NATIVE HEALTH RESEARCH IN CANADA: ANTHROPOLOGICAL AND RELATED APPROACHES

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INTRODUCTION

This special volume of the **Native Studies Review** originated in a workshop held in conjunction with the Canadian Association of Medical Anthropology, the Canadian Ethnology Society and the Society for Applied Anthropology in Canada annual meetings which were held in Saskatoon in May 1988. That workshop was organized by O'Neil and Waldram with funding from the National Health Research Development Program of Health and Welfare Canada, and the Saskatchewan Health Research Board. It was intended to provide an opportunity for anthropologists and health researchers in related fields to explore various ways that the discipline of anthropology may be relevant to the applied health interests of Native communities. Invited participants to these workshops included professional anthropologists currently working in the field of Native health, health care providers whose research and service is substantially influenced by an anthropological perspective, and representatives from Native organizations who have worked collaboratively with anthropologists and health care providers in the research sector. The workshop was organized into four thematic areas: (1) urban health issues, (2) contemporary health issues, (3) northern health issues, and (4) issues in traditional health, medicine and health care.

The papers included here emphasize that in order for anthropology to make a contribution in the field of Native health in Canada, three key themes must be observed. First, the research team should be multi-disciplinary in scope. Many of the

participants in the workshop described projects where anthropologists have worked collaboratively with other investigators from either the nursing or medical sciences. Although often trained as generalists with some exposure to both biological and social science, even those anthropologists with specialized training in medical anthropology find it necessary to collaborate with other health scientists in order to provide a focussed and useful investigation of health problems in Native communities.

A related dimension to this focus is a need to learn the language and methods of the other disciplines with which anthropologists can most closely collaborate. In the field of Native health this means, for example, that anthropologists also require training in epidemiology and health services evaluation, and should understand the models and research frameworks of both community medicine and community nursing. Additional familiarity with the nutritional sciences and various approaches to the measurement of health status and functional assessment are also indicated. This requirement goes beyond merely a working grasp of alternative methodologies but also requires the anthropologist to understand the ideological background of collaborating disciplines which can contribute to "fluency" in their scientific language. Where individuals are formally trained in anthropology, and for example, nursing, the "bilingualism" provided by such cross-training will be apparent in some of the papers which follow.

The second important theme that emerged from the workshop was that applied health research in Native communities must be participatory and/or collaborative in structure. Whereas anthropology has a longer history of participatory research, the health sciences have only begun to embrace this principle. It is no longer possible to conduct medical or health research on Native populations, but research formulations must be structured so that the research is carried out with the populations concerned. In several of the workshop presentations and papers included here, co-direction and authorship of the data collection process and

publications is evident. This principle of co-participation on the part of academic researchers with their Native clients and/or health agencies is fundamental to success in addressing the health problems of Native people.

The third important theme that emerged from the workshop and is evident in the papers in this volume is that multidisciplinary and participatory research does not have to be atheoretical or lacking a critical perspective. A distinction is often made in medical sociology between sociology in medicine and the sociology of medicine. This distinction has only recently begun to emerge in medical anthropology. The workshop presentations and the papers here are examples of both anthropology in medicine and the anthropology of medicine and it is our feeling that both perspectives are necessary and important in order to fully address the health problems of Native people. Anthropology as a conceptual approach in applied health research is important in order to identify those elements of Native culture which affect the experience of Native people with the health care system.

At the same time, a critical approach to the anthropology of health care systems alerts both the anthropological investigator and the Native community to those aspects of the health service system, and the socio-economic position of Native people, which may have negative consequences for the health status, utilization of health services, and the health policy and planning process in the Native community. Just as Native people have long suggested that anthropologists should study themselves for a change, it is important for medical anthropologists to recognize that the study of the institutional structures in Canadian society which are charged with the responsibility for providing health care is as important as the study of the populations at risk.

It was also clear at the workshop that a focus on applied health research does not abrogate the investigators' responsibility to contribute to theoretical development in the discipline of anthropology and associated health science disciplines. A number of the presentations were very clear on this point. Not only are

investigations guided by important theoretical constructs and perspectives, but the "reality testing" that emerges from multi-disciplinary and participatory research can make a very significant contribution to theory building in general.

