

NEIHR NATIONAL COORDINATING CENTER

ANNUAL REPORT
2020-2021



OCTOBER 14TH, 2021

We would like to acknowledge the traditional lands on which this work was carried out. While the National Coordinating Center is located in the Treaty Territories of Saskatchewan and in the homeland of the Métis, contributors to this work extended across Turtle Island. Without your support and the guidance of our ancestors, this work would not be possible.

Report presented by

The Network Environments for Indigenous Health Research
National Coordinating Center (NCC)



This report was prepared in October of 2021.

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Please note we are currently working remotely.

Funding

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Table of Contents

The NEIHR National Coordinating Center	1
NCC Roles and Responsibilities	1
The NCC Team	3
The NEIHR Funding Call	4
Our Partners - The Nine NEIHR Centers & CIHR	5
A Summary of the NCC's First Year	9
Meetings & Engagement	9
Grant Support	11
Performance Measurement & Evaluation Strategy	13
NCC Events	20
NCC Future Plans	21

The NEIHR National Coordinating Center

The NEIHR National Coordinating Centre (NCC) will act as Secretariat to the NEIHR Governing Council, made up of all funded NEIHRs. We have established a Governing Council made up of the Nominated Principal Applicants from each of the nine NEIHRs across the country (BC, AB, SK, MB, ON, QC, Atlantic, Nunavut and NWT/Yukon), Elders and Knowledge Keepers, and other key stakeholders, as identified by NPIs from the NEIHRs.



One key task for the NCC, with the guidance of the Governing Council, is to develop and execute a communications and knowledge mobilization strategy to highlight the work of the NEIHRs, including the work of students, investigators, and research teams. The NCC will also work with the NEIHR centres to generate publications and special editions in appropriate journals, such as the International Journal of Indigenous Health. The National Coordinating Centre acts as a secretariat, supporting the nine funded NEIHRs across Canada. We have four primary functions: facilitating the NEIHR Council, coordinating a national NEIHR evaluation strategy, hosting an annual gathering on Indigenous health research, and supporting national and international research collaborations.

A NEIHR Council, with representatives from CIHR, the funded NEIHR Centres, and other members of the Tri-Councils has been established. The Coordinating Centre will work with the NEIHRs and other teams across Canada and internationally to broker and support new relationships between NEIHR researchers and with international researchers. It is our intention for the Coordinating Centre to support the development of two to four new national/international research proposals each year. A major strength of developing and supporting a robust Governing Council is the ability to draw on the many national and international relationships that other NEIHRs hold, and broker and support new. It is our intention for the NCC to support the development of two to four new national/international research proposals annually. **The purpose of this report is to outline our activity from January 2020 to March 31st 2021 (year 1).**

NCC Roles & Responsibilities

The Coordinating Centre is based at the University of Saskatchewan alongside the Saskatchewan NEIHR. The SK NEIHR works in collaboration with a team of Indigenous health researchers and community partners, including Métis Nation-Saskatchewan and the Federation of Sovereign Indigenous Nations. The NCC works with the NEIHRs and other teams across Canada and Internationally to broker and support new relationships between NEIHR researchers in Canada, and with international researchers. Going forward, it is our intention for the NCC to support the development of two to four new National/International research projects each year. To date, the NCC has five primary functions:

- 1 Facilitating the NEIHR Council
- 2 Developing and coordinating a national NEIHR evaluation strategy
- 3 Hosting an annual gathering on Indigenous health research (i.e., the National Gathering of Graduate Students)
- 4 Supporting national and international research collaborations
- 5 Coordinating, communicating, and supporting NEIHR centres to liaise, develop relationships, and work with other CIHR-funded initiatives as needed

The activities of the NCC in its first year of operation can be divided into three categories: operational, collaboration, and evaluation (explained throughout this report). **Operational activities** comprise day-to-day communications, meetings, organizing, and input into NEIHR requests, queries, and support. This included activities that contribute to knowledge mobilization such as hosting several webinars and presenting in online conferences.

As an example of the type of **collaboration** we do at the NCC, here are a few of the research projects we supported in our first year:

- ▶ COVID-19 Evidence Network to support Decision-making (COVID-END). McMaster University.
- ▶ SPOR SUPPORT Unit Phase II.
- ▶ Transforming Northern Waste Management: Community Driven Perpetual Care in the Age of Climate Change (NorWaste). Queen's University, NFRFT-2020-00669.
- ▶ Mind the Gap: bridging mental health treatment gaps in low- and-middle income countries and under-served regions in Canada. University of Alberta, NFRFT-2020-00482.
- ▶ Exploring the virtual care needs of diverse chronic pain populations during COVID-19 and beyond. OSSU Empower III Award.
- ▶ Post-COVID Reconstitution of First Nations Health: Self-determination in Health Transformation. McMaster University, Nationhood Council House.
- ▶ Yukon COVID-19 Recovery Research Program, University of Saskatchewan.
- ▶ Recognition, enhancement and social justice for indigenous knowledge and practices through the development, implementation and evaluation of an intersectoral alliance around indigenous community housing in Quebec in urban areas: Towards sustainable, equitable, comprehensive and environmental health. Laval University, Alliance santé Québec.
- ▶ National Medical Imaging Clinic, Education and Research Centre.



The NCC Team

Simon Lambert, Executive Director

Dr. Lambert is an Indigenous (Māori) researcher from Aotearoa (New Zealand) and is a member of the Tūhoe and Ngāti Ruapani tribes. He is a faculty member in the Department of Indigenous Studies at the University of Saskatchewan, and the Executive Director of the NEIHR National Coordinating Centre. Following the 2011 earthquakes in Christchurch, Simon's research has focused on disaster risk reduction and emergency management with Indigenous communities, with particular interest in urban Indigenous groups. Lately he has been collaborating with international Indigenous colleagues to promote Indigenous voices at the UN Global Platform on Disaster Risk Reduction.



Caroline Tait, Nominated Principal Investigator

Dr. Tait is a professor in the Department of Psychiatry, University of Saskatchewan. She is a member of the Métis Nation-Saskatchewan from MacDowall, SK. For the past 25 years, she has conducted community-based research in partnership with First Nations and Métis communities, organizations and national and provincial governments. Dr. Tait is the nominated principal investigator of the CIHR funded, Saskatchewan First Nations and Métis Health Research Network, the NEIHR National Coordinating Centre and, the Saskatchewan Indigenous Mentorship Network.

Greg Riehl, NCC Manager

Greg graduated from University of Saskatchewan with a Bachelor of Science in Nursing & earned a Master of Arts in Professional Communications, specializing in Intercultural and International Communication from Royal Roads University. Greg was born in Treaty 6 Territory, and identifies as third-generation settler on his father's side, of German ancestry, and many hundreds of years colonial French Canadian ancestry on his mother's side. He has worked in all five domains of nursing has led several local, provincial, and national NGOs. He is the past Chair of the Canadian AIDS Society, current Chair of All Nations Hope Network, and President of the Saskatchewan HIV HCV Nursing Education Organization. His current and past research projects support his passion for focusing on strengths, wellness, and assets.



