

Indigenous ways of knowing and decolonizing methodologies in Indigenous health and wellness research

Alaska Indigenous Research Program, May 14, 2021

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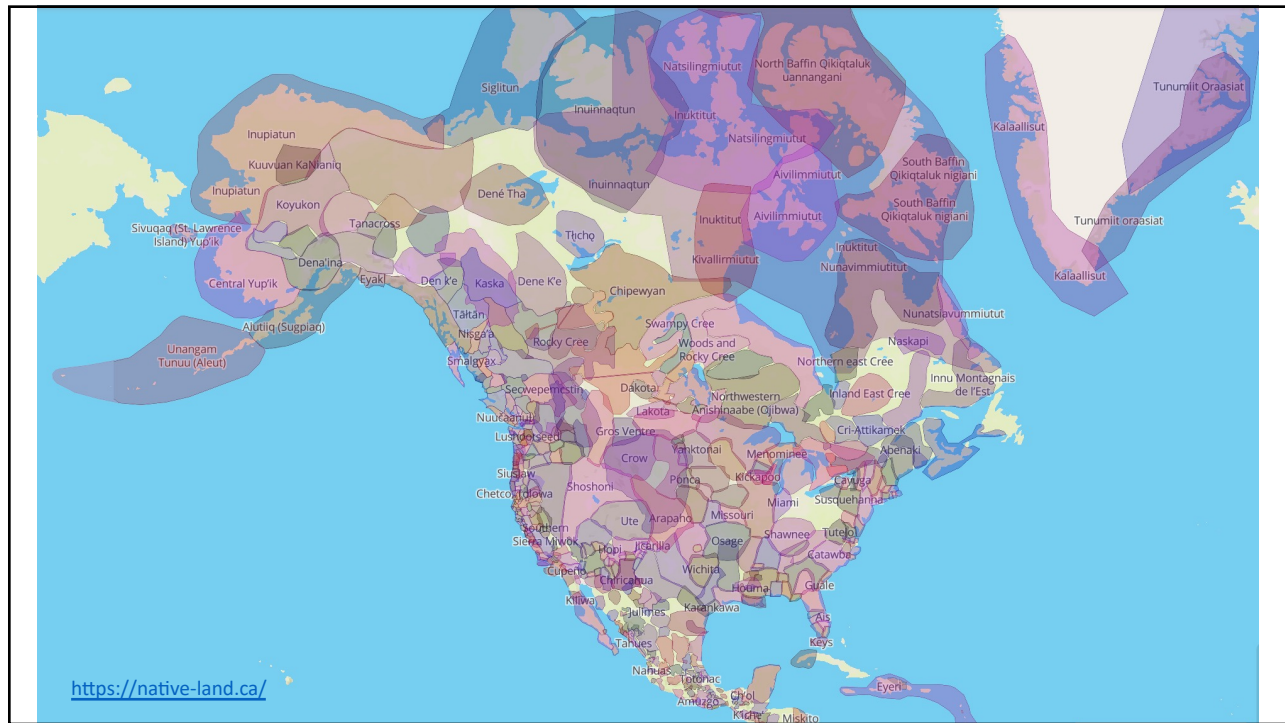
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Acknowledgement of the Territory:

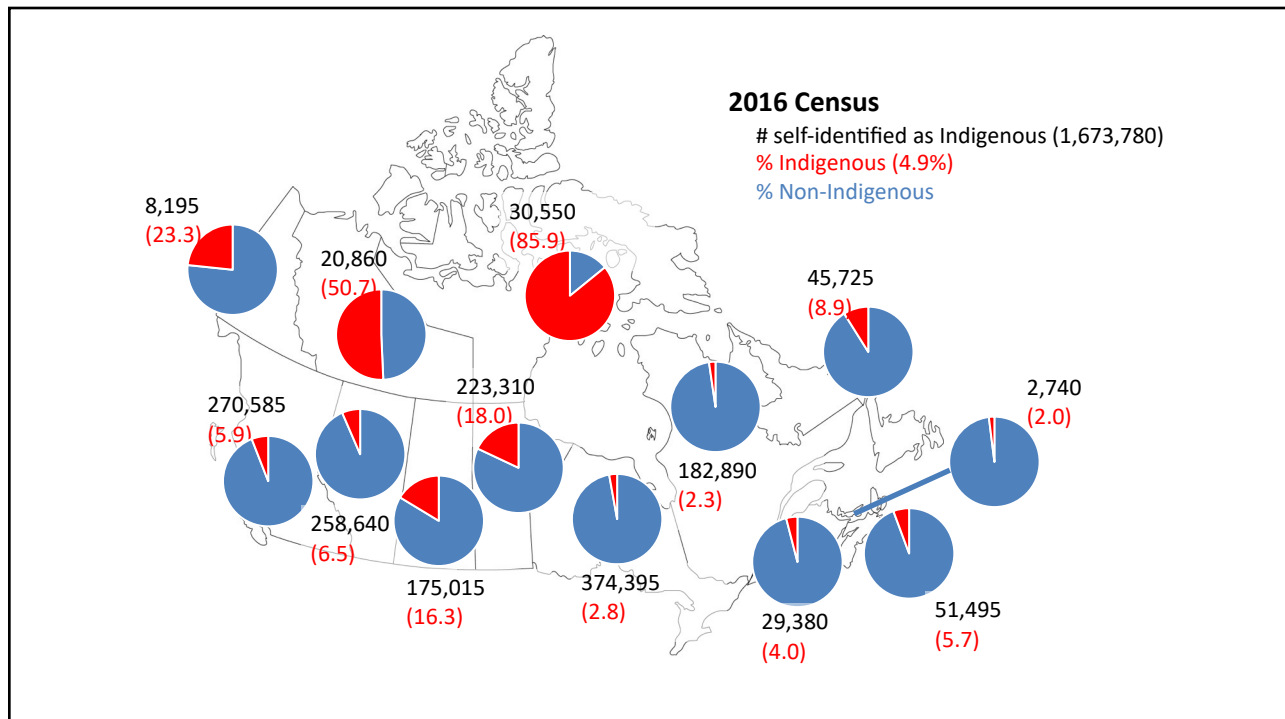
We respectfully acknowledge that we live, work and play in Treaty 6 Territory and the Homeland of the Métis in what has become Canada.

We acknowledge the Native Peoples of Alaska, and the Dena'ina in particular, on whose traditional and ancestral homelands we are gathered.

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Indigenous Worldviews

- *Critical bond to land, nature*
- *Territory and natural environment reflected in our knowledge systems, social arrangements*
- *Part of and interconnected with our landscape*
- *Knowledge is experiential, observational, wholistic, ecological, systems-based*
- *Extensive kinship, including the spirit realm*
- *Time is cyclical and synchronical*

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Review

Indigenous health part 2: the underlying causes of the health gap

Malcolm King, Alexandra Smith, Michael Gracey

Lancet 2009; 374: 76–85

See Editorial page 2

See Perspectives page 19

See Review page 65

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In this Review we delve into the underlying causes of health disparities between Indigenous and non-Indigenous people and provide an Indigenous perspective to understanding these inequalities. We are able to present only a snapshot of the many research publications about Indigenous health. Our aim is to provide clinicians with a framework to better understand such matters. Applying this lens, placed in context for each patient, will promote more culturally appropriate ways to interact with, to assess, and to treat Indigenous peoples. The topics covered include Indigenous notions of health and identity; mental health and addictions; urbanisation and environmental stresses; whole health and healing; and reconciliation.

Introduction

In the companion piece¹ Gracey and King explored some of the present trends in Indigenous health. In this second review we will consider more closely the underlying causes of Indigenous health disparities. Our major thrust is Indigenous perspectives on the causes of the poor health of Indigenous peoples, which are not the usual causes of health disadvantage—as brought out, for example, in the 1986 Ottawa Charter² and the work of the WHO Commission on Social Determinants of Health.³ We focus to a considerable degree on the Indigenous people of North America, although we draw on the experiences of New Zealand and Australia as well. Within that context, much of our material is drawn from our Canadian perspective.

The idea of the analytical framework of this Review is that enabling the reader to arrive at an understanding of the interplay of the various factors affecting Indigenous health

factors related to colonisation, globalisation, migration, loss of language and culture, and disconnection from the land, lead to the health inequalities of Indigenous peoples. The specifics will vary across cultures, dependent on a range of external factors, but the principles are the same. Indigenous health inequalities arise from general socioeconomic factors in combination with culturally and historically specific factors particular to the peoples affected.

