Native Women's Association of Canada
L'Association des femmes autochtones du Canada

POLICY BRIEF

THINKING ABOUT CRGBA INFORMED HEALTH POLICY

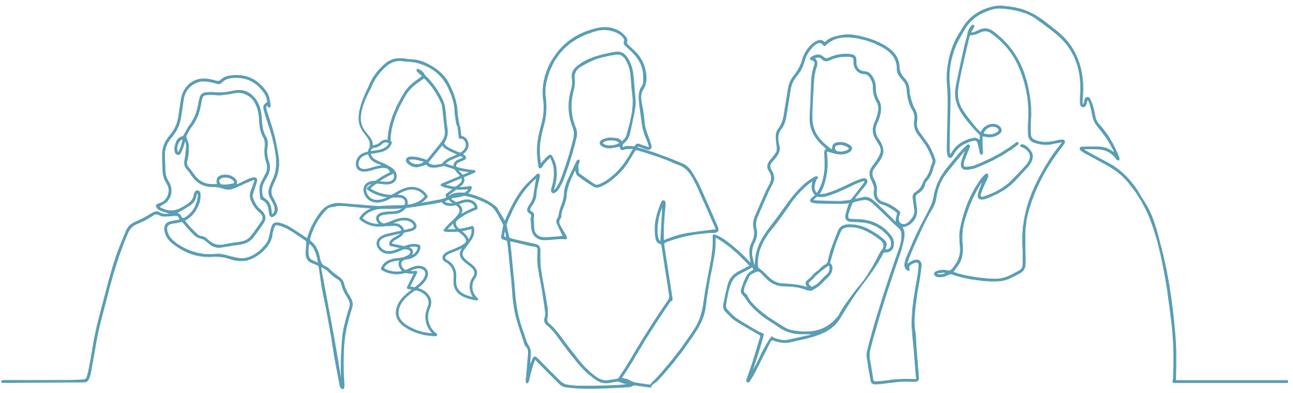
THINKING ABOUT CRGBA-INFORMED HEALTH POLICY

Culturally relevant gender-based analysis (CRGBA) is a holistic and fluid approach to developing policies and programs inclusive, accessible, and relevant to communities' distinct and unique lived experiences across Turtle Island and Inuit Nunangat. The Native Women's Association of Canada (NWAC) introduced the CRGBA Framework in 2007 as a response to current gaps in the federal government's approach to **gender-based analysis**. NWAC's CRGBA Framework draws attention to specific and distinct cultural, historical, and intersecting aspects of identity among Indigenous women, Two-Spirit, transgender, and gender-diverse people. Today, CRGBA is at the foundation of all our work within policy, external advocacy, and research.

While all public policy areas would benefit from the implementation of CRGBA, implementing CRGBA-informed health policy is of crucial significance when considering current lived experiences of Indigenous women, Two-Spirit, transgender, and gender-diverse people. Consider the following federal approach to Indigenous healthcare in Canada:

Anti-Indigenous Systemic Racism in Canadian Healthcare and Joyce's Principle

Joyce's Principle is a response to ongoing experiences of anti-Indigenous, systemic racism, Indigenous women, Two-Spirit, transgender, and gender-diverse people face in Canadian healthcare systems. The response is named after Joyce Echaquan, an Atikamekw woman who tragically died on September 28, 2020, as a direct result of blatant racism, misogyny, and neglect while seeking care in a Quebec hospital. Joyce's passing sparked protest and controversy across the nation, shedding greater spotlight on harsh realities Indigenous women, Two-Spirit, transgender, and gender-diverse people face when seeking healthcare services.



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Joyce's Principle, "Aims to guarantee all Indigenous Peoples the right to equitable access to social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health."[1] To implement Joyce's Principle, the Government of Canada engaged in **three National Dialogues**. Following the outcomes of these discussions, presented "**Addressing anti-Indigenous racism in health systems: Federal response.**"[2]

The Government of Canada also announced a commitment to the **co-development of distinctions-based health legislation** with First Nations, Inuit, and Metis partners. Through this initiative, the federal government aims to develop health legislation in a collaborative way, with Indigenous partners leading engagement. At the time of this writing, this work continues to be underway.

