



FIVE YEAR CAMECO CHAIR MANAGEMENT COMMITTEE REPORT

OCTOBER 2017 - OCTOBER 2022

Land Acknowledgement

We acknowledge we live and work on Treaty 6 territory and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of Misâskwatômina (Saskatoon) and Kisiskâciwan (Saskatchewan) and reaffirm our relationship with one another.



Pewaseskwan - Cree, meaning the sky is starting to clear, it is clearing up. This could be metaphoric.

"We Indigenous people are moving towards clearing up our own understandings, standing on those foundations that were almost completely destroyed by the colonizers ... and then starting to use Indigenous knowledges to improve our own quality of life as well as for others" (Stan Wilson, Opaskwayak Cree Nation, Professor, University College of the North, Manitoba).

The logo reflects Saskatchewan landscapes, including northern water and trees, and fields of green and gold below. The colours also tie in with the official University of Saskatchewan colours. The logo was designed by Megan Currie of X-ing Design, an Indigenous design company in Regina.

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by Sarah MacDonald

October 16, 2017, Dr. Alexandra King (Nipissing First Nation), became the inaugural Cameco Chair in Indigenous Health and Wellness at the University of Saskatchewan (USask).

In the past five years she has accomplished great things, including securing millions of dollars in research grants and doing innovative research that is culturally responsive and imbued with Indigenous methodologies and ceremony, establishing formal ties with Indigenous political organizations and creating partnerships with Indigenous communities, setting new standards for how research with Indigenous peoples and communities is done that have been recognized nationally, and increasing Indigenous health research capacity.

Dr. King and Pewaseskwan (the Indigenous Wellness Research Group), which she co-leads with her husband Prof. Malcolm King, have been involved in many research projects, most of which are centred on Indigenous people and their

health and wellness needs. Some are projects she began while working at Simon Fraser University (SFU) on the unceded territories of the x^wməθk^wəýəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwəta?4 (Tsleil-Waututh) Nations: some of those have evolved into similar projects in Treaty 6 territory in Misâskwatômina (Saskatoon) or have follow-up projects in Vancouver's Downtown Eastside (DTES). Many more projects are from grants awarded since 2017 for research in Saskatchewan. Manitoba and other regions. They included disease-specific research grants and others more focused on land- and culture-based healing and knowledge.

The numerous grants in which Dr. King is involved have provided the opportunity for a significant team of highly qualified research personnel, with substantial Indigenous health research expertise. Pewaseskwan still has a small Vancouver-based team for the research in the DTES, while at USask and in some partner organizations and communities, the team has grown to over 30 people.

The team of researchers, who include people with lived experience, Elders and Knowledge Holders, management, support staff and students is diverse and multi-talented and shares a passion for the important work it carries out. The team also grows and learns together through Grandmother Gatherings that coincide with the full moons and a regular Learning Circle.

Over the next pages we invite you to explore how Dr. King and Pewaseskwan have grown and thrived during her first tenure at USask. You can read about the team growth, the research, events, strategic planning, and much more. We also share insights into what the next five years will bring as Dr. King and her team continue to dedicate themselves to improving the health and wellness of Indigenous people in Canada.

We hope you enjoy our report, which we consider a celebration of the amazing work of Dr. King, the inaugural Cameco Chair in Indigenous Health and Wellness.



Message from Dr. Alexandra King

by Dr. Alexandra King, MD, FRCPC

I arrived at the hen University of Saskatchewan (USask), I expected to establish the Office of the Cameco Chair in Indigenous Health and Wellness where nothing existed before. Most certainly, there was Indigenous health research being done at USask and lots going on in community. Inaugurating the Cameco Chair clearly had the potential to be something unique, to be a flagship where wise and promising practices in Indigenous health and wellness research could be birthed and nurtured. It was important that I approached this with humility, in a good way.

To do this required that we not do what we always had done. Rather, something fundamentally different, grounded in Indigenous ways of knowing, being and doing, was required. But what did this really mean? How did one operationalize this? How did one inspire those around oneself to dig deep, to be better than they had ever been, to trust in themselves and this collective, so that, together, we could create something Indigenous within a Western institution?

I believed we needed to become cartographers of Ethical Space, moving beyond boundaries and the coloniality of power into truly an Indigenous space, where Indigenous values and ways could flourish. This would require courageous people to work in new and innovative ways, to privilege wholistic approaches to research that are grounded in healing and wellness and relationships, and to advocate for and create system-level changes.

Collectively, these would contribute to decolonizing research at USask, and indeed to helping the institution itself transform.

The first five years have flown past. We have accomplished much, with even more to be done. I have been blessed with many wonderful people who have joined us in our work. Over time, I have gained greater insight as to how challenging this work can be and I recognize that it's not for everyone. However, our numbers have grown with many highly talented and passionate people who have joined us and have stayed. For this, I am forever grateful and hold my hands up to each and every one of them.

As we transition into the next term, sustainability has become increasingly our focus. We have received teachings that, to care for others and bring love into our work, we need to care for ourselves. As a team, we are collectively embracing this and bringing about changes so this becomes structurally supported. We have defined our journey ahead, including some of the tools and resources we need for this to unfold in a good way.

We look to the future with optimism and are motivated by the imperative that we prepare a strong foundation for those to come. It truly is Pewaseskwan – the skies are clearing. We have to clear our bodies, minds, hearts and spirits of coloniality so Indigenous ways can be our compass.



Pewaseskwan Team Growth

by Sarah MacDonald

King's USask-based T. Pewaseskwan team started out as a very small staff; initially she had only an administrative assistant. But over the years the team has flourished and it now comprises over 30 staff based at USask as well as staff located with partner organizations and communities, including at Ka Ni Kanichihk in Winnipeg and in the Northern Village of Île-à-la-Crosse. Some new positions have recently been created, including the Executive Director, who oversees all the research projects, and the Indigenous Cultural Facilitators, who bring cultural knowledge and practices that honour their ancestors and guide the work in a good work.

Dr. King, who came to the University of Saskatchewan (USask) from Simon Fraser University (SFU), located in Vancouver, BC on unceded Coast Salish territory, continues to hold an Adjunct appointment there in the Faculty of Health Sciences. This affiliation provides the needed infrastructure for the four Pewaseskwan research and team members there.

Dr. King's husband, Prof.
Malcolm King (Community
Health and Epidemiology) is
the other lead, anchor and
visionary of Pewaseskwan. They
work very closely with each
other and the team. Prof. King
also serves as the Scientific
Director of the Saskatchewan
Centre for Patient-Oriented
Research (SCPOR).

Pewaseskwan is an energetic, dynamic and united research group, rich in diversity, inclusivity and ability to harness complexity as a strength. Over half the team is Indigenous. There are Elders and Knowledge Holders, PhDs, people with lived experience, newcomers to Canada, students and more.

Throughout the challenges brought about by COVID-19 and with the resumption of in-person research and work, the team continues to do vital research that improves and celebrates the health and wellness of Indigenous people and grow together as one of the leading Indigenous health research groups in Canada.



