



Annual Report

Ontario Network Environments for Indigenous Health Research



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Nominated Principal Applicant

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Sekon/Aaniin Boozhoo

Sekon and Aaniin Boozhoo are words of greeting in the Mohawk and Anishnawbemowin languages respectively. These words are used in the heading of the introduction of this research report as part of acknowledgement of the language and traditional territories of the Anishnawbe and Haudenosaunee peoples, where the Ontario Network for Environments in Indigenous Health Research (ON NEIHR) sits, within the Waakebiness-Bryce Institute for Indigenous Health (WBIH) at the University of Toronto. The ON NEIHR respectfully acknowledge the traditional and spiritual lands on which its central administrative and research office sits, on the shores of Lake Ontario, on the lands historically and currently occupied by the Anishnawbe and Haudenosaunee peoples, and by the Ontario Métis. Mahsi cho/chi miigwetch/nia:wen/maarsii to the Original Peoples of these lands for having the ON NEIHR operate in this place. In 2020, the ON NEIHR (named Holistic Indigenous Mental Health and Wellness: Transforming Health Care Strengths and Solutions on the 2019 CIHR funding application) received its spirit name from Elder Pauline Shirt: Shkaakaamikwe gchi twaa miigwewin (Mother Earth's Gifts): A national network for ending Indigenous illness and promoting Indigenous mental health and healing, by which it will be referred to herein.

Achieving mental health and healing is an urgent and daunting problem for Indigenous peoples in Canada. This problem can be remediated by changing the health care system to better serve Indigenous peoples. Shkaakaamikwe gchi twaa miigwewin is a research network of academic and Indigenous community partnerships designed to immediately transform how the health care system responds to Indigenous mental illness for First Nations, Métis, and Inuit peoples. What was not planned at the outset of this year's activities was the onset of a global pandemic, which significantly impacted both the network's direction and activities. In March 2020 the network pivoted all of its undertakings to exclusive online interactions among the research team, with Elders and traditional knowledge keepers, with community partners, with research participants, and with the National NEIHR Collaborating Centre. This change has been a process of learning new ways of working together. The network and its research are grounded in Indigenous epistemologies and methodologies, which have entailed creative and innovative changes in order to engage in key components such relationship building, reciprocity, and spiritual ceremony, which are really at the crux of the network's success.

The courage and determination of the team to shift from work on specific clinical issues of mental health to focus almost exclusively on multiple aspects of Covid-19 within the broad field of mental health has been awe inspiring. All team members and community partners worked together, often on emergency basis, to address community needs as they arose, in reaction the Covid-19 pandemic. This is nothing less than exceptional.

Over the last 16 months, the network's team researchers and community partners have become leaders in Indigenous Covid-19 responses across rural/remote communities and urban areas across Ontario, in western Canada, and in Hawai'i and Australia. This leadership is not a surprise given that the network's team comprises Canada's leading Indigenous academics in mental health, whose stellar records of achievement and community driven accomplishments exceeds expectation of the thread-bare attempts of Western mental health care systems to help Indigenous peoples.

Shkaakaamikwe gchi twaa miigwewin is currently situated in at least 20 sites in Ontario and is working to create a national shift from the current system response to Indigenous mental illness, which currently focus on Western biomedical-based crisis and limited-term interventions and supports, to a coordinated strategic system that is based in Indigenous knowledges prevention. Research is the keystone of Shkaakaamikwe gchi twaa miigwewin, generating and informing immediate solutions to Indigenous mental illness and wellness for service models and interventions, policy, and training.

In an effort to increase the vitality of connection between Indigenous communities (where Indigenous knowledges are held) and research, health care practice, and policy, Shkaakaamikwe gchi twaa miigwewin has linked partnerships of Ontario researchers, such as centres, research hospitals, community organizations, with local Indigenous leaders, policy makers, and national and international policy and advocacy organizations, health service providers, and Indigenous community members (including Elders, Healers, key informants, and youth).

Currently, the network is at the end of Year One of five years of funding, and is in first stages of creating an urgently needed strategic network that leverages the experience, and collaborative research and knowledge translation strengths of its academic investigators, including a leadership team of the senior academic and directors of the Waakebiness-Bryce Institute for Indigenous Health Research (WBIH), Well Living House/St. Michael's Hospital (WLH), the Indigenous Research Chair in Nursing, and the Ontario Mentorship Network of the Indigenous Mentorship Network (INMP). This leadership team, termed the Leadership Partnership, assures that the network has the experience and capacity in leadership for a large-scale research network. Shkaakaamikwe gchi twaa miigwewin has an ultimate objective of generating an Indigenous-based health care system in the absolute immediate by creating and translating Indigenous scientific knowledges, to support efficient, effective, and successful health policy and system solutions for reducing Indigenous mental illness and promoting Indigenous mental health and wellness. This annual report details the ON NEIHR's activities throughout Year 1 to highlight specific objectives, results, and outcomes.



Equity and Diversity

Equity and diversity within Shkaakaamikwe gchi twaa miigwewin are important in order to reduce on-going oppressions for Indigenous peoples; to strive for this, each of the four theme groups has at least one data set in partnership with groups associated with each of First Nations, Métis, Inuit, and Two-Spirit/Transgender identity groups, thereby ensuring that research resources are distributed equitably among the demographics of diverse Indigenous identities in urban and rural areas. Each research theme group also has one research project or data set that is focussed on a sex-and-gender-based analysis in partnership with a Two-Spirit or Transgender community organization or group, and actively recruiting trainees and research team members who represent these communities, in order to further deepen the changes to health systems to be diversity in Indigenous knowledges of healing practices and solutions; this is overseen by Dr. Jeffrey Ansloos, the network's Sex and Gender Champion, who consults with all team members at monthly meetings and within the research theme groups.



Research Team

Investigators

The ON NEIHR research team comprises 34 applicants: 1 nominated principal applicant (NPI), 13 co-applicants, 3 knowledge users (including 1 Elder), and 8 collaborators (including 3 Elders). Note that 1 co-applicant and 2 collaborators are listed as inactive.

Nominated principal applicant - 1

Dr. Suzanne Stewart

Knowledge users - 3

1. Elder Clayton Shirt, **Principal Knowledge User**, University of Toronto, ON
2. Dr. Renee Linklater, **Decision Maker and Knowledge User**, Director of Indigenous Engagement, Centre for Addictions and Mental Health, ON
3. Ms. Pam Hart, **Knowledge User**, Director, Native Women's Resource Centre Toronto, ON

Co-applicants - 13

1. Dr. Angela Mashford-Pringle, Early Career Investigator, Assistant Professor, Public Health, University of Toronto, ON
2. Dr. Jeffrey Ansloos, Sex and Gender Champion, Assistant Professor, Psychology, University of Toronto, ON
3. Dr. Holly Graham, Associate Professor, Nursing, University of Saskatchewan, SK
4. Dr. Lynn Lavalley, Professor, Social Work, Ryerson University, ON
5. Dr. Janet Smylie, Professor, Public Health, St. Mike's Hosp/University of Toronto, ON
6. Dr. Rod McCormick, Professor, Educ and Social Work, Thompson Rivers University, BC
7. Dr. Alanaise Goodwill, Assistant Professor, Psychology, Simon Fraser University
8. Dr. Chris Mushquash, Associate Professor, Psychology, Lakehead University
9. Dr. Brenda Restoule, Director, First Peoples Wellness Circle, Bothwell, ON
10. Dr. Jeffrey Schiffer, Executive Director, Native Child and Family Services Toronto, ON
11. Dr. Michael Hart, Vice Provost of Indigenous Engagement, University of Calgary, AB
12. Dr. Chantelle Richmond, Professor, Medicine, Western University, ON
13. Dr. Amy Bombay, Associate Professor, Nursing & Psychiatry, Dalhousie University, NS (inactive due to being on leave)

Collaborators

1. Elder Pauline Shirt, Cree Treaty 6 and Toronto, ON
2. Elder Luanna Harper, Rama First Nation, ON
3. Elder Wendy Philips, Curve Lake First Nation, ON
4. Mikaela Gabriel, PHD student & Kalapoo Bay First Nation, University of Toronto ON
5. Dr. Michelle Dickson, Assistant Professor, Medicine, University of Sydney, Australia
6. Dr. Maile Taulii, Clinical Transformation Healthcare Researcher, Hawaii Permanente Medical Group, Kaiser Permanente, Hawaii
7. Dr. Karlee Fellner, Assistant Professor, University of Calgary, AB (inactive due to being on leave)
8. Dr. Sandra Eades, Associate Dean, Medicine, University of Melbourne, Australia (inactive)

Staff

1. Research Coordinator
2. Roy Strebel (Thessalon First Nation), MEd

Student Trainees

- 1 post-doctoral fellow
- 7 PhD students
- 16 masters students
- 6 undergraduate students
- 4 community research assistants

Community Partners

1. Kaiser Permanente, Hawaii
2. Na Pualei o Likolehua, Hawaii
3. Stanton Hospital, NWT
4. Institute for Circumpolar Health Research, NWT
5. Indigenous Mentorship Network of Ontario
6. First Peoples Wellness Society, ON
7. Sto:lo Service Agency, BC
8. Nisga'a Valley Health, BC
9. Muskoday First Nation, SK
10. Centre for Addictions and Mental Health, ON
11. First Nations Mental Wellness Continuum, ON
12. Native Child & Family Services Toronto, ON
13. Native Women's Centre of Toronto, ON
14. Anishnawbe Health Toronto, ON
15. Institute for Circumpolar Health Research, NWT
16. Kids' Help Phone, ON
17. Well-Living House, ON
18. Nameres, ON
19. Auduzhe Mino NeseWINong Clinic, ON

NOTE: (For more detail regarding relationships among investigators and partners see Appendix A, ON NEIHR Research Theme Group Members & Community Partner List.)

Publications – 54

(See Appendix B, ON NEIHR Publications List.)

Research projects – 16

(For detail on these projects see **Theme Group Highlights** section below in this report.)

Overarching Goals

Through research at localized and national levels, and by working in partnerships across health systems and governments, the ON NEIHR research plan has begun to spur and facilitate transformation in Canada's response to Indigenous mental illness, thereby creating better economic and health outcomes in the short and long term including:

- Indigenous knowledges data and evidence-based programs and interventions that will transform how health services respond to Indigenous mental illness, measurable through a reduction in mental illness and an increase in mental health and wellness.
- Ensuring Indigenous languages, diverse Indigenous cultures and identities, and land-based and planetary health solutions are developed and adopted throughout systems of health care in programs, interventions, and policy.
- Decolonizing Canadian society so that it enables marginalized and oppressed Indigenous peoples, to be able to access mental health services that successfully remediate mental illness and stabilize them in permanent mental health and healing, and to become connected with community and society, thus able to achieve their full potential in life; &
- Situating Canada as a global leader in preventing and ending Indigenous mental illness.

The overarching goal of the network is to end Indigenous mental illness and support health and wellness through deep and dynamic transformation to health care system programs, interventions, and policy with national and international reach and impacts.



Research Themes

Consultation with the network research team, community partners, and policy makers was undertaken in 2019 to prepare the funding application for the ON NEIHR; the process and outputs of the network were then organized through a co-created and collaborative Indigenous community-engaged research plan guided by six interwoven themes:

- Cultural safety
- Indigenous holistic prevention and early intervention
- Land based and planetary health solutions
- Healing from trauma and reducing addictions
- Enhancing wellbeing and eliminating suicide
- Translating Indigenous knowledges data into practice and policy

Each of the six research themes with the network is a place for innovation developed by research projects organized around key subthemes that are determined and designed by community partners as the research plan develops in detail in Years One and Two (see theme activities below). In each of the six research theme areas, which are carried out in a converging manner (see Figure 1), with theme 1 and 2 as crosscutting as the foundation of themes 3, 4, and 5. the network is iteratively developing and testing new theories, ideas, practices, interventions, and policies in order to immediately prevent current tragedies in youth suicide, depression, opioid crises, family violence, missing and murdered Indigenous women, and other mental health emergencies across Indigenous Canada. Methodologically, all research by the network is grounded in an Indigenous conceptual epistemological framework as required by Smith (1999). This also includes Two-Eyed Seeing (Martin, 2012), that brings together the strengths of Indigenous and Western ways of knowing to the research process, procedures, and outputs. Network members self-selected themselves into theme groups in summer and early fall 2020 (see Appendix A). Below is a presentation of each theme group's research highlights, including its members, projects, and activities for Year One.



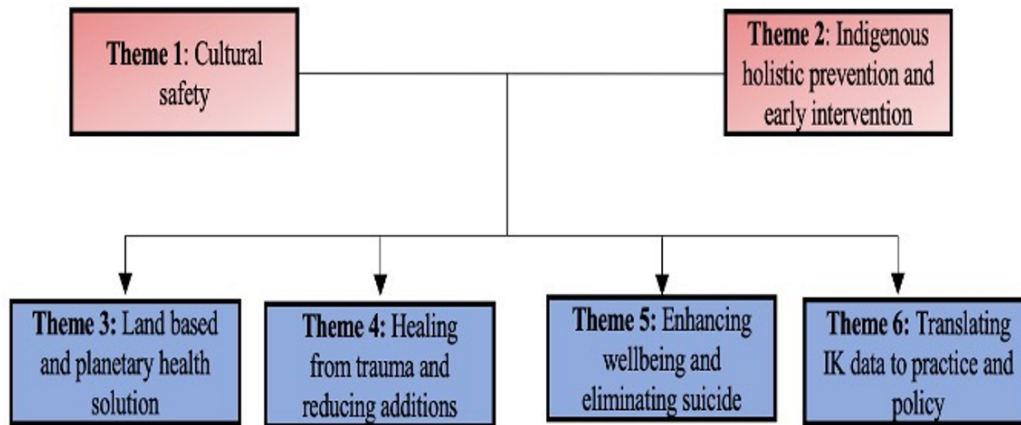


Figure 1. Research Theme

Theme Group Research Highlights

Each theme group in this section presents its ON NEIHR members and showcases the community-driven projects in which they are engaged in Year One. This information shows how the connections are being formed and growing within the network, from the network researchers to Indigenous communities, and to policy makers, students, and greater society. Impact of these relationships and activities is evidenced by the number of student trainees involved in these projects, the KT audiences reached, the number of publications by ON NIEHR members, and the policy documents and events underway in Year One. It is important to note that one gap that is glaring in the below section is the lack of engagement with Inuit communities. The ON NEIHR is aware of this gap and is creating a strategy to meaningfully engage with Inuit and Inuit-serving organizations in Ontario in Year Two.

In Year One, the Leadership Team agreed to disburse funds not used for travel due to the Covid-19 pandemic among the network members to support their NEIHR research and training activities. Fourteen network members were interested in receiving 20,000 per year and submitted a one-page summary of their research signed a funding agreement (see Appendix C, ON NEIHR Team Members Subgrant Agreement) as per Tri-Council and University of Toronto policy for use of funds by team members. Funds transfer agreements for Year One to support these fourteen network members in undertaking the research highlighted in this section of the report were not all finalized until March 2021. Within these research agreements, members were asked to submit annual reports of their activities (see Appendix C, ON NEIHR Team Members Subgrant Agreement), the first to be submitted end the end of fiscal year, March 31, 2022, and for future years until the end of the network funding. Thus, this report does not capture a fulsome picture of all members' research and network activities, given that they are not required to make their first report on such activities until 31 March 2022. What is presented in terms of research highlights and overall network activity is what the NPI and Research Coordinator were able to gather from members over the year as they provided monthly theme group updates and individual updates.

In Year One, a total of at least 16 projects are underway to demonstrate the activity and on-going impact of the ON NEIHR.

Theme 3 Land-based And Planetary Health Solutions – 6 projects

Members:

- Maile M. Taulii
- Angela Mashford-Pringle
- Chantelle Richmond
- Lynn Lavallee
- **Theme Lead:** Rod McCormick
- **Elder:** Wendy Phillips

1. Project: Incorporation of traditional medicines and healing in biomedical care ideal Indigenous healthcare system(s).

Members: Angela Mashford-Pringle, Maile Taulii, Kaiser Permanente Hawaii, Stanton Hospital (Yellowknife, NWT)

Research questions/ideas: Are Indigenous traditional healing and/or medicines incorporated into biomedical spaces around the globe? What does it look like? What are the drivers to make this change that will help with self-determination and self-governance of health and well-being?

Research sites:

- Dr. Maile Taulii: In Hawaii at Kaiser Permanente, a clinic has traditional medicines and foods growing on the grounds and traditional healers can help Indigenous patients decide on using biomedicine and/or traditional practices. South Central Foundation in Alaska has a similar practice in their main hospital in Anchorage and Indigenous people own more than 50% of the hospital.
- A PhD student, working with Dr. Angela Mashford-Pringle, is examining Stanton Hospital in NWT to see how an Indigenous healing program (mostly around traditional foods) is working and how non-Indigenous biomedical professionals and administrators view/incorporate the program throughout the hospital

Community Partners:

Kaiser Permanente
Stanton Hospital, Yellowknife, NWT

2. Project: Traditional building structures as space for healing and discussion with non-Indigenous people.

Members: Angela Mashford-Pringle, Maile Taulii, Kaiser Permanente Hawaii, Stanton Hospital (Yellowknife, NWT)

Research question/idea: How can traditional building structures be used in urban, rural, and traditional spaces?

Research Sites:

- Dr. Maile Taulii: Ancestral knowledge has provided structures that work for the climate that they were developed in and are constructed of materials from the local area; in Hawaii, people are certified as knowledgeable in building traditional structures and can deem if a building is acceptable
- In Ontario, Dr. Angela Mashford-Pringle is exploring the use of traditional structures ties to teachings, environmental stewardship, ecologically and environmentally friendly resource use while using knowledge of geothermal heating/cooling and providing space for ceremonies, living, preparing meals, and other traditional ways.

3. Project: Food sovereignty and food systems are important in Indigenous cultures and need to be protected.

Members: Angela Mashford-Pringle, Maille Taulii, Kaiser Permanente Hawaii, Na Pualei o Likolehua, Hawaii, Stanton Hospital (Yellowknife, NWT).

Research question/idea: There is limited literature that voices Indigenous peoples' TEK or ways of knowing as a form of reducing climate change and their impacts on food systems. By documenting wise practices, and systemic barriers affecting Indigenous ways of knowing about traditional and modern food systems and food sovereignty, we would explore a) how traditional food is grown or re-introduced in areas, b) traditional planting and harvesting practices, c) impact of traditional foods on other plants, animals, birds, fish, insects, and local eco-systems, and d) the use of traditional foods as medicine (which is common to most Indigenous peoples globally).

Research sites:

- Indigenous food systems are unique to the Indigenous people of a region, but traditional food systems are important for passing traditional knowledge, language, and environmental knowledge from generation to generation
- Must be able to grow traditional foods in a traditional manner to move toward food sovereignty and away from market or consumer foods that are not as healthy or carry traditional ways of knowing and being
- Dr. Angela Mashford-Pringle's team is conducting a scoping review of Indigenous food systems around the globe around food systems and climate change (to be finished by August 2021)
- Dr. Angela Mashford-Pringle is working with Moi University in Kenya and Institute for Circumpolar Health Research (ICHR) in NWT to determine how to reverse climate change, improve traditional food systems, and reduce invasive species that hamper the growth of traditional foods, medicines, and affect all in creation.

4. Research Project: COVID-19 and Ceremonies.

Members: Angela Mashford-Pringle, Maille Taulii

Research question/idea: How has COVID-19 changed traditional ceremonies? What barriers or challenges has this brought forward for now and into the foreseeable future as COVID will continue to be a concern for a few more years (minimum)?

Research sites:

- COVID-19 has changed how many Indigenous people can practice their traditional ceremonies; in Hawaii, Dr. Mailie Tualii is working with communities who have ceremonies during COVID and ceremonies FOR COVID. Partner: Na Pualei o Likolehua, Hawaii
- In Ontario, Elder Wendy Philips and Dr. Angela Mashford-Pringle have been working on how physical distancing has altered traditional ceremonies in COVID - will be producing a podcast and hopefully a feature length film

5. Research project: Akiikaa: It is the Land Graduate Student Health & Well-being.

Members: Angela Mashford-Pringle, Maille Taulii, Na Pualei o Likolehua, Hawaii

Research question/idea: By providing land-based experiential learning experiences to graduate students, how does this affect their physical, emotional, spiritual, mental, and social health and well-being (using pre/post surveys) and through their self-reflections after the course and 6 months or more after the course, does this change their view on Mother Earth, environment/climate crisis, and how they perceive and/or interact with Indigenous people(s)?

Research Sites:

- Aina is land in Hawaiian; Akiikaa is 'it is the land' in Ojibwe/Algonquin
- Dr. Angela Mashford-Pringle has started to provide land-based courses and will be trying to find funding to provide much of the MPH-Indigenous Health on the land with graduate students
- Dr. Angela Mashford-Pringle's has conducted pre/post surveys with students in the first two land-based courses held to inform how students report their physical, spiritual, emotional, mental and social health and well-being as a result, however, she would like to see if being a part of a land-based course has effects on environmental stewardship, planetary health, and cultural safety of non-Indigenous students

6.Project: Environmental Scan of Indigenous Land/Nature Based Healing Programs

Members: Professor Rod McCormick & Graduate Students

Background and Information: There are many descriptions of Indigenous land/nature based learning programs, i.e.