Micheal Heimlick, Evaluation Consultant

Micheal is a fourth-generation settler born in Treaty 6 Territory (North Battleford, SK). Micheal has a Masters degree in Applied Social Psychology from the University of Saskatchewan and is the founder of Two Bridges Consulting, a program evaluation firm in Saskatoon. Starting in 2017, Micheal has helped lead over 70 evaluations and has helped design evaluation frameworks in both academic and community settings. Notably, he works closely with First Nations and Métis organizations in Saskatchewan. He is currently leading the evaluation and measurement of both Saskatchewan-wide and National organizations. Micheal is recognized by the Canadian Evaluation Society (CES) as a Credentialed Evaluator, a peer-reviewed professional designation signifying evaluation experience and excellence.

The NEIHR Funding Call

Recognizing a systemic barrier, CIHR created the NEIHR program to help support health research that addresses the specific health needs of Indigenous Peoples in Canada. It is also intended to help improve the health of First Nations, Inuit and Métis Peoples through the assertion of Indigenous understandings of health and by fostering innovative community-based and scientifically excellent research.

As part of CIHR's Action Plan (Building a healthier future for First Nations, Inuit and Métis Peoples) CIHR committed to working with other federal research councils in 2019 to develop strategies to strengthen Indigenous research capacity development through training and mentoring along the entire career continuum from undergraduate to postdoctoral levels.

The Network Environments for Indigenous Health Research (NEIHR) Program was created from this work and represents the largest investment in Indigenous health research by the Canadian Federal Government. Specifically, **\$100.8M over 16 years** has been developed to address those needs in capacity development, research and knowledge translation across 9 centers and the NCC. The NEIHR Program is led by the Institute of Indigenous Peoples' Health (IIPH) and co-led by the Institute of Circulatory and Respiratory Health (ICRH). This Program is supported financially by all 13 Institutes. CIHR has also been closely involved and supportive of the co-creation of the NCC Measurement and Evaluation Framework described later in this report.

- From cihr-irsc.gc.ca/e/51161.html

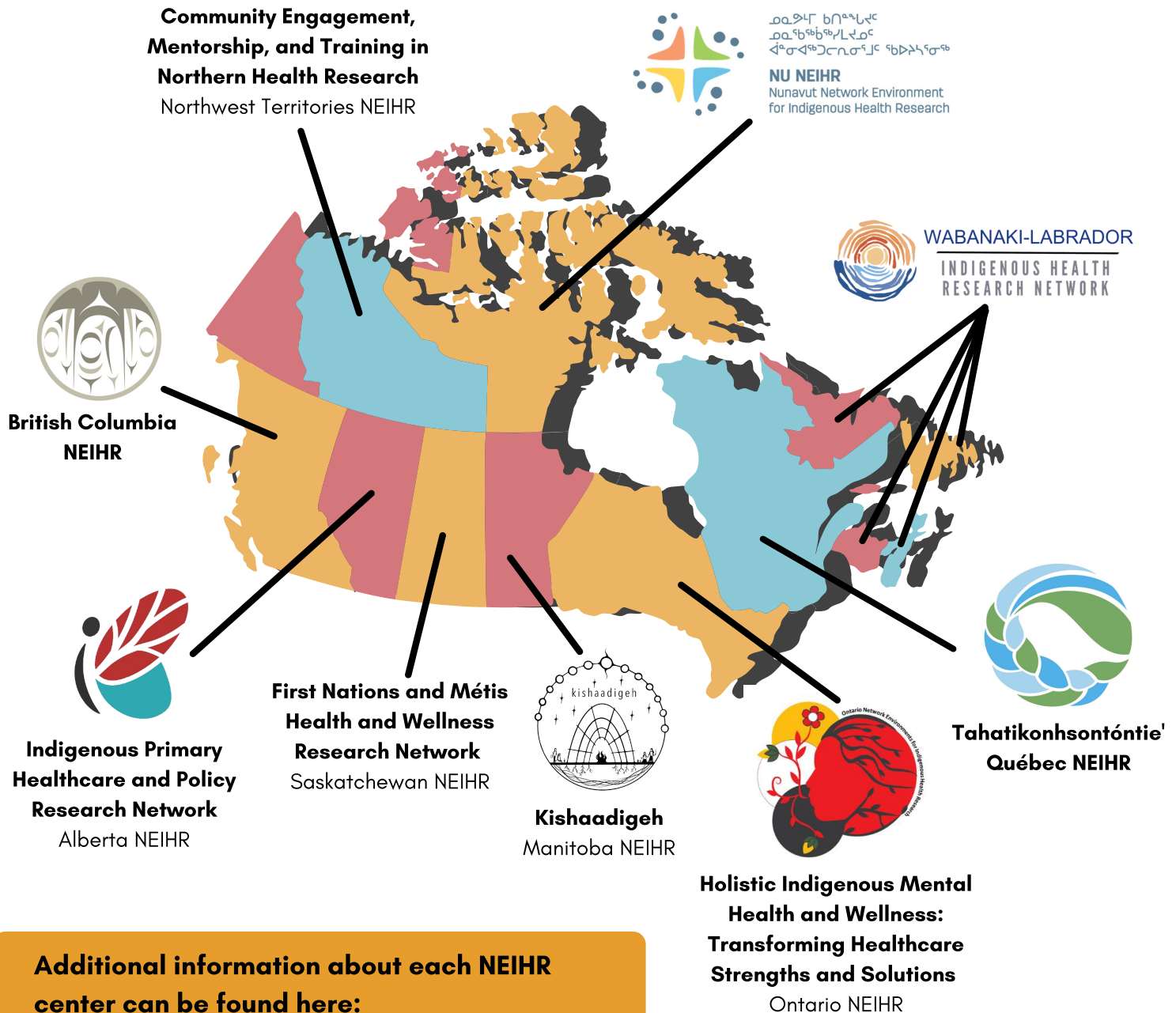


"These networks will help improve the health of Indigenous peoples by removing the barriers communities face in conducting their own health research, and by matching community needs with researcher interests and expertise."

Dr. Caroline Tait, Nominated Principle Investigator, NCC

Our Partners – The Nine NEIHR Centers & CIHR

One of the main purposes of the NCC is to help the nine NEIHR centers across Canada **coordinate, share information, cross-promote events, leverage funding, and learn from one another** (e.g., measurement of progress). To us, the NEIHR centers and our funder, CIHR, are our partners in working towards wellness for Indigenous peoples and communities through the NEIHR program. The location of each center, as well as how to learn more about them, are outlined below:



Additional information about each NEIHR center can be found here:
www.neihrcoordcentre.ca → **Funded NEIHRs**

Nunavut NEIHR

Through Nunavut Network Environment for Indigenous Health Research (NU NEIHR), Dr. Gwen Healey Akearok and the Qaujigiartiit Health Research Centre set out to build knowledge capacity in Nunavut's Indigenous communities by promoting pathways to wellbeing through land-based programming, visual and performance arts, Inuit research methods, community-driven ethics, and conversations in international Arctic communities. To achieve these goals, the Centre is collaborating with Aqqiumavvik Society, Ilsaqsivik Society and Ittaq Research Centre, and Qaggiavuut Society for the Performing Arts to investigate health research priorities for Inuit communities, develop an environment of Inuit community leaders in research that will increase awareness, and provide training and support for the next generation of Inuit students and scholars.



