Acknowledgement

We would like to acknowledge and express our sincere thanks to all the Indigenous Youth and Elders, for your continued efforts, direction, and dedication to guide the national Indigenous health research agenda to impact healthier, more grounded lives of Indigenous Peoples across Canada.

Message from the Scientific Director

The Institute of Aboriginal Peoples’ Health (IAPH) at the Canadian Institutes of Health Research (CIHR) has the important mandate of upholding research excellence in the area of Indigenous Health Research across Canada. IAPH is pursuing ambitious goals to improve the health and well-being of aboriginal people in every part of Canada by stimulating aboriginal health research, creating new knowledge, forming research partnerships with organizations in Canada and abroad and respectfully involving aboriginal communities in every project undertaken.

In recent times, there have been significant steps taken to reimagine the relationship Canada has with Indigenous Peoples. By extension, we have a very timely opportunity to consider what is important for our Indigenous communities, in shaping the national Indigenous Health Research agenda, as voiced directly by you.

It is time to reach out again, to ask for your guidance, your wisdom, and your support, in helping us understand how we can best serve you in research, training, and mentorship opportunities, at the Institute and also more broadly throughout CIHR.

Chi miigwetch!
**Executive summary**

The Elder-Youth Dialogue, hosted by CIHR-IAPH on the unceded and traditional territories of the Algonquin Peoples brought together 25 Indigenous Elder-youth pairs from across Canada to share with IAPH, their research, health, and wellness priorities across five thematic areas: health priorities from a community perspective; Missing and Murdered Indigenous Women, Girls, and Two Spirited Peoples; Truth and Reconciliation; health and wellness; and education.

During the three-day event, the voices of Indigenous youth and Elders rang clear: any IHR or Indigenous wellness research opportunity must be community developed and led; funding policies must be more flexible to allow communities to directly receive funding; there must be an emphasis on youth and the wellness and resilience of future generations; there must be acknowledgement, recognition, and support for Indigenous research methods, understanding, healing practices, cultural and traditional practices; and continued engagement with community, not just during times to refresh the institutional processes (e.g. strategic or operational planning).

A number of action items and research themes were identified throughout the event, as voiced directly by the Elder-youth pairs:

- Community priorities must be acknowledged and prioritized in creating research opportunities;
- Land-based, outdoor, experiential learning are critical for Indigenous communities;
- Description of and support for how children are raised: journey of a human being, journey of Indigenous youth (e.g. through land-based healing for families and youth);
- Restorative justice based on creators, universal, nature, Canadian, and individual laws and the impact of foster care in Canada, trauma on Indigenous children and families;
- Indigenous research funding must go to Indigenous communities to do their own work:
  - Centered on ceremony;
  - Importance of clan system;
  - Grandmothers and support systems;
- Passing on traditional knowledge and teaching and building relationships;
- Access to traditional healers (policies to support use of traditional healers, equal compensation for healers); and
- Role of community health planning in addressing health concerns (e.g. health literacy, access to services, mental wellness, suicide prevention, chronic disease prevention and management).

Importantly, stories shared by participants of innovative, community-led, Indigenous wellness initiatives (e.g. Wuskiwiy-tan!, Ta-Nigahniwhak!) were celebrated and upheld as examples of best practices for which IAPH and CIHR can learn from, as both continue to support the IHR agenda across Canada.

IAPH is uniquely situated to directly interact with the community it serves and therefore has the responsibility to be responsive in creating research, training, and mentorship opportunities to positively impact the overall wellbeing of Canada’s Indigenous Peoples. With the invaluable information and recommendations kindly provided by all of the participants, it will be important for IAPH and CIHR more broadly, to act on them and to follow-up with community accordingly and in a timely fashion. Building a meaningful and authentic relationship with Indigenous communities across Canada will be critical to the success of upholding research excellence in IHR.
Introduction

The Institute of Aboriginal Peoples’ Health (IAPH) was established in 2001 as one of the 13 founding Institutes of the Canadian Institutes of Health Research (CIHR), and is the first national research institute dedicated to improving the health and well-being of First Nations, Inuit, and Métis peoples. The vision, mission and values of IAPH emphasize the principles of balancing Indigenous Ways of Knowing and “conventional” science in approaching Indigenous health research and implementing strategies to eliminate inequities and improve the health of Indigenous peoples overall. These priorities have been further recognized through CIHR as a whole within the 2014-2019 Health Research Roadmap Research Priority B: Health and wellness for Aboriginal peoples.¹ The increasing emphasis in this area has facilitated IAPH’s transition to providing leadership in Canada’s national Indigenous Health Research (IHR) agenda.

In 2010, in response to the then-current version of the CIHR Roadmap, IAPH carried out six national meetings with Indigenous practitioners in the field of health and wellness with the objective of informing the Institute’s strategic directions over the next five years. Of the 2010 IAPH Aboriginal Health Research Summits, two were focused exclusively on the perspectives of Elders/Knowledge Holders and youths and four were hosted in the north, south, east, and west. Key messages that were identified through the Summits were:²

1. Indigenous systems of knowledge and understandings of health remain the foundation of healthy communities and contain many of the solutions for improved health
2. Health research is an important path forward for identifying, understanding, and creating solutions toward improved health in communities
3. The activities of knowledge translation and exchange are viewed as a basis for relearning and reframing solutions within contemporary understandings of First Nations, Inuit, and Métis health

Building on the learning achieved through the Summits, the advances made in Indigenous health research since the Summits, and the 2016 IAPH Strategic Directions Refresh project, IAPH hosted the 2017 Elder-Youth Dialogue on Indigenous Health Priorities. Just as with the Summits, the primary aim of the Dialogue was to inform future Institute directions. Further to this, the Dialogue offered an opportunity to provide direction during the transition of IAPH leadership. The specific objectives of the Dialogue were to (1) better understand the health priorities of Indigenous communities, (2) privilege the voices of Elders and youths in establishing IAPH’s future directions, and (3) provide a venue for youth representatives to express critical issues facing their generation.

