

**Nanaandawewigamig (The Healing Place)
Partners for Engagement and Knowledge Exchange (PEKE)**

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In May 2014, Nanaandawewigamig secured funding through the Pathways to Health Equity for Aboriginal Peoples (Pathways) Canadian Institutes for Health Research (CIHR), for the Partners for Engagement and Knowledge Exchange (PEKE) project. The Nanaandawewigamig PEKE is the only regional organization, of the three PEKE projects across Canada that serves national and international Indigenous peoples. The intent of the Nanaandawewigamig PEKE project is to *facilitate* and *create* spaces of Knowledge Translation and Exchange to work towards Action (KTEA) with all First Nations communities, citizens, community-based health professionals and service providers, leaders and Traditional Knowledge Keepers (rural, urban, remote, and internationally). Including community-based health researchers, health professions, and decision and policy makers in Manitoba, nationally and internationally.

The presentation will provide an overview of the engagement strategies and partnerships undertaken to date that support, facilitate and assist with connecting First Nations, Traditional Knowledge Keepers, stakeholders, service providers, researchers and decision-makers and how we document and share amongst communities promising practices benefiting First Nations health. We seek and promote research undertaken in and with First Nation communities to advance further growth of promising practices that address suicide, diabetes/obesity, tuberculosis, oral health and social determinants of health; to ensure that evidence informs policy and decision-making.

Nanaandawewigamig PEKE is one of three other organizational PEKEs funded by CIHR Pathways IAPH, and the purpose of all three PEKEs is to augment the engagement of (urban, rural and remote) First Nations, Inuit and Métis communities¹. In addition to KTEA, Nanaandawewigamig PEKE will support, guide and ensure the best relationship between the CIHR Implementation Research Teams, other health focused researchers, Research Chairs, CIHR Pathways, health focused researchers, and policy and decision makers.

Nanaandawewigamig PEKE is situated within Treaty One Territory in Manitoba Canada. It is important to acknowledge and recognize the five distinct nations of Manitoba (Dene, OjiCree, Anishinaabe, Nêhiyawî, and Dakota) when working and building upon creating a circle of health knowledge relationships and sharing of information. In addition, this work also influences how the Nanaandawewigamig PEKE hosts and establishes current and future relationships with the other First Nations of Canada and Indigenous communities internationally e.g. New Zealand and Australia. Acknowledgement of the territory and the

¹ Retrieved from the Canadian Institute of Health Research Pathways to Health Equity for Aboriginal Peoples website <http://www.cihr-irsc.gc.ca/e/47524.html>

language is vital in the development and creation of relationships authentically and respectfully.

For the first two years of the five year funding, Nanaandawewigamig PEKE was fortunate in the early stages of engagement due to the host organizations research team and their establishment of long standing and ever growing relationships and partnerships of current and potential partners. The PEKE has been able to build upon and utilize those relationships to work towards the health knowledge exchange tasks and linking of nations. However, any new project must establish trust and PEKE continues to work hard at connecting and meeting people to talk about PEKE and identify how PEKE can be helpful to create that knowledge exchange spaces. Although establishing trust, connecting First Nation citizens and communities, and guiding health knowledge exchange will always be ongoing, as PEKE enters their third year we will be simultaneously exploring and collaborating with First Nations peoples living on-reserve, in rural, remote and urban centres, and community-based and university-based researchers the process for knowledge translation and exchange (leading up to action activities). PEKE will also continue to work towards the goal of creating linkages between communities, specifically national/ international research communities; community-based and national networks of health service providers (community health representatives, nurses, midwives, general practitioners, and dental professionals); and community-based, regional and national decision-makers.

The work PEKE conducts with First Nations, Traditional Knowledge Keepers, stakeholders, service providers, researchers and decision-makers is all with the guidance and advice with a group of Knowledge Keepers (KK); Dene, OjiCree, Anishinabae, Nêhiyawî Cree, Dakota. Each Knowledge Keeper represents their community from a language perspective. They have been providing regular direction, advice and necessities regarding the PEKE communications material, inclusion of language, researcher's roles and the area of research with Manitoba First Nation communities. Additionally, a major contributor to KTEA and community engagement.

In addition, Nanaandawewigamig PEKE works with the PEKE Full Committee, which consists of over fifty health professionals (First Nations and non-First Nations) across Canada, New Zealand and Australia whom will provide guidance and advise in the area of KTEA, scaling-up and moving health knowledge into action e.g. influencing decision and policy changes. Nanaandawewigamig PEKE goal is as we are working towards the undertaking of 'scaling-up', is to ensure appropriate steps are taken to establish authentic engagement of partners and forming of relationships.

