



Circles of Health

Sharing Our Gifts

A National Showcase on Indigenous
Social Determinants of Health

NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE



Setting the Scene

On the evening of February 20, 2008, in the soaring space of the Canadian Museum of Civilization's Great Hall in Ottawa, more than 75 people gathered on traditional Algonquin territory for the beginning of an historic meeting. They had come together at the invitation of the National Collaborating Centre for Aboriginal Health to take part in a forum on indigenous social determinants of health. As they assembled to hear the opening speeches and enjoy the night's entertainment, the stages of a total lunar eclipse could be seen through the Great Hall's massive floor to ceiling windows. During the hours that followed, the moon took on a coppery-red hue and it was under that red lunar light that the first of the Red Moon Dialogues began.

Most of the people present belonged to Aboriginal organizations from diverse sectors, including education, research, sports, health, housing and community economic development. There were varied voices: First Nations, Inuit, Métis and a strong and articulate youth contingent.

To the surprise of some and the immediate understanding of others, they had been asked to assemble in order to explore how their work could—and in many cases already did—contribute to

the optimal health and well-being of Aboriginal peoples.

Making space for that kind of dialogue is part of the NCCAH's mandate of knowledge synthesis, translation and exchange. As one of six collaborating centres funded by the Public Health Agency of Canada, it works to make sure that the right health-related information reaches the right communities at the right time, in ways that are accessible, respectful and supportive of positive change.

“Last night there was an alignment of the earth, the moon and the sun. There's a great significance to that which we don't even appreciate at this moment in time.”

Dr. Ed Connors, Native Mental Health Association

The welcoming reception spoke to body, mind, heart and spirit. Mohawk Elder Taiorehensere (Paul Skank) sounded one of the emerging themes of the forum in his opening dedication. “We are,” he said, “many nations within one great Nation. We are also many families within the Family of Man. It is our duty to respect, support and nurture each member of this family so they might fulfill their hopes and dreams.”

Social Determinants of Health: Starting the Investigation

What exactly are social determinants of health and why is it important to take them into account? At the welcoming reception, two speakers set the tone for the more in-depth explorations slated for the following day. The Honourable Monique Bégin, current Canadian Commissioner to the World Health Organization’s Commission on Social Determinants of Health, emphasized that when it comes to health, doctors and hospitals are only one piece of the puzzle. Since context

matters, the social, economic and cultural environments in which the lives of individuals and communities unfold have great impact on their level of well-being. “A Minister of Housing or Education or Early Childhood Education,” she stressed, “will be the ones to influence the health of all, far more than the Minister of Health.”

For Dr. David Butler-Jones, Chief Public Health Officer for the Public Health Agency of Canada, income inequality, access to education, food, and employment all matter in the general health of a population. But so do self-determination, culture and equity. Race, power, and social justice loom large in the landscape of the social determinants of health. Since so many factors are involved, all sectors have a role to play, among them, finance, housing, justice, health, the private sector, public and not-for-profit organizations, individuals and communities.

His points were amplified by NCCAH Scientific Director Margo Greenwood in her session the next morning. She pointed

out that social determinants do not operate separately but interact in complex ways – poverty plus lack of housing plus lack of education, for instance combine to create a whole greater than the sum of their parts. More over, the lists of social determinants of health vary, with no one list fitting every situation. That being said, there appear to be unique indigenous determinants of health which are intimately tied to past and present realities such as conquest, colonialism and the lingering impact of residential schools.

Connection to the land, one’s language, culture and traditional practices, self-determination – all these have been shown to be intimately related to the health and well-being of Aboriginal individuals, families and communities.

Bernice Downey, member of the Canadian Reference Group to the WHO Commission on the Social Determinants of Health, sketched in the global dimension of indigenous health determinants. According to UN estimates, the world’s indigenous populations number some 300 million people, ranging from the Arctic to the South Pacific. Far too many of them face serious health issues which are overwhelmingly linked to factors outside the realm of health itself and a testament to their marginalized status in most parts of the world.