Indeed this last point is perhaps the most significant, given that the current special issue is in a Native Studies journal. It would be inappropriate for us to concern ourselves narrowly with the discipline of anthropology. It is apparent to the editors that the new discipline of Native Studies builds eclectically on theoretical and methodological approaches available in a number of disciplines which includes anthropology and the other social sciences but also education, history, literature and art. As the discipline of Native Studies grows it will also be important that anthropology begin in a reciprocal fashion to borrow ideas and concepts from Native Studies.

ISSUES RAISED IN WORKSHOP PRESENTATIONS

The papers in this volume describe a broad spectrum of problems and foci in the area of Native health research. The first two papers by Grondin and Sherley-Spiers focus particularly on the clinical encounter involving Native patients in the health service system. Just as all cross-cultural encounters are to some extent problematic in that the participants may not share necessary and important understandings, the clinical encounter between Native patients and health care providers can also be fraught with difficulty. Although only a part of the broader health picture, the clinical encounter has widespread ramifications in terms of the general understanding of illness that Native patients hold and their deeper attitudes towards health and social service agencies.

Grondin's paper in particular describes the additional complicating factor that relocation and distance from home communities means for Native patients who must leave remote northern communities for medical treatment in southern urban hospitals. We have presented Grondin's paper first in this volume because we feel he makes a critically important point which is

often overlooked in the applied health literature dealing with Native people. Grondin confronts directly the time worn cliche that Native people are helplessly dependent on the medical system and their "pitiful" situation must be alleviated by right minded professionals. Grondin argues instead that Inuit in Northern Quebec, and by extension all Native people, not only are ideologically resistant to domination by southern institutions, but are very competent strategists when it comes to taking advantage of southern resources and systems (Waldram's paper elsewhere in the volume echoes these views).

Grondin suggests that for many northern Natives, coming to the city for health care can be a positive experience. He claims that referral to southern medical institutions becomes an extension of northern life in the sense that northern community needs cannot all be fulfilled without occasional trips to southern urban centers, and he argues with the stereotypic understanding that a relocation to southern cities is always a rupture in the social life of northern Native peoples.

The second paper in the volume by Sherley-Spiers addresses a very difficult topic. The fact that racism exists in relations between Native people and members of the dominant Eurocanadian society would be challenged by very few. However, many people working in the health service field would argue that the nature of their work (i.e., caring for the sick) precludes the existence of racism and its powerful negative consequences. Sherley-Spiers presents data from southwestern Manitoba to suggest that racism in fact does permeate some clinical encounters between Native patients and health care professionals and that it is racism and not cultural misunderstandings or values which impact on important health behaviours such as utilization, compliance, and prevention. Sherley-Spiers further argues that it is the perception of racism by one member of the health care interaction which is more important than whether racism can be empirically demonstrated to occur.

The next two papers in the volume by Dufour, and Farkas et al., deal specifically with the cultural background and beliefs

that people hold about health and illness. This, of course, is a long standing anthropological approach and is the approach most generally understood by the wider community. These papers examine the beliefs underlying, on the one hand, otitis media, and on the other hand, pregnancy, among two distinct Native populations. These beliefs are further investigated in respect to the ways in which these two phenomena are understood by the Eurocanadian medical system. Dufour in particular is concerned with the somewhat reductionist approach that is wide-spread in the northern medical literature when dealing with seemingly biomedical problems such as otitis media. She examines the metaphorical links between middle ear disease and Inuit notions of environment, social life, and values, and suggests that educational and preventive programs directed at reducing the incidence of otitis media among Inuit children in particular would be enhanced through a greater cultural understanding of the way in which Inuit think about this particular illness.

The paper by Farkas et al. in Toronto is also an application of the explanatory model approach which usually has been applied to studies of disease and illness. Although obstetricians may argue otherwise, pregnancy is generally not regarded as an illness and as such has not been subject to the same theoretical models as, for example, cancer or hypertension.

