

# GREETINGS TO BEGIN





# ACKNOWLEDGEMENT(S)

*Acknowledging the First Peoples who have and continue to reside in the territories on which we are all gathering for this webinar, seeking respectful relationships and committing to learning, contributing and leading together.*

Why do we begin in this way?!

- Respect and recognize, both in past and present, the presence of Indigenous peoples
- A 'modern' effort to continue a tradition
  - Different from a welcome to the territory
- Accountability to ongoing relationships together
- A step in the process of Reconcili-ACTION


# INDIGENOUS APPROACHES TO RESEARCH

## CANHEPC NETWORK WEBINAR


NOVEMBER 29, 2023

Carrielynn Lund and Renée Masching





*We would like to thank and acknowledge the wisdom, guidance, ceremonies, prayers and patience of our many Elders and Knowledge Keepers from our communities and organizations who have taught us many lessons. We would also like to acknowledge all the communities we have worked with who have joined us on our journeys. We would not have learned what we have without them.*





# INTRODUCTIONS

Introducing ourselves in a good way



Renée



Carrie



# **INDIGENOUS PEOPLES IN CANADA**





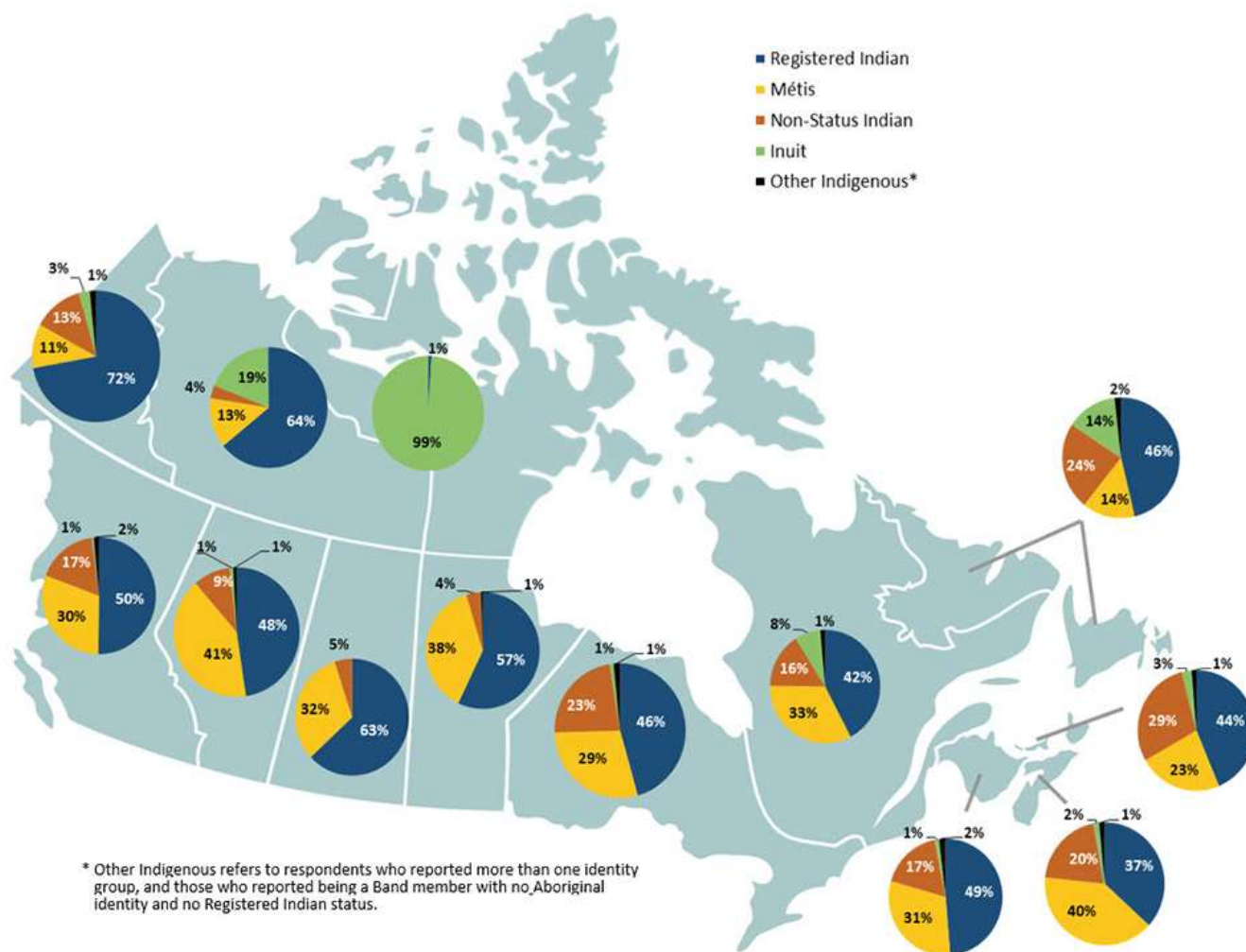
# **DIVERSITY IN THE INDIGENOUS COMMUNITY IN CANADA**

- The three major Indigenous groups: Métis, Inuit and First Nations
- Significant cultural diversity and many shared values within and between these groups
- Communities within communities and intersections of “key populations”



# COMPOSITION OF THE INDIGENOUS POPULATION IN CANADA, 2016

[Annual Report to Parliament 2020 \(sac-isc.gc.ca\)](#)





# INDIGENOUS HEALTH SOLUTIONS



- Resilience
- Spirituality
- Living life in balance
- Culture and identity
- Language, song, dance
- Education
- Self-determination

# INDIGENOUS DETERMINANTS OF HEALTH (DOH)



- Conventional DoH:
  - Income
  - Social status / differential
  - Poverty
  - Education
  - Employment
  - Social support networks
  - Genetics
- Indigenous DoH:
  - Indigenous-specific:
    - Colonization
    - Connectivity to land / country (operationalized as land claim/title)
