

# The ABORIGINAL CAPACITY-BUILDING PROJECT



## on COMMUNITY-BASED RESEARCH FINAL EVALUATION

Conducted by:

J. Kevin Barlow, Principle Consultant  
John Serkiz, Associate

Written For:

Canadian Aboriginal AIDS Network

MARCH 2001

## TABLE OF CONTENTS

### SECTION I

Introduction .....	Page 3
Background .....	Page 4
Project Purpose & Objectives .....	Page 4
Outcomes .....	Page 5
Process Observations .....	Page 6
Recommendations.....	Page 12

### SECTION II

Summary of Findings .....	Page 13
Survey Findings .....	Page 14

### APPENDICES

Performance Map .....	Appendix A
Questionnaire .....	Appendix B
Project Coordinator Job Description .....	Appendix C
Working Group Terms of Reference .....	Appendix D
List of some Aboriginal Researchers .....	Appendix E

## **INTRODUCTION**

This document will report the findings of an evaluation on the process used to design an Aboriginal capacity-building project on Community-Based Research (ACBPCBR). The overall goal is to have trained Aboriginal researchers who can meet the research needs of the Aboriginal HIV/AIDS Community.

This project, in essence, took the first steps toward achieving the overall goal. Action to address this need was first initiated by Health Canada by forming a partnership with the Canadian Aboriginal AIDS Network.

There has been very limited Aboriginal participation in previous community based research efforts. It will be difficult to determine any measure of success because this program has yet to be implemented. Dissemination of information to the right people proved to be a major challenge during previous attempts.

### **WORKING GROUP COMPOSITION:** (in alphabetical order)

Alex Archie	Health Canada
Greg Brass	Urban Aboriginal Homelessness Project, United Native Nations, BC
Ken Clement	Healing Our Spirit (replaced Duane Shuttleworth)
Brenda Elias	University of Manitoba (replaced John O'Neil)
Arlo Yuzicapi-Fayant	Project Coordinator
Randy Jackson	Graduate Studies, University of Manitoba (MA Sociology)
Namaste Marsden	Healing Our Spirit
Amrita Paul	Health Canada
Naz Theriault	Two Spirit Elder
Art Zoccole	Canadian Aboriginal AIDS Network

Four meetings were held to respond to concerns raised by CAAN that the Community-Based Research Program with an annual allocation of \$800K, was not meeting the needs of the Aboriginal HIV/AIDS Community. These four meetings took place at: 1) Nov. 5-7, 2000, Winnipeg MB; 2) Jan. 20-24, 2001, Vancouver BC; 3) Feb. 22-24, 2001, Ottawa ON; 4) Mar. 22 & 23, 2001, Vancouver BC.

## **BACKGROUND**

This evaluation began by reviewing all pertinent documentation and from there, a performance map was created to provide an overview of the project. (Appendix A)

The next step was to develop and deliver a questionnaire to the people involved in this process. All nine participants and the Project Coordinator were interviewed by phone. Their responses were used to create the basis of this final evaluation on the process used to design an Aboriginal capacity-building project on Community-Based Research.

The main focus of this evaluation was on the process and not so much the outcomes. Two interviewers contacted each person and interviews ranged from 20 to 35 minutes each, on average. A copy of the questionnaire is attached in Appendix B.

## **PROJECT PURPOSE**

To design an Aboriginal community based research capacity building program under the Canadian Strategy on HIV/AIDS.

## **PROJECT OBJECTIVES**

1. To review documentation on the identified needs of Aboriginal HIV/AIDS community stakeholders in relation to their participation in community-based research.
2. To draft objectives for the overall program within the parameters of CBR.
3. To design components of the program which address the identified community needs in relation to CBR.
4. To develop the application process for a CBR capacity-building program. This would include the request for proposals and appropriate timelines, the application form, criteria for eligibility, and the review process.
5. To recommend to the HIV/AIDS Policy, Coordination and Programs Division a structure to implement the ACBPCBR which would entail the coordination and financial administration of the program. This would include the development

of criteria for administration of the program, and submission of recommendations for the administration of the program.

6. To determine a timeline for the implementation of the ACBPCBR and to identify the portion of funding allocated for fiscal year 2000/01 which could be used by March 31, 2001.
7. To develop a program evaluation plan to determine the success of the ACBPCBR.
8. To develop and issue communiques on the development of the program design and the announcement of the completed program.

### **OUTCOMES**

1. An ACBPCBR with specific objectives and an evaluation plan to determine the success of the program.
2. Finalized application process including the components listed under Objective # 4.
3. Formal recommendations for the implementation of the ACBPCBR.
4. Communiques on the development and design of the ACBPCBR in French and English.

