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Canadian Institutes of Health Research Instituts de recherche en santé du Canada

CIHR Institute of Aboriginal Peoples' Health Strategic Plan 2014-18

**Wellness, Strength and Resilience of First Nations, Inuit and
Métis Peoples: Moving Beyond Health Equity**



Canadian Institutes
of Health Research Instituts de recherche
en santé du Canada

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CIHR INSTITUTE OF ABORIGINAL PEOPLES' HEALTH STRATEGIC PLAN 2014-18

WELLNESS, STRENGTH AND RESILIENCE OF FIRST NATIONS, INUIT AND MÉTIS PEOPLES:
MOVING BEYOND HEALTH EQUITY

ACKNOWLEDGEMENTS

Thank you to all the Indigenous Elders, community members, front-line workers and researchers for your efforts, hope and willingness to inform health practices and envision healthier lives.

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EXECUTIVE SUMMARY

Indigenous Peoples deserve better health, and are making it known that the status quo in health research is not helping. Indigenous Peoples and communities are calling for change in how research is done, based on achieving wellness rather than just addressing inequities or closing a “gap”.

Western approaches to health focus on risk factors, diseases and illness, which are all important but not sufficient in Indigenous contexts. Indigenous Peoples look at health in a holistic and interconnected way; achieving wellness requires a holistic,¹ inclusive approach, driven by Indigenous health researchers, leaders and communities and shifting focus to wellness rather than illness. In order to substantively impact Indigenous Peoples’ health, research must adopt a wellness approach based on Indigenous Ways of Knowing, and Indigenous Peoples and communities are best positioned to inform the wellness approach.

The CIHR Institute of Aboriginal Peoples’ Health (IAPH) emphasizes the principles of balancing Indigenous Ways of Knowing and western science in Indigenous health research and implementing strategies to eliminate inequities and improve the health of Indigenous Peoples overall. This concept is embodied in Mi’kmaq Elder Albert Marshall’s “Two-Eyed Seeing” approach to research.

IAPH broadly views Indigenous Knowledges and Ways of Knowing as complex and contextual; they include knowledge of and experience with healing practices both ceremonial and physical. IAPH’s approach to health research reflects the beliefs of well-being held by many Indigenous Peoples, which encapsulate a balance between the physical, emotional, mental and spiritual components of a person, but also extend beyond the individual, bringing the person into harmony with others, their communities and the spirit world.

To this end, the strategic directions of the IAPH are:

1. First Nations, Inuit and Métis Peoples and communities driving First Nations, Inuit and Métis health research and knowledge translation
2. Transforming First Nations, Inuit and Métis Health through Indigenous Ways of Knowing and Two-Eyed Seeing
3. Wellness, strength and resilience of First Nations, Inuit and Métis Peoples: Moving beyond health equity

¹ The term “holistic” denotes a paradigm that includes the mental, physical, cultural and spiritual well-being of both the individual and the community. (Reading, Jeffrey, Andrew Kmetc and Valerie Gideon. “First Nations Wholistic Policy and Planning Model: Discussion Paper for the World Health Organization Commission on Social Determinants of Health.” Assembly of First Nations, 2007.)

The term often indicates ‘whole’ as in wholistic, comprehensive, balanced and circular. (Absolon, Kathy. *Indigenous Wholistic Theory: A Knowledge Set for Practice*. First Nations Child & Family Caring Society of Canada, 2010.)

1. FIRST NATIONS, INUIT AND MÉTIS PEOPLES AND COMMUNITIES DRIVING FIRST NATIONS, INUIT AND MÉTIS HEALTH RESEARCH AND KNOWLEDGE TRANSLATION

IAPH will support First Nations, Inuit and Métis Peoples and communities in driving First Nations, Inuit, and Métis health research by:

- Mentoring and training the next generation of First Nations, Inuit and Métis researchers for academia, government, industry and community; recognizing the importance of preparing trained researchers to work across sectors as a pivotal place to impact Indigenous health, as for example in the Signature Initiative *Pathways to Health Equity for Aboriginal Peoples (Pathways)*.
- Requiring the inclusion of Indigenous Ways of Knowing in all IAPH funding opportunities, as has been done in the *Pathways* Signature Initiative and the *Canadian Consortium on Neurodegeneration in Aging (CCNA)*.
- Moving forward, IAPH will bring the concepts of Indigenous Ways of Knowing into other collaborative CIHR Signature Initiatives such as *Environments and Health* and *Healthy and Productive Work*, and to initiatives around the *Strategy for Patient-Oriented Research (SPOR)*.
- Advocating for the inclusion of wellness across other CIHR initiatives and as a means of helping all Canadians achieve better health.
- Supporting First Nations, Inuit and Métis NGOs and communities in translating knowledge to accelerate the implementation and scaling up the application of knowledge.
- Promoting collaborative networks of health researchers, social scientists and physical scientists to leverage new, dynamic and innovative Indigenous health research.

IAPH will re-orient the approaches to First Nations, Inuit and Métis health research by:

- Designing research funding opportunities to require researchers to have plans of engagement that will facilitate the full participation of First Nations, Inuit and Métis Peoples and communities in all phases of research, from agenda-setting and design, to analysis, interpretation and dissemination, to implementation and evaluation of interventions, reflecting a new world-class direction for community-based health research.
- Infusing Indigenous Ways of Knowing and Two-Eyed Seeing into the entire research process, to create a new norm of excellence in First Nations, Inuit and Métis research, enhancing relevance of community research priorities and Indigenous knowledge, values and cultures.
- Encouraging the use of Indigenous Ways of Knowing and Two-Eyed Seeing as a means of setting research priorities, and determining what interventions are suitable and how they can be implemented at the community level and ultimately scaled up. Interventions that are informed by Indigenous Ways of Knowing are more likely to succeed because they will be more culturally appropriate, meaningful and acceptable to First Nations, Inuit and Métis Peoples.

