Table 1 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.

The ON NEIHR continues with its Indigenous governance model in which a leadership comprising the NPI, one Elder, and three senior scholars from the network (including IMN Ontario lead) meet regularly through the year to discuss and guide strategic and operational issues and management of the network. Another aspect of the Indigenous governance model is the use of the Waakebiness Institute for Indigenous Health (WIIH) Elders' Council, which meets four times per year. At each Elders' Council meetings, representative from the NEIHR are invited to present work form the network to the council for guidance and feedback from Indigenous knoweldges and ethical perspectives, which are used to refine, guide, and approve projects and processes within the ON NEIHR. Dr. Stewart's NPI team (central team meetings) held weekly, with ceremonial openings and closings and Elder input throughout the agenda; 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 Three reporting period are noted below Table 1 Year Three Leadership Circle Meetings.

Table 1

Year Three Leadership Meetings

Meeting Type	Attendees	Total (Year 3)
Shkaakaamikwe gchi twaa miig-wewin Team Meetings	PI, Co-investigators, collaborators, students, researchers, Elders	11
Shkaakaamikwe gchi twaa miig-wewin Theme Leader Meetings	Individual theme leaders, Elders, PI, Co-investigators, collaborators	11
Central Team Meetings (Year 3: Meetings changed Weekly to Bi-Weekly)	PI; post-docs; Elders; students	28

Knowledge Translation Events

Shkaakaamikwe gchi twaa miigwewin Monthly Webinars

As the network progressed into Year Three for Shkaakaamikwe gchi twaa miigwewin, the demand, and therefore success, of the monthly webinars continued to flourish. As such, the ON NEIHR continued to host free online webinars in which a member of the investigator team, i.e., a co-investigator, Elder, collaborator, or community partner presented important work being done through the network related to research projects and community-based programming and evaluation. As in previous years, each webinars included spiritual ceremony by Elders and Knowledge Keepers (when available; other moderators performed spiritual openings/closings when traditional knowledge keepers were unavailable). Specific to the Year Three reporting period, there were 10 scheduled webinars and special events hosted by Shkaakaamikwe gchi twaa miigwewin. Each webinar event was recorded via the online platform being used and posted to the network's YouTube account and to the ON NEIHR website for later viewing and in support of accessible knowledge translation and dissemination.

Table 2

Shkaakaamikwe gchi twaa miigwewin Webinar Attendance

Webinar Date	Presenters	Title	Registered Attendees	YouTube Views
April 2022	Katie Big-Canoe and Dr. Chantelle Richmond	Supporting Indigenous health scholars using relational and culturally based methods: Lessons learned from Ontario's Indigenous Mentorship Network	33	38
May 2022	Dr. Christopher Mushquash	Research to Improve Care for First Nations: An Example from Northwestern Ontario	65	94
June 2022	Dr. Henry Harder and Dr. Jessie King	Research Dreams for Indigenous Communities	15	29
July 2022	Dr. Renee Linklater	Driving Culturally Relevant System Initiatives at the Centre for Addiction and Mental Health (CAMH)	30	169
September 2022	Luana Shirt	Walking the Good Life: Through the Seasons	29	34
October 2022	Pamela Hart and Dr. Suzanne Stewart	Native Women's Resource Centre of Toronto (NWRCT) Report	71	43
November 2022	Dr. Mikaela Gabriel and Sarah Ponton	The Ku-gaa-gii pimitizi-win Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets	78	18
January 2023	Dr. Janet Smylie	Advancing Generative Health Services for First Nations, Inuit, and Metis Peoples	105	37
February 2023	Dr. Chelsea Gabel and Dr. Bobby Henry	From the Homeland: Métis Identity and Digital Storytelling	58	67
March 2023	The Congress of Aboriginal Peoples (CAP)	Exploring the Elements and Advocacy within Research for Off-reserve Status/Non-Status First Nations, Metis, and Southern Inuit communities.	33	41
Total			517	570

A breakdown of the Shkaakaamikwe gchi twaa miigwewin webinar attendance and reach across both live and recorded platforms are included in Table 3.

Table 3

Shkaakaamikwe gchi twaa miigwewin Webinar breakdowns

Shkaakaamikwe gchi twaa miigwewin Webinar	Attendance & Views
Total Webinars	10
Total Live Webinars	517
Highest Attendance	105
Lowest Attendance	15
Attendee Average	51
Total Recorded YouTube Views	570
Highest YouTube Views	169
Lowest YouTube Views	29
Average YouTube Views	57

The webinars presenters in Year Three ranged across a variety of positions within Shkaakaamikwe gchi twaa miigwewin; Elders and Knowledge Keepers, co-investigators, collaborators, community partners, research teams, and post-doctoral fellows were included as presenters to share traditional knowledges, teachings, research results, clinical programming, and evaluation findings. All ten of the webinars in Year Three were evaluated by their audiences. What was outstanding in terms of this evaluation of knowledge translation activity of the webinars was the knowledgeability of presenters and learning experienced by the audience.

Each webinar received overwhelming positive feedback. For almost all webinar presentations, all audience members expressed that advertising for each consistently matched the presentation material and that their knowledge was expanded due to viewing the webinar. Most audience members (over 85% for each webinar) would recommend the webinar viewed to others. Further, all presenters were rated very highly for organization of their presentation skills. Data for each webinar's feedback survey is in Appendix A.

Knowledge Sharing & Social Media Engagement

In the Year Three reporting period, our network continued 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 efforts 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. To further engage with our network and enhance and diversify the sharing of content, we have also developed a seasonal newsletter. The newsletter highlights past, current and future events, where viewers are able to read about the progress of the network and honor and respect the Elders and Knowledge Keepers who share their teachings with us. Appendix D shows the newsletters that were released in the Year Three reporting period. 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 441 followers, Shkaakaamikwe gchi twaa miigwewin's Facebook page has 409 followers, and the Twitter page is followed by 312 followers. 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 Instagram page offers detailed statistics regarding content engagement and the reach of our posts beyond our social media followers. Table 4 lists each social media post made for Year Three and includes summaries of post interaction, network reach, and account connection online by Instagram.

Table 4

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

Reach	+ 953.8% from previous year
New Followers	16 new followers (442 Total Followers)
Age Statistics	n/a
Top Demographic	25-34 years of age
Bottom Demographic	65+
Gender Statistics (*No data Available for Additional Gender Identities)	80% Female & 20% Male
Top City	Toronto, ON
Top Country	Canada

Appendix B contains data for each Instagram post on the monthly webinars, including the number of views, likes, comments, and shares. It is reported that overall, the webinar post on Instagram had moderate success in reaching audiences.

Research Training

During the Year Three period, Shkaakaamikwe gchi twaa miigwewin continued to hold specialty training meetings for all team members, research assistants, postdoctoral fellows, and practicum students. The intention of the training meetings was to focus on qualitative research methodologies to help researchers with enhanced understandings of ethical and culturally safe research with respect to participant analysis, as well as support traditional perspectives on research interpretations by Dr. Stewart (2008-present). These methods operate from a traditional knowledges framework that honour Indigenous oral storytelling traditions, 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. Nominated principal investigator, Dr. Suzanne Stewart offered three of them:

- Indigenous Data Analysis Workshop 2022
- Indigenous Dissemination & Knowledge Translation Workshop 2022
- Indigenous Qualitative Data Collection Workshop 2022

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

Throughout Year Three, the network continued to provide ongoing support, partnership, and evaluation of Native Child and Family Services of Toronto (NCFST). 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. Internal and external meetings were held for the 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. After completing and finalizing the NWRCT report in collaboration with the organization and community members involved, a community feast was organized (May 2023) at the NWRCT resource centre to take part in ceremony together and share the findings of the report with the community. In addition, a policy forum was held (June 2023) which was extended to many of our community partners for everyone to engage in ceremony and discussions about the findings from the report.

The Ku-gaa-gii pimitizi-win Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets

During the Year Three reporting period, the network began a research project with the research partners at Unity Health Network (UHN) which sought to explore the vaccine experiences of people who experienced homelessness during the COVID-19 pandemic. Due to the enduring impacts of colonization, systemic racism, and other systemic barriers, there is an over-representation of Indigenous Peoples in homelessness communities. UHN collected data using mixed methods, which consisted of surveys and interviews. The data was analyzed through methods developed by Dr. Stewart (2008) which use a culturally safe framework based in Indigenous knowledges to identify key results and messages from Indigenous participants. 76 survey participants and 10 interview participants identified themselves as Indigenous. The enduring and persistent loss of housing and homelessness for Indigenous Peoples requires an Indigenous culturally safe and culturally

based approach to housing and holistic support. The results and recommendations of the study were shared through a knowledge translation event, that was held in Toronto with the research team and members of the community.

Ceremonies & Cultural and Spiritual Events

After being limited to the virtual world only due to the COVID-19 pandemic, in year 3, our network has been fortunate to be able to resume back to land-based gatherings and ceremonies as originally planned in the construction of Shkaakaamikwe gchi twaa miigwewin. Over the course of the Year Three reporting period, a sweat lodge ceremony has been scheduled and held at the end of every month throughout the year, except for the Winter months when it becomes difficult due to inclement weather conditions. These ceremonies are held at Hart House Farm for the Shkaakaamikwe gchi twaa miigwewin central team, and conducted by Elder and collaborator, Elder Clayton Shirt. Future sweat lodge ceremony programs will continue to be

planned monthly for available team members in Toronto, Ontario. Ceremony also occurred for other theme groups in local settings, such as at community partner organizations and/or on First Nations reserves. In addition, sweat lodge ceremonies and other ceremonial events were held over the last year for our international partners from Australia. During Year Three of the Shkaakaamikwe gchi twaa miigwewin, cultural events coordination was enhanced and organized by our Elders, Traditional Knowledge Keepers, coordinators and the research team members. The cultural events were organized and are being held on a consistent basis and scheduled in advance for the full Year Three reporting period. Cultural events consisted of Talking circles, Drumming Circles, Pipe Ceremonies, Cultural Teachings, land-based curricula and learning opportunities and Sacred Fires. Appendix C contains the ceremony and cultural event posters that were used to advertise the events, including the dates, times and locations for each.

Publications

For the Year Three reporting period, the Shkaakaamikwe gchi twaa miigwewin network 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. Some network investigators did not provide their information regarding publication in time to be added to this report, thus the data regarding publication may be an under-reporting of actual publication and associated activity. Included are the reported publications for Year Three listed by investigator name and role.

Dr. Suzanne L. Stewart - Nominated Principal Investigator

Journal Articles

1. Gabriel, M.D.; Mirza, S.; Stewart, S.L. (October 2022). Exploring Mental Health and Holistic Healing through the Life Stories of Indigenous Youth Who Have Experienced Homelessness. Int. J. Environ. Res. Public Health, 19, 13402. https://doi.org/10.3390/ ijerph192013402.

Upcoming Journal Articles

1. Brown, M., Lu, J., Mirza, S., & Stewart, S.L. (2023, in prep). Impacts of Climate Change on the Mental Health of Indigenous Youth Literature Review.

2. Ponton, S.J., Gabriel, M.D., Lu, X., Stewart, S.L., Strebel, R & Mirza, S. (2023, in prep). The Mental Health of Indigenous Peoples During The COVID-19 Pandemic: A Scoping Review.

Reports

1. Brown, M., Lu, J., Mirza, S., & Stewart, S. (2023, in prep). Impacts of Climate Change on the Mental Health of Indigenous Youth. Report on The Pilot Project.

2. Stewart, S.L., Gabriel, M.D., Ponton, S., Strebel, R., & Mirza, S., & Lu, J. (July 2022) Covid-19 Pandemic Virtual Service Impact and Process Evaluation Report. Native Child & Family Services of Toronto & Waakebiness Institute for Indigenous Health.

Newsletters

1. Stewart, S.L., Dar, I., Russel, D., Brown, M. (Winter 2022). Shkaakaamikwe gchi twaa miigwewin (Mother Earths Gifts), Winter Newsletter. The Ontario Network Environment for Indigenous Health Research (ON-NEIHR) & Waakebiness Institute for Indigenous Health

2. Stewart, S.L., Dar, I. & Brown, M. (May 2023). Shkaakaamikwe gchi twaa miigwewin (Mother Earths Gifts), Spring Newsletter. The Ontario Network Environment for Indigenous Health Research (ON-NEIHR) & Waakebiness Institute for Indigenous Health

Conference Presentations, Workshops & Research Symposiums

1. Stewart, L., Mirza, S., & Ponton, S. (September 2022). Indigenous Mental Health and Climate Crisis: Engaging Youth and Elders in Urban and Reserve Area. National Summit on Indigenous Mental Wellness. Toronto, ON, Canada. https://www.sac-isc.gc.ca/eng/165722451207 8/1657224529366.

2. Stewart, L., & Mirza, S. (May 2023). Impacts of Climate Crisis on Indigenous Youths Mental Health. Native American and Indigenous Studies Association (NAISA). Toronto, ON, Canada.

3. Stewart, L., & Mirza, S. (June 2023). Impacts of Climate Crisis on Indigenous Youths Mental Health. The Society for the Studies of Emerging Adulthood (SSEA) San Diego, California, USA.

4. Shirt, C., Gabriel, M., & Mirza, S., (March 2023). Shkaakaamikwe gchi twaa miigwewin (Mother Earth's Gifts): The Ontario Network Environment for Indigenous Health Research Knowledge exchange at University Centre for Rural Health (Fern Room). Lismore, Australia.

5. Shirt, C., Brown, M., & Mirza, S. (March 2023). Impacts Of Climate Crisis on Indigenous Young Adults Mental Health. Research Symposium, Wakil Building, University of Sydney.

6. Gabriel, M. & Brown, M. (March 2023). The Ku-gaa-gii pimitizi-win Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets. Research Symposium, Wakil Building, University of Sydney.

7. Adams, J. (March 2023). The International Journal of Indigenous Health: An In-depth Workshop on Publication Process for Guest Editors. Research Symposium, Wakil Building, University of Sydney.

Dr. Christopher Mushquash - Co-applicant

Journal Articles

1. Toombs, E., Lund, J. I., Mushquash, A. R., & Mushquash, C. J. (2023) Intergenerational residential school attendance and increased substance use among First Nation adults living off-reserve: An analysis of the Aboriginal Peoples survey 2017. Frontiers in public health, 10, 1029139. https://doi.org/10.3389/fpubh.2022.1029139.

2. Wei, A., Zhang, Yang B., Robertson, E., Steen, J., Mushquash, C., Wekerle, C. (2023) Global Indigenous Gender Concepts, Gender-Based Violence and Resilience: A Scoping Review. Child Abuse & Neglect, 106185. https://doi.org/10.1016/j.chiabu.2023.106185.

3. Toombs, E., Mushquash, C. J., Lin J. C., Sanders, C., Sinoway, C., Amirault, M., Barkman, L., Deschamps, M., Young, M., Gauvin, H. (2023). Looking beyond the individual–The importance of accessing health and cultural services for Indigenous women in Thunder Bay, Ontario. PLOS ONE 18(3): e0282484. https://doi.org/10.1371/journal.pone.0282484.

4. Aker, A., Serghides, L., Cotnam, J., Jackson, R., Robinson, M., Gauvin, H., Mushquash, C., Gesink, D., Amirault, M., & Benoit, A. C. (2023). The impact of a stress management intervention including cultural components on stress biomarker levels and mental health indicators among indigenous women. Journal of behavioral medicine,10.1007/s10865-023-00391-0. Advance online publication. https://doi.org/10.1007/s10865-023-00391-0.

5. Lund, J. I., Toombs, E., Mushquash, C. J., Pitura, V., Toneguzzi, K., Bobinski,T.,vLeon, S., Vitopoulos, N., Frederick, T., & Kidd, S. A. (2022). Cultural adaptation considerations of a comprehensive housing outreach program forvIndigenous youth exiting homelessness. Transcultural Psychiatry. https://doi.org/10.1177/13634615221135438.

6. Drawson, A. S., Toombs, E., Blain, J., Bobinski, T., Dixon, J., Paavola, N., & Mushquash, C. (2022). The Development of the First Nations Children Wellbeing Measure. International Journal of Child and Adolescent Resilience, 9(1). https://doi.org/10.54488/ijcar.2022.305.

7. Toombs, E., Lund, J., Radford, A., Drebit, M., Bobinski, T., & Mushquash, C. J. (2022). Adverse Childhood Experiences (ACEs) and Health Histories Among Clients in a First Nations-Led Treatment for Substance Use. International journal of mental health and addiction, 1–21. https://doi.org/10.1007/s11469-022-00883-1.

8. Goetz, C. J., Mushquash, C. J., & Maranzan, K. A. (2022). An Integrative Review of Barriers and Facilitators Associated with Mental Health Help Seeking Among Indigenous Populations. Psychiatric services (Washington, D.C.), 74(3), 272–281.https://doi.org/10.1176/appi.ps.202100503.

9. Lund, J., Toombs, E., Mushquash, C., Pitura, V., Toneguzzi, K., Bobinski, T., Leon, S., Vitopoulos, N., Frederick, T., Kidd, S. (2022) Cultural adaptation considerations of a comprehensive housing outreach program for Indigenous youth exiting homelessness. Transcultural Psychiatry. https://doi.org/10.1177/13634615221135438.

10. Toombs, E., Mushquash, C., Leon, S., McKenzie, K. (2022). Thriving in three Northwestern Ontario communities. International Journal of Mental Health. https://doi.org/10.1080/00207411.2022.2108987.

11. Lund, J. I., Mushquash, C., Carty, H., Bobinski, T., Lichtenstein, S., Daley, M., & Kidd, S. (2022). Implementing Indigenous youth peer mentorship: Insights from the By-Youth-For-Youth project. International Journal of Indigenous Health, 17(1), 64- 81. https://doi.org/10.32799/ijih.v17i2.36491.

12. Toombs, E., Lund, J., Mushquash, A. R., & Mushquash, C. J. (2022). Predictors of land-based activity participation in a national representative sample of I n d i g e n o u s individuals living off-reserve. International Journal of Environmental Research and Public Health, 19, 8029. https://doi.org/10.3390/ijerph19138029.

13. 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.

14. Lund, J. I., Boles, K., Radford, A., Toombs, E., & Mushquash, C. J. (2022). A systematic review of childhood adversity and executive functions outcomes among adults. Archives of Clinical Neuropsychology, 37(6), 1118–1132. https://doi.org/10.1093/arclin/acac013.

15. 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.

Community Reports, Reflections, Brochures

1. Centre for Rural and Northern Health Research (CRaNHR). (2022). Indigenous module project summary report. Thunder Bay: Centre for Rural and Northern Health Research.

Dr. Janet Smylie – Co-applicant

Journal Articles

1. Morton Ninomiya M, Maddox R, Brascoupé S, Atkinson D, Forestone M, Ziegler C, Smylie J. (2022). Knowledge translation approaches and practices in Indigenous health research: A systematic review. Social Science and Medicine. 301(114898): 1-19.

2. Jubinville D, Smylie J, Wolfe S, Bourgeois C, Rotondi M, O'Brien K, Venners S. (2022). Relationships to land as a determinant of wellness for Indigenous women, two-spirit, trans, and gender diverse people of reproductive age in Toronto,Canada. Canadian Journal of Public Health. Special Issue: Our Health Counts – Using Respondent-Driven Sampling to Unmask Indigenous Health Inequities in Urban and Related Areas: Quantitative Research.

3. Smylie J, Harris R, Paine SJ, Velásquez Nimatu I, Lovett R. (2022). Beyond shame, sorrow, and apologies –action to address indigenous health inequities. British Medical Journal (BMJ). 378(o1688): 1-2.

4. Love R, Hardy B, Smylie J, Heyd A, Healy B, Spar L, Cardinal-Grant M. (2022). Developing data governance agreements with Indigenous communities in Canada: Towards equitable tuberculosis programming, research, and reconciliation. Health and Human Rights. 24(1): 21-33.

5. Smylie J, McConkey S, Rachlis B, Avery L, Mecredy G, Brar R, Bourgeois C, Dokis B, Vandavenne S, Rotondi M. (2022). Uncovering SARS-COV-2 Impacts and Vaccine Uptake among First Nations, Inuit, and Métis Peoples living in Toronto and London, Ontario: a cohort study using respondent driven sampling. Canadian Medical Association Journal. 194(29): E1018-E1026.

Works in Preparation

1. Pilot randomized Controlled trial demonstrates novel tools to assess patient outcomes of Indigenous cultural safety training

2. Design and Implementation of the Our Health Counts (OHC) Methodology for First Nations, Inuit and Métis (FNIM) Health Assessment and Response in Urban and Related Homelands

3. Our Health Counts – Using Respondent Driven Sampling to Unmask Indigenous Health Inequities in Urban and Related Areas

4. Relationships to land as a determinant of wellness for Indigenous women, two-spirit, trans, and gender diverse people of reproductive age in Toronto, Canada

5. Modelling prevalent cardiovascular disease in an urban Indigenous population

6. Mental health and cultural continuity among an urban Indigenous population in Toronto, Canada

7. Unmasking population undercounts, health inequities, and health service access barriers across urban Indigenous populations in Ontario.

8. Our Health Counts Toronto – Commercial tobacco use among Indigenous peoples in Toronto

9. Incarceration and Indigenous Peoples living in London, Thunder Bay and Toronto, Ontario: A Respondent-Driven Sampling Study

10. CJPH Editorial from the Well Living House Research Team

11. CJPH Editorial from Community Partners

12. Our Health Counts: A novel methodology for urban Indigenous health assessment and response.

13. Our Health Counts Inuit Ottawa – children's health and wellbeing

14. The determinants of Indigenous peoples' health as predictors for diabetes a m o n g Indigenous people in Toronto

15. Indigenous peoples and housing: findings from Our Health Counts Toronto and Hamilton

16. Quantifying emergency room use and hospitalization rates for urban Indigenous peoples in Toronto, Canada.

17. Systematic review of Indigenous Cultural Safety training interventions for health care professionals in Australia, Canada, New Zealand and the United States.