This analytical framework aligns with the key themes identified in the Symposium on the Social Determinants of Indigenous Health held in Adelaide in April, 2007.⁴ The colonisation of Indigenous peoples was seen as a fundamental health determinant. Mowbray, writing in the report⁴ said: “This process continues to impact health and well being and must be remedied if the health disadvantages of Indigenous Peoples are to be overcome. One requirement for reversing colonisation is self-determination to be entered by Indigenous Peoples

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Lancet article – critical messages

- Self-determination (individual, family, community, nation)
- Connections with land, culture, language
 - Lost through colonization, residential schools, foster care
 - Regained through resilient action and reconciliation
- Indigeneity as a health determinant

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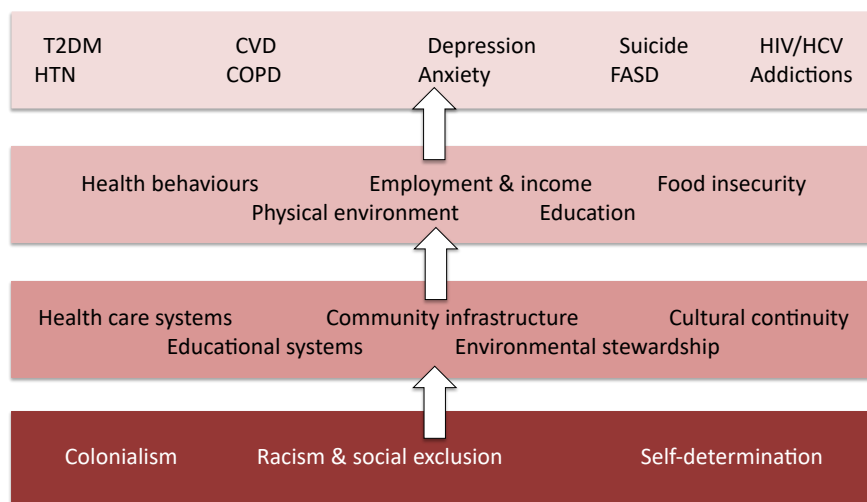
Indigenous Determinants of Health

- | | |
|--|---|
| <ul style="list-style-type: none"> • Conventional DoH: <ul style="list-style-type: none"> – Income – Social status / differential – Poverty – Education – Employment – Social support networks – Genetics | <ul style="list-style-type: none"> • Indigenous DoH: <ul style="list-style-type: none"> – Indigenous-specific: <ul style="list-style-type: none"> • Colonization • Connectivity to land / country • Self-determination – Other DoH with Indigenous-specific impact: <ul style="list-style-type: none"> • Globalization • Racism • Gender • Worldview |
|--|---|

King, M. *et al.* (2009). Indigenous health part 2: the underlying causes of the health gap. *Lancet* 374: 76–85.

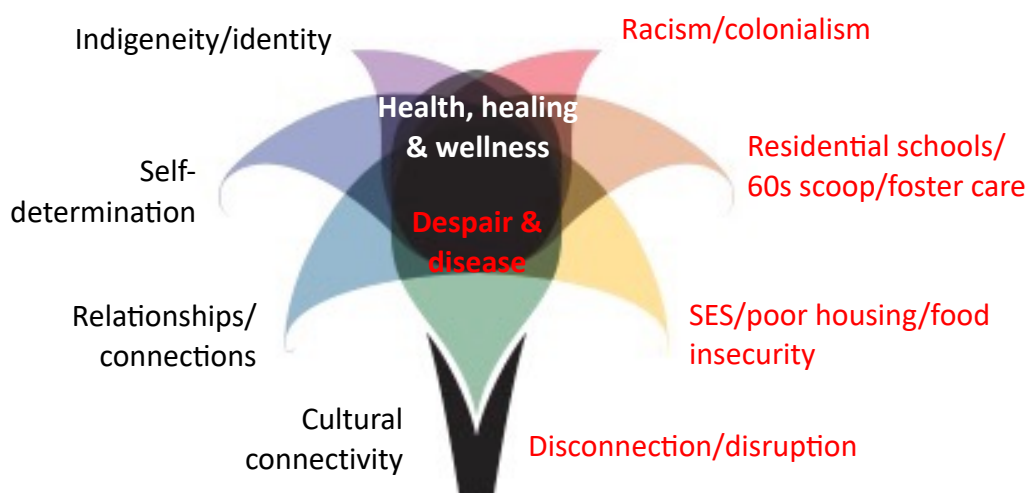
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Layering of IDoH: Loppie / Wien



