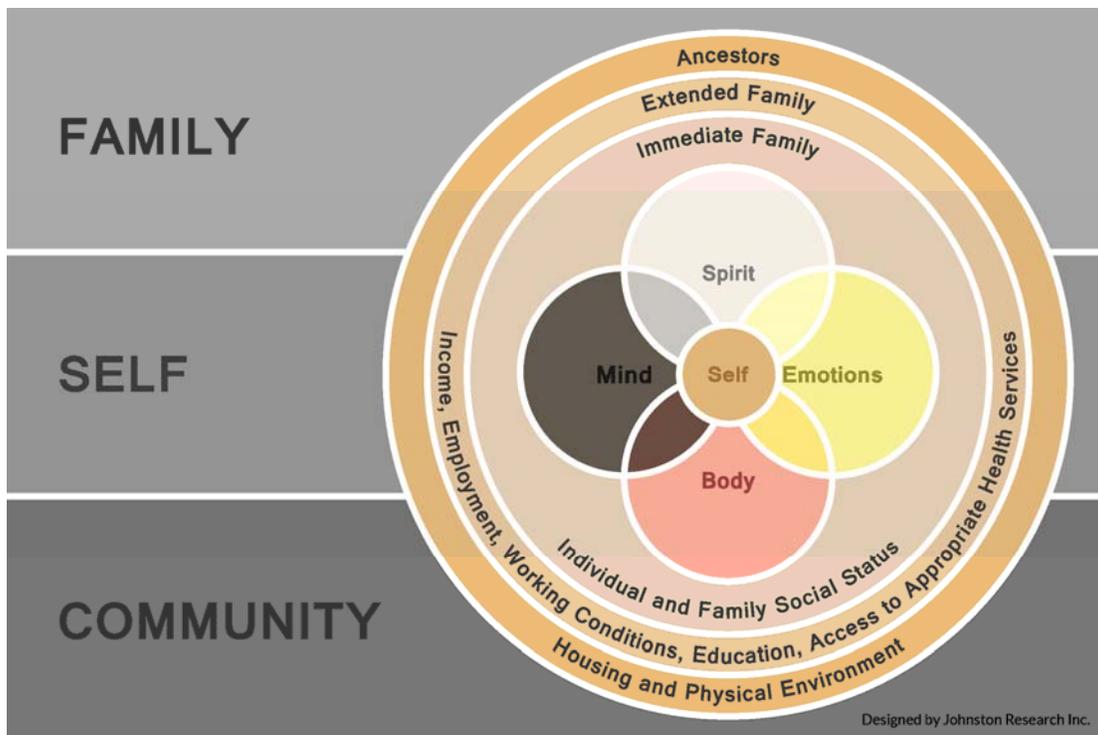


Public Health Agency of Canada

# Guidebook on the Implementation of the Aboriginal Ways Tried and True Criteria and Assessment Rubric





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## Purpose

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This Guidebook is intended to provide a step-by-step guide to support the:

- Identification of Aboriginal public health initiatives that have demonstrated positive health outcomes
- Application of the **Ways Tried and True (WTT)** Rubric Criteria and Assessment Process as demonstrated on the Canadian Best Practices Portal (Portal), and
- Promote an understanding of the [Ways Tried and True: Aboriginal Methodological Framework](#) (WTT Framework)

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## Background

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Given the great diversity of Aboriginal communities, peoples and cultures, it is not expected that any one initiative will work for all possible applications. However, it is hoped that in sharing examples from specific contexts, the insights and lessons learned will benefit others, to launch new services, adjust programming, or provide insights into new policy directions.

The Aboriginal WTT initiatives that have been included on the Portal, as a result of the assessment process described below, are intended to inspire and support public health practitioners, program developers, evaluators and others by sharing information on programs and processes that have been proven effective (i.e. moving Aboriginal peoples into a cyclical motion encompassing positive transformation).

