



First Nations Health Authority  
Health through wellness

Beyond engagement:  
Towards community-based and community-  
driven knowledge exchange in Indigenous  
health research

October 30<sup>th</sup>, 2020



## Introducing ourselves



- Jess Humchitt - Research Analyst, FNHA



- Katie Bauder - Knowledge Exchange Coordinator, FNHA



## Learning objectives

1. Describe Indigenous perspectives of knowledge and knowledge exchange
2. Discuss examples of Indigenous knowledge exchange at work
3. Identify strategies for conducting knowledge exchange driven by Indigenous people and communities



# Opening Prayer





# The First Nations Health Authority

- First and only province-wide health authority of its kind in Canada
- BC Tripartite Framework Agreement on First Nations Health Governance
- “Carry out research and policy development in the area of First Nations health and wellness”

**BRITISH COLUMBIA TRIPARTITE FRAMEWORK  
AGREEMENT ON FIRST NATION HEALTH GOVERNANCE**

Made as of the 13<sup>th</sup> day of October, 2011

Between

**HER MAJESTY THE QUEEN IN RIGHT OF CANADA**  
as represented by the Minister of Health

and

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF  
BRITISH COLUMBIA**  
as represented by the Minister of Health

and

**FIRST NATIONS HEALTH SOCIETY**

*Endorsed by*

**FIRST NATIONS HEALTH COUNCIL**



FIRST NATIONS HEALTH GOVERNANCE STRUCTURE IN BC

OUR SHARED VALUES

RESPECT

DISCIPLINE

RELATIONSHIPS

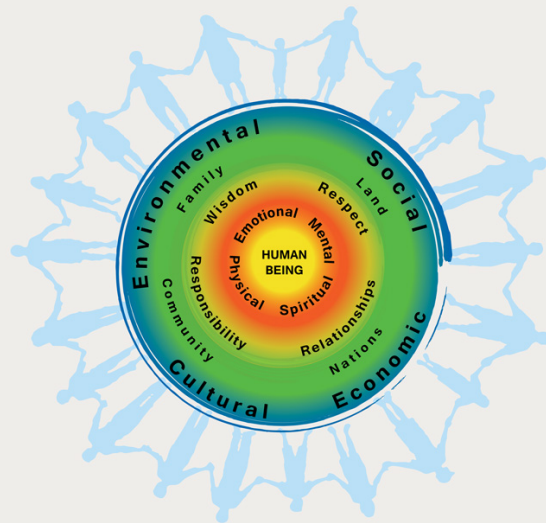
CULTURE

EXCELLENCE

FAIRNESS

GROUNDING OUR WORK

Our work is grounded in the First Nations Perspective on Health and Wellness. A holistic vision, encompassing the emotional, physical, mental and spiritual aspects of life. Shared by First Nations in BC to support the First Nations health transformation journey in BC.



HEALTH GOVERNANCE

The First Nations Health Governance structure belongs to First Nations in BC. It consists of political representation, leadership, and advocacy through the regionally-appointed 15-member First Nations Health Council; technical advice and capacity development on behalf of First Nations community Health Directors and Health Managers through the First Nations Health Directors Association; and health service delivery and associated partnership and leadership functions through the First Nations Health Authority (including the services formerly delivered in BC by Health Canada's First Nations Inuit Health Branch Pacific Region).

The FNHA, FNHC, and FNHDA receive direction from community leadership and Nations throughout the five regions of the province through community engagement sessions.

The Tripartite Committee on First Nations Health is the forum for coordinating and aligning programming and planning efforts between the FNHA, BC Health Authorities, the BC Ministry of Health, and Health Canada Partners.



TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

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OUR SHARED VISION

HEALTHY, SELF-DETERMINING AND VIBRANT BC FIRST NATIONS CHILDREN, FAMILIES AND COMMUNITIES.

