The Development of Our Health Counts Applied Indigenous Epidemiology, Health Information, and Health Services and Program Evaluation Training and Mentorship (OHC-NET) Program

Summary Report of the OHC-NET 2nd Annual Gathering

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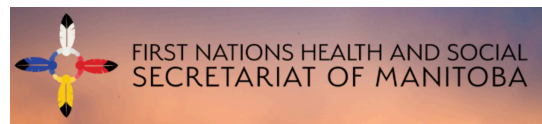
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Executive Summary

Our Health Counts: Applied Indigenous Epidemiology, Health Information, and Health Services and Program Evaluation Training and Mentorship Program (OHC-NET) is an initiative, co-led by Janet Smylie (Well Living House), Jonathan Dewar (First Nations Information Governance Centre), and Leona Star (Nanaandawewigamig - First Nations Health and Social Secretariat of Manitoba)**.** OHC-NET is a national First Nation, Inuit, and Métis (FNIM) led and governed training initiative that aims to train and graduate 100 First Nation, Inuit, and Métis (FNIM) epidemiologists/ health information specialists over 15 years through the development and establishment of an accredited applied Indigenous epidemiology program.

The first national planning meeting took place in Toronto, Ontario in June 2019 to develop a vision for OHC-NET training program. On March 2, 2020, the second national meeting took place in Toronto, Ontario to advance the *OHC-NET* program. The national partners were brought together to consolidate the governance structure of the OHC-NET program, as well as brainstorm ideas to progress the 1) core training competencies; 2) advance the curriculum design; 3) OHC-NET governance structure and 4) partnerships.

Updates on project progress to date and draft OHC-NET program competencies were presented by co-lead, Dr. Janet Smylie. Diverse participants brainstormed, shared ideas, created recommendations, and identified key next steps for OHC-NET core competencies and curricula design. Key recommendations from participants included:
- Acknowledging and respecting the incredible diversity and worldviews across and within FNIM in Canada.
- Creating a safe space for trainees on their journey to reconnect to self, culture, and community.
- Having a network of supports, including an Elder in Residence, mentors, and graduates that the trainees can access.
- Promoting the balance of mind, body, and spirit through healing, participating in ceremony, and speaking FNIM languages.
- Having Indigenous Knowledge and teachings as the foundation to the competencies and curricula.
- Creating a fair and equitable selection process.
- Creating a trainee recruitment process that highlights personal knowledge, spirituality, and connection to their community.
- Having conflict resolution skills as a key competency.
- Offering land-based education, including teachings about relationships, roles, and responsibilities to land.
- Taking a two-eyed seeing approach through balancing Indigenous ways of knowing and Western-based epidemiology skills training.
- Understanding nation-based and local history, realities and traumas.

This was followed by an OHC-NET knowledge café to discuss: (1) Developmental Circle membership and Terms of Reference; (2) Coursework; (3) Leadership Training; and (4) Partnerships/Placements.

(1) **Developmental Circle membership** to be split into a governance model that includes two councils – a governance council to govern the training program; and a technical council that would focus on strategic curriculum development and implementation. There will be an opportunity for First Nations, Inuit and Métis-specific sub-councils at the governance level/caucuses at the technical implementation level. **Terms of Reference** for both governance and technical councils to be agreed upon and solidified over the next year with the decision-making group that would oversee the governance of the program and would include program leaders and partners. Additional recommendations included:
   - Separate and solidify the mandate/purpose statements on the draft Terms of Reference using appropriate language and terminology that is inclusive of First Nations, Inuit, and Métis.
   - Build in guiding principles based on ethics, training, language, and seven grandfather teachings.
   - The Terms of Reference should refer to the Assembly of First Nations (AFN) Resolution "National Training Program for Indigenous Epidemiologists"

(2) **Coursework** and curriculum development will take time and will require one full-time program manager to progress the curricula and coursework design. Additional recommendations included:
   - Develop an overarching vision statement for the OHC-NET program.
   - Community engagement as part of the curricula development process.
   - Trainees to complete OCAP® training as a prerequisite to admission.
   - Having a network that helps protect and support trainees from institutions/western systems (ie. Indigenous advisory council).
   - Establishing coursework timelines that respect trainees' responsibilities to their community (ie. Participating in ceremonies, harvesting and hunting).
   - Research projects to be community-driven/community-based.
   - Course instructors should include community members, Elders and Knowledge Keepers, and academics.
   - Participants recommended that the core courses should include the following components and content:
      o A balance of technical and practical skill development.
      o Critical lens on historical and ongoing impacts of colonization, measuring data and wellness.
      o Current available "good" and "bad" quality data on Indigenous populations.
      o Legal and political systems that pertain to FNIM.
      o FNIM research frameworks, methodologies, and ethics, including community-based research protocols.

