Indigenous Equity Framework of Relational Environments

**Research**

Equity Lens in Public Health (ELPH) research program

- Study 1: Health Equity Priorities and Strategies
- One of four inter-related studies over five years
- Analyzing the factors that promote or restrict the uptake and implementation of equity as a priority in BC’s health authorities
- Indigenous Equity Analysis
- Parallel analysis conducted in partnership with the Centre for Aboriginal Health Research (CABHR)
- Using the Indigenous Equity Framework of Relational Environments to guide the analysis of equity/inequity in public health as it pertains to indigenous peoples in Canada

**Methods:**
- Document review and critical discourse analysis
- Data coding and thematic analysis using NVivo software
- Ministry of Health (MOH) and health authority (HA) Service Plans and Strategic Plans (18 documents)
- Focus groups with HA front line staff
- Interviews with HA managers and MOH policy analysts

**Objectives:**
- Compare baseline analysis to follow-up analysis for each health authority to track implementation and change over time
- Produce six case reports and a provincial level summary
- Promote health equity as a priority, and integrate into public health policy and program development
- Transform the health system to reduce systemic health inequities

**Background**

- Health inequities are avoidable or preventable inequalities in health status between groups of people between and within countries
- Canada ranks fourth out of 177 countries in the 2007-2008 United Nations Human Development Index; yet, the health status within many First Nations communities is comparable to "Third World health status" (Matthew Coon Come, as cited in Adelson, 2005)
- First Nations health governance is influenced by a unique combination of federal, provincial/territorial, and local policies, legislation, and relationships
- Despite the multiplicity of authorities responsible for First Nations health, complete coverage is not ensured; rather, the complex system has led to jurisdictional gaps and fragmented service delivery that produce and perpetuate health inequities

**Relational Environments**

- The Indigenous Equity Framework uses relational environments as physical and theoretical settings where health equity is analyzed
- Relational environments can be understood using the metaphor of a tree and its three basic elements: the crown (leaves and branches), the trunk, and the roots
- Each part of the tree is interconnected and interdependent upon the other parts and also upon the surrounding environment that can be both nourishing and sometimes destructive

**Stem Environment**

- The stem environment is the peripheral environment that is linked to the trunk
- The stem environment includes non-human and built environments, services and resources, barriers and facilitators to accessibility
- Non-Human: natural and built environments, services and resources, barriers and facilitators to accessibility
- Symbolic: how people, cultures, health and health equity are perceived, portrayed, and/or positioned

**Core Environment**

- The core environment can be understood as the trunk of a tree
- The core environment has a less direct impact on the health of individuals, yet profoundly influences stem environments
- Communities: Indigenous communities, Band governments, locally-controlled health authorities, etc., and their roles in planning, managing, and delivering health services
- Institutions: organizations, agencies, foundations, etc., devoted to a particular cause or interest
- Systems: overarching frameworks that encompass a number of governing bodies, authorities, and institutions that share a common purpose (e.g. health, education)

**Root Environment**

- The root environment can be understood as the roots of a tree
- The root environment includes the broad determinants that shape health equity as well as the historical foundations upon which current structures within the core environment have evolved
- Culture: the significance of culture and cultural connection to health and wellness at the individual, family, and community levels
- Historical: the historical context, including past circumstances and events, that have led to or have impacted the current conditions of health equity
- Political: political institutions, governing structures, and power dynamics
- Social: the conditions in which people are born, grow, live, work and age