



IHRDP-Laurentian-NOSM Aboriginal Health Research Networking Workshop

**May 16th, 2012
West Residence Room 130
Laurentian University**

Meeting Summary Report

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BACKGROUND & RATIONALE

On Wednesday, June 16th, 2012, a group of twenty-five graduate students, faculty, researchers and administration from Laurentian University, the Northern Ontario School of Medicine (NOSM) and the Indigenous Health Research Development Program gathered for a one day networking meeting in Sudbury on the Laurentian University Campus. This report summarizes the discussions and action items arising from the meeting.

The Indigenous Health Research Development Program (IHRDP) is committed to a student-centered approach to community-based health research in Ontario. The IHRDP assists with building a career structure for students in Aboriginal health research and focuses its resources on community-driven research projects concerning identified health-related issues in First Nations and Urban communities. A strong component of their efforts involves developing supportive research environments, partnerships and capacity for health research within Aboriginal communities.

By way of Introduction, Wayne Warry, Principal Applicant (PA) of the IHRDP noted that the networking meeting was held to provide opportunities to students, researchers and Faculty at Laurentian University and NOSM the opportunity to freely discuss a variety of issues related to Aboriginal health research with the hopes a sustainable network of interested individuals would emerge from the meetings.

Sheila Cote-Meek, Associate Vice-President, Academic and Indigenous Programs noted that the mandate of her office was to support the development of new initiatives in Aboriginal academic/research initiatives and to seek out academic collaborations among universities, colleges and with educational institutes in Aboriginal communities. Building Indigenous research capacity and fostering partnerships in research is a key priority of the Office.

Workshop participants included faculty and students from the Interdisciplinary PhD Program in Rural and Northern Health, School of Rural and Northern Health at Laurentian, faculty from the Schools of Native Human Services, School of Social Work, and Department of Native Studies, and affiliated faculty of the Centre for Rural and Northern Health Research (CRaNHR). Also attending the workshop was the Dean of Community Engagement and the Aboriginal Support Worker from the Aboriginal Affairs Unit at NOSM, and NOSM faculty investigators specializing in Aboriginal Research.

The main objectives of the meeting were to:

- Bring those involved in Aboriginal health research together to share and discuss their needs and aspirations in building a solid base of Aboriginal research in the area
- To learn more about current and future research interests and priorities
- To foster a sense of camaraderie and community, provide a forum for discussion and networking and explore how best to continue this as a research community
- To move towards a collaborative network and build partnerships for future collaboration

MEETING PARTICIPANTS

A list of invited participants was generated from Laurentian University involving graduate students and full time faculty engaged in Aboriginal health research as well as other partners in research. The following table depicts meeting participants by affiliation.

Participant	Affiliation
1. Caroline Recollet	PhD Student, Laurentian U
2. Cheryle Partridge	School of Native Human Services, Laurentian
3. Denise Newton-Mathur	Laurentian School of Nursing
4. Cindy Peltier	PhD Student, Laurentian
5. Marion Maar	IHRDP Investigator, NOSM
6. Stephen Ritchie	Assistant Professor, PhD Student, Laurentian
7. Nancy Young	Canada Research Chair, School of Rural and Northern Health, Laurentian
8. Susan Manitowabi	School of Native Human Services, Laurentian
9. Denise Gauthier Frohlick	Centre of Academic Excellence
10. Teresa Marsh	PhD student, Laurentian
11. Valerie O'Brien	Research Coordinator, IHRDP
12. Marcia Trudeau	Communications Officer, IHRDP
13. Sally Monague	NOSM Aboriginal Affairs
14. Darrel Manitowabi	Native Studies, University of Sudbury
15. Nancy Lightfoot	School of Rural and Northern Health
16. Elizabeth Wenghofer	School of Rural and Northern Health
17. Kristen Jacklin	IHRDP Investigator, NOSM
18. Wayne Warry	IHRDP Investigator, McMaster
19. Anne-Marie Mawhiney	Special Advisor to the President, School of Social Work, Laurentian University,
20. Sheila Cote Meek	Vice-President Academic and Indigenous Programs, Laurentian University
21. Lorrilee McGregor	PhD student, Laurentian
22. John Hogenbirk	Centre for Rural and Northern Health Research
23. Joey Lynn Wabie	PhD student, Laurentian
24. David Marsh	Associate Dean of Community Engagement, NOSM
25. Leigh MacEwan	School of Social Work, Laurentian
26. Mariette Sutherland	Meeting facilitator

