Indigenous Knowledge Network for Infant Child & Family Health

Final Community Report

2018

Well Living House

OFIFC
Ontario Federation of Indigenous Friendship Centres

St. Michael's
Inspired Care.
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This report was produced by the Well Living House to share information about the Indigenous Knowledge Network for Infant Child and Family Health with the project's Community Partners and within the broader community.

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Copies of the report and project appendices are available for download at www.welllivinghouse.com

Acknowledgments

As Indigenous people and allies we will start by acknowledging the land and traditional territories of Turtle Island[1] where most of our gatherings were held in which families, communities, and nations came together.

We would like to thank all of our Ontario, Saskatchewan, and internationally-based community partners as well as academic and community-based research team members who are listed in the Project Overview section. They included many members from the following nations: Anishinabek, Haudenosaunee, Cree, Métis, Dene, Saulteau, Dakota, Aotearoa (Māori) and Hawai'I, and the Kulin Nation of Australia.

We would like to thank the countless Elders and traditional teachers who also helped along the way. Special thanks to: Maria Campbell, Jan Longboat, Sylvia Maracle, Marie Favel, the late Don Favel, and Norman Opekokew.

We would also like to acknowledge all of our relations – our kin who helped make us who we are, supported us in the work of the project and who will carry on for us in future generations.

Finally and importantly, we would like to thank all of the Indigenous community members who attended and contributed to the research and programming. Chii Miigwetch (Big Thanks)!

Chi miigwetch (big thanks) to Christi Belcourt for sharing her artwork which we have used for the report cover, entitled *Wisdom of the Universe*, 2014.

[1] Within Indigenous communities, Turtle Island commonly refers to the land that encompasses North America. It is a reference to the Anishinabek and Haudenosaunee Creation stories where by the North American land mass emerges from the back of Turtle.

Glossary of Terms

Title	Description or Role
Communities	A group of people who are related to each other through kinship, ethnicity, geography, membership, or choice. In the case of this project, there will be a local geographic linkage.
Community Partner	The seven local First Nations and Métis communities that were involved in the project. Each community partner in this project hosted community-based research activities and identified two community research team members, a community liaison and a network participant.
Community Stakeholders	Persons identified by the community research team members as playing a key role in the brokering of information to and from community health policy, programming, and practice. Stakeholders represented diverse sectors and groups of the community with respect to age, gender, occupation, kinship, and relationship to community governance systems.
Community Network Participant (CNP)	A community health worker, program manager, or policy-maker who works and lives in a partner community, and was chosen by that community to join the research team as a participant in the Indigenous Knowledge Network. This person was recognized as culturally competent by their home community and possessed broad access to the different sectors of health stakeholders. This person was released from their regular work for one day per week to participate in the Indigenous Knowledge Network project and carry out knowledge development and application activities in their home community.
Network Coordinator	A Master's level research assistant with experience in Indigenous health research and knowledge translation who coordinated and supported knowledge network activities.
Academic Research Team Member	Persons with Western or Indigenous scholarly qualifications in a particular disciplinary area who provided scholarly contribution to the Indigenous Knowledge Network in their area of expertise.

Table of Contents

APPENDICES

*The following appendices are available for download from the Well Living House Website: www.welllivinghouse.com.

Appendix A: Project Terms of Reference

Appendix B: Sample Data Sharing Agreement

Appendix C: *Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review*

Appendix D: Final Community Network Participant Reports

Appendix E: Templates on: Oral History Project Proposal; Oral History Interview Consent Forms; Oral History Project Report

Appendix F: Document of Local Factors Template

Appendix G: Knowledge Application Proposal Template

Appendix H: Pre and Post KAP Evaluation Templates and Final Community Report Template

Appendix I: Client Case Study Templates

Appendix J: Presentation List

Appendix K: Digital Stories

Appendix L: Final Meeting Report

Executive Summary

Key Messages

Culturally grounded, useful, and valued knowledge regarding infant/toddler health promotion and parenting is embedded in First Nations, urban Indigenous and Métis communities. The Indigenous Knowledge Network (IKN) was a five-year Knowledge Translation project designed to uncover, archive and foster the use of this knowledge in the context of health promotion programs in Ontario and Saskatchewan. We found that:

1. **Indigenous community ownership** is key to program participation across Indigenous community contexts and diverse health promotion programs.

2. **Oral history** is a community and scientifically relevant tool that enriches maternal, infant and child health promotion programming in Indigenous communities throughout Canada.

3. There is **broad community support for and interest** in health promotion programs that provide relevant, local, and Indigenous traditional knowledge from Elders.

4. **Practicing Indigenous community-based health providers** are very well situated to successfully apply locally relevant Indigenous knowledge to health promotion programs.

5. **Indigenous community governed and led processes of knowledge gathering and application** are key to achieving positive outcomes. For example, Indigenous community information collected as part of the IKN project was owned and controlled by the Indigenous communities from which the information came. This was in keeping with principles and protocols of Indigenous ownership and management of Indigenous health information such as OCAP (ownership, control, access and possession) of data (see http://fnigc.ca/ocap.html).

What was the Indigenous Knowledge Network for Infant, Child & Family Health (IKN)?

The IKN was a five-year project designed to improve the availability, sharing and use of Indigenous maternal, infant and family health knowledge in Ontario and Saskatchewan. We did this by:

- **Building a knowledge sharing network** comprised of diverse First Nations, urban Indigenous and Métis community-based health providers, policy-makers and knowledge keepers as well as Indigenous academics.

- **Gathering knowledge** through:
    - Developing an international systematic review of Indigenous culture-based parenting and infant/toddler health promotion programs.
    - Supporting practicing Indigenous community health providers and managers to record oral histories from their communities of origin and/or the communities where they worked.

- **Applying and sharing knowledge** through:
    - Applying oral history findings to the development, implementation and evaluation of community-based health promotion projects.
    - Sharing findings through the Indigenous Knowledge Network.
    - Developing recommendations for health policy and research.

Figure 1-1. IKN Project Participants from left to right: Marie Favel, Colleen Sauve, October Fostey, Beverly Hill, Monica Lafontaine, Rebeka Tabobondung, Laura Senese, Joanne Derocher, Amanda Cox, Ursula Abel, and Rochelle Bird.

Figure 2-2. From left to right, Research Coordinator, Laura Senese and IKN Participant, Joanne Derocher.

Figure 1-3. IKN participants, from left to right, Colleen Sauve, Marie Favel, October Fostey.

Initiated by lead researcher and Métis family physician, Dr. Janet Smylie, the IKN project was based at the Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing which is located at St. Michael's Hospital in Toronto. Respected Elder and oral history research expert, Maria Campbell, provided the IKN project and team with direction and on-going guidance. The data collection phase of the IKN project ran from 2009 to 2014, with knowledge sharing continuing into 2016.

The IKN project was funded by the Canadian Institutes of Health Research, the Ontario Federation of Indigenous Friendship Centres (OFIFC), whose leadership also guided the project.

Figure 1-4. Project Elder, Maria Campbell and youngster Quinn attending the Digital Storytelling Screening.

Figure 1-5. IKN Principal Investigator, Dr. Janet Smylie and CNP and Knowledge Keeper, Marie Favel.

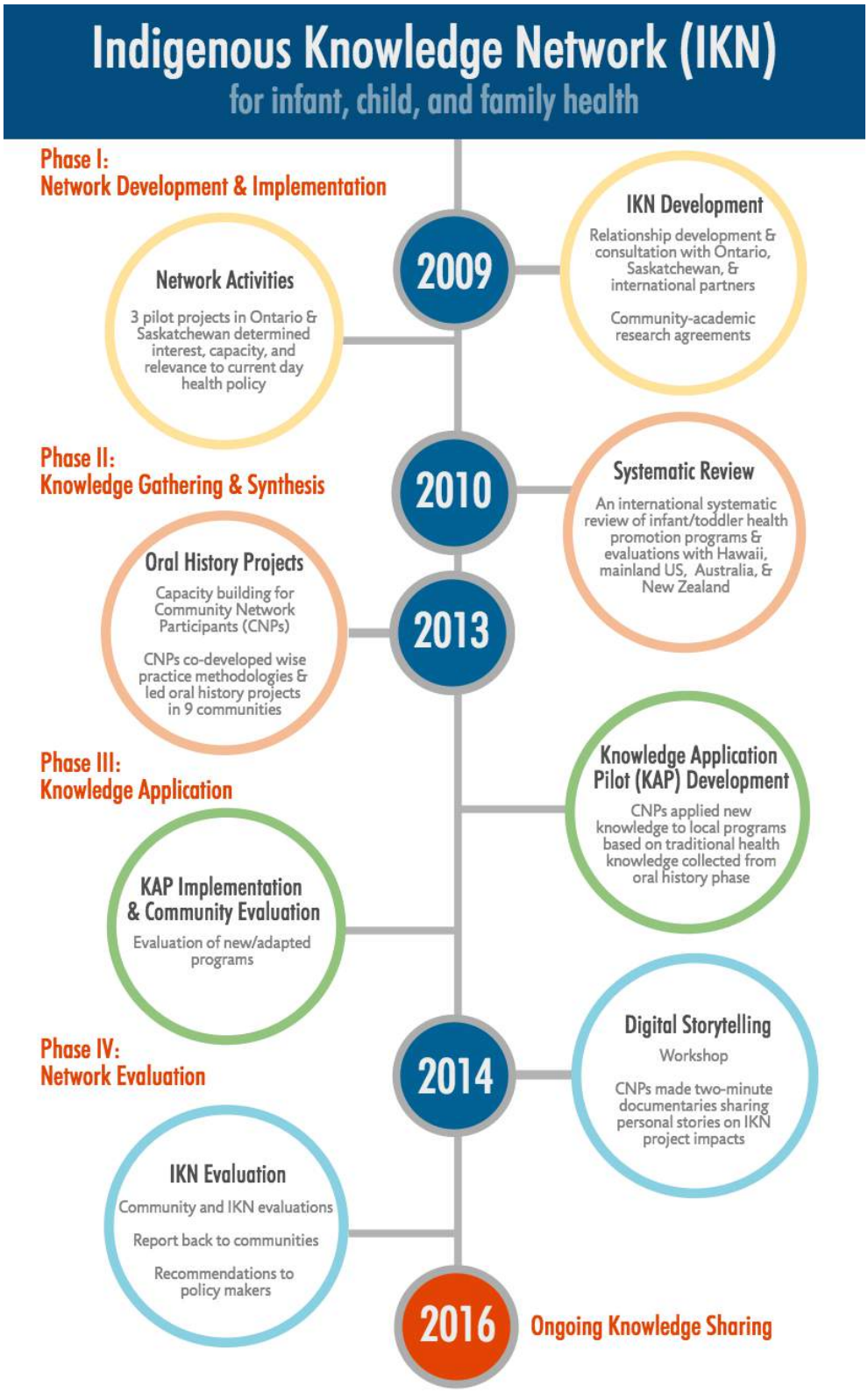

Figure 3-6. History of IKN development.

PROJECT GOALS

To enhance First Nations, urban Aboriginal and Métis child and family health in Ontario and Saskatchewan by:

- Helping to revitalize links between Elders, knowledge keepers and practicing community health providers within and across communities and contribute to new links with public health practitioners and researchers.

- Helping practicing community health providers and managers to effectively transmit high quality, locally relevant Indigenous infant, child and family knowledge and practice to their program participants and the broader community.

ABOUT KNOWLEDGE NETWORKS

Knowledge networks have been integral to the transmission of vital cultural and health knowledge within Indigenous communities since time immemorial. This historically rich Indigenous base of knowledge was purposefully and systematically disrupted by processes of colonization, which had negative impacts on intergenerational knowledge transmission and negative socio-political and health impacts on cultural identities and communities.[2] The main vision of the IKN project was to respond to the gap in Indigenous knowledge transmission and regenerate a culture-based knowledge network in which health information is shared and communities are positively transformed.

[2] Pratt, Y. P., Louie, D. W., Hansen, A. J., & Ottman, J. (2018). Indigenous education and decolonization. *Oxford Research Encyclopedia of Education*. doi: 10.1093/acrefore/9780190264093.013.240

Knowledge Gathering and Network Development

Systematic Review

Network members conducted an international systematic review of Indigenous parenting and infant-toddler health promotion. We developed and appraised the evidence for a middle range theory of Indigenous community investment-ownership-activation as an explanation for program success. Program evidence of local Indigenous community investment, community perception of the program as intrinsic (mechanism of community ownership) and high levels of sustained community participation and leadership (community activation) was linked to positive program change across a diverse range of outcomes including: birth outcomes; access to pre- and postnatal care; prenatal street drug use; breast- feeding; dental health; infant nutrition; child development; and child exposure to Indigenous languages and culture. These findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs. [3]

We also found that successful programs were linked to:

- Community-based program governance and/or management;
- Integration of the program within local community infrastructure;
- Program content and processes that reflect local community knowledge, skills, beliefs and values;
- Local community capacity building;
- The endorsement of the program by key community stakeholders;
- Protection and promotion of Indigenous ways of knowing and being;
- The revitalization of Indigenous knowledge and kinship systems.

[3] Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O'Campo, P. (2016). Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review. *Social Science & Medicine, 150,* 128-143. doi:10.1016/j.socscimed.2015.12.019

ORAL HISTORIES

RECORDING ORAL HISTORIES AND THE ROLE OF CNPS

Oral histories were gathered over a two-year period at different project sites. The core research team supported practicing community health providers and managers – termed 'Community Network Participants' (CNPs) in the context of the project – to uncover and archive Indigenous infant, child and family health knowledge by interviewing local Elders and knowledge keepers. CNPs were seconded for one day a week each from their organizations, allowing them protected time to do this work. CNPs received oral history training from respected Elder Maria Campbell, who drew on her decades of experience as a community-based oral history gatherer and storyteller. CNPs also received training in interview skills, and the use of relevant technology such as digital recorders.

INSIGHTS FROM ORAL HISTORY PHASE OF IKN PROJECT

The many findings of the oral history interviews are rich and diverse. These interviews collectively represent a priceless gathering of knowledge, experience and insights on infant, child and family health from a diverse grouping of Elders and knowledge keepers, many of whom are extremely well respected, and a few of whom have already departed for the spirit world. Some insights that came out of the oral history phase of the IKN project include:

- Traditional infant, child and maternal health knowledge is not lost as a result of processes of colonization, rather they have been silenced. Oral history research works to unearth knowledge and "piece the puzzle;"

- Oral history is a useful and practical tool for the enrichment of maternal, infant and child health programming in Indigenous communities in Canada and can be readily learned by Indigenous community health providers and managers;

- Re-connecting and learning from our cultural knowledge has positive and empowering impacts on our experiences and our identities.

The oral history interviews had significant meaning beyond the specific research aims as CNPs were also actively re-kindling deeply rooted community traditions and relationships which in turn led to profound impacts on individual CNPs, participating Elders and community members more broadly.

FINDINGS FROM ORAL HISTORY PHASE OF IKN PROJECT

A broad range of themes related to maternal, infant and child health were identified through the oral histories. These included:

- Birthing
- Breastfeeding
- Constructing a positive cultural identity
- Cultural values, restrictions
- Family and community responsibilities
- Impacts of colonization on traditional maternal, infant and child health practices
- Nutrition and health
- Parenting and discipline
- Stages of life teachings
- Traditional plant medicine
- The role of the community
- The role of ceremony and spirituality
- Indigenous world views

*For explorations of these and additional themes, please see the finally community reports compiled in Appendix D and available for download at: www.welllivinghouse.com.

NETWORK DEVELOPMENT

Part of the goal of the IKN project was to build a knowledge sharing network of diverse First Nations, urban Indigenous and Métis health workers, policy-makers and knowledge keepers as well as Indigenous academics to foster relationships that would promote the sharing of health knowledge and could last beyond the formal project.

Qualitative interviews and social networking analysis demonstrated a range of impacts for network participants. For example:

- IKN members became increasingly interconnected over the course of the project, sharing knowledge about infant, child and family health across disciplines, geography and organizations, and eventually extending the network to include even family and friends;

- The network valued cultural knowledge including family knowledge and traditional teachings that resulted in the identifying and resurfacing of positive internal connections within the participants' own sense of being and history.

In addition, reciprocal research partnerships between the academic research teams and community partners helped to:

- Build an awareness of and respect for diverse Indigenous research practices and traditional health knowledge within the participating research institutions;

- Facilitate participation and mentorship for Indigenous and non-Indigenous health researchers at different stages of career development;

- Contributed to positive relationship building between Indigenous communities and mainstream health research practices, which works towards restoring a historically negative relationship.

KNOWLEDGE APPLICATION PILOTS (KAPS)

KAP DEVELOPMENT

A three-day network gathering during year three of the project was held at Elder Jan Longboat's home in Six Nations of the Grand River in Ontario. Project Elder Maria Campbell and the core research team led CNPs through a visioning process to help them reflect on the best ways to share the knowledge and teachings they had received. The results of this visioning process were Knowledge Application Pilots (KAPs) – new or adapted health promotion programs – that incorporated unique CNP insight and practical considerations regarding the appropriate transmission and use of local Indigenous knowledge.

KAP DETAILS

CNPs developed eight different KAPs across nine communities, explored briefly below. For details about each KAP.

