Emergent Principles and Protocols for Indigenous Health Service Evaluation

Well Living House in partnership with Indigenous health service providers in urban and related areas gathered in 2015-2016. A group of experiences and respected evaluators met to inform a set of evidence based guidelines for urban Indigenous health services and program evaluations.

The panel was called the “THREE RIBBON PANEL” in recognition of the inter-relational nature of Indigenous knowledge and practice. Panel partners and participants included:

- Seventh Generation Midwives Toronto
- De dwa da dehs nye>>s Aboriginal Health Centre (DAHC)
- Waasegiizhig Nanaandawoniyewigamig Health Access Centre
- Southwest Ontario Aboriginal Health Access Centre
- Well Living House
- Minobimaatisiiwin
- Collectivity
- Inter-relationship
- Indigegogy
- Responsiveness

Truly effective evaluation requires that Indigenous people are central to the decision making, at systemic and program levels.

Meaningful engagement and participation of the local community in all aspects of health service and program evaluation across service domains and sub-populations is imperative.

Self-reflexivity about our position and relationality to the people using the service, delivering the service and funding the service is critical.

Evaluation needs to reflect local community context and should be flexible to respond to the specific needs and environment in that community.

Approaches that are foundationally grounded in Indigenous knowledge and practice while recognizing that there is innate colonial contamination. Indigegogy ensures that findings are culturally sensitive and accurate.

Refers to the connection and interdependence between all things, including information, across Indigenous knowledge systems and practice.

Means “living the good life” (a holistic concept of good living). Evaluations must build on local Indigenous governance frameworks such as the Minobimaatisiiwin, the Great Law, Qanuinngisiahniq and other wholistic concepts of living a good life.

Moving from the tall ship to the canoe: Can we decolonize evaluation?
~ Elder, Jeanne Herbert
15 Recommendations

1. Demonstrate Indigenous leadership and a commitment to self-determination, including but not limited to the processes by which the evaluation is funded.

2. Demonstrate community governance and leadership at every phase, using OCAP or other relevant Indigenous community governance and management principles and protocols.

3. Have a majority of Indigenous members on the evaluation team.

4. Contribute to an enhancement of relevant, useful, and sustainable evaluation skills and capacities that stay in the Indigenous community in which the evaluation takes place.

5. Demonstrate reciprocity for both Indigenous and non-Indigenous team members.

6. Demonstrate methods, analysis and dissemination approaches that overtly reflect the Indigenous contexts, values, skills, knowledge, and practices of the communities in which the evaluation takes place.

7. Desired by participant communities.

8. Demonstrate responsiveness to participant community needs and contexts.

9. Reflect participant community priorities both generally and with respect to health and wellness.

10. Contribute to holistic Indigenous concepts of good living, such as Minobimaatisiwin, the Great Law and Qanuinquigan.

11. Support the recognition and sharing of what is working and what is not.

12. Use accessible language to communicate evaluation plans, methods, and results.

13. Be appropriately budgeted by funders to support relevant and high quality community leadership, participation, methods, and dissemination.

14. Recognize the value of and build on existing intrinsic Indigenous community systems of knowledge and practice. We have always had systems of evaluation and accountability in our communities.

15. Leave no community or community member behind. All communities can participate in evaluation activities as long as we start to work with them where they are at and recognize current contextual constraints.