OUR DIRECTIVES

**DIRECTIVE #1**  
COMMUNITY-DRIVEN, NATION-BASED

**DIRECTIVE #2**  
INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL

**DIRECTIVE #3**  
IMPROVE SERVICES

**DIRECTIVE #4**  
FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP

**DIRECTIVE #5**  
DEVELOP HUMAN AND ECONOMIC CAPACITY

**DIRECTIVE #6**  
BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS

**DIRECTIVE #7**  
FUNCTION AT A HIGH OPERATIONAL STANDARD



## Our 7 Directives

Given to us by BC First Nations

**Directive #1:** Community-driven, Nation-based.

**Directive #2:** Increase First Nations Decision-making and Control

**Directive #3:** Improve Services

**Directive #4:** Foster Meaningful Collaboration and Partnership

**Directive #5:** Develop Human & Economic Capacity

**Directive #6:** Be Without Prejudice to First Nations Interests

**Directive # 7:** Function at a High Operational Standard

**7 DIRECTIVES**  
Shared by the FNHA | FNHC | FNHDA

**DIRECTIVE #1  
COMMUNITY-DRIVEN, NATION-BASED**

- The Community-Driven, Nation-Based principles ownership and foundational to the entire health governance arrangement.
- Programs, services and policy development must be informed and guided by the proposed list.
- First Nations community health agreements and programs will be processed and endorsed.
- Autonomy and authority of First Nations will be compromised.

**DIRECTIVE #2  
INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL**

- Position First Nations in decision-making programs and services philosophy, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including preventing health promotion and disease and injury prevention.
- Engage First Nations in decision-making community-level health services.
- Involve First Nations in federal and provincial decision-making and health services for First Nations at the highest levels.
- Provide community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principles regarding First Nations health data, including leading and leading health reporting.
- Recognize the authority of individual BC First Nations in the governance of health services that communities are creative in delivery of programs to local and regional levels as much as possible and when appropriate and feasible.

**DIRECTIVE #3  
IMPROVE SERVICES**

- Provide, improve and promote First Nations health services, including prevention, promotion and access to services and making use of all available programs and services that serve BC First Nations.
- Engage and involve the First Nations health services.
- Improve access to primary care, specialty, mental care and other allied health services by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services across by First Nations.
- Support health and wellness planning and the development of health programs and service delivery across all local and regional levels.

**DIRECTIVE #4  
FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP**

- Collaborate with other First Nations and non-First Nations organizations and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Enable relationship building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans when applicable.

**DIRECTIVE #5  
DEVELOP HUMAN AND ECONOMIC CAPACITY**

- Develop content and train health professionals at all levels through variety of education and training and tools as appropriate.
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

**DIRECTIVE #6  
BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS**

- Not impact Aboriginal Title and Rights or the treaty rights of First Nations, and will not proceed to any self-government agreements or court proceedings.
- Not impact the fiduciary duty of the Crown.
- Not impact existing federal funding agreements with individual First Nations, unless First Nations have the agreement to change.

**DIRECTIVE #7  
FUNCTION AT A HIGH OPERATIONAL STANDARD**

- Be accountable, including through clear, regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate committees for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies and procedures, including for conflicts of interest and dispute resolution.

FNHA, FNHC, FNHDA SHARED VISION >>> Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

First Nations Health Authority  
Health Transformation



## Moving 'beyond engagement'

The idea of an ethical space, produced by contrasting perspectives of the world, entertains the notion of "engagement." Engagement at the ethical space triggers a dialogue that begins to set the parameters for an agreement to interact modeled on appropriate, ethical and human principles.

- Willie Ermine, The Ethical Space of Engagement



# Indigenous Knowledge

From my Heiltsuk perspective:

- *ǵvɪłás*
- Nyum

Rooted in:

- Ceremony
- Reciprocity
- Often land- or sea-based linked wellness activities





# Indigenous Knowledge

- Upholding and honoring Indigenous Knowledge as sacred
- Indigenous knowledge is physically and spiritually alive
- Seven Generation Thinking





# Indigenous Knowledge

Mi'kmaq Elder Albert Marshall on IK:


“In our world we use authenticity, accuracy, and the sacredness of that knowledge, and the ones who can safeguard that knowledge are the Knowledge Holders themselves, because we do acknowledge our Traditional Knowledge are very vulnerable and susceptible to be misinterpreted/misused.”






## How Knowledge is Handled


- Ownership, Control, Access, Possession (OCAP®)
- First Nations Information Governance Centre - OCAP® training



Does the community want results publicized?