*Please see the full report and the final community reports available for download at: www.welllivinghouse.com in Appendix D.

Fort Erie Native Friendship Centre: Sharing Our Traditional Gifts Workshop Series

Figure 1-7. Fort Erie Native Friendship Centre: Sharing Our Traditional Gifts Workshop Series.

Beverly Hill developed a KAP that incorporated traditional health knowledge and values into a workshop in which community members undertook regalia making. Elders and diverse community members participated in the program, and traditional teachings were shared while participants engaged in craftwork. After the regalias were complete, the Fort Erie Friendship Centre hosted a large successful celebration, feast, and fashion show, which has subsequently taken place annually.

United Native Friendship Centre (UNFC - Fort Frances): Culture Camp

Rochelle Bird worked with her Friendship Centre to develop a three-day cultural camp for families at the Sunny Cove Camp, Rainy Lake. Traditional teachings and knowledge were shared by the five Elders Rochelle interviewed for her oral history project, and one helper/translator. The culture camp also included family oriented meal times, a women's hand drum group performance, naming ceremonies and teachings, and a bannock making class.

N'Swakamok Native Friendship Centre (Sudbury): Traditional Baby Album Project

Ursula Abel and Monica Lafontaine developed 'traditional' baby albums that included cultural and traditional teachings and space to record children's developmental and culturally informed milestones such as 'burying the placenta,' 'naming ceremony' and 'the walking out ceremony.' They also helped parents customize albums by covering them with deer hide and incorporating a unique design through leather burning. In addition, Ursula and Monica developed a Traditional Teachings Resource Booklet based on the oral history interviews with community Elders.

Figure 1-8. Monica Lafontaine (left) and Ursula Abel (right) displaying Traditional Baby Album Project and IKN oral history reports.

Figure 1-9. Participants in the Traditional Baby Album Workshop.

Figure 1-10. Traditional Baby Album.

Odawa Native Friendship Centre (Ottawa): Elder Sharing Drop-In Sessions

Colleen Sauve developed and implemented an Elder Sharing Session at the Odawa Native Friendship Centre. Elders from the community made themselves available at the Friendship Centre a few times a week during regular centre programming. Clients attending programming had the opportunity to check in and speak with Elders on a casual basis. This KAP supported the re-establishment of relationships that foster the sharing of traditional teachings in Colleen's community.

Seventh Generation Midwives Toronto (SGMT): Birth Story Sharing Project

CNP Sara Wolfe and project assistant, Sara Booth focused this KAP on drawing out and sharing Indigenous knowledge about the significance of birth stories. Two teaching circles focused on Sara's oral history project findings were held with community members and for SGMT midwives and staff, respectively. Along with the oral history project findings, notes and reflections from these teaching circles were used to develop a birth story sharing template used by SMGT clients to record and share their own birth stories.

Métis Nation Ontario (Windsor and Bancroft): Métis Baby Bundle Book

October Fostey and Amanda Cox developed a Métis Baby Bundle Book which shared excerpts, insights, and health knowledge based on oral history interviews and additional research. The Métis Baby Bundle book shares Métis-specific teachings about parenting throughout early childhood and provides parents with an opportunity to record their children's milestones as they grow up. The book includes beautiful Métis design work and is wrapped in a baby size Métis sash so the infant gets its first Métis sash which is a significant source of Métis cultural identity and pride.

Figure 1-11. Métis Baby Bundle Book.

Northern Village of Île-à-la-Crosse: Traditional Parenting Program Based on Kisewatotatowin

Respected Elder and CNP, Marie Favel, redeveloped the Kisewatotatowin traditional parenting handbook and trainer manual. Kisewatotatowin is a Cree word that refers to great love and respect for all living beings. Kisewatotatowin means having and giving great love, caring, generosity, patience, trust and respect to your child, your family, your community, your nation and the universe. The handbook and manual were originally written and published in 1995 by Kisewatotatowin Aboriginal Parent Program Inc., a collective of Indigenous Elders, including IKN project Elder, Maria Campbell, and Elder Mary Lee, who Marie brought in to facilitate a train-the-trainer workshop.

Figure 1-12. Traditional Parenting Program based on Kisewatotatowin (top) and making and learning about baby moss bags (bottom).

MEADOW LAKE TRIBAL COUNCIL: TRADITIONAL TOY KIT MAKING WORKSHOP

Figure 1-13. Traditional toy kit making workshop.

Melanie Martin and Joanne Derocher developed a workshop that brought together young mothers and Elders to engage in traditional toy making activities. The workshop series provided opportunities for Elders to connect with young parents and their children and to share traditional parenting and health knowledge while at the same time making a toy doll.

KAP IMPACTS

The ongoing personal and professional growth of CNPs carried profound ripple effects for their clients and the communities they served. For example, CNPs saw increased leadership and confidence; expanded roles and responsibilities; and, more value placed on culture and cultural teachings in day-to-day practice. Additional impacts included:

- Impactful connections between Elders, network participants, and clients;
- A new perception that there is a wealth of useful traditional knowledge including health knowledge within communities – this is the tip of the iceberg;
- Increased access to cultural resources and comfort with engaging cultural services for community members who, prior to the programming, had limited access or voice (i.e. urban, Métis, those not already connected);
- Increased scope and depth in health discussions with clients;
- Opportunity for both CNPs and clients to build relationships with Elders;
- Increased capacity for both CNPs and clients to interact with Elders;
- New forums for re-establishing traditional teachings and practices to clients and community – "the spirit is back."

Implications for Health Policy and Research

From the Systematic Review

Indigenous community investment-ownership-activation is an important pathway for health promotion program success. The result of Indigenous community investment is that community members are more likely to perceive the program as intrinsic to themselves and their community – a sense of the program being owned or "ours" versus externally imposed. The program is also more likely to be culturally relevant. As a result, community members are more likely to use and support the program (activation).

From the Oral History Phase

- Oral history is a community and scientifically relevant tool for the enrichment of maternal, infant and child health promotion programming in Indigenous communities in Canada;

- The process of gathering oral histories has significant meaning beyond the specific research aims, such as actively re-kindling deeply rooted community traditions silenced by colonization. This leads to profound positive impacts on those gathering histories, the participating Elders, and community members more broadly.

From the Knowledge Application Process

- There is broad community support for and interest in health promotion programs that provide relevant, local Indigenous traditional knowledge from Elders;

- Bringing Elders and other community members together helps to re-develop important relationships that are essential to the sharing of traditional knowledge in communities;

- Engaging in cultural activities (e.g. craft/toy making, regalia making, outdoor and camp activities etc.) while sharing knowledge is a highly effective knowledge transmission tool;

- Indigenous community health providers are very well situated to apply locally relevant Indigenous knowledge teachings to their health promotion programs, with positive impacts on their communities;

- Community-informed, structured templates are useful to support the transmission of health knowledge in community-level Indigenous health programming. CNPs built their health promotion programs in the context of collectively developed templates that helped them to outline program objectives, core audience, key messages, action plan, anticipated impacts, timeline, evaluation and budget. *Please see Appendix G at: www.welllivinghouse.com for the Knowledge Application Proposal Template.

- A relatively small investment of protected community health provider time, along with a small amount of resourcing ($5,000) and facilitator support can have substantive positive impacts on community relationship building, positive identity development, and the transmission of cultural teachings and health knowledge that have current relevance within the context of diverse prenatal and infant toddler health promotion programs and services;

- Building capacity in communities has sustainable positive results. Community controlled, local and culturally relevant health knowledge enhances the dissemination and uptake of health promotion in Indigenous communities. Many of the KAP projects and knowledge translation products were sustained and shared following the IKN project.

Going Forward

- In order to develop effective programs and services that support the revitalization, autonomy, and self-reliance that has always existed within Indigenous communities, community health providers should be supported in spending the time learning from Elders, relatives and knowledge keepers. This work is essential: it is transformative and the benefits are passed on to clients.

- Participants expressed the need to conduct more oral history interviews, "to make sure we're connecting with all of the resources in our communities."

Other departments and programs should be supported to develop similar tools and resources targeted to other age groups/life stages/areas of life transitions. Expanded targeted subject areas include: older children, youth, puberty, rites of passage, queer and trans friendly, Elders, parenthood, grandparenthood, dads, and women without children.

Project Overview

IKN Project Summary

The Indigenous Knowledge Network for Infant, Child, & Family Health (IKN) was a five-year knowledge translation project focused on the development and implementation of an **Indigenous knowledge network** to enhance First Nations, Métis, and urban Indigenous infant, child and family health in Ontario and Saskatchewan. The main purpose of the network was to improve the availability, sharing and use of Indigenous and Western public health information for Indigenous community-based health programs for parents and infant/toddler health promotion. Using a community-based action research approach, researchers and Indigenous community health providers and managers gathered, synthesized, and applied locally relevant Indigenous and public health knowledge to culture-based parenting and infant/toddler health promotion programs. Since the IKN project began in 2009, the network has documented, shared, and evaluated Indigenous and public health knowledge and its application. The project demonstrated multiple positive impacts for network participants, their clients and the broader participant communities.

Initiated by lead researcher and Métis family physician, Dr. Janet Smylie, the IKN project was based at the Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing which is located at St. Michael's Hospital in Toronto. The project was funded by the Canadian Institutes of Health Research and community partner, the Ontario Federation of Indigenous Friendship Centres (OFIFC), who also helped guide the project. Respected Elder and oral history research expert, Maria Campbell, provided the IKN project and team with direction and on-going guidance.

The purpose of this report is to share what has been learned with participant communities and stakeholders. It includes an Executive Summary; Project Overview, Research Methods and Findings; Project appendices are available for download from the Well Living House Website: www.welllivinghouse.com

Research Methods and Findings

The IKN project provided an opportunity to build linkages between Indigenous community-based programs and Indigenous public health research sectors to re-kindle Indigenous maternal, infant, child and family health knowledge and its use. The project was carried out using community-based participatory research methods and applied principles of Indigenous community governance and management of Indigenous community health information (for example: ownership, control, access, and possession or OCAP) as its foundation in the management of community-generated data and information.

Input from IKN Community Partners expanded the design of the "knowledge network" approach that had been identified as a "best practice" by the Canadian Health Services Research Foundation working outside of Indigenous contexts. This included informing the knowledge network with "wise practices" [4] such as Indigenous traditions of relationship-based sharing of knowledge, practice and resources. The IKN project's main Community Partner, the OFIFC, provided an outline for practicing community-driven research based on its 2012 USAI Research Framework. The framework provided, "a community-driven research model (as opposed to community-based or placed models), [where by] communities have full control over research priorities, research processes, resources, methodologies, decision-making, and any actions coming out of research".[5] This approach fostered capacity building and self-determination for both non-Indigenous and Indigenous participants as we continually strived for balanced and equitable relationships between the Community Partners, the Community Network Participants (CNPs), contributing Elders, and the Core Research Team, who are described below.

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[4] "The "wise practices" concept emerged from the Canadian Aboriginal AIDS Network report: Thoms, M. J. (2007). *Leading an extraordinary life: wise practices for an HIV prevention campaign with Two-Spirit men.* Toronto, ON: 2-Spirited People of the 1st Nations. According to Herbert C. Nabigon and Annie Wenger-Nabigon [Nabigon, H. C., & Wenger-Nabigon, A. (2012). "Wise practices": Integrating traditional teachings with mainstream treatment approaches. *Native Social Work Journal, 8,* 43-55.] wise practices include integrating traditional teachings with mainstream treatment approaches.

[5] The *USAI Research Framework* emphasizes four principles: Utility, Self-Voicing, Access, and Inter-relationally, and welcomes principled partnerships, ethical cooperation and meaningful collaboration, providing guidelines to protect integrity of Indigenous knowledge from the community perspective. Ontario Federation of Indigenous Friendship Centres [OFIFC]. (2013). *The OFIFC's research agenda.* Retrieved from http://www.ofifc.org/research/research/research#sthash.1ISEwU8J.dpuf

IKN Research Team

This project represents a successful collaboration between Saskatchewan and Ontario community and institutional partners, project Elders, an International Research Team, Co-Investigators, and the Core Research Team. The network was deliberately designed with two regional sites (Saskatchewan, Ontario) in an effort to enrich information exchange and allow for understanding and comparison of regional network factors. IKN Community Partners agreed to second community health workers one day per week to participate in the network as Community Network Participants (CNPs). The CNPs were the heart of the IKN project. They provided leadership in research and ensured project deliverables within their respective organizations.

Table 1. Ontario and Saskatchewan community partners.

Ontario Community Partners	Community Network Participants	Partner Representatives
Métis Nation of Ontario	Amanda Cox, Community Action Program Coordinator, Bancroft October Fostey, Aboriginal Healthy Babies Healthy Children Coordinator, Windsor	Wenda Watteyne, Director of Health Lisa Pigeau, Manager of Health Care Initiatives
Ontario Federation of Indigenous Friendship Centres (OFIFC)	Beverly Hill, Healthy Babies Healthy Children Coordinator, Fort Erie Colleen Sauve, Healthy Babies Healthy Children Coordinator, Odawa/Ottawa Rochelle Bird, Wasa Nabin Worker, Fort Frances Ursula Abel, Healthy Babies Healthy Children Coordinator, N'Swakamok/Sudbury Monica Lafontaine, Healthy Babies Healthy Children Coordinator	Sylvia Maracle, Executive Director, OFIFC Magda Smolewski, Research Director
Seventh Generation Midwives Toronto (SGMT)	Sara Wolfe, Lead Midwife Sara Booth, Lead Midwife	Sara Wolfe, Sara Booth, Cheryllee Bourgeois and Alanna Kibbe

Saskatchewan Community Partners	Community Network Participants	Partner Representatives
Canoe Lake Cree First Nation	Norman Opekokew, Director of Health Centre	Chief Opekokew
Meadow Lake Tribal Council	Joanne Derocher and Melanie Martin, Child Care Program Coordinators	Flora Fiddler, Director of Health and Social Development
Northern Village of Île-à-la-Crosse	Marie Favel, Elder and Traditional Parenting Elder	Duane Favel, Mayor of Île-à-la-Crosse

Academic Research Team

Well Living House, Centre for Urban Health Solutions at St. Michael's Hospital

- Principal Investigator: Dr. Janet Smylie
- Project Elder and Oral history expert: Maria Campbell
- Lead Research Coordinator: Rebeka Tabobondung
- Research Coordinator: Laura Senese
- Research Coordinator: Paul Adomako
- Research Coordinator: Jennifer Gardipy
- Research Support: Kim Anderson, Michelle Firestone, Mike Patterson, Conrad Prince, Marcie Snyder, Jennifer Wemigwans
- Research Assistants: Genevieve Iacovino, Chloe Nepinak

International Research Team

- Mainland, USA: Shira Rutman
- Te Kupenga Hauora Māori, Aukland University, NZ: Sue Crengle
- Native Stats, Honolulu, Hawai'i, USA: Maile Taualii
- University of Melbourne, Australia: Scott Winch

Project Co-Investigators

The project co-investigators included: Maria Campbell (project Elder); Sara Wolfe (Community Network Participant and Community Partner Representative – Seventh Generation Midwives Toronto); Sylvia Maracle (Community Partner Representative - Ontario Federation of Indigenous Friendship Centres); Sylvia Abonyi (University of Saskatchewan); Kelly McShane (Ryerson University); Marcia Anderson (University of Manitoba); Pat O'Campo (Centre for Urban Health Solutions and University of Toronto); Brenda MacDougall (University of Ottawa); Lisa Sterling (Simon Fraser University) and Winona Wheeler (University of Saskatchewan). Mike Patterson (Carleton University) joined our team once we were up and running.

Project Elder, Maria Campbell, was central to project governance. As outlined in the project Terms of Reference, she provided the following insight and direction:

- Guidance on adhering to traditional teachings and local protocols;
- Practice of culture-based reciprocity in Indigenous knowledge transmission;
- Support with cultural translation and interpretation;
- Consultation with the steering committee, working groups, community-based researchers and any other participants involved in the development of the knowledge network as requested;
- Adherence to the project's guiding principles;
- Direction of network members to other Elders/traditional resource people as required;
- Direction on the editing and appropriate dissemination of their recorded teachings.

PROJECT VISION, OBJECTIVES & PRINCIPLES

The following shared vision, objectives, and guiding principles for the IKN project were collectively developed and articulated by the Community Partners and the Academic Research Team at our orientation meeting and were subsequently woven into all components of the project. A central assumption is that culturally valued and useful knowledge regarding parenting and infant/toddler health promotion is already embedded in First Nations, urban Aboriginal, and Métis communities.