2. TRANSFORMING FIRST NATIONS, INUIT AND MÉTIS HEALTH THROUGH INDIGENOUS WAYS OF KNOWING AND TWO-EYED SEEING

3. WELLNESS, STRENGTH AND RESILIENCE OF FIRST NATIONS, INUIT AND MÉTIS PEOPLES: MOVING BEYOND HEALTH EQUITY

IAPH will work with researchers, First Nations, Inuit and Métis Peoples and communities in reconceptualizing research to move beyond health equity by:

- Collaborating with First Nations, Inuit and Métis to advance concepts of wellness as the new aspirational norm for Indigenous health, for example by incorporating concepts of wellness into professional practice and program improvement.
- Collaborating with international bodies to foster the meaningful integration of wellness in research and knowledge translation, working with researchers and communities to develop new tools and methods to better incorporate wellness in research designs and properly evaluate these tools and methods.
- Working with researchers and policy makers to identify indicators to measure and monitor wellness at the individual and population level, for example as in the Roadmap priority to address the inequities in First Nations, Inuit and Métis health.



THESE INCLUSIVE AND CROSS-CUTTING STRATEGIC DIRECTIONS WILL RESULT IN THREE MAIN OUTCOMES:

1. First Nations, Inuit and Métis researchers, Indigenous Peoples and communities being informed, educated and empowered to drive appropriate health research and transform health

2. Healthy, strong, interconnected, and resilient First Nations, Inuit and Métis Peoples

3. Wellness creating healthy, resilient and sustainable communities



BACKGROUND

As one of the 13 founding Institutes of the Canadian Institutes of Health Research (CIHR), the Institute of Aboriginal Peoples' Health (IAPH) is the first and only national institute of health research in the world dedicated to improving the health and well-being of Indigenous Peoples.

IAPH is focused on investigating factors that will improve the health and well-being of First Nations, Inuit and Métis Peoples living in Canada through supporting development of First Nations, Inuit and Métis health research and ensuring that research undertaken is relevant to meeting the needs of First Nations, Inuit and Métis communities. Since its inception in 2001, IAPH has led a national research agenda on First Nations, Inuit and Métis health, focused on building capacity among First Nations, Inuit and Métis communities and supporting partnerships and collaboration among communities and non-Indigenous health research organizations at the regional, national and international levels.

The 2011 International Review of CIHR lauded IAPH for its influence on First Nations, Inuit and Métis health research in Canada. In addition to exceptional training and an increase in the number of First Nations, Inuit and Métis researchers through the Aboriginal Capacity and Developmental Research Environments (ACADRE)/Network Environments for Aboriginal Health Research (NEAHR) program, IAPH has developed research partnerships with other Institutes and stakeholders as a means of unifying research outcomes and coordinating funding towards common goals, and has substantially contributed to the increase in the number of First Nations, Inuit and Métis researchers, fostered supportive infrastructure, and has significantly reduced the skepticism and distrust toward health research in communities.

IAPH has also been commended for one of its most significant achievements to date, the development of the *CIHR Guidelines for Health Research Involving Aboriginal Peoples*, now respected and implemented nationally and internationally.

IAPH is advancing this strategic renewal at a time when it is most needed. IAPH completed a cross-Canada consultation entitled Aboriginal Health Research Summits in 2011. In a series of six national meetings, including two Elder/Knowledge Holder-Youth Gatherings and four summit meetings carried out across the four directions of Canada, community members working in addiction, counselling, education, medicine, nursing and social work, we advanced the national dialogue process with more than one hundred First Nations, Inuit and Métis professionals across more than ten disciplines related to health.

First Nations, Inuit and Métis communities are calling for a change in health research methodologies, affirming that health research is most effective when it stems from a strengths-based and resiliency approach, and incorporates Indigenous Ways of Knowing and traditional knowledges. Communities have advised IAPH that a wholistic view of health, not the common western perspective, informs the wellness perspectives of First Nations, Inuit and Métis Peoples.

Through increased inclusion of Indigenous Ways of Knowing, and honouring First Nations, Inuit and Métis approaches to health research, IAPH and its researchers are poised to take advantage of these changes and new opportunities to evidence a true and thorough understanding of First Nations, Inuit and Métis wellness.

VISION, MISSION AND VALUES

The vision, mission and values of IAPH emphasize the principles of balancing Indigenous Ways of Knowing and “conventional” science in approaching First Nations, Inuit and Métis health research and implementing strategies to eliminate inequities and improve the health of Indigenous Peoples overall. IAPH fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis Peoples in Canada through research, knowledge translation and capacity building. The Institute’s pursuit of research excellence is grounded in respect for community research priorities and First Nations, Inuit and Métis knowledges, values and cultures.

IAPH will play a lead role in increasing the productivity and impact of First Nations, Inuit and Métis health research by advancing capacity and infrastructure in First Nations, Inuit and Métis communities, in turn enhancing knowledge translation and forging partnerships with diverse communities and organizations at the regional, national and international levels.

IAPH will be guided at all times by a set of core values based on the principles of:

- Respect for First Nations, Inuit and Métis Peoples and Indigenous Ways of Knowing
- Promotion of community-based and excellence in scientific research
- High ethical standards in approach to and conduct of research with First Nations, Inuit and Métis Peoples
- Inclusiveness, trust and openness in our work
- Partnership and collaboration

LINKAGES TO CIHR ROADMAP, STRATEGIC PRIORITIES AND INITIATIVES

The IAPH Strategic Plan delivers on CIHR's overall goals and strategic priorities, as expressed in the CIHR Health Research Roadmap. First and foremost, IAPH's Strategic Plan supports and strengthens CIHR's priority of investing in world-class research excellence and training by bringing a robust First Nations, Inuit and Métis research foundation to Canadian society. Further, and in particular, Roadmap Research Priority B is one of four strategic research priorities of Roadmap II, adopted by CIHR's Governing Council in June 2014. IAPH's Strategic Plan fully overlaps with Roadmap Research Priority B – Health equity and wellness for Aboriginal Peoples. *Pathways to Health Equity for Aboriginal Peoples*, co-led by IAPH, and involving contributions from all 13 Institutes, is the main program implementing this Roadmap Research Priority. In addition to *Pathways*, there are many other linkages to CIHR Roadmap, Strategic Priorities and Initiatives.

Investing in world-class research excellence and training, and sustaining a healthy First Nations, Inuit and Métis research foundation

Adopting a wellness approach to First Nations, Inuit and Métis health research that is rooted in Indigenous Ways of Knowing can be regarded in these times as progressive and provident. Recent milestones like the Truth and Reconciliation Commission of Canada's national events and the Idle No More social movement have brought widespread attention to a variety of First Nations, Inuit and Métis issues and concerns, and there is growing consciousness and awareness among all Canadians of the social determinants of First Nations, Inuit and Métis Peoples' health in Canada, as well as the significance of the role Indigenous Ways of Knowing must play in healing and transformation.

