



EXPLORING EVALUATION IN ABORIGINAL HEALTH

MARCH 2007





Genesis of the Gathering

On March 26 and 27th, 2007, a diverse group assembled at the University of Northern British Columbia to begin a challenging exploration of still-unmapped territory: the possible intersection points of traditional knowledge and western scientific paradigms in the realm of evaluation. The eclectic mix of Indigenous and non-Indigenous participants – evaluators, public servants, academics, health practitioners and policy-makers – had been brought together by the National Collaborating Centre on Aboriginal Health (NCCAH) and the National Collaborating Centre on Healthy Public Policy (NCCHPP).

The NCCAH, with the National Collaborating Centre for Determinants of Health (NCCDH) and the National Collaborating Centre for Methods and Tools (NCCMT), had already hosted a dialogue circle the month before on what constitutes evidence in Aboriginal health. With its mandated focus on knowledge synthesis, translation and exchange (KSTE), the NCCAH is committed to continuing to gather information in ways that are respectful of Aboriginal culture. In the spring of 2006, the NCCAH received funding from the BC Ministry of Health to support a chronic disease

health promotion initiative for First Nations, Métis and Urban Aboriginal communities called Aboriginal Act Now BC. This initiative is hosted by the NCCAH under the BC Initiatives stream.

Thinking about how to evaluate British Columbia's Aboriginal Act Now initiative generated a series of key questions: How can we develop an evaluation methodology that stays rooted in the community, and is something that the community can own and continue to develop? How do we work with and within Indigenous stories and protocols and also translate them so they will be honoured and validated in an accountability framework? Can we move from a specific focus on the BC Initiatives to a consideration of how this might be applied to evaluation in a broader context? To prepare for tackling such complex questions, participants were presented on the first evening with nourishment for body, mind, heart and soul in UNBC's Administration Building.

"If you think of things by yourselves, then eventually you will recycle your old limitations."

— Paul Michel





Setting the Context

Proceedings began with a prayer and a welcome to the Lheidli T'enh First Nation's territory, the place of the "meeting of the waters." Elder Minnie Bjorklund's greetings were echoed by co-hosts Sandra Griffin, Director of Infrastructure and Development for the NCC on Aboriginal Health and François Gagnon, Research Director for the NCC on Healthy Public Policy. The evening's first speaker Paul Michel, UNBC Adjunct Professor and Director of the UNBC First Nations' Centre, underlined the crucial link with land and landscape. "I'm Secwepmec First Nations. 'Secwepmec' means a person from the land of the flowing waters. We learn from a very young age that when we drum and sing, we're honouring and sharing the breath of Mother Earth."

Standing with a BlackBerry in one hand and a drum in the other, he offered himself as an example of the intersection between tradition and the modern world. As he sang, drummed, and spoke, Paul Michel sounded some themes that would recur during the following day's discussion. One was the primacy of story as a vehicle for sharing Indigenous traditional knowledge. What he offered was a vision of interconnectedness, of relationship in which talk is breath and stories are told in circles to share through breath the wisdom of spirit and Mother Earth. Stories are healing and they also imply dialogue and connection – between teller and listener, between Elders and community members, between

the community and its families, and between families and their children. To understand what value means within those contexts, it's critical to have a space where Elders and community members can share their wisdoms.

The western scientific paradigm emphasizes the purely physical beginnings of the world and sees evolution as the aeons-long development of the cognitive mind. In the Indigenous view, the world began in the spirit realm and the mental and physical exist only because of their connection to the spiritual. This need to honour the spirit realm means that many Elders shy away from approaches which focus solely on lab and field research techniques.

If the spiritual dimension is fundamental in Indigenous knowledge, so is relatedness or context. In the western scientific paradigm, however, context is filtered out. Maori researcher Will Edwards, who had taken part in the February 2007 Dialogue Circle, emphasized that these differing world views are essentially faith-based positions, neither of which can be discredited nor confirmed by the other.

“Not everything that counts can be counted and not everything that can be counted counts.”

— Albert Einstein



BCI and Indigenous-led Evaluation

To find a common ground – the interface — is not easy. For him, methodology provides that ground, the shared place in the middle where the two paradigms can work together in what Willie Ermine has termed the “ethical space.” Negotiating in the interface involves adapting methods from both knowledge systems. A set of principles, articulated by Maori health researcher Mason Durie, facilitate research in the interface. They include mutual respect; shared benefits, particularly for Indigenous people; human dignity so that scientists, for instance, share in the dissemination of results and learn from the cultural exchange with the other side of the interface; and the generation of new knowledge.