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NU NEIHR
Nunavut Network Environment
for Indigenous Health Research

Visit
www.qhrc.ca
for more information.

Community Engagement, Mentorship, and Training in Northern Health Research - Northwest Territories NEIHR

Kimberly Fairman has launched the Community Engagement, Mentorship, and Training in Northern Health Research: Northwest Territories Network Environment for Indigenous Health Research (NEIHR) with the help of Elders, community researchers, and academic partners who have shared goals. By increasing the number of Indigenous health researchers within the Northwest Territories (NWT), enhancing Indigenous health professional education and healthcare, this NEIHR will ultimately combine western science and traditional knowledges in ways that will benefit Indigenous residents. While the COVID-19 pandemic has slowed down its progress, this NEIHR's mentorship through mutual learning between Elders and university students has still grown strong. For more information, email kimberly.fairman@ichr.ca.

Wabanaki-Labrador Indigenous Health Research Network - Atlantic NEIHR



WABANAKI-LABRADOR
INDIGENOUS HEALTH
RESEARCH NETWORK

Visit
wabanaki-labradornetwork.ca
for more information.

Wabanaki-Labrador Indigenous Health Research Network (WLN), led by Dr. Debbie Martin in collaboration with representatives from 5 universities and 29 organizations, is striving to offer research capacity-building opportunities for Mi'kmaq, Inuit, Innu, Wolastoqiyik and Passamaquoddy communities in Newfoundland and Labrador, Nova Scotia, New Brunswick, and Prince Edward Island. WLN will achieve this by supporting health research priorities for the region's residents, augmenting research capacities, engaging community-directed health research, and supporting culturally appropriate and community-specific methods of knowledge exchange.

Tahatikohnsontóntie' Québec NEIHR



Visit [@QC.NEIHR](https://twitter.com/QC.NEIHR) on
Twitter to learn more

Through Tahatikohnsontóntie' (which means 'the faces yet to come') Quebec Network Environment for Indigenous Health Research (QcNEIHR), Dr. Treena Delormier's team addresses health research needs of Indigenous communities, researchers, and knowledge users in Quebec. This involves building new health research capacity through intercultural knowledge exchange and participatory research. QcNEIHR, which is based at Kahnawake Schools Diabetes Prevention Project, will create an environment where Indigenous partners and knowledge users can access Indigenous training, research tools, and methodologies so that academic training can change

Holistic Indigenous Mental Health and Wellness: Transforming Healthcare Strengths and Solutions Ontario NEIHR

Through the Holistic Indigenous Mental Health and Wellness: Transforming Healthcare Strengths and Solutions NEIHR (ON NEIHR), Dr. Suzanne Stewart strives to improve the mental well-being of First Nations, Métis, and Inuit Peoples by building on capacity of Indigenous knowledge that will prevent illness and strengthen individual wellness. With academic and Indigenous community partners, ON NEIHR examines six primary themes: cultural safety; Indigenous holistic prevention and early intervention; land-based and planetary health solutions; healing from trauma and reducing addictions; enhancement of well-being and elimination of suicide; and translating Indigenous knowledge data into practice and policy. Situated in 10 sites across Ontario, ON NEIHR is demonstrating how health systems should move away from Western biomedical treatment of Indigenous medical illness to holistic, culturally based interventions instead (which include sacred aspects of healing: physical, spiritual, emotional, and mental dimensions)



[Click here](#) to visit the
Ontario NEIHR Website



Visit www.mbneihr.ca
for more information

With the largest CIHR grant ever given to the University of Winnipeg, Dr. Jaime Cidro developed Kishaadigeh (which in Anishinaabemowin means "she who guards the lodge") as a Network Environment for Indigenous Health Research (NEIHR) that will increase research capacity, improve infrastructure and develop research lodges for five partner organizations: First Nations Health and Social Secretariat of Manitoba (FNHSSM), the Manitoba Association of Friendship Centres (MAC), the Manitoba Inuit Association (MIA), the Aboriginal Health & Wellness Centre of Winnipeg (AHWC Wellness/Clinic), and Fearless R2W. Each organization provides best practices for their research projects that reflect their values and priorities.

Kishaadigeh Manitoba NEIHR

First Nations and Métis Health Research Network - Saskatchewan NEIHR

Through the Saskatchewan First Nations and Métis Health and Wellness Research, Training, and Knowledge Mobilization Network (First Nations and Métis Health Research Network), Dr. Caroline Tait, a Métis researcher, is working with colleagues to ensure that First Nations and Métis governments, communities and organizations have the resources to undertake research focused on their needs. In collaboration with primary partners, the Métis Nation-Saskatchewan and the Federation of Sovereign Indigenous Nations, and other stakeholders, this NEIHR first launched the First Nations and Métis Centres, to support Métis and First Nations-specific research, and respect their data sovereignty. **For more information, visit www.FMHRN.ca**

Indigenous Primary Healthcare and Policy Research Network - Alberta NEIHR



Visit www.iphcpr.ca
for more information

Through the Indigenous Primary Health Care and Policy Research Network (IPHCPR) NEIHR, Dr. Lindsay Crowshoe is collaborating with Indigenous communities, researchers, health system leaders, and health service providers to promote a renewed and transformed Primary Health Care system that will lead to Indigenous health equity. IPHCPR NEIHR can achieve this by engaging Indigenous knowledges and ethics that are central to this primary healthcare transformation through framed research, engagement, and knowledge of Indigenous community wellness. While Western and Indigenous knowledge systems have different intentions and assumptions regarding ethical health practice, it is important not to default to westernized views as the sanctioned truth. IPHCPR NEIHR seeks to validate and align Indigenous knowledge with primary healthcare so that Indigenous wellness and health equity can be improved. This strengths-based approach will highlight how Indigenous culture and community attributes, relationality, self-determination, and structural competencies can help address health disparities and structural inequities

British Columbia NEIHR

Through the BC Network Environment for Indigenous Health Research (BC NEIHR), Dr. Charlotte Loppie, the First Nations Health Authority (FNHA), the BC Association of Aboriginal Friendship Centres (BCAAFC), and the Métis Nation BC (MNBC) are fostering capacity development as well as knowledge sharing and mobilization among British Columbia's Indigenous Peoples. A Governing Council for this NEIHR has recruited diverse network members, funded capacity strengthening programs, and leveraged external partnerships. They have also created a database of peer reviewers who can evaluate funding applications based on their expertise as community members, students, and academics. In order to prepare for the peer review process, this NEIHR has also offered well-received online training videos regarding cultural safety so that researchers can identify unconscious anti-Indigenous bias and assumptions.



