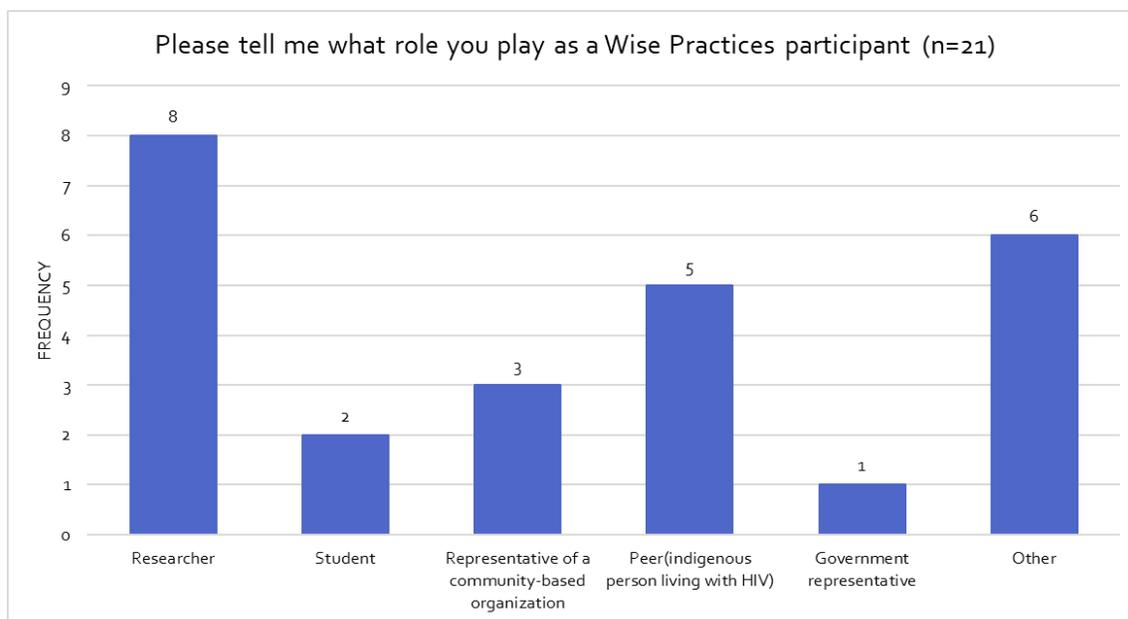


Wise Practices 2019 Evaluation Report

Given that Wise Practices (WP) is a core component of the AHA Centre’s programming, and includes a wide range and large number of the AHA Centre’s key stakeholders, it is a valuable opportunity to collect evaluation data. Interviews were conducted by the external evaluation consultant (San Patten) in order to assess the extent to which WP facilitated networking, knowledge translation and exchange opportunities, and capacity building opportunities among participants. See Appendix A for interview guide. In addition, the evaluation also gathered feedback from WP participants about how well the AHA Centre is achieving its five main objectives:

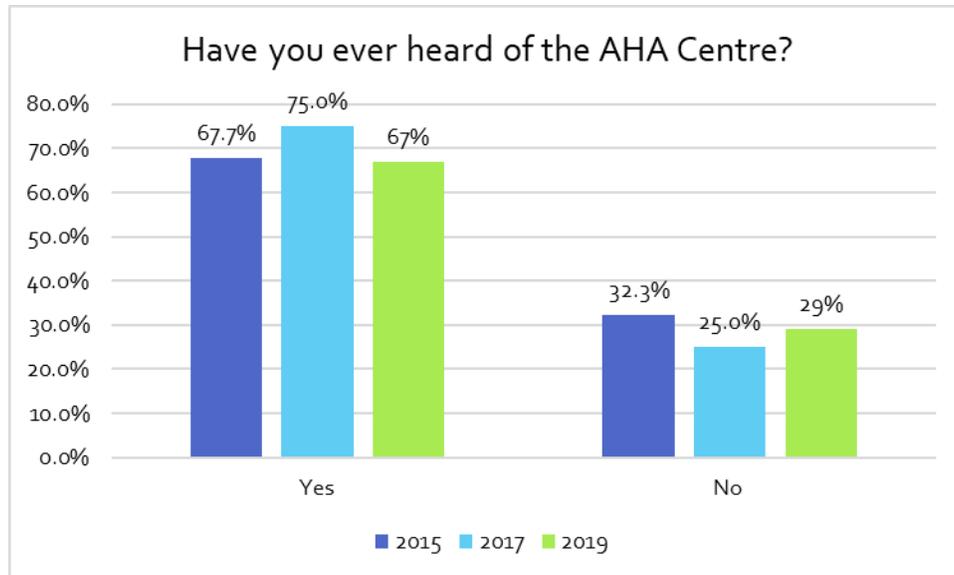
1. Indigenous Ways of Knowing and Doing: Continue to entrench, model, and implement Indigenous ways of knowing and doing within the AHA Centre’s governance and activities.
2. Communications: Link stakeholders together and circulate information regarding researchers’ work, resources, funding opportunities and events of relevance to community-based HIV research in Indigenous contexts.
3. Knowledge Translation & Action: Promote and support the translation of research evidence into culturally responsive and accessible formats.
4. Partnerships: Facilitate and support partnerships among AHA Centre stakeholders and between external partners and stakeholders.
5. Support/Mentorship: Identify and enhance community-based research capacities within Indigenous and academic communities through financial support, reciprocal mentorship and training.



Listed below are the affiliations of those who stated "other" (edited for anonymity):

- Board member (2)
- Health authority educator
- Member of NARAC
- Elder
- First Nation Chief
- Governing Council member
- Presenter (2)
- CHC representative
- Counsellor, social worker
- Epidemiologist
- Research Assistant

Participants were asked if they had ever heard of the AHA Centre. Out of 20 respondents, 67% (n=14) had heard of the AHA Centre, a slight decline from Wise Practices 2017.



Participants were asked what they would identify as a [priority for supporting HIV-related community-based research among Indigenous people in Canada](#). Their responses are listed below:

- We get direction from our dreams. ARVs and dream cycles in indigenous people, alternative treatments that don't disrupt dreams. The physical impacts (not feeling rested) and the spiritual impacts (being misguided).
- Building HIV awareness in Metis community, link with Metis National Council to partner on research. Lack of information on epi and surveillance specific to Metis people.
- Indigenous Ways of Knowing and Doing - ethics review from the Indigenous community vs. non-Indigenous institutions. AHA should host an ethics committee to review proposals from our way of knowing and doing. For example, instead of partnership agreements, partners have to do sweat lodge together.
- Provide funding to do more work, hire people, raise awareness, engage students and policy makers
- Supporting indigenous communities to come up with their own priorities.

- Taking care of each other within and between communities, reducing stigma within indigenous communities.
- Blending evaluation plus research, knowledge transfer through evaluation
- Strengthen existing programs
- Advocacy/support
- Encouraging Indigenous leadership, decolonizing approach to impact well-being on a holistic level, taking into account socioeconomic disparities.
- Help general Indigenous health organizations to be more inclusive/supportive of HIV issues and harm reduction. Education with these Indigenous organizations on the impacts of HIV-related and drug-use related stigma.
- TB: capacity building, competency modules for healthcare providers in diagnosing, testing, and treating TB
- Data sovereignty: develop a First Nation information governance centre.
- Epidemiology and surveillance skills. Community familiarity with epi data, how to interpret. What is data? For example, Anita Benoit's epi course-translate to community. How it can be used?
- IPHAS in prison (Red Path project).
- "Trauma-informed" education and support. It is emphasized, but now do we acknowledge and empathize but then move on? Don't get stuck there; trauma is not an excuse to not progress in your life. You should have expectations for yourself.

To further assess their familiarity with the AHA Centre and its work, the participants who had heard of the AHA Centre were asked: "[How would you describe what the AHA Centre does?](#)". Their responses are listed below:

- The acronym confuses me. I think it houses resources for CBR. I have never used it. It seems nebulous to me.
- It builds community capacity across the country in Indigenous HIV research plus it does knowledge transfer work.
- It's a Centre that helps with research: connects to funding, trains peer researchers, strategies of getting projects going, navigating the research world.
- Collaborative research center that community members can access for support to conduct CBR, gives access to academics, and funding opportunities plus gives out its own grants.
- They focus on Indigenous people with or at risk of HIV, with a focus on CBR. I'm more familiar with CAAN.
- Gives us information/updates on events.
- Go-to place for Indigenous people looking for best practices and for networking with community-based researchers.

