SASKATCHEWAN FIRST NATIONS AND MÉTIS HEALTH AND WELLNESS RESEARCH NETWORK

A MEASUREMENT FRAMEWORK

May 18th, 2021

Table of Contents

What is the First Nations and Métis Health and Wellness Research Network? 2
Why are we Evaluating the FMHRN? 3
Evaluation Background, Approach, and Scope 5
The Five Guiding Values of the FMHRN Evaluation 7
The FMHRN Guiding Values 9
What do we Hope to Achieve (Outcomes and Impact)? 10
- Compressed outcome visualization 12
- Expanded outcome visualization 13
- Community-based outcomes 14
- Overall FMHRN outcomes 14
- Student, new investigators, student & healthcare professional outcomes 15

What Type of Activities are Being Evaluated? 16
Who are we Working With to Achieve Outcomes (Target Groups)? 18
How will we Evaluate Those Activities? 18
- Event surveys 19
- Annual member survey 19
- Interviews, focus groups, sharing circles, most significant change, and/or arts-based methods 20
- Environmental scan 20
- Internal or external database analysis 20
- Network or relationship mapping 20

Connection with the NEIHR National Coordinating Center Evaluation Strategy 21

What is the First Nations and Métis Health and Wellness Research Network?

In March 2020, Canada's national health research funder, the Canadian Institutes of Health Research, 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 new Saskatchewan First Nations and Métis Health and Wellness Research, Training and Knowledge Mobilization Network (FMHRN) is a consortium of Métis, First Nations, and allied individuals, organizations, communities, and institutions with long-established leadership and working relationships in Indigenous health research, training and knowledge mobilization. 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 will facilitate 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.

Based upon direction from Métis and First Nations health leaders, the Saskatchewan Network will be establishing two intersecting collaborating health and wellness centres, to support the unique and intersecting health research needs of First Nations and Métis communities in Saskatchewan.

FMHRN will be providing support for Indigenous research through activities including:

- **Research matchmaking:** identifying funding opportunities and matching researchers and communities
- **Writing and research administrative support**: assistance with grant and report writing and knowledge translation, and financial management of research funds
- **Funding**: development grants for researchers to engage with communities to develop and submit grant proposals to large funding agencies
- **Data gathering**: research assistants to work in communities, conducting projects and collecting data
- **Training and professional development**: workshops, seminars and training in community-based research methods

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.

Why are we Evaluating the FMHRN?

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 evaluation strategy described on 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 community's 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 staying 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 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 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 (r**esearcher, 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 those 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, it will form a cornerstone of the FMHRN's measurement strategy.

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

We believe that data sovereignty in research and evaluation is a necessary step to take in our measurement framework to play our role in advancing the wellness of First Nations and Métis peoples here in Saskatchewan. Therefore, we intend to use the information we collect 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 parnters to ensure that it matches the needs and expectations of communities. Interpreting success, use of results, and knowledge translation will be done alongside community. Further, evaluation results will be returned to all involved on atleast 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 promotes the relevancy and meaning of Indigenous health research in Saskatchewan. Our intention is to use the FMHRN and measurement framework to advocate 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.

Evaluation Background, Approach, and Scope

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. To compliment this, our other theoretical backings include:

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 takes place. In total, the FMHRN partners, PIs, 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 get back up and keep going), **authenticity**, **mentorship**, **equity**, and **sustainability**. These will be described in detail in the next section.

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 development in nature, and are measurable. For more information, **click here to see an explanatory video**.

Participatory & Utilization-focused Evaluation

Another theoretical approach that the FMHRN is implementing is a focus on utilization and participation. We believe the main purpose of an evaluation should be ensuring the results of it will be useful for those who contributed data to it. This means designing and implementing this measurement strategy with community partners and stakeholders to ensure that their voices are reflected in the tools we use and the conclusions we reach. In the end, the value of the FMHRN evaluation will be judged by those who will be using it, not by those who are implementing it. A focus on collecting information that explores the FMHRN's impact with community partners, while at the same time fine-tunes our service delivery, will promote the usefulness of the strategy to the point that it becomes a resource and not viewed as a burden or a requirement. For more information on participatory and utilization-focused evaluation, **click here**.

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

The FMHRN evaluation will rely on a mixed-methods approach that encourages using multiple lines of evidence when answering a given evaluation question. Essentially, for every outcome we intend to track, we will use narrative, stories, and numbers from different sources to provide complimentary evidence for it (i.e., both qualitative and quantitative information). Taking this approach also means measuring the relationships built, the partnerships forged, and the personal or organizational stories of change that come directly from those interacting with the Network. We will still track the numbers behind the network (e.g., how many events we do each year), but we think that this only presents some of the story. To truly measure the difference we are making in Saskatchewan, the stories of those involved will be privileged and promoted. Internally, this means that the FMHRN will take a comprehensive approach and will triangulate findings between data sources so that we can tell a well-rounded narrative of the successes we are experiencing to share with our communities, partners, and funders.

