

Bringing Life to Liver Wellness Through Wisdom Seeking Conversations: Conceptualizations of
Liver Health with Indigenous Communities

by

Kate Dunn

A Dissertation by Portfolio Submitted
to the College of Interdisciplinary Studies
in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF SOCIAL SCIENCES

Royal Roads University,
Victoria, British Columbia, Canada

Supervisor: Dr. Cheryl Barnabe
January, 2023



Kate Dunn, 2023

Committee Approval

The members of Kate Dunn's Dissertation Committee certify that they have read and reviewed the dissertation titled *Bringing Life to Liver Wellness Through Wisdom Seeking Conversations: Conceptualizations of Liver Health with Indigenous Communities* and recommend that it be accepted as fulfilling the dissertation by portfolio requirements for the Degree of Doctor of Social Sciences:

Dr. Cheryl Barnabe [signature on file]

Dr. Vanessa Simonds [signature on file]

Harley Crowshoe [signature on file]

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to Royal Roads University. The dissertation supervisor confirms to have read this dissertation and recommends that it be accepted as fulfilling the dissertation requirements:

Dr. Cheryl Barnabe [signature on file]

Creative Commons Statement



This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 2.5 Canada License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/2.5/ca/>.

Some material in this work is not being made available under the terms of this licence:

- Third-Party material that is being used under fair dealing or with permission.
- Any photographs where individuals are easily identifiable.

Abstract

Hepatitis C disproportionately impacts Indigenous communities. Due to the predominantly Western biomedical approach and current health inequities stemming from historical and continued trauma, many community members do not complete screening or treatment for this curable disease. This transdisciplinary Wisdom Seeking project aimed to include traditional Indigenous perspectives on liver wellness in public health messaging to increase awareness about hepatitis C among Indigenous community members. Working within an Indigenous framework, this research enacted principles of respect, relationality, reciprocity, responsibility, and relevance during semi-structured interview conversations with Indigenous Knowledge Keepers, who shared their knowledge through stories and perspectives on liver wellness. As a result of the research, oral tradition and storytelling shaped the cocreation of a culturally relevant infographic and a DocuStory script for increasing hepatitis C awareness that reinforced the need for balance in spiritual, physical, mental, and emotional aspects of the journey toward wellness. As a Wisdom Seeker, learnings resulted in enhanced self-understanding, awareness of the origins and meaning of wholistic wellness, the role we can each play in decolonizing approaches to health promotion, and how to facilitate access to supportive and relevant health information and healthcare services.

Keywords: Wisdom Seeking, hepatitis C, liver, wellness, Indigenous methodology, Two-Eyed Seeing, Indigenous health

Table of Contents

Committee Approval	2
Creative Commons Statement	3
Abstract	4
Table of Contents	5
Acknowledgements	6
Context	7
Theoretical Framework	12
Methodology and Methods	14
Findings	28
Knowledge Mobilization & Dissertation Portfolio Components	32
Component One	33
Component Two	33
Component Three	34
Component Four	34
Moving Forward	38
References	43
Appendices	58

Acknowledgements

Kate Dunn is supported in part by funding from the Canadian institutes of Health Research (CIHR).

I would like to acknowledge that although my ancestral roots are from Mississauga First Nation in present-day Ontario, the people, land, and ceremony of Treaty 7 have welcomed me and supported this educational journey in present-day Alberta. This journey would not be possible without the love and support of my children, my parents, and the inspiration of our ancestors. Gratitude to the members of my supervisory committee for their knowledge, guidance, and support. Words cannot express my sincere gratitude to each participant-partner who engaged in this learning journey with me.

Bringing Life to Liver Wellness Through Wisdom Seeking Conversations: Conceptualizations of Liver Health with Indigenous Communities

Context

Within the context of this paper the word Indigenous will be used to describe the First Nations, Inuit and Metis Peoples within what is now called Canada, although due to limitations in the scope of this research First Nations and Metis People within what is now the province of Alberta were included as participant-partners.

According to the Oxford dictionary (2022), wellness is the state of being well in life; health is the absence of sickness or injury. This biomedical model stands in contrast to a traditional Indigenous perspective of ‘being-well’ (Quinless, 2022). The Indigenous perspective on wellness encompasses a much wider definition than that identified above, including but not limited to “living a good life” by finding balance in the emotional, mental, spiritual, and physical aspects of health, including connections to others within one’s community and the land (Broadhead & Howard, 2021; King et al., 2009; Maracle, 2021; Quinless, 2022; Wilson, 2003). Multiple factors impact this balance. The Ottawa Charter for Health Promotion includes education, financial status, supportive social environment, barriers accessing healthcare, and racism as the key factors (Fayed et al., 2018; Mitchell & Arseneau, 2019; World Health Organization, 1986). Achieving the goal of good health or wellness requires specific actions toward disease prevention in addition to actions toward health promotion, as well as lifestyle choices that slow the progression of health situations already in progress.

Health promotion is the process of supporting people to find balance and to improve or gain control of their health (World Health Organization, 1986). Health promotion may take many

forms, sharing educational messages via audio, visual, and written media. Historically, biomedical approaches to promotion have focused on individual diseases or body systems with science-backed facts as evidence. In contrast, traditional Indigenous pedagogy and health promotion messaging focuses on the whole person, at the mental, emotional, and spiritual as well as the physical, and often includes resilience focused messages or storytelling as motivation for healthy choices (Pyett et al., 2008; Quinless, 2022). Developing a culturally relevant approach to health promotion that brings both these perspectives together requires careful planning, listening, and transdisciplinary collaboration.

Within this research, my process is framed as a Wisdom Seeking project (Makokis et al., 2020), as described by Leona Makokis, that requires the learner to be humble in the process of seeking knowledge from and with Indigenous Knowledge Keepers and a focus on decolonization and resilience. I spent time listening to perspectives from Indigenous Knowledge Keepers from Cree, Blackfoot, Stoney Nakoda and Metis communities in Alberta, who shared knowledge through stories on traditional Indigenous health in relation to liver wellness. Together, we codesigned two culturally relevant health promotion resources for hepatitis C. Hepatitis C is a blood borne virus affecting the liver that causes tissue damage leading to cirrhosis (scarring of the liver) and eventually hepatocellular cancer. Chronic infection with hepatitis C results in more life years lost than any other infectious disease in Canada (Shoukry et al., 2018). The signs and symptoms of hepatitis C infection are often silent. Due to a slow and insidious progression of damage, nearly half of Canadians who carry this virus are unaware of the danger it poses to their lives (Government of Canada, 2018a). As with many chronic conditions, compared to the broader Canadian population, persons of Indigenous identity are overrepresented in hepatitis C

infection rates as well as its accompanying health complications (Government of Canada, 2019). For First Nations populations in Alberta, the rate of hepatitis C infection is four times that of non-First Nations populations (Alberta Government & Alberta First Nations Information Governance Centre, 2017).

Hepatitis C prevalence, morbidity, and mortality in Indigenous populations are explained by historical and ongoing colonization, which disrupted and continues to disrupt Indigenous ways of living and wellness (King et al., 2009; Mitchell & Arseneau, 2019; Treloar et al., 2016). Traditional Indigenous wellness approaches have been forcibly replaced with biomedical approaches, including complicated medical interventions in an unwelcoming and often racist healthcare environment (King et al., 2009; Mitchell & Arseneau, 2019; Pearce et al., 2019; Sylvestre et al., 2019; Tobias et al., 2013, Turpel-Lafond & Johnson, 2021). Disruptions and destruction to family circles and traditional generational transfer of knowledge have resulted in patterns of substance misuse as a means of coping with this trauma (Mitchell & Arseneau, 2019; Pearce et al., 2019; Sylvestre et al., 2019; Tobias et al., 2013). This continued colonial trauma and its personal impacts are a contributing factor for contracting blood-borne viruses, including hepatitis C, through unsafe or unclean needle injection practices (Fayed et al., 2018; Treloar et al., 2016).

Rationale and Research Question

Ongoing systems of colonization often frame health messages from a predominantly scientific approach and stigmatize both body and identity as well as impacting health status (Clark et al., 2013). Public health materials in the Canadian context often describe prevalence, morbidity, or statistics that, while accurate from a numerical perspective, fail to convey the

resilience and strength of Indigenous people in the context of this colonial disease (Fayed et al., 2018; Richmond, 2018). Currently, the majority of educational resources available for hepatitis C health promotion focus on the disease process and the behaviours that transmit this infection. These educational tools fail to share messages of support, reduce stigma, or provide a wellness perspective within a cultural context and seem unaware that Indigenous perspectives on health and wellness are based on restoring the interconnected relational balance between the individual, the community, and the land with the aim of physical, mental, spiritual, and emotional wellbeing (Knibb-Lamouche, 2012; Les Todres et al., 2008; San Pedro & Kinloch, 2017; Quinless, 2022). This research seeks to alter the standard approach by humanizing, or recognizing the value of emotion and learning with not only the head but also the heart, in the research process (Gehl, 2012). This includes incorporating Indigenous Knowledge Keepers' and traditional Indigenous perspectives when listening to terms relating to the liver in Cree, Blackfoot, Michif and Stoney Nakoda languages that bring nuance and relationality regarding the liver and its significant to the functioning of the body. This cocreation process engaged with Cree, Blackfoot, Metis and Stoney Nakoda Indigenous Knowledge Keepers in Alberta and increases cultural awareness by incorporating these eight shared perspectives and guidance throughout each step of the research process. This awareness brings increased focus on wellness, balance, and the journey of healing for body, mind, soul, and spirit (Les Todres et al., 2008; San Pedro & Kinloch, 2017). This requires an application of the educational principles of respect, reciprocity, relationality, responsibility, and relevance used by Kirkness and Barnhardt (1991) to what is use now applied in research. Which from a decolonizing lens I refer to as my own Wisdom Seeking or personal

journey to integrate or learn from not only the participant-partner Knowledge Keepers but the process as well (Gehl, 2012; Makokis et al., 2020; McGregor et al., 2018).

Given this discordance, my motivation for this Wisdom Seeking journey was to identify what a wellness-based, relational health promotional approach to hepatitis C should include when co-designed with Cree, Blackfoot, Metis and Stoney Nakoda Knowledge Keepers; with the aim to improve current hepatitis C awareness resources and share relevant medical-based information in cultural context through the use of technology. Importantly, the doctoral research sought to create space for Indigenous voices and traditional Indigenous Ways of Knowing and to support a decolonizing or Indigenizing methodology (Faust et al., 2021; Kilian et al., 2019; McGregor et al., 2018; Treloar et al., 2016). Collaboration within a transdisciplinary approach provides the opportunity for a specific context and problem orientation alongside a blending or fusion of methodologies based on a common understanding, or what's known within Indigenous circles as "Ways of Knowing" (Belcher et al., 2016; Martin & Mirraboopa, 2003; Wickson et al., 2006).

Positionality

I am well placed for this Wisdom Seeking approach by my position and identity within two worlds. As a mixed-race woman born in Canada who can trace family connections back several generations on both my German, English / Irish side of the family as well as my Anishinaabe side of the family from Mississauga First Nation, I have often found myself appreciating the values and cultural strengths these familial connections have gifted me. Obtaining a nursing degree felt like a calling to help others, but eventually I felt limited in my ability to engage in a relational way in the medical field due to the business model approach of

some medical institutions. Following my passion for wellness I completed a Master's in Public Health where I was able to engage with Indigenous community members and focus on prevention and health education. Through these engagements with community health I was approached by Indigenous healthcare providers and community members in Alberta who asked why there were not culturally relevant awareness resources for educating on liver disease. These conversations motivated this current journey of seeking to learn and incorporate wisdom shared by Indigenous Knowledge Keepers in cocreating awareness resources for health issues and in my personal and professional learning journey as well. My family ancestry, life experiences, and rediscovery or reconnecting journey as a First Nations Anishinaabe woman parallel my professional experience in the world of Western science and public health as a registered nurse. This dual perspective brings a unique depth to this Wisdom Seeking research and acknowledges the tension between clinical nursing perspectives with its structured scope of practice and Indigenous Ways of Knowing, Ways of Being, Ways of Doing, and Ways of Connecting. Incorporating reflexivity places the careful researcher at a crossroads between history, worldview, personal experience, and previous research on this topic. This requires a careful self-critical approach at each phase in the iterative Wisdom Seeking and learning process described here. Also, I recognize that research cannot be neutral when it is conducted through a reflective human lens and acknowledge that this insight adds value and validity to qualitative work if documented as part of the journey (Kovach, 2009; Peltier, 2018).