MEETING STRUCTURE

The meeting followed a loosely developed agenda (see Appendix A) which built on key discussion points sourced from participants as the day unfolded.

After a moment of quiet reflection followed by acknowledgements from the meeting sponsors, Sheila Cote-Meek and Wayne Warry, a roundtable of introductions was held. Discussion topics for four key questions were then devised based on ideas generated by the meeting participants and a selection of questions drafted earlier by the planning committee.

These four questions were used in the next activity entitled “knowledge café” in which small groups were assembled to discuss each question for a period of about 30 minutes. After the allotted time they moved to the next table’s discussion question. At each table, discussion points were itemized on flipcharts so that subsequent groups could view ideas from the previous groups and add their own insights. In this way, the discussion built incrementally and each group had a chance to explore each of the four questions and learn what other groups had said.

The afternoon was spent reviewing the four questions and group responses that had been generated and reflecting on any overall themes, which had emerged.

The day closed with an exercise entitled “Requests, offers and commitments” in which participants had the opportunity to share a request they had in mind, an offer (such as assistance or information or contacts) and commitments in terms of their individual follow-up.

An evening networking dinner was held to allow participants to connect and converse over supper.

GROUP QUESTIONS

The four key questions, which were devised in collaboration with the participants, were as follows:

<p>1. What are the most important priorities in Aboriginal health research from your perspective?</p>	<p>2. What do people need to facilitate the development of research projects in Aboriginal communities? What resources are necessary to help engage in Aboriginal research? Low cost/no-cost solutions?</p>
<p>3. Capacity Building Issues: How can we craft career paths for graduate students to support their development (and support them financially)</p>	<p>4. What information/training about Indigenous methodologies, frameworks, worldviews around carrying out research is needed? (to help researchers situate their research in culturally appropriate methodologies/worldviews, etc.)</p>

Participants also felt it would be valuable to share their current research projects and interests as well as the communities they are collaborating with. In this way, they will be better positioned to seek out new partnerships for projects with those with similar interests and

community experiences. This list of research interests by participant and community is included in Appendix B.

KNOWLEDGE CAFÉ RESULTS – KEY DISCUSSION POINTS

QUESTION 1

What are the most important priorities in Aboriginal health research from your perspective?

Groups spent time sharing their current research interests and projects before brainstorming ideas about community research priorities.

Specific research priorities identified by the participants naturally aligned with some of their collective research interests but also reflect some of the NEAHR research themes and are loosely categorized as follows:

Health services and policy

- How to assess quality of life and supportive care resources for chronic diseases in Aboriginal communities including palliative care in rural reserves compared to urban
- Caregiving supports in Aboriginal communities
- Inequity of health services and alternate methods of delivery that respect community needs in rural Aboriginal communities.
- Improving access to health services
- Focus on health pathways
- Educating health care providers (cultural safety)
- Integration of Aboriginal and non-Aboriginal communities (integrate what aspect?)

Population and public health

- Look at multiple health issues experienced by an individual.
- Health through the life course
- Focus on health pathways
- Prevention through education
- What makes us well? Defining what health is in different communities
- Addressing the social determinants of health – Indigenous SDOH
- Understanding the changes that are taking place
- Health measurement in Aboriginal community- effective ways to use community knowledge and develop appropriate measurement “tools”
- Enable community based health monitoring to promote health and wellness

Child health

- Health of children and youth
- Involvement of youth in research?

