



## Excerpts from a Responsive Human Ethics Application

*Disclaimer: These excerpts have been developed by the University Human Research Ethics Board and are not taken from any actual UWinnipeg researchers' ethics applications.*

### 1.8 Objectives:\*

We have two primary objectives: 1) to conduct semi-structured interviews with addiction/substance use service providers for Black, Indigenous, and People of Colour (BIPOC) women and gender-diverse people with children in Canada, which have been identified through an environmental scan; and 2) to conduct Collective Consensual Data Analytic Procedure (CCDAP) consultations with partners and stakeholders to determine a culturally safe and integrated care strategy for Winnipeg-based Indigenous women and gender-diverse people who have children and use substances.

### 1.10 Methods:\*

Objective 1: We will be conducting an environmental scan of addiction/substance use service providers for Black, Indigenous, and People of Colour (BIPOC) women and gender-diverse people with children in Canada, which collects publicly available online information on their missions, funding models, physical space, web presence, services, and types of supports. Once this scan is completed, we will follow up with individual organizations for which we are still missing information. We will conduct semi-structured interviews via Zoom with those who agree to speak with us. The questions will be based on the gaps in our scan and will thus vary among participants. We will then use grounded theory (Charmaz & Bellgrave, 2007) to code these findings.

Objective 2: Following our environmental scan of addiction/substance use service providers for women and gender-diverse people with children, we will use Nanâtawihowin Âcimowina Kika-Môsahtinikêhk Papiskîci-Itascikêwin Astâcikowina (an adapted version of Collective Consensual Data Analytic Procedure [CCDAP]) or NAKPA consultations with stakeholder organizations in Winnipeg, including the Aboriginal Health and Wellness Centre, Addictions Foundation of Manitoba, Main Street Project, Manitoba Harm Reduction Network, Mount Carmel Clinic, KLINIC Community Health, Native Addictions Council of Manitoba, Nine Circles Community Health Centre, and Sunshine House to determine a city-wide strategy for culturally safe and integrated care for Indigenous women and gender-diverse people who use substances and have children. This procedure will use the data collected through our environmental scan.

CCDAP (Bartlett et al., 2007) is a method of data collection via open-ended questions during focus groups and interviews. After transcription of the data collection, the goal is "to place key phrases or words of the interviews into several columns. In this process, a panel of experts, community members, participants, Elders, Knowledge Keepers, and the researchers are gathered together to do the collective data analysis. . . . Together, the panel will discuss the placement of the key phrases or words into each column based on the similarity of each key phrase or word. After the data are clustered into columns, the panel may easily identify patterns or themes" (Starblanket et al., 2019, p. 3). To streamline the length of time needed for this method, and thus, reduce the burden on community members, NAKPA adapts CCDAP by performing a rough thematic analysis, using NVivo software, prior to the data analysis session and by using PowerPoint and Excel spreadsheets projected on a screen rather than hand-written cue cards to conduct the collective data analysis.



#### **4.0 Research Involving the First Nations, Inuit, and Metis Peoples of Canada**

**4.1 Does your research fall into any of the following categories? If any of (a) to (e) apply, answer yes.**

- (a) research conducted in First Nations, Inuit or Metis territories;*
- (b) recruitment criteria that include Indigenous identity as a factor for the entire study or for a subgroup in the study;*
- (c) research that seeks input from participants regarding a community's cultural heritage, artefacts, traditional knowledge or unique characteristics;*
- (d) research in which Indigenous identity or membership in an Indigenous community is used as a variable for the purpose of analysis of the research data;*
- (e) interpretation of research results that will refer to Indigenous communities, peoples, language, history or culture.*

**Indigenous Community:\* Yes**

**4.2 Provide details about any of the above criteria that apply to this research.**

**Criteria Details:**

Research conducted in First Nations, Inuit or Métis territories  
Objective 1 is conducted within Canada, which is the original land of First Nations, Inuit, and Métis and includes both unceded territories and lands that are affected by Treaty Relationships. Objective 2 is conducted in Treaty One territory in Winnipeg, which is also the homeland of the Métis.

Recruitment criteria that include Aboriginal identity as a factor for the entire study or for a subgroup in the study  
Objective 1 seeks the perspectives of representatives from BIPOC, which includes Indigenous, service providers on addiction supports for racialized and/or underrepresented populations (again, including Indigenous peoples) of women and gender-diverse people with children. Objective 2 seeks insights and perspectives from our partners/stakeholders for this project, which includes Indigenous peoples from Winnipeg-based health and social services.