## **PROCESS OBSERVATIONS**

### Planning:

The effectiveness of the first and second meeting suggest these meetings were not well prepared. Many felt unclear about their role, the process, what was to be discussed and some held perceptions of a hidden agenda. The first meeting was described by one person as "mired in muck", another felt it was more about building trust. Another participant recommended that the beginning and end of the process could have been tightened up better.

The issue of availability for relevant background materials did not seem to factor too greatly. Many recognized their limitations and that they were starting from scratch. This was a major cornerstone, namely the program could start from ground zero.

It is unclear if any documents or lessons learned from the Aboriginal Working group on HIV Research & Surveillance with what was formerly called LCDC, were utilized. Many of the issues raised on the ACBPCBR process, regarding materials and group consistency, seem to be issues experienced by this other Working Group.

### The Process and Outcomes:

Overwhelmingly, all participants felt satisfied with both the process and outcomes. Further to this, was the recognition by most participants, that follow up, fine tuning or some questions left to be answered still exists.

An interesting note, is that despite satisfaction levels with the process, the majority of participants echoed a common theme that the timeframe was not sufficient, and felt rushed, pressured. Despite assigning a high numeric rating or stating a yes response, almost all qualified their responses with examples of how it could have been made better.

The effectiveness of the four main meetings was further compromised because not everyone attended all four, some people experienced workload pressures and therefore could not read the background material in time, or did not receive the material in a timely fashion or at all. Two members were replaced midstream. One participant noted that it was very noticeable who read or didn't read the materials.

### Project Coordination:

The process was further hindered by the Project Coordinator coming online only during the last eight weeks. Several people stated that this particular role was not clear. Main duties seemed to include more administrative items and writing, and the group facilitation aspect was compromised not only by an unclear role, but by the presence of Co-chairs who assumed very different approaches.

The result of these dynamics appeared to add pressure, in that at times, issues had to be wrestled out of the group.

Not everyone was dissatisfied with this however, and some welcomed the free for all discussions, the group dynamics, and felt it was part of the process of doing capacity building within the group.

Specific comments about the Project Coordinator felt she did a splendid job, had good experience, and brought relevant knowledge. Others mirrored comments about group facilitation weaknesses, which were at times carried by either the Co-chairs or the Project Coordinator.

### National Coordination on CBR:

The presence of national coordination seemed extremely positive. This is further supported by the creation of a National Project Coordinator on CBR position. The question seems to be who plays a part in future steps. Specific examples suggest CAAN, a solid steering committee, the current Working Group with some expansion, and Health Canada.

Benefits to having national coordination, included greater ability to overcome many barriers previously experienced. For example, to counter low response, groups or regions could be approached and/or supported to pursue specific CBR issues. Peer Reviewers could be recruited in a more effective and timely manner.

It was also suggested to identify ways of having Working Group members be involved in the mainstream CBR process to expand their capacity.

Follow-up Needs:

1) Technical Questions: Another key comment suggests that some questions were answered not entirely based on experience. Although community members held expertise from the community perspective, some aspects seem to require that technical perspective. This goes to say that this issue will need to be dealt with at some point.

Related to this were observations that presentations or linkages to outside sources, like the Aboriginal community or Scholarship Committees, may have helped to answer these questions with greater potential for effectiveness and application.

In terms of missing expertise, most recognized the limitations in that there are no Aboriginal HIV/AIDS (research) experts currently available. That is in essence what this process was all about.

The group relied mostly on the varied backgrounds at the table. Several mentioned specifically the value of having John O'Neil on the group, and his replacement Brenda Elias. However, there were some negative comments. It must be noted that there needs to be balance between the community and the research voices. There are Aboriginal researchers available, but most do not have the HIV/AIDS background.

Many questions were specifically directed to John O'Neil and later Brenda Elias as they had the research expertise. Combined comments felt there needed to be more of this connection to researchers, the people who have been part of the mainstream process, and part of scholarship awarding. The experiential piece was missing in some ways.

However, Aboriginal members felt they also had valid contributions not found among academia and government, that is, they are professionals in their own right. They know their communities. It is imperative to strike a balance between academia, government and Aboriginal community members.

Further to this, two people highlighted the capacity building aspect or learning opportunity for all involved by sitting through this process. Specific suggestions identified secondments as a way to improve understanding of these various settings.

2) Monitoring and Evaluation: In terms of this piece, comments encourage its development to especially determine or better understand "how" to inform about the program, "how" to address the potential for another low response, and where to improve or adjust the program at the end of the first year.

As to who will do this, CAAN was supported by the majority as having a key role, while others felt it was critical to have the three parties involved in this process. Those that suggested the Working Group could have a role, also felt the membership needs to be expanded for a couple of reasons.

