FINAL REPORT

THE COMMUNITY BASED HIV/AIDS RESEARCH ENVIRONMENTAL SCAN

Overview of the Canadian Aboriginal AIDS Network (CAAN)

◆ CAAN is a National and not-for-profit organization, established in 1997.

◆ CAAN represents over 160 member organizations and individuals.

◆ CAAN provides a National forum for members to express needs and concerns.

◆ CAAN provides relevant, accurate and up-to-date information on issues facing Aboriginal people living with and affected by HIV/AIDS in Canada.

◆ CAAN is governed by a twelve member National Board of Directors and operated by a four member Executive.

Mission Statement: *The mission of the Canadian Aboriginal AIDS Network is to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.*

Acknowledgements

Disclaimer

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1.   INTRODUCTION

This report documents the findings of the Community Based HIV/AIDS Research environmental scan (survey). The environmental scan was conducted by the Canadian Aboriginal AIDS Network (CAAN) and funded by Health Canada.

1.1   Program Background

This environmental scan is part of the *Aboriginal HIV/AIDS Community based Research Capacity Building Initiative in Canada* ("the *Initiativ*e"). In turn, the *Initiative* is a component of Health Canad*a's Aboriginal Capacity Building Program for Community Based Research* (ACBPCBR)[1] under the Canadian Strategy on HIV/AIDS (CSHA).[2] Developed together with CAAN members, the ACBPCBR program provides new opportunities to build research skills among Aboriginal communities, organizations and researchers.

The purpose of the *Aboriginal HIV/AIDS Community Based Research Capacity Building Initiative* is to develop community based research capacity in Aboriginal communities and with researchers from to help prepare an effective response to the HIV/AIDS epidemic among Aboriginal people in Canada. The goals are: to provide support for the development of research skills within Aboriginal communities; to promote understanding among professional researchers working in Aboriginal communities, and; to design HIV/AIDS research that is methodologically sound, culturally appropriate, respectful, and relevant.

The basic goal of this environmental scan is to explore the research capacity building needs of Aboriginal HIV/AIDS service organizations. Stakeholders including local Aboriginal organizations and researchers were asked to participate in the environmental scan, which began in August 2002.

1.2   Objectives of the Aboriginal HIV/ AIDS Community Based Research Capacity Building Initiative

The objectives of the Initiative are as follows:

▸   To conduct an environmental scan to determine the community based research capacity building needs of Aboriginal HIV/ AIDS organizations and Aboriginal organizations that have HIV/AIDS programs and/or services in Canada.

▸   To develop a guide to Aboriginal HIV/AIDS community based research resources.

▸   To develop an action plan to provide Aboriginal HIV/AIDS community based research training.

▸   To provide opportunities to link the Aboriginal HIV/AIDS community and the academic research community.

▸   To provide capacity building for Aboriginal HIV/AIDS research through training sessions.

▸   To evaluate the Aboriginal HIV/AIDS CBR Capacity building Initiative in Canada.

1.3   Principles of Aboriginal Community Based Research

CAAN is committed to the principles of Aboriginal community based research:

Aboriginal Community Based Research is a form of research whereby Aboriginal community collaboration, direction, participation and commitment are essential. The goal is to develop culturally-appropriate and methodologically-sound research, analysis, and dissemination strategies that

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[1] *Health Canada's HIV/AIDS Policy, Coordination and Program Division allocated $300,000 annually towards a three-year Aboriginal Capacity Building Program for Community Based Research (ACBPCBR). CAAN assisted in the development of this program. The Initiative is one of four components of the program: Component 1) Aboriginal CBR Scholarships; Component 2) ACBPCBR Summer Training Awards; Component 3) National HIV/AIDS CBR Capacity Building Initiative; Component 4) Resource Development.*

[2] *The Canadian Strategy on HIV/AIDS (CSHA) has six national goals: 1) Prevent the spread of HIV infection in Canada; 2) Find a cure for AIDS; 3) Find and provide effective vaccines, drugs and therapies; 4) Ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers; 5) Minimize the adverse impact of HIV/AIDS on individuals and communities; 6) Minimize the impact of social and economic factors that increase individual and collective risk for HIV.*

are beneficial and empowering for the participating communities and other stakeholders in their preparation and implementation of an effective response to HIV/AIDS. (CAAN, 2002)

Aboriginal community based research is guided by the following principles:

▶ Aboriginal people living with, affected by and at risk for HIV/AIDS will be actively included in all aspects of research.

▶ Aboriginal participation at all stages of the research process: needs assessments, identifying research question, collecting and analysing data, and reporting and applying the results.

▶ The diversity of all Aboriginal 'communities' through out Canada, when addressing HIV/AIDS is recognized and honoured. This includes communities defined by constitutional status, geographic region, residency, economic status, gender, sexuality, or cultural/spiritual beliefs, values and practices.

▶ All initiatives reflect and promote a balance between culturally respectful, traditional ways of gathering information and sound, ethical research design. Initiatives also emphasize partnership, collaboration, and flexibility.

Research must meet the following criteria to be considered community based:

▶ Community Involvement: Members of the community must be actively involved in and understand all aspects of the research process, from identifying the research question, collecting and analyzing data, to reporting and applying the results.

▶ Community Relevance: Community based research must provide information that is directly useful to the community in which it takes place.

▶ Equity in Partnership: Although roles and responsibilities vary, all partners must have an equal voice in determining how the research project will be accomplished.

▶ Methodological Rigour: Community based research activities must adhere to scientifically-accepted research standards.

▶ Ethical Review: Community based research initiatives must meet ethical guidelines to ensure research participants are not harmed by any aspect of the research process.

CAAN encompasses these principles and criteria of Aboriginal community based research in the acronym "OCAP":

Ownership • Control • Access • Possession

2. THE ENVIRONMENTAL SCAN: OBJECTIVES AND METHOD

2.1 Objectives

The purpose of the Community Based HIV/AIDS Research Environmental Scan is to assess the research skill levels of CAAN member organizations and their willingness to conduct their own HIV/AIDS research. The target groups for the environmental scan include Aboriginal organizations' researchers and research assistants, Executive Directors, board members, and/or staff members who have some experience or interest in HIV/AIDS research within their local context.

The goal of this environmental scan is to inform CAAN and its National Community Based Research Coordinator about research training and development tools that can be useful to the CAAN membership. The specific goals of the environmental scan are as follows:

▶ To understand the community based research capacity building needs of Aboriginal HIV/AIDS organizations and Aboriginal organizations that have HIV/AIDS programs and/or services.

▶ To identify barriers to participation in community based research.

▶ To develop recommendations that will encourage Aboriginal HIV/AIDS service organizations to build their research capacity and to take part in community based research.

2.2 Development and Administration

The National Community based HIV/AIDS Research survey (environmental scan) was designed and developed by the National Community Based Research Coordinator under the guidance and supervision of the National Steering Committee of the *Aboriginal HIV/AIDS Community Based Research Capacity Building Initiative in Canad*a. This committee is composed of Aboriginal people living with HIV/AIDS (APHAs), Aboriginal

community members, CAAN staff and professional researchers (see Appendix C). Regional representation is also a key factor for membership on the National Steering Committee. The National Steering Committee met face-to-face at the CAHR conferences in Winnipeg (April 2002) and Halifax (April 2003), and participated in teleconferences throughout that year.

The purpose of the environmental scan is to discover and explore the needs of Aboriginal HIV/AIDS organizations or Aboriginal organizations with an AIDS program or services in terms of their ability to conduct research. The survey was constructed based on possible research capacity building needs as identified by the National Steering Committee, focusing on research requirements, tools and barriers, and on best methods for building capacity at the local level. During the National Steering Committee meetings, the survey form was reviewed and revised until agreement was reached and a final form developed. The survey was then professionally translated into French.

A copy of the final environmental scan titled, "Community based HIV/AIDS Research Survey", is attached in Appendix A. The survey includes both closed and open-ended questions, covering the following topics:

▶ Community Based Research: understanding, priorities, experience and obstacles.

▶ Skills: level of research skills in the areas of proposal development, ethics, data collection, analysis, reporting and dissemination; research strengths and challenges.

▶ Resources: preferred methods of accessing research information and building research capacity.

▶ Partnering: quality of research partnerships and preferred means of networking with research professionals.

▶ Research Funds: Success rate and barriers to obtaining research funds, and accessing information on available funding.

2.3 Mail Survey: Participants and Response Rate

The scope and budget of the environmental scan did not allow for in-person or telephone interviews with all participants. A mail-out survey (both Email and post) was selected as the best method for reaching all participants with relevant experience and information with respect to Aboriginal HIV/AIDS research. The environmental scan was mailed to CAAN's member organizations as well as to a number of Community Health Representatives in Quebec for a total of 130 possible participants. The survey was also available for download from the CAAN LinkUp website (www.linkup-connexion.ca).

A total of 51 completed forms were collected between August 2002 and April 2003, representing a **39% response rat**e. This rate is considered statistically valid 3 but is limited by the poor proportional representation across geographic regions of Canada (discussed in greater detail in Chapter 3 below).

Confidentiality and anonymity were ensured and maintained throughout the data collection and analysis of the environmental scan. A cover letter explained ethical issues, clearly stating that informed consent was acknowledged by the participant's return of a completed survey form (see Appendix B). Names were not recorded on the survey forms.

2.4 SPSS and Content Analysis

Answers to the closed questions (participants choose from a set of answers provided) have been entered into a database using the software, *Statistical Package for the Social Sciences* (SPSS®). Frequency analysis (the number of times an answer is picked) was performed on all questions and frequency Tables D.1 - D.105 are appended in Appendix D. Some data were also cross-tabulated and/or tested for correlations (how different answers compare or are linked together). Significant cross-tabulations and correlation Tables E.1 - E.9 are appended in Appendix E.

Answers to open ended questions (participants can write any answer in their own words) were entered into a word-processing program and subjected to content analysis (manually grouping answers into themes or common issues). These answers provide context and explanations for response rates to the closed questions. Several important patterns emerge from the open-ended answers, and some patterns can be seen to flow throughout the environmental scan across all topics covered in the survey. Quotes from this set of open-ended answers are used to highlight the results of the environmental scan, where relevant. Appendix F contains the full set of answers and detailed content analysis results for each open-ended question.

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[3]*Small populations (under 1,000) require a sampling ratio of at least 30% (Neuman 1997:222). However, the environmental scan sample is not random and it is not proportional to the provincial/territorial locations where organizations are present. A higher survey response rate with participants from all regions of the country would have allowed for a more accurate and certain environmental scan of research capacity building needs among CAAN member organizations. The discussion of results in Chapter 3 shows meaningful patterns between the 51 organizations who took part in the survey. This allows for focused feed-back from the remaining organizations in future stages of the Initiative.*

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3. RESULTS OF THE ENVIRONMENTAL SCAN

This chapter presents the findings of the 51 surveys received by CAAN. The discussion of the environmental scan results is organized according to the five main topics covered in the survey (listed in Section 2.2). This section describes background information on the individuals and organizations that took part in the study.

Participants in the environmental scan include First Nation, Métis and Inuit living in most provinces and territories in urban and rural Canada (Tables D.1 - D.7). A majority of surveys were received from Quebec (25%), British Columbia (20%), and Alberta (18%). Saskatchewan and Ontario sent in 9-10% of the total surveys, respectively. Few surveys were received from Manitoba, the Yukon and Northwest Territories, or the Maritime provinces (Table D.1). The unequal proportion of organizations across provinces and territories does not allow for meaningful analysis of how research skills and needs may differ from one area to another.

Almost 80% of participants have college or university education (Table D.2). Thirty-five percent (35%) are likely completing course-work, and another 45% have already completed a college diploma or bachelor's degree. Two participants had a Masters degree (BC and Newfoundland/Labrador), and one had a Doctoral degree (Quebec). In terms of experience, over 75% of participants had two (2) or more years as HIV/AIDS specialists (Table D.3). Most (46%) had between two to five (2-5) years experience; another 23% had up to ten (10) years experience. British Columbia, Alberta, and Quebec each had individuals with between 15-30 years experience. These results are encouraging as they indicate that the Aboriginal HIV/AIDS research community is relatively well educated with a fairly solid background of experience in working with the HIV/AIDS community. Furthermore, levels of post-secondary education and of work experience ranging from two years or more appear to be fairly well distributed between participants from across the provinces and territories surveyed (Tables E.1 and E.2).

Most (78%) organizations surveyed serve the First Nation HIV/AIDS community (Table D.4). Almost half (49%) of the organizations serve the Métis community, and about a third (27%) identify with the Inuit HIV/AIDS community (Tables D.5 and D.6). The rural and urban HIV/AIDS populations are represented equally by the organizations surveyed (Tables D.7 and D.8).

An interesting finding is that under half (45%) of participant organizations identify with Aboriginal People Living with HIV/AIDS (APHAs; Table D.10). It appears that the other half (non-APHA organizations) deal mainly with youth and women, perhaps in prevention initiatives (Tables E.3-E.6; see also Tables D.14 and D.15). As expected, agencies involved in the care, treatment and support of APHAs identify also with intravenous drug use (IDU) and the Two Spirit, Gay and Lesbian communities (Table E.6; see also Tables D.11-D.13).

3.1 Understanding and Doing Community Based Research (CBR)

A main goal of the environmental scan is to learn the extent to which the Aboriginal HIV/AIDS service organizations understand the concept of "Community Based Research" (CBR). Second, it is important to know if conducting community based research is a priority for CAAN member organizations and if so, in which areas. Finally, organizations were asked what if any obstacles prevented them from conducting their own HIV/AIDS research.

3.1.1 Definitions of CBR

Most participants (92%) provided a definition of community based research in their own words. The responses demonstrate a strong understanding of the purpose and nature of CBR (see Appendix F.1).

Over half (55%) of the definitions highlight the principle that community based research is grounded and relevant to local needs, and hence pro-active or "action" research:

> *Information gathered from grassroots people in real life situations that really grasp the root of the problems among the targeted group.*

For me it is getting out in the community, find out what APHAs needs are. Determining how medicine and cures can help us in a good way, in a traditional way. This needs to be done in an appropriate way (i.e. with tobacco and in person).

It means that each community across Canada will do their own research, or be taught how to do this in order to help. Needs for understanding HIV/AIDS, gathering info to best be able to help those living with the virus.

Education to populations not normally consulted – determine the extent of the problem and provide solutions that will appeal to Aboriginal populations.

La recherche communautaire représente pour moi, l'avenir. C'est la recherche, et l'étude des problèmes réels des communautés autochtones, des premières-nations dans le but de [mettre] en place differents moyens d'interventions. Community based research represents the future. It's the research and the study of real problems of Aboriginal communities.

Many definitions (38%) directly voice the principles of OCAP, emphasizing ownership and control of both the research process and results:

Community directed, community involved and the research results are used by the community...

Communities are involved and integral to the research being completed (participatory research). Community members guide and collaborate on research, which empowers community through process. Evaluation and research that is grounded in research methodology and approaches in a culturally-appropriate context (community involved at all levels of research).

Qualitative and/or quantitative statistical/ epidemiological studies done, which reflect the physical, mental, emotional and spiritual status and needs of a community while the intellectual ownership and control of the study is in the community.

The community doing its own research - deciding on what to research, conducting it themselves and using the findings to help the community plan and develop services.

Finally, several definitions (13%) touch on the collaborative nature of community based research:

Research that is facilitated in the community by professional researchers.

A proactive approach involving the community and academic milieu for the advancement of knowledge.

Working with different organizations in the community in order to correctly research the impact that HIV/AIDS has on the community.

Utilization of existing resources/people to plan programming and care, services. A lot of this requires technical writers that have expertise in health care and delivery, very limited number available.

