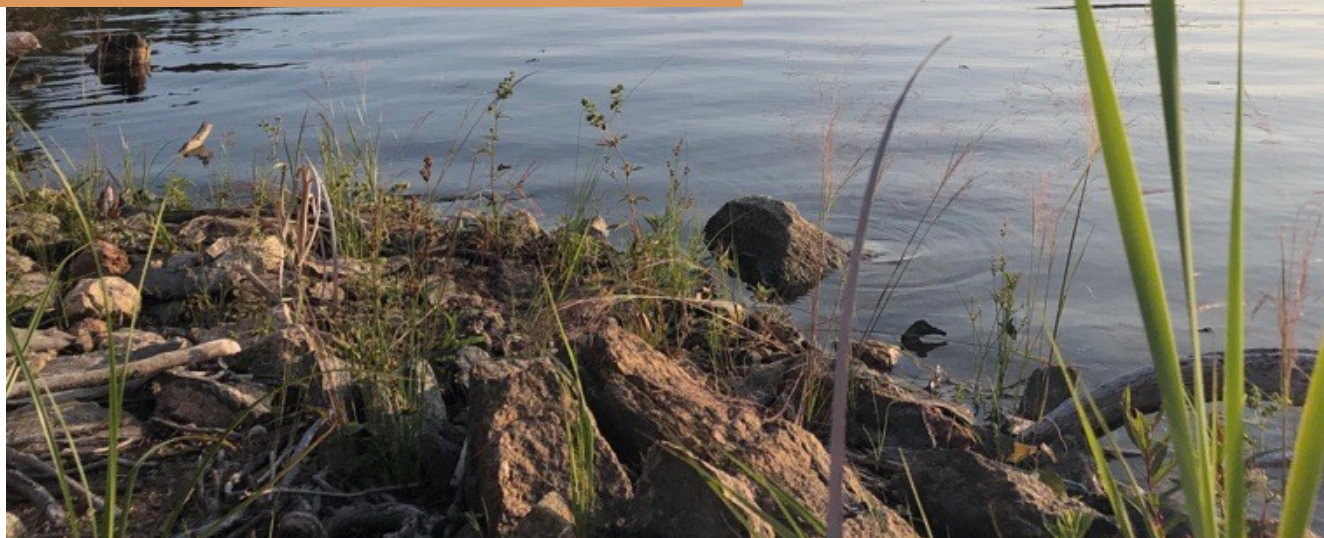


# 2020-2021 ANNUAL REPORT



**FIRST NATIONS AND MÉTIS HEALTH RESEARCH NETWORK**

**Saskatchewan Network Environments for Indigenous Health Research (NEIHR)**

**August 16, 2021**

# Table of Contents

What is the First Nations & Métis Health Research Network?	1
Guiding Principles and Intent	2
Vision and Objectives	3
Launching our Network	4
Our Governance Structure	5
Our Committees	6
Communications & Knowledge Translation	7
By the Numbers - Facebook Growth	8
By the Numbers - Facebook Content	9
Webinars	10
Grant Support	11
Community Partnership Grants	11
External Grant Support	12
Research Connections & Meetings	14
Professional Development	17
Our Measurement Framework	18
Our Overall Approach to Measurement	20
Other Activities and Plans for 2021-22	21



L: Drs. Swidrovich, Tait, Lambert and Graham  
R: Dr. Henry (Photographer: Sidney Ray-Shacter)



Canadian Institutes of  
Health Research  
Institut de recherche  
en santé du Canada

The First Nations and Métis Health Research Network is supported by funding from the Canadian Institutes of Health Research (CIHR). [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

# What is the First Nations & Métis Health Research Network?

In March 2020, Canada's national health research funder, the Canadian Institutes of Health Research (CIHR), announced funding to establish nine Indigenous health research centres across the country under its Network Environments for Indigenous Health Research (NEIHR) program. This network of centres is intended to be funded from 2020 to 2035 (15 years) to create and sustain supportive research environments driven by and grounded in Indigenous communities in Canada.

The First Nations and Métis Health and Wellness Research, Training, and Knowledge Mobilization Network (FMHRN), Saskatchewan's NEIHR Network, is a Saskatchewan-based consortium of First Nations, Métis, and allied individuals, organizations, communities, and institutions with long-established leadership and working relationships in Indigenous health research, training, and knowledge mobilization. The Federation of Sovereign Indigenous Nations (FSIN), representing 74 Saskatchewan First Nations, and the Métis Nation-Saskatchewan (MN-S) representing Métis citizens across the province, have joined together as Indigenous leads of the Network. Dr. Caroline Tait (Métis), University of Saskatchewan (UofS) is the nominated principal applicant, supported by a research leadership team of Indigenous researchers (Drs. Jaris Swidrovich, Holly Graham, Robert Henry, Heather Foulds, JoLee Sasakamoose, Simon Lambert, Sheri McKinstry) and settler researchers (Drs. Carrie LaVallee, Stacey Lovo, Sarah Oosman, Joel Schindel and Stuart Skinner) from First Nations University of Canada, University of Regina and University of Saskatchewan. FMHRN partners have a strong collective track record of securing research funding and capacity to manage projects, as evidenced by the \$75 million dollars in research funding held by network members when our grant proposal was submitted. We received 53 partnership letters from First Nations and Métis stakeholders (local, regional, provincial, national) and multi-stakeholder groups related to the health system and other systems impacting Indigenous Peoples.

The catchment area of FMHRN is Saskatchewan, which is inclusive of Treaties 2,4,5,6,8 and 10, and the traditional territory of the Saskatchewan Métis Nation, and the target population is First Nations and Métis peoples living in Saskatchewan. Saskatchewan is home to 57,880 Métis and 114,570 First Nations people, making up 16.3% of the population. We are the fastest growing segment of the province's population, with 33% under the age of 14, compared to 17.4% for the non-Indigenous population (Statistics Canada, Focus on Geography Series, 2016 Census).

From 2017 to the fall of 2019, when we developed this research network, our leadership team worked closely with Métis and First Nations stakeholders to design a Saskatchewan Network Environment of Indigenous Health Research (NEIHR). In response to our infrastructure and sustainability needs, we also partnered with Chief Darcy Bear, Whitecap Dakota First Nation to conduct a feasibility study to build a multipurpose International Indigenous Health Research and Training Centre (IIHRTC) on Indigenous lands, 20 minutes south of Saskatoon, receiving funding from Indigenous Services Canada for this study.

This Network has grown out of the opinions, ideas, and leadership of Saskatchewan's First Nations and Métis governments, communities, and other key stakeholders. It facilitates a focused, community-driven approach, so health research dollars flow more effectively into communities, with the Saskatchewan Network operating as a matchmaker between communities, researchers, and funding opportunities. At the core of this Network is the foundational belief that it belongs to the First Nations and Métis Peoples of Saskatchewan and can grow and evolve based on what they identify as community needs and priorities. Métis and First Nations people across Saskatchewan are strong leaders in creating positive changes in health care delivery and in addressing health and social disparities experienced by their communities. We believe health research is central to their efforts.

## Guiding Principles and Intent

From our respective traditional knowledge and cultural foundations, Saskatchewan First Nations and Métis Peoples are best situated to lead research, training, and knowledge mobilization involving our communities. When ethical partnerships are formed with post secondary researchers, our knowledge base is enhanced to include a broad spectrum of Western research methodologies and analytic tools. Given the available avenues that Indigenous Peoples have to mobilize positive change for our people, forming research, training, and knowledge mobilization partnerships between our people and post secondary researchers and students is a pragmatic strategy to support the transformative changes that we strive for.

Our consortium represents a Saskatchewan Métis and First Nations NEIHR grounded in our shared values and priorities, inclusive of remote, rural, urban and reserve populations. **Based upon direction from Métis and First Nations health leaders, we have established two intersecting collaborating health and wellness centres, to support the unique and intersecting health research needs of First Nations and Métis communities in Saskatchewan.**

***"We work with good hearts and good intentions. As network members, each of us have responsibilities to bring new funding to community partners. This is a collective effort."*** - **Caroline Tait, Nominated Principal Investigator, Executive Director, FMHRN, NPI, NEIHR National Coordinating Centre, NPI, Saskatchewan Indigenous Mentorship Network**

*"It is our intention to create stability and a succession plan. We are not going to be here forever, so we need to build spaces and places for others who come after us, to support their work and strengthen our communities. The intent of our network is **to build community wellbeing, and to conduct research and training in a good way**, and we need to build structures to enable that."* - **Robert Henry, Interim Scientific Director for the mamawiikikayaahk Métis Centre within FMHRN**



Our community–post secondary network, and its First Nations and Métis Centres, celebrates our diverse Indigenous identities, cultures, languages, and traditional homelands, including the resistance and resilience of our ancestors to European colonization and Settler society. The majority of our NEIHR members are First Nations and Métis people of this territory, and as such our commitment to one another extends far beyond research partnerships and funding opportunities. Collectively, we, our parents, grandparents, and our children spent our childhoods in the families and communities this NEIHR serves. For generations our families lived the beauty of our cultures, languages, and lands. Sadly, our families also endured the brutalities of colonial–Settler oppression, racism, relocation, and forced assimilation. It is from this complex history that our commitment is derived, and from the depth and breadth of our relationships to one another, that we grow our vision and practices. The relationship of First Nations and Métis Peoples to this land, and the relationship of our traditional territories to the resilience and spirit of our people, is from where our future is cultivated. We come together in the spirit of working for our young families, for their futures, and the futures of seven generations to come—for all our relations.

## Vision and Objectives

**Vision:** for all First Nations and Métis people in Saskatchewan to experience optimal health and wellness across their lifespan. At the heart of our vision is a shared understanding that the knowledge, wisdom, resilience, and innovation of Métis and First Nations Peoples are foundational to the well-being of our families and communities and is key to research and interventions aimed at eliminating endemic health disparities and structural inequities that contribute to poor health and social outcomes.

**Objectives:** FMHRN meets or exceeds the criteria in the CIHR–NEIHR funding opportunity through the following intersecting objectives:

- Support and promote First Nations and Métis community-driven health research, training, and KM grounded in the priorities and values of First Nations and Métis Peoples;
- Grow provincial Métis and First Nations research leadership, self-determination, Treaty right to health, data sovereignty, equitable access to research, and research capacity, through enhancement of existing and new research infrastructures and platforms such as FMHRN, Saskatchewan Indigenous Mentorship Network (SK-IMN), the IHRTC, the Treaty Table, and by partnering with research teams/centres across Canada;
- Through the guidance of Elders and thought leaders, augment awareness, capacity, and importance of the distinctive First Nations (e.g. Cree, Saulteaux, Dené, Dakota, Lakota) and Métis cultural approaches to relationship building, protocol, knowledge generation, and community and land-based learning;
- Through guidance provided by the Saskatchewan Métis Health Research and Data Governance Principles, the First Nations Cultural Responsiveness Framework, and First Nations OCAP® principles, support ethically-based and impactful health research partnerships;

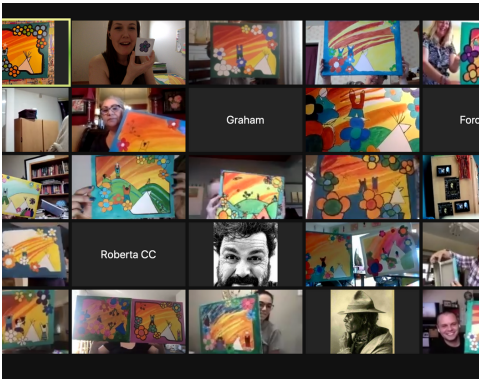
- Advance the objectives of the NEIHRs through support of provincial, national and international collaborations with NEIHRs and Indigenous Mentorship Networks (IMNs) across Canada;
- Support ongoing efforts by FSIN, MN-S, SK-IMN, and Indigenous post-secondary institutions to ensure that all First Nations and Métis high school students have access to the prerequisite courses for post-secondary health science undergraduate programs;
- Develop a sustainability strategy for FMHRN (including SK-IMN and the IHRTC) and across sister NEIHRs and IMNs. As described here and subsequently, our vision and plan is aligned with the NEIHR funding opportunity, and through processes described, we will ensure research and work environments are equitable and demonstrate meaningful and culturally-responsive practices, plans, and activities.

## Launching our Network

While we learned in late December 2019 that our proposal was successful, CIHR did not officially launch the NEIHR networks until April 1, 2020, with funding transferred to institutions shortly after that. However, our network activities commenced in January 2020, bringing on staff in the Manager and Research and Administrative Coordinator roles who were already on our staff team, as well as getting some support from the Manager of the Saskatchewan Indigenous Mentorship Network. By the time the NEIHRs were announced on April 1, 2020, in the early part of the COVID-19 pandemic, we launched our initial website and by the end of that month, we had launched our first call for proposals for Community Partnership Grants - seed funding meant to support researchers and community stakeholders, to develop grant applications to the Tri-Councils and other major research funders, on Indigenous health research.

That summer, our offices moved from leased space at the University of Saskatchewan campus to Station 20 West, a community enterprise space in the heart of Saskatoon's westside core neighbourhoods, collocated with a number of community agencies and health services. While we were not able to work in this new location much, we welcomed the move to this well-known community location in which we can work alongside many others serving First Nations and Métis communities. We also hired three Indigenous students that first summer, and a First Nations contractor to develop Métis data governance curriculum.

Many of our planned operations and activities were very delayed by COVID-19, both because we were not able to meet in person or travel to communities once FMHRN was officially launched, and because First Nations and Métis community leaders have been very focused on the pandemic, limiting their capacity to focus on health research more broadly. Despite this, we believe we have accomplished much in our first year of operations (January 6, 2020 to March 31, 2021), setting a strong foundation for our network in the years to come. The remainder of this report describes our accomplishments and activities over this first year.



Clockwise from top: Drs. Foulds, McKinstry, Tait, Lambert, and Swidrovich outside the new offices at Station 20 West, the online paint workshop, and Drs. Tait and Lambert with MN-S Minister of Health Marg Friesen, Chief Darcy Bear and MN-S President Glen McCallum

*"I've been here in Saskatoon for about 52 years, but I am also very connected with my community of Côté First Nation, where we have experienced a lot of researchers coming in, not knowing what they are doing. **I want to say how proud I am now that we have our own people doing research, and training people** - in history, in colonialism, in intergenerational trauma. I'm really proud to be working with Indigenous PhDs now in research. Who has the answers but ourselves? I wish my mother could have seen what has happened in a short time. Reconciliation speeded things up - not nearly as fast as we need, but it has speeded up. It's also really good to have strong allies working together."*

**- Knowledge Keeper Judy Pelly, discussing the values that guide our evaluation**

## Our Governance Structure

In mid-January 2020, we established twice-monthly meetings of our leadership team: the 13 Principal Investigators, supported by the Manager, Coordinator, and the Manager of the Saskatchewan Indigenous Mentorship Network (SK-IMN). Nominated Principal Investigator Dr. Caroline Tait took on the Executive Director role for FMHRN initially, with Dr. Simon Lambert serving as the Executive Director of the NEIHR National Coordinating Centre. Interim Scientific Directors were established for the two centres. Drs. Robert Henry and Heather Foulds, Métis researchers, are serving as interim directors for the mamawikikayaahk (Healing together) Métis Health and Wellness Research Centre, the first Métis-specific health research network in Saskatchewan, in partnership with the Métis Nation-Saskatchewan's Ministry of Health. Drs. Holly Graham, Jaris Swidrovich, and JoLee Sasakamoose, First Nations



researchers, are serving as interim directors of the *nātawihowin* (art of self-healing) First Nations Health and Wellness Centre, the only First Nations-specific health research centre in Saskatchewan, in partnership with FSIN's Health and Social Development Commission (HSDC). These Centres have held several meetings over the first year.

In our first year, we held four full team meetings, inviting everyone on our grant team: principal applicants, co-applicants, knowledge users and collaborators. Our first meeting was held in person in mid-January 2020 in Saskatoon, with an option to join online. Subsequent meetings were held online, during the pandemic, a format we found worked well with team members joining from across the province, as well as international partners joining from other countries. We also established our Indigenous Oversight Committee, with members from FSIN, Métis Nation-Saskatchewan, the Northern Inter-Tribal Health Authority, Aboriginal Friendship Centres of Saskatchewan, the Office of the Treaty Commissioner, Whitecap Dakota First Nation, a Métis Elder, a First Nations Elder, a First Nations graduate student, a Métis graduate student, and representatives from First Nations University, University of Saskatchewan, University of Regina, Gabriel Dumont Institute, and Saskatchewan Indian Institute of Technologies. We established terms of reference and held our inaugural meeting on November 26, 2020.

*Our network includes the **mamawiikikayaahk** (Healing together) Métis Health and Wellness Research Centre, the first Métis-specific health research network in Saskatchewan, in partnership with the Métis Nation-Saskatchewan's Ministry of Health; and the **nātawihowin** (art of self-healing) First Nations Health and Wellness Centre, the only First Nations-specific health research centre in Saskatchewan, in partnership with FSIN's Health and Social Development Commission (HSDC).*

## Our Committees

In our first year, we also established three committees, which have met regularly:

- **The Communications and Knowledge Translation Committee**, chaired by PI Dr. Stacey Lovo, was established in June 2020, and met 10 times in the first year. Members include Network staff, an Elder, and members from several community partners. Committee members provide staff and the leadership team (conveyed through staff) with guidance and feedback on the website, Facebook page, social media campaigns, FMHRN electronic newsletter, webinars, and developing a logo and other branding assets. We also established Terms of Reference for this committee.
- **The Evaluation Committee**, chaired by external evaluator Micheal Heimlick, was established in June 2020, with members from the PI team and staff. This committee was established to provide the external evaluator with ongoing guidance as he developed the evaluation strategy. It met four times in the first year, with an additional meeting with Knowledge Keepers and community members in December 2020 to seek guidance on values for the evaluation strategy. Micheal also met regularly with staff and with Dr. Lambert on evaluation matters for both FMHRN and the National Coordinating Centre.



- **The Métis Data Governance Curriculum Working Group** was established in June 2020, chaired by Ray Laliberte of the Métis Addiction Council of Saskatchewan Inc. (MACSI). This is a working group of the Métis Centre, established to provide guidance and oversight on the curriculum that Sherri Swidrovich developed, based on the Métis Data Sovereignty and Governance Principles developed by Dr. Tait with Métis Nation-Saskatchewan. This committee is made up of Drs. Tait, Henry, leadership from MN-S and FMHRN staff, and met seven times in the first year.

## Communications & Knowledge Translation

One of the first activities we undertook was establishing our website and social media presence. We did this to ensure that we could effectively communicate our efforts and advocacy for Indigenous health research to a wide audience. We established our Facebook page in May 2020. Facebook is a major means of communication for FMHRN, as it is so widely used by people in our network and beyond. In the first year, we ran **two campaigns**: one in November and December 2020 to introduce the Principal Investigators in the network, and a second in February 2021, in Indigenous Storytelling Month, to introduce Elders and Knowledge Keepers that we work with regularly.

Our initial website at [www.fmrhn.ca](http://www.fmrhn.ca) went live on April 1, 2020, when our funding was officially announced through a press release at the University of Saskatchewan. Over that first summer, with input from the Communications and Knowledge Translation Committee, we developed a more robust website, which went live in mid-October 2020.

Both the Facebook page and our website are continually updated with news, event promotions, and general information on Indigenous health research. Our website received **3130 unique page views in the first year**, with the most popular pages being the **webinar recordings page** and the **research team profiles**. Encouraged by the response we have received on these online platforms, we intend to expand our social media presence by creating an FMHRN Instagram page in year 2.



Overall, our **Facebook Page has received an estimated 51,419 'reaches' in 2020-21.** 'Reaches' means that an estimated 51,419 people saw content from our page (including posts, stories, ads, and the social information from people who 'like' the page).

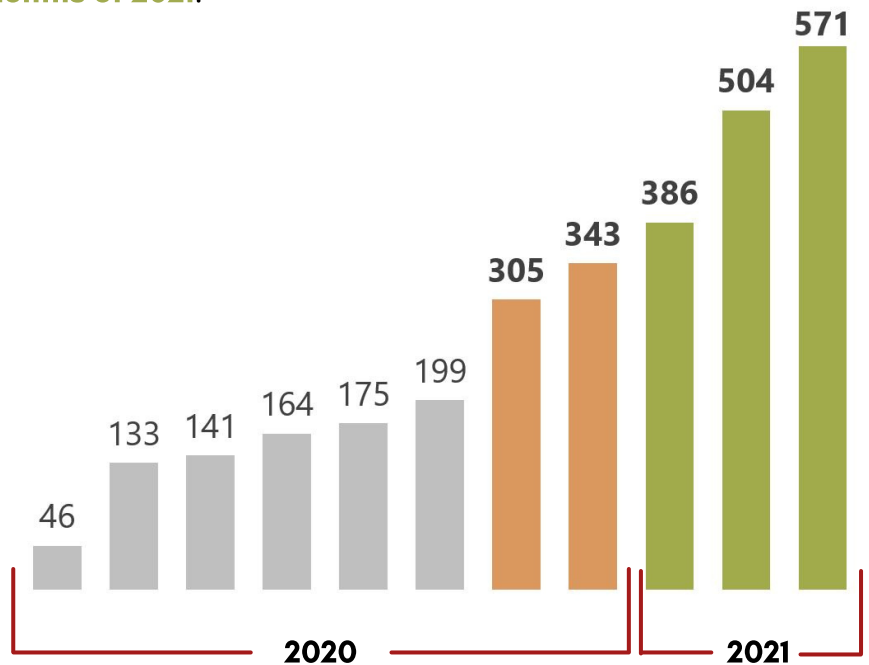
We also established an email newsletter in April 2020 (archive of issues [here](#)), which was intended as an internal newsletter to keep people informed about network activities. In the first year, we put out nine issues. While this was initially a monthly newsletter, we stopped producing it monthly in early 2021, instead using Facebook to communicate activities in a more timely manner. Going forward we are planning for this newsletter to be issued three to four times a year.

## By the Numbers - Facebook Growth

Since May of 2020, the audience for our Facebook Page has been rapidly growing (measured by the number of 'likes' each month). Specifically, the number of likes we have received has grown from 46 in May of 2020 to 571 by the end of March 2021 (a 1141% growth). To us, this means that individuals are finding relevancy and usefulness from the type of posts we are sharing and writing about. We fully intend to continue to grow our Facebook presence in year 2.

### The FMHRN Facebook page is growing.

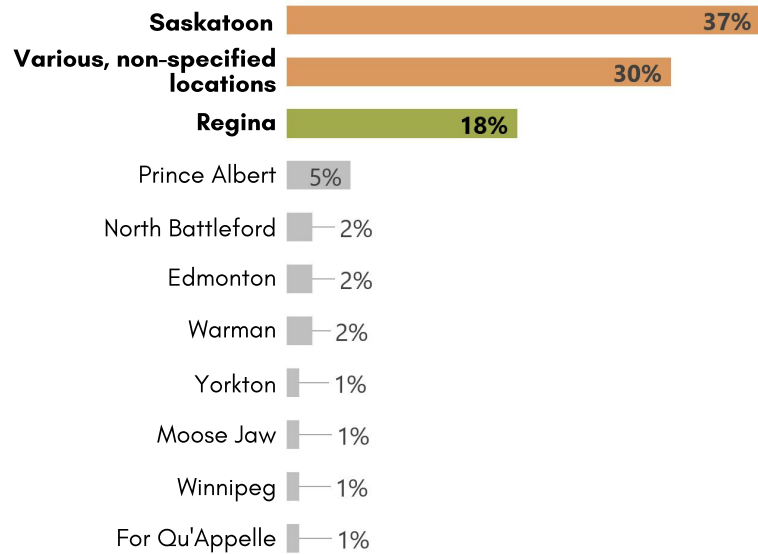
The FMHRN Facebook page has **grown larger each month** since it was created in May of 2020, with **notable increases in late 2020** (November & December) and the **first three months of 2021**.



We are also able to determine **who** is visiting and liking our page through demographic data collected by Facebook. The majority of our Facebook engagement came from Canadian users. When looking deeper, the majority are coming from Saskatoon and Regina. However, around 30% of our current Facebook audience are located in rural, non-specified locations that weren't 'popular' enough to display in Facebook insights. This tells us that our Facebook 'reach' is **widespread** and is reaching more than just urban audiences.

## Our Facebook audience is widespread.

The **majority** of our Facebook audience lives in **Saskatoon** or **Regina**, but **30%** also come from **non-urban, unspecified locations** across Canada.



## By the Numbers - Facebook Content

We believe this rapid growth is due to the consistency and type of information we are sharing on Facebook. We analyzed all of our Facebook shares and posts in the first year and counted **299 unique posts or shares**. Here's our most common type of posts from the first year:

**299** Unique Posts or Shares

### In 2020-21, we posted...

**Knowledge Translation** posts  
(sharing research projects, resources, articles, videos, etc.)

**78** times

**55** times

FMHRN Researcher, Elder, and PI profiles ('get to know them' posts)

**Student mentorship** events or activity posts

**21** times

**21** times

FMHRN hosted or sponsored events (e.g., webinars, training)

**External health research** resources (e.g., Covid-19 information)

**19** times

**105** times

All other categories\*

\***Note:** To view the remaining categories in detail, contact the FMHRN at [neihr.fmhrneusask.ca](mailto:neihr.fmhrneusask.ca).

By far, our most popular posts this year came from **profiling the Elders and Knowledge Keepers** we work with. Specifically, the three posts that had the most reach, likes, comments, and shares were posts linking to stories about these individuals:



## Webinars

We held **six** webinars in the first year, starting with one on April 9, 2020, with Dr. Simon Lambert, on how past disasters in Indigenous communities give insight into COVID-19, and finishing on March 31, 2021 with a COVID-19 vaccination question and answer session with family physician Dr. Veronica McKinney. The other webinars covered the work of two principal investigators with First Nations communities in Southern Saskatchewan, Indigenous communities holding research funds, research services the Canadian Hub for Applied Social Research can offer Indigenous researchers, and the Office of the Treaty Commissioner’s work evaluating reconciliation and Treaty implementation in Saskatchewan. **Recordings of these webinars are on our website.** Starting in year 2, each event we hold will have an accompanying evaluation to ensure we are meeting the needs of those who attend.

**INDIGENOUS DISASTER AND EMERGENCY MANAGEMENT**

**DO PAST DISASTERS GIVE INSIGHT INTO THE COVID 19 PANDEMIC?**

Simon Lambert  
Indigenous Studies,  
University of Saskatchewan

Welcome

March 18 | 10 AM CST

**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?



# Grant Support

FMHRN offered two kinds of grant support in the first year: **1) seed funding** of up to \$10,000 through our Community Partnership Grants initiative, and **2) support for researchers** preparing grants, by making connections, organizing meetings, providing grant writing assistance, and providing letters of support.

## Community Partnership Grants

On April 9, 2020, we issued a call for proposals for Community Partnership Grants, to provide researchers and community partners with seed funding to support them to develop Indigenous health grant applications to the Tri-Councils and other major research funders. In addition to the funding, grantees are provided with mentorship and support so they are able to work together with other researcher and community partners to develop and submit strong research proposals to major granting agencies in the next year, increasing their likelihood of success.

We established a grant review committee for anonymous review, on which nine members of our full team volunteered. Each served as a first or second reviewer on the grants received.

In mid-May, **we awarded nine Community Partnership Grants** of between \$5,000 and \$10,000 **totalling \$58,808**, to researchers from the University of Saskatchewan, First Nations University of Canada, University of Regina, and two community-based organizations.

We launched a second call for proposals in October. **Four researcher and community partner teams were funded in this round:** two at the University of Saskatchewan, one at the University of Regina, and one at First Nations University of Canada, with **funding totalling \$35,313**. Another anonymous peer review committee was established to review these applications, on which five team members served as volunteer reviewers. **Therefore, the total amount we awarded for Community Partnership Grants in 2020-21 was \$94,121.** The calls for proposals and funding announcements, with descriptions of each project funded, are listed on our [website under the Funding tab](#).



We awarded  
**13** Community  
Partnership  
Grants  
totalling  
**\$94,121** in  
2020-21

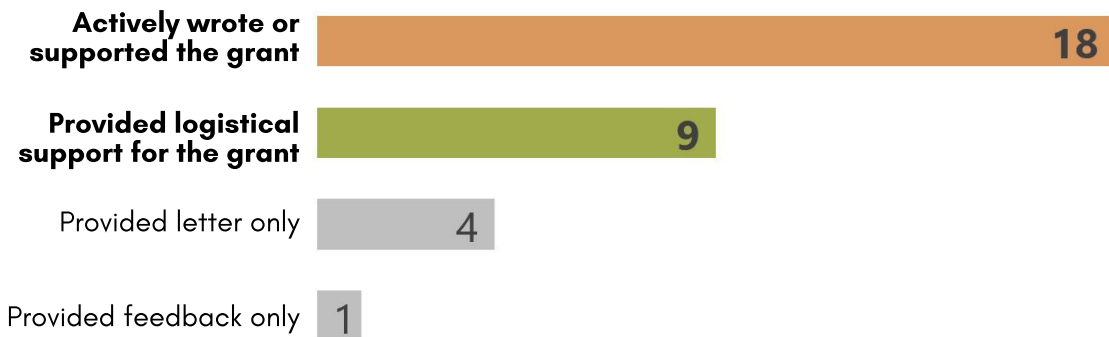
# External Grant Support

One of the main FMHRN objectives is to provide support for Indigenous health research grants being proposed by community partners, researchers, or research bodies. To this end, one of our main objectives is to significantly increase the amount of research dollars allocated to Indigenous health research in Saskatchewan over the next fifteen years. The FMHRN team is uniquely built to help support grant writing, submission, and feedback and we used that to our fullest capacity in 2020-21 by providing support to **34 unique grants proposals**.

As is broken down below, our support for grant proposals is often more than using the FMHRN name to provide a letter. Rather, we find that we are taking an active role in the proposals we are supporting by either actively writing sections, being a co-applicant, or helping to navigate submission systems. This is broken down further in the graph below:

## We actively supported many new Indigenous health research grants.

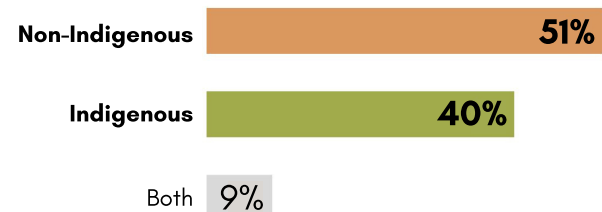
The FMHRN helped **write, actively support** (e.g., co-applicant), or **provided logistical support** (e.g., helped submit) for the majority of grants we saw this year.



We also kept track of **who** was asking for grant support over our first year and found that the vast majority of requests are coming from researchers. Specifically, 20 grants from internal FMHRN research members and 10 grants from external non-FMHRN researchers were supported. Additionally, our evidence suggests that the grants **we are supporting are being relatively equally written by Indigenous (40%) and non-Indigenous (51%) researchers/organizations**. Interestingly, 9% of the grant requests were coming from both Indigenous and non-Indigenous sources.

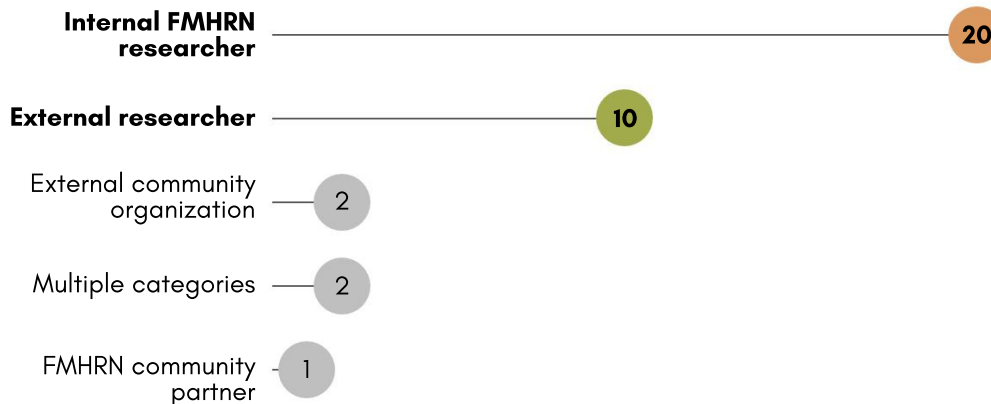
## We received grant support requests from both Indigenous and non-Indigenous sources.

**Just over half** of all grant requests in 2019-20 came from **non-Indigenous** researchers or organizations (51%), whereas just under came from **Indigenous sources** (40%).



## Almost all of the grant support requests came from researchers.

The **majority** of grant support requests came from either **FMHRN researchers** or from **external researchers** not part of the FMHRN.

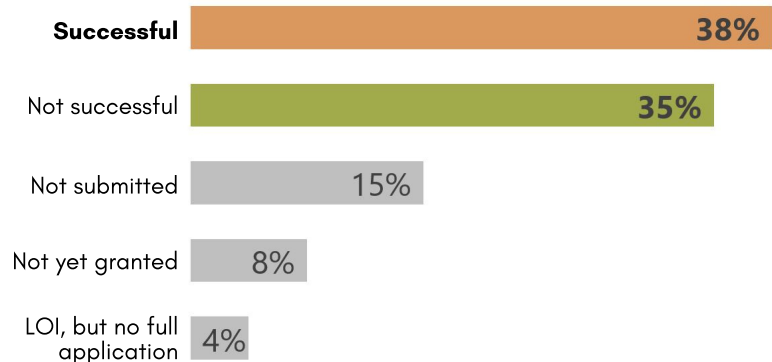


In 2020-21, the grants we supported brought in **\$4.8 million** in additional funding for Indigenous Health Research in Saskatchewan.

Of the 34 grants the FMHRN supported, 38% were successful. **The total amount of funding awarded for the successful projects we supported was \$4,803,121.** Not only does this help us contribute to our goal of increasing Indigenous health research dollars in Saskatchewan, but it will also help to advance the wellness of Indigenous Peoples here and across Canada.

### 38% of grants the FMHRN supported were funded.

Of the grants we were involved in during 2020-21, **38% of them were funded.** In contrast, a combined 62% were either **not funded**, not decided, or not submitted for various reasons.

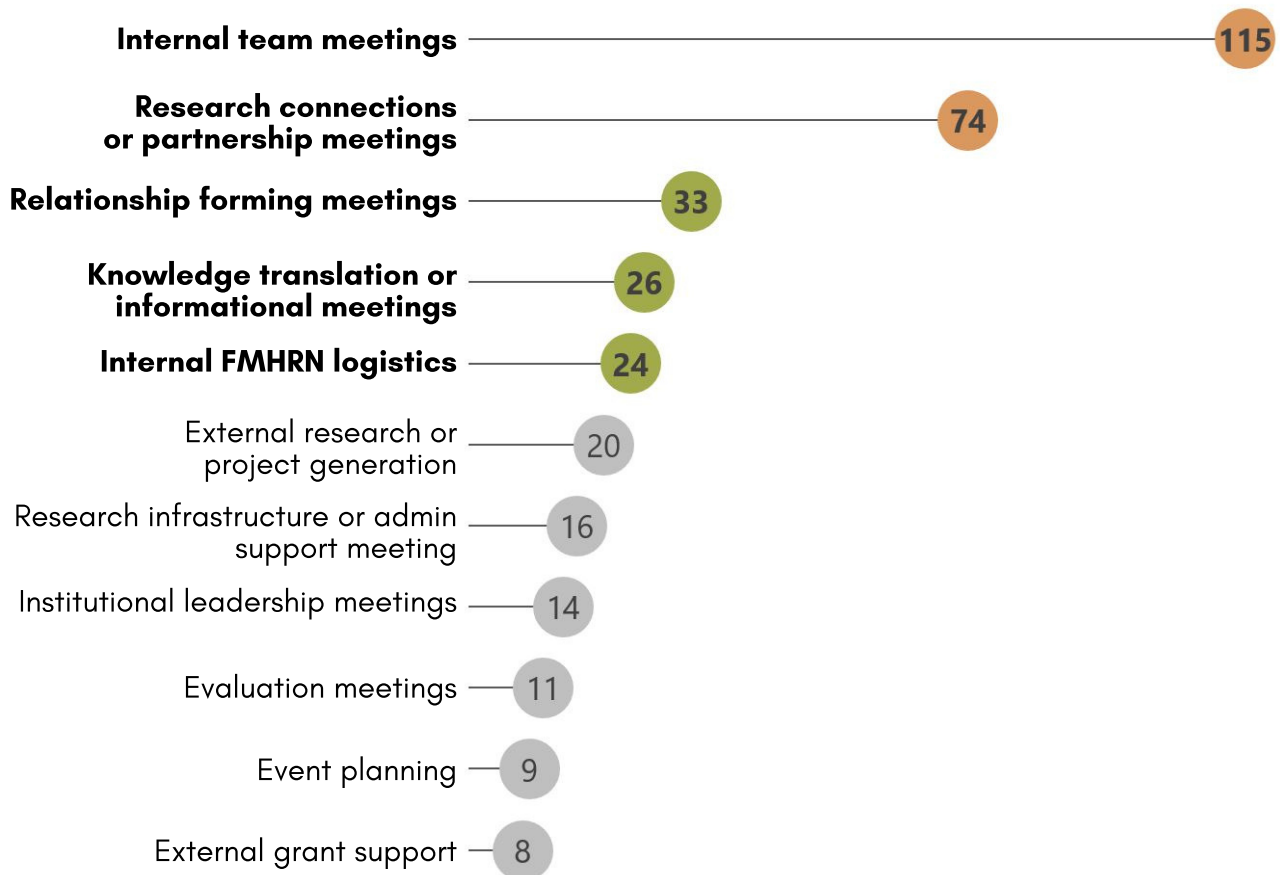


# Research Connections & Meetings

Perhaps an even larger focus of the FMHRN is to meet with researchers, community partners, governments, and individuals to help propel and sustain research connections. In 2020-21, we were especially busy with meetings as, at the same time as making research connections, we were also busy setting up FMHRN's operations. **This meant that we spent a significant amount of time meeting as a team this year.** However, this was **never in place of meeting with others to form connections, translate knowledge, or form relationships.** During the course of 2021-22, we will be tracking the progress of these meetings to determine where they are leading and which relationships are being fostered. We anticipate that our early meeting efforts will pay off in the long run paired with our other activities (events, training, grant support).

## Many meetings we had this year were to form research connections, relationships, and to set up the FMHRN.

The **majority** of our meetings this year were either **internal team meetings** to help set up the FMHRN or meetings to help form **research connections, partnerships, relationships, or translate knowledge** between the FMHRN, community, and researchers.

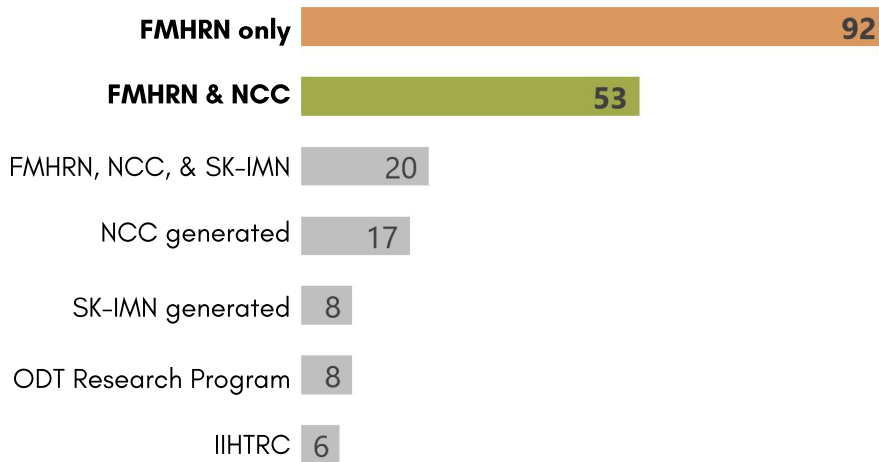




As the FMHRN team often works closely with other grants located in the same larger team (e.g., the NCC; the SK-IMN), we kept track of which groups the FMHRN were working with throughout 2020-21. Although the FMHRN was the primary participant in a majority of meetings, a significant number also included the NCC and the SK-IMN. This is not a surprise to us, as we have a close working relationship with the NCC team members and a mandate to support Indigenous students through the SK-IMN. Below is the breakdown:

### Our meetings were often in cooperation with our key partners.

The **majority** of our meetings only involved the **FMHRN**, but a significant amount also involved two of our key partners: the **NCC** and the SK-IMN.



"We support the [Saskatchewan] NEIHR centre here. We support your efforts. We support your rationale. **We have an authentic relationship** that we have developed over the years and we honour that and respect it." - **Marg Friesen, Minister of Health, Métis Nation-SK**

Encouragingly for us, our evidence suggested that there is **a healthy mix of meetings being organized by us and by others who are inviting us to attend**. It should be noted that not all meetings we kept track of had this data available. However, in the data we had available we observed 63 internally and 41 externally organized meetings. To us, this suggests that the FMHRN is both reaching out to establish the network but also that awareness of the Network is increasing.



Most of our meetings were **organized by us**, but we were still often **invited to attend non-FMHRN (external) organized meetings**.



Each meeting over the first year of FMHRN is further classified by **who** we met with. When we combined the numbers, we found that meetings were spread across a variety of categories (to see all the categories and numbers, contact the FMHRN at [neihr.fmhrn@usask.ca](mailto:neihr.fmhrn@usask.ca)). A few categories emerged, such as meetings with external non-Indigenous researchers, university staff or administration, and our community partners.