- 1) To minimize the burden to remaining members when someone leaves for whatever reason; and,
- 2) To provide that capacity-building or educational piece for those invited to sit on the Working Group.

Although Health Canada has the obligation or lead to monitor implementation, it is clear by the responses that there must be some role for community involvement and perhaps all three parties of this Working Group.

However, some felt the Working Group did its job, that they be advised of final products, but that their role sunset. It was also suggested in future, to have representation from all three Aboriginal groups, as it was suggested Inuit and Metis people were not on this Working Group.

The issue of rotation must also consider lessons learned from the LCDC Working Group which experienced extensive member turnover with what appeared as no constructive reasoning.

#### Disseminating Information:

The most pressing item to address, due to a previous lack of applications, is the dissemination of information. What was left undone, was interestingly the main issue lacking in previous CBR attempts. The outstanding issue is effective dissemination of program information to the right people. Comments suggest the HIV/AIDS Community knows about CBR, but the Aboriginal Community does not.

At the writing of this report, the Summer Training Awards are being developed. One person commented the amount allocated for a summer project is quite minimal. Two others expressed concern over who is eligible to apply for these awards, since the program cannot be exclusively confined to Aboriginal people.

#### Partnership Building:

Underlying all this, was a resurfacing issue or perception of control and partnership definition. Coupled with unclearly stated purpose, as some felt they were discussing NHRDP, frequent reminders were expressed around developing the capacity-building portion only.

Greater emphasis needed to be placed on articulating the benefits and purpose behind this partnership, in an open, transparent manner, as some suggested Health Canada had a hidden agenda. On the other hand, Health Canada felt they needed to justify their side of the partnership.

Certain comments suggest Health Canada likely learned from the Aboriginal members better, in terms of program development needs, and Aboriginal members expressed learning about Health Canada and other aspects of funding and research processes. This indeed is an aspect of capacity-building.

To close on the matter of "**process**", it is evident that not enough attention was directed to this important foundational piece. Comments like "hidden agendas", "control", "having to be defensive", "arm twisting", "crossing boundaries", "trust building" etc. suggest that, although the group came together and achieved their goal, there were stumbling blocks.

In order to improve upon this area, many people suggested that building trust is in fact the first major step. Government officials need to acknowledge that the Aboriginal community has a long history of bad relations with government policy. A method of transparency needs to occur, and government needs to understand the context of history and how Aboriginal people approach things.

Although it may not seem like time well spent, in fact, once this trust building piece is achieved, the process can move along quite well.

Aboriginal people also tend to talk "around" the subject, and some people use deductive or inductive reasoning. Patience is required and it must be kept in mind that this is capacity-building - for the Aboriginal community. Perhaps also for government or academic people involved too.

Nobody appeared to benefit as much as they could have from the approach used. Despite most feeling satisfied and leaving the process where it was at, some suggested that shields need to come down, and it seems that once some aspects of clarifying roles and purpose were achieved, they were able to move on.

## **RECOMMENDATIONS**

1. That planning aspects be improved to include clearer role definition, for all positions involved.
2. That Health Canada acknowledge the need to place capacity-building first and foremost, when desiring partnerships with the Aboriginal community. This must include making special efforts to a) build trust; b) operate in an open, transparent manner; c) recognize the need and value of the "community" perspective; and, d) be flexible in their approach.
3. That CAAN utilize more of the Aboriginal research capacity, when possible, despite many Aboriginal researchers not being fluent in the HIV/AIDS field.
4. That next steps be addressed through some national coordinating mechanism that builds upon the efforts and contributions of all three parties involved in the ACBPCBR, namely academia, government and Aboriginal HIV/AIDS community.
5. That creation of the National Project Coordinator on CBR be established to work under this national coordinating mechanism.
6. That a Communication Strategy be developed as early as possible, targeting Aboriginal Education Authorities, Native Studies Departments, PTO, Tribal Councils, Band Councils, the Inuit Community, Metis Locals, National/Provincial Aboriginal representative organizations, Aboriginal Health Boards, AASOs, Aboriginal print Media, APTN, the National Aboriginal Health Network, National Aboriginal Health Organization and starting with the list of Aboriginal Researchers found in Appendix E.