Contribution Analysis

We fully acknowledge that the FMHRN is working towards valuable and complex wellness outcomes for First Nations and Métis peoples, as was outlined earlier in our long-term goals. We believe that the achievement of those long term outcomes will be positively and negatively influenced by external factors that may or may not be in our control. Therefore, we believe it is important to measure the influence of external factors have on our outcomes and, perhaps equally as important, the contribution our Network is having on achieving these outcomes when taking external factors into account.

Considering this, we have adopted Contribution Analysis (Mayne, 2017) as a final theoretical backing to inform the FMHRN strategy. To help determine the Network's actual and tangible impact from multiple points of view, we will we will need to look for:

- Evidence of a well-structured theory of change
- That our activities are being implemented as they were intended
- Evidence of specific outcomes occurring
- Evidence of the direct impact of external factors that influence how outcomes are achieved

By putting this theoretical backing into the FMHRN evaluation strategy, we will be able to determine the actual contribution of our activities to our outcomes more easily. For more information on contribution analysis, please **click here**.

The Five Guiding Values of the FMHRN Evaluation

As mentioned above, the FMHRN measurement strategy is guided by five core values and the success of the Network will be determined by using these five values. As is demonstrated in the visualization below, all FMHRN values stem from the central value of **sasipenita** (our ability to get back up and keep going). It is placed in the center of the diagram, indicating it is the reason of doing the work we do at the FMHRN. Through the concept of **sasipenita**, the FMHRN can work towards the other four values of **authenticity**, **sustainability**, **mentorship**, and **equity**. If we interpret FMHRN work through this lens, we believe it is a meaningful framework that will not only help us evaluate our progress, but also help us to improve the wellness of First Nations and Métis peoples through our activities. We have operationalized these values for the purposes of evaluation below:

- **Mentorship (enabling community and shaping the next generation of health researchers)**
  - We intend to foster research & capacity-building opportunities within & between community, researchers, and students to continue to assert the collective intelligence of First Nations and Métis peoples in Saskatchewan. This includes creating connections based on respectful relationships, allyship and processes that enable decolonization. We want to help create the next generation of Indigenous health researchers in Saskatchewan & facilitate knowledge transfer between researchers, communities, and students.

- **Equity (nothing about us, without us)**
  - We intend to help shift the power held by researchers and institutions back to First Nations and Métis individuals, communities, and governments. This will be done by:
    - Embedding the right to control research in our institutions (UNDRIP) in our policy advocacy and activities
    - Ensuring self-determination when creating connections between community and researchers
    - Providing opportunities for local knowledge to utilize and influence national & international policies on Indigenous research.
    - Providing education & advocate for anti-racist, anti-oppressive institutional policy & practice that legitimately shifts power and challenges the status quo

- **Authenticity (community people serving our communities)**
  - FMHRN's mandate is to be always in service of First Nations and Métis communities. This means that our practices, agendas, and activities are created through the direction of our partners. We can do this because our researchers are community people and it is embedded within us to use our skills to better our communities. In the end, the community must feel like it is their research center. We intend to do this by:
    - Continually updating our centre's activities and policies based on community needs to ensure it remains meaningful and relevant
    - Making sure community needs and agendas drive health research at the FMHRN (we won't do anything unless it is sanctioned by our communities)
    - Facilitate connections with Indigenous researchers who understand community contexts to foster long-term relationships
    - Persistently advocating for Indigenous approaches to research in our institutions and among health researchers

- **Sustainability (seven generation impact)**
  - Our activities are designed and implemented so that their impacts will be positively felt in the future generations of Indigenous health researchers and communities. To help us in this, we believe our research institutions need to be held accountable to the promises they have made to First Nations and Métis peoples. Our goal is to ensure that the wellness of Indigenous peoples will always be a priority in Saskatchewan. We will value sustainability by working in these areas:
    - Holding institutions to account on their commitments (advocacy)
    - Activities that sustain First Nations and Métis & cultures & languages
    - Recruitment & retention of Indigenous researchers
    - Protecting our environment through research and advocacy
    - Ensuring complete research sovereignty for our partners and communities
    - Fostering professional opportunities & development for Indigenous peoples here in Saskatchewan
    - Creating meaningful connections, relationships, and knowledge transfer between researchers, community, Elders, and Knowledge Keepers

On the next page, you will find a visualization of how these values are intended to work together to inform our work at the FMHRN. We realize that this document restricts the size of this diagram, so if you'd like to view it separately in a larger format, **please click here to access and download it**.

The FMHRN Guiding Values

Sustainability

Seven generation impact

Our activities are designed and implemented so that their impacts will be **positively felt in the future generations of Indigenous health researchers and communities.** To help us in this, we believe our research institutions need to be held **accountable** to the promises they have made to First Nations and Métis peoples. Our goal is to ensure that the wellness of Indigenous peoples will always be a priority in Saskatchewan. We will value sustainability by working in these areas:

- Holding institutions to account on their commitments (advocacy)
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- Recruitment & retention of Indigenous researchers
- Protecting our environment through research and advocacy
- Ensuring complete research sovereignty
- Fostering professional opportunities & development for Indigenous peoples
- Creating meaningful connections, relationships, and knowledge transfer between researchers, community, Elders, and Knowledge Keepers

Mentorship

Enable community and shape the next generation of health researchers

Foster research & capacity-building opportunities within & between community, researchers, and students to continue to **assert the collective intelligence of First Nations and Métis peoples in Saskatchewan.** This includes creating connections based on respectful relationships, allyship and processes that enable decolonization. We want to help create the next generation of Indigenous health researchers in Saskatchewan & facilitate knowledge transfer between researchers, communities, and students.

sasipenita

Ability to get back up and keep going

In all that we do, the FMHRN will persevere to ensure that this is the community's research centre and that we **do everything we can to advance the wellness of First Nations and Métis peoples in Saskatchewan.** We believe that this is our core responsibility as a health research centre on this land. We want to ensure a positive, lasting impact on health outcomes for First Nations and Métis peoples for generations to come.