- Health research centre working with community, shares information with CBOs to implement research
- It's part of CAAN, supports Aboriginal HIV/AIDS CBR, helps communities to develop and further research projects plus identify research priorities.
- Paves the road for research to happen in community, bringing tools, enforcing GIPA principles. For example, Marnie helps design a research project, brings people together, make CBR easier rather than struggle.
- Research place where Sherri works. It gives grants.
- Think tank for aboriginal health services.
- Does research on the risk factors, urban environments, knowing the numbers, barriers, challenges.

Participants were asked: "What would you like to see the AHA Centre accomplish over the next three years? (What pressing issues are arising that the Centre should deal with?)". Their responses are listed below:

- Crystal meth on the rise in New Brunswick (North). We all hate research; we don't want to lead research, but we love what AHA produces, how we can take to use in our context.
- Clarify what they offer and increase communication with people.
- Start using IPHA elders (Council of Elders) to have them advise on how to include traditional ways in research, take guidance from ancestors to do research in a good way. Engage gifted elders.
- Look into supporting supporters (IPHAS in professional settings), those who are mentoring community members/peers. Find out what supports they need, are they holding up mentally?
- Supports from elders, other peer researchers including other trans women.
- Looking at trauma and how it affects HIV, and vice versa. Look at the links with housing, addictions.
- Increase inclusion - why are there the same people in this room all the time?
- Share success stories.
- Decolonizing research, the words we use. Example: instead of land-based "connecting with land" Mother Earth.
- Traditional food and food sovereignty: the difference our foods make in cultural connection, feel the love in how the food was produced. Connection to family. Many of us don't know our own foods and medicines.
- Indigenous research- we are researched out. Instead of waiting for the researchers to come to us, "cold calling", we need to lead our own research through community

development: provincial CBR (advisory committee) of IPHAS plus staff. For example: caucus model carried through community members.

- Indigenous-specific research vs two eyed seeing. Our ancestors have been researching for generations, it's time for us to do research our own way. Stand up for our own way, and do research the way our ancestors did, not in colonized way. They need to come along with us.
- More links to Indigenous social workers, police profiling, survival sex work, stigma, police targeting them, isolation, victims of violence. Connection to MMIWG.
- Continue more knowledge transfer - blur research plus programming. Role for evaluation plus knowledge transfer in Indigenous ways.
- How to further support peers to continue working in CBR. Support peer-led research.
- TB in the north - information in our own language: symptoms/treatment immunity languages.
- HIV criminalization issues: advocacy implications.
- Provide funding that is flexible. For example, for honoraria (elder rates).
- More northern perspectives: rural/remote
- I am more involved in research and it would be good to be recognized through certification, provide a job description of my qualifications due to my involvement as a peer researcher.
- Translate rates from per 100,000 to numbers so that it makes sense for Inuit. Revise how you tell a data story, simplify. For example, do community need to know confidence intervals, standard deviation?
- Even more input than CBR is getting research into action, implementation into products. Help CBOs use research findings.
- Practice mental health, wellness; you can address health only so far.
- IPHAS-lack of hope/insight, struggling with homelessness largely dependent on the system, build self-efficacy empowerment.
- Determinants of risk for HIV/Hepatitis C.
- Partnering with communities to conduct surveys.
- Indigenous specific ethics review board-we want to make sure we do research and surveillance in good way, but no single body that can advise us from indigenous perspective.
- More clear linkage and partnership to other bodies (national body)-promote yourselves to FNIHB, regionally/federally.
- Government is looking to identify bodies to give them advice with establishing relationships to indigenous communities
- Good work happening already. Would be nice to have more knowledge beyond CAAN circle what AHA centre does -package for provincial delegates to non-indigenous.

