

Embedding Indigenous knowledges and voices in planetary health education

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Internationally, the health-care sector has been slower than many other sectors in reducing its carbon emissions and broader environmental footprint. Incrementally, tertiary education institutions are changing their focus to integrate environmental and social objectives, including planetary health, into teaching, research, and how the campus is operated. Planetary health and sustainable health-care are emerging topics in the education of health professionals. However, they have largely been limited to specific knowledge rooted in western epistemology with ad hoc curricula that do not consider the complex interdependence of ecosystems and human health. Because of the need to prepare the current and future health-care workforce for planetary consciousness and related practices, in this Personal View we provide an innovative case study that uses Indigenist health humanities (eg, narrative portraiture) and arts-based education strategies to offer a different way of seeing, knowing, and understanding planetary health. Embedding Indigenous knowledges and voices into planetary health education is an important first step in decolonising learning in health professional education.

Introduction

The effects of production and consumption on the environment are contributing to devastating and irreversible changes to the climate and ecosystems with disproportionate effects on marginalised populations, including Indigenous communities. Globally, health-care systems use substantial amounts of resources including energy, water, and chemicals and release vast quantities of greenhouse gases, waste, and toxic pollutants. The health-care sector of Australia is responsible for some of the highest health-care-sector-related carbon emissions in the world, constituting 7% of the total greenhouse gas emissions from the country.¹ Human-induced climate change is one of the greatest threats to public health.² The COVID-19 pandemic further revealed the crucial relationship between planetary health and the health of all people.^{3,4}

Currently, health professionals enter the workforce unprepared and unconfident to respond to health-related climate and environmental impact.^{5,6} To transition into environmentally responsible and socially inclusive health-care systems, with a prepared workforce, there is an urgent need for tertiary education institutions, such as universities, to embed planetary health education and training across their health professional education programmes. Planetary health education includes teaching and learning approaches that enable educators to develop students' knowledge, skills, world views, and practices related to the interdependence of ecosystems and human health, with an overall aim of contributing to a sustainable human existence.⁷ This Personal View highlights innovative and transformative education approaches that engage learners and encourage them to discover new and different ways of seeing, knowing, and understanding planetary health by embedding Indigenous knowledges.

Although there is a consensus statement on the knowledge, skills, and associated domains of learning required to educate the health-care workforce,⁵ planetary

health is multifaceted, complex, and ambiguous, and consequently is not well understood or taught. Literature has shown that planetary health education tends to be isolated from other topics, is often taught from a western perspective,⁸ and is ad hoc and peripheral to the tertiary education of health professionals. This has led to many health professional scholars requesting that the health-care workforce be immediately provided with the relevant knowledge and skills to respond to and advocate for planetary health action.^{5,9,10} Furthermore, the integration of transdisciplinary problem solving, systems thinking and complexity, equity, and social justice^{3,11} into health professional education, including embedding Indigenous knowledges, is invaluable to population and environmental outcomes.¹²

Planetary health education approaches should be inclusive and transformative. The traditional, biomedical framing of health and illness use reductionist thinking that focuses on risk, deficit, impairment, and disease. As a result, particular groups (eg, Indigenous Peoples) have historically been described in a negative way and the deficit framing used in medicine pathologises Indigenous individuals and communities.^{13,14} This biomedical approach negates the knowledge that people with different lived experiences can contribute to broad social and cultural understandings of health. However, western thinking and knowledge continue to direct the education of health professionals. Characterised by a focus on rightness and wrongness, this approach fails to prepare learners with the complex, messy thinking required to improve planetary health. These educational views might reinforce, rather than challenge, post-colonialist (or settler colonist)¹⁵ hegemonic power structures that perpetuate Indigenous inequality and inequity.¹⁶

In this multivoiced Personal View, we delineate the process of designing a novel planetary health education resource for health professionals that aims to embed Indigenous knowledges while recognising and exploring "how human stewardship of the Earth is a primary