Interpretation of research results that will refer to Indigenous communities, peoples, language, history or culture  
Objective 2 seeks interpretations by our partners/stakeholders for this project, which will refer to Indigenous populations of women and gender-diverse people with children in Canada.

**4.3 Community/Stakeholder engagement is a process that could take many forms, but should be responsive to the needs and practices of the community and people. Engagement should occur prior to any research activities and be maintained over the course of the research.**

**If the engagement plan is in oral form, please provide the details here.**

***Provide a plan for engagement with the relevant community or stakeholders. For example, researchers might consult, seek consent from, or make an agreement with Elders, leaders, or other community representatives.***



### **Engagement Plan:**

The requirements of an engagement plan are met through having project co-investigators, collaborators, and community partners, including those who are Indigenous, who are positioned to provide ongoing engagement and guidance from relevant communities of interest as outlined in Section 4.4. The Indigenous members of the research team, including partner representatives, were also engaged at the onset of project planning through a ceremony led by a Knowledge Keeper. Our partners/stakeholders will also be co-interpreting the findings alongside the research team.

**If there is a formal written agreement, please indicate that here, and then attach that agreement to this submission.**

### **Formal Written Agreement:**

We created a Memorandum of Partnership for this project, which includes all partner organizations. Please see attached Memorandum in the Application Attachments section.

**4.4 Provide the plan for compliance with other relevant frameworks for research involving Indigenous groups or communities (e.g., OCAP®, Nunavut Research Institute's "Negotiating Research Relationships with Inuit Communities," MFNERC's "Guidelines for Ethical Research in Manitoba First Nations," National Aboriginal Health Organization's "Principles of Ethical Metis Research," a Nation or Community-Based research or ethics guideline, etc.). Please provide details below.**

### **Framework:**

This research study will comply with Chapter 9 of the Tri-Council Policy Statement, as well as OCAP® (ownership, control, access, and possession) and USAI (Utility, Self-voicing, Access, and Inter-relationality) frameworks. Specifically, we are complying with the following aspects of these frameworks:

Chapter 9: As our community partners and Indigenous collaborators are members of our project governance circle, as well as individual working groups for this project, we are ensuring that they contribute meaningfully to the oversight of our research and ethical engagement, as well as collaborate on our research activities. We are also abiding by the section of Chapter 9 that states that "ethical guidance offered by Indigenous peoples themselves" is intended to override the ethical framework provided by the Tri-Council. This means that we will always defer to our Indigenous community partners and collaborators on their own ethical practices and protocols (e.g., the Aboriginal Health and Wellness Centre's Ethical Framework).

OCAP®: To comply with ownership, we will ensure that our community group, comprised of partners and collaborators, are acknowledged as collective owners of the knowledge produced and interpreted in the NAKPA session. We are involving our community partners and Indigenous collaborators at every stage of this research to control and determine our activities, data collection/analysis, and authoring/interpretation of results. In relation to access and possession, we will allow all participants in the NAKPA session to access the final results of the session and keep a copy of them.

USAI: We are complying with utility by collaborating with community partners on ensuring that we are pursuing relevant research questions of use to their constituents, including better health

and wellbeing outcomes. Self-voicing is built into the NAKPA method, in which the community members will drive the data analysis as well as be named as co-authors of any resulting dissemination of the results. We will comply with access by ensuring that the data analysis and processes are understood by all collaborators/participants, and the NAKPA method is built around a consensus of meaning-making, which will ensure that the results and conclusions are approved and understood by all before being written into a report. This entire project is based in interrelationality with our community partners and collaborators, and we are grounding all analysis and interpretation of results in their specific contexts and our reciprocal relationships with our community partners and collaborators, with the primary goal of benefiting their communities and workers through a culturally safe and integrated care strategy for Indigenous women and gender-diverse people who use substances, have children, and live in Winnipeg.

**4.5 Provide information on how final results of the study will be shared with the participating community. e.g., via band office, special presentation, deposit in community school.**

**Sharing Results:** The results of this study will be shared through a working document of the NAKPA analysis, which will be accessible to all participants, and through a co-authored final report to be made public on the project website. Members of the research team, including partner representatives, may also present on these findings to partner organizations and other stakeholders as requested.