IAPH promotes First Nations, Inuit and Métis wellness approaches as a means of stimulating bold and original thinking in research. Wellness is a research priority in First Nations, Inuit and Métis

health research, which relates not only to the well-being of an individual, but also communities, and relationships with health services and systems. In being culturally relevant and appropriate, this research enables a more direct route to dealing with health inequities in First Nations, Inuit and Métis communities and achieving wellness, and honours methodologies that have long been excluded from western scientific study. Advancing wellness concepts will improve the overall understanding of First Nations, Inuit and Métis Peoples and the determinants affecting their health.

Aligning with CIHR's strategic goals of investing in world-class research excellence and training, retaining and sustaining a healthy research foundation, IAPH's support of First Nations, Inuit and Métis Peoples and communities driving First Nations, Inuit and Métis health research and

knowledge translation means securing a base of well-trained investigators who can design thoughtful and innovative research aimed at achieving wellness. This base is achievable through mentorship, multidisciplinary training, and suitable opportunities to bring Indigenous Ways of Knowing to the forefront of research thinking. Multi-disciplinary training and mentorship should encompass not only preparation in conventional allopathic sciences, but also incorporate Indigenous academic and community mentorship, recognizing the importance of preparing trained researchers to work across sectors as a pivotal place to impact wellness for First Nations, Inuit and Métis Peoples.

IAPH facilitates the analysis of the benefits of health research, and will encourage appropriate CIHR Institutes to increase research around First Nations, Inuit and Métis health services by offering to support projects which actively address issues such as equity in financing, access, and evaluation of models of service delivery to First Nations, Inuit and Métis Peoples.² Additionally, due to the inclusive nature of Indigenous knowledges and information sharing, IAPH's network of Indigenous organizations, researchers and communities is ideally situated for strengthening partnerships between researchers, knowledge users, stakeholders and other organizations.

The network created by IAPH regularly shares information and best practices on their own accord and for their own purposes, providing another venue for strengthening partnerships and Indigenous health research in general. As well, IAPH's involvement in SPOR activities will mean involvement of First Nations, Inuit and Métis Peoples in citizen engagement.

IAPH's strategic directions support CIHR's directive to enhance international standards of excellence; IAPH strengthens peer review quality by ensuring Indigenous research approaches are understood, valued and reviewed appropriately in peer review. IAPH ensures the research community, along with associated agencies and non-academic organizations, has expertly and diversely trained and mentored First Nations, Métis and Inuit health researchers. In the Indigenous Mentoring Network Program (IMNP), IAPH is seeking innovative ideas from established Indigenous researchers and leaders with a distinguished track record in mentoring and community-based research to develop mentoring programs that will tackle system and individual-level barriers holding back First Nations, Inuit and Métis trainees. The IMNP will increase the number and competitiveness of First Nations, Inuit and Métis health and wellness researchers through innovative mentoring activities. Building on the success of the ACADRE and NEAHR programs, and leveraging the success of university-based mentoring initiatives, IAPH will fund transformative and paradigm-shifting proposals for First Nations, Inuit and Métis trainees. The IMNP funding opportunity aligns with the CIHR Roadmap priority on health equity and wellness for First Nations, Inuit and Métis Peoples and also with IAPH's strategic priority focusing on First Nations, Inuit and Métis Peoples and communities driving First Nations, Inuit and Métis health research and knowledge translation.

Capacity building is a substantial component of *Pathways*, where partnerships with First Nations, Inuit and Métis organizations will provide a mentoring function. Through its Indigenous Mentoring Network Program (IMNP), IAPH will maintain a structure that

² Of the 104 projects funded since CIHR-IAPH inception, only 12 were health services-related: Lavoie, J. *The Transformative Nature of the Canadian Institutes of Health Research's Institute of Aboriginal Peoples' Health: A Case Study Report*, 2005, p. 5.

provides support for mentorship, other forms of social support, and integration of students into networks of peers and principal investigators at the local and regional levels. This will be accomplished through such means as identifying barriers hindering First Nations, Inuit and Métis trainees and new investigators and developing mechanisms to eliminate these barriers, increasing the capacity of emerging First Nations, Inuit and Métis researchers to become competitive in peer

review funding, securing academic positions, and undertaking high-impact research. The IMNP program is expected to increase the interconnectedness of Indigenous investigators, enable mentors to improve their mentorship skills, and create a cohort of community researchers who will become mutual mentors to promising and newly established investigators.

Attaining health equity and wellness for First Nations, Inuit and Métis Peoples

This Strategic Plan affirms IAPH's commitment to *Pathways to Health Equity for Aboriginal Peoples* Signature Initiative, furthering the goal of CIHR Roadmap to operationalize CIHR's commitment to address the health inequities experienced by First Nations, Inuit and Métis Peoples in Canada. Through *Pathways*, IAPH can enact its strategic directions, building on IAPH's capacity and partnership development, and bring in contributions from the other CIHR Institutes to address the important issues of *Pathways*.

Partnerships are a core element of *Pathways*, and as such they are being pursued to gain additional funding and support for scale-up of interventions and other *Pathways* activities. The Partners for Engagement and Knowledge Exchange (PEKEs) component of *Pathways* supports First Nations, Inuit and Métis organizations in becoming partners in research, as well as facilitating learning across funded research teams, and supporting the translation of research findings into policy and practice decision-

making. First Nations, Inuit and Métis organizations will enable First Nations, Inuit and Métis voices, Ways of Knowing, and cultures to all feed into the work.

Likewise, multi-sectoral partnership is vital to the success of *Pathways*, with the initiative looking to external stakeholders and interests for additional resources through funding or other means. These partnerships can identify existing programs and policies that might benefit from research, and connect these to *Pathways*. These interactions will assist in identifying and sharing best practices and expertise that can be adapted to different communities or settings to improve the health of First Nations, Inuit and Métis Peoples.

Pathways provides new opportunities for heightened private sector involvement in researching health issues in a new way, utilizing Indigenous Ways of Knowing in research looking at wellness for First Nations, Inuit and Métis Peoples. As *Pathways* is currently experiencing, the interest of private industry

stakeholders in First Nations, Inuit and Métis health is largely tied to their relationship with specific communities or regions. Engaging these stakeholders for *Pathways* or otherwise will require an institutional change in perspectives on funding partnerships, and *Pathways* can benefit from the more community-based research and interventions than the existing relationship will produce. Implementing results from these studies will be equally as easy, if not easier, to scale up as national-level studies.