When considering Joyce's Principle, it is evident that numerous barriers continue to prevent equitable access to healthcare for Indigenous Peoples on account of unique, intersecting, and distinct identities. Thus, it is imperative to take a culturally-relevant, gender- and distinctions-based approach to developing policies that impact Indigenous health and wellness. By employing NWAC's CRGBA Framework throughout the policy making process, policymakers, researchers, and advocates can make equitable access to culturally relevant and safe healthcare a reality.

1 Government of Canada provides $2 million to the Conseil des Atikamekw de Manawan and the Conseil de la Nation Atikamekw for the development of Joyce's Principle, Indigenous Services Canada, February 10, 2021. Accessed from: https://www.canada.ca/en/indigenous-services-canada/news/2021/02/government-of-canada-provides-2-million-to-the-conseil-des-atikamekw-de-manawan-and-the-conseil-de-la-nation-atikamekw-for-the-development-of-joyce.html.

2 Addressing anti-Indigenous racism in health systems: Federal response, Government of Canada, August 6, 2021. Accessed from: https://www.sac-isc.gc.ca/eng/1628264764888/1628264790978#chp3.

IMPLEMENTING CRGBA IN HEALTH POLICY:

CRGBA is a fluid, reflexive, and holistic approach to assessing the efficacy and relevancy of our programs, policies, and research. CRGBA can be conceptualized as an ongoing journey. As we travel throughout the analytical process, we begin to uncover and address gaps and biases in our approach by grounding our proposed policies and programs in a culturally relevant and distinctions-based lens. Simultaneously, the analytical process supports developing respectful, reciprocal relationships with communities directly impacted by our proposed policy interventions, and facilitates meaningful inclusion throughout the policymaking process.

CRGBA is comprised of the following five key concepts: distinctions-based, intersectional, gender-diverse, Indigenous knowledge, and trauma-informed. The following activity offers an overview of each concept and provides a step-by-step guide to implementing CRGBA in the development of health policy.

STEP 1: WHERE DOES OUR PATH LEAD?

When thinking about how to begin the CRGBA journey, it is important to consider where our path leads. In other words, when considering the intent behind our proposed policy intervention, what are our key objectives? Ask yourself:

KEY OBJECTIVES:	INDICATORS:
This column lists key objectives and associated questions to ask yourself before beginning the analytical process.	*Use this column to develop indicators specific to your proposed policy intervention's objective.*
Does this policy intervention critically, and holistically, reflect the interests and perspectives of Indigenous service users and patients? For example: Does this policy reflect the interests and perspectives of Inuit people living in remote communities experiencing pregnancy?	Example Indicators: This policy intervention will be reflective of, and attempts to address, unique barriers Inuit parents face when seeking reproductive health care, including extensive travel costs, isolation experienced due to displacement from community, and a need for culturally relevant and safe reproductive care before, during, and after the birthing process.
Have people who will be impacted by this policy taken an equitable and collaborative role in developing the policy? For example: Have Inuit people—from different communities with lived experience of pregnancy, parenting, and accessing reproductive health care services—been included in the design, consultation, and drafting of the policy?	Example Indicators: Number of Inuit people with lived experience participating as both consultants and advocates within the policy project.

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STEP 2: APPLYING CULTURALLY RELEVANT GENDER-BASED ANALYSIS:

After setting clear intentions for the policy process, begin applying key concepts of culturally relevant gender-based analysis to the policy. As you move through the questions, identify what indicators you can draw upon to verify whether you have fulfilled an obligation to the concepts, and, if unable to, indicate why or why not.

CONCEPT 1: **DISTINCTIONS-BASED:**

For the federal government, a distinctions-based approach means considering unique rights, interests, and circumstances of First Nations, Inuit, and Mètis people. However, the federal conceptualization of a distinctions-based approach fails to consider Indigenous Peoples whose identities and experiences do not necessarily 'fit in the box.' For example: Displaced Indigenous people, Indigenous people whose identity is not inherently tied to land claims, and Indigenous people who have been disenfranchised and left without status.