Community Reports, Reflections, Brochures

1. McConkey, S., Blais, G., Snyder, M., Muir, N., Brar, R., Joseph, S., Cameron, A., & J. Smylie. (2022). Our Health Counts Kenora. Community Report #1: Project Overview & Demographics.

2. Snyder, M., McConkey, S., Blais, G., Brar, R., Joseph, S., Cameron, A., & J. Smylie. (2022). Our Health Counts Kenora. Community Report #2: Access to Health Care.

3. Snyder, M., McConkey, S., Blais, G., Brar, R., Joseph, S., Cameron, A., & J. Smylie. (2022). Our Health Counts Kenora. Community Report #4: Mental Health and Substance Use.

4. Snyder, M., McConkey, S., Blais, G., Brar, R., Joseph, S., Cameron, A., & J. Smylie. (2022). Our Health Counts Kenora. Community Report #3: Racism and Discrimination.

5. Our Health Counts Toronto linkage to Institute of Clinical and Evaluative Sciences (ICES) COVID-19 data holdings X 37 Reports.

6. WeCountCOVID19 Evaluation Report

7. Story Medicine Final Community Report

8. Our Health Counts Ottawa Inuit Child Health Fact Sheets

Knowledge Translation & Cultural Events

Over 25+ We Count COVID19 Reference Group meetings. 4 Well Living House Staff Retreats. National Association of Friendship Centres and Well Living House Vaccination Campaign. Presentations, including:

1. Understanding and Addressing Anti-Indigenous Racism in Healthcare. Indigenous Health Symposium, McMaster University, Hamilton, Canada.

2. Our Health Counts Kenora. All Nations Health Partners Mental Health & Addictions Working Group, Kenora, Canada.

3. Clearing the Pathways to Health Equity: Canadian Institutes of Health Research Applied Public Health Chair in Indigenous Health Information and Knowledge Systems. Our Care - Indigenous Models of Care. Ontario Primary Care Priorities Panel. Li Ka Shing Knowledge Institute. Unity Health Toronto.

4. Urban Indigenous Perspectives of Indigenous Data in Canada's Health Systems, National Association of Friendship Centres (NAFC). National Dialogue on Data: Addressing Anti-Indigenous Racism in Canada's Health Systems.

5. Webinar: Advancing Generative Health Services for First Nations, Inuit and Métis Peoples Webinar. Ontario Network Environments for Indigenous Health Research (NEIHR) Webinar Series. Waakebiness Institute for Indigenous Health. University of Toronto, Toronto, Canada.

6. nôtokwêw pônkiyokêwin - Indigenous Centred Menopause - All About Hormones. Facebook Live with Hosts Tanya Kappo and Christi Belcourt, Toronto, Canada.

7. nôtokwêw pônkiyokêwin - Indigenous Centred Menopause. Facebook Live with Hosts Tanya Kappo and Christi Belcourt, Toronto, Canada.

8. Moving Beyond Beads and Feathers: Advancing Authentic Reconciliation and Indigenous Social Value in Research. Equity, Diversion and Inclusion (EDI) Best Practices and Planning in the Canada Research Chairs Program. Canada Research Chairs Workshop. Research Services Office. University of Toronto, Toronto, Canada.

9. Dr. Janet Smylie : Mission Moment. Unity Health Toronto Town Hall, Toronto, Canada.

10. Dr. Janet Smylie : Mission Moment. Unity Health Toronto Leadership Forum, Toronto, Canada.

11. Panelist: Racism and its effects on children and young people. Health, Race and Racism International Conference. National Health Services (NHS) NHS Race and Health Observatory (RHO), Liverpool, United Kingdom.

12. COVID-19 impacts among First Nations, Inuit, and Métis (FNIM) Peoples in Toronto and London, Ontario. Evaluating Pandemic Interventions in Indigenous Communities (EPIC): International Symposium on Pandemic Experiences and Collective Ways Forward, Toronto, Canada.

13. Filipenko S, Hardy B. (2022). Workshop: New Simulation Tools to Assess Anti-Indigenous Race Preference Bias, Indigenous Patient Experience, and Differential Clinical Practice Guideline Adherence among Health Care Professionals Serving Indigenous Populations. 10th Biennial Pacific Region Indigenous Doctors Congress (PRIDoC). The Indigenous Physicians Association of Canada (IPAC), Vancouver, Canada.

14. Cultural Safety: Advancing Tools to Evaluate Indigenous Cultural Safety (ICS) a n d ICS Training: Lessons Learned from an RCT Comparing Intensive and Brief ICS Training to Placebo across Academic Teaching Hospitals in Toronto, Canada.10th Biennial Pacific Region Indigenous Doctors Congress (PRIDoC). The Indigenous Physicians Association of Canada (IPAC), Vancouver, Canada.

15. Beyond apologies and land acknowledgements: How persist colonial ideas, policies, and systems are actively perpetuating Indigenous health inequities and what you can do about this. Centre for Clinical Ethics (CCE) 24th Annual Ethics Conference: Human Rights and Healthcare, Toronto, Canada.

16. Hardy B, Filipenko S. (2022). Reconciling Relationships: a proof-of-concept RCT demonstrating novel tools to assess the outcomes of Indigenous cultural safety training programs. MAP-CUHS Rounds. Li Ka Shing Knowledge Institute. St. Michael's Hospital. Unity Health Toronto., Toronto, Canada.

17. Maddox R & Whop L. (2022). Overcoming Indigenous systemic racism in Australia's public health: cervical cancer and commercial tobacco. Indigenous Health Research. Special Indigenous Health Research Rounds. Unity Health Toronto Research, Toronto, Canada.

18. Indigenous Health Counts: Naming and Addressing the Colonial Architecture of First Nations, Inuit, and Métis Health Information Systems in Canada. Canadian Institutes of Health Research Indigenous Health Speaker Series, Toronto, Canada.

19. Baby Bundles: An Action Research Project for Indigenous Families During and After Pregnancy. The Molly Wardaguga Research Centre Birthing on Country Centre of Research Excellence Seminar. Charles Darwin University Australia, Sadadeen, Australia.

20. Our Health Counts Kenora. All Nations Health Partners (ANHP) Ontario Health Team, Kenora, Canada.

21. Lovett R, Jones R. (2022). Aboriginal and Torres Strait Islander Data Development in Australia: Supporting our Nation(s) Agenda. Well Living House Special Indigenous Health Research Rounds. Li Ka Shing Knowledge Institute. St. Michael's Hospital. Unity Health Toronto., Toronto, Canada.

22. Eriksen, A. (2022). Breaking the silence and circle of violence among the Indigenous Sami. Waakebiness- Bryce Institute for Indigenous Health International Indigenous Health Research Rounds. University of Toronto, Toronto, Canada.

23. We Count COVID-19: Integrated and Indigenous-Led Public Health Approach to FNIM COVID -19 in Toronto. Indigenous COVID-19 Vaccine Planning Working Group, Toronto, Canada.

24. Advancing Generative Health Services for First Nations, Inuit, and Métis Peoples. Ogburn-Stouffer Center Workshops. National Opinion Research Center (NORC). University of Chicago, Chicago, United States of America.

25. Roe Y, Graham S. (2022). A sexual health improvement intervention in four health services in New South Wales (SHIMMER). Special Indigenous Health Research Rounds. Unity Health Toronto Research Rounds.

26. Panelist: Promising strategies to reduce inequities in the social determinants of health and promote racial equity. Health, Race and Racism International Conference. National Health Services (NHS) NHS Race and Health Observatory (RHO), Liverpool, United Kingdom.

27. Panel: Research during a pandemic with Indigenous populations: Ethics & Data sovereignty. Data sovereignty and the We Count COVID19 Project. Evaluating Pandemic Interventions in Indigenous Communities (EPIC): International Symposium on Pandemic Experiences and Collective Ways Forward, Toronto, Canada.

28. Panel Discussion - The effects of racism on health: Lessons from indigenous communities and post-apartheid South Africa. Health, Race and Racism International Conference. National Health Services (NHS) NHS Race and Health Observatory (RHO), Liverpool, United Kingdom

29. Bourgeois C. (2022). Our Health Counts Toronto and London. Population and Public Health Research Program Meeting. Institute for Clinical Evaluative Sciences, Toronto, Canada.

29. Keynote: Advancing Generative Health Services for First Nations, Inuit and Métis Peoples. 10th Annual Indigenous Health Research Symposium. Ongomiizwin Research. University of Manitoba, Manitoba, Canada.

30. Cywink M. (2022). Story Medicine: Piloting Narrative Exposure Therapy to Support Trauma-Engaged Testimony and Healing for Families as part of the National Inquiry on Missing and Murdered Indigenous Women and Girls. Intergenerational Trauma: Hope and Healing Through Trauma-Informed Care. 5th National Trauma Talks. Women's College Hospital, Toronto, Canada.

31. Prince C, Bourgeois C. (2022). Our Health Counts Workshop. Well Living House, Li Ka Shing Knowledge Institute, Unity Health Toronto, Toronto, Canada.

32. Muir N, Colthoff T. (2022). Story Medicine: Indigenous Approaches to Understanding & Addressing Trauma. Ontario Psychological Association 75th Anniversary Conference, Toronto, Canada.

33. Health Calls to Action #18-24. Roundtable Two: Missing Children & Burial Information, Health, and Justice. Yellowhead Institute Special Online Event: A Calls to Action Conversation on Truth and Reconciliation, Toronto, Canada.

Dr. Michelle Dickson - Co-applicant

Journal Articles

1. Social and Emotional Wellbeing of Aboriginal Community Controlled Health Services Staff during the COVID-19 Pandemic International Journal of Environmental Research and Public Health Smriti Nepal, Sandra Bailey, Jamie Newman, Lachlan Wright, Natalie Smith, Michelle Dickson, and Anna Williamson https://www.mdpi.com/1660-4601/20/12/6060.

2. The Marri Gudjaga project: a study protocol for a randomized control trial using Aboriginal peer support workers to promote breastfeeding of Aboriginal babies BMC Public Health Rebecca Thorne, Rowena Ivers, Michelle Dickson, Karen Charlton, Lisa Jackson Pulver, Christine Catling, Michael Dibley, Simon Eckermann, Shahla Meedya, Miranda Buck, Patrick Kelly, Elizabeth Best, Melanie Briggs, Joan Taniane https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15558-2.

3. Homesickness at Home: A Scoping Review of Solastalgia Experiences in Australia International Journal of Environmental Research and Public Health Matilde Breth-Petersen, Jasper Garay, Kaiwarr Clancy, Michelle Dickson, Candace Angelo https://www.mdpi.com/1660-4601/20/3/2541.

4. Aboriginal Young People's Experiences of Accessibility in Mental Health Services in Two Regions of New South Wales, Australia International Journal of Environmental Research and Public Health Jasper Garay, Anna Williamson, Christian Young, Janice Nixon, Mandy Cutmore, Simone Sherriff, Natalie Smith, Kym Slater, Michelle Dickson https://www.mdpi.com/1660-4601/20/3/1730.

5. Journal Highlights 2022 Title Publication Author/s Url link Murradambirra Dhangaang (make food secure): Aboriginal community and stakeholder perspectives on food insecurity in urban and regional Australia BMC Public Health Simone Sherriff, Deanna Kalucy, Allison Tong, Nawazish Naqvi, Janice Nixon, Sandra Eades, Tangerene Ingram, Kym Slater, Michelle Dickson, Amanda Lee, Sumithra Muthayya https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13202-z.

6. Aspects of Wellbeing for Indigenous Youth in CANZUS Countries: A Systematic Review International Journal of Environmental Research and Public Health Kate Anderson, Elaina Elder-Robinson, Alana Gall, Khwanruethai Ngampromwongse, Michele Connolly, Angeline Letendre, Esther Willing, Zaine Akuhata-Huntington, Kirsten Howard, Michelle Dickson, Gail Garvey https://www.mdpi.com/1660-4601/19/20/13688.

7. Delivering health programs for Aboriginal and Torres Strait Islander children: Carer and staff views on what's important Health Promotional Journal of Australia Shingisai Chando, Michelle Dickson, Martin Howell, Allison Tong, Jonathan C Craig, Kym Slater, Natalie Smith, Janice Nixon, Sandra J Eades, Kirsten Howard https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.624.

8. Indigenous Peoples' perspectives of living with chronic kidney disease: systematic review of qualitative studies Kidney International Marianne Kerr, Nicole Evangelidis, Penelope Abbott, Jonathan C Craig, Michelle Dickson, Nicole Scholes-Robertson, Victoria Sinka, Rahim T Vastani, Katherine Widders, Jacqueline Stephens, Allison Tong https://www.kidney-international.org/article/S0085-2538(22)00508-7/fulltext.

9. Indigenous mental health and climate change: A systematic literature review The Journal of Climate Change and Health Emily Ann Vecchio, Michelle Dickson, Ying Zhang https://www.sciencedirect.com/science/article/pii/S2667278822000104.

Dr. Mikaela Gabriel - Collaborator

Journal Articles

1. Gabriel, M. D. & Mirza, S. (2023, submitted, accepted). Ethical Considerations & Reflections on Community-Based Research with Indigenous Youth Experiencing Homelessness. Youth, special issue: Youth Homelessness Prevention.

2. Gabriel, M. D., Mirza, S., & Stewart, S. L. (2022). Exploring Mental Health and Holistic Healing through the Life Stories of Indigenous Youth Who Have Experienced Homelessness. Int J Environ Res Public Health, 19(20). doi: 10.3390/ijerph192013402.

3. Gabriel, M. D. (2022, accepted). My Mother Wild: Land and Healing for Indigenous Youth's Wellness and Life Transitions. International Journal of Indigenous Health.

4. 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.

5. Richard, L., Nisenbaum, R., Liu, M., Gabriel, M., Brown, M., Hester, J., Hwang, S. W. (2022). Ku-gaa-gii pimitizi-win, the COVID-19 cohort study of people experiencing homelessness in Toronto, Canada: a study protocol.

6. Gabriel, M. D. (2022). 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.

7. 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. Co-Principal Author. Qualitative Health Research.

Book Chapters

1. Gabriel, M. D. (2023). 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.

Works in Preparation

1. Stewart, S., Schiffer, J., Gabriel, M. D., … (2023, in prep). COVID-19 Pandemic Virtual Services: Indigenous Evaluations for Indigenous Urban Services.

2. Stewart, S. L., Gabriel, M. D., Hart, P., Wilson, J., & Virkutis, E. (2022, in prep). Stopping the Crisis in its Tracks: Native Women's Resource Centre of Toronto and COVID-19.

3. Gabriel, M. D. (2021, in prep). Education and Ceremony: Intersections and Perceptions of Wellness & Wellbeing for Indigenous Students & Academics. In Progress.

Community Reports, Reflections, Brochures

1. Stewart, S. L., & Gabriel, M. D. (2022). International Indigenous Academic Partnerships: Collaborations and Relationships between Canada and Australia, 2022.

2. Stewart, S. L., Gabriel, M. D., & Strebel, R. Ontario Network for Environment in Indigenous Health Research Annual Report, Year 2. Principal Author.

3. Gabriel, M. D. (2022). Sacred Women, Laws Profane: The Missing Justice for Murdered Indigenous Women & Girls. Psynopsis, 44(1), Canadian Psychological Association. Principal Author.

Knowledge Translation & Cultural Events

1. March 2023 Invited Speaker. Shkaakaamikwe gchi twaa miigwewin (Mother Earth's Gifts): The Ontario Network Environment for Indigenous Health Research. University Centre of Rural Health, Lismore, University of Sydney, Australia. Presenters: Gabriel, M. D., Mirza, S., & Shirt, C.

2. March 2023 Invited Speaker. The Ku-gaa-gii pimitiziwin Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets. University of Sydney, Australia. Presenters: Gabriel, M. D., & Brown, M.

3. September 2022 Invited Speaker. What is Canadian Indigenous Health Care, and Why Is It Relevant to You? University of Sydney, Australia. PUBH5120: Aboriginal and Torres Strait Islander Health, Master of Public Health. Presenters: Stewart, S., & Gabriel, M. D.

4. November 2022 Invited Speaker. The Ku-gaa-gii pimitizi-win Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets. Ontario

Network Environments for Indigenous Health Research Monthly Webinar Series. Presenter: Gabriel, M. D., & Ponton, S. June 2022 Invited Panelist. Academic Publishing. National Gathering of Graduate Students, Network Environments for Indigenous Health Research National Coordinating Centre. Panelists: Sinclair, R., & Gabriel, M. D.

5. July 2022 Invited Speaker. What is Mental Health? Indigenous Wellness, Mental Health & Healing Workshop. Summer Mentorship Program, Faculty of Medicine, University of Toronto. Presenters: Stewart, S. Gabriel, M. D., Mirza, S., & Wilson, J.

6. November 2022 Presenter. The Covenant Study: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets. Presenters: Stewart, S., Hwang, S., Hester, J., Ponton, S. J., Gabriel, M. D., & Brown, M. The Canadian Alliance to End Homelessness 2022 Conference. Toronto, ON, Canada.

Community Engagement

1. Hawaii 2023 - hosted by Dr. Maile Tuali'i May 2022
2. March 2023 - hosted by University of Sydney
3. May 2023- hosted by University of Sydney

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.

Dr. Brenda Restoule – Co-applicant

Community Reports, Reflections & Brochures

1. Suicide prevention - environmental scan of Indigenous approaches

Additional Works in Progress

1. Podcasts on evidence-based practices related to suicide prevention.
2. Podcasts on use of Indigenous approaches to addressing trauma

Conference and Community Presentations

1. As part of knowledge exchange presentations made on Indigenous practices associated with suicide prevention/life promotion

Advocacy or Community-Based Events

1. Knowledge exchange events of mental wellness practitioners on suicide prevention

Dr. Jeffrey Ansloos - Co-applicant

Works in Progress

1. Moran, P., Chandler, A., Dudgeon, P., Kirtley, O. J., Knipe, D., Pirkis, J., Sinyor, M., Allister, R., Ansloos, J., Ball, M. A., Chan, L. F., Darwin, L., Derry, K. L., Hawton, K.,Heney, V., Hetrick, S., Li, A., Machado, D. B., McAllister, E., McDaid, D., Mehra, I., Niederkrotenthaler, T., Nock, M. K., O'Keefe, V. M., Oquendo, M. A., Osafo, J., Patel,

V., Pathare, S., Peltier, S.*, Roberts, T., Robinson, J., Shand, F., Stirling, F., Stoor, J. P. A., Swingler, N., Turecki, G., Venkatesh, S., Waitoki, W., Wright, M., Yip, P. S. F., Spoelma, M. J., Kapur, N., O'Connor, R. C., & Christensen, H. (2023). The Lancet Commission on self-harm. The Lancet. Under Review.

Dr. Maile M. Taualii - Co-applicant

Film

1. Fernandes, K. (June 2023). Kīpukaoha Community Gallery Artist – Maliatoa Tauali'i. vimeo.com. https://vimeo.com/837435553/ A

Table 4A
ON NEIHR Team Publications & Conference Presentation

Publication & Conference Type	Total
Journal Articles and Book Chapters	38
Upcoming Journal Articles and Other Works in Progress	28
Community Reports & Newsletters	15
Conference Presentations, Workshops & Symposiums / Knowledge Translation & Cultural Events	49
Total Publications & Presentations	130

A summary of individual team member publication activities is presented in Table 5.

Theme Group Research Highlights

For the Year Three 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. Themes One (Cultural Safety) and Two (Indigenous Holistic Prevention) are foundational themes that form the basis for specific

Themes Four, Five and Six. Table 5 below summarizes the present members of theme groups, their leads, Elders, and partnerships.

Table 5

Shkaakaamikwe gchi twaa miigwewin Theme Groups

Theme	3 - Land-Based & Planetary Health Solutions	4 - Healing from Trauma & Addictions	5 - Indigenous Suicide Preventions & Crisis Support	6 - Translating Indigenous Knowledges into Policy
Members	Maile M. Taualii Angela Mashford Pringle Chantelle Richmond Lynn Lavallee	Brenda Restoule Alanaise Ferguson Christopher Mushquash	Renee Linklater Brenda Restoule Michelle Dickson	Jeffrey 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 Permanente 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 Na-me-res/ Auduzhe Mino Nesewinong Clinic

Shkaakaamikwe gchi twaa miigwewin's theme groups, which comprise an Elder, an academic lead and members from within the network members met frequently through Year Three. In some theme groups, community partners participate in regular theme group meetings.

Elders/knowledge keepers are present in each theme group meeting to spiritually ground and guide the

proceedings. From the collected responses by theme group members for this annual report, theme groups described ongoing, monthly meetings, with a variety of outputs, goals, and publications. Research theme group meeting frequency, number meetings, for the year, outputs, and Indigenous methodologies used are presented in Table 6.

Table 6

Theme Group Meeting Activities

Meeting Type	Attendees	Total Meetings (Year 3)	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. Three 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 Group 6 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;

Note: *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 Three 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. Scholarships, bursaries and stipends, and other financial supports are available. Elders and Knowledge Keepers continue to be involved in meetings, and Ceremony is embedded in everything they do. Members continue to host land-based activities and continue to connect with Indigenous communities/community networks. 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. Members also continue to host community gatherings with researchers, students, and community members, and have presented in community and in academic circles. There are continued community-based events on mental health and suicide prevention.

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. Members also engage Indigenous students in the network, and positions are created for students. Stipends, scholarships, bursaries, and other financial supports are also available to students.

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 pubications in the fields reated to this theme group, and Indigenous mental health overall.