- o Understanding and respecting consent.
- o Land-based gatherings and activities.
- o Engagement with Knowledge Keepers and Elders.
- o Data transmission and knowledge translation, including tailoring information and presentations for audiences and community engagement.
- o Indigenous data governance and data sovereignty.
- o Qualitative and quantitative data collection and research.
- o Strength-based approaches to data and research.

(3) Leadership Training with three levels of mentorship (personal, organization, and community), with opportunities for trainees to engage with multiple mentors including Grandmothers and Grandfathers. Additional recommendations included:

- An "Indigenous Epi-Network" should be established which includes guidance and protocols for mentoring and supporting OHC-NET trainees.
- Support groups for the "Indigenous Epi-Network".
- Regular mentor(s)/mentee meetings, gatherings, land-based retreats, and other activities to celebrate the mentee.
- Adequate resources to support regular mentor/mentee meetings are required, including respectful honorariums for Knowledge Keepers and Elders and the ability to have paid mentorship positions.
- Trainees to have the opportunity to identify their own mentors that they already have strong relationships with.
- Trainees to have the opportunity to have their mentor(s) attend their capstone/thesis project final presentation or defence.

(4) Partnerships/Placements to include First Nations, Inuit, and Métis and ally leadership organizations in epidemiology and statistics, with clearly defined roles and responsibilities of the organization and trainee. Additional recommendations included:

- An appropriate pairing system established to match trainees to appropriate placements, accompanied by interviews to determine best fit.
- Appropriate and clear guidelines and expectations established between the organizational placements and trainee. This should include mutually agreed upon trainee learning outcomes and captured in the form of a Memorandum of Understanding between the organization and trainee.
- Develop OHC-NET orientation videos that are available and specific to both the organization and trainee.
- Placements to be a culturally safe space for trainees to learn.
- Trainees to have access to physical space and equipment as part of their placement.
- Trainees to receive sufficient funds/wages, which factors in costs of living and clearly defined flow of funds/wages to ensure financial stability.
- Develop a trainee selection process that outlines program competencies and expectations of student capabilities, skill sets, and research priorities.

- Develop a human resources infrastructure to support trainees with contractual agreements between organizational placements and trainees.
- Upon completion of the placement, there should be a student and organization experience evaluation.

Next steps and recommendations included:
1. Hire a full-time Program Manager to progress the core training competencies and advance curriculum design
2. Establish a governance model with two councils
   a. A *Governance Council*
   b. A *Strategic Curriculum Development and Training Implementation Council*

Background

The OHC-NET initiative is led by Janet Smylie (Well Living House) and FNIM governing and organizational co-leads include Jonathan Dewar (First Nations Information Governance Centre (FNIGC)), Leona Star and Stephanie Sinclair (the First Nations Health and Social Secretariat of Manitoba (FNHSSM)). The development of OHC-NET was funded by a Canadian Institute for Health Research (CIHR) Network Environments for Indigenous Health Research (NEIHR) Developmental Grant.

OHC-NET is a national First Nation, Inuit, and Métis (FNIM) led and governed training initiative that aims to train and graduate 100 First Nation, Inuit, and Métis (FNIM) epidemiologists/ health information specialists over 15 years through the development and establishment of an accredited applied Indigenous epidemiology program. We envision that the program will be offered as a certificate training program in its initial pilot phase, with the aim to progressing to a masters-level degree program over time. Trainees will be primarily placed at a First Nations, Inuit, Métis or urban Indigenous organizations and take a combination of distance/internet-based custom courses and meet 3-4 times per year for in-person intensive courses taught by Indigenous leaders, scholars, Elders and Knowledge Keepers. This will be followed by a capstone or thesis project. A multi-university consortium to support and accredit training is in development, with an existing commitment from the University of Toronto. Nation-based knowledge, practice, leadership and technical training could be supported by individualized baseline learning assessments, individualized learning plans, and Elder/Knowledge Keeper and technical mentors. There could include additional Indigenous knowledge training/learning activities and practicum placements. Ideally, FNIM sponsors, hosts, and community partners would assist in identifying and recruiting FNIM trainees.

