

## **Defining Aboriginal Health Literacy in a Canadian Context: Bringing Aboriginal Knowledge into Practice**

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**Abstract:** This literature review aims at conceptualizing Aboriginal health literacy by adopting wholistic worldviews of healing and health traditionally used in Aboriginal communities in Canada. The paper identifies health issues among Aboriginal communities, as well as problems behind the current interventions and the mainstream definitions of health literacy.

### **Introduction**

The purpose of this paper is to define Aboriginal health literacy in a Canadian context, based on previous literature of health literacy, Aboriginal health issues, Aboriginal health care traditions and Aboriginal literacy.

### **Theoretical Framework**

This study employs the “wholistic” Aboriginal philosophy in which everything is related by virtue of shared origins and in which, by extension, the human being is considered an entire whole, that is, mentally, physically, spiritually and emotionally as an individual, with one’s family and extended family, one’s people, and with the cosmos in sacred relationships (Antone, Gamlin, & Provost-Turchetti, 2003).

Regarding terminology used in this study, “wholistic” is distinct from “holistic” in which the term “related” is taken as meaning “all things are interconnected” by virtue of sharing an environment in which action leads to a type of “domino effect” in a secular world. In addition, the term “Aboriginal” is used to refer to people whose ancestors are indigenous to Canada, including registered and non-status Indian or First Nations, Métis, and Inuit people.

### **Methodology**

The body of reviewed literature has been carefully chosen from a broad range of resources. Most of them were searched online through databases MEDLINE for medical and health documents, ERIC for educational resources and the National Adult Literacy Database for Aboriginal literacy studies. Regarding the issues focusing on Aboriginal health in Canada, documents and reports available by the National Aboriginal Health Organization (NAHO), Aboriginal Healing Foundation (AHF), Royal Commission on Aboriginal Peoples in Canada (RCAP) and the Canadian Institute of Health Research (CIHR) were additionally reviewed.

### **Current Status of Aboriginal People’s Health**

There are three kinds of health gaps between Aboriginal populations and the general Canadian population: health status; health care use; and roles played in health care services.

The lower health status among Aboriginal population, compared to the general Canadian, population has been repeatedly highlighted during the last decade (RCAP 1996; AHF 2001; Health Canada 2004). Some groups of Aboriginal people are at a greater-than-normal risk of infectious diseases, injuries, respiratory diseases, nutritional problems (including obesity) and

substance abuse (e.g., MacMillan, Walsh, Jamieson, Wong, Faries, McCue, MacMillan, & Offord, 2003). Previous studies have identified the communities' lower socioeconomic status, poor environmental conditions, sudden changes of traditional lifestyle and nutrition, and less access to health care as some possible factors of these unpleasant realities.

Some research studies indicate that Aboriginal people often have difficulties engaging with the health care system in terms of prescription medication (e.g., Wardman, Khan and el-Guebaly, 2002). Shah, Gunrah and Hux (2003) found that hospital admission rates are much higher for Aboriginal people than for the general Canadian population while the use of primary health care for Aboriginal people is much lower than the general population. The current health care system does not seem to be efficient or effective for the Aboriginal population.

In the Canadian health care systems, roles played in health care services are fundamental to the well being of Aboriginal people. Aboriginal people are health care receivers and need to be accommodated from an Aboriginal perspective while the providers are most often people from non-Aboriginal backgrounds. It has been found that most Aboriginal communities in northern Canada depend on a health system in which a small, interdisciplinary personnel of professionals work with paraprofessionals, recruited locally, to provide care. Minore and Boone (2002) report that little interdisciplinary knowledge sharing takes place between non-Aboriginal health professionals and Aboriginal paraprofessional workers in these regional medical service offices. The present literature review found that there are not many collaborations or integrations of Aboriginal tradition or knowledge in the current health care systems in Canada.

Building a definition of Aboriginal health literacy challenges the status quo of the current health care system as it relates to Aboriginal people. Aboriginal health literacy aims at improving poor health status among Aboriginal people, encouraging their health care use, and bringing Aboriginal knowledge into practice.