A fundamental aspect of the *Pathways* Signature Initiative is knowledge translation, occurring at every level and component of the Initiative. Inherent in this continuous knowledge translation is increased understanding of the elements necessary to improve the health and well-being of First Nations, Inuit and Métis communities, as articulated by First Nations, Inuit and Métis Peoples. Through knowledge translation, more culturally appropriate interventions can be developed and implemented, potentially leading to more forward and respectful public health messaging that caters to the diverse cultural backgrounds of the Canadian public.³ The overall goal of the PEKE program is to facilitate *Pathways* implementation research teams and research chairs in scaling up interventions across communities, and translating the findings into policies and improved health, a feat that can only be accomplished through extensive partnerships.

Implementation and adaptation of multilevel and scalable interventions will require proper knowledge translation. Advancing the knowledge translation

agenda must be done in partnership with First Nations, Inuit and Métis communities. PEKEs have extensive experience in translating knowledge to their constituents and members, and partnering with researchers and other organizations will increase the reach and effectiveness of knowledge translation through better understanding of how to reduce health inequities and increase research capacity in the area of implementation science.

IAPH is catalyzing the understanding and use of Indigenous Ways of Knowing and Two-Eyed Seeing in *Pathways* and other funding opportunities, as a means of articulating and developing solutions aimed at improving the health of First Nations, Inuit and Métis Peoples living with chronic conditions. Through Initiatives like *Pathways*, First Nations, Inuit and Métis organizations are teamed with researchers to study the effectiveness of interventions that can ensure chronic conditions are treated and managed properly, and ultimately improve existing approaches to chronic disease prevention and management. Quality of life for First Nations, Inuit and Métis Peoples living with chronic conditions – “living well with disease” – can be improved through appropriate and quality care in environments that utilize Indigenous Ways of Knowing and honour and respect First Nations, Inuit and Métis Peoples’ histories, traditions and beliefs.

³ Masching, R., S. Margolese and C. Reading. *Family Matters: Informing a family-based model of care with Aboriginal families affected by HIV*. Canadian Aboriginal AIDS Network, 2011.

The Strategy for Patient-Oriented Research (SPOR)

IAPH has a vested interest in ensuring First Nations, Inuit and Métis participation in SPOR activities, and is often advised to shape SPOR Networks and SUPPORT Units under First Nations, Inuit and Métis-specific lenses, using Indigenous Ways of Knowing and Two-Eyed Seeing. First Nations, Inuit and Métis participation in Patient-Oriented Research should be conducted within a wellness agenda, promoting wellness and secondary prevention, or living well with disease. IAPH will encourage SPOR to extend expertise to First Nations, Inuit and Métis communities and organizations, to help them develop their own health information systems and stewardship processes. IAPH will facilitate discussion on data linkages, when appropriate, that respect the Tri-Council guidelines.

IAPH will support research capacity development of First Nations, Inuit and Métis researchers within SPOR, for example, enabling SPOR mentorship responsibilities for students working in First Nations, Inuit, and Métis health research from early trainee to late-stage career. Further, IAPH will facilitate the inclusion of First Nations, Inuit and Métis interests in the governance of SPOR, similar to the Partners for Engagement and Knowledge Exchange (PEKs) in the *Pathways* Signature Initiative; for instance, IAPH will promote the inclusion of First Nations, Métis and Inuit provincial and territorial organizations as active partners in SPOR Networks and SUPPORT Units.

Environments and health

The traditional ecological knowledges held by First Nations, Inuit and Métis Peoples has contributed to survival and resiliency through colonization and subsequent conditions, as well as emerging climate change threats that affect relationships with the land and ultimately health. These knowledges represent generations and histories of information sharing; cultural, environmental, economic, political and spiritual inter-relationships among peoples who maintain close ties to the Earth; and reflects how First Nations, Inuit and Métis Peoples have adapted

to numerous changes in their ways of life and their surroundings, often imposed by others.

Indigenous Ways of Knowing and Two-Eyed Seeing approaches to health research, particularly in the context of environments and health, will aid in preparing for and responding to emerging threats. Because many First Nations, Inuit and Métis communities are located in rural and remote areas and maintain a close interrelation with their lands, they are the first to witness significant and direct

impacts of climate change, more so than can be observed in urban settings. Thus, the Indigenous Knowledges in these communities can most appropriately address issues of climate change, related food and nutrition security, and other matters stemming from changing environments.

IAPH and its networks support the *Environments and Health Signature Initiative*, which closely aligns with CIHR's Roadmap priority "Preparing for and responding to emerging global and environmental threats to health", supporting a renewed focus on environment, climate change, food security and safety, and surveillance for truly susceptible individuals and communities. The close proximity of some First Nations, Inuit and Métis communities to resource extraction activities known to negatively affect environments may certainly qualify them as "truly susceptible" individuals and communities, such as First Nations territories close in proximity to the Alberta oil sands. IAPH is ideally situated to inform the *Environments and Health Initiative* of appropriate First Nations, Inuit and Métis Peoples, communities and organizations that should be involved as partners.

IAPH can ensure First Nations, Inuit and Métis Peoples are included in *Environments and Health* cohort studies, and that their perspectives are shared. Collaboration in relevant cohort studies that include First Nations, Inuit and Métis Peoples and communities, along with other communities in Canada, can ensure comprehensive knowledge translation and opportunities to link individual level data with ecological or environmental studies, so that detailed individual-level data can be linked to changes in environmental exposures, and to determine the effectiveness of environmental and policy-based interventions.

In addition to the natural and built environments, other environments must also be considered in First Nations, Inuit and Métis contexts. For example, the social, economic, and political environments in which First Nations, Inuit and Métis Peoples' identities are often framed, and the environmental impacts on those identities.

Promoting a healthier future through preventative action

As a means of backing CIHR's strategic direction of a healthier future through prevention, IAPH supports the use of Indigenous Ways of Knowing and/or Two-Eyed Seeing to properly understand the effects of a variety of environments on determinants of First Nations, Inuit and Métis wellness.

