



# **Telling Our Story of Impact: A Values-based Measurement Framework**

**Prepared by:  
NEIHR National Coordinating Center  
Evaluation Committee**

# Acknowledgements

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# What is the NEIHR National Coordinating Center?

Established in early 2020, the National Coordinating Centre (NCC) is an organization that coordinates and supports the nine Network Environments for Indigenous Health Research (NEIHR) across Canada. It also serves as the secretariat to the NEIHR Governing Council, which is a governing council made up of chosen representatives from all NEIHRs. To date, the NCC has five primary functions:



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

In the inaugural year of operations, the NCC coordinated regular meetings with NEIHR NPIs and Co-PIs and – from early 2021 – NEIHR staff. Research projects were outlined and wider collaborative opportunities that the NCC has supported by the Executive Director participating in grant proposals, taking NIEHR interests forward when appropriate. The governance of individual NEIHR research programs resides with those NEIHRs and their own governance structures that have drawn on relevant organizations and self-governing Indigenous communities. When relevant, and by agreement, the NCC is ideally positioned to act as a Secretariat to govern collaborative programs across all or some of the NEIHRs. The potential for the NCC to act in an advisory role for CIHR and other research-related organizations has yet to be fully realized with limited invitations emanating from interested institutes in the first year of operation.

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. **Collaboration** involves the NCC supporting and engaging with research proposals across Canada ([click here for an up-to-date list of projects](#)).

If you would like to learn more about the NCC and its role, [please click here to visit our website](#) or email us at [neihr.coordeusask.ca](mailto:neihr.coordeusask.ca).

**The purpose of this report is to outline the common evaluation framework co-developed by the NCC and the NEIHRs.** Together with the NEIHRs, we believe that performance measurement and

evaluation plays a key role in us being able to reach our collective goals, keeping us accountable, and for us to show the immense value of Indigenous health research and sovereignty. Therefore, we have co-created a measurement framework with all NEIHRs and the Canadian Institute for Health Research (CIHR) that demonstrates how we want to measure progress and report back to our communities. The NCC will use this framework to evaluate ourselves, but also as a lens to help tell a combined story of impact.

## Who Co-created the Framework?

In the Spring of 2020, we began working with representatives from each NEIHR with the intention of co-creating a common measurement framework that would complement each NEIHR's unique measurement efforts. In parallel, the NCC began working closely with representatives from CIHR (listed in the acknowledgement section of this report) to ensure that we designed something that also fit with CIHR's processes and funding objectives for the NEIHR program. This was done to ensure a spirit of co-creation between parties and to make the measurement strategy as meaningful as possible.

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 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 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 in this report 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 NCC Evaluation Committee's intentions while creating this framework.



# What are the Intentions of the Framework?

To help ensure that the NCC and NEIHRs are responsive to community needs across the country, the NCC Evaluation Committee was purposeful in choosing our intentions for the framework. To us, these intentions are:

## **1) To ensure community needs are continually understood and to improve our activities (performance measurement)**

We understand that the health research needs of our communities change with time. Over the next 15 years of this grant (3 renewal periods of 5 years each), the performance measurement aspects of this grant are designed to help adapt our activities to ensure those changing needs are being met. To do so, we believe in collecting real-time information through feedback on our activities and by keeping track of our outputs. We believe that patterns in this data can help us realize areas of success and improvement but also increase the likelihood of NCC and NEIHR activities staying relevant and, as a result, achieving our goals. The ways in which we intend to do this and our suggested outputs are outlined later in this report.

## **2) To tell the the story of our collective impacts and success**

One main purpose of this framework is to propose a way for all NEIHRs and the NCC to tell a cohesive narrative of our successes and progress as time goes on. As mentioned previously, each NEIHR has their own unique activities, goals, and ways of governance. Specifically, as part of a desire to offer exceptional actions, determine progress, and demonstrate impact to both community partners and CIHR, each of the NIEHRs have designed their own evaluation strategy that is specific for their region. These evaluation strategies are self-determined and are based on input from local communities and their needs and, ultimately, are intended to provide timely and responsive information for each specific NEIHR but, on a combined level, this makes it harder to 'standardize' evaluation across all centers.

However, the NCC Evaluation Committee realized the value in being able to report on common aspects of the NEIHRs so we can demonstrate to our communities and funders the wide-reaching impact we are having early in the process. Based on this realization, one of the NCC's roles is to connect all nine NEIHR evaluations in such a way that it demonstrates our collective impact in common categories to CIHR and to our community partners. In other words, this strategy is a meta-evaluation comprised of all nine independent evaluations based on common anticipated impacts. It should be noted, however, that the framework also includes NCC specific measures to determine our impact and revise our activities. That said, our main purpose is to communicate the collective impact of the NEIHRs to several different audiences.