3.1.2 Research Priorities

Participants were asked to identify the research priorities of the Aboriginal HIV/AIDS organizations they represent. The following issues received the greatest number of "high priority" responses:

| Issue | *Priority Level (% of Responses)* | | |
	Very High	High - Very High inclusive	
1. Prevention and education	**44%**	70%	(Table D.19)
2. Cultural awareness & sensitivity	**41%**	57%	(Table D.22)
3. Harm reduction	**30%**	54%	(Table D.24)
4. Barriers to using services	**28%**	47%	(Table D.21)

While the survey shows that the above four issues are top priority, other areas of research were also identified as important:

| Issue | *Priority Level (% of Responses)* | |
	Moderate - Very High priority inclusive	
▶ Outreach	**65%**	(Table D.17)
▶ Policy and advocacy	60%	(Table D.18)
▶ Care & support services	58%	(Table D.16)
▶ HIV/AIDS treatment 48%	48%	(Table D.20)

The area of epidemiology was identified as a relatively low community based research priority (Table D.23).

3.1.3 Obstacles to CBR

The environmental scan identifies three (3) main obstacles to CBR in the Aboriginal HIV/AIDS organizations:

1.   Lack of direct research experience within the organizations.

2.   Limited funding for CBR projects.

3.   Challenges of involving community members in research projects.

One obstacle to CBR is a lack of direct research experience within the Aboriginal HIV/AIDS service organizations. This is despite the relatively well educated and experienced group of workers within the HIV/AIDS community, as discussed above (Chapter 2). Answers to the open-ended question asking for a description of previous research experience show a fairly weak research community (see Appendix F.2).4 While 17 (41%) of the 42 answers to this question show some degree of direct research experience, only 7 (17%) answers indicate actual involvement in actually doing research projects. The remaining 10 participants were involved in research as advisory committee members, in proposal development and/or project evaluation.

Half (50%) of the participants have only indirect research involvement, for example through workshops and/or post-secondary research methods courses. Many of these answers reflect participants' intimate and lengthy experience within the Aboriginal HIV/AIDS community, but not in research per se. This corresponds with answers from half (50%) of participants who say that a lack of knowledge about research methods is a key obstacle to doing community based research (Table D.25). **Together this information demonstrates a broad need for CBR capacity building within the Aboriginal HIV/AIDS service community. In turn, the responses indicate a readiness within that community to benefit from CBR training and practice.**

Limited funding is also seen as a major obstacle. Of the eight (8) obstacles listed in the survey, the majority of participants indicate that limited funding from the Canadian Strategy on HIV/AIDS (64%) or from other sources (70%) is a barrier to conducting their own research (Tables D.31 and D.32). However, these results must be viewed as a **perceived** problem, as few organizations indicate they have actually tried to apply for research funds (see Section 3.5 below). The high response rate may be a reflection of difficulties to access funds for other (non-research) programs.

Finally, the challenge of involving community members in CBR is identified by many participants (68%) as an obstacle (Table D.30). Answers to one of the open-ended question sheds more light on this obstacle. The survey asked if there were any social or health issues resisted by their communities that would make research, treatment, or services difficult or impossible to implement. The majority (88%) of responses to this question indicate that such obstacles do exist.

Aboriginal communities' resistance to openly address issues related to HIV/AIDS is seen as the greatest obstacle to community involvement in HIV/AIDS research. Answers are grouped according to the following themes (Appendix F.3):

1.   A "taboo" or stigma exists regarding HIV/ AIDS making it difficult for Aboriginal communities to support research on this issue (19 responses).

2.   APHAs feel that confidentiality cannot be maintained, particularly in a smaller community (8 responses). This obstacle is often associated with the "taboo" issue above. Perhaps also related to this obstacle are 2 additional responses indicating a problem of getting APHAs to participate in research.

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¹ *However, an average of 60% of participants say they have Intermediate-Advanced interviewing, focus group and report writing skills. It is uncertain how this high result can be reconciled with their relatively low level of experience in research. It is possible that participants were not sure how to answer this open-ended question. Nine (9) participants did not provide an answer and one (1) did not understand the question (see Appendix F.2).*

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3. Other issues (for example, land claims) are given greater research priority by the community (4 responses).

4. Denial that AIDS exists in the community and/or lack of awareness about the impact of HIV/AIDS in the community (3 responses).

5. The community will not accept outside (non-Aboriginal) researchers (3 responses).

Lack of access to an ethical review process is also a main obstacle (52% of responses; Table D.26). It is interesting to note that this lack of access does not correlate with organizations' ability to develop a research ethics protocol. A majority (62%) of participants indicate they have experience in writing ethics applications (Table D.27), but most (70%) at only a beginner level (Table D.35; see below). Participants also indicate that maintaining confidentiality is not a widespread concern, nor is connecting with other researchers (Tables D.28 and D.29; see also Section 3.4).

3.2   Research Skills: Strengths and Challenges

The environmental scan gives an overview of the strengths and weaknesses of specific research skills among CAAN member organizations. This is valuable information that can be used by CAAN to better develop capacity building programs and modules.

Survey participants were asked to rate their skill-level for different research tasks, methods and approaches. Research skill-levels are rated as follows:

Novice   no experience or training

Beginner   some experience and/ortraining in at least one project

Intermediate   some experience and training in several projects

Advanced   experience and training in many projects, including project coordination and/or management (e.g. principal researcher)

The analysis presented below groups these skill-levels into two main categories: Novice-Beginner and Intermediate-Advanced. This allows a clear distinction between the number of individuals and organizations that do not have the skills necessary to conduct their own research project (Novice-Beginner), and those who do have sufficient skills (Intermediate-Advanced). When analysed in this way, several important patterns emerge from the survey.

3.2.1 Research Strengths

The Aboriginal HIV/AIDS service organizations appear to have research strength in the areas of interviewing and report writing. A majority (60-65%) of participants rate themselves as Intermediate-Advanced for interviewing generally, and for focus groups specifically (Tables D.41 and D.42). In the area of report writing, 63% of participants rate themselves as Intermediate-Advanced (Table D.44).

About half of participants say they have an Intermediate-Advanced skill level in fund-raising (47%) and proposal writing (50%) (Tables D.33 and D.34). Fewer participants have Intermediate-Advanced skills in data analysis (41%) and dissemination planning (43%).

Open-ended questions were designed to explore both organizational and individual research strengths and weaknesses in more detail (Appendices F.4 - F.7). Overall, the answers to these open-ended questions reflect the responses discussed above. On an individual level, community knowledge and interviewing skills are key strengths. Seventeen (17, or 40%) of those who answered this question state that their knowledge of the community is their greatest strength, a skill that can be translated into the research field. For example (Appendix F.4):

> *I have worked at community services for 10 years. Not specific to research. I do have a good sense of community attitudes and trends. Many times research confirms what we already know.*

> *As an Aboriginal woman, being involved in community work forever, having experience and knowledge of issues faced by the community.*

Interpreting community needs at grass-root level. Given the proper resources, [I can] get access to community.

Fifteen (19, or 45%) participants say that interviewing, focus groups and surveying are their greatest strength. Related to these formal research skills, another nine (9) participants describe their strengths in terms of good communication skills (listening, talking, translating). Four (4) participants list proposal, ethics application and report writing skills as their greatest strength. Another four (4) remark on their skill in making presentations and sharing information. Other strengths listed include the motivation and commitment to HIV/AIDS research (6 responses) and formal research training (4 responses).

At an organizational level, the ability to work with external researchers and at the same time to network in the community is seen as a key strength (13, or 35% of responses). For example, strengths include (Appendix F.5)...

> *... established partners in the community, [and with] both NGO's and government.*

> *... partnerships with members of the Network. [Also] cooperation of ASO's, APHA's, etc.*

Equally important is the dedication, motivation, community experience, and diverse set of skills among the staff in these organizations (13, or 35% of responses). For example (Appendix F.5):

> *[Our strengths include] reputable organization, networking, proactive, dedicated staff, excellent resource library, long history in HIV/AIDS work, [and] some involvement in research projects to date.*

> *[Our strengths include] educated and experienced employees, 10 year existence, [and] many previous projects.*

Perhaps related to these strengths are answers that point to the contribution and capacity of HIV/AIDS service organizations to make and direct Aboriginal research policy (4 responses).

3.2.2 Research Challenges

The environmental scan shows there are several basic research skills that need improvement within the Aboriginal HIV/AIDS service community. For example, in completing and submitting an Ethics Protocol, 70% of participants rate themselves as Novice-Beginners (Table D.35). This is balanced however, by a fairly strong understanding of research ethics generally (Table D.36).

General skill levels in qualitative and quantitative research methods also appear to be weak: 65% - 70% of participants rate themselves as Novice-Beginners in these skills (Tables D.37 and D.38). The same is true for survey research methods: 62% have Novice-Beginner level skills (Table D.39). Ethnographic research methods are weakest, at a 78% Novice-Beginner rate (Table D.40). As indicated in Section 2.2.1 above, data analysis and dissemination planning are not particularly strong research skills, as over half of participants say they are Novice-Beginners in these areas.

The open-ended questions confirm a general weakness in formal (academic) research skills (Appendices F.6 and F.7). At the individual level, the greatest number of answers (24 or 51%) highlight a lack of research capacity in the areas of proposal writing, data analysis, and reporting. This challenge is repeated in several (9) answers describing an overall lack of research skills at the organizational level. **The environmental scan indicates that if Aboriginal AIDS service organizations wish to conduct their own research, then CBR capacity building must focus on proposal development, methods of data collection and analysis, and report writing.**

Answers to the open-ended questions show some of the reasons for this lack of basic research skills. Many (13, or 28%) indicate that they simply do not have the time to either gain or practice research skills. Within the organization as a whole, a lack of time and staff was also repeatedly mentioned (9 or 23% of responses). The overall sense is that HIV/AIDS service organizations are stretched to the limit and while they might see a need for community based research, they do not presently have the human resources to conduct research. For example, one person wrote:

[Our biggest challenge is] being able to devote time and resources to research. From a community perspective and grassroots, you see the problems/issues daily, what is more important? Fixing the problem or researching it?

Together, these answers suggest a need for developing opportunities for organizations to network and collaborate with trained researchers from outside the organization, an issue cited as a challenge by several participants (2 at individual level; 3 at organization level).

At an organizational level, the greatest challenge is a lack of research funding, explained by some participants as the result of the complicated bureaucratic process to apply for funding (10 or 26% of responses). Difficulty in allocating financial resources (7 responses) and community or organizational support (7 responses) are also cited as barriers to individuals conducting research within their organizations. Access to Ethics Review Boards is a minor challenge (2 individual responses; 1 organization response). This probably reflects the fact that few organizations have conducted research (and hence have had no need to submit an ethics application).

3.3   Priorities for Research Capacity Building

The environmental scan provides direction about the types of resources that participants would find most useful in community based HIV/AIDS research training modules or kits. The **highest demand** falls in the areas of data analysis and research proposal development, as follows:

What I wan to learn about..."	% of Responses	
1. Data Analysis	43%	(Table D.58)
2. Research proposal development	36%	(Table D.53)

There is a **moderately high demand** for other research training areas, including the following which received a 25 to 30% response rate:

"I also want to learn more about..."	% of Responses	
◆ Fund raising techniques	30%	(Table D.46)
◆ Research question development	30%	(Table D.48)
◆ Qualitative research methods	28%	(Table D.55)
◆ Ethnographic research methods	28%	(Table D.56)
◆ Survey research methods	26%	(Table D.50)

Quantitative research methods (Table D.49), focus groups (Table D.51), and report writing (Table D.52) each had a 21% response rate showing a **moderate demand** for research training resources in these areas. Interviewing skills (19%; Table D.57) would also fall into the moderate demand category. There is low demand for literature searches (13%; Table D.47) and literature reviews (11%; Table D.54).

A majority (63%) of participants can access sources of research information on the internet (Table D.59). Almost half (49%) say they learn about research through workshops (Table D.61). In more remote locations such as Labrador and Nunavut/Nunavik, the Internet can be used more often because there is less access to in-person workshops, maybe because of high travel costs. Cross-tabulations indicate that a high response rate for Internet access in these regions, correlates with low response rates for access to workshops (Tables E.7 and E.8). Labrador/ Newfoundland, Yukon, Nunavut/Nunavik, Nova Scotia and Manitoba each show a very strong (100%) preference for workshop training and instruction, as did the majority (78% on average) of participants from all other regions surveyed (Tables D.78 and E.9). Consistent with the preference for in-person types of training methods is the 33% response rate for presentations by peers and by an average 25% response rate for one-on-one consulting and focus groups (Tables D.87; D.83 and D.85 respectively).

Together these results indicate that **workshops and the Internet** [5] **are already widely familiar to and beneficial to HIV/AIDS organizations, and may be successfully used as CBR capacity building venues. The environmental scan indicates that workshops in particular are the most valuable method of CBR capacity building.**

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[1] *It is important to note that "Chat Rooms" received only 2% of responses on preferred ways of learning (Table D.88). While the Internet is viewed as a useful tool, not all forms of Internet access to resources are appropriate. On-line dissemination of concise fact sheets, directories and guides are seen as beneficial (see Tables D.79, D.101 - D.104). Perhaps "correspondence-course" type workshops would be another appropriate method. Follow-up is needed to identify how HIV/AIDS organizations would most benefit from Internet resources.*

Concise fact sheets (31%; Table D.79) are viewed as useful training tools (Table D.79). Other written materials such as workbooks and guides are chosen by about 25% of participants (Tables D.80 and D.81). From a list of HIV/AIDS and research journals, books and documents, participants most frequently select the following publications:

Most helpful published resources	% of Responses	
1. Community Based Research (book)	50%	(Table D.71)
2. Prevention & Treatment of HIV (book)	50%	(Table D.75)
3. Health Canada: List of Funded Projects	46%	(Table D.77)
4. Survey Research Methods (book)	42%	(Table D.69)

A variety of publications were selected by 30% to 40% of participants, as follows:

Other helpful resources	% of Responses	
◆ AIDS & Behaviour (journal)	38%	(Table D.64)
◆ Focus Groups (book)	38%	(Table D.76)
◆ Evaluation (book)	36%	(Table D.73)
◆ AIDS Care (Journal)	36%	(Table D.65)
◆ Canadian Women Studies (journal)	32%	(Table D.68)
◆ Taking Time to Listen (book)	50%	(Table D.72)
◆ Two Spirit People (book)	30%	(Table D.74)
◆ AIDS (journal)	30%	(Table D.63)
◆ Qualitative Researching (journal)	30%	(Table D.67)

Of much greater interest in terms of CBR capacity building, is the development of resource materials that are specific to Aboriginal HIV/AIDS organizations when searching for potential sources of research funding and professional researchers, and to assist in writing research proposals and ethics applications. An average 90% of participants express interest in the development of these types of directories and guides (Tables D.101 - D.104). These results are echoed elsewhere in the environmental scan. For example participants identify a lack of familiarity with funding sources and no connection with academic researchers, as barriers to research funding (see Section 3.5 below).

3.4   Research Partnerships and Networking

The environmental scan shows that about half of Aboriginal HIV/AIDS service organizations have worked with external researchers in the past five (5) years (Table D.89). The survey also reveals that these organizations prefer to meet potential researchers in a person to person venue such as workshops (47%; Table D.91) or conferences (45%; Table D.90). Consistent with the results for Chat Rooms (above), few participants choose "On-line discussion forums" as a preferred means of networking with researchers (12%; Table D.92).

Open-ended answers give insight into the quality of research partnerships that have existed over the past five years (Appendix F.8). A variety of factors seem to contribute to a successful research partnership. Below is a summary of such factors, highlighting answers that show when something works well, the opposite does not work well:

Research Partnership	What "works" (# responses)	Does "not work" (# responses)
Commitment	**3** A researcher who is committed to and accepted by the Aboriginal and/or HIV/AIDS community (5)	
Methods	**3** Personal methods of data collection such as interviews, focus groups, house to house surveys (3)	**7** Written, mail-in and telephone surveys (2)
Community	**3** Community members who are trained for the research team (2)Experience	**7** Outside researchers with little or no experiencein an Aboriginal community (2)
Control (OCAP)	**3** When we (HIV/AIDS organizations) are in control (1)	**7** When the university or outside researcher is in control (2)
Communication	**3** A clear work plan and good communication between the researcher and community (2) Does "not work" (# responses)	

Among the half of answers that show no experience working with academic or professional researchers from outside the organization, the reasons most frequently given is that they either have no AIDS research opportunities, or they do not have the time and funding to pursue such opportunities (Appendix F.9). Three (3) participants say that research had been done by external researchers who had full control of the studies, and no partnership was forged with the organization.