VISION

The project vision for the Indigenous Knowledge Network, developed at the orientation meeting was:

> ***An interconnected, sustainable, holistic, culture-based knowledge network in which responsibility is shared and communities are transformed.***

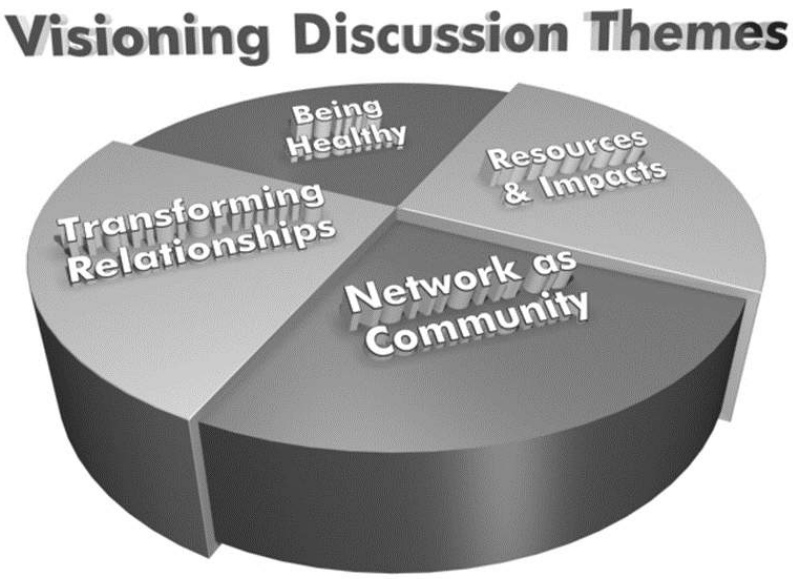


Figure 4-1. IKN visioning discussion themes.

Overall Project Objectives

The Community Partners and Research Team collaborated to define the following project objectives:

- To develop, maintain, and evaluate a network of diverse First Nations, urban Indigenous, and Métis community health workers, policy-makers, and knowledge keepers as well as Indigenous academics;

- To conduct an International Systematic Review of Indigenous culture-based parenting and infant/toddler health promotion programs and share the results with network members;

- To support community-based network members in the uncovering and archiving of Indigenous infant, child, and family health knowledge from their communities of origin or current work using oral history;

- To support community-based network members in articulating underlying local core values, attitudes, knowledge, and skills regarding infant, child, and family health as well as local contextual and system factors that influence health programming;

- To support community-based network members in applying acquired knowledge to enhance existing culture-based parenting or infant/toddler health promotion programs in their community;

- To assess and further develop existing locally relevant baseline public health data sources that can be used by community-based network members in the evaluation of their programs;

- To facilitate the sharing and uptake of study results to existing networks with similar mandates and contribute to the development of additional regional networks.

PROJECT GOVERNANCE

The project was governed by the Partners Committee, which consisted of Principal Investigator, Janet Smylie, in partnership with representatives from the six Community Partners. Each Community Partner Organization negotiated individual research agreements with The Centre for Urban Health Solutions which outlined: the management of community research data, roles and responsibilities, ethical protocols, financial obligations, and project deliverables and timelines. Additionally, the Community Partners Committee developed a Terms of Reference, which further detailed the IKN project vision, objectives, guiding principles, project structure and governance. *The Terms of Reference is available in Appendix A for download from the Well Living House Website: www.welllivinghouse.com

KNOWLEDGE TRANSLATION, TRANSMISSION AND NETWORKS

For Indigenous peoples, knowledge networks are not a new concept, they have historically been integral to the transmission of vital cultural and health knowledge within Indigenous communities since time immemorial. Prior to colonization, knowledge networks were based on highly developed kinship, governance, and social systems and networks. Unfortunately, this historically rich Indigenous base of knowledge was purposefully and systematically disrupted by processes of colonization, which had negative impacts on intergenerational knowledge transmission and negative socio-political and health impacts on cultural identities and communities.[6] Thus, the appropriate transmission and use of local Indigenous knowledge is now an emerging priority for communities.[7] Local Indigenous knowledge regarding infant, child, and family health in the form of an integrated and practical understanding of the realities of local Indigenous health systems and their embedded values, attitudes, knowledge, and skills is an essential but often missing component of effective Indigenous health programming.[8] The main vision of the IKN project was to respond to the gap in Indigenous knowledge transmission and

[6] Pratt, Y. P., Louie, D. W., Hansen, A. J., & Ottman, J. (2018). Indigenous education and decolonization. *Oxford Research Encyclopedia of Education*. doi: 10.1093/acrefore/9780190264093.013.240

[7] Kaplan-Myrth, N., & Smylie, J. (2006). *Sharing what we know about living a good life: Indigenous Knowledge Translation Summit Report*. Saskatoon, SK: Indigenous Peoples' Health Research Centre (IPHRC).

[8] Smylie J., Kaplan-Myrth, N., McShane, K., Métis Nation of Ontario – Ottawa Council, Pikwakanagan First Nation, & Tungasuvvingat Inuit Family Resource Centre. Indigenous knowledge translation: Baseline findings in a qualitative study of the pathways of health knowledge in three Indigenous communities in Canada. *Health Promot Pract, 10*(3), 436-446. doi: 10.1177/1524839907307993

regenerate a culture-based knowledge network in which health information is shared and communities are positively transformed.

Guiding Research Questions

The following guiding research questions were used to evaluate the impacts of developing and implementing a knowledge network:

- How does participation in the knowledge network impact the way participating community health workers, program managers, policy-makers, and knowledge keepers gather, synthesize, exchange, and apply relevant infant, child, and family Indigenous and public health knowledge in their communities?

- What is the impact of the knowledge network on network relationships, knowledge products, and knowledge product application to culture-based parenting and infant/toddler health promotion programming in participating communities?

What We Predicted Would Happen (Hypotheses)

a. The Indigenous Knowledge Network would help revitalize links between Elders/knowledge keepers and community health workers between and across communities and contribute to new links with public health practitioners and researchers;

b. By supporting these relationships and providing knowledge sharing ideas and resources, community knowledge workers would be able to more effectively transmit high quality, locally relevant Indigenous infant, child, and family knowledge and practice to their program participants and the broader community;

c. This would result in benefits to program participants and communities.

IKN Project Components

Core network activities included two main components: *Knowledge Gathering/Synthesis* and *Knowledge Application.* These interrelated components were divided into the four overlapping project phases listed below. Evaluation was integral throughout the project.

Over the four years of Community Network Participant (CNP) project secondment, the first two focused on knowledge gathering and synthesis, while the second two focused on knowledge application. The core CNP knowledge gathering and synthesis activity was a community-based oral history project, and the core knowledge application activity was a community-specific knowledge application project.

Phase I: Network Development & Implementation (First Year)

- Communications and Relationship Building

Phase II: Knowledge Gathering/Synthesis (Years 1-3)

- International Systematic Review of Indigenous Culture-Based Parenting and Infant Toddler Health Promotion Programs
- Community-Specific Oral History Projects (First half of CNP secondment)

Phase III: Knowledge Application (Years 3-5)

- Community-Specific Knowledge Application Pilot (KAP) Projects
- (Second half of CNP secondment)
- KAP Evaluation

Phase IV: Network Evaluation (Throughout)

- Key informant interviews with network members (Baseline, Midpoint, Endpoint)
- Focus groups with network members (Baseline, Midpoint, Endpoint)
- Client case studies (Baseline, Midpoint, Endpoint)
- KAP evaluations (pre, post, and custom evaluation)
- Final community reports
- Digital Stories: As part of the evaluation, CNPs completed a three-day facilitated training in which they reflected, wrote scripts, audio recorded, and video-edited a two-minute digital story that articulated significant impacts of the IKN project from their point of view.

RESEARCH METHODS & FINDINGS

PHASE I: NETWORK DEVELOPMENT & IMPLEMENTATION

IKN PILOT PROJECT

In advance of the IKN project, smaller scale community-based oral history pilot projects focused on infant, child, and family health knowledge took place. We conducted preliminary oral history pilots in Saskatchewan and Ontario to understand: (a) whether historic understandings and knowledge regarding infant wellness could be accessed through oral history Elder interviews, and (b) whether this historic knowledge would include information that was of immediate relevance to current day health policy, programming, and practice. Another purpose of the pilot projects was to engage with community partners to determine interest in and develop capacity for the IKN project.

We interviewed seven Elders in Ontario and over twenty Elders in Saskatchewan, in partnership with the Ontario Federation of Indigenous Friendship Centres (OFIFC), and Tungasuuvingat Inuit Family Resource Centre, Canoe Lake First Nation and Sagitawak Métis Council. Participant communities and Elders were enthusiastic and engaged in the process. The oral history method was easily learned and effective for gathering historic knowledge regarding Indigenous infant, child and family health. Both projects demonstrated the ability of local community members to lead the gathering of traditional infant, child and family health knowledge from Elders and knowledge keepers in their regions. Multiple positive impacts were noted. In addition to documenting important local Indigenous community knowledge, relationships were strengthened and Elders/knowledge keepers felt recognized and respected.

IKN DEVELOPMENT

The chosen knowledge translation vehicle for the IKN project was a knowledge network of community health workers, program managers, policy-makers, knowledge keepers, and academics. At the start of the project, the team reflected on the Canadian Health Services Research Foundation definition of knowledge networks:

> *...A group of experts who work together on a common concern, strengthen their collective knowledge base, and develop solutions.*[9]

Drawing on the rich traditions of Indigenous kin-based knowledge sharing and collective activities, we rejected the word "experts." Rather, we would become a group of "relations" who interacted with each other according to the principles of reciprocal learning, humility and mutual respect to collectively contribute to knowledge work with an end vision of thriving Indigenous communities.

Everyone participated as members of the network and actively worked together with the goal to make infant, child and family programs better by gathering, sharing, applying, and evaluating Indigenous and public health knowledge. At the beginning of the project, the following principles and processes were identified as key factors, which contribute to developing a meaningful network:

Community-Based Participatory Research Partnerships

As mentioned in the introduction, the IKN project was carried out using community-based participatory research methods and engaging principles and practices that secured governance and management of community research data by participating Indigenous communities, as well as supporting capacity building and community self-determination of research. This included the development and signing of research, publication, and data sharing agreements between each of the six Indigenous community partners and St. Michael's Hospital. See Appendix B for sample agreement at www.welllivinghouse.com.

We continually strived for balanced relationships between the Community Partners, the Community Network Participants (CNPs) and the Academic Research Team.

At the baseline focus group meeting it was determined that an important thread woven into the fabric of the IKN project is that the communities:

[9] Canadian Health Services Research Foundation. (2005). *Network Notes I: What's all this talk about networks?* Retrieved from: https://www.cfhi-fcass.ca/Libraries/Network_Notes_ENGLISH/Network_Notes_I_-_What_s_All_This_Talk_About_Networks.sflb.ashx

"…decide how to best use the stories and knowledge gathered and who to share it with. Communities make sure the stories and knowledge are safely kept. The Research Team will have access to the knowledge gathered with permission."

IKN Project Guiding Principles

The Community Partners and Research Team also collaborated to articulate the following project guiding principles:

- To use a holistic framework that acknowledges the physical, mental, emotional and spiritual aspects of Indigenous health throughout the life cycle;
- To respect and adhere to community context and local cultural protocols;
- To value capacity building at all levels and amongst all participating organizations and communities;
- To ensure the highest standard of research ethics, particularly those ethical practices that are culturally validated by the Indigenous network partners;
- To ensure the protection of Indigenous knowledge gained through the work of the network;
- To maintain strong and respectful partnerships;
- To value individual and organizational contributions to the development and maintenance of the knowledge network;
- To adhere to principles of Indigenous data management and governance with respect to community-based data;
- To ensure accountability and transparency in all the work of the network.

Ethics

The Research Team ensured ethical principles were maintained and dedicated significant time towards capacity building through facilitated discussions and the co-development of all project consent forms and templates. This supplemented the research, publication and data sharing agreements that governed the project. Research ethics board approval was also obtained from the St. Michael's Hospital Research Ethics Board.

Network Activities

Annual network team gatherings were held in both urban and rural settings that included the Ontario Federation of Indigenous Friendship Centres (OFIFC) and Centre for Urban Health Solutions at St. Michael's Hospital offices in Toronto as well as at contributing project Elder, Jan Longboat's Earth Healing Garden Retreat Centre on the Six Nations reserve. We held our orientation meeting in year one at OFIFC in Toronto and the final project dissemination meeting at the Wabano Health Centre in Ottawa. Gathering locations were determined based on our desire to establish an environment that promoted the objectives of each project phase. At times, this required a location that could provide many technical supports and versatile transportation options, such as in Toronto for the orientation meeting, where project participants learned to Skype and participate in a digital storytelling workshop. On other occasions, our location choice was enhanced by "unplugging" and securing space that was conducive to ceremony, reflection and contemplation in which we could also include a scared fire[10]. The final dissemination meeting was held in Ottawa, Ontario in order to accommodate community and government stakeholders.

The network was committed to strengthening ongoing communications. In addition to annual face-to-face meetings, the Community Network Participants (CNPs) met several times a month by phone and/or Skype to exchange information, support each other, provide progress updates, and generally build relationships. Community Network Participants carried a wide range of baseline skills and knowledge including varying levels of familiarity with digital communication technologies. The project committed significant time and resources towards building capacity among the CNPs so they could all engage with email, Internet, Skype, blogs and additional computer-based tools effectively.

[10] Spiritual and ceremonial fire tended to by traditional knowledge and fire keepers. The Fire is considered scared and used as a vehicle for prayer and offerings.

Each CNP was provided with a project laptop and received training on how to use it. The network also received social media training. We engaged the following meeting schedule and utilized the following tools and technologies to facilitate on-going communications and support:

- A monthly facilitated, mandatory teleconference with CNPs and the Core research Team including the Principal Investigator and project Elder;
- Bi-weekly optional, informal conversations called "Kitchen Tables[11] Skype calls;
- E-mail and the maintenance of regular office hours for phone calls;
- Google list serve for shared interest information sharing;
- Video conferencing when someone could not attend a face-to face gathering;
- In person meetings;
- Telephone check-ins;
- Document sharing through Dropbox.

Phase II: Knowledge Gathering/Synthesis

In the knowledge gathering and synthesis phase of the project, network members (both CNP and academic researchers) drew on existing evidence, best practices, and local community oral history knowledge to develop culturally relevant content and strategies for parenting or infant/toddler health promotion programs in their communities. The following sections describe the two main project knowledge gathering and synthesis components and summative findings.

1) International Systematic Review

A key IKN Project component included an international systematic review of Indigenous parenting and infant-toddler health promotion. Objectives of the review included the following:

- To identify and describe successful programs
- To study how, why and in what contexts programs work

The geographic scope of the review included Canada, mainland United States/Alaska, Hawaii, New Zealand, and Australia. Nation-specific reviews were led by Indigenous researchers and community members based within each of these respective territories.

[11] "Kitchen Table" refers and an informal discussion.

Realist Review Summative Findings for Prenatal Infant Toddler Health Promotion in Canada

The project engaged realist methods. From over 13,308 abstracts identified internationally, 17 articles and six reports describing 20 programs met final inclusion criteria for the prenatal-infant-toddler health promotion review. To start our theory development we first looked at the culture-based parenting literature that we had found for Canada (one article) and the continental US/Alaska (12 articles). We identified a number of strategies that appeared to be linked to successful programs. Strategies are easier to identify than underlying mechanisms in realist methods, as strategies are usually more readily apparent in program activity descriptions while underlying mechanisms are often less explicit and related to the underlying values and beliefs of program participants.

Strategies Linked to Successful Programs

- Community-based program governance and/or management;
- Integration of the program within local community infrastructure;
- Program content and processes that reflect local community knowledge, skills, beliefs, and values;
- Local community capacity building;
- The endorsement of the program by key community stakeholders;
- Protection and promotion of Indigenous ways of knowing and being;
- The revitalization of Indigenous knowledge and kinship systems.

Together, Janet Smylie as Principal Investigator and Sara Wolfe as a Community Partner and Network Participant developed a theory of Indigenous community investment-ownership-activation, which was then tested by searching for evidence of this theory in the articles and program reports. Indigenous community investment was defined as a contextual state in which a threshold level of personal or collective commitment and support (both attitudinal and material) to the program has been reached by Indigenous and/or allied individuals or organizations affiliated with the community in which the program is located. Drawing on the literature and our experiential knowledge of Indigenous health program and service development we operationalized the achievement of Indigenous community investment into

several steps that progressively achieve individual and collective community "buy-in" and participation.

Stages of Community Investment

- **Stage 1 (Initiation):** Health issue identified as a priority for action by local Indigenous community health workers/community members;

- **Stage 2 (Development):** Indigenous community workers/leaders engage the broader Indigenous community to gather, share and mobilize resources regarding this issue;

- **Stage 3 (Implementation):** Initiation of new local community service informed by this broader Indigenous community engagement and aligned with local ways of knowing and doing.

We hypothesized that Indigenous community investment is an essential context for the establishment of a collective understanding and valuing of the program as something that is derived from and intrinsic to local Indigenous community social systems versus something that has been more or less externally imposed. In English, this underlying mechanism could be described as the collective establishment of ***Indigenous community ownership*** – a collective sense that the program is "ours" versus "theirs." We further hypothesized that this collective identification and valuing of the program as intrinsic to and aligned with local Indigenous ways of knowing and doing is a powerful and cross-cutting mechanism for triggering program participation across Indigenous community contexts and diverse program target health domains.

After centuries of historic and current colonial policies targeting Indigenous self-determination, many Indigenous peoples (both individually and collectively) have developed an acute and critical sensibility as to whether or not an intervention such as a health program has been autonomously initiated or externally imposed. Autonomously initiated activities may be perceived as acts of self-determination and decolonizing social activism, while participation in externally imposed activities may be linked with previous negative and colonizing experiences.