**Click here to visit the
BC NEIHR website**

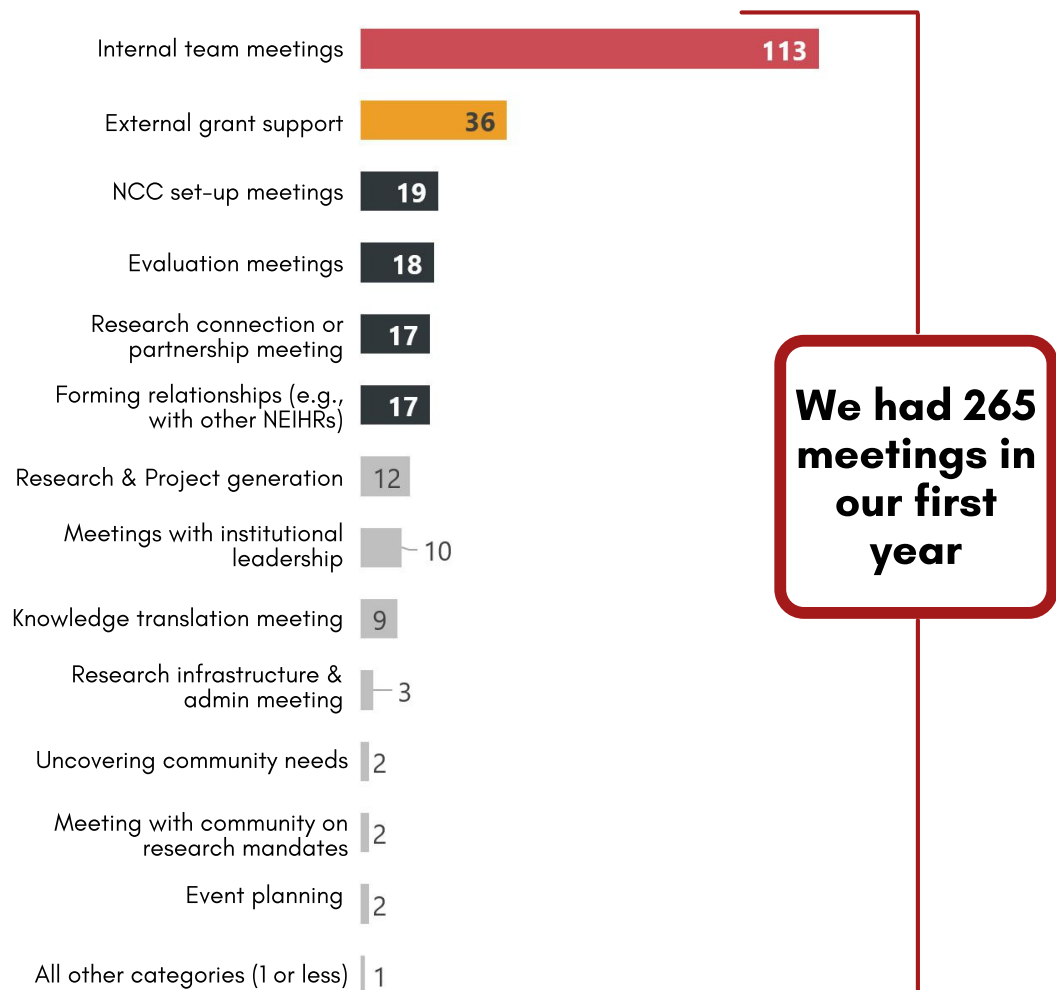
A Summary of the NCC's First Year

Meetings & Engagement

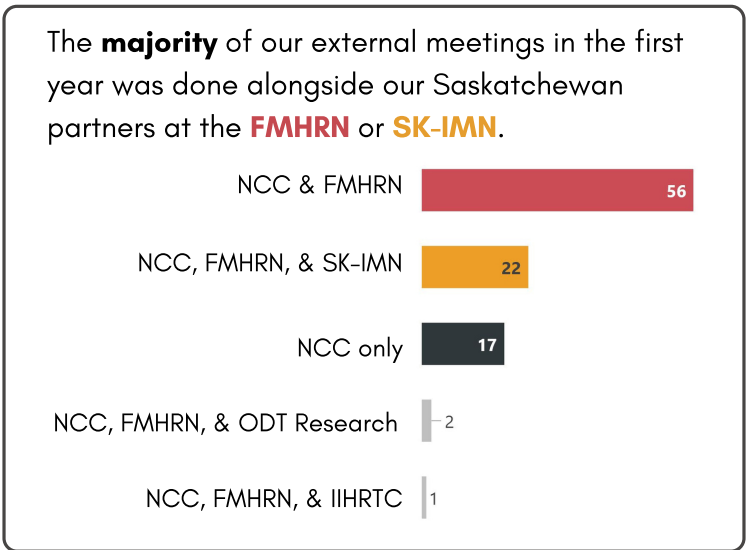
The NCC team spent the first year (January 2020 – March 31st, 2021) setting up the NCC structure and establishing priorities while at the same time trying to create relationships with and between each of the NEIHR centres. With the onset of the pandemic, this quickly switched to a virtual environment where the number of meetings we fielded increased significantly.

To ensure we were using our time effectively, we made sure to keep track of internal and external meetings. The results of this tracking are below, though we believe this is significantly underreported, as our reporting system was not set up at the start of operations. Despite this, we tracked a total of **265 meetings in our first year**. Namely, our focus was on setting up the NCC through internal team meetings (e.g., hiring staff, choosing an executive director, etc.), helping identify and apply for external grants, and relationship building with the other NEIHRs and external research bodies. It should be noted that, as is shown below, we spent a significant time meeting about the NEIHR measurement and evaluation framework (described in the next section).

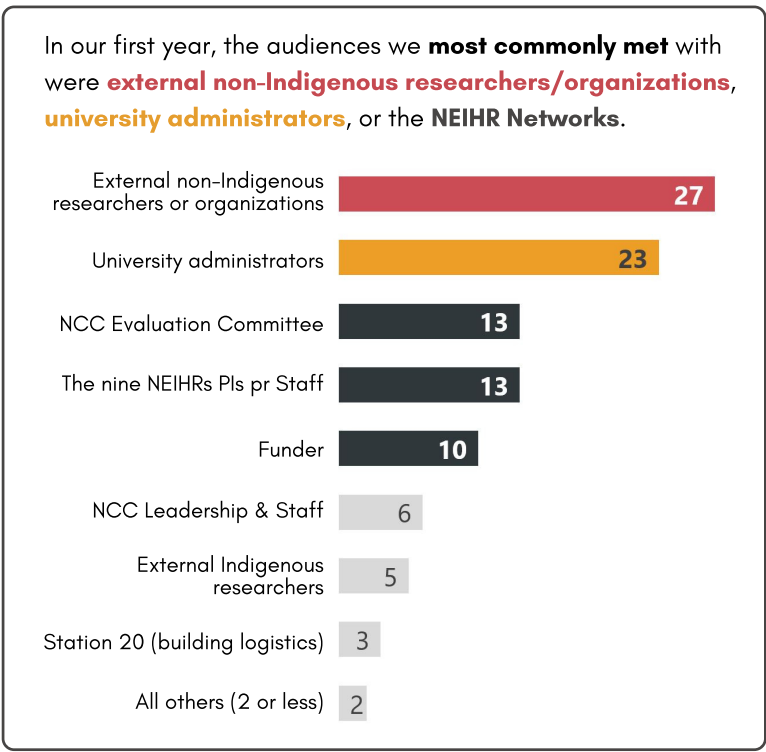
A **significant** amount of our time was **setting up the NCC**, **supporting external grants**, working on the **evaluation and measurement framework**, and **forming relationships**.