Organizational Chart



Self-Identification: Indigenous Ally

Departmental
Embedded Researchers

BIOGRAPHIES OF THE PEWASESKWAN TEAM ARE ON OUR WEBSITE OR BY SCANNING THE QR CODE INDIGENOUSWELLNESS.CA/PEOPLE/PEWASESKWAN-TEAM



	 Joined USask as Cameco Chair in Indigenous Health and Wellness Co-chair of the International Group on Indigenous Health Measurement Conference
September	Pipe ceremony to start work in a good way Co-chaired the Social, Cultural, Environmental and Population Health Research session at the 7th Canadian Symposium on HCV Chair of the 7th International Symposium in Hepatitis Care in Substance Users workshop Keynote speaker at Australian National University: Inaugural Indigenous health and medicine Symposium, Canberra, Australia
2 June 0 September 1 9 October	 Co-Chaired Canadian AIDS/HIV Research (CAHR) Conference Pipe ceremony to form the Cameco Chair Management Committee Co-Chaired the Scientific Committee and the 2nd World Indigenous Cancer Conference Île-à-la-Crosse Community Gathering in Saskatoon Strategic Planning in Saskatoon
2 April	 Began working remotely Launched the Pewaseskwan Journal Club (renamed Learning Circle) Invited keynote speaker at WHO: Global HIV, Hepatitis and STI Programmes, Geneva Chaired the first World Indigenous Peoples' Conference on Viral Hepatitis (WIPCVH) virtual mini conference
	 Waniska pipe ceremonies Virtual Strategic Planning Clinical Co-chair at the 2021 CAHR Conference Keynote presenter on Indigenous ways and methodologies at the 2021 Alaska Indigenous Research Program
0	Waniska Centre launch Co-presented a keynote talk at the The Neuromuscular Disease Network for Canada webinar Moved into new office space Keynote presentation at New Digital Research Infrastructure
November	Organization (NDRIO) on National Truth and Reconciliation Day Chaired the second WIPCVH virtual mini conference Signed the Waniska MOU with FSIN Health Secretariat Sask Stories HIV/HCV Conference
May	 Strategic Planning in Saskatoon Co-chaired the Population Health Research session at the 11th Canadian Symposium on Hepatitis C Virus Keynote presentation on etuaptmumk (Two-eyed Seeing) at the
2	2022 Alaska Indigenous Research Program O Chaired the 2022 WIPCVH Signed MOU with FSIN's Saskatchewan First Nations Women's Commission (SFNWC) O Co-Chaired Indigenous Developmental Origins of Health and
	Disease (DOHaD) Gathering in Vancouver

Grants and Projects Overview

by Sarah MacDonald

Dr. King's research pertains to Indigenous peoples and their health and wellness, at times with a disease-specific focus (e.g., HIV/AIDS, HCV, diabetes, heart disease, Kennedy's Disease, etc.) and always involving Indigenous ways of knowing, being and doing, such as landand culture-based practices and ceremony.

She is currently involved in projects funded by grants worth over \$51M from the Canadian Institutes of Health Research (CIHR), Public Health Agency of Canada (PHAC), Saskatchewan Health Research Foundation (SHRF) and the John R. Evans Leaders Fund (JELF). She is the Principal Investigator or Co-Investigator on many of these grants and a collaborator on a number of others. Some of the highlights of her research funding over the past five years include:

- PI on a CIHR Project Grant awarded \$1.54 million over four years called "Stamsh Slhanay Lhawat II (Warrior Women II): Continuing the Wellness Journey for Urban Indigenous Women and their Families," which follows up on previous research conducted in Vancouver's Downtown Eastside.
- Co-I on the CIHR-funded Project Grant "Innovative National Strategies for Patient-Oriented Research Education," which was awarded \$5.25M over six years.

- Pl on Apihkatatan
 (Weaving Our Baskets):
 Intersectional traumahealing and wisdom, a
 four-year CIHR Project
 Grant awarded \$1.88M that
 focuses on Indigenous
 women and Two-Spirit
 people who have been
 involved with the justice
 system.
- PI on an \$1.8M grant from PHAC for a project called Bringing Our Fires Together: A Provincial Tele-Mentorship Network for Peer Support Workers. It will help fill the training and support gaps for HCV and HIV peer support workers in Saskatchewan.
- Senior Scholar and co-Pl on Hope Through Strength, a four-year \$1.23M CIHR project grant that researches Sanctum 1.5, the first HIV and at-risk prenatal care home in Canada, to better understand how its integrated care model improves health outcomes and reduces the number of children entering the foster care system.
- PI on the \$2.84M CIHR
 Centre grant (i.e., soft
 infrastructure funding) for
 the Waniska Indigenous
 Centre for HIV/HCV/STBBI
 Inequities, a regional
 research centre for
 Indigenous people focused
 on HIV/HCV/STBBIs and
 oft-related issues.

These grants and the many others in which Pewaseskwan is involved bring prestige for and increasing recognition of USask as it continues to establish itself as a leader in Indigenous health and wellness research.

But more importantly, these grants provide opportunities for Indigenous people and communities to have a voice in Indigenous health research and increase their own self-determination in research. Over the next pages we invite you to read more about Pewaseskwan's many research projects. Our project leads have provided highlights of the work over the past five years, or since the projects began.

OFFICE OF THE CAMECO CHAIR IN INDIGENOUS HEALTH & WELLNESS

CheckUp!

by Kehinde Ametepee and Ashley Secundiak

In response to the high rates of gonorrhea and chlamydia in Nunuvik, the Nunavik Board of Health and Social Services (NBHSS) launched the CheckUp! project, a communication campaign using social marketing and social media to influence the social norms surrounding screening and the normalization of testing.

The NBHSS also works in collaboration with health centres to improve access by introducing fast-track screening services the "quick checkups." The CheckUp! pilot has emerged as an Inuitspecific promising practice focusing on the prevention of Sexually Transmitted Blood Borne Infections (STBBI). This project effectively engaged and empowered Inuit youth in Nunavik by encouraging them to practice their agency while engaging with the healthcare system.

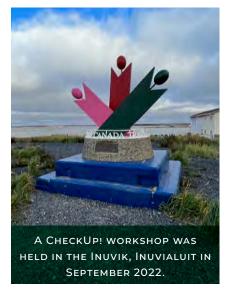
Due to COVID-19 restrictions, the team pivoted to virtual engagement and online activities, including expanding the social media component, launching an online survey and conducting virtual sessions with the community. We collaborated with Inuit throat singers Silla & Rise for videos to drive STBBI messaging and launched an online survey for Indigenous youth aged 18 to 40 to explore gender and sexual identity and sexual health practices in relation to culture. The team is also conducting virtual sexual health sessions with the students of Nunavik Sivunitsavut. The attendees also helped workshop our social media posts and provided input on content creation.

In September 2022 we had an in-person retreat in Inuvik, Inuvialuit, organized in conjunction with our community partners, Pauktuutit Inuit Women of Canada and the Inuvialuit Regional Corporation. It featured sharing circles and

creative art workshops, health talks, nature walks and photovoice create-a-meme activities.

We are planning a final community engagement activity next year in Uluhaktok, Tuktoyaktuk or Nunavik. A Doodly (animation) series on the STBBIs common in Inuit Nunangat will soon launch on our social media pages.







Virtual Cascade of Care Cohort



by Kehinde Ametepee

Alexandra King and **1.** Pewaseskwan have nearly completed the pilot component of the Virtual Cascade of Care Cohort (VCCC) study. The study tracks people who use injection drugs and their use of the healthcare system. The base study included consent to data linkage covering a 10-year period, dry blood spot testing and questionnaires in La Ronge (December 2019) and Saskatoon (March 2020). Dr. King extended this mixedmethod study by adding a qualitative component, having peer-researchers design and lead the study, and including

both urban and rural components.

The research slowed due to Covid-19 health restrictions, but with the resumption of inperson research activities, the study team, in collaboration with the Friendship Inn in Saskatoon, accomplish the enrollment of the 150 participants required to complete the pilot phase.

Continuing with the theme of respectful and meaningful engagement, we re-imagined participant recruitment by further ensuring the comfort of all our participants with the help of the cultural facilitators on our team, tending to people's needs throughout the enrollment clinic. To promote linkage to care, Dr. King and her clinic staff have been reaching out to participants both individually and through the service organizations

located in the Saskatoon core neighbourhoods to share their results with them and offer options for care.

Next, the study team will work with our counterparts in Quebec on transitioning into the project's main phase while finalizing our application to the Health Data Research Platform when it launches fully in 2023-2024 for the data linkage and abstraction component of the study. We will also continue with the analysis of the pilot's questionnaire responses and interview data.



Butterfly Project



by Victor Foshion

Butterfly Project is a e dynamic Knowledge Translation and Exchange project that includes participants from four previous Pewaseskwan studies, involving 20 Indigenous people who self-identify as women and five who self-identify as Two-Spirit from Vancouver's Downtown Eastside. Art, storytelling and culture were a foundational aspect of this project, designed to explore participatory knowledge translation focused on community and its impact on the participants.