The foundational emergence among program participants of a belief that the program is "ours" which we termed the mechanism of Indigenous community ownership, in turn was hypothesized to trigger a sustained and high level of community program participation, which we termed Indigenous community activation.

We developed and appraised the evidence for a middle range theory of Indigenous community investment-ownership-activation as an explanation for program success. Program evidence of local Indigenous community investment, community perception of the program as intrinsic (mechanism of community ownership) and high levels of sustained community participation and leadership (community activation) was linked to positive program change across a diverse range of outcomes including: birth outcomes; access to pre- and postnatal care; prenatal street drug use; breast- feeding; dental health; infant nutrition; child development; and child exposure to Indigenous languages and culture. These findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs.[12]

The result of Indigenous community investment is increased community access to higher quality, more relevant and effective services, which leads to better health outcomes. For a full summary of Systematic Review findings please refer to the paper: *Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review.* [13] See Appendix C at www.welllivinghouse.com.

[12] Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O'Campo, P. (2016). Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review. *Social Science & Medicine, 150,* 128-143. doi:10.1016/j.socscimed.2015.12.019

[13] The report is also available at: http://www.sciencedirect.com/science/article/pii/S0277953615302793

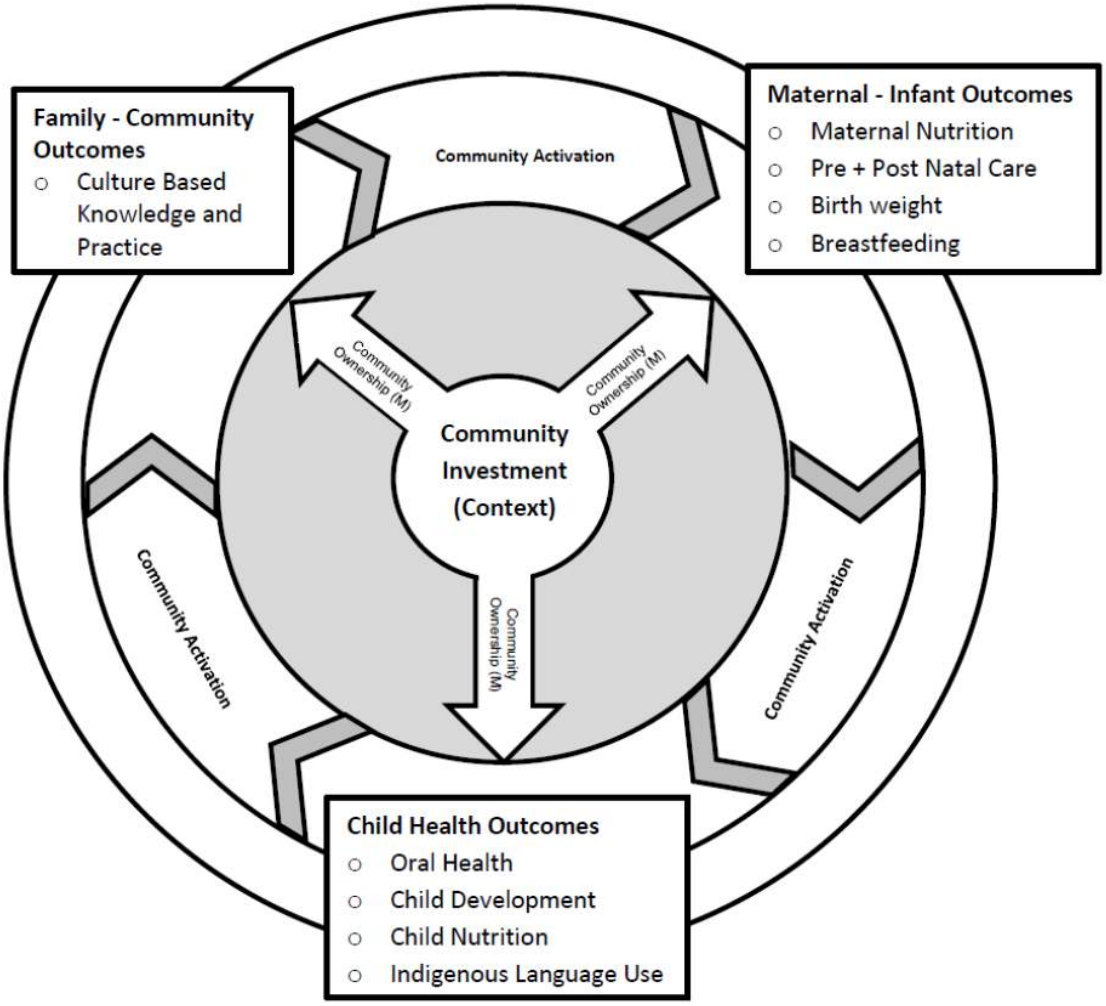


Figure 5-1. Indigenous community investment (C) results in community ownership (M) in turn triggering community activation and cross-cutting positive program outcomes.

2) Oral History Projects

The aim of the oral history projects was to support community health workers and managers to gather locally relevant Indigenous infant, child, and family health knowledge within each partner community. The Core Research Team supported Community Network Participants (CNPs) in uncovering and archiving Indigenous infant, child, and family health knowledge by interviewing local Elders and knowledge keepers. This took place over the first two years of CNP project participation. The Core Research Team committed time and resources towards capacity building and training each CNP so they could take the position of lead investigator for the oral history interviews in their respective communities. This included preparing the project proposals, ethics and consent forms, arranging and recording interviews, transcribing interviews and preparing community oral history reports.

Oral History Training

Respected Elder, Maria Campbell, played a vital role in this phase of the project as she shared teachings and drew on her decades of experience as a community-based oral history gatherer and storyteller. Maria taught us about the significance of storytelling and oral traditions within Indigenous communities. She provided the network with historical context about the ways in which colonization disrupted the passing down of vital community-based cultural and health knowledge from one generation to the next and how this negatively impacted the health and well-being of Indigenous communities. Maria also shared many stories about the resilience of Indigenous communities in maintaining their knowledge and identities. Maria continually pointed out the value of each individual's story regardless of how they might be perceived by others, because every community member holds a "piece of the puzzle" which was fragmented by colonization and is being put back together through knowledge gathering and application projects such as the IKN.

Maria guided the CNPs in learning and following community protocols in their dual roles as researchers and community members seeking knowledge for the benefit of the community. Maria stressed the importance of relationship building between the CNPs and the Elders they interviewed.

Maria and the Core Research Team also shared practical interview skills training such as active listening and asking open-ended questions. Community Stakeholder Jennifer Wemigwans provided additional Digital Recorder Training and Co-investigator Sylvia Abonyi and former

Research Team member Kim Anderson shared insights and teachings based on their extensive experience doing oral history research.

Oral History Project Implementation

Each of the Community Partner sites received $5,000 to support the implementation of their community-specific oral history projects. These funds could be used to support honoraria for interview participants and other community-based project expenses. The Core Research Team co-developed and revised several useful templates with the Community Network Participants (CNPs) including methods directions, an action plan for oral history research, draft budget, and ethical considerations in order to move their oral history research forward in a good way. An oral history proposal template was developed which outlined a path for: community input and direction on selecting Elders to interview; interview transcription protocols, and data storage. The Core Research Team and Co-Investigators formed a Review Committee that included Community Partners who provided the CNPs with feedback that further strengthened their plans and proposals. The funding was released upon approval of the templates from the Review Committee.

An Oral History Report Template was also co-developed to guide CNPs as they interpreted the rich data from the interviews and began the process of synthesizing the knowledge within their local programs. The report template was designed to support CNPs in the articulation of underlying local core values, attitudes, knowledge, and skills regarding infant, child, and family health as well as local contextual and system factors. To learn about the specific methodological approaches used by each community partner, please refer to their final community reports in Appendix D. The following templates are also included in Appendix E: Oral History Project Proposal, Oral History Interview Consent Forms, Oral History Project Report. Appendices available at www.welllivinghouse.com

Oral History Summative Findings

The findings of the oral history interviews are rich and diverse. These interviews collectively represent an invaluable gathering of knowledge, experience and insights from a diverse grouping of Elders and knowledge keepers, many of whom are extremely well-respected, and a few of whom have already departed for the spirit world.

A broad range of themes emerged, including:

- Birthing
- Breastfeeding
- Constructing a positive cultural identity
- Cultural values, restrictions
- Family and community responsibilities
- Impacts of colonization on traditional maternal, infant, and child health practices
- Nutrition and health
- Parenting and discipline
- Stages of life teachings
- Traditional plant medicine
- The role of the community
- The role of ceremony and spirituality
- Indigenous world views

The oral history interviews had significant meaning beyond the specific research aims as CNPs were also actively re-kindling deeply rooted community traditions and relationships which in turn led to profound impacts on the individual CNPs, participating Elders, and community members more broadly.

For specific themes identified by each Community Partner please refer to their final community reports in Appendix D available at www.welllivinghouse.com.

Insights and Results of the Oral History Phase

Below is a list of summative insights and results from the oral history phase:

- Network recognition that traditional infant, child, and maternal health knowledge are not lost by processes of colonization, rather they have been silenced and oral history research works to unearth knowledge and "piece the puzzle";

- Oral history is a useful and practical tool for enrichment of maternal, infant and child health programming in Indigenous communities in Canada and can be readily learned by Indigenous community health workers and managers;

- Re-connecting and learning from our cultural knowledge has positive and empowering impacts on our experiences and our identities;

- Oral history in the IKN project resulted in the successful collection, preservation, and sharing of locally relevant (traditional and mainstream) knowledge, stories, and best practices for the improvement of our children's health.

PHASE III: KNOWLEDGE APPLICATION

In the Knowledge Application phase of the project, CNPs reflected on the knowledge and insights gained from their oral history projects in order to develop Knowledge Application Pilots (KAPs) that aimed to apply this knowledge to parenting or infant/toddler health promotion programs in their communities. This took place in the third and fourth years of their participation in the network. The following three sections include descriptions of the: A) process of KAP development; B) eight Community Partner-led KAPs and their summative findings; and C) overall KAP Project Evaluation.

A) KNOWLEDGE APPLICATION PILOT (KAP) DEVELOPMENT

The CNPs put a great deal of energy into understanding and interpreting the diverse findings from their Elder oral history interviews and how they might be applied within their existing programs. A three-day midpoint network gathering during year three of the project was held at Elder Jan Longboat's home on the Six Nations reserve.

Project Elder Maria Campbell and the Core Research Team led the CNPs through a visioning process aimed to help CNPs reflect on the best ways to share the teachings they had received through their oral history projects with their communities. The visioning process centered on the understanding that we honour our stories and knowledge by putting them to use in our communities. Ceremony was included in the process to provide guidance on tapping into the intuitive aspect of self, which provided further insights into possible knowledge application directions.

On the first day, CNPs were provided sacred tobacco and a writing journal. Jan Longboat arranged for a sacred fire and CNPs were asked to reflect on the knowledge that had been

shared with them through their oral history research as well as the needs of their community, and the capacities within their programs in order for them to determine the most suitable KAP to develop and implement. CNPs who did not have a clear vision of what their KAP would be were provided cultural guidance and tools by the Elder who encouraged the CNPs to offer tobacco to the sacred fire in order to access spiritual insights. They were also advised to pay attention to dream states and intuition. The intention and goal was that over the course of the midpoint gathering CNPs would have clarity, tools, and guidance to move their KAPs forward.

Elder Maria Campbell encouraged CNPs to bring a stone with them to the midpoint gathering or to find one outside at the Jan's house. Maria explained that going forward in the project the stones would be referred to as story stones and their purpose was to listen/witness the stories shared throughout the IKN project. The stones would help ground the project and the intentions placed into the stones would carry through the project. The story stones were placed in the gathering room at the midpoint gathering and at all subsequent IKN gatherings. In between gatherings, Research Coordinator Rebeka Tabobondung kept the stones at her desk, which also helped to ground the project in the high paced hospital research setting at St. Michael's Hospital.

Figure 3-2. The story stones were placed in the gathering room at the midpoint gathering and at all subsequent IKN gatherings.

In addition to the important spiritual elements of the visioning process, CNPs also used a template to help them reflect on practical realities that make their communities unique and that would impact successful program development in their communities. Please see Appendix F for the Document of Local Factors Template at www.welllivinghouse.com. This helped CNPs to articulate their valuable frontline understandings of the realities of local Indigenous health priorities, gaps, systems, and community-specific factors, values, attitudes, knowledge and skills, which informed their KAP development.

The results of this visioning process were community-directed Knowledge Application Pilots (KAPs) that incorporated unique CNP insight and practical considerations regarding the appropriate transmission and use of local Indigenous knowledge already existing in their communities. CNPs used Knowledge Application Proposal templates developed in consultation with the CNPs and the Core Research Team to outline their KAP objectives, core audiences, key messages, action plan, anticipated impacts on program participants and community, timeline, and budget. Please see Appendix G for the Knowledge Application Proposal Template at www.welllivinghouse.com. These KAP proposals were reviewed by the Core Research Team and a representative from the Ontario Federation of Indigenous Friendship Centres. Specific feedback and suggestions were provided and CNPs amended their proposals accordingly. Once feedback was reflected in the proposals, funding in the amount of $5,000 was released to each of the Community Partner organizations to support the KAPs at each community site.

The CNPs developed a diversity of vibrant, innovative, and locally relevant KAP projects that focused on the community-specific findings from their oral history projects and applied them to culture-based infant toddler health programming that met the unique needs/situation/priorities in their communities. The KAP projects that each CNP developed are summarized below. For further details about each community network participant's KAP project and findings, please see the final community reports included in Appendix D at www.welllivinghouse.com.

B) Community Partner Led Knowledge Application Pilot Projects

The KAPs that each CNP developed, implemented and evaluated are summarized below.

1) Fort Erie Native Friendship Centre: Sharing Our Traditional Gifts Workshop Series

Community Network Participant, Beverly Hill developed a program called *Sharing Our Traditional Gifts* that she co-coordinated and ran on a weekly basis at the Fort Erie Native Friendship Centre in southern Ontario. Her KAP project focused on incorporating traditional teachings and values into a workshop in which community members undertook regalia making. Regalias are ceremonial clothing specific to men, women, and children, powwow dance styles, and nationhood. Regalia making is a significant cultural undertaking in which fabric, colours, and pattern choices are closely connected to understandings of one's personal and collective cultural identity. For example, familial clan animals and personal sacred colours are carefully and thoughtfully incorporated.

Sharing Our Traditional Gifts program included the continual guidance and teachings from Elders, sewing skills, beading, and moccasin making. Elders and diverse community members participated in the program, and traditional teachings were shared while participants engaged in craftwork. The incorporation of the craftwork activity was a culturally relevant way to pass down knowledge. After the regalias were complete, the Fort Erie Friendship Centre hosted a large successful celebration, feast, and fashion show, which has subsequently taken place annually.

The KAP encouraged the passing down of traditional knowledge regarding healthy families and stages of life teachings and regalia making skills. It also contributed to supporting a positive cultural identity for participants who made the regalia, for those who received them and showcased them in the fashion show, and for those who attended the feast and fashion show and witnessed and participated in the community cultural celebration. The significance of each regalia was explained by the MC at the community celebration. This KAP program was a huge success and became one of the most popular programs offered at the Fort Erie Native Friendship Centre. The community network participant, Bev Hill, noted in her Final Community Report:

> *The knowledge of the teachings of our Elders, faith keepers, spiritual leaders, chiefs, medicinal teachers, and gifts of each individual worker here at the center as well as our community has increased our knowledge of some of the teachings that were once taught to us as children. It has increased our values in life and our beliefs. It opened our traditional awareness and helps each program worker when working with individuals or groups. Our cultural awareness has escalated from the beginning to the end of this project. I found through this project that the urban Native community has not had the valuable Traditional Teachings or follow practices of their teachings today. It would be wonderful to have those teachings continual in our community for generations to come. This program has enlightened our awareness for the need to continue and that it must be ongoing if we are to raise healthy babies and healthy children.* (p. 19)

Bev also noted that the family inclusive aspect was particularly important for the success of her program:

> *The family setting had a big influence on the success of the KAP project. We first had to build on that sense of security and trust and it was accomplished through this unthreatening type of setting. We gathered around the kitchen table, with the Good Mind Communication, such as talking, sharing, laughing, storytelling, hands on projects.* (p. 21)

2) United Native Friendship Centre (UNFC - Fort Frances): Culture Camp

Rochelle Bird worked with her friendship centre to develop a 3-day cultural camp at the Sunny Cove Camp, Rainy Lake for families in her community. At the culture camp, traditional teachings and knowledge was shared by the five participating Elders who Rochelle had interviewed for her Oral History project and one helper/translator. Several facilitated teaching circles were held with the Elders and participating community members. The culture camp also included family orientated meal times, a women's hand drum group performance and teachings, and a bannock making class.

In her final community report, Rochelle reflected that the camp concept worked well as it created a "captive audience" for the Elders to share their oral histories and the site made it possible for families to have a holistic and experiential learning experience within a natural setting within their traditional territories. In her digital story, Rochelle points out that community members spending time on the land is quite significant since even though camp 'property' is on traditional

Anishinawbe land, as a result of colonial land appropriation policies, this land is now owned by a church and the camp is usually run by priests.