The Farkas paper also makes an important statement about the kinds of methods that are useful and valid in applied health research in Native communities. Farkas et al. argue that standard instruments are perceived as "tests" by the Native population and that responses do not necessarily reflect true beliefs or feelings about a life event or condition. Farkas and her group adopted a staged methodology where closed questionnaire responses were supplemented with open-ended exploratory interviews. They argue that the responses to the closed questionnaire appear more as attempts to give the correct answer to a question. The open ended methods on the other hand encouraged Native women to discuss pregnancy in their own terms and provided a more valid understanding of the background of beliefs that may affect

participation in prenatal education, prenatal care and ultimately the outcome of pregnancies.

The next four papers are directed to the particular needs of a variety of subgroups within the general Native population. Needs assessment research is a very important direction in health research generally and increasingly has become a component of health research in Native communities. The four papers presented here not only direct the researcher's attention to the kinds of needs assessment research that are required by Native communities, but also outline the ways in which an anthropological perspective can improve the general quality and comprehensiveness of needs assessment in this area.

Waldram's paper is an important contribution to this volume because it is one of the few efforts in Canada to investigate the complex health needs of urban Native populations. As Waldram clearly argues, urban Native health has largely been ignored by health researchers because of the political issues surrounding the respective responsibilities of the federal and provincial governments in this area, and the sheer complexity of urban social research. The question that Waldram's paper addresses specifically is whether or not Native people utilize health services in the city differently than do non-Native people. He challenges the assertion that is often made that since Native people live close to a variety of health facilities located in the core areas of many of Canada's major cities, the issue of health service utilization is not important. Waldram argues instead that cultural factors embedded in Native peoples' approach to health and health care, and the institutional constraints that are evident in many urban health facilities, mean that despite the availability, Native people may underutilize urban health facilities. Further, he emphasizes that the socio-economic circumstances of urban Natives may likewise play an important role in health care seeking behaviour.

Waldram also describes the process through which he and his colleagues consulted with both front line health care providers and agencies and representatives within the urban Native community

to ensure that the study was accountable to these various parties and acceptable to Native individuals. Waldram's use of a survey is perhaps somewhat unique in Canadian anthropological research (although similar techniques are widely-used in the United States), but again was developed in consultation with the providers and clients and emerged as the most appropriate method in the circumstances.

Waldram's final point is that the results of their survey suggest that Natives have in fact adapted extremely well to the health service system in the city and may indeed be utilizing services better than non-Natives who find themselves in similar socio-economic circumstances. Waldram concludes from this that it is also essential in Native research generally and particularly in applied health research to distinguish between differences due to poverty and those due to differences in culture.

The next paper by Dickson is an example of community-based applied research by a nurse which is compatible with the anthropological tradition. Dickson describes the situation of spousal abuse among Native people in Prince Albert, Saskatchewan, and then presents a study under development which has as its primary objective the empowerment of Native women in both the Native community and in the wider context of urban poverty. Dickson indicates that while statistics must be interpreted cautiously, the rate of spousal abuse in Native communities may be as high as seven in ten women having been subjected to abuse at some point in their lives. This compares poorly with a national rate in Canada of ten percent. Dickson acknowledges that spousal abuse in Native families is ultimately a product of the political marginality of Indian males within the Canadian political economy. But she also argues that this wider recognition does not assist the victims to re-establish their lives in a meaningful way. Her paper further describes a process whereby the victims of spousal abuse are subsequently victimized by the non-Native landlords and urban institutional structures which ignore their plight.

The paper by Farkas and Johnston describes a nutritional program for urban Native men in Toronto. It also is an example of collaboration between an anthropologist (Farkas) and a Native organization to meet the specific needs of one sector of the urban Native population. The anthropological contribution is especially evident in the extent to which the nutritional program goes beyond the narrow lifestyle issue and addresses problems such as employment, housing and social context.