During four groups of four sequential sharing circles, the participants were asked

questions about their experiences in earlier research projects. Each participant also created artwork to represent their participation in research. The life cycle of the butterfly was used as a metaphor for how research can potentiate transformation and healing. The ability to use expressive art therapies as a doorway to research has allowed our participants to speak of their various experiences with research in a richer more wholistic manner.

At this point the Butterfly Project research team is planning the final participatory knowledge translation event which will take place in December 2022. It will include a gala consisting of a data validation process, a feast, a sharing circle and a gifting ceremony. They will all receive either shawls or vests with the Butterfly Project logo silkscreened on them as part of the gifting ceremony. Following the gala, there will be follow-up

interviews, which could also be an opportunity for further reflection and healing. The participants themselves are each determining what they will share and with whom. We will also be releasing a short documentary as part of the knowledge transfer and exchange.

Pewaseskwan's approach to slow research has allowed us to spend significant amounts of time with participants over the course of several years and the Butterfly Project has allowed us to learn how an Indigenous approach to research using land- and culture-based teachings, as well as incorporating expressive therapies, has helped facilitate our participants' wellness journeys.







Recovery Lake Project

by Anne Mease

the past three years, the Kings and the Pewaseskwan team have built strong relationships in the community of Pinehouse, which led to the current project, "Achieving Healing and Wellness through Cultural Continuity Approaches: Strengthening Promising Practices for Addictions Treatments in an Indigenous Community in Saskatchewan."

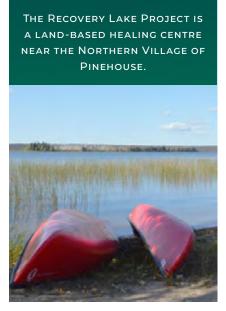
Our involvement with the Recovery Lake Project (RLP), a land- and culture-based healing centre for people with substance use experience, which has been operational since 1987, began in the spring of 2020 with a bridge grant that conducted a needs assessment. It identified the need to improve on RLP's success and develop a culturally responsive model that could be adapted and contextualized by others.

In using community-based research methods and an etuaptmumk (Two-eyed Seeing) approach, this project specifically focuses on ways to strengthen promising healing practices for promoting wellness in addictions treatment programs at RLP while examining the inclusion of an aftercare component that will further advance health and wellness outcomes

Pinehouse is a close-knit Métis and First Nation community and the beauty of approaching this project with etuaptmumk is that we can ensure northern Métis and First Nation perspectives remain uppermost in the research at all stages from conception to completion.

The results will inform recommendations towards policy formulation, program planning and service delivery for culturally relevant health services and programs for Indigenous communities within the context of mental health and substance use. Over the past year, we have had REB approval and hired local researchers who will conduct and carry out the research with the community guidance of Elders and Knowledge Holders.









by Kehinde Ametepee and Ashley Secundiak

The DRUM & SASH (D&S) project provides a team structure and supports for First Nation and Métis communities in Western Canada to collaborate and support each other on improved HIV, HCV and other STBBI prevention and care services through the development of culturally appropriate, community-specific models.

In keeping with Indigenous knowledges and processes, the development of research components, implementation and implementation research are embedded in Indigenous language and culture with a focus on capacity-strengthening/community development and co-learning approaches.

To date, we have engaged six communities in Alberta and the Northern Village of Île-à-la-Crosse (ILX) in Saskatchewan. Genna Lavallee, the community project coordinator in ILX, and other community programs and services staff participated in a multi-day training series to help create community and culturally specific road maps to meet the challenges of health and wellness issues in Indigenous communities using an Indigenous-specific community readiness model.

Genna has been working with us on project planning and implementation in the community. We had a two-day workshop in ILX in June 2022 with about 30 people in attendance, including Elders and Knowledge Holders, the mayor and the village's administrative team, healthcare workers, service leaders and frontline workers, educators, an RCMP representative and youth representatives.

D&S worked with the Community Events and Youth Recreation and Sports department to support a Hockey and Horses therapy program. Led by Richard Pilon, a Métis former NHL player, the program provided youth with tools to address mental health and substance use issues and develop team building, coping and leadership skills with the use of horses and hockey therapy services.

The team is also working on new partnerships, and a new collaboration with a group of First Nation communities in central Saskatchewan will be announced soon.







by Anne Mease

Pewaseskwan

oversees a network of Indigenous health knowledge development centres called Miyo-pimâtisiwin which focuses on "wellness" that will be captured into a framework built upon First Nation and Métis perspectives through community-based research (CBR) and land-based healing (LBH).

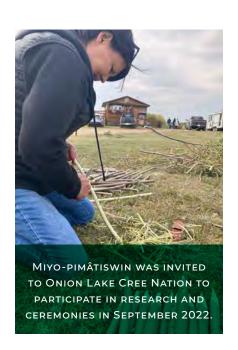
Our goal, while ensuring that the communities we work with will have autonomy and ownership over the research, including research design, methodology and dissemination, is to build upon the existing methodology of CBR and LBH. With the support of chiefs and councils and the local Métis Nation, this project is guided by Elders, Knowledge Holders and community members who know their community needs best.

Since 2019, we have collaborated and built strong relationships with the Northern Village of Île-à-la-Crosse (ILX), Sturgeon Lake First Nation (SLFN) and Onion Lake Cree Nation (OLCN).

ILX is creating a community-based organizational framework that will bring community organizations that work towards wellness together under one hub. Thus far, our collaboration has resulted in defining the need for and the hiring of a Research Coordinator to oversee current USask research projects in ILX.

SLFN is creating their framework based on traditional knowledge systems where the Healing Lodge will be the hub where all community knowledge on wellness, including addictions, childbirth, governance, food sovereignty, Cree language or traditional medicines is stored to ensure health is maintained for future generations.

OLCN is building their framework on revitalizing and maintaining Nehiyaw (Cree) language related to wellness through ceremony and landbased activities that will illicit the true meaning and breakdown of Cree words.





Peers4Wellness | British Columbia



by Sadeem Fayed

In British Columbia, the Peers4Wellness (P4W) project aims to support the wellness of Indigenous people who identify as cis-women, trans-women, Two Spirit or non-binary and who have lived or living experiences of HIV and/or hepatitis C (HCV) through community-based participatory action research.

P4W launched in 2017 with a catalyst-grant from Gilead Sciences to explore the need for Indigenous-centred peer navigation programs for HIV/HCV. Fifty people with lived/living experiences, peer navigators and community organization staff participated. They called for systematic change to establish culturally responsive healthcare. To act, we:

- Attained a CIHR-grant in 2018 for the second phase of the study
- Echoed the participants' call at 10 conferences and one webinar
- Will publish two community articles in 2022 and 2023

The second phase of P4W will introduce an applicable framework for culturally

responsive HIV/HCV care in the Downtown Eastside (DTES) of Vancouver. The intention is for this framework to be adapted, implemented and scaled into programs at community organizations. To achieve this goal, we:

- Partnered with PACE Society in the DTES
- Convened a local community guidance circle
- Hosted a two-day ceremonial consultation with six local Elders and Knowledge Holders
- Facilitated eight days of ceremonial knowledge gathering with six Indigenous community stakeholders
- Sought insights from two community leaders
- Are creating a program evaluation model for culturally responsive HIV/ HCV care

"We're women, and we're healers, and for us to be here, healing each other, and helping each other, I can feel the medicine working already," said a P4W participant. Her words sum up our five-year P4W journey. Through ceremonial research, each of us has been striving to heal "All My Relations." This was asserted by many participants and the research team. Together we have been learning from diversity, sharing truths, reconciling relations, dreaming of the future and connecting spiritually, emotionally, socially and intellectually.







Peers4Wellness | Saskatchewan

by Luke Heidebrecht

In Saskatchewan, the Peers4Wellness (P4W) project aims to support the wellness of Indigenous people identifying as cis-women, trans-women, Two Spirit or non-binary and who have lived or living experiences of HIV and/or hepatitis C (HCV) through community-based research.