- Health through the life course
- Involvement of youth & young leaders – identity

Environmental influences of health

- Impact on Aboriginal health of economic development in resource based area – for e.g. Ring of Fire
- Intersection of health of people in relation to the environment “eco-health”
- Aboriginal health and water quality including recreation and drinking water: air soil & water
- Housing from community perspective

Mental health

- Research on resilience – people who have good health, how they prevent ill health by lifestyle etc.
- Culturally appropriate assessment tools for mental health (another health)

Nutrition

- Physical activity and nutrition (traditional diet)

Traditional knowledge

- Reconstruct Aboriginal knowledge regarding health
- Spirituality as the ‘key’ to health
- Traditional ways to address health issues i.e. community garden & mental health; connecting with grandparents; hunting & gathering
- Braiding traditional and western medicine – evaluation of level of integrations

Other research interests

- Epigenetics – genetic memory

A significant amount of group discussion revolved around the theme of community driven research as a priority and the necessary supports and community capacity building.

Supportive environments, capacity-building ideas

- Assess/build knowledge about research
- Building local capacity to conduct research and utilize the results effectively
- Research priorities should come from the communities
- Need establish new relationships with in different communities with their permission and involvement to develop cycles of research so the same communities aren’t “researched to death”
- Ensure that attention is paid to process not just outcomes
- Transfer of Knowledge of existing and earlier results – how do we learn from research?
- Knowledge transfer/teaching and leaving communities → respecting individuality
- Knowledge translation so research is applicable to frontline First Nation health staff
- De-politicising the research process with First Nations → new process → to enable community-based research →to promote the inclusion of on-reserve sub-groups & thus ensure results are relevant to these groups

- Advocacy for funding for Aboriginal health research

Many of these ideas are echoed in Question 2 discussions, which follows in the next section.

QUESTION 2

What do people need to facilitate the development of research projects in Aboriginal communities?

Each group had the opportunity to share what they felt is most needed to support the development of research projects both in terms of what researchers need and what communities need. These were categorized into key themes as follows:

People, process and relationships

- Connection to communities – opportunities to build relationship and maintain them
- Principles: working with people, building relationships
- Recognition of and support to accommodate time necessary to develop relationships and prioritize research
- People must invest in long-term relationships with communities
- Communication and trust is key

Knowledge

- Some researchers lack of knowledge on proper ways to do research
- Learning about community priorities which match researchers interests, funding and systemic priorities – need for dialogue
- Researchers need knowledge about community political landscapes
- Provide clear education to university administration/academy about the nature of Community Based Participatory Research and time/cost required
- More research on Indigenous knowledge on health; looking at wellness from a community perspective
- Need for knowledge/empowering the community and their past research knowledge; validate and value community knowledge
- Accepting the community with their own ways of knowing

Supportive environments, networks, policies

- Dedicated time (~3 hours weekly) to ongoing dialogue (sharing, networking, workshops, circle) for all researchers involved
- Recognition of the Challenge in following CBPR principles in Far North communities
- Adapting institutional processes (financial) to accommodate ethics and community privacy issues
- Recognition of cost to develop relationships (transport)
- Adapting travel policies in the north
- Models should be adaptable

Empowered Aboriginal communities

- Researchers understand and respect that communities have rights
- Understand uniqueness of all communities
- Supporting and advancing communities perspectives on research
- Need for knowledge/empowering the community and their past research knowledge; validate and value community knowledge
- Accepting the community with their own ways of knowing
- Engaging with and asking the questions of youth
- Simplify the ideas of research, make it less scary
- Ensure product/findings goes back to community
- Utilizing / showcasing successful communities' research
- Recognize that smaller communities sometimes get left out

The following points concerning resources and low cost solutions speak to suggestions that might be considered priorities for enhancing the potential for Aboriginal health research at Laurentian, and can be considered important first steps for further discussion and action:

Resources needed - What resources are necessary to help engage in Aboriginal research?