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. Like 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 about suicide prevention and crisis supports, including working within collaborative research and discussion for broader dissemination. As with other groups, ceremony is imbedded in

everything they do. Members such as Dr. Ansloos and Dr. Dickson have created support activities for Indigenous researchers such as sharing circles/ yarning circles. Dr. Michelle Dickson continues to hold monthly yarning circles and has hosted over 20 yarning circles to disseminate research into outputs. Knowledge exchange/translation and cultural events continue within the group.

Members of Theme Group 5 that responded to 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. These include stipends, scholarships, bursaries, and other financial supports that are available to students.

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 3. Recurring monthly meetings (approximately 11 total meetings with all group members over this 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 2023 in Toronto, Ontario, as well as ongoing policy discussions and working groups with other Shkaakaamikwe gchi twaa miigwewin members.

Community & Academic Outputs

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 summary of theme group activities is available in Table 7.

Table 7

Reported Investigator Activities Year 3

Investigator:	Suzanne Stewart
Community Partners & Engagement	NCFST, NWRCT, AHT
Network	Elders; students; named community partners.
Indigenous Approaches	Yes; ceremony (monthly); Elder guidance and support; Indigenous research, dissemination.
Student Support	Yes; mentorship, training, supervision; co-authorship; dissemination collaboration.
Policy & Transformation	Constructing Indigenous policy forum.
Dissemination	Publications; conference presentations; symposium construction; community knowledge events.

Investigator:	Jeffrey Ansloos
Community Partners & Engagement	Umingmak Centre; First Peoples Wellness Circle; WERO: Working to End Racial Oppression; Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention; Wise Practices for Life Promotion.
Network	12; students, Elders, researchers, community partners; 5 ongoing projects.
Indigenous Approaches	Sharing Circles; Witnessing; Visitation; Traditional Teachings.
Student Support	Mentorship; Funding; Networking; Publishing Opportunities.
Policy & Transformation	Regular consultations with Fed, Prov. Territorial Gov and UN; Research has been cited in parliament working group on Indigenous health transformation.
Dissemination	Indigenization of psychology programs. New partnership with Georgian College to increase Indigenous MA student recruitment.

Investigator:	Michelle Dickson
Community Partners & Engagement	Centre for addictions and mental health/First Nations mental health continuum.
Network	30; students, Elders, researchers, community partners.
Indigenous Approaches	Ceremony always embedded/ community led co-design.
Student Support	Research and cultural supervision/ Yarning circles on research for students/scholarships/ internships/paid employment as research assistants; Sydney based (related to theme work) : 6 PhD/MPhil scholarships / 45 coursework scholarships.
Policy & Transformation	Regular meetings with our Australian Health Ministry/ invited speaker and panelist on research and policy setting roundtables in Australia.
Dissemination	In Australia have hosted over 20 Yarning Circles to disseminate research and translate research into outputs relevant and useful for communities.

Investigator:	Brenda Restoule
Community Partners & Engagement	Yes, FPWC (Trauma), FPWC & CAMH (suicide prevention).
Network	Students, Elders, researchers, community partners. 9 (SP), 6 (T).
Indigenous Approaches	Community based and qualitative research; storytelling research approaches.
Student Support	Involved in planning, data collection and presentations.
Policy & Transformation	Knowledge exchange events of mental wellness practitioners on suicide prevention; Over 30 mental wellness practitioners involved in sharing their community methods to address suicide prevention.
Dissemination	Suicide prevention - environmental scan of Indigenous approaches; Podcasts on evidence-based practices related to suicide prevention. Podcasts on use of Indigenous approaches to addressing trauma.

Investigator:	Janet Smylie
Community Partners & Engagement	Seventh Generation Midwives Toronto, Native Mens Residence Toronto, Manitoba Inuit Association, Anishnawbe Mushkiki, First Nations Health Authority, Auduzhe Mino Nesewinong, Métis Nation of Ontario, First Nations Health and Social Secretariat of Manitoba, Tungasuuvingat Inuit, Southwest Ontario Aboriginal Health Access Centre, San'yas Anti-Racism Indigenous Cultural Safety Program, Wassegiizhig Nanaandawe'iyewigamig Health Access Centre, The Métis Nation Government in British Columbia, The Network Environments for Indigenous Health Research (NEIHR) Program, Aboriginal Health and Wellness Centre (Winnipeg).
Network	40; (students, Elders, researchers, community partners).
Indigenous Approaches	Pipe Ceremony (4xyear), Drumming, Water Ceremony (1x/year), Indigenous Writing retreat (5x/year).
Student Support	Offers stipends, mentorship, practicums, placements for students. 10 Indigenous students have received scholarships/awards.
Policy & Transformation	Connect with Regional, Provincial, National and International levels of government; Policies or practices have been impacted Regional, Provincial, National and International levels of government.
Dissemination	Writing retreats, Staff retreats, Staff Meetings, International Visitor Presentations, Sharing Circles.

Investigator:	Christopher Mushquash
Community Partners & Engagement	Dilico Anishinabek Family Care.
Network	25 members, including Elders.
Indigenous Approaches	Integration of culture-based approaches to wellness.
Student Support	Bringing students together in a collaborative environment. Enabling students to pursue their interests in Indigenous research. Developing advanced skills in research. Connecting broadly with other Indigenous initiatives and opportunities and engaging with community partners.
Policy & Transformation	Provincial and federal regarding mental health services and research.

Investigator:	Mikaela Gabriel
Community Partners & Engagement	WIIH; Unity Health Toronto; Well Living House; MAP Urban Health Solutions.
Network	N/A, still establishing
Indigenous Approaches	Ceremony, culturally focused interventions.
Student Support	Will develop connections in the near future - mentorship, supervision.
Policy & Transformation	Through WIIH - policy forums and engagement, formation of policy briefs and dissemination.

Investigator:	Lynne Lavallee
Community Partners & Engagement	Wayeshkadawin Collective - collective of women, 2-spirit, trans and non-binary Indigenous people who are ceremonial and traditional knowledge keepers.
Network	The formal Wayeshkadawin Collective currently has approximately 8 members. However, we are planning an event through a SSHRC grant to bring together approximately 20-40 women/2S+. My informal networks are impossible to capture but I'd estimate this at about 30 ceremonial people.
Indigenous Approaches	Ceremony is imbedded in everything. The formal project started with a purification lodge ceremony for the team. We will have a tipi raising ceremony and all data gathering points will be done with ceremony.
Student Support	We will be hiring students as part of this work and from an Indigenous perspective we all learn from each other = professional development is a constant; Will pay students the hourly wage allowable by the institution and funder; They will be engaged at all levels of the project. Attending ceremony and assisting and learning about how to gather data and disseminate.
Policy & Transformation	We want to engage policy makers to ensure future funding of this work. Connect with municipal for the land-based activities. Provincial government for potential funding.

Investigator:	Wendy Phillips
Community Partners & Engagement	Aboriginal Cultural Tourism, 8th Fire Cultural Centre.
Network	28; students, Elders, researchers, community partners.
Indigenous Approaches	Sweat lodges, healing ceremonies, vision quest ceremonies and rites of passage ceremony.
Student Support	1 student RA

Investigator:	M. Taualii
Community Partners & Engagement	Na Pualei o Likolehua.
Network	60; students, Elders, researchers, community partners.
Indigenous Approaches	Access to natural environment and materials for healing and ceremony.
Student Support	Education, leadership training, cultural knowledge preservation; Traditional Ceremonial Practices.
Policy & Transformation	Connection with policy makers and have participated in efforts to preserve and protect natural resources.

Investigator:	Alanaise Ferguson
Community Partners & Engagement	Nisga'a Nation, Sto:lo Nation, Sacred Circle, First Peoples' Wellness Circle.
Network	4; students, Elders, researchers, community partners.
Indigenous Approaches	The Sacred Circle group utilizes ceremony, I work with them on evidence based and culturally agile program development.
Student Support	At present, my personal sub grant has yet to be transferred. Once complete, the main portion of this grant will pay students as research assistants.
Policy & Transformation	Nisga'a Valley Health Authority - I attend meetings with their CEO.
Dissemination	The infusion of knowledge of Indigenous rights, methods, and initiatives are priorities in our teaching, consultation, and research.

Investigator:	Rod McCormick
Community Partners & Engagement	Elders, Thompson Rivers University, Office of research at TRU, United Nations Food and Agriculture Org, T'kemlups te Secwepemc.
Network	Students (undergraduate & graduate level), Elders, local Indigenous nation (T'kemlups), Research assistants, UNFAO, community members, adjacent faculty (Indigenous faculty members from multiple departments ranging from tourism, nursing, animal sciences, arts and social work). In addition, Dr. Airini from USask.
Indigenous Approaches	Land based healing practices guided by Elder Mike Arnouse utilizing water, lakes, trees, mountains and streams; Indigenous undergraduate research taking place in community through mentorship for Knowledge Makers journal articles and publication.

Network Evaluation Plan

Objectives of the Evaluation

The evaluation explores the success, challenges, and reach of the ON NEIHR network by reviewing the scope, impact, and total changes through the ON NEHIR's multiple levels of function. A mixed methods approached is employed, using quantitative and qualitative approaches across research network. 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 the ON NEIHR.

This evaluation is constructed, using both Indigenous and Western knowledges, 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, and the network itself, the evaluation will 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 the ON NEIHR 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?*

Rationale

The multisystemic model of this research necessitates that the evaluation must also be multisystemic. From a policy and governmental standpoint, this evaluation is a contributory effort to ensuring that the University of Toronto supports the Truth and Reconciliation Commission of Canada's Call to Action in support of Indigenous events, peoples, cultural efforts, and practices. The spirit of this work is a significant investment into the importance of creating long-term policies, projects, circles, and works that ensures positive outcomes for the mental health and wellness of Indigenous Peoples and communities (Final Report of the Steering Committee for the University of Toronto Response to the Truth and Reconciliation Commission of Canada, 2017, p 26).

Research

Indigenous researchers have determined that Indigenous peoples face poorer mental health services and experiences among service providers and care centres, regardless of physical or mental health care. Despite the investment efforts of non-Indigenous service providers, and structures built to address cultural competency, research and service providers have noted a critical absence of Indigenous representation, incorporation of ways of knowing, cultural safety, and ethically appropriate service interventions and interactions in health centres, hospitals, and clinics (Allan & Smylie, 2015; Stewart & Elliott, 2014; Stewart, 2015, 2016; Stewart, 2017). Given historical impacts and persistent stereotypes and misperceptions, Indigenous Peoples experience negative treatment, racism, or additional barriers when seeking healthcare services, resulting in early drop out, termination of services, distrust of services, or only accessing care in acute emergencies or risk, rather than seeking prevention. (Benoit et al., 2003; Cochran et al., 2008; Deane et al., 2004; Hudson & Taylor-Henley, 2001; Marshall & Stewart, 2004;

Menzies, 2001).

Establishing cultural safety strategies becomes increasingly crucial in the context of rising mental health crises in communities, where Indigenous populations become increasingly vulnerable to challenges to societal barriers (i.e., changes to traditional employment in rural settings; challenges to successful urban migration; low academic achievement rates, and subsequent vulnerability to employment trends; high homelessness rates in urban centres), and Western cultural impacts (i.e., social stigma; stereotypes; broad negative perceptions of Indigenous Peoples), all of which contribute to, and perpetuate, negative mental health outcomes for Indigenous populations. Few of the current health research efforts or networks have been thoroughly evaluated, nor have they developed an evaluation strategy rooted in evidence-based, Indigenous evaluation frameworks, theories, or practices. Additionally, mental health services provided across health care systems lack Indigenous cultural interventions, perspectives, appropriate training, and deliver Western-based biomedical health interventions. Despite the overrepresentation of Indigenous Peoples amongst the homeless population, and that Indigenous Peoples are the fastest growing population in Canada, there continues to be no culturally safe or appropriate culturally based or integrated service models to address Indigenous health, including in Toronto (Statistics Canada, 2019). Ongoing research has determined three core components that continue to challenge Indigenous mental health and service treatment as it exists at present: 1) existing Western-based mental healthcare and service delivery models and interventions are ineffective and inadequate in meeting the mental health needs of Indigenous Peoples; 2) persistent and inadequate healthcare, as well as experiences of racism, has ensured that Indigenous Peoples resist, or do not sufficiently participate in, Western healthcare interventions; 3) cultural safety strategies, training, and interventions are not mandated across service provision, and the evaluation of such services lack Indigenous-focused approaches, lens, knowledges, or inclusion. The main objectives of the ON NEIHR seek to promote and address the identified experiences

of Indigenous community members as reflected in the literature, articulating and meaningfully contributing to the healthcare and accessibility needs of Indigenous peoples in communities and services. Additionally, the voices and experiences of team members and communities can then be shared to the health and intervention literature, providing powerful contributions in order to assist in answering questions regarding large gaps and care for service providers and in support of Indigenous autonomy and sovereignty in health care directions, while also providing non-Indigenous service providers key steps to improving cultural safety.

Community Engagement

Rural and urban Indigenous communities face on going health and wellness barriers across systemic, societal, and personal levels. Fundamental to these barriers is the lack of inclusion of Indigenous Peoples, communities, and voices in the formation of healthcare delivery, cultural representation, and methods of intervention. The importance of community voices in the construction, implementation, and delivery of mental health care service is not only important to the promotion of mental health, but also in the engagement and evaluation of efficacy of such services, is necessary to address, rectify, and prevent further mental health crises in Indigenous communities.

The construction of community partners, services, and resources in the ON NEIHR provides a crucial opportunity for community service providers to provide insight into current issues; direct the course of research construction and process; and co-create future steps, directions, and considerations of key findings for creating models, policies, and recommendations for best practices.

Evaluation Materials & 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:

"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 (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

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 the ON NEIHR 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; this will be done in culturally safe and culturally based ways guided by Elders/Knowledge Keepers, who work with the evaluation team to develop the interview questions and the process of data collection (how and where the questions are asked) in order to address Indigenous ethics and follow OCAP Principles in terms of data governance and well-being/safety of participants and community. The evaluation team includes members of the network; specifically, two Elders/Knowledge Keepers, two senior scholars, as well as the coordinator and two trainees; this composition was created in Year One of the network in order to strive towards using Indigenous ethics within the development of the evaluation plan its outcome.

To appropriately explore all relevant dimension of the scope of the ON NEIHR, a mixed-methods framework is employed. In order to best capture the reach of the

network, a quantitative methods survey is employed to track ongoing collaboration, output, progress, and Indigenous student invovement across identified domains of values rooted in the ON NEIHR (see Appendix D for evaluation materials). To best explore the in-depth, personal experiences and perspectives of the ON NEIHR, qualitative methods are 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 the network as well as to explore the in-depth characteristics that are at the heart and intention of the network's process and outcomes/impacts. While there are inherent limitations, both ethical and pragmatic, in attempting to quantify and explain variables such as spiritual ceremonies and educational partnership, quantitative methods can assist in establishing reach, community partner, trainee and investigator participation, funding investment, and amount of published works, while qualitative methods will assist in exploring the details of the strengths, challenges, and interpersonal factors present across theme groups and communities.

Evaluation materials are presented in this report as a draft and will continue to undergo revision and final approval by the evaluation team, the Leadership Circle, and the Network members as much as possible.

Participants: In order to appropriately and substantively capture the engagement and scope of the ON NEIHR, multiple branches of ON NEIHR 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 the ON NEIHR 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 the ON NEIHR. 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 is crucial in employing and executing a holistic review of scope, impact, perspective, and experience for this project; these participant groups are listed in Table 8.

Table 8

Data Collection

Data Set	Survey for Individuals	Qualitative Individual Interview	Total Participants
Theme Leaders	6	6	6
Elders	4	4	4
Community Partners	20 x 12 (n=240)	12	252
Students	15 x 12 (n=180)	15	195
	430	37	457

Quantitative Methods

A constructed survey collecting demographic and frequency information will be created, reviewed, and circulated, based on circulated NEIHR values (see Appendix D). This survey will include collating and quantifying frequency of ON NEIHR 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 (2007) to incorporate Indigenous perspectives of holism to gauge efficacy of surveys, questions in initial survey tools on the ON NEIHR 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 the ON NEIHR. 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 buiding 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 employee's 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 the 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 the ON NEIHR? 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 the ON NEIHR 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 (2007-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.

Compensation

To thank and acknowledge the time in proceedings taken, a token amount will be provided to participants ($25) on completion of an interview.

Consent Process

In order to promote full transparency and practices, the goals, details, and exploration for this study will be made available for individuals that are asked to participate, via recruitment or direct questioning for inclusion. The interview questions and consent forms will be prepared and provided ahead of time to the participant, with full disclosure that they can withdraw information shared at any time, as well as exploring anonymity as best can be maintained within the network.

Ethical Considerations

As the ON NEIHR is a constructed partnership that involves financial support of research efforts, as well as the discussion and evaluation of mental health services, there are a variety of ethical considerations to review. Firstly, anonymity across participant groups will be prioritized. For those Indigenous community members that may have comments or criticisms regarding the services they receive, but still rely on such services for assistance and support, assuring their confidentiality so as not to compromise ongoing care will be crucial, and be made clear to all participating clients. Students and staff participating in ON NEIHR networks will also be anonymized to ensure their voices are highlighted without any potential sphere of risk, distortion, or impact to their continuing study or roles. While anonymity is challenging at the Theme Lead and Elder level, these identified key participants will be interviewed as key informants, instructing and guiding perspectives and insights from the level of research leadership.

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 the ON NEIHR 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 ON NEIHR 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 the ON NEIHR, 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.

Timeline

The evaluation plan has been developed by an Evaluation Subcommittee within the network that has met intensively; the plan has been developed extensively throughout Years One and Two and refined in Year Three, with input from Elders and Knowledge Keepers, and co lead by a Post-doctoral Fellow Trainee (who is also a Collaborator). The outset of Year Four will see implementing the evaluation, with data collection and analysis continuing throughout Year Four and writing of results in Year Five, which will be shared in the final annual report, as well in separate academic, community, and policy knowledge sharing documents and products.

Financial

Shkaakaamikwe gchi twaa miigwewin is funded by a five-year grant from the Canadian Institute for Health Research. Table 9 contains the details of the revenue and expenses for the network for Year Three. See this link for CIHR funding decision for the ON NEIHR: https://webapps.cihrirsc.gc.ca/decisions/p/project_details.html?applId=417504&lang=en.

Table 9

Summary of Finances Year 3

Financials-ON-NEIHR		
Network Environments for Indigenous Health Research		
For the years ending March 31, 2021 - 2023		
yr-3 (Ending March 2023)		
Revenue		
CIHR Grant Contrnct	$	700,000.00
Deferred Revenue	$	576,312.20
Revenue	$	1,276,312.20
Expenses	$	
Management Salaries/Benefits	$	441,779.12
Equipment/Supplies	$	25,198.42
Elder Honorariums	$	20,384.09
Hospitality	$	9,485.38
Student Stipends	$	50,366.19
Travel/Conf. Fees	$	92,593.64
Community Partners	$	
Subgrant Contracts	$	320,000.10
Expenses	$	959,806.94
Total Operating	$	1,276,312.20
Total Expenses	$	959,806.94
Balance	$	316,505.26

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Appendix A

Webinar Feedback Survey Data

Ontario NEIHR Webinar: COVID-19 and Indigenous Vaccination Hesitancy, Experiences from the Streets with Dr. Mikaela Gabriel and Sarah Ponton. November 30, 2022

Figure 1

Members Perception of Webinar Consistency with Advertised Abstract

The webinar content was consistent with the abstract included in the poster. - 7 responses
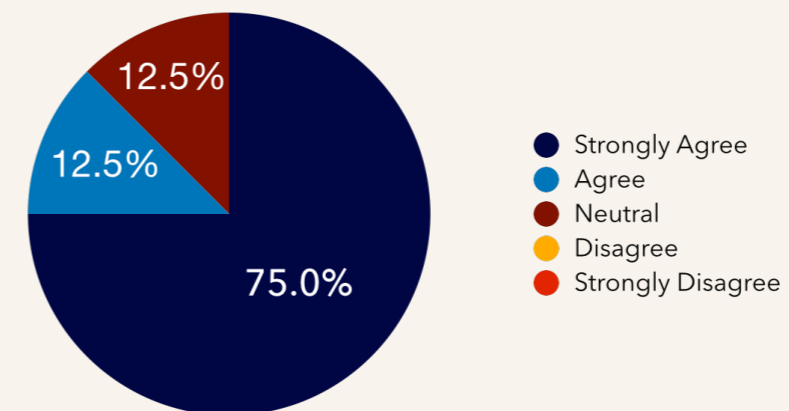

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
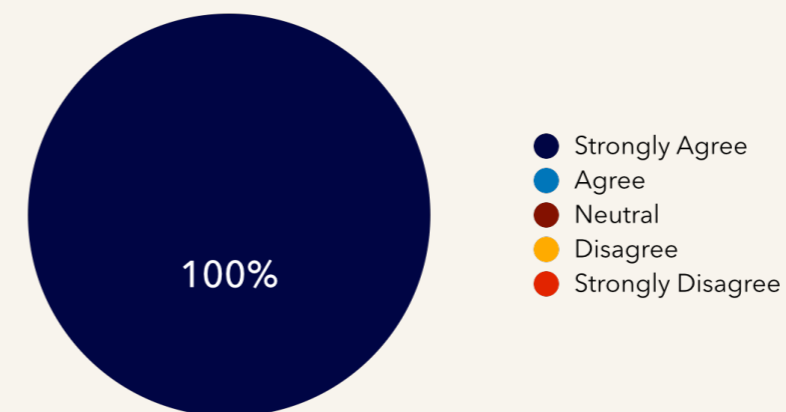
Note. 100% of the respondents "Strongly Agreed" that the webinar's content aligned with the abstract that was advertised online.

