March 1, 2006

A DANCE TO CREATE MEANING TOGETHER: PERSPECTIVES OF THE ACADRE NETWORK ON KNOWLEDGE TRANSLATION[1]

We are grateful to the conference organizers for making available to us, in this plenary session, the opportunity to share our thoughts on knowledge translation in an Aboriginal context. We will begin by introducing the ACADRE Network, before providing our perspectives on knowledge translation and some lessons we have learned about this process in relation to Aboriginal communities and governments. We have also developed some recommendations and these will be presented at the appropriate time later during this Summit Conference.

By way of background, we should begin by saying that the ACADRE Network is comprised of eight centers whose location and work span the whole of Canada, from the Atlantic to the Pacific oceans and into the North.

(Insert slide here showing map of Canada and the location and names of the 8 programs)

Created and funded by the Institute of Aboriginal Peoples Health (IAPH) and the Canadian Institutes of Health Research (CIHR) but with important contributions from the provinces in some cases, the national ACADRE program has five main objectives:

- To develop a network of supportive research environments across Canada that will facilitate the development of Aboriginal capacity in health research
- To provide the appropriate environment for scientists from across the four themes of CIHR to pursue research opportunities in partnership with Aboriginal communities
- To provide opportunities for Aboriginal communities and organizations to identify important health research objectives in collaboration with Aboriginal health researchers
- To facilitate the rapid uptake of research results through appropriate communication and dissemination strategies
- To provide an appropriate environment and resources to encourage Aboriginal students to pursue careers in health research

As noted in the fourth objective, knowledge translation (KT) has been an important part of the mandate for the ACADRE program from its inception. Indeed, the Principal Investigators from the eight programs have been meeting regularly each year since 2003 (?), and the topic of knowledge translation has frequently been one of the principal agenda items. At times, we have been joined in this discussion by representatives of the

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[1] Prepared by Fred Wien, Atlantic Aboriginal Health Research Program, on behalf of the ACADRE Network for presentation to the *Knowledge Translation Summit: Sharing What We Know About a Good Life,* Regina: First Nations University, March 2-5, 2006

National Aboriginal Health Research Organization (NAHO), the Kahnawake Schools Diabetes Prevention Project (KSDPP), and the Native Mental Health Network based at McGill University. Our evolving thinking on the subject has been captured in a rolling draft of a report which we shall be submitting to IAPH and CIHR in the near future.

Our work on the KT file has been greatly assisted by a grant made by IAPH/CIHR to each of the ACADRE centres in the fall of 2004, enabling the centers to pursue a variety of initiatives with respect to KT. This strategy of “letting 8 flowers bloom” has resulted in a wide range of activity, as described in the following chart:

(convert chart for projection)

ACADRE Center	Major Activities
1. Atlantic Aboriginal Health Research Program, Dalhousie University, Halifax, N.S. in conjunction with the Kahnawake Schools Diabetes Prevention Project	• Literature review, workshop involving mostly Aboriginal participants including elders, and interviews with researchers and knowledge users
2. The Nasivik Centre for Inuit Health and Changing Environments, Universite Laval	• In depth examination of knowledge translation in the area of Inuit environmental health
3. CIET, University of Ottawa, Ottawa	• Working with communities to make available empirical data, including mapping tools, to enable evidence-based decision making e.g., immunization, IIV/AIDS
4. Indigenous Health Research Development Program at Six Nations, McMaster University and the University of Toronto	• Creation of a virtual Indigenous Health Research KT Network; developing a training program for students in KT; conducting a survey on KT involving community members, researchers and policy makers
5. Manitoba First Nations Centre for Aboriginal Health Research, University of Manitoba, Winnipeg	• Conducted reviews of KT networks in certain health areas; organizing symposium reporting results of research on taking over governance of health services; planning summer institute and related research on making Centre for Aboriginal Health Research findings more widely available
6. Indigenous Peoples’ Health Research Centre, First Nations University and the University of Regina, Regina	• Held three consultation meetings with community and academic stakeholders to facilitate knowledge gathering, networking and capacity building. Elders and international participants included.
7. Alberta ACADRE Network, University of Calgary, Calgary Alberta	• One-day Joint Meeting of Elders’ Advisory Council, Co-Investigators and Others, on improving health and well-being. Also provided two Community Grants on Knowledge Translation (Preservation of Traditional Knowledge)