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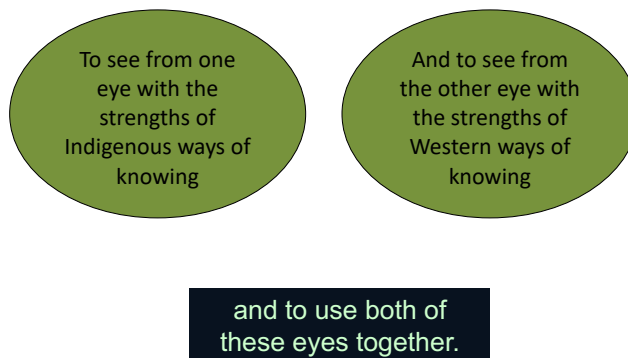
Intersectionality: Layering of resilient and stress factors



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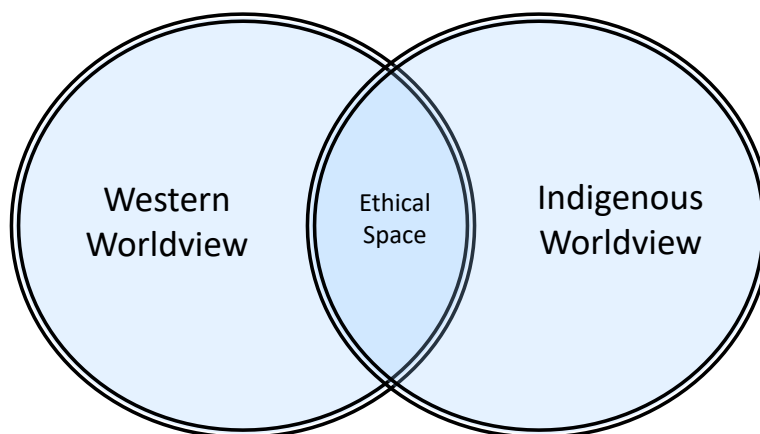
Two-eyed Seeing: *Etuaptmumk*

The perspective of “Two-eyed Seeing”, as put forward by
Mi'kmaq Elder Albert Marshall



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Ethical Space



Ermine W. 2004. *Ethical Space: Transforming Relations*. www.traditions.gc.ca/docs

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M Dion Stout – Shifting the paradigm from ascribed to achieved wellness

The old paradigm of ascribed wellness, *atikowisi miýw-ayawin*, where health and wellness are **granted** by outside sources, has to be replaced by the new paradigm, *kaskitamasowin miýw-ayawin*, achieved wellness, where health and wellness are **earned** through individual autonomy, collective interests, and creative genius.

Madeleine Dion Stout, CJNR 2012, Vol. 44 No 2, 11–14.

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M Dion Stout – Shifting the paradigm from ascribed to achieved wellness

Wholistic and traditional interventions that call for personal involvement in and commitment to transformative change find expression in modern living contexts.

People with diabetes do justice to *nahi* (equity) when, in keeping with cultural and spiritual teachings, they resolve to reverse their illness in order to live longer, happier lives.

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Dimensional analysis

Indigenous Ways of Knowing and Doing



Western Ways of Knowing and Doing



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Dimensional analysis

Indigenous Ways of Knowing and Doing



Western Ways of Knowing and Doing



Guswenta or Kaswentha – Two Row Wampum

(Haudenosaunee representation of 1613 Tawagonshi Treaty)



“We will not be like Father and Son, but like Brothers. [Our treaties] symbolize two paths or two vessels, travelling down the same river together. One, a birchbark canoe, will be for the Indian People, their laws, their customs, and their ways. The other, a ship, will be for the white people and their laws, their customs, and their ways. We shall each travel the river together, side by side, but in our own boat. Neither of us will make compulsory laws nor interfere in the internal affairs of the other. **Neither of us will try to steer the other’s vessel.**”