The assessment process for the initiatives in the WTT section of the Portal was supported by two tools: the **Ways Tried and True** Screening Checklist and the **Ways Tried and True** Rubric. Development of the **overall** process was shaped by: input from an expert working group; Aboriginal community-based health practitioners and researchers (totaling 82 professionals); and a review of the literature. For details on the rationale and theoretical foundation of the assessment tools and processes please see the [WTT Framework](#) (WTT Framework).

Four topic areas were considered for inclusion on the Portal, in alignment with the PHAC strategic priorities: strong healthy bodies; mental wellness; maternal and child health; and family violence prevention. While the active solicitation of Ways Tried and True has concluded, the development of the WTT Screening Criteria and process for selection of initiatives has rung true with Aboriginal practice professionals. It is hoped that the WTT Framework and the supporting Guidebook will exist as a legacy of the project to support colleagues in similar endeavors.

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## Assessment: Approach and Methodology

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This section outlines the steps that were used to assess and select initiatives for the [WTT section of the Canadian Best Practices Portal](#), including the tools that reviewers used to assess initiatives.

Assessment of a **Ways Tried and True** initiative involved five steps:

- Identify initiatives
- Apply WTT Screening Criteria to initiatives
- Score initiatives according to the WTT Rubric
- Second Review by internal PHAC staff to validate scoring

- Create an annotation file, or summary of the initiatives, using PHAC approved template, for initiatives scoring at least 16 of 24 possible points

## Identifying Initiatives

### *Targeted review of literature and resources*

There are a number of organizations that have collected information on best practices, promising practices and/or Aboriginal research and evaluation studies. Aboriginal initiatives may not be well-represented in commonly used sources such as academic journals.

A listing of sites and reports are identified in the table below. Over time, new sources will emerge and as such this list should be seen as a starting point and should not preclude investigation of other compilations of public health initiatives in Aboriginal contexts.

### *Systematic review of the literature*

Aboriginal initiatives are likely to be multi-disciplinary. Therefore, while the standard search engines used for health related searches may prove useful, other inter-disciplinary search engines should also be consulted. Further, the gray literature will be an important source of Aboriginal initiatives and general Google searches will also prove useful.

- [Google](#)
- [Google Scholar](#)
- [PubMed](#)
- [Scopus](#)
- [Cochrane Library](#)
- [Education Resource Information Centre - ERIC](#)
- Sociological Abstracts
- Social Services Abstracts

### *Sites for Targeted Literature Reviews*

For further details on searching for reviews of public health initiatives, see [VicHealth](#).

- [Aboriginal Health Research Directory Technology Information System\) Database](#)
- [ASTIS \(Arctic Science and Technology Information System\) Database](#)
- [Health Council of Canada's Innovative Practice Portal<sup>1</sup>](#)
- [McMaster Health Evidence](#)
- [Métis Health Research Database](#)

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<sup>1</sup> The Health Council of Canada is no longer operating; Carleton University library maintains the site.

## How to Solicit Volunteer submissions

Given the evolution of evaluation of initiatives in Aboriginal contexts, it is anticipated that submissions from those implementing programs in the Aboriginal health community are an important source for identifying initiatives. Depending on the topic, it may prove worthwhile to conduct key stakeholder interviews to find out about innovative and successful programming. Initiatives may be solicited with call-out through a number of communication channels including:

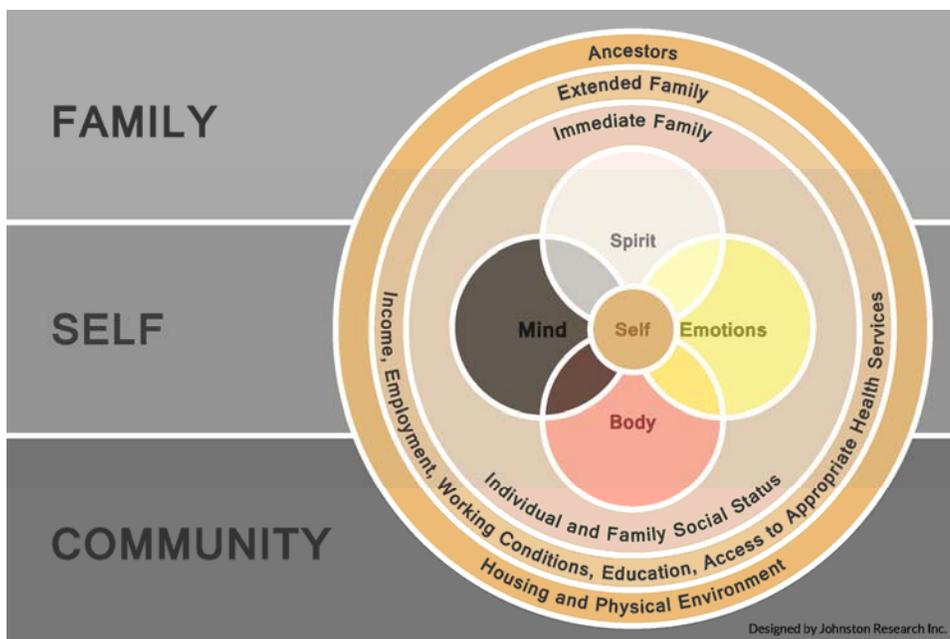
- Dissemination through [NationTalk](#), the [Ontario Public Health Bulletin](#) (OPHB), the bimonthly e-bulletin of the [University of Victoria Centre for Aboriginal Health Research](#) (CAHR), and/or the [National Collaborating Centre for Aboriginal Health's](#) quarterly e-newsletter

## Multiple and Alternate Sources of Evidence

It was often necessary for reviewers to consider more than one source of evidence to support the assessment of an initiative against the Screening Criteria and WTT Rubric. While a peer reviewed article or published evaluation report is optimal, in reality the researcher may be relying on less comprehensive evidence or multiple reports representing implementation experience. Reports may also be presented in less traditional formats. In such cases more than one report can be used to support the assessment of the initiative against the [Aboriginal Ways Tried and True: Assessment Rubric](#).

Alternate records of evaluation, such as a video presentation, and telling the story of the initiative may be among the source of evidence used for assessment. The documentation, in whatever format, should reflect:

- A community evaluation of the initiative - not just the story of one person
- A sense of support and endorsement of the initiative by the community elders and community
- Attention to the aspects of the Wholistic Model and integration of cultural knowledge



*Ways Tried and True Wholistic Model*

Oral traditions such as storytelling retain the history of First Nations, Inuit, and Metis cultures by passing on cultural knowledge from generation to generation. Storytelling is a traditional method used to teach about cultural beliefs, values, customs, rituals, history, practices, relationships, and ways of life. Elders in the storytelling circle provide an element of “peer review” to the stories each imparting their wisdom and perspective. For Aboriginal communities’ creation stories, connections to the land, historical accounts, traditional ecological knowledge, teachings, and culture stories have been kept alive through oral traditions for thousands of years. Courts allow Aboriginal oral history as admissible evidence in rights and titles cases. As such, the Portal recognizes storytelling as a possible source of evidence regarding the initiative’s effectiveness.

## Applying Screening Criteria to Initiatives

In most cases, screening the initiative to determine whether it should be considered for inclusion on the Portal was accomplished by reviewing an abstract and/or a project summary. Initiatives assessed as a WTT for the Portal met **all five screening** criteria. Initiatives that did not meet **all** criteria were excluded from further review. Once an initiative was “screened in”, it moved on to the second stage of the assessment process which was to be assessed against the [Ways Tried and True Rubric](#) for identifying Aboriginal practices.