Concern over these marked health inequities has sparked several new initiatives. The WHO Commission on Social Determinants, launched in 2005 with a three-year mandate, commissioned case studies on indigenous determinants of health. Research showed that where health systems take indigenous cultures, values



“We are as a society only as healthy as the least healthy among us.” Dr. David Butler-Jones

and preferences into account, health outcomes are improved.

According to WHO, engaging other sectors in the work of reducing health disparities is “an essential health responsibility.” Sharing information and actively looking for opportunities to collaborate is a vitally important way of tapping into the wealth of expertise and experience which diverse Aboriginal groups in Canada can bring to the task of improving the health of First Nations, Inuit and Métis peoples.

In that undertaking, youth have a critically important perspective to bring to the table. Just why their voice is so essential became clear as Jocelyn Formsma, organizer of the previous day’s Youth Forum, sketched out the results of their discussions.

Young people experience the negative aspects of the social determinants of health, including racism and language

and culture loss, on a daily basis. They are the ones who must deal with drug dealers at school and in their communities and support suicidal friends. To reach them, health information must be more easily available and more youth-friendly. Opting for clear and hospitable language and avoiding jargon are important starting points. Equally important is the commitment to have youth and adults work together to devise strategies better tailored to a younger audience. Given their desire for a greater say in the issues which affect the fastest growing segment of the Canadian population, the youth representatives were also discussing the formation of a National Aboriginal Youth Organization (NAYO) with a focus on action.

Looking at Health Through Eyes of Strength

Willie Ermine, Assistant Professor at First Nations University of Canada, paved the

way for some of the forum’s emerging themes in his thoughtful keynote address.

To understand what creates indigenous health requires going back to the source. The prescriptions for Aboriginal Health are encoded in indigenous philosophy, language and culture, right relationships with the Creator, nature and the community, as well as the use of ceremony. To uncover the wealth of traditional healing knowledge requires doing memory work with Elders in various communities.

Refocusing on those innate strengths and wisdoms is an essential part of the health-restoring process. As Willie Ermine stressed, “If we’re going to talk about health let’s talk about health. There is a critical mass of healthy people in our communities. Do we look at them or do we look at the sick ones?” To a wave of appreciative laughter, he added “We don’t have a Department of Sickness in Canada so let’s not create one for Aboriginal peoples.”





To underscore the powerful therapeutic effect of traditional cultures, Dr. Carole LeClair of the Métis Council of Canada shared a moving personal story. Her son's frozen grief at the traumatic loss of a friend was finally released by the healing presence of encircling Canada geese during a dream visitation. When it was most needed, the traditional lore that she had imparted to him as a child and youth surged up as a healing force. For Dr. LeClair, the message was clear: "Our culture is our strength in every day."

Valuing Interconnection

An integral aspect of traditional wisdom is the awareness that seemingly disparate parts unite to form a greater whole. That holistic vision underpins the Aboriginal approach to optimal health and well-being. As Margo Greenwood mentioned in her opening remarks, "Our understandings of health go far beyond individual models to interconnected pathways that include multiple places in which we create those larger landscapes.

These in turn become the landscapes through which we attend to our individual needs within the whole."

For psychologist Dr. Rod McCormick, North American culture's emphasis on the individual and independence has not served Aboriginal peoples very well. It is rather through honouring the values of interconnection and interdependence that sustaining networks of support and empowerment can be built and maintained.

A critical step in the building of such health-supporting networks is the creation of open forums of dialogue where stories and experiences can be shared and future collaborations forged.

Sharing Information, Offering Feedback

The opening presentations helped establish some context for the most important part of the forum: the free-flowing exchange of information

between participants. Facilitator Harold Tarbell posed several questions to kick-start the discussion. How does the social determinants of health approach fit in with the work and mandate of your organizations? Can you provide examples of current social determinants' strategies and activities? Do you have insights to share about what constitutes such a strategy?

Responses were varied as people from different organizations and sectors took the floor. Ray Wanuch, executive director of CANDO (Council for the Advancement of Native Development Officers) explained that CANDO works to ensure that the economic and business development they engage in is culturally appropriate. Creating a strong economic base in communities allows the individuals in those communities to become self-determining.