The following report describes what was learned through the Elder-Youth Dialogue process and will ultimately support IAPH in the pursuit of research excellence in Indigenous health.

Process

To meet the objectives of the Dialogue, IAPH sought the input of Dr. Angeline Letendre, a planning committee member for the 2010 Summits, and Jaye White, Provincial Youth Coordinator at the Manitoba Metis Federation. They joined IAPH staff members Maya Nakajima, Nicole Manson, Taylor Fleming, and Joanne Nelson to guide the process.

¹ http://www.cihr-irsc.gc.ca/e/48964.html
² AHRS Final Report (2013)
Key issues to be explored at the Dialogue included:

- Health priorities from a community perspective;
- Missing and Murdered Indigenous Women, Girls, and Two-Spirited Peoples;
- Truth and Reconciliation;
- Health and wellness; and
- Education.

The planning team collaborated to create a program that allowed for discussion of these key issues, and also left space for participants to engage in open discussion about other issues that may face their communities. Of critical importance to the planning team was youth engagement at the Dialogue. Many discussions took place to decide how best to accomplish this, while also honouring the intergenerational connection between Elders and youths.

**Participant recruitment and selection**

A request for applications was distributed through IAPH networks to recruit a representative participant group (see Appendix D). Eligibility requirements were that pairs comprise of a recognized Elder/Knowledge Holder and youth aged 16-30, and that the Elder and youth have a previously established relationship. To apply pairs were asked to submit a two-page letter of intent describing their interest or involvement in health and wellness activities, community involvement, community health priorities, and what they hoped to learn from the Dialogue. IAPH received a total of 74 applications from all regions of Canada, although participation was limited to 25 pairs.

Selection was achieved through consensus among the planning team, rather than by scoring applications. Applications were first assessed on whether they met the eligibility and application requirements. The planning committee then reviewed the remaining applications, and assembled a participant group that was as culturally and geographically representative as possible, and were likely to be highly engaged in the event as judged by their applications. Essentially, the planning team selected participants that “fit” well together, and that IAPH expected to work together cohesively.

**Elder-Youth Dialogue on Indigenous Health Priorities**

The Dialogue took place from March 12-15, 2017, on Algonquin Territory in Ottawa, ON. Of the 25 selected Elder-youth pairs, 24 were in attendance. Elder Verna McGregor gave the opening prayer and smudging, and Dr. Lisa Bourque Bearskin, who was a planning committee member for the 2010 Summits, welcomed everyone and provided information on the Dialogue process. The remainder of the two-day gathering consisted of small breakout sessions and open forum discussions.

**Outputs**

A key output from the Dialogue is the production of a short video highlighting the event. The video is meant to act as a venue for participants to share their community health priorities to CIHR and more broadly, Canada, in their own voice. This was met with much enthusiasm from the Elders and youths, six of whom were interviewed. Through this video IAPH meets a responsibility to participants to remain accountable, and to honour the community priorities shared at the Dialogue.

IAPH will also create an infographic highlighting the main themes of the event, and is open to other potential knowledge dissemination outputs.
Findings

Questions

The questions for consideration provided to participants prior to arrival included:

**Community strengths**: What are your community issues, strengths around this theme?
  a. What strengths do you as a youth have that can be used to address this issue?
  b. What strengths do you as an Elder/Knowledge Keeper have that can be used to address this issue?
  c. What strengths do you as a pair have that can be used to address this issue?
  d. What are some examples of wellness, strength and resilience from your community in this area?

**Research**: What research is currently going on in your community around this theme?
  a. What successful research projects have you been involved in that you think fit with the mandate of IAPH? What made it a success?
  b. Do you have any experiences with research projects you’ve been involved with, that you didn’t think were so successful? Why?
  c. What are some gaps (research, policy, program, funding, intervention) in this area?
  d. How can CIHR or IAPH help address these gaps?
  e. How best does CIHR or IAPH actually implement these suggestions?
  f. What can IAPH do to encourage more communities to become involved with IHR in this topic area?
  g. What do you think researchers are missing out on regarding this topic?
  h. What would attract you as a youth or Elder/Knowledge Keeper to research projects in your community?
  i. What role do you see yourselves playing at an institution like IAPH?

**Capacity development, strengthening**: What does capacity strengthening look like to you in this area? (Capacity Development is the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time. Capacity is about growth: growth of the individual in knowledge, skills and experience.)
  a. What are some examples of how you (either respectively, or as pairs) and your community members strengthen community capacity in this theme?
  b. In what ways can IAPH support capacity development or strengthening in your community, in this area (i.e. theme of the breakout)?

**Knowledge translation and mobilization**: A function of research is to create and share new knowledge, and to ensure that this information is used in appropriate ways. **(Knowledge Translation** is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.) **(Knowledge Mobilization** is defined as the reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users—both within and beyond academia—in such a way that may benefit users and create positive impacts within Canada and/or internationally, and, ultimately, has the potential to enhance the profile, reach and impact of social sciences and humanities research.)
  a. What does knowledge translation look like from a community perspective?
  b. What does knowledge mobilization look like from a community perspective?
  c. What are some examples of how to best get information in and out of community? Nations?
d. In what ways can IAPH support getting information back to community and share among other communities across Canada?
e. Is there a role for IAPH to support communities using new information from research findings?