The final paper in this section by Carol Miles-Tapping describes a collaborative study by a sociologist with the Department of Health in the Northwest Territories to investigate the health and social service needs of the elderly, chronically ill and disabled. Miles-Tapping makes the important point that in many national surveys of the needs of various sub-populations, Natives and northerners are often overlooked due to either methodological problems or the sheer expense of conducting surveys in the north. However, she makes an equally important point that in the context of the transfer of resources from the federal to the territorial government for the provision of health care services, it is critically important to assess the needs of these various sub-populations prior to the transfer. Her project was conducted in this light and is a singular example of applied health research which addresses not only the cultural needs of the Native community but the political context in which all research and program development naturally occurs.

Miles-Tapping makes several important methodological notes in her paper which again emphasize the importance of multi-disciplinary collaboration in this area. She indicates that one problem in measuring the level of disability in any community is that there is significant variation between Native and non-Native definitions of disability. In some more traditional Native communities, individuals with disabilities that would be recognized in southern Canada are not labeled as such or counted by the local Native representatives. Linked to this issue are the paramount cultural beliefs in many northern and Native families that family support is a fundamental principle of Native culture

and that any expression of need for government services is an indication of weakness and dependency. Finally, she suggests that surveys of this nature must be aware of regional variations due to historical accidents. She cites the Keewatin region in the Northwest Territories particularly as an area where the incidence of disability appears higher but which may be due to the location of a Mission Hospital in the region that subsequently became a chronic care facility.

The final three papers in this volume deal more broadly with health policy issues of national concern to Native communities. Gregory's paper addresses the very important issue of the relevance of traditional Indian healing to the contemporary health care system. Gregory describes the cultural renaissance occurring across Canada in Native communities around the beliefs and practices of traditional medicine. While this renaissance has been widely described in both the popular and Native press, very little research has been conducted in this area. Gregory adopts a transcultural nursing framework to investigate the specific problem of the relationship between non-Native nurses working for Medical Services Branch in northern communities with traditional healers and elders in those same communities. Gregory found in this research that while there were generally positive attitudes on the part of both northern nurses and elders toward each other, little real knowledge existed on the part of the nurses. When interaction occurred it was on a highly individual basis (i.e., a particular nurse referring to a particular healer in one community but not systematically across the region). Gregory then goes on to describe several developments that have occurred in Canada and in Manitoba which indicate a more programmatic effort on the part of both the government and other health institutions to respond to this renewed interest in traditional Indian medicine. He describes the current approach of the Medical Services Branch which now defines traditional medicine as a non-insured service, and concludes that it is significant that Indian traditional medicine has been promoted by government rather than the College of Physicians and Surgeons. The relationship between

government, medical professions and communities is an important topic for medical anthropological investigations.

The paper by Gagnon is the product of a research project undertaken by a first year medical student who observed some tension on the hospital wards when Native patients requested traditional healers. His research on the attitudes of physicians towards Native medicine was certainly unique among medical student research projects, but was well-received by both his medical colleagues and teachers, and the Native community in Winnipeg. His report is included here as an example of the kind of critical research required of health service professions and organizations responsible for Native health care.

The final paper, by Culhane Speck, is perhaps the most provocative paper for those involved in applied health research in Native communities. Culhane Speck has undertaken the difficult task of assessing current federal government policy in the area of Native health. While her work is based in British Columbia, her paper here deals with the transfer policy as it applies to all Native communities south of sixty degrees (or outside the Territories). In her paper, Culhane Speck first of all describes the current policy which intends to transfer the responsibility for administration of health services and programs from Medical Services Branch to representative Native organizations such as Band and/or Tribal Councils. While this policy has been highly promoted by the federal government as a significant effort in the area of self-determination in health care, Culhane Speck is uneasy about the extent to which the transfer rhetoric is based in more conservative political ideology.

The essential question to Culhane Speck is whether or not the current transfer policy is really a reflection of the health promotion document that emerged from the Minister of Health's office in 1987 or whether it is a hidden agenda for ideas extolled in the earlier Nielsen report. In her words, is the transfer policy a real effort to transfer power and authority in health care to Native communities or is it an attempt to downsize federal departments and expenditures and assimilate Native people into the

mainstream provincial health care systems? She points out that Indian health has historically been a federal responsibility despite the federal argument that medical care was not covered by the various treaties Indian people signed with the Crown.