- Facilitator in research office to advocate and act as a resource for new researchers (in Aboriginal health)
- A “go to” person for community, linked to other universities
- Aboriginal expertise at Ethics Research Board level
- Centralized “hub” of research within LU/NOSM where communities and researchers can go for information & project development support
- Faculty development: approaches to Aboriginal research; mentoring; RCD office expansion
- Centralized information about Aboriginal health centres and an organizer that may support relationship development

Suggested low cost/no-cost solutions:

- Establish a “hub” website
- Faculty development workshops
- K-net (virtual system for video conferencing) for far north communities (was this suggested as a way to reach FN communities in the north or as an example?)
- Hold research sharing workshops within communities
- Maintain accountability and sincere ongoing investment in community
- Identify champions in community

Many of the suggested ideas cascade naturally into the discussions in the next section which speak to supports needed for researchers as they establish and progress through their careers.

In fact, the two aspects are inter-dependent.

QUESTION 3

Capacity Building Issues: How can we craft career paths for graduate students to support their development and support them financially?

In their discussions concerning this question, groups took the opportunity to share suggestions that are intended to help formalize supports for graduate students throughout the course of their careers. Suggestions ranged from how to engage and encourage both communities and potential incoming students to ways to nurture researchers throughout their career with strategic supports for the careful cultivation of the next pool of Aboriginal scholars and researchers.

Collaborate with communities

- Grassroots development/training with communities will help encourage understanding of research and its value
- Support communities/regions to develop opportunities/relationships with Aboriginal researchers
- Capacity building within communities over the long term will develop new students (under graduate and high school community members) and current students which will help in the development of research capacity
- Bring/involve youth
- Research knowledge regarding Aboriginal communities can be an asset to other researchers
- Provide information on how to find communities with research interests in Aboriginal health
- Student community as 'key' resource

Career counselling, mentorship and supervision

- Provide information to students regarding where funding is being allocated, type of jobs being created; sustainable career paths
- Supervisors: facilitate growth of student
- Mentorship: talking to students about future & career paths. Supervisors/Mentors have the best long term view to look for experiences to assist student to get there. Students need one person to go to.
- Ensuring students are "attached" to a supervisor/mentor early on (some schools don't assign until later or when thesis is chosen)
- Recognize supervisory support/efforts
- Enlist student community as 'key' resource for mentorship

Networking and connections

- Support graduate students in building networks: attending conferences making connections, expanding and creating opportunities for networking that will be built upon over career
- Provide opportunities for international exposure and connections e.g. New Zealand
- Showcasing – invitation conferences to promote students to potential employers, decision makers, government, etc.
- Provide access to job networks

Explore and create job experiences

- Thinking outside the Box i.e. outside Aboriginal health (i.e. health unit may offer opportunity to do Aboriginal health research)
- Facilitate access to job networks
- Provide information to students regarding where funding is being allocated, type of jobs being created; sustainable career paths
- Academic positions: students need to understand how to be creative about incorporating research time
- Non-academic positions: public health, health centres, policy, consulting (also requires administration skills)
- Discuss career paths defined by student? By faculty?
- Interdisciplinary approach to research seems more attractive/marketable
- Exposure to different types of research – other skill sets

Additional skills needed

- How to write grants? First journal to apply to? How to write good applications? CVs?
- Demonstrate that you will be an effective “researcher”
- Support students to be entrepreneurial - self-funding
- Support students with information to help them decide what departments they want to work in
- Provide information about Post Docs
- Assist students write about their skills & processes
- Assist in the development of teaching skills

Institutional supports, changes

- Provide or establish list of faculty engaged in Aboriginal research
- More discussion sharing about ongoing and past research, highlight Aboriginal research
- Mandatory course in Aboriginal health/wellness (for all Institute Rural and Northern Health PhDs)
- Aboriginal faculty within School of Rural & Northern Health
- Create official stream in Aboriginal health research (e.g. in Interdisciplinary PhD in RNH)
- Professionalization seminars

Financial incentives and support

- Support “mature” Aboriginal students e.g.. Housing, day care, etc.
- Support students who are also faculty & carry dual roles. Provide incentives for faculty and staff
- Expand institutional support for grant proposal development & locating funding opportunities
- Provide translation & research assistant services
- Provide institutional funding awards
- Increase number of Graduate Teaching Assistant positions for Aboriginal students (& make amount comparable to other schools)

One of the interesting themes that emerged in this discussion topic is the notion that “*Luck favours prepared minds*” yet for many students and nascent researchers it is difficult to know what is necessary to advance in their research career when they are fully engaged in acquiring the knowledge or expertise within their selected discipline or field of study. What is needed is a framework of supports or more formalized mechanisms to help them prepare in this regard.