It was, and continues to be, quite common for us to meet with **external** groups alongside our NEIHR partners. In our meeting tracker, we were able to establish that many of our first-year meetings were with our Saskatchewan partners at the FMHRN or the Saskatchewan Indigenous Mentorship Network (SK-IMN). The reader should note that we implemented our tracking part way through year one. The reason we were able to track NCC meetings with our Saskatchewan partners was that there are administrative overlaps between the two teams. Despite this limitation, it is clear from the evidence below that we are including our partners in the meetings we are attending.



We also kept track of **who** we were meeting with according to our own classification system*. This was done to track our time and ensure we were working towards the areas we wanted to. As is shown below, we most commonly met with external non-Indigenous researchers or organizations seeking input or grant partners, with university administrators around funding and the sustainability of the NCC, and with the nine NEIHRs (both Principle Investigators and staff) through knowledge mobilization or evaluation meetings. Finally, we often met with our funder, CIHR, to discuss logistics and to provide updates on the NCC evaluation strategy.



*Additional information about this system can be obtained by contacting Micheal Heimlick at twobridgesconsultings@gmail.com.

Grant Support

We believe that one of the main roles of the NCC is to provide logistical or expert grant support for the NEIHRs and select external researchers. To this end, **we supported 12 grants in our first year**, including:

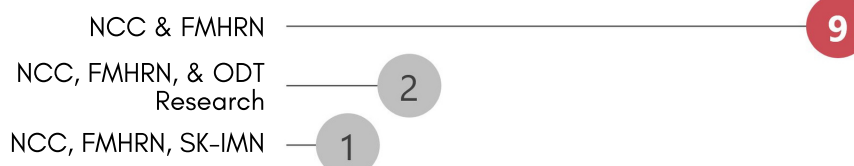
- "I Always Hit My Goal When I Dance" – Health Impacts of Métis Dancing – CIHR Spring Project Grant – **Successful**
- Transforming Emergency Response in First Nations and Métis Communities in the times of COVID-19, through Gender and Cultural Safety – TD Ready Challenge – **Successful**
- Understanding cannabis use by Canadian Veterans and its impact on their health, well-being and quality of life – CIHR Catalyst Grant – **Successful**
- Understanding Medical Value and Risks for Veterans: Medicinal and Recreational Cannabis Use – Alberta Innovates Cannabis Grant – **Successful**
- "KIDS-CAN: Knowledge Integration and Decision Support to advance Canadian Neurodevelopment" – New Frontiers in Research Fund – Transformation 2020
- "Mind the Gap: bridging mental health treatment gaps in low- and-middle income countries and under-served regions in Canada, budget" – New Frontiers in Research Fund – Transformation 2020
- Scaling up production of transplantable muscle stem cells – New Frontiers in Research Fund – Transformation 2020
- Eliminating the organ shortage – New Frontiers in Research Fund – Transformation 2020
- Supporting Indigenous communities on the frontlines of Disaster Risk Reduction – New Frontiers in Research Fund – Transformation 2020
- Implementing and Evaluating Text4PTSI – A Novel, Evidence-Based Digital Health Program that Provides Daily Support, Therapeutic and Educational Text Messages to Canadian Veterans Experiencing Posttraumatic Stress Injury – Veteran Affairs Canada/Veteran and Family Well-being Fund Grant Application
- Diabetes Prevention and Treatment in Indigenous Communities – CIHR Team Grant
- INSPIRE NTE application – SPOR Funding Call

Of the twelve grants we helped to support in our first year, four of them were successfully funded. Encouragingly, **these four grants brought an additional \$2.135 million dollars** into Indigenous health research across Canada. While this is still an insufficient amount to address some of the health concerns facing Indigenous Peoples, we are encouraged by this result and will continue to leverage the NCC's resources to secure additional funds, support KT and capacity building for Indigenous health research for as long as we exist. This leverage was evident in our first year as well, as many of the grants we supported were also supported by our Saskatchewan partners at the FMHRN, SK-IMN, and ODT Research Network.

Of the grants we supported in our first year, **four were successful** and brought in **\$2.1 million dollars** for Indigenous Health research.

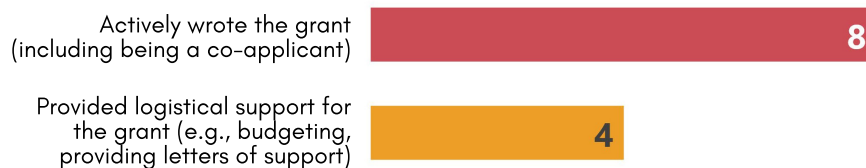


The **majority** of grants we supported this year were in **partnership** with **the FMHRN**.



To help demonstrate the type of support we offer, we kept track of the grant activities we did for each of these twelve grants. Quite often, we actively helped to write and edit the grant (66%) while **also** providing logistical support for the grant (e.g., administrative support, submission, linking partners, etc.). In four of the twelve grants (34%), our role was limited to logistical support.

We **actively wrote** many of the grants **we helped to support** this year.

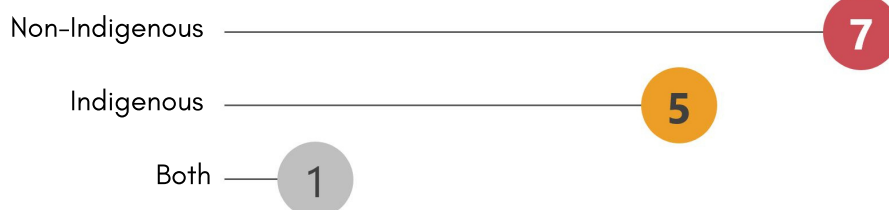


As was stated earlier, our goal is to help support the NEIHR centers to obtain more funding to carry out their activities. There were, however, many instances in our first year of non-NEIHR associated researchers reaching out to us seeking grant partnerships and/or support. Therefore, the time we spent supporting grants in our first year was relatively split between NEIHR associated researchers (58% or 7 grants) and external non-NEIHR associated researchers (42% or 6 grants). Additionally, of the grants we supported, more than half of them were initiated by non-Indigenous researchers (58% or 7 grants), while 42% came from Indigenous researchers. There was only **one** instance (8%) in our first year where the grant was jointly initiated by both Indigenous and non-Indigenous researchers.

The **support** we offered for grants in our first year was **relatively equal** between **NEIHR associated researchers** and those **external to the NEIHRs**.



Of the grants we supported, many of them were closely distributed between **Indigenous** and **non-Indigenous** research teams.



Performance Measurement & Evaluation Strategy

The NEIHRs and the NCC believe that performance measurement and evaluation are key tools to help us reach our collective goals, in keeping us accountable to these, and will show the impact and value of Indigenous health research and research sovereignty. Therefore, we have spent a significant amount of time in our first-year co-creating a measurement framework with all NEIHRs and CIHR that demonstrates how we want to measure progress and report back to our communities. The NCC and NEIHRs will use this framework as our evaluation strategy beginning in year two once it has been completed. This framework will also serve as a lens through which to tell a story of collective impact across the NEIHR Centres.