	• Produced a video "A Gift of Knowledge" in partnership with Native Counselling Services of Alberta around Aboriginal protocols and research ethics. • Pimatisiwin: A Journal of Aboriginal and indigenous Community Health is in its 4th year, with 6 issues in print, and the journal will be open access on the internet within the month.
8. BC ACADRE, First Nations House of Learning, University of British Columbia, Vancouver	• New Ways of Passing on Old Ways of Knowing: a project to collect traditional and life experience stories around the developmental stages of life

As the chart illustrates, in our work we have:

- sought wisdom from Aboriginal elders, communities and organizations
- involved persons from universities and governments
- conducted literature reviews, workshops, interviews and case studies
- created networks, training programs and summer institutes, and
- implemented projects designed to capture and preserve indigenous knowledge.

Several ACADRE centres are reporting on their work during the course of this summit meeting.

Our Conception of Knowledge Translation in an Aboriginal Context

The mainstream conception of knowledge translation has, historically, been quite narrow. It has restricted itself to Western, science-based knowledge, and it has assumed that virtually all knowledge relevant to health and well-being has been created by and resides with researchers located in certain institutions such as universities and laboratories. By and large, it has assumed a one-way flow of information from the research community to the receiving community – usually governments and the private sector. Research funding agencies have been interested to encourage this flow of information in order to prove the value of their research programs and to maintain or increase their level of funding.

CIHR's definition of KT is more sophisticated than the conception outlined above, but still contains much of its flavour. It states that:

(display definition on slide)

> *Knowledge transfer is the exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system.*[2]

Our conception of knowledge translation in an Aboriginal context differs from the mainstream model in several important respects:

A. For promoting health and well-being, it posits the relevance and value not only of Western scientific knowledge but also of a body of Indigenous knowledge. While threatened and overshadowed, Indigenous knowledge is resident in Aboriginal communities rather than in research institutions. Under appropriate circumstances, it can be made available to improve the health of both Aboriginal and non-Aboriginal people. Indeed, on many health matters it would be beneficial to understand both Aboriginal and non-Aboriginal perspectives, drawing on both bodies of knowledge. In a workshop held

[2] From the CIHR web site, www.cihr-irsc.gc.ca. While a two-way flow of information is described, the community's knowledge base is seen to be in the area of cultural and other considerations that might affect how easily and under what conditions research knowledge is received.

by the Atlantic Aboriginal Health Research Program, Dr. Cheryl Bartlett from Cape Breton University referred to this as "two-eyed seeing" and spoke of it as a co-learning model where people come together to learn from each other. They are knowledge gardeners: "With knowledge gardening, we grow side by side while respecting one another and contributing to each others' learning, calling upon strengths we each have".[3]

B. It follows from the above that a more complicated communication flow is indicated than that put forward by the mainstream model. Part of the flow is from researchers to communities and governments, certainly, but there is also much to be gained from communication from communities to the other players. As the report from the Six Nations/McMaster/ University of Toronto ACADRE puts it, "there is a clear need to inform mainstream researchers of the nature of Indigenous science, and the significance of the expert opinions of Elders, traditional persons and healers".[4]

There is also much room for improvement in the understanding that non-Aboriginal health professionals, governments and educational institutions have of Aboriginal cultures, health practices and the appropriateness of Western interventions in that context. For example, investigators associated with at least two of the ACADRE centres have been involved with research examining the adequacy of care received by Aboriginal cancer victims and their caregivers. The results of these studies reveal that non-Aboriginal health professionals and hospital environments are woefully ill-prepared to work with Aboriginal clients, and major education and training programs need to be developed to bridge the gap. These studies underline the importance of communication flows between Aboriginal communities and the external health care system in order to achieve a higher level of cultural competency[5].