<https://landbasedlearning.wordpress.com/indigenous-land-based-learning-programs/>, but not a lot on Indigenous land/nature based healing programs. What does exist in the literature is minimal, i.e.,

<https://thunderbirdpf.org/wellness-on-the-land/>

<https://www.fnha.ca/about/news-and-events/news/good-medicine-ideas-for-supporting-land-based-healing-and-wellness-during-the-pandemic>

Many other Indigenous land/nature-based healing programs exist in Canada as well as Indigenous land-based healing programs in the US, New Zealand, and Australia. An environmental scan of what is out there is needed for researchers and service providers to move forward with new ideas/programs.

Goals: The proposed Environmental Scan will act as a planning tool and a starting point for thinking about future research for the land-based healing theme. Its purpose is to identify and describe the environments, circumstances or issues that may affect the development, operation, and outcomes of land-based healing programs.

Methods: The project will employ 2 student Research Assistants to conduct literature reviews of all published literature as well as grey literature (reports, community websites etc.) to identify the above. Dr. McCormick will act as the research Co-ordinator.

Outcomes: It is expected that upon completion of the project much more will be known about the following information for all identified land/nature-based healing programs:

Description of the program, curriculum; Length of the program; Geographic location; Principles and Cultural Protocols; Targeted age group; Referral and Assessment practices; Number of students and instructors per program; Source and amount of funding, capital expenditures; Governance models; Expected outcomes; How does land based healing work in their program; Outcome measures, Has the program been evaluated (using what criteria)?; Referral and Assessment procedures; Aftercare Plans; Common challenges.

Theme 3 Members



Theme Lead: Rod McCormick



Elder: Wendy Phillips



Lynn Lavalley



Angela Mashford-Pringle



Chantelle Richmond



Maile M. Tualii

Theme 4 Healing from Trauma and Reducing Addictions – 3 Projects

Members:

- Brenda Restoule
- Alanaise Goodwill
- Christopher Mushquash
- **Theme Lead:** Holly Graham
- **Elder:** Luana Shirt

1. Project: Indigenous mental wellness and opioid addiction

Members: Dr. Christopher Mushquash, graduate students, community partners TBA

Goals: It is incumbent upon mental health and addiction systems and services to improve appropriate access and outcomes among Indigenous peoples. Research and evaluation efforts specifically designed to understand culture- and contextual- aspects of wellness present mechanisms for improvement. Dr. Mushquash will continue his program of research and approach Indigenous mental health and addiction in four interconnected directions with the following goals: 1. Identify culturally and contextually appropriate targets of intervention and develop methods for measuring outcomes; 2. Identify western evidence-based and traditional approaches that show promise for treating mental health and addiction issues among Indigenous people; 3. Develop and test intervention approaches which bring together culture- and community-based knowledge with western-scientific methods; and, 4. Disseminate new knowledge broadly in Indigenous communities, scientific communities, and among policy and decision-makers using accessible knowledge translation approaches.

Methods: Dr. Mushquash uses a variety of qualitative and quantitative methods in his research, each centred on community or organizational-level priorities and preferences. He collaborates with other methodology experts and develops methodological expertise in his trainees through supporting their attendance at relevant workshops and training sessions. At the core of Dr. Mushquash's approach is his attention to, and prioritization of appropriate community-based project governance. Consistent with ethical and culturally-appropriate research protocols, his research is directed by an advisory comprised of Indigenous members that oversee the work, provide advice, and champion initiatives in partnering organizations and communities. Convening project advisories is essential in ensuring that the needs of Indigenous communities are met.

Expected outcomes: Dr. Mushquash's work is intended to generate applicable findings to Indigenous communities and organizations nationally and internationally, which will be of interest to communities, service organizations, policy and decision-makers, and governments. Dr. Mushquash will disseminate results of his program of research across several tiers: 1) He will provide educational sessions and workshops for communities that are interested in finding ways to provide support their members with mental health and addiction difficulties; 2) In order to share knowledge regarding successful intervention approaches, he will organize workshops and teaching sessions for service providers who are likely to apply them to other high risk groups and develop the methods further; and, 3) In presentations at conferences and publications in academic journals, he will describe design, processes, and results of each Direction to communities, researchers, and clinicians dealing with mental health and addiction issues.

Utilizing accessible knowledge translation approaches will enable the most effective sharing of knowledge within unique cultural and contextual environments. Through continued participation in local, regional, provincial, and national-level advisories, Dr. Mushquash will continue to disseminate new knowledge to others engaged in Indigenous mental health and addiction-related work through formal and informal networking, and advocate for culturally and contextually appropriate services and research approaches in Indigenous communities. His cross-appointments at various academic institutions including Lakehead University, NOSM, and the University of Ontario Institute of Technology allow Dr. Mushquash to contribute to the development of Indigenous mental health and addiction research capacity in the next generations of clinical psychologists, mental health researchers, public health researchers, and health science researchers through careful mentoring and collaboration on important cultural and contextual issues in community-based research.

2. Project: Examining the experiences and impacts of the Pandemic on Indigenous mental health

Members: Dr. Alanaise Goodwill, Graduate students, Sto:lo Service Agency and Nisga'a Valley Health.

While researchers have argued that COVID-19 has broad impacts for the mental health of all populations, this has heightened impacts for communities of colour and Indigenous populations. Indigenous leaders across Canada have raised concerns over the mental health impacts of COVID-19 for Indigenous communities while drawing attention to underfunded and understaffed health services; lack of core funding for mental health counsellors; overcrowded and inadequate housing; boil water advisories; the disproportionate rates of suicides; as well as the stressful experience of living with food, housing, and income insecurities. These social conditions existed pre-COVID-19 and shape the context through which the pandemic is experienced within Indigenous communities. According to the National Report of the First Nations Regional Health Survey (2018), less than one-fifth of First Nations adults reported accessing mental-health services within the past 12 months prior to the survey. And more than three-quarters of First Nations youth reported never having accessed mental-health services. This project builds off of knowledge gained through the process of conducting a knowledge synthesis focussed on the mental health and substance use needs of Indigenous peoples within the context of COVID-19. This preliminary knowledge synthesis identifies several areas in need of further research including: increased mental health provider support; data that addresses the shift from in-person services to Mental Health and Substance Use (MHSU) telehealth services; the gendered impacts of the pandemic on mental health; disaggregated data on the number of cases of COVID-19 within Indigenous communities adding to the complication of mental health service provision; multijurisdictional dichotomies of on and off-reserve, rural and urban health care services complicating MHSU service and access for Indigenous populations; and lastly, Indigenous peoples' geographical mobility and public health quarantine practices have troubled the meaning of urban/rural and on/off reserve dichotomies used in MHSU service provision that also do not assist in the rapid pivot to telehealth services. The project is engaging with service providers, clients, and community members.

Goal(s)/Research Aims: Our goal is to articulate the barriers and facilitators to accessing virtual MHSU care for Indigenous peoples living in Sto:lo Territory. Our partners in the Nass Valley are presently articulating their research priorities and we remain engaged with their authority to shape the scope of their participation in this project. We aim to hire and train 2-4 Indigenous graduate students in Indigenous relational research methods in order to respond to Indigenous community research priorities, as well as implement qualitative research methods that allow us to identify best-practices for virtual mental health services in the COVID-19 pandemic context.

Methods/Approaches/Expertise: Our research partners have expressed a need to understand what are/should be the best practices for MHSU service provision during COVID. Core experts in health service provision (see attached letters of support) are integral to the research design and knowledge synthesis that will inform service delivery to their own respective nations and service users. Dr. Alanaise Goodwill will supervise all Indigenous graduate student training and mentor Indigenous relational approaches to research project management. Dr. Jeannie Morgan and Dr. Lyana Patrick are two Indigenous health researchers who remain engaged with these communities as part of our relational accountability research model.

Expected Outcomes: Indigenous community participants and health care service managers will shape and generate the data they need in order to respond to the changing mental health service delivery models, practices, and approaches in response to COVID induced and pre-existing mental health issues. We remain engaged with our community partners Sto:lo Service Agency and Nisga'a Valley Health.

3.Project: Introducing, Developing, Practicing, and Evaluating Strategies for Working with Indigenous Peoples Experiencing Trauma

Members: Holly Graham & Muskoday First Nation

The Muskoday First Nation has approached Dr. Graham to work with them to develop a community wellness plan based on the Cree Spiritual Teachings. Below is the request directly from the Chief and Council from the Muskoday First Nation to Dr. Graham: "First Nation's people have experienced traumas throughout history which were brought on by others. There has been a legacy of exclusion, assimilation, colonization that influenced, at the very least, cultural genocide. The negative practises have led to the legacy of endemic poverty, food insecurity, health insecurity, identity, purpose, etc. This is something that has to be addressed at the First Nations level through proper education, planning, development, practise, and evaluation coming from the First Nation perspective. There is something intrinsic to each First Nation that you will never find in another. The solutions will come from within but with the help of 'awareness & empowerment' through 'individual and collective self-care', [and with]the foundation of First Nations Societal understandings. We are looking to have a Healing and Wellness plan created in our Muskoday First Nation Community that will:-Educate the people in regards to Historical Traumas that affect us each day;-Understand how these traumas affects our decisions, consequences and lives;- Understand strategies to overcome these traumas as norms;-We want to help heal individuals, families, and the community;-We also want to incorporate First Nations Traditional Teachings into our lives to replace the negative norms with customs gifted to our people by Creator. The planning will consist of community inclusion, content, learning objectives and activities. It will also consist of viewing the issue of First Nations trauma through a Psychologist's lens. We can no longer simply say there are negatives in First Nations society. We have to get to the root causes of the issues and determine a solution, practise, and evaluate the strategies and initiatives from a First Nations Holistic, Traditional & Contemporary Approach.

Plan:

- Co-create and Implement a Community Wellness Plan Based on Cree Spiritual Laws Begin with a community assessment to identify strengths and gaps in current Cree wellness programming
- Consult with community members: youth, adults, Elders, teachers, current front-line providers (health, social, education, child welfare, justice); Chief and Council members
- Provide ongoing seminars (virtually and modify as COVID Public Health Policies change) with the Muskoday First Nation regarding Cree Spiritual Laws. These seminars will be available to the youth in the school, community members, teachers, and all front-line workers, along with Chief and Council members

Methodology: Dr. Graham will be using Participatory Action Research with the frame of OCAP to guide the data collection and knowledge dissemination.

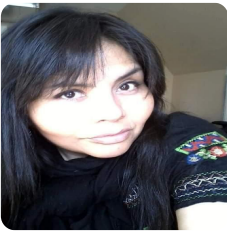
Deliverables:

- Community assessment of strengths and gaps.
- Community Wellness Plan Based on Cree Spiritual Laws
- A manual will be created with Austin Tootoosis leading the process, and other experts determined by the Muskoday First Nation, SK
- Teachings will be integrated into the school curriculum, &
- Manual may be shared with other First Nation communities, contingent on discussion with and consent of Muskoday FN

Theme 4 Members



Theme Lead: Dr. Holly Graham



Elder: Luana Shirt



Alanaise Goodwill



Christopher Mushquash



Brenda Restoule

Theme 5 Indigenous Suicide Prevention and Crisis Support Services – 1 Project

Members:

- Renee Linklater
- Brenda Restoule
- Michelle Dickson
- **Theme Lead:** Jeffrey Ansloos
- **Elder:** Clay Shirt

1. Project: ON NEIHR Indigenous Suicide Prevention and Complex Crisis Response

Members: Renee Linklater, Brenda Restoule, Jeffrey Ansloos, Centre for Addictions & Mental Health & First Nations Mental Wellness Continuum

Background and Importance: Complex death associated with mental health emergencies (such as suicide, substance use related deaths, and COVID19 pandemic related deaths) are a major challenge facing remote, rural, and Northern Indigenous communities in Canada, and Indigenous communities around the world (Ansloos, 2018; Dudgeon, Ring, Leyendekkers and McClintock, 2018). For over thirty-years, the approach to suicide prevention has primarily attended to risk mitigation and downstream approaches to prevention, without significant attention to upstream and midstream contexts of prevention. In addition to the challenges associated with the high frequency of these deaths within some Indigenous communities, there is the added challenge of limited mental health service infrastructure to support downstream interventions and crisis response (Oosterveer & Young, 2015). While some infrastructure does exist, during the COVID19 pandemic, these systems are facing immense and unprecedented challenges including conducting virtual risk assessments, as well as implementing community-based crisis response measures aligned with pandemic related health guidelines.

Goal(s)/Research Aims: We aim to conduct research which addresses what training and supports are needed to sustain the vital work of mental health systems infrastructure (i.e., wellness teams, crisis responders) during this pandemic, including an assessment of the health and potential for burnout of these vital teams. Averting such outcomes for crisis teams will be critical for the navigating ongoing mental health emergencies in Indigenous communities. We aim to conduct research on suicide risk assessment occurring in these contexts challenging for several reasons, including the virtual nature of assessment and the sociocultural context.

Research is needed to understand the diverse practice-based knowledge of Indigenous wellness team approaches to risk assessment. We aim to conduct knowledge exchange at the intersection of midstream and upstream approaches to suicide prevention in Indigenous communities.

Methods, Approaches, and Expertise:

- A scoping review on mental health service frameworks for complex crisis response relevant to rural, remote, northern, and Indigenous contexts.
- A brief needs and psychosocial assessment for Indigenous wellness and crisis response teams in order to identify skills and training needs as well as to assess risk for burnout.
- Focus groups on practice-based knowledge of wellness and crisis response team approaches to risk assessment, including any tools, policies, inventories, and cultural knowledge.
- Case studies on Indigenous communities that have experienced a crisis related to complex deaths. As this is a strengths-based approach, we will work with communities that have experienced these crises, recovered, and enacted prevention approaches (from down-mid-upstream) which have had positive impacts.

Expected Outputs and Outcomes:

- The findings of the scoping review will be published in an open-access academic publication and will be useful in policy development and advocating for training needs of crisis response and wellness teams across Canada and promoting the alignment of mental health service provision with evidence-based frameworks. The findings will inform the creation of a brief needs and psychosocial assessment tool.
- The findings of a brief needs and psychosocial assessment tool will be published in an open-access academic publication, as well as made available to partnering organizations in a plain-text report. Results of this survey will be useful in both providing useful direction to FNMWC in terms of training needs, but also can help to provide a clearer picture of the risk that skills-gaps and burnout pose to critical health service delivery in Indigenous communities throughout Canada.
- The findings of the focus groups will be published in an open-access academic publication, as well as graphic recording will be made available to partnering organizations. A repository of assessment tools, policies, inventories, and data will be maintained at the Critical Health and Social Action Labs at OISE, with open access to members of the NEIHR and partnering organizations. The creation of this repository will be a useful first step towards the development of an evidence-based approach to virtual Indigenous suicide risk assessment.
- The findings of these case studies will be published in an open-access academic publication, A data repository will be maintained at the Critical Health and Social Action Labs at OISE, with open access to members of the NEIHR and partnering organizations. Results will be able to inform actionable evidence-based strategies in down-mid-upstream approaches to prevention.

Theme 5 Members



Theme Lead: Jeffrey Ansloos



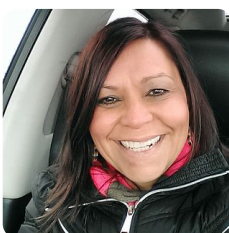
Elder: Clay Shirt



Michelle Dickson



Renee Linklater



Brenda Restoule

Theme 6 Translating Indigenous Knowledges Into Policy - 6 Projects

Members:

- Jeffery Schiffer
- Mikaela Gabriel
- Pamela Hart
- Michael Hart
- Henry Harder
- **Theme Lead:** Suzanne Stewart
- **Elder:** Pauline Shirt

A Terms of Reference for the Theme Group was created in November 2020 by groups members (see Appendix C Theme 6 Terms of Reference).

1. Project: Indigenous Policy Strategy

Members: All group 6 members

The goal is to create an Indigenous Policy Strategy for the ON NEIHR and other Indigenous researchers across Canada to use to improve policy impacts with non-indigenous governments. Goals are to create a concrete space for policy change, and to create action with direct outcomes for Indigenous peoples, insert the indigenous voice to make change/decolonize/ Indigenize, address resistance in government policy, and to maintain spirit in policy work.

Deliverables:

- Scoping Review on key current issues in Indigenous policy change, to be completed by September 2021
- Indigenous knowledge translation strategy and implementation plan for the ON NEIHR, to be completed by December 2021
- Create and deliver Indigenous Policy Forum for Indigenous researchers and government policy makers to come together to be held in Toronto in November 2021
- May 2021, Panel Presentation Proposal submitted Canadian Science Policy Centre Conference: Building Better Forward, November 22-26, 2021

2. Project: Anishnawbe Health Toronto Covid-19 Mobile Health Unit Evaluation

Members: Dr. Suzanne Stewart, Graduate Students & Anishnawbe Health Toronto

Background & Goals: An Indigenous mobile health unit of Anishnawbe Health Toronto (AHT) was piloted in May 2020 and is designed to meet the needs of urban Indigenous peoples, primarily the street involved, for Covid-19 testing and other immediate wholistic health needs, though through its continued operation it has become apparent that there are greater general health needs that the unit can provide and meet for clients. The unit is staffed by a primary health care team. The unit operates with medical support from Women's College Hospital and Dynacare. An evaluation of the mobile health unit will be co-led by AHT's Leadership and Mobile Health Unit Team and Indigenous research evaluation scholars and experts from the Waakebiness-Bryce Institute for Indigenous Health at the University of Toronto, as per the direction, approval, and control of AHT leadership. The research evaluation question is: What are the strengths and successes of the Mobile Health Unit for meeting the needs of urban Indigenous peoples for Covid 19? And what are the mental health benefits and outcomes related for clients who use the service?



The Anishnawbe Health Toronto Covid-19 Mobile Health Unit. The top photo depicts the process of a Covid-19 test offered by the Mobile Health Unit.



Timeline

Activity	Date
Assemble Team: Dr. Stewart, <u>Anishnawbe</u> Health Toronto Managers & ED, 6 MPH students, 1 MSC student,	July/August 2020
Create Evaluation Tools <ul style="list-style-type: none"> • Survey • Narrative individual interview 	Sept-December 2020
Begin Ongoing Process & Impact Evaluation: Data Collection (n=320) <ul style="list-style-type: none"> • Administer Survey to 300 AHT clients • Conduct 20 qualitative interviews with AHT staff & clients 	January - April 2021
Mid Term Impact Evaluation Report	April 2021
Data Analysis	May – July 2021
Final Impact Evaluation Report & other KT deliverables TBD by AHT	August – October 2021

3.Project: Native Child and Family Services of TO Pandemic Response Evaluation

Members: Dr. Suzanne Stewart, Dr. Jeffrey Schiffer, Graduate Students & Native Child & Family Services of Toronto

Background & Goals: Native Child and Family Services of Toronto (NCFST) ceased most in person programming and piloted many virtual services in March 2020, all of which were designed to meet the mental health and cultural needs of urban Indigenous families, children, and youth during the evolving Covid-19 pandemic. Child protection services remained operational in person and was scaled back and adapted to pandemic safety protocols. The services that became virtual include:

- Child and Family Wellbeing Services
- Holistic and Support/Prevention Services
- Youth Virtual Programming
- Early Years Virtual Programming

The rationale for this study is that given that many lessons have been learned and needs have been evolving through the pandemic as Toronto continued to face a multiple waves of the virus, there is an urgency to begin reopening and recovering from pandemic restrictions and COVID 19; there is a need for NCFST to create an evidence-based Indigenous response and recovery plan, which will document and evaluate the services that were provided during 2020 Covid-19 pandemic and identify recovery and reopening needs and issues, including those relating to vaccination policies and procedures. This project encompasses a goal to ensure that NCFST is prepared to meet the evolving needs of its clients and staff at all phases of the current pandemic. Objectives include to:

- Evaluate NCFST pandemic programs and services using Indigenous methods
- Create best practices for NCFST during emergencies
- Develop an Indigenous model for pandemic response that includes services, testing, and reopening, with a focus on urban child welfare and cultural mental health.

Timeline

Activity	Date
Assemble Team: Dr. Stewart, 1 PDF, 1 MPH student, 1 MSc student, 1 Elder	December 2020
Create Evaluation Tools <ul style="list-style-type: none"> • Survey • Individual Interview Questions 	January - March 2021
Begin Ongoing Process & Impact Evaluation: Data Collection (n=220) <ul style="list-style-type: none"> • Administer Online survey to 200 NCFST clients • Conduct 20 Qualitative Individual Interviews with NCFST clients and staff 	April – June 2021
Data Analysis	July – August 2021
Impact Evaluation Report	September 2021
Create Staff Training	September - October 2021
Policy Briefs & Policy Forum for Gov't	October - November 2021
Year One Impact Evaluation Report Pandemic Best Practices Manuel and Tool kit	December 2021 December 2021
Celebrate	January 2022

4. Project: Native Women's Resource Centre of TO Pandemic Response Evaluation

Members: Dr. Suzanne Stewart, Pamela Hart, 4 MPH Graduate Students.