Authenticity

Community people serving our communities

The FMHRN is in service of First Nations and Métis communities. Our practices, agendas, and activities are created through the direction of our partners. **Our researchers are community people and it is embedded within us to use our skills to better our communities**. The community must feel like it is their research center. We intend to do this by:

- Continually updating our centre's activities and policies based on community needs to ensure it remains meaningful and relevant
- Making sure community needs and agendas drive health research at the FMHRN (we won't do anything unless it is sanctioned by our communities)
- Facilitate connections with Indigenous researchers who understand community contexts to foster long-term relationships
- Persistently advocate for Indigenous approaches to research in our institutions and among health researchers

Equity

Nothing about us, without us

We intend to help **shift the power** held by researchers and institutions back to First Nations and Métis individuals, communities, and governments. This will be done by:

- Embedding the right to control research in our institutions (UNDRIP) in our policy advocacy and activities
- Ensuring self-determination when creating connections between community and researchers
- Providing opportunities for local knowledge to utilize and influence national & international policies on Indigenous research.
- Providing education & advocate for anti-racist, anti-oppressive institutional policy & practice that legitimately shifts power and challenges the status quo

What do we Hope to Achieve (Outcomes and Impact)?

During 2020 and early 2021, we explored the outcomes that we wanted to achieve using the values as our guide. The reader will find a compressed and expanded visualization of these outcomes below, but we would like to make reading this diagram easier with some context and demonstration of our thinking.

First, we do not consider our intended outcomes and values to be separate, but rather two parts to a larger picture. The values inform **why** and **how** the outcomes will be achieved and the outcomes represent the smaller changes we hope to facilitate through the guidance of our values. Therefore, we believe that each one of our intended outcomes relate to every value, meaning both inform one another and are constantly progressing. These values are also purposefully placed in the diagram, with **sasipenita**, **authenticity**, and **mentorship** being placed into the left and arrows going to the 'start' of our outcomes. We did this because we believe these values are comprehensive guides on how FMHRN activities should be carried out. Therefore, they influence how FMHRN outcomes are pursued. The reader will also notice that two more values, **sustainability** and **equity**, are placed on the end of the outcome chains on the right of the diagram. We placed those values there because, to us, they represent what we ultimately want to achieve in health research through the FMHRN. However, because they are what we are striving for, they also inevitably guide **why** we do our activities (i.e., to achieve sustainability in Indigenous health research and to shift the power to ensure equity). That is why arrows go from these values back to the left to **sasipenita**. In other words, they also influence our activities and, in turn, the rest of the outcomes. Everything is connected and the cycle of outcomes doesn't end.

As the FMHRN will last at least 15 years, we wanted to ensure we were constantly working towards greater health impacts in Saskatchewan. In the diagram, these take the form of capacity changes, behavioral changes, and direct benefits (long-term outcomes). Capacity changes relate to shorter-term outcomes that are focused on attitudes, knowledges, motivations, awareness, connections, creation of opportunities, and access. Building on this outcome type are behavioral changes, which typically represent an individual or group using their increased capacity to change the way the interact with the world around them. In the FMHRN's case, this could include trust, coordination, mentorship, accountability, placing of value, use of anti-oppressive approaches, and empowerment, to name a few. Finally, because of increased capacity and changes in behavior, we anticipate several long-term direct benefits to occur. We've outlined these already, but they represent the broader impacts we intend to have as a Network that are aimed at improving wellness of First Nations and Métis peoples through self-determined, anti-oppressive health research. It should be noted that there is no set time-frame for the achievements of short, intermediate, and long-term outcomes. For example, we may see evidence of long-term outcomes well before the first 15-year life span of the FMHRN and could see improvements to short-term outcomes into the 10-15 year mark. Therefore, the reader should not consider these outcomes as time-bound, but rather as interconnected contributors towards progress measured through the five guiding values.