Below is a short summary of the Performance Measurement and Evaluation Strategy we worked on in our first year, but the reader can view the entire report [by clicking here](#).

Co-creating the Framework

In the Spring of 2020, the NCC began working with representatives from each NEIHR to co-create a measurement framework that would complement each NEIHR's individual measurement efforts. In parallel, the NCC began working closely with representatives from CIHR to ensure that this framework also fits with CIHR's processes and funding objectives for the NEIHR program. This was done in the spirit of co-creation between parties and to make the measurement strategy as meaningful as possible to all involved.

Combined, there was a desire from the NEIHRs and CIHR to find a way to not only demonstrate the impacts of each NEIHR but also as a collective narrative that would show the wide-reaching impacts across the country and Internationally. In early talks with the Principle Investigators (PI) of each NEIHR, it was apparent that there were commonalities in the desired overarching goals between all funded NEIHRs. In addition to regular meetings with CIHR, the NEIHRs and CIHR (in an observer capacity) sent representatives to meet (virtually) with the NCC on a monthly basis to help facilitate the co-creation of a common measurement framework. Termed the NCC Evaluation Committee, we began dialogue and explored the common aspects between all NEIHRs to be interpreted through the lens of performance measurement and evaluation. Work continued on a one-on-one basis between the NCC and the NEIHRs where we were able to dive deep into the philosophies and goals of each center. In each meeting and working session, rich conversations led to significant advances in a common framework and understanding of how we could measure progress in a way that the NEIHRs wanted. At the same time, CIHR provided capacity and feedback while worked alongside the NCC and NEIHRs to ensure these advances were reflected in how they envisioned the measurement framework. In the end, the NEIHR and CIHR representatives created a flexible, creative, and meaningful evaluation framework that tells our collective story while honouring and promoting the sovereignty of each NEIHR's measurement efforts.

Although the framework remains flexible to change over time, all parties agreed that what is presented below was the approach we would use to help measure the NEIHR program's progress towards responding to the needs of the community and satisfying the funding objectives. Before we outline the details of this framework, we believe that it is important for the reader to understand the different approaches we took.

Framework Background, Approach, and Scope

As a collective, we wanted to ensure that evaluation theory was embedded into our framework. Although we explored and decided upon multiple theoretical backings, we wanted to note that each one of them ultimately follows the culturally responsive evaluation approach, meaning the entirety of our framework (including methods, indicators, knowledge translation has the principles of Respect, Relevance, Reciprocity, and Responsibility) embedded within. These principles are second nature to the NCC and NEIHRs, so it fits well with our main approach. A culturally responsive evaluative mindset is embedded in the remaining chosen approaches. While being led by a values-based approach (described in detail on the next page), we also were guided by participatory & utilization-focused approaches, a reliance on stories, numbers, process-related information (triangulation), and contribution analysis (to ensure external factors are accounted for and NEIHRs have a better chance of finding the attribution of their networks towards their intended impacts).

A Values-based Approach

As stated, the NCC Evaluation Committee noticed that one of the main challenges in creating this framework was going to be finding a concrete way to measure impact across all nine NEIHRs while encouraging each Network to pursue their own unique activities based on their communities' needs. This meant that, although the NEIHRs may be working towards some similar goals, they may be achieved through different activities or processes. Together with representatives from all NEIHRs, we at the NCC had to explore those unique approaches together to outline the commonalities everyone had noticed early on. To the NCC Evaluation Committee, the way to find what was common was through a values-based approach (based on the principled-focused approach written by Michael Quinn Patton). In and between our monthly NCC Evaluation Committee meetings, we carried out a process to uncover a set of common values that most, if not all, NEIHRs could see themselves working towards. This was a crucial step in the creation of our measurement strategy, as these values formed the backbone of the entire plan. They inform not only **how** we measure, but also **why** and **what** we measure. Technically speaking, a values-based approach requires the framework:

- To facilitate consensus on a set of values that guide how activities and data collection is completed
- To make sure the values are useful for everyone involved
- That they are inspiring to those working with and for the NCC
- That they are flexible and developmental in nature
- To ensure they are measurable

For more information, [click here to see an explanatory video on principles-focused evaluation](#).

The selected values have guided us in uncovering our intentions for our measurement framework and the activities each NEIHR is designing and implementing. These values also help to measure success by framing what is most meaningful to our partners. In total, the NCC Evaluation Committee agreed on eight values to direct this framework:



Responsiveness

- Designing, planning, and implementing high quality, culturally relevant health research/events that represent the priorities, values, and needs of Indigenous communities above all other priorities. Includes meaningful knowledge mobilization and translation of all NEIHR activities/associated research.



Revitalization

- Reinvigorating Indigenous knowledges and research approaches in both communities and non-Indigenous institutions/systems. Includes developing/enhancing the research capacity within communities through access to resources (human and otherwise), research infrastructure, and the sharing of knowledge (dissemination) and informing Indigenous approaches in health research using the cultural values of community as the main lens.



Mentorship

- Offering Indigenous health research training opportunities for researchers both in community and within post-secondary institutions (or to those in any other research-related institution). This includes NEIHRs designing, planning, and implementing high quality, culturally relevant guidance to students and new investigators with the intention of forming and growing the next generation of Indigenous health researchers through expanding and deepening communities of practice.



Self-determination

- Indigenous communities, Peoples, and governments maintain sovereignty over research that involves them in any manner to ensure that research reflects their needs, mandates and/or priorities as well as asserts their data sovereignty. In other words, the health research process is community-led at all points (from design to dissemination to additional research projects). This includes the promotion of Indigenous knowledge in research but also the safeguarding of ceremony, language, and values from potential misuses in research.



Transformation

- Research and researchers transform diverse systems (e.g., health, justice, education, labour, social welfare, etc.) to be equitable and culturally safe. This includes using research, promotion, and advocacy of equitable practices and policies within these systems through the inclusion of decolonized, wholistic, Indigenous approaches (languages, values). The overall goal is to change the way non-Indigenous systems respond to Indigenous Peoples and to address inequities in health and social outcomes.
- Works in combination with other values to shift research power from institutions/organizations to communities and Indigenous Peoples through advocacy and informing policy change.



Relations

- The creation and maintenance of local, regional, national, and international partnerships intended to increase the wellness of Indigenous Peoples. This can include, but is not limited to, inclusive and equitable partnerships between NEIHRs and governments, communities, health researchers, and post-secondary institutions. It is also facilitating impactful, respectful, and ethical research relationships within the Indigenous health research field. These partnerships authentically include relationships with local Elders and Knowledge Keepers to help guide the direction of the research.
- This value facilitates and guides the other values through the creation of connections with Indigenous and non-Indigenous researchers, research ethics boards, Indigenous Peoples,, partners, and communities. These relationships are also informed by the relationship to the land (physically, emotionally, mentally, spiritually) that each NEIHR and community holds (i.e., values of interaction, respect, and working together).



Respect

- The inclusion of anti-racism, anti-oppressiveness, and cultural safety in all associated health research, activities, and partnerships. This value is intended to ensure physical, mental, emotional, and spiritual safety for Indigenous communities, and individuals interacting with these systems, research institutions, and/or researchers.