**Relationship building:** Often times, it may be difficult to feel like your voice(s) have been heard, or that IAPH, CIHR have responded back to you in a timely, meaningful manner.

- How best do we report back to your community and engage with you to ensure we are able to create a meaningful relationship?
- Would you like to receive general information from us? If so, how and when is best?

**Key Issues Identified**

Participants were also asked to consider the topics of the five breakout sessions, and to choose two of these sessions to attend. Key issues from each breakout session are described as statements below.

**Education and Wellness**

1. Education and sharing knowledge is part of the reconciliation process and is informed by Indigenous identity and worldview. Indigenous peoples are lifelong learners.

2. Need for a safe space to teach and learn traditional languages. Mainstream education does not include traditional languages, which is another discrete way to continue assimilation practices.

3. Many youth are not interested in the ways of our Elders and ancestors; how do we motivate them and empower them to feel proud of who they are? Putting the two worlds together (traditional way of life, educational way of life) will be more powerful as they will have the two ways of knowing.

4. Youth are our strength. It’s Elders’ responsibility to share what they know. Once educated, we need youth to come back and help to build the community.

5. Traditional and modern worlds conflict – when there is no work in community we must go to the city away from our culture. Youth don’t have access to learning about their culture when they go to live a modern life. How do we blend the traditional and modern worlds so we don’t have to sacrifice one for the other?

6. Importance of finding out how each individual community shares knowledge.

7. Academic institutions must be indigenized through provision of cultural facilities, displaying Indigenous art, access to Elders, etc. This includes western and Indigenous educations nurturing land based and language programs, cultural teachings.

8. When communities have competing and more immediate priorities, it’s difficult to justify spending money on education over, for example, clean water.

9. When engaging in research, it’s important to establish community ownership of the project from the start. Similarly, Knowledge Holders should be recognized via funding just as researchers are.

**Justice System/Foster Care**

1. There are two justice systems in Canada: the Canadian justice system, based on punishment; and the restorative justice system, based on building and restoring relationships. Indigenous men are being raised by the Canadian justice system.

2. The foster care system does not protect children – mental and sexual abuse, loss of culture and language, feelings of rejection.

3. The lack of transition out of the foster care system can lead children to homelessness, food insecurity, and culture shock when returning to community.

4. Importance of addressing trauma resulting from justice and foster care systems to help the healing process. Unity is key – they are all our children.
5. More information on the impact of the foster care and justice systems is needed. What are the statistics? How is this information made available to communities?

Truth and Reconciliation Commission Report Calls to Action

1. Consultation often limited to only consulting with on-reserve First Nations.
2. How can we use today’s systems to get information out? Social media and technology take away from people communicating. Leaders used to visit each other’s homes, but this doesn’t happen anymore.
3. A proper curriculum set up by Aboriginal peoples should be implemented into schools. In one community, one person is always seen as this “go to” person because there are so few of them. Many teachers who are non-Indigenous are going into education and are taking on roles to teach Aboriginal content.
4. Discussions of residential schools for research purposes are far more fruitful when they occur in traditional languages.
5. Receiving funding from the TRC can be difficult when a charitable number is needed, which can take 6-8 months to receive. This can result in western psychologists being paid when a community support worker is just as capable of working with survivors, and have more cultural context.

Missing and Murdered Indigenous Women, Girls, and Two Spirited Peoples (MMIWG2S)

1. We must work with the children left behind and focus on factors that allow this violence to occur.
2. More research on systemic racism is needed, for example, on unintentional bias in the medical system. Funding for research should go to communities first, to lead their own work.
3. Indigenous men must protect Indigenous women, girls, boys, and two-spirited people. The attitude towards women was changed through contact with colonizers. Traditionally, women were seen as very powerful.
4. Jurisdictional and information sharing issues work against Indigenous women who are victimized.
5. Economic development impacts safety of Indigenous women (e.g. work camps create risks).

Health Priorities from a Community Perspective

1. Communities must find creative ways to work with limited INAC funding.
2. Suicide prevention is incredibly important. Younger generations should feel safe learning from older generations, connecting to culture.
3. Many communities have services to address the “culture gap”, particularly to ground youth in their identity as Indigenous; in-school education and language programs; youth-driven programs.
4. Land-based activities are crucial to address community health priorities. They are currently being used to address families affected by trauma, men’s health, youth.
5. In addition to loss-of-culture, chronic disease is a growing health concern for communities. When adequate treatment is not available in-community, people must travel to access care, which is often not culturally safe. These used to be conditions limited to elders, but more and more youth are being affected by chronic illness (e.g. diabetes).
6. Western scientists are starting to realize that addictions are tied to past trauma. More research and work is needed to address healing and dealing with trauma, both one’s own and intergenerational, to fight addictions.
7. For Northern and isolated communities, housing and health issues are exasperated by seasonal access roads, food prices, lack of internet access, etc. Resources to be able to live off the land and once again be independent are needed.
8. Seniors care is also a growing concern. Accessible housing and home care is needed in community
9. Indigenous input in policy decisions should be sought and be more standard across jurisdictions.
Youth Interviews

As this event was intended to be an open dialogue among youth and Elders, the youth were given a dedicated opportunity to interview their Elders on a variety of topics and questions they wanted to know more about. The following are some highlights from this important session:

The changing world
- World is different now from childhood because everything is disposable now.
- Respect for Elders and land has changed.
- Government and settlers are not honouring the treaties and the TRC Calls to Action.