Theoretical Framework

Indigenous Knowledge forms the foundation of this Wisdom Seeking work, and the principles of respect, relationship, relevance, responsibility, and reciprocity direct the design,

methods, analysis, and knowledge sharing or dissemination through a community-engaged approach (Iwama et al., 2009; Kirkness & Barnhardt, 1991; Makokis et al., 2020; Parent, 2018). To uphold these principles, I selected a Mi'kmaq framework called Etuaptmumk or Two-Eyed Seeing (Iwama et al., 2009). Shared by Mi'kmaq Elders Albert and Murdena Marshall, Two-Eyed Seeing prioritizes balance and cultural safety, making space for both Indigenous and Western perspectives. This approach allows each eye to “see” the world without preferring one eye or world context over the other, encouraging the researcher to use both eyes together while on a personal learning journey, and to see the whole picture while looking for balance within both these perspectives (Iwama et al., 2009; Martin, 2012). This framework is suitable to promote relationality between disciplines, cultures, and perspectives, thus creating a wholistic approach to understanding liver wellness and replacing historical patterns of negative research with a healing narrative (Guillemin et al., 2016). This effort to balance perspectives supports a generative approach toward problem solving through facilitating space for storytelling and sharing experiences and knowledge both with participant-partners, and from participant-partners through a shared reciprocal process (Hovey et al., 2017; Iwama et al., 2009). By combining the best of our Ways of Knowing from the perspectives of traditional Indigenous knowledge as well as technology and science, the Two-Eyed Seeing approach motivates me as a researcher and the participants alike to create positive co-learning relationships where transformational change makes the world a better place (Marshall et al., 2015).

The Two-Eyed Seeing perspective also encourages reflexivity and reiterates the importance of continual self-questioning while keeping an openness for new perspectives, particularly those shared by Indigenous Knowledge Holders, which are typically disregarded in

Western systems (Cochran et al., 2008; Guillemin et al., 2016; Martin, 2012; Mitchell & Arseneau, 2019; Pyett et al., 2008; Sylvestre et al., 2019; Tobias et al., 2013). Respecting the various healing methods practiced for generations by Indigenous communities and valuing these traditions, philosophies, and practices alongside Western medicine or scientific perspectives creates a transdisciplinary, decolonizing, and inclusive approach (Cochran et al., 2008; Iwama et al., 2009; Martin, 2012). Ultimately, Two-Eyed Seeing creates a framework for working with others or within colonial structures to look at the challenges, as well as the benefits, of Indigenous and Western approaches to health and wellness and healthcare delivery in hepatitis C prevention and management.

Methodology and Methods

Historically, research with Indigenous peoples has been disparity-focused. This has created a complex web of stigma, distrust, and harm for not only those involved in the research but for successive generations as well (Griffiths et al., 2016; Turpel-Lafond & Johnson, 2021). Guiding directives by Canadian research organizations such as the Tri-Council Policy Statement Chapter 9 (Government of Canada, 2018b), and assertions of self-determination and sovereignty in research for First Nations through OCAP[®], (First Nations Information Governance Centre, 2022), Principles of Métis Research (Métis Centre, 2018), and Inuit strategy on research (Inuit Tapiriit Kanatami, 2018), peoples in Canada have instead proposed to move forward in a manner fostering reciprocity and responsibility as well as relationality in collaboration with Indigenous communities, Indigenous organizations and Indigenous leadership.

Indigenous methodologies seek to create relational space for integration of multiple Ways of Knowing, sharing knowledge, building consensus, and working to improve both knowledge

and lives (Chilisa & Tsheko, 2014; Wilson, 2008). Indigenous Ways of Knowing, or how one knows or thinks about their reality, also known as epistemology, are based in interaction, relationship, and inclusivity, are fluid, and foreground spiritual perspectives (Kovach, 2009; Wilson, 2001, 2008). Methodology, or Ways of Doing, can be described as how one uses these specific methods to inform ways of thinking and being to create or gain knowledge about their reality (Wilson, 2001). Both epistemology and methodology, or Ways of Knowing and Ways of Doing, are based in, and built through, relationship (Chilisa & Tsheko, 2014; Wilson, 2001, 2008). Research or Wisdom Seeking activities conducted within this space become a spiritual experience of seeking relationships to understand self and our connections, as something greater than ourselves, a place where we interpret and actively involve community members, and support hope for healing (Gerlach, 2018; Makokis et al., 2020; Wilson 2008). This emphasis on relationality, or relational accountability, creates a research approach with no clear distinction between epistemology and methodology as they are both based in relational knowledge, reflexivity, and respect (Gerlach, 2018; Held, 2019). Acknowledging self as learner and researcher, and a key participant in this relational process, is also vital and facilitates the ability to say “I believe this to be true” while providing grounding and validity (Kovach, 2009, p. 113). This learning journey and ability to say “I believe this to be true” is a result of incorporating personal experience and reflection alongside reading of numerous Indigenous author’s books and articles, searching out traditional Anishinaabe stories related to health and the learning journey, taking part in Anishinaabemowin language classes, traditional Indigenous beading classes, participating in ceremony on Treaty 7 lands in Alberta, and visiting my home community and reconnecting to my relations in Mississauga Ontario. These purposeful actions were not required

to complete this doctoral journey but were compelled by an internal instinct and desire to re-connect to traditional Indigenous Ways of Knowing to add a personal growth aspect to the academic aspect of this learning journey, and to create space for learning in the heart space as well as the academic or head space (Gehl, 2012).

Broadly defined qualitative research can bring balance, resilience and wellness into the story surrounding health and health issues, as described by Hatala et al., (2016). A narrative perspective aligns with Indigenous methodology by acknowledging the pivotal value of the participant-partner as part of a living process that supports healing when used to disrupt the pejorative deficit-based data collection historically used for research on Indigenous communities (Kurtz, 2013; Walter & Suina, 2019). An integrative process also provides the opportunity to include ceremony and focus on meaning within context, allowing the researcher to gain perspective through the participant voices and emotions and involve the participant-partner's experience throughout the research process (Smith in Botha, 2011; Merriam & Tisdell, 2016). This creates space for reflection and interpretation of what I learned within each interaction and is also an opportunity to decolonize my own thoughts about research by reframing research contexts (Smith in Botha, 2011; Merriam & Tisdell, 2016). The values of respect, responsibility, relevance, reciprocity, and relationality, known as the 5 Rs of Indigenous pedagogy (Kirkness & Barnhardt, 1991; McGregor et al., 2018), guided each phase of my research inquiry within an ethical space (Ermine, 2007). These qualities delineated an ethical approach to research and reminded me how Indigenous research is grounded in the lives of real people, not just academic ideas or professional advancement, and is mindful of the goal of supporting healing (Peltier, 2018; Riddell et al., 2017; Wright et al., 2016).

Working within an Indigenous methodological framework, the specific methods I chose to use incorporate multiple perspectives shared by the participant-partners through seeking to understand the experience of others within a health context to create a story (Martin, 2018). For example, stories are vital not only to the sustenance of culture, tradition, language, and community, but they also highlight humour and Indigenous values and Ways of Knowing while building relationships and fostering healing (Archibald, 2008; Kovach, 2009). Working respectfully within a narrative story and following Indigenous traditional protocols offers researchers the opportunity to collaborate in a complimentary relationship and create connection to tradition and Ways of Knowing as well as lived experience across methodologies and paradigms (Drawson et al., 2017; Estey et al., 2008; Martin, 2018). This narrative story approach acknowledges the four directions of Indigenous perspectives: Inward, revealing the emotions, feelings, and responses; Outward, reflecting the environment; and Backward and Forward, referring to the past, present, and future (Martin, 2018). Because storytelling creates a space outside of colonialism where connection and relationship are fostered to experience story as research, the researcher must write the story while simultaneously asking questions that reflect on each of these four directions (Martin, 2018). Incorporating story into hepatitis C research leads to insights pivotal to changing the approach of awareness resources so they focus on wellness, historical story, and traditional Indigenous values supporting liver health and overall wellness. This codesign fosters relational bilateral transfer of knowledge and supports a wholistic appreciation for oral knowledge or story within the setting of modern health awareness (Auger, 2016; Estey et al., 2008).

Research that is cocreated with community combines knowledge and action with relationship, brings community participant-partners in as coresearchers working collaboratively through each phase of the Wisdom Seeking process (Bellows et al., 2015; Tittlemier et al., 2022; Wallerstein & Duran, 2010; Ward et al., 2020). This reciprocal co-learning perspective actively involves Indigenous community members and seeks to support increased relevance and utilization of the cocreated resources by incorporating the perspectives shared (Cochran et al., 2008; Estey et al., 2008; Snijder et al., 2015; Tittlemier et al., 2022; Tobias et al., 2013; Ward et al., 2020). Tittlemier et al. (2022) acknowledge there are myriad community-engaged research approaches and use the term “health research partnerships” to encompass collaboration between an academic researcher and non-academic participant-partners on a relevant health issue. The International Association for Public Participation [IAP2], (2021) described the level of partner involvement in research as a spectrum: inform, consult, involve, collaborate, and empower. Research driven by community engagement throughout the process prioritizes relationships and ethical considerations and may have increased relevance in the community (Jull et al., 2019; Tittlemier et al., 2022; Tobias et al., 2013; Ward et al., 2020).

Community engaged research creates opportunities to not only listen to community member stories but also acknowledge and centre these perspectives to drive the research process (Bellows et al., 2015; Estey et al., 2008; Snijder et al., 2015; Tobias et al., 2013; Ward et al., 2020). This reciprocal awareness builds relationships and supports community interventions that are centered within cultural contexts while also strengthening sustainability and practical relevance (Cochran et al., 2008; Estey et al., 2008; LaVeaux & Christopher, 2009; Simonds & Christopher, 2013; Snijder et al., 2015; Tittlemier et al., 2022; Ward et al., 2020).

Equally vital is the incorporation of ceremony and protocol into the research process, acknowledging that the work of a Wisdom Seeker is fed by the spirit and motivated by a clear or good heart; a heart ready to proceed in a good way or with good intentions (Smith, 2002). Ceremony is vital to keeping research alive because it requires the investment of heart and spirit in the work and honours the protocol and traditions of those who have gone before. It requires following protocols and placing oneself in a position to learn from the Elders or Knowledge Keepers, recognizing that research is ceremony, and creating a wholistic mindset that fosters respectful, gentle, and authentic work (Wilson, 2008). When relational accountability is accompanied by a balance between objectivity and subjectivity to ensure integrity in the research process, these traditions and protocols have a role not only in daily life but in research work as well.