QUESTION 4

What information/training about Indigenous methodologies/frameworks/worldviews around carrying out research is needed? (to support researchers to situate their research in culturally appropriate methodologies/worldviews, etc.)

Group participants shared a number of insights which could be helpful in the development of an institution’s approach to Indigenous Methodologies/Frameworks. Many shared the view that this is a central element which would inform, support, and nurture the work of researchers in Aboriginal health over the long term.

Indigenous Methodologies/Frameworks are situated within community context:

- Recognize that Indigenous knowledge is not just rural & northern
- Recognize that it can be both qualitative and quantitative
- Recognize importance of community and that this knowledge may be specific to the community and environment. Resist propensity to seek information that can be easily “generalizable”
- Be flexible and be able to reflect on how communities can contribute to your methodologies. Respect differences.
- Be prepared to develop long term relationships in order to gain access to this type of information
- Be aware of the amount of research being done in a community and conversely, how to find those that want research/are research ready

Crafting an approach to Indigenous Methodologies/Frameworks:

- Build on existing networks and enlist champions within review boards and institutions (eg. Dawn Martin-Hill at Indigenous Knowledge Centre at Six Nations Polytechnic) who are knowledgeable in this area
- Establish a speaker series on the subject of Indigenous Methodologies/Frameworks
- Build and learn from a Summer Institute on Indigenous Methodologies/Frameworks
- Develop curriculum (aimed at undergraduate, graduate, faculty development, communities) on Indigenous Methodologies/Frameworks
- Ensure institution buy in by establishing this as a priority within strategic plans

Recognize barriers:

- Validation through publication yet at present there are still very few publications – need to publish, share, promote whatever research about this topic is developed (including research emanating from government and universities, etc.)
- Methodologies can be found in traditional knowledge & practices. Yet, often the researcher has to bridge or link them to a mainstream research methodology in order to gain acceptance for the methodology.
- An appropriate approach would entail an Aboriginal person teaching graduate course content, research courses on this subject.
- However, due to low or lack of understanding - still often challenged in creating respectful environments for multiple worldviews in research/academia/research ethics, teams, classrooms

Ideas for graduate course content for Aboriginal health research:

- Colonialism past & present
- Cultural sensitivity / respect “cultural safety” “political safety”
- Indigenous ways of knowing
- Multi-jurisdictional issues in Aboriginal health
- Multi-competency
- “Immersive experience” in community
- Reflexivity
- Ethics
- Coming to consensus (resolving conflict)
- Research agreements
- Research steering committees
- Indigenous philosophies or frameworks of health – heterogeneity vs. homogeneity across communities
- Community organizational structure
- Coming to terms with loss of academic freedom
- Sharing results (Knowledge Translation) with community, authorship, co-presentation
- Political health funding structures (federal, provincial, other)

- Listening / interviewing skills
- Culturally appropriate methodologies (*borrow curriculum from NOSM, anthropology, etc.)

There may be courses within the various schools that have aspects of the proposed curricula already which can be used as a starting point. Additionally, the University has access to students and faculty who have done work in this area who may be called on to assist in the development of this content. A workshop to begin working on the development of this content was proposed as a starting point.

GROUP REFLECTION ON THE FOUR DISCUSSION QUESTIONS:

The afternoon discussion provided an opportunity for all participants to review and reflect on all of the questions and responses and share additional insights related to each question.