To ensure inclusivity, NWAC defines a distinctions-based approach by considering unique lived experiences and needs of Indigenous Peoples from across Turtle Island and Inuit Nunangat—including First Nations, Inuit, and Mètis, on- and off-reserve, urban, and/or non-status, Indigenous Peoples.

ASK YOURSELF:	FOR EXAMPLE:
Are the distinct lived experiences of First Nations, Inuit, and Métis people meaningfully represented?	Are First Nations, Inuit, and Métis people actually engaged in co-developing this policy or program?
Have you also accounted for the experiences of on- versus off-reserve, rural versus urban, and status versus non-status Indigenous Peoples?	Are Indigenous Peoples participating in the co-development of your proposed policy or program? How might Indigenous Peoples' circumstances shape experiences of your proposed policy or program?
How does this program impact all Indigenous women, Two-Spirit, transgender, and gender-diverse people, regardless of where they live?	Have the appropriate communities been meaningfully and equitably consulted? This includes engagement beyond tribal councils.
Who is left out? Why?	Is there any way to better incorporate voices that have been left out?

CONCEPT 2: **INTERSECTIONALITY:**

Intersectionality means everyone has different and unique intersecting aspects of their identity, and these intersections of identity shape our experiences of privilege and/or oppression.[3] Some categories of identity can include one's experience of colonization, ethnocultural background, class, gender identity, sexuality, ability, age, location/neighborhood, level of education, and/or language. Consequently, depending on whether your various, intersecting identities are ones of privilege or marginalization, you may experience different forms of opportunities or oppression.

When applying an intersectional lens to the Canadian context, we are encouraged to consider multiple ways our collective history, and differing aspects of our identity, converge to shape our lived experience. This includes examining how colonization, white supremacy, and neoliberalism have impacted our society, our systems of governance, and policies shaped by these systems, as well as how these systems have shaped us.

ASK YOURSELF:	FOR EXAMPLE:
Does the program, or policy, account for how intersecting identities shape access and experiences of policies and programs?	Is this policy or program accessible? Who is it accessible to? Who is left out, and why?
Does this program, or policy, account for impacts of colonization?	Have experiences of Indigenous Peoples been considered, including disenfranchised, displaced, and/or non-status people? What about urban or off-reserve people?
Have you ethically engaged with the community/ies this policy will impact?	How are community voices centered? How has the community been compensated for its contributions?
Are there specific eligibility requirements, or means of testing involved, that communities or applicants are expected to meet?	If so, why are these requirements in place? Do you have sufficient evidence and rationale to back up these requirements? Do these requirements improve the policy or program?
How does your positionality, or intersections of identity, impact your approach to policy and program development?	What is your frame of reference, or how do you experience health policy and programs? Is it easy for you to see a doctor when you need to, or is it challenging? Why or why not? Does your experience of the current healthcare system impact how you might approach developing policies for it? How?

3 Kimberlé Crenshaw. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." Stanford Law Review, 43, no. 6 (1991): 1241–1300. Accessed from: https://doi.org/10.2307/1229039.

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CONCEPT 3: **GENDER DIVERSITY:**

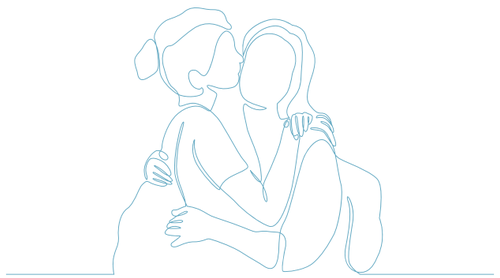
Colonial categories of exclusion were imposed upon Indigenous communities, introducing a binary of male and female. However, despite colonization, many Indigenous Peoples continue to resist such categories of exclusion and continue to express their gender identity ways that are expansive and fluid. For example, people who identify as Two-Spirit, nonbinary, gender-diverse, or gender nonconforming, are a few examples of those who have rejected and/or live outside of the gender binary.