Although qualitative approaches are inductive, the reliability and validity of this work is reliant on the Wisdom Seeker's efforts to incorporate their own experience in both reflexive and reflective ways throughout the process and to operate within an awareness of historical and ongoing trauma and its impacts on all participant-partner interactions (Costly & Fulton, 2019; Gerlach, 2018; Merriam & Tisdell, 2016). Creating space for story with participant-partners sometimes started with sharing my story of working in healthcare spaces and subsequent journey to liver wellness through engagement with Indigenous communities in Alberta, or narrating, often in humorous vignettes, my latest reflection on my self-learning or re-connection experiences in Anishinaabemowin language class or beading class. It is imperative as an Indigenous researcher to self-locate within the research, to build a relationship with it, and to reflect on personal motivations and connections along the journey (McIvor, 2010). This process

of self-situation is not only decolonizing, but it also shows respect for cultural protocol within the Indigenous community and respect for self (Windchief & San Pedro, 2019).

Relational Preparation

My Wisdom Seeking journey began in the fall of 2020, a few months before I began the interviews with the research participant-partners, by engaging in formative conversations with Indigenous healthcare professionals in various departments throughout Alberta Health Services and community health positions in Alberta for perspectives and guidance on the best approach for this project. Through these conversations, and conversations with community healthcare team members whose work focuses on hepatitis C, the request was affirmed for health promotion resources that used relevant visual media. Following classwork on qualitative research and the benefits of transdisciplinary collaboration, a colleague with extensive filming experience helped to shape the idea of cocreating a DocuStory (a short documentary style video focusing on story rather than interview format) and an infographic poster as media options for knowledge mobilization. Both provided opportunities to work within a visual and storytelling format. In the spring of 2021, the project proceeded with a relationship building phase, seeking out an advising Indigenous Knowledge Keeper who would provide guidance and mentoring throughout the research process. This was followed by conversations with community members and meetings with potential participant-partner Knowledge Keepers who were interested in sharing their knowledge for the proposed media projects. Local protocol and guidelines for working within ceremonial and traditional Indigenous Wisdom Seeking approaches were followed for each interaction to form the proposed project. The ethical review boards at both Royal Roads University and the University of Calgary provided ethics approval for the project. The

Knowledge Keeper who had become the project advisor, together with Indigenous community members hosted a blessing, sweat ceremony, and feast on Treaty land in July 2021 to begin the project in a respectful and good way.

Participant-Partners Engagement

Participant-partners were identified through a process of networking, introductions, and casual conversations. A one-page letter introduced the project, shared my positionality as a First Nations woman with a nursing background and experience working with hepatitis C, and outlined the goal of cocreating resources for hepatitis C and liver wellness from a culturally relevant perspective. A culturally relevant adaptation of snowball recruiting was facilitated by introductions from the advising Indigenous Knowledge Keeper, current relationships with healthcare providers and community members in the various treaty areas, and referrals from Elder/Knowledge Keeper networks (Sadler et al., 2010).

To uphold ethical principles of research, a consent form was created that included information about the anticipated benefits of the project to the community. However, the tradition of giving ceremonial tobacco and receiving verbal consent was also accepted as an appropriate consenting process after thoughtful review of the informed consent documents with each participant-partner (Castellano, 2004; Guillemin et al., 2016; Loppie, 2007; Peralta et al., 2020; Wallerstein & Duran, 2010; Wilson, 2001).

The group of participant-partners included one woman and one man from the Metis Nation of Alberta and each of the three Treaty areas in Alberta (Treaties 6, 7, & 8), for a total of eight persons. This research was not seeking to create a pan-Indigenous approach, but worked to actively and respectfully connect with the culture and language groups reflected in the current

Alberta context. These individuals were known as Knowledge Keepers in their communities, carrying wisdom related to their life experience in traditional healing, education, social work, language revitalization, healthcare, peer counselling, or police work. These participant-partners also brought varied life experiences that impacted perspectives on health and wellness including but not limited to residential school, racism, health inequity, or a history of substance misuse or abuse. These Knowledge Keepers did not have extensive knowledge of hepatitis C before this project. Instead the focus in this project was on liver wellness and how we could relate that perspective in supporting culturally connected hepatitis C awareness within a wellness frame of reference instead of a specific disease focus. Initial conversations with participant-partners included explaining the project and introduction to hepatitis C in relation to liver wellness concerns. The participant-partner Knowledge Keepers are not individually named or identified in this paper as per their specific request. The separate but related project through audio-visual media will be shared widely with Indigenous communities and lists the participant-partners with their preferred traditional and / or English names as per their preference as they identified this was a way to support the credibility of sharing perspectives, stories and knowledge with Indigenous community members.

Introductions and initial conversations with participant-partners were followed by longer sessions where the consent and background document were reviewed again and in respect for local protocol ceremonial tobacco was presented. Due to the COVID-19 pandemic restrictions on in-person interactions, these initial conversations beginning in July 2021 were conducted by phone or Zoom calls. Communication with participant-partners with computer access included

Zoom technology and email, and for those without this access, phone calls and Canada Post mail services were used to share documents and schedule interviews.

Wisdom Seeking—Data Collection

Conversational storytelling through semi-structured, open-ended, non-invasive questions (see Appendix A) created space for storying and fostering relationship throughout the interview phase and facilitated cues and intuitive follow up by the researcher, leading to responsive data collection (Auger, 2016; Kovach, 2010). Conversations began with the acknowledgement that our current approaches to hepatitis C awareness are lacking. In looking for the balance between the two perspectives of medical science and traditional Indigenous wellness perspectives these conversational interviews sought to work within an ethical space described by Ermine (2007) of hearing perspectives or suggested approaches for building on strengths and shifting the focus to liver wellness while still respecting the common responses of fear, shame and stigma. These conversations also created space for acknowledging spiritual beliefs around wellness and the importance of “putting the spirit back in the treatment process for healing hepatitis C” by including traditional Indigenous wellness perspectives.

This qualitative approach provided the opportunity for sharing perspectives and stories that are centered in Indigenous experience while creating space for the interview to evolve and shift based on the participant-partner needs, time available, and questions (Botha, 2011). Sweetgrass, tobacco, cedar, sage, feathers, drums, and prints (cloth pieces) all have place and meaning within the Blackfoot, Cree, Metis, Stoney Nakoda, and Tsuut’ina cultures that are found within the borders of present-day Alberta and were incorporated and respected in this work. The conversations and storying interactions were recorded on an iPad used exclusively for this

project. Interviews were transcribed and reviewed for clarity prior to subsequent conversations with participant-partners. Participant-partners were given the opportunity to read or verbally review the transcripts, which allowed us to continue the conversation while also creating space to share ideas between participant-partners and build consensus between stories and perspectives to clarify the shared content (Munson & San Pedro in Windchief & San Pedro, 2019).

Organization of Data, Validity, and Analysis

To prepare for a prayerful, respectful, and reflective review of the completed cumulative transcripts, I began the process by smudging. This increased my self-awareness of my humble but important role in this work and facilitated the careful hearing of the words shared, reflectively seeing the good in them. This was followed by speaking this knowledge forward in a good way, from the heart, to support healing (Debassige 2010; Gehl, 2012; McIvor, 2010). I then proceeded with a relational thematic narrative analysis approach conducted independently using manual coding to show respect for the shared knowledge in relation to, and without extracting from, its intended context to support storytelling versus story-taking (Cochran et al., 2008; Creswell, 2014; Debassige, 2010; Hallett et al., 2017). To do so, I followed the three-step process outlined by Stuckey (2015) of first reading the data and creating a storyline, categorizing the data into groupings, and then using a memo system to clarify and interpret the identified or emergent themes. Throughout each step, ceremony was incorporated with reflective time spent paying attention to “what touched [my] heart” within the shared knowledge, as described by Hallett et al. (2017, p. 1272) and Gehl (2012) within a learning journey context. A prayer that shaped my focus before each time that I spent with the data included the following words to increase my clarity and relational awareness;

Zhawenimishin noogom gaagiizhigak - Creator bless me this day

Jimino naanaagadawendamaan – To have good thoughts

Jimino waabanmag niiji anishinaabe – To see good things in a person

Jimino noondawang niiji anishinaabe – To hear good things from a person

Jimino ganoonag niiji anishinaabe – To talk good to a person

Shigo Jimino wiijiwag niiji anishinaabe – So that I can walk with others in a good way

Miigwech, Gizhe Manidoo – Thank you Great Spirit

Please clear my mind of distractions and ambitions to find the relationship and context of clearly understanding the intent of these words. Please guide my ears to hear the true meaning in the words shared. Please open my eyes to see the themes, relationships and context in the words that have been shared. Please guide my mouth as I shape these words to share them forward alongside the participant-partners, to co-create something that helps and heals others. Please help me work from the heart and acknowledge all my relations and the seven teachings of love, truth, courage, honesty, respect, humility and wisdom in all my interactions, conversations, learnings, work and meditations. I am grateful for this opportunity, grateful to be learning, grateful to be able to share and grateful to all my relations (Personal Journal, 2021).

This prayerful awareness made an impact on my perspectives in communicating with the participant-partners to share progress, and listen to feedback in the process of codesigning the awareness resources related to liver wellness.

With this relational and respectful awareness in mind, each transcript was thoughtfully reviewed again to facilitate the movement of paragraph or key content blocks that “touched my

heart” or resonated with me and aligned with the focus on relationality and liver wellness, into an eight-column table, with each column tagged or linked specifically to one of the eight participant-partners. The next step was to compare the eight participant-partner columns and identify the considerable overlap between the shared perspectives from each participant-partner, recognizing data saturation (Stuckey, 2015). The eighteen overlapping concepts were then reviewed or analyzed from a wholistic story perspective and grouped together into ten consolidated themes (Auger, 2016; Morse, 2015; Stuckey, 2015). These themes were reviewed with participant-partners individually to check for validity, consensus, relevance, and clarity of concepts. This process allowed for continued knowledge sharing reciprocity while also building toward the hepatitis awareness resources (Munson & San Pedro in Windchief & San Pedro, 2019). Following reflection and time for conversation and questions with each of the participant-partners, the themes were validated through consensus by checking back individually with each participant-partner and following further clarification and grouping the concepts or themes into four sections no further changes were made to the identified themes (LaVallie & Sasakamoose, 2021). This process provided an inductive ethnographic opportunity for reflexivity, looking at the linkages and relationships in health related to liver wellness and specifically to hepatitis C, between the shared personal perspectives, overarching concepts, and Indigenous culture (Loppie, 2007; Srivastava & Hopwood, 2009; Wilson, 2008).

Because this process was conducted by a single researcher, breaks were taken between each step of analysis to foster an awareness of personal bias and focus on balance between objectivity with the data shared as well as subjectivity in the spirit of relationality to keep the key messages shared by the Knowledge Keepers intact and in context. This awareness was supported

by frequent check-in calls to review the process, content, and approach with the project's advising Knowledge Keeper and committee supervisor. This process followed an intuitive approach within Indigenous methods and methodologies allowing the engagement with local protocol for sharing knowledge, participation in ceremony, and the prayers for guidance and clarity to guide respectful engagement as the central focus throughout the research and knowledge sharing process (Archibald, 2008; San Pedro, 2015; San Pedro & Kinloch, 2017; Wilson, 2008).

Drafts of the hepatitis C awareness resources took shape as an infographic poster and the four themes were grouped to shape the script for a DocuStory video, which were discussed and reviewed in several iterations based on validated feedback from the participant-partners. An in-person group discussion with participant-partners in March of 2022 was held to support relationality and include participant-partners in analysis conversations on the transcript data and the open themes identified which followed a process similar to Collective Consensual Data Analytic Process (CCDAP) (Starblanket et al., 2019). CCDAP creates opportunity for discussion between the participant-partners to verify the intended message and acknowledge the codesign of the messaging. The group discussion was followed by individual conversations by phone or Zoom to allow for further questions and discussion and gather feedback on respectful and reciprocal inclusion in the dissemination of findings through the cocreated resources. Facilitating an exchange of questions and discussion through this collaborative approach to the analysis process created a collective understanding, or consensus, on the stories shared, producing an environment that helped the participant-partners feel they were involved in the process and had cocreated impactful content (Hallett et al., 2017). The content was shaped into a storyline script

for a DocuStory video project, and following conversations with participant-partners the four themes identified as sections for the script were seen as wholistic elements necessary for balance and wellness related to the liver and were titled; mental, physical, spiritual and emotional wellness. This DocuStory video is to be produced as part of a related but separate deliverable not included in this dissertation portfolio, that will continue to build on the relationships with the participant-partners to incorporate their feedback into the video production.