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determinant of future population health”.¹⁷ In 2018, author G Brand, a non-Indigenous nurse, narrative researcher, and tertiary health professional educator and author R Kickett, an Indigenous cultural healer and teacher, met when they both contributed to an exploratory narrative research study. The study aimed to work with health-care consumers and the community to design health-care workforce education that increased understanding of mental health and wellbeing, including the historical and intergenerational trauma to Indigenous Peoples as a result of colonisation and loss of culture, language, and land. After some narrative-based conversations (also known as yarning), they met with author S Wise, a medical and fine-art photographer with Indigenous Fijian heritage, to assess ways they could visually and metaphorically represent R Kickett’s lived experiences in the education resource. Recognising the Indigenous interconnections with mother nature and the need to combine Indigenous and western ways of knowing, author G Bedi, a non-Indigenous sociologist, tertiary sustainability educator, and environmentalist, became involved in this work having established that there is a need to change how planetary health and related practices are taught. We provide a case study that uses transformative learning approaches to improve the knowledge, skills, and values of health professionals and prepares the health-care workforce for justice-enhancing practices in planetary health.

Indigenous and health-humanities knowledges

The story of the Barangenge Koort (translated to stolen heart in English) from author R Kickett, an Indigenous Noongar woman from Western Australia:

“I was coming through a little town called Wandering. And in the field of the paddock you know, there was a circle of weitj [emus] gathered together like in my dreamtime story from the father to the mother and the baby ones it was like they were dancing around in a circle and it was like that the old ones were trying to keep the young ones together. It reminds us of the story of the stolen ones...we were stripped of almost everything, our language, the way we lived, everything from to the children being taken away.”

Author R Kickett

There is widespread agreement on the need to embed Indigenous knowledges and knowledge systems in health care,⁸ particularly in health professional education.^{12,14} Collectively working together to combine Indigenous and western knowledges in planetary health education³ is therefore a matter of respect, care, and integrity that considers “the epistemological aspects of ‘land’ and ‘country’ with a necessity for true reconciliation between people and place in the learning environment”.¹² Embedding Indigenous knowledges and knowledge systems from Indigenous land stewards, who have an innate understanding of the reciprocity and interconnectedness of all living beings,¹⁸ into health care can be

achieved by establishing decolonised learning in diverse health professional education environments.¹²

Depth of Field is a health humanities research and education methodology that uses narrative portraits and arts-based education strategies to design strengths-based, interprofessional resources for widespread use in the education of health professionals and the health-care workforce.¹⁹ This educational approach aims to communicate research findings (eg, lived-experience voices) in ways that lead to questions and discussions, highlight unassessed—often culturally bound—assumptions, and challenge traditional and hierarchical health-care relationships in health professional learning and practice. This aim is achieved via arts-based education strategies that are deliberately designed to encourage new and different ways of seeing, knowing, and understanding people with different lived experiences. For example, there is a focus on the development of creative, intuitive, and critical thinking skills that promote the empathy and reflection needed to consider new and potentially challenging concepts and ideas. The approach delineated in this Personal View supports the new and innovative research field of Indigenous health humanities¹⁴ that aims to “break out of the biomedical mould” and “seeks to bridge the knowledge gap of Indigenous health by broadening intellectual investment: inviting humanities and social sciences perspectives about the social worlds that Indigenous People occupy to better understand its role in the production of health, illness, and inequality”.¹⁴ The principles of Indigenous health humanities research and education include acknowledging Indigenous intellectual sovereignty and focusing on strengths-based framing that “reconfigures, rather than reinforces, existing hierarchical relationships that have traditionally favoured non-Indigenous health researchers”.¹⁴

To embed Indigenous knowledges and voices in planetary health education, we examined stories that have been told or learned about Indigenous Peoples in health professional education, explored ways to encourage a different way of knowing to the colonialist framing of Indigenous health and culture,²⁰ and sought to create culturally safe spaces for decolonised learning in health professional education¹² to ensure that learners see, hear, embody, and learn from Indigenous voices. The health-care workforce has to learn about the history of colonialism and its continuing effects.

“We need to give them a glimpse of the past to understand the community that they’re working with, you know, and that patients and clients that they are working with to support understanding of what might have happened in the past and how it links to where a lot of our Aboriginal People are at today.”