ASK YOURSELF:	FOR EXAMPLE:
Is the program or policy gender-inclusive and non-binary, recognizing that gender, sex, and sexuality are spectrums?	Whose perspectives are being represented by this program or policy? Who has been left out? Why?
Does this program or policy centre heteronormative, trans-exclusionary, or binary values or ways of being?	If not, what can be done to disrupt this?
Considering the impacts of colonization, what are the contemporary lived realities of Indigenous women, Two-Spirit, transgender, and gender-diverse people in this specific cultural/community context?	Does the proposed policy intervention address these realities? How?
Are Indigenous women, Two-Spirit, transgender, and gender-diverse peoples' distinct knowledge, ways of being, and roles incorporated or reclaimed within this policy response?	Have you engaged in appropriate consultation or involved the right people to begin reclaiming this knowledge?

CONCEPT 4: **INDIGENOUS KNOWLEDGE:**

CRGBA is grounded within a relational approach–central to numerous Indigenous worldviews, our relationships to each other and to the land are foundational in fostering mutual respect and reciprocity. We do this in policy work and advocacy by building relationships with each other, ensuring the voices and needs of service users are centered in our work as policymakers. In doing so, we are making space to learn about, and meaningfully mobilize, other Indigenous knowledge systems—ensuring our approach is holistic and relevant to communities that will be impacted by our proposed policy intervention.

ASK YOURSELF:	FOR EXAMPLE:
Does the program or policy place value on non-Western Ways of Knowing and transmitting knowledge? Are principles of Indigenous self-determination centered?	Does the program or policy meaningfully incorporate other forms of knowledge transmission, including storytelling, ceremonies, Sharing Circles, or land-based learning and/or healing? Have Indigenous Knowledge Keepers contributed to, and/or meaningfully engaged in, the policy process? Does this policy consider perspectives outside of the biomedical model? Have you made time for relationship-building? What is the intention behind this work? How will this policy intervention foster Indigenous self-determination? How have you ensured you are not appropriating Indigenous KnowledgeSystems and teachings?
What were the community's kinship relationships, understandings of sexuality, gender, governance structures, legal traditions, and cultural values before colonization?	What are some of the ways we can work to restore social, cultural, political, and economic balance and well-being in these communities?
How were pre-existing community structures and ideologies changed through processes of colonization?	Does the proposed policy intervention address these considerations? How?



CONCEPT 5: **TRAUMA-INFORMED:**

Intergenerational trauma is a direct legacy of ongoing colonial violence against Indigenous Peoples. Intergenerational trauma is insidious and far-reaching, impacting to what extent Indigenous communities feel safe accessing certain policies and programs, as well as informing the efficacy of the policy intervention for communities. Thus, it is imperative that policymakers consider impacts of trauma when developing health policy interventions.

ASK YOURSELF:	FOR EXAMPLE:
Has consideration been given to the role this policy plays in perpetuating, or intervening, in intergenerational trauma?	Does the proposed policy intervention address this? Does this policy reduce or increase barriers? Why or why not?
Does your policy or program promote safety?	Does it reduce or prevent harm? How? Does this policy centre service user's autonomy and empower choice?
Is your policy preventative or responsive?	Considering the issue you are trying to address, would a preventative or a responsive approach fit better?
Have you considered how trauma may impact someone's ability to engage with, or access, your policy or program?	What information must be obtained to assess the program eligibility of applicants or participants? Are there safeguards, or other coordinated information-sharing practices, that can be used to reduce how often a person must repeat their circumstances?
Does this policy consider, and meaningfully integrate, the tenets of Joyce's Principle?	Are the policymakers on your team aware of Joyce's Principle and its intentions? Have you critically interrogated how racism, including how internal biases and microaggressions, show up and shape Indigenous Peoples' experiences accessing health services?

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