The first national planning meeting took place in Toronto, Ontario in June 2019 to develop a vision for OHC-NET including recommendations for: (1) program competencies, (2) partnerships, (3) governance structure, (4) national network development, (5) curricula, (6) leadership training, and (7) organizational sponsors/practicum placements (see The Development of OHC-NET Program: Summary Report of a NEIHR OHC-NET Vision Gathering report).

The Assembly of First Nations passed a resolution titled "National Training Program for Indigenous Epidemiologists" in support of the OHC-NET initiative in July 2019.

A second national OHC-NET gathering took place in Toronto, Ontario on March 2, 2020, where the national partners were brought together to consolidate the governance structure of the OHC-NET program, as well as brainstorm ideas to progress the core training competencies and advance the curriculum design of the OHC-NET program.
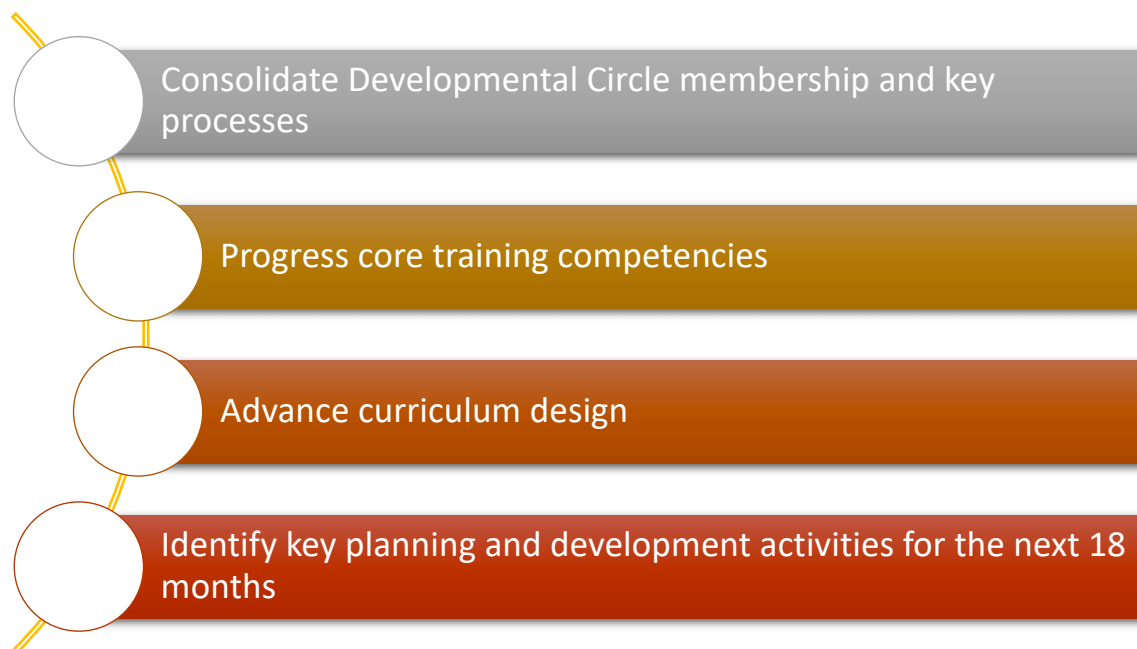
Overview of Annual Gathering

Cat Criger began the meeting with a prayer and welcomed participants to the gathering. Facilitators, Janet Smylie and Jonathan Dewar, provided a brief overview of the agenda for the day. This was followed by roundtable introductions of all meeting attendees.