Author R Kickett

Case study

This Personal View cannot describe the novel planetary health education resource in full. Instead, we outline how

we created the education resource using specific planetary health learning objectives⁵ and arts-based educational strategies (panel 1). The strategies are designed to engage learners in planetary health, stimulate meaning-making and reflective learning (ie, new ways of knowing), and translate new learnings so that health professional behaviour changes.²¹ The education strategies are representative of the five domains of the planetary health education framework: interconnection within nature, the anthropocene and health, systems thinking and complexity, equity and social justice, and movement building and systems change.³

Engagement strategy

Using the 2021 Association for Medical Education in Europe Consensus Statement,⁵ we designed the education resource focusing on three learning objectives that aim to embed Indigenous knowledges in health professional education, including an understanding of human interconnectedness with nature as a determinant of planetary health.²⁴ These objectives are represented by important documents used in the education resource, such as the The Uluru Statement from the Heart²² that teaches learners about the historic consensus of Indigenous leaders seeking constitutional change and recognition of being the First Australians.

“the ancestral tie between the land, or ‘mother nature’, and the Aboriginal and Torres Strait Islander Peoples who were born therefrom, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty.”

Uluru Statement from the Heart²²

To invite learners into the narrative world of R Kickett, we used Indigenous methods and research practices that facilitate discussions and “knowledge creation within collaborative respectful partnerships with non-Indigenous researchers” by combining yarning and Aboriginal storytelling.²⁵ We also used our Depth of Field methodology to design a strengths-based narrative portrait titled *Speak from the Heart* (figure).

Full of symbolism and story, the portrait of R Kickett is infused with cultural and narrative artefacts for two reasons: to challenge the literal and concrete thinking of health professional learners by providing an aesthetic contrast and different ways of knowing, and to reveal and access emotions and meanings that have their basis in Indigenous knowledges, including the ancient spiritual connection Indigenous Peoples have to nature, which is difficult to portray in conventional education methods. These narrative artefacts are representative of the domains of the planetary health education framework.³ For example, the deep roots symbolise the interconnection with nature that connects and nourishes all systems (eg, societal, economic, and cultural) that depend on it. The leafless gumtree behind the shoulder of R Kickett

Panel 1: The planetary health education resource

The first learning objective⁵ is to identify how Indigenous traditional knowledges and voices can inform health-care practice and encourage planetary health and sustainable development in a local context. The arts-based educational strategy to encourage this,²¹ done in small groups, is the engagement strategy, which uses important documents, such as the Uluru Statement from the Heart,²² the narrative portrait, and visual thinking strategies.²³

The second learning objective is to discuss how promoting environmental sustainability generally and in health care can support progress on social determinants of health, health equity, and respect for cultural diversity, including Indigenous traditional knowledges. The arts-based educational strategy to encourage this, done in small groups, is the meaning-making strategy, which plays R Kickett’s audio-recorded narrative designed to challenge biases and assumptions and facilitate cultural literacy and justice-enhancing practices in planetary health.

The third learning objective is to discuss how health professionals can contribute to mitigation, adaptation, advocacy, and activism regarding sustainable development, planetary health, and environmental stewardship. The arts-based educational strategy to encourage this, done in small groups, is the translational strategy, which encourages reflective questioning prompts and conceptualising solutions.

represents the disruptions of the anthropocene on Earth’s natural system processes and connection to health outcomes. One of the main principles of planetary health is the need to acknowledge and understand our past to find solutions to problems today.¹⁶ Therefore, narrative artefacts, including government files and historical signage taken directly from a police photograph of an ancestor of R Kickett, were included as a visible representation of the past as we encourage learners to acknowledge equity and social justice, specifically “how historical and political injustices, including settler-colonialism, white supremacy, racism, patriarchy, and capitalism and neoliberalism, have contributed to the disenfranchisement of populations and a degraded environment”.³

In the interprofessional education resource, the portrait of R Kickett is projected onto a large screen without the provision of any context. In a supportive learning environment, visual thinking strategies,²³ a research-informed, pedagogical approach that encourages detailed attention to art, enhanced observation, and communication,²⁶ is used to engage learners and lead to reflective exploration of the artwork in small groups. Questions include: what can you see (ie, identify the main symbols in the portrait), what do you think the symbols in the portrait mean, and what makes you say that. Further questions ask learners to use their imagination by asking:

For visual thinking strategies see <https://vtshome.org>



Figure: Our strengths-based narrative portrait titled *Speak from the Heart*

what do you wonder and what are you curious to learn more about. This education approach is designed to encourage tolerance of ambiguity and uncertainty,²⁷ including questioning preconceptions and asking learners to reflect on unexplored world views.²⁸

Meaning-making strategy

After these small group discussions, an audio-recorded narrative from author R Kickett is shared with the group, including what each of the symbols mean to her (panel 2). This process is unique to the Depth of Field education approach²⁹ that purposefully juxtaposes the portrait with R Kickett's narrative to either affirm, discover, or

challenge biases and cultural assumptions to create the tension needed for transformational learning to occur, including facilitating cultural literacy. Cultural literacy is defined as the knowledge and skills needed to understand cultural differences,³⁰ an important factor that influences social justice. This meaning-making activity was designed to discover biases, including power, and privilege⁸ as learners are asked to recognise “the uncomfortable tensions that can be felt while walking through difficult historical truths”.¹² This process supports the planetary health framework domain of system thinking and complexity that should lead learners “towards self-awareness to acknowledge their own biases and epistemological groundings”.³

Translational strategy

After hearing the audio-recorded narrative, learners are encouraged to translate what they have learned into their health professional role through a structured reflection exercise, which is an educational tool to help manage elicited uncertainty.²⁸ The reflective questioning prompts are designed to discover any hidden bias, power, and privilege and invite learners to contemplate how western knowledge systems have silenced the experiential knowledges Indigenous peoples bring to understanding planetary health. Furthermore, health professional learners are prompted to think about planetary health solutions and activism in sustainable development and environmental stewardship in health care.

Conclusions

Prioritising and focusing attention on Indigenous world views and knowledges in health professional education¹⁴ and research³¹ and as pedagogy¹⁴ is an important way to enhance planetary health education, including connecting and translating it to health professional practice. We believe this can be achieved by embedding Indigenous health humanities knowledges into the education of health professionals. In this Personal View, we outlined how we used narrative portraits with arts-based educational strategies to offer an alternative way of seeing, knowing, and understanding planetary health that is currently missing from health professional research, learning, and practice.

Throughout our work we honoured our own diverse world views and ways of knowing to stay open, respectful, and reflexive during the process. This reflexive account is an important part of owning “their responsibility and obligation to maintain the integrity of Indigenous contributions in research and knowledge translation”,³¹ including curriculum implementation. In the spirit of transparency, we share how this project enhanced our own narratives.

For author R Kickett, an Indigenous cultural healer and teacher, her message for health-care professionals is that past stories always influence the development of the current story.

Panel 2: Narrative portrait descriptions from author R Kickett

“The deep roots and the water, the creek that brought me together with my childhood...connecting to land and the beauty within it.”

“The Aboriginal flag, like the roots keeps me grounded, turn to my boodja [land or country], to keep connected you know, that my spirit my Wirrin [spirit] is keeping me strong. The sun, the yellow represents that strength of life, that blows rays of light coming through that keep us, my people, my moort [family] together in the strong community we are today.”

“The kangaroo hide is a sign of respect that I hold amongst Aboriginal Peoples across the land. It also reminds me of the old days, my mum used to say how they used to live in mia mia [shelter made from natural bush] made up of branches and trees, twigged together. Whenever they got a kangaroo or so they use those parts for keeping warm...and their bedding and kept them strong...you don't just go hunting for anything...it comes to you so you can feed your family. Now, when I go out to get bush medicine it heals me physically and within myself and it leads us to what we are meant to take and what we are not meant to take—it guides us. It is all part of us learning from the lands, it's free, a free spirit, I mean look at the birds, butterflies, the life.”