What is the community's capacity to house data?



How can we ensure community access to data?



# Indigenous Knowledge Exchange

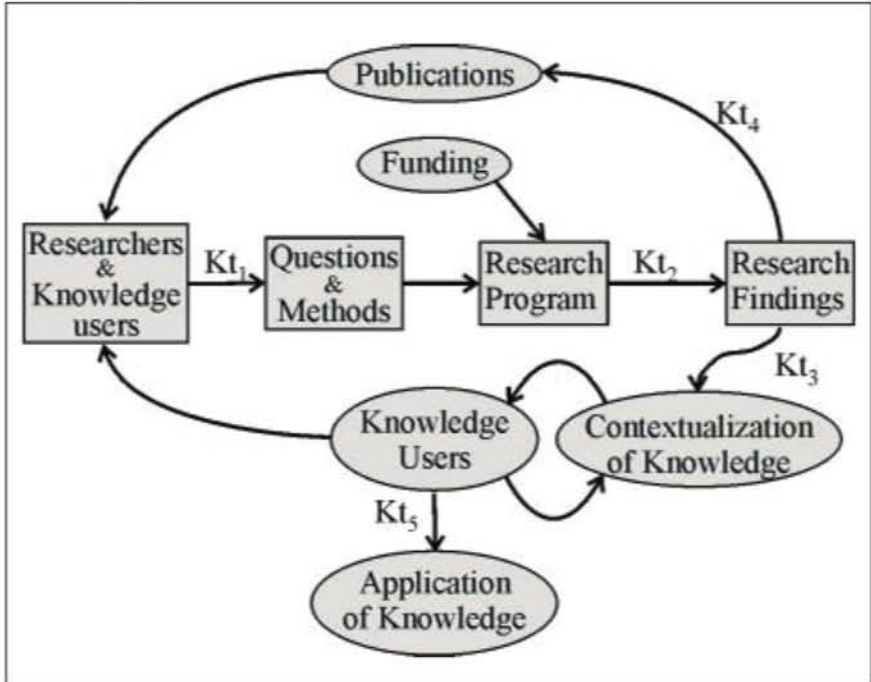


Figure 1. CIHR Knowledge Translation (KT) Model.

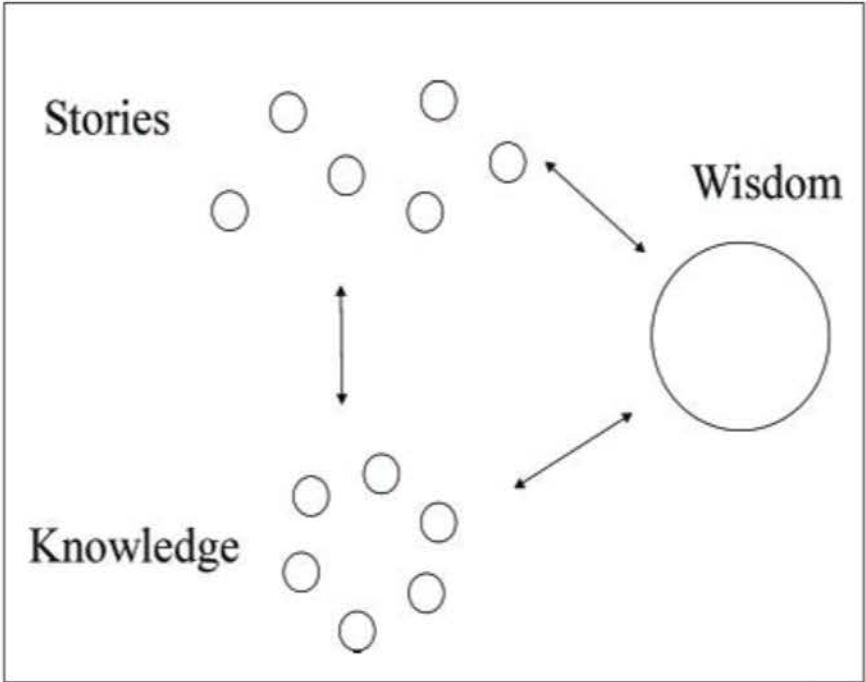


Figure 2. Indigenous Knowledge Generation Process.