3.5   Research Funding

The environmental scan shows that only very few participants (13) have ever applied for research funding (Table D.94). Of these, seven (7) were successful and five (5) are waiting for approval of their applications. It appears that each of these Aboriginal HIV/AIDS organizations have at one time or another applied for research funds to the CIHI (100%; Table D.98). Eight (8, or 67%) have applied to Health Canada (Table D.95) and five (5, or 42%) applied to an Aboriginal governing body (Table D.100). Several also applied to a Provincial government (33%; Table D.99) and/or to CIHR (25%; Table D.97).

Although the rate of funding application is low (27%), it is encouraging that to date only one organization was unsuccessful, stating they did not receive funds because they lacked university affiliation or accreditation (Appendix F.10).[6] This problem of a lack of connection to (willing) academic researchers is repeated as a barrier to research funding (3 participants; Appendix F.11).

The major barrier to applying for research funding is consistent with the challenge of conducting research at all: many organizations simply do not have sufficient or qualified human resources. For example (Appendix F.11):

> *Like I wrote before, we have a lot of work to do daily. The barrier would be not enough people working in this department, to do the research.*

> *Time related. [We are] too busy trying to keep the organization alive.*

Another problem is that Aboriginal organizations view the application process as complicated, difficult, and often culturally inappropriate to the research goals and approaches proposed by the Aboriginal community. For example (Appendix F.11):

> *Bureaucracy. [The] ethics review is often inappropriate to the research. [It is] not aboriginal-specific. Proposals are too obtuse, eurocanadian-centric.*

> *Selon Santé Canada, la recherche communautaire est une forme de recherché basée sur des principes universitaires et "scientifique" à laquelle on ajoute une couleur communautaire pour avoid accès à des données inaccessibles autrement –pour avoir de $$$, il faut accepter les critères gouvernementaux.*

> *[We] need to know the proper format in applying for funding, and need more information on various organizations to apply to.*

In order of importance, the main barriers to research funding are as follows (Appendix F.11):

Barrier to Research Funding	Responses rate
1. Lack of Qualified staff to complete applications	31%
2. Limited funds / Unfamiliar with funding sources	26%
3. Lack of time	20%
4. Complicated and inappropriate bureaucratic process	20%
5. Jurisdictional issues (on/off-Reserve)	8.5%

The barriers to research funding as identified by participants are consistent with, but perhaps secondary to general research capacity building needs within the Aboriginal HIV/AIDS community. Funding issues are consistent with basic capacity building needs, because the main problem of a shortage of time and human resources is again stated as the main obstacle. **Research funding is secondary because many organizations appear to be too busy to consider research in the first place.**

The next chapter provides a summary of main findings of the scan and several recommendations for future direction with respect to HIV/AIDS community based research capacity building.

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6 There is a discrepancy between the number of responses to the first and last parts of Question 15. In the first part, only one (1) participant responded that they had applied for research funds but were unsuccessful. In the last part, two (2) participants gave the same reason for this lack of success.

4. CONCLUSIONS AND RECOMMENDATIONS

The environmental scan has met the goal of informing CAAN about research training and development tools that are potentially useful to the CAAN membership. The survey succeeded in obtaining a 39% response rate, but is limited by the lack of proportional representation across geographic regions of Canada. This unequal proportion of organizations across provinces and territories prevents any meaningful analysis of how research priorities, skills and needs may differ from one area to another.

The environmental scan shows that the Aboriginal HIV/AIDS research community is relatively well educated with a fairly solid background of experience in working with the HIV/AIDS community. However, the environmental scan also reveals that many organizations are already working at full capacity. This leads to a critical question:

Do Aboriginal HIV/AIDS service organizations have the time and human resources to participate in research capacity building activities?

Recommendation 1:
   That any community based research capacity building program be sensitive to the time and human resource capacities of the Aboriginal HIV/AIDS organizations. It is recommended that CBR capacity building activities and resources be designed with the flexibility to be customized to each organization's needs.

The following conclusions and recommendations must be viewed with this challenge of time and human resources currently being experienced by many Aboriginal HIV/AIDS service organizations.

4.1 Community Based Research: Priorities and Obstacles

▶   There is a solid understanding of the purpose and nature of Community Based Research (CBR) among Aboriginal HIV/AIDS organizations.

▶   In order of importance, the top research priorities are: 1) Prevention and education; 2) Cultural awareness and sensitivity; 3) Harm reduction, and; 4) Barriers to using services.

▶   A major obstacle to CBR in Aboriginal HIV/AIDS organizations is the challenge of involving community members in research projects. Resistance to openly address issues related to HIV/AIDS is singled out as the greatest problem in gaining community support for and involvement in HIV/AIDS research.

Recommendation 2:
   That research priorities of prevention, education, and awareness be aimed at community attitudes of HIV/AIDS as a "taboo" subject, and at ways of encouraging Aboriginal communities to support research on this issue.

4.2 Research Skill Levels and Preferred Resources

▶   There is a broad need for CBR capacity building within the Aboriginal HIV/AIDS service community. In turn, there is a readiness within that community to benefit from CBR training and practice.

▶   There is a lack of direct research experience within Aboriginal HIV/AIDS organizations. Although they have extensive experience within the Aboriginal HIV/AIDS community, this experience is not in research *per s*e.

▶   Aboriginal HIV/AIDS organizations view their intimate knowledge of the community as their greatest strength. This is a skill that can be translated into the research field. They have the potential to collaborate with external researchers and at the same time to network within the community. Equally important is the dedication, motivation, community experience, and diverse set of skills among the staff in these organizations.

- Half of the organizations say they lack formal knowledge about research methods. However, interviewing, focus groups and report writing skills are fairly strong.

- There is high demand for community based HIV/AIDS research training modules or kits in the areas of data analysis and research proposal development.

Recommendation 3:

For Aboriginal AIDS service organizations who wish to conduct their own research, CBR capacity building must be customized to recognize existing strengths and to meet basic requirements. The development of training modules on research proposals, ethics protocols, quantitative and qualitative methods of data collection and analysis, and report writing is recommended, allowing each organization to choose those models that best meet their research capacity needs.

- Workshops and the Internet are widely familiar to and beneficial to HIV/AIDS organizations. Workshops in particular are the most valuable method of CBR capacity building.

Recommendation 4:

Workshops and other in-person types of training are recommended as most valuable with respect to CBR capacity building.

Recommendation 5:

The Internet is also recommended as a CBR capacity building venue, particularly for more remote locations. However, not all forms of Internet access to resources are appropriate. "Chat Rooms" and "On-line Forums" are not recommended. On-line dissemination of concise fact sheets, directories and guides may be beneficial. "Correspondence-course" type workshops are also recommended as potentially useful. Follow-up is required to determine how HIV/AIDS organizations would most benefit from Internet resources.

- There is little interest in literature searches and reviews. Of great interest are resource materials that are specific to Aboriginal HIV/

AIDS organizations when searching for sources of research funding, connecting with professional researchers, and writing research proposals and ethics applications.

Recommendation 6:

Develop resource materials that focus on practical guides (eg., writing proposals and ethics protocols) and directories (eg., of funding sources and professional researchers) that are specific to Aboriginal HIV/AIDS organizations in Canada. Efforts to make academic publications available should be a secondary priority.

4.3   Research Partnerships

- Limited time, staff and research skills within Aboriginal HIV/AIDS organizations can be overcome through partnerships and collaboration with trained researchers from outside the organization. However, such opportunities are a challenge for several organizations.

- About half of Aboriginal HIV/AIDS service organizations surveyed have worked with external researchers in the past five years. Successful research partnerships are characterized by: 1) a researcher who is committed to and accepted by the Aboriginal and/or HIV/AIDS community; 2) personal methods of data collection such as interviews, focus groups, house to house surveys; 3) community involvement on the research team; 4) HIV/AIDS organizations in control of the project; 5) clear work plans and good communication between the researcher, the organization and the community.

Recommendation 7:

Establish a directory of professional researchers who are Aboriginal or who have experience working with Aboriginal communities, and who are committed to the principles of OCAP. Facilitate networking between Aboriginal HIV/AIDS organizations and researchers, and face-to-face forums where organizations and researchers can meet and discuss research interests.

4.4   Research Funds

▶   Limited funding is seen by Aboriginal HIV/
     AIDS organizations as a major obstacle to
     CBR projects. However, only very few
     organizations have direct experience in
     applying for research funding.

▶   The lack of university affiliation and the
     difficulty of finding an academic researcher
     with whom to collaborate is one barrier to
     research funding. Another problem is that
     Aboriginal organizations view the application
     process as complicated, difficult, and often
     culturally inappropriate to the research goals
     and approaches proposed by the Aboriginal
     community.

▶   The major barrier to applying for research
     funding is consistent with the challenge of
     conducting research at all: many organizations
     simply do not have sufficient or qualified
     human resources, and do not have the time to
     seek out appropriate funding sources.

Recommendation 8:

Develop directories of potential funding sources and develop means of assisting interested organizations to complete funding applications. This recommendation is related directly to the development of practical directories (Recommendation 6) and opportunities to collaborate with professional researchers (Recommendation 7).

REFERENCES CITED

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CONCLUSIONS

Overall, the environmental scan has met the goal of informing CAAN about research training and development tools that are potentially useful to the CAAN membership. The survey succeeded in obtaining a 39% response rate, but is limited by the lack of proportional representation across geographic regions of Canada. This unequal proportion of organizations across provinces and territories has prevented any meaningful analysis of how research priorities, skills and needs may differ from one area to another.

The environmental scan indicates that the Aboriginal HIV/AIDS research community is relatively well educated with a fairly solid background of experience in working with the HIV/AIDS community. However, the environmental scan also reveals that many organizations are already stretched to capacity. The leads to a critical and fundamental question:

> *Do Aboriginal HIV/AIDS service organizations have the time and human resources to participate in research capacity building activities?*

A core finding of this study is that any community based research capacity building program must first address the issue that many member organizations are too busy to consider research in the first place. The following conclusions and recommendations must be viewed within this context of a shortage of time and human resources within many Aboriginal HIV/AIDS service organizations.

4.1   Community Based Research: Priorities and Obstacles

Most participants (92%) provided a definition of community based research in their own words. The responses demonstrate a solid understanding of the purpose and nature of CBR.

The survey indicates that the above four issues are top research priority: 1) Prevention and education; 2) Cultural awareness & sensitivity; 3) Harm reduction; 4) Barriers to using services.

The environmental scan identifies three (3) major obstacles to CBR in the Aboriginal HIV/AIDS organizations: 3) Challenges of involving community members in research projects.

Overwhelmingly, Aboriginal communities' resistance to openly address issues related to HIV/AIDS is singled out as the greatest obstacle to community involvement in HIV/AIDS research: 1) A "taboo" or stigma exists regarding HIV/AIDS making it difficult for Aboriginal communities to support research on this issue.

4.2   Research Skills and Resources

The environmental scan identifies three (3) major obstacles to CBR in the Aboriginal HIV/AIDS organizations: 1) Lack of direct research experience within the organizations;

Many of these answers reflect participants' extensive experience within the Aboriginal HIV/AIDS community, but not in research per se. This corresponds with answers from half (50%) of participants who say that a lack of knowledge about research methods is a key obstacle to doing community based research (Table D.25). **Together this information demonstrates a broad need for CBR capacity building within the Aboriginal HIV/AIDS service community. In turn, the responses indicate a readiness within that community to benefit from CBR training and practice**

Aboriginal HIV/AIDS service organizations appear to have research strength in the areas of interviewing (formal and informal) and report writing. Their knowledge of the community is their greatest strength, a skill that can be translated into the research field. the ability to collaborate with external researchers and at the same time to network within the community is viewed as a key strength. Equally important is the dedication, motivation, community experience, and diverse set of skills among the staff in these organizations.

The environmental scan indicates there are several basic research skills that require improvement within the Aboriginal HIV/AIDS service community. Most noticeably are the areas of developing and submitting an Ethics Protocol.

General skill levels in qualitative and quantitative research methods also appear to weak.65% - 70% of participants rate themselves as Novice-Beginners in these skills. **The environmental scan indicates that if Aboriginal AIDS service organizations wish to conduct their own research, then CBR capacity building must focus on proposal development, methods of data collection and analysis, and report writing**.

4.3   RESEARCH RESOURCES

The environmental scan provides direction about the types of resources participants would find most useful in community based HIV/AIDS research training modules or kits. The **highest demand** falls in the areas of data analysis and research proposal development.

Together these results indicate that **workshops and the Internet are already widely familiar to and beneficial to HIV/AIDS organizations, and may be successfully used as CBR capacity building venues. The environmental scan indicates that workshops in particular are the most valuable method of CBR capacity building**.

Together these results indicate that **workshops and the Internet are already widely familiar to and beneficial to HIV/AIDS organizations, and may be successfully used as CBR capacity building venues**
It is important to note that "Chat Rooms" received only 2% of responses on preferred ways of learning (Table D.88). While the Internet is viewed as a useful tool, not all forms of Internet access to resources may be appropriate. On-line dissemination of concise fact sheets, directories and guides may be beneficial (see Tables D.79, D.101 - D.104). Perhaps "correspondence-course" type workshops would be another appropriate method. Follow-up is required to determine how HIV/AIDS organizations would most benefit from Internet resources.

Of much greater interest in terms of CBR capacity building, is the development of resource materials that are specific to Aboriginal HIV/ AIDS organizations when searching for potential sources of research funding and professional researchers, and to assist in writing research proposals and ethics applications. An average 90% of participants express interest in the development of these types of directories and guides .

4.4   RESEARCH PARTNERSHIPS

The overall sense is that HIV/AIDS service organizations are stretched to the limit and while they might see a need for community based research, they do not presently have the human resources to conduct research**. Together, these answers suggest the need for developing opportunities for organizations to network and collaborate with trained researchers from outside the organization, an issue cited as a challenge by several participants**

The environmental scan indicates that about half of Aboriginal HIV/AIDS service organizations have worked with external researchers in the past five (5) years (Table D.89). The survey also reveals that these organizations prefer to meet potential researchers in a person to person venue such as workshops. What works: 1) A researcher who is committed to and accepted by the Aboriginal and/or HIV/AIDS community ; 2) Personal methods of data collection such as interviews, focus groups, house to house surveys ; 3) Community members who are trained for the research team ; 4) When we (HIV/AIDS organizations) are in control ; 5) A clear work plan and good communication between the researcher and community .

Among the half of answers which indicate no experience working with academic or professional researchers from outside the organization, the reasons most frequently given is that they either have no AIDS research opportunities, or they do not have the time and funding to pursue such opportunities.

4.5   Research Funds

The environmental scan identifies three (3) major obstacles to CBR in the Aboriginal HIV/AIDS organizations:; 2) Limited funding for CBR projects;

At an organizational level, the greatest challenge is a perceived lack of research funding, explained by some participants as the result of the complex bureaucratic process to apply for funding

The environmental scan indicates that only a very few participants (13) have ever applied for research funding . Although the rate of funding application is low (27%), it is encouraging that to date only one organization was unsuccessful, stating they did not receive funds because they lacked university affiliation or accreditation. This problem of a lack of connection to (willing) academic researchers is repeated as a barrier to research funding. Another problem is that Aboriginal organizations view the application process as complicated, difficult, and often culturally inappropriate to the research goals and approaches proposed by the Aboriginal community **The major barrier to applying for research funding is consistent with the challenge of conducting research at all: many organizations simply do not have sufficient or qualified human resources**

The barriers to research funding as identified by participants are consistent with, but perhaps secondary to general research capacity building needs within the Aboriginal HIV/AIDS community. Funding issues are consistent with basic capacity building needs in that the main problem of a shortage of time and human resources is again cited as the main obstacle. **Research funding is secondary, however, because many organizations appear to be too busy to consider research in the first place**.