“The historical signage was taken from a real police photograph from one of my ancestors, Aboriginal People back in those days had to have a license [referred to as a dog license] as part of their movement, as part of their movement. And like, you know, like,

they couldn't really go after hours, into town, so they were areas they were all kept in, like, you know, their own little areas, and this is something that was passed around, if they were in a different area or in the town, they were dealt with by the Monarch [police].”

“The thick government files represent the native welfare you know, at that time way back then, my mum was taken away... they were all rounded up like cattles, and from, from the reserves...they came there and they said we're gonna come and we'll bring the kids back. But they never did. That system that we have forever being you know, monitored by causes a lot of our people to continue to live in fear, they fear the police, they fear the system, going into the health system, because they know that they're going to be you know, files are going to be made up and the injustices...need to be corrected properly through and from our hearts, through our eyes and our voice.”

“The green gum leaves are very significant to our culture and part of healing...part of [our] smoking ceremony.”

“The wadjela [white people] moon represents the white people looking down on Aboriginal People...superior you know ways we haven't got the knowledge; we haven't got you know; we don't know what's best for us, but we do! We have always felt they are suppressing us and continue to suppress us in a lot of ways. That's the problem a lot of my people face today...of not being heard and that's why people like me use my voice...make a pathway for my people.”

“When you train and you're working in this field you know—my people can read a person and if they know that it's not genuine, they will refuse you know, because that respect is not given, it's not from the heart. And that's that blockage...When you're working with them, Aboriginal People, Indigenous People, learn to walk alongside.”

Author R Kickett

For author G Brand, understanding the narrative world of R Kickett led to important and sometimes uncomfortable moments. She experienced a dismantling of some of her own unexamined, western beliefs and value system that formed the basis of her own health professional training.

“From the outset, it was clear that Rosalie's story seeks to be seen and heard and in doing so opened a door that has deepened my own narrative in fundamental ways. Creatively co-constructing this resource helped me locate and make sense of my own story, to critically reflect on my own 'unseen' biases and assumptions that were hidden in the privilege of working in an academic institution. This project has opened my mind and heart to a new way of knowing and being in the world, one that acknowledges the devastating destruction our colonial legacy has had on Indigenous Peoples and Mother Earth. I am accountable and have an ethical responsibility to play my part in protecting and restoring planetary and human health.”

Author G Brand

For author S Wise, having the chance to collaborate with R Kickett on the narrative of her people and their connection with the land and country and portray that narrative using metaphor and symbolism within her portrait was a challenge and a privilege.

“The journey served to both reinforce my connection with the Indigenous Peoples of Australia, including the many staff and patients I interact with daily as a Medical Photographer here at Royal Perth Hospital...and to be able to represent Rosalie as teacher and leader to her people as strongly as possible through photographic portraiture. This was a true collaboration.”

Author S Wise

For author G Bedi, being part of this collaboration has been challenging and humbling, as well as a privilege. Acknowledging the ways academic institutions contribute to Indigenous colonisation and the ecological destruction of this land Australia, and elsewhere, is discomfiting and cannot be ignored.

“This initiative reinforces my responsibility and ongoing commitment as a non-Indigenous woman and educator, to do the work on 'decolonizing' myself and ourselves, keep learning from the wisdom of Rosalie and many others about caring for Country and use my privilege and position to uphold Aboriginal and Torres Strait Islander self-determination.”

Author G Bedi

Stewarding human and planetary health requires a well prepared and environmentally responsible health-care workforce. Tertiary educators and institutions should prioritise innovative and transformative learning approaches to planetary health education that embed Indigenous knowledges. We believe the approaches provided in this Personal View can be adapted by educators in countries other than Australia, and could be of particular relevance to health professional educators in New Zealand, Canada, and the USA. This Personal View advocates for a change to traditional health professional education and the inclusion of Indigenist health humanities knowledges and voices that have the power to influence the health-care workforce. This change will ensure that health professionals, and others, are prepared to be environmental and human stewards of a healthy planet for all.

Contributors

GBr and SW conceptualised the method used in this Personal View. GBr and GBe drafted early versions of the manuscript. All authors designed the narrative portrait and education resource, were involved in data collection and data analysis, and edited the manuscript.

Declaration of interests

We declare no competing interests.

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