Happenings

Core Competencies for Indigenous Public Health, Evaluation and Research (CIPHER): A Health Inequity Mitigation Strategy

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Indigenous populations across the globe, though culturally diverse and geographically dispersed, share a common struggle to overcome health disparities and cultural conflict with mainstream health services. Indigenous people around the world, including members of First Nation, Inuit, and Métis communities in Canada, have higher rates of communicable disease, chronic disease, mental illness, and preventable injury, as well as shorter life expectancies, than their non-Indigenous counterparts (Cunningham, 2009; Health Canada, 2007; Reading, 2009). Historic trauma, socio-economic disadvantages, and conflict between traditional health beliefs and the dominant, often Western, health-care system also negatively impact Indigenous health (Durie, 2004). These inequities are an emerging global health priority. However, strategic actions to address gaps in Indigenous health and health-service quality have not been adequately developed. Public health interventions delivered by informed and culturally competent practitioners are urgently needed in order to address the growing health crisis faced by Indigenous populations.

The United Nations, the World Health Organization (WHO), and the Pan American Health Organization (PAHO) have in recent years called for consultation with Indigenous communities on matters of health program planning (Pacari & Vega, 2009; United Nations Permanent Forum on Indigenous Issues, 2003). Separately, these organizations have also promoted the development of core competencies in public health, as a means of improving education, training, and service delivery (Koplan, Puska, Jousilahti, Cahill, & Huttunen, 2005; World Health Organization [WHO], 2005). But what if the Indigenous perspective were applied to public health core competencies? This question has been raised by 12 Indigenous scholars from Australia, New Zealand,

the United States, and Canada, initiating the idea for an international program to establish Competencies for Indigenous Public Health, Evaluation and Research (CIPHER). In July 2011 the group convened at the University of Hawaii in Honolulu and agreed by consensus that Indigenous health could be improved by promoting culturally safe public health practices through the development and implementation of core competencies for Indigenous public health.

Global Indigenous Health

The experiences of Indigenous people around the world vary greatly, by age, gender, education, cultural identity, community framework, geographic location, rural/urban setting, and political circumstances. However, many Indigenous peoples share experiences of colonization, sociocultural marginalization, and health inequity, leading international organizations to promote the integration of Indigenous perspectives into health-care systems. In 1992 a hemispheric workshop on the health of Indigenous peoples was held in Winnipeg, resulting in the PAHO Health of Indigenous Peoples Initiative, which emphasizes collaboration with Indigenous communities (PAHO, 2003a; WHO, 2006). In 2002 the United Nations established a Permanent Forum on Indigenous Issues, which has since recommended that WHO and PAHO incorporate Indigenous healers and cultural perspectives into health policies and programs (United Nations Permanent Forum on Indigenous Issues, 2005). Most recently, the United Nations adopted the Declaration on the Rights of Indigenous Peoples, articles 21 and 23 of which assert the right of Indigenous peoples to improved health and self-governance of health programs (United Nations, 2007).

Core Competencies in Public Health

Core competencies in public health represent a set of skills, knowledge, and values necessary for the provision of effective health services. Although core competencies cannot address every health topic or every determinant of health, WHO has published a number of reports and articles on the benefits of implementing core competencies in the public health field. For example, Koplan et al. (2005) describe the implementation of core competencies as a critical function of public health institutes, where the purpose of competencies is to influence Master of Public Health (MPH) program curricula, training for practitioners, and evaluation of health-care systems. Also, the WHO Department of HIV/AIDS has published a report addressing core competencies for HIV/AIDS health and community workers (WHO, 2005). WHO, UNAIDS, and the

Global Fund to Fight AIDS have since implemented training and certification guidelines, because core competencies "promote clarity in defining tasks and roles . . . are a foundation for the development of standardized training programmes [and] guide quality assurance activities" (WHO, 2005).

The CIPHER Program

The CIPHER scholars propose to apply the public health core competencies model to the Indigenous public health discipline as a strategy for mitigating Indigenous health inequities. The CIPHER strategy is aimed at improving the cultural safety of Indigenous health services, through standardized training of public health practitioners and formal integration of Indigenous health perspectives into public health education, practice, and governance. The result will be a higher quality of Indigenous health services and reduced Indigenous health disparities. Given the plurality of Indigenous populations, the core competencies must balance unique community approaches with a consensus on what constitutes a core set of knowledge, skills, and values for the transnational workforce in Indigenous public health. To initiate a dialogue on how this balance might be achieved, CIPHER scholars are recruiting stakeholder participants, designing a core competency framework, and discussing implementation strategies. These activities are intended to coordinate the international CIPHER project while affording each country and community the flexibility necessary to tailor the core competencies to the distinct histories, cultures, and circumstances of their Indigenous populations.

The CIPHER project is recruiting Indigenous stakeholders to participate in the research, design, and implementation of the core competencies. These partnerships are in accordance with the integrated knowledge translation definition of the Canadian Institutes of Health Research (CIHR), the Health of Indigenous Peoples Initiative of PAHO, and the United Nations Declaration on the Rights of Indigenous Peoples (Canadian Institutes of Health Research, 2009; PAHO, 2003b; United Nations, 2007). Although the international scope of the project will limit the engagement of local representatives, CIPHER scholars plan to consult with regional Indigenous health-care organizations, national Indigenous health–advocacy organizations, Indigenous health–professional associations, and traditional healer organizations. The consultation process will reveal themes in health, history, and culture to address in the core competencies.

The themes identified through consultation will inform the design of the core competency framework. For example, a theme identified in the

history category could be "historic treaties, laws, and politics that impact Indigenous health." The theme will be addressed by a specific competency stating that "the practitioner must be knowledgeable about the treaties, legal rulings, and political relations that historically and currently impact the health services received by the Indigenous population he/she works with." By attending to topics of Indigenous health knowledge and cultural competence, as shown in the example, the CIPHER competency model is meant to (1) address specific issues related to global Indigenous public health; and (2) remain broad enough to allow Indigenous communities, health organizations, and governments to tailor the competencies to the particular circumstances of each Indigenous population. Local ownership of the competencies can then contribute to the decolonization of health services and formalization of cultural safety standards in Indigenous health care.

Finally, the CIPHER implementation strategy is aimed at impacting Indigenous public health on three levels: academic institutions, practitioners, and employers/communities. Academic institutions can be shown how to enhance coursework and design competency-based education from the Indigenous perspective. Public health practitioners can assess their current skill levels and use the competencies to inform professional development. Employers and communities can assess overall Indigenous public health capacity and address gaps by developing training programs, adopting Indigenous health-care mandates, and advocating for government health policies that support culturally safe Indigenous health resources and services.

CIPHER, Canada, and the Next Steps

Thus far, CIPHER scholars at the University of Victoria's Centre for Aboriginal Health Research (CAHR) have secured funding from CIHR, the National Collaborating Centre for Aboriginal Health (NCCAH), and the Public Health Agency of Canada to conduct preliminary research. CAHR and NCCAH are also co-hosting a national meeting in Vancouver in June 2012 to engage Canadian scholars and First Nation, Inuit, and Métis stakeholders. CAHR hopes to host the international CIPHER scholars at a 2012 planning meeting, where preliminary research findings will be presented and the next steps planned. The project is an opportunity for Canada to become a founding member of an international CIPHER consortium, demonstrate Canadian leadership in global Indigenous health, and help to improve health status and health-service quality for First Nation, Inuit, Métis, and other Indigenous peoples around the world.

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