Figure 3

Members' Reports of Recommending Webinar Series to Others

I will recommend this series to others. - 7 responses
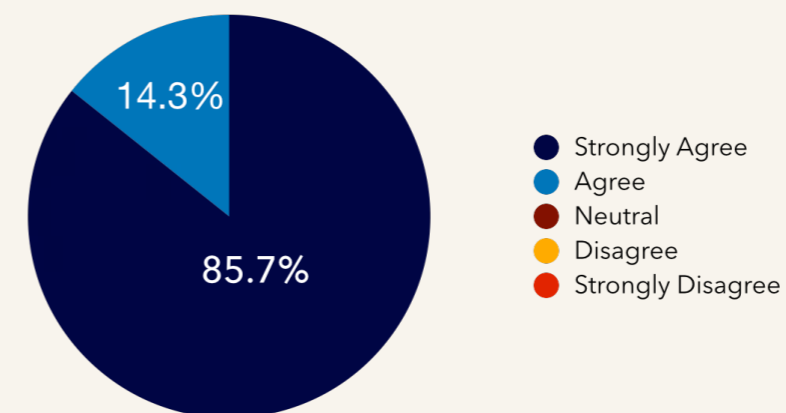
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. 100% stated they "Strongly Agreed" or "Agreed" that they would recommend this webinar to others.

Figure 4

Members endorsements of learning and knowledge expansion.

I learned something new/expanded my knowledge on the topic. - 7 responses
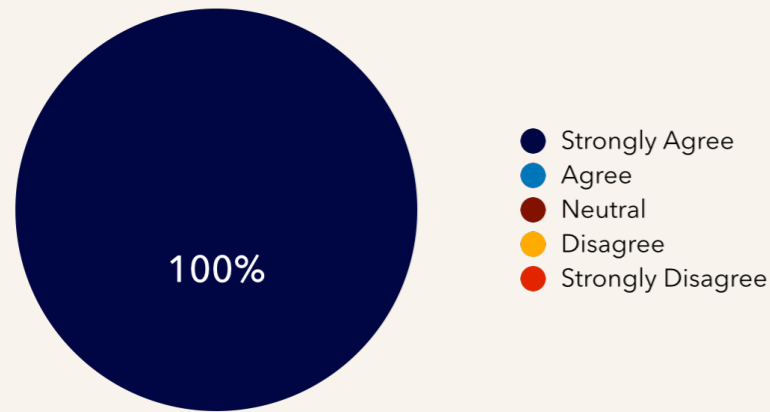
- ● Strongly Agree
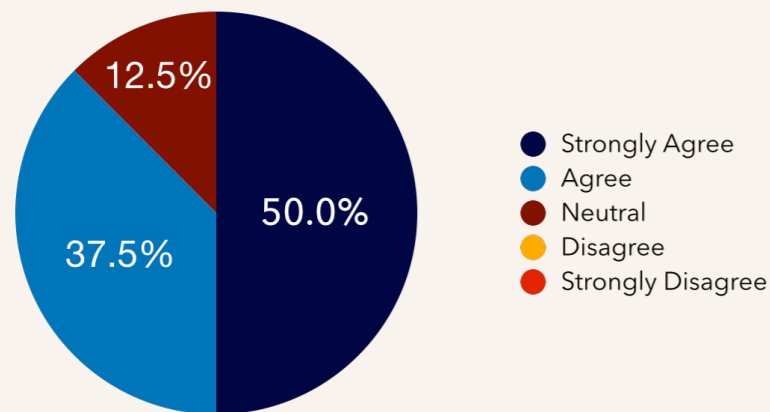- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. 100% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 7

Members' review of speaker organization and knowledge sharing.

The material and knowledge sharing was presented in an organized manner. - 7 responses
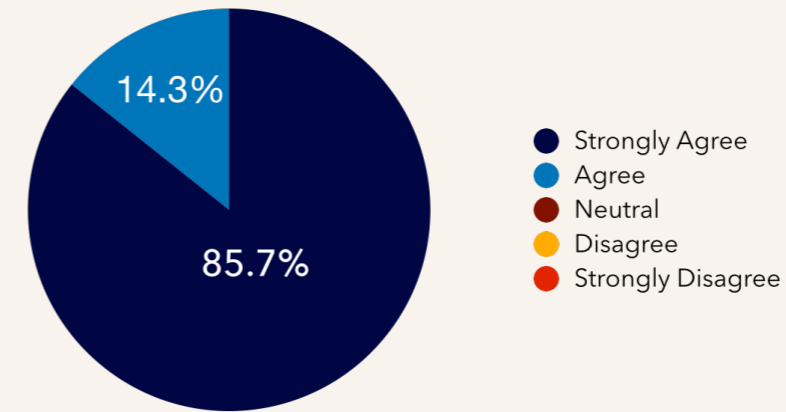
- ● Strongly Agree
- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. 100% of members endorsed that they "Strongly Agreed" or "Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 6

Members' review of speaker communication skills.

The speaker was a good communicator. - 7 responses
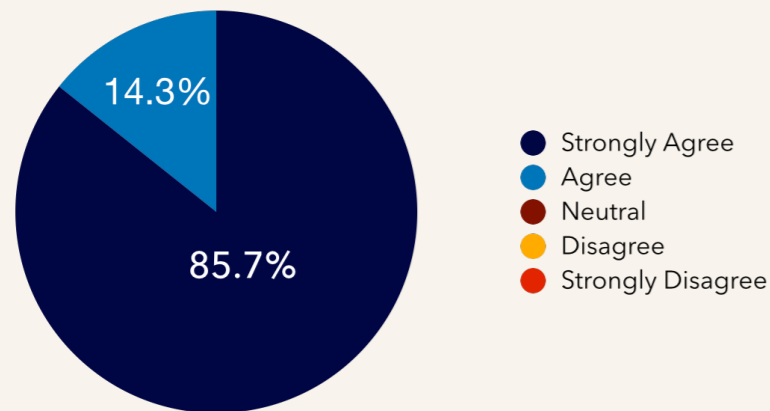
- ● Strongly Agree
- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. A total of 100% of members either "Strongly Agreed" or "Agreed" that the webinar speaker were good communicators.

Figure 8

Members' review of speaker knowledgeability.

The speaker was knowledgeable on the topics. - 7 responses
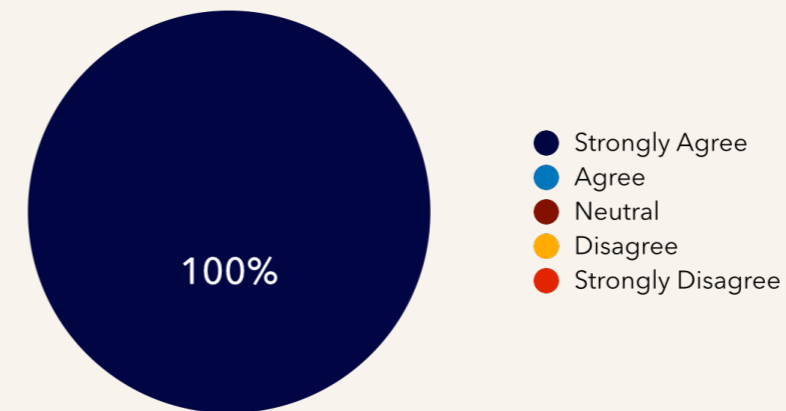
- ● Strongly Agree
- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. 100% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics.

Figure 9

Responses and feedback from members

What did you most appreciate about the webinar? - 7 responses
Great speakers
Great
The speakers do amazing work!
Their commitment to our most vulnerable population
Other than the important research findings, I appreciate the presence and comments by the Elder.
The holistic approach enriching us on the multiple aspects impacting and affecting houseless Indigenous people.
I appreciated how the webinar did not use language that made participants seem like data points or make Indigenous peoples seem like outsiders.

What are any suggestions for improvement? - 7 responses
Time for more questions
No comment
Nothing!
Good information!
None
Perhaps a bit more time for Q & A as I got the impression the speakers were unable to address all the questions in the time allotted.
I wanted to learn more about considerations for community research and community care (and I did after hearing the response to the last question)

Ontario NEIHR Webinar: Advancing Generative Health Services for First Nations, Inuit and Metis with Dr. Janet Smylie. January 25. 2023

Figure 10

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 8 responses
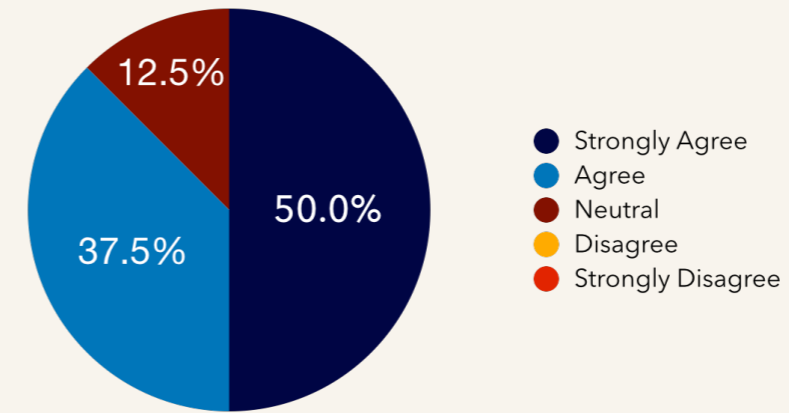
Note. 87.5% (n=8) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 11

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 8 responses

Note. 87.5% stated they "Strongly Agreed" or "Agreed" that they would recommend this webinar to others. Around 12.5% of members, were neutral on recommending this series to others.

Figure 12

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 8 responses
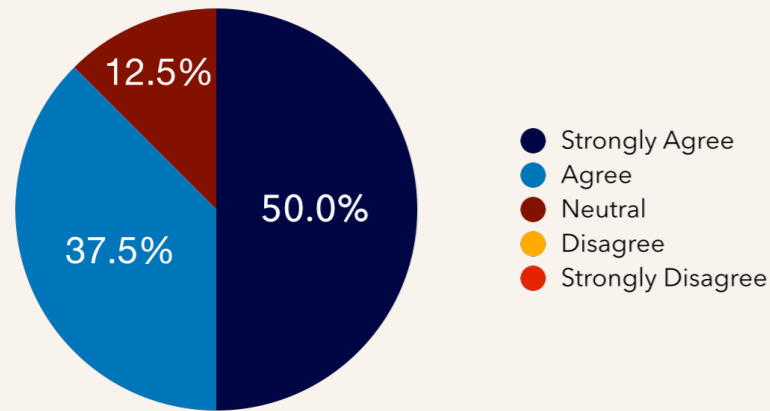
- Strongly Agree
- Agree
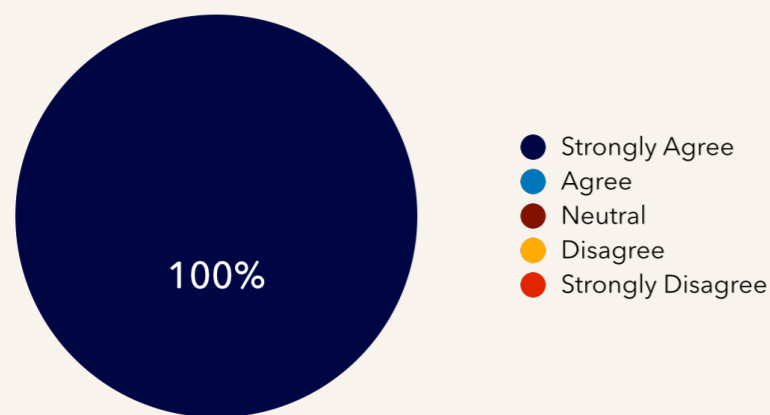- Neutral
- Disagree
- Strongly Disagree

Note. 87.5% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge. 12.5% of members expressed neutrality that the webinar expanded their knowledge.

Figure 13

Members' review of speaker communication skills

The speaker was a good communicator. - 8 responses

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

Note. A total of 87.5% of members either "Strongly Agreed" or "Agreed" that the webinar speaker were good communicators.

Figure 14

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 8 responses
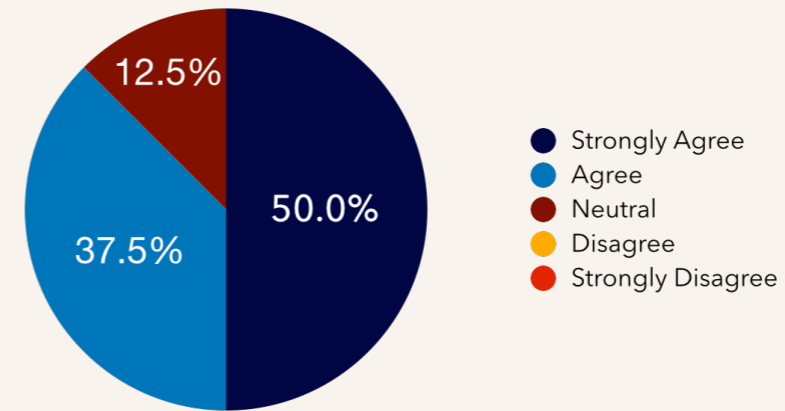
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. 87.5% of members endorsed that they "Strongly Agreed" or "Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 15

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 8 responses
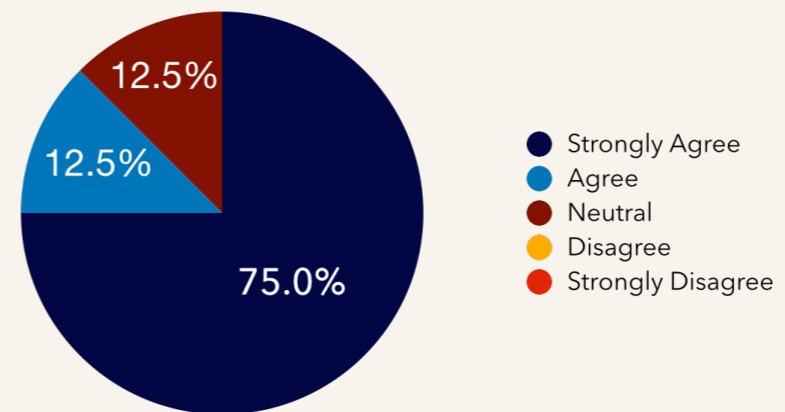
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. 87.5% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics.
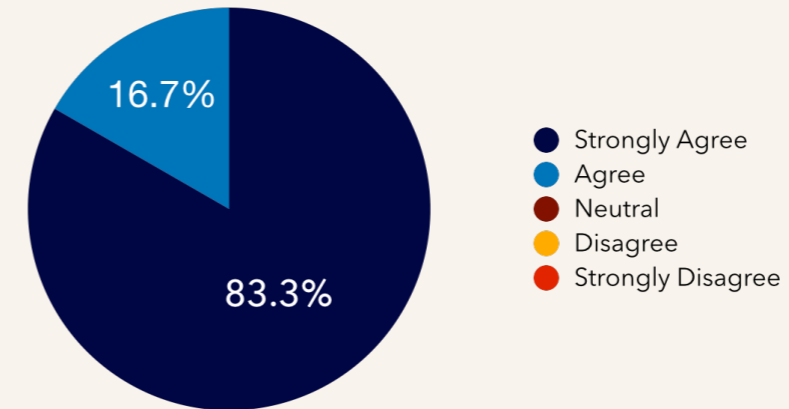
Figure 16

Responses and feedback from members

What did you most appreciate about the webinar? - 8 Responses
Interesting topics
How to the point and informative it was
Was perfect
I left early into the webinar
Her sharing of her maternal line, connection to the land and teaching
Learning from Dr. Janet Smylie
Hearing about what other people are doing in Indig health research
Janet's down-to-earth presentation style - her authenticity as a physician and a human being

What are any suggestions for improvement? - 8 responses
More time for questions
N/A
No
The audio was really difficult to hear above the background noise, so I left early
When possible, limit background noise (not possible in this situation, I understand)
Unfortunately, Dr. Smylie's audio was not crisp so sometimes hard to understand what she was saying
Sound quality was very poor. Too short for the amount of content
The location in the airport café was unfortunate with a lot of distracting background noise

Ontario NEIHR Webinar: From the Homeland: Metis Identity and Digital Storytelling with Dr. Chelsea Gabel and Dr. Bobby Henry February 15, 2023

Figure 17

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 3 responses

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

100%
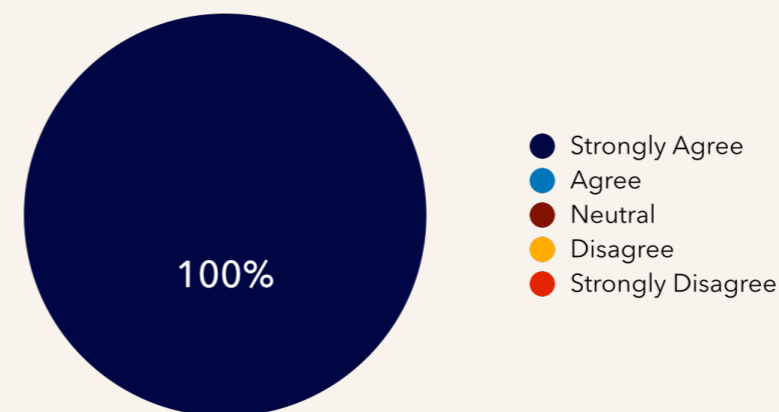
Note. 100% (n=3) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 18

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 3 responses
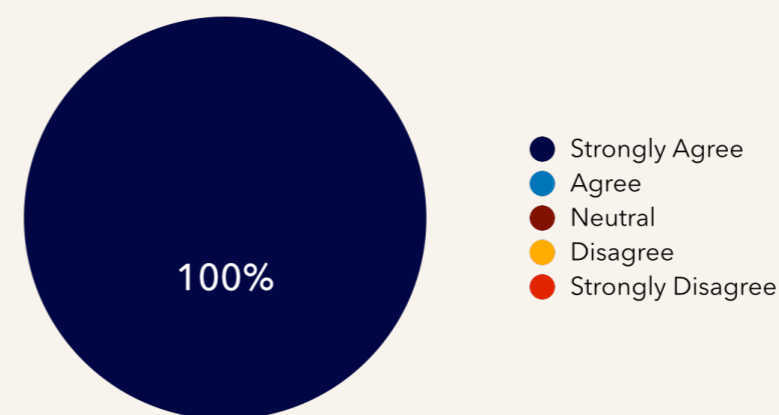
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note. 100% stated they "Strongly Agreed" that they would recommend this webinar to others.

Figure 19

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 3 responses
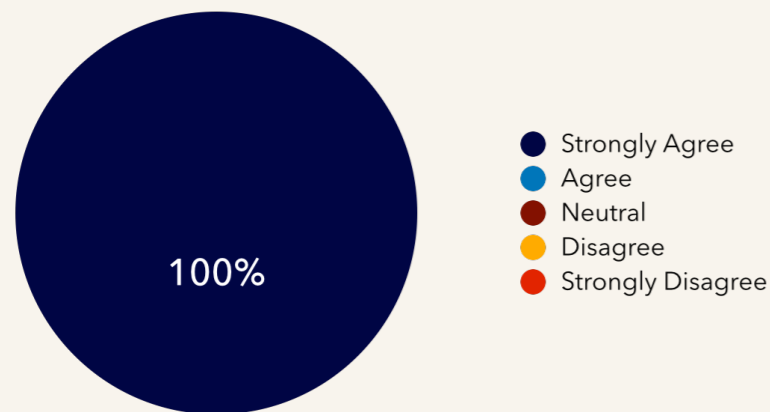
100%

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

Note. 100% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 21

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 3 responses
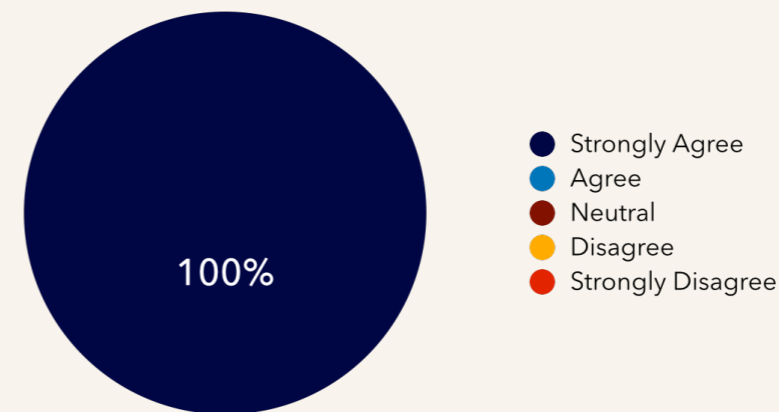
100%

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

Note. 100% of members endorsed that they "Strongly Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 20

Members' review of speaker communication skills

The speaker was a good communicator. - 3 responses

100%

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

Note. A total of 100% of members "Strongly Agreed" that the webinar speaker were good communicators.

Figure 22

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 3 responses
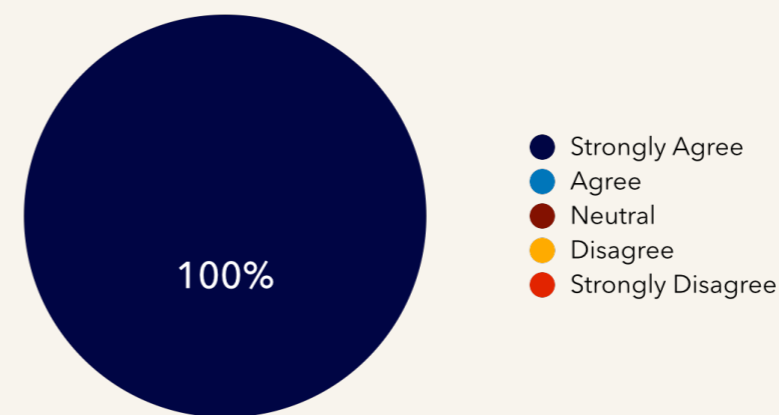
100%

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

Note. 100% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics.