## **SUMMARY OF FINDINGS**

1. The priority issue is development and implementation of a Communication Strategy. This may be seen as the missing link in previous CBR efforts aimed at involving the Aboriginal community. It must include movement on the creation of a National Project Coordinator on CBR position, a method of national coordination through CAAN (or sub-group) which may or may not include all current Working Group members. Specific examples of communication were: a website, mailout, and certainly an evaluation component at end of first year to make improvements and adjustments if necessary. A short list of some Aboriginal Researchers is attached under Appendix E.
2. Building partnerships between government and Aboriginal communities, requires greater understanding for how Aboriginal people approach matters. It must be recognized that capacity building for those involved can and must occur. In fact it must be expected. Emphasis must be placed in clarifying roles, being transparent, reducing perceptions of hidden agendas, and recognizing that Aboriginal community members have valid contributions to make, can ultimately increase the likelihood of effective programs.
3. More time equals a more cohesive outcome and process. Everybody involved was satisfied with the process, but a key aspect of the process was the time allowed to achieve the outcomes. Given time pressures and constraints, and the fact that capacity-building must be expected, it would seem time could have been spent more wisely laying cards on the table, clarifying roles, building trust, all in keeping with achieving a workable outcome. Effective planning needs to occur, which would involve clear, measurable goals and objectives.
4. Maintain the Health Canada/CAAN partnership to further address follow-up needs. Specific energy must be directed to approaching those linked with Universities and Scholarship Awards to determine if all aspects of this program can be executed effectively.
5. Group facilitation and clear roles must be articulated and implemented, especially during a process that is operating on such time constraints.

## **SURVEY FINDINGS**

What follows are the results of the telephone interviews completed with the Working Group participants and the Project Coordinator.

### **WHO:**

To determine who was involved in this process, questions were directed on how individuals came to be involved, what skills they brought to the table and what, if anything, they learned from being part of this process.

#### 1. How were you recruited to sit on this working group?

Most participants were invited by Health Canada to sit on the Working Group. Five members were from the Aboriginal Community with strong connections to the HIV/AIDS field. Two members were from Health Canada. Two members were from the university setting and involved in research. The Project Coordinator, was brought in during the last eight weeks of the project.

#### 2. What particular strong point, as it relates to research, did you personally contribute to this process?

Some had prior involvement in a research project, recent involvement in CBR, going through the NHRDP process, being on the insiders track contributed to what was needed from an investigator's point of view and extensive experience with the sister program. Others had academic backgrounds/training. Community based program experience, and involvement in Aboriginal HIV/AIDS issues were represented. Some had experience in spiritual guidance. Others held the perspective of being "the researched" versus "the researchers".

#### 3. What skills did you personally learn from this process?

Learning about government funding processes ie. internal process of Health Canada. Research ethics. Good example of a bi-directional process. The importance of building strong partnerships between government and the community.

Terminology and the vocabulary of the research field, designing technical questions, studying human subjects. Better understanding of research issues facing the Aboriginal community. Creation of a scholarship process.

4. Was there a specific area of expertise missing?

More direct experience with CBR. Some acknowledged the lack of an Aboriginal HIV/AIDS expert. Balance between the community voice and the research voice. Several people said that nothing was missing. Several people did not understand the research process or had confusion between the Aboriginal program and the CBR. Facilitation of the process. Better connections to universities & university grant/scholarships programs. More senior level expertise in funding processes. Aboriginal CBR expertise.

5. If yes, how was this addressed by the working group?

A summer training awards program to address the lack of Aboriginal CBR expertise. Relied on the diverse backgrounds and sometimes specific expertise of the Working Group members. Used other relevant resources to refer to in order to not reinvent the wheel. Relied on the partnership between Health Canada and CAAN to address the timeline constraints and pressures. The contract stipulated an evaluation piece. Reminders to stay focused.

6. On a scale of 1 to 5, (1 low, 5 high), how well will the outcomes be able to begin addressing the research needs of the Aboriginal HIV/AIDS community?

The average score equaled a **4**. One person did not assign a rating.

WHEN:

The timeline allowed for this process needed to be evaluated from two main viewpoints: a) duration; and, b) delivery methods. In short, the process needed to determine not only the amount of time available but what was done with the time in order to reach the goals.

7. Was the time frame adequate?

YES: 4 responses

NO: **5 responses**

NOT SURE: 1 response

Despite some saying yes, many qualified this by saying it was too limited, rushed. Some things were left hanging. Many indicated that one or two more meetings might have been helpful.

8. Were you able to consult with your constituency or others during this process?  
Did you?

Most said yes, however it is unclear how or who they consulted. Others said not really, since time was a factor, wasn't applicable or terms of reference prohibited it.

9. On average, how many hours per week did you devote to this process?

Combining hours, including governmental people and project staff, about **127 hours** each week were devoted to this process, plus the four main meetings which were two full days each plus travel.

Examples on how these hours were spent, included talking about the project with people, travel, phone conversations, reviewing documentation, emails, writing, etc.

