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Exploring the determinants of health for First Nations peoples in Canada: can existing frameworks accommodate traditional activities?

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Abstract

While much research has examined First Nations peoples' health in Canada, few studies have explored the role of traditional activities in enhancing health. Using data from the 1991 Aboriginal Peoples Survey (APS), this paper incorporates a set of measures of traditional activities within a determinants of health framework for understanding First Nations peoples' health. Results from the analyses undertaken show that many of the determinants of health identified in analyses of the Canadian population in general hold for First Nations peoples. While only a few statistically significant relationships between health status and traditional activities were identified, taking into account the limitations of the APS and other conceptual issues, we argue that there is the potential to move from the analysis of traditional activities to a more nuanced analysis of cultural attachment.

Keywords: Aboriginal peoples; First Nations peoples; Traditional activities; Determinants of health; Canada

> Aboriginal people from almost every culture believe that health is a matter of balance and harmony within the self and with others, sustained and ordered by spiritual law and the bounty of Mother Earth. Royal Commission on Aboriginal Peoples Volume 3 (1996, p. 184).

Introduction

In exploring First Nations peoples' health in Canada there are two distinct bodies of literature that can be consulted.[1] The first is primarily epidemiologic and utilizes quantitative methods to examine health and illness/disease in the context of the determinants of health (Harris, Caulfield, Sugamori, Whalen, & Henning, et al., 1997; Hegele et al., 1997; Moffatt, 1995; for a good review see Young, 1994). This is a significant body of research for identifying and trying to explain health inequalities. While important, it is flawed by the fact that few studies incorporate First Nations peoples' culture into analyses of health. Some researchers have taken on the task of trying to operationalize culture with varying success rates (Bagley, 1991; Foggin & Aurillon, 1989; Neuwalt, Kearns, Hunter, & Batten, 1992; Newbold, 1997; Thouez, Rannou, & Foggin, 1989; Waldram, 1990; Young, 1998). The second is a body of cultural literature, characterized by qualitative research methods, which links culture and health (Adelson, 1998; Borré, 1991, 1994; Garro, 1988, 1995; Hagey, 1989; Jilek, 1982; Waldram, 1993, 1997).[2] As is often the case with research based on qualitative methods, there is a lack of generality to these studies.

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[1] When using the term Aboriginal we are referring to the descendants of the original inhabitants of Canada, as defined by the Constitution Act 1982; Indians, Inuit and Métis. Many 'Indians' prefer the terms First Nations when referring to themselves as a collective group. Therefore we use the term First Nations when referring to this segment of the Aboriginal population.

[2] This is not an exhaustive list of the research being conducted on the health of First Nations peoples.

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In 1991 Statistics Canada carried out the Aboriginal Peoples Survey (APS), a national survey of individuals living on reserves, in settlements and off reserve areas who self-reported their Aboriginal identity (Canada, 1993a). Included in this survey are questions related to language and tradition as well as health, lifestyle and social issues. Utilizing data from the APS this paper explores whether measures of 'traditional' Aboriginal activities contribute to our understanding of Aboriginal peoples' health within a determinants of health framework. Going beyond conventional measures that a determinants of health approach embraces, a set of variables are tested which look at the importance of traditional activities for the health of Aboriginal peoples.

The first section of this paper discusses the general health status of First Nations peoples in Canada, documenting their lower levels of health, as compared to the non-Aboriginal population. The second section summarizes the different conceptualizations used to explore the determinants of health. In the third section, the data used in this study are outlined as well as the methods employed in the analysis. The fourth section describes the results of the research. In the final section, we reflect on how taking into account the limitations of the APS and other conceptual issues might move research on First Nations peoples' health beyond the dichotomy which now exists between epidemiological and cultural studies to a more nuanced analysis of cultural attachment.

The health of First Nations peoples in Canada

It is a well known fact that First Nations peoples in Canada suffer from a poorer quality of life, as measured by mortality and morbidity, as compared to their non-Aboriginal counterparts (Enarson & Grzybowski, 1986; Hammond, Rutherford, & Malazdrewicz, 1988; Young, 1991).[3] The average life expectancy of Registered Indians is approximately six years less than the overall Canadian population (Canada, 1998).[4] In 1990, the life expectancy of male and female Registered Indians was 66.9 and 74.0 years respectively. In contrast, the life expectancy for the total male and female Canadian population was 73.9 and 80.5 years (Canada, 1996a). Mao, Moloughney, Semenciw and Morrison (1992) note that Registered Indians living on reserves suffer higher mortality rates from coronary heart disease, suicide and cirrhosis as compared to the rest of the Canadian population. The infant mortality rate among Registered Indians is approximately two times higher than for Canadians generally (Canada, 1996a).

Research on morbidity shows that a much higher proportion of First Nations peoples suffer from certain illnesses than do non-Aboriginal Canadians. Enarson and Grzybowski (1986) examined differences in tuberculosis rates across the country for three groups; Inuit, registered Indians and others of mainly European origin. Their findings showed that tuberculosis rates were 16 times higher among Registered Indians and 24 times higher among Inuit as compared to the third group. Mao et al. (1992) showed that the stroke rate for Registered female Indians is 2 times higher than for non-Aboriginals. While rates of infectious diseases among Aboriginal peoples are declining, rates of chronic illnesses are on the rise. Research by Young, McIntyre, Dooley, and Rodriguez (1985) and Evers, McCracken, Antone, and Deagle (1987) documents the very high rates of type II Diabetes in the Aboriginal population as compared to the non-Aboriginal population. According to 1991 figures the disability rate for Aboriginal peoples was 31% as compared to 13% for the non-Aboriginal population (Ng, 1996).

The preceding examples represent only a small subset of the differences in health status which distinguish First Nations peoples from the remainder of the Canadian population. Since First Nations peoples suffer from lower levels of health as compared to their non-Aboriginal counterparts, this begs the question 'What determines First Nations peoples' health?' Given the importance of this question there are two goals we seek to address in this paper. Firstly, to understand the determinants of health for First Nations peoples within the context of a social determinants of health framework. Secondly, given the uniqueness of First Nations peoples' health status as well as their cultural system of beliefs, this paper further enhances our understanding of the 'conventional' social determinants of health by

[3] As Waldram et al. (1995) state, there is no convenient single source of mortality data for Aboriginal people living in Canada. The Medical Services Branch (MSB) collects vital statistics based on its administrative regions. However, it only serves 75% of the on-reserve registered Indian population. As a result, individuals living off-reserve and the non-status population are unaccounted for by MSB. Mortality figures for Registered Indians are also obtained from the Indian Register. However, late reporting of births and deaths adversely affects the quality of this information (Waldram et al., 1995). The Canadian Census is another source from which health information can be obtained. However, the refusal of Indian bands to participate in the Census has resulted in incomplete enumeration. Further, since ethnic status within the Census is based on self-identification, the failure of individuals to identify with any of the three Aboriginal categories results in inaccurate population counts.

[4] While the term 'Indian' is generally inappropriate, we use it for reasons of clarity **only** in two circumstances. First, it is used when discussing the results of other studies that have employed this term. Second, since the term 'Indian' is utilized within the APS, we use it when referring to our analysis of the APS.