The Saskatchewan component of P4W began during the pandemic and built on the framework and learnings of the BC P4W project. We began by developing a relationship with a community-based organization, Prairie Harm

Reduction (PHR), who have been essential partners, codefining the research methodology as well as objectives specific to our Saskatchewan context. An Indigenous approach to doing research is a priority.

To lean into this approach, we have hired four Indigenous women with lived and living experience with HIV/HCV who, together with our project coordinator, Indigenous cultural facilitator and PHR representative, comprise the research team. Together we have created a bundle, which is our theoretical framework, providing guidance for the

ways we relate with one another and with our research participants.

A key aim of P4W has been to design research events that will benefit those who participate. We have hosted two sharing circles which form the basis of the knowledge gathering activities of the project. As we look ahead as a research team, we are thinking about knowledge sharing in creative ways through the use of arts-based methods.





by Saydi Harlton

Waniska Indigenous Centre is an interprovincial (Saskatchewan and Manitoba), interdisciplinary research and knowledge translation centre that aims to address inequities in human immunodeficiency virus (HIV), hepatitis C virus (HCV) and sexually transmitted bloodborne infection (STBBI) rates in Indigenous populations. Pewaseskwan began hiring staff for Waniska in January 2021 and the centre, which is located within Pewaskeskwan at USask. had its official launch June 21, 2021.

More staff were brought on, including research coordinators, community coordinators, a grant coordinator, a grant writer and research associates. Waniska has held workshops, retreats and sharing circles and now has several research projects of its own.

Visit the Waniska website at www.waniskacentre.ca/ or by scanning the QR code:



CanHepC National Indigenous Roadmap and Prairie Roadmap

The goal of the Canadian Network on Hepatitis C (CanHepC) is to facilitate provincially- and territorially-led, multi-stakeholder processes to attain consensus on priority recommendations to in form HCV elimination and planning efforts.

Waniska is undertaking two roadmaps: the National Indigenous and the Prairie Region. Co-led by Dr. King and Renée Masching, the National Indigenous Roadmap will work with the various regional roadmaps to ensure these groups are planning and conducting approaches with Indigenous populations with Indigenous ways of knowing and doing in mind. The team strives to ensure that Indigenous populations are represented and fully engaged with the work being done to care for those with HCV and to eliminate HCV as a public health threat by 2030 in Canada.

The Prairie Region Roadmap is co-led by Dr. King and Carrielynn Lund. Its goal is to attain consensus on priority recommendations for meaningful and practical outcomes for the elimination of HCV as a public health threat in Alberta, Saskatchewan and Manitoba.







Mâmâwihitowin

Mâmâwihitowin. Cree for "a gathering of people," is an initiative to close the gap between university research and the experiences and knowledge of Indigenous communities in Saskatchewan and Manitoba. We hope to increase engagement of Indigenous people with lived/ living experience of HIV, HCV and STBBI, relying on guidance and insight from Knowledge Holders, Elders and other community members in research projects, making these projects more relevant to community realities to increase uptake in research projects. We are collaborating with organizations that offer educational courses on HIV, HCV, STBBI, Indigenous data sovereignty, Indigenous methodology and methods, budget creation, and more.

Nânâtawihisōwin

The Nânâtawihisōwin project is a student practicum led by Dr. King and Dr. Walter Siqueira that aims to assist Indigenous inner-city populations in Saskatoon take control of their health as it relates to HIV, HCV and STBBI through self-testing, and reduce the systemic racism that Indigenous people face when accessing healthcare. The project seeks to understand if saliva and dried blood spot self-tests can be used for earlier detection of HIV, HCV and STBBI, and to increase accessibility to inner-city populations. Self-testing places more control in individuals' hands while increasing access to testing and subsequent linkages to care for those whom the traditional healthcare system does not work

Atohtitam

There is a need for culturally rooted approaches to promote sexual health and overall wellness among Indigenous youth. This project, led by Dr. Amanda Froehlich Chow, will develop a community led, culturally rooted program, including sexual health curricula and resources, that promotes sexual health, gender re-awakening, self-confidence and wholistic wellness among Indigenous youth in Saskatchewan.



Hope Through Strength



by Lynette Epp

CIHR-funded Hope 16 Through Strength (HTS) project (2020-2024) is a collaborative, communityengaged research project working to develop an evidence base for Sanctum 1.5. a community program that provides wrap-around care for perinatal women in complex life circumstances such as substance use and HIV. It supports moms in addressing self-identified needs related to health, substance use, social supports, foster care, housing, parenting, justice and the like.

The HTS team has eight members, including two graduates of Sanctum 1.5 who bring first-hand experience and perspectives to all aspects of the project. HTS is guided by a 13-member Community Guiding Circle representing institutions, organizations and communities across Saskatoon and Saskatchewan whose work intersects with similar clientele.

To date, interviews with eight graduates of the program have been completed, and additional interviews with moms currently in the program are beginning. With the expertise of our team's cultural facilitator, we are co-developing arts and cultural engagement opportunities with graduates,

many of whom have identified the need for additional cultural activities after graduation.

Our postdoctoral fellow is leading a Social Return on Investment (SROI) analysis for Sanctum 1.5, and is also engaging with Indigenous academics, community leaders and people with lived experience to adapt the conventional SROI analysis to better fit with Indigenous perspectives, values and realities.

We are also exploring a partnership with the new Saskatchewan Health Research Data Platform pilot program, which would facilitate access to provincial health outcomes and healthcare utilization data for the SROI and additional quantitative analysis for the project. We continue to strive to work collaboratively and centre etuaptmumk (Two-eyed Seeing) and Indigenous perspectives and approaches throughout the project.









by Chad Hammond

In Saskatchewan, there are many wise and promising practices aimed at people living with HIV and/or hepatitis C (HCV); however, accessing and linking these resources has been an ongoing challenge. Saskatchewan (Sask) Stories (2019-2022) aimed to honour, share and connect the incredible efforts of many people and organizations.

Within this project we created an online participatory space of information about HIV/HCV programs, projects and initiatives (PPIs) on the Sask Stories website*. The outcome of the project was to provide helpful resources for community-based organizations to use in funding applications, programming and evaluation, which included the following:

- Rivers of Hope, a short documentary film of stories about the historical and cultural context of HIV/ HCV programming in Saskatchewan;
- An etuaptmumk (Twoeyed Seeing) evaluation framework and toolkit for evaluating HIV/HCV practices from both Western and Indigenous perspectives;
- 3. A series of learning modules around four areas identified by our Community Advisory Board as priorities for Saskatchewan: Indigenous ways of knowing, prevention, testing and linkage to care.

In the evaluations 12 community-based organizations provided to the project, 52% reported the project increased their knowledge of HIV/HCV PPIs in Saskatchewan and 55% reported applying this knowledge in their own programming.

Sask Stories also organized the Provincial Conference on HIV/Hepatitis C Wise and Promising Practices that took place on November 25-26, 2021, at the Dakota Dunes Resort on the lands of Whitecap Dakota First Nation.

The conference had a hybrid format, with unlimited availability to attend online and limited in person attendance. The event promoted and shared impactful efforts to address HIV and hepatitis C in Saskatchewan and showcased some of the resources developed by the Sask Stories project.

*Visit the Sask Stories website at www.sask-stories.ca/ or by scanning the QR code:







Kennedy's Disease

by Ashley Secundiak

Pewaseskwan

is working in collaboration with two neurologists, Dr. Kerri Schellenberg (University of Saskatchewan) and Dr. Gerald Pfeffer (University of Calgary), to further understand the disproportionate burden of Kennedy's Disease in Indigenous communities and bring an Indigenous lens into the ongoing research.

Spinal bulbar muscular atrophy (SBMA), also known as Kennedy's Disease, is a genetic disease which causes weakness, and difficulty with speaking, swallowing and breathing. It was recently discovered that there is a very high prevalence of SBMA among Indigenous people in Saskatchewan. Pewaseskwan has brought a patient-centred, culturally responsive lens to the research.