Culture camp participants experienced a rich exchange of traditional health and cultural knowledge and were able strengthen relationship within and across families. This in turn contributed to positive cultural identity and family wellness. Rochelle further noted some far reaching positive impacts of the KAP on her community:

> *…culturally based initiatives have come to the United Native Friendship Centre as a result of camp such as a naming ceremony where five camp participants received their names. Also attendees of the camp have participated in existing UNFC programming which they previously did not such as the fall medicine walk and drum ceremony… [t]he families in attendance at camp were very grateful for the experience of sharing knowledge with area Elders and their families. The biggest barrier that we face now is establishing/finding funding to make this an annual event or bi-annual event.* (p. 35-36)

3) N'Swakamok Native Friendship Centre (Sudbury): Traditional Baby Album Project

Community Network Participant and Coordinator of the Aboriginal Healthy Babies Healthy Children program, Ursula Abel, and Project Assistant, Monica Lafontaine, developed "traditional" baby albums that provided parents with cultural and traditional teachings and a unique space to record their children's developmental and culturally informed milestones such as "burying the placenta," "naming ceremony" and "the walking out ceremony." These are significant cultural milestones, which contribute to strong cultural identity as well as community building. The baby album was also a tool to record general health information such as birth weight. Ursula and Monica distributed the traditional baby albums to 25 Friendship Centre clients and held a workshop to help parents customize the baby albums by covering them with deer hide and incorporating a unique design through leather burning.

The KAP aimed both to provide parents with traditional knowledge about raising their children, and help transmit and record this knowledge to their children with a culturally relevant tool that became a prized possession in the family. Ursula and Monica also developed a Traditional Teachings Resource Booklet that summarized the traditional health information and teachings from the oral history interviews with community Elders. The Resource Booklet was used to support the sharing of traditional infant, child, and family health knowledge with clients on home visits as Ursula and Monica assisted them in filling in their traditional baby album.

The KAP was very well received by the community. In their final community report, Ursula and Monica noted that, "…the greatest challenge experienced was limiting the number of people who could participate. As people saw the traditional baby albums, they asked if they could participate in the project and receive an album" (p. 25). They further noted that the project was, "particularly effective because it involved craftsmanship and creating a tool that parents can use and refer to on a regular basis" (p. 24).

4) Odawa Native Friendship Centre (Ottawa): Elder Sharing Drop-In Sessions

Colleen Sauve, Coordinator of the Aboriginal Healthy Babies, Healthy Children Program developed and implemented an *Elder Sharing Session* at the Odawa Native Friendship Centre for her KAP project. At first the KAP she initiated was an *Elder Home Visiting* project, designed to connect clients with community Elders for cultural knowledge transmitting during pre-programmed home visits. Colleen later adapted the KAP to base the program within the Friendship Centre. The location change allowed for increased participation by community members and addressed the complex safety concerns arising in the implementation of the home visits.

The *Elder Sharing Session* involved Elders from the community making themselves available at the Friendship Centre a few times a week during regular centre programming. Clients who were attending programming had the opportunity to check in and speak with Elders on a casual basis. In her final community report, Colleen noted that the nature of these less formal interactions allows for an easier engagement of the parents with the Elders, compared to the initial home visiting model. The *Elder Sharing Sessions* allowed relationships to develop more naturally and helped clients to feel more comfortable about approaching Elders. This KAP supported the re-establishment of relationships that foster the sharing of traditional teachings in Colleen's community. In her final community report, Colleen further noted that her project has taken on:

> *…a life of its own and I feel we were successful in planting the seeds of new relationships and a new way of understanding for many of our parents. Several things happened throughout the life of the project that had unexpected benefits… We did not plan or anticipate an Elders Circle/Council as one of the outcomes, but as we progressed, it became apparent that we needed guidance from the Elders as to how this should look, outside of our own ideas, so we held a few meetings with Elders in the community, to get their input and blessing to proceed. The guidance and approval of the project was comforting and inspiring.* (p. 23)

5) Seventh Generation Midwives Toronto (SGMT): Birth Story Sharing Project

Community Network Participant Sara Wolfe and Project Assistant, Sara Booth, developed a *Birth Story Sharing Project.* This KAP focused on drawing out and sharing Indigenous knowledge about the significance of birth stories for new families among the SGMT midwives, staff and clients. Two teaching circles that focused on Sara's oral history project findings, including the role of birth stories, were held with community members and for SGMT midwives and staff, respectively. Along with the oral history project findings, notes and reflections, teaching circles were used to develop a birth story sharing template that aimed to help SGMT clients record and share their own birth stories.

The Birth Story Sharing Project garnered a lot of positive feedback from participants and the community in general. As noted in their community report, the community "liked the idea of bringing Indigenous knowledge forward and integrating it into midwifery care" (p.22). Further, the midwives found that

> *...the group format of the teaching circles worked well. Participants, whether clients, midwives, students, or other community members, expressed enthusiasm, and the groups were well-attended. Those clients who experienced one-on-one meeting with midwives as part of the KAP reported that they would like to see a group activity integrated into our KAP.* (p. 19)

6) Métis Nation Ontario (Windsor and Bancroft): Métis Baby Bundle Book

Community Network Participants October Fostey and Amanda Cox shared their resources and worked collaboratively to develop a *Métis Baby Bundle Book* which shared excerpts, insights, and health knowledge based on the oral history interviews and research they did. The Métis Baby Bundle book shares Métis-specific teachings about parenting throughout early childhood and like the traditional baby book, also provides parents with an opportunity to record their children's milestones as they grow up. The book includes beautiful Métis design work and is wrapped in a baby size Métis sash so the infant gets its first Métis sash which is a significant source of Métis cultural identity and pride.

October and Amanda both observed positive responses to the *Métis Baby Bundle Book* their respective communities. Members of both communities were excited to be able to access Métis-specific teachings, and noted they valued traditional health knowledge specific to their communities about parenting. Numerous requests for additional copies of the book have been

made and the *Métis Baby Bundle Book* was handed out as a gift to participants the 2013 Métis Nation of Ontario annual summer assembly. As noted in their final community reports, community members also appreciated the reflective voices of the Elders in the books. Their parenting advice did not come across as institutional or academic but rather remained accessible, culturally appropriate, and relevant.

7) Northern Village of Île-à-la-Crosse: Traditional Parenting Program Based on Kisewatotatowin

Respected Elder and Community Network Participant, Marie Favel, redeveloped and published the *Kisewatotatowin* Traditional Parenting Handbook as well as a *Kisewatotatowin* Traditional Parenting Trainer Manual for her KAP. *Kisewatotatowin* is a Cree word that refers to great love and respect for all living beings, *Kisewatotatowin* means having and giving great love, caring, generosity, patience, trust and respect to your child, your family, your community, your nation and the universe. The handbook and manual were originally written and published in 1995 by *Kisewatotatowin* Aboriginal Parent Program Inc., a collective of Indigenous Elders, including IKN project Elder, Maria Campbell who was on the advisory board and Elder Mary Lee, who Marie brought into the KAP to facilitate a train-the-trainer workshop.

Marie Favel has consistently used the *Kisewatotatowin* Aboriginal Parenting Manual and Handbook in her role and career as a traditional community educator. The original handbook and manual are now out of print and the publishing company is no longer in existence. After seeking permission from original members of the first *Kisewatotatowin* advisory such as elder Mary Lee and getting written permission from the former editor, Marie embarked on re-writing, updating, and printing the manuals to be an effective tool in her community today. Marie was encouraged to supplement the updated version with locally relevant pictures and materials as well as her own insights.

Many of the Elders that Marie Favel interviewed did not share in the traditional knowledge that Marie envisioned for the KAP. While the interview subjects had vast knowledge of life on the land, they also relayed oral histories that focused on the dislocation and sometimes traumatic impacts of colonization on infant, child, and family health. For the KAP, Marie chose to incorporate the most useful, relevant, culturally appropriate health knowledge she had access to that could benefit families in her community in a positive way. Adapting and sharing information is a common practice between Indigenous nations and Marie has used it as a tool to strengthen her community.

This KAP aimed "to support young mothers in the community by sharing and practicing traditional parenting techniques and engaging the wisdom and knowledge from community Elders" (p.9). Marie ran a four-day facilitated community workshop focused on training local community health workers to use these resources with their clients. Mary Lee was one of the main contributing Elders to the original handbook and manual who also co-facilitated the "train-the-trainers" workshop with Marie, and helped to share the teachings. Those who participated in the workshop gained support and cultural knowledge on parenting and awareness of their community's history, such as local cultural awareness, language retention and community history and kinship.

In her community report, Marie noted that community feedback from the workshop was very positive, "…these are very positive teachings that make a person feel good and build positive identity. The atmosphere that was created for participants to learn together in a loving environment was very beneficial. This hands-on, experiential approach is a traditional way of learning." The developed *Kisewatotatowin* Aboriginal Parenting Handbook and Manual will be a valuable resource for community health workers in Ile a la Crosse to use with their clients and for community members more broadly to use with their families.

8) Meadow Lake Tribal Council: Traditional Toy Kit Making Workshop

Community Network Participants Melanie Martin and Joanne Derocher developed a workshop that brought together young mothers and Elders to engage in traditional toy making activities. The workshop series provided opportunities for Elders to connect with young parents and their children and to share traditional parenting and health knowledge while at the same time making a toy doll. In her final community report, Joanne noted that, "…in the past there was a lot of emphasis on family, relationships, and community closeness, therefore it is hoped developing the toy kit will strengthen the bond between families and communities."

The toy kit making workshop was very well received in Meadow Lake. In her final community report, Joanne noted that the toy kits:

> *…brought a great deal of conversation as to what families use to discuss and do from years ago compared to the present. The young mothers wanted to go home and make dolls with their girls and canoes with the boys… The participants were fully engaged and this brought on discussions on traditional parenting. Memories of what the Elders used to play with as children and funny stories. This project showed the bonding the group*

formed as we made our dolls. The mothers were anxious to show their children how to make these homemade dolls. (p. 15)

C) Knowledge Application Pilot (KAP) Project Evaluation

Community Network Participants (CNPs) developed, implemented and evaluated their unique KAP projects between September 2011 to August 2013. They evaluated their KAPs using the following distinct yet complementary methods:

- Pre and Post KAP Evaluation Templates
- Custom KAP Evaluations
- Client Case Studies (Baseline, Midpoint, Endpoint)
- Final Community Reports

The CNPs completed pre and post KAP evaluation templates, which were developed by the Core Research Team with input from the CNPs. These templates complemented the KAP Application Proposals, and helped CNPs to further clarify and articulate how and why their KAPs functioned in their communities. Further CNP reflections about their pilot projects were provided in the CNPs' final community reports. Please see Appendix H for the Pre and Post KAP Evaluation Templates and Final Community Report Template at www.welllivinghouse.com.

The CNPs worked with the Core Research Team to develop custom KAP evaluations that supplemented the core KAP evaluation templates and were tailored to their specific KAPs. This allowed CNPs to evaluate their KAPs from the perspective of the community members who participated in the KAP. It also provided the opportunity for CNPs to work with academic research staff with expertise in program evaluation to further develop their research and evaluation skills. Most CNPs chose to develop pre- and post- KAP questionnaires, with a combination of open ended and closed questions for their community members to complete.

Knowledge Application Project Evaluations & Summative Findings

The Core Research Team conducted a document review of the Community Network Participants' (CNPs) custom KAP evaluations, pre/post KAP evaluation templates and final community reports. In order to look for common themes and experiences across the different KAPs, we focused on the following questions:

1. "Did the KAPs facilitate knowledge application that might not have otherwise happened?"

2. "How did the KAPs facilitate knowledge application?"

3. "What were some of the challenges and how could the process of knowledge application be improved?"

This review of the KAP impacts is further supplemented by information regarding the direct impact of the KAPs on program participants gathered from client case studies (reported on in the next section).

Below is a summary of key findings, themes and supporting quotes that emerged using these three thematic questions.

1. "DID THE KAPS FACILITATE KNOWLEDGE APPLICATION THAT MIGHT NOT HAVE OTHERWISE HAPPENED?"

- Many clients within all of the participating communities get traditional knowledge about parenting and infant/child health from mothers and grandmothers. Others are more dependent on program and service workers. These factors did not change substantially between pre and post KAP evaluations – however the evaluations revealed that KAP activities re-enforced and validated traditional familial knowledge sharing;

- More community members reported getting traditional knowledge from the programs and services in their communities after the KAPs (i.e. increased traditional knowledge was accessed through existing programs which have been enhanced by the KAPs);

- The majority of KAP participants said they would recommend the KAP to someone else in their community.

2. "HOW DID THE KAPS FACILITATE KNOWLEDGE APPLICATION?"

The responses to this question centered on the following three key themes, which are supported by direct quotes from the participants:

A. Building Positive Identity, Empowerment and Healing

"When workshop participants learned about cultural/traditional knowledge - it lifted them up. It filled them with self-pride, and acceptance to know they are rooted in a loving tradition. This knowledge also empowers them to take on this knowledge within their own family relationships."

"[program participants have more]...positive empowerment towards gaining self-esteem and sharing their own Traditional teachings with great respect from a variety of First Nations."

"Baby albums are usually kept for a long time (sometimes, a very long time). These children will grow up reading about traditional ways and seeing themselves in pictures participating in traditional activities. It is our belief that this will build knowledge and self-esteem."

B. Strengthening Relationships between Parents and Children

"I know how to be a better parent to my children"

"The world is so fast paced now; families forgot the importance of quality time; the sharing, developing, and maintaining that special bond with your child."

"I learned how to keep memories from the time my baby was born and how hard we work for our children."

"More young moms should learn about the Toy Kit, it taught me about toys and ways to enjoy things with my children."

C. Strengthening Relationships across Generations

"Participants enjoyed bridging the gap between the young and old. They enjoyed the social environment used in a family setting."

"The 'Métis Baby Bundle' book provides spaces for families to engage their Elders/grandparents to talk about the knowledge they hold on some of the topics covered in the book."

3. "What were some of the challenges and how could the process of knowledge application be improved?"

The main challenges can be summarized in the following two themes:

A. Addressing Cultural Diversity in our Communities

"We knew we were never going to be able to match nation to nation and skill to skill, and we knew we were not going to provide for every nation but as the project grows, we will be able to provide the parents with more choice."

"As I reflect back on the KAP, the things I would've done differently was to include Dene Elders in the Oral History. We have two languages in our region and it would've been interesting to see if there were any similarities or differences in games or toys the Elders played with as children because of geographic of communities; and cultures/traditions."

B. Making Sure that Knowledge and Teachings reach across the Life Cycle

"The Project Coordinator noted that the need to obtain information about healthy babies sometimes hindered the opportunity to obtain other information the Elders may have had. She would like to see a project that records any and all information the Elders have to offer."

"More Elder circles with the children. They need to hear too."

Overall, the document review suggests that the KAPs had important positive impacts on participant communities. They added to and strengthened sources of traditional knowledge that clients were using. They worked by supporting the development/strengthening of positive identities and relationships among community members. The project is helping to revitalize links with knowledge keepers in communities and is contributing to rebuilding important networks of cultural knowledge transmission.

KNOWLEDGE APPLICATION PILOTS (KAPS) STRATEGIES FOR SUCCESS

The following list outlines factors that contributed to the positive community response and participation within the KAPs:

- Community health providers are very well situated to apply locally relevant Indigenous knowledge and teachings to their health promotion programs, with positive impacts on their communities;

- Structured protected time (i.e. one day per week and/or one-two protected weeks per year) along with modest facilitator support and some knowledge translation strategy tools allow community health providers and service providers the opportunity to strategically develop knowledge sharing strategies and tools;

- This relatively small investment of protected time, along with a small amount of resourcing ($5,000) and facilitator support can have substantive positive impacts on community relationship building, positive identity development, and the transmission of cultural teachings and health knowledge that have current relevance within the context of diverse prenatal and infant toddler health promotion programs and services;

- There is broad community support for and interest in health promotion programs that provide relevant, local Indigenous traditional knowledge from local Elders;

- Bringing Elders and other community members together helps to re-develop important relationships that are essential to the sharing of traditional knowledge in communities;

- Engaging in cultural activities (e.g. craft/toy making, regalia making, outdoor and camp activities etc.) while sharing knowledge is a highly effective knowledge transmission tool;

- Incorporating culturally relevant knowledge products and cultural resources that include traditional teachings supports the transmission of Indigenous health and cultural knowledge between and across generations.

Client Case Studies

Client case studies were an important part of the IKN evaluation as they supported longitudinal assessment of the impacts of the IKN on the health promotion and health service clients who the Community Network Participants (CNPs) were serving in their day-to-day work. The CNPs co-developed client case study templates with the support of the Academic Research Team who provided training for the CNPs to conduct client case study interviews with two-three of their clients at baseline, midpoint and endpoint. Please refer to Appendix I for the client case study templates and refer to the CNPs individual final reports for the client case study results of specific community sites at www.welllivinghouse.com

Client Case Study Summative Findings

At endpoint, after Community Network Participants (CNPs) had launched their Knowledge Application Pilots (KAPs), program clients who had participated in the KAP noted specific teachings they had received and ways the teachings were helpful and/or useful to them:

> *"I [now] know how to make a doll, rattle by using materials and making toys from the bush."*

> *"Tikinagan [cradle board] teachings, umbilical cord teachings, men's circle teachings (for sons), spirit names and importance of medicines – upon return from camp, family began smudging daily and putting out their tobacco....kindness and respect are practiced more often in their home."*

> *"The idea that we choose our lives, come from the spirit world....children are gifts and they are responsibilities not a privilege."*

Clients also noted how the KAPs were different from other programs/places that give them information:

> *"...the opportunity to speak one on one to an Elder and ask questions for clarification of the teachings shared."*

"Doing traditional things with families. The album was fun to make. It reminds me when my granny told me stories about how hard we worked together as a family."