Both Charlie Hill and David Seymour, President of the National Aboriginal Housing Association, spoke about the critically important role stable housing plays in establishing a healthy lifestyle. Trevor Lewis, Chair of the National Association of Institutes of Higher Learning (NAIHL) described the NAIHL's mandate to address Aboriginal people's need for higher education, another social determinant of health.

For Dr. Marcia Anderson, President of the Indigenous Physicians of Canada, developing partnerships with other organizations is a key part of their vision. Rhoda Innuksuk, President of Pauktuutit Women's Association, reminded people needed to educate people about the challenges faced by those living in the Arctic.

Youth representatives Marissa Nanahee and Theresa Point reaffirmed the importance of including youth in initiatives to improve the health status of

Aboriginal peoples. Their involvement is particularly important given the fact that indigenous cultures have traditionally been child-centred societies.

What strategies, messages and activities would increase the gathering and sharing of knowledge about indigenous determinants of health? To better tackle that question, forum participants broke into seven tabletop discussion groups. Though many points were raised, specific clusters eventually emerged from the give-and-take.

- Community input and involvement are key. Communities want information about health improving initiatives in language they can understand and relate to. Above all, they're interested in research results that will improve their daily lives, not studies that sit

on shelves. To encourage community buy-in, it is essential that the people at the grassroots level have. Responses were varied as people from different organizations and sectors took the floor. Ray Wanuch, executive director of CANDO (Council for the Advancement of Native Development Officers) explained that CANDO works to ensure that the economic and business development they engage in is culturally appropriate. Creating a strong economic base in communities allows the individuals in those communities to become self-determining, input into the framing of research questions and the ensuing policy and decision-making. This is especially so because the most crucial social determinants may vary from community to community. In some cases, improved housing may



“We are all part of the overall picture but it might take a while to figure out exactly where we fit in.” Daniel-Paul Bork



be the most pressing need. In others, Elder care or a sports facility or access to safer drinking water may be on the community's priority list. For maximum engagement, leadership, Elders, community members and youth all need to be involved.

- The “mainstream” concept of social determinants of health needs to be harmonized with an indigenous world view and traditional values rather than being imposed from the outside. It's important to work from a strengths-based perspective, looking for best practices and what has helped to make certain communities healthy. Otherwise, there is a concern that focusing on this approach may further heighten feelings of victimization and powerlessness.
- Youth engagement and involvement are particularly important.
- Strong communication networks must be established. Youth are already committed users of interactive technology but simpler media such as radio and fax messaging also have



a role to play in getting important messages out. To strengthen the initial connections among different organizations made at the first Red Moon Dialogue, participants suggested creating e-mail newsletters and a common website or page for information sharing, as well as hosting teleforums, conference calls, and further conferences.

Looking Forward

The first dialogue that took place under the red moon's light was the beginning of what promises to be a longer and even richer conversation. Some participants expressed frustration with the forum's time constraints. One day and an evening did not afford enough time for everyone to share the focus and highlights of their work and its possible relevance to social determinants of health. There are still more stories to be told, more partnerships to be developed, more plans for action to be formulated.

“If social determinants tend to be linked one to the other, so are the multiple factors that lead to health and healing.”

Dr. Rod McCormick

However, fruitful areas of common agreement were sketched in: the wisdom of a holistic vision of healing; the traditional emphasis on the power of right thinking; the importance of individual and collective responsibility for improving Aboriginal health and well-being. The group agreed it would be valuable to have the chance to meet again, both virtually and in person, to continue to develop what had just begun to take root at this forum. The space to begin the discourse has given people an opportunity to see how their work fits into a larger and interconnected context.

Given its mandate to engage groups from different walks of life to share information and build collective energies that result

in meaningful change, the NCCAH remains committed to hosting more Red Moon Dialogues, using indigenous health determinants as a catalyst for further growth. In Dr. Ed Connors' words, “A time of change is coming upon the land, a time of healing. This gathering signals that change.”

This document is an update of the original design:



