

Exploring the integration of Indigenous ways of knowing in policy development to promote healing for Indigenous communities in Alberta

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I respectfully acknowledge that we are located on Treaty 6 territory. I respect the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

LAND ACKNOWLEDGEMENT



ILLUSTRATION BY JOSHUA MANGESHIG PAWIS-STECKLEY

I want to acknowledge that I live and work on Treaty 6 Territory.

For thousands of years, this has been the traditional land of the Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, and Inuit.

This meeting place continues to be home to many Indigenous peoples from across Turtle Island.

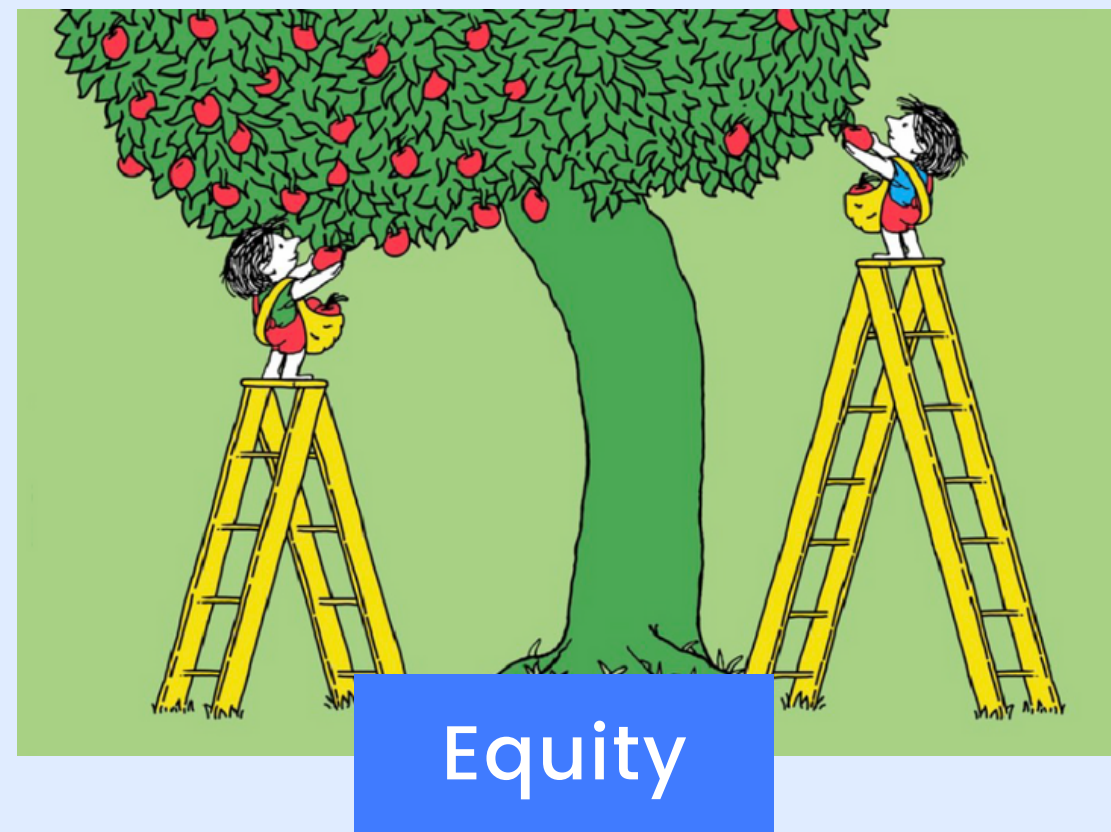
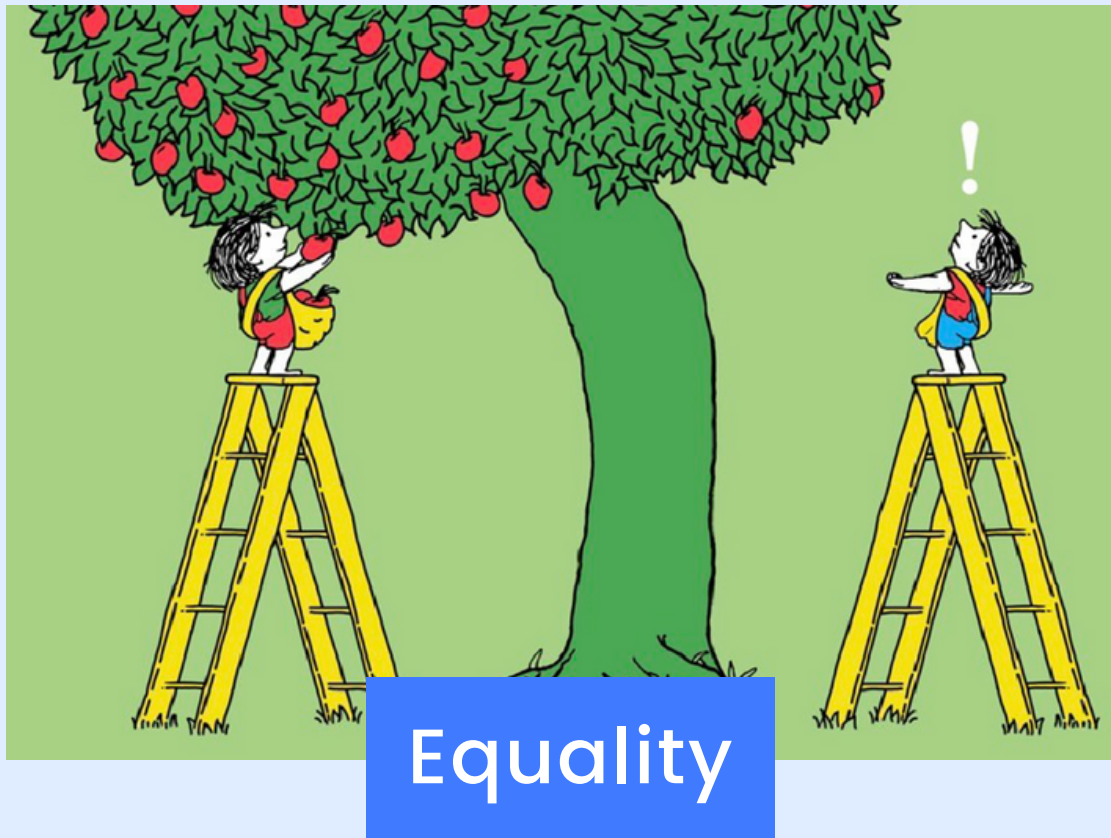
I am grateful to have the opportunity to work on this land and engage in such meaningful work.