Clients expressed various positive impacts that the IKN project had on them:

"It has changed me immensely. I have taken parenting courses and have become a Parent Mentor."

"[I've] opened up more, not as shy. I feel better about myself; I have more friends. I am now taking adult 12 at the high school."

One CNP, who is a respected Elder in her small community, remarked on the positive impacts that conducting the client case study interviews had on one of the young client mothers she interviewed. The CNP noted that by reaching out and discussing parenting, she had become a mentor. Over the duration of the five-year project, she had developed a relationship with the young mother, providing her with support and encouragement. The CNP observed the young mother take on a leadership role in the community, which she believes was a contributing result of her outreach, kindness, and mentorship.

PHASE IV: NETWORK EVALUATION

The overall Network Evaluation has been integral to the IKN project. The overarching purpose of the IKN evaluation was to find out what kind of knowledge network will ensure our communities flourish and prosper.

Specifically we wanted to understand:

- **Network impacts on network participants** (e.g. community health workers, managers, policy-makers and knowledge workers) and the way that they gather, synthesize, exchange, and apply infant, child and family Indigenous and public health knowledge in their community;

- **Network impacts on knowledge network relationships, knowledge products, and knowledge product application** *to* culture-based parenting and infant/toddler health promotion programming in participating communities.

In this section, we outline the methods used to evaluate the IKN network and summarize network evaluation findings.

Network Evaluation Components/Data Sources

1. Focus groups with network members at baseline, midpoint, endpoint;

2. Key informant interviews with network members at baseline, midpoint, endpoint;

3. Network level analysis of community-specific evaluations (baseline, midpoint, endpoint client case studies; Custom KAP evaluations; Pre and Post KAP evaluation templates; final community reports);

4. Digital Storytelling.

Network Evaluation Methods and Findings

1. Focus Groups

Focus groups with the Community Network Participants (CNPs) were held at the beginning of the project (baseline), prior to the launch of the Knowledge Application Projects (KAPs) (midpoint) and following the conclusion of the KAPs (endpoint). Dr. Janet Smylie facilitated the focus groups, which were audio recorded and transcribed. This part of the evaluation used the 'Stages of Change' evaluation tool developed by Kim Scott for the Aboriginal Healing Foundation.[14] Stages of Change evaluation draws on articulation by community members (in this case members of the IKN) of short, medium, and long term expectations regarding impacts/changes that will result from what you are doing (in this case implementation of the IKN).

At the midpoint focus group held at our Midpoint Gathering June 13-16, 2011 in Six Nations of the Grand River, we revisited the short, medium and longer term impacts and goals we had

[14] Kishk Anaquot Health Research. (2001). *Community guide to evaluating Aboriginal Healing Foundation activity*. Retrieved from: http://www.ahf.ca/downloads/community-guide.pdf

anticipated at the 2009 baseline gathering in Toronto. This provided the opportunity to assess where we were at and also to re-focus what we hoped to change for the second half of the project. These goals were cross-referenced with previous goals that were outlined at baseline. Some goals remained the same, while others evolved. The following question was asked to all IKN participants at the baseline focus group: *What do you expect will happen as a result of the knowledge network (i.e. tangible results) over the short term? Medium term? Long term?* Along with our visioning process and vision statement development, this allowed the collective identification of anticipated network impacts that we could revisit at midpoint and at project completion. The chart below lists the short, medium, and long-term goals and impacts that were articulated at midpoint:

SHORT TERM GOALS

- Resource list of traditional teachers and healers from different nations
- Educational materials for allied service providers regarding our culture
- Resource pool of Indigenous knowledge
- Integrating new knowledge into our day-to-day work
- Connectedness between communities and Elders across distances
- More face-to-face interaction with team and network participants
- Less Skype calls
- Ability for network participants to work for condensed periods of time rather than committing to one day per week

Medium Term Goals

- Better understanding of where teachings come from (i.e. nation- specific)
- Better understanding of how to support sharing and use of traditional teachings in urban settings where there are diverse teachings
- Better understanding of how to use Skype in our work
- For the network to model a culture-based approach
- Resources, programs, and activities to support different parenting roles of mothers, fathers, and grandparents (both male and female)
- Parenting manual
- Using spirituality, ceremonies and traditional medicine wheel teachings within in our work
- Understanding the importance of self-awareness and grounded identity in our work
- More hands on teachings (i.e. how to wrap the baby)
- Sharing of tools and knowledge across the network and across communities
- Enhanced bonds/connections between family members
- Videos and demo tapes that share knowledge
- Recognizing the teachings we carry and passing them on and supporting this process in the community
- Time, resources, and longer term funding to do the work
- Sustaining the network and support community health workers to do knowledge work

Long Term Goals

- Enhanced understanding of and respect for traditional Indigenous knowledge "across the board"
- Connections between people to facilitate self-reflection and individual, family, and community healing
- Traditional ceremonies to facilitate individual/family/community healing
- Babies in our programs now taking teachings to the next generation
- Traditional knowledge and teachings to promote a sense of self-worth and community value before they are pregnant
- Youth targeted teachings
- Overcome the diverseness between communities
- Parents feeling good about their parenting
- Case study on how information was collected including ethical models
- St. Michael's Hospital using community-based protocols

- St. Michael's Hospital using community-based protocols

At the midpoint focus the CNPs also reflected on and articulated the following impacts of project from baseline to midpoint:

Question: What have we been able to accomplish so far?

- Gained more confidence
- Helped Elders feel more important
- Effects of the project have spread into new communities
- Parents feeling better about what they are doing – although they are anxious to learn they are realizing they have the knowledge
- Creation of bonds and connections between family members across urban communities
- Family relationships are changing
- Communities now gaining the vital knowledge they need
- Network participants have become experts
- Ability to share internationally

The following quotes taken from the midpoint focus group speak to transformative impacts some participants experienced:

> *"When I think of how confused everybody was when we first got together. And just wringing your hands about, well we don't really know what this is or there's no knowledge, and now it's… You're going back to the communities and you know what it is. It's like you've got the map and you're not going to get lost and neither are the people, so that makes me feel really good."*

> *"Through the oral history that I've done thus far I've now connected two communities that weren't that connected before, and never recognized those Elders that I'd interviewed; didn't recognize the true value. And now more and more people from their community, because they were talking about what I was doing with them, now they're even reaching out to their community members in that area and more people are now coming on board, they want to know who they are, they want to start sharing these stories, right in their community. So it's started a whole ball rolling now, so there's even a bigger effect than what we're thinking it is."*

The midpoint focus group also provided a forum in which CNPs and the project Elder identified the following observations and areas for enhancement or change that contribute to building and strengthening an effective network:

- Face-to-face meetings are best – Skype and blog of limited utility;
- CNPs require protected work time to complete IKN Deliverables;
- Keep sustainability of the network in mind;
- Establish ways of protecting, taking care of, and ensuring access to oral history resources (i.e. establishing a library or research centre, include a council of grandparents);
- Increase capacity building for community health workers - ideas include establishing apprentice/helper positions for Elders increased access to Indigenous midwifery.

At the endpoint, the following focus group themes included CNPs observations and reflections on the transformational impacts of the network within both their personal lives and roles as community health workers:

- The ongoing personal and professional growth of network participants carried profound ripple effects for their clients and the communities they served. For example:
    - Increased leadership and confidence
    - Expanded roles and responsibilities
    - More value placed on culture and cultural teachings in day to day practice;
- Connections between Elders, network participants, and clients are impactful;
- A new perception that there is a wealth of traditional knowledge within communities – this is the tip of the iceberg;
- Increased access to cultural resources and comfort with engaging cultural services for community members who, prior to the programming, had limited access or voice (i.e. urban, Métis, those not already connected);
- Increased the scope and depth of health discussions with clients;
- Provided the opportunity for both CNPs and clients to build relationships with Elders;
- Increased the capacity of both CNPs and clients to interact with Elders;
- The KAPs provided a forum for re-establishing traditional teachings and practices to clients and community – "the spirit is back."

The endpoint focus group also provided a forum for CNPs to identify themes that contributed to building and strengthening an effective network such as:

- Have the right tools available at the right time;

- Strengthen communications regarding project deliverables with the Executive Directors and senior management at Community Partner sites;
- Increase sharing of project outputs between and within sites;
- Explore the integration of social media tools already used in the community such as Facebook;
- Develop traditional teaching curriculum;
- Maintain Elder visits and continue to foster relationships;
- Identify funding sources to continue the work.

The focus groups revealed the transformative impacts of the network on multiple individual and community levels. CNPs articulated the ripple effects as a result of the network and the relationships they established with the Elders, which they attributed to the knowledge gathering and synthesis phase of the project.

2. Key Informant Interviews - Social Network Mapping and Narrative Analysis Themes

Key informant interviews with network members were held to build a picture of the relationships between all of the different people and organizations involved in developing, synthesizing, exchanging, and applying Indigenous infant, child, and family health information in community-level health programs. Research team members who were outside the core IKN team, and had not established relationships with the interviewees, conducted semi-structured interviews with Community Network Participants (CNPs) as well as other network members such as Co-investigators, and Community Partners at baseline, midpoint, and endpoint.

The key informant interviews focused on identifying the relationships and connections that facilitate the transmission of traditional and public health knowledge between members within the IKN. Interviewees were asked to identify how and from whom they find and share infant, child, and family health information. Interviewees were informed that their identities would be confidential as well as the names of individuals and organizations they listed so they could share without fear of reprisal. Participants were asked who they went to most over the past six months to gain information about infant/child/family health and to use or apply information about infant/child/family health. The interviews were transcribed with all names omitted and participants reviewed and approved the transcripts for accuracy.

The project employed social network mapping and narrative analysis to analyze the key informant interviews at baseline, midpoint, and endpoint. Social network mapping provides a way to visually interpret connections and relationships between people and organizations over

time. Social network maps of the IKN knowledge relationships were developed as a way to visualize the pathways of communication exchanged within the network and to develop a broader understanding of how these pathways evolved and changed as a result of the project.

Key Informant Interviews Summative Findings

At baseline we found that the majority of IKN relationships centered around the project's Principal Investigator, Dr. Janet Smylie. The maps revealed that over the course of the project, relationship pathways were sparked, strengthened and diversified within the network, so that at endpoint, there were strong relationships throughout the network that were not dependent on the academic research lead. Findings from the social network analysis include:

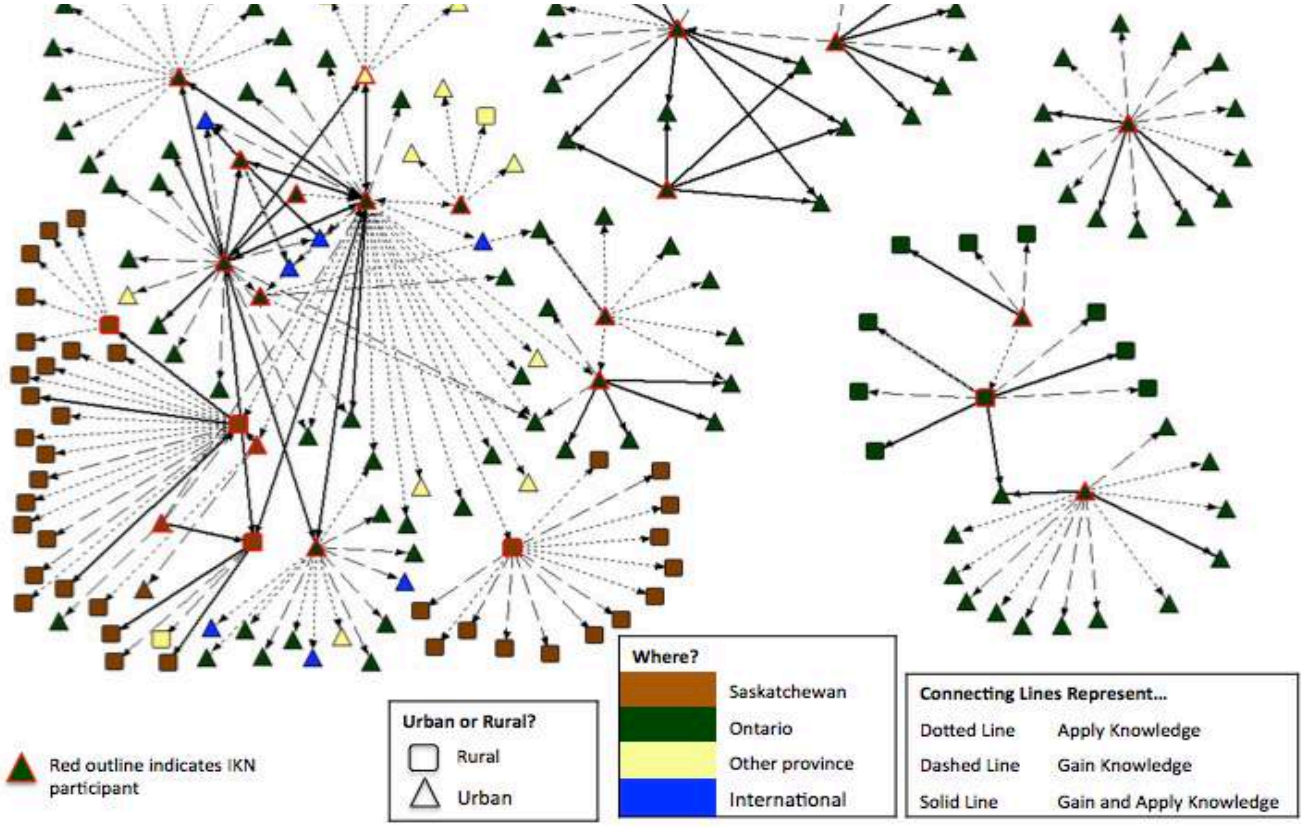
- A shift from being "hub-centric" as it is in baseline and midpoint. By endpoint, IKN members are becoming interconnected, bridging gaps across geography and type of work. In addition, the network came to include family members and friends;

- Participants refer to broader connections that don't make it onto the map (community, Internet, spiritual lodge family, the organization broadly, etc.) as important sources and applications of Indigenous infant, child, and family health information – networks that extend beyond the maps;

- Networks are emerging not only at community, IKN, and family levels, but people are also finding the networks/making internal connections that were hidden within their own sense of being and history (i.e., family knowledge, traditional teachings that re-surfaced or were identified). Multi-layered connections are developing – i.e. layers of networks as interconnected circles.

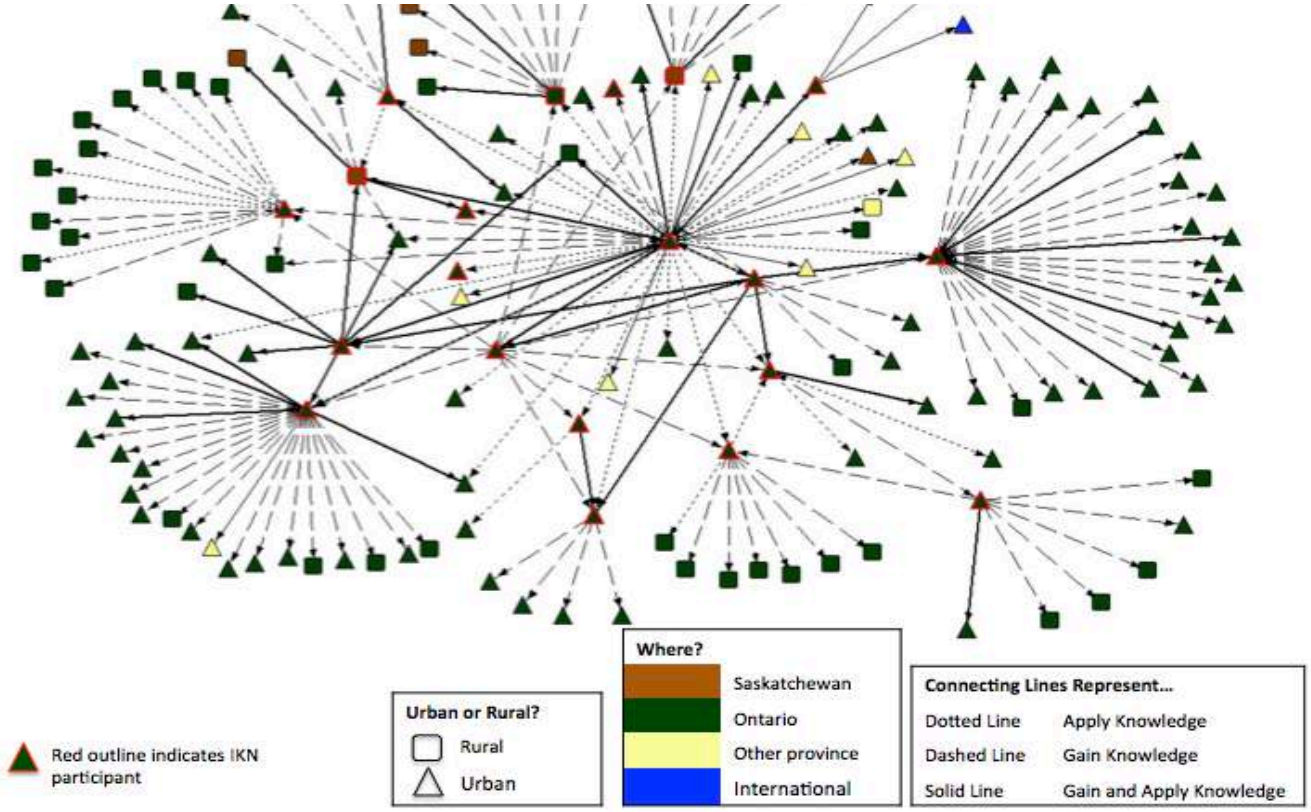
At baseline, connections are mostly between participants who live in the same, or nearby communities in Ontario and Saskatchewan.