With support for our ongoing research from The Key First Nation, Cote First Nation and Yorkton Tribal Council, Pewaseskwan, along with Dr. Schellenberg and Dr. Pfeffer, will be conducting a photovoice project adapted to Indigenous methods to help tell the stories of people living with SBMA. This study will give voice to a community that has not previously been heard and will increase awareness about SBMA in Indigenous communities.

This will help SBMA patients access the resources they need and allow people living with SBMA to share their stories with healthcare systems, institutions and community.







by Sarah MacDonald

Pewaseskwan

is working with the community of Grandmother's Bay (GMB) on a research project that explores respectful ways for the University of Saskatchewan (USask) to interact with Indigenous peoples and communities. We recognize the importance of moving forward with future campuscommunity relationships in a good way and doing research that provides meaningful and valuable results for communities.

Through this research, we will provide recommendations for the partnership between GMB and USask. The research took place in the fall of 2021 when Adrian Tear, a Dean's Summer

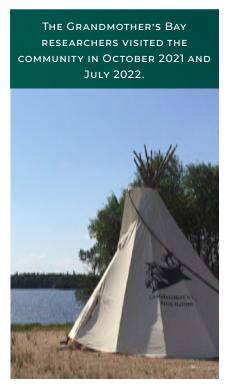
Research Project student with Pewaseskwan, visited GMB and interviewed community members and academic staff from USask to gain knowledge and insight into the best ways to proceed with this research relationship.

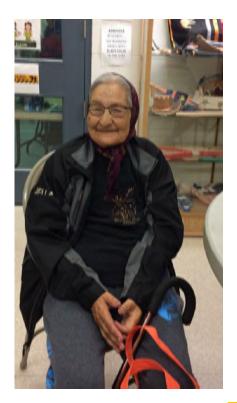
Analysis of the interviews revealed that research partnerships must proceed through relationships of trust, involve traditional practices and approaches, and provide meaningful benefit to the community. Conducting research and knowledge translation in the community's language was significant to GMB, as was engaging youth, establishing community-based services and doing research with effective communication.

Research should be community-led and designed collaboratively, empowering communities to be responsible for their own data sovereignty.

In July 2022 Project Coordinator Anne Mease visited GMB again to share the results of the research and receive the community's approval. Now a manuscript is being written to share the results more widely and help other researchers learn how to work with community. Though a small research project, the work with GMB elucidated important results that Pewaseskwan and USask can benefit from.







by Luke Heidebrecht

Achimok Canadian Foundation for Innovation (CFI) John R. Evans Leaders Fund (JELF) project, which Dr. King and the Pewaseskwan team inherited in 2021 following the departure of Michelle Johnson-Jennings from the University of Saskatchewan. The primary focus of this project is to support innovative research through the development of equipment and infrastructure.

In 2022 we were able to purchase multimedia studio equipment to support the audio and video recording and editing needs of Pewaseskwan projects and conferences. We have been able to provide training for the use of this equipment as well as support

the vision of project and community leaders to help facilitate innovative and creative approaches to research. We are currently working to support the following projects and communities:

Miyo-pimâtiswin

- · Onion Lake First Nation
- · Sturgeon Lake First Nation
- · Grandmother's Bay
- · Île-à-la-Crosse

Indigenous DOHaD Gathering

· Vancouver

Simultaneously we have been working on developing an online repository in partnership with the Digital Resource Centre (DRC) at the University of Saskatchewan Library. This repository will become a hub for communities and community partners to access the knowledge gathered. This database is being developed in consultation with communities and with a focus on Indigenous data sovereignty.



by Sarah MacDonald

King's work continues Γ . to evolve and expand. While much of her work will continue to include community-based research on HIV and hepatitis C and working on existing grants, there are new projects and initiatives that include research on heart disease, justice health, expanding support for peer health navigators, leading the creation of an Indigenous health research advisory council and more. The ever widening scope of her work ensures that more researchers, including non-Indigenous researchers, can learn to work with Indigenous people and communities in a culturally responsive way.

Apihkatatan ("Weaving our Baskets")

Apihkatatan research will focus on Indigenous cis and trans women whose lived experience includes involvement with the criminal justice system (CJS) and will support their wholistic wellness journeys. It will design and deliver a land- and culturebased healing curriculum, which includes gender affirming and trauma-informed expressive therapy for Indigenous women residing in Saskatchewan, involving partnerships with the Federation of Sovereign Indigenous Nations Women's Secretariat and the Elizabeth Fry Society of Saskatchewan.

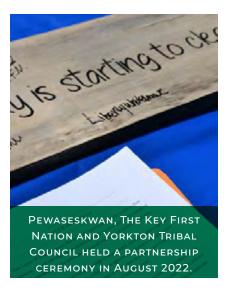
Bringing Our Fires Together

Peer support and navigation are widely recognized as critical to the care teams of people living with HIV and/or hepatitis C (HCV); however, peer support in Saskatchewan is not always available in communities where support needs are greatest. The goal of this project is to use the Sask Stories infrastructure to develop and deliver a peer tele-mentorship program led by peers, emphasizing etuaptmumk (Two-eyed Seeing), cultural safety, selfcare, navigation, capacity/skills building and leadership. The project will use the Extensions for Community Health Outcomes (ECHO) model to deliver the program, which involves regular virtual sessions that will connect peers and foster collaborative learning and problem-solving to address their needs in supporting their communities. Programs affiliated with ECHO have access to an international network of experts in a variety of fields and a knowledge resource hub, as well as immersive training on how to employ the ECHO model. The expected outcome of this project is to strengthen capacity of peer support workers to help improve HIV/ HCV prevention, health and social outcomes, and cultural safety in their communities.

Canadian Heart Function (CHF) Alliance

The Canadian Heart Function Alliance, led by Dr. Jean Rouleau at the Montreal Heart Institute, brings together researchers from across







Research Going Forward

Canada to strive to halt the progression of heart failure (HF) and understand the mechanisms involved in improving the lives of Canadians at all ages living with HF and other heart conditions. Additionally, the Indigenous Cross Cutting Theme of the CHF Alliance, led by Dr. King and Prof. Malcolm King, will conduct and facilitate Indigenous-led research that will focus on priorities identified by Indigenous leaders and Elders, as well as First Nations, Inuit and Métis peoples with lived/living HF experience.

Indigenous Peoples Engagement and Research Council (IPERC)

Pewaseskwan is supporting the establishment of an Indigenous Peoples Engagement and Research Council (IPERC). The IPERC comprises Indigenous Elders, Knowledge Holders, people with lived/living experience of health conditions and Indigenous health leaders from across Canada. It will guide the Cardiac Arrhythmia Network of Canada (CANet) and the CHF Alliance on the contextualization and adaptation needed for culturally safe and responsive heart care and research.

This research collaboration will engage with Indigenous people with lived experience, communities and community organizations in the codevelopment of culturally responsive innovative approaches to improve the prevention, early diagnosis, treatment and follow-up of heart conditions. The IPERC has

gotten off to a great start. We had a Saskatchewan ceremonial launch of the project with our team and community leaders from The Key First Nation, Cote First Nation and the Yorkton Tribal Council signing a Letter of Intent, signalling our collective intention to work together in a mutually beneficial relationship toward the advancement of the health and wellness of Indigenous peoples in these communities and across Canada. In attendance at the event were Drs. Anthony Tang and Kevin O'Neil (Cardiac Arrhythmia Network of Canada), Dr. Gerald Pfeffer (Neuroscientist from UCalgary), and Dr. Jean-Lucien Rouleau (Canadian Heart Function Alliance Network). Also, we recently commemorated a budding partnership with Dr. Peter Liu (UOttawa Heart Institute) on the emerging Brain-Heart InterConnectome multi-institution network

As part of the activities planned to launch the project in a good way, we are now working with host communities of Western University, Ontario, and the Montreal Heart Institute, Quebec, to build meaningful relationships together and celebrate such partnerships with ceremonial launches at the respective host institutions and communities. We are also working with Elders and Knowledge Holders on the Council to help us find an appropriate Indigenous name that would embody the spiritual essence of the project.