Further verification of the infographic poster content and relevance to various treatment populations was obtained by sharing the draft document with Indigenous and non-Indigenous health professionals who interact with or treat hepatitis C patients but who were not part of the consenting or research interview process. Feedback was incorporated if relevant to shaping the scientific messages or streamlining the graphic design of the infographic. Any edits were shared with participant-partners for review and approval. Affirmation for this approach and positive feedback on visuals and wholistic messaging used in the creation of the infographic lent credibility and validity to the project across multiple organizations and perspectives such as specialist hepatologist care, Alberta Health Services providers, pharmacist's, urban patient centres and community-based organizations.

Findings

Through the careful and reflective process outlined above, four themes were identified from the analysis of the transcripts from the conversational interviews with the participant-partners. These aligned with the elements of wholistic wellness, commonly known as emotional, mental, spiritual, and physical wellness. When this finding was shared back to the participant-partners, several stated that this was very obvious to them from the beginning and this is how all

health issues are addressed within an Indigenous knowledge context. Participant-partners focused on ensuring people know they are loved while encouraging a connection to community, tradition, and ceremony. It is this love and connection that supports all aspects of the circle of wellness and directly impacts connection to the awareness and importance of liver wellness.

Emotional Wellness

Participant-partner perspectives on emotional health focused on resiliency, balance, connection to community, connection to land, gratitude, and the stability that the seven teachings can bring into our lives. These Seven Teachings, also known as the Seven Values, the Seven Laws, the Seven Grandfathers, or other names in different Indigenous languages or cultures, are often listed as Love, Respect, Courage, Humility, Wisdom, Honesty, and Truth (Empowering the Spirit, 2023).

When we don't live according to the sacred laws, we're going to find disconnect and disease. Colonization takes us away from our sacred spaces that we need to flourish. We must go back to nature, back to a way of gratitude, connection, and balance. Healing also happens through working together. When we come together to talk about our health. To share perspectives, listen, and learn from each other, how it's important for us to connect to our bodies in a loving way, this supports healing of our mind, heart, and soul as well as our body. (Participant-partner interviews, 2021–2022)

Mental Wellness

Mental health has many definitions, dependant on the context and population. Indigenous perspectives on wholistic mental health include mental wellbeing as well as a process of healing (Stewart, 2008). Participant-partners focused on the importance of humour and laughter in the

context of mental health and repeatedly stressed the value of connection and feeling loved.

Knowledge Keeper participant-partners also shared that sadness affects the liver and how it works within the body, providing a link between the mind and body and highlighting awareness around the importance of balance and the interrelatedness of the body.

Today it is important to know that you are loved. That means without judgment, without blame, without question. No matter your age, each of us is important. Each belongs in the circle. We are connected, and we are never alone. (Participant-partner interviews, 2021–2022)

Spiritual Wellness

Participant-partners shared the importance of all aspects of the circle of wellness, which includes spirituality. Connection through ceremony, land-based practices, relationships with Knowledge Keepers or Elders, and community networks support this aspect of wellness. Participant-partners mentioned that even though many have become disconnected from traditional practices and ceremony as a result of colonial influence, it is OK to ask for help from the Elders or Knowledge Keepers, reconnect with your spirit, and learn about healing practices.

Our sacred ways bring balance and healing through gratitude and respect. We're getting sick with lots of things, not just physical things but also with emotional and spiritual disconnection. Honour and respect of the sacred ways is the way to balance and wellness. Don't forget the spirit. Everyone has a spirit, this is sacred, and it is something we must protect and nurture. If our spirit is unhealthy, other parts of our body are unhealthy and vulnerable to abuse and addiction. (Participant-partner interviews, 2021–2022)

Physical Wellness

Participant-partners focused repeatedly on the idea that what we put into our bodies shapes our health in all aspects of the circle: mental, emotional, spiritual, and physical. These choices shape our wellness story, our disconnect from traditional ways, the respect or disrespect we show our bodies, and the shame and stigma we carry through our life. Another finding illustrated cultural differences in our understanding of the liver. In the English language, the word “liver” does not fully describe what the liver is, what it does, or its vital role as a lifegiving organ. Indigenous languages offer a more active process for describing how involved and vital the liver is to a healthy life in both humans and animals. These concepts were taught to Indigenous children as they learned about the world, the body, the animals, and the components of a traditional diet. At a young age, they knew where the liver was located in the body, its role, why it was important for certain people to eat this organ, and medicinal plant therapies to cleanse and support liver health.

We all have responsibilities to rebuild, respect, and nurture our bodies. To show respect to our body means to be conscious of what we put into it and how we keep it clean on the inside. This way, you look after yourself and the next generation. But the chemicals we come across in our environment, or eat, or put in our body have an impact on the liver because the liver is stuck cleaning up the mess. When we talk about the liver and our body, we need to work toward balance and understand the body as a connected system and the spiritual is a very important part of this connected system. (Participant-partners, 2021–2022)

Trust

Building trust to support wellness was also a key finding. All participant-partners shared how important it is to connect with someone to talk through life experiences, ask health related questions, and find traditional or spiritual support to guide a healing journey. This highlights the importance of peer counsellors, community Elders or Knowledge Keepers, and healthcare providers in all settings to facilitate supportive, culturally safe, and factual resources for health and wellness support.

Circles illustrate a flow of energies and fluid focus points. When the aspects of emotional, mental, spiritual, and physical wellness are seen as a circle, where all are equally vital for the journey of wellness, this provides a wholistic approach to hepatitis C and hope for healing. These shared perspectives shaped the knowledge mobilization aspect of my Wisdom Seeking process through codesign of a DocuStory script and infographic poster.

Healing includes mind, body, emotions, and spirit. This healing begins when we open our heart and mind to the Creator. (Participant-partners, 2021–2022)

Knowledge Mobilization

Portfolio Dissertation Format

This transdisciplinary Wisdom Seeking collaboration brought the voices and life experiences of eight participant-partners together to share perspectives on Indigenous health in relation to liver wellness in the process outlined above. Working with the intent to decolonize my own thinking and research process, this project resulted in the collaboration and cocreation of three transdisciplinary outputs, meeting the structure requirement of the portfolio dissertation format described further here. This mix of outputs mobilizes learnings to community as well as to academia, as both are important audiences, with the intent to increase awareness of innovative

and culturally relevant approaches to research and the cocreation of public health awareness resources.

Component One: Synthesis Paper

This synthesis paper describes my Wisdom Seeking journey and its relevance within community health awareness. The paper describes the context of hepatitis C as a liver disease and the rationale behind the selected theoretical framework and methodologic approach. I have stressed the importance of a respectful approach to research while looking for a balance between two health perspectives. We have reviewed the resulting themes and knowledge to be shared while highlighting the decolonizing and culturally relevant perspectives of this work alongside the importance of transdisciplinary collaborations.

Component Two: Journal Article

Autoethnography is a documentation of self within a certain context (Nash, 2001). Using autoethnography offered me an opportunity to illustrate my personal experience through this Wisdom Seeking process. Although I thought I knew who I was at the start of this advanced educational journey, this process encouraged me to explore myself more deeply due to the questions I faced, settings I found myself in, and the issues I advocated for. Some of these experiences are documented in the sole authored ethnographic article submitted to the Journal of Contemporary Ethnography (<https://journals.sagepub.com/author-instructions/JCE>). This article works as a connecting link between who I am as a researcher, the Wisdom Seeking journey connecting head knowledge to heart knowledge conducted in cocreating hepatitis C awareness resources, and identifying some of the challenges faced by Indigenous students in academia (Gehl, 2012).

Component Three: Infographic

Informational graphics, or infographics, share a visual illustration of complex concepts and are increasingly used as an innovative strategy to convey health messages (Barlow et al., 2021). Visual symbolism is an important aspect of culturally relevant awareness resources and often tells a story without words (Harrison, 2002). An artist was commissioned to assist with the codesign of a visual illustration showcasing the themes shared by the participant-partners in the Wisdom Seeking interview conversations. The resulting visual shows a circle of Indigenous people holding hands, representative of several ages and wearing clothing reflecting the elements of nature and the colours or quarter sections of the medicine wheel. This forms the centrepiece of the infographic poster and is surrounded by wording that shares the key concepts or themes from the participant-partner interviews. The cocreation of this infographic with Indigenous Knowledge Keepers and community members can be seen in the integration of key points from the interview conversations, key science-based facts on hepatitis C screening and treatment, and illustrations featuring a wholistic focus. The poster (see Appendix B) not only shares the themes that are included in the DocuStory script but will also link viewers directly to the DocuStory through a QR code link to the video hosting portal where it can be downloaded and watched.

Component Four: DocuStory Script

A DocuStory is a documentary short video that gives voice to a participant perspective. The DocuStory format provides an opportunity to share this content in a culturally relevant way using transdisciplinary collaboration through audio-visual media to incorporate the oral tradition of storytelling in a new way for today's generation of young people. The data analysis highlighted four themes, which then shaped the four segments of the DocuStory script. The script

was codesigned by placing relevant words from the participant-partners interviews into the script outline, showcasing respect for an oral and auditory storytelling context. The script lines are accompanied by scene-setting cues to assist in future filming work, illustrating the cultural depth, symbolism, and value of these words and the primary messages of lovingkindness and support for community members who may be struggling with health issues and as inspiration to move toward a path of balance and wholism. This approach links the content on the infographic poster with the storytelling approach of the DocuStory to facilitate sharing relevant information on liver health and wellness from Indigenous Knowledge Keepers to a wide audience of Indigenous communities. The script will subsequently be shared with a transdisciplinary production team to facilitate filming and wide community dissemination to increase hepatitis C awareness (see Appendix C).

Knowledge Sharing with Indigenous Communities

Knowledge sharing, also referred to as knowledge mobilization, is a term encompassing a wide array of activities related to sharing knowledge from research work in a reciprocal and practical way that facilitates knowledge uptake and impact (Smylie et al., 2014). Indigenous and community-based approaches to knowledge are intrinsically paired with action, meaning that it might be considered selfish and dishonest not to share information or knowledge with those who participated and their community (Smylie et al., 2014). Smylie et al. state that Indigenous knowledge translation offers an increased opportunity for effectiveness when it is “bi-directional, participatory, and social” (Smylie et al., 2014). Transdisciplinary research approaches have the potential for rapid knowledge translation and dissemination due to the practical nature of the

findings, but there may remain a gap in knowledge implementation due to policy constraints, funding limitations, or lack of awareness of the resources developed.

This Wisdom Seeking journey was initiated at the request of Indigenous community members and Indigenous healthcare providers in Alberta for awareness resources that were connected to culture to facilitate community engagement with the topic of hepatitis C and liver wellness. This process has been codesigned with a focus at each step on respect, relationality, reciprocity, relevance, and responsibility with the goal of cocreating positive hepatitis C awareness resources. Within this context, participating in the process of creating a media or digital story fosters sharing oral history and supports various forms of artistry to share meaningful stories, as well as community engagement strategies supporting social impact awareness (Borum Chatto & Feldman, 2017; Fontaine et al., 2019; Rieger et al., 2020). Transdisciplinary work on this project will continue through the filming and production phase with the intent to host community film screening events using the infographic poster and DocuStory video and through facilitating point of care hepatitis C screening as well. These events, supported by community leadership and provincial programs, will share the media resources widely and provide a culturally relevant approach to hepatitis C awareness in a community setting. Unless we can transform knowledge into practice, it has limited value, and this perspective is the motivating focus for collaboration with Indigenous Knowledge Keepers, community leaders, healthcare providers, and creative media practitioners in disseminating these awareness resources (Clarke et al., 2016).