APPENDIX A

The Aboriginal Community-Based Research Capacity Building Initiative in Canada

Community-Based HIV/AIDS Research Survey

The Canadian Aboriginal AIDS Network
602-251 Bank Street
Ottawa ON K2P 1X3
1-888-285-2226
Phone: 1-613-567-1817
Fax: 1-613-567-4652
www.caan.ca

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1. In your own words, what does Community-Based Research mean to you?

2. What level of priority does **your organization** have in doing HIV/AIDS research with respect to each of the following areas? (Please circle one number for each area.)

	None At all	Low	Moderate	High	Very High
Care & support services	1	2	3	4	5
Outreach	1	2	3	4	5
Policy & Advocacy	1	2	3	4	5
Prevention/Education	1	2	3	4	5
HIV/AIDS Treatment	1	2	3	4	5
Barriers to using services	1	2	3	4	5
Cultural awareness/sensitivity	1	2	3	4	5
Epidemiology (Study of disease in a population)	1	2	3	4	5
Harm Reduction	1	2	3	4	5
Other _____	1	2	3	4	5

3. Please describe your previous experience (if any) with community-based research? (i.e. research projects, courses, workshops)

4. What are the obstacles (if any) to doing HIV/AIDS research in your community? (Please check all that apply)

❏ Not enough knowledge of research methods (e.g. survey design, data analysis)
❏ No access to an Ethical Review process. (ie. no partnership with a university)
❏ No or limited experience in developing ethical protocol (e.g. consent forms)
❏ Concern regarding maintaining confidentiality of respondents.
❏ Challenge of making connections with researchers.
❏ Challenge of involving community members.
❏ Limited funding available under Canadian Strategy on HIV/AIDS (CSHA)
❏ Limited funding available from other sources.
❏ Other _____

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5. Are there any social or health issues resisted by your community that would make research, treatment, or services difficult or impossible to implement?

SKILLS

6. Please indicate **your skill level** for each of the following research methods and approaches.

> **Novice** = No experience or training.
> **Beginner** = Have some experience and/or training in at least 1 project.
> **Intermediate** = Have experience and training in several projects.
> **Advanced** = Have training and experience in many projects, including project coordination and/or management (e.g. principal researcher)

	Novice	Beginner	Intermediate	Advanced
Fund-Raising	☐	☐	☐	☐
Proposal Writing	☐	☐	☐	☐
Development & Submission of Ethical Protocol	☐	☐	☐	☐
Understanding Ethics	☐	☐	☐	☐
Qualitative Research Methods	☐	☐	☐	☐
Quantitative Research Methods	☐	☐	☐	☐
Survey Research Methods	☐	☐	☐	☐
Ethnographic Research Methods	☐	☐	☐	☐
Interviewing Skills	☐	☐	☐	☐
Focus Groups	☐	☐	☐	☐
Data Analysis	☐	☐	☐	☐
Report Writing	☐	☐	☐	☐
Dissemination Planning	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

7a. As an *individual* what are the greatest *strengths* of your research skills?

7b. As an *organization* what are the greatest *strengths* of your research skills?

8a. As an *individual* what are the greatest *challenges* of your research skills?

8b. As an *organization* what are the greatest *challenges* of your research skills?

RESOURCES

9. To help us develop community-based HIV/AIDS research training kits, please *circle* **three that you would like to know more about.**

Fund-Raising Techniques	Proposal Development
Literature Searches	Literature Reviews
Research Question Development	Qualitative Research Methods
Quantitative Research Methods	Ethnographic Research Methods
Survey Research Methods	Interviewing Skills
Focus Groups	Data Analysis
Report Writing	Other _____

10. Please *circle* where you currently access sources of information on how to do research?

Internet   Library   Workshops   Other _____

The Community Based HIV/AIDS Research Environmental Scan

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11. Please *circle* the resources that you would find helpful in doing community-based research?

(*=journals, **=books) ***Please note that these resources can be made available to you upon request.***

AIDS* AIDS & Behaviour* AIDS Care* JAIDS*

Qualitative Researching* Focus Groups** Survey Research Methods**

Conducting Research Literature Reviews** Community Based Research**

Taking Time to Listen** Evaluation** Two Spirit People**

Prevention & Treatment of HIV** Canadian Woman Studies*

Health Canada's Listing of Funded Projects Other _____

12. Please *circle three* ways you like to learn about new things.

Workshops	Fact Sheets	Workbooks
Written Guides	Video Guides	One to One
Consulting		
Templates	Focus Groups	Models
Peer Presentations	Chat Rooms	Other _____

PARTNERING

13. Has your organization worked with any researchers (profession or academic) in the past five years? _____Yes _____ No

13a. If *Yes*, please describe this experience. (e.g. what works well, what doesn't, etc.)

13b. If *No*, please explain.

14. Please circle how you would **best** like to meet with academic and/or professional researchers.

Conferences Workshops Online Discussion Forum

Other_____

RESEARCH FUNDS

15. Have you ever applied for research funds? _____Yes _____No

If *Yes*, where did you apply? (Please check all that apply)
Health Canada ❑
National Health Research & Development Program ❑
Canadian Institutes of Health Research ❑
Canadian Institute for Health Information ❑
Provincial/Territorial Government ❑
Aboriginal Organization ❑
Other _____ ❑

If *Yes*, were you successful? _____

If you were *not* successful, would you please describe why not (i.e. what was the feedback on your application?)

16. What are some of the barriers to applying for funding?

17. Would you like/use any of the following if they were developed and made available to you? (**Please circle yes or no**)

Directory of Funding Sources	Yes	No
Directory of Academic & Professional Researchers	Yes	No
Guide to Writing Proposals	Yes	No
Understanding Ethics Guide	Yes	No
Other _____		

The information we are asking for on this sheet will be kept confidential. It will be used to help us develop research skills training kits and plan workshops. We appreciate your co-operation.

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Please indicate the community(ies) with which you and/or your organization most identify. (Check all that apply.)

APHA	❒	Rural	❒
First Nations	❒	Two Spirit/Gay/Lesbian	❒
IDU	❒	Urban	❒
Inuit	❒	Women	❒
Metis	❒	Youth	❒
Northern	❒	Transgendered	❒
Other _____	❒		

Please indicate which province/territory you are located in.

British Columbia	❒	Quebec	❒	Yukon	❒
Alberta	❒	New Brunswick	❒	Northwest Territories	❒
Saskatchewan	❒	Nova Scotia	❒	Nunavut/Nunavik	❒
Manitoba	❒	Prince Edward Island	❒		
Ontario	❒	Labrador/Newfoundland	❒		

Please indicate your highest level of education.

Some High School	❒	Some University	❒
High School Diploma	❒	Bachelor's Degree	❒
Some College	❒	Master's Degree	❒
College Diploma	❒	Doctoral Degree/MD	❒

What is your profession (e.g. nurse, social worker, etc.)? _____

Please indicate which age group you belong to.

15-24 ❒   25-34 ❒   35-44 ❒   45-64 ❒   65+ ❒

What is your job title? _____

How long have you held this position? _____

Please describe the organization that you represent.

CAAN THANKS YOU FOR YOUR TIME AND COOPERATION!

APPENDIX B

September 5, 2002

To Whom it May Concern:

The *Aboriginal HIV/AIDS Community-Based Research Capacity-Building Initiative in Canada* is funded by Health Canada. This project will continue from March 2002 through to March 2004 and its objectives are the following:

1. To conduct an environmental scan to determine the community-based research capacity - building needs of Aboriginal HIV/AIDS organizations and Aboriginal organizations that have HIV/AIDS programs and/or services in Canada.
2. To develop a guide to Aboriginal HIV/AIDS community-based research resources.
3. To develop an action plan to provide Aboriginal HIV/AIDS community-based research training.
4. To provide an opportunity for networking between the Aboriginal HIV/AIDS community and the academic research community.
5. To provide capacity-building HIV/AIDS CBR Capacity Building Initiatives in Canada.

This environmental scan is being sent to all Canadian Aboriginal AIDS Network members to determine their current capacity for community-based research as well as to identify area for further development. A report with these findings will be prepared and results will direct the CBR Capacity Building Project. Findings will also be made available to CAAN members. You do not have to answer any question that causes discomfort. Nor do you need to put your name on this form. All information you provide will be kept confidential. By agreeing to be a respondent you are acknowledging that you have understood these statements and have provided your consent to participate.

Thank you for your contribution and participation. More survey forms are available on LinkUp at www.linkup-connexion.ca. **Please return survey by September 30, 2002.**

Lisa Dixon
National Community Based Research Coordinator

Canadian Aboriginal AIDS Network
602-251 Bank Street
Ottawa ON K2P 1X3
1-888-285-2226

APPENDIX C

CAAN National Advisory Committee Members as of September 2003

Harvey Michelle (APHA)

Nazareth Therriault (Elder)

Robbie Watt (NAHO)

Brenda Elias (University of Manitoba)

Fred Anderson (Board of Directors)

Fadel Kane (Ex Officio)

Arlo Yuzicipi Fayant (Executive Director)

Randy Jackson (Nat'/Pprograms & Project Evaluator)

Robert Friday (Researcher)

Dina Epale (CBR Coordinator)

Gwen Reimer (Praxis Research Associates)

APPENDIX D

FREQUENCY TABLES D.1 - D.105

BACKGROUND INFORMATION:

Table D.1: Province / Territory where located

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	British Columbia	10	19.6	20.4	20.4
	Alberta	9	17.6	18.4	38.8
	Saskatchewan	4	7.8	8.2	46.9
	Manitoba	1	2.0	2.0	49.0
	Ontario	5	9.8	10.2	59.2
	Quebec	12	23.5	24.5	83.7
	Nova Scotia	2	3.9	4.1	87.8
	Labrador/Newfoundland	3	5.9	6.1	93.9
	Yukon	1	2.0	2.0	95.9
	Nunavut/Nunavik	2	3.9	4.1	100.0
	Total	49	96.1	100.0	
Missing	NR	2	3.9		
Total		51	100.0		

Table D.2: Highest Education Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some High School	3	5.9	6.1	6.1
	High School Diploma	4	7.8	8.2	14.3
	Some College	4	7.8	8.2	22.4
	Colllege Diploma	8	15.7	16.3	38.8
	Some University	13	25.5	26.5	65.3
	Bachelor's Degree	14	27.5	28.6	93.9
	Masters Degree	2	3.9	4.1	98.0
	Doctoral Degree/MD	1	2.0	2.0	100.0
	Total	49	96.1	100.0	
Missing	NR	2	3.9		
Total		51	100.0		

Table D.3: Years of Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.40	1	2.0	2.3	2.3
	.50	2	3.9	4.5	6.8
	.75	1	2.0	2.3	9.1
	1.00	4	7.8	9.1	18.2
	1.50	2	3.9	4.5	22.7
	2.00	8	15.7	18.2	40.9
	2.50	2	3.9	4.5	45.5
	3.00	7	13.7	15.9	61.4
	4.00	2	3.9	4.5	65.9
	5.00	1	2.0	2.3	68.2
	5.50	1	2.0	2.3	70.5
	6.00	1	2.0	2.3	72.7
	7.00	3	5.9	6.8	79.5
	8.00	3	5.9	6.8	86.4
	10.00	2	3.9	4.5	90.9
	14.00	1	2.0	2.3	93.2
	17.00	1	2.0	2.3	95.5
	21.00	1	2.0	2.3	97.7
	33.00	1	2.0	2.3	100.0
	Total	44	86.3	100.0	
Missing	NR	7	13.7		
Total		51	100.0		

COMMUNITIES WITH WHOM
ORGANIZATIONS IDENTIFY

Table D.4: First Nations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	40	78.4	78.4	78.4
	no	11	21.6	21.6	100.0
	Total	51	100.0	100.0	

Table D.5: Inuit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	14	27.5	27.5	27.5
	no	37	72.5	72.5	100.0
	Total	51	100.0	100.0	

Table D.6: Métis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	49.0	49.0	49.0
	no	26	51.0	51.0	100.0
	Total	51	100.0	100.0	

Table D.7: Rural

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	24	47.1	47.1	47.1
	no	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

Table D.8: Urban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	45.1	45.1	45.1
	no	28	54.9	54.9	100.0
	Total	51	100.0	100.0	

Table D.9: Northern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	16	31.4	31.4	31.4
	no	35	68.6	68.6	100.0
	Total	51	100.0	100.0	

Table D.10: APHAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	45.1	45.1	45.1
	no	28	54.9	54.9	100.0
	Total	51	100.0	100.0	

Table D.11: Two Spirit/Gay/Lesbian

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	21	41.2	41.2	41.2
	no	30	58.8	58.8	100.0
	Total	51	100.0	100.0	

Table D.12: Transgendered

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	8	15.7	15.7	15.7
	no	43	84.3	84.3	100.0
	Total	51	100.0	100.0	

Table D.13: IDU

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	14	27.5	27.5	27.5
	no	37	72.5	72.5	100.0
	Total	51	100.0	100.0	

Table D.14: Youth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	24	47.1	47.1	47.1
	no	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

Table D.15: Women

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	24	47.1	47.1	47.1
	no	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

LEVEL OF RESEARCH PRIORITY BY CATEGORY (Q.2)

Table D.16: Care & Support Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	10	19.6	20.8	20.8
	low	10	19.6	20.8	41.7
	moderate	10	19.6	20.8	62.5
	high	13	25.5	27.1	89.6
	very high	5	9.8	10.4	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.17: Outreach

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	8	15.7	16.7	16.7
	low	9	17.6	18.8	35.4
	moderate	10	19.6	20.8	56.3
	high	14	27.5	29.2	85.4
	very high	7	13.7	14.6	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.18: Policy & Advocacy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	8	15.7	17.0	17.0
	low	11	21.6	23.4	40.4
	moderate	13	25.5	27.7	68.1
	high	11	21.6	23.4	91.5
	very high	4	7.8	8.5	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.19: Prevention/Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	6	11.8	12.0	12.0
	low	4	7.8	8.0	20.0
	moderate	5	9.8	10.0	30.0
	high	13	25.5	26.0	56.0
	very high	22	43.1	44.0	100.0
	Total	50	98.0	100.0	
Missing	99	1	2.0		
Total		51	100.0		

Table D.20: HIV/AIDS Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	12	23.5	26.1	26.1
	low	12	23.5	26.1	52.2
	moderate	10	19.6	21.7	73.9
	high	8	15.7	17.4	91.3
	very high	4	7.8	8.7	100.0
	Total	46	90.2	100.0	
Missing	99	5	9.8		
Total		51	100.0		

Table D.21: Barriers to using services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	6	11.8	12.8	12.8
	low	6	11.8	12.8	25.5
	moderate	13	25.5	27.7	53.2
	high	9	17.6	19.1	72.3
	very high	13	25.5	27.7	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.22: Cultural Awareness/sensitivity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	5	9.8	10.2	10.2
	low	10	19.6	20.4	30.6
	moderate	6	11.8	12.2	42.9
	high	8	15.7	16.3	59.2
	very high	20	39.2	40.8	100.0
	Total	49	96.1	100.0	
Missing	99	2	3.9		
Total		51	100.0		

Table D.23: Epidemiology

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	16	31.4	34.0	34.0
	low	13	25.5	27.7	61.7
	moderate	6	11.8	12.8	74.5
	high	6	11.8	12.8	87.2
	very high	6	11.8	12.8	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.24 Harm Reduction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none at all	8	15.7	17.4	17.4
	low	7	13.7	15.2	32.6
	moderate	6	11.8	13.0	45.7
	high	11	21.6	23.9	69.6
	very high	14	27.5	30.4	100.0
	Total	46	90.2	100.0	
Missing	99	5	9.8		
Total		51	100.0		