If you exclude the time of paid government employees and project staff, the total would be **51.5 hours** per week plus the four meetings. The four volunteers on the committee ranged hours between 2.5 to 30 hours per week each.

HOW:

In order to determine how time was spent, the following questions were asked.

1. Can you describe how you understood the process being used?

Under the negative category, many people expressed an unclear understanding, at times confusing it with the NHRDP process or that it was hindered by the government

parties at times or was Health Canada's process.

Regarding affirmative responses, some understood it quite well and summed it up as follows: "a couple of things were going on: 1) capacity building for Health Canada in how they approach Aboriginal programming, and 2) Bridging the academic side of research for Community Based Organizations."

11. Were the four main meetings sufficient to achieve the tasks involved?

Again, many responses gave ambiguous answers like a yes and no, or qualified them with the realities experienced, ie. some people not making all 4 meetings, or where some things were left undone. Specific suggestions stated 2 more meetings might have been best or more productive use of the first (and perhaps second) meeting may have sufficed.

12. On a scale of 1 to 5 (1 low, 5 high) how satisfied are you with the process?

Despite time constraints, the average was a **4**.

13. Please describe what you felt worked best?

Most made reference to the actual meetings as the highlight, as well as the commitment of the members. The dynamics of these meetings was said to allow adequate, respectful. The background information on the mainstream CBR previously developed also helped, as well as having a common goal.

14. What did you like least about the process?

Some negative comments stemmed around people with an "us" versus "them" stance, perceptions of a hidden agenda, control issues, personality clashes, heated discussions, positioning by some, and why some people were there who didn't have research backgrounds. Other dislikes were related to timeline constraints which created more demands for some (not in the HIV/AIDS field) around scheduling and a lack of communication at the end.

The first meeting...whole focus was on building trust and explaining it was a partnership. The last meeting when they were told that something wasn't allowed by Health Canada around the program being exclusively for Aboriginal people.

Lastly, it wasn't fully representative of the 3 Aboriginal groups (Inuit and Metis missing) and unfair expectations on the Aboriginal community to develop a program in a very short time when it has taken years to do in the mainstream population.

15. What would you want changed if this type of process was to happen again?

The main changes were: 1) More government departments so they may gain a more global understanding of Aboriginal issues and contributions; 2) Stronger Aboriginal input, with improved selection of people with both research backgrounds and cultural sensitivity; 3) Committee members should be paid because this is a Health Canada tool for them to use; and 4) greater clarification of partnership roles

WHAT:

This section wanted to identify what was used to develop the anticipated outcomes and people's understandings on what the next steps would be.

16. On a scale of 1 to 5, (1 low, 5 high) how adequate was the background material to you in helping to meet project needs?

Average was a **3**. One person did not respond, a second said not applicable).

Note: Interestingly, some people stated there were no background materials, while others refer to specific documents they found valuable.

17. On a scale of 1 to 5, (1 low, 5 high) how satisfied are you with the outcomes?

Average was a **4**. Most felt comfortable with what was produced despite many respondents stating some areas still needed further attention.

18. Is there anything outstanding that you feel needs to be addressed?

A communication strategy, getting Aboriginal people to access the program and taking it to the next level. A key factor is the small funding allocation which will impact what work can be done realistically. Two separate programs are being developed, and some members from the working group may want to be involved in the CBR program. Follow-up related to the university connection. The definition or concept of partnership... felt more of a collaborative effort rather than a partnership.

19. Have you a clear sense of how this program can be implemented effectively?

The majority stated **YES**.

Funneled or coordinated nationally, disseminate information through CAAN. An evaluation piece at the end of the first year, like "how to inform about the program" and "how to address a potential low response", etc. Now starting the summer training awards. Need to communicate between Health Canada and CAAN .... Health Canada has to share information about how many applications come in, etc. Some questions still need to be addressed around the university scholarship application.

20. Should any particular group have a key role in monitoring program implementation? If yes, please suggest who.

YES: **9 respondents**

NO: 0 respondents

WHO: Some respondents identified more than one group for monitoring. The **majority identified CAAN** as their first or only choice. Other responses included: NHRDP, university representation, an independent consultant, the three parties represented in the current process and Health Canada.

21. On a scale of 1 to 5 (1 low, 5 high) do you feel the working group should have a role of monitoring implementation?

Average equaled a **3**. One person did not respond.

Examples of potential roles including possibly reviewing proposals or only for the first

year or two. The need for expanding it was raised. Others said no, or it was Health Canada's role.

22. On a scale of 1 to 5, (1 low, 5 high) do you feel the working group should be consulted to address any follow-up needs?

Average equaled a **4**.