### **Health Literacy**

There are many studies in the fields of medicine and health promotion that discuss literacy issues concerning those who use health care services. These studies, however, limit literacy to the functional ability of reading and writing for people who are not proficient in the English language. Having reviewed the definitions of health literacy, we attempt to identify advantages and failures of commonly cited definitions of health literacy to establish a definition of Aboriginal health literacy in our own context.

The U.S. Institute of Medicine (2004) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (p. 32). This definition supports higher thinking skills that are necessary for humans to make decisions regarding their own health. It, however, has been criticized by researchers, such as, Cutilli (2005) and Speros (2005), that to limit health literacy as a capacity owned by individuals fails to acknowledge broader dynamic aspects of culture and society.

The American Medical Association (1999) describes health literacy as “a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment” (p.552). Greenburg (2000) however, reports that this definition is problematic in that it does not address “receptive and expressive oral communication skills” (p.70) that is necessary to the health environment. She indicates that the definition assumes the

onus of responsibility is on the patient instead of being a shared responsibility with the medical professional who know what, how and when to ask questions. She points out that the definition does not address the shared knowledge of the medical profession and she also notes that "cultural belief systems" (p.70) are absent.

Don Nutbeam (1998), a part of the World Health Organization (WHO), developed a new definition of health literacy which states, "Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health" (p.357). He also notes "health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyle and living conditions" (p. 357). Kichbusch (2001) postulates the importance of including the issue of power and empowerment to the debates of health literacy. She also relates how the glossary definition at the 5th WHO Global conference on Health Promotions was widened to "include the dimensions of community development and health-related skills beyond health promotion and to understand health literacy not only as personal characteristic, but also as a key determinant of population health (p. 293). Kickbusch (2001) further emphasizes the work of Keating (1999), that knowledge building within a learning community for better health status should be encouraged through collaborative networks. This third definition maintains that good health is important not only for individual benefit, but also as a collective benefit for the whole society.

Reviewing the literature allowed us to identify several challenges that have not been previously addressed. First, the studies have discussed health literacy issues on the premise that health illiteracy is not conducive for individuals or the society. A number of the studies have cited that the higher percentage of the population with low literacy tends to utilize more health care services and resources than they actually need because of the lack of reading and writing abilities. Second, earlier studies indicate that the connection between individual and population determinants, health literacy, health status and health service utilization is a one-way relationship such as cause and effect. Moreover, language, culture, traditional worldviews or perspectives on illness, and individual relationships with significant others have not been acknowledged as some aspects which may influence problem solving and decision-making in health care.

### **Aboriginal Traditional Medicine**

Although traditional Aboriginal medicine has been undermined by the current health care services in Canada, it has the potential to make those services work better for Aboriginal communities (RCAP, 1996). Traditional Aboriginal medicine is defined as those practices and methods of health care based on the beliefs and philosophies of the Aboriginal peoples of Canada (Aboriginal Health, 1992). Aboriginal people traditionally perceive health care differently from the Euro-centric Western perspective that governs today's medical practices in North America (Letendre, 2002).

The Sacred Circle or the Medicine Wheel is a prominent metaphysical symbol, which is used for conceptualizing Aboriginal healing and wellness (Aboriginal Family Healing, 1993). The Medicine Wheel is based on the Aboriginal worldview which relates to everything in nature as reciprocally interconnected and regards life as a gift from the Creator which should be nurtured personally and collectively. The Circle can be divided into four directions, four aspects of human development (emotional, physical, mental and spiritual) and four cycles of life

(birth/infancy, youth, adulthood, and elder/death). On one hand the Medicine Wheel in regards to health means “to live a meaningful vision of one’s wholeness, connectedness, and balance in the world,” on the other hand denial of this traditional perspective means “social and cultural disorganization and personally destructive lifestyles” (Regner, 1994, p.135). Traditional medicine is placed at the center of Aboriginal culture and Aboriginal culture is placed in the center of traditional medicine, because they are intricately tied into traditional Aboriginal philosophy, religion, and spirituality (Letendre, 2002, p. 80).