Stamsh Sihanay Llawat II ("Warrior Women Healing")

Stamsh Slhanay Llawat II (SSLII) will focus on urban Indigenous women living in the high-risk environment of Vancouver's Downtown Eastside (DTES) to support their wholistic healing and wellness journeys. Working with and centred on Indigenous women residing in this area, it will design and deliver a land- and culturebased healing curriculum, including gender-specific and trauma-informed land- and culture-based healing and expressive therapies, reinforced by family involvement. The goal is to learn from the knowledge provided by women with lived experience of the DTES to develop wellness interventions that are urgently needed by urban Indigenous women in high-risk environments who often experience poverty, racism, stigma, addiction, and chronic and infectious diseases

Dr. King and Pewaseskwan are looking forward to the next five years as they continue to expand partnerships and work with more people and communities, leading the way for Indigenous health research to be done in a good way.

Organization and Event Leadership

by Sarah MacDonald

King brings leadership Γ_{ullet} skills in culturally safe and responsive research and care, reconciliation, etuaptmumk (Two-eyed Seeing), which brings together Indigenous and Western worldviews or forms of knowledge, and Ethical Space, which needs to be created when peoples with disparate worldviews engage with each other. She is a leader in developing Indigenous research methodology. She brings her knowledge and leadership to many organizations, committees and events.

Dr. King serves on numerous national and international initiatives, regularly setting research agenda and determining research environments in diverse areas of Indigenous health and wellness, including rural/remote health services, land-based and culture-based healing and research, innovative and enabling technologies and approaches, as well as those with disease-specific foci.

She serves on The Scientific Advisory Committee of ICES (formerly known as the Institute for Clinical Evaluative Sciences). the Canadian Network on Hepatitis C (CanHepC), and the Indigenous Peoples' Engagement and Research Council (IPERC), which provides quidance to health research projects including the Cardiac Arrhythmia Network of Canada (CANet) and the Canadian Heart Function (CHF) Alliance, both of which Pewaskeswan is involved with. She is the Treasurer of the Canadian Association for HIV Research (CAHR), an organization with which she has long been involved. She co-chaired the pan-Canadian Advisory Panel on a Framework for a Prescription Drug List (CADTH advisory panel), which studied the possibility of a national pharmaceutical plan for Canada. She is a Sex and Gender Champion for the College of Medicine at USask, bringing expertise in how sex and gender intersect with Indigeneity and Indigenous people, and a CIHR Sex and Gender Champion with recognized expertise in Indigenous contexts.

Dr. King also has a regular presence on organizing committees of national and international conferences pertaining to HIV/AIDS, HCV and other aspects of Indigenous health and wellness. She is frequently invited to deliver keynote talks or be a panelist, presenter or moderator. She has also chaired a number of national and international meetings and conferences. Recently Dr. King chaired the World Indigenous Peoples' Conference on Viral Hepatitis (WIPCVH) in June 2022 and co-chaired the Indigenous DOHaD Gathering in August 2022; members of Pewaseskwan were heavily involved in planning both events.

Dr. King continues to lead Pewaseskwan's Learning Circle, a regular virtual team meeting to discuss Indigenous research and other relevant topics, and since the fall of 2020 Pewaseskwan has held monthly Grandmother Gatherings, led by Dr. King and Elder Sharon Jinkerson-Brass.





by Sarah MacDonald

King chaired the 2022 Γ . World Indigenous Peoples' Conference on Viral Hepatitis (WIPCVH). Originally scheduled for September 2020, like many things, it was postponed to June 22-23, 2022 due to COVID-19. The delay did not prevent Dr. King and the organizing committee, comprised of Indigenous and allied experts on hepatitis from across Canada, the USA, Australia. New Zealand and the UK, from maintaining focus on how hepatitis impacts Indigenous peoples. Dr. King chaired two webinar-style events:



November 24, 2020

WIPCVH online mini conference "Indigenous Responses to COVID-19 in the Context of Viral Hepatitis," which attracted over 125 participants from 10 countries

November 23, 2021

WIPCVH online mini conference "Lessons Learned from COVID-19 to Address Viral Hepatitis," which had over 75 registrants, half of them new to our events

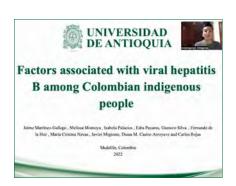
"This was the most engaging conference I have ever attended. The speaker lineup was fantastic, and really provided a new outlook for someone like myself who is a basic scientist. I learned a lot about Indigenous culture and identity, and how viral hepatitis is seen in this community."

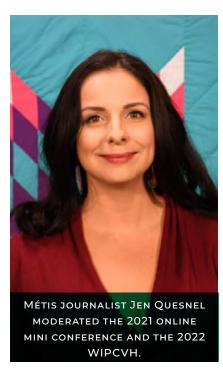
WIPCVH participant, 2022

There were high hopes for an in-person gathering by 2022, but the appetite for international travel was low, so the 2022 WIPCVH was also held online with an interactive, immersive platform with a main stage, breakout rooms, chat rooms and poster boards.

It featured ceremonial openings and closings. keynotes on Māori health inequities by Dr. Bev Lawton, Elder Charlie Lambert and Elder Matthew Bennett, and on the impacts of Indian Residential Schools on Indigenous health by Cree Senator Mary Jane McCallum, hepatitis country updates from Canada, the USA and New Zealand, four breakout sessions with 19 presentations, and six cultural interludes. The event was vibrant, engaging and had larger global attendance with over 200 registrants.







KEYNOTE SPEAKERS AT THE 2022

WIPCVH

Indigenous DOHaD Gathering



by Lynette Epp

Second International Indigenous DOHaD* Gathering "ilhenaylhs chet s7elji: Nourishing our Ancestors' Dreams" was held on the traditional lands of the x^wməθk^wəýəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwəta?4 (Tsleil-Waututh) Nations in Vancouver BC, August 24-26, 2022.

One hundred and ten attendees representing Indigenous communities and organizations, academic researchers and health/social service practitioners gathered to share innovative and promising ways to support Indigenous moms, infants, children and families.

Indigenous Elders, Knowledge Holders, mothers, grandmothers, midwives/ doulas, fathers, children, community members, physicians, nurses, community workers and academic scholars exchanged information in a range of formats, including keynote presentations, interactive knowledge sharing booths, and experiential learning opportunities.

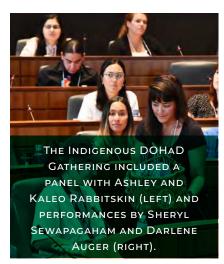
The Gathering, which Dr. King co-chaired, was planned in collaboration with Elders and Knowledge Holders from the Host Nations, and careful attention was paid to centring Indigenous values such as relationality and multidirectional learning. Arts and cultural opportunities were woven throughout the schedule, and included cedar brushing and smudging, audio-visual capturing of stories and reflections, and a collaborative quilt-making project.

The Gathering began with a traditional canoe welcome protocol and feast with the Host Nations

It concluded with a gala concert featuring First Nations artists sharing stories and Iullabies for infants and families, including a newly commissioned baby blessing song. In partnership with Full Circle First Nations Performance and the Firehall Arts Centre, two additional performances of the concert were held, one for women and their families in the Downtown East Side (clients of local community organizations such as the YWCA), and the other for academic trainees attending the DOHaD International Congress which followed the Gathering.

*DOHaD = Developmental Origins of Health and Disease: the idea that the first 1,000 - 2,000 days of a person's life (from conception to two to five years) are crucial for their overall health and wellness for their lifetime and also impact future generations. The particular environmental contexts and exposures experienced in utero, infancy and early childhood shape a person's health outcomes.







Learning Circle

by Sarah MacDonald

April 2020, not long after we began working remotely due to COVID-19, Pewaseskwan embarked on an exciting new venture, our own Journal Club, which gathered online once a week to engage in individual and collective learning through discussions of important Indigenous research manuscripts, many of which are foundational to our work

Over time we began to expand the topics and approaches to what was shared, adding documentaries, podcasts, radio plays, talks from researchers, artists, writers, activists, musicians and academics on a wide range of topics, so we changed the name to the more apt Learning Circle.