OBSTACLES TO DOING HIV/AIDS RESEARCH (Q.4)

Table D.25: Insufficient Knowledge Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	49.0	50.0	50.0
	No	25	49.0	50.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
	Total	51	100.0		

Table D.26: No Access to Ethical Review Process

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	51.0	52.0	52.0
	No	24	47.1	48.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.27: No or Limited experience in developing ethical protocol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	37.3	38.0	38.0
	No	31	60.8	62.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.28: Concern regarding maintaining confidentiality of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	39.2	40.0	40.0
	No	30	58.8	60.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.29: Challenge of connecting with researchers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	43.1	44.0	44.0
	No	28	54.9	56.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.30 Challenge of involving community members

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	66.7	68.0	68.0
	No	16	31.4	32.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.31 Limited funding available under Canadian Strategy on HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	62.7	64.0	64.0
	No	18	35.3	36.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.32: Limited funding available from other sources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	68.6	70.0	70.0
	No	15	29.4	30.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

RESEARCH SKILL LEVELS (Q.6)

Table D.33: Fund-Raising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	14	27.5	29.8	29.8
	Beginner	11	21.6	23.4	53.2
	Intermediate	15	29.4	31.9	85.1
	Advanced	7	13.7	14.9	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
	Total	51	100.0		

Table D.34: Proposal Writing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	13	25.5	27.1	27.1
	Beginner	11	21.6	22.9	50.0
	Intermediate	13	25.5	27.1	77.1
	Advanced	11	21.6	22.9	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.35: Development & Submission of Ethical Protocol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	20	39.2	42.6	42.6
	Beginner	13	25.5	27.7	70.2
	Intermediate	12	23.5	25.5	95.7
	Advanced	2	3.9	4.3	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.36: Understanding Ethics

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	11	21.6	22.9	22.9
	Beginner	12	23.5	25.0	47.9
	Intermediate	15	29.4	31.3	79.2
	Advanced	10	19.6	20.8	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.37: Qualitative Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	17	33.3	35.4	35.4
	Beginner	14	27.5	29.2	64.6
	Intermediate	12	23.5	25.0	89.6
	Advanced	5	9.8	10.4	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.38: Quantitative Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	19	37.3	40.4	40.4
	Beginner	14	27.5	29.8	70.2
	Intermediate	10	19.6	21.3	91.5
	Advanced	4	7.8	8.5	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.39: Survey Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	14	27.5	29.8	29.8
	Beginner	15	29.4	31.9	61.7
	Intermediate	14	27.5	29.8	91.5
	Advanced	4	7.8	8.5	100.0
	Total	47	92.2	100.0	
Missing	99	4	7.8		
Total		51	100.0		

Table D.40: Ethnographic Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	19	37.3	41.3	41.3
	Beginner	17	33.3	37.0	78.3
	Intermediate	7	13.7	15.2	93.5
	Advanced	3	5.9	6.5	100.0
	Total	46	90.2	100.0	
Missing	99	5	9.8		
Total		51	100.0		

Table D.41: Interviewing Skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	10	19.6	20.4	20.4
	Beginner	7	13.7	14.3	34.7
	Intermediate	17	33.3	34.7	69.4
	Advanced	15	29.4	30.6	100.0
	Total	49	96.1	100.0	
Missing	99	2	3.9		
Total		51	100.0		

Table D.42: Focus Groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	12	23.5	25.0	25.0
	Beginner	7	13.7	14.6	39.6
	Intermediate	17	33.3	35.4	75.0
	Advanced	12	23.5	25.0	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.43: Data Analysis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	15	29.4	31.3	31.3
	Beginner	13	25.5	27.1	58.3
	Intermediate	13	25.5	27.1	85.4
	Advanced	7	13.7	14.6	100.0
	Total	48	94.1	100.0	
Missing	99	3	5.9		
Total		51	100.0		

Table D.44: Report Writing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	7	13.7	15.2	15.2
	Beginner	10	19.6	21.7	37.0
	Intermediate	14	27.5	30.4	67.4
	Advanced	15	29.4	32.6	100.0
	Total	46	90.2	100.0	
Missing	99	5	9.8		
Total		51	100.0		

Table D.45: Dissemination Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Novice	19	37.3	42.2	42.2
	Beginner	7	13.7	15.6	57.8
	Intermediate	7	13.7	15.6	73.3
	Advanced	12	23.5	26.7	100.0
	Total	45	88.2	100.0	
Missing	99	6	11.8		
Total		51	100.0		

The Community Based HIV/AIDS Research Environmental Scan

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FINAL REPORT

RESEARCH TRAINING INTERESTS (Q.9)

Table D.46: Fund-Raising Techniques

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	14	27.5	29.8	29.8
	no	33	64.7	70.2	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.47: Literature Searches

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	6	11.8	12.8	12.8
	no	41	80.4	87.2	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.48: Research Question Development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	14	27.5	29.8	29.8
	no	33	64.7	70.2	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.49: Quantitative Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	10	19.6	21.3	21.3
	no	37	72.5	78.7	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.50: Survey Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	12	23.5	26.1	26.1
	no	34	66.7	73.9	100.0
	Total	46	90.2	100.0	
Missing	NR	4	7.8		
	System	1	2.0		
	Total	5	9.8		
Total		51	100.0		

Table D.51: Focus Groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	10	19.6	21.3	21.3
	no	37	72.5	78.7	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.52: Report Writing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	10	19.6	21.3	21.3
	no	37	72.5	78.7	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.53: Proposal Development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	17	33.3	36.2	36.2
	no	30	58.8	63.8	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.54: Literature Reviews

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	5	9.8	10.6	10.6
	no	42	82.4	89.4	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.55: Qualitative Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	13	25.5	27.7	27.7
	no	34	66.7	72.3	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

The Community Based HIV/AIDS Research Environmental Scan

Table D.56: Ethnographic Research Methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	13	25.5	27.7	27.7
	no	34	66.7	72.3	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.57: Interviewing Skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	9	17.6	19.1	19.1
	no	38	74.5	80.9	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

Table D.58: Data Analysis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	20	39.2	42.6	42.6
	no	27	52.9	57.4	100.0
	Total	47	92.2	100.0	
Missing	NR	4	7.8		
Total		51	100.0		

WHERE RESPONDENTS CURRENTLY ACCESS INFORMATION (Q.10)

Table D.59: Internet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	32	62.7	62.7	62.7
	no	19	37.3	37.3	100.0
	Total	51	100.0	100.0	

Table D.60: Library

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	10	19.6	19.6	19.6
	no	41	80.4	80.4	100.0
	Total	51	100.0	100.0	

Table D.61: Workshops

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	49.0	49.0	49.0
	no	26	51.0	51.0	100.0
	Total	51	100.0	100.0	

Table D.62: Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	15	29.4	29.4	29.4
	no	36	70.6	70.6	100.0
	Total	51	100.0	100.0	

RESOURCES OF INTEREST TO RESPONDENTS (Q.11)

Table D.63: AIDS (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	15	29.4	30.0	30.0
	no	35	68.6	70.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.68: Canadian Women Studies (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	18	35.3	36.0	36.0
	no	32	62.7	64.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.64 AIDS & Behaviour (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	19	37.3	38.0	38.0
	no	31	60.8	62.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.69: Survey Research Methods (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	21	41.2	42.0	42.0
	no	29	56.9	58.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.65: AIDS Care (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	18	35.3	36.0	36.0
	no	32	62.7	64.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.70: Conducting Literature Reviews (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	14	27.5	28.0	28.0
	no	36	70.6	72.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.66: JAIDS (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	4	7.8	8.0	8.0
	no	46	90.2	92.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.71: Community Based Research (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	49.0	50.0	50.0
	no	25	49.0	50.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.67 Qualitative Researching (Journal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	15	29.4	30.0	30.0
	no	35	68.6	70.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.72: Taking Time to Listen (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	16	31.4	32.0	32.0
	no	34	66.7	68.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.73: Evaluation (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	18	35.3	36.0	36.0
	no	32	62.7	64.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.74: Two Spirit People (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	15	29.4	30.0	30.0
	no	35	68.6	70.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.75: Prevention & Treatment of HIV (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	49.0	50.0	50.0
	no	25	49.0	50.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.76 Focus Groups (Book)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	19	37.3	38.0	38.0
	no	31	60.8	62.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

Table D.77: Health Canada's Listing of Funded Projects (Gov.Doc.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	45.1	46.0	46.0
	no	27	52.9	54.0	100.0
	Total	50	98.0	100.0	
Missing	NR	1	2.0		
Total		51	100.0		

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FINAL REPORT

WAYS THAT RESPONDENTS LIKE TO LEARN
NEW THINGS (Q.12)

Table D.78: Workshops

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	40	78.4	78.4	78.4
	no	11	21.6	21.6	100.0
	Total	51	100.0	100.0	

Table D.79: Fact Sheets

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	16	31.4	31.4	31.4
	no	35	68.6	68.6	100.0
	Total	51	100.0	100.0	

Table D.80: Workbooks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	13	25.5	25.5	25.5
	no	38	74.5	74.5	100.0
	Total	51	100.0	100.0	

Table D.81: Written Guides

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	12	23.5	23.5	23.5
	no	39	76.5	76.5	100.0
	Total	51	100.0	100.0	

Table D.82: Video Guides

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	11	21.6	21.6	21.6
	no	40	78.4	78.4	100.0
	Total	51	100.0	100.0	

Table D.83: One to One Consulting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	12	23.5	23.5	23.5
	no	39	76.5	76.5	100.0
	Total	51	100.0	100.0	

Table D.84: Templates

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	6	11.8	11.8	11.8
	no	45	88.2	88.2	100.0
	Total	51	100.0	100.0	

Table D.85: Focus Groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	13	25.5	25.5	25.5
	no	38	74.5	74.5	100.0
	Total	51	100.0	100.0	

Table D.86: Models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	8	15.7	15.7	15.7
	no	43	84.3	84.3	100.0
	Total	51	100.0	100.0	

Table D.87: Peer Presentations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	17	33.3	33.3	33.3
	no	34	66.7	66.7	100.0
	Total	51	100.0	100.0	

Table D.88: Chat Rooms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1	2.0	2.0	2.0
	no	50	98.0	98.0	100.0
	Total	51	100.0	100.0	

The Community Based HIV/AIDS Research Environmental Scan

RESEARCH PARTNERSHIPS (Q.13)

Table D.89: Respondents Worked with Researchers in the Past 5 Years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	45.1	50.0	50.0
	no	23	45.1	50.0	100.0
	Total	46	90.2	100.0	
Missing	NR	5	9.8		
Total		51	100.0		

HOW RESPONDENTS WOULD LIKE TO MEET RESEARCHERS (Q.14)

Table D.90: Conferences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	45.1	45.1	45.1
	no	28	54.9	54.9	100.0
	Total	51	100.0	100.0	

Table D.91: Workshops

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	24	47.1	47.1	47.1
	no	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

Table D.92: Online Discussion Forum

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	6	11.8	11.8	11.8
	no	45	88.2	88.2	100.0
	Total	51	100.0	100.0	

Table D.93: Other (e.g. teleconference, onsite, face-to face)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	9	17.6	17.6	17.6
	no	42	82.4	82.4	100.0
	Total	51	100.0	100.0	

APPLICATIONS FOR RESEARCH FUNDS (Q.15)

Table D.94: Respondents Who Have Applied For Research Funds

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	35	68.6	72.9	72.9
	yes, successful	7	13.7	14.6	87.5
	yes, pending approval	5	9.8	10.4	97.9
	yes, unsuccessful	1	2.0	2.1	100.0
	Total	48	94.1	100.0	
Missing	NR	3	5.9		
Total		51	100.0		

WHERE RESPONDENTS HAVE APPLIED FOR RESEARCH FUNDS (Q.15A)

Table D.95: Health Canada

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	8	15.7	66.7	66.7
	no	4	7.8	33.3	100.0
	Total	12	23.5	100.0	
Missing	NR	39	76.5		
Total		51	100.0		

Table D.96: NHRDP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1	2.0	8.3	8.3
	no	11	21.6	91.7	100.0
	Total	12	23.5	100.0	
Missing	NR	39	76.5		
Total		51	100.0		

Table D.97: CIHR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	3	5.9	25.0	25.0
	no	9	17.6	75.0	100.0
	Total	12	23.5	100.0	
Missing	NR	39	76.5		
Total		51	100.0		

Table D.98: CIHI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	12	23.5	100.0	100.0
Missing	NR	39	76.5		
Total		51	100.0		

Table D.99: Provincial Government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	4	7.8	33.3	33.3
	no	8	15.7	66.7	100.0
	Total	12	23.5	100.0	
Missing	NR	39	76.5		
Total		51	100.0		

Table D.100:   Aboriginal Government.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	5	9.8	41.7	41.7
	no	7	13.7	58.3	100.0
	Total	12	23.5	100.0	
Missing	NR	39	76.5		
Total		51	100.0		

RESOURCES OF INTEREST TO RESPONDENTS (Q.17)

Table D.101:   Directory of Funding Sources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	41	80.4	91.1	91.1
	no	4	7.8	8.9	100.0
	Total	45	88.2	100.0	
Missing	NR	6	11.8		
Total		51	100.0		

Table D.102:   Directory of Academic/Prof. Researchers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	35	68.6	92.1	92.1
	no	3	5.9	7.9	100.0
	Total	38	74.5	100.0	
Missing	NR	13	25.5		
Total		51	100.0		

Table D.103: **Guide to Writing Proposals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	38	74.5	92.7	92.7
	no	3	5.9	7.3	100.0
	Total	41	80.4	100.0	
Missing	NR	10	19.6		
Total		51	100.0		

Table D.104: **Understanding Ethics Guide**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	37	72.5	88.1	88.1
	no	5	9.8	11.9	100.0
	Total	42	82.4	100.0	
Missing	NR	9	17.6		
Total		51	100.0		

Table D.105: **Age of Participants**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-24	1	2.0	2.1	2.1
	25-34	16	31.4	33.3	35.4
	35-44	13	25.5	27.1	62.5
	45-64	18	35.3	37.5	100.0
	Total	48	94.1	100.0	
Missing	NR	3	5.9		
Total		51	100.0		

APPENDIX E

Table E.1 Location * Education Level Crosstabulation

			Education Level				
			Some High School	High School Diploma	Some College	College Diploma	Some University
Location	British Columbia	Count	1	1	2		2
		% within Education Level	33.3%	25.0%	50.0%		15.4%
	Alberta	Count	1	1	1	2	2
		% within Education Level	33.3%	25.0%	25.0%	25.0%	15.4%
	Saskatchewan	Count		1		1	2
		% within Education Level		25.0%		12.5%	15.4%
	Manitoba	Count					
		% within Education Level					
	Ontario	Count	1				3
		% within Education Level	33.3%				23.1%
	Quebec	Count		1		2	3
		% within Education Level		25.0%		25.0%	23.1%
	Nova Scotia	Count					1
		% within Education Level					7.7%
	Labrador/Newfoundland	Count				1	
		% within Education Level				12.5%	
	Yukon	Count			1		
		% within Education Level			25.0%		
	Nunavut/Nunavik	Count				2	
		% within Education Level				25.0%	
Total		Count	3	4	4	8	13
		% within Education Level	100.0%	100.0%	100.0%	100.0%	100.0%

Table E.1 Location * Education Level Crosstabulation

			Education Level			
			Bachelor's Degree	Master Degree	Doctoral Degree/MD	Total
Location	British Columbia	Count	3	1		10
		% within Education Level	21.4%	50.0%		20.5%
	Alberta	Count	21			9
		% within Education Level	14.3%			18.4%
	Saskatchewan	Count				4
		% within Education Level				8.2%
	Manitoba	Count	1			1
		% within Education Level	7.1%			2.0%
	Ontario	Count	1			5
		% within Education Level	7.1%			10.2%
	Quebec	Count	5		1	12
		% within Education Level	35.7%		100.0%	24.5%
	Nova Scotia	Count	1			2
		% within Education Level	7.1%			4.1%
	Labrador/Newfoundland	Count	1	1		3
		% within Education Level	7.1%	50.0%		6.1%
	Yukon	Count				1
		% within Education Level				2.0%
	Nunavut/Nunavik	Count				2
		% within Education Level				4.1%
Total		Count	14	2	1	49
		% within Education Level	100.0%	100.0%	100.0%	100.0%

Table E.2 Location * Years of Experience Crosstabulation

			Years of Experience					
			.40	.50	.75	1.00	1.50	2.00
Location	British Columbia	Count		1		1	1	1
		% within Years of Experience		50.0%		25.0%	50.0%	12.5%
	Alberta	Count			1	2		3
		% within Years of Experience			100.0%	50.0%		37.5%
	Saskatchewan	Count						
		% within Years of Experience						
	Manitoba	Count						1
		% within Years of Experience						12.5%
	Ontario	Count	1					
		% within Years of Experience	100.0%					
	Quebec	Count		1			1	3
		% within Years of Experience		50.0%			50.0%	37.5%
	Nova Scotia	Count						
		% within Years of Experience						
	Labrador/Newfoundland	Count						
		% within Years of Experience						
	Yukon	Count						
		% within Years of Experience						
	Nunavut/Nunavik	Count				1		
		% within Years of Experience				25.0%		
Total		Count	1	2	1	4	2	8
		% within Years of Experience	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E.2 Location * Years of Experience Crosstabulation

			Years of Experience					
			2.50	3.00	4.00	5.00	5.50	6.00
Location	British Columbia	Count		1	1			
		% within Years of Experience		14.3%	50.0%			
	Alberta	Count		1				
		% within Years of Experience		14.3%				
	Saskatchewan	Count		3			1	
		% within Years of Experience		42.9%			100.0%	
	Manitoba	Count						
		% within Years of Experience						
	Ontario	Count		1	1			
		% within Years of Experience		14.3%	50.0%			
	Quebec	Count	1			1		
		% within Years of Experience	50.0%			100.0%		
	Nova Scotia	Count						1
		% within Years of Experience						100.0%
	Labrador/Newfoundland	Count	1	1				
		% within Years of Experience	50.0%	14.3%				
	Yukon	Count						
		% within Years of Experience						
	Nunavut/Nunavik	Count						
		% within Years of Experience						
Total		Count	2	7	2	1	1	1
		% within Years of Experience	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E.2 Location * Years of Experience Crosstabulation

			Years of Experience					
			7.00	8.00	10.00	14.00	17.00	21.00
Location	British Columbia	Count				1		1
		% within Years of Experience				100.0%		100.0%
	Alberta	Count	1				1	
		% within Years of Experience	33.3%				100.0%	
	Saskatchewan	Count						
		% within Years of Experience						
	Manitoba	Count						
		% within Years of Experience						
	Ontario	Count	1		1			
		% within Years of Experience	33.3%		50.0%			
	Quebec	Count		2				
		% within Years of Experience		66.7%				
	Nova Scotia	Count						
		% within Years of Experience						
	Labrador/Newfoundland	Count	1					
		% within Years of Experience	33.3%					
	Yukon	Count		1				
		% within Years of Experience		33.3%				
	Nunavut/Nunavik	Count			1			
		% within Years of Experience			50.0%			
Total		Count	3	3	2	1	1	1
		% within Years of Experience	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E.2 Location * Years of Experience Crosstabulation

			Years of Experience	
			33	1
Location	British Columbia	Count		8
		% within Years of Experience		18.2%
	Alberta	Count		9
		% within Years of Experience		20.5%
	Saskatchewan	Count		4
		% within Years of Experience		9.1%
	Manitoba	Count		1
		% within Years of Experience		2.3%
	Ontario	Count		4
		% within Years of Experience		9.1%
	Quebec	Count	1	10
		% within Years of Experience	100.00%	22.7%
	Nova Scotia	Count		2
		% within Years of Experience		4.5%
	Labrador/Newfoundland	Count		3
		% within Years of Experience		6.8%
	Yukon	Count		1
		% within Years of Experience		2.3%
	Nunavut/Nunavik	Count		2
		% within Years of Experience		4.5%
Total		Count	1	44
		% within Years of Experience	100.0%	100.0%

Table E.3 APHA * Women Crosstabulation

			Women		
			Yes	No	Total
APHA	Yes	Count	14	9	23
		% within APHA	60.9%	39.1%	100%
	No	Count	10	18	28
		% within APHA	35.7%	64.3%	100%
Total		Count	24	27	51
		% within APHA	47.1%	52.9%	100.0%

Table E.4 APHA * Youth Crosstabulation

			Youth		Total
			Yes	No	
APHA	Yes	Count	13	10	23
		% within APHA	56.5%	43.5%	100%
	No	Count	11	17	28
		% within APHA	39.3%	60.7%	100%
Total		Count	24	27	51
		% within APHA	47.1%	52.9%	100.0%

Table E.5 Youth * Women Crosstabulation

			Women		Total
			Yes	No	
APHA	Yes	Count	20	4	24
		% within Youth	83.3%	16.7%	100%
	No	Count	4	23	27
		% within Youth	14.8%	85.2%	100%
Total		Count	24	27	51
		% within Youth	47.1%	52.9%	100.0%

Table E.6 Women*Youth*IDU*2Spirit/Gat/Lesbian*Transgender*APHA Correlations

		Women	Youth	IDU	Two Spirit/Gay/ Lesbian	Transgedered	APHA
Women	Pearson Correlation	1	.685**	.388**	.249	.241	.251
	Sig. (2-tailed)	.	.000	.005	.078	.088	.076
	N	51	51	51	51	51	51
Youth	Pearson Correlation	.685**	s1	.300*	.169	.349*	.172
	Sig. (2-tailed)	.000	.	.032	.236	.012	.228
	N	51	51	51	51	51	51
IDU	Pearson Correlation	.388**	300*	1	.289*	.339*	.502**
	Sig. (2-tailed)	.005	.032	.	.040	.015	.000
	N	51	51	51	51	51	51
Two Spirit/Gay/ Lesbian	Pearson Correlation	.249	.169	.289*	1	.406**	.523**
	Sig. (2-tailed)	.078	.236	.040	.	.003	.000
	N	51	51	51	51	51	51
Transgendered	Pearson Correlation	.241	.349*	.339*	.406**	1	.259
	Sig. (2-tailed)	.088	.012	.015	.003	.	.066
	N	51	51	51	51	51	51
APHA	Pearson Correlation	.251	.172	.502**	.523**	.259	1
	Sig. (2-tailed)	.076	.228	.000	.000	.066	.
	N	51	51	51	51	51	51

**. Correlation is significant at the 0.01 level (2-tailed)
*. Correlation is significant at the 0.01 level (2-tailed)

Table E.7 Location *Internet Access (Q.10) Crosstabulation

| | | | Internet Access | | Total |
			Yes	No	
Location	British Columbia	Count	8	2	10
		% within Location	80.0%	20.0%	100.0%
	Alberta	Count	4	5	9
		% within Location	44.4%	55.6%	100.0%
	Saskatchewan	Count	2	2	4
		% within Location	50.0%	50.0%	100.0%
	Manitoba	Count	1		1
		% within Location	100.0%		100.0%
	Ontario	Count	2	3	5
		% within Location	40.0%	60.0%	100.0%
	Quebec	Count	7	5	12
		% within Location	58.3%	41.7%	100.0%
	Nova Scotia	Count	2		2
		% within Location	100.0%		100.0%
	Labrador/Newfoundland	Count	3		3
		% within Location	100.0%		100.0%
	Yukon	Count		1	1
		% within Location		100.0%	100.0%
	Nunavut/Nunavik	Count	1	1	2
		% within Location	50.0%	50.0%	100.0%
Total		Count	30	19	49
		% within Location	61.2%	38.8%	100.0%

Table E.8 Location *Workshop Access (Q.10) Crosstabulation

			Internet Access		Total
			Yes	No	
Location	British Columbia	Count	8	2	10
		% within Location	80.0%	20.0%	100.0%
	Alberta	Count	6	3	9
		% within Location	67.7%	33.3%	100.0%
	Saskatchewan	Count	1	3	4
		% within Location	25.0%	75.0%	100.0%
	Manitoba	Count	1		1
		% within Location	100.0%		100.0%
	Ontario	Count	2	3	5
		% within Location	40.0%	60.0%	100.0%
	Quebec	Count	3	9	12
		% within Location	25.0%	75.0%	100.0%
	Nova Scotia	Count	1	1	2
		% within Location	50.0%	50.0%	100.0%
	Labrador/Newfoundland	Count	1	2	3
		% within Location	33.3%	66.7%	100.0%
	Yukon	Count		1	1
		% within Location		100.0%	100.0%
	Nunavut/Nunavik	Count	1	1	2
		% within Location	50.0%	50.0%	100.0%
Total		Count	24	25	49
		% within Location	49.0%	51.0%	100.0%

Table E.9 Location *Workshops Preferred (Q.12) Crosstabulation

| | | | Internet Access | | Total |
			Yes	No	
Location	British Columbia	Count	7	3	10
		% within Location	70.0%	30.0%	100.0%
	Alberta	Count	8	1	9
		% within Location	88.9%	11.1%	100.0%
	Saskatchewan	Count	3	1	4
		% within Location	75.0%	25.0%	100.0%
	Manitoba	Count	1		1
		% within Location	100.0%		100.0%
	Ontario	Count	3	2	5
		% within Location	60.0%	40.0%	100.0%
	Quebec	Count	8	4	12
		% within Location	66.7%	33.3%	100.0%
	Nova Scotia	Count	2		2
		% within Location	100.0%		100.0%
	Labrador/Newfoundland	Count	3		3
		% within Location	100.0%		100.0%
	Yukon	Count	1		1
		% within Location	100.0%		100.0%
	Nunavut/Nunavik	Count	2		2
		% within Location	100.0%		100.0%
Total		Count	38	11	49
		% within Location	77.6%	22.4%	100.0%

APPENDIX F

APPENDIX F.1

Responses to Question 1: "In your own words, what does Community-Based Research mean to you?"

<u>RESULTS:</u>
OCAP - Community involved/driven/controlled research = 18
Relevant to, about, in and/or grounded in the Aboriginal community = 17
Pro-Active / Action research = 9
Collaborative research = 6
NR = 4; Responses = 47; Total = 51

1.   Research that has had community input at all stages of development, implementation and evaluation.
2.   I think Community Based Research is a means of receiving and giving information to the community.
3:      Community directed, community involved and the research results are used by the community idealistically, research that is facilitated in the community by a professional researchers.
4:      Research done in my community.
5:      Une recherche qui se fait à partir de données recueillies sur le terrain
6:      Community to find out what we have to offer and what services or whatever we had in the past to offer.
7:      The involvement of the community is what they, the community, wants researched. Feedback and that the findings are helpful for the community and that the ownership is with the community.
8:      La recherche communautaire représente pour moi l'avenir. C'est la recherche et l'étude des problèmes réels des communautés autochtones, des Premières Nations dans le but de mettre en place différents moyens d'intervention. Community based research represents the future. It's the research and the study of real problems of Aboriginal communities.
9:      What areas need to be focussed on to bring productive promotion, prevention and education to the communities.
10:     Analyse des besoins de la communauté
11:     OCAP= ownership, control, access, possession at the Aboriginal community level
12:     Research done in the community for the community to determine needs of the community.
13:     Qualitative and/or quantitative statistical/epidemiological studies done which reflect the physical, mental, emotional and spiritual status and needs of a community while the intellectual ownership and control of the study is of the community.
14:     Research based on specific community needs/issues etc.
15:     Une recherche qui appartient aux membres de la communauté : ce sont les communautés qui identifient la problématique de recherche et contrôlent chaque étape. Les retombées de la recherche bénéficient aux communautés. Les données leur appartiennent. Research belongs to community members; community identifies research problem, and control each step, findings benefit the community.
16:     Communities are involved and integral to the research being completed (participatory research). Community members guide and collaborate on research which empowers community through process. Evaluation and research that is grounded in research methodology and approaches in a culturally-appropriate context (community involved at all levels of research)
17:     Research that reflects/profiles a community.
18:     Research being done in our area on a community level.
19:     examining the needs of each community.
20:     Partnering/collaborating with the specific communities needs and goals at the core of the project~sharing direction and research data as well as strategies which the community wants and needs.
21:     working with different organizations in the community in order to correctly research the impact that HIV/AIDS has on the community
22:     A proactive approach involving the community and academic milieu for the advancement of knowledge.

23: Research designed to the needs of the community; having control of the project

24: done in community with community members as advisors (accountability); goes back to community and community has final say on how info is used!

25: NR

26: needs assessment. Finding out who and what services are needed. Finding traditional medicine for treatment of HIV/AIDS for APHA's who want it. Education & Prevention.

27: NR

28: The community doing its own research - deciding on what to research, conducting it themselves and using the findings to help the community plan and develop services.

29: NR

30: Community based research means that aboriginals. First nations, metis and inuit should know and explain to what is being researched

31: NR

32: finding out what the community's needs are

33: It means that each community across Canada will do their own research, or be taught how to do this in order to help, needs for understanding HIV/AIDS gathering info to best be able to help those living with the virus.

34: To find out how we as people could help stop HIV/AIDS and also find out how to better help people living with HIV/AIDS.... as a person living with "(AIDS)" for 16 years? Some may need more help with dealing with this.

35: for me it is getting out in the community, find what APHA's needs are; determining how medicine and cures can help us in a good way in a traditional way. This needs to be done in an appropriate way ie. With tobacco and in person.

36: surveys with community members, interviews, living in areas of research, innovative research studies with APHA's experience in community and APHA's experiences and new ones for research

37: business, health departments, schools, private individuals = all people, organizations, businesses

38: education to populations not normally consulted - determine the extent the problem and provide solutions that will appeal to Aboriginal populations

39: utilization of existing resources/people to plan programming and care, services. A lot of this requires technical writers that have expertise in health care and delivery, very limited number available

40: research (learning, identifying, understanding) individual community needs and their relationship to a wider scope

41: research conducted and completed by community organisations/levels

42: information gathered from grassroots people in real life situations that really grasp the root of the problems among the targeted group.

43: research where community members participate and have ownership (totally or in partnership) of the data collected

44: To go into a community and find facts of a certain subject. Ie. How many people know of HIV/AIDS, Hep 'C', or STD's. Or how many people are 21 yrs old in community. Also it could mean that the community itself is doing the research.

45: a non-obtrusive attempt to synthesize and balance information acquisition to/on Aboriginal cultures (OCAP) It is the development of protocol and procedure driven from a community level.

46: that someone went and researched and wrote results and gathered facts and made a written report and shared and exchanged knowledge with other communities.

47: Data and information collected in the community (only wihtin the community or esidents living in the community).

48: Community based research means to me, studying trends, patterns on a community level and keeping track of changes.

49: Working with the community to help meet their needs.

50: The collection of information gathered by and for the community.

51: It means research from the community perspective. Respectful; involving the community in the process.

APPENDIX F.2

Responses to Question 3: "Please describe your previous experience (if any) with community-based research? (i.e. research projects, courses, workshops)."