Figure 23

Responses and feedback from members

What did you most appreciate about the webinar? - 3 responses
I really enjoyed the topic
The topic
The brevity and the information

What are any suggestions for improvement? - 3 responses
None
None
N/A

Ontario NEIHR Webinar: Exploring the Elements and Advocacy within Research for Off-reserve Status/Non-Status First Nations, Metis, and Southern Inuit communities with The Congress of Aboriginal Peoples (CAP). March 16, 2023

Figure 24

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 6 responses

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

Note. 100% (n=6) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 25

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 6 responses
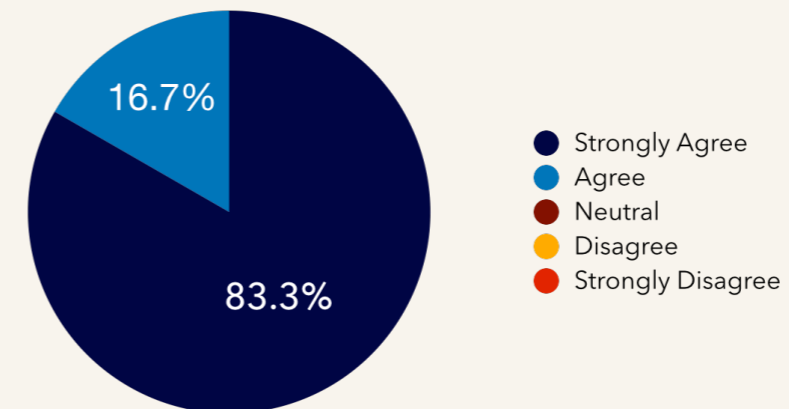
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. 100% stated they "Strongly Agreed" or "Agreed" that they would recommend this webinar to others.

Figure 26

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 6 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
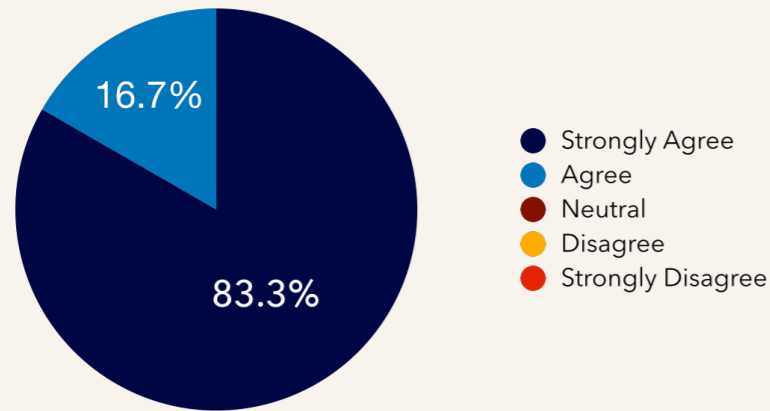
Note. 100% of members endorsed that they "Strongly Agreed" and "Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 28

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 6 responses
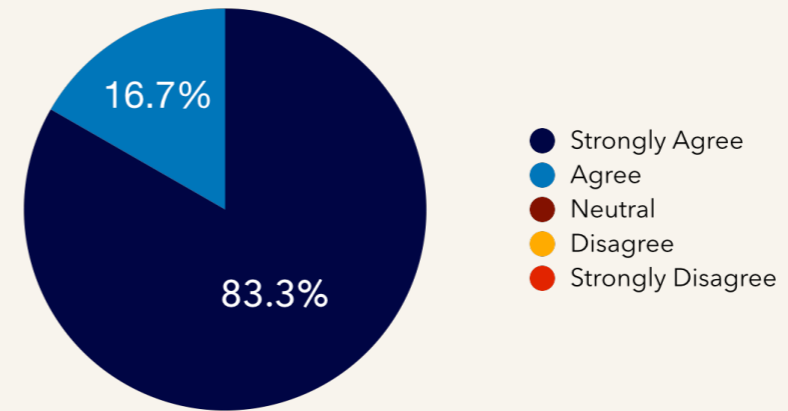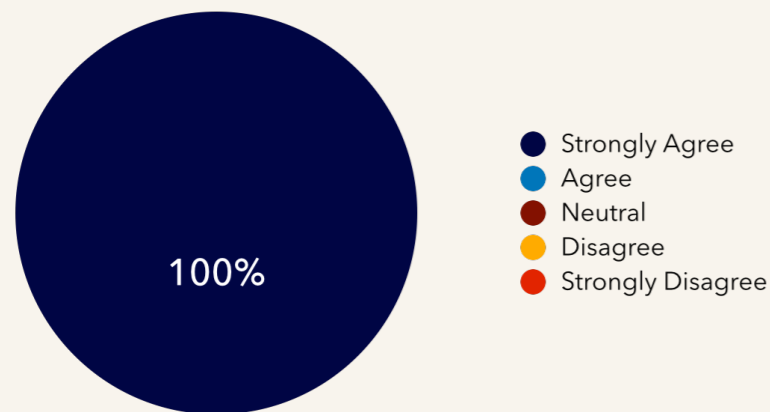

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. 100% of members endorsed that they "Strongly Agreed" or "Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 27

Members' review of speaker communication skills

The speaker was a good communicator. - 6 responses
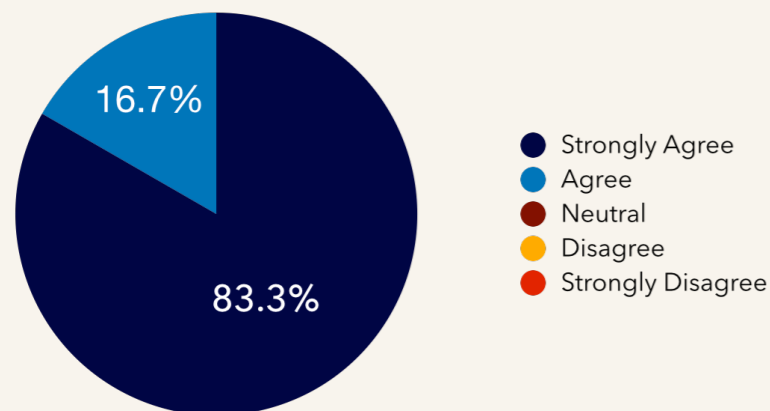
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Note. A total of 100% of members either "Strongly Agreed" or "Agreed" that the webinar speaker were good communicators.

Figure 29

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 6 responses

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
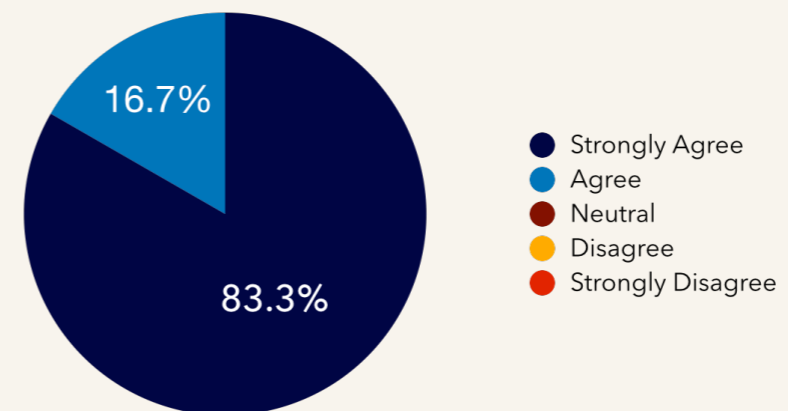
Note. 100% of members stated that they "Strongly Agreed" and "Agreed" that the speakers were knowledgeable on the topics
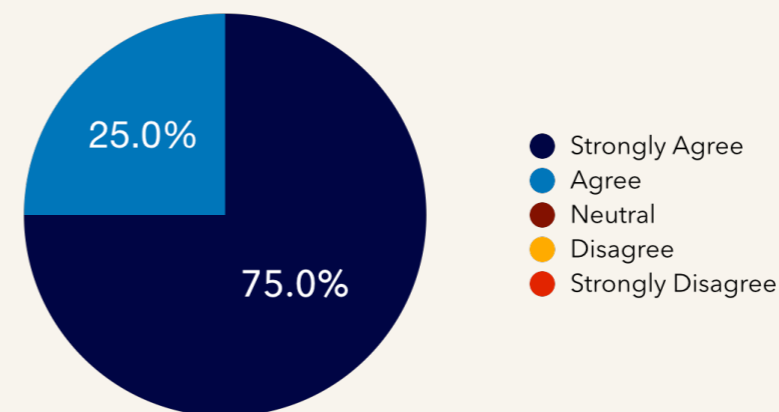
Figure 30

Responses and feedback from members

What did you most appreciate about the webinar? - 6 responses
It was a very interesting topic
NA
The speakers did a great job!
The data and the speakers' amazing presentation style
All the work that is being done to rectify systemic unfair treatment of Indigenous people. The information was stellar. Thank you for your continued efforts.
I really appreciated the strengths-based approach used, in the discussion of grounding policy in spirit.

What are any suggestions for improvement? - 5 responses
It would be great to have learned more about the impact, that the work at Congress of Aboriginal Peoples is making for communities. (Policy reform, development, benefits to the community from having their work exist)
NA
NA
None
Nothing. It was perfect

Ontario NEIHR Webinar: Spirit Teachings from a 2 Spirit Elder - with Laureen Blu Waters. April 28, 2023

Figure 31

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 1 response

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

100%
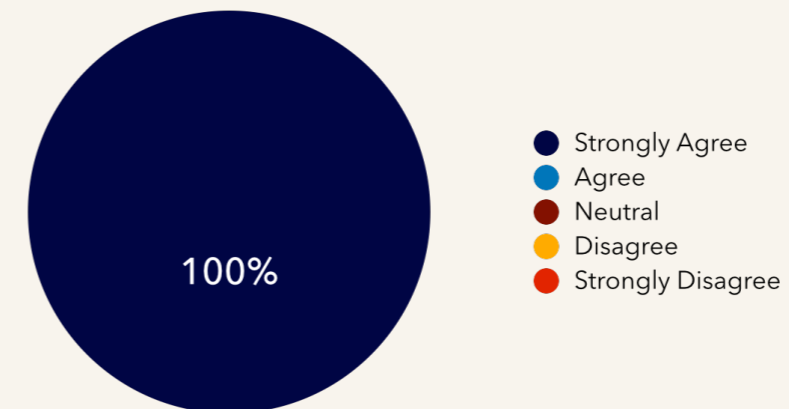
Note. 100% (n=1) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 32

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 1 response
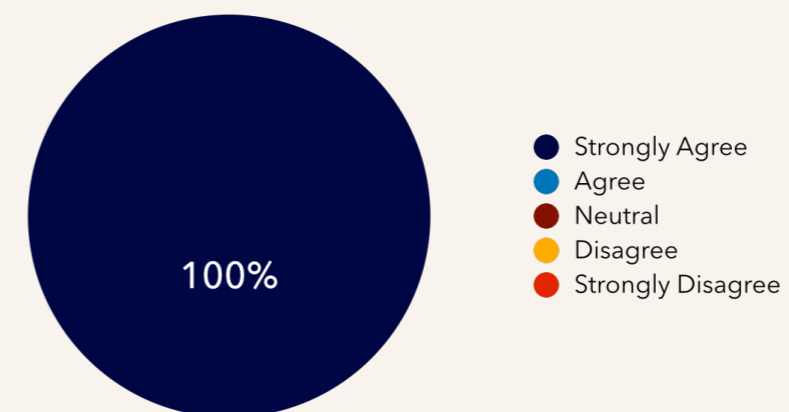
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note. 100% stated they "Strongly Agreed" that they would recommend this webinar to others.

Figure 33

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 1 response
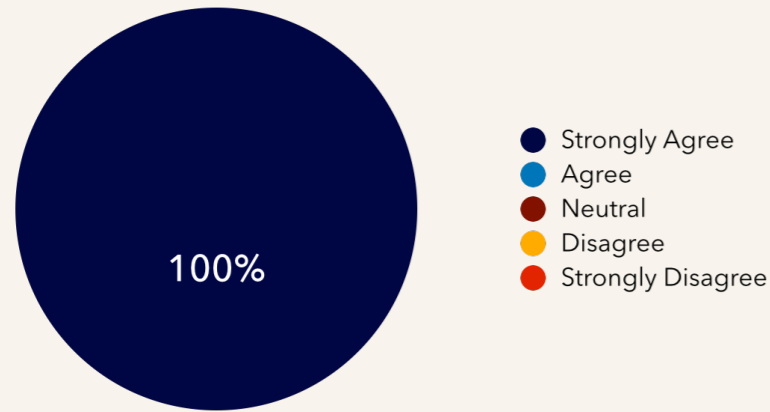
- Strongly Agree
- Agree
- Neutral
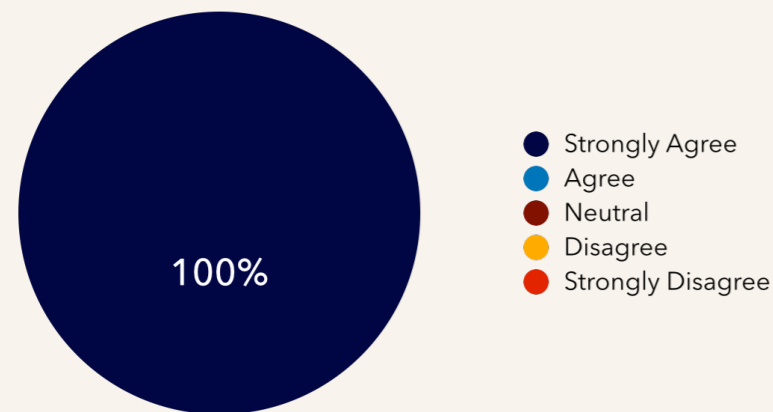- Disagree
- Strongly Disagree

100%

Note. 100% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 35

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 1 response
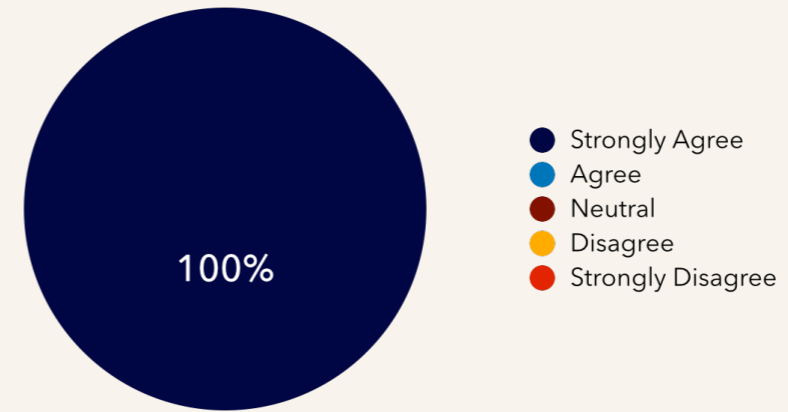
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note. 100% of members endorsed that they "Strongly Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 34

Members' review of speaker communication skills

The speaker was a good communicator. - 1 response

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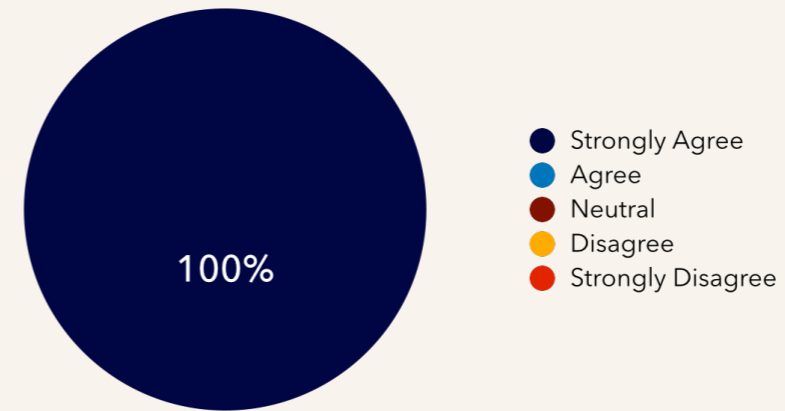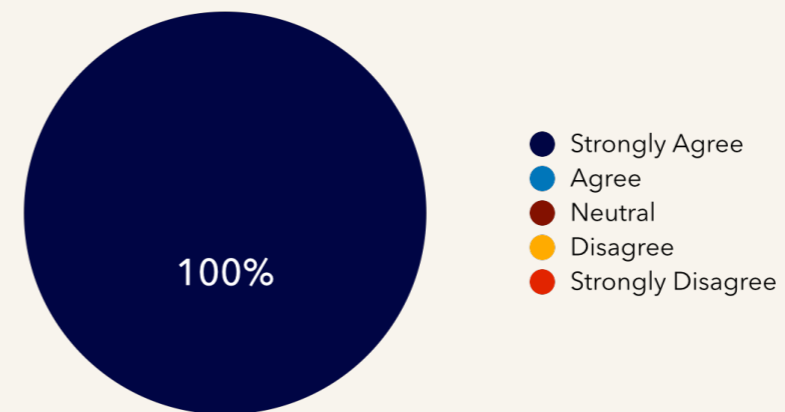- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note. A total of 100% of members "Strongly Agreed" that the webinar speaker were good communicators.

Figure 36

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 1 response
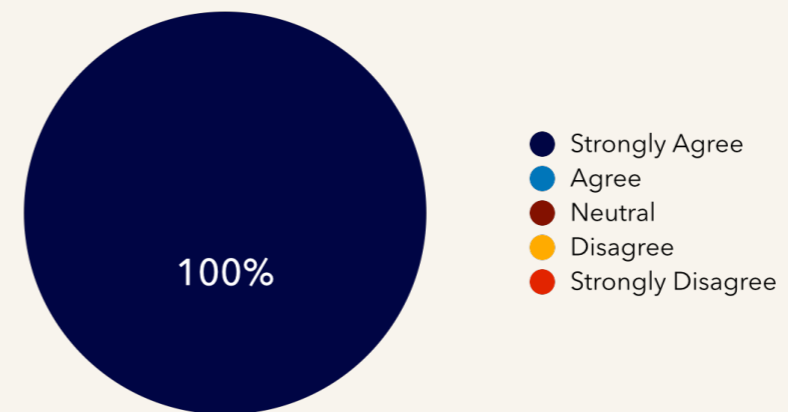
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note. 100% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics

Figure 37

Responses and feedback from members

What did you most appreciate about the webinar? - 1 response
I appreciated the opportunity to learn more about a subject that I do not know a lot about. Blu was very welcoming, and their non-judgmental approach enabled me to feel comfortable enough to ask a question.

What are any suggestions for improvement? - 1 response
Perhaps you might consider enabling the chat feature and/or allowing attendees to see who else is participating in the webinar (e.g., allowing the list of participant names to be revealed or allowing others to turn on their cameras, etc.) - to help build a greater sense of community surrounding these topics/issues.

Ontario NEIHR Webinar: Teachings from Knowledge Keeper Clayton Shirt (May 29, 2023)

Figure 38

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 4 responses

Note. 100% (n=4) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 39

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 4 responses
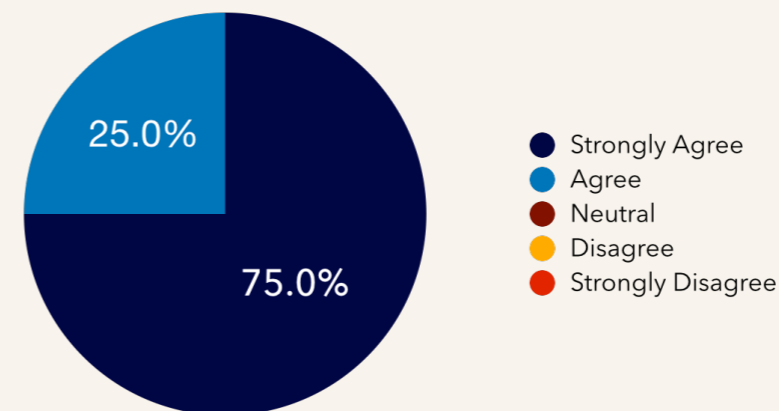
Note. 100% stated they "Strongly Agreed" or "Agreed" that they would recommend this webinar to others.