### *Ways Tried and True* Screening Checklist

**Impact:** Positive results are reported. Yes/No (exclude)

**Community Involvement:** Must demonstrate at least minimal involvement from the community in planning, developing, implementing and/or evaluating the initiative. If the initiative is introduced to the community from outside (i.e., government, NGO, researcher), it must be clear that the community has participated in the adaptation and/or implementation of the initiative. Yes/No (exclude)

**Quality of Evidence:** [Sufficient information](#) is available to evaluate the effectiveness of the intervention. Accepted [evidence](#) includes: peer reviewed reports/journal articles, gray literature reports, internal reports, reports emphasizing lived experiences and using Aboriginal specific data collection methodologies including story-telling, talking circles, and testimonials. Digital stories in the form of videos, blogs and other formats are accepted. “Sufficient information” will reflect the community development, partnerships, incorporation of indigenous knowledge and the “benefit to many” of an initiative. Yes/No (exclude)

**Focus:** Addresses a chronic disease or health promotion topic using a Community based or population health approach. (**Exclude clinical initiatives**) Yes/No (exclude)

**Source:** Authoritative/credible source of the initiative with contact Yes/No (exclude)

information readily available. Credible sources include: community based developers, academic partners, evaluators, researchers, peer reviewers etc. Initiatives must have been developed free of commercial interests that may compromise integrity.

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## Assessment Rubric for Identifying Aboriginal Initiatives

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The WTT Assessment Rubric is a descriptive scoring scheme developed from literature that guides the assessment of the initiative. Details of the development of the Rubric can be found in the WTT Framework. By developing a predefined scheme for the assessment process, the subjectivity involved in assessing the initiative becomes more objective. This [Rubric](#) was used by reviewers to assess Aboriginal-specific initiatives that passed the Screening Criteria.

The WTT Rubric is a scoring grid with four score levels (one (low) to four (high)) provided for each of the six criteria. Each score category describes the characteristics of each criterion that would receive the respective score. By having a description of the characteristics within each score category, the likelihood that two independent evaluators would assign the same score is increased.

Reviewers provided a rating between one and four for each criterion based on their assessment of the source of evidence. In some cases it was necessary to consult with those implementing the initiative to obtain additional information. Reviewers assigned the point value that most closely aligned with the reported evidence. Each initiative received a rating for each criterion as well as a total score out of 24. Only those rated at 16 points or higher moved to the next stage of the assessment process to be reviewed by the PHAC review team. More than one [source of evidence](#) may have been required to provide adequate content for the assessment.

Step-by-step process for applying the WTT Rubric:

1. All initiatives are screened in or out on the basis of the [screening tool](#). In most cases this can be done by reviewing an abstract and/or project summary.
2. Each screened-in initiative is given a score (1-4) on each ***Ways Tried and True*** Rubric criteria as well as an overall score (out of 24).
3. A brief rationale and examples are prepared for each rating assigned for each criteria category.
4. Initiatives that score 16 or higher will be included on the [Ways Tried and True](#) section of the Portal.
5. Scores and rationales for the selection of scores including the highlights of the initiative's demonstration of each criterion are captured in the WTT Assessment Tracker, an Excel document provided by the program.

These criteria are not mutually exclusive; initiative elements are interconnected, consistent with the Aboriginal view of health and wellness. Operational definitions of these terms have been developed based on literature and experience of working in the field.

## ***Community Based***

Initiatives must demonstrate involvement from the community. The concept of community-based initiative is defined by the degree to which Aboriginal stakeholders (community members, service providers, community leaders, Elders) are involved in the identification of the need, planning, design, delivery, adaptation and evaluation. The gold standard is when an initiative is developed by the community, likely in partnership with others, based on a community- identified need or health priority.

The literature strongly supports locally driven initiatives rooted in the context of community<sup>2</sup>. They have a higher level of buy-in are more likely to demonstrate success or to be adapted to ensure they work, because of a vested interest by the community<sup>3</sup> Gradations (1 to 4) reflect level of Aboriginal community involvement or other stakeholders in support of bringing an initiative to life

## ***Wholistic Approach***

Wholistic health care is defined as “an integrative approach – that seeks to balance the mind, body, and spirit with community and environment”<sup>4</sup>. The idea of wholism is strongly related to the concepts of Social Determinants of Health (SDOH), and more generally to a population health approach, in that wholism naturally recognizes the multitude of factors (socio-economic status, education, family dynamics, and health of a community) at play in reaching a state of wellness or well-being.