Note: KT Models. Reprinted from Knowledge Translation and Indigenous Knowledge,” by J. Smylie, C. M. Martin, N. Kaplan-Myrth, L. Steele, C. Tait & W. Hogg, 2004, International Journal of Circumpolar Health, 63(2), 141. Copyright [2004].



# Indigenous Knowledge Exchange

## Four Models of Research Translation

### Model A: Mono-culture

(Western) Research  $\Rightarrow$  Synthesis  $\Rightarrow$  Policy  $\Rightarrow$  Application (Masses)

### Model B: Colonialism

(Western Knowledge) research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  
i.e. translate knowledge  $\Rightarrow$  transfer (to Indigenous community)

### Model C: Appropriation

(Indigenous knowledge) research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  
i.e. translate  $\Rightarrow$  transfer (into Western system)

### Model D: Indigenous framework

(Indigenous based development of knowledge / institutions)  
 $\Rightarrow$  research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  $\Rightarrow$   
(Within Indigenous community)



# How is Indigenous Knowledge Shared?

Table 3: The Knowledge Circle

How does knowledge come to us?	How is knowledge stored?	How is knowledge translated and shared?	How is knowledge used?
<ul style="list-style-type: none"> <li>· Emergence from the non-physical to the physical world</li> <li>· Intuition, inspiration, and spiritual seeking</li> <li>· Dreams, visions, symbols</li> <li>· Nature – trees, plants, animals, rocks, land</li> <li>· Ancestors</li> <li>· Life experience, individually and collectively</li> <li>· Elders, family members, community members, leaders</li> <li>· Good thinking and contemplation</li> <li>· Talking and working with others</li> <li>· Asking good questions and seeking answers</li> <li>· Problem solving</li> <li>· Apprenticeships – traditional knowledge processes for passing on knowledge</li> <li>· New connections between existing knowledge</li> <li>· Traditional knowledge research</li> <li>· Scientific research</li> <li>· Research – formal and informal – quantitative (numbers) and qualitative (thoughts, words, and feelings)</li> <li>· Others</li> </ul>	<ul style="list-style-type: none"> <li>· Told stories and legends</li> <li>· Drawings and graphics</li> <li>· Art, song, and ceremony</li> <li>· Embedded in daily life</li> <li>· Oral traditions, protocols, and traditional roles</li> <li>· Written form – written stories and legends, articles, reports, books, etc.</li> <li>· Educational curriculum and approaches</li> <li>· Videos, movies, websites</li> <li>· Published and distributed graphics and art</li> <li>· Others</li> </ul>	<ul style="list-style-type: none"> <li>· Story circles and story telling</li> <li>· Lessons embedded in stories and sharing circles</li> <li>· Art, song, and ceremony</li> <li>· Teaching and healing circles</li> <li>· Elders and traditional knowledge keepers</li> <li>· Around a table with tea and food</li> <li>· Development of multiple literacies – oral, written, human development process, spiritual, emotional, and others</li> <li>· Dialogue and discussion in person, using technology, or sharing of written documents</li> <li>· Educational processes in formal institutions</li> <li>· Document synthesis and other research and writing projects</li> <li>· Meetings, conferences, and other gatherings</li> <li>· Published and unpublished documents</li> <li>· Others</li> </ul>	<ul style="list-style-type: none"> <li>· Daily life – using information to “be a good person, live a good life, in a good way”</li> <li>· To inform relationships – teachings of respect, communication, community and peace, for example</li> <li>· To restore and renew culture</li> <li>· To provide data/information/ evidence (scientific and lived experience)</li> <li>· To support learning and community capacity development (capacity for doing research, developing and implementing programs, managing programs, people and resources, developing partnerships/ collaboration and governance, etc.)</li> <li>· To solve more problems</li> <li>· To improve research processes</li> <li>· To support personal and organizational decision-making</li> <li>· To support the design, delivery, and evaluation of programs and services (including clinical practices)</li> <li>· To inform design and evaluation of health services delivery systems</li> <li>· To inform policy development structures, processes, and content within the Indigenous communities and outside</li> <li>· Others</li> </ul>

Source: Hanson and Smylie, 2006, pp. 12-13.