Including the perspectives of participant-partner Knowledge Keepers, which have been consensually framed, and incorporating culturally relevant symbols, oral storytelling traditions,

and simple wholistic messages provides an opportunity to alter the accepted practice of public health knowledge mobilization. Instead of merely consulting a Knowledge Keeper with a finished product related to a health issue of concern, we altered the entire process to include community perspective throughout each phase, from engagement to community-specific dissemination plans and honoring the participant-partners wishes to remain anonymous for this publication. Through this approach, the discipline of public health is enriched and is able to provide relevant answers to the healthcare inequity crises (Cochrane et al., 2008; Crowshoe et al., 2021; Wylie et al., 2021).

Although these findings are not new from a traditional Indigenous perspective, the mobilization of the findings is important as it recenters the participant-partner voices and not just the researcher voice. In combining words from Indigenous Knowledge Keepers with media technology to record these words and visually symbolic land-based images and with public health prevention and treatment approaches provides accessible, relevant awareness resources.

Reflections

Knowledge mobilization may not typically include a personal reflection, but within the perspectives of relationality, acknowledging self within the learning journey of Wisdom Seeking and sharing forward what we have learned together is also a part of a wholistic and engaged approach to research. A personal journal entry highlights this perspective by noting; “the head to heart journey cannot happen if you keep yourself out of your research, out of your journey, out of your ways of knowing, your research loses depth if you don’t include yourself” (Personal Journal, December 2021). Influencing my approach to knowledge mobilization was the question;

‘How can we do knowledge sharing better, how can we reflect a cultural contribution to this process?’ Following attendance at a webinar in the early phase of this research I journaled;

We do this work because we want to see the changes. Decolonizing requires us to make space for new ways, and thinking of new ways to apply the old ways. This work requires bravery. But I am here today because of the love of my ancestors, the hardships they endured, so I could be in this space of academics today (Personal Journal, September 2020). Sometimes we know things, but then we feel things, and it has a different impact. We don’t do research to take, we do this to contribute and make it better. Our work is to tell the stories that will bring about change, to provide the data, the information to change the work to promote reconciliation (Personal Journal, May 2021).

It was with these sentiments in mind and heart that the participant-partner engagement was a priority for this learning journey and that a balance of perspectives was shared respectfully through the health awareness resources.

Moving Forward

Focusing on respect, relationality, reciprocity, relevance, and responsibility within a Two-Eyed Seeing and Wisdom Seeking approach I created space for personal reflection on my positionality as a First Nations woman and how my life journey and experiences influence my ability to walk, or work, between the two perspectives or ways of knowing as described in Mi’kmaq Etuaptmunk teachings by Albert and Murdena Marshall (Iwama et al., 2009).

Transdisciplinary research requires creativity, innovation, self-reflexivity, different perspectives, and, when combined with a wholistic Indigenous methodology, provides an opportunity to alter the historical narrative of harmful research practices. When we take the time to support and

synthesize traditional Indigenous Knowledge, academia, science in medicine, public health perspectives, and audio or visual arts, we can cocreate innovative knowledge that is both inclusive and culturally relevant when combined in health awareness resources for Indigenous Peoples.

Limitations

A strength of this research journey is identifying my personal bias and active involvement with community engagement and relationship building, as well as my experience in nursing and previous work with hepatitis C programs. While some may see this as a limitation, it is my own perspectives on wellness emerging from both my Western health professional background as well as my Indigenous ancestry that were inspired to action when the request for culturally connected resources was raised. This may have influenced my conversational style, listening and reflection, and ability to see relationship and connection between concepts. This awareness is the result of the reflective nature of Indigenous research methodologies as well as the focus on relationality during my Wisdom Seeking journey. Acknowledging this dichotomy of what some may call a strength with what others may identify as a limitation, highlights the challenges of community engaged research. While from a head to heart journey perspective showing that the journey was inspired by and driven by participant-partners who were included in the process at each phase of the learning journey, this approach facilitates achievement of group consensus for the cocreated media resources and community engagement in the knowledge sharing process. Because hepatitis C is a specific disease topic, I offered participant-partners an introductory explanation of the disease transmission, its impacts on the liver, and the current options for treatment and cure; however, this may have influenced subsequent

conversation themes as the participant-partners sought to place this knowledge within their previous understandings of liver disease. Limitations are also identified in the participant-partner selection process as the group may not have been fully representative of Indigenous health perspectives from across the province. However, in recognition of the differing cultural entities, there was careful selection of the participant-partners as traditional Indigenous Knowledge Keepers from different Metis and Treaty areas who could offer valuable perspectives from a variety of backgrounds. While this is not a pan-Indigenous approach, this project aimed to include the voices of the Cree, Blackfoot, Metis and Stoney Nakoda cultures within the Treaty areas of what is now known as Alberta to ensure the perspectives shared resonated with the participant-partner group where they focused on the shared perspectives with the goal of cocreating awareness resources with relevance to both young and old in many Indigenous communities in the province of Alberta and could be shared with provincial hepatitis C awareness programming. Nevertheless, the question remains whether these awareness resources or the knowledge shared are generalizable across Canada.

Contributions to Advancing Knowledge

Respectful approaches to research can be achieved with careful consideration and constant awareness of including the values of respect, reciprocity, responsibility, relevance and relationality. Indigenous methodologies provide a space for valuing reflexivity within the process of knowledge sharing. This awareness of the inherent sacredness of knowledge and the need to remain humble in the Wisdom Seeking process enabled me to contribute to advancing knowledge by working within several approaches, creating a practical framework relevant to Indigenous health research work. Cocreation of a media story through a Wisdom Seeking

journey that included Knowledge Keepers in a living process to support health awareness on the specific topic of hepatitis C incorporated teachings from several perspectives. Two-Eyed Seeing (Iwama et al., 2009) highlights balancing two perspectives and working within an ethical space (Ermine, 2007) between these perspectives to acknowledge differences and strengths within a research process. This awareness enables forward progress in a respectful or good way by incorporating the 5 R principles (McGregor et al., 2018) and space for ceremony (Wilson, 2008). This collaboration provides a decolonial framework for research and Wisdom Seeking as a learning journey, working in a respectful way toward wellness focused conversations on liver disease and a relational participant-partner approach to research.

Contributions to Practice

Disparity or disease-focused science-based printed documents have been the norm historically for health information resources. This Wisdom Seeking research cocreated visual as well as audio story-based awareness resources through a process of partnership with Indigenous Knowledge Keepers. As participant-partners in this process of shaping resources, they shared perspectives, reviewed what the others had shared, and provided input in shaping the messaging, design, and visual images of these resources to portray a wholistic story. The participant-partner interviews centred on four themes, shaping the DocuStory script into four sections titled emotional, mental, spiritual, and physical health. The recognition that each of these aspects have a key role to play in the treatment of hepatitis C as a liver disease shapes wholistic and culturally relevant public health awareness resources. Community healthcare teams and community members are eager to use these resources and excited to be a part of a different approach that recognizes the value of wholistic messaging and traditional Indigenous knowledge.

Recommendations

In an era of increasing awareness of the need to follow through on actions called for by the Truth and Reconciliation Commission of Canada (2015), health focused research within decolonizing and Indigenizing approaches can provide an opportunity for centering participant-partner voices and perspectives in culturally connected knowledge translation activities. By involving Indigenous community members, Knowledge Keepers, and those with living experience of health disparities and diseases, we have an opportunity to reframe Indigenous health research in a good way. Incorporating a Wisdom Seeking attitude while finding the balance between science-based strategies, story and traditional Indigenous knowledge creates the opportunity to move toward reconciliation.

Further Research

Although cocreation of health awareness resources are vitally important to community health, equally important is the aspect of impact. Further community engagement to cocreate impact campaigns to accompany these awareness resources may support increased uptake and action within Indigenous communities. Follow-up research to study the impact of the DocuStory and Infographic resources and their value to community member engagement, or inspiration to take personal action to be screened for the hepatitis C virus as a result of engaging with the awareness resources, is critical for evaluation.

Combining Wisdom Seeking research approaches to Indigenous health interests and issues provides numerous opportunities. The success of this research has led to requests from participant-partners and Indigenous community members to apply a similar approach to kidney disease, diabetes, and cancer awareness resources.

References

- Alberta Government & The Alberta First Nations Information Governance Centre. (2017, December 12). Hepatitis C incidence among First Nations in Alberta. In *First Nations-Health Trends Alberta*. <http://www.afnigc.ca/main/includes/media/pdf/fnhta/HTAFN-2017-12-12-Hepatitisatitisc.pdf>
- Archibald, J. (2008). *Indigenous storywork: Educating the heart, mind, body, and spirit*. UBC Press.
- Auger, M. D. (2016). Cultural continuity as a determinant of Indigenous peoples' health: A metasynthesis of qualitative research in Canada and the United States. *International Indigenous Policy Journal*, 7(4). <https://doi.org/10.18584/iipj.2016.7.4.3>
- Barlow, B., Webb, A., & Barlow, A. (2021). Maximizing the visual translation of medical information: A narrative review of the role of infographics in clinical pharmacy practice, education, and research. *Journal of the American College of Clinical Pharmacy*, 4(2), 257–266.
- Belcher, B. M., Rasmussen, K. E., Kemshaw, M. R., & Zornes, D. A. (2016). Defining and assessing research quality in a transdisciplinary context. *Research Evaluation*, 25(1), 1–17.
- Bellows, M., Kovacs Burns, K., Jackson, K., Surgeoner, B., & Gallivan, J. (2015). Meaningful and effective patient engagement: what matters most to stakeholders. *Patient experience journal*, 2(1), 18-28.

- Borum Chattoo, C., & Feldman, L. (2017). Storytelling for social change: Leveraging documentary and comedy for public engagement in global poverty. *Journal of Communication, 67*(5), 678–701. doi:10.1111/jcom.12318
- Botha, L. (2011). Mixing methods as a process towards Indigenous methodologies. *International Journal of Social Research Methodology, 14*(4), 313–325.
<https://doi.org/10.1080/13645579.2010.516644>
- Broadhead, L. A., & Howard, S. (2021). Confronting the contradictions between Western and Indigenous science: a critical perspective on two-eyed seeing. *AlterNative: An International Journal of Indigenous Peoples, 17*(1), 111–119.
- Castellano, M. B. (2004). Ethics of Aboriginal research. *Journal of Aboriginal Health, 1*(1), 98–114.
- Chilisa, B., & Tsheko, G. N. (2014). Mixed methods in Indigenous research: Building relationships for sustainable intervention outcomes. *Journal of Mixed Methods Research, 8*(3), 222–233. <https://doi.org/10.1177/1558689814527878>
- Clark, N., Walton, P., Drolet, J., Tribute, T., Jules, G., Main, T., & Arnouse, M. (2013). Melq'ilwiye: coming together—intersections of identity, culture, and health for urban Aboriginal youth. *Can J Nurs Res, 45*(2), 36–57.