Background & Goals: Native Women's Resource Centre of Toronto (NWRCT) closed its doors to in person services and piloted several virtual programs in April 2020, which were designed to meet the social service, mental health, and spiritual needs of urban Indigenous women during the evolving Covid-19 pandemic, including their wholistic health needs and those of their children.

These include:

- Elders and Healers phone consultations
- COVID 19 Emergency Hotline
- Food Hamper preparation and delivery
- Counselling and mental health case management phone session
- Emergency hotel accommodations

NWRCT, with the support of Dr. Stewart's research team, wishes to create an evidence-based Indigenous women's response and recovery plan, which will document and evaluate the services that were provided by NWRCT during Covid-19 pandemic and identify recovery and reopening needs and issues. This project encompasses a goal to ensure that NWRCT is prepared to meet the evolving needs of its clients and staff at all phases of the pandemic. Objectives include to:

- Evaluate NWRCT pandemic programs and services using Indigenous methods
- Create best practices for NWRCT during emergencies
- Develop an Indigenous women's model for pandemic response that includes services, testing, and reopening, with a focus on mental and spiritual wellness.

Timeline

Activity	Date
Assemble Team	July 2020
Create Program & Evaluation Tools	July/August 2020
Begin Ongoing Process & Impact Evaluation Create & Deliver Staff Training	August 2020
Data Collection total n120 Survey n 100 Individual qualitative interview 20	September - December 2020
Data Analysis	January - April 2021
Final Report & Community KT	July 2021
Policy Briefs & Policy Forum for Gov't	August 2021
Pandemic Best Practices Manuel and Tool kit	September 2021
Celebrate	October 2021

5. Project: Kids Help Phone Indigenous Data Ethics, Management & Analysis

Members: Dr. Suzanne Stewart, Deanna Dunham, Kids Help Phone, 1 MSc student, 1 Elder

Background & Goals: Kids Help Phone gathered survey data in 2020 during the Covid-19 pandemic from youth who used their services; a significant Indigenous data set emerged, their Director of Indigenous Initiative reached out to Suzanne Stewart to initiate a partnership with the ON NEIHR to work together to address any possible ethical issues with the data, including in analysis and knowledge translation. A MSc student from the ON NEIHR, Sarah Ponton, began working with the Kids Help Phone Research Team to analyze and write up results of the Indigenous data set, utilizing an Indigenous knowledge framework and in consultation with the four Elders on the ON NEIHR team.

Timeline

Activity	Date
Report building	February 2021
Partnership development (partnership letter signed)	March – April 2021
Data analysis and sharing resources	April - August 2021
Writing Reports	August – September 2021
Knowledge sharing and dissemination with Indigenous community	October - December 2021
Planning Next Steps	December 2021

6. Project: WBIIH/ON NEIHR-Auduzhe Mino Nesewinong Clinic Covid-19 Testing and Vaccine Clinic Program and Evaluation

Members: Dr. Janet Smylie and Well-Living House Team, Steve Teekens, Nameres/ Auduzhe Mino Nesewinong Clinic, Suzanne Stewart, 10 graduate students, 3 Indigenous Community Research Assistants.

Background: The Auduzhe Mino Nesewinong is a Toronto-based COVID-19 response program that provides culturally-safe and Indigenous-led COVID-19 health services to First Nations, Inuit, and Métis peoples. The response program was collaboratively developed by Na-Me-Res, Seventh Generation Midwives Toronto (SGMT), Well Living House at St. Michael's Hospital, and the Centre for Wise Practices in Indigenous Health at Women's College Hospital. In April 2021, ON-NEIHR Principal Investigator Dr. Suzanne Stewart worked in partnership with the organizations to offer mass vaccination clinics for Indigenous peoples at the University of Toronto (U of T).

Program Development & Evaluation: Members of the ON-NEIHR planned a comprehensive communications strategy, including generating and posting promotional materials for the clinic, and assisted with community outreach to ensure First Nations, Metis, and Inuit peoples and their close household contacts were made aware of the culturally-safe and relevant vaccination clinics offered at U of T. Further, ON-NEIHR team members provided on-site organizational and clerical support, including client check-in and registration, the dissemination of vaccine follow-up information, and connecting clients to other COVID-19 related services when needed. Research team members gained front public health pandemic response experience by doing Covid-19 screening, CoVax data entry, vaccine delivery, and more. The ON NEIHR team is also working with the Auduzhe Clinic (Steve Teekens) and Well Living House (Janet Smylie) research teams to create and carry out an evaluation of the mass vaccine clinics, with the report and other knowledge translation materials for this to be delivered in August 2021 and Fall 2021.

Theme 6 Members



Theme Lead: Suzanne Stewart



Elder: Pauline Shirt



Mikaela Gabriel



Henry Harder



Michael Hart



Pamela Hart



Jeffery Schiffer

Training & Knowledge Translation Events

Training

Over the first year of the network, a total of 34 new and emerging scholars (trainees) are being mentored by the team across each university site. These include 1 post-doctoral fellows (PDF), 7 PhDs, 16 Masters; MPH, MSc-Epi & MSW, MAs, 6 undergrad students, and 4 Community Research Assistants (CRAs) involved in the network's research activities across all of the universities and its associated community partners—divided equally across the academic sites. By collaborating with co-leaders and community partners, the ON NEIHR have strived for equal representation of First Nations, Métis, Inuit, and Two-Spirit/Transgender identities, and a balance between individuals from reserve and urban contexts, as determined by Elders and Knowledge Keepers. The Masters and PhD student trainings involved participate in IMN-ON (Dr. Chantelle Richmond) activities in collaboration, and across the team to create cohorts for training, mentorship, and knowledge translation activities for the entire network. Specific student mentoring activities include weekly virtual research team meetings, individual supervision meetings, community partner meetings, and in person program development, delivery, and evaluation for Indigenous community vaccine clinics in Toronto

The ON NEIHR has three developing international partnerships for training students: a research collaboration with a Hawaiian health service provider, Dr. Maile Taulii, a joint-doctoral program collaboration with Dr. Janet Smylie, Dr. Suzanne Stewart both at U of T, and Dr. Sandra Eades, University of Melbourne/Faculty of Medicine, and a partnership with Dr. Michelle Dickson at University of Sydney to create the first Canada-Australia health research and Indigenous student training/mentorship knowledge exchange program (2019-2024) that includes knowledge exchanges for students and faculty twice per year, shared courses, and practicum placements for Indigenous health students.

The ON NEIHR funded research has culminated in student training in utilization of Indigenous knowledges perspectives, Indigenous research ethics, methodologies, and community participatory approaches to research; and the refining of existing models and interventions, combined with the conducting of evaluations based in Indigenous knowledges and the development of Indigenous assessment tools and frameworks. The ON NEIHR researchers have shared its innovative land-based research and training program (Theme 1) and its international Indigenous health courses and knowledge exchanges for students and faculty (a Sydney University partnership with collaborator Dr. Michelle Dickson, a University of Melbourne partnership with Dr. Sandra Eades, and a Hawaiian partnership with Dr. Maile Taulii at Kaiser Permanente identified above) for training opportunities, and has over 50 Indigenous research and health service student placements with Indigenous organizations and communities across Canada for its graduate students, which are provide to all network trainees. Further, the ON NEIHR labs across the province have the technology and capacity to provide the resources to develop massive online training in the future and possibly develop a combination land-based and virtual global Indigenous health training graduate training program, to be announced in 2022/23.

The ON NEIHR has worked in close partnership with the IMN-ON to deliver two large scale training/knowledge translations events (detailed below), and to support the IMN-ON in all mentoring activities, both in terms of consultation and systemically. This support is evidenced in the shared leadership role of the ON NEIHR with the IMN-ON Lead, Dr. Richmond, who sits in the leadership circle of the ON NEIHR, and whose voice in directing ON NEIHR activities ensures the needs and interested of trainees are addressed within the ON NEIHR. Systemic support for training is evidenced in that in July 2020 the ON NEIHR and IMN-ON initiated a formal partnership in which the ON NEIHR committed \$100,000 annually of its operating budget, for four years (2020-2024), to the IMN-ON to support their mentoring activities.

Knowledge Translation Events

Knowledge translation (KT) takes place in print (see Appendix B, ON NEIHR Publications List) for the ON NEIHR, and also in live/recorded events on the internet. The ON NEIHR has reached a **total of 1240 individuals in Year One** in its live training and mentoring activities online, with over 100 more (and growing) in continuous online archived viewing on YouTube, detailed below in the three KT events. Training and mentoring for student and community groups in Year One included the following events and is also considered knowledge translation to wider academic and community audiences:

- Ontario NEIHR Webinar Mental Health Speaker Series 2020/21, monthly September 2020 to July 2021
- ON NEIHR/IMN-ON Winter Gathering/Indigenizing Mental Health Symposium December 2020
- ON NEIHR/IMN-ON Spring Gathering for Indigenous Students and Faculty, April/May 2021

1.Ontario NEIHR Webinar Mental Health Speaker Series 2020/21 (1080 attendees registered)

The Speaker Series is a monthly speaker series of one-hour online (virtual) webinars with Ontario Network for Environment Indigenous Health Research (ON NEIHR) team members who are Indigenous Academics speaking on topics of Indigenous community mental health research, moderated by ON NEIHR Nominated Principal Investigator (NPI) Suzanne Stewart or Knowledge User Elder Clayton Shirt. The ON NEIHR webinar mental speaker series are coordinated by NPI Dr. Suzanne L Stewart and Research Coordinator Roy Strebel. Over the course of year one, **1080 people** attended the live webinars on Zoom, with over 100 views, collectively, since archiving on YouTube to date. Monthly NEIHR webinars were broadcast live on Zoom and achieved on the NEIHR website for continued viewing (<https://www.dlsph.utoronto.ca/institutes/wbiih/research-initiatives/network-environments-for-indigenous-health-research-neihr-ontario/>).

In Year One there were seven monthly webinars by seven NEIHR team members, though this report details only September 2020 to March 2021; monthly webinars have occurred since March 2021 and will continue throughout the five years of the network and will be reported in subsequent annual reports. Below is a list of the monthly speakers, topics, and attendees for Year One.

September 2020

Presenters: Clay & Luana Shirt (155 attendees registered)

Title: Applying the 7 Grandfather Teachings while coping with COVID-19

October 2020

Presenter: Dr. Alanaise Goodwill (88 attendees registered).

Title: Pandemic experiences and impacts of COVID-19 on the mental health of Indigenous communities

November 2020

Presenter: Dr. Suzanne Stewart (153 attendees registered)

Title: Urban Indigenous mental health during the Covid-19 Pandemic: Where research, practice, and respectful relationships meet

December 2020

Presenter: Dr. Angela Mashford-Pringle (121 attendees registered)

Title: Traditional Building Structures & Land-Based Education

January 2021

Presenter: Dr. Lynn Lavallee - Registered (325 attendees registered)

Title: Spirit Injuries: Indigenous Perspectives of Mental Health

February 2021

Presenter: Dr. Michael Hart (180 attendees registered)

Title: Philosophies of Indigenous practices with Indigenous peoples in the field of mental health

March 2021

Presenter: Dr. Holly Graham (66 attendees registered)

Title: Integrating Somatic-Based Therapies and the Partners for Change Outcome Management System (PCOMS) into Clinical Practice

2. Indigenizing Health Symposium (Virtual Knowledges Exchange), December 2nd and 3rd, 2020 (100+ attendees registered)

The Network Environments for Indigenous Health (ON-NEIHR) and the Indigenous Mentorship Network of Ontario (IMN-ON) held the Indigenizing Health Symposium (Virtual Knowledges Exchange) on December 2nd and 3rd, 2020. Over the two-day event, ON-NEIHR team members and IMN-ON students provided researcher and student training pertaining to community-driven Indigenous research processes and procedures, knowledge translation mechanisms, as well as policy development tools that are being conducted in alignment with the ON-NEIHR research themes. As COVID-19 mitigation protocols were still in place in December 2020, the Symposium was held virtually via Zoom, allowing a broad range of panelists and attendees from across Turtle Island, Hawai'i, and Australia to participate in the event.

Four Elders, thirteen researchers, and seven undergraduate and graduate students presented at the Symposium, while four IMN-ON students moderated the panels. The Elders and Traditional Knowledge Keepers were Pauline Shirt, Clayton Shirt, Luanna Shirt, and Wendy Phillips. The ON NEIHR researcher presenter panelists were Dr. Rod McCormick, Dr. Lynne Lavallee, Dr. Maile M. Taulii, Dr. Chantelle Richmond, Dr. Angela Mashford-Pringle, Dr. Alanaise Goodwill, Dr. Holly Graham, Dr. Michelle Dickson, Dr. Brenda Restoule, Dr. Michael Hart, Dr. Jeffery Schiffer, Mikaela Gabriel, PhD (Cand), and Dr. Suzanne Stewart. A post-event report was published on the ON NEIHR website that highlights the Gatherings proceedings and evaluation (see Appendix D, Symposium Summary & Event Evaluation).

3. Ontario Network Environments for Indigenous Health Research and Indigenous Mentorship Network of Ontario's Spring Gathering 2021, April 30 & May 7, 2021 (60 attendees registered)

The Ontario Network Environments for Indigenous Health Research (ON-NEIHR) and the Indigenous Mentorship Network of Ontario (IMN-ON) hosted a two-part two-hour virtual Spring Gathering entitled Navigating this Time: Holistic Wellness for Indigenous Scholars in April and May 2021. Since its incipience, the COVID-19 pandemic has presented substantial impacts toward service accessibility and delivery within Indigenous communities, limited opportunities for traditional in-person engagement, and generated challenges to establishing personal and community well-being. Members of the IMN-ON and ON-NEIHR conveyed their desire to have a virtual sharing space that was **restorative and culturally safe** and offered an opportunity for Indigenous students and scholars to share their encounters with healing during the COVID-19 pandemic. In response to this call to action, leaders of the ON-NEIHR and the IMN-ON invited Indigenous researchers, students, Elders, and community members from across Turtle Island to share their perspectives on maintaining their wellness during this health crisis within and outside academia.

The first part of the Gathering focused on Indigenous graduate students presenting their experiences and knowledges about protecting and promoting holistic health during the pandemic. In contrast, the second part of the event focused on Indigenous academics and professionals. In the spirit of accessible and reciprocal knowledge sharing, both parts of the event hosted Elders and Traditional Knowledge Keepers to lead an open discussion on holistic healing during and beyond such a health crisis for all presenters and attendees.

A post-event report was published on the ON NEIHR website that highlights the Spring Gathering proceedings and evaluation (see Appendix E, Winter Symposium Summary & Event Evaluation).

Social Media

The ON NEIHR has multiple social media outlets on which its research materials and event information are constantly updated and available on the worldwide web. These are:

- Instagram/Username: [neirhon_2020](#)
- Twitter/Username: [NEIHRON_2020](#)
- Facebook/Username: [NEIHRON2020](#)
- YouTube Channel: [Waakebiness-Bryce Institute for Indigenous Health](#)
- Email Contact: ontarioneihr.dlsph@utoronto.ca

Network Evaluation Plan

The Ontario NEIHR formulated a Network Evaluation Framework Subcommittee in October 2020. Its members are:

- Lynn Lavallee
- Suzanne Stewart
- Mikaela Gabriel
- Roy Strebel
- **Elder:** Pauline Shirt

The Network Evaluation Framework Subcommittee met monthly from October 2020 to March 2021 and worked together to draft the ON NEIHR Evaluation Framework, currently still under construction (see Appendix F, ON NEIHR Evaluation Framework). The evaluation plan includes on the land ceremony, which has been under considerable revision within the pandemic restrictions. A finalized evaluation framework will be delivered, after on the land ceremony is planned to take place in Fall 2021, and after further consultation with all ON NEIHR team members and community partners.

Financials

The ON NEIHR is funded by a five-year grant from the Canadian Institute for Health Research (CIHR). Published funding decision on the world wide web is available here https://webapps.cihr-irsc.gc.ca/decisions/p/project_details.html?applId=417504&lang=en

For the year ending March 31, 2021:

Revenue

- CIHR Grant Contract \$1,030,000.00
- **Revenue \$1,030,000.00**

Expenses

Management Salaries/Benefits \$192,112.41

Equipment \$16,579.99

Elder Honorariums \$7,828.12

Community Partners \$11,017.74

Subgrant Contracts \$191,675.19

Total Expenses \$419,213.45

Total Revenue \$1,030,000.00

Total Expenses \$419,213.45

(BALANCE \$610,786.55)

Appendix A

ON NEIHR Research Theme Group Members & Community Partners 1 October 2020

<u>Research Themes</u>	<u>Group Members</u>	<u>Community Partners</u>
Theme 1: Cultural Safety	Crosscutting groups 3-6	
Theme 2: Indigenous holistic prevention and early intervention	Crosscutting groups 3-6	
Theme 3: Land based and planetary health solution	Maile M. Taulii ¹ Angela Mashford-Pringle Chantelle Richmond Lynn Lavallee Theme Lead: Rod McCormick Elder: Wendy Phillips	1. Kaiser Permanente, Hawaii & Na Pualei o Likolehua, Hawaii 2. Stanton, Hospital, NWT 3. Institute for Circumpolar Health Research, NWT 4. Indigenous Mentorship Network of Ontario 5. TBA
Theme 4: Healing from trauma and reducing addictions	Brenda Restoule Alanaise Goodwill Christopher Mushquash Theme Lead: Holly Graham Elder: Luana Shirt	1. First Peoples Wellness Society 2. Sto:lo Service Agency 3. Nisga'a Valley Health 4. TBA 5. Muskoday First Nation
Theme 5: Indigenous Suicide Prevention and Crisis Support Services	Renee Linklater Brenda Restoule Michelle Dickson Theme Lead: Jeffrey Ansloos Elder: Clay Shirt	1. Centre for Addictions and Mental Health 2. First Nations Mental Wellness Continuum
Theme 6: Translating IK data to practice and policy	Jeffery Schiffer Mikaela Gabriel Pamela Hart Michael Hart Henry Harder Janet Smylie Theme Lead: Suzanne Stewart Elder: Pauline Shirt	1. Native Child & Family Services Toronto 2. Native Women's Centre of Toronto 3. Anishnawbe Health Toronto 4. Institute for Circumpolar Health Research, NWT 5. Kids' Help Phone 6. Namres 7. Auduzhe Clinic 8. Well Living House

¹ Colors in each theme group connect researchers with their community partners

Appendix B

ON NEIHR Publications List

30 July 2021

(Please note that this list not finalized; many members did not send in publications list in time to add to report—theirs will be added at a later date.)

TOTAL: 54

Mikaela D. Gabriel NEIHR Publications Report (October 2019 – March 2021) Total: 9

Number of peer reviewed papers: 4

- Stewart, S., Ponton, S. J., **Gabriel, M. D.**, Strebel, R., & Lu, J. (2021). The Mental Health of Indigenous People During the COVID-19 Pandemic: A Scoping Review. In Progress.
- Stewart, S., **Gabriel, M. D.**, Teekens, S., Smylie, J.... et al. (2021). Cultural Caring in Health Care in COVID-19: Reflections and Practices from the Auduzhe Mass Vaccination Clinic. In Progress.
- Stewart, S. & **Gabriel, M. D.** (2021). Socially Distanced, Spiritually Connected: Reflections on Community Partnerships in Practice & Pandemic Planning Responses. In Progress.
- **Gabriel, M. D.** & Stewart, S. (2021). One Wheel, Many Hats: Wholistic Research Practices and Community-Driven Post-Doctoral Training. In Progress.

Number of academic presentations: 3

- **Gabriel, M. D.** (2020, February). Traditional Knowledge, Future Healing: Cultural Connection and Healing in Indigenous Homelessness. Presentation for the Canadian Indigenous/Native Studies Association 2020, Chanie Wenjack School for Indigenous Studies, Trent University.
- Stewart, S. L., **Gabriel, M. D.**, & Syrette, J. B. (2019, November). Decolonizing Indigenous Homelessness. Main presenter at the Canadian Alliance to End Homelessness 2019 Conference, Edmonton, Alberta, Canada.
- **Gabriel, M. D.** (2019, November). Traditional Knowledge as Current Care: exploring Elder outreach for Indigenous homelessness in urban centres. Dalla Lana School of Public Health Annual Student-Led Conference, Pushing the Paradigm: Broadening our Understanding of Mental Health.

Number of community presentations: 1

- **Gabriel, M. D.** (2020, December). Mother Earth & Indigenous Health: Research and policy understandings. Panelist presentation, panel theme: Translating Indigenous knowledges data into practice and policy. Ontario Network Environments for Indigenous Health's Indigenous Health Symposium (Virtual Knowledges Exchange), December 2020.

Number of book chapters: 1

- Stewart, S., **Gabriel, M. D.**, & Teekens, S. (2021). Indigenous Homelessness and Traditional Knowledges: Evidence Based Research and Practice. In S. Okpaku (Ed.) Essentials of Global Mental Health, Cambridge University Press.