Sustainability

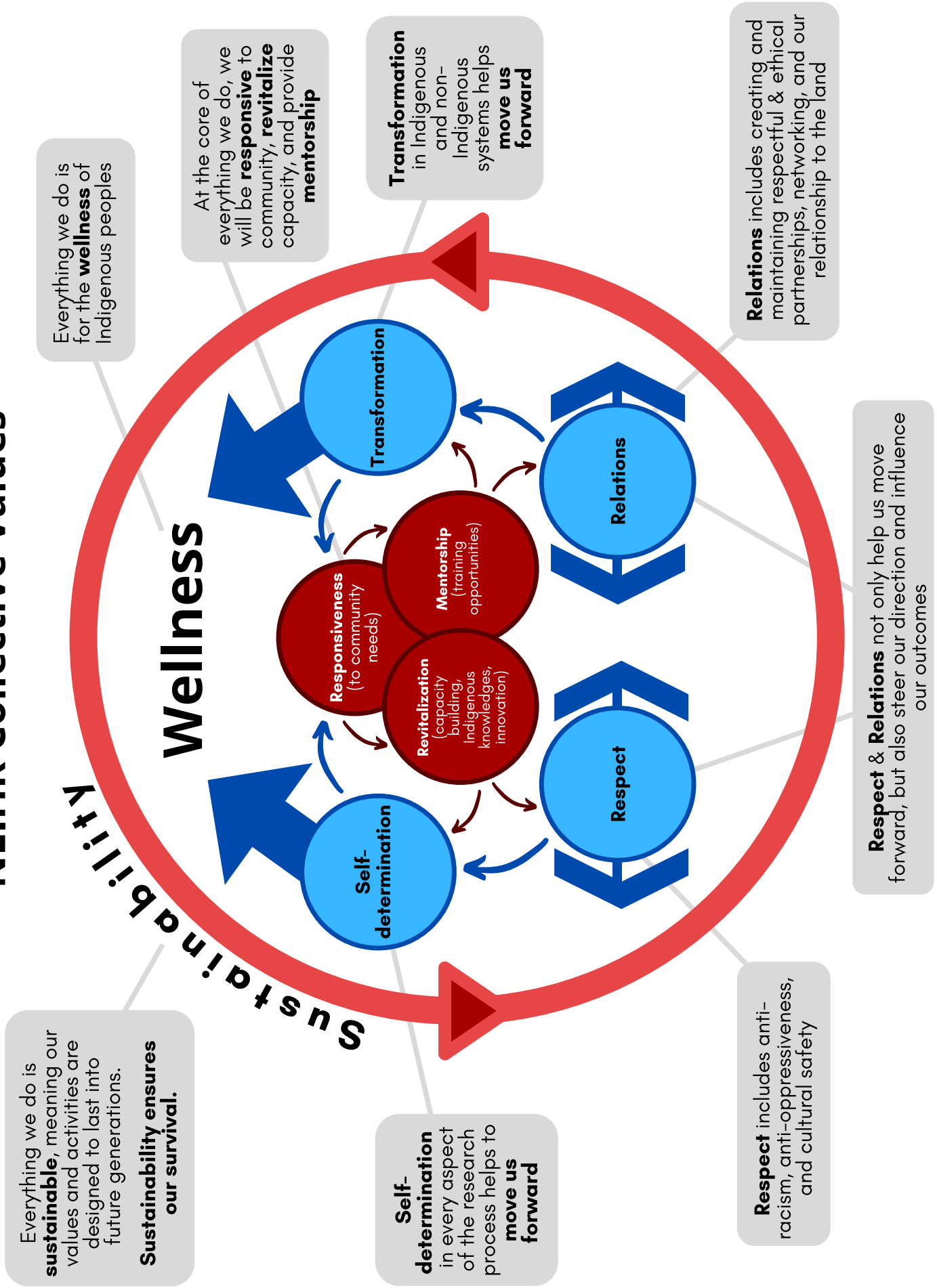
- All NEIHR values, and corresponding activities, are intended to be designed and implemented so that their impacts will be perceived positively by future generations of Indigenous health researchers and communities. This means completing activities (including partnerships, training, capacity building, research infrastructure, etc.) that will be immediately or eventually self-sufficient and not reliant on external funders, while employing research and partnership models to ensure financial sustainability (e.g., cost-recovery). Through this value, the NEIHRs can prioritize and ensure ongoing support for the wellness of Indigenous Peoples.
- This also includes reducing negative environmental impacts of NEIHR activities in every possible way, ensuring that the lands, waters, and air become healthier for future generations.

Although presenting these eight values in such a way implies that they are working as separate entities, the NCC Evaluation Committee fully believes that each value is part of a larger whole and, therefore, work in sync with one another. As part of the process to uncover common values and to help us all understand the flow between each of these values, in late 2020 we visualized our theory of how these work together. This visualization (on the next page) became our guide to understanding how each value could be measured.

As the reader could infer, these values are placed in such a way to imply a flow that begins from the center of the diagram with the three red circles. The **responsiveness**, **revitalization**, and **mentorship** values in the center are the core three values that each NEIHR are constantly working towards. These three contribute to one another, as responsiveness creates revitalization and mentorship opportunities and vice-versa. From there, these three values can flow towards the bottom of the diagram towards **respect** and **relations**. Both of these two values are seen as ways to help provide meaningfulness to the other values and ‘steer’ the movement of all eight values. Building on this, each of responsiveness, revitalization, mentorship, respect, and relations flow towards the left and right sides, where **self-determination** and **transformation** help all values move forward and provide internal (e.g., community) and external impact (e.g., institutions, health systems). These values then return back towards the core three values in red at the center and the flow of values continues where **everything is ultimately working towards increasing the wellness of Indigenous Peoples**.

This visualization represents how the NCC Evaluation Committee believed these values work together to inform our activities and measurement efforts. In a sense, it is a guide for us to follow when measuring, evaluating, and designing our activities. However, in order to meaningfully work within these values over 15 years, we believed that they had to be done in a sustainable way. Therefore, the **sustainability** value is represented as a continuous red circle that encompasses all other values. To us, every activity is meant to last, be self-sustaining, and make an impact for future generations of First Nations, Métis, & Inuit Peoples. In the end, we saw the sustainability value as a way to ensure the survival of the NEIHR impacts and provide an environment where communities can thrive based on the capacity and research completed through the NEIHRs.