Culhane Speck also argues insightfully that even if the current transfer policy has emerged from Minister of Health Jake Epp's document on Health Promotion, this document can also be criticized as an effort to transfer responsibility for health care from the state to private individuals and groups. She argues that the rhetoric of self-determination in the Epp document is turned upside down when the ideology underlying this proposal is that health is an individual responsibility. Culhane Speck is also critical of the document's effort to broaden the definition of health to include environment, politics, and economy but which in practice continues to define Native health in very narrow terms. The continued separation of responsibility for health care among a number of federal departments including Health and Welfare, Indian and Northern Affairs, Environment, and so on, is a clear reflection of this attitude. She asks, is Indian health a health problem or an Indian problem? She claims the federal government abrogates its responsibility to deal with this issue by continuing to separate health from the general conditions of Indian life in Canada. Culhane Speck argues that the transfer policy essentially provides First Nations in Canada with larger responsibility for health services but without a corresponding increase in power over the design and delivery of those services. In effect the transfer policy provides that Indians can occupy the lowest rung of the administrative ladder in health service delivery for Native communities.

Clearly Culhane Speck's analysis is a provocative one and will be subject to much discussion and controversy. Nonetheless her paper provides a clear and scholarly example of critical medical anthropology in which the health care system itself is a suitable topic for scrutiny.

CONCLUSION

In concluding this essay we would like to suggest several recommendations which we feel will improve the anthropological contribution to applied Native health research in this country. First we must acknowledge our overriding bias that the discipline of anthropology has a contribution to make. This assertion has not been subjected to critical scrutiny in this volume. We realize that there are many researchers in both health care and Native communities who may be skeptical of the realistic value of anthropological work. While we acknowledge this skepticism, we feel that the papers presented here offer a new direction for a more restrained but useful contribution of anthropology to contemporary health problems in Native communities in Canada today. For anyone interested in this exciting and challenging field we have several suggestions:

1. Familiarity with the emerging discipline of Native Studies and its ideological and methodological orientations is essential. This means that problems in Native communities, be they health problems or otherwise, must be understood in a wider historical and political context as reflections of a colonial history. It also means that solutions to these problems must derive from processes set in motion at the community level which articulate with traditional values and local economic and political interests. The researcher should have an eclectic orientation to the other disciplines from which Native Studies draws, such as history, political science, and the arts, including film and literature.

2. Cross-training in allied health disciplines such as medical anthropology, epidemiology, health services evaluation, health economics and medical sociology as well as community medicine and community nursing is not only appropriate but essential in order to ensure the relevance of research to the health policy process. This cross-training is further useful in that it enables the researcher to understand and speak the disciplinary language of colleagues who may be conducting similar research in this important field.

3. Related to this cross-disciplinary training is a willingness to engage in collaborative research with colleagues in other disciplines to ensure that methods are appropriate to the problems studied. Collaborative research also facilitates greater impact on policy because the mainstream health disciplines such as epidemiology, community medicine and community nursing have traditionally played a greater role in the health policy process.

4. In order to ensure that the problems studied are defined as they are understood by Native communities and that the data collected is interpreted accordingly, participatory research with Native organizations and individuals is essential. This goes beyond the mere hiring of Native interpreters or research assistants and requires a significant effort to establish a collegial relationship with co-investigators in the Native community.

5. Medical anthropologists, and other health researchers, must be cautious of assuming research roles which merely supplement or support the health service delivery objectives of either levels of government or the health service professions. While collaboration with these groups is important, it is also important that researchers maintain their critical objectivity and subject these organizational initiatives to scholarly scrutiny. This type of research not only serves the Native communities who are clients of these services but can also offer a constructive and beneficial corrective to the policy and planning departments of health service organizations. In this light, researchers must also learn to maintain lines of communication with policy makers in various health sectors so that critical commentary is dealt with constructively. It is not enough to simply criticize those currently charged with providing health programs and services in Native communities. This criticism must be presented in a way which will modify those programs and ultimately improve the health status of Native people in Canada.

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