Rod McCormick NEIHR Publications Report (October 2019 – March 2021) Total: 9

Academic Publications:

- **McCormick, R.** (2019). Has Reconciliation been Re-Concealed? Knowledge Makers, 5 <https://knowledgemakers.trubox.ca/knowledge-maker-journal/2020-2/>
- Huisman, L., Bene Watts, S., Arbour, L., **McCormick, R** (2020) Understanding the personal and community impact of long QT syndrome: A perspective from Gitxsan women, Journal of Genetic Counselling, (4):562-573

Academic presentations:

- **McCormick, R.** (2019) Presentation at the International Indigenous Mentorship Workshop in Auckland NZ
- Keynote for NGGS (National gathering of Graduate Students) 2020 “Navigating the academy as a new academic
- Presenter to the Canadian Standing Senate Committee on Legal and Constitutional Affairs to study Bill C-7, An Act to amend the Criminal Code (medical assistance in dying).
- Speaker at western Canada conference on Philanthropy and Community Mental Health. Title: The place of Philanthropy in Indigenous Mental Health
- Opening speaker-IMN-NGGS 2020 (National gathering of Graduate Students) conference

Community presentations:

- **McCormick, R.** (2019) Presentation on Indigenous mental health at the Community Research Forum Quaaout Lodge.
- Presented lectures on Indigenous health to various graduate classes ie MSc nursing, BScN Nursing, MSc environmental science classes.
- Workshop Presentation to Canadian Mental Health Association, North and West Vancouver Branch on how to meaningfully incorporate nature into healing.
- Forum presentation on Bill C7: Expanding access to MAiD to persons whose natural death is not reasonably foreseeable. Hosted by: The Indigenous Health Nursing Committee -School of Nursing.

Mushquash NEIHR Publications Report (October 2019 – March 2021) Total: 23

Publications:

- Lund, J.I., Toombs, E., Radford, A., Boles, K., & **Mushquash, C.** (2020). Adverse childhood experiences and executive function difficulties in children: A systematic review. *Child Abuse & Neglect*, 106. <https://doi.org/10.1016/j.chiabu.2020.104485>
- Toombs, E., Kowatch, K., Dalicandro, L., McConkey, S., Hopkins, C., **Mushquash, C.** (2020). A Systematic Review of Technology Assisted Interventions for Indigenous Youth: Results and Recommendations. *Journal of Telemedicine and Telecare*. <https://doi.org/10.1177/1357633X19899231>

Book Chapters:

- **Mushquash, C.J.**, Drawson, A.S., & Toombs, E. (in press). Indigenous mental health and addiction. In R. Schiff & H. Møller (Eds.) *Health and Healthcare in Northern Canada*.
- **Mushquash, C. J.**, Toombs, E., Kowatch, K. R., Lund, J., Dalicandro, L., & Boles, K. (2021). Promoting resilience within public health approaches for Indigenous communities. In M. Ungar (Eds.) *Multisystemic Resilience: Adaptation and Transformation in Changing Contexts*. Oxford, United Kingdom: Oxford University Press.

Reports, Letters, and Non-Peer Reviewed Contributions:

- **Mushquash, C.J.**, Hill, M.E., Nadin, S., Fernandes, K., Ewen, V., Zacharias-Bezanson, R., MacIssac, A., Mohammed, S., Kakeeway, N., & Karschti, S. (2020). Evaluation of the Choose Life Initiative in Nishnawbe Aski First Nations. (Technical Report). Thunder Bay: Centre for Rural and Northern Health Research.

Presentations:

- Dalicandro, L., Schmidt, F., Francis, M., Kleynendorst, W., Dixon, J., Bobinski, T., & **Mushquash, C.** (2021). A program evaluation of a culturally adapted SNAP program for First Nations youth with conduct-related issues. Virtual poster accepted to the Canadian Psychological Association's 82nd Annual National Convention.
- **Mushquash, C.J.** (2020, December). Research to Improve Care for First Nations Children: An Example from Northwestern Ontario. Virtual presentation for the 2020 Children's Mental Health Ontario Virtual Conference.
- **Mushquash, C.J.** (2020, November 10). Adverse Childhood Experiences in addiction treatment. Virtual presentation for the Thunderbird Partnership Foundation.
- **Mushquash, C.J.** (2020, October 27). Adverse childhood experiences and executive functioning. Talk presented to the Centre for Addiction and Mental Health Sîtiskâtowin Program Webinar Series "To Support One Another" Supporting Children, Youth, and Families in Wellness.
- Lund, J., Toombs, E., Bobinski, T., Drebit, M., Dixon, J., & **Mushquash, C.** (2020). An Examination of Adverse Childhood Experiences and Post-Traumatic Stress among First Nations Adults Seeking Substance Use Treatment. Virtual poster presentation for the Indigenous Health Conference 2020, Niagara Falls, Ontario.
- **Mushquash, C.J.** (2020, July 3). Cultural awareness for the Indigenous population. Virtual presentation for the Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada.
- Dalicandro, L., Schmidt, F., Francis, M., Kleynendorst, W., Dixon, J., Bobinski, T., & **Mushquash, C.** (2020). A program evaluation of a culturally adapted SNAP program for First Nations youth with conduct-related issues. Accepted for presentation at the 2020 Annual Convention of the Canadian Psychological Association, Montréal, Québec, Canada (conference cancelled due to COVID-19).

- Boles, K., Lund, J., Toombs, E., Radford, A., **Mushquash, C.J.** (2020). Adverse childhood experiences and executive function difficulties in children: A systematic review. Accepted for oral presentation at the 2020 Annual Convention of the Canadian Psychological Association, Montréal, Québec, Canada (conference cancelled due to COVID-19).
- **Mushquash, C.J.** (2020, May 1). Telemedicine for mental health with First Nations. Virtual presentation for the First Peoples Wellness Circle (FPWC), North Bay, Ontario, Canada.
- **Mushquash, C.J.** (2020, March 20). Colonization and neurodevelopment. Seminar presentation for the Northern Ontario Psychology Internship Consortium (NORPIC) Education Series, Thunder Bay, Ontario, Canada.
- **Mushquash, C.J.** (2020, February). Perspectives on Indigenous mental health: Cultural teachings and implications for care. Presented for The Department of Clinical Psychology's Robert Martin Memorial Lecture, University of Manitoba, Winnipeg, Canada.
- Lund, J., Toombs, E., Drebit, M., Bobinski, T., Dixon, J., & **Mushquash, C.** (2020). Rates of Adverse Childhood Experiences in First Nations Adults Seeking Substance Use Treatment in Northwestern Ontario. Poster presented at the 2020 St. Joseph's Care Group Showcase of Health Research, Thunder Bay, Ontario, Canada.
- Boles, K., Radford, A., Zugic, K., Toombs, E., Lund, J., & **Mushquash, C.J.** (2020). Examining Mental Health Outcomes from Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review. Poster presented at the 2020 St. Joseph's Care Group Showcase for Health Research, Thunder Bay, Ontario, Canada.
- Uhrig, A., **Mushquash, C.**, Wendt, D. C., Burack, J. A., & O'Connor, R. M. (2020, January). Historical loss and alcohol use among Indigenous youth. Poster presented at the Concordia University Centre for Clinical Research in Health 7th Annual Conference, Montréal, Québec, Canada.
- Toombs, E., Lund, J., Bobinski, T., Drebit, M., & **Mushquash, C.J.** (2019). Adverse Childhood Experiences and Substance Use for a First Nations Population. Oral presentation at the Canadian Centre on Substance Use and Addiction's Annual Issues of Substance Conference, Ottawa, Ontario.
- **Mushquash, C.J.** (2019, November). Moving toward wellness: Supporting the whole person. Keynote talk given at the Superior Seating and Mobility Conference, Thunder Bay, Ontario, Canada.
- **Mushquash, C.J.** (2019, October). Indigenous cultural safety: Taking a trauma-informed approach in education. Presented for Lakehead Public Schools, Thunder Bay, Ontario, Canada.
- **Mushquash, C.J.** (2019, October). Intergenerational trauma in Indigenous communities. Presented at the Ontario Court of Justice, Sault Ste Marie, Ontario, Canada.

Suzanne Stewart NEIHR Publications Report (October 2019 – March 2021) Total: 17

Referred Journals:

- **Stewart, S.** (2020). Editorial: Addressing Strengths and Disparities in Indigenous Health, *International Journal of Indigenous Health*, 15, 1, p.4
<https://doi.org/10.32799/ijih.v15i1.34976>
- **Stewart, S.** & Mashford-Pringle, A. (2019). Editorial: Growing Roots of Indigenous Wellbeing. *International Journal of Indigenous Health*, 14, 2, p.4. DOI: 10.32799/ijih.v14i2.32958
- **Stewart, S.** & Mashford-Pringle, A. (2019). Editorial: Physical Activity and Cultural Safety. *International Journal of Indigenous Health*, May, 14, 1, p.4. DOI 10.32799/ijih.v14i1.3272
- **Stewart, S.** & Mashford-Pringle, A. (2018). Editorial: Death & Dying. *International Journal of Indigenous Health*, December, 13, 2, p.4. DOI 10.18357/ijih.v13i2.32019
- **Stewart, S.** & Mashford-Pringle, A. (2018). Editorial: A barrier-free health system for Indigenous Communities. *International Journal of Indigenous Health*, December, 12, 2, DOI <https://doi.org/10.32799/ijih.v13i1.30318>
- Mashford-Pringle, A. & **Stewart, S. L.**, (2019) Akiikaa (it is the land): exploring land-based experiences with university students in Ontario. *Journal of Global Health Promotion*, 3, 64-72.

Book Chapters:

- **Stewart, S.**, Gabriel, M., & Teekens, S. (2021) Indigenous Homelessness and Traditional Knowledges: Evidence Based Research and Practice. In S. Okpaku (Ed.) *Essentials of Global Mental Health*, Cambridge University Press.
- Marshall, A. & **Stewart, S.** (2021). Indigenous and cultural minority school-to-work pathways in Canada in *Young Adult Development at the School-to-Work Transition* (Marshall and Symonds, Eds), Oxford University Press.

Referred Conference Presentations:

- **Stewart, S.** (2020, November). Indigenous knowledges and pandemic responses for urban Indigenous populations in Canada. Paper presentation. Global Webinar on Traditional and Alternative Medicine. <http://www.globalscientificguild.com/traditional-medicine-webinar>
- **Stewart, S. L.** & Marshall, E.A. (2020, January). “Indigenizing Career Counselling: Breaking Bad Employment Policy with Indigenous Knowledges.” Paper presented at the Hawaii International Conference on Education. Honolulu, HI, USA.
- **Stewart, S. L.**, Gabriel, M. D., & Syrette, J. B. (2019, November). Decolonizing Indigenous Homelessness. Main presenter at the Canadian Alliance to End Homelessness 2019 Conference, Edmonton, Alberta, Canada.
- Marshall, E.A., Lawrence, B.C. Milford, T., & **Stewart, S. L.** (2019, October). Educational and work transitions for vulnerable emerging adults: Challenges, research findings, and strategies for support.” Symposium presentation at the 9th biennial Conference of the Society for the Study of Emerging Adulthood (SSEA). Toronto, ON.

Other:

- **Stewart, S.** (2020, December). Mental Health and Wellness. Invited Speaker. Nokiiwin Tribal Council/Health Safety & Wellness, Thunder Bay, ON.
- Layton, M., Falconer, J., **Stewart, S.**, & Haag, J. (2020, October). Black Lives Matter and Defunding the Toronto Police panel discussion. Hart House Debates and Dialogue Committee, University of Toronto, ON.
- **Stewart, S.** (2020, August). New Tenure Stream Faculty Orientation Panel, Office of the Vice President of Research and Innovation, Invited Panelist. University of Toronto, ON.
- Bulle, S., Nnorom, O., Shoush, S., **Stewart, S.**, Alexander, D., & Michelin, M. (2020, July). Doctors on defunding the police panel discussion, Invited Panelist. City of Toronto, ON.
- **Stewart, S.** (2020, July). Anti-racism and mental health panel discussion, Faculty of Kinesiology. Invited Panelist. University of Toronto, ON.

Appendix C

ON NEIHR TEAM MEMBERS SUBGRANT AGREEMENT

Dr./Ms./Mr. [name]

[Institution Name]

Delivered by email: [email address]

[Date]

RE: Grant # 405040 –Network Environments for Indigenous Health Research (NEIHR) Project, Supporting mino-bimaadizi: A national network for ending Indigenous illness and promoting Indigenous mental health and healing.

Dear [surname];

Congratulations on receiving the **Ontario Network Environments for Indigenous Health Research (ON NEIHR)** funding from CIHR and administered by the Waakebiness-Bryce Institute for Indigenous Health (WBIH). The amount of this subaward award is **\$40,000** and is applicable for the period of 24 months from **April 1, 2020 to March 31, 2022**. This is a one-time funding award for Year 1 and Year 2 and has been agreed to, based on the approved budget proposal submitted. The funds will be administered and disbursed by the Dalla Lana School of Public Health/University of Toronto (the administering partner).

A. The project

The project will undertake the specific research activities described in the attached proposal (Appendix A).

B. Assurances

Dr. _____ will ensure that funds awarded are used for the purpose intended (Appendix A), that expenditures incurred will be in accordance with their financial and human resources policies. Expenses incurred must occur within the funding period of April 1, 2020 to March 31, 2022. Please follow the following link <http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/> and <http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/travel-and-other-reimbursable-expenses-policies-and-guidelines/#TravelPolicy> for travel and reimbursement policies. All financial and research reporting requirements outlined in this letter are met, and that appropriate financial records are maintained. Any major change in the use of funds will require prior written approval from the WBIH.

C. Ethical oversight

If this project involves research with persons, animals or secondary use of data you must obtain Institutional Research Ethics Board review or waiver and Indigenous community ethics approval (where applicable). Documentation of community partnership (if applicable), institutional research ethics approval and Indigenous community ethics approval must be provided to WBIIH **when in use**.

D. Method of payment

A cheque in the amount of **\$40,000** will be transferred electronically or forwarded to the _____ **[institution name]** upon the signing and return this letter with Appendix A, and any other documents required by U of T Research/financial services.

E. Financial reports

A financial report table covering the 24 month period of funding must be submitted to the ON NEIHR/WBIIH, detailing actual and eligible expenditures, in accordance with the approved budget, using the standardized annual report template (Appendix B), within one month of the end of the two year funding period, being **March 31, 2022**. Any unspent balance at the end of the funding period must be returned to the ON NEIHR, with a cheque payable to the University of Toronto. Original invoices and receipts/ vouchers substantiating the expenditures reported must be held by the institution/organization receiving the subgrant for audit purposes for a period of seven years from the date of completion.

F. Changes to budget and timeline

If additional time requirements are needed (for example, to build new meaningful collaborations) a no cost extension will be considered upon review of the final report that outlines progress and plans for completion. Any changes to the agreement, line-item expense/cost changes greater than 15% and reporting timeline require approval from ON NEIHR/WBIIH.

G. Research reports

A final project report of maximum four pages is required at the end of the funding period, by **March 31, 2022**. The final project report should follow the format in **Appendix B** and must include the financial reporting table. Please note that components of your final report narrative may be included on the NEIHR webpage, with your permission, and you may be contacted to review these components.

H. Acknowledgement

ON NEIHR must be acknowledged for the funding provided for any grant applications or knowledge sharing activities (e.g. publications, presentations, reports, other discussion oriented activities) arising from this funding as follows:

For grant applications: “Funding for the development of this grant application was supported by the Ontario Network Environments for Indigenous Health Research.”

For publications, presentations, reports or other: “Ontario Network Environments for Indigenous Health Research (ON NEIHR) Project 2020-2025. Please consult with ON NEIHR for any questions regarding how to properly acknowledge the network.

After the completion of the funding period, the ON NEIHR may request an updated list of submitted or funded grant applications, publications, and other knowledge sharing activities, that were made possible, in part, as a result of this funding.

I. Contact information

Please contact Dr. Suzanne Stewart, NPI ON NEIHR, Director, WBIIH-DLSPH, University of Toronto, at suzanne.stewart@utoronto.ca to discuss any questions about the terms of this agreement or the administration of this subgrant.

All documents including a counter-signed copy of this letter of agreement and Appendix A should be emailed as one document to ON NEIHR coordinator Roy Strebel: roy.strebel@utoronto.ca.

J. Agreement to the terms of funding

Please provide signatures requested below to certify that you and the institution receiving the award understand and agree with the above terms and conditions before **5 pm, January 15, 2021**.

K. Release of funds

Please forward a copy of this signed subaward agreement and Appendix A (your research proposal summary & budget), which are required for immediate release of funds. Please forward a copy of your community partnership letter and/or approved Institutional and/or community ethics approval **when or if they are required for your project** anytime within the funding period. Please note that funds are not released to individuals, but to organizations or institutions.

We at the ON NEIHR NPI's office wish you the best with your project and are available to support you and your community partners any way that we can. Miigwetch/mahsi cho.

Warmly,

Dr. Suzanne Stewart
ON NEIHR Nominated Principal Investigator
WBIIH Director/DLSPH/University of Toronto

Enclosures

Appendices A, B

cc.

Roy Strebel, Research Coordinator, ON NEIHR

Deanna Pong, Research Funding Manager, Research Services Office U of T

To indicate your acceptance of this letter agreement, **please complete the below** and return via email to ON NEIHR Coordinator at roy.strebel@utoronto.ca

Subgrant Awardee Print Name and Signature (responsible for funds)

Date

Cheque payable to

--

A) Financial mailing address

--

B) Name, email and mailing address

<p>Subgrant Awardee name:</p> <p>Business Officer Contact:</p>
<p>Indigenous partner(s) if applicable (e.g. organization, community):</p>

Appendix A: ON NEIHR Subgrant Project Proposal & Budget Year 1 & 2

1. Summary

[cut and paste to here; approximately 1 page]

2. Budget

Subgrant Expense Year 1	Year 1 Budget	Subgrant Expense Year 2	Year 2 Budget
Total	20,000	Total	20,000

Table 1. Budget Year 1 & 2

**Appendix B: ON NEIHR Subgrant Annual Final Report Template Year 1 & 2
Due March 31, 2022**

1. Title Page

- Researcher name, title, organization name, and contact information (full address, including mailing address, email, telephone)
- Any other contact person’s (such as community partner organization lead) name if applicable, and contact information (address, telephone, email)
- Time period and total financial amount of the subgrant (i.e. \$20,000/24months)
- Signature of researcher and current date

2. Research Network Program Activities Report (2-3 pages)

- Briefly restate the plan outlined in the original research proposal. Were there any revisions or changes to the proposal? If yes, please describe. What effects have the revisions had on the project plan?
- Briefly restate the impacts or outcomes as outlined in the original proposal. What progress has been made to achieving the outcomes during this period? If outcomes have changed from those originally proposed, please explain why. What has been the impact of any changes?3.

3. What methods are being used to gather data or build the research network? What are there the findings to date?

4. Reflection: What do you consider to be the greatest strengths(s) of your research/network activities? What do you consider to be the most important concerns(s) currently facing your research/network activities?

5. Has this subgrant been helpful in attracting additional resources in the form of student trainees, community partners, financial support/additional grants, services, or publicity?

6. List research outputs have been made (e.g. publications, presentations, leadership activities, community events/activities, program development, tool or toolkit development, etc.).

7. List other research funding sources and amounts received during this period for this project

8. List next steps or plans for continued funding from the ON NEIHR, external funding applications, development of new community partnerships, expansion of research team, revisions, or replication of the research.

9. List budget as submitted in original proposal, and actual for this period. Explain any variances over 15 percent. Use below Table 1 and Table 2.

Year 1 Subgrant Expense	Year 1 Budget	Year 1 Actuals	Difference	Explanation

Table 1. Budget & Actuals Year 1

Year 2 Subgrant Expense	Year 2 Budget	Year 2 Actuals	Difference	Explanation

Table 2. Budget & Actuals Year 2

Appendix D

Theme 6 Terms of Reference

Purpose

As a research theme area of the **Ontario Network Environments for Indigenous Health Research** (ON NEIHR), the **Theme 6 Policy and Knowledge Translation Group's** purpose is to explore current Indigenous knowledges and practices in government policy change and create new innovations to provide guidance to Indigenous researchers, community organizations, and settler governments in effective community-driven policy change and implementation.

Objectives

The research theme group will

- Create an Indigenous Policy and Knowledge Translation Strategy, including policy engagement tool kits for both organizations/researchers and policymakers.
- Create tools (such as publications, trainings, events, etc.) based in culture and spirituality to support on-going policy change work for Indigenous community organizations and researchers.
- Use a cultural safety framework and distinct Indigenous spiritual and cultural knowledges in all collaborations, initiatives, and outputs.
- Ensure all policy work is holistic in terms of focus on prevention and early intervention in mental health, while addressing intersections with other issues, such as child welfare modernization, poverty, addiction, violence against women, and more.
- Maintain accountability regarding action and implementation of initiatives, projects, and outputs to Indigenous communities, Elders, leaders, and youth, to ensure the work is based in community and cultural needs.