Successes and achievements
- Success is not one thing; if you are proud of what you are doing, you are successful.
- Biggest accomplishment was acknowledging and continuing her healing journey.
- Need to experience setbacks before being able to appreciate and understand a successful life.
- Be yourself and never give up.
- Successful life is being healthy and living well, promote health of family and community.
- Success has nothing to do with money; it is about personal strength.

Healing and healthy life
- Priorities are living stress free, staying sober and continuing to grow.
- It is never too late to start something new and try something different.
- Most important thing is to know that her grandchildren know that they are loved and cherished and that they have a brighter future despite all the experiences of Indigenous people.
- Would like youth to learn about Inuit culture from Elders and to practice the traditional ways.
- Need to overcome serious setbacks by seeking help through counselling.
- Drug addiction can change personalities and bodies.
- Working through challenges is healing yourself.
- Fearful, rage and hurt when younger but has learned to love through the healing process.

Skills
- It is better to learn through Elders because the experiential component is lost when it is transmitted through technology or when it is read from a book.
- Learned to get comfortable with public speaking.
- Grown and developed a voice to speak.

Culture
- Concerns with losing culture and traditional roles.
- Elders have the responsibility to pass on culture and language so that generations to come can continue with them.
- Expectations of Elders to save the Indigenous culture.

Lessons learned

There are several lessons learned that can be drawn from this event:
- Operational lessons:
  - Use of time: participants requested more time for fulsome discussions, particularly given the topic areas, but oftentimes it is not feasible to host an event longer than 2.5 days. How does the Institute, CIHR address this?
- Dedicated down time for participants over the course of the event is necessary.
- There is a need for a strong facilitator, who can ensure the timing of the agenda, the discussions flow as appropriate.
- There is a definite need for strong IAPH and CIHR presence for participants to feel heard, and to have their questions answered.
- It would be helpful to have a set of guiding questions to help frame and direct discussion for facilitators, where appropriate.
- While having an event national in scope, it would be helpful to have ongoing conversations and opportunity for dialogue with Indigenous community members throughout the terms of Scientific Directors.
- Dedicated opportunities for representation and counsel by Indigenous youth and Elders is needed at the Institute, CIHR (e.g. Youth Council, Elders Council) to connect directly with community members as usual practice throughout the functioning and of the Institute’s operations.
- There are distinct differences and contexts within which communities address health concerns and research needs, requiring flexibility within the scope of Institutional functions (e.g. training opportunities, funding opportunities).
- There are several success stories grounded in Indigenous ingenuity, tradition, and knowledges that need to be shared and celebrated among Indigenous communities alike; opportunities through CIHR and the Institute need to be supported.
- Underlying agreement that research funds must be held at the community level to directly support existing community capacity to meet community needs.
Next steps

There were several direct action items that were identified by participants, to be addressed by CIHR-IAPH:

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a social media network for the event and its participants</td>
<td>Complete</td>
<td>Facebook group was created on-site during the event by one of the youth: <a href="https://www.facebook.com/groups/1878427415768245/">https://www.facebook.com/groups/1878427415768245/</a></td>
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<td>Create a contact list and distribute among participants</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Create an infographics document to share with participants</td>
<td>In progress</td>
<td></td>
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<tr>
<td>Demonstrated actions taken by IAPH, CIHR to implement the TRC Calls to Action</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
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<tr>
<td>Use full acronym of “MMIW” to include girls and two-spirited people (“MMIWG2S”)</td>
<td>Applied to this report</td>
<td>Will be brought to CIHR</td>
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<td>CIHR to put out a statement about the protection of offenders</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
</tr>
<tr>
<td>Improved collaborative approach and work within and across communities, building on each other’s strengths</td>
<td>In progress</td>
<td>Community consultation events are currently being planned by the CIHR-IAPH team</td>
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<tr>
<td>Encourage youth to be involved in the research of the five breakout session topics</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
</tr>
<tr>
<td>Train youth to become great negotiators, with passion and hearts in their communities</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
</tr>
<tr>
<td>In addressing the five breakout session topics, efforts must not be siloed</td>
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<td>Will be brought to CIHR</td>
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<tr>
<td>Acknowledge expertise in community for knowledge and healing</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
</tr>
<tr>
<td>Appropriate compensation for Indigenous experts in community</td>
<td>In progress</td>
<td>Will be brought to CIHR</td>
</tr>
</tbody>
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Research Themes

From this event, the following research themes and areas of research interest were identified during the topical discussion sessions:

Education and wellness

- Every person has a different idea of what education is and needs different things for education: Researchers need to listen to communities about what they need and meet them where they are.
- Acknowledge there is learning outside in the community e.g. traditional medicines, Aboriginal art.
- Recommendation for experiential outdoor programming.
- Develop best practices for programs based on various community programs in use.
- Facilitate opportunities for youth to work with Elders.
- Incorporate teachings from Elders into education system.
Challenge of transition from high school to post-secondary schools, especially for remote communities with limited support systems – how to best bridge.
- Involvement of community members in research.
- Role modeling to empower community to be empowered to use results of research for their best interest.
- Communities who still experience basic problems such as boil water advisories do not care about issues such as education.
- Need equal access to education by all communities.