Figure 40

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 4 responses
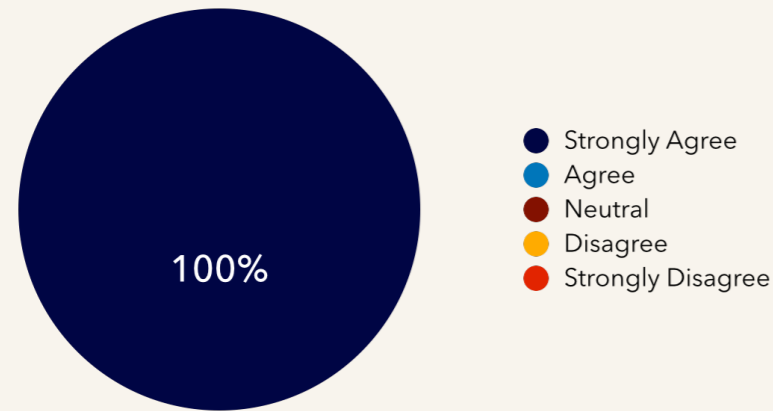
- ● Strongly Agree
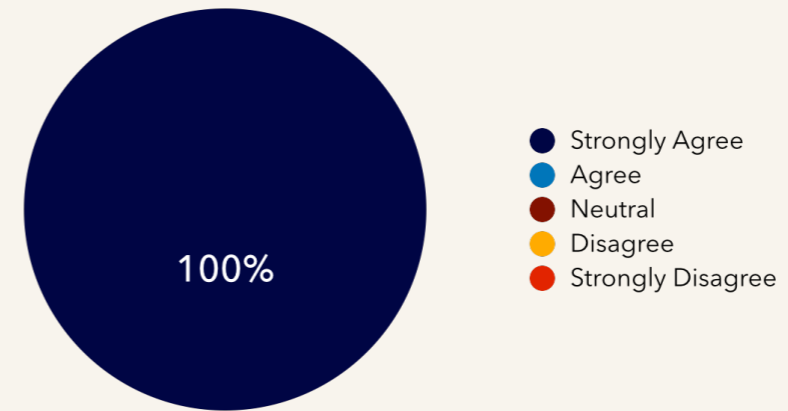- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. 100% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 42

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 4 responses
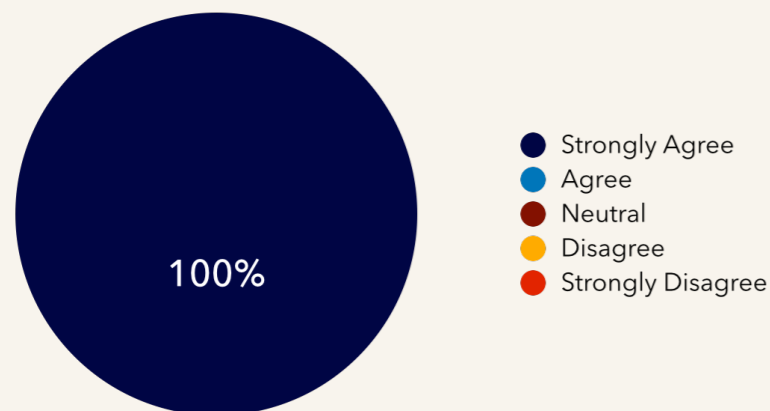

- ● Strongly Agree
- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree

Note. 100% of members endorsed that they "Strongly Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 41

Members' review of speaker communication skills

The speaker was a good communicator. - 4 responses

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

Note. A total of 100% of members "Strongly Agreed" that the webinar speaker were good communicators.

Figure 43

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 4 responses

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

Note. 87.5% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics

Figure 44

Responses and feedback from members

What did you most appreciate about the webinar? - 4 responses
The cultural teachings given by Knowledge Keepers, always relatable
The 7 Grandfather Teachings
N/A
The remainder about the seven grandfather teachings

What are any suggestions for improvement? - 4 responses
?
N/A
N/A
n/a

Ontario NEIHR Webinar: 2-Spirited People of the 1st Nations with Keith McCrady. June 2023

Figure 45

Members perception of webinar consistency with advertised abstract

The webinar content was consistent with the abstract included in the poster. - 2 responses

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

100%
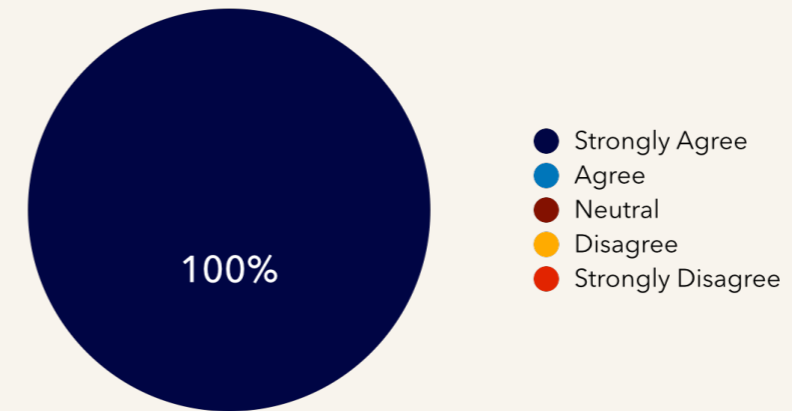
Note. 100% (n=2) of the respondents "Strongly Agreed" that the webinars content aligned with the abstract that was advertised online.

Figure 46

Members' reports of recommending webinar series to others

I will recommend this webinar series to others. - 2 responses
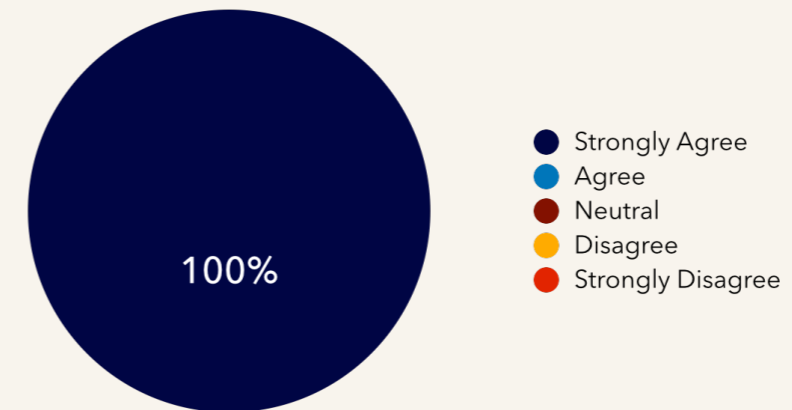
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

100%

Note: 100% stated they "Strongly Agreed" that they would recommend this webinar to others.

Figure 47

Members endorsements of learning and knowledge expansion

I learned something new/expanded my knowledge on the topic. - 2 responses
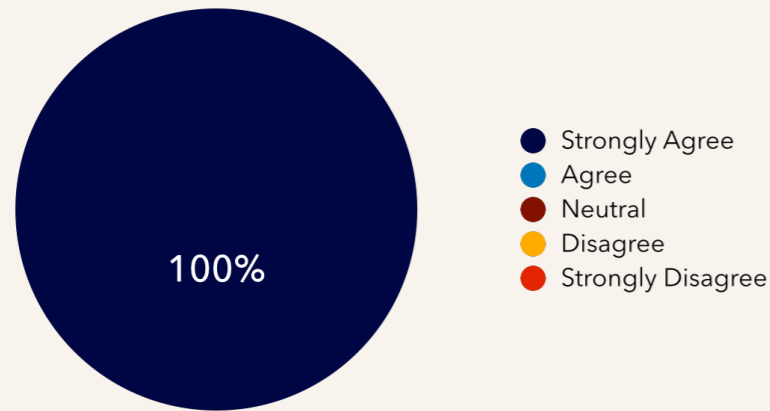
100%

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

Note. 100% of members endorsed that they "Strongly Agreed" that they learned from the material presented in the webinar, or that the webinar expanded their knowledge.

Figure 49

Members' review of speaker organization and knowledge skills

The material and knowledge sharing was presented in an organized manner. - 2 responses

100%

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

Note. 100% of members endorsed that they "Strongly Agreed" that the webinar presenters and knowledge shared were organized in a thorough manner.

Figure 48

Members' review of speaker communication skills

The speaker was a good communicator. - 2 responses

100%

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

Note. A total of 100% of members "Strongly Agreed" that the webinar speaker were good communicators.

Figure 50

Members' review of speaker knowledgeability

The speaker was knowledgeable on the topics. - 4 responses

100%

- ● Strongly Agree
- ● Agree
- ● Neutral
- ● Disagree
- ● Strongly Disagree
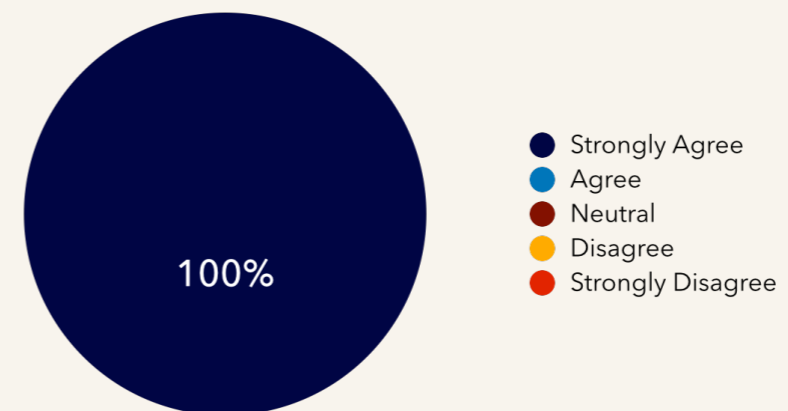
Note. 100% of members stated that they "Strongly Agreed" that the speakers were knowledgeable on the topics

Figure 51

Responses and feedback from members

What did you most appreciate about the webinar? - 2 responses
Keith!
The vulnerability and the power of the stories ahead.

What are any suggestions for improvement? - 2 responses
I may have missed the email explaining the registration. I ended up with the speaker on a team's link.
n/a