    - Self-determination
  - Other DoH with Indigenous-specific impact:
    - Globalization
    - Racism
    - Gender
    - Worldview

# TRUTH AND RECONCILIATION COMMISSION INCLUDES CALLS TO ACTION

## **94 Calls to Action:**

- Child welfare
- Education
- Language and culture
- Health (18 – 24)
- Justice
- *RECONCILIATION (43-94)*



Presentation of TRC report in 2015



# **MOVING INTO RESEARCH**





# HISTORY OF RESEARCH ON INDIGENOUS COMMUNITIES

“From the vantage point of the colonized, a position from which I write, and choose to privilege, the term ‘research’ is inextricably linked to European imperialism and colonialism. The word itself, ‘research’, is probably one of the dirtiest words in the Indigenous world’s vocabulary.”

Dr Linda Tuhiwai Smith, Maori Scholar  
Decolonizing Methodologies, 1999

- “Helicopter research”: researchers come in and out of community never to be heard from again
- Very little consultation or inclusion of community in the research
  - Data analysis did not include community insight
  - Research results seldom shared with community

# WORKING 'IN A GOOD WAY'



Version 2, Updated June 4, 2018

## AHA CENTRE

### FACT SHEET

#### AHA Centre: "Doing Research in a Good Way"

*The Canadian Aboriginal AIDS network (CAAN) talks about doing research 'in a good way', but what does that mean?*

Simply put, doing research 'in a good way' means that the research is conducted respectfully and benefits the community as a whole, as well as the individuals who live in the community, but let's unpack this a little more ...

How we conduct our research is just as important as what our research produces, so it is important to listen, ask questions, and be mindful of our actions. Doing research in a good way involves decolonizing our research process and incorporating the strengths of both Indigenous and western knowledge systems. Research done in a good way, should start with relationship building and meaningful dialogue to learn about the worldviews, principles and protocols of the communities in partnership. The knowledge that we share should be respected and used to guide our process.