- Clark, W. C., van Kerkhoff, L., Lebel, L., & Gallopin, G. C. (2016). Crafting usable knowledge for sustainable development. *Proceedings of the National Academy of Sciences, 113*(17), 4570–4578.
- Cochran, P. A., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. S. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American journal of public health, 98*(1), 22–27.
- Costley, C., & Fulton, J. (2019). Methodologies for practice research: Approaches for professional doctorates. Sage.
- Creswell, J. W. (2014). Research design qualitative, quantitative, and mixed methods approaches, trans. Ahmad Fawaid. Sage.
- Crowshoe, L. L., Sehgal, A., Montesanti, S., Barnabe, C., Kennedy, A., Murry, A., Roach, P., Green, M., Bablitz, C., Tailfeathers, E., Henderson, R. (2021). The Indigenous primary health care and policy research network: Guiding innovation within primary health care with Indigenous peoples in Alberta. *Health Policy, 125*(6), 725–731.
- Debassige, B. (2010). Re-conceptualizing Anishinaabe mino-bimaadiziwin (the good life) as research methodology: A spirit-centered way in Anishinaabe research. *Canadian Journal of Native Education, 33*(1), 11.
- Drawson, A., Toombs, E., Mushquash, C. (2017). Indigenous research methods: A systematic review. *The International Indigenous Policy Journal, 8*(2).
<https://doi.org/10.18584/iipj.2017.8.2.5>

Empowering the Spirit. (2023). Cultures of Belonging. The Seven Sacred Teachings. *Alberta*

Regional Consortia. <https://empoweringthespirit.ca/cultures-of-belonging/seven-grandfathers-teachings/>

Ermine, W. (2007). The ethical space of engagement. *Indigenous LJ*, 6, 193.

Estey E, Kmetc A, & Reading J. (2008). Knowledge translation in the context of Aboriginal health. *Canadian Journal of Nursing Research*, 40(2), 24–49.

Faust, V., Pollard, E., Welch, K., Hilgendorf, A., Reiter, G., Brown, T., Thunder, C., Wescott, S., Wilber, D., Christens, B., Wells, A. (2021). Building power through reindigenization: Sharing the story of Menikānaehkem. *Journal of Community Psychology*, 49(8), 3162–3177.

Fayed, S. T., King, A., King, M., Macklin, C., Demeria, J., Rabbitskin, N., Healy, B., & Gonzales, S. (2018). In the eyes of Indigenous people in Canada: Exposing the underlying colonial etiology of hepatitis C and the imperative for trauma-informed care. *Canadian Liver Journal*, 1(3), 115–129. doi.org/10.3138/canlivj.2018–0009

Fontaine, L. S., Wood, S., Forbes, L., & Schultz, A. (2019). Listening to First Nations women's expressions of heart health: mite achimowin digital storytelling study. *International Journal of Circumpolar Health*, 78(1). <https://doi.org/10.1080/22423982.2019.1630233>

Gehl, L. (2012). Debwewin journey: A methodology and model of knowing. *AlterNative: An International Journal of Indigenous Peoples*, 8(1), 53-65.

Gerlach, A. (2018). Thinking and researching relationally: Enacting decolonizing methodologies with an Indigenous early childhood program in Canada. *International Journal of Qualitative Methods*, 17(1), 1–8. <https://doi.org/10.1177/1609406918776075>

Government of Canada. (2019). Hepatitis C in First Nations living on reserve in Canada.

Indigenous Services Canada.

<https://www.sac-isc.gc.ca/eng/1569955684724/1569958287940>

Government of Canada. (2018a, January 31). Surveillance of Hepatitis C.

<https://www.canada.ca/en/public-health/services/diseases/hepatitis-c/surveillance-hepatitis-c.html>

Government of Canada. (2018b). Research involving the First Nations, Inuit, and Metis Peoples

of Canada. In *Tri-Council Policy Statement* (ch. 9). https://ethics.gc.ca/eng/tcps2-epc2_2018_chapter9-chapitre9.html

Griffiths, K., Coleman, C., Lee, V., & Madden, R. (2016). How colonisation determines social

justice and Indigenous health—a review of the literature. *Journal of Population Research*, 33(1), 9–30.

Guillemin, M., Gillam, L., Barnard, E., Stewart, P., Walker, H., & Rosenthal, D. (2016). “We’re

checking them out”: Indigenous and non-Indigenous research participants’ accounts of deciding to be involved in research. *International Journal for Equity in Health*, 15(1), 1–10. <https://doi.org/10.1186/s12939-016-0301-4>

Hallett, J., Held, S., McCormick, A. K. H. G., Simonds, V., Real Bird, S., Martin, C., Simpson,

C., Schure, M., Turnsplenty, N., Trottier, C. (2017). What touched your heart?

Collaborative story analysis emerging from an Apsáalooke cultural context. *Qualitative health research*, 27(9), 1267–1277.

- Harrison, B. (2002). Seeing health and illness worlds—using visual methodologies in a sociology of health and illness: a methodological review. *Sociology of health & illness*, 24(6), 856-872.
- Hatala, A. R., Desjardins, M., & Bombay, A. (2016). Reframing narratives of Aboriginal health inequity: Exploring Cree Elder resilience and well-being in contexts of historical trauma. *Qualitative Health Research*, 26(14). <https://doi.org/10.1177/1049732315609569>
- Held, M. B. E. (2019). Decolonizing research paradigms in the context of settler colonialism: An unsettling, mutual, and collaborative effort. *International Journal of Qualitative Methods*, 18, 1–16. <https://doi.org/10.1177/1609406918821574>
- Hovey, R. B., Delormier, T., McComber, A. M., Lévesque, L., & Martin, D. (2017). Enhancing Indigenous health promotion research through two-eyed seeing: A hermeneutic relational process. *Qualitative Health Research*, 27(9). <https://doi.org/10.1177/1049732317697948>
- IAP2 (International Association for Public Participation). (2021). *IAP2 Spectrum*. Retrieved September 8, 2022 from [https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20\(1\).pdf](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf) . <https://www.iap2canada.ca/>
- Inuit Tapiriit Kanatami (ITK) and Nunavut Research Institute (NRI). (2018). National Inuit strategy on research. Retrieved September 15, 2022 from https://www.itk.ca/wp-content/uploads/2018/04/ITK_NISR-Report_English_low_res.pdf
- Iwama, M., Marshall, M., Marshall, A., Bartlett, C. (2009). Two-eyed seeing and the language of healing in community-based research. *Canadian Journal of Native Education*, 32(2), 3–116. [www.integrativescience.ca/uploads/articles/2009Iwama-et-al-CJNE-Two-Eyed-Seeing-Mikmaw-language-healing-community-based-research\[1\].pdf](http://www.integrativescience.ca/uploads/articles/2009Iwama-et-al-CJNE-Two-Eyed-Seeing-Mikmaw-language-healing-community-based-research[1].pdf)

- Jull J. E., Davidson L., Dungan R., Nguyen T., Woodward K. P., Graham I. D. (2019). A review and synthesis of frameworks for engagement in health research to identify concepts of knowledge user engagement. *BMC Medical Research Methodology*, *19*(1), 211.
- Kilian, A., Fellowes T. K., Giroux, R., Pennington J., Kuper, A., Whitehead, C., Richardson, L. (2019). Exploring the approaches of non-Indigenous researchers to Indigenous research: A qualitative study. *Canadian Medical Association Journal*, *7*(3), E504–E509.
<https://doi.org/10.9778/cmajo.20180204>
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *The lancet*, *374*(9683), 76–85.
- Kirkness, V. J., & Barnhardt, R. (1991). First Nations and higher education: The four R's—respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, *30*(3), 1–15.
- Knibb-Lamouche, J. (2012, November 14). *Culture as a social determinant of health*. Commissioned paper prepared for the Institute on Medicine, Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities, Seattle, WA.
- Kovach, M. (2009). *Indigenous Methodologies: Characteristics, conversations, and contexts*. University of Toronto Press.
- Kovach, M. (2010). First Peoples child & family review conversational method in Indigenous research. *First Peoples Child & Family Review*, *5*(1), 40–48.
- Kurtz, D. L. M. (2013). Indigenous Methodologies: Traversing Indigenous and Western worldviews in research. *AlterNative: An International Journal of Indigenous Peoples*, *9*(3), 217–229. <https://doi.org/10.1177/117718011300900303>

- LaVallie, C., & Sasakamoose, J. (2021). Reflexive reflection co-created with Kehte-ayak (Old Ones) as an Indigenous qualitative methodological data contemplation tool. *International Journal of Indigenous Health, 16*(2).
- LaVeaux, D., & Christopher, S. (2009). Contextualizing CBPR: Key principles of CBPR meet the Indigenous research context. *Pimatisiwin, 7*(1), 1.
- Les Todres, L., Galvin, K. T., & Holloway, I. (2009). The humanization of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on Health and Well-being, 4*(2), 68–77.
- Loppie, C. (2007). Learning from the Grandmothers: Incorporating Indigenous Principles into qualitative research. *Qualitative Health Research, 17*(2), 276–284.
- Makokis, L., Boder, R., Calhoun, A., Tyler, S. (Eds.). (2020). *ohpikinawasowin Growing a child: Implementing Indigenous Ways of Knowing with Indigenous Families*. Fernwood.
- Maracle, G. (2021). Connections and processes: Indigenous community and identity's place in the healing journey. *Turtle Island Journal of Indigenous Health, 1*(2).
- Marshall, M., Marshall, A., & Bartlett, C. (2015). "Two-Eyed Seeing in Medicine." In Margo Greenwood, Sarah de Leeuw, and Nicole Marie Lindsay (Eds.), *Determinants of Indigenous peoples' health in Canada: Beyond the social*, (2nd ed, pp. 16–24). Canadian Scholar's Press.
- Martin, D. H. (2012). Two-eyed seeing: A framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research. *Canadian Journal of Nursing Research, 44*(2), 20–42.

- Martin, G. (2018). Storytelling and narrative inquiry: Exploring research methodologies. In *McGregor, D. M., Restoule, J. P., Johnston, R. (Eds.), Indigenous research: Theories, practices, and relationships (pp. 187-199)*. Canadian Scholars Press.
- Martin, K., & Mirraboopa, B. (2003). Ways of Knowing, Being And Doing: A theoretical framework and methods for Indigenous and indigenist research. *Journal of Australian studies, 27(76)*, 203–214.
- McGregor, D. M., Resoule, J. P., Johnston, R. (Eds.). (2018). *Indigenous research: Theories, practices, and relationships*. Canadian Scholars Press.
- McIvor, O. (2010). I am my subject: Blending Indigenous research methodology and autoethnography through integrity-based, spirit-based research. *Canadian Journal of Native Education, 33(1)*, 137–155.
- Merriam, S. B., & Tisdell, E. J. (2016). “What is qualitative research?” In *Qualitative research: A guide to design and implementation (pp. 3–21)*. John Wiley & Sons.
- Métis Centre. (2018). Principles of ethical Métis research. *National Aboriginal Health Organization*. https://achh.ca/wp-content/uploads/2018/07/Guide_Ethics_NAHOMetisCentre.pdf
- Mitchell T., & Arseneau C. (2019). Colonial trauma: Complex, continuous, collective, cumulative and compounding effects on the health of Indigenous peoples in Canada and beyond. *International Journal of Indigenous Health, 14(2)*:74–94.
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative health research, 25(9)*, 1212–1222.