Justice System/Foster Care
- Description, support for how children are raised: journey of a human being, journey of Indigenous youth (e.g. through land-based healing for families and youth).
- Injustices of the foster care system for Indigenous children and youth.
- Processes of “Canadians unlearning racism and Indigenous peoples re-learning how to be Aboriginal people”.
- Restorative justice based on creators, universal, nature, Canadian, and individual laws.
- Needs of former foster children to empower them as strong Indigenous leaders in their communities.
- Build community coming from justice system/foster care system.
- Importance of connection to community, land, culture and language to peoples’ health and love for our children.
- Research on individuals that are fostering Indigenous children.
- Language nest for families of the children that attend the school in the community.

TRC Calls to Action
- The importance of education on the Indigenous way of life and history.
- Overcoming trauma.
- Research of different educational epistemologies (e.g. schools for those with special gifts to be taught by Elders and those knowledgeable in traditional knowledge).
- Role of new technologies in communications to build community strengths and relationships to overcome impacts of IRS.
- Community readiness prior to undertaking research on IRS.
- Literacy in health systems.
- Land-based traditional healing.
- Passing knowledge on to the children, bringing back ceremony.
- Role of storytelling and ceremony for healing.

MMIWG2S
- Research on systemic racism and the impact of unintentional biases.
- Trauma response and justice for victims of violence through creating safer environments.
- Indigenous research funding must go to Indigenous communities to do their own work:
  - Centered on ceremony
  - Importance of clan system
  - Grandmothers and support systems
- Role of men in protection of women, children, and two-spirited people.
- Restoring honour that was given to women prior to colonization.
- Intergenerational traumas through IRS, Sixties Scoop.
- Role of media in taking MMIWG2S seriously.
- Teaching girls on the street to look after themselves and each other.
- Role of research in:
Educating non-Indigenous peoples about Indigenous Peoples; and
Changing the justice system to take an Indigenous girl’s reports of abuse seriously

Health Priorities from Community Perspective
- Addiction, suicide, self-identity.
- Chronic disease (e.g. cancer, diabetes).
- Housing shortages, poverty reduction, and related issues.
- Northern crisis for food and essentials.
- Need to engage youth in developing youth/Elder programs.
- Land-based programs to better connect youth and Elders.
- Research to reverse the stigma of mental illness.
- Passing on traditional knowledge and teaching and building relationships.
- Community-led programs based on the needs of the specific community.
- Health literacy and policy affecting community.
- Health funding: consistent, access, use.
- Health training for community members.
- Retaining health staff in community, cross-cultural training for health providers.
- Access to traditional healers (policies to support use of traditional healers, equal compensation for healers).
- Role of community health planning.

These themes would help to develop components of the strategic plan of the Institute moving forward, particularly in the development of funding and training opportunities. This will also be important to share with the newly announced Indigenous Mentorship Network Program-funded teams as they implement their regional mentorship networks.

Furthermore, the development of an operational plan for the Institute based on direction from the participants, will be considered, which also acts to bring together all pertinent elements of the following reference materials:
- CIHR 2017-18 Departmental Plan
- CIHR Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples
- International Peer Review Expert Panel: A report to the Governing Council of the Canadian Institutes of Health Research (February 2017)
- Canada’s Fundamental Science Review – Investing in Canada’s Future: Strengthening the Foundations of Canadian Research
- IAPH Strategic Plan 2014-2018

A brief analysis of how the results from this Dialogue align with the listed resources above can be found in Appendix C.

It is with great pride and honour that IAPH is able to host these types of events. With this, comes a unique responsibility to respond to the issues, concerns, and research priorities voiced directly by community members, across Indigenous communities in Canada. It is imperative that CIHR and IAPH continue to engage authentically with Indigenous community members, and to be responsive not just to the needs of Indigenous scholars or those pursuing careers in IHR, but to ensure that research, funding, training opportunities in this area are pertinent, applicable, meaningful for Indigenous communities at large, with great impact, for and by community.
## APPENDIX A: Participant List

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<th>Last name</th>
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<td>Michell</td>
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<td>IAPH Assistant Scientific Director</td>
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<td>Taylor</td>
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<tr>
<td>Manson</td>
<td>Nicole</td>
<td>Staff</td>
<td>IAPH Finance/HR Manager</td>
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APPENDIX B: Evaluation

Monday impressions

Breakout sessions on Monday were positively received. All sessions were scored on average a minimum 4 (agree) out of 5. The main written feedback provided for Monday is that more time was needed. Many participants commented that either more time was needed for introductions—perhaps even beginning them the evening prior—or that the speaking time limits for introductions should be better enforced. In order to remain on-schedule, those introductions that came later in the morning were rushed, leading to inequitable distribution of time. Furthermore, participants felt that the time allotted for breakout sessions was too short. Once participant commented that they only reached the “tip of the iceberg” during their session. Lastly, participants suggested that the day would be improved with more guidance and structure to conversations. Some expressed that discussion often went “off-track” and would benefit from better use of the guiding questions.

Figure 1: Participant feedback on their levels of engagement during Monday’s sessions

Tuesday impressions

Similarly to Monday, breakout sessions on Tuesday were also well received. Again, all sessions were scored on average a minimum of 4 (agree) out of 5. Also as with Monday, the main written feedback was that there was not enough time for discussions. It was suggested that the time allotted for youth interviews could have been used to extend the time in breakout sessions; however, others responded positively to the youth interview activity and felt it was important. The use of a talking stick was suggested to ensure that everyone gets a chance to contribute. Additionally, several participants commented that more oversight was needed to ensure people attended the breakout sessions they signed up for – the education and wellness session had over 15 people, limiting the ability for all to contribute.
Overall impressions

Participants rated highly all requested items to describe satisfactions with the overall experience of the gathering, the average score was a minimum of 4 (agree) out of 5. As with feedback from the Monday and Tuesday sessions, comments on the overall event expressed a desire for more time, whether it is more time to share in breakout sessions or more time to socialize with other participants. Some suggested extending the duration of the event to allow participants to attend all breakout sessions, and others pointed to a need for stronger time management so that sessions such as the youth interviews are not ended prematurely. One participant noted that best practices from communities were not necessarily discussed; rather, some people seemed to be using the event for their own personal healing. Lastly, several participants wished that the venue was closer to the Ottawa city centre.