The correlation between lack of investment in preventative health strategies and eventual increased demands and costs on health care

systems is well understood. People who have not achieved good health or wellness are more likely to use health services and health care, placing continued demands on health care systems. Through leading and supporting studies on the social determinants of First Nations, Inuit and Métis health and wellness, including colonialism, racism and social exclusion, IAPH meets CIHR Roadmap's strategic direction in addressing health and health system research priorities by researching health

inequities faced by First Nations, Inuit and Métis Peoples. Research on social determinants will also help improve health economies; studies calling for improvements in services will ideally result in efficiencies that have economic benefits.

A historic and continued dearth of First Nations, Inuit and Métis methodologies in conventional science is construed by some in the field as an extension of the ingrained systemic racism that First Nations, Inuit and Métis Peoples' experience. In keeping with CIHR's goal of breaking professional and sectoral barriers in health research, research

through IAPH can address these experiences and encourage better inclusion of First Nations, Inuit and Métis methodologies and Ways of Knowing. This is bold and forward thinking in addressing a historic and systemic issue.


IAPH will lead and fund the development of tools and methods that best explore the determinants of First Nations, Inuit and Métis wellness as a means of ensuring wellness is included in research designs for studying First Nations, Inuit and Métis health.

IAPH STRATEGIC DIRECTIONS

IAPH is considered a leader of Canada's national First Nations, Inuit and Métis health research agenda and commits to build research capacity and requisite supports to develop and support the activities of knowledge generation for improved First Nations, Inuit and Métis Peoples' health, and to advance First Nations, Inuit and Métis community perspectives and priorities in relation to research.

IAPH confirms three inclusive strategic directions, integral to advancing First Nations, Inuit and Métis Peoples' wellness through a progressive health research agenda, and crucial to responding to opportunities and challenges experienced by First Nations, Inuit and Métis Peoples.

The Strategic Plan documents and demonstrates IAPH's priority to support increased research capacity among First Nations, Inuit and Métis researchers and communities conducting First Nations, Inuit and Métis health research. Vital to this support is IAPH's continued development of strategic regional, national and international partnerships, as well as an advanced health research agenda that includes Indigenous Ways of Knowing and culturally-specific knowledge translation strategies.



“Traditional explanations of the environmental phenomena are based on cumulative, collective experience, tested over centuries, by people who require a sophisticated and practical knowledge of the land on which they depended for every aspect of life.”

Government of Canada, Royal Commission on Aboriginal Peoples, 1996⁴

⁴ Government of Canada. *Report of the Royal Commission on Aboriginal Peoples*, Vol. 4, Ottawa, 1996, RCAP.

Strategic Direction 1:

First Nations, Inuit and Métis Peoples and Communities Driving First Nations, Inuit and Métis Health Research and Knowledge Translation

IAPH supports First Nations, Inuit and Métis Peoples in using their knowledge systems in approaching health issues. Through ongoing consultation and collaboration, First Nations, Inuit and Métis Peoples have informed IAPH that achieving wellness for First Nations, Inuit and Métis Peoples absolutely requires First Nations, Inuit and Métis leadership in health research and knowledge translation. IAPH plays a crucial role in developing and supporting mentoring and training of First Nations, Inuit and Métis researchers while advancing the application of Indigenous Ways of Knowing towards achieving wellness.

To achieve our goals in supporting First Nations, Inuit and Métis Peoples and communities driving First Nations, Inuit and Métis health research and knowledge translation, some priority areas for action include:

- **Mentoring and training the next generation of First Nations, Inuit and Métis researchers for academia, government, industry and community**

IAPH will improve the pipeline of First Nations, Inuit and Métis researchers at various education and career levels. Through funding mechanisms directed at trainees and new investigators, such as the Indigenous Mentoring Network Program (IMNP), established First Nations, Inuit and Métis researchers and leaders will advance innovative ideas for overcoming the barriers that keep Indigenous trainees from becoming world leaders in health research.

IAPH will create and support internship opportunities through partnerships with policy makers and researchers in government agencies and First Nations, Inuit and Métis organizations as a means of linking First Nations, Inuit and Métis graduate students with career paths.

- **Requiring the inclusion of Indigenous Ways of Knowing in all IAPH funding, as has been done in *Pathways* and the CCNA**

IAPH will facilitate First Nations, Inuit and Métis health researchers, communities and organizations to access CIHR funding and resources by fostering connections and advancing the concept of First Nations, Inuit and Métis Peoples' wellness in suitable CIHR initiatives. Relatedly, IAPH will lead CIHR in implementing policy that all Institute-supported First Nations, Inuit and Métis Peoples' health research projects need to include First Nations, Inuit and Métis participants with "lived Indigenous experience".

IAPH will bring the concepts of Indigenous Ways of Knowing into other CIHR signature initiatives such as *Environment and Health* and *Healthy and Productive Work*, and to initiatives related to SPOR.

- **Advocating for the inclusion of wellness across other CIHR initiatives and as means of helping all Canadians achieve better health**

Through its refresh of Roadmap, CIHR has adopted the concept of wellness as a desired outcome for First Nations, Inuit and Métis Peoples. However, the transformative powers of Indigenous Ways of Knowing and Two-Eyed Seeing are seen as beneficial for all Canadians. IAPH will collaborate with other CIHR Institutes and initiatives to raise the profile of First Nations, Inuit and Métis concepts of wellness, emphasizing the transformative potential of transforming health care through infusion of Indigenous Ways of Knowing and wholistic concepts of wellness.

IAPH involvement in other initiatives will provide First Nations, Inuit and Métis perspectives on issues affecting all Canadians.

Researchers studying connections in environments and health will benefit greatly from collaboration with IAPH so that First Nations, Inuit and Métis perspectives can inform studies investigating relationships between First Nations, Inuit and Métis Peoples' health and adverse childhood experiences, contaminants, mining, smoking, mold, household exposures, pesticides, climate change and environmental degradation and traditional foods, food and nutrition security, and related issues.

As effects of climate change are studied, Arctic and northern populations are evidencing significant implications and outcomes on their lifestyles and overall health. As a leader in supporting research of Inuit Peoples, IAPH will continue to foster health research with regional and circumpolar partnerships that explores the relationship between climate change and health, to the benefit of all Canadians and the rest of the world.

IAPH will engage researchers in public health and epidemiology to examine trends and insights on First Nations, Inuit and Métis Peoples' public health. IAPH will also engage researchers in primary care, throughout the continuum of care, to address issues surrounding access to care, access to cultural competent care, access to Indigenous Ways of Knowing and healing, racism in health care, health literacy, improving access for remote communities, and related issues.