## Etuaptmumk/Two Eyed-Seeing

- “To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together”
- Small Number and the Old Canoe



Figure 1. Small Number and the Old Canoe. Retrieved from: <https://www.sfu.ca/mathcatcher/StoriesMovies/TheOldCanoe.html>

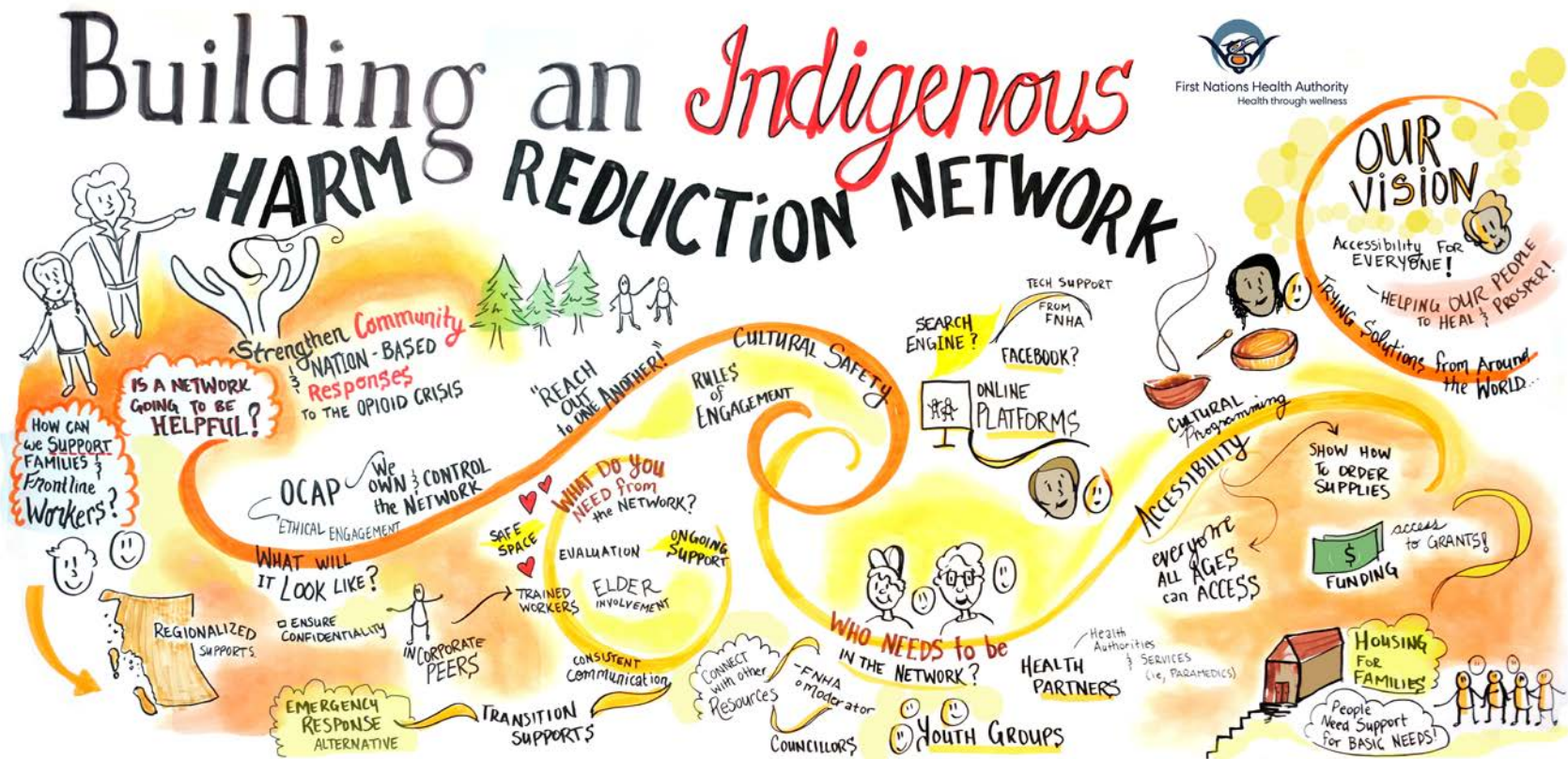


# Trauma-informed and Culturally Safe Emergency Care for Nuuchahnulth Elders Workshop





# Indigenizing Harm Reduction Community





## The FNHA Guest Edition of the IJH

- The International Journal of Indigenous Health
- Health Systems Innovation: Privileging Indigenous Knowledge, Ensuring Respectful Care, and Ending Racism towards First Nations in Service Delivery
- Identifying opportunities to conduct KE beyond typical peer academic readership