Participants expressed many positive aspects of the gathering, as well. Other participants were noted as a strength, and the opportunity to learn about other communities grappling with similar issues was highly valued. Youth felt encouraged by the Elders at the gathering, and one participant commented that the event opened their eyes to the importance of intergenerational social engagement. Gatherings such as the Elder Youth Dialogue, and the relationships borne out of them will push forward needed change.
Figure 3: overall impressions of the Dialogue event
APPENDIX C: Reference Resources

During July 2017, IAPH hosted a series of five community consultations as a result of several significant changes to CIHR impacting the IHR agenda:

- Growing concerns and frustrations expressed by those involved in IHR around fair review processes, equitable funding opportunities, and sustainable and continued mentorship opportunities;
- Creation of a new Indigenous Peoples’ Health Institute Advisory Board;
- Peer review processes that disadvantage all health scholars;
- Foundational documents acknowledged, signed, and upheld (e.g. TRC Calls to Action, UN Declaration on the Rights of Indigenous Peoples (UNDRIP)); and
- A fundamentally new Nation-to-Nation relationship with the federal government.

IAPH determined it would be timely to hold community gatherings to get collective guidance on how the Institute and CIHR can act on these drivers, and ultimately strengthen the voices of Indigenous Peoples in health research in Canada. The perspectives shared at these gatherings will be used refresh the IAPH Strategic Plan (2014-2018), to inform the agenda of the newly appointed IAPH Scientific Director, Dr. Carrie Bourassa, and to guide the new Indigenous Institute Advisory Board as it counsels all 13 CIHR Institutes. A wide range of voices representing all key stakeholder areas—such as community Elders, community health organizations, and CIHR Scientific Directors, among others—participated in five regional sessions:

1. Territory of the Yellowknives Dene First Nation (Yellowknife, NWT): July 4-5, 2016
3. Treaty 1 Territory, and more broadly the traditional territory of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and the homeland of the Métis Nation (Winnipeg, MB): July 13-14, 2016
5. Territory of the Mississaugas of the New Credit First Nation (Hamilton, ON): July 21, 2016

While participants were provided with a list of seven questions to address at these engagement meetings, the following discussion questions were more often used as a guideline to allow for more organic dialogue around IHR-related needs.

1. Did we accurately document your guidance, thoughts, and recommendations in this Strategic Plan? Does this Strategic Plan reflect your understanding of health research priorities?
2. Are there any areas of this publication that need to be edited, revised, improved, and built on (expanded)? If so, what? How?
3. What are your recommendations and thoughts on how best to implement this Strategic Plan? (i.e. proposed timeline, activities, order of activities) Are there specific considerations to make in implementing this Strategic Plan in your region?
4. How best can we report back to you?
5. What do you see as a "success" (and how would you define "success") in terms of how the Strategic Plan is implemented?
6. With foundational pieces such as the TRC Calls to Action, UNDRIP, how do these impact the work IAPH carries out within the Strategic Plan?
7. Discussion on new structures for Indigenous Health Research

The summary report can be acquired by contacting the CIHR-IAPH team at: Carrie.Bourassa@cihr-irsc.gc.ca.
In addition to this series of July meetings, there are several other more recent reference materials, which speak to commitments and recommendations being implemented at CIHR broadly, related to IHR.

The primary announcement that specifically is intended to address the major concerns as raised by IHR community is referred to as the CIHR Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples, which was publicly announced November 2016.