- Nash, J. (2001). Globalization and the Cultivation of Peripheral Vision. *Anthropology Today* 17(4), 15–22.
- Oxford Dictionary. (2022). *Oxfordreference.com dictionary*. <https://www.oxfordreference.com>
- Parent, A. (2018). Research tales with Txeemsim (Raven, the Trickster). In *McGregor, D. M., Restoule, J. P., Johnston, R. (Eds.), Indigenous research: Theories, practices, and relationships (pp. 65-79)*. Canadian Scholars Press.
- Pearce, M. E., Jongbloed, K., Demerais, L., MacDonald, H., Christian, W. M., Sharma, R., Pick, N., Yoshida, E. M., Spittal, P. M., & Klein, M. B. (2019). “Another thing to live for”: Supporting HCV treatment and cure among Indigenous people impacted by substance use in Canadian cities. *International Journal of Drug Policy*, 74, 52–61.
<https://doi.org/10.1016/j.drugpo.2019.08.003>
- Peltier, C. (2018). An application of two-eyed seeing: Indigenous research methods with participatory action research. *International Journal of Qualitative Methods*, 17(1).
<https://doi.org/10.1177/1609406918812346>
- Peralta, M. de, A., Smithwick, J., & Torres, M. (2020). Perceptions and determinants of partnership trust in the context of community-based participatory research. *Journal of Health Disparities Research and Practice*, 13(1), 4.
- Pyett, P., Waples-Crowe, P., & Van der Sterren, A. (2008). Challenging our own practices in Indigenous health promotion and research. *Health Promotion Journal of Australia*, 19(3), 179–183.
- Quinless, J. M. (2022). *Decolonizing Data: Unsettling Conversations about Social Research Methods*. University of Toronto Press.

- Richmond, C. (2018). The relatedness of people, land, and health: Stories from Anishinabe Elders. In Margo Greenwood, Sarah de Leeuw, and Nicole Marie Lindsay (Eds.), *Determinants of Indigenous peoples' health in Canada: Beyond the social*, (2nd ed, pp. 167–185). Canadian Scholar's Press.
- Riddell, J. K., Salamanca, A., Pepler, D. J., Cardinal, S., & McIvor, O. (2017). Laying the groundwork: A practical guide for ethical research with Indigenous communities. *International Indigenous Policy Journal*, 8(2). <https://doi.org/10.18584/iipj.2017.8.2.6>
- Rieger, K. L., Gazan, S., Bennett, M., Buss, M., Chudyk, A. M., Cook, L., Copenace, S., Garson, C., Hack, T. F., Hornan, B., Horrill, T., Horton, M., Howard, S., Linton J., Martin, D., McPherson, K., Moore Rattray, J., Phillips-Beck, W., Sinclair, R, Schultz, A. S. H. (2020). Elevating the uses of storytelling approaches within Indigenous health research: A critical and participatory scoping review protocol involving Indigenous people and settlers. *Systematic Reviews*, 9(1), 1–9.
- Sadler, G. R., Lee, H. C., Lim, R. S. H., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, 12(3), 369–374.
- San Pedro, T. (2015). Silence as shields: Agency and resistances among Native American students in the urban Southwest. *Research in the Teaching of English*, 50(2), 132–153.
- San Pedro, T., & Kinloch, V. (2017). Toward projects in humanization: Research on co-creating and sustaining dialogic relationships. *American Educational Research Journal*, 54(1_suppl), 373S-394S.

Shoukry, N. H., Feld, J., & Grebely, J. (2018). Hepatitis C: A Canadian perspective. *Canadian*

Liver Journal, 1(2). <https://doi.org/10.3138/canlivj.1.2.001>

Simonds, V. W., & Christopher, S. (2013). Adapting Western research methods to Indigenous

Ways of Knowing. *American Journal of Public Health*, 103(12), 2185–2192.

<https://doi.org/10.2105/AJP>

Smith, L. T. (2002). *Decolonizing methodologies: Research and Indigenous Peoples* (5th ed.).

Zed Books.

Smylie, J., Olding, M., & Ziegler, C. (2014). Sharing what we know about living a good life:

Indigenous approaches to knowledge translation. *The Journal of the Canadian Health*

Libraries Association, 35, 16.

Snijder, M., Shakeshaft, A., Wagemakers, A., Stephens, A., & Calabria, B. (2015). A systematic

review of studies evaluating Australian Indigenous community development projects:

The extent of community participation, their methodological quality and their outcomes.

BMC Public Health, 15(1), 1–16.

Srivastava, P., & Hopwood, N. (2009). A practical iterative framework for qualitative data

analysis. *International Journal of Qualitative Methods*, 8(1), 76–84.

Starblanket, D., Lefebvre, S., Legare, M., Billan, J., Akan, N., Goodpipe, E., & Bourassa, C.

(2019). Nanâtawihowin Âcimowina Kika-Môshahkinikêhk Papiskîci-Itascikêwin

Astâcikowina [Medicine/healing stories picked, sorted, stored]: Adapting the collective

consensual data analytic procedure (CCDAP) as an Indigenous research method.

International Journal of Qualitative Methods, 18.

<https://doi.org/10.1177/1609406919896140>

- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, 46(2), 49–56.
- Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, 3(1), 7–10.
- Sylvestre, P., Castleden, H., Denis, J., Martin, D., & Bombay, A. (2019). The tools at their fingertips: How settler colonial geographies shape medical educators' strategies for grappling with anti-Indigenous racism. *Social Science and Medicine*, 237(June).
<https://doi.org/10.1016/j.socscimed.2019.112363>
- Tittlemier, B. J., Cooper, J., Steliga, D., Woodgate, R. L., & Sibley, K. M. (2022). A scoping review to identify and describe the characteristics of theories, models and frameworks of health research partnerships. *Health Research Policy and Systems*, 20(1), 1–19.
- Tobias, J. K., Richmond, C. A. M., & Luginaah, I. (2013). Community-based participatory research (CBPR) with Indigenous communities: Producing respectful and reciprocal research. *Journal of Empirical Research on Human Research Ethics*, 8(2), 129–140.
<https://doi.org/10.1525/jer.2013.8.2.129>
- Treloar C., Jackson L. C., Gray R., Newland J., Wilson H., Saunders V., Johnson P., Brener L. (2016). Multiple stigmas, shame and historical trauma compound the experience of Aboriginal Australians living with hepatitis C. *Health Sociology Review*, 25(1), 18–32.
- Truth and Reconciliation Commission of Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of

Canada.

http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf

Turpel-Lafond, M. E., & Johnson, H. (2021). In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. *BC Studies: The British Columbian Quarterly*, (209), 7-17.

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(SUPPL. 1), 40–46.

<https://doi.org/10.2105/AJPH.2009.184036>

Walter, M., & Suina, M. (2019). Indigenous data, Indigenous methodologies and Indigenous data sovereignty. *International Journal of Social Research Methodology*, 22(3).

<https://doi.org/10.1080/13645579.2018.1531228>

Ward L. M., Hill M. J., Chreim S., Poker C., Olsen Harper A., Wells S. (2020). Developing an Innu framework for health research: The canoe trip as a metaphor for a collaborative approach centered on valuing Indigenous knowledges. *Social Sciences and Medicine*, 266, 113409.

Wickson, F., Carew, A. L., & Russell, A. W. (2006). Transdisciplinary research: Characteristics, quandaries and quality. *Futures*, 38(9), 1046–1059.

Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: An exploration of culture, health and place. *Health & Place*, 9(2), 83–93.

Wilson, S. (2001). What is an Indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175–179.

- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood.
- Windchief, S., & San Pedro, T. (Eds.). (2019). *Applying Indigenous research methods: Storying with peoples and communities*. Routledge.
- World Health Organization. (1986). Ottawa charter for health promotion. *Health Promotion, 1*(4), iii–v.
- Wright, A. L., Wahoush, O., Ballantyne, M., Gabel, C., & Jack, S. M. (2016). Qualitative health research involving Indigenous Peoples: Culturally appropriate data collection methods. *Qualitative Report, 21*(12), 2230–2245.
- Wylie, L., McConkey, S., & Corrado, A. M. (2021). It's a journey not a check box: Indigenous cultural safety from training to transformation. *International Journal of Indigenous Health, 16*(1), 314–332. <https://doi.org/10.32799/ijih.v16i1.33240>

Appendix A

Conversation starter questions:

1. It feels like there is a piece missing in our approach to hepatitis C when we talk about the medicine and do the lab work and try to get patients on treatment right away. How can we change this to bring the focus back to liver **wellness**?
2. How can we show respect for issues such as stigma, fear, and shame when talking about hepatitis C? How can we overcome these fears and **build on our strengths**?
3. Some have mentioned that in the past medicine offered a “magic pill” or “quick cure” to cure disease and this brought on the opioid crises. Is this messaging approach negative? If so, how can we **reframe this to focus on relational overall wellness**?
4. “How can we put the spirit back into the treatment process for healing with hepatitis C?” What might that mean to you? What do you think that might involve?

Appendix B

Infographic Poster

Together Toward Wellness Together We Can Eliminate Hepatitis C

Since time immemorial we have known how important wellness and relationship are for our health.

Hepatitis C is a virus that can hide in your liver and blood for years before you feel it, and can lead to cirrhosis and liver cancer.

Hepatitis C is Curable

There is HOPE. You are loved, there is no judgement, this virus can happen to anyone. Many people have hepatitis C who never injected or snorted drugs, but today this is a common way that the virus is passed between people.

Honor and respect to the sacred ways brings wellness to oneself. Respect for your body through ceremony supports healing. Support is available from the Elders to help you on the journey to healing and wellness.

Ask your healthcare team how to get your blood screened and connect you to treatment for cure.



Like a circle, we are stronger together. Every part of the body is connected and works together. The liver is the centre. We can't live without it.

Spiritual, Emotional, Mental and Physical health are all important through all four phases of our lives with gratitude and balance in our health and wellness.

Did You Know This About Hepatitis C?

Myth

- Hepatitis C is rare
- As soon as you get it you feel sick
- You get hepatitis C from hugging, or shared drink
- You will die from hepatitis C virus
- You can only get hep c from using drugs or unprotected sex

Fact

- ✓ Hepatitis C is about 5 times more common than HIV, and many people do not know they have it.
- ✓ You can have this virus for more than 20 years before you have symptoms, so get screened to find out if you have it.
- ✓ You cannot get hepatitis C from casual contact, there must be blood to blood contact.
- ✓ **There is a cure for hepatitis C**, if you complete treatment your liver begins to heal. Treatment is easy and without side effects, you take daily pills for 8-12 weeks and then the infection is gone.
- ✓ Any blood to blood contact can expose you to hepatitis C: non-sterile tattoos, piercings or dental tools; blood transfusions before 1992; sharing razors or toothbrushes; or sharing needles or straws when using substances.

This message co-created with Knowledge Keepers from across Alberta. Further Information available: www.CATIE.ca. or ECHOAlberta@gmail.com Artist Katriona Dunn

Appendix C

DocuStory Script

Narration goals for translation in Cree, Blackfoot, Stoney Nakoda, and Michif with English subtitles.