## A Series of Considerations

- Examine your position and your reason for embarking on knowledge exchange with community
- Acknowledge and respect the historical impacts of research within Indigenous communities
- Commit to meaningful and respectful engagement that transcend Western and colonial approaches
- Understand there is no one-size-fits-all approach



## Reflections and Key Takeaways

- Indigenous knowledge is diverse and there is a shared responsibility involved with its exchange
- It is important to remain thoughtful – understand your reasoning for engaging and explain the processes involved
- Embrace the spirit of co-learning



Thank you!

Any questions?

Connect with us at: [Katie.Bauder@fnha.ca](mailto:Katie.Bauder@fnha.ca) and [Jessica.Humchitt@fnha.ca](mailto:Jessica.Humchitt@fnha.ca)



## References

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- Ermine, W. (2007). The ethical space of engagement. *Indigenous LJ*, 6, 193. <https://tspace.library.utoronto.ca/bitstream/1807/17129/1/ILJ-6.1-Ermine.pdf>
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- Humber College. (2020, Feb 20). Etuaptmumk Two-Eyed Seeing with Albert Marshall [Video]. Youtube. [https://www.youtube.com/watch?v=pJcJf1nUckc&t=2528s&ab\\_channel=HumberCollege](https://www.youtube.com/watch?v=pJcJf1nUckc&t=2528s&ab_channel=HumberCollege)
- International Journal of Indigenous Health. Retrieved 2020 from <https://jps.library.utoronto.ca/index.php/ijih>
- Kaplan-Myrth, N., & Smylie, J. (2006). Sharing what We Know about Living a Good Life: Summit Report, Indigenous Knowledge Translation Summit, First Nations University of Canada, Regina, SK, March 2-5, 2006. Indigenous KT Summit Steering Committee. <http://www.welllivinghouse.com/wp-content/uploads/2014/04/Sharing-what-we-know-Summit-Report.pdf>
- Simon Fraser University. Math Catcher. Retrieved 2020 from <https://www.sfu.ca/mathcatcher.html>
- Smylie, J., Martin, C. M., Kaplan-Myrth, N., Steele, L., Tait, C., & Hogg, W. (2004). Knowledge translation and indigenous knowledge. *International Journal of Circumpolar Health*, 63(sup2), 139-143. <https://www.tandfonline.com/doi/abs/10.3402/ijch.v63i0.17877>
- Smylie, J., Olding, M., & Ziegler, C. (2014). Sharing what we know about living a good life: Indigenous approaches to knowledge translation. *The Journal of the Canadian Health Libraries Association*, 35, 16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716829/>



## Additional Resources

- The 6,000-Year-Old Village:  
[https://www.youtube.com/watch?v=voZBiMYcWGM&t=146s&ab\\_channel=HakaiMagazine](https://www.youtube.com/watch?v=voZBiMYcWGM&t=146s&ab_channel=HakaiMagazine)
- A Garden Project in Heiltsuk Territory:  
[https://www.youtube.com/watch?v=W0reritRp6k&t=6s&ab\\_channel=UBCAppliedScienceResearch](https://www.youtube.com/watch?v=W0reritRp6k&t=6s&ab_channel=UBCAppliedScienceResearch)
- Heiltsuk Rising:  
[https://www.youtube.com/watch?v=cc2baladAh8&t=43s&ab\\_channel=TheNarwhal](https://www.youtube.com/watch?v=cc2baladAh8&t=43s&ab_channel=TheNarwhal)
- Heiltsuk Support for Mi'kmaq Fishers:  
[https://www.youtube.com/watch?feature=youtu.be&v=VDBWpDPI9jQ&fbclid=IwAR0WuBn-Rj3\\_yo0Qikj77Dppl6HmbhGjBed\\_r5cFkd8HWauhZBTGK0i9gg&app=desktop&ab\\_channel=HeiltsukTribeCouncil](https://www.youtube.com/watch?feature=youtu.be&v=VDBWpDPI9jQ&fbclid=IwAR0WuBn-Rj3_yo0Qikj77Dppl6HmbhGjBed_r5cFkd8HWauhZBTGK0i9gg&app=desktop&ab_channel=HeiltsukTribeCouncil)
- Coastwatch: Heiltsuk Monitoring and Stewardship:  
<http://www.qqsprojects.org/projects/coastwatch/#grizzly>
- Húyat: <http://www.huyat.ca/home.html>