Drawing from the PEKE Full Committee, dependent on their area of knowledge and expertise, some of the members also participate in one of the five Nanaandawewigamig PEKE Knowledge Teams: Suicide Prevention, Diabetes/Obesity, Tuberculosis, Oral Health and Social Determinants of Health. The PEKE Knowledge Teams are responsible for assisting with facilitating the KTEA process by identifying current community-based promising practices and recommending ways to connection between and among their networks to share and celebrate promising practices so as to unite and collaboratively work towards action; for example during the 'scaling-up' securing funding for community health programs/projects, and/or influencing policy change.

In addition to the PEKE Knowledge Keepers, Full Committee and the Knowledge Teams, PEKE is also guided daily by the PEKE Governing Committee. This committee provides

the day to day guidance and support of the PEKE and consist of members of the Nanaandawewigamig research team, a First Nations Chief, and the director of the Centre for Aboriginal Health Research (CAHR) at the University of Manitoba. Further to the day to day guidance, this committee also contribute to the KTEA tasks and goals.

One of the unique and exciting tasks of the Nanaandawewigamig PEKE is the opportunity to collaboratively work with First Nation health focused programs and/or projects, community-based and university-based researchers to create spaces for knowledge exchange that does not solely focus on the health disparities of First Nations and Indigenous peoples. The knowledge exchange spaces are for the purpose of sharing about the successes of the health focused programs or projects (which are guided by First Nations philosophies and beliefs), that benefit First Nations and Indigenous peoples health - physically, mentally, emotionally and spiritually. Although we see in the media, research findings, health journals and other publications the focus on the health disparities, there are many First Nations communities, programs and projects with their own experts and professionals that have addressed the disparities for many years. It is important that PEKE do whatever is possible to collaboratively work with First Nation communities and their citizens to honour and acknowledge the work through knowledge translation and exchange events and/or activities.

Some of the PEKE activities to date have been the coordination and establishment of the Nanaandawewigamig PEKE governance structure and meetings, co-hosting of online webinars (focused on the introduction of PEKE, diabetes prevention in children, oral health, tuberculosis, and suicide prevention). Various meetings with First Nations community health focused programs/projects, and health researchers. Presenting at local, national and international conferences. Attending provincial tribal organizations annual general assemblies. Contributing and collaborating with researchers. Furthermore, PEKE has also established social media accounts (Facebook and Twitter²) as a way of sharing information, connecting and engaging community. Currently PEKE is working on a website³ which will host an interactive map so First Nation community programs and projects, benefiting the health of their citizens (rural, urban and remote), may create a profile and identify current research and research the community hopes to undertake. These are just some of the ways PEKE has been contributing to knowledge exchange and sharing.

One of PEKEs current spaces for knowledge exchange and connecting people across Canada and internationally is the co-hosing of webinars. One of PEKEs partners, the Saint Elizabeth First Nations, Métis and Inuit program⁴ has provided in-kind support and are currently exploring an addition of a series of webinars which would complement the once a month webinars. The webinars are just one way to share, exchange and/or create partnerships across Manitoba, Canada and internationally, regarding First Nations and Indigenous health programs, projects and research (eg. diabetes/obesity, suicide prevention, tuberculosis, oral health and social determinants of health) to build a united community of health knowledge. The PEKE webinars provide the opportunity to: Ensure First Nations and Indigenous health focused programs and research are supported and strengthened through collaboration between First Nations and non-First Nations. Focus

² Facebook <https://www.facebook.com/FNHSSM.PEKE/> and Twitter account https://twitter.com/fnhssm_peke

³ FNHSSM PEKE website access. <http://fnhssm.com/peke>

⁴ <https://www.saintelizabeth.com/FNIM/Home.aspx>

and highlight First Nations and Indigenous people's current health providing practices influenced by our culture and traditions that has always positively contributed to our health and wellbeing. The webinars are recorded and made available on Saint Elizabeth's secure, password protected e-learning platform that is provided at no cost to health care providers working in or with First Nations, Inuit and Metis communities. Upon the completion of the PEKE website, all webinars will be made available.

Knowledge exchange, sharing and collaborative research with First Nations and our international Indigenous partners (current and future) contributes to the change of research practices by non-First Nations researchers. Although the history of colonialism has negatively impacted the health of First Nations, it is the self-determination and Indigenous knowledge of each distinct nation and their language that not only benefits our First Nations and Indigenous peoples, it is also our non-First Nation neighbors and allies health who will benefit. As one of our First Nation leaders has always said, "We have always done research as First Nations peoples, we just didn't call it research", which supports the Nanaandawewigamig PEKE goal of creating spaces of knowledge sharing and exchange of our best practices. This not only highlights our successes, it also contributes to the changes in policy and decision making processes and creates additional options and choices e.g. securing funding. Further, PEKE wants to ensure that research is no longer done without the directions and guidance of our own exporters, professionals, knowledge keepers, and community members. PEKE is a tool offered to First Nations communities so we can collaboratively celebrate and share our long standing best practices that have always contributed to the health of our communities.