Janet Smylie, one of the Co-Leads for the initiative, acknowledged the work and contributions of the fellow Co-Leads Jonathan Dewar (First Nations Information Governance Centre) and Leona Star (Nanaandawewigamig - First Nations Health and Social Secretariat of Manitoba). Janet identified the objectives for the second OHC-NET gathering (see Figure 1):
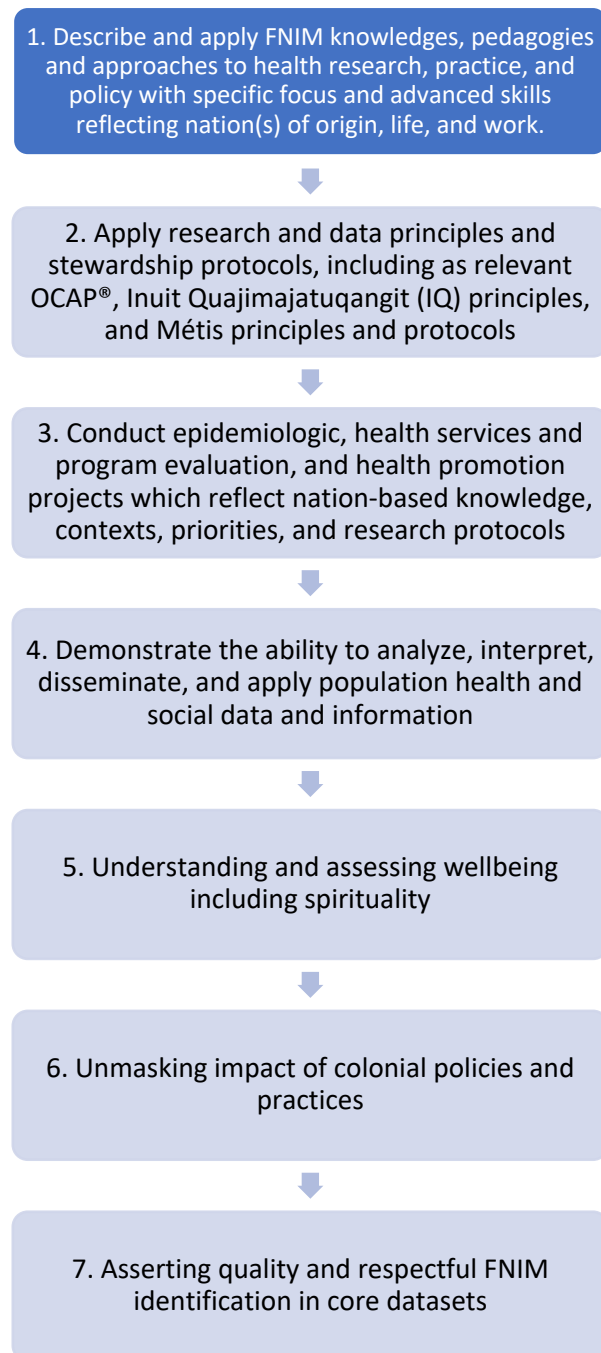
Figure 1 – OHC-NET Gathering Objectives

Consolidate Developmental Circle membership and key processes

Progress core training competencies

Advance curriculum design

Identify key planning and development activities for the next 18 months

Janet provided an overview of OHC-NET objectives and updates on the initiative to date, then highlighted that there is a significant gap in human resources for FNIM epidemiologist and data specialists in Canada and the OHC-NET initiative aims to close this gap in human resources. Janet shared some key guiding principles to building a safe and inclusive OHC-NET program. As part of this initiative, the research team reached out to the developing NEIHRs across the country to see if they were interested in collaborating and including the OHC-NET training component into their regional NEIHR proposals. Many of the regional NEIHRs across the country were engaged and interested in the OHC-NET initiative. Three regional NEIHRs included the OHC-NET training initiative in their proposal, of which, two (Ontario and Manitoba regions) were successfully funded by the CIHR NEIHR operating grant competition in 2019.

Janet reviewed the progress of OHC-NET program competencies and curriculum design. Janet shared the importance of integrating and balancing technical and practical skill development into the program competencies and curriculum design. Based on the input and recommendations of participants at the first national OHC-NET gathering, Janet presented the following draft program competencies:

Figure 2 – Draft OHC-NET Program Competencies

1. Describe and apply FNIM knowledges, pedagogies and approaches to health research, practice, and policy with specific focus and advanced skills reflecting nation(s) of origin, life, and work.