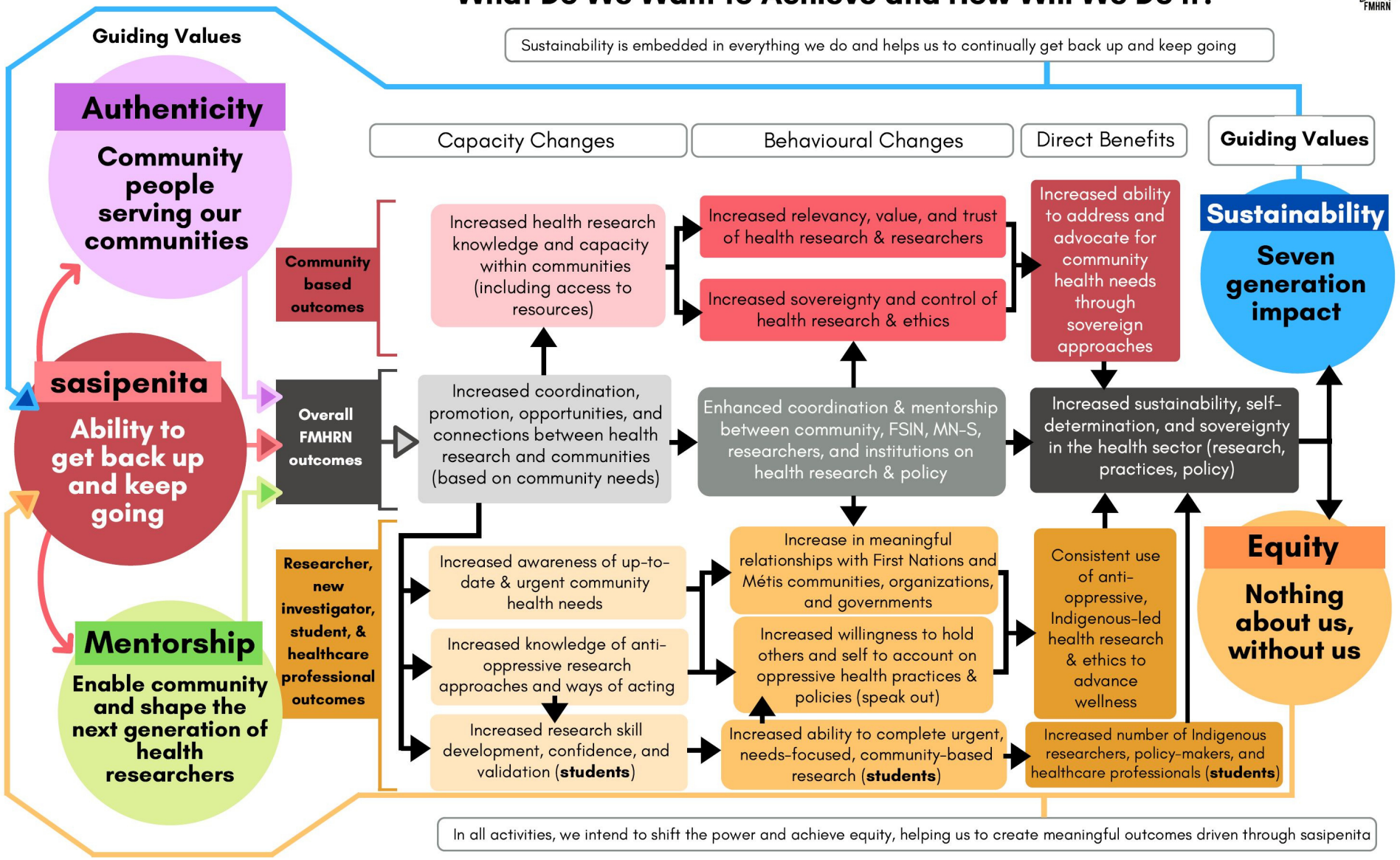
Additionally, the reader will notice that the diagram below is color coded according to three distinct, yet intimately interlinked, groups of outcomes. Specifically, these are **community-based** outcomes, **researchers, new investigator, student, and healthcare professional** outcomes, and overall **FMHRN outcomes**. Community-based outcomes are colored different shades of red and represent our intended outcomes tied to First Nations and Métis individuals, communities, and governments. Researcher, new investigators, student, & healthcare professional outcomes are represented in varying shades of orange and are outcomes intended specifically for Indigenous and non-Indigenous health researchers, students, and healthcare professionals at Saskatchewan's institutions and working in health sectors. Finally, the grey boxes represent overall FMHRN outcomes and serve as a way to connect the other two groups. These outcomes represent outcomes we anticipate achieving through the direct work of our activities and serve as one of the main ways outcomes from community and health researchers/students can be linked.

Finally, we were purposeful as to where in the diagram these outcomes are placed. Being read from left to right, the capacity changes precede the behavioral changes, which then leads on to direct benefits. However, the overall FMHRN outcomes are placed at the center of the outcomes diagram between community-based and researcher, new investigator, student, and healthcare professional outcomes because we saw them as facilitating both group's set of outcomes and vice-versa. As the reader moves through this diagram, they will notice many arrows directing the flow of outcomes. The reader may also notice how the flow of these arrows not only go right, but left, up, and down as well. This is to represent how we theorized these complex outcomes working as a unit, rather than an individual outcomes. For example, one of the first anticipated FMHRN outcomes is '**increased coordination and promotion of health research opportunities and connections to communities**'. The arrows from this outcome go both up and down, indicating that specific outcomes ideally influences both community-based and researchers, new investigators, student, and healthcare professional outcomes. However, as the reader moves through the document they will notice that the flow of arrows leads back to the center in capacity-change to the outcome of '**increased generation of health research projects & interventions based on community needs**'. This essentially means that, with the facilitation of outcomes in both community and institutional settings, the FMHRN will have a greater likelihood of facilitating this outcome.