Below, are additional references made to IHR-related recommendations and needed actions, as well as some considerations that CIHR-IAPH can move forward with.
<table>
<thead>
<tr>
<th>Pertinent Remarks</th>
<th>Considerations for CIHR, IAPH</th>
<th>Reference</th>
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<tr>
<td>- CIHR is committed to increasing investments in Indigenous health research to a minimum of 4.6% of its annual budget.</td>
<td>- Understanding and implementing the 4.6% commitment in a way that is reflective of need.</td>
<td>CIHR 2017-18 Departmental Plan Spring 2017</td>
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<tr>
<td>- CIHR will also increase its capacity to interact with Indigenous communities in a culturally appropriate manner. This will be delivered through the creation of a dedicated fund, peer review process.</td>
<td>- The need for dedicated training, salary, scholarships, fellowships, and CRC opportunities for Indigenous research as defined by and for community.</td>
<td>pp.8, 11, 14, 16, 19-20, Available <a href="#">here</a></td>
</tr>
<tr>
<td>- A team will be assigned to work directly with Indigenous peoples, researchers, and communities in order to positively impact the health and wellness of Indigenous populations.</td>
<td>- Assurance that equitable opportunities will be funded targeting Indigenous scholars at each competition level.</td>
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<td>- CIHR will invest more than $160M in 2017-18 to support approximately 2,200 new and ongoing training and salary awards, which will continue to build and maintain Canada’s health research capacity across the entire spectrum of health research.</td>
<td>- The spectrum of health in the Indigenous context is much broader and encompasses specific Indigenous determinants of health, which must be considered applicable within the CIHR framework.</td>
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<td>- Close to 575 researchers will be supported through the Canada Research Chairs (CRC) program, which provides support to new and established investigators.</td>
<td>- Broadly, Indigenous research methodologies and capacity to lead health research exist; this must be acknowledged and allowed to thrive at CIHR.</td>
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| - Through Tri-agency programs, CIHR will fund approximately:  
  o 530 Canada Graduate Scholarships (CGS) at the masters and doctoral levels,  
  o 56 new Vanier CGS awards;  
  o 23 new Banting postdoctoral fellowships;  
  o 170 new postdoctoral/post health professional students.                                                                                                                                                                                                                                                                                                                                                                                                                           | - There are distinct and identified elements of equity as they pertain to Indigenous health research that must be addressed throughout all competitions and functioning of CIHR.                                                                                                                                               | International Peer Review Expert Panel report A report to the Governing Council of the Canadian Institutes of Health Research February 2017 |
| - It should be noted that the peer review of Indigenous Health research grants was out of scope for the present Panel. This is due to a parallel process undertaken by CIHR in partnership with Indigenous Health researchers and representatives from Indigenous communities. The Peer Review Expert Panel commends CIHR and the Reference Group on Appropriate Review Practices for Indigenous Health Research for their work to design and implement innovative processes to conduct culturally appropriate peer review of Indigenous Health Research. | - It will continue to be important to have an equitable and fair process for reviewing Indigenous health research applications, which should allow for training opportunities for Indigenous scholars or researchers with IHR expertise to hone their review skills.                                                                                                                                 |                                                                                                                                                                                                   |
| - The Panel heard considerable concern from stakeholders about equity, however rarely with a definition of what was meant by the term. Depending on the definition, equity could be reflective of a strategic issue (i.e., balance of funding across different types of research and/or researchers based on pillar, stage of career, gender) or reflect issues of unconscious bias by panel members. CIHR needs to get input from stakeholders and then clearly state and regularly review its equity objectives. We heard about the following potential equity issues:  
  o Stage of career;  
  o Gender  
  o Pillars of Research, basic and applied research and Social Sciences/Humanities | - Consideration for use of Indigenous languages in pursuing research excellence in IHR  
- Acknowledgement of differences that may be significant in career stage among | Available [here](#)                                                                                                                                                                                                                           |
- Indigenous research: Though beyond the scope of this review, the Panel acknowledges the context of Indigenous Health research and the importance of ensuring fair, appropriate, and context-sensitive review of related applications.

- **Recommendation 5.7**: The three granting councils should collaborate in developing a comprehensive strategic plan to promote and provide long-term support for Indigenous research, with the goal of enhancing research and training by and with Indigenous researchers and communities. The plan should be guided by the TRC’s recommendations on research as a key resource.

  - The Panel will not presume to elaborate on the recommendations of the TRC, but rather encapsulate specific elements and considerations:
    - Development of a statement of principles for Indigenous research;
    - Working with Indigenous advisors to create mechanisms that build inclusiveness, recognition of distinctiveness, and accountability into the structures and processes of the four agencies and related institutions;
    - Increased support for research and training by and with Indigenous researchers and communities;
    - Improved recognition of efforts related to community-based research and clarity on the Indigenous knowledge process;
    - Reconsideration of research support mechanisms, such as the composition of peer review panels;
    - Greater understanding of the role of Indigenous knowledge;
    - Greater flexibility in eligible costs and timelines to enable strong and ongoing community engagement; and
    - Provision of opportunities for iterative proposal submissions in peer review

- Historically, research involving First Nations, Inuit, and Métis peoples in Canada has been defined and carried out primarily by non-Indigenous researchers. This stems in part from a culture and tradition of colonization.

- Significant barriers and discriminatory rules regarding participation in higher education also led to underrepresentation of Indigenous people in academe. The net result is that approaches to Indigenous research generally do not reflect Indigenous world views and many Indigenous people regard research with apprehension or mistrust.

- There is a pressing need for Indigenous research.

- Access to Indigenous-supported research findings about priority issues is important to inform the design of policies that will improve the quality of life in these communities.

- The Panel observes a pressing need to build and support Indigenous researcher...
capacity. Indigenous people remain underrepresented in the professorial ranks relative to their overall population. This lack of diversity impedes the ability to fully capitalize on the improved culture for Indigenous research and to advance research to address the health and social challenges and needs of Indigenous communities.

- Physical, geographic, and systemic barriers continue to prevent Indigenous researchers and communities from participating as equal partners with non-Indigenous researchers and research institutions.
- The Calls to Action of Canada’s TRC made specific reference to federal research funding in recommendation number 65: “We call upon the federal government, through the Social Sciences and Humanities Research Council, and in collaboration with Aboriginal peoples, post-secondary institutions and educators, and the National Centre for Truth and Reconciliation and its partner institutions, to establish a national research program with multi-year funding to advance understanding of reconciliation.”
- The Panel’s consultations indicate that existing governance and machinery supporting research by and with Indigenous researchers and communities within the granting councils is constrained by contradictory funding mechanisms, systemic biases, and an overall lack of accountability to the Indigenous people and communities they are meant to benefit.