2. Apply research and data principles and stewardship protocols, including as relevant OCAP®, Inuit Quajimajatuqangit (IQ) principles, and Métis principles and protocols

3. Conduct epidemiologic, health services and program evaluation, and health promotion projects which reflect nation-based knowledge, contexts, priorities, and research protocols

4. Demonstrate the ability to analyze, interpret, disseminate, and apply population health and social data and information

5. Understanding and assessing wellbeing including spirituality

6. Unmasking impact of colonial policies and practices

7. Asserting quality and respectful FNIM identification in core datasets

The presentation slides for Janet's presentation can be found in *Appendix 2.* Participants broke into small table discussions to provide feedback and recommendations on the draft competencies and curriculum design. Key recommendations from participants included:

- Acknowledging and respecting the incredible diversity and worldviews across and within FNIM in Canada.
- Creating a safe space for trainees on their journey to reconnect to self, culture, and communities.
- Having a network of supports, including an Elder in Residence, mentors, and previous graduates that the trainees can access.
- Promoting the balance of mind, body, and spirit through healing, participating in ceremony, and speaking FNIM languages.
- Having Indigenous Knowledge(s) and teachings as the foundation to the competencies and curricula.
- Creating a fair and equitable selection process.
- Creating a trainee recruitment process that highlights personal knowledge(s), spirituality, and connection to their community.
- Having conflict resolution skills as a key competency.
- Offering land-based education, including teachings about relationships, roles, and responsibilities to land.
- Taking a two-eyed seeing approach through balancing Indigenous ways of knowing and Western-based epidemiology skills training.
- Understanding nation-based and local history, realities and traumas.

Participants broke into small knowledge café-style table discussions on the following discussion topics:

Figure 3 – Knowledge Café-style Table Discussion Topics
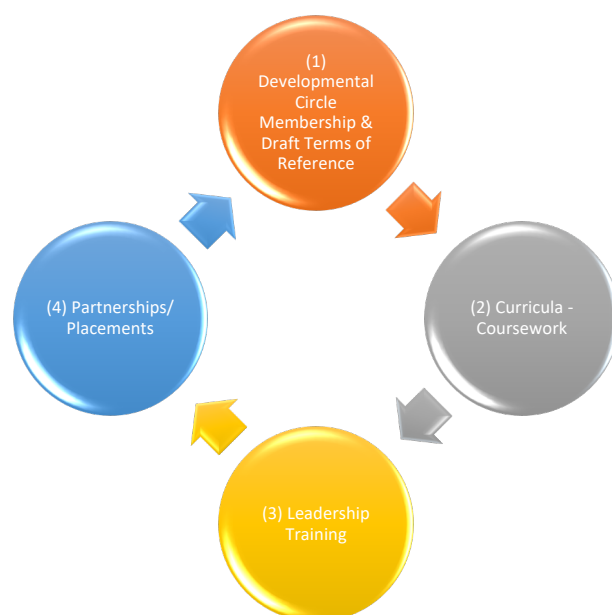
(1) Developmental Circle Membership & Draft Terms of Reference

Participants recommended that the OHC-NET developmental circle be split into a governance model that includes two councils, with the opportunity for First Nations, Inuit and Métis-specific sub-councils. Key recommendations and next steps for the new governance model and draft terms of reference included:

- Consolidate membership and establish a governance model with two councils, with opportunity for First Nations, Inuit and Métis-specific sub-councils.
    - A *Governance Council* – This would be a decision-making group that would oversee the governance of the program and would include program leaders and partners.
        - The Governance Council should meet quarterly. First meeting in-person and the rest can be teleconference/videoconference to solidify terms of reference.
    - A *Strategic Council* – This would be a technical group that would focus on curriculum design and include Elders and Knowledge Keepers, future and current trainees and some technical instructors.
        - The Strategic Council should meet quarterly and should include a 4-day retreat to focus on curriculum design.
        - Membership criteria should include people with lived experiences, knowledge of two-eyed seeing and training in both worlds, and connection to culture, ceremony, and language.
- Separate and solidify the mandate/purpose statements on the draft Terms of Reference using appropriate language and terminology (referred to FNIGC mission) that is inclusive of First Nations, Inuit, and Métis.
- Build in guiding principles based on ethics, training, language, and seven grandfather teachings.
- The Terms of Reference should refer to the Assembly of First Nations (AFN) Resolution "National Training Program for Indigenous Epidemiologists"

(2) Curricula - Coursework

Participants identified that curriculum development will take time and will require one full-time program manager. Participants recommended that the program manager should be hired as soon as possible to ensure there is enough time to engage FNIM Elders and Knowledge Keepers, leaders, and communities across the country as part of the curricula development process. Key recommendations for OHC-NET curricula and coursework included:

- Develop an overarching vision statement for the OHC-NET program, which states why this program is unique from western-based epidemiology training modules.
- Indigeneity is not a component of the program, it is foundational.
- Community engagement as part of the curricula development process.
- Trainees to have a baseline understanding of biostatistics and western systems.