- **Supporting First Nations, Inuit and Métis NGOs and communities in translating knowledge to accelerate the implementation and scaling-up of the application of knowledge**

IAPH will work with researchers, First Nations, Inuit and Métis Peoples and communities to review, amalgamate and disseminate results from CIHR-funded research in order to share and maximize the lessons learned and knowledge gained, particularly with First Nations, Inuit and Métis communities.

In addition, IAPH will fund supplemental dissemination and knowledge translation opportunities to support sharing and understanding the application of research findings with First Nations, Inuit and Métis communities.

IAPH will further capitalize on opportunities in implementation and scaling-up of effective interventions and knowledge by hosting workshops to thoroughly explore the landscape of researched interventions in First Nations, Inuit and Métis communities. IAPH will facilitate a network of information sharing and knowledge exchange to ensure communities are aware of suitable interventions, through the *Pathways* Initiative and other means.

IAPH will organize workshops and seminars to help First Nations, Inuit and Métis organizations and communities qualify for CIHR funding to research their own health and wellness priorities. Relatedly, IAPH will advise CIHR on special circumstances of First Nations, Inuit and Métis communities that make it difficult to access CIHR Strategic Initiative funding, in light of CIHR's directive for obtaining external funding partnerships. IAPH will encourage and support the First Nations, Inuit and Métis health research community in applying to and achieving success in the CIHR open suite of programs for new investigators and longer program grants.

- **Promoting collaborative networks of health researchers, social scientists and physical scientists to leverage new, dynamic and innovative First Nations, Inuit and Métis health research**

Advancing IAPH's mandate is dependent on bridging research communities as well as creating strategic alliances within Canada and around the world.

IAPH will continue to support an annual gathering of First Nations, Inuit and Métis health research trainees and mentors as a means of bringing like minds together to share research and findings, network, and generally strategize around First Peoples health research. Other conferences and forums supported by IAPH, such as the 2013 Indigenous Knowledge Colloquium, have facilitated discussions between First Nations, Inuit and Métis researchers, scholars and academics with non-Indigenous peers on how to advance First Nations, Inuit and Métis Peoples' knowledges through western concepts of validation and verification.

IAPH's direction in the 2014 International Group for Indigenous Health Measurement (IGIHM) meeting in Vancouver, and partnership with the BC First Nations Health Authority in developing and hosting an Indigenous Wellness Indicators Gathering, brought together local and international Indigenous academics and community members to create a collective understanding of wellness and health indicators and what the differences mean to Indigenous health research.

Similarly, IAPH's presence at the 2014 International Network in Indigenous Health Knowledge and Development (INIHKD) meeting in Winnipeg further contributed to connecting international networks and exploring synergies. As part of the INIHKD meeting, IAPH held a Mentorship Dialogue session in which international mentors and mentees shared experiences and insights on mentoring in Indigenous health research. Concepts and ideas from this session contributed to the development of IAPH's International Mentoring Network Program (IMNP).

As increasing numbers of communities and organizations conduct their own research, IAPH will support and provide training for First Nations, Inuit and Métis communities on the development of data agreements, the purposes and utilization of health data and the need for First Nations, Inuit and Métis identifiers in health research.

Strategic Direction 2:

Transforming First Nations, Inuit and Métis Health through Indigenous Ways of Knowing and Two-Eyed Seeing

The concepts informing IAPH's Indigenous Ways of Knowing and Two-Eyed Seeing funding opportunities are guiding principles of IAPH's vision and mandate, and several IAPH-funded studies have incorporated and qualified the benefits of these approaches.⁵ IAPH continues to advance Indigenous Ways of Knowing in health research methodologies and community-specific and common Indigenous health indicators, building on the outcomes of the March 2013 National Colloquium on Indigenous Knowledge and Aboriginal Health Research.

Two-Eyed Seeing⁶ in research speaks to community-relevant and community-based health research that engages First Nations, Inuit and Métis Peoples in the design, implementation, analysis, data management and sharing of the research. Among its strengths, Two-Eyed Seeing in research enables the direct benefits of cultural connection, safety and control for First Nations, Inuit and Métis Peoples, achieved through ensuring involvement and a balance between “western” and Indigenous research methodologies, analysis and subsequent treatments.⁷

IAPH is committed to the recommendations from the Aboriginal Health Research Summits to ensure the common themes of culturally appropriate and meaningful development of health research with First Nations, Inuit and Métis Peoples are understood and implemented at the CIHR level. IAPH advocacy for these themes has translated to CIHR's acknowledgement and incorporation of concepts of wellness in *Roadmap II*. Proper application of these themes will provide the evidence needed for decision-making at all levels of inquiry, including the development of community programs, services, policies and budgets.

⁵ Dell, C., J. Thompson and P. Menzies. *Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment*, University of Saskatchewan, 2011.

⁶ It should be noted that Two-Eyed Seeing is expressed as a First Nations concept, but other Indigenous Peoples express similar concepts of bringing together Aboriginal Ways of Knowing and western knowledge using different terms.

⁷ Varcoe, C., A. Browne and M. Ford-Gilboe. *Addressing the Consequences of Violence and Trauma: A Health Intervention for Women in an Indigenous Context*. University of British Columbia, 2010.



Métis traditional knowledge

More than knowledge of plants and animals, Métis holistic perspectives require consideration of the many facets of life of a people including the traditional knowledge that has sustained them over generations. Métis understand the environment as sacred relationships linking such things as language, learning, people and social structures, traditions, land (including all parts of the Earth and atmosphere), spirituality, self-development, harmonious interactions, Indigenous knowledge, health, imagination, economic conditions, balanced approaches to life, political systems, and values.

Métis National Council, 2011⁸

⁸ Métis National Council. Métis Traditional Environmental Knowledge, 2011.
<http://www.metisnation.ca/wp-content/uploads/2011/05/Metis-Traditional-Knowledge.pdf>



First Nations traditional knowledge

There are many ways of describing the sacred ways of life of First Nations. The terms “traditional knowledge” and “ways of knowing” are used interchangeably. The word traditional is not seen as something old, but as something based in tradition.

Traditional knowledge is something created, preserved, and dispersed. First Nations use the term traditional knowledge to describe information passed from generation to generation. Everyone in a community or culture holds traditional knowledge because it is collective. Traditional knowledge is determined by a First Nation’s land, environment, region, culture and language. Traditional knowledge is shared through ways of exchanging cultural and traditional information, such as storytelling. People such as Elders and healers usually share this knowledge with others in the community.