## Additional Resources

- Provincial Health Services Authority. Indigenous Health: <http://www.phsa.ca/our-services/programs-services/indigenous-health>
- Vancouver Coastal Health. Aboriginal Health: <http://www.vch.ca/your-care/aboriginal-health>
- Fraser Health. Aboriginal Health: <https://www.fraserhealth.ca/health-topics-a-to-z/aboriginal-health>
- Island Health. Aboriginal Health: <https://www.islandhealth.ca/learn-about-health/aboriginal-health>
- **Métis Nation British Columbia. Health: <https://www.mnbc.ca/mnbc-ministries/health-2/>**
- **BC Association of Aboriginal Friendship Centres: <https://bcaafc.com/>**



## The Four R's

- The Four R's: Respect, Relevance, Reciprocity, & Responsibility
  - Respect is about valuing the diverse knowledge of the individual, culture and community
  - Relevance is about involving the community in all stages of the project to make sure the research is relevant to the needs and priorities of the community.
  - Reciprocity is a two-way process that reflects the relational worldview and the understanding that we must honor our relationships with other life.
  - Responsibility is an overarching concept of the previous three R's and involves being mindful about processes and perspectives.



How do I  
write a data  
management  
plan?

Questions to consider:

- Who will manage the data/knowledge collected by your team?
- What existing systems for data management are being utilized by your organization?
- What IT support do you currently have for data management?
- How will your data be analyzed? What format will you need to output your data in? Will you import your data into another system?
- What reporting functions do you envision?



## 7 Principles of Indigenous Systems of Knowledge

1. Knowledge is holistic, cyclic, and dependent upon relationships and connections to living and non-living beings and entities.
2. There are many truths, and these truths are dependent upon individual experiences.
3. Everything is alive.
4. All things are equal.
5. The land is sacred.
6. The relationship between people and the spiritual world is important.
7. Human beings are least important in the world

Simpson, L. (2000). Anishinaabe ways of knowing. In J. Oakes, R. Riew, S. Koolage, L. Simpson, & N. Schuster (Eds.), *Aboriginal health, identity and resources* (pp. 165-185). Winnipeg, Manitoba, Canada: Native Studies Press.





First Nations Health Authority  
Health through wellness



Research Ethics BC

British Columbia Academic Health Science Network

## Culturally Safe and Trauma-Informed Practices for Researchers during COVID-19

COVID-19 is currently significantly affecting First Nations communities in BC – and bringing back memories of devastating past pandemics. Learning from history, we know that research with First Nations people and communities requires careful attention. During this time of emergency when many are experiencing uncertainty and stress, it is essential to take a culturally safe, trauma-informed approach to working with First Nations. Cultural safety is achieved when the research process results in an environment free of racism and discrimination and people feel safe to participate in research.<sup>1</sup> This means respectful engagement, adhering to Nation-based protocols, and recognizing and striving to address power imbalances inherent in research by creating space for First Nations health and healing philosophies and practices to ground projects.

This note offers considerations for:

1. Relationship building and community engagement in First Nations research from a lens of cultural safety and humility and a trauma-informed approach.
2. How researchers can be guided by cultural safety and humility and trauma-informed practice.
3. Respectful research with First Nations Peoples and communities during COVID-19.

<https://researchethicsbc.ca/wp-content/uploads/2020/10/TIC-during-COVID-19-FNHA-October-2020.pdf>