Discussions are robust and highly reflexive, supporting good individual and collective

learning and reflection. Topics are diverse and relevant to our work. For example. Pewaseskwan research associate Bonny Braden presented on the Gladue Reports and how they factor in Indigenous people's interactions with the criminal justice system with; trans Cree man Jack Saddleback spoke about Indigenous perspectives on gender; doctor, activist and author Rupa Marya discussed her book Inflamed: Deep Medicine and the Anatomy of Injustice, which includes the impacts of colonialism on Indigenous peoples' health; and we had a talk on the meaning of some of the Cree words associated with our projects with language expert Randy Morin.

Due to more demanding schedules with increased in-person work on more grants, Learning Circles now occur every three weeks, but they continue to be a valued part of our work.

"This time allows me to take a break from all the 'doing' associated with research and focus on 'being' and learning. We are always encouraged to consider how to apply the topic or discussion to our daily work, and also to our lives in a broader sense. It brings the team together around sharing knowledge, insights and experiences to challenge and strengthen each other."

Lynette Epp, Project Coordinator









Grandmother Gathering

by Sharon Jinkerson-Brass

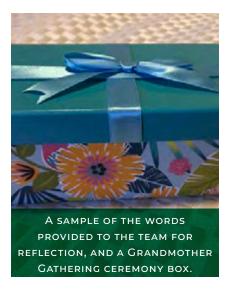
Thirteen times a year Grandmother Moon comes into her fullness and illuminates the night sky with warm, holy light. Our team gathers during this time of fullness and light to reflect on our journeys as individuals and as team members.

After opening in a good way, teachings are shared about the spirit of each Grandmother Moon. Words that were chosen at a team retreat that represent our values, hopes and dreams are randomly sent out to each team member to reflect on and to share at this gathering. Often the sharing is very emotional and inspiring.

This process seems to connect everyone to each other, to our work and to ourselves as human beings and as researchers. Through these full moon gatherings, I have felt from others and I have found inside myself the warm, soft and gentle light of Grandmother Moon.









Indigenous Health Research Capacity Strengthening

by Sarah MacDonald

of Dr. King's priorities is increasing Indigenous health research capacity and supporting Indigenous communities to take leading roles in research that addresses their own needs and reflects traditional ways of knowing, being and doing.

This has been done by growing and nurturing the Pewaseskwan team, establishing partnerships with community, mentoring students and early career researchers and working collaboratively with non-Indigenous health researchers to bring Indigenous ways into their work.

Over the past five years, her team has grown to more than 35 people who collaborate on numerous projects, sharing their expertise and building relationships with each other as well as within USask, the community and partner organizations. The team works with many communities to develop innovative research projects that address diseases such as HIV, hepatitis C, heart disease and others, and bring land- and culture-based healing to the forefront.

Projects are community-led, often including community guiding circles, and are imbued with ceremony and culture. Pewaseskwan bridges the gaps between Western systems and Indigenous ways to potentiate communities' research ideas and needs.

Fostering Indigenous health research includes ensuring students have opportunities in this field. Dr. King and her team have worked with over 15 medical students, graduate students in Public Health, Community Health and Epidemiology, Law and Science, and PhD students.

Her students have had opportunities to learn from her and the team, and work in community, often with wonderful results. For example, in 2020 her Dean's Summer Research Project (DSRP) students Annie Monteith and Melissa Ackerman worked on projects relating to Sanctum 1.5 (evaluation of Nurturing Families, an initiative to support Sanctum 1.5 mothers in parenting and life skills; impact of crystal meth use in pregnancy on offspring). Annie placed second in the College of Medicine's Undergraduate Research Showcase in the Community & Indigenous Health II category. Melissa was awarded a Letter of Excellence from the College of Medicine, recommended by Dr. King. In 2021, three Pewaseskwan DSRP students, Jelyssa Luc, Sarah Smith and Adrian Teare, received letters of excellence for their work. Several students have published manuscripts based on their work, and others have done practicum research with Pewaseskwan's support.

As an Internist, Dr. King has largely focused on HIV and hepatitis C, but in the last couple of years her scope has expanded as she collaborates with doctors and researchers in other fields. For example, she

and her husband, Prof. Malcolm King, have been working with Dr. Kerri Schellenberg, associate professor of neurology at USask and neurologist Dr. Gerald Pfeffer, from the University of Calgary, who are researching Spinal Bulbar Muscular Atrophy, also known as Kennedy's Disease, a hereditary disease that is highly overrepresented among Indigenous people. The Kings, with support from Pewaseskwan staff, guided them on how to engage in a culturally safe manner with patients and do patientoriented research.

They are also involved in bringing Indigenous ways of knowing, being and doing to research on heart disease, which also involves collaborations with non-Indigenous researchers. Furthermore, Dr. King was instrumental in creating Queen's University's Indigenous Community Research Partnerships training resource.*

*training resource is available at www.queensu.ca/equity/public/icrpo/ or by scanning the QR code:



Indigenous Health Research Capacity Strengthening

Community Voices

"Taking part in the strategic planning of the pewaseskwan project has restored our faith that the centre of knowledge will be balanced between Indigenous ways of being and the philosophy and practice of Western medicine. It is truly innovative to influence research in a way that empowers the community's right to determine their approaches to health using traditional healing ways. Being part of Pewaseskwan's group shows how we can achieve great things when we work together in true collaboration." - Kim Smith, Kineepik Metis Local #9

"I see Alexandra's work as building blocks. It's like a snowball rolling down a hill. The more you do, the more you get done, and the faster it goes. I see she's really emphasized incorporating Indigenous people in the design of research, in the research itself, treating the community as partners and not subjects to be studied. Alexandra has been able to open the door for our folks to start entering that field and start making their mark." - Calvin Racette, Métis Elder

"When we want to develop something or we want to find the funding, because we don't have the funding in our communities to do what we want to do, we don't have access to funding. Since I have been connected to Malcolm and Alex, it's just been a blessing and doors have opened. I have prayed about this and my prayers are being answered." - Dolores Pahtayken, Onion Lake Cree Nation

Student Voices

"As a first-generation immigrant in Canada, it was vital for me to know the story of Indigenous people in Canada as the original inhabitants and stewards of these lands. It is also essential to know about the historical injustices they have endured and ongoing efforts at reconciliation. The team grounded me in that knowledge through Learning Circles, Grandmother Gatherings and other forums. I also learned how to be a worthy ally in Indigenous research, to carry out research in a respectful way that acknowledges Indigenous and Western worldviews. I have also been given the opportunity to participate in grant proposals, article writing, and literature reviews." - Taiwo Ametepee. MPH Student 2022

"I assisted in conducting an entire project in a six-week period, including data collection, analysis, and manuscript writing. We submitted our paper to the Journal of Indigenous HIV Research (JIHR) and were accepted for publication. Pewaseskwan is the most incredible team, and that if the chance arises to work with this group, take it. Research is conducted in a way that is respectful to everyone, and very much considers the well-being of those involved. As a student I felt appreciated, respected, and listened to, and I am so happy that I was a part of this team." - Sarah Smith, Dean's Summer Research Project student 2021

Academic and Researcher Voices

"Alexandra is leading change in how to think about research and how to work in community centred ways. Without her leadership the rest of us (researchers) could not benefit from her potential and the outcomes of the work. I have been invited to work with the team and, aside from enjoying the experience, have observed how it seems as if there is the time and space to do the work, take the time, to do the work well. That is a big advantage for academic systems, as we need time and space for Indigenous knowledges in academic settings, if things are going to change and address the inequities in our academic and social systems." - Janet Jull, OT Reg (Ont), PhD, Assistant Professor, School of Rehabilitation Therapy, Queen's University

"In the spirit of reconciliation, it's important those of us who reside on these lands to understand more about the history of Indigenous peoples and to make sure that if we want to help in doing health research, that we do so properly and respectfully." - Dr. Gerald Pfeffer, University of Calgary

MOUs & Partnerships

by Sarah MacDonald

Building

relationships with community organizations, Indigenous governing bodies and other health research organizations has helped Pewaseskwan reach more communities and support more people through its work. Some relationships have been formalized through pipe ceremonies and memoranda of understanding (MOUs):

- Saskatchewan First
 Nations Women's
 Commission (SFNWC) at
 the Federation of
 Sovereign Indigenous
 Nations (FSIN) and
 Pewaseskwan signed an
 MOU on June 24 to
 commemorate the start of
 a research alliance.
- Pewaseskwan is in the process of establishing a resource alliance with Métis Nation –
 Saskatchewan (MN-S) that fosters health research and support in community and intercultural education. It will be formalized an MOU.
- The Canadian Network on Hepatitis C (CanHepC) signed an MOU with Pewaseskwan in June 2022 to establish an Indigenous Platform to strengthen Indigenous participation in and leadership of CanHepC.