Membership (12 members)

1 ON NEIHR staff member

- Roy Strebel

1 community partner member

- Mark Atanasoff, NCFST

1 student research assistant

- Sarah Ponton

2 government policy makers

- Vacant
- Vacant

7 ON NEIHR research team members

- Elder Pauline Shirt, Collaborator (Theme Lead & Co-chair)
- Suzanne Stewart, Principal Investigator (Theme Lead & Co-chair)
- Jeffrey Schiffer, Co-Investigator (NCFST)
- Henry Harder, Collaborator
- Pam Hart, Collaborator (NWRCT)
- Mikaela Gabriel, Collaborator
- Janet Smylie, Co-Investigator

Reporting To

Ontario NEIHR Research Team and WBIIH Elder's Council. Meeting minutes will be posted to the Ontario NEIHR website.

Meetings

The group will meet once per month for one hour. Regular meeting dates will be set by consensus of the group at the beginning of the calendar year.

Meeting will be organized and co-chaired by the Theme 6 Lead and the Elder.

Minutes will be taken by the student research assistant. Agendas will be created by the Theme Lead/co-chairs and sent to members in advance of each meeting, accompanied by minutes from the previous meeting.

Quorum

Quorum is required for meeting and decision making. Quorum is 50% of the membership plus 1.

Review

This term of reference is a living document and will be subject to revision at any time according to group needs.

Appendix E

Ontario Network Environments for Indigenous Health Research and Indigenous Mentorship Network of Ontario's Indigenizing Health Winter Symposium 2020: Symposium Summary & Event Evaluation

Suzanne Stewart, Devon Bowyer, Adriana Gonzalez & Mikaela Gabriel

University of Toronto

Event Summary

The Ontario Network Environments for Indigenous Health Research (ON NEIHR) and the Indigenous Mentorship Network of Ontario (IMN-ON) held the Indigenizing Health Symposium (Virtual Knowledges Exchange) on December 2nd and 3rd, 2020. Over the two-day event, ON NEIHR team members and IMN-ON students provided researcher and student training pertaining to community-driven Indigenous research processes and procedures, knowledge translation mechanisms, as well as policy development tools that are being conducted in alignment with the ON NEIHR research themes. As COVID-19 mitigation protocols were still in place in December 2020, the Symposium was held virtually via Zoom, allowing a broad range of panelists and attendees from across Turtle Island, Hawai'i, and Australia to participate in the event.

Gathering Organizers

The Ontario Network Environments for Indigenous Health

The ON-NEIHR team comprises Indigenous academics and community partners who specialize in:

- Mental health and research training in the utilization of Indigenous knowledges perspectives;
- Indigenous research ethics, methodologies and community participatory approaches to research;
- The refining of existing mental health models and interventions combined with conducting evaluations based on Indigenous knowledges;
- The development of Indigenous assessment tools and frameworks.

Indigenous Mentorship Network of Ontario

The Indigenous Mentorship Network of Ontario (IMN-ON) is a five-year health training program committed to supporting and growing a network of Indigenous health scholars. Through training programs and mentorship, students involved in the IMN-ON have the opportunity to partake in Indigenous health and wellbeing research to serve the research needs and capacities of Indigenous communities located in Ontario, as well as advance Indigenous health equity in the province.

Funding Support

The Symposium was covered through CIHR's funding of the ON-NEIHR research network.

Venue

The Symposium was held virtually using the webinar function of the video-conferencing software, Zoom.

Symposium Attendees

The Symposium was available to the general public, including academic and community audiences, who registered via Eventbrite (link provided under the Registration subheading of this report). Over 100 participants attended the two-day event and consisted of the following groups: ON-NEIHR and IMN-ON organizers, ON-NEIHR team members, Traditional Knowledge Holders, Elders, community members, Indigenous Mentorship Network of Ontario students, staff and students from the Waakebiness-Bryce Institute for Indigenous Health, and general participants.

Symposium Panelists and Moderators

Four Elders, thirteen researchers, and seven undergraduate and graduate students presented at the Symposium, while four IMN-ON students moderated the panels.

Elders

- **Elder Pauline Shirt:** Pauline Shirt was born and raised in Saddle Lake Reserve, Alberta. Pauline is greatly recognized for her commitment to the Toronto Native community and for her dedication as a teacher and lecturer since the late sixties. She is a member of the Three Fires Society and the Buffalo Dance Society. Elder Pauline Shirt, a Founder of the First Nations School and the Red Willow, are just two examples of her hard work ethic and perseverance to enhancing the betterment of the Toronto Aboriginal community. Today, Pauline serves as a mentor to many Aboriginal youth and young families as an experienced and trusted Grandmother.
- **Elder Clayton Shirt:** Clayton Shirt is a Traditional Knowledge Keeper in Residence at Waakebiness-Bryce Institute for Indigenous Health at Dalla Lana School of Public Health, University of Toronto. Clayton is from the Wolf Clan of Saddle Lake Treaty 6.
- **Elder Luana Shirt:** Luana is an Indigenous Cultural Knowledge Keeper that is passionate about Indigenous women's health, Indigenous language revitalization, and Indigenous land-based teachings. Luana Shirt is from the Plains Cree First Nations in Saddle Lake Alberta.
- **Elder Wendy Phillips:** Wendy is of the Bald Eagle Clan; She is Potawatomi and Ojibwa and a proud member of Wasauksing First Nation in the heart of the Muskokas. She is a keeper of the 8th Fire Prophecies, Keeper of the Ancient Thunderbird Calendar, Ceremonial Leader, Spiritual Educator, Cultural Innovator and Traditional Indigenous Healer. Wendy is a Masters Candidate in the School of Environmental Studies with York University; she is a graduate of Trent University with an Honors degree in Indigenous Studies with a Minor in Business Administration; She has also graduated from Fleming College with a Diploma in Career and Work Counselling and George Brown College with a Certificate in Life Skills Coaching.

Researcher Panelists

- **Dr. Rod McCormick:** Dr. McCormick (Kaniekehaka-Mohawk) is a Senior Professor and BC Government endowed Research Chair in Indigenous Health at Thompson Rivers University. Before moving back to his partner's home community of T'Kemlups te Secwepemc, Rod was a psychologist and counselling psychology professor at the University of British Columbia for 18 years. Dr. McCormick's research focuses on community capacity building in mental health and research as well as the reclamation of traditional forms of healing. Dr. McCormick was the lead for the BC Aboriginal Capacity and Developmental Research Environments and the BC Network Environments for Aboriginal Health Research,
- **Dr. Lynn Lavallee:** Dr. Lavallee is Anishinaabe registered with the Metis Nation of Ontario. She has taken on governance, leadership, and administrative roles all with the focus of advancing Indigenous peoples and knowledges in the academy. She currently holds the position of strategic lead, Indigenous resurgence in the Faculty of Community Services. The goal of her pedagogical, research & service is the advancement of Indigenous knowledge in the academy & research. She is committed to many community and university service activities to further this goal. She is currently Chair of the Research Ethics Board at Ryerson University, associate director in the School of Social Work, & President of the Toronto Kiwanis Boys & Girls Clubs.
- **Dr. Maile M. Taualii:** Maile Tauali'i, Ph.D., MPH, serves as an Assistant Clinical Investigator for Hawaii Permanente Medical Group (HPMG) – the state's largest multispecialty group practice. Dr. Tauali'i joined HPMG in 2018, in which she worked with the Center of Integrated Healthcare Research (CIHR) on the utility and validity of health information for racial minorities. Her research focused on eliminating health disparities, specifically for Indigenous Peoples and Native Hawaiians. Dr. Tauali'i serves as a resource to HPMG physicians, providers, and staff in areas of research, cultural safety, and working in partnership with communities of Hawaii, especially to the Native Hawaiian population, as the first people of Hawaii.
- **Dr. Chantelle Richmond:** Dr. Richmond (Bigitigong Anishinabe) is an Associate Professor in the Department of Geography and Environment at Western University in London, Ontario (Canada), where she holds the Canada Research Chair in Indigenous Health and the Environment. Dr. Richmond is Nominated Principal Investigator of Ontario's Indigenous Mentorship Network. Chantelle's research is based on a community-centred model of research that explores the intersection of Indigenous people's health and knowledge systems within the context of global environmental change. Along with colleagues and community partners in Canada, Hawaii and New Zealand, Chantelle's current research examines concepts and applied processes of environmental repossession.
- **Dr. Angela Mashford-Pringle:** Dr. Mashford-Pringle is an Algonquin woman from Timiskaming First Nation. She is an Assistant Professor and Associate Director at the WBIH at the Dalla Lana School of Public Health at the University of Toronto. She works with Indigenous communities in urban and rural settings with issues related to Indigenous health including culture, language, land-based learning, climate action, and policy analysis and development.

- **Dr. Alanaise Goodwill:** Dr. Goodwill is an Anishinaabekwe Professor and Psychologist specializing in the treatment of complex trauma in Indigenous children & adults. She is the mother of three children and a citizen of the Sandy Bay Ojibway First Nation in Treaty 1 Territory, Manitoba. At present, she is leading research on the pandemic-induced mental health and substance use health issues in Indigenous people in BC. Her work at Simon Fraser University includes teaching courses on counselling ethics, counselling theories, & Indigenizing education as a member of the Indigenous Education Reconciliation Committee.
- **Dr. Holly Graham:** Dr. Holly Graham is a member of the Thunderchild First Nation. She has worked as a Registered Nurse (RN) in a variety of northern communities, in addition to various other health care environments since 1985. Holly is an Assistant Professor in the College of Nursing, at the University of Saskatchewan. She maintains an active practice as a Registered Doctoral Psychologist, working primarily with individuals who have experienced trauma and symptoms of posttraumatic stress disorder (PTSD). Holly's research is focused on Indigenous health, mental health, and well-being.
- **Dr. Michelle Dickson:** Dr. Dickson has worked in Aboriginal and Torres Strait Islander health and wellbeing service delivery and health professions education for 25 years. She is Academic Program Director of the Graduate Diploma in Indigenous Health Promotion program for Aboriginal and Torres Strait Islander health professionals and provides leadership in Aboriginal and Torres Strait Islander health and wellbeing within, and external to, her Institution and the Public Health sector.
- **Dr. Brenda Restoule:** Dr. Restoule (Waub Zhe Kwens) is from Dokis First Nation (Ojibwa) & from the Eagle Clan. She is a registered clinical psychologist. The bulk of Dr. Restoule's practice is providing direct clinical services and consultation to First Nation peoples, communities in Anishinabek territory and past work with the Skhkagamik-Kwe Health Centre. She also acts as a consultant to government in the area of Indigenous mental health, addictions, & mental wellness including acting as co-chair with the Thunderbird Partnership Foundation, the Assembly of First Nations, and First Nation & Inuit Health Branch on the development and implementation of the First Nation Mental Wellness Continuum Framework.
- **Dr. Henry Harder:** Dr. Hart is a proud citizen of Fisher River Cree Nation in central Turtle Island. In 2018 he moved to the University of Calgary to be the inaugural Vice-Provost of Indigenous Engagement, and professor in Faculty of Social Work. Previously, he held a Canada Research Chair in Indigenous Knowledges and Social Work through the University of Manitoba from 2012 to 2018. Dr. Hart lead the development of the Master of Social Work in Indigenous Knowledges program at the University of Manitoba and was the first Director of the program. His research focuses on Indigenist helping perspectives, theories, and practices.
- **Dr. Jeffery Schiffer:** Dr. Jeffrey Schiffer, Executive Director, Native Child and Family Services of Toronto. Dr. Schiffer is a leader in healing and reconciliation and Indigenous health and wellbeing child welfare policy, and research. Previously, he was worked with youth in the United States and Guatemala, in both urban and rural communities, and was Special Projects Officer at Vancouver Aboriginal Child and Family Services Society in Vancouver, BC. Through past partnerships with the Institute for Aboriginal Health at the University of British Columbia, and the Earth Institute at Columbia University.

- **Mikaela Gabriel, PhD (Cand):** Mikaela (Mi'kmaq-Italian, Crow Clan) is a PhD Candidate in Clinical and Counselling Psychology from the Ontario Institute in Studies in Education at the University of Toronto. Her research explores how Traditional Knowledge and Elder connections can support Indigenous Peoples' mental health across life transitions, specifically for homeless/street-involved individuals. Together with her supervisor/mentor, Dr. Suzanne L. Stewart and her team, this research has explored life transition needs in collaboration with community partners in culturally safe methods in urban settings. She is a writer, traveler, and an auntie.
- **Dr. Suzanne Stewart:** Dr. Stewart is a member of the Yellowknife Dene First Nation. She is a registered psychologist and Director of the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health at U of T, where she is an Associate Professor in the Division of Social and Behaviour Health Sciences. She and her team hold the Ontario Network for Environments in Health Research Grant on Indigenous mental health. She is the current TCP Chair in Indigenous Health and recently completed a Canada Research Chair in Aboriginal Life Transitions. She is committed to advancing Indigenous healing issues in health research, practice, and policy.

Student Panelists

- Brittany McBeath, Queen's University, PhD student
- Shanna Peltier, University of Toronto, PhD student
- Candace Angelo, University of Sydney, MPhil student
- Sarah Ponton, University of Toronto, MSc-CH student
- Kia Peters, Western University, Undergraduate student
- Robyn Rowe, Laurentian University, PhD student
- Jasper Garay, Mphil, University of Sydney, MIDEA student

Moderators

- Randi Ray, Nipissing University, PhD student
- Riley Kennedy, Western University, Undergraduate student
- Erik Mandawe, Western University, MD student
- Jacqueline Powless, McMaster University, PhD student
- Dr. Chantelle Richmond (student panels)

Overview

The University of Toronto's annual Indigenizing Health Symposium began in 2011. The overarching goal of this Symposium was to build on previous and current conceptions of Indigenous health and to provide new and innovative research, inquiry, and synthesis of health issues and solutions from Indigenous knowledges. Through the development of new insights regarding Indigenous health throughout the Symposium, cutting edge and creative practices and models for addressing current health needs were presented.

Objectives of the Symposium

This *Symposium* achieved several central objectives:

- First, to cultivate an understanding of Indigenous health and healing through conceptual cultural foundations that expand the current deficit model of health, enrich knowledge by focusing on the social processes of socio-political contexts, culture, and traditional knowledges and medicines, and how these are linked to Canadian health systems.
- Secondly, to bring together IMN-ON students and ON-NEIHR leaders and innovators in the field of Indigenous health from traditional, academic, and practitioner backgrounds. The sharing of ideas and ensuing dialogue of the diverse expertise of these high-profile speakers allowed Symposium attendees to take part in the creation of Indigenous healing solutions to health intervention and system challenges. These solutions were developed out of the strengths and resources from Indigenous individuals and communities to explain the key intersections of health, socio-political realities, and Indigenous knowledges.
- Thirdly, the Symposium was developed to address a dire need for the advancement of health systems to better reflect Indigenous knowledges, given the overwhelming lack of culturally based theory and models used, and the growing population of Indigenous peoples migrating to cities, many of whom access harmful health services from non-Indigenous perspectives.

Other more specific *Symposium* objectives that were achieved include:

- Reaching a diverse audience of those interested in Indigenous health, including researchers, academics, students, practitioners, policymakers, and community service administrators.
- Developing new and refining existing traditional Indigenous approaches to current health issues.
- Engaging Indigenous and non-Indigenous individuals and communities in meaningful dialogue on Indigenous mental health and healing.
- Training and/or enhancing the careers of Indigenous scholars, practitioners, policymakers, and administrators.
- Infusing Indigenous ways of knowing into current applied health interventions and practices.
- Preserving and documenting Indigenous knowledges within the various levels of research, practice, and policy/administration.
- Identifying knowledge mobilization tools to extend research and practice impact to Indigenous communities first, and then more broadly to non-Indigenous contexts.
- Considering diverse modalities for Indigenous health: e.g. traditional Indigenous, academic, Western, Turtle Island, Global, hybrid, etc.

Event Format

Six different panels reflecting the key topic areas of the ON-NEIHR (see list of topic areas below) were held via Zoom on December 2nd and 3rd, 2020. Each day consisted of three panels (two expert/academic panels and one student panel). See Appendix I for a full Symposium agenda.

ON-NEIHR topic areas:

- Indigenous land-based and planetary health solutions
- Healing from trauma and reducing addictions
- Enhancing wellbeing and eliminating suicide
- Translating Indigenous knowledges data into practice and policy

Event Feedback

One week following the *Symposium*, panelists, students, and attendees were sent a Google Form survey to fill out regarding their experience attending the virtual event. Participants were asked to comment on the relevancy of the presentations, the appropriateness of the *Symposium's* timing, and suggestions to improve the next Indigenizing Health Symposium (see Appendix II for full Google Forms survey). In total, twelve individuals completed the survey, with eight respondents sharing written feedback regarding their highlights of the Symposium and seven people sharing written feedback for considerations to improve future events. The participant feedback received will be used to inform the next virtual or in-person ON-NEIHR and IMN-ON *Indigenizing Health Symposium*.

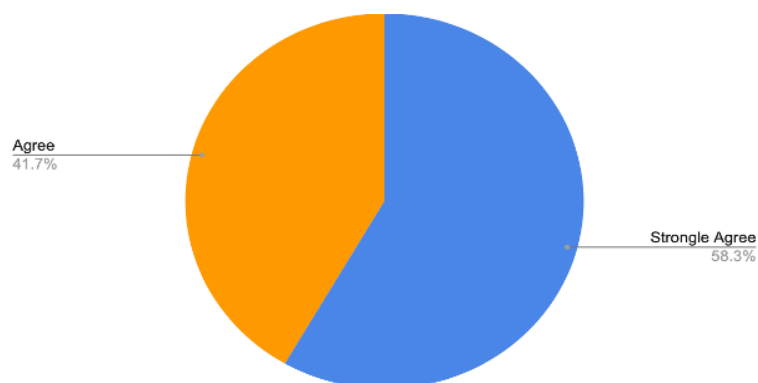
Event Feedback Themes:

- **Student panels** were well received by respondents
- Improve **timing of presentations** (respondents commented on the length of the individual panels and suggested making them longer)
- Enhance **interaction among panelists and attendees** via the Zoom breakout room function (create more time for social aspect of online event)

Survey Results

Question 1: The Symposium content was as described in Symposium materials?

All respondents felt the Symposium content was as described, with seven sharing they strongly agree with the question and five respondents sharing they agree.



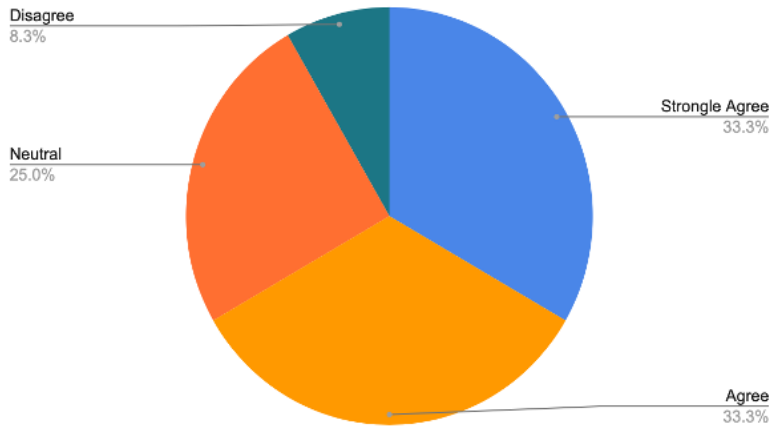
Question 2: I will recommend this *Symposium* to others.

All respondents shared they will recommend this Symposium to others. Half shared that they strongly agree with the statement, while the other half of the respondents said they agree.



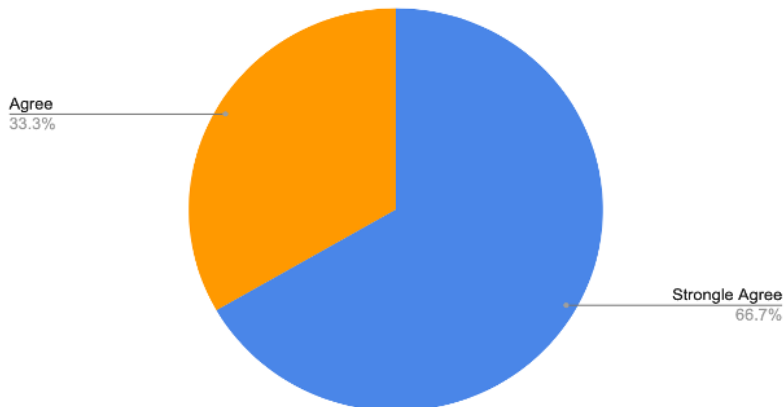
Question 3: The *Symposium* was well-paced within timing.

Eight respondents shared they strongly agreed or agreed that the Symposium's timing was well-paced. Three shared they were neutral, and one respondent disagreed with the statement.