The objective of the discussion questions were to stimulate collective brainstorming and sharing around ways to:

- advance knowledge, capacity and infrastructure in Aboriginal health research
- provide environmental support and resources to encourage Aboriginal and non-Aboriginal students to pursue careers in Aboriginal health research
- identify priorities and pursue research opportunities in partnership with Aboriginal communities in the areas of health services/systems research, and social, cultural, environmental and population health research
- establish, acknowledge and validate information about Indigenous Methodologies and Frameworks

Question 1: What are the most important priorities in Aboriginal health research from your perspective?

Researchers may have longstanding established relationships and connections in communities already. Capacity building should focus on new researchers as they may have a tougher time establishing such connections and relationships to community. Matching grad students with community members as a mentorship experience could be explored (well before a research project is envisioned).

Participants felt the table listing ongoing research projects and the communities in which the research projects are underway was very helpful. What would be even more helpful would be to depict the degree of collaboration going on with particular researchers e.g. project teams involving various institutions. For example, the collaboration between Aboriginal and non-Aboriginal researchers represents an opportunity for mentorship and sharing worldviews (western and Indigenous knowledge).

Additional added value could come from a relational map to depict the various research projects along with their genealogy to show how research projects have evolved, and the progression it

takes. Relational maps and the genealogy of research could be strong signals or evidence of capacity building that may be helpful to share with Canadian Institutes for Health Research.

Participants perceived that once one project has been in community, it makes it easier to develop another. This should be counterbalanced with sensitivity around overdoing it i.e. over-researching within a community.

Ideas and research priorities should come from communities themselves. At times a community contact may raise ideas or issues that interest them or puzzle them but this should not always be taken as a potential research question. It was also noted that when researchers value people and knowledge and their answers to questions, communities are more likely to share and be part of project.

What do people need to facilitate the development of research projects in Aboriginal communities?

To successfully engage in a project, the nature of the research (e.g. community healing) and values must be consistent between the researcher and the community involved.

Communities may often proceed slowly and cautiously. This is a challenge for researchers, as they do not have the luxury of time to allow the student researcher to build relationships.

There are also institutional issues for faculty, as some are teachers and some are researchers. There are structural barriers around workload release. (NB: Laurentian University is exploring the movement from primarily a teaching institution to more research according to the Special Advisor to President).

It was noted that Aboriginal ethics boards are also needed. Manitoulin Anishnabek Research Review Committee (using their Guidelines for Ethical Aboriginal Health Research), since 2005, has reviewed 35 proposals.

Capacity Building Issues: How can we craft career paths for graduate students to support their development (& support them financially)?

There should be more peer support activity such as group workshops.

Students also need skills, guidance and assistance in publishing their first paper.

Support for students must be more formalized than “falling on right person and asking right questions” since many may not find themselves in these circumstances or even know what are the right questions to ask.

In seeking a supervisor or mentor, students should be encouraged to undertake purposeful interviewing with faculty to find the right fit for themselves and their interests and link to other students to learn more about a program, faculty or institution.

What information/training about Indigenous methodologies/frameworks/worldviews in relation to research is needed? (to support researchers to situate their research in culturally appropriate methodologies/worldviews, etc.)

An Indigenous Knowledge curriculum developed as core curriculum for variety of audiences must be supported from the institution.

It should be rooted in Western and Indigenous epistemology, (i.e. research in Western medicine and Indigenous perspectives such as those from healers).

The process of legitimizing knowledge, or the validation process is problematic. For example, knowledge learned by the oral tradition must be translated to a Western framework before it can be validated. Aboriginal researchers are constantly cast in a position of having to prove that an Indigenous method is just as valid as Western.

Indigenous people must know and study Western frameworks whereas non-Indigenous researchers do not have to learn Indigenous frameworks. There is a gap, and this can be remedied by doing research together.

One starting point for the development of information about Indigenous methodologies and frameworks could be a presentation series for doctoral students as a way of building capacity for PhD students.

Participants also propose a summer institute to study this in greater depth. A summer institute was held in 2008 on research methods but it was not specific to Indigenous methodologies. It was noted however, that IHRDP held an Indigenous Methodologies summer institute 6 years ago. Perhaps it is time for another one.