NEIHR Collective Values



What we Hope to Achieve Through These Values (Outcomes)

Once the NCC Evaluation Committee had reached a consensus on the guiding values, the next task was to attach outcomes to each value that further operationalized them and laid the framework for potential outputs and indicators. To accomplish this the NCC returned to each of the NEIHR's applications but were also armed with the knowledge of meeting with all NEIHRs throughout 2020. Combining these conversations with written pieces of each application we came up with a list of outcomes. We intentionally worded these outcomes broadly to ensure that as many NEIHRs as possible could see a way that they could work towards them. The list below summarizes each value and the relevant outcomes, in no order of importance. The reader may want to refer to the definitions of each value presented earlier to provide additional context for the associated outcomes. A full list can be viewed [by clicking here](#), but below is an example of responsiveness outcomes:

Responsiveness

- Increase in health research grounded in local community priorities, values, and/or needs
 - Increased use of grounded health research to inform structural changes in the health system (policies & practices)
- Increased identification of local health community research needs & priorities (through engagement and relationships)
 - Increased engagement with local, provincial, and national leaders on research priorities
- Increased support for Indigenous community-based health research (e.g., financial, research capacity, knowledge mobilization)
- Increase in culturally relevant health research knowledge mobilization from research institutions/researchers
- Increased use of community-based and led participatory research approaches from health researchers
- Increased research process transparency between academic researchers and the community (peoples & leadership)

Next Steps for the Framework

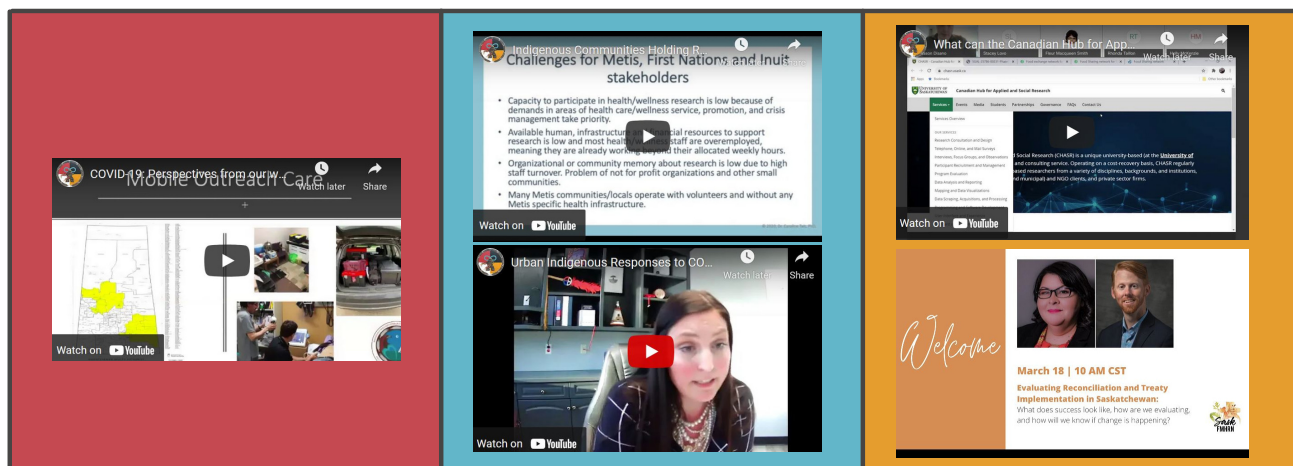
As NEIHRs submitted their annual reports in June of 2021 and we will work with the NCC Evaluation Committee to identify common indicators that makes sense to pair with the values, outcomes, and outputs. We decided that it was best to build our indicators from the ground-up using information from the NEIHRs rather than have the NCC create indicators that may not fit well with a given NEIHR. Following this process not only is in line with our eight values and evaluation approaches, but it also makes NEIHR 'double reporting less likely (i.e., they submit two sets of results, depending on whether they are presenting to the community or CIHR). The NCC Evaluation Committee also believes that this is a way to further co-create the strategy and make it more meaningful for everyone involved. We anticipate the indicators for this framework to be developed by the end of 2021. As per the funding requirement, each NEIHR and the NCC is expected to submit an annual report to CIHR at the end of April each year. Delays related to COVID and the co-development of this framework delayed the 2021 report deadline to June of 2021. To avoid double reporting, the NEIHRs and NCC will submit the same report they are designing for their community partners to CIHR each year. This means that CIHR will receive 10 annual reports

reports each year. However, the NCC will also create an 11th report using the lens of the common measurement framework outlined above and the information from the annual reports to create a document that demonstrates our collective progress. The NCC Evaluation Committee believes that this is the best way to move forward in a way that both honors the work and uniqueness of each NEIHR while telling the story of how we are transforming Indigenous health research together.

NCC Events

In our first year, we hosted six webinars to help establish relationships with our partners and translate knowledge in a virtual environment. Although we plan to do more formal evaluations of each webinar in our second year, we received positive feedback on these five events. To ensure easy access to this knowledge, we recorded each one and host them on our website, where they continue to receive views ([click here to view the webinars](#)). Specifically, we hosted:

- 1 COVID-19: Perspectives from our work in partnership with First Nations communities in Saskatchewan** – Cohosted with the FMHRN (Saskatchewan NEIHR)
- 2 Indigenous communities holding research funds: what's involved? Pros and cons?** – Cohosted with the FMHRN (Saskatchewan NEIHR) and Kishaadigeh Network (Manitoba NEIHR)
- 3 Indigenous Community Responses to COVID in Urban and Related Homelands** – Cohosted with the National Association of Friendship Centers
- 4 What can the Canadian Hub for Applied Social Research (CHASR) offer you?** – Cohosted with the Canadian Hub for Applied Social Research
- 5 Evaluating Reconciliation and Treaty Implementation in Saskatchewan: What does success look like, how are we evaluating, and how will we know if change is happening?** – Cohosted with the FMHRN (Saskatchewan NEIHR) and the Office of the Treaty Commissioner (Saskatchewan)



NCC Future Plans

The NCC is driven by the collective values of the NEIHR Centres. The Coordinating Centre will continue to focus on building national and international linkages and partnerships between NEIHR centres and international researchers and on its four primary objectives:

- Facilitating the NEIHR Governing Council
- Organizing Annual Gathering on Indigenous Health Research and the National Gathering of Graduate Students (NGGS)
- Coordinating national and international collaboration
- Facilitating the NEIHR evaluation process

Our plans are to operationalize the collective values of the NEIHRs as described previously. We will look to enhance and grow opportunities for communication and collaboration between the networks and CIHR, including the thirteen institutes. The first National Indigenous Health Research Gathering of NEIHRs and the annual NEIHR council meeting will take place in early 2022, alongside the National Gathering of Graduate Students (NGGS). Depending on local, regional, and national recommendations this gathering may be in-person, virtual, or a hybrid event. Additionally, in year two, the NCC will co-host four knowledge translation webinars in partnership with the NEIHRs.

The NCC will also work to facilitate and support the continuation of the IMNPs, recognizing they are integral to the continued development and growth of the next generation of Indigenous health research leaders. The NCC will continue to develop the performance measurement and evaluation strategy in year two while providing evaluation support to the NEIHRs. This will include the continued co-creation of reporting structures and a focus on publishing the process we followed in our first year.

In response to the ongoing COVID-19 pandemic, the NCC will move forward with blended online and in-person activities across supportive platforms. We recognize that the Covid-19 pandemic has been difficult for all Indigenous Peoples, partners, communities, researchers and students and we will endeavor to maintain, grow, and support the NEIHRs from coast to coast to coast. The NCC team itself works remotely, meeting in person as needed and permitted with current restrictions. This has ensured this group is diverse, with varying areas of expertise and knowledge.

We look forward to the evolution of the NEIHR program and our role in supporting innovative and Indigenous approaches to regional, national, and international research collaboration.