## We met most with researchers, university staff & administration, and our community partners.

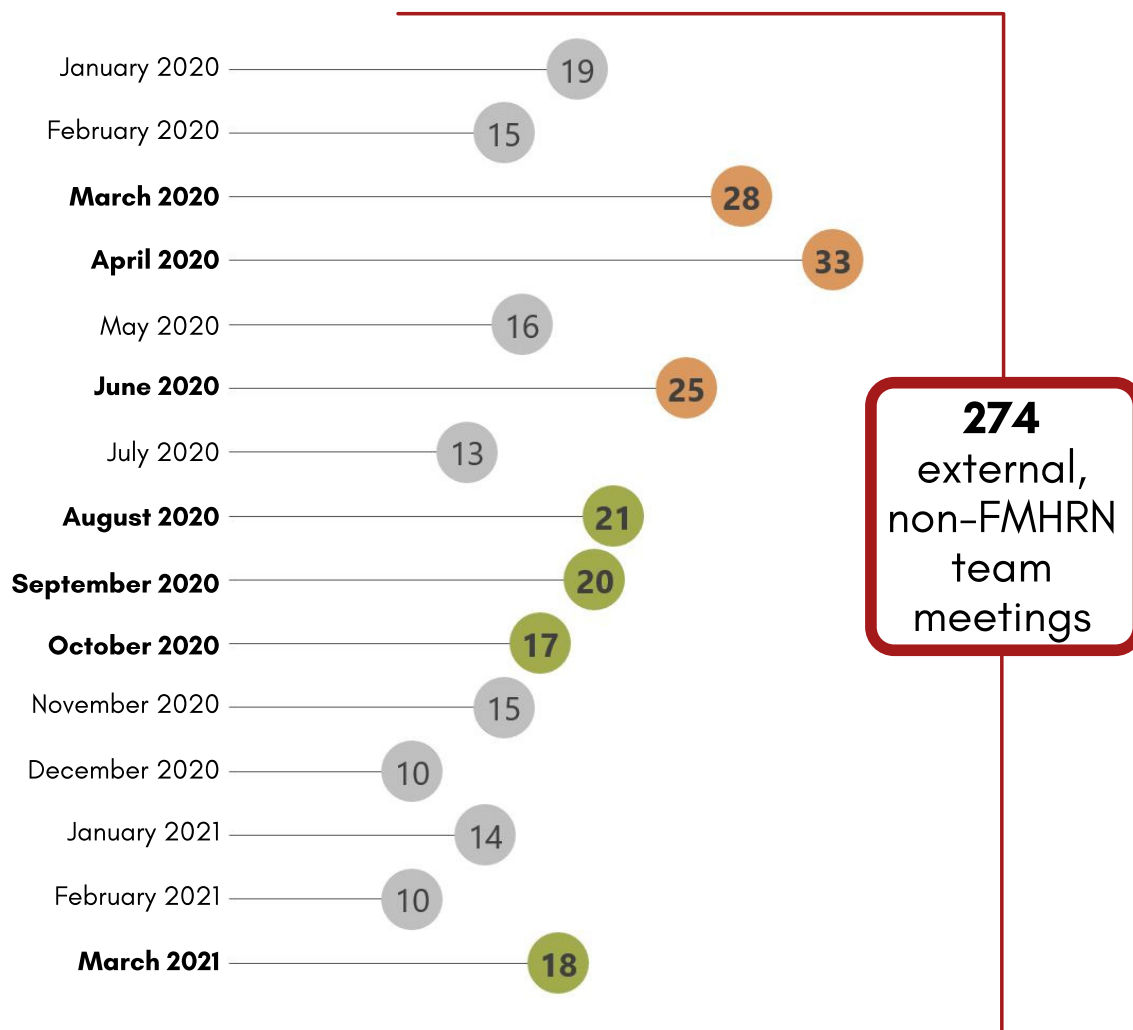
The **most met-with groups** in 2020-21 included **external non-Indigenous researchers** (non-FMHRN associated), **university staff or administration**, or **FMHRN community partners**.



As a final measure of our activity, we also counted how busy we were across the months considered to be the first year of operation (i.e., January 2020 to March 31 2021). As coincides with earlier statements, our records suggest that we were busy meeting externally early in the spring of 2020 (March, April) to help us set up the FMHRN. However, this was sustained throughout the entirety of the year, with a notable increase in the fall of 2020 (August - October). The consistency of our meetings is displayed in the graph below. To us, this is an encouraging sign that we are both actively reaching out to our network members but also that we are being sought out as a resource or support. The reader is reminded that the graph below **only contains numbers for external, non-FMHRN team meetings**.

## We had 274 external meetings in 2020-21.

The majority of our meetings were in the **spring of 2020** to help us set up the FMHRN and the **fall to help us sustain our efforts** once the network was set up.



## Professional Development

FMHRN provided all of the principal investigators and staff with the opportunity to take the First Nations Information Governance Centre's online training course, the Fundamentals of OCAP®. In the first year, **two researchers** and **two staff members completed this training**, with more planning to complete it in year two. Researchers and staff at the University of Saskatchewan also completed the university's COVID-19 Safety Training, on procedures to conduct our work safely during COVID.

# Our Measurement Framework

In 2020–21, we worked with Two Bridges Consulting to help create a responsive measurement framework that helps track information for reports like this but will also help us track our success and provide information back to our community partners and funders. Essentially, to ensure we are reflexive to community needs here in Saskatchewan, we need to collect real-time data that allows us to continually assess the Network’s direction to sustain health research well into the future. We believe that this can be done through a community-led evaluation framework that will not only provide accountability to our funders (CIHR) but, most importantly, to the First Nations and Métis Peoples affected by the health research and systems we aim to connect and transform. The measurement strategy described in the following paragraphs was designed for three main purposes. These are:

## 1) To ensure community needs are continually understood and to improve the Network’s activities

We understand that the health research needs of our communities change with time. Over the next 15 years of this grant, our responsibility as a Network is to adapt our activities to ensure those changing needs are being met. To do so, we need to collect real-time information in partnership with communities and our partners to ensure that our activities are as effective as possible. If we implement tools that allow us to gather feedback on our activities it will mean that we will have a higher likelihood of us remaining relevant and achieving our goals. As is described later, we will be measuring the effectiveness of our activities through event-specific feedback and other process-related indicators (e.g., self-reported facilitators or barriers to participate in an activity).

## 2) To determine our impact here in Saskatchewan and across Canada

We have proposed several long-term goals that we intend to achieve through working with a consortium of Métis, First Nations, and allied individuals, organizations, communities, and institutions in Saskatchewan over the next 15 years. Although these will be described in detail later, our intended long-term outcomes for the Network, communities, and researchers/students include:

- Increased sustainability of First Nations and Métis health research in communities, institutions, and in the overall health sector in Saskatchewan (**overall outcome**)
- Increased First Nations and Métis self-determination & sovereignty in the health sector (research, practices, policy; **overall outcome**)
- Improved long and short-term health outcomes for First Nations and Métis Peoples in Saskatchewan (e.g., diabetes rates; **overall outcome**)
- Increased use of First Nations and Métis led health research and interventions to address and advocate for community health needs (facilitated through sovereignty of communities and governments; **community-based outcome**)



- Consistent real-world use of anti-oppressive, Indigenous-led research and ethics to promote sovereignty, help design interventions, and recommend policy that improve the wellness of First Nations and Métis Peoples in Saskatchewan (**researcher, new investigator, and healthcare professional outcome**)
- Increased number of Indigenous students becoming researchers, health care professionals, or policy makers (next cohort of researchers; **student outcome**)

We intend to collect information to tell us whether we have been successful in facilitating each of those long-term outcomes. We believe each one of these long-term outcomes are crucial to advance the wellness of First Nations and Métis Peoples and to transform non-Indigenous health system sectors through health research. To ensure we are constantly working towards these goals, we have detailed the possible paths to achieve these outcomes into our measurement framework. Measuring these long-term goals will help us determine the FMHRN's contribution to larger, population-wide, health outcomes. Together with measuring the effectiveness of our activities, our long-term goals will form a cornerstone of the FMHRN's measurement strategy.