- Information/training on what it means to be a peer researcher, scope what is involved, what is in it for you and what would be expected.
- Since CAAN is expanding to TB plus STBBIs – what are the implications for supporting research in broader scope? How these have the same determinants of risk/health, historical structures, policy implications? More training for people brand-new to CBR
- Community outreach beyond the usual suspects for people who are newly diagnosed or who have been involved in research only as participants. They may never have thought they could be part of a research team.
- Get the word out. AHA Centre is still not very well known, more marketing of what they do.
- Other key issues: Indigenous people from other parts of the world; TB, STBBIs.

Participants identified [how they'd like to be involved or informed about the AHA Centre:](#)

Communication Methods

- More heads-up about projects.
- Actually call us because emails are too many, if you know what research would be relevant (e.g., youth-focused research).
- Emails are too long.
- Make emails more attractive and come out at same time, predictable.
- Email is best way to communicate.
- I like videos (YouTube). I like to learn in plain language, provide info in snippets, that are relevant to me as a Metis citizen.
- Like face to face events. Joint CAAN AGM plus WP.
- Email blasts, with leads to contracts for follow up.
- Social media.
- Emails: newsletter highlighting initiatives, focus on big picture with links to details for more information.
- Patrick's mailings, listserve.

Opportunities to be Involved

- How much humility do they have? Is it all about the money? Do they look at the cheque amount later? Heyoka=contrary, backwards person. Also elders as members of research team, different roles in interpreting what the ancestors are saying to us.
- Would eventually like to work as researcher there.
- I would like to be consulted with more. For example: funding. Opportunities, journals as an IPHA. Reach out for specific tasks, have me liaise with others.

- Co-create documents that are more accessible/helpful to community members, non-academic audiences (Knowledge Transfer)
- More training workshops in regions. Help us write grants (more needed). We don't have a research department, don't have research capacity, fund research positions in key organizations. For example, All Nations Hope or at least someone based in the Prairies.
- We don't yet have any indigenous workers at Stella and help us to connect to AHA.
- More connection to AHA through the issue of HIV criminalization, lived experience of IPHAS who have been criminalized. Human rights plus legal literacy.
- Having more awareness of research happening.
- Supporting the training. For example, around NVivo-email, text or phone.
- We became very insular, more linkage with education systems (breaking down stigma/discrimination even though HIV is off the radar) and social work (can be very paternalistic, needs to allow more autonomy of needs to allow more autonomy of patients). Strong voices video-CAAN plus CATIE.

Finally, participants were asked: “How are going to use what you learned at WP in your work or everyday activities?” Their responses are listed below:

- Harm reduction targeted to indigenous community.
- Community-based education.
- Catching up on latest activities in indigenous HIV research. Example, focusing on women now we have HIV, seeing progress.
- More information upfront, clearer schedule, better prepared, more actively encourage people to participate (for example: people sitting around)
- Good to see colleagues getting grants. For example, Randy Jackson
- Understanding indigenous perspectives, less focus on epidemiology science, more focus on social/cultural.
- Continued relationship plus network building.
- Tangible strategies, working collaboratively as a non-indigenous person, allyship.
- Infographic on one page.
- Working in two different worlds.
- Peer-based research must be expanded.
- Especially women's studies, managing social determinants.
- The idea of HIV, TB, STBBIs as a symptom of the socio-historical determinants of health.

Appendix A: Interview Guide

1. Please tell me what role you play as a Wise Practices participant:
 - Researcher
 - Student
 - Representative of a community-based organization
 - Peer (Indigenous person living with HIV)
 - Government representative
 - Other: _____

2. Have you ever heard of the AHA Centre?
 - YES [if yes, go to Q3]
 - NO [if no, explain that the AHA Centre exists to build capacity and support Indigenous community-based research in HIV, and go to Q2a and end]

2a) What would you say is a priority for supporting HIV-related community-based research among Indigenous people in Canada?

3. How would you describe what the AHA Centre does?

4. What would you like to see the AHA Centre accomplish over the next three years? (What pressing issues are arising that the Centre should deal with?)

5. How would you like to be involved or informed about the Centre?

6. How are going to use what you learned at WP in your work or everyday activities?

7. Any additional comments?