After our intentions for the framework were agreed upon, we began to explore measurement approaches to provide a theoretical backing for our work.

# 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. 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.

## 1) 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, NIEHRs 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 values we chose through this process have helped guide us in uncovering our intentions for our measurements and the activities we are all designing and implementing. They also help us to determine success and, more importantly, always root and frame evaluation in what is most meaningful to us and our partners. In total, the NCC Evaluation Committee agreed on eight guiding values to direct this framework, including:

- Responsiveness
- Revitalization
- Mentorship
- Self-determination
- Transformation
- Relations
- Respect
- Sustainability

These will be defined and described in more detail in the next section.

## 2) Participatory & Utilization-focused Evaluation

Another main theoretical approach that the NCC Evaluation Committee is implementing in the evaluation strategy is a focus on utilization and participation. Essentially, we believe the main purpose of an evaluation should always be ensuring the results of it will be useful for the NEIHRs, NCC, and CIHR, but also our community partners. This means designing and implementing this measurement strategy with the NEIHRs and CIHR to ensure that their voices are reflected in the tools we use and embedded in the conclusions we reach. In the end, the worth of the evaluation will be judged by those who will be using it, not by those who are implementing or writing it. We intend to have a focus on collecting information that explores the collective impact all NEIHRs are having across Canada. At the same time we can offer tools both internally and externally to the NCC that fine-tunes our service delivery to promote the usefulness of the strategy. Ideally, the measurement framework becomes a useful resource and not viewed as a burden or a requirement. For more information on participatory and utilization-focused evaluation, [click here](#).

## 3) Stories, Numbers, and Process Related Information (Triangulation & Mixed Methods)

Finally, the NCC Evaluation Committee wants to employ a rigorous mixed-methods approach that allows for multiple lines of evidence to be considered when evaluating the impact of a given outcome. We believe this is important because each NEIHR will be implementing unique, yet complimentary, activities to achieve their own individual outcomes. As a values-based approach likely means that each NEIHR won't be able to work towards **every** single indicator and/or output that the NCC Evaluation Committee designs. Therefore, we believe it is important to rely on multiple indicators and/or outputs for each outcome. This will help to increase the likelihood of each NEIHR being able to contribute evidence towards overall impact in a way that is more meaningful to them. Put concretely, for every value and proposed outcome in this framework, we will triangulate numbers and stories as evidence towards any given outcome (i.e., both qualitative and quantitative information). This information will ideally come from **multiple sources** using complementary data collection methods (e.g., surveys, key informant interviews, databases, environmental scans, etc.). By following this approach, this evaluation strategy



stands a better, more meaningful, chance of determining overall impact through the NEIHRs.

The measurement strategy will also include elements of performance measurement, meaning we will collect process-related information on our activity implementation. We believe this to be especially important because collecting feedback on the design and delivery of our activities will allow us to be responsive and timely in adjusting our activities to ensure the needs of communities are being met. Once again, all process-related information gathered will also follow the triangulation approach to ensure meaningful information is being used to make decisions regarding activities.

## 4) Contribution Analysis

As is demonstrated in our guiding values, we fully acknowledge that the NCC and NEIHRs are working towards transformational, valuable, and complex wellness outcomes for First Nations, Métis, & Inuit Peoples. Undoubtedly, these outcomes will be both helped and hindered by external factors that may or may not be in our control. The NCC Evaluation Committee acknowledges the potential external factors to affect the delivery of activities across the country and, as a result, will influence the degree to which outcomes are experienced (e.g., COVID-19). Therefore, we believe it is important to measure the influence that external factors have on activities, outcomes, and other processes and, perhaps equally as important, the contribution the NCC and NEIHRs are having on achieving complex outcomes when taking external factors into account. Considering this, we have adopted a contribution analysis approach (as outlined by John Mayne) as our final theoretical backing to the evaluation framework. We believe that this approach will help determine our collective **actual and tangible impacts**. Essentially, to determine the contribution of our networks to our intended outcomes, we will need to account for:

- 1) Evidence of a well-structured theory of change**
- 2) Our activities are being implemented as they were intended;**
- 3) Evidence of specific outcomes occurring;**
- 4) Evidence of the direct impact of external factors that influence how outcomes are achieved.**

By embedding this approach into the framework, we can be more confident in the impacts we are having across Canada. By following these four approaches to create our measurement strategy, our NCC Evaluation Committee believes we can meaningfully measure our progress and impact across all NEIHRs.

As mentioned previously, the eight values that are common between us are our guide to implementing our chosen evaluation backings.

# The Eight Guiding Values of the Framework

As described above, working together with representatives from all nine NEIHRs, we have come to a consensus on eight guiding values that will form the core of our entire evaluation strategy. To come up with these values, the NEIHRs allowed the NCC to access their grants to help put together a first draft of potential values. Once this first draft was completed, NEIHR representatives helped mould these values over the course of 8 months to help them become what they are today. It was through this process that we discovered a significant amount of commonality in our intended goals. The NCC and NEIHR representatives purposefully chose these values to represent what we are working towards and measuring. **The NCC intends to use these values as the main structure and lens of our annual report to CIHR.** When the NCC Evaluation Committee is able to view the results of everyone's performance measurement and evaluation reports together, we expect a full and comprehensive narrative to emerge on how we as a collective have been authentically working towards these values\*:

## 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 expanding on the next generation of Indigenous health researchers through expanding and deepening communities of practice.

\***Note:** 'Community' refers to First Nations, Métis, and Inuit communities, urban/rural collectives, organizations, and/or governments that are working with the NEIHRs



## **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 being used to transform diverse systems (e.g., health, justice, education, labour, social welfare, etc.) to be equitable and culturally safe. This includes using research/promotion/advocacy of equitable practices and policies within diverse systems through the inclusion of decolonized, wholistic, Indigenous approaches (languages, values). Overall, it is intended 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, post-secondary institutions but 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 also facilitates and steers the others through the creation of connections between researchers & ethics boards with Indigenous researchers, communities, and peoples. 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 not only Indigenous communities, but to individual peoples interacting with the systems, research institutions, and/or researchers.