Indeed, taking another angle on communication flows, Michael Chandler from the University of British Columbia points out that Aboriginal communities have much to learn from each other. By way of example and drawing on his research, he concludes that the suicide rate for a few First Nation communities is sky high, but it is very low for many other First Nation communities. He maintains that the latter have "figured out" how to structure their communities so that this problem does not arise or is controlled, and by virtue of this learning, they have much to share with other communities.

C. Researchers now working in the field of Aboriginal health and well-being now seem, for the most part, to be interested in working in a collaborative, participatory manner with Aboriginal communities. Perhaps another way of putting it is to say that Aboriginal communities have little tolerance for proceeding in any other way. They are acquiring the tools and levers to ensure that a genuine partnership exists. Researchers with this

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[3] Debbie Martin et. al., *Knowledge Translation: A Quest for Understanding*, Halifax: Atlantic Aboriginal Health Research Program, 2006

[4] Jennifer Ranford and wayne warry, *Knowledge Transfer Project Summary Report*, Hamilton: Indigenous Health Research Knowledge Transfer Network, 2006

[5] Charlotte Loppie and Fred Wien, *Our Journey: First Nations Experience in Navigating Cancer Care*, Halifax: Cancer Care Nova Scotia, 2005. See also L. Marrett, C. Jones and K Wishart, *First Nations Cancer Research and Surveillance Priorities for Canada*, Workshop Report, Ottawa, 2003. (Check if this is the right report)

orientation are unlikely to take their research findings and proceed directly to government in the hope of influencing public policy and programs. Instead, they are encouraged to share their findings with their community-based partners, and to provide expertise and support to the communities (if needed) so that the latter can incorporate the information in their strategies for change.

D. It follows from a participatory research model that knowledge translation is not an exercise to be undertaken at the end of the research process, once the data has been collected and analysed. Instead, under this alternative conceptualization of KT, the research undertaking involves collaboration from start to finish, and knowledge translation takes place both ways throughout the process. Aboriginal communities want to be active participants in research, not passive vessels for knowledge translation.

E. We also suggest that a model of the knowledge translation process that takes Aboriginal cultures into account has to come up with a picture of health and well-being, its determinants and appropriate interventions, that is holistic in nature. Communities are seen to be holistic organisms, and health is made up of several dimensions which need to be kept in balance. Researchers who seek to understand Aboriginal health in this context need to approach it from a broad, population health perspective, and those who would access indigenous knowledge are well advised not to do so in a piecemeal fashion. Thus, it is not only important to conceive of more complicated information flows involving many parties and many directions, but the channels of communication and the content need to be “broad band” in nature to accommodate the broad perspectives that are required.

F. Finally, we address the conditions that need to be in place in order for knowledge translation to proceed in a satisfactory manner. At the most general level, our literature review and our community consultations identify the lack of a level playing field between Aboriginal and non-Aboriginal communities, and between Indigenous and Western knowledge bases. There is an imbalance of recognition, prestige, power and resources.

They suggest on the one hand that it is premature to talk about knowledge translation with respect to Indigenous knowledge because of the serious disruptions being experienced by many communities. It is suggested that some, if not all, communities first need support in order to recover from colonial practices, that the appropriate institutions and protections are not yet in place, and that it has been difficult to secure funding for research on Indigenous knowledge and practices related to health and well-being.

On the other hand, it is recognized that there is little point in transferring Indigenous knowledge if non-Aboriginal persons and institutions are not prepared to make room for it and to give it a place of respect. More profoundly, the Indigenous Peoples’ Health Research Centre suggests that:

> *It has been proposed that in order to have ethical and honourable interactions between Western and Indigenous communities, engaging in dialogue about our common humanity is a necessary process. The spacee of meeting and dialogue,*

referenced as the ethical space, is necessary between two entities with different backgrounds, worldviews and knowledge systems may have different intentions and understandings regarding issues of mutual concern. Dialogue in the ethical space will create a field of human possibility, a sacred space of knowing, where exchanges and understandings between communities take form.[6]