AGENDA

1. Introduction
2. Background
3. Research question
4. Methods
5. Anticipated research outcomes



INTRODUCTION



The 1978 Alma Ata Declaration envisions primary health care (PHC) as **equitable access to essential health care services** for communities.

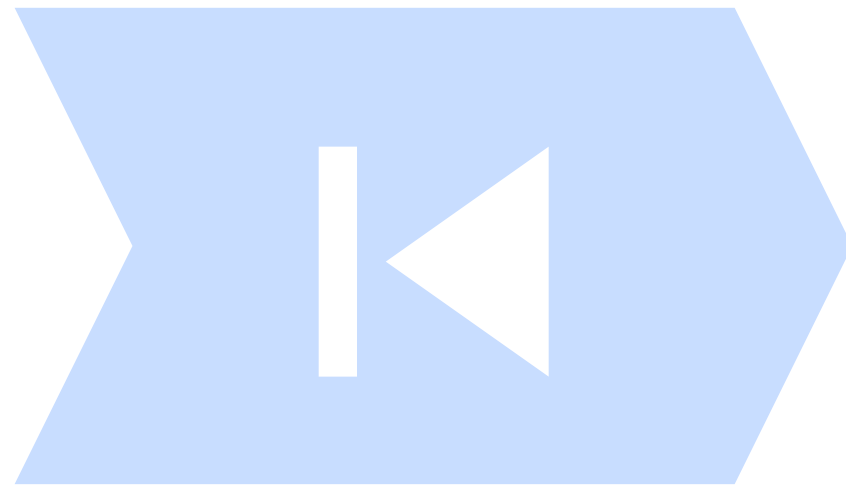
Indigenous peoples in Canada experience worse health outcomes compared to non-Indigenous people including:

- A greater risk of mental health issues,
- A higher burden of chronic disease, and
- An increased risk of suicide.

These existing disparities highlight structural and systemic issues, including those within the health care system and existing PHC policies that continue to harm Indigenous peoples.

BACKGROUND

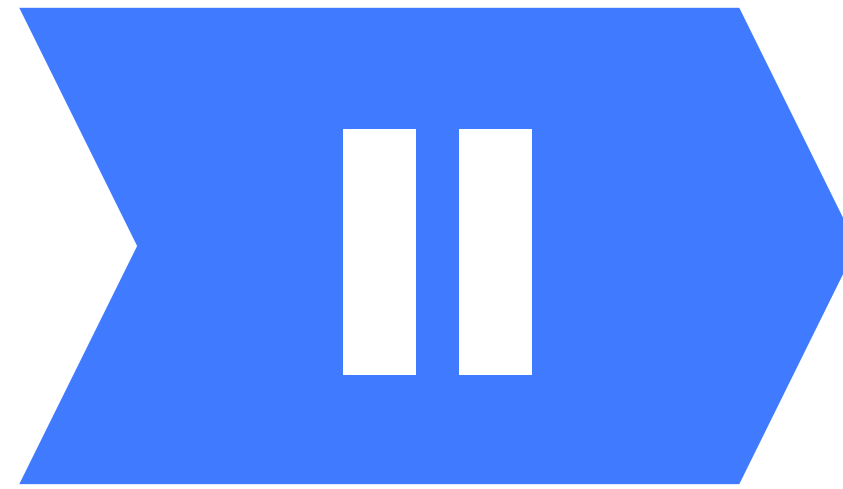
Existing approaches



Current approaches lack the appropriate resources and infrastructure to address the root causes of health disparities for Indigenous peoples:

- Colonization
- Residential schooling
- Forced assimilation and relocation

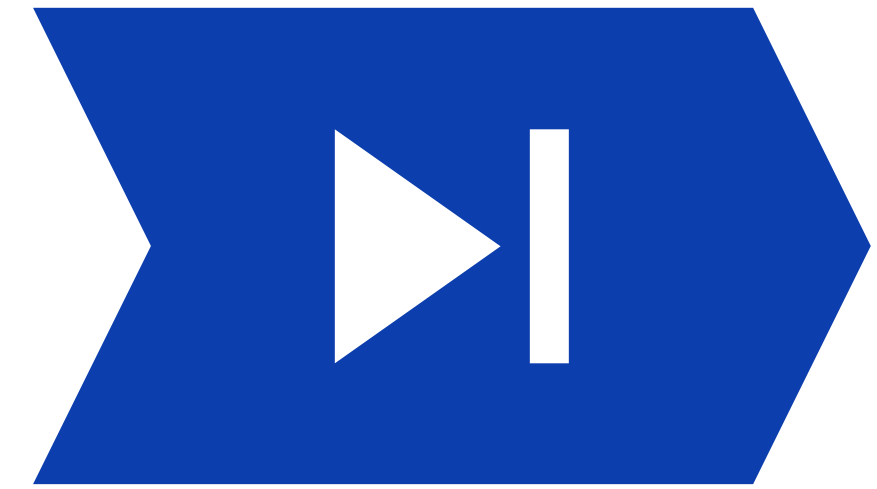
Research evidence



PHC strategies rooted in policy and supported with appropriate infrastructure are associated with:

- Improved health outcomes
- Increased equity
- Lower mortality rates

Our vision



Integrating Indigenous ways of knowing into PHC policy can promote improved health outcomes by addressing intergenerational trauma, systemic racism, and other health inequities.

RESEARCH QUESTION



How can we integrate Indigenous ways of knowing into PHC policy development in Alberta to inform strategies that promote healing and health equity for Indigenous peoples?

EXPLORING THE PROPOSED RESEARCH QUESTION

To answer the research question, the study aims to:

- 1) Investigate PHC policy gaps and priorities for Indigenous peoples, by conducting an environmental policy scan, interviews with key experts, and sharing circles with knowledge-holders, and
- 2) Propose a 2-page policy brief that highlights key priority areas for PHC policy transformation. The policy brief can serve as a resource for Indigenous peoples when connecting with local or national health leaders regarding PHC policies.

MATERIALS AND METHODS

Study context

Indigenous Primary Health Care and Policy Research Network (IPH CPR)

Research design

Two-Eyed Seeing: Integrating both western and Indigenous methods

Community engagement

Aim to engage with:

- 3-4 key experts connected to PHC policy landscape in Alberta
- 8-10 knowledge-holders, from various cultural backgrounds and geographic regions within Alberta

Data collection

Three-pronged approach:

- Environmental policy scan
- Key informant interviews
- Sharing circles with knowledge-holders



DATA COLLECTION

Environmental Policy Scan

Using an existing policy framework, conduct a systematic search of key health research and policy databases.

- Purpose: Gather peer-reviewed and grey literature sources to identify key Indigenous PHC policy documents.

Key expert interviews

Interview with 3-4 key experts connected to Indigenous PHC policy.

- Purpose: To contextualize the findings from policy scan and investigate policy gaps and priorities.



Sharing circles

Two virtual sharing circles with a group of 8-10 Indigenous knowledge-holders:

Sharing Circle #1: Opportunity to discuss PHC gaps and priorities.

- Findings will inform a 2-page policy brief.

Sharing Circle #2: Share the findings and policy brief with the same group of knowledge-holders, to ensure it aligns with their vision and priorities for PHC policy in Alberta.

ANTICIPATED OUTCOMES

- 1) Enriched relationships: Promote of research collaboration between Indigenous knowledge-holders, researchers, healthcare providers, and other key stakeholders.
- 2) Policy Implications: By integrating the knowledge from the policy scan, key expert interviews, and sharing circles, we hope to produce resources (e.g. policy brief) to highlight existing policy gaps and support guidance on incorporating Indigenous ways of knowing into PHC policy.



IMPLICATIONS

ILLUSTRATION BY
JOSHUA MANGESHIG PAWIS-STECKLEY



It is time for Indigenous peoples to lead the development of policy transformation to better serve their communities, align with their vision for wellness, and improve their experiences with the healthcare system.

We anticipate that our collaborative project with Indigenous knowledge-holders will support the transformation of PHC policies and promote optimal health outcomes for Indigenous peoples in Alberta.

MY SINCEREST THANKS TO:



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Policy Research (IPHCPR) Network in Alberta

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