<u>RESULTS</u>:
CBR implementation = 7
Direct Experience (Proposal development/Advisory committee) = 10
Indirect experience (courses, workshops, advisory committees, proposal development) = 21
None = 3
Did not understand question = 1
NR = 9; Responses = 42; Total = 51

1:     Led LoPhid (Local Public Health Infrastructure Development) for 2 years through 4 projects. Worked with LIHC Innu Nation on TB study. Worked with Community needs assessment.
2:     I do presentations on HIV/AIDS with clients in a treatment centre.
3:     2 university level courses dealing with CBR, one social work focused, one indian studies focussed; 2 research projects within the student body of SIFC - Saskatoon; CBR Symposium (April 2002)
4:     Research hasn't been done here, on Cold Lake First Nations. Not to my knowledge.
5:     NR
6:     NR
7:     Kahnawake Shakotiia' Takehnhas Community Services Kahnawake; Montreal Native Friendship Centre; Land Diretorate - Mohawk council of Kahnawake; Indian Way School - kahanwake
8:     Formation sur le VIH/sida avec la santé publique, formation en dépistage anonyme du VIH avec la santé publique; formation sur les soins palliatifs et l'accompagnement.
9:     1998: coping with HIV/AIDS in Aboriginal Communities - training in prevention and education for CHR; 1999: keepers of the Earth, Women & HIV/AIDS in Aboriginal Communities - training in prevention and education; 2000 & 2002 - First Nations and Inuit living with HIV brochures and patient adherence pamphlets - anti-retroviral therapy
10:   NR
11:   lots - we have done a number of studies
12:   we have done or organized workshops on HIV/AIDS also touched on Hep C. Our community nurse and other community resource people organized these workshops and we had infected people share their stories.
13:   Health Canada PCAP Participatory Evaluation Workshops; Redroad/Healing our Spirit conference; MAC CBR workshop
14:   NR
15:   Réalisation d'un état de la situation; stage d'été en recherche communautaire (RCAS); demande de financement d'une recherche communautaire - refusée par Santé Canada
16:   We have a planning and evaluation coordinator position - dedicated to ongoing planning and evaluation. We are currently working in partnership with the University of Calgary to do a study (community-based) on youth with HIV/AIDS (if funding is secured). We have completed a MSM needs assessment (community-based) and a service Market Assessment of how we are reaching the aboriginal Communities in Calgary. Support and partner of other projects underway (prison project, & care, treatment and support within Justice) Males involved in prostitution community based study)
17:   spent many years in the non-profit HIV/AIDS/Hep-C field
18:   gathering of spirit - Winnipeg; positive symposium - committee member; Ross Armstrong fund - committee member
19:   NR
20:   worked on the "Health and Home" Research project... Women in Vancouver's DTES as well as the first Nations Communities Health Research Project (FN-CHRP); Currently coordinating "Healing Our Communities" research project

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21: I've only participated in one workshop which was really an eye-opener. The number of aboriginal peoples coming to the workshop was not very good. But the ones that did come were impacted by the workshop which was facilitated by an aboriginal affected by HIV/AIDS

22: courses: Intro to Social Research (college level); steering committee with Omega Cohort for several years; Research question development for college undergrads, grads and doctoral candidates

23: AIDS prevention workshop; AIDS newsletter and AIDS questionnaire

24: I am a member of community advisory board for Kahnawake Schools Diabetes Prevention program (KSDPP) as rep of Kahnawake community services

25: Ateliers de prévention/d'éducation

26: sharing at workshops and circles my experience as an APHA at the NFCM; I have been a panelist recently at CATIE in June, the title was Aboriginal Treatment Information. Community considerations, Randy Jackson (moderator) Art Z was there. It was empowering. At board level, advocacy emergy issue of sacred medicines, plants.

27: NR

28: Bachelors of Anthropology and Honors Psychology. Research thesis for psychology on racism in native people; Nuu Chah Nuth blood spot-testing research

29: NR

30: I have attended workshops, I think they are worth while to continue.

31: NR

32: We have no previous experience

33: have attended HIV conferences have gone to a few workshops

34: public speaker talking about HIV/AIDS around the GTA (greater Toronto area) living with HIV/AIDS what is it like? Dealing from day to day (also with med)

35: I am a peer counselor ergo am privy to the needs of APHA;s. I have done most of the work with the elders and medicine carriers in my region in a traditional way without any organization support.

36: workshops in friendship centres with an APHA in aboriginal communities workshops in schools, conferences, and centres

37: middle class & upper middle class, working public usually take part in these types of things. There is a gap between low income public and the working public.

38: NR

39: I developed considerable number of funding proposals utilizing community based research studies and statistics. Each first nation has a different needs and priorities. Government funders always categorized all first nations with same needs and priorities.

40: have participated in some research projects and sponsored some workshops

41: very technical, no laymen terms

42: CBR workshops in the province with key facilitators brought in

43: committee @ university; have taken course @ university; participated in evaluation of projects, which included collection of material that could be used for data developed surveys for data collection

44: am currently on an aboriginal advisory committee; have taken part in Hep-C done here as a or

45: i have answered many surveys that reflect urban issues only, since many people with HIV living in urban settings. I have and continue to work on HIV on all levels(policy, development, etc

46: My experiences with community based research was good. Workshops worked better as we asked questions and everyone participated and we listened to the feedback.

47: We did the AFN-Nutrition Prenatal Prog. in the community.

48: Just learning it.

49: I have participated in workshops.

50: I've only ever assisted with the harm reduction coordinator gather info about FN communities.

51: 1 research project in 2002, surveys telephone questions; 1 just approved to do focus groups in 20 FN communities to update needs assessment.

APPENDIX F.3

Responses to Question 5: "Are there any social or health issues resisted by your community that would make
research, treatment, or services difficult or impossible to implement?"

RESULTS:
AIDS is taboo; stigma; difficult to accept research on sensitive issue = 19
Confidentiality for APHAs in small community (often correlated with above reason) = 8
Denial / lack of awareness re: AIDS in their community = 3
Other priorities in Aboriginal communities = 4
Community will not accept outside (non-Aboriginal) researchers = 3
Difficulty of reaching APHAs to participate = 2
Research training = 1
No resistance = 5
Do not know or do not understand question = 4
NR = 6; Responses = 45; Total = 51

1:   Politically all focus is on: 1) Creation of new territory; 2) Reserve status.
2:   I really do not think so.
3:   Homophobia exists in the structures of our communities. Urban Aboriginal communities are no different.
4:   NR
5:   Le SIDA est très tabou ici. La population se déplace beaucoup entre les villages. Beaucoup d'infidélité. Pas
      ou peu de protection.
6:   not to my knowledge
7:   NR
8:   Il reste beaucoup à faire sur l'acceptation du VIH/SIDA dans la communauté et sur les mythes concernant
      cette problématique.
9:   Anything introduced by non-aboriginals.
10: non
11: HIV/AIDS raises many difficult issues for most aboriginal communities. Injection drug use and two-spirit
      issues are highly difficult for aboriginal communities.
12: I don't know
13: A lack of knowledge or awareness that HIV/AIDS is a problem for all communities. A large urban and rural
      population is serviced by 1 main health facility, wariness of confidentiality and trust due to cultural and
      geographical barriers.
14: small community - question of confidentiality
15: Nos communautes les encouragent dans la mesure ou ils respectent les principes de PCAP
16: sense that HIV/AIDS does not affect community directly; HIV/AIDS may not be the priority health issue;
      cultural taboos in discussing HIV/AIDS and related topics
17: They do not want to discuss issues surrounding transmission/safe sexuality
18: Homelessness, drug abuse, alcohol abuse
19: HIV/AIDS is not an issue that community members are willing to discuss
20: Stigma, confidentiality, lack of women's voices in our urban community; funding
21: There is still concern regarding the stigma associated with the disease among aboriginal people.
22: mental health and HIV vulnerability; co-infection HIV-HCV; family dysfunction; multiple trauma;
      residential school syndrome; youth specific issues/trends; sexual health; sexual violence; direct services to
      APHA's; marginalization and victimization; psychological malfunctions; deficiencies in areas: social,
      economic, education, family, self-esteem etc.; blind sero-prevalence studies
23: AIDS is more of an issue in big cities.
24: Don't really understand question. Nothing is impossible takes time to get support & develop working
      relationships only way to get input at community level.
25: C'est un sujet délicat.
26: again, community members at the NFCM are very reluctant in coming forward to disclose status possible

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	fear or denial, early detection early diagnosis.
27:	confidentiality issue - stigma of HIV/AIDS
28:	stigma around diseases like HIV, Hep C and STDs
29:	NR
30:	NR
31:	non
32:	yes there is, HIV/AIDS low priority, not having health directors on board
33:	people on the DTES of Vancouver come and go, forget days, one would have to be downtown to access them. People are feeling like they are not welcome at our organization.
34:	The community I'm from was not or did not want to talk about HIV/AIDS! So research or social issue would be helpful.
35:	Not if it was done in an appropriate way, in person with a gift of tobacco
36:	mistrust in community health services, sexual topics still taboo
37:	don't know
38:	stigma, discrimination around HIV/AIDS - resistance to needle exchanges
39:	resistance to frank discussions about sexuality, elders not comfortable in speaking about it.; Attitude of youth "It can't happen to me"; No policies for confidentiality. A lot of people fearful of disclosing personal information.; Youth/Adult increased addictions to street drugs, prescription drugs, chemicals
40:	discrimination; racism; loss of human resource office
41:	NR
42:	IDU population are hard to reach, extensive work involving outreach services would need to be implemented
43:	ownership of the data; confidentiality
44:	prejudice and fear are the most hard to overcome
45:	yes
46:	More literature/videos made available to Aboriginal researchers who want to do their own analysis of a set of data. More knowledge of Aboriginal cultures (ie. languages)
47:	confidentiality is a big problem within the community because everybody knows everybody. This community is very small. When something happens, everyone knows within the hour or so.
48:	people skills, have the impression it is not an issue for them
49:	some community members do not want 'outsiders' to come in and do yet another research project
50:	this question seems far more appropriate for an academic researcher
51:	fear of no confidentiality

APPENDIX F.4

Responses to Question 7a: "As an *individual* what are the greatest strengths of your research skills?"

<u>RESULTS</u>:
Interviewing / survey skills = 15
Community knowledge (trust, access, relevance, best approach) = 17
Communication skills (listening, talking, translating, rapport) = 9
Personality/motivation = 6
Focus groups/circles = 4
Writing skills (proposals, ethics, reports) = 4
Dissemination/presentation = 4
Formal research training = 4
Data collection / recording = 2
No research skills/experience = 2
NR = 9; Responses = 42; Total = 51

1:      Great knowledge of each community coupled with 18 years of Public Health in Labrador.
2:      I am comfortable talking about things some people would be embarrassed to say.
3:      Interview skills; listening skills; writing skills
4:      talking to people
5:      NR
6:      community knowledge
7:      interviewing and focus groups
8:      Je n'ai jamais fait de recherche. Le centre de santé de Mashteviatsh agit plus sur la prévention, la promotion de la santé et le curatif.
9:      NR
10:     motivation
11:     experience; willingness to collaborate and share
12:     I don't know I have never done any research of any kind.
13:     Oral presentation and interviewing skills, an ability to make information understood by diverse populations.
14:     very good interviewing skills; Very good rapport with public; experience in research
15:     J'ai réalisé de nombreuses recherches universitaires (sociologie et anthropologie) qualitatives et quantitatives. Expérience de la réalisation d'un état de la situation. Connaissance des enjeux théoriques et épistémiologiques en sciences sociales.
16:     connection to community. Ability to connect with focus group/research group participants. Proposal writing and reporting is strong.
17:     being able to focus on community profile - seeing what information is useful
18:     outgoing personality
19:     NR
20:     good listener, non-judgmental, passionate about the work, cultural anthropological background, emphasizing qualitative, ethnographic research methods (narrative analysis), flexible, like to strategize on a "team", excellent writer, interested in peoples from around the world (international indigenous struggles)
21:     accumulating information
22:     knowledge and experience, to actively participate subjectively and objectively; knowing academically what is out there and what needs to be explored or inquired; to be an active listener from a layman's perspective as well as academic
23:     good communication skills
24:     I have worked at community services for 10 years. Not specific to research. I do have good sense of community attitudes and trends. Many times research confirms what we already know.
25:     aucune

26:     I am patient, a good communicator, I feel I am a good speaker. I am a people-person. I can record detailed information.

27:     non-threatening, approachable, assertive, experience in field, developed survey questionnaires

28:     understanding the issues and what needs to be researched

29:     NR

30:     NR

31:     aucune

32:     interviewing skills, contacts

33:     I have good listening skills. I can relate to and understand what people are feeling, people trust me when I'm speaking with them.

34:     public speaking

35:     one on one interviews and teachings, focus circles, teaching circles

36:     NR

37:     getting along with people

38:     cultural sensitivity and am an ethnographer

39:     knowledge First Nation needs; health care professional; First Nation woman who has lived on reserve and has experienced all negative aspects and changed self to become well and whole; Greatest interest/belief is capacity building and community development in order to empower First Nations to take control of their own wellness and destiny

40:     connection with community (cross-sections); Relationship, trust, safety, development skills; identified in community with issue (partner is HIV+); interview/counselling skills; communication skills

41:     NR

42:     As an Aboriginal woman, being involved in community work forever, having experience and knowledge of issues faced by the community.

43:     Aboriginal people (Metis), a great strength, although inclusion and separation of data is an issue (No specific Metis data for health related issues) Interviewing skills an asset, as well as interpreting pertinent methods for Aboriginal groups.

44:     I have lived the life, am living the life, am not fearful of peoples responses willing to learn and willing to teach.

45:     Interpreting community needs at grassroot level, given the proper resources, getting access to community.

46:     As an individual my greatest strengths in research skills are in: development and submission of ethical protocol, interviewing skills, focus groups, and report writing.

47:     whenever i need to ask the questions as an interviewers, I know exactly how to ask them. Especially when translating from English to Cree. And I try to get right to the point.

48:     Access to some of the people. We visit the communities regularly and speak to the community.

49:     Meeting with the community, writing up the questions for surveys.

50:     interviewing skills

51:     fundraising, interviewing, personable, education

APPENDIX F.5

Responses to Question 7b: "As an *organization* what are the greatest strengths of your research skills?"

<u>RESULTS</u>:
Collaboration outside the community / networking within the community = 13
Staff dedication / motivation / community experience / diverse set of skills = 13
Aboriginal research policy development = 4
University training/methods = 3
Proposal & report writing = 2
Credibility of organization = 2
None/little = 2
Fund-raising; needs assessments; literature reviews; capacity building = 1 each
NR = 14; Responses = 37; Total = 51

1: Some individuals have a lot of knowledge.
2: We have great resource persons and materials.
3: NR
4: we have input from all the staff
5: NR
6: NR
7: The diverse skills of the researchers at Sweetgrass Consulting from Phd to junior researchers.
8: NR
9: needs assessments; literature reviews; implementation of Train the Trainers sessions, capacity-building
10: ouverture d'esprit
11: experience, collaboration and sharing
12: resources
13: being one of a small handful of organisations working within the field and geographic area
14: professional staff - with a great deal of credibility
15: Coordination de l'enquête régionale longitudinale sur la santé des Premières Nations et des Inuit. Grande connaissance des enjeux en santé des Autochtones; respect et crédibilité de notre organisme par les communautés; réseau régional, car les communautés elles-mêmes orientent nos actions.
16: proposal writing, qualitative research methods, fundraising, reporting, partnering/partnership development
17: we are cutting new ground all the time
18: peer support
19: NR
20: reputable organization, networking, proactive, dedicated staff, excellent resource library, long history in HIV/AIDS work, some invovlement in research projects to date
21: accumulating information
22: as a board member of nfcm, I advocate for the better of the community, in a sense, policy development in research
23: NR
24: access to info and many contacts
25: peu
26: As a board member, I have advocated Aboriginal specific health, social services, ie. Development of Native Mens Shelter
27: partnerships with members of network; cooperation of ASO's, APHA's
28: university training
29: NR
30: NR
31: aucune

32: NR
33: ? (NR)
34: being able to speak to people in organisation, that people are willing to listen to what you have to say how you are doing with living with HIV/AIDS
35: NR
36: reaching out to many aboriginal communities
37: our name behind us
38: good communication and trust with out Aboriginal constituents
39: very limited resources, health service developer; First Nations majority of population, we have no resources to deliver/develop programs, knowledgeable First nations writer/planner
40: access to support; aboriginal organisation; community centre; strong committment and strategic initiatives
41: NR
42: established partners in the community, both NGO's and government
43: involving aboriginal communities, they may otherwise be left out of the process.
44: Theresa Healy
45: building partnerships
46: NR
47: As an organization we have no problems in conducting interviews within the community because we know the people and vice versa
48: Identified need it needs to be done.
49: Our organization has a wide variety of skill level. I don't think there would be one person who is strictly research.
50: dissemination planning, focus groups, survey research methods
51: educated and experienced employees, 10 year existence, many previous projects

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APPENDIX F.6 Question 8a
"As an *individual* what are the greatest challenges of your research skills?"