There are many more examples of this type of interconnectedness, but we believe it is important to demonstrate that one group of outcomes heavily influences all the others and, in many cases, should happen in parallel or before the achievement of something further down on the outcome chain. For more information on how this logic model was created, contact the FMHRN Evaluation committee at twobridgesconsultingsk@gmail.com.

To access and download larger, more readable, versions of these diagrams **please click here to access and download the diagram**. These are also presented in the following two pages.

What Do We Want to Achieve and How Will We Do It?



Values Guiding All Work

Authenticity

Community people serving our communities

The FMHRN is in service of First Nations and Métis communities. Our practices, agendas, and activities are created through the direction of our partners. **Our researchers are community people and it is embedded within us to use our skills to better our communities.** The community must feel like it is their research center. We intend to do this by continually updating our center's activities and policies based on community, make sure those needs and agendas drive health research at the FMHRN, persistently advocate for Indigenous approaches in health research, and facilitate connections between community and Indigenous researchers who understand the community better.

sasipenita

Ability to get back up and keep going

In all that we do, the FMHRN will persevere to ensure that this is the community's research centre and that we **do everything we can to advance the wellness of First Nations and Métis peoples in Saskatchewan.** We believe that this is our core responsibility as a health research centre on this land. We want to ensure a positive, lasting impact on health outcomes for First Nations and Métis peoples for generations to come.

Mentorship

Enable community and shape the next generation of health researchers

Foster research & capacity-building opportunities within & between community, researchers, and students to continue to **assert the collective intelligence of First Nations and Métis peoples in Saskatchewan.** This includes creating connections based on respectful relationships, allyship and processes that enable decolonization. We want to help create the next generation of Indigenous health researchers in Saskatchewan & facilitate knowledge transfer between researchers, communities, and students.

FMHRN Theory of Change - What Do We Want to Achieve and How Will We Do It?

Sustainability is embedded in everything we do and helps us to continually get back up and keep going

Intended Outcomes

Short-term outcomes		Intermediate-term outcomes		Long-term outcomes	Long-term Impact
Capacity change (access, opportunity, clarification, generation, awareness, relationships)		Behavior change (value, empowerment, trust, ownership, coordination, mentorship, accountability)		Direct benefits	
Community based outcomes	Increased access to health research resources (financial, researchers)		Increased understanding of and relevancy placed on health research as a tool to benefit the community (including using it to advocate for policy change)	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 & governments)	**Sustainability**
	Increased career option exploration & opportunities for community members (research, health care, science)		Increased value placed on health research by communities to inform cultural and social sustainability (well-being)		**Seven generation impact**
	Increased community & leadership willingness to engage & form relationships with health researchers		Increased trust of health researchers & institutions (through authentic relations & sovereignty)	Increased empowerment to seek, lead, and complete, health research projects in community	Our activities are designed and implemented so that their impacts will be **positively felt in the future generations of Indigenous health researchers and communities.** To help us in this, we believe our research institutions need to be held **accountable** to the promises they have made to First Nations and Métis peoples. Our goal is to ensure that the wellness of Indigenous peoples will always be a priority in Saskatchewan.
	Increased clarification of roles of researchers (skill sets, expertise) & how it relates to community needs		Increased sovereignty on community health research mandates, resources, ethics, and corresponding data		
	Increased knowledge research methodologies, ethics, sovereignty, and rights				
Overall FMHRN outcomes (connecting outcomes)	Creation and maintenance of reciprocal, working relationships between health researchers & communities		Increased health research & career mentorship for interested community members	Increased community research self-determination that shifts power from institutions back to community	Increased equity in health research resources, power, & voice (reflexive direction and focus)
	Increased coordination and promotion of health research opportunities & connections to communities	Increased clarification of First Nations and Métis health-research mandates (ensuring connections are meaningful and timely for community)	Increased generation of health research projects & interventions based on community needs	Increased coordination between community, FSIN, MN-S, researchers, and institutions on health research & policy recommendations	Increased sustainability of First Nations and Métis health research in communities, institutions, and in the overall health sector in Saskatchewan
					Increased First Nations and Métis self-determination & sovereignty in the health sector (research, practices, policy)
			Increased mentorship of health researchers & students **from** community members & leaders	Increased urgency and timeliness of health research & interventions	Increased application of research results to advocate for additional resources, address needs, & change health policies
					Improved long and short term health outcomes for First Nations and Métis peoples in Saskatchewan (e.g., diabetes rates)
Health researcher & student outcomes	Increased connections to community networks (individuals, leadership, Elders, Knowledge Keepers)	Increased awareness of urgent & up-to-date community needs	Increased experience in community-based, responsive research (mentorship from community)	Increased use of anti-oppressive, research approaches in all projects (including ethics)	Increased meaningful relationships with First Nations and Métis communities, organizations, and governments (creation & maintenance)	Increased sense of accountability to community members and relationships in research (knowledge translation & advocacy)	Consistent real-world use of anti-oppressive, Indigenous-led research & ethics to promote sovereignty, help design interventions & recommend policy that improve the wellness of First Nations and Métis peoples in Saskatchewan
		Increased role clarification for health researchers in community-based research or in how to meaningfully benefit community	Increased confidence and validation that individual or collective research skills can be used to benefit community			Increased institutional and researcher accountability for Indigenous-led, self-determined, ethical health research with community	
	Increased opportunities to advance responsive, community-based research						
	Increased knowledge of anti-oppressive research & policies	Increased awareness & ability to recognize oppressive health research through practices and policy (e.g., research ethics)				Increased willingness and ability to hold institutions to account on oppressive health research practices & policies (speak out, change)	