In the context of the WTT Framework, the concept of wholism is divided into four key dimensions

- Wellness: mind (knowledge development, awareness, skills), body (physical activity, nutrition), emotion (relationships, healing), spirit (mental wellness, confidence, self-esteem, coping)
- Implementation environments (e.g., school, community, home, workplace, businesses)
- Nature of target groups participants (e.g., children, youth, Elders, families, community members or leaders)
- Involvement of cross-sector department (e.g., education, health, governance, justice social services)

Wholism is assessed by the degree to which the initiative addresses each of these dimensions in a comprehensive way. The rationale for this approach is that initiatives that are inclusive of these dimensions are more likely to be successful. Specifically, wholism should be demonstrated through process aspects that address multiple vantage points, including where the initiative takes place (is it a school-based initiative? if so, does it have a component for parents/families?) as well as the number/nature of stakeholders who are involved.

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<sup>2</sup> Reading et al., 2007; AHF, 2006; Marriot & Mabel, 2001

<sup>3</sup> Barron, 2003

<sup>4</sup> National Aboriginal Health Organization (NAHO), 2011.

### ***Integration of Indigenous Cultural Knowledge***

Integration of Indigenous cultural knowledge is defined by the degree to which the initiative addresses and incorporates the values, culture, shared experiences and principles of the community or group in which it operates.

Indigenous cultural knowledge tells us about the values, culture, shared experiences and principles of a community<sup>5</sup>. While rooted in the past, culture is not static, but changes and grows to respond to new ideas and new challenges<sup>6</sup>.

### ***Building on Community Strengths and Needs***

Community development is the degree to which an initiative recognizes community capacity or readiness, identifies strengths and weaknesses within the implementation environment at the outset, and includes mechanisms to leverage strengths and fill gaps through the implementation process. Initiatives that build on strengths and endeavor to address weaknesses are thought to be more effective<sup>7</sup>. A WTT scenario is one in which a community-based program evolves, becoming an example for others as demonstrated through replication of the initiative in other Aboriginal communities.

### ***Partnership and Collaboration***

Partnership and collaboration is defined by the degree to which the initiative is supported within a community or organization (other departments or institutions) as well as by those external to the community (federal, provincial, municipal government, NGOs, institutions). Often times the development of the partnerships and collaboration is related to the presence of a project champion and the ability of those leading the project to develop strong relationships. The emphasis, in this case, is on meaningful collaboration between partners aside from existing funding relationships. A WTT scenario is where multiple departments are working together and in collaboration with government/NGOs or other partners to deliver an initiative and a project champion(s) has been identified.

While important in all contexts, partnership and collaboration bears particular significance in many Aboriginal settings as a result of jurisdictional and other historical barriers. The formation of a tripartite health plan between BC First Nations and the provincial and federal governments is lauded as a promising approach to bridging historical jurisdictional gaps as a mechanism to improving health and well-being (PHAC, 2013).

### ***Effectiveness***

Initiatives that are successful in Aboriginal contexts might not always be evaluated, or may use alternative methods for evaluation. In the context of the WTT Framework, initiatives must have reported

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<sup>5</sup> Alderete, 1996

<sup>6</sup> Kirmayer, Brass, and Valaskakis (2009)

<sup>7</sup> (Barron, 2003)

positive outcomes (intended or unintended); however, the outcomes need not be demonstrated through a formal or standard evaluation.

Sufficient information must be available to establish the effectiveness of the initiative. Accepted evidence of effectiveness includes: peer reviewed reports/journal articles, gray literature reports, internal reports, reports emphasizing lived experiences and using Aboriginal specific data collection methodologies including storytelling, talking circles, and testimonials. Digital stories in the form of videos, blogs and other formats will also be accepted as evidence. Methodologies should capture the critical elements deemed essential in the Aboriginal context.