23. What do you feel will be the most important challenge when trying to implement an effective program?

Many comments linked this back to the overall goal, of finding Aboriginal people with the long term interest in CBR and HIV/AIDS. Several stated the communication need. Others expressed the limitations in terms of program life in contrast to the diverse Aboriginal needs. Ensuring accessibility and relevancy, and the issue of ownership, control and access.

24. Do you have any final comments to share?

Some raised the issue of good facilitation, several said they learned from the process stating it was a good model of a successful partnership. Others stated need and limited funds will have limited impact. A living history of all research which were Aboriginal specific or had Aboriginal specific questions is needed as well as national coordination. Also reiterations that it was rushed, there should have been teleconferences, should have consulted with universities and the level of dedication was impressive. Program development was extremely timely and critical, this process helped develop understanding of parameters, need to be cautious not to research people to death but also need to research people back to life.

**APPENDIX A**

<b>ABORIGINAL CAPACITY BUILDING PROJECT ON COMMUNITY BASED RESEARCH - PERFORMANCE MAP</b>			
<b>MISSION:</b> Trained Aboriginal Researchers who can meet research needs of the Aboriginal HIV/AIDS Community.			
<b>HOW? (Resources)</b>	<b>WHO? (Reach)</b>	<b>WHAT DO WE WANT &amp; WHY? (Results/Outcomes)</b>	
<b>ACTIVITIES</b>		<b>SHORT TERM</b>	<b>LONG TERM</b>
<ul style="list-style-type: none"> <li>• to strike a Working Group to advise, approve and recommend.</li> <li>• to review documentation on identified needs.</li> <li>• to plan and hold 4 meetings.</li> <li>• to fully inform the Aboriginal HIV/AIDS Community.</li> <li>• to provide recommendations to Health Canada, to HPPB on an administrative structure, current FY allocations and funding timeline.</li> <li>• to draft overall program objectives within CBR parameters.</li> <li>• to design a program which addresses identified needs.</li> <li>• to develop a full application process.</li> <li>• to develop a program evaluation.</li> <li>• to develop communiques on progress and the final program design.</li> </ul>	<ol style="list-style-type: none"> <li>1. Aboriginal HIV/AIDS Community.</li> <li>2. Aboriginal community.</li> <li>3. CAAN members.</li> </ol>	<ol style="list-style-type: none"> <li>1. fully designed community-based research program.</li> <li>2. capacity building which includes: skills development; mentorship; networking and partnership.</li> <li>3. Formal recommendations to Health Canada (HPPB) on the implementation of ACBRCBP</li> </ol>	<p>Met identified research needs of the Aboriginal HIV/AIDS community through culturally appropriate and methodologically sound research.</p>

The Aboriginal Capacity-Building Project on Community-Based Research -- **Final Evaluation**

<b>HAVE WE MADE A DIFFERENCE? WHAT CHANGES WILL WE SEE? HOW MUCH CHANGE HAS OCCURRED?</b>			
<b>RESOURCES</b>	<b>REACH</b>	<b>SHORT TERM MEASURES</b>	<b>LONG TERM MEASURES</b>
\$300K each year for 3 years.	<ul style="list-style-type: none"> <li>- Aboriginal HIV/AIDS Community.</li> <li>- Aboriginal University Students (2<sup>nd</sup> year +).</li> <li>- Non-Aboriginal researchers.</li> <li>- Health Canada.</li> </ul>	<ul style="list-style-type: none"> <li>• increased Summer Students training in research related capacities.</li> <li>• increased number of Aboriginal Researchers.</li> <li>• increased number of research applications.</li> <li>• increased number of partnerships.</li> <li>• narrower gaps in Aboriginal HIV/AIDS data.</li> <li>• enhanced programs based on current data.</li> </ul>	<ul style="list-style-type: none"> <li>• increased understanding of research needs.</li> <li>• increased skills for Aboriginal researchers.</li> <li>• increased sensitivity of non-Aboriginal researchers toward Aboriginal cultures.</li> <li>• enhanced interventions in education, prevention, care, treatment and support.</li> <li>• decreased Aboriginal HIV infection rates.</li> <li>• decreased Aboriginal AIDS cases.</li> </ul>

**APPENDIX B**

**ACBPCBR QUESTIONS**

**WHO:**

1. How were you recruited to sit on this working group?
2. What particular strong point, as it relates to research, did you personally contribute to this process?
3. What skills did you personally learn from this process?
4. Was there a specific area of expertise missing?
5. If yes, how was this addressed by the working group?
6. On a scale of 1 to 5, (1 low, 5 high), how well will the outcomes be able to begin addressing the research needs of the Aboriginal HIV/AIDS community?