GROUP COMMITMENT TO FOLLOWUP:

As a final exercise, participants shared a variety of *requests; offers or commitments* intended to help sustain momentum generated at this meeting.

Students *committed* to completing their research proposals, preparing for their comprehensive exams, working hard to complete their PhDs and to supporting one another. Others in the interest of gaining experience to support their future research *offered* to assist with research projects, which are currently underway.

Faculty members and others engaged in full time research *committed* to support and participate in ongoing networking in whatever form it may take and some *offered* their advice, insight, assistance in the development of summer institutes, curriculum and their participation on teams to accomplish such as may be needed. Others *requested* that this networking be nurtured and made an ongoing initiative and priority by the University. A *request* was reiterated to ensure that communities have an opportunity to identify their research priorities. A *request* was made

for assistance in identifying other communities that may be interested in research in child health. Still others *committed* to continuing with publications and *offered* help to work on new projects. There were many *offers* of support and assistance from those present to begin the development of an Indigenous methodologies and frameworks curriculum via a preliminary exploratory workshop followed by a summer institute. Further assistance was *requested* to map out how an Aboriginal stream within the School of Rural and Northern Health could look, as this was a *commitment* suggested to advance this as a priority.

IHRDP investigators and program representatives *committed* to finding a way to keep in contact, keep everyone updated and connected, to share opportunities they learn of, perhaps via list serve, to review and offer feedback on applications. An important *offer* was also made to make available small pockets of funds to seed initiatives that may arise from this networking session such as the workshop, summer institute or other course content development.

Laurentian representatives *committed* to support the development of a position for a research officer who would have expertise in Aboriginal health and assist in linking to the communities, and to sustain the momentum from this meeting via opportunities for ongoing networking.

As part of the final roundtable, participants shared their thoughts on how they felt about the meeting and how the day went. Words used to convey this included: encouraged; optimistic; networking; supported; connected; included; collective; courageous; overwhelmed; busy; community; grateful; honoured; reconnected; interested; pleased.

As noted earlier, the main objectives of this meeting were to:

- Bring those involved in Aboriginal health research together to share and discuss their needs and aspirations in building a solid base of Aboriginal research in the area
- To learn more about current and future research interests and priorities
- To foster a sense of camaraderie and community, provide a forum for discussion and networking and explore how best to continue this as a research community
- To move towards a collaborative network, build partnerships for future collaboration

The fact that these objectives were accomplished in the context of this very short preliminary networking meeting is a testament to the group's collective strength, dynamism, interest and support for one another.

As part of the immediate next steps, participants will be asked to review the draft meeting report and provide feedback and suggest additions or amendments to the report.

There is a need to continue these conversations and have faculty regularly engaging with the different PhD students in different years. Two important outcomes would support this:

1. Establish Aboriginal health research as a priority within the University's strategic plan and plan for regular networking of this nature.

2. Establish a position for a Aboriginal health research coordinator as well as a commitment to develop course curricula in Indigenous methodologies and frameworks beginning with a curriculum development workshop and, further on, a summer institute.

Appendix A: AGENDA



IHRDP-Laurentian-NOSM Aboriginal Health Research Networking Workshop

May 16th, 2012
West Residence Room 130

- 8:30-9:00 Meet and mingle, coffee provided
- 9:00-10:30 Opening Prayer,
Introductions: Mariette Sutherland, Sheila Cote-Meek, Wayne Warry
- Overview of the IHRDP and NEAHS
 - Progressive format of the workshop
 - Participant introductions and expectations
- 10:30-10:45 Nutrition Break
- 10:45-12:30 Cafe Tables: Progressive rounds of discussion on key questions
- 12:30-1:30 Lunch
- 1:30-2:00 Group Discussion of morning rounds
- 2:00-2:45 Requests, offers and commitments
- 2:45 Closing remarks and prayer
- 6:00: DINNER at Ripe Restaurant, 1788 Regent Street