Equity

Nothing about us, without us

We intend to help **shift the power** held by researchers and institutions back to First Nations and Métis individuals, communities, and governments. This will be done by embedding the right to control research (UNDRIP), ensuring self-determination, providing opportunities to influence policy, and providing anti-oppressive education to institutions.

In all activities, we intend to shift the power and achieve Equity, helping us to create meaningful outcomes driven through sasipenita

With that context, we believe that the FMHRN activities can help facilitate many outcomes. These are broken down by group (e.g., community-based) and type (capacity-change) below:

Community-based outcomes

Capacity-change (short-term outcomes)

- Increased access to health research resources (financial, researchers)
- Increased career option exploration & opportunities for community members (research, health care, science)
- Increased community & leadership willingness to engage & form relationships with health researchers
- Increased clarification of roles of researchers (skill sets, expertise) & how it relates to community needs
- Increased knowledge research methodologies, ethics, sovereignty, and rights

Behavioral change (intermediate-term outcomes)

- Increased understanding of and relevancy placed on health research as a tool to benefit the community (including using it to advocate for policy change)
- Increased value placed on health research by communities to inform cultural and social sustainability (well-being)
- Increased trust of health researchers & institutions (through authentic relations & sovereignty)
- Increased sovereignty on community health research mandates, resources, ethics, and corresponding data
- Increased empowerment to seek, lead, and complete, health research projects in community

Direct benefits (long-term outcomes)

- 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 & governments)

FMHRN Outcomes

Capacity-change (short-term outcomes)

- Increased coordination and promotion of health research opportunities & research connections to communities
- Increased clarification of First Nations and Métis health-research mandates (ensuring connections are meaningful and timely for community)
- Creation and maintenance of reciprocal, working relationships between health researchers & communities
- Increased generation of health research projects & interventions based on community needs

Behavioral change (intermediate-term outcomes)

- Increased health research & career mentorship for interested community members
- Increased coordination between community, FSIN, MN-S, researchers, and institutions on health research & policy recommendations
- Increased mentorship of health researchers & students from community members & leaders
- Increased community research self-determination that shifts power from institutions back to community
- Increased urgency and timeliness of health research & interventions
- Increased equity in health research resources, power, & voice (reflexive direction and focus)
- Increased application of research results to advocate for additional resources, address needs, & change health policies

Direct benefits (long-term outcomes)

- Increased sustainability of First Nations and Métis health research in communities, institutions, and in the overall health sector in Saskatchewan
- Increased First Nations and Métis self-determination & sovereignty in the health sector (research, practices, policy)
- Improved long and short-term health outcomes for First Nations and Métis peoples in Saskatchewan (e.g., diabetes rates)

Researcher, new investigators, student, & healthcare professional outcomes

Capacity-change (short-term outcomes)

- Increased connections to community networks (individuals, leadership, Elders, Knowledge Keepers)
- Increased opportunities to advance responsive, community-based research
- Increased knowledge of anti-oppressive research & policies
- Increased awareness of urgent & up-to-date community needs
- Increased role clarification for health researchers in community-based research or in how to meaningfully benefit community
- Increased experience in community-based, responsive research (mentorship from community)
- Increased confidence and validation that individual or collective research skills can be used to benefit community
- Increased awareness & ability to recognize oppressive health research through practices and policy (e.g., research ethics)
- Increased professional development in research (basic skills; networking) and community-based approaches (**students**).

- Increased confidence in own skills and validation of Indigenous-held ways of research (anti-imposter syndrome; **students**).
- Increased motivation to complete academic and professional goals (including clarity of goals; **students**).

Behavioral change (intermediate-term outcomes)

- Increased use of anti-oppressive, research approaches in all projects (including ethics)
- Increased meaningful relationships with First Nations and Métis communities, organizations, and governments (creation & maintenance)
- Increased sense of accountability to community members and relationships in research (knowledge translation & advocacy)
- Increased institutional and researcher accountability for Indigenous-led, self-determined, ethical health research with community
- Increased willingness and ability to hold institutions to account on oppressive health research practices & policies (speak out, change)
- Increased ability to respond to community needs through research while fulfilling own academic and professional goals (**students**).

Direct benefits (long-term outcomes)

- Consistent real-world use of anti-oppressive, Indigenous-led research & ethics to promote sovereignty, help design interventions & recommend policy that improve the wellness of First Nations and Métis peoples in Saskatchewan
- Increased number of Indigenous students retained as researchers, health care professionals, or policy makers (next cohort of researchers; **students**).