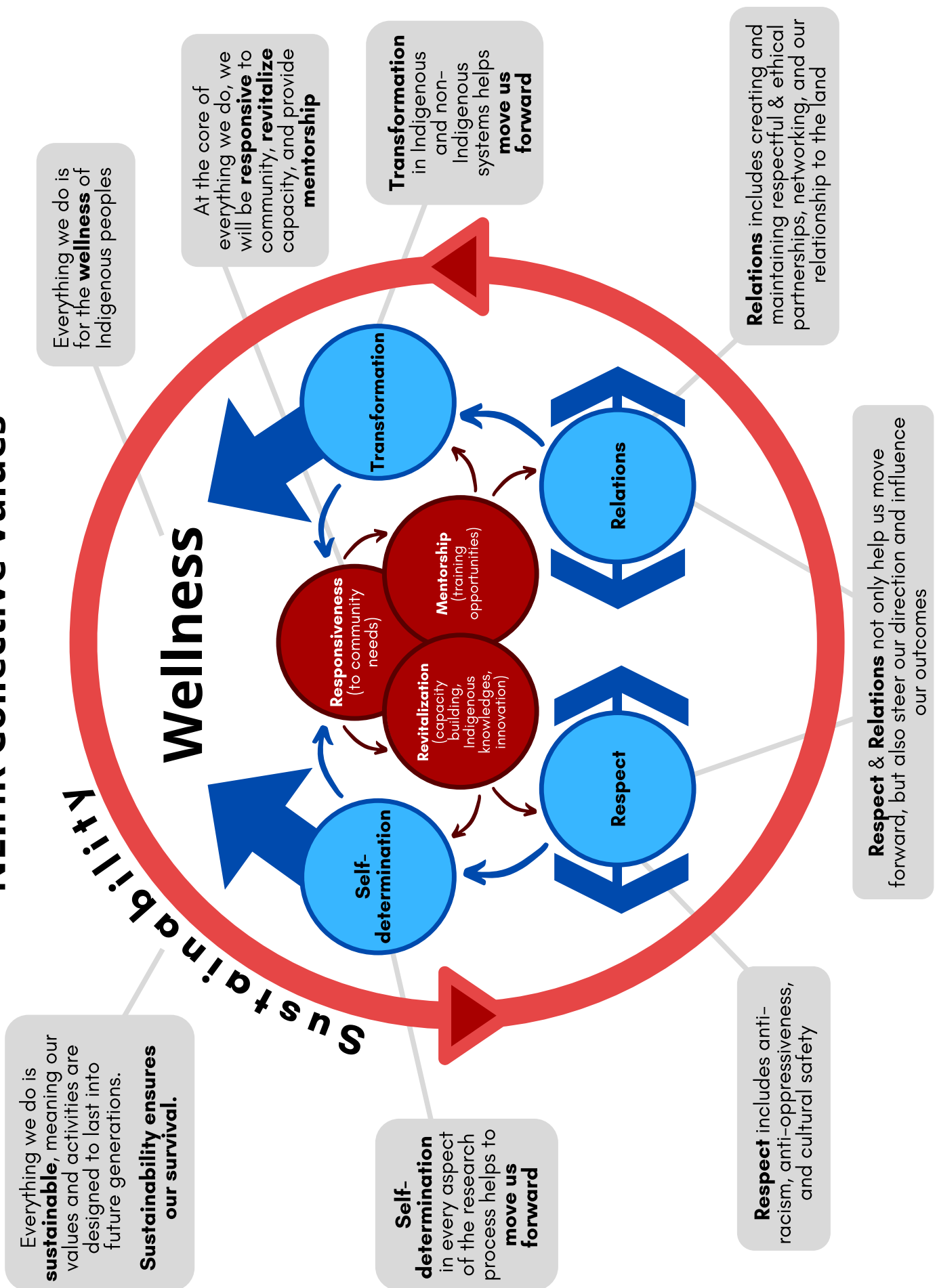
## Sustainability

- All NEIHR values, and corresponding activities, are intended to be designed and implemented so that their impacts will be positively felt in 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. It also includes employing research and partnership models to ensure financial self-sustainability (e.g., cost-recovery). Through this value, the NEIHRs can ensure that the wellness of Indigenous Peoples can and will always be a priority.
- This also includes reducing the negative environmental impact 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, we visualized our theory of how these work together in late 2020. This visualization on the next page turned into our main 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 in 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 but everything is ultimately working towards increasing the wellness of Indigenous Peoples.

# NEIHR Collective Values





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 many 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\*.

## How do These Values Relate to the CIHR Created NEIHR Funding Objectives?

As part of the application process, each NEIHR responded to CIHR-created funding objectives. These funding objectives were intended to be broadly-worded guides that the NEIHRs could take and operationalize through the needs of their communities. In no order of importance, these funding objectives are:

- Develop enduring NEIHR centers with sustainable mandates to build research capacity, conduct research, advance Indigenous research paradigms, and carry out KT activities
- Develop an Indigenous community-based health research network environment that will support Indigenous leadership and research-related organizations with existing and new research infrastructures and platforms
- Improve understanding of Indigenous health research and Indigenous research paradigms through ethical and impactful partnerships between Indigenous communities and health researchers, scholars, professors and instructors, research administrators, policy and decision-makers, and other parties with an interest in Indigenous health research
- Engage with researchers, Indigenous Peoples, and other relevant parties from different countries as appropriate, in order to advance the objectives of the NEIHR centers
- Support Indigenous community-based health research that reflects the priorities and values of Indigenous Peoples
- Engage Indigenous Peoples in Canada in leading and conducting health research and KT

**\*Note:** As part of this process, we designed several other metaphorical versions of this diagram to demonstrate the flow between values that may be of use for readers to understand the process. These can be viewed in **Appendix A, but note the above diagram is the visual that the NCC Evaluation Committee agreed to use.**

- Augment awareness, capacity, and relevance of Indigenous health research that improves the health of First Nations, Inuit and Métis Peoples across all health research domains

Considering this, it was important for this measurement strategy to determine how our eight guiding values connect with each funding objective as defined by the NEIHRs, the Office of Audit and Evaluation, and Integrated Planning and Results Branch. Once again, we created a visualization of how the values and objectives interacted.

As is demonstrated below, we discovered that there are commonalities between the NEIHR values and the CIHR funding objectives. To us, this means that we can not only meaningfully measure progress at the NEIHR and NCC level, but also ensure that our partners at CIHR can actualize the objectives they created at the beginning of this process. To summarize, the values-based approach that we adopted helps us to connect common activities and intended impacts on all of the necessary levels and ensure that all three parties (the NEIHRs, the NCC, and CIHR) interests are closely interlinked through this evaluation.

## NEIHR Collective Values



## Funding Objectives



# What do we Hope to Achieve Through These Values (Outcomes)?

Once the NCC Evaluation Committee had reached a consensus on what the values guiding the strategy would be, the next task was to attach outcomes to each value that further operationalized them and laid the framework for potential outputs and indicators. The NCC again 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 and written pieces of each application allowed us to come 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.

The outcomes listed in the table below have been vetted by the NCC Evaluation Committee representatives. However, it is important to note that these outcomes are subject to change depending on community needs and external factors. As a reminder, not all NEIHRs are able or expected to work towards every single outcome for a variety of reasons. That said, we believe that the majority of outcomes can be worked on by many, if not all, NEIHRs in a way that makes sense to them. These outcomes were designed to help NEIHRs realize the similarities they have with others but are in no way meant to be prescriptive. We have, and always will, encourage self-determination in this evaluation strategy, and the NCC will revise these outcomes based on NEIHR feedback and needs. At this point, however, we believe that we have come up with a concrete list of meaningful outcomes that we can use as a basis for the evaluation strategy.