Figure 3-2. Where we work: Baseline interviews with IKN participants



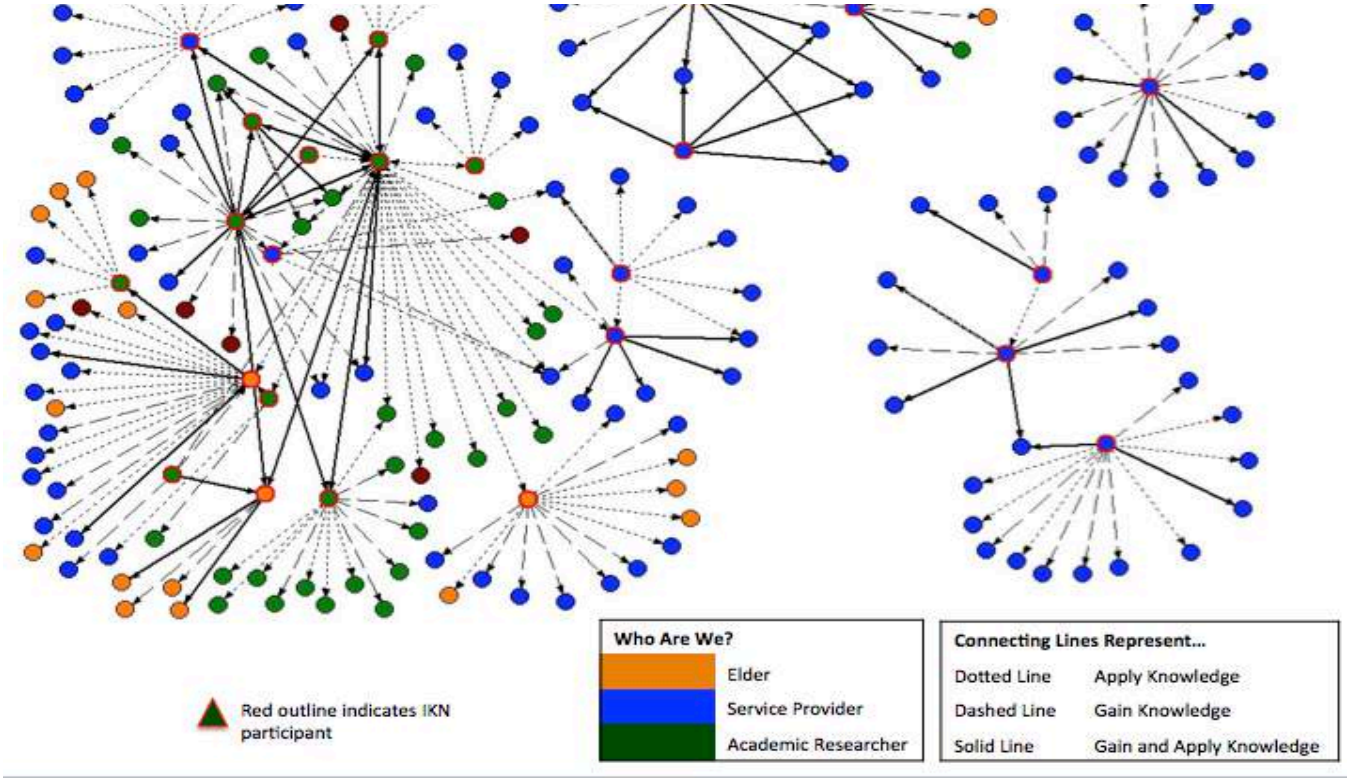
By the time of endpoint interviews, networks had extended to include inter-provincial, and urban-rural relationships.

Figure 3-3. Where We Work: Endpoint interviews.



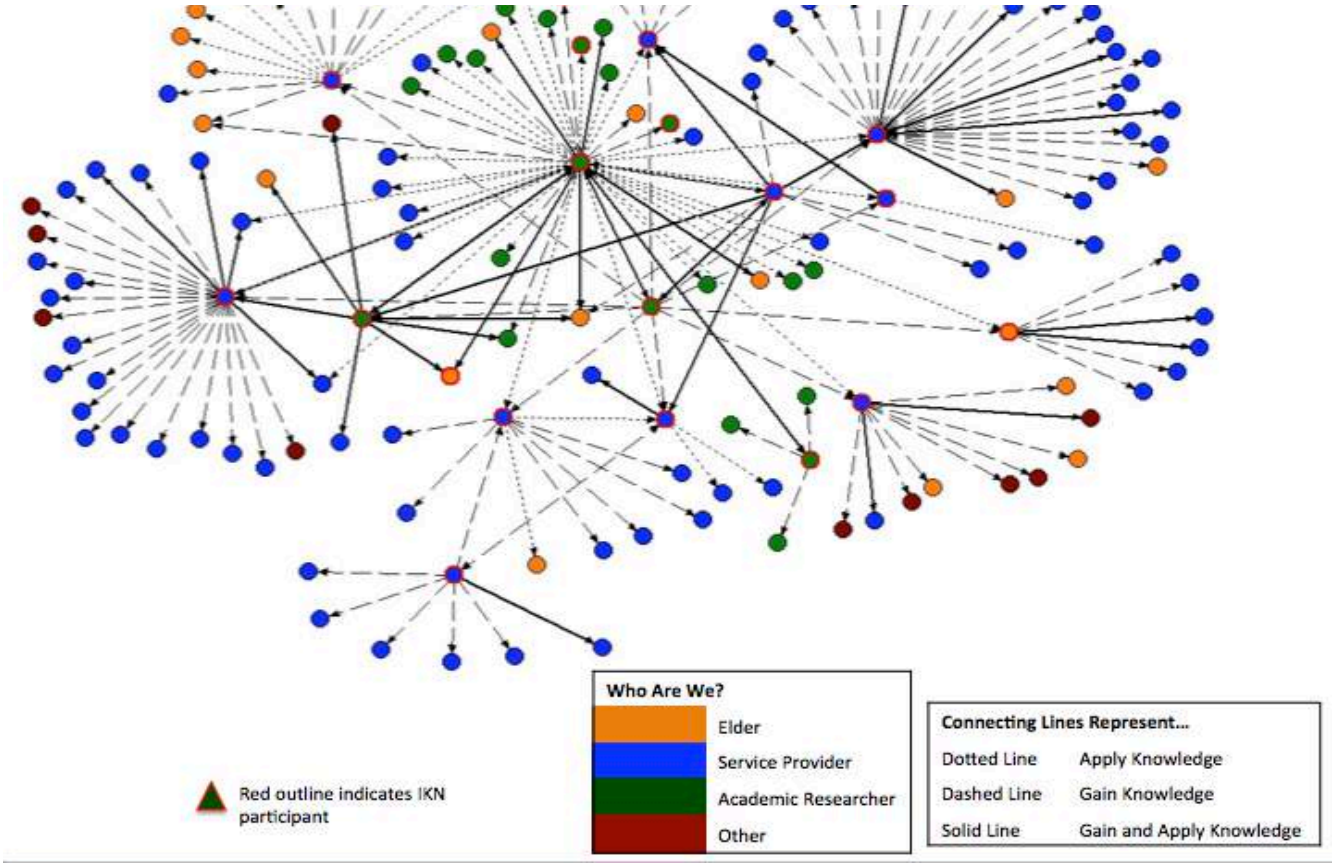
Here, we see the "hub-centric" map, where most IKN relationships are centred on the Principal Investigator (see node in top left corner). We also see that relationships are somewhat restricted by participants' occupations.

Figure 3-4. What We Do: Baseline interviews.



By endpoint interviews, once separate "hubs" are connecting. Also, "other" important inter-connections are being included in the networks, such as family and friends. The concept of the network is evolving, and knowledge networks are expanding.

Figure 3-5. Who We Are: Endpoint interviews.



Initially, most relationships were within and between similar organizations. By endpoint, we see a synergy forming between some Indigenous and non-Indigenous organizations, as well as inter-connection across networks.

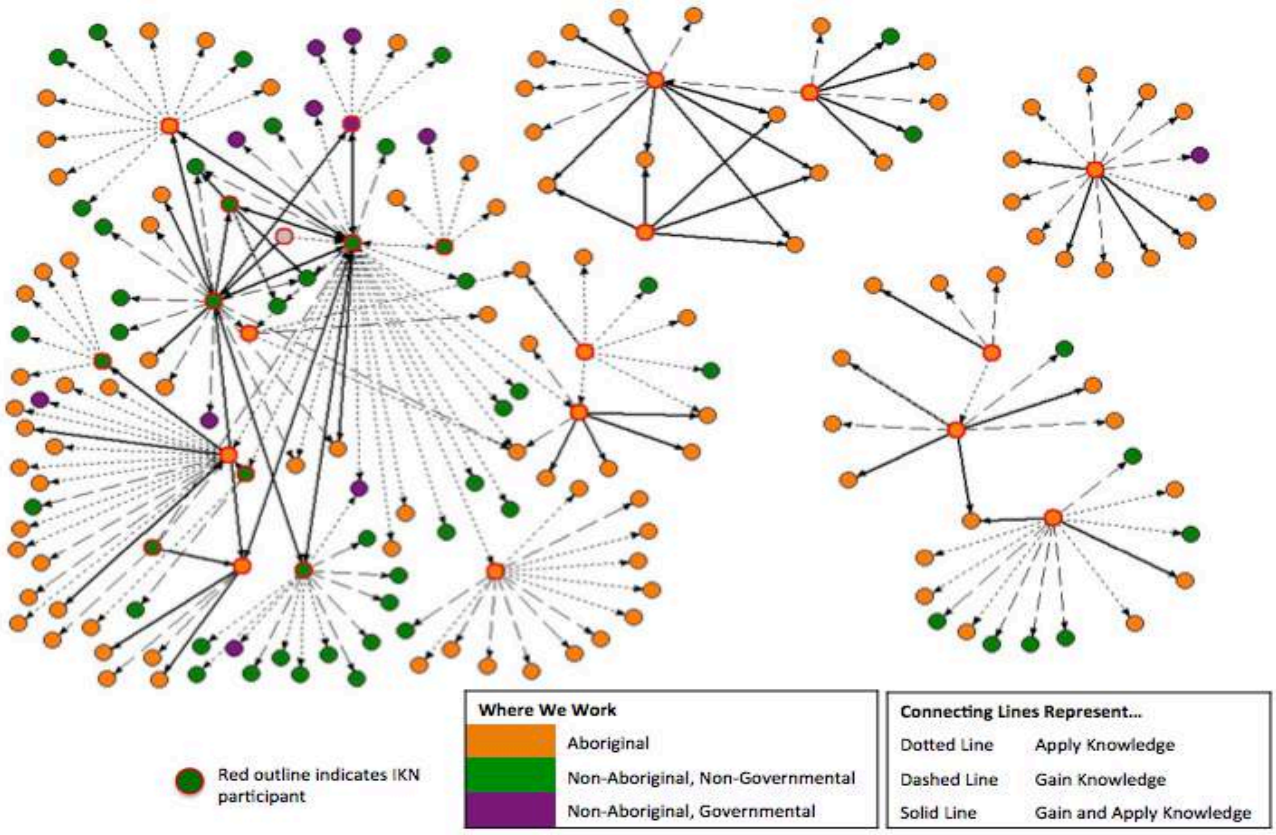
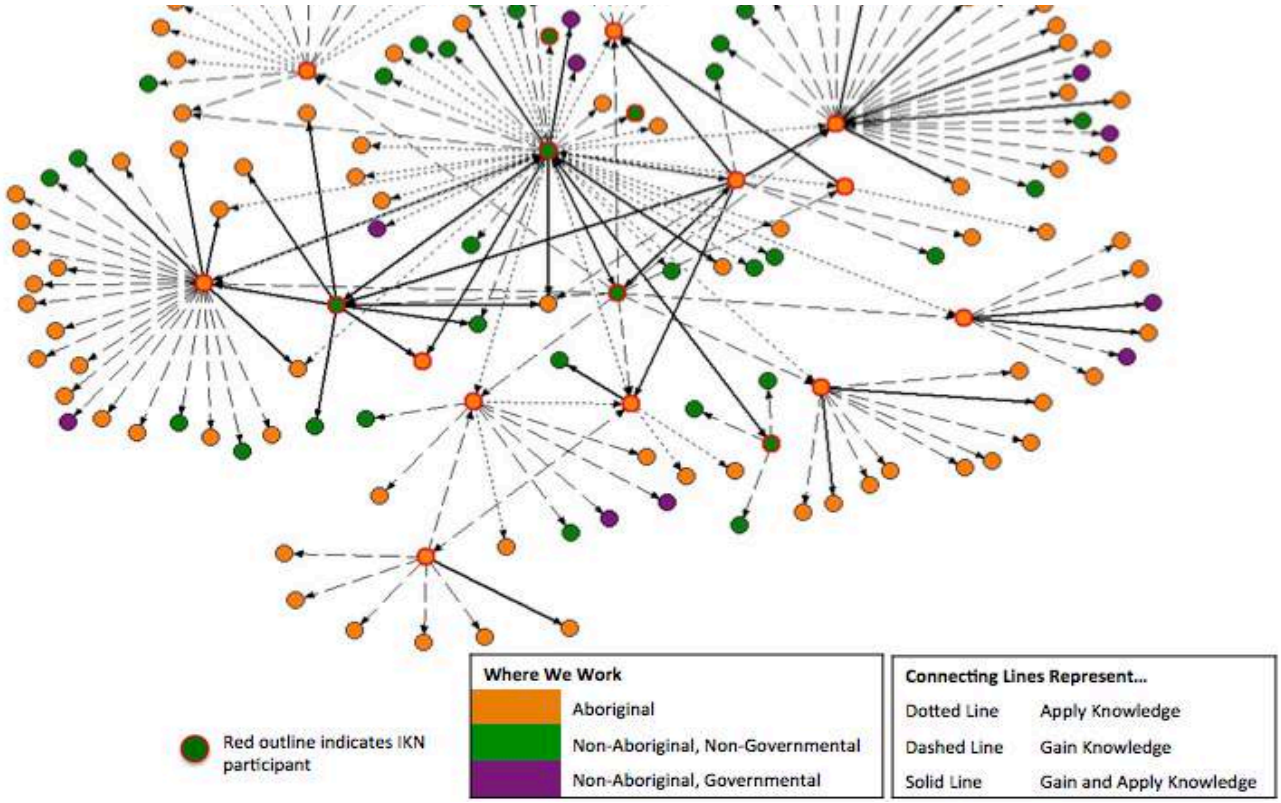


Figure 3-6. Where We Work: Baseline interviews.

Figure 3-7. Where We Work (Organizational governance): Endpoint interviews.