- Trainees to complete OCAP® training as a prerequisite to admission.
- Having a network that helps protect and support the trainees from institutions/western systems (ie. Indigenous advisory council).
- Establish coursework timelines that respect trainee's responsibilities to their community (ie. Participating in ceremonies, harvesting and hunting).
- Research projects to be community-driven/community-based.
- Course instructors should include community members, Elders and Knowledge Keepers, and academics.
- Have more than one instructor per course.
- Participants recommended that the core courses should include the following components and content:
  - A balance of technical and practical skill development.
  - Critical lens on historical impacts of colonization, measuring data and wellness.
  - Current available "good" and "bad" data on Indigenous populations.
  - Legal and political systems that pertain to FNIM.
  - FNIM research frameworks, methodologies, and ethics, including community-based research protocols.
  - Understanding and respecting consent.
  - Land-based gatherings and activities.
  - Engagement with Knowledge Keepers and Elders.
  - Data transmission and knowledge translation, including tailoring information and presentations for audiences and community engagement.
  - Indigenous data governance and data sovereignty.
  - Qualitative and quantitative data collection and research.
  - Strength-based approaches to data and research.

(3) Leadership Training

Participants recommended that the OHC-NET leadership training has three levels of mentorship, with opportunities for trainees to engage with multiple mentors including Grandmothers and Grandfathers. Participants also discussed the requirements for creating safe, positive and supportive relationships between mentors and mentees. Key recommendations included:

- Leadership training should have three levels of mentorship, with options for more than one mentor per trainee, organization, or community, which include both Grandfathers and Grandmothers:
  - Personal
  - Organizational
  - Community
- An "Indigenous Epi-Network" should be established which includes guidance and protocols for mentoring and supporting OHC-NET trainees.
- A support group for the "Indigenous Epi-Network".

- Regular mentor(s)/mentee meetings, gatherings, land-based retreats, and other activities to celebrate the mentee.
- There will need to be adequate resources to support regular mentor/mentee meetings, including respectful honorariums for Knowledge Keepers and Elders and the ability to have paid mentorship positions.
- Trainees to have the opportunity to identify their own mentors that they already have strong relationships with.
- Trainees to have the opportunity to have their mentor(s) attend their capstone/thesis project final presentation or defence.

(4) Partnerships/Placements

Participants recommended that organizations partnerships and trainee placements should include First Nations, Inuit, and Metis and ally leadership organizations in epidemiology and statistics, with clearly defined roles and responsibilities of the organization and trainee. Participants identified important components to be considered in the application and trainee selection/recruitment processes. Key recommendations for partnerships and placements included:

- An appropriate pairing system established to match trainees to appropriate placements, accompanied by interviews to determine best fit.
- Appropriate and clear guidelines and expectations established between the organizational placements and trainee. This should include mutually agreed upon trainee learning outcomes and captured in the form of a Memorandum of Understanding between the organization and trainee.
- Develop OHC-NET orientation videos that are available and specific to both the organization and trainee.
- Placements to be a culturally safe space for trainees to learn.
- Trainees to have access to physical space and equipment as part of their placement.
- Trainees to receive sufficient funds/wages, which factors in costs of living and clearly defined flow of funds/wages to ensure financial stability.
- Develop a trainee selection process that outlines program competencies and expectations of student capabilities, skill sets, and research priorities.
- Develop a human resources infrastructure to support trainees with contractual agreements between organizational placements and trainees.
- Upon completion of the placement, there should be a student and organization experience evaluation.

Key Recommendations/Next Steps for Progressing the Development of the OHC-NET Training Program

Based on the small group discussion topics throughout the day, participants were asked to highlight key recommendations/next steps for progressing the development of an applied Indigenous epidemiology training program. Key recommendations/next steps included:

1. Hire a full-time Program Manager to progress the core training competencies, and advance curriculum design.
2. Establish a governance model with two councils - Governance Council for overall program governance and "Strategic Council" to advance technical/coursework component of the training program.