## 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)

## Revitalization

- Increased health research capacity in Indigenous communities (resources, infrastructure, skills)
- Increased community access to health research and researcher partners (equitable access)
- Increased knowledge of how Indigenous knowledge and values inform health research among health researchers, community members, and/or policy makers.
- Increased emphasis on Indigenous values, approaches, and epistemologies within research institutions and among health researchers (guided by Elders and Knowledge Keepers)
- Increased support & expansion of existing local Indigenous health research infrastructure/organizations (financial, capacity, knowledge mobilization)

## Mentorship

- Increased Indigenous student awareness of the health research field (careers, opportunities)
- Increased support for high school, undergraduate, and/or graduate students to enter the health research field (reduction of barriers to training)
- Increased connections and learning opportunities between community members and Indigenous & non-Indigenous health researchers
  - Increased reciprocal research-related learning between community members and academic researchers
- Increased support for Indigenous new investigators and Early Career Researchers in the health research field (financial, infrastructure, learning opportunities)
- Increased support for and/or infrastructure designed to recruit and retain Indigenous health scholars (including revisions to tenure)

## Self-determination

- Increase in the number of community-led health research projects (community-determined in all aspects)
  - Increased shift of health research decision-making power from institutions to community members and leadership
- Increased health researcher knowledge of local research protocols (including the proper use of protocols, tradition, and ceremony in health research)
- Increased access to equitable funding for Indigenous researchers and organizations.
- Increased in communities setting their own research priorities, mandates, and/or research ethics (including the establishment of local ethics boards)
- Increased development and use of health policies & practices designed to facilitate the self-determination of Indigenous communities in research (design, approaches, dissemination)

- Increased access to and sovereignty over health research data by Indigenous Peoples.
- Increased community and leadership emphasis placed on and use of health research to inform overall wellness (increased trust)

## **Transformation**

- Increased use of decolonized, Indigenous approaches to inform policy/practice/program development
  - Increased influence of Indigenous leaders & communities on the development of policy/practices
- Increased ability for Indigenous health researchers to affect systemic change (confidence, skills, connections).
  - Increased recruitment of Indigenous health scholars
- Increased decision-maker knowledge of Indigenous health values, approaches, and/or protocols (including wholistic approaches)
- Increased ability for health researchers, practitioners, and/or organizations to respond to physical, emotional, mental, and spiritual health in a culturally informed way).
- Increased emphasis on Indigenous languages, values, and health approaches in non-Indigenous systems (advocacy through research, partnerships)
  - Increased support for systems changes advocacy backed by decolonized health-related research (involving the NEIHRs, if possible)

## **Relations**

- Increased local, regional, national, and international partnerships between NEIHRs, health researchers (Indigenous and non-Indigenous), governments, and/or Indigenous communities aimed at advancing Indigenous wellness.
- Increased community-led health research relationships
- Increased researcher and decision-maker knowledge of the connection between health and the land (influences, understandings, meanings, learning)
- Increased ability and accountability for non-Indigenous research institutions to form and maintain better relationships with Indigenous communities
- Increased use of community-informed and led ways of creating and maintaining health research relationships (cultural approaches to relationship building)
- Increased researcher and decision-maker understanding of Indigenous health research paradigms through partnerships and ethics
- Increased use of gendered, lived-experienced, and distinct cultural health knowledge in health research partnerships/relationships
- Increased community-led health research and wellness networks (locally and provincially)



## Respect

- Increased emphasis on and use of culturally safe service delivery (locally and provincially)
  - Increased health-research partnerships between NEIHRs, communities, and decision-makers focused on culturally safe service delivery
- Increase in anti-racism/anti-oppressive knowledge among researchers, health care providers, and decision-makers
  - Increased health professional, researcher, and decision-maker knowledge of how past policies & procedures have created disparate health outcomes

## Sustainability

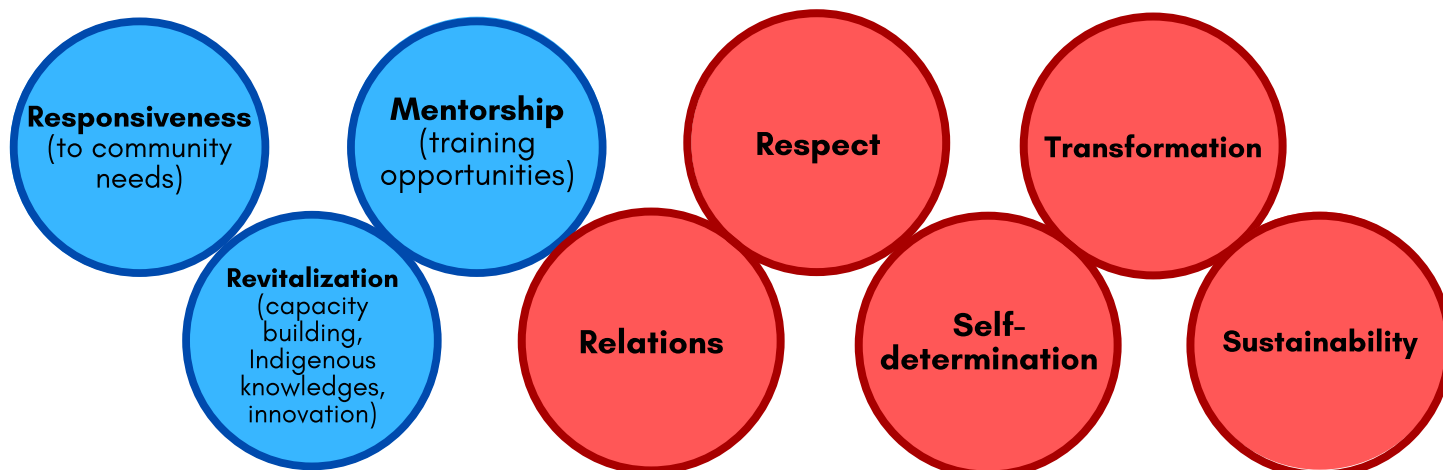
- Increase in independent NEIHR research funding, partnerships, infrastructure, and capacity (including the effects of additional or less financial commitments from institutions and/or governments; non-Tri-agency)
- Decrease in negative environmental impacts in the Indigenous health research field (e.g., decreased carbon footprint)
- Increased use of sustainable models (e.g., equitable cost recovery) in NEIHR Indigenous health research, activities, and/or events
- Increased use of community-led evaluation to inform the NEIHRs' effectiveness and impact
- Increase in the number of Indigenous health research communities of practice
  - Increased retention of Indigenous health scholars and health care professionals