This foundation of traditional medicine has been collectively developed, maintained, and passed orally from generation to generation by the members of the various Aboriginal communities. These Aboriginal communities continue to promote their various ceremonies, storytelling traditions, counseling systems, Healers and Elders as mediating forces for intergenerational learning. Wyrostok and Paulson (2000) found that the beliefs about traditional medicine continue to play an important role in First Nation people’s conceptualization of health and well-being.

It is essential for us to acknowledge the philosophy of Aboriginal traditional medicine when defining Aboriginal health literacy in a Canadian context. Traditional medicine is the very foundation of Aboriginal people who use the health care services and who share their knowledge with non-Aboriginal people. Therefore traditional medicine has an important role in the current health care systems for Aboriginal peoples.

### **Aboriginal Literacy**

In Antone (2003), Aboriginal literacy practitioners from the four separate MTCU streams were invited to self- identify and to become participating researchers in describing Aboriginal Literacy. This research shows that Aboriginal people perceive literacy inclusively and wholistically as demonstrated by the following quote;

Aboriginal Peoples approach literacy through their shared ‘Aboriginality,’ and within that commonality, in relation to each person’s distinct area of knowledge and expertise in their individual environments. As a result, Aboriginal Literacy spans and includes Aboriginal peoples in English, French, Métis, Native/Deaf and Deaf- Blind literacies, the oral tradition (oracy), and also areas of knowledge specific to Aboriginal peoples’ way of life and faith tradition in the cultural context of each community and Tribal Nation. Aboriginal Literacy, practitioners noted it, “is part of everyday life.” It is reflected in the ability to communicate and, while it includes reading, writing and numeracy, “spiritual and emotional literacy” are integral... It involves relationships between self, community, nation and creation with a focus on words, language, listening and comprehension... As Grandmother Lillian McGregor [an Ojibway Elder] (2002) puts it, Aboriginal Literacy reflects “a way of life.”

### **Aboriginal Health and Literacy**

In defining Aboriginal Literacy (e.g., Antone, 2003), a wholistic approach introduced as the Medicine Wheel helps us to conceptualize literacy for health promotion and disease prevention among Aboriginal communities in Canada. In the Final Report of the *Second Canadian Conference on Literacy and Health* it is documented that Longboat (2004, p. 10) a

Mohawk Elder focuses on the “power of the Good Mind” to bring about well-being. In her speech she explains, “For the Iroquois people, literacy comprises all their cultural stories and symbols”. During the same conference, Antone (2004, p. 71) emphasised the importance of literacy and health based on a wholistic worldview. Endanawas (2004, p. 72) who works with Residential School Survivors stressed the importance of the role of spirituality in health from an Aboriginal cultural perspective. She reiterates the need to practice various ceremonies/rites of passage and self-examination activities to help restore a positive cultural identity.

Successful cases of the integration of Aboriginal knowledge have also been reported in previous literature. For example, Bisset, Cargo, Delormier, Macaulay and Patvin (2004) reported tremendous success with their diabetes prevention projects in a Mohawk community in Quebec. In their project, messages regarding diabetes were made and told by the Mohawk community leaders. All members of the community interacted with each other critically through various channels and at various levels of the community in culturally appropriate ways, leading the members to advocate for further actions.

Using the Medicine Wheel conceptual model incorporating the mental, spiritual, physical and emotional components of Aboriginal ways of being, literacy and health contribute to the development of self-determination, affirmation, achievement and sense of purpose.

### **Aboriginal Health Literacy**

Based on the literature review, Aboriginal Literacy and Aboriginal Health and Literacy, have common interests with Health Literacy where it implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyle and living conditions. That is, broadly speaking, it is “a journey” in which learning enables the person to be free to achieve and to maximize self-development potential for the good of society as a whole.

Our working definition of Aboriginal health literacy indicates that, cognitive and social skills, not limited to reading, writing and numeracy, are needed to access, use and understand existing health care services; to make appropriate health decisions; and to take necessary actions, for personal and community good health, by bringing Aboriginal traditional and cultural knowledge and perspectives into the Canadian health care services for Aboriginal people.

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