

COVID-END in Canada has been awarded funding from CIHR to **respond to time-sensitive requests from Canadian decision-makers** for syntheses of the best available research evidence (with or without a jurisdictional scan) on specific questions about COVID-19, including questions about public-health measures, clinical management, health-system arrangements, and economic and social responses. Over its one-year funding period (which concludes on 30 November 2021), we can prepare:

- 1) 25-77 rapid evidence profiles, with the number depending on whether they are completed in four hours or one-to-three days, and the number of Canadian and international jurisdictions being examined; and
 - 2) 13-22 rapid syntheses, with the number depending on the number of days available and the complexity of the question.
- We can also prepare ‘living’ versions of these documents, which means that they are updated regularly as the science and/or realities on the ground change (e.g., every two weeks, every month, or every two months).

COVID-END in Canada is working with Margo Greenwood, one of the co-investigators and Academic Leader of the National Collaborating Centre for Indigenous Health, to prepare (and adapt as needed over time) this document about **how COVID-END will respectfully and meaningfully engage researchers and communities from which data originated if Indigenous knowledges and studies are to be included in rapid evidence profiles and rapid syntheses.**

Key background details that inform this engagement include:

- 1) COVID-19 topics are a high priority for Indigenous communities (e.g., vaccine roll-out currently) and there is a demand for synthesized research evidence (and for help in distinguishing good science from ‘fake news’);
- 2) evidence syntheses on COVID-19 topics related to Indigenous peoples are being supported through a separate CIHR competition (the results of which have still not been announced) and may be conducted by Indigenous researchers with funding from other sources (and these researchers may be aware of best practices in rapid synthesis that include Indigenous studies),
 - a. **should we receive an Indigenous-specific request** our first approach will be to offer the opportunity to lead the response to an Indigenous researcher (and we will make available funds to do the work if necessary);
- 3) evidence syntheses supported by COVID-END in Canada will draw on already completed and publicly available evidence syntheses and/or single studies, and **not involve primary data collection or any type of primary data analysis** (including a meta-analysis using primary data given our timelines do not allow it);
- 4) we will keep interested Indigenous groups and COVID-19 researchers aware of the potential for Indigenous studies to be included in our evidence syntheses by notifying them about questions and subsequent studies that may inform the reviews we commit to doing;
- 5) we can organize one or more meetings with interested Indigenous groups if they would like to discuss whether and how to include one or more relevant studies in a given evidence synthesis;
- 6) we will at minimum provide a link to any relevant studies so they can be understood within their original framing and in their original context;
- 7) we will be attentive to the need to avoid wording (like ‘extracting data from included syntheses and studies’) that has a negative connotation for Indigenous peoples;
- 8) we will ensure that as many co-investigators as possible are exposed to the principles of Indigenous cultural safety (e.g., through videos such as [Healing in Pandemic Times](#) and [Respect and Dignity in Relationships](#) and through an [assessment tool for cultural safety](#)), and ideally take formal training in Indigenous cultural safety (such as [San’yas](#) or the free online [University of Alberta course](#));
- 9) we will include and support the involvement of any Indigenous people who respond to our citizen-recruitment efforts for COVID-END activities (e.g., evidence syntheses and horizon scanning);
- 10) we will involve an Indigenous health research leader (Margo Greenwood) as a member of our steering committee, communicate with her through regular calls, and support her engagement efforts with a sub-grant; and
- 11) we will keep a **running list of topics** that a group of Indigenous researchers may want to consider addressing in the months and years ahead, such as:
 - a. new approaches to evidence synthesis being developed by Indigenous researchers (which a post-doctoral fellow of Janet Smylie’s has documented and which Stephanie Montesanti can point us towards),
 - b. processes for meaningfully engaging Indigenous leaders and communities to ‘validate’ knowledge (and ensuring it is being synthesized and present in culturally safe, equity-oriented and de-colonizing ways) on the rapid timeframes needed for COVID-19 (e.g., four hours, three days and 10 days), including how to address tension between sharing

interim results while engagement is happening and running the risk that decisions will be made and then not re-visited once a more fulsome engagement has been completed,

- c. processes for working through how to address situations where public-health measures conflict with Indigenous values and sovereignty,
- d. community-based Indigenous knowledge-translation partners who can find the right language and formats to share the insights from evidence syntheses with Indigenous communities (both domestically and globally produced syntheses), and
- e. potential of ‘dialogue circles’ to explore the interface between Indigenous and non-Indigenous systems of knowledge.

COVID-END is maintaining a **running list of individuals and groups** who may be relevant to engage in continuing to refine the thinking in this document, which for now includes:

- 1) CIHR Institute of Indigenous Peoples’ Health (Carrie Bourassa);
- 2) Network Environments for Indigenous Health Research (NEIHR) National Collaborating Centre (Simon Lambert and Bobby Henry, with whom we’ve already been in contact through our co-investigator, Stephanie Montesanti, and who are in regular contact with their counterparts in provincial and territorial networks across Canada, such as,
 - a. Lindsay Crowshoe at the University of Calgary who is leading the Indigenous Primary Healthcare and Policy Research group, which is conducting a rapid review about how COVID-19 has influenced primary healthcare and Indigenous peoples, and
 - b. Gwen Healey Akearok at the Qaujigiartiit Health Research Centre in Iqaluit;
- 3) First Nations and Metis Health Research Network (Fleur Macqueen Smith);
- 4) CIET (Neil Andersson);
- 5) First Nations Information Governance Centre (Jonathan Dewar);
- 6) leaders in Indigenous health centres (e.g., Shannon McDonald from the BC First Nations Health Authority; Mae Katt who has worked in many health leadership roles) and health authorities (e.g., Melissa Potestio from Alberta Health Services);
- 7) health directors in Indigenous political organizations (e.g., Ontario Regional Chief Rose Anne Archibald);
- 8) Indigenous researchers who have prepared rapid syntheses (e.g., Janet Smylie) or who may be aware of such researchers and/or best practices in the field (e.g., Jeff Reading and Suzanne Stewart); and
- 9) Indigenous journalists who can bring research to broader attention (e.g., Tanya Talagat from the Toronto Star).