Indigenous Knowledge

Several of the ACADRE centers devote considerable attention to the Indigenous knowledge base. They document the characteristics of Indigenous knowledge systems and how they differ from Western conceptions. They also note the extent to which Indigenous knowledge has been suppressed, undermined and marginalized, and how hard it has been to make headway against the dominant Western scientific paradigm. Our paper on the North speaks to this point:

> *Traditional, experiential-based knowledge of Inuit is now broadly accepted as legitimate, accurate and useful. Until recently, however, it was dismissed by some scientists as anecdotal and unreliable. Inuit hunters are keen observers of the natural environment and have detailed knowledge of animal behaviour and biology, and the ecological relationships and dynamics of the Arctic. This has contributed to the overall science of Arctic climate change and contaminants*[7]

There is concern, too, that this valauable knowledge base is being expropriated by private, corporate interests for commercial gain. The suspicion extends to CIHR, whose KT Program is headlined by the term "Knowledge Transfer and Commercialization" and whose leading paragraph claims that "Knowledge Translation, Commercialization and Industry Collaboration are all aimed at engaging stakeholder communities in the funding and translation of research for effective and innovative changes in health policy, practice or products"[8].

Above all, there is profound concern that the Indigenous knowledge base is being eroded as elders pass on and insufficient resources are made available to document, preserve and protect what remains. Under these circumstances, it is not surprising that several ACADRE centres showed a particular interest in this subject.

We are going to take a few minutes now to show you a couple of video clips highlighting the work of two ACADRE centres. The first comes from the ACADRE based at U.B.C., where Jo-ann Archibald and her colleagues have undertaken a project called "New Ways

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[6] Indigenous Peoples' Health Research Centre, *Knowledge Translation and Indigenous Knowledge Symposium and Consultation Sessions*, Regina, 2005. The quoted segment draws from W. Ermine, R. Sinclair, and B. Jeffrey, *The Ethics of Research Involving Indigenous Peoples, Report of the Indigenous Peoples Health Research Centre to the Inetragency Panel on Health Research*, Saskatoon, 2004.

[7] Phillip Bird, *Inuit Environmental Health and Knowledge Translation: The Example of Northern Contaminants and Climate Change*, Draft Report submitted to the Nasivik Centre for Inuit Health and Changing Environments, Quebec, 2006.

[8] CIHR Web Site, Knowledge Translation. www.cihr.ca

of Passing On Old Ways of Knowing”. The second clip comes from the Saskatchewan ACADRE and contains an excerpt from the workshops where elders and others spoke about the threats to Indigenous knowledge. Richard Vedan from U.B.C. will introduce these materials.

(Video clips)

Knowledge Translation with Communities

Many of the Aboriginal and non-Aboriginal principal investigators and other staff associated with the ACADRE Program have a long history of involvement in research on Aboriginal health. They have come to understand that many of the traditional mechanisms that pass for knowledge translation don’t work very well to accomplish their intended purpose, especially when it comes to Aboriginal communities. This includes such traditional scholarly activities as publishing in peer-reviewed journals and making presentations at conferences, but it also includes such minimal steps as sending a report on research results back to the community or even holding an open community meeting.

Projects such as the Kahnawake Schools Diabetes Prevention Project and the initiative on research into contaminants in the North have taught us that the objective is not simply to provide information but rather to make a contribution to meaningful dialogue and understanding. Among the lessons they and others have advanced are the following:

- Whether researchers are university or community based, it is sometimes not a matter of lack of motivation to undertake KT activities, but rather certain external constraints that stand in the way – for example, lack of resources to undertake activities with a cost component, or time pressures imposed by the government department or agency that has commissioned the research. Granting agencies and universities need to be educated about the rhythm of research involving Aboriginal communities and the steps that need be followed for the research to be done properly.