 Pewaseskwan signed an MOU with the Cardiac Arrhythmia Network of Canada (CANet) establishing a research alliance to develop the Indigenous Peoples Engagement and Research Council (IPERC)

The Waniska Indigenous Centre, which operates within Pewaseskwan, also held pipe ceremonies and signed an MOU to strengthen its abilities to do work in a good way with community, both in Saskatchewan and Manitoba.

- Waniska held pipe ceremonies with two community partner organizations, Ka Ni Kanichihk, in Treaty 1 territory, and All Nations Hope Network, in Treaty 4 territory, in April 2021.
- In November 2021,
 Pewaseskwan signed an
 MOU with the FSIN to
 collaborate on the
 development of healthrelated projects of mutual
 interest, including research
 to support the
 development of a First
 Nations primary and
 public health care system
 in Saskatchewan.







New Pewaseskwan Space

by Bren Thompson

In the summer of 2020, Pewaseskwan learned that the lease between USask and St. Andrew's College, where our offices were located, was coming to an end.

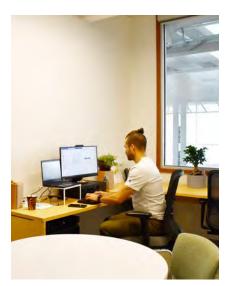
This meant relocating to another space on campus. Pewaseskwan was fortunate enough to be allocated a suite of offices located in the Health Sciences Building on fourth floor in E-wing. As well as offices, the assigned space has a large boardroom, copy room and a kitchen space.

One office is also used as a recording studio for the Achimok project and other projects that have recording needs. Each office hosts two or three team members and is conducive to our collaborative work approach.

Victor Foshion, a project coordinator, was tasked with securing artwork. He collected a variety of pieces created by a wide range of Indigenous artists. A large 5'x7' painting was commissioned from Kevin Peeace, a local Indigenous artist, to hang in the Pewaseskwan board room.

The offices and spaces are being well used by the team as we return to much more in-person work.











Strategic Planning

by Bren Thompson

Strategic planning within

Pewaseskwan has been a multi-year collaborative process. Approaching this important task has been intentional, inclusive and guided by the communities and organizations we serve. The process started in the fall of 2019 and included the well established Vancouver research team based out of Simon Fraser University, the newly formed Saskatchewan research team at USask, Elders and community members.

In 2020, to bring the two teams together as one, we were gifted with a Cree name:
Pewaseskwan ("the sky is clearing"). This name created a sense of unity and community despite the distance between the two locations.

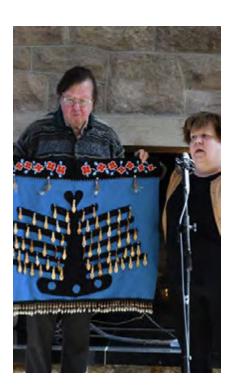
The second phase of planning was hosted entirely via Zoom in the spring of 2021. This session included solely the Pewaseskwan team and focused entirely on knowledge gathering within the team. The intent of this knowledge was to inform the creation of Pewaseskwan's vision, mission and goals at future planning sessions.

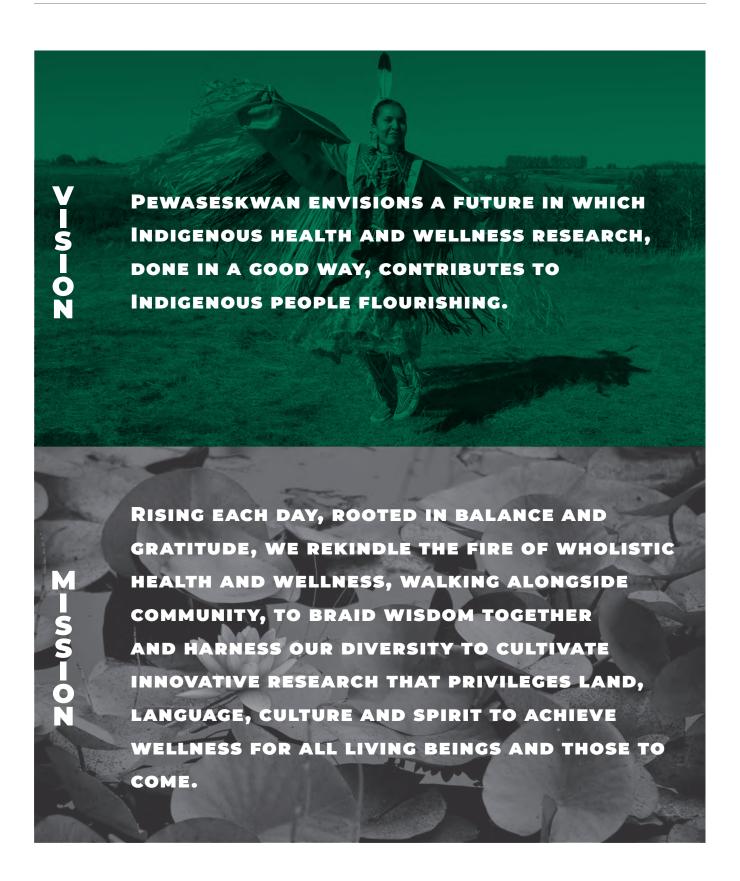
The third phase of strategic planning took place in the spring of 2022. Pewaseskwan hosted community partners, community organizations, health foundation leadership and Elders. Over the two days, the gathered knowledge was used to create the vision and mission and prioritize goals.

Each phase of planning has been approached methodically and informed by tradition and ceremony. The final vision, mission and goals set the stage for the next five years with the aim to position Pewaseskwan as leaders in Indigenous health research.









DEVELOP A NATIONALLY AND INTERNATIONALLY
RECOGNIZED INDIGENOUS RESEARCH HUB THAT
STRENGTHENS INDIGENOUS HEALTH AND WELLNESS
RESEARCH CAPACITY AND CONTRIBUTES TO RESEARCH
PROTOCOLS AND FRAMEWORKS BASED ON INDIGENOUS
WAYS OF KNOWING, BEING AND DOING, INCLUDING LANDAND CULTURE-BASED WISDOM AND PRACTICES.

LEAD, WITH COMMUNITY, THE DEVELOPMENT OF INDIGENOUS HEALING AND WELLNESS SYSTEMS, GROUNDED IN INDIGENOUS WAYS OF KNOWING, BEING AND DOING, INCLUDING CEREMONY AND WISDOM GIFTED AND EARNED, AND CULTURALLY SAFE AND RESPONSIVE HEALTHCARE WITH, BY AND FOR INDIGENOUS PEOPLE, INCLUDING INDIGENOUS-LED INTEGRATED AND PARALLEL FACILITIES.

ADVOCATE FOR EQUITY-PROMOTING POLICIES AND RESOURCES, INCLUDING MORE INDIGENOUS POSITIONS THROUGHOUT THE ACADEMY AND HEALTHCARE, WHICH INCLUDES ELDERS, KNOWLEDGE HOLDERS AND PEOPLE WITH LIVED/LIVING EXPERIENCE.

Appendices

- A. Grants
- B. Conference
- C. Presentations, Seminars and Grand Rounds
- D. Publications
- E. Leadership
- F. Financial Statements

To review the appendices, please visit our website or scan the QR code: www.indigenouswellness.ca/people/dr-alexandra-king/ccmc-five-year-report-appendices/



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