## What are the Commonly Identified Impacts and Activities across the NEIHRs?

Although the reader is encouraged to seek out resources on each NEIHR's intended activities and impacts, below is a summary of the commonly desired impacts that were **most common from the list above**. It should be noted that this information came from direct conversations with the NEIHRs but may or may not be actively worked on in every single location. This is because each NEIHR is implementing unique activities that respond to the needs of their local context. The information presented below is a small summary of the commonly identified impacts and activities and the reader is encouraged to contact the NCC for more detailed information if they wish.

## Most Commonly Identified Impacts

Description	Matched values
Creating culturally relevant and/or safe environment (for students, faculty, health researchers, Elders, Knowledge Keepers, community members)	Responsiveness, Respect
Creating and maintaining relationships & partnerships (networking, authenticity)	Relations
Increased research self-determination & community-led research (individually, community, government, includes ethics)	Self-determination
Enhanced revitalization of Indigenous Knowledges (through research, ceremony, knowledge translation, advocacy, policy changes)	Revitalization
Enhanced community research capacity and infrastructure (digitally, physically, through training)	Revitalization
Increased mentorship of students and health researchers (includes opportunities and creating the next generation of researchers)	Mentorship
Transformation of health systems and institutions (policy changes, training for non-Indigenous peoples)	Transformation
Increased sustainability of Indigenous health research (funding, returning to community, through partnerships)	Sustainability



## Most Commonly Identified Activities

Description	Matched values
Student support (funding, connections, professional development)	Mentorship
Direct institutional policy change (e.g., policy development, advocacy)	Transformation
Encouraging self-determination in all research and processes (individually, community, government)	Self-determination
Hiring community outreach workers (to make connections, respond to needs, build relationships)	Relations, Responsiveness
Uncovering community needs through research	Responsiveness
Implementing Indigenous-led NEIHR governance and structures	Relations, Self-determination
Relationship building (networking, knowledge translation, partnerships, connections)	Relations, Respect
Community research funding supports (including for Elders & Knowledge Keepers)	Responsiveness, Mentorship
Community research training and capacity (including evaluation capacity, policy development, skills development)	Revitalization

## What are the Outputs we Identified?

One key element of the NCC's role and the overall measurement strategy is to establish a set of common outputs so that we may use performance measurement to track patterns and improve our activities. To create these outputs, we used the information from each NEIHR's application and talked with the evaluation representatives from the NEIHRs to create a list of outputs, meaning they are built from the ground up using up-to-date information. The reader should note that this list of outputs was created before the first reporting period in early 2021 and that they are likely to change as a result of the piloting of the reporting process with the NEIHRs. Further, it is not expected that each NEIHR reports on every single output listed below. Rather, they are encouraged to report on as many as they can and the table below should be thought of as a list of possible outputs that may emerge through NEIHR reporting. **As mentioned earlier, these outputs will be paired with qualitative information,**

**meaning NEIHRs will use stories, attach pictures/videos, and generally supply any qualitative information they feel fits within each value.** To save space, the co-created list of outputs, classified by the values, is available to view online by [clicking here](#). However, an example of the type of outputs identified for Responsiveness is below:

## **Responsiveness**

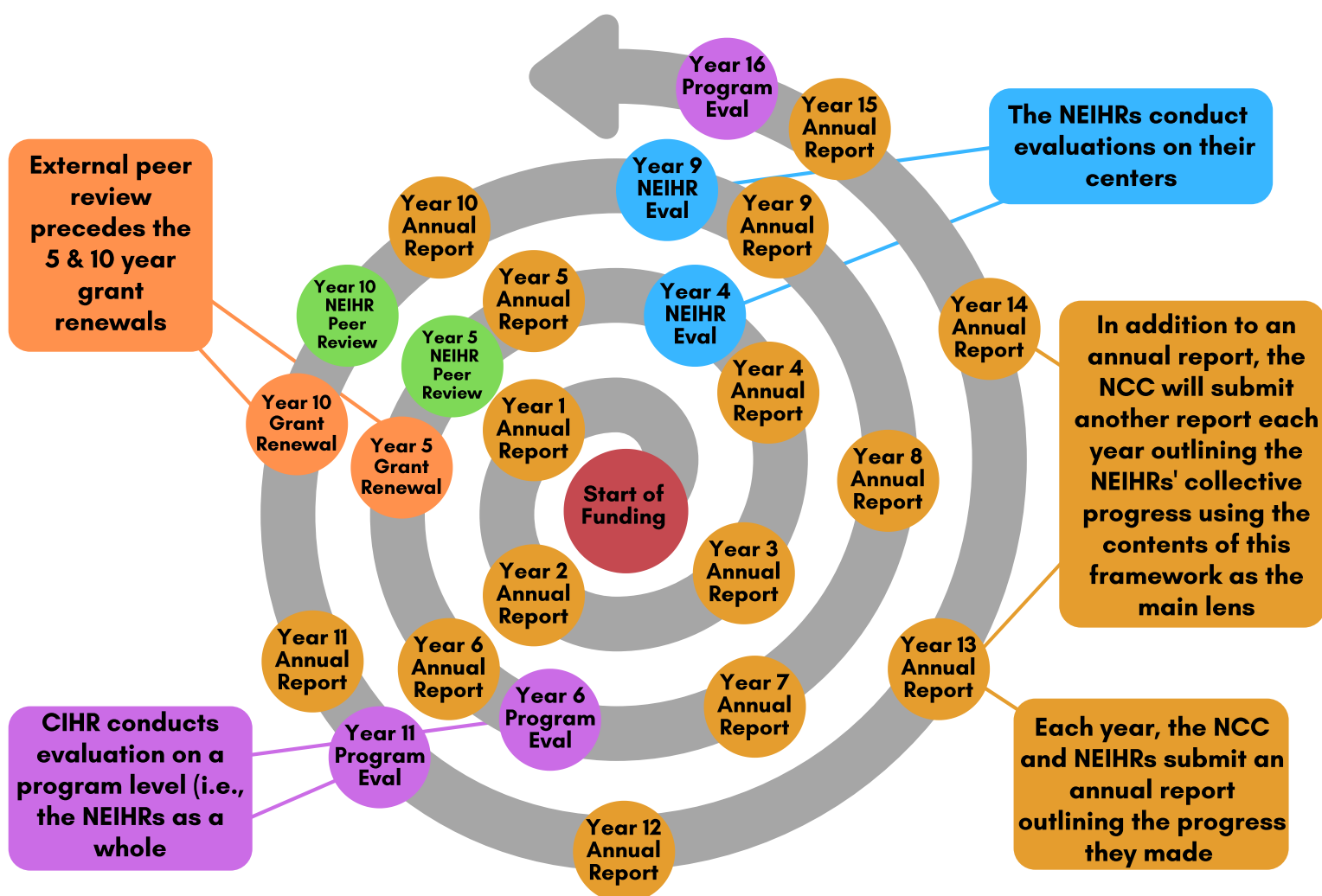
- # and type of members in the network (includes those who sign up, per year, by self-identification categories such as location)
- # of student support activities (per year, over time; e.g., connecting with an Elder)
- # of health researcher support activities (per year, over time; i.e., mental, physical, emotional, spiritual support activities)
- # of awareness activities to introduce communities to health researchers and/or resources to address community needs
- # of knowledge translation activities supported by the NEIHR (e.g., facilitated, sponsored).
- # of NEIHR related resources translated to local Indigenous languages (count per resource)
- # of evaluation activities completed (e.g., feedback forms, surveys, indicator development, data collection, etc.)
- # of evaluation knowledge translation events completed (list different audiences, if possible)
- # of physical/digital reports created and disseminated for the purposes of knowledge translation
- # of youth, Elders, and/or Knowledge Keepers associated with developing or implementing the NEIHR evaluation strategy
- # of filled NEIHR job positions/roles meant specifically for outreach to communities (e.g., creating research connections, forming relationships)
- # of activities facilitated or sponsored by the NEIHR focused on uncovering updated and urgent community health needs (list type, if possible; e.g., town halls, surveys, meetings with leadership, etc.).