APPENDIX B: RESEARCH INTERESTS SHARED BY PARTICIPANTS

RESEARCH PROJECTS	COMMUNITIES INVOLVED	NAME
Lived experience of Anishinabek people with cancer: western Medicine, Indigenous healing and MinoBimadziwin	5 UCCM Mnamodzawin communities, Wikwemikong, M'Chigeeng	Cindy Peltier
Traditional Anishinaabe knowledge (everyday knowledge not sacred knowledge) Residential Schools	Wasauksing FN, Urban Aboriginal community of Sudbury	Cheryle P
Using outdoor experiences (land-based) to promote resilience and holistic health	Wikwemikong	Stephen Ritchie
Emergency response training in the far-north	Sachigo Lake	Stephen Ritchie
Community cancer research priorities	North Shore Tribal Council (NSTC), United Chiefs and Council of Mnido-Mnising (UCCM)	Nancy L
How communities & external researchers can best interact and learn from each other, how to determine if communities are health research ready, optimal research methods	North Shore Tribal council	Nancy L
Palliative care service delivery	Six Nations	Valerie
Aboriginal child oral health	NSTC, UCCM, Wikwemikong, NW Ontario, Manitoba	Marion Maar
Cervical Cancer prevention	NW Ontario FN	Marion Maar
Integration of clinical & traditional mental health & medical approaches	Manitoulin	Marion Maar
Diabetes management and facilitators (resilience)	NSTC	Marion Maar
Rites of passage	City of Sudbury	Joey-Lynn Wabie
Cultural identity in traditional Indigenous women	(proposed) Atikamekshing Anishnawbek, Mamwikek traditional Algonquin women's unity NW Quebec	Joey-Lynn Wabie
Prevention/Intervention strategies re: tobacco & FN Youth	Tobique FN, Seabird FN, Sagamok & Siksika FN	Sheila
Cultural competence/safety in health education	School of nursing, Aboriginal health research	Sheila
Narratives of well being	Bear Island FN	Sheila
Collaborative child health research across communities	Carrier-Sekani FN & Wikwemikong	Nancy Young
Development of the Aboriginal Children's health & well-being measure	Wikwemikong	Nancy Young
Chronic disease: colonial stress; traditional medicine; diabetes; socioeconomic interventions barriers to health & wellness	UCCMM, NSTC	

Indigenous dementia	Manitoulin FNs, Moose Cree FN, Six Nations, Sudbury, Thunder Bay, Ottawa	Kristen & Wayne
Diabetes care	Wikwemikong	Kristen
Educating for equity	Tri-national: Canada, Australia, New Zealand	Kristen
Evaluation of MWT engagement process	10 FNs, Manitoulin Dokis, Nipissing, Sagamok, Atikmeksheng	Susan
Aboriginal women's housing (Salvation army)	Sudbury	
Ontario women's abuse screening	Sudbury Manitoulin	
Giizhiitaawswin Aboriginal Transition Program Evaluation	Laurentian University	Denise Gauthier-Frohlick
Rural and Northern Families Difficult Pediatric Cancer Journeys	Constance Lake & Sagamok	Denise Gauthier-Frohlick
Health behaviours & obesity among children with 6 FNs	AOK, Sheguiandah, Sheshegwaning, WRFN, M'Chigeeng, Sagamok	Lorrilee
Asthma & Lung health	9 Metis, Inuit, FN across Canada	Wayne W
Mental health, addiction & violence	Sudbury & S. Ontario	David
Methadone TX + OTN	ON	David
Methadone system & health econ.	BC	David
Heroin treatment	Vancouver	David
Recruit & Retain rural MDs	ON + Europe	David
Inter-professional health leadership	Canada	David
Medical school admissions	ON	David
Exploring the experiences & knowledge of Ojibway, Metis & Algonquin grandmothers who practice sacred arts for healing, health & well-being		Caroline
What factors hinder and facilitate Aboriginal students access/admission to medical schools in northern Ontario Canada		Teresa