Appendix B

Instagram Data

Breakdown of Posts-Social Media Engagement on Shkaakaamikwe gchi twaa miigwewin

April 19, 2022

May 11, 2022
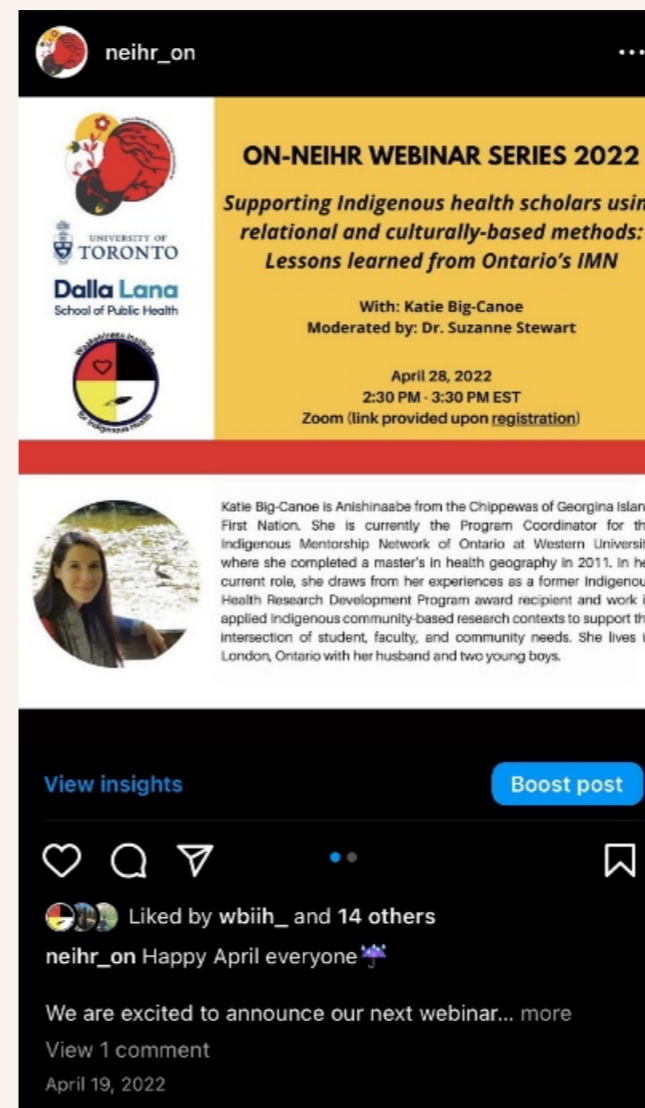
Likes: 15

Comments: 1

Reach: 150

Engagement: 17
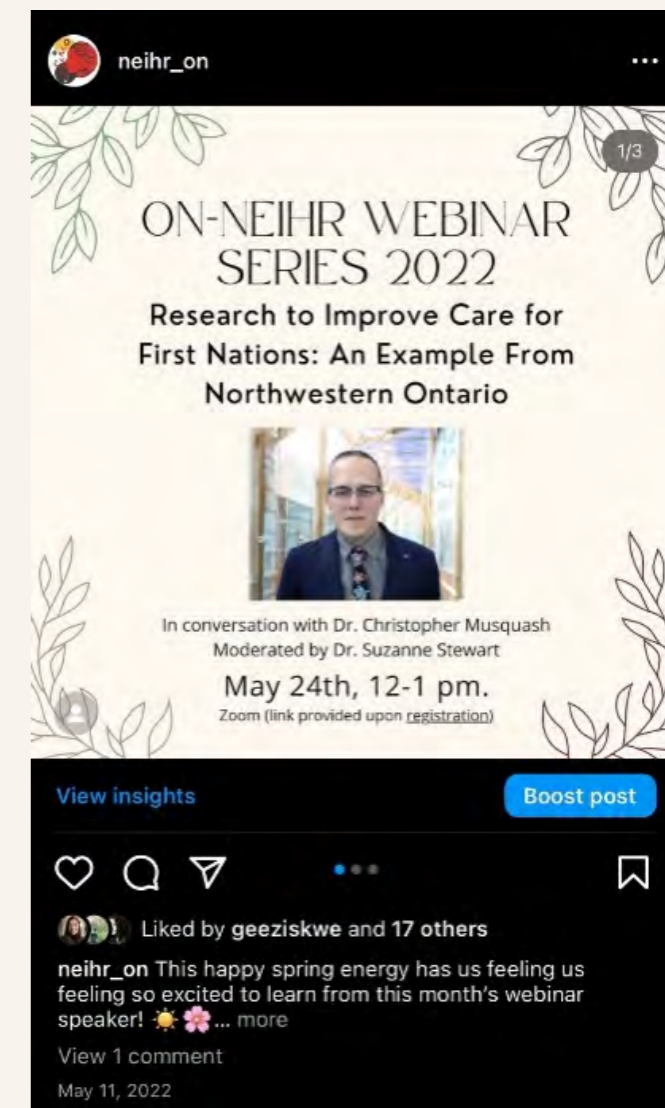
Likes: 18

Comments: 1

Reach: 122

Engagement: 22

May 13, 2022

June 9, 2022

June 22, 2022

July 7, 2022

Likes: 10

Comments: 1

Reach: 162

Engagement: 14
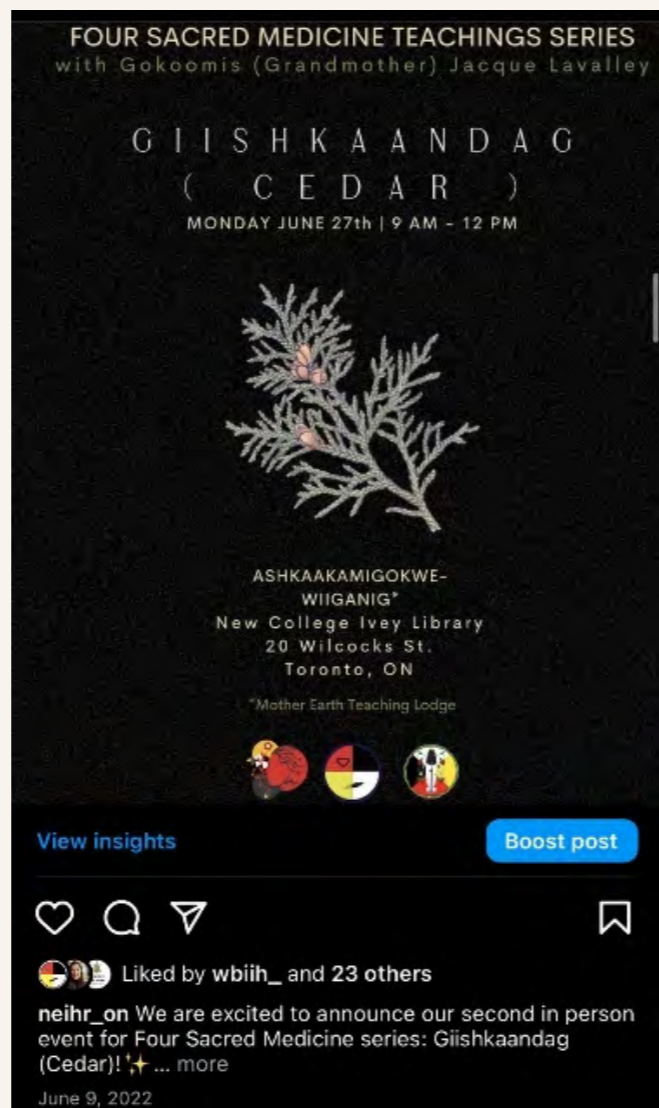
Likes: 24

Comments: 0

Reach: 142

Engagement: 29

Likes: 11

Comments: 0

Reach: 100

Engagement: 14
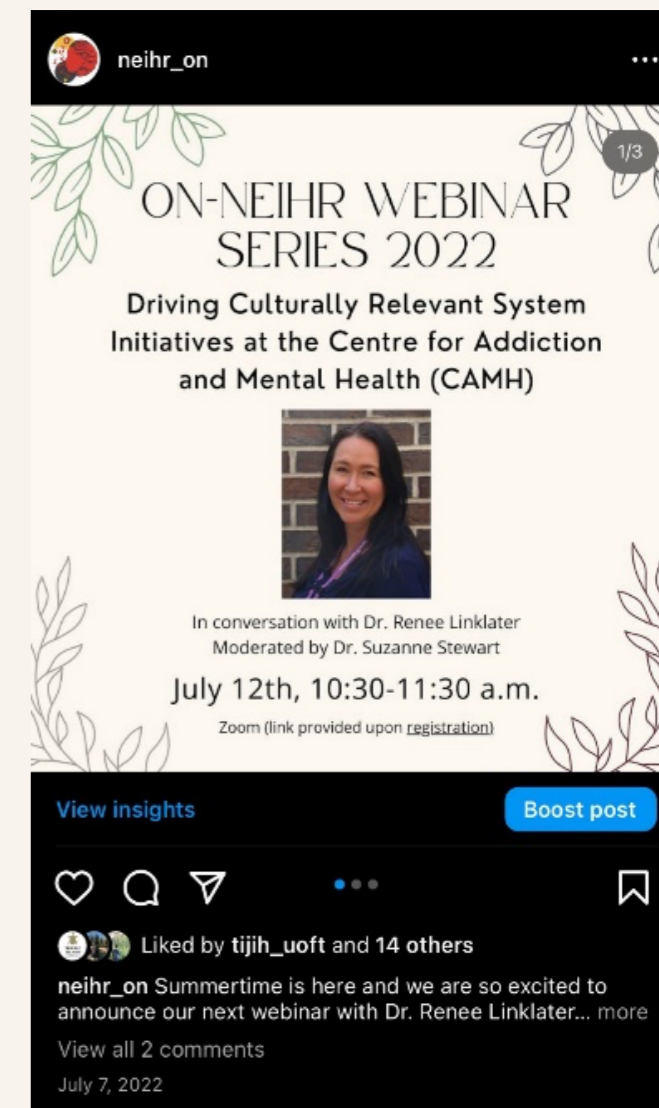
Likes: 15

Comments: 2

Reach: 122

Engagement: 19

July 12, 2022

July 15, 2022

July 29, 2022

August 3, 2022

Likes: 42

Comments: 2

Reach: 272

Engagement: 52
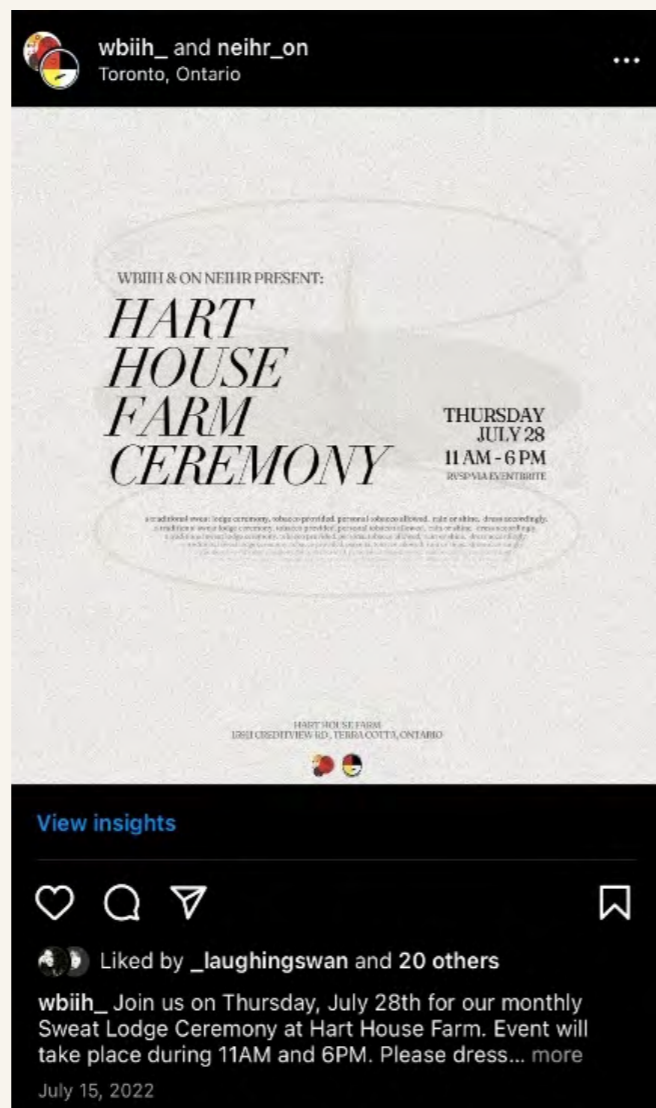
Likes: 21

Comments: 0

Reach: 331

Engagement: 31

Likes: 40

Comments: 2

Reach: 436

Engagement: 45
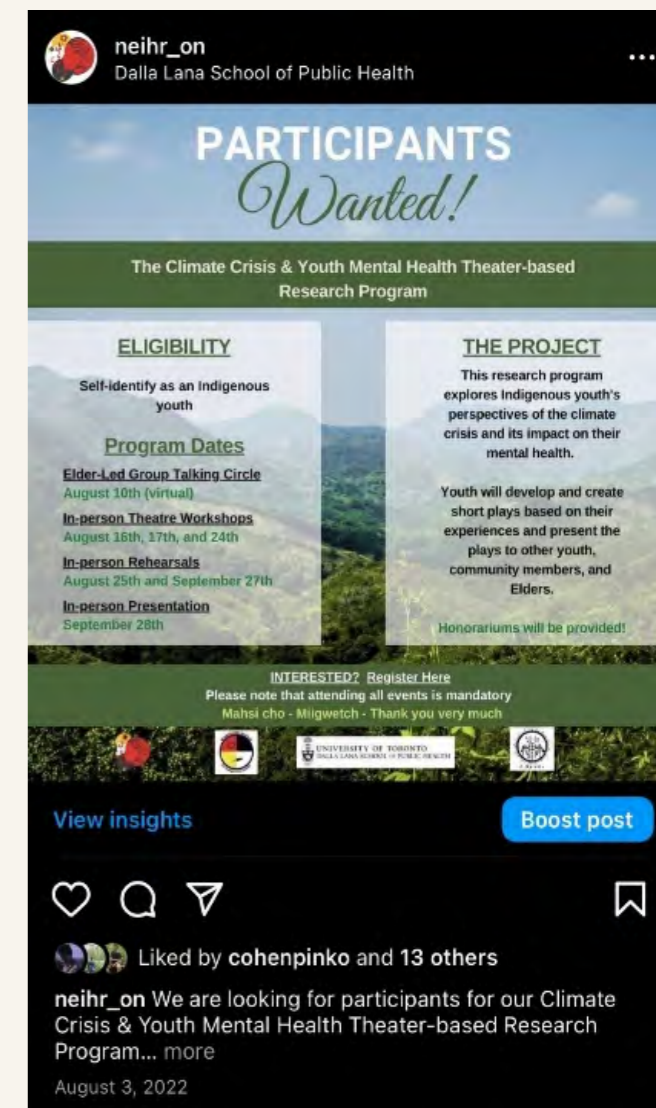
Likes: 14

Comments: 0

Reach: 141

Engagement: 18

August 11, 2022

August 12, 2022

August 25, 2022
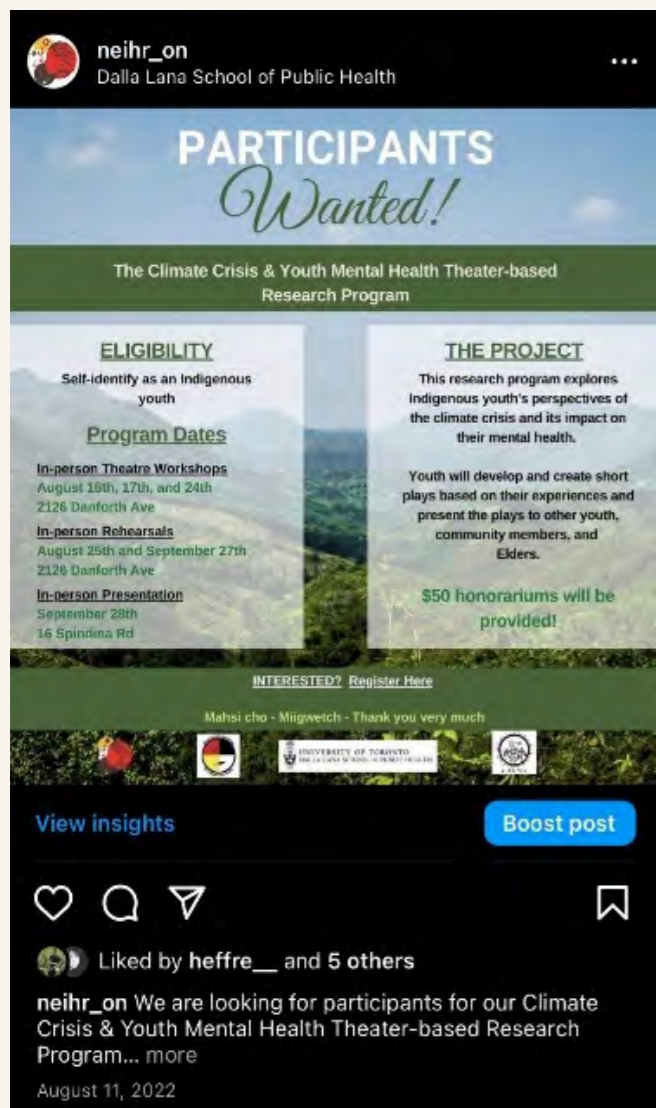
September 5, 2022

Likes: 6

Comments: 0

Reach: 100

Engagement: 8

Likes: 47

Comments: 0

Reach: 441

Engagement: 70
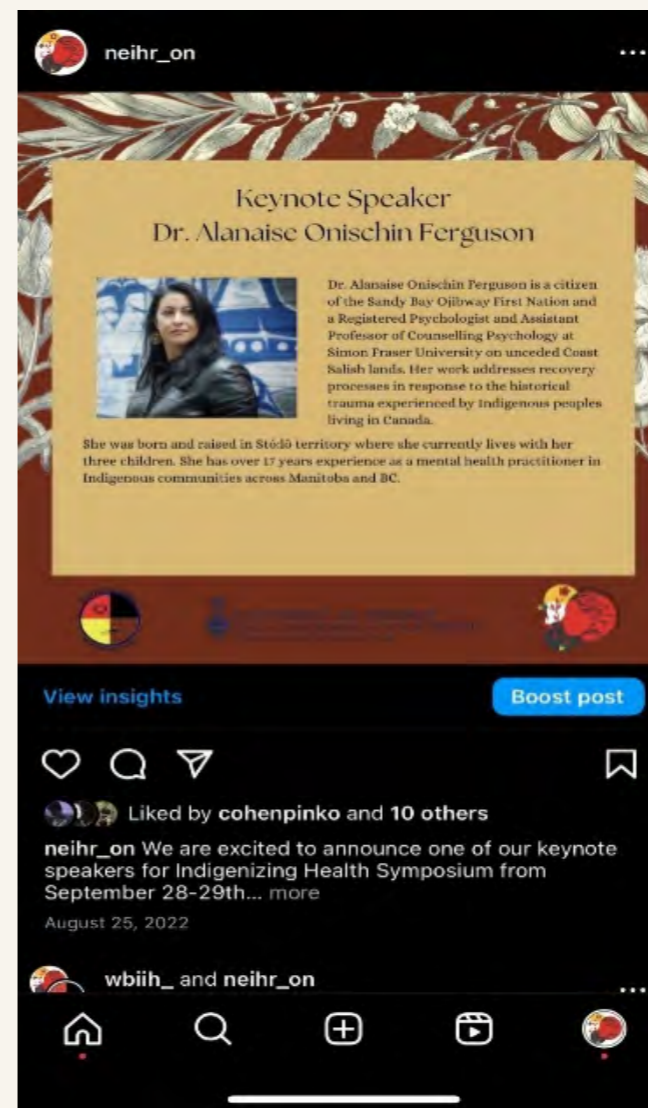
Likes: 11

Comments: 0

Reach: 132

Engagement: 12
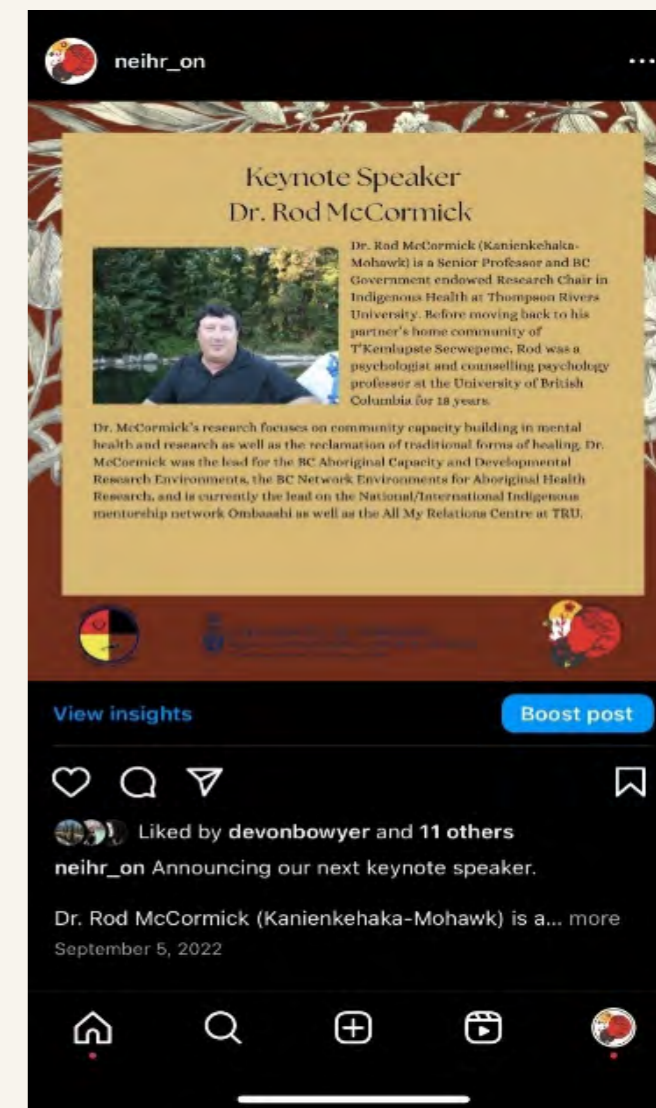
Likes: 12

Comments: 0

Reach: 140

Engagement: 15

September 9, 2022

September 12, 2022

September 14, 2022
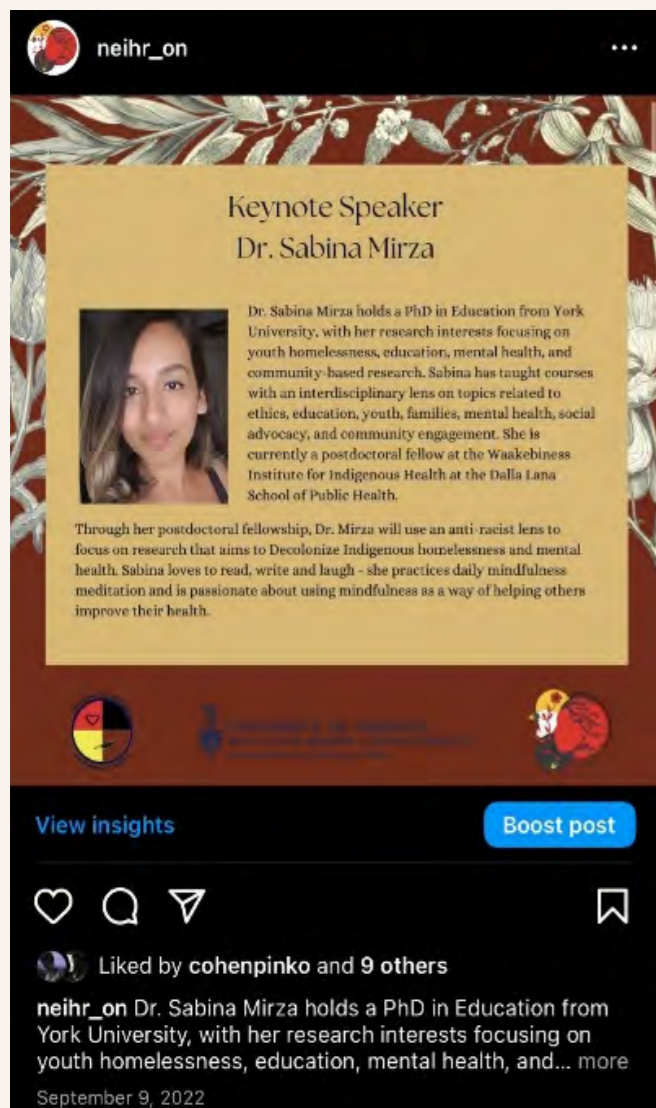
September 15, 2022

Likes: 10

Comments: 0

Reach: 147

Engagement: 12

Likes: 25

Comments: 2

Reach: 197

Engagement: 32

Likes: 19

Comments: 0

Reach: 133

Engagement: 20

Likes: 4

Comments: 0

Reach: 86

Engagement: 4

September 17, 2022

September 23, 2022

October 5, 2022
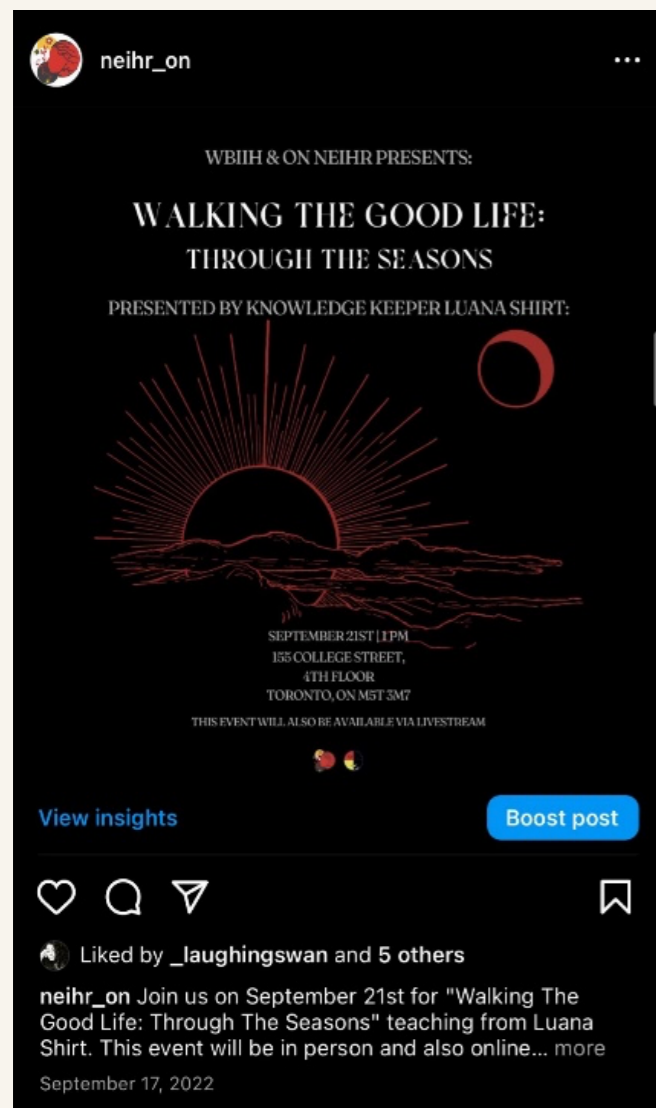
November 1, 2022

Likes: 6

Comments: 0

Reach: 112

Engagement: 6
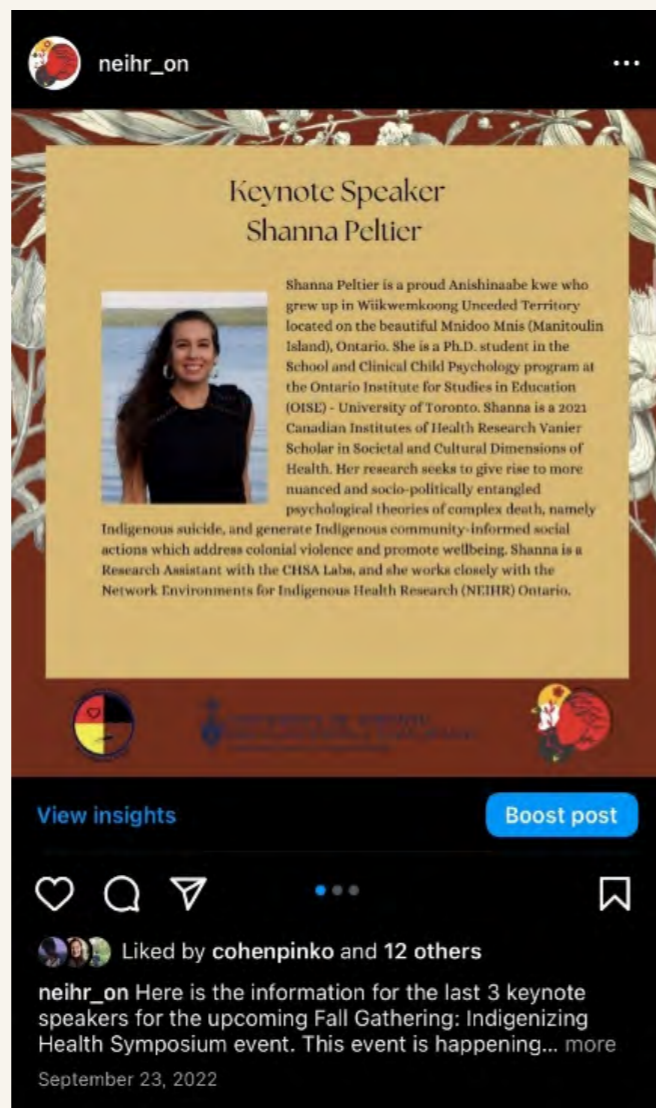
Likes: 13

Comments: 0

Reach: 135

Engagement: 13
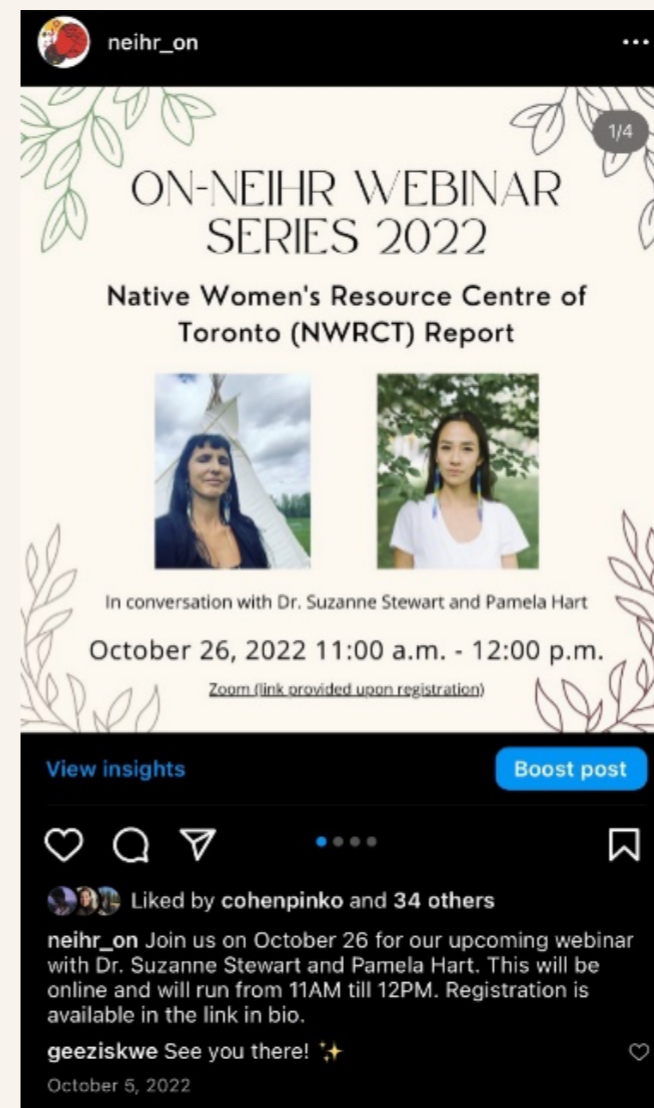
Likes: 35

Comments: 1

Reach: 205

Engagement: 35

Likes: 27
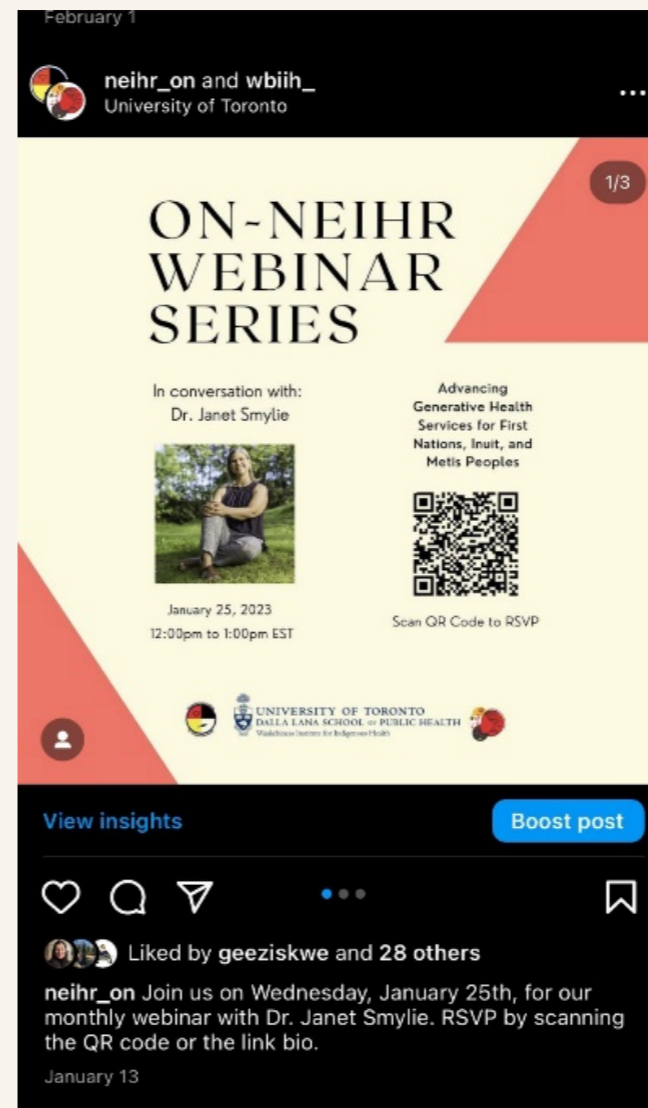
Comments: 1

Reach: 312

Engagement: 37

November 17, 2022

January 10, 2023

January 13, 2023
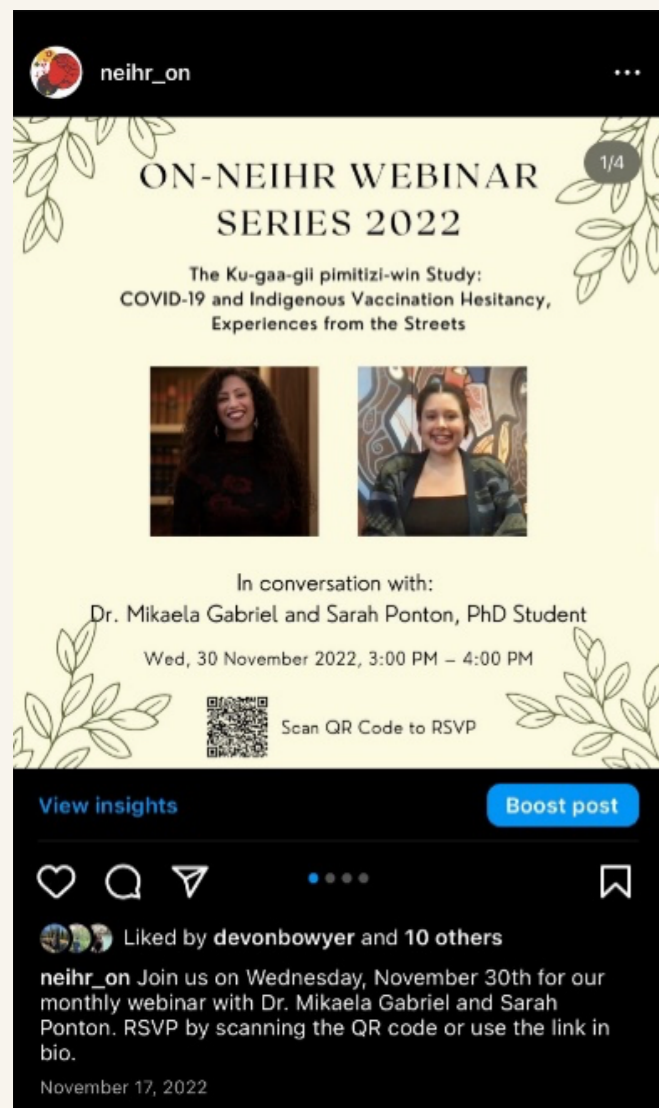
February 1, 2023

Likes: 11

Comments: 0

Reach: 107

Engagement: 17

Likes: 21

Comments: 0

Reach: 271

Engagement: 29

Likes: 29

Comments: 0

Reach: 336

Engagement: 37

Likes: 13

Comments: 0

Reach: 298

Engagement: 1

February 21, 2023

February 27, 2023

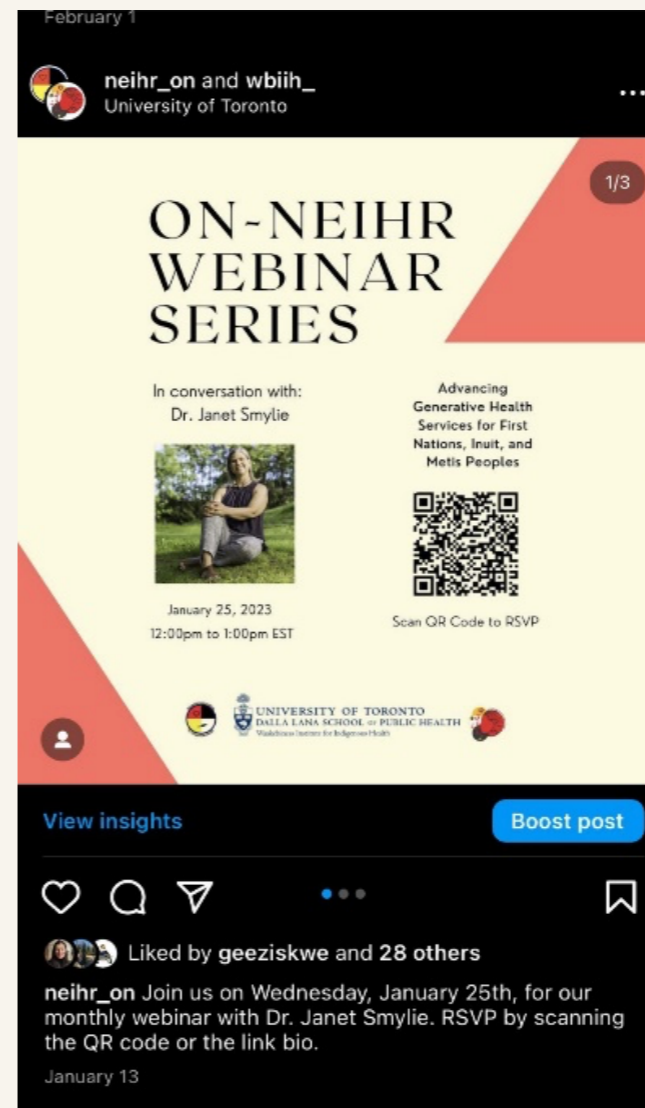March 6, 2023

Likes: 35

Comments: 0

Reach: 457

Engagement: 63
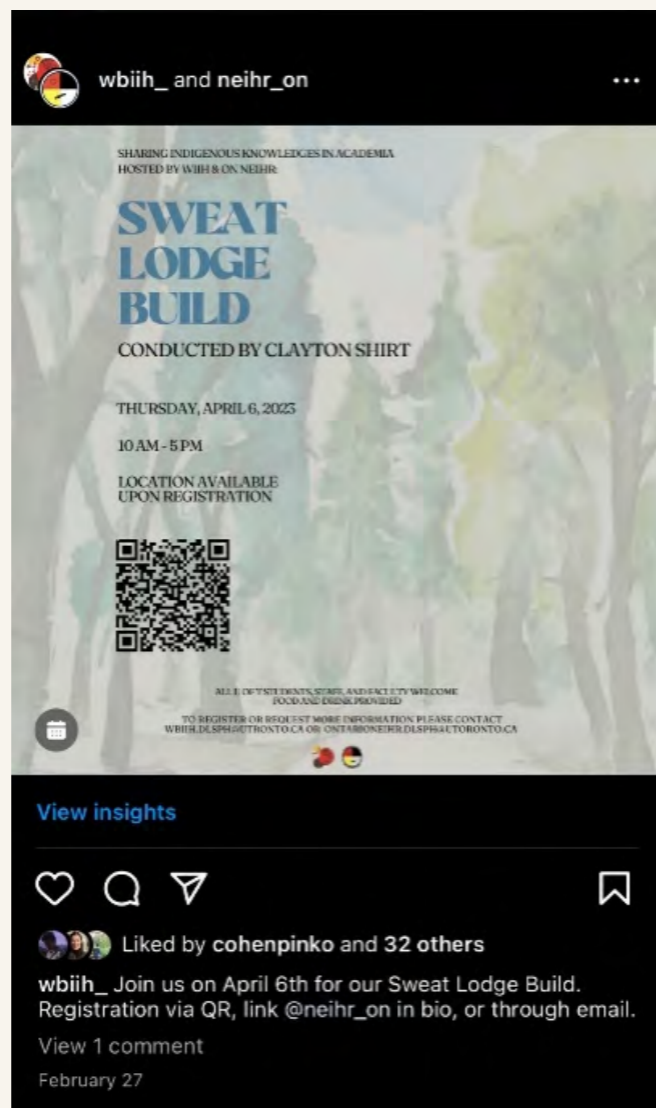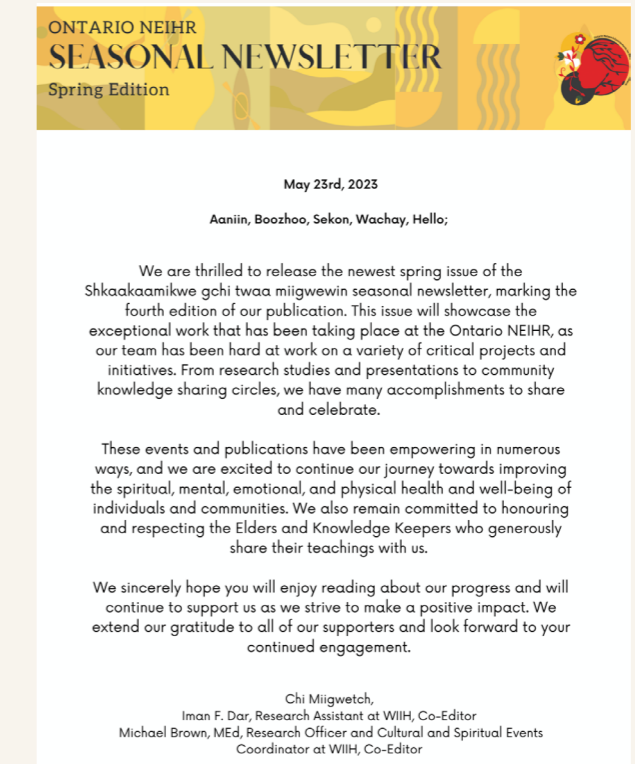

Likes: 33

Comments: 1

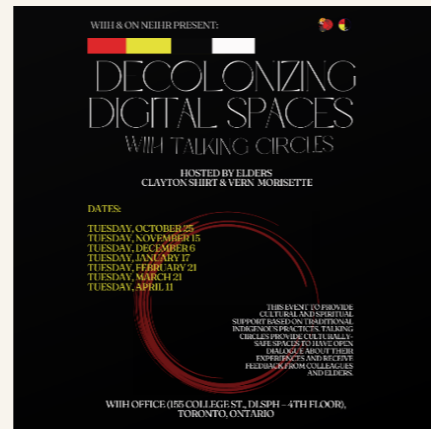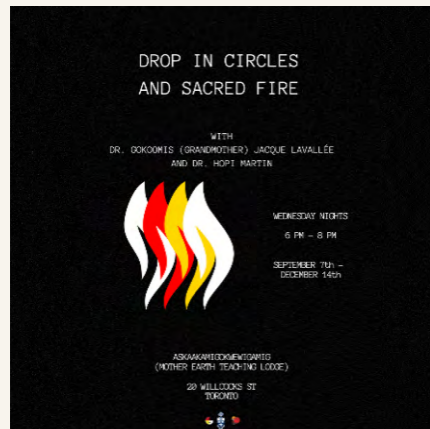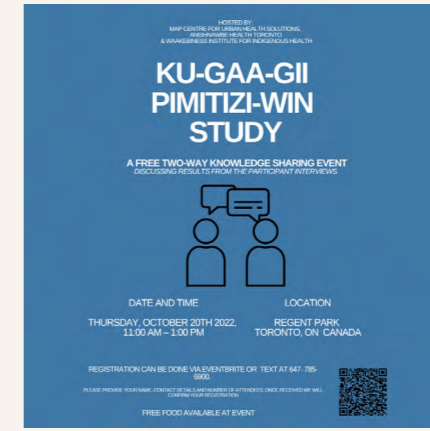Reach: 398

Engagement: 42

Likes: 26

Comments: 0

Reach: 276

Engagement: N/A

Instagram account (@neihr_on)
Appendix C

Ceremony & Cultural Events
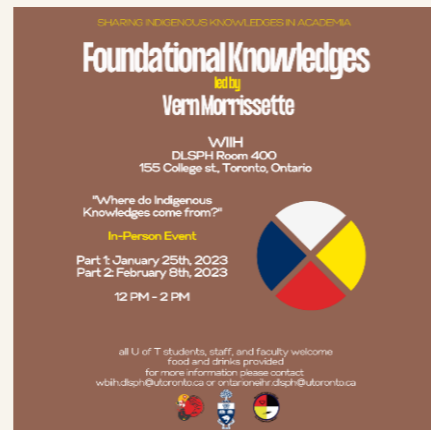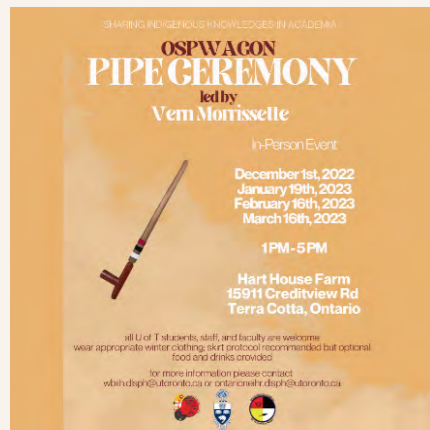
Appendix D

Evaluation Materials

The Evaluation materials are currently (August 2023) in draft form pending final development, revision, and approval by the Evaluation team and network members.

Qualitative Methods

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

Interview Questions: Theme Leaders/Theme Representatives

1. Can you tell me about your experiences as the theme lead for (theme group) with the ON NEIHR? What are the successes and challenges from your perspective?
2. From your perspective, how has the NEIHR-influenced work 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 the ON NEIHR 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?

Interview Questions: Elders

1. Can you tell me about your experiences as the Elder/traditional knowledge keeper for (theme group)? What are the successes and challenges from your perspective?
2. What are the core spiritual needs of the communities you work with through the NEIHR?
3. From your perspective, how can NEIHR projects continue developing spiritual and ceremonial practices at research, program, and policy levels?
4. From your view, how has NEIHR work supported the spiritual, mental, emotional, and physical health needs in Indigenous communities? What are some key recommendations and steps forward?
5. Is there anything else you would like to share?

Key Informant Interviews

Students

1. Can you tell me about your experiences being connected to the ON NEIHR? What projects, opportunities, or events have you been part of?
2. How has the ON NEIHR supported or challenged your holistic (spiritual, physical, mental, emotional) well-being and growth as an Indigenous/non-Indigenous student?
3. What opportunities would you like to see to support your growth?
4. Is there anything else you'd like to share?

Community Partners

1. Can you tell me your experiences being connected to the ON NEIHR? What projects, programs, or events have you been part of?
2. How has the ON NEIHR supported your work, service delivery, or community? Have there been barriers/challenges?
3. What would you recommend for future projects, developments, or opportunities?
4. Is there anything else you'd like to share?

Quantitative Methods

Theme Leaders

o What would you say are the highlights of your theme group?
    o Connection with other researchers
    o Community building
    o Opportunities for ceremonies
    o Opportunities for community partnership
    o Mutual learning and support
    o Supporting research reciprocity
    o Discussion of experiences in work in a related field
    o Other:
o Has your theme group completed, or are in progress of, publications and projects?
    o If so, what?
    o Articles
    o Chapters
    o Books
    o Brochures
    o Presentations
    o Other…

o What are key dimensions of success in your theme group?
o Do you have theme-based ceremonies?
o What future theme-based developments would you like to see?

o What are primary challenges to your theme group?

- o Time to meet
- o Consistency in meeting
- o Completing tasks

Elders

Community Partners

o In what capacity have you been connected with the ON NEIHR?

- o Research development
- o Research partnership
- o Program development
- o Program implementation
- o Ceremonial development
- o Ceremonial delivery
- o Culturally based programming
- o Culturally based program planning

o In what capacity have you received support from the ON NEIHR?

- o Funding
- o Research support/capacity building
- o Educational materials
- o Access to other researchers/communities
- o Ceremonies
- o Cultural supports
- o Personal impact (gathering, connection)
- o Mentorship
- o Supervision/support for students

o How would you gauge the support provided by the ON NEIHR?

- o Most helpful; very helpful; somewhat helpful; neutral; a little bit helpful; sometimes helpful; not helpful

o In what capacity would you like to continue your partnership with the ON NEIHR?

- o Research development
- o Program/community development
- o Ceremony
- o Ongoing education
- o Research/project dissemination
- o Community dissemination
- o Other:

o Have you published/drafted materials with the ON NEIHR? If yes, what kind?

- o Academic articles/books/journals/chapters
- o Academic presentations

- o Community reports
- o Community materials