- There is a need to undertake a multiplicity of initiatives in knowledge translation, not just a one shot deal. In the case of the Northern Contaminants Project, for example, the research team and its community partners developed culturally appropriate materials for the media and the community. These included press releases, key findings summaries, fact sheets, plain language newspaper articles and radio public service announcements. The team held one-on-one in person and small group meetings, influenced school curricula, participated in radio call-in shows, organized retreats bringing elders and scientists together, and sent letters explaining results to each study participant and family explaining the results, among other measures.

- The communication strategy needs to take into account the diversity of the community, the fact that different groups in the community have different

interests and concerns (e.g., parents, youth, adults, elders, men and women). In order to generate and maintain interest, the message needs to be tailored to specific audiences, and a number of small group meetings need to be organized. In the case of the Kahnawake Schools Diabetes Prevention Program, for example, some of the different constituencies were the school principals, the parents, the health staff, and the students themselves.

- In designing KT initiatives, it is of course important to understand the culture(s) of the communities. How do community members obtain their information? What are the techniques that draw people to a community meeting (food? door prizes? using family networks?). What is the literacy level to which written materials need to be geared? Thus the research team needs to spend time in the community and get to know it, or rely on community partners for this kind of information. The research team needs to be flexible in this respect, and not come with a rigid agenda, or one that fails to respect differences from one community to another.

- A lot of thought and preparation time needs to be given to the nature of the presentation. It is important to use accessible language, for example, and to employ lots of visual aids. The presentation should tell a story to which the audience can relate. It was suggested that people aren't all that interested in seeing a lot of statistics – these should be limited to a few highlights and integrated into the story being told.

In addition to these kinds of measures, there are also certain structural changes that also enhance the prospects of a successful knowledge translation effort being undertaken with respect to Aboriginal communities. These include building expectations to engage in KT activities into research funding and ethics protocols. The U.B.C. ACADRE, for example, has adopted four principles to guide its work – respect, reciprocity, relevance and responsibility. Persons seeking support from the Centre are asked to incorporate these principles into their research proposals, and to implement their project in accordance with the principles. In the North and in other jurisdictions, there are a whole series of expectations with respect to knowledge translation built into legislation and ethics protocols.

It also helps to establish specific committees and specific positions whose mandate is primarily to contribute to knowledge translation efforts. The Northern Contaminants Project provides a particularly good example of this, but there are other instances across the country. In Manitoba, for example, the Centre for Aboriginal Health Research (which gave rise to our ACADRE Porgram at the University of Manitoba), has staff working with the Manitoba Metis Federation to establish a health research unit there, and they are currently advertising a full-time position in knowledge translation.

Knowledge Translation with Governments[9]

Some of the researchers and community members with whom we spoke about knowledge translation have had experience, sometimes successful, in transferring knowledge to governments with a subsequent impact on government policy and programs. For the most part, though, university and community-based personnel seem to be more oriented to the university-community connection, or with research that might have an impact at the community level. With the exception of the respondents who currently work in government, they have had less to say about KT being directed to provincial or federal governments.

For university personnel oriented to community-based collaboartive research, there is a reluctance to contemplate KT activities geared directly to governments without community involvement. Indeed, for some, the idea is to see that the community benefits from the research and can then itself make the appropriate intervention to governments, using the research as part of the case that is put forward. Just how that is done, however, is not always well thought out, including the question of what role, if any, the research team plays after the research phase of the project is completed. Often the orientation to government is not so much to use research to change policy or programs but rather to buttress an application for funding a particular project.

Our respondents noted that research reports typically include recommendations with implications for government policy or programs. Reports are sent to governments for their information, and government personnel may be invited to a workshop where the results are presented. Sometimes the research itself is driven by the government's agenda, rather than being truly community-based. This might occur, for example, when program dollars are about to be spent and a needs assessment might be required before the dollars can flow to the community level. This tends to be unsatisfactory from a research and community point of view, in that it often imposes a tight time frame which does not permit the proper relationships to be establsihed, and it may also require quite a specific, narrowly-defined set of research questions.

From respondents who are currently working in government, there were a number of specific insights about how to make the KT process with respect to government more effective:

- As we noted with respect to communities, it is important to tailor the information that is presented to the specific needs and interests of the department(s) concerned. How can they use the information? What is the benefit to them?