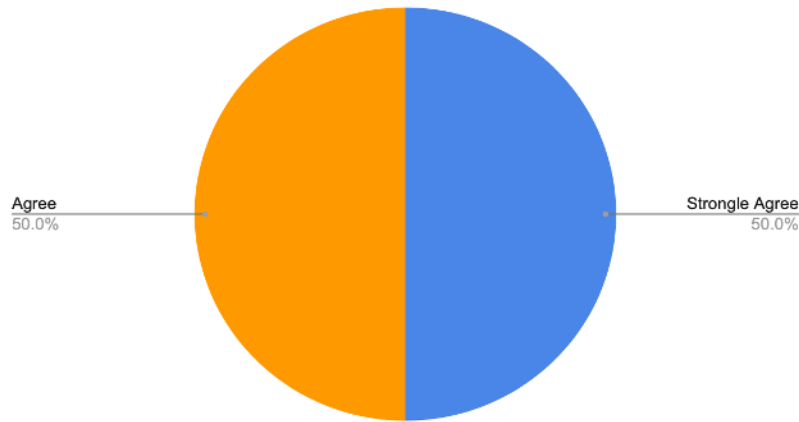
Question 4: The speakers were good communicators

All respondents felt the Symposium speakers were good communicators, with eight respondents sharing they strongly agree with the statement and five sharing they agree.



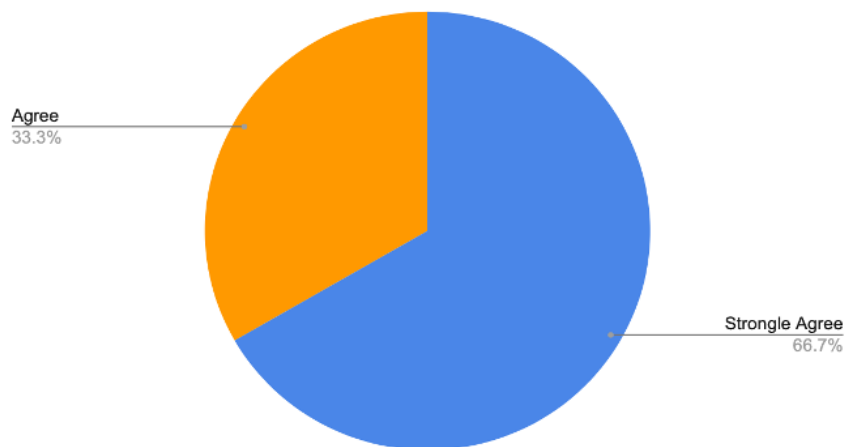
Question 5: Material was presented in an organized manner.

All respondents thought the material presented during the Symposium was done so in an organized manner. Half shared they strongly agree with the statement, while the other half of the respondents said they agree.



Question 6: The speakers were knowledgeable on the topics.

All respondents felt the *Symposium* speakers were knowledgeable on the topics, with eight respondents sharing they strongly agree with the statement and five sharing they agree.



Question 7: What did you most appreciate about the Symposium?

8 responses

- Finding out about the programs offered
- The presentations were most informative, and really enjoyed hearing from the students
- The student panels
- The knowledge that everyone shared with us
- Great to hear from a variety of speakers in a variety of places around the world
- The connection to other Indigenous scholars engages in similar work
- Undergraduates sharing their work
- The student presentations were awesome! Very exciting to hear the work new scholars are pursuing

Question 8: Suggestions for improvement?

7 responses

- Longer presentations
- I found everything flowed nicely
- Opportunity to identify oneself; breakouts
- No improvement, was excellent
- The speakers all had so much fantastic information to share. Having only 5-10 minutes each didn't feel like they were able to get into the most juicy bits.
- More time for speakers. We only got an introduction to their research.

Event Registration

Registration for the Symposium was available to academic and community audiences, as well as members of the general public who signed-up via the Eventbrite link. After registering, participants were sent two unique Zoom webinar links to use on December 2nd and 3rd, 2020. A flyer advertising the event was created by student Research Assistants using Canva and shared via the ON-NEIHR social media pages (Instagram, Twitter, and Facebook) and website (See Appendix III for the flyer and social media posts). The ON- NEIHR Coordinator e-mailed the flyer to ON-NEIHR team members to share with their professional and personal networks. On the first day of the Symposium, attendees were able to access the Indigenizing Health Symposium Handbook, which provided an overview of the virtual event, a detailed agenda, panelist biographies, and contact information.

Elder and Traditional Knowledge Keeper Involvement

Elder Wendy Phillips did an opening prayer and smudge ceremony at the beginning of December 2nd and 3rd. A closing spiritual ceremony was done at the end of December 3rd to signify the end of the two-day virtual Symposium.

Elders also had the opportunity to participate as panelists on both days:

- Elder Wendy Phillips presented on Panel 1: Indigenous land-based and planetary health solutions
 - Elder Luana Shirt presented on Panel 2: Healing from trauma and reducing addictions
 - Elder Clay Shirt presented on Panel 4: Enhancing wellbeing and eliminating suicide
- Conference recordings.

Conference Recordings

The Symposium was recorded and archived on the ON-NEIHR website, as well as the WBIH YouTube channel. All archived videos were shared with panelists and attendees a week after the Symposium via e-mail. The YouTube links were also shared through ON-NEIHR Instagram, Facebook, and Twitter posts. As of March 8, 2021, the recording for day one of the Symposium has 1 like and 68 views, while day two's recording has 3 likes and 41 views.

Summary and Next Steps

The ON-NEIHR and IMN-ON's Indigenizing Health Symposium 2020 saw the first virtual hosting in the continuation of the annual Symposium series. While previous years have invited Indigenous scholars, students, and community members to the city of Toronto to meet, share, and learn in the spirit of adaptation during the COVID-19 pandemic, this Symposium was hosted online through Zoom. This two-day knowledge-sharing event was recorded in its entirety and made immediately available for online viewing through the ON-NEIHR website.

The adaptation of this gathering into a virtual format encouraged accessibility of attendance and sets a new precedent for Indigenous academic development, scholarly collaboration, and knowledge sharing. This Symposium brought ON-NEIHR members from across Turtle Island, Hawai'i, and Australia, and included Traditional Knowledge Keepers/Elders, students, researchers, clinicians, scholars, policymakers, community members, and executive directors of Indigenous community organizations. While previous Indigenous gatherings can be typically hosted in on location in communities, posing travel and financial barriers for students, this virtual event offered no geographic or financial limitations; instead, online delivery and available recording promotes a beautiful step toward a future where Indigenous clinicians, members, researchers, and knowledge seekers are connected through spirit across distances.

One of the main goals of this virtual knowledge exchange was to broaden areas of health and healing in Indigenous communities. The topics and themes in this knowledge exchange explored broad topics of mental health in clinical practices (i.e., health models, interventions, assessment tools and frameworks); healing trauma and substance use; and eliminating suicide and strategies to enhance wellbeing. Alongside mental health and clinical approaches, broader topics of Indigenous research (i.e., ethics, community participatory approaches); planetary health solutions; and Indigenous traditional knowledge and policy integration were included. The diverse array of topics offered valuable insights for researchers, clinicians, and students while emphasizing critical Indigenous-based understandings of what impacts health, including environmental engagement, land-based teachings and structures, and broader domains of planetary wellness.

The COVID-19 pandemic has seen a substantial impact on the service delivery in Indigenous communities, limited traditional engagement, and personal taxation on wellness. With strict requirements for physical disconnection, this virtual knowledge exchange has focused on how to stay safe in the present, promoted global connection of traditional knowledge, and invested into the future of Indigenous scholars.

Feedback from the Symposium found that the accessibility and structure of the Symposium were positively appreciated. Topics, presenters, traditional integration, and format were positively accoladed by survey respondents. Future directions suggested increasing student presentations, as well as increasing engagement through networking platforms such as Zoom breakout rooms. This feedback has strongly informed the focus and structure of future gatherings; in discussion of survey results with the ON-NEIHR team and our community Elders, the 2021 Spring Gathering was determined to be dedicated to student presentations. The focus of a student gathering will offer emerging researchers valuable professional development skills, opportunities for knowledge dissemination, and most importantly, reciprocal networking and connection with senior Indigenous scholars and Elders. Community gathering and support can offer research exposure and teaching for NEIHR members, community members and established researchers to collaborate on future directions and support multigenerational career learning. Early Indigenous scholars will have an accessible, virtual space in which their academic efforts are shared, their journeys honoured, and are offered a platform to receive wisdom and feedback in support of their degrees.

Appendix I: Symposium Agenda (December 2nd and 3rd, 2020)

NEIHR Indigenous Knowledges Virtual Exchange Agenda

Day One: December 2, 2020, 3:00 PM to 5:00 PM EST

Panel #1: Indigenous Land based and planetary health solutions- 3:00 PM to 3:50 PM

Panelists

- **Dr. Rod McCormick**
- **Dr. Lynn Lavallee**
- **Dr. Maile M. Tualii**
- **Dr. Chantelle Richmond, and**
- **Dr. Angela Mashford-Pringle**
- **Elder Wendy Phillips**

Moderator

- **Randi Ray, Nipissing University, PhD student**

1. Spiritual opening, Elder Wendy Phillips- 3pm to 3:05pm
2. Introduction of panel title and panelist names, IMN-ON Student Moderator- 3:05pm to 3:10pm
3. Panel Presentation, all panelists (**each panelist has 5 mins to speak**)- 3:10 to 3:40pm
4. Questions and answers (chosen from the chat by the moderator), IMN-ON Student Moderator- 3:40pm to 3:50pm

Panel #2: Healing from trauma and reducing addictions- 3:50 PM to 4:25 PM

Panelists

- **Dr. Alanaise Goodwill**
- **Dr. Holly Graham**
- **Elder Luana Shirt**

Moderator

- **Riley Kennedy, Western University, Undergraduate student**

1. Introduction of panel title and panelist names, IMN-ON Student Moderator- 3:50 pm to 3:55pm
2. Panel Presentation, all panelists (**each panelist has 5 mins to speak**)- 3:55pm to 4:15pm
3. Questions and answers (chosen from the chat by the moderator), IMN-ON Student Moderator- 4:15pm to 4:25pm.

Panel #3: Indigenous Health Student Panel- 4:25 PM to 4:55 PM

Panelists

- **Brittany McBeath, Queen's University, PhD student**
- **Shanna Peltier, University of Toronto, PhD student**
- **Candace Angelo, University of Sydney, MPhil student**
- **Sarah Ponton, University of Toronto, MSc-CH student**

1. Moderated by IMN-ON PI Chantelle Richmond or NEIHR PI Suzanne Stewart, who will invite the students to introduce themselves. 4:25pm to 4:27pm
2. Student self-introduction of themselves and their work (**each student will have approx. 4 mins to speak**) 4:27pm to 4:45pm
3. Questions from the chat to the panel will be posed by the moderator, 4:45pm to 4:55pm

Concluding Remarks- 4:55 PM to 5:00 PM

Remarks by Dr. Suzanne Stewart & Dr. Chantelle Richmond

Day Two: December 3, 2020, 3:00 PM to 5:00 PM EST

Spiritual Opening- 3:00 PM to 3:05 PM

By Traditional Knowledge Holder Clay Shirt

Panel #4, Enhancing wellbeing and eliminating suicide- 3:05 PM to 3:45 PM

Panelists

- **Dr. Michelle Dickson**
- **Dr. Brenda Restoule**
- **Dr. Jeffrey Ansloos**
- **Elder Clay Shirt**

Moderator

- **Erik Mandawe, Western University, MD student**

1. Introduction of panel title and panelist names, IMN-ON Student Moderator- 3:05pm to 3:10pm
2. Panel Presentation, all panelists (**each panelist has 5 mins to speak**)- 3:10pm to 3:35pm
3. Questions and answers (chosen from the chat by the moderator), IMN-ON Student Moderator- 3:35pm to 3:45pm

Panel #5: Translating Indigenous knowledges data into practice and policy- 3:45 PM to 4:25 PM

Panelists

- **Dr. Henry Harder**
- **Dr. Jeffery Schiffer**
- **Mikaela Gabriel, PhD (Cand)**
- **Dr. Suzanne Stewart**
- **Elder Pauline Shirt**

Moderator

- **Jacqueline Powless, McMaster University, PhD student**

-

1. Introduction of panel title and panelist names, IMN-ON Student Moderator- 3:45pm to 3:50pm
2. Panel Presentation, all panelists- 3:50pm to 4:15pm
3. Questions and answers (chosen from the chat by the moderator), IMN Student Moderator- 4:15pm to 4:25pm.

Panel #6: Indigenous Health Student Panel- 4:25 PM to 4:55 PM

Panelists

- **Kia Peters, Western University, Undergraduate student**
- **Robyn Rowe, Laurentian University, PhD student**
- **Jasper Garay, MPhil, University of Sydney, MIDEA student**

1. Moderated by IMN-ON PI Chantelle Richmond or NEIHR PI Suzanne Stewart, who will invite the students to introduce themselves. 4:25pm to 4:27pm
2. Student self-introduction of themselves and their work (**4 minutes each**) 4:27pm to 4:45pm
3. Questions from the chat to the panel will be posed by the moderator, 4:45pm to 4:55pm

Spiritual Closing- 4:55 PM to 5:00 PM

By Traditional Knowledge Holder Clay Shirt

Please take a few minutes to respond to the following statements and questions:

1) The symposium content was as described in symposium materials?

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

2) I will recommend this symposium to others.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

3) The symposium was well-paced within timing.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

4) The speakers were good communicators.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

5) Material was presented in an organized manner.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

6) The speakers were knowledgeable on the topics.


1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

7. What did you most appreciate about the symposium?

8. Suggestions for improvement?

Appendix III: Symposium Flyer and Social Media Posts


Flyer:



**INDIGENIZING HEALTH SYMPOSIUM
2020: ONTARIO NEIHR INDIGENOUS
KNOWLEDGES VIRTUAL EXCHANGE**

DECEMBER 2-3, 2020 3PM TO 5PM

**THE ONTARIO NEIHR INDIGENOUS KNOWLEDGES
VIRTUAL EXCHANGE BRINGS TOGETHER NEIHR TEAM
MEMBERS AND IMN-ONTARIO STUDENTS TO PROVIDE
RESEARCHER AND STUDENT TRAINING.**




**OVER TWO DAYS, ON NEIHR MEMBERS AND IMN-ONTARIO
STUDENTS WILL PRESENT ON SIX PANELS ADDRESSING THE
FOLLOWING THEMES:**

- INDIGENOUS LAND-BASED AND PLANETARY HEALTH SOLUTIONS
- HEALING FROM TRAUMA AND REDUCING ADDICTIONS
- ENHANCING WELLBEING AND ELIMINATING SUICIDE
- TRANSLATING INDIGENOUS KNOWLEDGES DATA INTO PRACTICE AND POLICY

**[CLICK HERE TO REGISTER FOR THE
SYMPOSIUM](#)**

Social Media Posts:



**INDIGENIZING HEALTH SYMPOSIUM 2020:
ONTARIO NEIHR INDIGENOUS
KNOWLEDGES VIRTUAL EXCHANGE**

DECEMBER 2-3, 2020 3-5 PM EST

THE ONTARIO NEIHR
INDIGENOUS
KNOWLEDGES VIRTUAL
EXCHANGE BRINGS
TOGETHER NEIHR TEAM
MEMBERS AND IMN-
ONTARIO STUDENTS TO
PROVIDE RESEARCHER
AND STUDENT TRAINING.



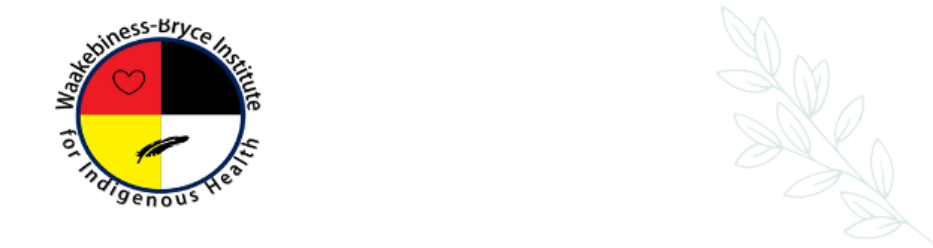
REGISTER TODAY VIA EVENTBRITE:

[HTTPS://WWW.EVENTBRITE.CA/E/INDIGENIZING-HEALTH-SYMPOSIUMON-NEIHR-INDIGENOUS-KNOWLEDGE-VIRTUAL-XCHANGE-TICKETS-128890391631](https://www.eventbrite.ca/e/indigenizing-health-symposium-on-neihr-indigenous-knowledge-virtual-xchange-tickets-128890391631)



**OVER TWO DAYS, ON NEIHR MEMBERS AND IMN-
ONTARIO STUDENTS WILL PRESENT ON SIX PANELS
ADDRESSING THE FOLLOWING THEMES:**

- INDIGENOUS LAND-BASED AND PLANETARY HEALTH SOLUTIONS
- HEALING FROM TRAUMA AND REDUCING ADDICTIONS
- ENHANCING WELLBEING AND ELIMINATING SUICIDE
- TRANSLATING INDIGENOUS KNOWLEDGES DATA INTO PRACTICE AND POLICY



Appendix F

Ontario Network Environments for Indigenous Health Research and Indigenous Mentorship Network of Ontario's Spring Gathering 2021: Summary and Event Evaluation

Suzanne Stewart, Adriana Gonzalez, Jenna Wilson, & Jay Liu

University of Toronto

01 June 2021

Event Summary

The Ontario Network Environments for Indigenous Health Research (ON NEIHR) and the Indigenous Mentorship Network of Ontario (IMN-ON) hosted a two-part four-hour virtual Spring Gathering entitled *Navigating this Time: Holistic Wellness for Indigenous Scholars* in April and May 2021. Since its incipience, the COVID-19 pandemic has presented substantial impacts toward mental health service accessibility and delivery within Indigenous communities, limited opportunities for traditional in-person engagement, and generated challenges to establishing personal and community well-being. In response to these mental wellness challenges for students, leaders of the IMN-ON and ON NEIHR collaborated to deliver a virtual sharing space that was restorative and culturally safe and offered an opportunity for Indigenous students and scholars to share their encounters with healing during the COVID-19 pandemic. The leaders of the two partnering networks created this event, titled Spring Gathering, and invited Indigenous researchers, students, Elders, and community members from across Turtle Island to share their perspectives on maintaining their wellness during this health crisis within and outside academia. The first part of the Spring Gathering focused on Indigenous graduate students presenting their experiences and knowledges about protecting and promoting holistic health during the pandemic. The second part of the event focused on Indigenous academics and professionals, giving them confidential culturally safe and culturally based space to share their experiences, hopes, and challenges of working during a pandemic. In the spirit of accessible and reciprocal knowledge sharing, both parts of the event hosted Elders and Traditional Knowledge Keepers to lead an open discussion on holistic healing during and beyond such a health crisis for all presenters and attendees.

Event Format

As a result of the public health guidelines to maintain physical and social distancing, the two-part 2021 Spring Gathering was held virtually over the video communications platform Zoom. The virtual framework of the Spring Gathering allowed for live participation from broad geographic locations across Turtle Island. Due to the nature of the event, prior registration was required to access the Zoom sessions, and the presentations and moderated discussions were not recorded nor shared on a public platform.

Gathering Organizers

Waakebiness-Bryce Institute of Indigenous Health, University of Toronto

The Waakebiness-Bryce Institute of Indigenous Health (WBIIH) team is comprised of educators and researchers from the University of Toronto who work with community partners and Indigenous peoples to address the disparities in health between Indigenous and non-Indigenous people. The team engages in research, education, and service initiatives to prevent disease, improve health, deliver a quality of Indigenous health care, and educate Indigenous and non-Indigenous students to reduce and eliminate health inequities.

Ontario Network Environments for Indigenous Health Research Team

The Ontario Network Environments for Indigenous Health Research Team comprises Indigenous academics and community partners who specialize in

- Mental health and research training in the utilization of Indigenous knowledges perspectives
- Indigenous research ethics, methodologies, and community participatory approaches to research
- The refining of existing mental health models and interventions combined with conducting evaluations based on Indigenous knowledges
- The development of Indigenous assessments and frameworks

Indigenous Mentorship Network of Ontario

The Indigenous Mentorship Network of Ontario is a five-year health training program committed to supporting and growing a network of Indigenous health scholars. Through training programs and mentorship, students involved in the IMN-ON can partake in Indigenous health and well-being research to serve the research needs and capacities of Indigenous communities located in Ontario and advance Indigenous health equity in the province.

Funding Support

The Spring Gathering 2021 expenses were covered by the CIHR funded ON NEIHR.

Venue

The ON NEIHR and IMN-ON Spring Gathering was held virtually via the video communications platform Zoom.

Symposium Attendees

Both parts of the Spring Gathering were available to the public who registered for the event via Eventbrite (link provided under the Registration subheading of this report). Over 30 registrants attended the two-day four-hour event and consisted of the following groups: ON NEIHR and IMN-ON organizers, Traditional Knowledge Holders, Elders, Indigenous Mentorship Network of Ontario students, Waakebiness-Bryce Institute for Indigenous Health staff and students, as well as other general participants.

Panelists and Moderators

Two Elders, one Traditional Knowledge Keeper, three IMN-ON students, and three IMN-ON/ON NEIHR scholars led moderated presentations and facilitated plenary and small-group discussions at the Spring Gathering. Below is their names and biographies.

