A case for indigenous authoritative knowledge in an inter-system framework of community-based healthcare

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ABSTRACT

This presentation explores the capacity of a unique research and policy development model created by joining indigenous knowledge systems and public health and community development paradigms.

Developed from an asset-building approach, involving community members and leaders in study villages as stakeholders and participants, this framework gathers, analyzes, disseminates, and evaluates the components of a local-based women’s and family wellness practice in participating Alaska Native villages.

Instead of springing strictly from a western, biomedical-based knowledge system, we show how community-driven health practices can simultaneously become self-driven research and caregiving components of indigenous communities and respective health care systems.

Partnerships will have to form among:

- Alaska Native Tribal Councils’ representative caregivers
- Obstetric and Midwifery groups (CNMs) currently practicing in Alaska’s tribal health program
- Alaska Native Tribal Health Consortium
- State of Alaska health care agencies and organizations.


Fig. 2. Arctic Passages (Schwarzburg, 2013) Study Area: Maniliak Health Service Area

LOCAL KNOWLEDGE as AUTHORITATIVE KNOWLEDGE1 IN POLICY

Findings from Schwarzburg (2013:167) indicate that:

- "...[Maternal and infant] risk can be re-evaluated and local care can be re-established under infiuatn knowledge base of healing and health care practices with thoughtful, careful attention, as it has been done in the past."
- A new [maternal health] protocol could be developed—effectively joining the biomedical with the traditional medicine paradigm
- In areas where women and communities are calling for it
- With the indigenous communities helping steer the direction (Figs. 1, 2).

1Jordan, 1997:56: "...the knowledge that counts, on the basis of which decisions are made and actions taken."

Fig. 1. Indigenous Knowledge-Inclusive Framework

Fig. 3. Samantha T. gave birth to her second child, a boy named Michael Angelo, in Rankin Inlet in December 2014

OBJECTIVES

Authors suggest that building the capacities necessary for such community-based work will not only:

- Develop a means to incorporate local knowledge into a maternal and infant health care delivery system.
- Serve as a model for other community development programs in these Arctic Villages.

RECOMMENDED INPUTS

1. The establishment of local Village Maternal Care Advisory Groups, made up of:
   - Members from participating Village leaders and caregivers
   - Representatives from Alaska Native Medical Center Maternity Care program, including midwifves and obstetricians
   - Alaska Native Tribal Health Consortium administrative representatives concerned with transport protocols and measures
   - Representatives from the Certified Direct Entry Program from the Midwives Alliance of Alaska

2. Groups to meet in participating Alaska Native Villages to accomplish the inclusion of local-based knowledge systems into existing biomedical-based maternal health care system in these Alaska Native communities.

3. Developmental meetings of these groups should be facilitated by either a skilled village-level representative (or, alternatively, a hired professional with a background in decolonizing methodologies and indigenous policymaking), as selected by the participating Village council.

4. Meetings can take on the form of a talking circle, presentation, or formal organization, according to Village representatives

ANTICIPATED OUTCOMES

1. Ultimately, these Alaska Native Maternal Care Advisory groups can help pave the way to offering locally-based Certified Direct Entry Midwifery care in Alaska Native villages for families desiring this type of care (Fig. 3, existing village birthing program in Canada).

2. An effective Village Maternal Care Advisory Group, with both local knowledge base and biomedical models partnering on equal footing, within the local communities.

3. The establishment of a community-participatory based means of creating and evaluating policies for local groups, with local knowledge included as a guiding principle.

4. As progress in maternal health care is made—this community-participatory method of health care policy development with “smooth articulation” between knowledge systems (Davis-Floyd, 2002:1997)—can be used to develop other care or community programs that would benefit from incorporation of locally-based knowledge.

3 occurs when differing knowledge bases are taken into account; avoiding conflict should the need for transport arise.

REFERENCES


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