As is demonstrated in this list, the FMHRN evaluation committee has proposed a set of complex, yet meaningful, outcomes that we intend to use to measure our success throughout the next 15 years. To achieve these outcomes, the FMHRN will be designing and implementing activities meant to push progress towards these outcomes and encourage transformation.

What Type of Activities are Being Evaluated?

Although we believe the activities listed below will be consistent throughout the lifespan of the FMHRN, we also fully intend to complete ad-hoc, responsive activities that add to the contribution towards our intended impacts. These will be evaluated as they happen, but the descriptions below outline how the mainstay activities will be evaluated. Over the next 15 years, we intend to serve First Nations and Métis governments, communities, and individuals through the following research-orientated activities:

1 Research matchmaking between communities, governments, and researchers

- Identifying funding opportunities of all types, sending those to our network of communities, government contacts (FSIN, MN-S), and Indigenous researchers and facilitating the match between these parties to ensure the funding opportunities are successful, benefit Indigenous communities, and honour the self-determination of First Nations and Métis peoples. This will include desired evaluations of community programming.

2 Writing and research administrative support

- Offering the capacity and assistance with grant writing, report creation, and other knowledge translation methods so the research is meaningfully communicated and understood by all who it affects. We also offer the capacity for the financial management of research funds at the FMHRN.

3 FMHRN in-house funding

- The FMHRN offers annual development grants for researchers and community partners. These can be used to engage with First Nations and Métis communities. One purpose of these grants is to help them to develop and submit grant proposals to large funding agencies so that the wellness of community members can be advanced through research.

4 Community-based, trained research assistants (including data collection)

- We will hire and train research assistants to travel to communities, form relationships, and help connect communities to researchers. These research assistants will also be available on a cost-recovery basis to help researchers collect data and carry through projects in communities. The entire province of Saskatchewan will be covered by a number of these research assistants and, ideally, they will be able to ensure more resources come directly to First Nations and Métis communities.

5 Training and professional development:

- Throughout the year, the FMHRN offers workshops, roundtables, seminars, and training sessions for researchers, community members, and other interested individuals on various topics to help move us towards a community-minded approach to research. Topics include research methodology training, anti-racism, share health-related and funding information, host talks with community-partners, and host other events that respond to community wishes. These are often streamed online to ensure more people can access the events.

Who are we Working With to Achieve Outcomes (Target Groups)?

Through these activities, we intend to facilitate outcomes in several key groups. While we anticipate there are others who may benefit from FMHRN activities, our main groups we intend to work with are:

- First Nations and Métis, individuals, communities and governments in Saskatchewan (FSIN, MN-S)
- kêhtê-ayak (Elders) and Knowledge Keepers
- Students and learners (including high school, undergraduate, graduate, and interested community members)
- First Nations, Métis, and non-Indigenous researchers at post-secondary institutions and other research bodies (e.g., the SHA).
- Community partners (including those who are on the FMHRN grant)
- Decision and policy makers (e.g., University Administration)

We believe that each of these groups play an integral role in advancing the wellness of First Nations and Métis peoples here in Saskatchewan. We intend to work with each through our described activities to ensure that the impact of the FMHRN is felt as much as possible for as many years as possible. Each group will also be an important part of the measurement strategy, meaning each will be asked to supply important data to evaluate the success of the FMHRN according to their perspective.

How will we Evaluate Those Activities?

For each activity and outcome we have proposed a series of complimentary qualitative and quantitative outputs and indicators. Outputs are defined as receipts of service delivery and are designed to help us keep track of our activity implementation, whereas indicators measure change in a given outcome and can help us track progress over time. Consistent with a values-based approach, our outputs and indicators were designed through the lens of our five guiding values.

To view the list of outputs and indicators as of May 2021, please contact Micheal Heimlick at twobridgesconsultingsk@gmail.com**.** However, listed below is an example of the types of indicators we are proposing to measure '**increased coordination and promotion of health research opportunities and research connections to communities**:

- # of times external research funding opportunities are advertised to the FMHRN network (including those who follow on social media; per year)
- # of times external research project opportunities (e.g., sit on committees, be a PI, etc.) are advertised to the FMHRN network (including to those who follow the social media; per year)
- # of times the FMHRN advertises funding or project opportunities from PI's or community partners to First Nations or Métis communities (per year)
- # of times the FMHRN recommends, makes a connection, or facilitates a meeting between a health researcher and a community, FSIN, or MN-S (per year)
- % of FMHRN associated community members, FSIN, MN-S reporting an increased awareness of health research opportunities and/or health researchers (including examples and stories of awareness from comments on surveys or other data collection methods)
- Self-reported (stories, qualitative evidence) impact of the coordination and promotion of health research opportunities & research connections from those receiving the material

As one may observe, we are relying on multiple sources and types of data to measure progress. This is to match our outlined strategy of triangulation described earlier.

To gather data associated with our outputs and indicators, we intend to use **six data collection methods**. These are:

Event Surveys

After each event or activity we complete (e.g., webinars, research training sessions, etc.) a feedback survey will be given to participants. This will allow us to gather evidence of how effective the delivery of that event was but also begin to track outcomes. Certain questions from event surveys will repeat across events, meaning we will have similar data across multiple events to determine whether outcomes are being achieved.