- o Arts-based materials (i.e., podcasts, graphic novels)
- o Brochures/flyers/handouts
- o Other…

Students

o Have you received scholarships, stipends, or bursaries through the ON NEIHR?

- o If yes, how was this helpful?

o Have you participated in in ON NEIHR projects? If yes, how:

- o Data collection
- o Student supervision/support
- o Participation in research gathering
- o Data analysis
- o Literary/scoping reviews
- o Publications
- o Emotional/personal supports while completing academic work
- o Presentations (academic or community)
- o Others:

o Have you received any training/work opportunities?

o Have you received supervision or mentorship through the ON NEIHR network?

o Have you worked towards publishing in an ON NEIHR group or activity?

- o If so, how?

o Have there been challenges/barriers in your connection to the ON NEIHR?

- o If so, how?

o Have there been additional benefits/experiences related to your connection to the ON NEIHR we haven't asked?

- o If so, what:

Ceremonial Methods

o Ceremonial gathering on the land with Elders, theme leads, open invitation for students/community partners

o Sharing reflections

o Mutual agreement on points for development and strengths

Network Formation & Cultural Inclusion

1. How many members are included in your network? (i.e., students, Elders, researchers, community partners)

2. Are Elders or traditional knowledge keepers involved in your network?

- o Yes
- o No

3. How often does your team meet?

    ○ Multiple times a week

    ○ How many?

    ○ Weekly

    ○ Every 2 weeks

    ○ Monthly

    ○ Every 2 months

4. Are Elders/Traditional knowledge keepers at these meetings?

    ○ Yes

    ○ No

    ○ Sometimes

    ○ How often?

5. How many projects are ongoing in your network?

    ○ Do these projects include community organizations?

    ○ Please tell us more:

6. From these projects, are services/programs being developed?

7. In your work, are Indigenous-based approaches to research and/or interventions included?

    ○ Yes

        ○ If yes, how many projects include an Indigenous-based approach or lens?

    ○ No

8. Does your network include ceremonies?

    ○ Yes

        ○ If yes, please tell us more (i.e., ceremony type, frequency, etc)

    ○ No

9. Has your lab/organization hosted student support or professional development activities?

    ○ Yes

        ○ If yes, how many?

    ○ No

    ○ Notes:

10. Has your network created researcher support activities? (i.e., sharing circles, drop in, retreats, etc)

    ○ If yes, how many?

11. Has your lab/organization hosted any knowledge translation activities? (i.e., meetings, sharing circles)?

    ○ Yes

        ○ If yes, tell us more:

    ○ No

12. Does your work connect with non-Indigenous service providers, communities, or researchers?

    ○ Yes

        ○ If so, in what capacity:

    ○ No

13. Has your network published work in academic articles/journals/domains over this period?

    ○ Yes

        ○ If yes, please list:

    ○ No

14. Has your network published any other sorts of works over this period? (i.e., community reports, reflections, brochures)

    ○ Yes

        ○ If yes, please list:

    ○ No

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

1. Have students been engaged in your network? (full time, part time, contract)

    ○ If yes, how many?

2. Are Indigenous students engaged with your network?

    ○ If yes, how many?

3. Are internship, practica, or other activities available?

    ○ If yes, how many:

4. Have student stipends, scholarships, bursaries, or other financial supports available through your network?

    ○ If so, how many?

    ○ If so, total amount awarded:

5. Have scholarships been given to Indigenous students?

    ○ If yes, how many?

    ○ How much?

6. Have positions, opportunities, or activities been created for indigenous students?

    ○ Please tell us more:

7. If students are included in your network, how many projects have they been connected to and/or completed?

8. Can you tell us how your network supports students?

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

Community & Support

1. Does your network connect with Indigenous communities/community networks?

    ○ Yes

    ○ No

2. Does your network have meetings with Indigenous leadership or partnerships?

O If so, how often do you meet?

O Multiple times a week

O Weekly

O Every other week

O Monthly

O Other:

3. Does your network host community gatherings with researchers/students/

community members?

4. Are youth community members involved in this work?

5. Does your network host any land-based activities?

O If so, how often?

6. Have you presented in community/academic settings?

O Community: Yes or No

O Please list:

O Academic: Yes or No

O Please list:

Have there been other community engagement efforts not captured here? Please let us know:

Policy & Transformation

1. Does your network connect with policy makers?

O Yes

O If yes, how so?

O No

2. Does your network connect with levels of government?

O Yes

O If yes, how so:

O No

3. Have policies or practices been impacted/changed due to these connections?

O Yes

O If yes, how so:

O No

4. Has your network been related to Indigenization efforts? (i.e., in community;

schools; programs)

O Yes

O If yes, how so:

O No

5. Has your network funded community organizations?

O Yes

O If yes, how so:

O No

O If no, please tell us more

6. Has your network assisted with, or facilitated, advocacy or community-based events?

(i.e., MMIWG, UNDRIP, TRC, community needs, other)

O If yes, please list:

O If yes, and if available, please list attendees (estimate)

7. Has your network connected with institutional leadership (i.e., universities, colleges,

other) regarding NEIHR work, Indigenous education, or Indigenous health?

O Please tell us more:

8. Has your network facilitated partnerships, agreements with post-secondary institutions?

O If yes, please tell us more:

9. Has your network hosted any other public events?

O If yes, please tell us more:

10. Does your network connect with policy makers/practices?

O Yes

O If yes, please tell me more

O No

11. Does your network have any formal partnerships with ethics boards?

12. Has your network been involved with, sponsored, or facilitated anti-oppressive/

Indigenization efforts for non-Indigenous groups or teams (i.e., researchers, healthcare

professionals, policy makers)

O Yes

O If yes, please tell us more:

O No

13. Has your network been involved in cultural promotions in post-secondary institutions,

education centres, health facilities, or others?

14. Have there been any publications or media posts regarding the activities of

your network?

O If yes, please tell us more:

15. Has your lab/organization begun any evaluation/impact events of your work?

O If yes, are students involved?

O If yes, are Elders involved?

O If yes, are community members involved?

O Please tell us more:

Have there been other policy or transformation impacts of your network, not captured here? Please let us

know:

Sustainability

1. Has your network applied for external funding?

O If yes, please tell us more:

2. Has your network created employment positions?

O If yes, please tell us more:

3. Has your network hosted volunteers?

O If yes, please tell us more:

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