Kim Scott of Kishk Anaquot Health Research introduced the proposed evaluation framework and approach for B.C. Initiatives, an Indigenous-led and Indigenous-monitored evaluation of Aboriginal Act Now BC. At a time when the funder-driven agenda usually sets the questions, B.C. Initiatives possesses several unusual features. It has the moral independence to frame the questions it wants answered; its approach is user-based rather than goal-oriented or decision-focused; and the evaluator’s role is that of a collaborator and facilitator within communities rather than a strategist. The ultimate goal of the initiative is to generate, share, translate and synthesize the knowledge gathered “in a way that works better

and feels right, in a way that is genuinely Indigenous.”


To discover/uncover that knowledge, several key questions in the proposed evaluation focus on what catalyzes change in individuals and communities so as to improve health. Considerations about culturally appropriate methods for gathering and integrating that knowledge are critical. Some other important factors include evaluating the extent of community engagement, creating a purposeful sampling strategy, looking for best practices, and formulating strategic community-based recommendations to influence health policy.

At this point in the evening, the lively mix of perspectives and expertise represented in the room made itself evident. Questions were raised and helpful suggestions made about fine-tuning the approach put forth.

The critical importance of context came to the fore. Stories can create a powerful impact but information is crucial in order to situate those stories in their social and historical context. And while individuals and communities are important units of analysis, so are the systemic, contextual barriers that community members may not articulate but which are still part of their oppressive reality. We cannot simply assume that people will understand what Indigenous culture is and means. As Bill White from the International Institute for Child Rights and Development pointed out, “If the western academics, governments, people who fund, people who analyze are going to believe culture, they have to be briefed about the nature of culture be-

“In this space in-between, do we have the opportunity to meet and explore and start searching for answers that we don’t have?”

— Sandra Griffin



fore the beginning of any forum. They need to know what are the roles of Elders, what are songs, what are ceremonies, and what are families.”

The evening was rounded off by Andrea Johnson’s presentation about her Waawiyeyaa (circular) evaluation model which provides an evaluation alternative nested in traditional teachings. She also discussed oral and visual approaches which marry technologies with traditional lore. One example was the use of photo voice in which local young people took photos related to the is-

sue of smoking in individual homes, created a photo calendar, and gave it back to the community. Finally, in the spirit of her model which posits the true healing path as one of self-healing, she shared parts of her own journey as an example of the traditional emphasis on constantly learning and adapting.



Digging In

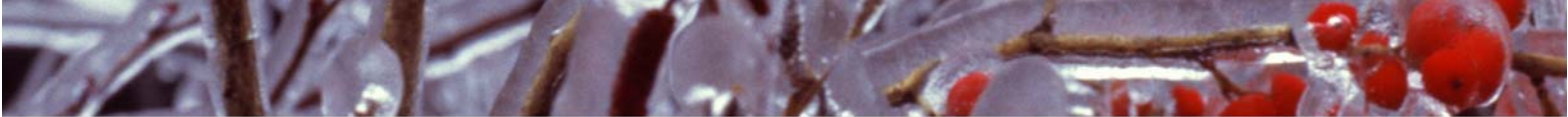
If the first evening focused on the big picture, the second day was designed to get down to more nitty-gritty details. Working in small groups, each table tackled a set of three questions.

The first discussion centred on how to provide greater insight into the dynamics and tensions between evaluation approaches and Indigenous ways of knowing. The second question revolved around ways to continue developing methodologically sound evaluation approaches based on Indigenous values and knowledge. The wording of that question prompted reflection about how easy it is to fall into the trap of using the dominant paradigm’s language, without ever intending to follow that mindset. The third question focused on the relevance of points raised for the B.C. Initiative’s proposed evaluation framework.

Out of those conversations, four themes emerged which shaped the direction of the


rest of the day. The themes were:

- **Foundation:** What are the foundational elements of an Indigenous approach to evaluation?
- **Story:** How do we effectively translate the story being told within the Indigenous experience into an evaluation context? Do we need strategies for how the story is told, depending on the audience?
- **Environment:** How do we create an environment supportive of Indigenous approaches to evaluation? What’s the strategy for making the shift?
- **Skills Development:** How do we develop the skills of evaluators, especially Aboriginal evaluators? How do we recast the evaluators’ role into translators of alternative formats and negotiators between the differing paradigms?



“How you breathe in the stories is unique to you. Listeners are the future storytellers of the same story.”

— Paul Michel



After periods of intense discussion, group responses were summarized as follows:

Foundational elements:

Formulating a series of Indigenous perspectives on the common elements of an evaluation framework, such as the model or reporting, needs time. Ceremonial time is not the same as functional time. In fact, the issue of how people approach time and space is one of the underlying differences between the two different paradigms. Cultural competence is at least as important as technical skills. Cultural briefing is at least as important as a literature review. From an Indigenous perspective, evaluation is an integral part of the concept that everyone is a gift and that we will know tomorrow what we learned today. So the evaluation questions need to be reframed. They should include issues of belonging, what wholeness and balance mean, how to support one another and the value of the lessons that we learn from our mistakes.