Conclusion

The second annual OHC-NET gathering brought together FNIM Elders and Knowledge Keepers, Indigenous leaders and Indigenous academics, students, allies and accomplices, academic experts, and community partners from across the country and beyond to progress the national applied Indigenous epidemiology training program. Updates on project progress to date was presented. Diverse participants brainstormed, shared ideas, created recommendations, and identified key next steps for OHC-NET core competencies and curricula design, Developmental Circle membership and Terms of Reference, coursework, leadership training, and partnerships/placements.

The OHC-NET team is actively working to recruit and hire a full-time research program manager to lead the curricula design and development as well as establish an efficient and effective governance structure for the OHC-NET program.

Our Health Counts: Applied Indigenous Epidemiology, Health Information, and Health Services and Program Evaluation Training (OHC-NET) and Mentorship Program
Monday, March 2, 2020
Toronto, ON

Meeting Objectives:

- Consolidate Developmental Circle membership and key processes
- Progress core training competencies
- Advance curriculum design
- Identify key planning and developmental activities for the next 18 months

Monday, March 2, 2020 Daniels Spectrum 585 Dundas Street East, Toronto, Ontario, N5A 2B7		
Time	**Activity**	**Details**
8:30 AM – 9:00 AM	Light Breakfast	Daniels Spectrum Lobby
9:00 AM – 9:15 AM	Opening (Cat Criger)	Toronto Community Housing (TCH) Room
9:15 AM – 10:00 AM	Roundtable Check-in	TCH Room
10:00 AM – 10:30 AM	Overview of Objectives and Work to Date (Janet Smylie & Stephanie McConkey)	TCH Room

10:30 AM – 10:45 AM	Nutrition Break	Daniels Spectrum Lobby
10:45 AM – 11:15 AM	Review of Progress Competencies & Curriculum Design (Janet Smylie & Stephanie McConkey)	TCH Room
11:15 AM – 11:45 AM	Table Discussions - Competencies & Curriculum Design	TCH Room
11:45 AM – 12:15 PM	Lunch	Daniels Spectrum Lobby
12:15 PM – 1:00 PM	Opening in Daniels Spectrum for all networks Opening Remarks (Cat Criger)	Daniels Spectrum Lobby
1:00 PM – 2:00 PM	Present back from Table Discussions	TCH Room
2:00 PM – 2:45 PM	Small Group Discussions 1. Developmental Circle Membership & Draft Terms of Reference (Facilitator: Janet Smylie & Stephanie Sinclair) 2. Coursework (Facilitators: Stephanie McConkey & Raglan Maddox) 3. Leadership Training (Facilitators: Leona Star & Nicole Muir) 4. Partnership/Placements (Facilitators: Jaime Cidro & Chyloe Healy)	TCH Room

2:45 PM – 3:00 PM	Nutrition Break	Daniels Spectrum Lobby
3:00 PM – 3:30 PM	Report Back from Group Discussions	TCH Room
3:30 PM – 4:30 PM	Final Roundtable	TCH Room
4:30 PM – 5:00 PM	Next Steps	Janet Smylie
5:00 PM	Close (Cat Criger)	TCH Room
5:30 PM - 8:30 PM	Reception & Dinner	Daniels Spectrum Lobby

Appendix 2 –Janet Smylie's Our Health Counts-NET: Indigenous Health Information, Epidemiology and Evaluation Training and Mentorship Network Presentation

Our Health Counts:
Applied Indigenous Health Information, Epidemiology and Evaluation Training and Mentorship Network Program (OHC-NET)

1

Our Health Counts-NET Background

- Human resources gap – Indigenous health information leaders
- Gaps and challenges in current training environments in Canada
- Organizational Co-Leadership
- NEIHR Development Grants

2

Our Health Counts-NET

- Aligns with TRC and UNDRIP
- Develop an applied Indigenous epidemiology training program
- Train 100 FNIM epidemiologists and health information specialists
- Balance of practical and technical skills
- AFN passed resolution in support of a national epidemiology training program

3

Vision Gathering Discussion Topics

Program competencies

Partnerships

Governance Structure

National Network Development

Curricula

Leadership Training
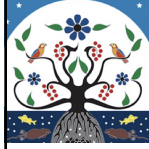
Organizational Sponsors/ Practicum Placements

4

Recommendations from Visioning Gathering

1. Identify and continue to work with developing NEIHRs across the country to include the proposed Indigenous epidemiology component into their applications.