1                      2                      3                      4                      5

**WHEN:**

7. Was the timeframe adequate?  

YES                      NO                      NOT SURE
8. Were you able to consult with your constituency or others during this process? Did you?
9. On average, how many hours per week did you devote to this process?

**HOW:**

10. Can you describe how you understood the process being used?
11. Were the four main meetings sufficient to achieve the tasks involved?
12. On a scale of 1 to 5 (1 low, 5 high) how satisfied are you with the process?

1                      2                      3                      4                      5

13. Please describe what you felt worked best?
14. What did you like least about the process?
15. What would you want changed if this type of process was to happen again?

**WHAT:**

16. On a scale of 1 to 5, (1 low, 5 high) how adequate was the background material to you in helping to meet project needs?

1                      2                      3                      4                      5

17. On a scale of 1 to 5, (1 low, 5 high) how satisfied are you with the outcomes?

1                      2                      3                      4                      5

18. Is there anything outstanding that you feel needs to be addressed?
19. Have you a clear sense of how this program can be implemented effectively?
20. Should any particular group have a key role in monitoring program implementation? If yes, please suggest who.

YES                      NO                      WHO: \_\_\_\_\_

21. On a scale of 1 to 5 (1 low, 5 high) do you feel the working group should have a role of monitoring implementation?

The Aboriginal Capacity-Building Project on Community-Based Research -- **Final Evaluation**

1                      2                      3                      4                      5

22. On a scale of 1 to 5, (1 low, 5 high) do you feel the working group should be consulted to address any follow-up needs?

1                      2                      3                      4                      5

23. What do you feel will be the most important challenge when trying to implement an effective program?

24. Do you have any final comments to share?

## APPENDIX C

### **Project Coordinator - Job Description**

The following is a job/project description for the consultant working on the Aboriginal Capacity Building Program for Community Based Research Working Group.

#### **Description of Tasks**

- ▶ To collect and disseminate background information relating to the Aboriginal Capacity Building for Community Based Research Project Working Group and its goals and objectives.
- ▶ To prepare drafts of all program components, including applications and guidelines for each program, of the Aboriginal Capacity Building Program for Community Based Research for review and approval by the Working Group.
- ▶ To arrange flights, accommodation and meeting rooms for the Working Group, respecting financial guidelines set out in contribution agreement and the project budget.
- ▶ To arrange communications and timely dissemination of materials related to this project to the Working Group.
- ▶ To provide support on project related tasks, following directives from Canadian Aboriginal AIDS Network Inc. staff (as guided by the Aboriginal Capacity Building Program for Community Based Research Working Group) on work relating to this project.
- ▶ To cooperate in monitoring and evaluation of the progress of this project and the dealings of the Working Group.
- ▶ To develop linkages with academic and non-academic community-based researchers for information and resources related to the program components.
- ▶ To prepare all written reports and minutes related to Working Group meetings, all minutes to be completed and disseminated before the next meeting.
- ▶ To deliver a consultant's report and evaluation on the project to the offices of the Canadian Aboriginal AIDS Network by the project end-date.
- ▶ Any duties that may arise in the course of executing this project that are related to the project but have not been stated in this job description.

...Job Description (continued)

### **Accountability and Reporting**

Project Coordinator shall be responsible for all work as described above.

All budget items are to be brought to the attention of the National Program/Project Consultant and final decisions made in the CAAN office.

All final decisions for the project rest with Canadian Aboriginal AIDS Network and its executive director.

The consultant will report to the CAAN office through the National Program/Project Consultant in the form of written progress reports and up-dates as requested by the Working Group and National Program/Project Consultant.

### **Skill Set and Requirements**

- Concise technical writing for program components.
- Strong writing skills.
- Experience with developing program guidelines and applications in the HIV/AIDS field.
- Knowledge of issues relating to Community Based Research in Canada's Aboriginal communities.
- Familiarity and working knowledge of computers for communications with the Working Group.
- Understanding of research principles and theories.
- Ability to work within the time-lines of this project.

## APPENDIX D

### Working Group on Aboriginal Capacity-Building Project on Community-Based Research

#### Terms of Reference

##### Background:

In response to recommendations emerging from consultations with the key Aboriginal and non-Aboriginal stakeholders, the HIV/AIDS Policy, Coordination and Programs Division allocated up to \$300K annually towards a three-year Aboriginal community-based HIV/AIDS research capacity-building program. Capacity-building for community-based research (CBR) includes activities related to skills development, mentorship, networking, and partnership development.

The purpose of the program is to develop a community-based research capacity among Aboriginal community representatives and researchers from both academic and non-academic settings. The program is based on the following definition:

community-based research is a form of research in which principles of community involvement and collaboration are applied using scientifically accepted research methods.