3. Network Level Analysis of Community-specific Evaluations

The social network mapping analysis and the narrative analysis of the key informant interviews were considered together which allowed us to describe the quality and character of knowledge network relationships represented by our network maps. Some key findings regarding organizational relationships are displayed below in **Figure 3-8.**

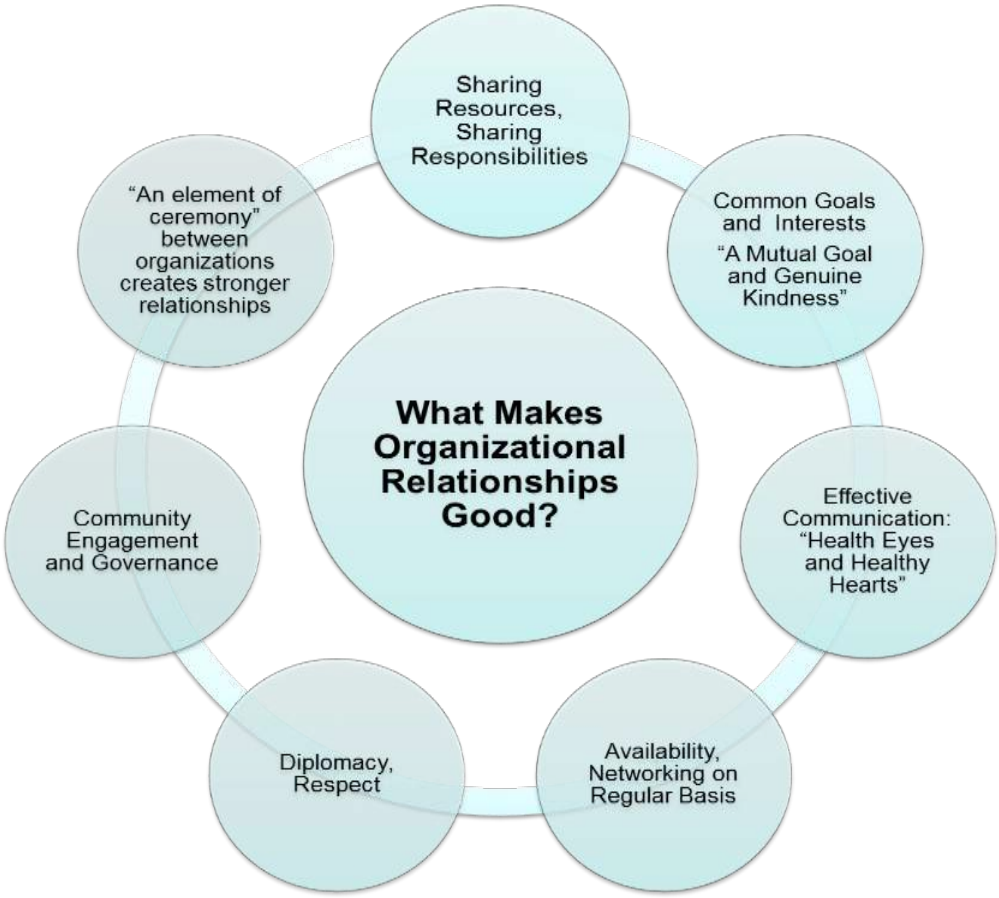


Figure 3-8. Key findings about organizational relationships.

Over the course of the five-year project, a number of key interview themes emerged.

Theme: The Value of Healthy Networking

Relevant Quotes:

> *"We're reaching far more people than we would have if we were just working in isolation. And then we're tapping into a lot more brains, a lot more funding sources, a lot more ideas."*

> *"The sharing of knowledge and the more efficient use of resources…by initiating or supporting good communication and good relationships between different organizations, you can more effectively tackle the overall kind of goals and learn a lot in the process that can generate new knowledge."*

Theme: Recovering a Missing Link

The IKN provided an outlet to assist in bringing awareness to knowledge and teachings that have been passed down. A family/personal community connection is surfacing within the individual network members that they are able to pass on to clients, community, and each other. They are finding connections within themselves (i.e., to history, ceremony).

Relevant Quotes:

> *"The holistic piece has gone missing, those links, those connections between people… So the inter-generations, you know, aren't connected anymore, they're kind of… Like grandmas and grandpas are here and families are here, they're not really raising children together anymore."*

> *"We're (organization) trying to focus on…the positive role models, positive grandmas and aunties and uncles to be involved in our programs, come and have social teas where the children can come and attend…through feasts and that sort of thing, so that we can try and reconnect the community in that sense… For example, the IKN feast that I put on…it was awesome. I mean there were people from everywhere…You would see the aunties and the uncles and grandmas and grandpas just watching the children, just being in the same room. And if we could keep that going, you know…"*

Theme: Connections Between Generations and Within Ourselves

Relevant Quotes:

> *"It's just overwhelming. I mean it's been at our fingertips all along, you know. It's the Elders that are in the community and it's just acknowledging them, and being a part of that just makes me very proud and honoured to be able to gather that wisdom and that knowledge that they hold. And some of it has been passed onto me over the years and not really realizing until now, like you know, that connection is there and it's coming out and it's like, oh yeah I remember all these things… It's just bringing them out and utilizing them and the awareness and sharing them."*

Theme: What Makes Good Relationships?

The key informant interviews articulated and generated the following list of factors that contribute to good relationships:

- Clear roles
- Qualified organizations
- Capacity
- Trust, being able to confide in each other
- Power sharing: sharing resources, sharing responsibilities
- Networking on a regular basis
- Diplomacy, apply info at grassroots level, use plain language
- Length of time working together
- Shared goals, shared interests
- Respect, reciprocity
- "An element of ceremony shared between organizations" strengthens relationships
- Effective communication
- Being aware of each other's capacity and strengths
- Bringing together resources, funding sources, ideas
- Face-to-face meetings
- Being supportive of each other while at the same time being supportive of the families and advocating for their needs

Relevant Quotes:

> *"Know when to speak out and use your voice and when to stand back."*
>
> *"It's the passion that we feel with inside, whether we're really going to make it work, you know, and not having that negativity within ourselves."*
>
> *"You have to build trust…you have to have tea parties. I think it has to come down to a level where there is… I think personal investment is really important and I think you really have to get to know who you're working with."*

What Makes a Relationship Difficult?

- Lack of equity, unequal power sharing (this can be at community level, between community members and academics)
- Competing interests
- Competing for same funding source
- Working in isolation

How Did IKN Impact How Participants Gather and Apply Indigenous Health Knowledge?

Relevant Quotes:

> *"I kind of marvel at the growth that I've had since we did this interview two years ago, and the shift in my own attitudes…I really feel that before I wasn't paying enough attention to traditional support systems and now when I'm developing plans of care and working with my clients I'm far more inclusive of the aunties and the grandmas and the Elders… I see better results… And those supports aren't necessarily always the healthiest of people but they do contribute…I haven't met one yet that doesn't have positive goals for their nieces, nephews, grandchildren, so they are extremely helpful and can't be discounted."*

Research Capacity Building Impacts

The IKN project contributed to new skills in the areas of applied health service research and knowledge translation in the following ways:

- Provided training and capacity to community health workers in oral history techniques and supported them to develop their community specific ethical protocols for this research;

- Supported the acquisition, interpretation, and application of both community-based Indigenous knowledge and Western public health knowledge by First Nations and Métis community members;

- Provided community members the opportunity to present their research at local, national and international meetings. See Appendix J at www.welllivinghouse.com for presentation list.

The commitment to reciprocal research partnerships between the Academic Research Team and Community Partners had the following valuable impacts:

- Built an awareness and respect for diverse Indigenous research practices and traditional health knowledge within the participating research institutions;

- Participation and mentorship of Indigenous and non-Indigenous health researchers at different stages of career development;

- Built knowledge relationships across jurisdictions, disciplines, and domains;

- Contributed to positive relationship building between Indigenous communities and mainstream health research practices of the past, which works towards restoring a historically negative relationship.

OVERALL CHALLENGES/REFLECTIONS ON AREAS TO BE IMPROVED

While it is clear that the Indigenous Knowledge Network model is one that works quite well, there are areas for improvement:

- We learned that one day a week is not **adequate time** for Community Network Participants to do this work and bigger blocks of time and appropriate timelines are necessary;

- We also learned that face-to-face communication is the best way to communicate within the network, though there was not consensus on this. Digital means of communicating can support these relationships, but it does not replace face-to-face contact;

- Clear communication and information dissemination for newcomers to the project is important since the project took place over five years so there was some participant turnover. Also important is increased communication and support for relaying project information into the organizations, to senior management and supervisors in order to get them on board and updated on the project;

- A smaller regional focus (i.e. one province or sub-provincial region) may be more efficient to manage and facilitate. For example travel was sometimes an issue for Saskatchewan participants who at times had to travel great distances. There were also multiple administrative systems to work within and a variance of research agreements to negotiate.

Relevant Quotes:

> *"Adding two more hours to the day so we can connect more often…because I'll be honest, there's like a week will go by and I won't even think of this project, and then it's Thursday and it's oh my god…did I do anything this week, is there anything I can contribute?…If there's any way we could have sort of assistance in filtering the information into our centre…I would like maybe some support in getting the information out there."*

4. Digital Storytelling

IKN Project Lead Research Coordinator, Rebeka Tabobondung secured additional funding through the Ontario Arts Council to facilitate a three-day digital storytelling workshop. Community Network Participants (CNPs) shared the impact of their journeys by gathering, synthesizing, and applying traditional maternal, and infant, child and family health knowledge. The idea for the workshop was sparked through our network exchanging ideas and considering ways we can share and disseminate the impact of the Indigenous knowledge gained through the IKN project within the existing programming of our work and with the broader community.

Figure 3-9. Research Coordinator, Rebeka Tabobondung co-facilitating Digital Storytelling Workshop with Participant, Joanne Derocher.

The combined experience of the project Elder and senior artist, filmmaker, writer, and playwright Maria Campbell and community-based documentary filmmaker and project Research Coordinator Rebeka Tabobondung made it natural step to introduce digital storytelling to convey the significance of the project. Both Maria and Rebeka saw the potential within digital media storytelling to breathe life into health research and make it accessible to diverse Indigenous communities. In this way digital storytelling was seen as a rich supplement to rest of the IKN project evaluation activities.

The digital storytelling workshop provided CNPs a unique platform to share their personal perspectives through a facilitated storytelling exploration, a scriptwriting process, and video editing training. CNPs wrote, produced and directed two-minute digital stories about the ways the IKN project impacted and informed their program delivery through the application of

relevant cultural knowledge. Each digital story is a short, first person video-narrative created by combining recorded voice, still and moving images, and music or other sounds..

The digital stories that were produced reflect the diverse perspectives and impacts that the IKN project has had from the personal point of view of the CNPs. The stories are heartfelt and emotional and range from the experience of developing the KAPs and incorporating culturally relevant programming to their work to the significant emotional and spiritual impacts connecting with Elders has held for them within their personal lives. The digital stories are included in Appendix K at www.welllivinghouse.com

Research Coordinator, Rebeka Tabobondung provided the lead story development and creative support with technical assistance from compassionate and highly experienced facilitators at the Centre for Digital Storytelling.

Implications for Health Policy & Research

With the development of the Indigenous Knowledge Network for Infant, Child, & Family Health (IKN) a diverse network of community-driven knowledge translation partnerships and connections were formed which enhanced First Nations, Métis, and urban Indigenous infant, child and family health in Ontario and Saskatchewan. We were able to achieve our overarching project goal of improving the flow and availability of Indigenous and Western public health information within community health programs by gathering, synthesizing, and applying locally relevant Indigenous and public health knowledge to culture-based parenting and infant/toddler health promotion programs which in turn had positive impacts on Indigenous infant, child, and family health.

A hypothesis listed at the beginning of this report was that the IKN would help revitalize links with Elders and knowledge keepers in the communities and that program components such as the Knowledge Application Pilots (KAPs) would support a push out of knowledge transmission into communities. The evaluations demonstrate that the knowledge gathering and application phases provided the opportunity for both Community Network Participants (CNPs) and clients to interact and build relationships with Elders as well as to provide a forum for re-establishing traditional health teachings and practices to clients and community. The focus groups, digital stories, client case studies, and KAP questionnaires revealed the transformative impacts of the network at multiple individual and community levels. CNPs articulated the positive ripple effects for clients and community as a result of the network and the relationships they established with the Elders.

The key informant interviews and network mapping illustrated the growth of the network over the course of the project and the expansion of participant health knowledge access networks across provincial, disciplinary, and organizational boundaries. New networks emerged not only at community, IKN, and familial levels, but also at a perceptual level in which participants found "new" networks by identifying the inherent value of familial knowledge and traditional teachings already held within themselves and within the community.

Indigenous and community-driven participatory research methods were woven into each phase of the project, which fostered principles of self-determination. By securing Community Partners' ownership, control, access, and possession (OCAP) over the management of project components, research and data, the innovative approach to research led to significant capacity and leadership building of CNPs. With the support of the network, CNPs were able to ignite local, relevant community engagement of public and traditional health knowledge that resulted in the

growth of new knowledge translation pathways and products with positive health effects on the larger community.

Key Policy and Practice Findings

The following is a list of key policy and practice findings:

- Oral history is a community and scientifically relevant tool for enrichment of maternal, infant and child health programming in Indigenous communities in Canada;

- Gathering, synthesizing, and applying locally relevant traditional health and cultural knowledge is a best practice for the improvement of Indigenous children's health that has positive inter-generational impacts on experiences and our identities;

- The oral history interviews had significant meaning beyond the specific research aims, as CNPs were also actively re-kindling deeply rooted community traditions which led to profound impacts on the individual CNPs, the participating Elders, and community members more broadly.

Indigenous community investment-ownership-activation is an important pathway for health promotion program success

The result of Indigenous community investment is that community members are more likely to perceive the program as intrinsic to themselves and their community – a sense of the program being owned or "ours" versus externally imposed. The program is also more likely to be culturally relevant. As a result community members are more likely to use and support the program (activation). Our systematic review demonstrates this pathway as important in the achievement of program success for Indigenous prenatal and infant toddler health promotion initiatives.

Small community investments can yield impactful results

The IKN project demonstrated the efficacy of relatively small investments of time and resources in the form of a facilitated Indigenous knowledge network with respect to the gathering, dissemination and application of Indigenous health knowledge and subsequent positive impacts

of network participants (community health workers, Elder, managers, policy-makers, researchers), their clients, and communities.

BUILDING CAPACITY IN COMMUNITIES HAS SUSTAINABLE POSITIVE RESULTS

Community-controlled, local and culturally relevant health knowledge enhanced the dissemination and uptake of health promotion in Indigenous communities.

- Many of the KAP projects such as *Sharing Our Traditional Gifts* in Fort Erie were easy to replicate and following the IKN project were sustained through existing program delivery. In addition to replicating the program, CNP Beverley Hill, based in Fort Erie, has actively promoted the benefits of engaging oral history research and knowledge translation within the Friendship Centre through leading a power point presentation about the IKN project at community gatherings;

- The knowledge translation products that were produced such as *The Métis Baby Bundle Book*, *Sharing our Traditional Gifts* video and the *Kisewatototatowin* traditional parenting handbook continue to be used and disseminated within the communities;

- Other projects expanded such as the *Elder Sharing Session* which evolved into an Elders Circle/Council when the need for more Elder input and approval was acknowledged. The birth story sharing template developed by Seventh Generation Midwives Toronto (SGMT) also evolved and continues to be engaged within SGMT as a way for clients record and share their own birth stories;

- Community-informed structured templates are useful to support the transmission of health knowledge in community-level Indigenous health programming - structuring Knowledge Application Projects is an evidence-based approach.

RECOMMENDATIONS AND NEXT STEPS

Participants at the final IKN national dissemination meeting held at the Wabano Health Centre in Ottawa in October, 2013 expressed the "Diffusion effect of project" which "has motivated communities and is getting other people interested in this type of work." In order to develop effective programs and services that support the revitalization, autonomy, and self-reliance that has always existed within Indigenous communities, community health workers should be supported in spending the time learning from Elders, relatives and knowledge keepers. This work is essential: it is transformative and the benefits are passed on to clients.

Figure 4-1. Research Coordinator, Rebeka Tabobondung presenting at IKN Endpoint Gathering at Wabano Centre in Ottawa.

Participants expressed the need to conduct more oral history interviews, "to make sure we're connecting with all of the resources in our communities." Recommendations to collaborate with other departments and programs to develop similar tools and resources targeted to other age groups/life stages/areas of life transitions were made. Expanded targeted subject areas include: older children, youth, puberty, rites of passage, queer and trans friendly, Elders, parenthood, grandparenthood, fathers, and women without children.

Recommendations for Sustaining Programs

Participants discussed the following ways that Well Living House can take a leadership role in continuing the role of the network, which could in turn contribute to lasting impacts on communities and relationships:

- Well Living House could host a formal gathering/reunion every couple of years where policymakers who are implementing curriculum/service delivery could be invited to participate. The gathering could also provide an opportunity to check-in with the Community Network Participants to see the longer term impacts of the IKN project such as the ceremonies inspired by the *Baby Book* Knowledge Application Project (KAP) and if and how this was passed on;

- Discuss the IKN project impacts with organizational leadership to develop support to sustain KAPs. Demonstrate the efficacy of developing and supporting relationships with Elders/knowledge keepers by creating space to recognize the useful knowledge they carry and shared responsibilities to share it (e.g. Elders attend programming such as coming on home visits);

- Form business partnerships that support community endeavors and marketable products. CAS is a potential funder to purchase resources and needs these types of resources.

Sharing IKN Knowledge Products

It was expressed that there is community demand for the knowledge products and a need to share widely beyond program delivery systems: "the world needs more Indigenous knowledge." A large theme discussed was expanding ways to share the IKN Knowledge Products with the broader community Final Meeting report in Appendix L at www.wellllivinghouse.com Next step recommendations are summarized below:

- Explore the publication of knowledge products (e.g. Traditional Baby Album, Métis Baby Bundle Book) in a way that considers the principles of OCAP - e.g. respect for copyright, collective knowledge, profiting from traditional knowledge, and community accessibility;

- Publish academic and non-academic writing about network findings and methods/process of building the network. Share how tradition, culture, and ceremony was brought back and disseminated more broadly;

- Expand dissemination strategies to organizations and institutions such as: high schools, schools, youth centres, Friendship Centres, Aboriginal Health Access Centres (AHAC), and Healthy Babies programs with a goal to build self-sufficiency and support all families to live a good life out of crisis mode;

- Engage oral history centres as repositories of our oral histories. Include multimedia as a way to share digital repository of oral histories. Videos are an important way to share this knowledge as well – we learn by watching; digitize everyday forms of parenting and passing on traditional knowledge.