### **3) To Promote Sustainability and Sovereignty in Health Research & Evaluation**

We believe that focusing on data sovereignty in research and evaluation is critical, and it is embedded in our measurement framework as part of advancing the wellness of First Nations and Métis Peoples in Saskatchewan. We intend to use this information as part of this framework to improve activities and provide information for communities so they may use it to help strengthen their sovereignty on health research. Furthermore, this evaluation framework will work closely with community partners to ensure that it matches the needs and expectations of communities. Interpreting success, use of results, and knowledge translation will be done alongside community partners. Further, evaluation results will be returned to all involved on at least a yearly basis using multiple formats to promote reciprocity of knowledge and transparency of network activities. When the FMHRN connects communities with researchers at institutions across Saskatchewan, we will be measuring whether we are facilitating sovereignty through research and whether researchers are respecting that sovereignty. In our framework, the core principle of “nothing about us, without us” directly applies to each and every step.

Finally, we believe that the information collected through this evaluation framework can help us to synthesize information and narratives that promote the relevancy and meaning of Indigenous health research in Saskatchewan. Our intention is to use the FMHRN and measurement framework to advocate for the sustainable growth of the FMHRN over the next 15 years. Through the use of sustainable funding models (e.g., cost-recovery), increased research capacity in community, and gauging the health of our land through environmental indicators, we will be able to help secure a future for health research that shifts research power from large funders like CIHR and universities to our Peoples and communities. To us, promoting and acting sustainably is one way we can help facilitate research and data sovereignty for First Nations and Métis Peoples in Saskatchewan.

# Our Overall Approach to Measurement

Over the course of 2020, the FMHRN Evaluation Committee explored and decided on several evaluation approaches that we believe fit well with the activities we are designing and implementing. Within each of these approaches, Indigenous ways of knowing and understanding will take precedence over Western ways of understanding. For this framework, this means we will be following the cultural responsive evaluation approach, meaning the entirety of our framework (including methods, indicators, knowledge translation has the principles of Respect, Relevance, Reciprocity, and Responsibility embedded (Kirkness V. and Barnhardt R., Journal of American Indian Education, 1991). Our other theoretical backings include a values-based approach.

## A Values-based Approach

At the FMHRN and as community people, we believe that the evaluation and all activities we carry out should be led by a core set of values. These values help guide us in uncovering our intentions for the FMHRN but also help determine **how** and **why** a certain activity needs to take place. In total, the FMHRN partners, Pls, evaluation committee, Survivors, and Elders helped us uncover five guiding values that they want guiding the FMHRN's work. These values include **sasipenita** (ability to keep going), **authenticity**, **mentorship**, **equity**, and **sustainability**. These values are described in more detail in our Evaluation Strategy, a living document that will be posted on our website.

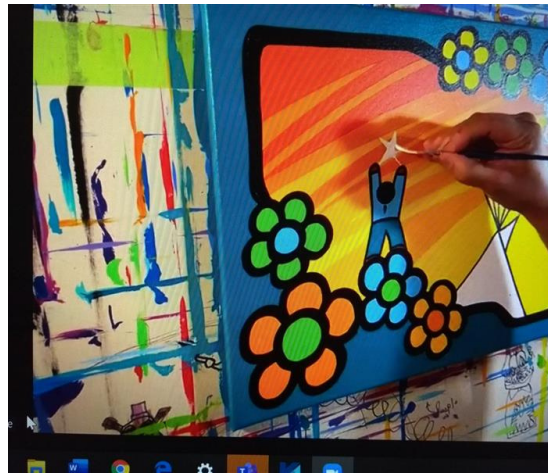
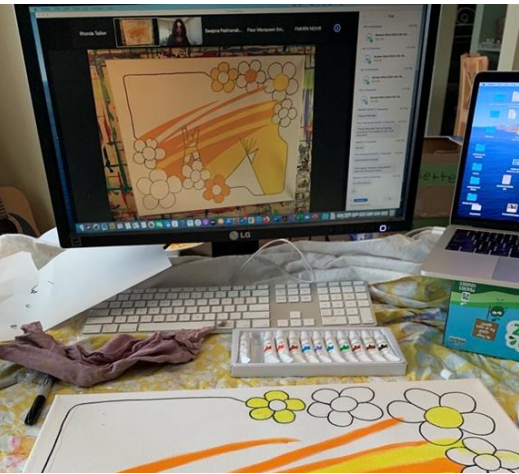
These five values also form the backbone of the FMHRN measurement strategy. This is because they are embedded into the entirety of our framework through our indicators, outcomes, and methodologies. In other words, everything we measure or collect information for will always connect back to one or more of those values. Doing this not only helps provide us an important lens to interpret success, but it ensures that these values stay present and provide focus. This values-based approach to evaluation is rooted in a theoretical backing called Principles Focused Evaluation by Michael Quinn Patton (2018). A values-based approach requires the evaluation strategy to come to a consensus on a set of values that guide how activities and data collection is completed, are useful for everyone involved, are inspiring to those working with and for the FMHRN, are flexible and adaptable in nature, and are measurable. For more information, [click here to see an explanatory video](#).

*"It's time that we are going to be **treated equally with respect** and not be used as guinea pigs... We want to do this research in a proper way. So we have to continue working hard and **we're going to bring justice to the table** with the help of our Creator. And as we continue working together leading these causes for our nations it's very very important we don't forget where we come from and we give thanks again that the Creator is sitting with us."*

**Norman Fleury, MN-S Elder**

# Other Activities and Plans for 2021-22

As this report demonstrates, we have provided many ongoing opportunities for researchers, community members, and university administrators to come together, both through our formal governance structures, committees, and webinars, and through organizing meetings at their request. Early on in the pandemic, we held a very well attended brainstorming meeting, in which community members came together to talk about their experiences and support each other. We marked one year of working from home in mid-March 2021 by hosting a Paint Afternoon with Saulteaux artist Kevin Peeace, inviting everyone in our network to take a break and paint together.



We have been active participants in the University of Saskatchewan's Indigenous Health Committee in the College of Medicine, as the College makes plans to establish a Division of Indigenous Health. We provided guidance and support on Indigenous data sovereignty on many occasions, in particular for a proposed national seroprevalence study. We originated the idea of developing an International Indigenous Health Research and Training Centre on Indigenous lands at Whitecap Dakota First Nation, and championed it with the University of Saskatchewan administration and in the community.

While we are looking forward to the days ahead where we can host in-person gatherings, we feel we have made the most of this unusual time to connect with people from across the province, country and internationally. Our plans for year two include organizing two more webinars on Racism in Healthcare: Creating Systems Change series (our first one in April 2021 was attended by almost 400 people), hosting a provincial research gathering and summer school, and hosting a national gathering with the National Coordinating Centre. We will also be working to make our intertwined First Nations and Métis Centres, integral parts of our network, more robust, alongside our key stakeholders, Metis Nation-Saskatchewan and FSIN, and other community partners. We will also continue to refine our evaluation strategy, to measure our progress on the research, training and knowledge translation we undertake which supports our vision that all First Nations and Métis people in Saskatchewan experience optimal health and wellness across their lifespan.