2. Identify a sustainable funding structure to support the Indigenous epidemiology training program over the longer term.

3. Develop core curriculum founded on principles and directions identified at the visioning gathering.

4. Establish a trainee selection process based on "leaving no one behind" and including Indigenous community partners were possible.

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Recommendations

5. Create mentorship guidelines, principles and an "Indigenous Epi-Mentee Network" comprised of FNIM community leaders, Indigenous epidemiologists, Elders and Knowledge Keepers.

6. Identify and recruit host/sponsoring organizations that are the "right fit". This should reflect established principles, including respect and ethical principles, such as FNIM ownership and IQ Principles.

7. Educate and advance conversations with sponsors, hosts and academic institutions regarding the need for flexible funding and tailored curricula in order to ensure student success

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Program Competencies

- Program Competencies
  - Indigenous leadership and governance
  - Use of Indigenous languages and interpretation
  - Research and data principles and stewardship protocols, including OCAP(R) and the Inuit Quajimajatuqangit (IQ) principles
  - Inclusion of Elders and Indigenous Knowledge

7

Program Competencies

- Require strong Indigenous leadership
- Nations-based approach
- Ethical practices
- Balance of practical and technical competencies
- Build upon existing program competencies (ie. MAE, University of Hawaii Native Hawaiian and Indigenous Health competencies, etc.)
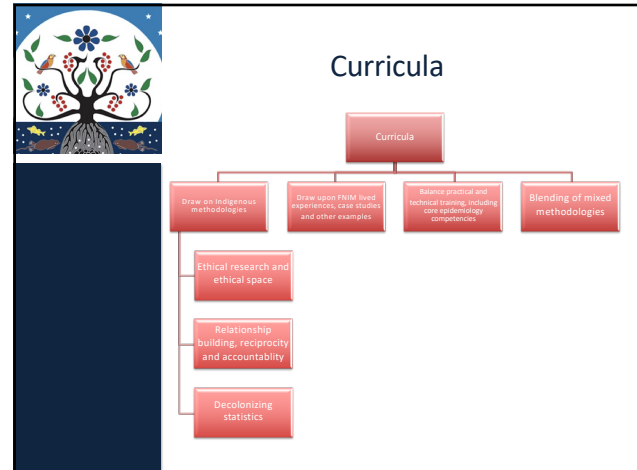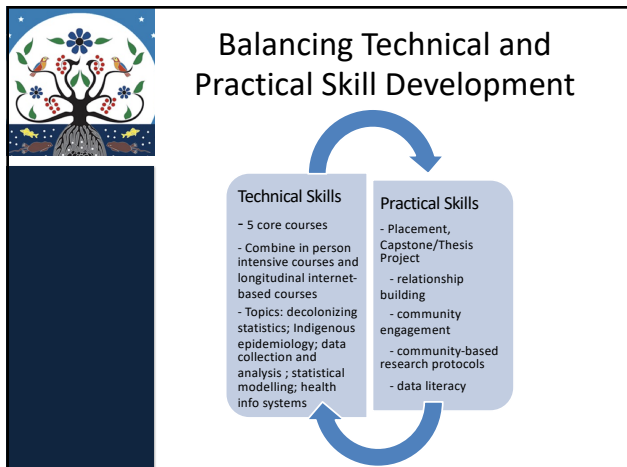
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Draft Program Competencies

1. Describe and apply FNIM knowledges, pedagogies and approaches to health research, practice, and policy with specific focus and advanced skills reflecting nation(s) of origin, life, and work.
2. Apply research and data principles and stewardship protocols, including as relevant OCAP® , Inuit Quajimajatuqangit (IQ) principles, and Métis principles and protocols
3. Conduct epidemiologic, health services and program evaluation, and health promotion projects which reflect nation-based knowledge, contexts, priorities, and research protocols
4. Demonstrate the ability to analyze, interpret, disseminate, and apply population health and social data and information

9

Curricula

10

Balancing Technical and Practical Skill Development

Technical Skills
- 5 core courses
- Combine in person intensive courses and longitudinal internet-based courses
- Topics: decolonizing statistics; Indigenous epidemiology; data collection and analysis ; statistical modelling; health info systems

Practical Skills
- Placement, Capstone/Thesis Project
- relationship building
- community engagement
- community-based research protocols
- data literacy

11

Questions/Discussion

12