All research projects take time—some are done in a year, some are not wrapped up for five years. Some research projects

continue even longer. It is a big commitment to join a research team; a commitment of time, a commitment to the community you are working with, and to the other research team members who have come together to contribute their skills, experience and knowledge to answering the questions set out by the community.

Relationship and relational accountability are at the very heart of the phrase "doing research in a good way". Doing research in a good way is about being mindful that as researchers, we are choosing to embark on a journey with community and with other members of the research team. We follow on the heels of other researchers who did work with the community before us. Their past actions will influence how we are treated by the community, and we must be mindful of this. We need to remember that our actions through the course of our research project will impact and influence those who come after us, and so we must conduct ourselves accordingly.

- In the Indigenous community, research done ethically is done **"in a good way"** and does good for and with the community.
- Research ultimately should be of benefit to the community, to influence policy and/or community action while recognizing there are also benefits for other partner(s) including academic recognition.

# INDIGENOUS COMMUNITY ENGAGEMENT

- Learning about the community – structure, how to demonstrate respect, identifying decision makers
- Balance of power – decision making
- Meaningful engagement and appropriate compensation





# WHAT IS 'MEANINGFUL ENGAGEMENT'

- Recognize Indigenous Rights
- Ensure adequate resources to respond
- Respect the diversity of Indigenous Peoples
- Indigenous people must be full and equal partners in any relationship
- True and lasting solutions will only come from within the Indigenous population

This applies in ALL sectors of research work!





# ETHICS

CIHR identifies 4 themes of research:

- Biomedical;
- Clinical; Health Services; and Social,
- **Cultural**, Environmental
- Population Health Research

# ETHICAL CULTURAL CONSIDERATIONS



Traditional Elders &  
people with lived  
experience



Data Sovereignty

# INDIGENOUS AND DECOLONIZING METHODOLOGIES

- Research is Ceremony
  - The exchange of knowledge is sacred
- Two-Eyed Seeing (Marshall) and Ethical Space (Ermine)
- Strengths-based orientation
- Reciprocal learning embedded
- Peer involvement
- Progress at the pace of the community
  - Be mindful of who's expectations are the priority
- Culturally informed methods for data gathering
  - Arts-based methods





# INDIGENOUS PROTOCOLS

**Good processes** support good research:

Learn and respect community protocols and work together to build a team's collective protocols when working with different populations and places

(Re)build community trust

Incorporating Indigenous ways of knowing doing will increase the quality and accuracy of research

- Promotes Indigenous analyses and perspectives
- Produces more relevant and useful results

Contributes to community empowerment, self-determination and healing activities

Encourages meaningful capacity building and bridging

Great research teams bring together Indigenous and allied researchers





# KNOWLEDGE SHARING – KT AND DISSEMINATION

- Emphasis on telling the story of the research with integrity
  - this is the community's story to share – literally as a co-presenter in person and in control of how and where research is reported

Key questions to help planning for effective sharing:

- How are new things introduced and learned by community?
  - Cultural context?
  - Technology?
  - How is knowledge shared and by whom?
- Seek guidance about local ways of knowing the world
- Build in plans for continuous feedback exchanges with community members





**THANKS!**

## **Stay in touch with us**

**Renée Masching** – [renee.masching@outlook.com](mailto:renee.masching@outlook.com)

**Carrielynn Lund** – Research Coordinator  
[carrielynn.lund@usask.ca](mailto:carrielynn.lund@usask.ca)



# Discussion and Questions



# **TRUTH AND RECONCILIATION COMMISSION CALLS TO ACTION - *HEALTH***

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the healthcare rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.





# **TRUTH AND RECONCILIATION COMMISSION CALLS TO ACTION - *HEALTH***

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian healthcare system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.



# TRUTH AND RECONCILIATION COMMISSION CALLS TO ACTION - *HEALTH*

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the healthcare field.
- ii. Ensure the retention of Aboriginal healthcare providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.