Scenery locations in the south: Chief Mountain, Old Man River, Waterton, Buffalo, Bear
 Scenery Locations west of Calgary: Ghost wilderness, Bragg Creek, Kananaskis, animals
 Scenery Locations Calgary: Nose Hill, Bow River, urban street settings

Nurture/Connection/Lovingkindness

<p>Wellness is a story. A story from long ago when we lived in relationship with each other and the land. When ceremony and medicines supported Spiritual, Mental, Emotional, and Physical health as a whole. But it’s also a story about you and me today and how we can still live in balance.</p>	<p>Knowledge Keeper saying Prayer / smudging Smoke goes up and camera follows it to pan out on the foothills / mountains from above</p>	<p>Scene 1 / Location 1 Knowledge Keeper – Mountain scenery</p>
<p>The most important thing to remember today is that you are loved. <u>You</u> are loved. That means without judgment, without blame, without question. Whether you are young or older, each of us is important. Each belongs in the circle. We are a spiritual people, we are connected. And we are never alone; Creator, our ancestors, our spirit helpers, the Grandmothers and Grandfathers, they’re always with us.</p>	<p>Close up of Knowledge Keeper talking—this voice continues through this section. Over the shoulder shot of artist as she is “drawing” the circle of people from the infographic. Show someone being hugged. Then brief shots fading into each other of teen, baby, Grandmother, Grandfather, parent with young children, dancers, unhoused person, etc. to show that this message of acceptance is for everyone.</p>	<p>Scene 2 / Location 2 Knowledge Keeper – Sitting and talking, or walking and talking, on the prairie by his house, or by the river, would be nice to have mountains in the background</p> <p>Scene 3 / Location 3 Artist drawing figures in the circle</p> <p>Scene 4 / Location 2</p>

		Knowledge Keeper with family members
<p>It's important to realize that we are here together, today, on turtle island, to help each other.</p> <p>When someone comes alongside and works with you, and brings knowledge to share from the heart that will help on our wellness journey. This is lovingkindness.</p>	<p>Show on the screen words for "Lovingkindness" <i>Cree-Sakehewawin / Kisakihitin</i> <i>Stoney Nakoda-Blackfoot-akomimm (vta akommimm)</i> <i>Dene- beghaddanila / neghanighhita</i> <i>Michif-Ki shaakiihitin</i></p>	<p>Scenery with words on the screen for lovingkindness</p>
<p>And when we come together to talk about our bodies, and our health, to share perspectives and listen to each other, to learn how it's important for us to connect to our bodies in a loving way, this supports healing of our mind, heart, and soul as well as our body.</p>	<p>Wholistic practices</p>	<p>Scene 5 / Location 3 Walking outside</p>

Body Respect

<p>The liver is an important part of our body.</p> <p>It's active. It's involving, it's engaging, it's healing, it's medicine. It's connected to every part of the body through the blood.</p>	<p>Short snippet clips Knowledge Keepers explaining the meaning or description of "liver" from their different language perspectives <i>"What liver means to me,"</i> <i>Cree-Ooskoon</i> <i>Stoney Nakoda - Tapi</i> <i>Blackfoot-kinakin (ni kinakin, koohkinakin)</i> <i>Michif-fweli</i></p>	<p>Scene 6 Clips explaining "liver is life"</p>
<p>Did you know? The liver is what keeps us healthy, filters toxins, stores vitamins and minerals, and helps keep us in balance. We cannot live without a liver. In our traditional diet from the animals on the land the liver is good to eat. Liver is life.</p>	<p>Knowledge Keeper gathering plants, walking in the forest, etc.</p>	<p>Scene 7 / Location 3 Knowledge Keeper on the land</p>

<p>But the chemicals we come across in our environment, eat, or put in our body have an impact on the liver because the liver is stuck cleaning up the mess. Many of these diseases were not with us long ago. Alcoholism is a disease that attacks the body and mind and tells the body to crave those chemicals, and it causes liver damage. Sadness also affects the liver and how it works with the body. If our lifestyle has a high fat content, lots of white sugar, or alcohol, then the liver really has to struggle to do its job. This affects our blood so it's not flowing through us the way it should be.</p>	<p>Knowledge Keeper in the kitchen preparing moose stew or something while talking about the liver</p> <p>Knowledge Keeper gathering plants, walking in the forest, etc.</p> <p>People of various ages drinking water, hiking / climbing, etc. (ways to be in balance and support liver health)</p>	<p>Kitchen scene 8 / location 2 Gathering plants Scene 9 Location 3 Young people hiking scene 10 / location 6</p>
<p>Hepatitis is a virus that may get into the blood and then the liver gets damaged by the bad blood. This can cause cirrhosis or scar tissue and can even lead to liver cancer. Hepatitis C can be sneaky and you won't know you have it. It can hide in your liver for 20 years or more before you have any idea you might have this virus. This is why it is very important to get screened, because there is a cure. A few pills for 8–12 weeks and then the liver can begin healing the damaged tissue. If you have hepatitis C, it doesn't mean you are going to die right now, there is a cure. You can get hepatitis C from a blood transfusion years ago, unclean medical instruments from the dentist, or even a manicure. Also, unsterile tattoo or piercing supplies. Or by sharing needles, pipes or straws, even sharing a razor, nail clippers, or toothbrush with someone who has the virus.</p> <p>This is something that can happen to anyone, you do not deserve it, it has happened to a lot of people. Because this virus doesn't tell you when it's there it's important to get screened to protect your liver and to protect those in your family.</p>	<p>Indigenous Doctor/Medical Student shows model of the liver and the damage caused by chemicals and viruses, then continues talking about medical aspects of hepatitis while outside or playing with kids and ends with the feeling that you can be healed and get your energy and health back.</p>	<p>Scene 11 / Location 7 Medical Student</p>

<p>And it's a chance to be careful in the future to avoid what can make the blood bad through being exposed to the virus from sharing needles, pipes, or straws. And it's important to keep our blood healthy for the liver to be healthy to filter our blood, it's a circle of connection and balance.</p>		<p>Scene 12 / Location 1 Knowledge Keeper</p> <p>Scene 13 Location 8 / Location 9 Calgary streets, to Calgary skyline from nose hill pan out</p>
---	--	--

Medicines / Healing

<p>Our ancestors kept the circle of connection and balance and treated sicknesses, including liver sickness. When we go back to the old ways of balance and embrace that way of life there will be a wholistic healing. When we give tobacco, participate in ceremony, show our gratitude, and are open and willing, the knowledge and guiding answers will come and we can ask for healing. You might think you do not want healing, but deep down everyone needs healing and peace. Don't carry that garbage around, go empty it. Like in a sweat lodge, let out the anger and hurt, let out the tears, crying is cleansing, it's part of healing. And its OK to feel those emotions. Once you clean up those things, you can find peace. We need to heal from the past, heal our mind, body, emotions, and our spirit. This healing begins when we open our heart and mind to Creator.</p>	<p>Knowledge Keeper gathering plants, interspersed with clips of symbols of traditional ways of life (giving tobacco, sweat Lodge, smudge, Chief Mountain, fire, water, sun, wind blowing, animals, scenery)</p>	<p>Scene 14 / Location 2 Knowledge Keeper</p>
<p>Healing also happens through working together, and we can ask for help from Creator and from our Elders. When we talk about hope, strength, and love, this is part of the healing and cure and works with our traditional medicines for the liver and for other illness.</p>		<p>Scene 15 / Location 5 Knowledge Keeper – talking while biking with grandson on a path in city</p>

		streets to tree setting by the river
Sometimes we have a hard time accepting the doctor’s medication because we don’t understand what it is, how it works, or why we need to take it. Some of the doctor’s medicines are similar to what we used. For example, willow for pain, and now the same thing is in Tylenol. We can ask for help from our healthcare team to understand. And we can ask how to understand the traditional medicines and introduce ourselves to the them again.	Knowledge Keeper or community nurse talking to the camera from home setting (safe cozy environment)	Scene 16 / Location 10 Community nurse

Two Short Lived Experience Stories (*young person, older person*) 5–7 minutes

Female living experience story vignette	Interview voiceover shots of them doing activities that show togetherness, wellness, and positivity (dependant on where they want to be filmed and what setting they are comfortable in)	Scene 17 / Location 11
Male living experience story vignette	Interview voiceover shots of them doing activities that show togetherness, wellness, and positivity (dependant on where they want to be filmed and what setting they are comfortable in)	Scene 18 / Location 12

Wholistic **Balance**, our teachings to move forward

We need to look back to move forward. Our old ways are the key. Spirituality is our way of life.	Knowledge Keeper chatting as if he is thinking way back in the past and remembering	Scene 19 / Location 2 Knowledge Keeper
When we don’t live according to the sacred laws, we’re going to find disconnect and disease.	Focus on a plant in the city and fade into	Scene 20 / Location 1

<p>Colonization takes us away from our sacred spaces, which we need to flourish. We must go back to nature, back to a way of gratitude, connection, and balance.</p>	<p>plant in the wilderness like it's a dream back in time before colonization. Buffalo grazing on the prairie.</p>	<p>Knowledge Keeper</p>
<p>We all have responsibilities to rebuild, respect, and nurture our bodies. To show respect to our body means to be conscious of what we put into it and how we keep it clean on the inside. This way you look after yourself and the next generation.</p>	<p>Someone helping a child (next generation), to dress, to play outside, run, drink water, laugh together, etc.</p>	<p>Scene 21 / Location 7 Knowledge Keeper</p>
<p>The knowledge that you have is sacred and respect is important in our culture. Respect for parents and respect for the traditional food they fed us. Respect for yourself as a woman. Respect for yourself as a man, and respect for sex. Respect for your body. Creator didn't give us a body to abuse it, we need to nurture our bodies. Remember our mind is our greatest gift, and our way of survival. We have a responsibility for our health and wellbeing, because our life is not our own, it belongs to Creator.</p>	<p>Respect for symbols and ceremony, respect for regalia and dancing</p>	<p>Scene 21 / Location 13 Knowledge Keeper</p>
<p>Instead of shame and stigma, focus on respect and nurture yourself and those suffering with addictions. We feel lost and disconnected because we are carrying trauma. Trauma is like a kept secret and can makes us ill with cancer, liver disease, and alcoholism.</p>	<p>Knowledge Keeper walking on city streets, then walking on a road to the mountains or wilderness area to show connection to land</p>	<p>Scene 22 / Location 8 Knowledge Keeper</p>
<p>Our sacred ways bring balance and create a place for gratitude and respect as well as strength, connection, humour, and laughter for healing. The seven laws help us to remember to move forward with gratefulness and in balance with Love, Respect, Courage, Humility, Wisdom, Honesty, and Truth.</p>	<p>Nature / Animals</p>	<p>Scene 23 Various nature shots</p>
<p>Thinking of the four parts of the circle reminds us to focus on balance in our Emotional, Physical, Spiritual, and Mental health. Don't forget the spirit. Everyone has a spirit, this is sacred, and it is something we must protect and</p>	<p>The medicine wheel in stones on nose hill – pan out toward the mountains.</p>	<p>Scene 24 / Location 9 & 6</p>

<p>nurture. If our spirit is unhealthy other parts of our body are unhealthy and vulnerable to abuse and addiction.</p>	<p>Young person just climbing up on a bluff or mountain and then looking out over the landscape. Eagle soaring.</p>	
<p>We're getting sick with lots of things, not just physical things but also with emotional and spiritual disconnection. Honour and respect the sacred ways and pass them to others, this is the way to balance and wellness. When we talk about the liver and our body, we need work toward balance and understand the body as a connected system. The spiritual is a very important part of this connected system.</p>	<p>Medical professional in a medical setting to give the feeling that spiritual and emotional health are important to medical professionals in our Indigenous health centres as well.</p>	<p>Scene 25 / Location 7</p>
<p>Just like our community working together. Young people sharing these health stories forward to new generations is an important part of this story.</p>	<p>Young medical student in a clinic setting, then same person at home with family, walking with child, showing family connection and healthy emotional connection</p>	<p>Scene 26 / Location 7</p>
<p>If you already have liver disease, get the facts, ask the healthcare team questions, connect with Elders. Remember hepatitis C is curable. All of us working together, and talking about prevention, screening, healing, and finding balance in health is important. Learning to acknowledge the purpose of our emotions and how our body works in balance with our spirituality brings us to wellness. If we care for body, we are caring for our mind, if we care for mind our body works better. Our sacred ways bring us balance in all these things.</p>	<p>Celebrity or Social Influencer</p>	<p>Scene 27/ Location 14</p>
<p>Wellness is a process of finding balance through connections to knowledge, to community, and to our sacred ways. Then we can move forward in a good way to share our wellness story with others and the next generations.</p>	<p>Circle of sharing and connection, with all ages (similar to the artwork)</p>	<p>Scene 28 / Location Small group of various ages in semi-circle</p>