- While the information needs to be tailored, it is also important to undestand that there is an ongoing trend within government toward what is called horizontal decision-making. Thus it is not sufficient to meet with just one government

[9] Much of the material in this segment is adapted from Debbie Martin et. al., *Knowledge Translation: A Quest for Understanding*, Halifax: Atlantic Aboriginal Health Research Program, 2006

department in most cases, but rather one needs to meet with all government departments that have an interest in a particular set of policies or programs.

- Governments are also increasingly interested in consulting with and engaging communities before making important policy or program decisions. Hence an intervention from a research team will carry a lot more weight if it also includes community representatives, or if community representatives take the lead in the process. It is helpful, in other words, for the research team to be perceived as having a strong grounding in community realities and for the intervention to be seen as having community support

- In order to communicate effecrively with governments, it is important to syntehsize long reports and to prepare briefing notes. The content has to be clear, especially when it goes to persons such as elected leaders and senior staff who may not have the background or technical expertise possessed by the research team.

- The timing of presentations to government should take into account and fit in to the strategic planning cycle. If funds are requested, it needs to be cognizant of the annual budgetary cycle. It helps to cost out proposals – the cost of the investment, the cost of doing nothing, and the potential savings that might be obtained if the investment is made.

Apart from these measures, again there are certain structural arrangements that will facilitate making the connection to governemnts. It helps, for example, to have someone on the inside, working within government, whose job it is (at least in part) to act as a conduit for research. Similarly, some research teams have found it useful to include one or more persons from government on the project steering or advisory committee, so that questions in which the government is interested are included in the project, and so that there is a champion for the research within government when the project is completed.

As an example of a specific structural arrangement, we note the tripartite process in Nova Scotia, a mechanism that brings together the elected leaders of the Nova Scotia Mi'kmaq communities with senior representatives of the federal and provincial governments. Below the level of elected personnel, working committees of staff come into play on a variety of subjects, including health, and ideas for specific research projects may well emerge from discussions at that level. During 2005, for example, the Tripartite Committee on Health undertook the lead in developing a health blueprint, a stragetic plan for improving the health of Nova Scotia's Mi'kmaq communities. This blueprint includes data from the Nova Scotia Mi'kmaq Regional Health Survey and provides a framework for both provincial and federal initiatives in the health field. The Tripartite Committee has also initiated another project with a research component, one that is currently being funded by the Atlantic Aboriginal Health Research Program.

Concluding Recommendations

Our review of knowledge translation in an Aboriginal context has made the point that KT is a complicated process and not one that can be carried out without the necessary time, wisdom and dedicated resources. We have also identified many areas where ongoing research is required, whether to examine how knowledge was shared traditionally in Aboriginal societies or to better understand the processes that impede or enable Aboriginal inclusion and empowerment when it comes to policy and process related to the improvement of Aboriginal health and well-being.

Accordingly, we recommend that:

(1) CIHR continue to provide support for knowledge translation as a permanent part of its funding envelope

(2) More specifically, that IAPH be provided with the necessary funding so that it can sustain, through the ACADRE centres, a program of research into knowledge translation in an Aboriginal context. This might include support for the development and pilot implementation of best practice models of knowledge translation.

(3) Both IAPH and the ACADRE centres should have the necessary funding, and should make it a requirement, that the specific research projects they support include an effective knowledge translation component.

(4) With respect to Indigenous knowledge, that IAPH introduce a specific envelope for research into Indigenous knowledge and practices related to health. This funding should enable the necessary memory work to be done and recorded in order to reveal perspectives about health and healing for the benefit of all.

(5) That CIHR make available, through IAPH, a funding envelope to which Aboriginal communities and organizations can apply so that they can access training, undertake research and develop institutions such as ethics protocols and review mechanisms. These measures would permit them to develop protective mechanisms related to the sharing of Indigenous knowledge, allow them to evaluate externally initiated research projects and permit them to negotiate satisfactory partnership arrangements.