As partners under the Canadian Strategy on HIV/AIDS (CHSA), Health Canada and the Canadian Aboriginal AIDS Network (CAAN) are committed to ensuring the highest standard of excellence in community-based research. This program will develop the skills of Aboriginal community representatives and professional researchers in the Aboriginal community to undertake HIV/AIDS community-based research. Producing research that is methodologically sound and relevant to communities will help enable people to meet the challenges the HIV epidemic presents.

In order to meet the identified research needs of the Aboriginal community, Health Canada and CAAN determined that a formal working group be convened to design an Aboriginal CBR capacity-building program that is relevant to the Aboriginal community. Members of the working group will be appointed by Health Canada and CAAN. CAAN will coordinate the activities of the working group.

Mandate:

To design an Aboriginal community-based research capacity-building program under the Canadian Strategy on HIV/AIDS.

Roles and Responsibilities:

1. To review documentation on the identified needs of Aboriginal HIV/AIDS community stakeholders in relation to their participation in community-based research. Examples of documentation included the NHRDP Aboriginal CBR Consultation, the Prevention and Community Action Programs HIV prevention research consultation, the NHRDP CBR Consultation in Victoria, and the results of initiatives funded through the 1999/00 Aboriginal research roll-over funds.
2. To draft objectives for the overall program within the parameters of CBR.
3. To design components of the program which address the identified community needs in relation to CBR.
4. To develop the application process for a CBR capacity-building program. This would include the request for proposals and appropriate timelines, the application form, criteria for eligibility, and the review process.
5. To recommend to the HIV/AIDS Policy, Coordination and Programs Division a structure to implement the Aboriginal CBR capacity- building program which would entail the coordination and financial administration of the program. This would include the development of criteria for administration of the program, and submission of recommendations for the administration of the program. (See attachment A for Health Canada criteria to be incorporated into the criteria developed by the working group.)

6. To determine a timeline for the implementation of the Aboriginal CBR capacity-building program and to identify the portion of funding allocated for fiscal year 2000/01 which could be used by March 31, 2001.
7. To develop a program evaluation plan to determine the success of the CBR capacity-building program.
8. To develop and issue communiques on the development of the program design and the announcement of the completed program.

Outcomes:

1. An Aboriginal Community-Based Research capacity-building program with specific objectives and an evaluation plan to determine the success of the program.
2. Finalized application process including the components listed under Objective # 4.
3. Formal recommendations for the implementation of the Aboriginal Community-Based Research capacity-building program.
4. Communiques on the development and design of the Aboriginal Community-Based Research capacity-building program in French and English.

Membership:

1. The Working Group will be comprised of a total of 8 individuals. All members will have full voting rights. The membership of the working group will be a representative of the following sectors: federal government; national Aboriginal non-government HIV/AIDS organization; the HIV/AIDS community; and professional research community. All members will be appointed based on individual knowledge and experience and not on political, population-based or community-based organization affiliation. The membership will include the following:
  - 2 individuals appointed by CAAN
  - 2 individuals appointed by Health Canada

The Aboriginal Capacity-Building Project on Community-Based Research -- **Final Evaluation**

- 2 individuals from the Aboriginal HIV/AIDS community; and,
- 2 individuals from the Aboriginal professional research community.

Note: preference will be given to Aboriginal researchers and community members.

2. Members will be appointed commencing in October 2000 for a period of time it takes to complete the design of the CBR capacity-building program.
3. All members will be appointed based on their knowledge and experience within the context of the Aboriginal community. The criteria are as follows:
  - knowledge of HIV/AIDS and related issues;
  - knowledge of CBR principles and practices;
  - experience with research in academic and non-academic settings;
  - demonstrated linkages with the HIV/AIDS community;
  - demonstrated experience in program development and evaluation;
  - knowledge of community development strategies; and,
  - knowledge of the government funding programs.
4. The Working Group will appoint a chairperson.

September 19, 2000.

## APPENDIX E

### ABORIGINAL RESEARCHERS.

Dr. Jeff Reading

Earl Nowgesic, Epidemiologist

Kim Scott

Max Saulis

Dr. David Newhouse, Trent University

Lisa Stirling, PhD Ed

Donna Goodleaf, Ph.D Ed

Richard Jock

Dawn Martin-Hill, McMaster University

Marlene Brant-Castellano (worked on the RCAP report)

Joanne Archibald, FN House of Learning UBC

Larry Chartrall, University of Ottawa, Faculty of Law

Larry Little Bear, University of Lethbridge

Sajeek Henderson

Marie Battiste