<u>RESULTS</u>:
Lack of:
Time / human resources = 13
Funding / financial resources = 7
Research capacity (including data analysis/reporting skills) = 19
Organizational/community support/rapport = 7
Proposal development = 5
Networking between Aboriginal communities and academic/professional researchers = 2
Ethical protocol / access to Ethics Board=2
None = 2
NR= 9; Responses =42; Total = 51

1:	data analysis; multi-tasking; no training in epi-info.; report writing; no surveillance databases; multi-tasking; no dedicated funds; no researchers
2:	Ignorance of all the resources there are out there.
3:	proposal development; data analysis
4:	to find funding
5:	NR
6:	encourage input of community members
7:	my writing skills
8:	NR
9:	NR
10:	time
11:	time
12:	resources
13:	difficult to consult others in order to devise and conduct research because of being only one in field
14:	data analysis; final report to give precise portrait
15:	Trouver le temps et l'argent nécessaires pour effectuer la recherche (et rédiger les projets/financement); dénicher des contacts dans les universités et les milieux d'enseignement.
16:	data analysis; quantitative approaches
17:	having the time to do it with all the other challenges of the job
18:	lack of time and understanding
19:	NR
20:	wanting to look at/cover/research everything! Sometimes have a hard time "pin-pointing" a doable process
21:	knowing the sensitivity of the subject, its hard to approach the subject at times
22:	credibility, integrity, consistency
23:	training, available time
24:	time and interest
25:	aucun
26:	education, financial resources. I need training and I am willing.
27:	cooperation and motivation of communities
28:	statistical analysis
29:	NR
30:	NR
31:	aucun
32:	NR
33:	need more skills, knowledge, education, direction on how to do research
34:	people in organization that really don't want to be working with people living with AIDS

35:    need training in process that can be adapted to be useful in traditional community

36:    need more experience

37:    getting people to trust you with their confidential material

38:    time

39:    time, resources, planning, evaluation (hard data), no assistance, people don't care

40:    knowledge base to research methods, connection to ethical reviews

41:    NR

42:    being able to devote time and resources to research. From a community perspective and grassroots, you see the problems/issues daily, what is more important, fixing the problem or researching it?

43:    compiling the data

44:    no diploma on my wall

45:    getting enough support to support my ideas and aspirations

46:    to provide an opportunity for networking between the aboriginal HIV/AIDS communities and the training is needed so more communities can benefit.

47:    I know the community the people and also I speak two languages. So in my interviews I can talk in either Cree or English depending on the person. The greatest challenge would be confidentiality.

48:    what to study; when to study it; who to study it.

49:    Some of the skills that I would like to improve on is proposal writing and the development and submission of ethical protocol.

50:    Qualitative and Quantitative research methods.

51:    Qual/quant research methods; data analysis

APPENDIX F.7

Responses to Question 8b: "As an *organization* what are the greatest challenges of your research skills?"

RESULTS:
Lack of:
Funding (amount and red tape) = 10
Time/human resources = 9
Research capacity / training = 9
Community support / collaboration = 4
Collaboration with professional &/or Aboriginal researchers = 3
Research credibility = 2
Implement findings = 2
Ethics Board = 1
Prioritizing research topics = 1
Sensitivity of HIV/AIDS topic = 1
None = 2
NR = 12; Responses = 39; Total = 51

1: same as above (data analysis; multi-tasking; no training in epi-info.; report writing; no surveillance databases; multi-tasking; no dedicated funds; no researchers)
2: Not enough training for the trainers.
3: NR
4: to provide programs after research
5: NR
6: NR
7: we are not connected to a university
8: NR
9: to focus on one specific health issue amongst many
10: community collaboration
11: human resources to manage studies
12: resources
13: not a lot of staff (actually just me) no one to consult with
14: methodology
15: Établir des liens avec le milieu universitaire; obtenir la crédibilité, la visibilité et le respect du milieu universitaire; faire connaître les principes ACAP; établir des partenariats avec les instances externes
16: receiving funding; human resources to carry out all research that could be done
17: we are learning about our people in a new way
18: not enough money and workshops
19: NR
20: NR
21: difficult to broach subject
22: formulating CAB and REB set up; learning satellite for a university; teaching/learning agency
23: community involvement
24: not many have time to do formal research
25: none
26: create an ethical and research board specific for NFCM; recreate our credibility to the standards at University level for research and development because of liability no scholastic supervision
27: not enough revenue to carry our research
28: not enough staff to conduct research projects, evaluation
29: NR

30:      NR
31:      none
32:      NR
33:      ?
34:      NR
35:      NR
36:      funding barriers and workplan barriers
37:      being accepted in outlying area
38:      money and time
39:      limited knowledge of supervisors/politicians; health care becomes political football where services and people are jeopardized; long term stable funding; always having to partner with nonFirst Nation NGO who utilize First Nation demographics to access funding and deliver programs their way that don't meet need of First Nation clients
40:      funding, time restraints
41:      NR
42:      developing partnerships with aboriginal researchers
43:      owning and responding to the findings
44:      lack of government and others funding
45:      getting enough support to support my ideas and aspirations
46:      to have more information and literature to aid in our society to develop an action plan to provide more aboriginal HIV/AIDS community based research training
47:      I think the main challenge would be "Time". Trying to find the time when to conduct a survey, because most people are working and busy.
48:      We are interested in more research but don't know how to go about it. Attending a research conference to make some connections for upcoming years.
49:      As a front-line agency I think that we can always improve our skills.
50:      Data analysis.
51:      Willingness from community.

APPENDIX F.8

Responses to Question 13a:　　　"(Has your organization worked with any researchers in past 5 years?) If yes, please describe this experience (e.g. what works well, what does not work?)."

RESULTS:

Works well:	Does not work:
Committed researchers / accepted by community = 5	
Personal contact data collection = 3	Written/Mail/Tel. Surveys = 2
Organization in control = 1	University in control = 2
Clear work plan & communication = 2	Travel to remote locations = 1
Local team members (w. training) = 2	No research exp. in Ab. context = 2

Yes, no details = 7
NR = 29 (57%); Responses = 22 (43%); Total = 51

1:　　　[?] asthma study in conjunction with "[?] under Stress"; Travel is a real obstacle.
2:　　　I understand that they work a lot with Pauktutit.
3:　　　NR
4:　　　NR
5:　　　NR
6:　　　NR
7:　　　NR
8:　　　NR
9:　　　NR
10:　　　NR
11:　　　when we are in control
12:　　　NR
13:　　　NR
14:　　　personal contact (interviews) works well; written survey in community - very poor response
15:　　　Souvent, ce sont des consultants externes. Il est difficile de trouver des personnes qualifiées qui connaissent bien le milieu autochtone.
16:　　　can require dedication and commitment, meetings and clear work plans (goals, etc) if beneficial for both parties - very positive as clearly committed
17:　　　BSW department at Dalhousie
18:　　　NR
19:　　　NR
20:　　　fairly rewarding (UBC - Epidemiology dept. Dr. Hanvelt, Tobin, Mr Schneider, etc have and continue to be supportive and dedicated to our work/research in aboriginal community.
21:　　　NR
22:　　　one sided, no partnerships were formalized, the university was more superior than us in venturing advancements in knowledge
23:　　　NR
24:　　　have done some community reports and surveys - last one was 1996 or 1998
25:　　　NR
26:　　　research with a university was a one sided venture and we were exploited
27:　　　currently working with VIDUS on Injection Drug study among rural Aboriginal Youth
28:　　　NR
29:　　　NR
30:　　　NR
31:　　　NR

32:     NR
33:     NR
34:     NR
35:     NR
36:     NR
37:     retired nurse researched diabetes - went well as person was accepted in community already
38:     NR
39:     NR
40:     NR
41:     does: having people with experience in research; doesn't: having with no experience in research
42:     the researcher really listens and is involved in the project.
43:     household surveys; inclusion of community members in doing questions, 9method) and the findings
44:     NR
45:     NR
46:     It was very enlightening and useful in that it was useful to try new methods. Some information was hard for
        clients to understand as the words were unknown to them and had to be explained. As some aboriginals are
        not learned people, video were more better for them.
47:     The post natal mothers participate, especially the young mothers. But when it comes to elderly people, they
        don't seem to participate as much.
48:     Surveillance study done for the initial project.
49:     Worked well to know the person; having an Aboriginal person to do research and training.
50:     The experience was very good. The information obtained really helped with program development.
51:     2 student researchers; literature reviews, surveys and telephone not as effective as focus groups.

APPENDIX F.9

Responses to Question 13b: "(Has your organization worked with any researchers in past 5 years?) If no, please explain."

<u>RESULTS</u>:
No AIDS research opportunities or funding = 7
Externally controlled research = 3
Research projects pending =2
Lack of time =1
No, no details = 6
NR = 30 (59%); Responses = 21 (41%); Total = 51

1:      NR
2:      NR
3:      NR
4:      we have a big workload sometimes we don't have the time to do other projects, other than the job we were hired to do as addictions counsellors
5:      Nous sommes un village de 400 personnes au Nord du 60e parallèle, sans route pour nous desservir.
6:      NR
7:      we are the consuls. Sweetgrass consultants. We have worked with NFCM.
8:      Aucune approche n'a été faite en se sens
9:      NR
10:     Bientôt en octobre
11:     when we are asked to participate long after the research has been developed
12:     we never had the opportunity or the funding
13:     our organization has existed for two years only; one of three to be Aboriginal specific and one of three orgs. Locally to be HIV/AIDS specific. The skill level and readiness of the community has been insufficient to conduct such research. Lots of potential, we just lack the funds and the manpower.
14:     NR
15:     NR
16:     if forced project, can be challenging
17:     NR
18:     NR
19:     haven't had the chance
20:     NR
21:     this subject has not really been studies, that is, we've had not disclosures
22:     NR
23:     we have worked with Health Canada in other research project, but not AIDS; We have a yearly AIDS prevention program where we have workshops at school and community AIDS Walk activity, Red Ribbons on World AIDS Days. Hiv/AIDS announcements on Radio, AIDS newsletter and questionnaire, AIDS community logo, AIDS walk - Red ribbon AIDS awareness spaghetti supper
24:     can't think of any
25:     Nous ne sommes pas un organisme de recherche, mais de services.
26:     NR
27:     NR
28:     NR
29:     NR
30:     NR
31:     NR
32:     there is no research going on in the Yukon in regards to HIV

33: I'm not really sure

34: NR

35: I am not welcomed or connected to organizations they seem to be unable and unwilling to work with traditionalists.

36: NR

37: NR

38: We haven't had the sophistication nor in the past, leadership that was academically qualified

39: no contact or request by anyone

40: have past experience over five years ago

41: NR

42: NR

43: NR

44: NR

45: just developed letter of intent going into next process

46: NR

47: NR

48: NR

49: NR

50: NR

51: NR

APPENDIX F.10

Responses to Question 15: "If you were not successful on you funding application), would you please describe why not (ie. what was the feedback on your application?)"

<u>RESULTS</u>:
Applications pending or in revision process = 4
No university affiliation/accreditation = 2
NR = 45; Responses = 6; Total = 51

1:	NR
2:	NR
3:	NR
4:	NR
5:	NR
6:	NR
7:	we cannot directly apply - we are not affiliated with any university
8:	NR
9:	NR
10:	NR
11:	NR
12:	NR
13:	NR
14:	NR
15:	Pas de réponse pendant 8 mois (une lettre perdue?) Puis on m'a expliqué que le projet avait été refusé, car le lien avec une université n'était pas démontré et que les méthodes de recherche n'étaient pas assez « scientifiques ».
16:	revisions to proposal (x3) for one project in partnership with researchers
17:	NR
18:	will not know until Jan.2003
19:	NR
20:	NR
21:	NR
22:	NR
23:	NR
24:	NR
25:	NR
26:	NR
27:	NR
28:	NR
29:	NR
30:	NR
31:	NR
32:	NR
33:	NR
34:	NR
35:	NR
36:	NR
37:	NR
38:	NR
39:	NR

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40:     NR
41:     NR
42:     NR
43:     NR
44:     NR
45:     pending
46:     NR
47:     NR
48:     It is in our long term plan.
49:     NR
50:     NR
51:     NR
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APPENDIX F.11

Responses to Question 16:   "What are some of the barriers to applying for funding?"

RESULTS:
Lack of Qualified staff to complete applications = 11
Limited funding / Unfamiliar with funding sources = 9
No Time = 7
Complicated & inappropriate bureaucratic process = 7
No connection with (willing) academic researchers = 3
Jurisdictional issues (on/off-reserve) = 3
Never tried to apply / unfamiliar process = 2
Duplication by other organizations = 1
Lack of community support = 1
NR = 16; Responses = 35; Total = 51

1:      Knowing where to go; Time to apply.
2:      Do not know the in and outs of proposal writing; what agencies to seek funding from, etc.
3:      At this point, my primary barrier is time, or lack thereof.
4:      Like I wrote before, we have a lot of work to do daily. The barrier would be not enough people working in this department, to do the research.
5:      NR
6:      Finding the right person to do the job thoroughly and follow-up.
7:      organizations must have ethics boards, also affiliation with university ethics boards in order to interview human subjects
8:      NR
9:      NR
10:     NR
11:     bureaucracy, ethics review is often inappropriate to the research - not aboriginal-specific; proposals are too obtuse, eurocanadian-centric
12:     NR
13:     not knowing the language relevant to research, not knowing how to form the research question, not knowing objectives or people within funding orgs. Not having the support within the community to apply (often apathetic or not confident enough)
14:     do not know the funding resources - what is available?
15:     Selon Santé Canada, la « recherche communautaire » est une forme de recherche basée sur des principes universitaires et « scientifiques » à laquelle on ajoute une couleur communautaire pour avoir accès à des données inaccessibles autrement - pour avoir des $$$, il faut accepter les critères gouvernementaux.
16:     Very lengthy process (yet demonstrates commitment necessary to conduct the project). Clarity of guidelines not always there
17:     Time related - too busy trying to keep the organization alive
18:     lack of knowledge; no time
19:     NR
20:     need to apply more often.... takes time
21:     NR
22:     first need for a principle investigator, 2nd funding is a jurisdictional question whether on-off reserve 3rd our mandate as an organization or agency
23:     funding organization and what type of projects that are available?
24:     knowledge of where to apply, time to write and follow-up
25:     NR
26:     proposal writing (my own experience); professional investigator, mandated NFCM which is only

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social and cultural; jurisdictional issues of funding
27:    duplication of research by other orgs
28:    not enough staff to do research
29:    NR
30:    NR
31:    NR
32:    not sure we never tried
33:    NR
34:    NR
35:    finding an org. who is willing to work with traditionalists in a good way
36:    limited scope and funding sources, time frame
37:    all the paper work and then not getting it. Not enough money to hire a fund-raiser
38:    though we serve a very large aboriginal population we are an ASO governed by non-Aboriginal people
39:    no knowledgeable researchers
40:    knowledge of what funding is available and closing dates
41:    NR
42:    time and resource allotment
43:    knowledge of who has the funds, and what or who qualifies for the funding
44:    NR
45:    need for academic input and validation
46:    need to know the proper format in applying for funding, and need more information on various organizations to apply to
47:    The main barrier would be because of the Reserve. The government gives funding but only in a limited amount. Reservations get less than the big cities. Also the Cree Health board and band council get funding for certain progs.
48:    Identifying who to approach.
49:    NR
50:    I am not familiar with the application process, therefore, I am no aware of any barriers.
51:    Whether or not the project is for on reserve or off-reserve.