- CIHR’s refreshed research priorities build upon the success of Roadmap (2009) and inform a national health research agenda that warrants strategic attention by CIHR’s researcher and stakeholder communities. Over the next five years, CIHR will invest in research for innovation in health care and health systems for **improved patient outcomes, for health and wellness for Aboriginal peoples**, for health promotion and disease prevention, and for the management and treatment of chronic conditions. The transformative nature of these refreshed priorities will require CIHR and our research community to embrace new approaches, platforms, partners and participants to accelerate the delivery of research results and achieve health, social and economic impacts for Canadians.

**Research Priority B. Health and wellness for Aboriginal peoples:** Strategic attention is required to address the ongoing, long-standing gap in health status between Aboriginal and non-Aboriginal peoples in Canada. An opportunity exists for CIHR to support the health and wellness goals of Aboriginal peoples through contributions to evidence-informed, culturally sensitive, health and social policies and interventions. Success requires the meaningful engagement of Aboriginal peoples in research leadership and throughout the research process; the inclusion of Indigenous approaches in the design, implementation and evaluation of policies and interventions; the scale-up of effective approaches; and the coordinated efforts of health and non-health partners in remote, rural and urban communities. It is

- Measuring IHR successes that are inherently different from the Western, academic success measurements is invalid and not applicable in the Indigenous context.
- The performance indicators as listed and therefore must be redeveloped and applied with an Indigenous lens and Indigenous understandings of success.
- Reporting for each year of progress, related to Roadmap would be useful, and going forward, for any other operational, implementation, or action plan.
- Ensure alignment with the new Departmental Plan, and responsive to community need.
- Need for concrete strategies to operationalize things like Indigenous leadership in research process.
- Playing more than an advisory role or

**Health Research Roadmap II:**

Capturing Innovation to Produce Better Health and Health Care for Canadians

Strategic Plan 2014-15 – 2018-19

pp. 6, 17-19, 34-36

Available [here](#)
expected that knowledge gained from researching and establishing responsive programs, tools and services will be shared and applied to reduce health inequities.

- **Performance indicators for Research Priority B:**
  - % of expenditures
  - Number of publications
  - Citation of findings in scientific and non-scientific publications
  - Field analysis of citations
  - Share of top 5% cited papers acknowledging CIHR
  - Average relative citations
  - % grants reported reporting contribution to more effective health services and products
  - % grants reported reporting contribution to improved health of Canadians
  - % of grants reporting participation of stakeholders in the research process
  - Co-author analysis of publications

being part of a research team, innovation – leading, driving research funded by CIHR, IAPH

- There is no mention of Northern communities in this report
APPENDIX D: Elder-Youth Dialogue Application

Elder-Youth Dialogue on Indigenous Health Priorities

Call for Elder-Youth pairs

The CIHR Institute of Aboriginal Peoples’ Health (IAPH) strives to advance the research agenda to improve the health of First Nations, Inuit, and Métis people in Canada. To further this goal, IAPH is seeking applications for Elder/youth pairs to participate in a dialogue on priority areas of Indigenous health and wellness. The purpose of this dialogue is to inform the IAPH Operational Plan, and to ensure that the voices of Elders and youths are privileged when considering IAPH’s future directions.

Successful applicants will assume the role of mentor/mentored relationship, and work and travel together to attend a two-day gathering with other First Nations, Inuit, and Métis Elders and Youth from across Canada. Applicants should indicate a willingness/capacity to undertake a participatory role in the discussion of priority research areas in health.

Elder/youth pairs will be asked to share their experiences and knowledge in relation to community health and wellness issues, as well as any collaborative community initiatives related to Indigenous wellness. Potential topics of discussion may include: the Truth and Reconciliation Commission Report, foster care and criminal justice systems, and education.

The Calls to Action from the Truth and Reconciliation Commission Final Report reaffirm and uphold the need to engage meaningfully with all Indigenous Peoples on health-related issues and to build an appropriate health research agenda as determined and led by Indigenous Peoples. It is especially important to seek guidance from Elders and Traditional Knowledge Holders and to look forward supporting Indigenous youth as they grow into strong, valued, and vibrant community members.

Who can apply?

Youth must be between the ages of 16-30, and demonstrate a past experience and/or a strong interest in Indigenous health and wellness. They must have a close working and/or mentored relationship with the Elder and/or Traditional Knowledge Holder they plan to attend with. Knowledge and experience in community-based projects and experience working with Indigenous communities or organizations in health and wellness will be considered an asset.
Knowledge and experience working with Indigenous communities or organizations in areas of health and wellness will be considered an asset. Elder-Youth pairs are to submit one application.

When and where is the Dialogue?
The Dialogue will be on Algonquin Territory in Ottawa from March XX to XX, 2017. We ask that applicants anticipate that travel will be booked such that they are in attendance for the entirety of the event.

What is the cost?
Travel, accommodation and meal expenses for Elder-Youth pairs will be paid by IAPH. Should a caregiver be needed to accompany an Elder, IAPH will pay travel for one caregiver, although no additional expenses will be covered.

Application deadline
The application will be due January 13, 2017. All applications should be submitted to both Taylor Fleming (taylor_fleming@sfu.ca) and Joanne Nelson (joanne_nelson@sfu.ca). Applicants will be notified of the decision by January 27, 2017.

To apply...
Elder-Youth pairs should send one 1-2 page letter of interest representing them both, which describes the following:

- First Nations, Inuit, or Métis community of the Elder and Youth
- Priorities/concerns related to Indigenous health and wellness of applicants’ community
- Interest and experience in Indigenous health and wellness
- Relationship between Youth and Elder or Knowledge Holder
- What you hope to learn at the Dialogue, and how you will share your learnings with your community
- If an interpreter is needed, and for which language