Annual member survey

Once a year, a short survey will go out to FMHRN partners and members. This survey will contain outcome-based questioning based on short, intermediate, and long-term outcomes (e.g., in the past year, how many data sharing agreements have been created and agreed-upon by communities and leadership?) as well as spots to provide feedback on how the FMHRN can be more responsive through activities in the following year.

Interviews, focus groups, sharing circles, most significant change, and/or arts-based methodologies (qualitative)

To value stories as much as we are numbers, we propose completing interviews, focus groups, and/or sharing circles with FMHRN partners and members. These will be used to explore outcomes and seek feedback for improvement and will be done consistently throughout the 15 years of the FMHRN. The most significant change technique, a story-telling method that brings forth narratives on large changes, will be used to explore the FMHRN's impacts. Arts-based methodologies (e.g., artistic displays of change; body mapping) will be used periodically where appropriate to gather additional stories on the effectiveness of the FMHRN (including any personal, organizational, or policy changes it helped to facilitate).

Environmental scan

We propose using an environmental scan method to help us keep track of information that we do not always have to ask directly about (e.g., the # of journal articles published by FMHRN partners). This helps us to keep track of outputs, intermediate, and long-term indicators of progress while reducing the burden on FMHRN members, communities, and leadership. This will be handled internally by the FMHRN evaluation committee.

Internal or external database analysis

Each month, we propose updating an internal database that will help us keep track of outputs and some indicators. At the start of this process, it will take the form of a spreadsheet that outlines information such as the number of participants at events, the number of meetings with communities facilitated by the FMHRN team, or the amount of funding given by the FMHRN that month. Keeping track of this information will allow us to determine patterns over time and provide information that we can use to support other methods.

Network or relationship mapping

One of the main goals of the FMHRN is to connect community-based researchers to communities to facilitate meaningful health research. This usually involves many meetings and project generation workshops. Therefore, we intend to track each meeting, and the resulting outcomes of such meetings, using relationship mapping. This visual data tracking method involves connecting FMHRN facilitated meetings or projects to their associate outputs in a searchable and interactive online format. This is currently being developed by the FMRHN team, but will look similar to **this website (click here)**.

Connection with the NEIHR National Coordinating Center Evaluation Strategy

While work has progressed on a local FMHRN strategy, a parallel national evaluation strategy meant to measure the collective impact of all nine NEIHRs across Canada was also being developed. This was led by the NEIHR National Coordinating Center, with participation from the FMHRN. The National Coordinating Centre provides support for all of the nine NEIHRs funded across Canada. In addition to evaluation, it focuses on:

- Setting up and facilitating a NEIHR Council, made up of all the NEIHR centres
- Organizing the National Gathering of Graduate Students and an Annual Gathering on Indigenous Health Research
- Facilitating relationships between NEIHR centres and other CIHR-funded initiatives
- Facilitating collaborations with relevant international researchers, Indigenous communities and networks in order to facilitate collaborations for individual NEIHR centres and incorporate an international perspective into relevant activities/events

The NCC Evaluation strategy took a similar, values-based approach to creating their measurement strategy. The nine participating NEIHRs agreed on eight common values that we all saw as overlapping between us. These include:

- **Responsiveness** (to community needs)
- **Revitalization** (capacity building, Indigenous knowledges, innovation)
- **Mentorship** (training opportunities)
- **Respect** (anti-racism, anti-oppressiveness)
- **Relations** (creating and maintaining respectful and ethical partnerships, networking, and our relationship to the land)
- **Self-determination** (in every aspect of the research process)
- **Transformation** (of Indigenous and non-Indigenous health systems)

One goal of the FMHRN evaluation strategy is to help the NCC report overall impact across Canada. Naturally, this means some degree of alignment between the NCC and the FMHRN on both values and outcomes. As is demonstrated in the table below, we see significant overlap between the two strategies:

NCC Value	Working Definition	FMHRN Value
Responsiveness	Designing, planning, and implementing high quality, culturally relevant health research/events that represents the priorities, values, and needs of Indigenous communities above all other priorities. Includes meaningful knowledge mobilization and translation of all NEIHR activities/associated research.	**sasipenita** **Authenticity**
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.	**sasipenita** **Mentorship**
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.	**Mentorship** **Sustainability**
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 knowledges in research but also the safeguarding of ceremony, language, and values from potential misuses in research.	**sasipenita** **Authenticity** **Equity** **Sustainability**

NCC Value	Working Definition	FMHRN Value
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.	**sasipenita** **Equity** **Sustainability**
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).	**Authenticity** **Mentorship**

NCC Value	Working Definition	FMHRN Value
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.	**Authenticity** **Equity**
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.	**sasipenita** **Sustainability**

We will use this overlap between the NCC and FMHRN strategy as part of our report back to our funders, CIHR. Therefore, we anticipate there being two annual FMHRN evaluation reports that outlines not only detailed local accomplishments but also how those have translated and compliment other NEIHR's progress across the country. We anticipate this will meaningfully present our collective intelligence and provide a strong case to leverage additional funds and use lessons learned from other NEIHRs here in Saskatchewan.