National Aboriginal Health Organization, 2005⁹

⁹ National Aboriginal Health Organization. Sacred Ways of Life: Traditional Knowledge, 2005. http://www.naho.ca/documents/fnc/english/2005_traditional_knowledge_toolkit.pdf



Inuit Qaujimajatuqangit

The traditional knowledge of Inuit is known as “Inuit Qaujimajatuqangit”, or IQ, and reflects strengths-based guiding principles that lead a person to balance and harmony.

Inuit Qaujimajatuqangit is the foundation upon which social/emotional, spiritual, cognitive and physical well-being is built. Cultural health is the basis for every other kind of health because in it resides the sense of identity, the collective social supports for the individual, and the sense of belonging grounded in loving, healthy and supportive relationships. These are the requirements that nurture healthy individuals. From an IQ perspective, a sense of personal health and wellness is reliant on a strong sense of identity and belonging, an understanding of purpose and role in terms of a personal contribution to be made to improving the common good and serving others, and an appreciation of the specific skills and abilities one has to contribute to those ends.

National Collaborating Centre for Aboriginal Health, 2011¹⁰

¹⁰ National Collaborating Centre for Aboriginal Health. *INUIT QAUJIMAJATUQANGIT*, 2011. [http://www.nccah.ccsa.ca/Publications/Lists/Publications/Attachments/6/Indigenous%20Knowledge%20in%20Inuit%20Communities%20\(Engilsh%20-%20web\).pdf](http://www.nccah.ccsa.ca/Publications/Lists/Publications/Attachments/6/Indigenous%20Knowledge%20in%20Inuit%20Communities%20(Engilsh%20-%20web).pdf)

IAPH will re-orient the approach to First Nations, Inuit and Métis health research by:

- **Ensuring full participation of First Nations, Inuit and Métis Peoples and communities in all phases of research, from design to analysis and implementation of interventions, reflecting a new world-class direction for health research**

One of the means by which IAPH will increase participation of First Nations, Inuit and Métis communities throughout the research process is through continued support for community-based research and lessons learned from full inclusion of Indigenous Ways of Knowing, Two-Eyed Seeing, insight, guidance and collaboration. Further, IAPH will design funding opportunities to specify community involvement as a requirement in application.

- **IAPH will infuse Indigenous Ways of Knowing into the entire research process to create a new norm of excellence, enhancing relevance of community research priorities and First Nations, Inuit and Métis knowledge, values and cultures**

IAPH will promote and encourage inclusion of Indigenous Ways of Knowing in health research designs. IAPH will convene learning events on Indigenous Ways of Knowing and its application to health, research methodologies, and First Nations, Inuit and Métis health indicators in addition to funding scoping papers and case studies on the use of Indigenous Ways of Knowing in promoting health equity, for example, mental health healing strategies and community-based interventions.

In networking with communities, IAPH acknowledges that support for self-determination in health research and equity is essential to meeting the Institute's goals for resolving critical health issues and inequities. Self-determination in health research requires continued development of First Nations, Inuit and Métis health researcher capacity, knowledge transfer, partnership, relationship building, and community ownership of health research. First Nations, Inuit and Métis communities ownership of related health research acknowledges the role of identifying critical community health issues and articulating the impacts of health and illness, and defines the parameters of partnership, meanings and responsibilities.

- **Encouraging the use of Indigenous Ways of Knowing as a means of setting research priorities and determining interventions. Indigenous Ways of Knowing must inform interventions for them to succeed, and be culturally appropriate, meaningful and understood**

IAPH will enhance knowledge translation by funding evaluations of how knowledge is exchanged in First Nations, Inuit and Métis communities, and will conduct scans of IAPH-funded research to maximize lessons learned and knowledge gained. Enhancing knowledge exchange between IAPH and First Nations, Inuit and Métis communities requires community direction in new research priorities that IAPH will support, such as investigating correlations between physical/social environments and health, correlations between early childhood stressors and the onset of chronic disease, and the delivery of Community Based Primary HealthCare (CBPHC). IAPH will also support research to evaluate First Nations, Inuit and Métis models of health service delivery (i.e., community health centres, health authorities).

Strategic Direction 3:

Wellness, Strength and Resilience of First Nations, Inuit and Métis Peoples: Moving Beyond Health Equity

Networking, collaboration and consultation with First Nations, Inuit and Métis Peoples, communities and organizations inform IAPH. First Nations, Inuit and Métis Peoples often advise IAPH that achieving wellness requires self-determination in leading research processes from developing the agenda, to interpreting and analyzing data, to disseminating and mobilizing findings into policy, practice and programs. IAPH is well positioned to lead in facilitating acceptance and validation of Indigenous Ways of Knowing and Two-Eyed Seeing among scientific communities that might otherwise not take notice or be aware of this knowledge.

First Nations, Inuit and Métis Peoples in Canada assert that historic and generational racism and oppression have created conditions in which certain pathologies have resulted and become common. One of these conditions is the treatment of First Nations, Inuit and Métis Peoples receive in Canadian health care systems; treatment based on little or no understanding of First Nations, Inuit and Métis Peoples' Ways of Knowing and related concepts of wellness. IAPH's third strategic direction fulfills the CIHR Roadmap direction of addressing health and health system research priorities.

IAPH will redirect pathways to move beyond health equity by:

- **Collaborating with First Nations, Inuit and Métis communities and organizations to advance the concept of wellness as the new norm to achieve for First Nations, Inuit and Métis health**

IAPH will foster related connections and advance concepts of First Nations, Inuit and Métis wellness across the sphere of Indigenous health research, among CIHR Institutes and in suitable CIHR initiatives. IAPH will encourage provincial health departments and regional health authorities to adopt a wellness approach to First Nations, Inuit and Métis Peoples' and population health, including professional practice and service delivery.

- **Collaborating with international bodies to foster the meaningful integration of wellness in research and in developing criteria to evaluate excellence**

IAPH will lead and fund evaluations of how similar research methodologies work in other contexts.

- **Working with researchers and policy makers to identify indicators to measure wellness at the individual and population level**

IAPH is continuously working with the International Group for Indigenous Health Measurement (IGIHM) towards developing meaningful measurements for programs and policies that are applicable in a clinical context. IAPH will lead further development of appropriate and workable measurements in research designs.

