Indigenous Research Level of Engagement Tool (IRLET) Companion Document

This document is intended to help better explain the IRLET. If you have questions about how to use the IRLET please email iphrc@uregina.ca.

IRLET ORIGIN

The original goal of the tool was to help grant review committees evaluate patient-oriented research grant proposals that involve Indigenous communities and research methods. The IRLET is intended to be used in conjunction with the Patient Oriented Research Level of Engagement Tool (PORLET).

The IRLET has additional uses. It can help explain Indigenous research to individuals who are new to this research process. The IRLET can also be used as a writing guide. It is also recommended that research teams engaging with Indigenous communities attend the Building Research Relationships with Indigenous Communities training module facilitated by the Indigenous Research Engagement and Expertise Platform of SCPOR.

DEFINITIONS

Community: May refer to an Indigenous nation or a smaller subset within a nation (i.e. a reserve rather than the whole nation). Community can also consist of a group of Indigenous peoples who have a common interest (i.e. patients with chronic kidney disease).

Data: Data is information that has been collected, observed, generated or created to validate research findings.

Indigenous: Indigenous is a globally recognized term that is used to refer to the original peoples of territories that have experienced colonialism. In Canada, this refers to Inuit, First Nations and Métis citizens as defined by Section 35 of the Canadian Constitution.

Indigenous Knowledges and Ways of Knowing: Indigenous knowledges and ways of knowing represent the accumulated experience, wisdom and know-how unique to various Indigenous nations, societies and/or communities. Indigenous knowledges are derived from multiple sources and can include traditional knowledge, empirical knowledge, and revealed knowledge.

Indigenous Stakeholders: Indigenous stakeholders can include: Indigenous communities, Indigenous patient partners, Elders and/or Knowledge Keepers, Indigenous political or health organizations (e.g. MN-S) etc.

2 Marlene Brant Castellano, (2000) “Updating Aboriginal Traditions of Knowledge” In G.J.S Dei, B.L. Hall & D.G. Rosenberg (Eds.) Indigenous knowledges in global contexts. Toronto: University of Toronto Press. 5
**Knowledge Translation:** A process of finding, sharing and using information to improve and strengthen the healthcare system in Canada. It focuses on safely applying new information to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

**Methodology:** A methodology is a system of methods used in a particular area of study or activity.

**Métis Data-Governance Principles:** Métis data-governance principles set out by the MN-S that establishes how Métis data is collected, protected, used or shared.

**OCAP®:** The First Nations principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the de facto standard for how to conduct research with First Nations. Standing for ownership, control, access and possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used (fnigc.ca).

**Patient:** The term patient is defined as anyone who has personal experience of a health issue as well as their informal caregivers, including family and friends (SPOR Patient Engagement Framework). This term may be replaced with client, family, resident, person with lived experience, community, and community-based organization.

**Self-Determination:** The concept of self-determination is a key principle in international law and is defined as the rights of peoples to determine by who and how they wish to be led or governed. Self-determination can also be expanded to describe collective Indigenous decision-making capacity over key issues affecting communities and nations. In the context of research, Indigenous self-determination involves the right of Indigenous peoples to have authority over research methodologies, methods and materials produced that come out of research projects and programs affecting their communities. Indigenous self-determination in the area of research also involves the right to veto projects understood to pose a detrimental risk to community wellness.

**Strengths-Based:** A strengths-based approach is a conceptual framework for health research with Indigenous peoples which capitalizes on existing Indigenous resiliency and wellness. A strengths-based approach does not involve ignoring the historical and social realities facing Indigenous peoples; rather this approach seeks to move towards overcoming deficit-based health research models.
Here are some helpful questions to ask yourself while using the IRLET. All criteria should take into account the degree to which Indigenous stakeholders are comfortable.

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<th>CRITERIA</th>
<th>QUESTIONS TO ASK YOURSELF</th>
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| **Criteria 1:** Partnership with Indigenous Stakeholders | Are there Indigenous stakeholders on the research team?  
To what degree do Indigenous stakeholders and/or Indigenous patient partners take part in the decision-making process?  
Are Indigenous patient partners engaged at all levels and stages of the research?  
Are Indigenous stakeholders co-building decision-making processes with researchers, practitioners and other decision-makers in research teams?  
Will there be a lasting benefit to the community being partnered with, such as training and capacity building, and/or policy change?  
Does the project have an appropriate budget reflective of travel, accommodations and honorariums for participants?  
If communicating mainly via video conference, does the budget reflect investment in technology to close the digital divide in rural areas? For example, will participants and team members be provided with MiFi wireless technology? |
| **Criteria 2:** Knowledge into Practice | Has there been a research agreement put in place agreed upon and designed by both parties?  
Has the team demonstrated a desire to collaborate and involve Indigenous stakeholders in determining the knowledge translation plans for the collected data? |
| **Criteria 3:** Strengths-based Approach | Are the proposed methods trauma-informed and aimed at improving quality of life for Indigenous communities?  
How does the project aim to improve quality of life and offer strengths-based solutions by building on Indigenous pathways to resiliency and wellness? |
| **Criteria 4:** Indigenous Knowledges and Ways of Knowing | Has the research team committed to using and privileging Indigenous methodologies in the project?  
Are cultural protocols being considered and implemented? For example, will tobacco and/or cloth be provided in exchange for knowledge?  
Will Indigenous stakeholders be included in deciding which knowledges and ways of knowing are used? |
RESOURCES

The following resources are included to provide context and a starting point for those who are unfamiliar with Indigenous research methodologies. While not a comprehensive list, these sources can provide guidance to new researchers.