For WTT, effectiveness refers to the degree to which an initiative has achieved substantive or statistical significant positive intended and/or unintended outcomes among target groups. Targeted groups may be specific cohorts or population subsets (e.g., Elders, youth, teachers, etc.), whole communities, organizations, and or partners. No distinction is made between intended outcomes (outcomes that were anticipated at the outset of an initiative) and unintended outcomes; with the focus instead on positive effects.

An optimum WTT scenario is one in which an initiative has demonstrated significant (substantive or statistical) achievement of positive behavior change outcomes (e.g., changes in: personal or professional practice, organizational/ systems, and/or policy) for the target group(s).

**Table 3: Ways Tried and True: Aboriginal Assessment Rubric for Public Health Initiatives**

<i>Criteria</i>	<i>Definition</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<u><i>Community-based</i></u>	The degree to which First Nations, Inuit, Métis stakeholders (community members, service providers, community leaders, Elders) are involved in the planning, design, delivery, adaptation and evaluation of an initiative.	The idea for the initiative comes from outside of the community <sup>8</sup> and is implemented with limited community involvement (involves the community without formal structures such as a project committee).	Adaptation of a mainstream approach to an Aboriginal context, with structures (committees, preplanned community engagement meetings) involving the community in the adaptation.	The initiative is based on a need identified by the community and is led by community members, but rooting of the initiative within the systems of the community has not yet taken hold.	The initiative is based on a need identified by the community and a strong community process is established. For example, action taken from within the community to address the need and ownership of the initiative (e.g., design through to evaluation) is deeply-rooted within the systems of the community.

<sup>8</sup> Community refers broadly to a grouping of people and may include a First Nations reserve, an urban community, or a Métis or Inuit settlement

<i>Criteria</i>	<i>Definition</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<u><a href="#">Wholistic Approach</a></u>	<p>The degree to which an initiative addresses multiple issues from a wholistic approach on each of the following four dimensions:</p> <p><b>(1) Wellness:</b> mind (knowledge development, awareness, skills), body (physical activity, nutrition), emotion (relationships, healing), spirit (mental wellness, confidence, self-esteem, coping) [e.g., medicine wheel model may be used]</p> <p><b>(2) Implementation environments</b> (e.g., school, community, home, workplace, businesses)</p> <p><b>(3) Nature of target group</b> (e.g., children, youth, Elders, families, community members or leaders, organizations)</p> <p><b>(4) Involvement of cross sector departments</b> (e.g., education, health, governance, justice, social services)</p>	The initiative is one dimensional (one target group, one activity, one partner) and has not engaged a wholistic perspective.	The initiative addresses a few dimensions but remains limited in terms of targeted implementation environment, view of wellness, involvement of community partners and participants.	The initiative is multi-dimensional has targeted multiple implementation environments, participant groups, departments in the community and is based on a wholistic view of health.	The initiative is wholistic, targeting numerous environments (school, home, work), and/or participant groups (children, Elders, families, community leaders), community departments and implements a wholistic view of health.
<u><a href="#">Integration of Indigenous Cultural Knowledge</a></u>	The degree to which the initiative formally addresses and incorporates the values, culture, shared experiences and principles of the community or group in which it operates.	Values, knowledge, culture and community perspectives play an informal role in the initiative (e.g., an articulated theory, process or structure has not been identified).	Indigenous knowledge has been used to adapt a mainstream approach using an articulated theory, process and/or structure; however not within a community participatory process.	Articulated structures (committees, focus groups, processes) are in place to ensure that Indigenous knowledge is applied to the initiative within a community participatory process.	The values, culture, and perspectives of the community are integrated into and continue to inform all aspects of the initiative, from planning through to implementation.

<i>Criteria</i>	<i>Definition</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<p><u><a href="#">Building on Community Strengths and Needs</a></u></p>	<p>The degree to which an initiative recognizes community capacity or readiness (identifying strengths and weaknesses within the implementation environment) at the outset, and builds-in mechanisms to leverage strengths and fill gaps through the implementation process.</p>	<p>Initiative shows informal acknowledgement of community strengths and needs (gaps). Capacity may be being built, but not among First Nations, Inuit or Métis peoples within the community.</p>	<p>Initiative design formally acknowledges and builds on strengths of First Nations, Inuit or Métis peoples. Members of these groups within the community are building limited skills and/or resources as a result of the initiative.</p>	<p>Initiative design acknowledges and builds on strengths of the community and attempts to fill gaps in community expertise, resources, and services (e.g., the community staff, members are building extensive skills, resources as a result of the initiative).</p>	<p>The initiative contributes to a growing and evolving community and is an example and inspiration for others (e.g., initiative team has expanded program based on initial success; other First Nations, Inuit or Métis peoples are using the initiative as a model).</p>

<i>Criteria</i>	<i>Definition</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<p><u><a href="#">Partnership and Collaboration</a></u></p>	<p>The degree to which the initiative is supported by other organizations or institutions within and/or external to community (federal, provincial, municipal government, NGOs, institutions). The emphasis is on collaborative approaches to addressing needs/issues.  <b>**Funders are only counted as partners if they provide more than funding to the relationship.</b></p>	<p>There are no collaborative relationships or partnerships associated with the initiative.</p>	<p>The initiative utilizes a collaborative approach which defines a strategy for involving partners or collaborators; however, there have been substantial challenges in implementing the plans or involving partners.</p>	<p>The initiative involves active partners and/or collaborators who are guided by a collaborative strategy; however, there is room for improvement in deepening the partnerships/ collaborative relationships (e.g., a few challenges have been identified with partnerships).</p>	<p>The initiative involves active partners and/or collaborators who are guided by a collaborative strategy, and these partnerships and/or collaborations are recognized (i.e., by the community) for their contribution to addressing needs/issues (e.g., the identification of project champions may be an indication of the quality of relationships).</p>

Criteria	Definition	1	2	3	4
<u>Effectiveness</u>	The degree to which an initiative has achieved significant (substantive <sup>9</sup> or statistical) positive intended and/or unintended outcomes among target groups (e.g., program participants, communities, organizations, and/or partners).	Emerging data suggests positive outcomes among target groups, but reporting is preliminary or limited (i.e., the evidence is based on early stages of implementation and/or evidence is limited or difficult to verify)	Significant achievement (substantive <sup>10</sup> and/or statistical) of knowledge and /or awareness change among the target group(s).  Limited partnership, networking and/or development of organizational capacity among the target group(s).	Significant achievement (substantive <sup>11</sup> and/or statistical) of positive outcomes (e.g., attitudes, intentions or values, building partnerships, networks, and developing organizational capacity) among the target group(s).  Achievement of some positive behavior change outcomes however, changes may not yet be statistically or substantively significant among the target group(s).	Significant achievement (substantive <sup>12</sup> and/or statistical) of positive behavior change outcomes (e.g., personal or professional practice change, organizational/ systems, and/or policy change) among target group(s).

<sup>9</sup> The term substantive significance is applied broadly to mean more than the quantitative effect size but inclusive of qualitative or practical considerations such as cultural, political, or economic significance. Stated another way the substantive significance refers to the degree to which the findings are significant within the community and context in which they are observed.

<sup>10</sup> *Ibid 2*

<sup>11</sup> *Ibid 2*

<sup>12</sup> *Ibid 2*

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## Second Review of Aboriginal Initiatives

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### ***Quality Control***

A two-step review process was implemented by PHAC in the assessment of each initiative. The first review was done by the reviewer/contractor conducting the screening and initial assessment. At this point, before the annotation is prepared, the selected initiative is reviewed by an external PHAC reviewer. If discrepancies arose, the reviewers reached a consensus on the final rating, together.

### ***Intervention Summary using the WTT Annotation Template***

Once the second review process confirmed that an initiative was screened-in for WTT section of the Portal, scoring 16 or more out of 24 possible points on the Rubric, a summary annotation was prepared for each initiative to reflect the information to be provided in the online database.

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## Acknowledgements

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