## **Next Steps and Reporting Timelines**

As NEIHRs and the NCC submit their annual reports in June of 2021, 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 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.

Over the course of 15 years, this process will produce many reports and CIHR has proposed a number of renewal periods for the NEIHR grant at the 5 and 10-year marks (Green and purple circles). Before and after these peer reviews, each NEIHR will conduct its own evaluation the year previous (e.g., year 4; blue circle) and CIHR will evaluate the NEIHR program as a whole the year after renewal (e.g., year 6; purple circle). This process is outlined below (starting from the center of the spiral and working outwards), but the **reader should be aware that this is subject to change in the spirit of co-creation.**

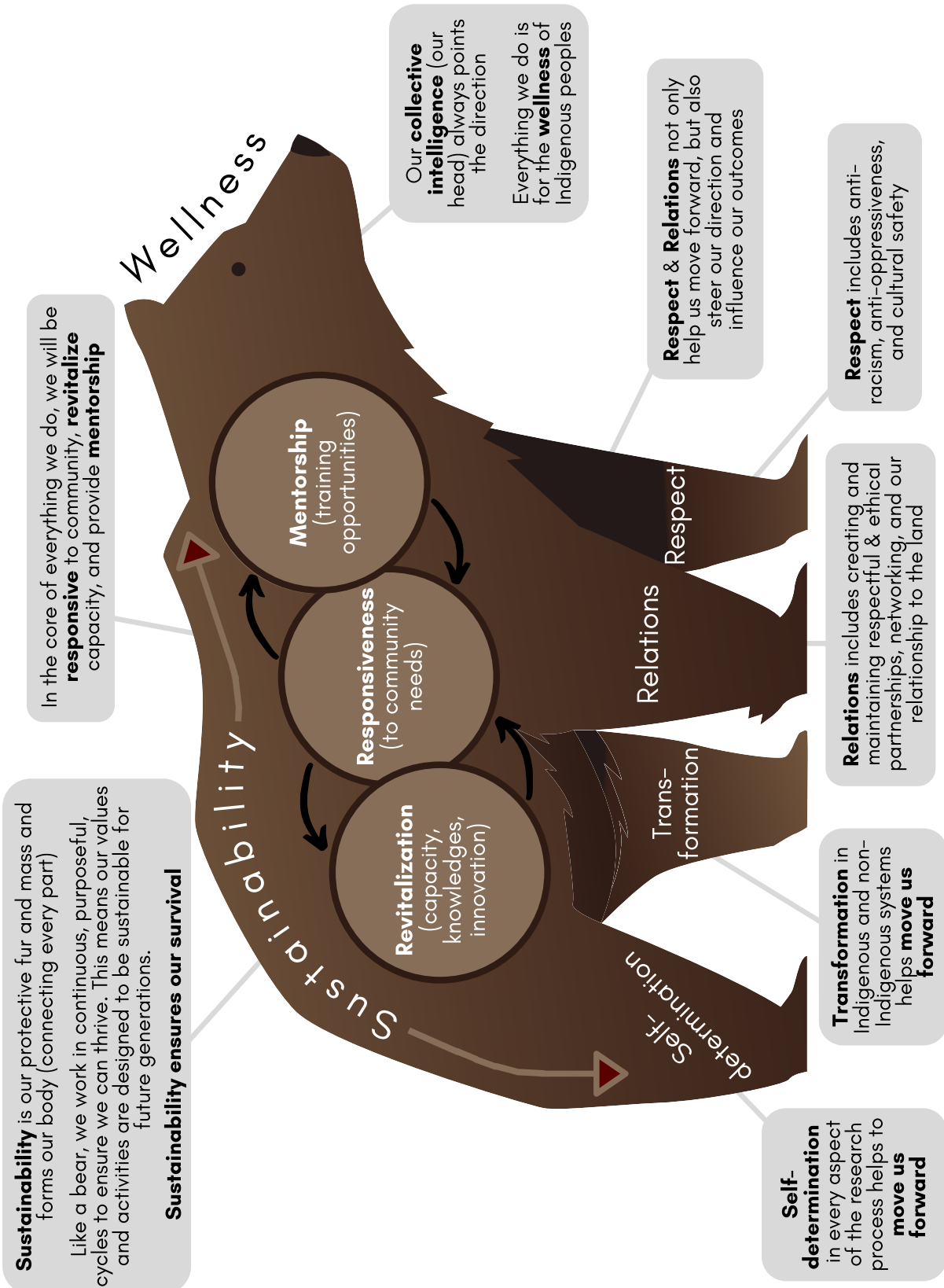




# Appendix A: Supplementary Values Visuals

Note: the follow visuals WERE NOT the ones chosen by the NCC Evaluation Committee and are only included to help readers understand the meaning of the values described in this report.

## NEIHR Collective Values



Draft 3 - Updated: December 1st, 2020