Elders and Traditional Knowledge Keepers

Wendy Phillips

Wendy is of the Bald Eagle Clan; She is Potawatomi and Ojibwa and a proud member of Wasauksing First Nation in the heart of the Muskokas. She is a keeper of the 8th Fire Prophecies, Keeper of the Ancient Thunderbird Calendar, Ceremonial Leader, Spiritual Educator, Cultural Innovator and Traditional Indigenous Healer. Wendy is a Masters Candidate in the School of Environmental Studies with York University; she is a graduate of Trent University with an Honors degree in Indigenous Studies with a Minor in Business Administration; She has also graduated from Fleming College with a Diploma in Career and Work Counselling and George Brown College with a Certificate in Life Skills Coaching.

Clayton Shirt

Clayton Shirt is a Traditional Knowledge Keeper in Residence at Waakebiness-Bryce Institute for Indigenous Health at Dalla Lana School of Public Health, University of Toronto. Clayton is from the Wolf Clan of Saddle Lake Treaty 6.

Luana Harper Shirt

Luana is an Indigenous Cultural Knowledge Keeper that is passionate about Indigenous women's health, Indigenous language revitalization, and Indigenous land-based teachings. Luana Shirt is from the Plains Cree First Nations in Saddle Lake Alberta.

IMN-ON Student Panelists (April 30, 2021)

Amy Shawanda

Amy Shawanda is from the Odawa Nation, who was born on Manitoulin Island and raised in Wiikwemkoong Unceded Territory. Amy is the co-instructor for the Indigenous Required Credit course in the Indigenous Environmental Studies and Sciences department at Trent University. In addition, she is a sessional instructor at the University of Sudbury for the Indigenous Health and Wellness course.

Sharlene Webkamigad, RN

Sharlene Webkamigad, RN, is an Anishinabe-Kwe from the Wiikwemkoong Unceded Territory on Manitoulin Island, Ontario, Canada. She combines her life and career experiences as she proceeds with her educational journey in the Interdisciplinary Ph. D. in Northern and Rural Health program at Laurentian University.

Jodi-Mae John

Jodi is Mohawk, bear clan from Tyendinaga Mohawk Territory where she has been living and working as a Registered Dietitian and Certified Diabetes Educator for nearly 10 years. She has a Bachelor of Science in Biology/Psychology from Trent University as well as a Bachelor of Science in Nutrition from McGill University. She is currently pursuing her Master of Arts in Geography at Queen's University.

IMN-ON/ON NEIHR Researcher Presenters (May 7, 2021)**Dr. Angela Mashford-Pringle**

Dr. Mashford-Pringle is an Algonquin woman from Timiskaming First Nation. She is an Assistant Professor and Associate Director at the WBIIH at the Dalla Lana School of Public Health at the University of Toronto. She works with Indigenous communities in urban and rural settings with issues related to Indigenous health including culture, language, land-based learning, climate action, and policy analysis and development.

Dr. Chris Mushquash

Dr. Christopher Mushquash, C.Psych., is an Associate Professor in the Department of Psychology at Lakehead University and the Human Sciences Division of the Northern Ontario School of Medicine. He is a Canada Research Chair in Indigenous Mental Health and Addiction and a clinical psychologist at Dilico Anishinabek Family Care. He is also Director of the Centre for Rural and Northern Health Research at Lakehead University.

Dr. Bonnie Freeman

Dr. Bonnie Freeman is Algonquin/Mohawk from the Six Nations of the Grand River Territory in Ontario, Canada. She recently completed a Ph.D. in Social Work from Wilfrid Laurier University and has transitioned into a tenure-track Assistant Professorship with the School of Social Work at McMaster University beginning July 2015.

Moderators (April 30 & May 7, 2021)**Dr. Chantelle Richmond**

Dr. Richmond (Bigitigong Anishinabe) is an Associate Professor in the Department of Geography and Environment at Western University in London, Ontario (Canada), where she holds the Canada Research Chair in Indigenous Health and the Environment. Dr. Richmond is Nominated Principal Investigator of Ontario's Indigenous Mentorship Network. Chantelle's research is based on a community-centred model of research that explores the intersection of Indigenous people's health and knowledge systems within the context of global environmental change. Along with colleagues and community partners in Canada, Hawaii and New Zealand, Chantelle's current research examines concepts and applied processes of environmental repossession.

Dr. Suzanne Stewart

Dr. Stewart is a member of the Yellowknife Dene First Nation. She is a registered psychologist and Director of the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health at U of T, where she is an Associate Professor in the Division of Social and Behaviour Health Sciences. She and her team hold the Ontario Network for Environments in Health Research Grant on Indigenous mental health. She is the current TCP Chair in Indigenous Health and recently completed a Canada Research Chair in Aboriginal Life Transitions. She is committed to advancing Indigenous healing issues in health research, practice, and policy.

Mikaela Gabriel, Ph.D. Candidate

Mikaela (Mi'kmaq-Italian, Crow Clan) is a Ph.D. Candidate in Clinical and Counselling Psychology from the Ontario Institute in Studies in Education at the University of Toronto. Her research explores how Traditional Knowledge and Elder connections can support Indigenous Peoples' mental health across life transitions, specifically for homeless/street-involved individuals. Together with her supervisor/mentor, Dr. Suzanne L. Stewart and her team, this research has explored life transition needs in collaboration with community partners in culturally safe methods in urban settings. She is a writer, traveller, and an auntie.

Event Objectives

Event objectives were to:

- Provide an accessible, culturally safe, and respectful space for Indigenous scholars and students to share their perspectives on maintaining holistic well-being during health crises;
- Maintain community cohesion and connectivity through reciprocal knowledge sharing methods;
- Provide Indigenous students with an opportunity to lead presentations, as well as the opportunity to engage with Indigenous health academics, Elders, and Traditional Knowledge Keepers;
- Apply Indigenous understandings of holistic health and healing to current COVID-19 responses;
- Advance Indigenous ways of knowing within current health interventions and holistic health service delivery, and;
- Reach a diverse audience of Indigenous health scholars, students, practitioners, and community members.

Event Feedback

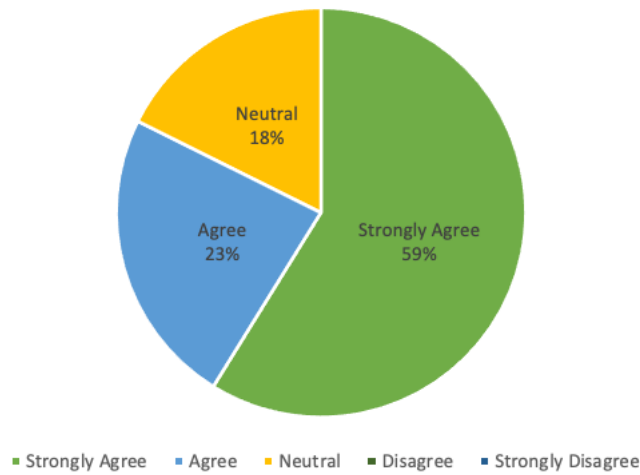
The collection of participant feedback signifies the value of gathering shared and individual participant perspectives to inform and influence subsequent events hosted by the ON NEIHR and IMN-ON networks. Thus, immediately following both parts of the event, student and researcher panelists, moderators, and general attendees were sent a Google Form survey to fill out regarding their experience participating in the Spring Gathering 2021. Participants were asked to comment on the knowledge-sharing opportunities of the event, the appropriateness of the Gathering's timing, the overall quality of the content shared at the event, and suggestions to improve future ON NEIHR and IMN-ON gatherings. Seventeen people completed the Google Forms survey,

with twelve respondents sharing written feedback regarding their highlights of the Gathering and nine people sharing suggestions for improvements.

Total responses: 17

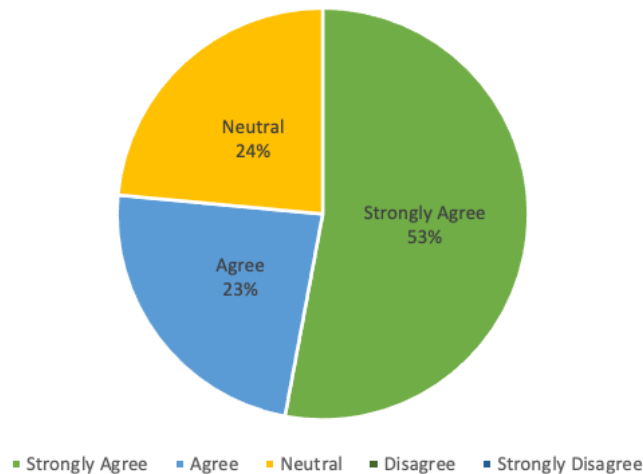
Most respondents were satisfied with the event topic, with ten strongly agreeing and four agreeing with the statement. Four respondents shared they were neutral with the event topic.

I was satisfied with the event topic.



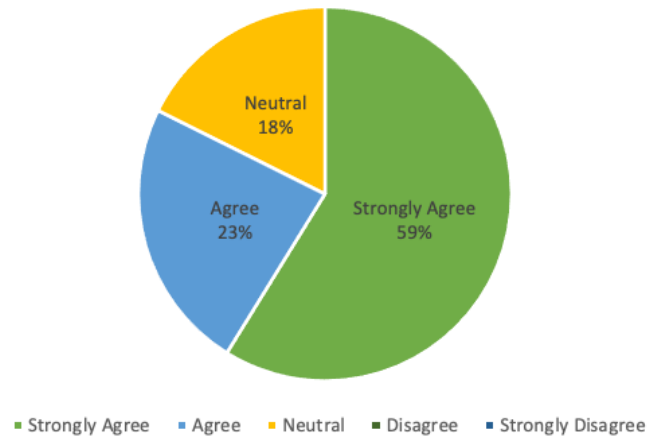
Most respondents thought the gathering was well-paced, with nine respondents sharing they strongly agree with the statement, four agreeing, and four sharing they were neutral with the timing of the Spring Gathering.

The Spring Gathering was well-paced within timing.



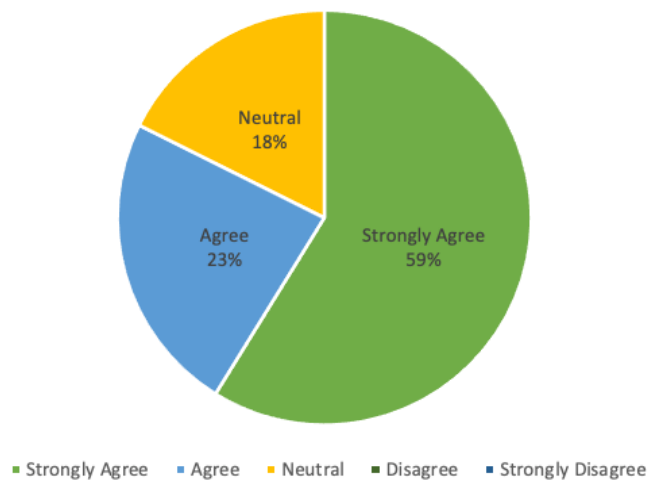
Most respondents were satisfied with the knowledge-sharing that took place during the event. Ten respondents shared they strongly agree with the statement, while four agreed. Three survey participants also shared they were neutral with the knowledge sharing of the event

I was satisfied with the knowledge-sharing opportunities provided during the event.



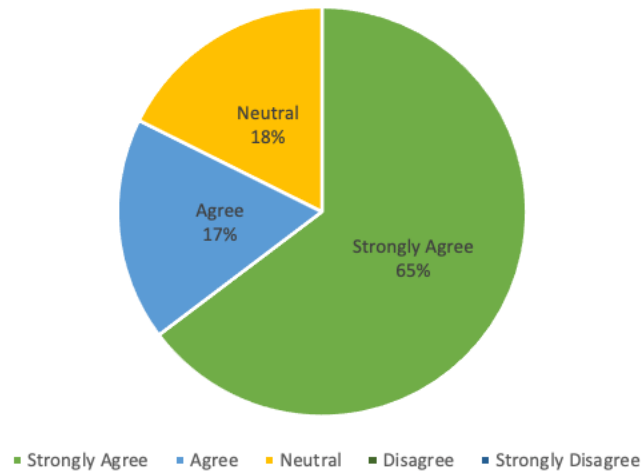
The majority of the respondents were satisfied with the event's content, with ten stating they strongly agree with the statement and four agreeing. Three participants shared they were neutral with the content of the Spring Gathering.

I was satisfied with the content shared during the event.



The majority of respondents recommend the Spring Gathering to others. Eleven stated they strongly agree, and four shared they agree with the survey’s statement, while three participants said they were neutral in recommending the event to others.

I would recommend the Spring Gathering to others.



Twelve written responses to the open-ended question “**What did you like about the Spring Gathering?**” were gathered. Majority of responses were about how the attendees enjoyed the sharing opportunities and getting to hear the experiences and stories of others:

- “Time to hear other’s stories; it resonates, and I do not feel as alone.”
- “I liked the relaxed nature of the Spring Gathering. I felt as though it was a safe, open space for sharing and learning in COVID times.”
- “How the presenters talk about holistic healing and how to create balance in a holistic way.”
- “I really enjoyed the discussion of the realities of managing COVID and Indigenous approaches and understanding to connect with the land through it all.”
- “Connecting with other Indigenous academics who could share their knowledge and experiences with us. It was so encouraging to listen in a very relaxed and supportive atmosphere.”
- “It was nice to hear stories about how people cope, we are in this together.”
- “The open discussions as a group, the teachings from the Elders.”
- “I was only able to attend the wellness chat on Friday morning but felt so happy to have joined. I would strongly encourage this event to colleagues, peers and students. Mahsi cho for the efforts behind this.”
- “I loved the open, honest sharing.”
- “Practical and personal experience shared.”
- “I learned some things I did not know.”
- “People from all over are able to gather and talk about holistic wellness and healing.”

Nine responses to the open-ended question “**Please give any suggestions for improvement**” were gathered. Responses were of thanks and that the respondents thought the event was a positive experience. One respondent shared a suggestion of allowing event participants share questions with the organizers and presenters prior to the event via email.

- “I enjoyed this experience (my first), thank you!”
- “Nothing everything was done very great I enjoyed it.”
- “More events like this!”
- “I think it was fantastic and feel very blessed Miigwetch.”
- “I think it was a great event and little needs to be done to improve it. Miigwetch.”
- “More, please! Kinanaskomitin (I thank and honour you, in Michif).”
- “Thank you for the invitation.”
- “Perhaps an option to send in questions by email before the event. I always enjoy that portion.”
- “No.”

Event Registration & Social Media Engagement

Speaker requests and registration occurred one month before the first part of the Spring Gathering. Speakers were sent a personalized email invitation from Dr. Chantelle Richmond and Dr. Suzanne Stewart requesting their participation in the event.

Registration for the event was available to the general public through separate Eventbrite links for the first and second part of the Spring Gathering event. Flyers advertising the event were created by ON NEIHR Research Assistants Adriana Gonzalez and Devon Bowyer using Canva (see Appendix I) and shared through the ON NEIHR Instagram, Facebook, Twitter, and website. The flyer was also shared by ON NEIHR staff through an email listserv put together by the Waakebiness-Bryce Institute for Indigenous Health.

Evaluation Summary & Next Steps

Indigenous peoples hold a breadth of experiences, knowledges, and understandings of holistic wellness and community healing. With the COVID-19 pandemic posing significant challenges to mental health service delivery and access to ceremony, the Spring Gathering cultivated an accessible venue for Indigenous scholars, students, community members, and leaders across Turtle Island to come together in the spirit of mutual learning and sharing: a key tenet of the collaborative partnership between the IMN-ON and ON NEIHR. As the second virtual knowledge-sharing offering in the continuum of events hosted by the ON NEIHR and IMN-ON, the Spring Gathering demonstrated the necessity of building on collective and individual strengths to advance the holistic wellness of Indigenous peoples during such a health crisis.

Feedback gathered from the Spring Gathering presenters and attendees found that the content, accessible structure, and knowledge-sharing opportunities were highly regarded. Participants of the Google Forms survey shared their overwhelmingly positive experiences with the IMN-ON students and scholars who presented best practices for maintaining overall well-being during the

COVID-19 pandemic. Moreover, survey participants shared their satisfaction with the interactive opportunity to share their own stories and experiences related to the pandemic, holistic health, and working within academia.

The Google Forms feedback will be used to inform future ON NEIHR and IMN-ON events, including the Fall Gathering 2021: Indigenizing Health Symposium. In alignment with the survey results, this future event will encourage multigenerational learning and knowledge sharing opportunities amongst Indigenous scholars, students, community members, Elders, and Traditional Knowledge Keepers. The Fall Gathering 2021 will illuminate the voices of emerging and seasoned First Nations, Metis, and Inuit health scholars in their pursuit of integrating Indigenous ways of knowing into current health equity interventions, holistic wellness service delivery, and healthcare systems. Attendee participation and interaction will also be maintained as a critical component of the Fall Gathering 2021 and future IMN-ON and ON NEIHR gatherings.

Miigwetch & Acknowledgements

Chi Miigwetch to our organizers:

- Katie Big-Canoe, IMN-ON
- Roy Strelbel, ON NEIHR
- Mikaela Gabriel, ON NEIHR
- Adriana Gonzalez, ON NEIHR
- Devon Bowyer, ON NEIHR

ONTARIO'S INDIGENOUS MENTORSHIP NETWORK (IMN-ON) & THE ONTARIO NETWORK ENVIRONMENTS FOR INDIGENOUS HEALTH (ON-NEIHR) PRESENT THE INDIGENOUS KNOWLEDGES EXCHANGE:

Navigating this Time

Holistic Wellness for Indigenous Scholars

PART ONE (STUDENTS): PART TWO (FACULTY):

- April 30, 2021 -

- May 7, 2021 -

- 10 AM to 12 PM -

- 10 AM to 12 PM -

Via Zoom (Link provided upon Eventbrite registration)

Join us for a morning of IMN-ON students and academics participating in a panel about maintaining wellness while pursuing scholarly activities during the COVID-19 pandemic. A moderated discussion amongst attendees and ON-NEIHR partnering Elders will follow the panel.



[Click here to register for Part One \(April 30, 2021\).](#)

[Click here to register for Part Two \(May 7, 2021\).](#)



Student Panelists

(Presenting April 30, 2021)



Amy Shawanda

Amy Shawanda is from the Odawa Nation, who was born on Manitoulin Island and raised in Wiikwemkoong Unceded Territory. Amy is the co-instructor for the Indigenous Required Credit course in the Indigenous Environmental Studies and Sciences department at Trent University. In addition, she is a sessional instructor at the University of Sudbury for the Indigenous Health and Wellness course.



Sharlene Webkamigad, RN

Sharlene Webkamigad, RN, is an Anishinabe-Kwe from the Wiikwemkoong Unceded Territory on Manitoulin Island, Ontario, Canada. She combines her life and career experiences as she proceeds with her educational journey in the Interdisciplinary Ph. D. in Northern and Rural Health program at Laurentian University.



Jodi-Mae John

Jodi is Mohawk, bear clan from Tyendinaga Mohawk Territory where she has been living and working as a Registered Dietitian and Certified Diabetes Educator for nearly 10 years. She has a Bachelor of Science in Biology/Psychology from Trent University as well as a Bachelor of Science in Nutrition from McGill University. She is currently pursuing her Master of Arts in Geography at Queen's University.

Academic Panelists

(Presenting May 7, 2021)



Dr. Angela Mashford-Pringle

Dr. Mashford-Pringle is an Algonquin woman from Timiskaming First Nation. She is an Assistant Professor and Associate Director at the WBIIH at the Dalla Lana School of Public Health at the University of Toronto. She works with Indigenous communities in urban and rural settings with issues related to Indigenous health including culture, language, land-based learning, climate action, and policy analysis and development.



Dr. Chris Mushquash

Dr. Christopher Mushquash, C.Psych., is an Associate Professor in the Department of Psychology at Lakehead University and the Human Sciences Division of the Northern Ontario School of Medicine. He is a Canada Research Chair in Indigenous Mental Health and Addiction and a clinical psychologist at Dilico Anishinabek Family Care. He is also Director of the Centre for Rural and Northern Health Research at Lakehead University.



Dr. Bonnie Freeman

Bonnie Freeman is Algonquin/Mohawk from the Six Nations of the Grand River Territory in Ontario, Canada. She recently completed a Ph.D. in Social Work from Wilfrid Laurier University and has transitioned into a tenure-track Assistant Professorship with the School of Social Work at McMaster University beginning July 2015.

ON NEIHR Evaluation Plan
Developed by the Evaluation Sub-committee
November 2020 & March 2021

Rationale

Prior research by Dr. Stewart (Stewart & Elliott, 2014, Stewart, 2015, 2016; Stewart, 2017) and others (Allan & Smylie, 2015) has shown a generally poor Indigenous experience of health services, despite efforts to enhance cultural competency and culturally based services by Indigenous organizations and some biomedical community health centres and hospitals. This is particularly critical in the current context of the mental health crisis in communities, where Indigenous populations are extremely vulnerable to higher levels of mental health problems. **Further, few of the current health research networks have been evaluated or developed through evidence-based Western or Indigenous research methods and there has been no proposed follow up with researcher or community partners to determine outcomes** —why? This is because Indigenous services and interventions are difficult to ethically and accurately measure from Western paradigms and currently there are no evidence-based Indigenous evaluation frameworks. Also, most health services in health care systems for the Indigenous Peoples focus exclusively on Western biomedical health interventions, with little or no emphasis on culturally safe or culturally based models, and the services in the city of Toronto are no exception.

