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The development of an international network in indigenous health

Catherine Cook¹, Linda Diffey^{1*}, Melanie MacKinnon¹,
Marlyn Bennett², Marcia Anderson Decoteau¹, Barry Lavallee¹,
Karen Harlos³, Yvette Emerson¹, Papaarangi Reid⁴,
Suzanne Pitama⁵, Martina Kamaka⁶, J Dee Ann Carpenter⁶,
Cindy Shannon⁷, Noel Hayman⁷, Gayle Dine'Chacon⁸ and
Tassie Parker⁸

¹Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada; ²First Nations Caring Society, Faculty of Social Work University of Manitoba, Winnipeg, Manitoba, Canada; ³University of Winnipeg, Winnipeg, Manitoba, Canada; ⁴Department of Maori Health, Medical and Health Sciences, University of Auckland, Auckland, New Zealand; ⁵Māori/Indigenous Health Institute, University of Otago, Christchurch, New Zealand; ⁶John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii, USA; ⁷Inala Indigenous Health Service, University of Queensland, Brisbane, Australia; ⁸Faculty of Medicine, University of New Mexico, Albuquerque, New Mexico, USA

The concept of academic networks as a means for promoting knowledge creation and exchange in the field of Indigenous health has emerged over the past decade, although the efficacy of such networks has not been explicitly described in the literature. Networks offer benefits such as pooled resources, improved communications, development of competencies and potential for innovation, as well as increased legitimacy and status within the community. Building on the work of others who have attempted to establish international collaborations in research, curriculum development and graduate degree programs, the University of Manitoba's Faculty of Medicine is leading a project that seeks to develop an international academic network in Indigenous Health that will stimulate knowledge creation and mobilization across 3 domains: medical education, health research and health service delivery. Through partnership with faculties of medicine in 4 other international locations (New Zealand, Australia, Hawaii and New Mexico), the network will facilitate academic exchanges that are intended to influence change within these domains. Using an intervention research approach, the impact of participation in this network on advancing Indigenous health priorities in medical education, research and health service delivery at the multiple sites will be evaluated. This project – the International Indigenous Academic Health Network (IIAHN) defines the required structure of an international academic network and the methodology to evaluate its impact.

Networks offer benefits such as pooled resources, improved communications, development of competencies

and potential for innovation, as well as increased legitimacy and status within the community. Networks require strong conveners or network managers who have the capacity to utilize different ways of thinking, being and engaging in order to sustain and manage multi-stakeholder relationships in networks (1).

Cultural competency

Universities and health care institutions are largely based on colonial European culture and, as such, tend to place patients who are culturally or ethnically different from the mainstream at greater risk for experiencing adverse health events (2). The literature references cultural competency as a concept that represents a high level of cultural understanding by health professionals. Cultural competency may be envisioned as a continuum progressing from discrimination and prejudice at one end through cultural awareness and sensitivity to cultural competence and congruence/integration at the other (Figure 1). In this model, as the organization and participants move through higher levels of equity, marginalization or power imbalance positions are reduced or even eliminated (2).

Global indigenous health

The health disparities between Aboriginal Canadians and the general Canadian population are strikingly similar to those experienced by Indigenous people around the world (3). It is this shared experience that underlies the development of this international network. Since 2001, the Institute for Aboriginal Peoples Health (IAPH), 1 of 13 institutes of the Canadian Institutes of Health Research, has been instrumental in the creation of regional

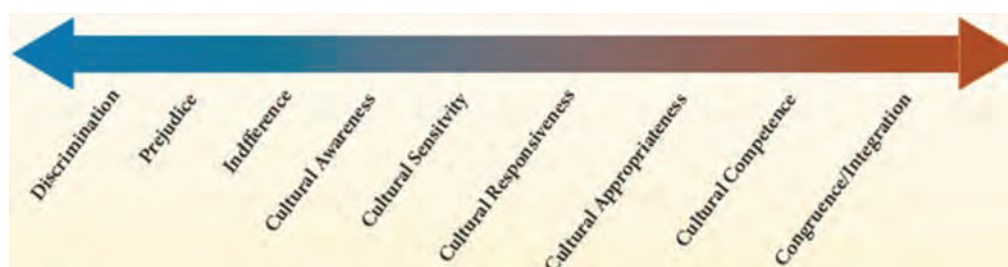


Fig. 1. The cultural competency continuum (2).

Indigenous health centres to support research capacity building and network development in Aboriginal health research (the ACADRE and NEAHR programs).

In keeping with this priority, the Manitoba Network Environment for Aboriginal Health Research (NEAHR), situated in the Faculty of Medicine, University of Manitoba, is taking a leadership role in developing an international network in Indigenous health to create and share knowledge in Indigenous health research, education and services. The network will create opportunities for Indigenous faculty to share expertise and to advance medical education skills in curriculum development, clinical teaching and faculty development throughout the spectrum of cultural competency, and including cultural safety as a means to improving the health outcomes for Indigenous peoples globally.

The development process

The International Indigenous Academic Health Network (IIAHN) will draw upon the previous collaborations and partnerships in these areas to inform the development of the network structure and processes over the next 2 years while also planning for the sustainability of the network for the future. Initial contact with potential network partners commenced in September 2011, with the confirmation of partnerships at 7 universities in Australia, New Zealand, Hawaii and New Mexico confirmed in February 2012.

Key faculty members from these institutions are actively engaged in the network development process and have identified the strategic direction and goals for the network. The primary vision for the international network is to work towards a state of optimal health and wellness for Indigenous peoples. Through the promotion of authentic engagement with Indigenous communities, faculties, students and health care providers, the network will advance the universities' contribution to improved Indigenous health.

Strategic directions

- a. *Enhancing Indigenous Education* through mentorship and curriculum renewal: with faculty and student exchanges among the partner sites;

- b. *Advancement along the continuum of cultural competency in education, research and clinical service delivery*: assisting students, faculty/staff and organizations to advance on the cultural competency continuum by supporting practices that promote self-reflection (Figure 1); and
- c. *Enhancing Indigenous health research and knowledge translation*: collaborative research endeavours that will authentically engage Indigenous communities.

Goals

- a. To develop an engagement protocol for our institutions that will result in Indigenous communities feeling more meaningfully engaged with the university in the areas of health research, education and clinical services.
- b. To collectively develop a network-based program that will promote shared learning and experience, enhance Indigenous outcomes, and ease the burden on Indigenous physicians, faculty, staff and students.
- c. Partners in network are working individually and collectively to develop agreements and processes for the network's activities (e.g. MOAs, student and faculty exchange protocols), with a target date for the launch of the faculty and student exchange program in June 2013.

Anticipated outcomes

Health service delivery

- a. Clinical environments that promote approaches to health care that are culturally relevant for Indigenous communities.
- b. Improved skills in cultural competency among health care providers.

Medical education

- a. New or enhanced medical curricula that includes topics relevant to Indigenous health issues.
- b. Improved mentorship and supports for Indigenous students in health.

Health research

- a. Development of collaborative research projects in Indigenous health that is consistent with Indigenous community priorities.

Through the activities of the network in these 3 domains, the ultimate outcome will be improved health for the Indigenous communities served by the educational institutions served by the network partners.

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***Linda Diffy**

Email: diffeyl@cc.umanitoba.ca