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Dimensional representation

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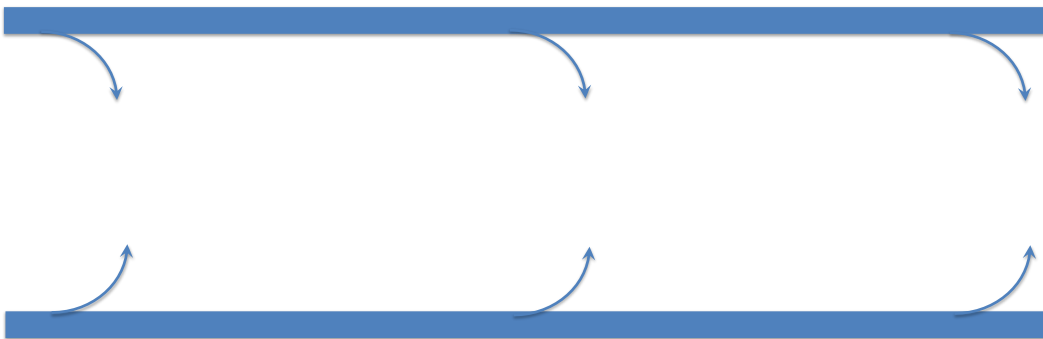


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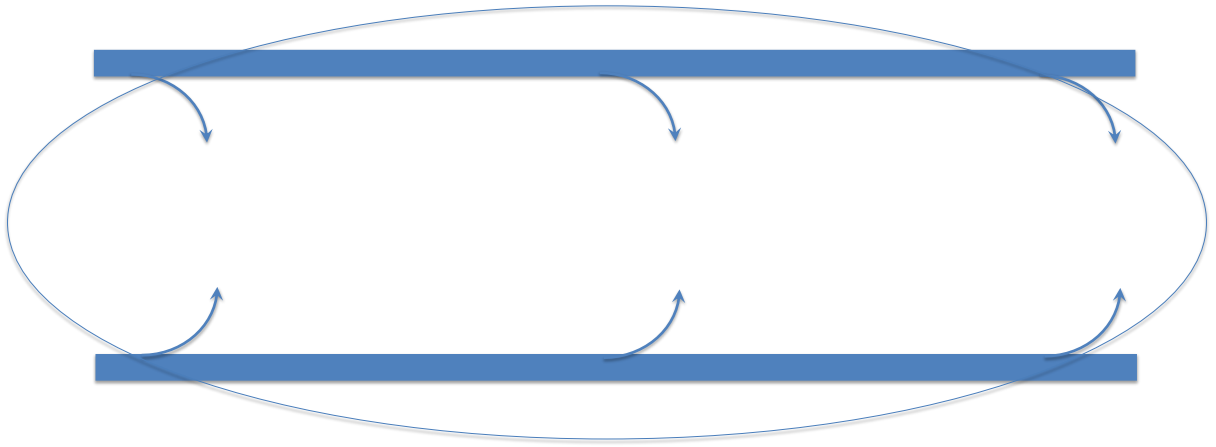
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Dimensional representation



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Dimensional representation



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Dimensional representation



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Decolonization

- Must address the “hegemonic basis of society’s values, practices, and institutions”:
 - Oppression
 - Colonialism/colonization
 - Racism
 - Privilege/Whiteness
- Ubiquitous across the institution and include all relevant systems, structures, policies and practices
- Must transcend health disciplines, institutions

Jones R, Crowshoe L, Reid P, Calam B, Curtis E, Green M, Huria T, Jacklin K, Kamaka M, Lacey C, Milroy J, Paul D, Pitama S, Walker L, Webb G, Ewen S. *Educating for Indigenous health equity: An international consensus statement*. Academic Medicine 2018.

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Indigenous research methodologies

- Emerging, evolving, growing
- Creating ethical spaces where Indigenous Ways of Knowing/Doing coexist with Western Ways of Knowing/Doing
- Encompassing Indigenous worldviews, health systems and knowledge systems
- Need explicit recognition of Indigenous epistemologies and knowledges and explicit commitment to embracing Indigenous Ways of Doing
- Indigenous leadership essential

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Innovating new approaches, methodologies

- Grounded in Indigenous ways of knowing, being and doing
- Wholistic, integrative, ecological
- Imbued with culture, language
- Ceremonial, engaging with spirit
- Spanning research life cycle: data collection, analysis, interpretation, knowledge mobilization
- Spiritual coding
- Coding in language