We should aim for an action-research or collaborative community-based approach in which Aboriginal people from the communities could form groups that would work out in the communities what the research was going to look like and what needed to be done. In that way, we would build community capacity to develop action plans about how to get healthy. Community members would be inspired and strengthened by traditional knowledge gleaned from the Elders and the evaluator's role would be that of a bridge or transla-

tor. This work on cross-cultural process involves collaboration between like-minded people in both paradigms.

Story:


The paramount importance of story as a carrier of meaning in Aboriginal communities is undisputed. But in the context of evaluation, how do we anticipate those people who won't appreciate an Indigenous story? And how do we avoid distorting those stories too much in order to accommodate a western framework?

As a starting point, it is important to challenge uniformity and create a climate more accepting of diversity in public health approaches. Variations by region, gender, age and culture should all be part of the mix. Once story becomes an element in an evaluation, it is critical to keep in mind whose need we are fulfilling by telling the story. The community should be the focal point from which policy directions emanate.

One possible strategy is to merge a number of stories from divergent contexts. Distilling and speaking to a collective story would mean that the story has gone through filters at the local, regional and perhaps even national levels, with Aboriginal intellectual authorities leading the process. At the same time as we are generating points of convergence, it is also important not to lose sight of the ways in which stories diverge from one another for in those divergences may be found nuggets of information as well as wisdom.

Educating recipients will make it more likely that the story doesn't have to go through so many levels of filtration to have meaning for the listener.

Finally, stories should not focus solely on the short term but should also include what's happening in people's lives three, four and five years down the road.

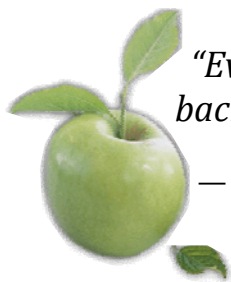


Environment:

Working in the interface may call for some judicious reframing. Is the pertinent question “How do you create an environment for Indigenous knowledge and evaluation in the white scientific paradigm circle?” Or is it “How do we talk about creating supportive environments for evaluation within Indigenous communities?”

The consensus was that for evaluation to work, the environment must be created, articulated and owned by the community. Mapping out the story to be told in ways that make sense to the community informs the development of the evaluation framework. It’s also crucial that Elders be brought in when a program is being envisioned. What is it that we need? Where is it coming from? What will change? When a community can define, own and track the indicators evaluation will be seen in a far more positive light.

To create spaces for change within the western scientific paradigm and the decision-making halls of power, it helps to find supportive allies or camps who are trying to shift that system. It is at this point that the challenges and possible benefits of working in the interface may be most strongly experienced.



“Evaluation works only if the evaluation concept seed was planted somewhere back in the community.”

— Jan Gottred

Taking Stock

For people involved in the B.C. Initiatives evaluation, the gathering provided feedback and suggested guidelines that fundamentally influenced the evolving framework. Four main points were distilled out of the far-ranging conversations. First, the critical importance of high-

Skills Development:

This group explored how to develop evaluators’ skills in a number of areas: getting more Aboriginal evaluators; encouraging evaluators to focus on Indigenous evaluation; helping evaluators to play a role as translators and negotiators; and supporting their use of alternative formats in evaluation.

Two basic principles were articulated. The first was to promote high-quality practices from an Indigenous perspective. The second was to change the underlying practice, not just the overarching language. Giving Indian names to logic models qualified as a non-starter.

The group put forward a number of strategies. They wanted to build and promote links with community stakeholders, international community development expertise and with cross-cultural approaches to bring more allies and different methods to the table. Fostering networks and communication between evaluation societies, communities, funders, contractors, evaluators and research institutions was another suggestion. Mentoring and cross-mentoring both at the trainer and community level were also seen as another helpful undertaking.

lighting the historical and cultural context of Aboriginal people’s experiences when focused on health-related issues was considered essential. Reframing the role of evaluators as translators or negotiators rather than outside experts was also emphasized. Finding different ways to tell the story had to remain a priority, as did working through some of the discomfort involved in finding mutually acceptable ways of knowing.

The National Collaborating Centre on Aboriginal Health remains committed to creating more of these non-political tables where people can take off their everyday hats, have challenging conversation and tussle with complex issues in the space in between.

At the start of the first dialogue circle, NCCAH's Scientific Lead Margo Greenwood said that the people assembled there were going to enter "the place of notknowing." But, she added, "We don't go into that place alone. We go into that place together." At the end of this second meeting in the interface, Bill White finished a story by concluding "When you say a prayer, I will build on that prayer and we can move together."



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