Evaluation Research Question & Objectives

This evaluation responds to the need for culturally-based and safe health information and interventions in health network research both evidence-based and evaluated from an Indigenous knowledges framework to reduce and eliminate mental health crisis and increase successful Indigenous assessment and treatment of mental illness to save lives. The evaluation research plan has two aims addressed by the following research question: **What are the successes and challenges of the ON NEIHR from the perspectives of the NEIHR researchers and the community partners? And how has the NEIHR impacted policy, program, and practice changes for Indigenous mental health in Ontario?**

Aim One: Database of Indigenous information on research networks

Aim One is to develop a clearinghouse of evidence-based information on successful mental health resources and research networks for researchers, community members, Indigenous health and social service organizations, and mainstream hospitals and health care providers to be available within Year 1. This will include the development and distribution of communications for mental health resources such as mental health hotlines, online western and Indigenous healing mental health services, webinars, fact sheets, cultural safety protocols, and for the research network information, academic articles, toolkits, briefs, websites, reports, webinars, and more. This information will be made available to its audience throughout the life of the project and beyond. In Years 1 - 1, we will synthesize current literature on mental health resources (for covid-19) and produce a scoping review of best practices of Indigenous emergency responses in

mental health care generally and pandemics specifically, for immediate academic reuptake of knowledge. A second literature review on Indigenous health research networks will be created and published for academic and community audiences. The goal of Aim One is Indigenous Community knowledge Spreading Prevention through information sharing, resources, and services, and the creation of an urban Indigenous community network. The process and products of Aim One will be informed by Traditional Knowledges Keepers (Elders, Healers, Teachers) through consultations of NEIHR research Team, the Waakebiness-Bryce Institute for Indigenous Health (WBIHR) Elders Council, the Well Living House Grandmothers Council, and Community Partners' Traditional Knowledge Keepers.

Aim Two: Indigenous Evaluation Framework for Health Research Network

Aim Two will create an Indigenous evaluation framework to evaluate in a safe, culturally-based Indigenous methodology for use with the HIMHW and to be published for broad use by other research networks. This will include identifying, refining, and assessing Indigenous traditional knowledges and western methods for assessing the successes, challenges, and impacts of the Ontario NEIHR. The Ontario NEIHR has already identified specific values to be embedded in this evaluation framework based in the national NEIHR model values, which include **Transformation, Revitalization, Responsiveness, Relations, Mentorship, Self-determination, Sustainability, and Respect. These values are addressed in the HIMHW by its research objectives, which are identified alongside each value in Table 2, Ontario NEIHR Evaluation Table. Specific evaluation tools will be employed to determine the success, challenges, and impacts of each research objective in terms of striving toward each value of the project.**

These evaluation tools will begin to be developed and piloted within Year 1 of the project and continually revised and improved in Years 2, 3, 4, and 5. The goal of Aim Two is to prevent and end mental illness by evaluating the HIMHW's efforts to supporting Indigenous Peoples who with prevention and Indigenous culturally based services.

Research Design

Indigenous knowledges will be used as both a conceptual and operational framework for the evaluation. Indigenous knowledges are broadly defined as the various forms of knowledge that Indigenous (local) communities accumulate over generations of living in a particular environment; they encompass all forms of knowledge – including technologies (broadly defined), know-how and skills, health care practices, and beliefs – that enable Aboriginal communities to achieve stable livelihoods in their environment (Estey, Smylie, & Macaulay 2009, p.1). This evaluation will operationalize Indigenous knowledges through 1) Community collaboration that centers community partners as collaborative decision makers throughout all phases of the evaluation; 2) Meaningful and on-going engagement and guidance from Traditional Knowledge Keepers (Elders and healers); four Traditional Knowledge Keepers (Elders, Healers) are employed on the project and are “in-residence” on the research team. The four Elders or Healers are to be present and active in all meetings, procedures, and phases of the evaluation. In addition, two Indigenous youth Community Research Assistants (CRAs) appointed by community partners, will bring youth cultural engagement and perspectives to the project. This will embed Indigenous youths' cultural knowledges in the evaluation, build capacity for research within the youth community, and help build knowledge transfer between Traditional Knowledge

Keepers and youth—this process will be documented and mobilized within an Indigenous Evaluation Framework; and 3) Engaging in Indigenous ceremony as part of evaluation procedure; there will be an opening naming ceremony and closing ceremony, and ceremony will be employed as a data collection on an annual basis. Research team members and community partners will participate in traditional ceremonies every year that will bring ongoing cultural guidance to the evaluation and be documented in individual qualitative interviews in Years 1 to 5. It must be noted that due to the current state of the Covid-19 Pandemic in Ontario, all procedures will occur virtually, either online or on the phone, as per directives of Public Health Agencies until such restrictions are ended.

The depth and detail of the evaluation research questions require a mixed-methods evaluation design that uses a quantitative methodology to identify significance and trends and a qualitative methodology that emphasizes co-construction and meaning-making in context. An Indigenous Narrative Inquiry (Barton, 2009) is appropriate for the qualitative inquiry, as it is sensitive to the cultural context and Western construction of narratives embedded in the lived experience of the participants (Gubrium & Holstein, 1995), was created by Dr. Stewart (2008) and refined in later projects (Stewart 2009, 2011, Stewart & Elliott, 2013; Stewart, Reeves & Beaulieu 2014) and is grounded in Indigenous knowledges and ethics (Marshall, A. & Stewart, 2004). Narrative research methods are consistent with Indigenous oral traditions/storytelling as ways of knowing and communicating (Medicine-Eagle 1989; Stewart, 2008; Stewart & Reeves, 2011). Narrative inquiry is a “relational methodology” when used in an Indigenous context, where the application of Native ways of knowing demonstrates how Indigenous epistemology can influence knowledge and practice in research (Barton 2004, p. 519). Narrative Indigenous individual interviews in Years 1 to 5 and Narrative Indigenous circle focus groups at the end of Year 4 will be the primary qualitative data collection instruments.

Research Team meetings, held online (Zoom), will be the first to explain the evaluation research and gather input. Dr. Stewart and the research team will immediately establish a Steering Committee for the NEIHR comprised of Indigenous policy makers, Indigenous community partners and their clients, health care workers, Traditional Knowledge Keepers, and youth representatives. Attention to the inclusion of specific Indigenous identities, including First Nations, Metis, Inuit, and Two-spirited, and transgendered individuals on the Steering Committee will be made. The Steering Committee will advise on all phases of the research, from design through to dissemination, and will have community partner leaders as co-chairs. The Steering Committee will meet once per season. MOUs will be developed with the community partners in Year 1 to ensure the project follows the OCAP principles and TCPS-2, Chapter 9. There will be training and hiring of local Indigenous young people (CRAs), to assist with the evaluation, resource development, and dissemination. The evaluation plan will be subject to Steering Committee and research team final and on-going approvals. A scoping review will synthesize academic and Indigenous knowledges about Indigenous health research networks and be created by the research team to underpin subsequent procedures and will have input and approval from the Steering Committee.

Participants

There will be 608 participants in total (see Table 1. Data Collection Instruments and Participants). Research Team and community partner members are all self-identified Indigenous peoples from diverse backgrounds. Balance of numbers of Metis and Inuit participants (often

underrepresented in data), with First Nations participants is critical, as well as Two-Spirited and transgendered individuals, as the project is striving for accurate representation of Indigenous mental health population identities. Careful attention to ethics must be made in participant recruitment and data collection to ensure on-going informed consent and confidentiality for participants, as well as addressing ownership and possession of data through MOUs and data sharing agreements with all community partners in Year 1.

	Instrument				
Participants		NEIHR Research team members	Community partner members	Traditional Knowledge Keepers	Indigenous health research graduate students
	Network Members Survey	19		4	
	Community Needs survey		300	15	
	Ceremony, Individual interview	(19)	0	(4)	
	Summer Research Institute survey				100 (25 per year for years 2-5)
	Trailblazing Training Institute survey	(19)	50		100
	Indigenous Circle Focus Groups			20	
608		19	350	39	200

Table 1. Data Collection Instruments and Participants

Data Collection

At the outset of the evaluation, a community needs survey will be administered to all NEHIR researcher community partners and address the NEIHR values and objectives (see Table 2, Evaluation Table). Surveys will also be administered to network members annually to assess the ongoing impacts and process of the network in terms of its values and objectives. Individual Indigenous Narrative Interviews will be conducted with NEIHR network members to generate in-depth narrative details regarding the ways in which spiritual ceremony impact and guide their research in the network. Interview questions will be subject to Steering Committee final approval and revised according to community consultation inputs. From this data, models for community intervention, including Indigenous assessment and treatment centres will be piloted by community partners and supported by the research team.

The HIMHW annual graduate student summer research institute will occur each summer in years 2 to 5 and students and network members who participate will be surveyed each year. The HIMHW will also hold an annual Trailblazing Training Institute each fall in Years 1 to 4 and will administer a survey to network members, students, and community partner members who participate and attend to measure the impact of the institute on their knowledge, experience, learning, and service behaviours.

Indigenous Circle Focus Groups will be held for Indigenous Traditional Knowledge Keepers who work with community partners throughout the network near the end of project in Year 5 (pending the end of the pandemic; and if it continues and group meetings are not permitted, will occur online). Two groups with 10 participants each will be conducted for a total of 20 participants. These group interviews will provide an opportunity for participants to reflect together on their stories and experiences (Stewart 2009, 2011) of the network for the Indigenous population, from Indigenous knowledge perspectives. Groups will be asked the same questions as for the individual interviews, but may be revised as per preliminary results.

NEIHR Value	HIMHW Objectives	Evaluation Tools	Timeline
Transformation (systems change, advocacy)	<ul style="list-style-type: none"> HIMHW will create a national shift from the current system response to Indigenous mental illness, which focusses on Western biomedical-based crisis and limited-term interventions and supports, to a coordinated strategic system that is based in Indigenous knowledges prevention. 	On the land ceremony narrative interviews/reflections	Years 1-5
	<ul style="list-style-type: none"> By working in partnerships across health systems and governments, our research plan will spur and facilitate transformation in Canada's response to Indigenous mental illness. 	Network members survey	Years 1-5
	<ul style="list-style-type: none"> Ensuring Indigenous languages, diverse Indigenous cultures and identities, and land-based and planetary health solutions are developed and adopted throughout systems of health care in programs, interventions, and policy. 	Research impact via publication activity and citation counts	Year 2-5

	<ul style="list-style-type: none"> The overarching goal is to end Indigenous mental illness and support health and wellness through deep and dynamic transformation to health care system programs, interventions, and policy with national and international reach and impacts. 		
Revitalization (capacity building, Indigenous knowledges, innovation)	<ul style="list-style-type: none"> HIMHW will provide Indigenous knowledge solutions, for practice and policy, that will help redress and remove barriers. The team will develop a cultural evidence-based Indigenous research network to improve mental wellness by generating data that shows that illness and crisis can be prevented with traditional knowledges, cultural safety, and Indigenous science, when applied to health systems. Produce Indigenous methodological research on Indigenous knowledges approaches to mental health and wellness. 	On the land ceremony narrative interviews/reflections	Years 1-5
		Network members survey	Years 1-5
Responsiveness (to community needs)	<ul style="list-style-type: none"> The network will iteratively develop and test new theories, ideas, practices, interventions, and policies in order to immediately prevent current tragedies in youth suicide, depression, opioid crises, family violence, missing and murdered Indigenous women, and other mental health emergencies across Indigenous Canada. Situating Canada as a global leader in preventing and ending Indigenous mental illness. 	Community needs Survey	Year 1 & 4
Relations (ethical partnerships, networking, connections,	<ul style="list-style-type: none"> Operationalize an authentic partnership between networks of research and knowledge users based in Indigenous knowledges and practices, primarily situated in Ontario, but with reach to 	Network members survey	Years 1-5

land, respectful relationships)	<p>other regions in order to ensure equitable representation of diverse Indigenous identities; thus, we include academic and community partners from British Columbia, Alberta, Saskatchewan, NWT, Quebec, and Nova Scotia, and Aboriginal Australia.</p> <ul style="list-style-type: none"> • By working in partnerships across health systems and governments, our research plan will spurn and facilitate transformation in Canada's response to Indigenous mental illness. 		
Mentorship (training opportunities)	<ul style="list-style-type: none"> • Create a cohort of highly qualified Indigenous personnel in research and health care practice who generate and use skills in the co-creation and mobilization of Indigenous research evidence into successful practice, policy, and curriculum. • Over the five years of the network, a total of 130 new and emerging scholars will be mentored by the team across each university site. • IMN-ON's goals and activities align closely with HIMHW's and thus we will work together to co-deliver webinars, summer schools, and academic tools and resources to IMN-ON trainees and HIMHW trainees, who will be invited to join both networks. Specifically, HIMHW will provide training and mentoring students from IMN-ON with NEIHR training workshop twice per year, an annual summer research institute, the TTI, the annual NEIHR gathering, and anything else can be shared to support the IMN-ON. 	<p>Student needs survey</p> <p>IMN-ON key informant interviews</p> <p>TTI feedback questionnaire</p>	<p>Years 1-5</p> <p>Years 1-5</p> <p>Years 1-5</p>

	<ul style="list-style-type: none"> HIMHW will assemble a national yearly Trailblazing Training Institute (TTI), that bring together all network members (academics, students, partners, CRAs, and traditional knowledge keepers) to provide student and researcher training in cutting edge, community-driven Indigenous science and knowledges research process and procedures, knowledge translation, and policy development that are being conducted along the six themes within the network. 		
Self-determination (complete research process, data, findings)	<ul style="list-style-type: none"> Develop and implement an Indigenous governance structure to support the innovative work of the HIMHW network that ensures both accountability and progress. Each research theme is a vessel for innovation developed by research projects organized around key subthemes to be determined and designed by community partners as the research plan develops in detail in Years 1 and 2. Mobilize and translate Indigenous knowledges through leveraging high-impact partnerships that generate system change by infusing research evidence into health practice, policy, programs, and training. 	Community research needs survey Network members survey Annual publications/ Research impact via publication activity and citation counts	Years 1 & 4 Year 1-5 Years 2-5
Sustainability (mandates, capacity, research, paradigms, shared learning, funding)	<ul style="list-style-type: none"> The objectives of this network address several of the recommendations for systemic change in the TRC's in its <i>Calls to Action Report</i> (2015) including: developing with Indigenous groups a joint strategy to eliminate health gaps between Indigenous and non-Indigenous Canadians; providing sufficient 	Network members survey	Years 1-5

	<p>funding to close identified health gaps; improving mental wellness and mental health intervention/service success rates; developing holistic culturally-based Indigenous healing practices with Elders and Healers in health interventions and programs, and increasing the number of Indigenous professionals working in health care/ensuring retention of Indigenous health care providers in communities/providing cultural competency training for all health care professionals.</p> <ul style="list-style-type: none"> • A primary output of the network will be a national database of information about Indigenous mental health and wellness in decolonizing mental health systems curriculum, program, and policy. The network will be grounded in a Two-eyed Seeing framework and Indigenous knowledges in all its activity. Central to the network is generating immediate knowledge translation procedures in programs, interventions, and policy based on solutions and successes identified by the partners. The overarching goal is to end Indigenous mental illness and support health and wellness through deep and dynamic transformation to health care system programs, interventions, and policy with national and international reach and impacts. 	<p>Research impact via publication activity and citation counts</p>	<p>Years 2-5</p>
<p>Respect (anti-racism, anti-oppressive, cultural safety)</p>	<ul style="list-style-type: none"> • Decolonizing Canadian society so that it enables marginalized and oppressed Indigenous peoples, to be able to access mental health services that successfully remediate mental 	<p>Network members survey</p>	<p>Year 1-5</p>

	<p>illness and stabilize them in permanent mental health and healing, and to become connected with community and society, thus able to achieve their full potential in life.</p> <ul style="list-style-type: none"> • Attain and achieve a culturally safe, more Indigenous and diverse (of all Indigenous identities: Métis, First Nations, Inuit, and Two-Spirit/Transgender) Canadian research network through an authentic relationship with Indigenous community members, stakeholders, and knowledge users. 	Community needs survey	Years 1 & 4
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Table 2. Evaluation Table

Data Analysis

Quantitative data analysis of the survey will be descriptive and correlational, specifying demographic characteristics of participants and their responses to Indigenous cultural needs and COVID-19 health interventions and needs. Guided by Indigenous knowledge principles, qualitative data analysis of the individual and group interviews will focus on Indigenous and bi-cultural values and priorities (Smith, 1999; Stewart, 2010). All group and individual interviews will be recorded and subsequently transcribed by the research team. Observations, field notes, and other artefacts will be reviewed and analyzed by the research team and in consultation with participants and Indigenous community partners. The research team will adapt coding structures and themes identified in previous research (Marshall, Guenette & Stewart, 2008; Stewart, 2009, 2010) relevant to all the data.

Procedures & Timelines

Evaluation procedures for the evaluation plan are detailed in table 3, procedures and timelines, and are subject to research team, steering committee, and elders' councils' ongoing approvals. Thus, the procedures are subject to change in order to remain accountable to community partners and traditional knowledge keepers needs, interests, and directives.

Year 1	Year 2	Year 3	Year 4	Year 5
Spring Community consultations	Spring On the land ceremony. Research Team member narrative interviews.	Spring On the land ceremony Research Team member narrative interviews	Spring On the land ceremony Research Team member narrative interviews	Spring On the land ceremony Research Team member narrative interviews

Summer Create evaluation committee. Develop evaluation plan.	Summer Network members survey. Summer research institute survey.	Summer Network members survey Summer research institute survey.	Summer Network members survey Summer research institute survey.	Summer Summer research institute survey. Meta-analysis of data years 1-5
Fall Finalize evaluation plan. Submit for ethical approvals. Two literature reviews. Community Survey. Trailblazing Training Institute survey.	Fall Community Survey. Renew ethical approvals. Trailblazing Training Institute survey.	Fall Community Survey. Renew ethical approvals. Trailblazing Training Institute survey.	Fall Community Survey. Renew ethical approvals. Trailblazing Training Institute survey.	Fall Prepare publications and community presentations. Prepare evaluation final report.
Winter Network members survey. Analyse and disseminate survey data and results. Publications and community presentations. Prepare & share Year 1 Evaluation Report.	Winter Network members survey. Analyse and disseminate survey data and results. Publications and community presentations. Prepare & share Year 2 Evaluation Report.	Winter Network members survey. Analyse and disseminate survey data and results. Publications and community presentations. Prepare & share Year 3 Evaluation Report.	Winter Network members survey. Analyse and disseminate survey data and results. Publications and community presentations. Prepare & share Year 4 Evaluation Report.	Winter Dissemination and knowledge reuptake of evaluation results and recommendations.

Table 3. Procedures & Timelines

Resource Development

The evaluation data will be used to develop mental health interventions and evaluation models that will be specifically framed for Indigenous social services and health provider contexts and for Indigenous communities. Over the course of the Summer Research Institutes and the Trailblazing Training Institutes held annually, the Research Team will develop, test and evaluate models and interventions based on emerging research at the ON NEIHR Lab that will be located virtually (online) and in vivo in direct service, in community partner sites in Toronto; all are locations where marginalized Indigenous populations in Ontario access mental health and social services. We hope to add to these partners as the evaluations progress. The research team will develop and refine a database of Indigenous health information, models, and practices, share significant research results, and gather additional input from network members, community members, and Indigenous health research graduate students, and Indigenous knowledge keepers, to further refine mental health interventions/models and network frameworks, toolkits, and evaluation frameworks. During community and research team meetings, the research team will meet with community partners to provide them detailed evaluation results from its annual evaluation reports and obtain feedback to refine knowledge mobilization for immediate knowledge reuptake by stakeholders.

Dissemination of Results

Knowledge dissemination and transfer are important goals of this evaluation and will target three main audience groups. For academic colleagues and graduate students, the research team will write peer-reviewed papers for publication in journals and presentations at scholarly conferences locally (Year 1 and after the project), nationally (Year 2 and after the project), and internationally (after Year 3). A second audience group is funders, policy makers, health service providers, and educators, who need professional publications, in-service workshops, hands-on resources, curriculum packages, implementation manuals, policy briefs, and executive summaries. This includes an annual evaluation report in December of Years 1 to 4, and a final report at the end of Year 5. Policy Forums will be spearheaded by the research team for immediate reuptake of knowledge and data summaries to policy makers from federal, provincial, municipal governments, Indigenous organizations, First Nations, and NGOs. International policy makers and professionals will have access to the results through presentations that will be made after Year 3 at the United Nations Permanent Forum on Indigenous Issues and International Indigenous. The third important audience is the urban residents themselves—the Indigenous participants, youth, families, adults, Traditional Knowledge Keepers, health workers, administrators, and social service support people—will receive posters, newsletters, and community workshops. Social media on the internet, and the development of media-based software applications will be the focus of knowledge mobilization for youth, community, and student researchers. Together with community partners, CRAs and RAs, evaluation results will be used to develop evidence-based health frameworks, but also practical tools adapted for the local research contexts.



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Annual Report
Year 1

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