- **Funding researchers to develop and build on new tools and methods to better incorporate concepts of wellness in research designs and collaborate to properly evaluate tools and methods**

IAPH will lead and fund the development of tools and methods that best explore the determinants of First Nations, Inuit and Métis Peoples' wellness as a means of ensuring concepts are included in research designs for studying First Nations, Inuit and Métis Peoples' health.

IMPLEMENTATION AND EVALUATION

IAPH continues to build on its foundation and achievements in respect to First Nations, Inuit and Métis health research. The next five years for IAPH promise to be eventful and productive. Through Signature Initiatives such as *Pathways to Health Equity for Indigenous Peoples*, the Institute is responding to a need to better understand how to implement and scale up interventions and programs that will improve First Nations, Inuit and Métis Peoples' health in four priority areas. These are mental health and addictions, communicable diseases, chronic diseases, and health systems access, and as such this research is expected to contribute to learning in these broader areas.

IAPH and its Institute Advisory Board will be developing an operational plan to action these strategic directions starting in 2014. Upcoming meetings of the Institute Advisory Board will see further development in operational planning and identifying goal-oriented actions that are viable and can be measured in terms of supporting and raising awareness of wellness and Ways of Knowing, increasing the capacity and number of First Nations, Inuit and Métis researchers in Canada and internationally, and generally changing the historic nature of Indigenous health research. Achieving the goals of our Strategic Plan will require evaluation based on appropriate performance indicators that will be developed and aligned with each strategic direction and related actions. Operational and implementation indicators will continue to be developed based on IAPH's strategic directions.

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Photo: John Waldon

CONCLUDING REMARKS

IAPH continues to build on its foundation and achievements in respect to Indigenous health research. IAPH and CIHR will achieve greater accountability to First Nations, Inuit and Métis Peoples by leading and supporting the advancement and application of the concepts of wellness, Indigenous Ways of Knowing and Two-Eyed Seeing. IAPH recognizes the significance of First Nations, Inuit and Métis self-determination and can facilitate determination and direction of health research and knowledge translation, ultimately transforming First Nations, Inuit and Métis Peoples' health research and achieving wellness, strength and resilience through application of Indigenous Ways of Knowing and Two-Eyed Seeing.

The nature of IAPH's strategic directions provide the flexibility for the Institute to respond quickly to emerging health threats or issues for supporting First Nations, Inuit and Métis leadership in health research. IAPH has avoided specific research topic priorities in these strategic directions so as to allow flexibility for IAPH and its networks to research and support emerging research priorities at the community level.



APPENDIX

Terminology

Aboriginal, Indigenous, First Nations, Inuit and Métis Peoples

“Aboriginal” is often cited by First Nations, Inuit and Métis Peoples as a construct of the Canadian Constitution of 1982, whereby section 35 acknowledges Aboriginal rights and further describes “Aboriginal Peoples of Canada” as including the “Indian” (First Nations), Inuit and Métis Peoples of Canada. For many, the use of the term “Aboriginal” is inherently tied to colonialism and is another example of colonial imposition on First Nations, Inuit and Métis identities, rendering their perception of its use as negative and diminishing.

Similarly, the term “Indigenous” denotes a collective history among Indigenous Peoples of the world regardless of borders and thus broader than the constitutional and legal definitions. “Indigenous” is consistently and purposefully used in this context in international Indigenous rights movements and can better speak to the tenets of wholistic health and wellness research that IAPH espouses. Since IAPH regularly engages with international collaborators, and supports the work of Indigenous researchers from Canada in international health research environments, IAPH considers it more suitable and respectful to use the term in our work. For IAPH, “Indigenous Peoples” most accurately reflects the scope of our work. The term “Indigenous Peoples” can be spelt in a variety of ways; the plurality of “Peoples” indicates the range and diversity of cultures, languages and worldviews, and the capitalization of “Peoples” honours the notion of these groups as Nations.

IAPH uses the term “First Nations, Inuit and Métis” when addressing the Canadian context.

Indigenous Ways of Knowing and Two-Eyed Seeing

Both contemporary and traditional Indigenous understandings of health and wellness encompass concepts of language, identity, knowledge, trust, land, community and responsibility, evidencing a wholistic view that accounts for the physical, spiritual, emotional and mental dimensions of humans and communities. Indigenous Ways of Knowing allow for a more positive and wholistic approach to researching health issues; questions can be addressed from a place of resiliency – where Indigenous Peoples have continued to survive health inequities, culturally inappropriate service and program delivery, and non-Indigenous health policies governing Indigenous health outcomes.

IAPH espouses a model of knowledge assertion, called “Two-Eyed Seeing Model for Co- Advancement”, influenced by the work and teachings of Mi’kmaq Elder/knowledge holder Albert Marshall. This model incorporates both western and Mi’kmaq resources and perspectives. Intrinsic to Two-Eyed Seeing is the need for capacity development within Indigenous communities and the need for community resources that reflect true partnership in health research, knowledge translation and exchange; ultimately bringing improved health and reduction of health inequities.

IAPH believes that the wholistic view of health among Indigenous Peoples informs research from a wellness perspective rather than the common western perspective of studying illness. IAPH will advance the understanding and use of these terms in articulating the role of Indigenous Ways of Knowing and Two-Eyed Seeing in developing solutions towards the improved health of Indigenous Peoples.

Wellness

Concepts of wellness are defined differently by many Indigenous Peoples in Canada and internationally; however, elements of these concepts have much in common. Wellness is a means of capturing a wholistic view of health that includes the spiritual, emotional, physical, and mental dimensions of a person's and collective's being. Moreover, Indigenous Peoples reiterate that by virtue of their survival in the face of colonialism, oppression and systemic racism, research on Indigenous health and wellness should more appropriately focus on strengths and resiliency-based indicators of good health.

Indigenous communities have advised IAPH that health research based on an illness model does not effectively contribute to promoting wellness in Indigenous communities. Similarly, international colleagues have shared their conceptualizations of wellness with IAPH, and they are not unlike those of First Nations, Inuit and Métis Peoples in Canada in their views of wholistic health and related determinants and indicators.

For IAPH to be most effective we must honour what Indigenous Peoples tell us will work for them to achieve wellness. With Indigenous researchers and communities making it known that Indigenous Peoples are generally not getting any healthier, the timing is crucial to reduce tutelage, embrace opportunities and increase the role of Indigenous communities in research and interventions that affect them.



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