

# A Guide for Health Professionals Working with Aboriginal Peoples

## EXECUTIVE SUMMARY

*This Policy Statement has been reviewed by the Aboriginal Health Issues Committee and approved by Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.*

### PRINCIPAL AUTHOR

Janet Smylie, BA, MD, CCFP, Ottawa, ON

### ABORIGINAL HEALTH ISSUES COMMITTEE

Janet Smylie (Chair), BA, MD, CCFP, Ottawa, ON  
 Pierre Lessard (Past Chair), MD, FRCSC, Yellowknife, NT  
 Karen Bailey, MD, FRCSC, FCOG, Wetaskiwin, AB  
 Carole Couchie, BHSc, RM (registered midwife), Toronto, ON  
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 Erica Lise Eason, SM, MDCM, FRCSC, Ottawa, ON  
 William J. Goldsmith, MD, FRCSC, Montreal, QC  
 Roda Grey, RNA, SSW, Ottawa, ON  
 Tracy O'Hearn, Ottawa, ON  
 Kenneth Seethram, MD, FRCSC, Yellowknife, NT

### SPECIAL CONTRIBUTORS

Avis Archambault, MA, Phoenix, AZ  
 Howard Cohen, MD, Ottawa, ON  
 Margaret Moyston Cummings, BSc, PHN, RN, MSW, Ottawa, ON  
 Pascale Desautels, MD, Val d'Or, QC  
 Bernice Downey, RN, Ottawa, ON  
 Claudette Dumont-Smith, RN, BScN, MPA, Ottawa, ON  
 Jessie Fiddler, Sioux Lookout, ON  
 Margaret Horn, MA, Kahnawake, QC  
 Elaine Johnston, BScN, Cutler, ON  
 Mae Katt, RN, BScN, MEd, Thunder Bay, ON  
 Lorraine Kenny, BA, Sioux Lookout, ON  
 Dorothy LaPlante, RN (EC), BScN, Ottawa, ON  
 Susan Maskill, BSc, Ottawa, ON  
 Melanie Morningstar, Ottawa, ON  
 Patricia Morris, MD, Ottawa, ON  
 Ann Roberts, MD, Iqaluit, NU  
 Elizabeth Roberts, MD, Ottawa, ON  
 Marie Ross, BA, RN, CGPA(Dip.), Truro, NS  
 Carol Terry, BA, Sioux Lookout, ON  
 Vincent F. Tookenay, MD, Russell, ON  
 Alan Waxman, MD, MPH, Gallup, NM  
 Cornelia Wieman, MD, FRCPC, Hamilton, ON

### SUPPORTING ORGANIZATIONS

Assembly of First Nations  
 Canadian Institute of Child Health  
 Canadian Paediatric Society  
 College of Family Physicians of Canada  
 Congress of Aboriginal Peoples  
 Federation of Medical Women of Canada  
 Inuit Tapirisat of Canada  
 Metis National Council  
 National Indian and Inuit Community Health Representatives Organization  
 Pauktuutit Inuit Women's Association

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## Abstract

**Objective:** to provide Canadian health professionals with a network of information and recommendations regarding Aboriginal health.

**Options:** health professionals working with Aboriginal individuals and communities in the area of women's health care.

**Outcomes:** improved health status of Aboriginal peoples in Canada.

Appropriateness and accessibility of women's health services for Aboriginal peoples.

Improved communication and clinical skills of health professionals in the area of Aboriginal health.

Improved quality of relationship between health professionals and Aboriginal individuals and communities.

Improved quality of relationship between health care professionals and Aboriginal individuals and communities.

**Evidence:** recommendations are based on expert opinion and a review of the literature. Published references were identified by a Medline search of all review articles, randomized clinical control trials, meta-analyses, and practice guidelines from 1966 to February 1999, using the MeSH headings "Indians, North American or Eskimos" and "Health."\* Subsequently published articles were brought to the attention of the authors in the process of writing and reviewing the document. Ancillary and unpublished references were recommended by members of the SOGC Aboriginal Health Issues Committee and the panel of expert reviewers.

**Values:** information collected was reviewed by the principal author. The social, cultural, political, and historic context of Aboriginal peoples in Canada, systemic barriers regarding the publication of information by Aboriginal authors, the diversity of Aboriginal peoples in Canada, and the need for a culturally appropriate and balanced presentation were carefully considered in addition to more traditional scientific evaluation. The majority of information collected consisted of descriptive health and social information and such evaluation tools as the evidence guidelines of the Canadian Task Force on the Periodic Health exam were not appropriate.

**Benefits, costs, and harms:** utilization of the information and recommendations by Canadian health professionals will enhance understanding, communication, and clinical skills in the area of Aboriginal health. The resulting enhancement of collaborative relationships between Aboriginal peoples and their women's health providers may contribute to health services that are more appropriate, effective, efficient, and accessible for Aboriginal peoples in Canada. The educational process may require an initial investment of time from the health professional.

**Recommendations:** Recommendations were grouped according to four themes: sociocultural context, health concerns, cross-cultural understanding, and Aboriginal health resources. Health professionals are encouraged to learn the appropriate names, demographics, and traditional geographic territories and language groups of the various Aboriginal groups in Canada. In addition, sensitivity to the impact of colonization and current socioeconomic challenges to the health status of Aboriginal peoples is warranted. Health services for Aboriginal peoples should take place as close to home as possible. Governmental obligations and policies regarding determination are recognized. With respect to health concerns, holistic

definitions of health, based on Aboriginal perspectives, are put forward. Aboriginal peoples continue to experience a disproportionate burden of health problems. Health professionals are encouraged to become familiar with several key areas of morbidity and mortality. Relationships between Aboriginal peoples and their care providers need to be based on a foundation of mutual respect. Gaps and barriers in the current health care system for Aboriginal peoples are identified. Health professionals are encouraged to work with Aboriginal individuals and communities to address these gaps and barriers. Aboriginal peoples require culturally appropriate health care, including treatment in their own languages when possible. This may require interpreters or Aboriginal health advocates. Health professionals are encouraged to recognize the importance of family and community roles, and to respect traditional medicines and healers. Health professionals can develop their sensitivities towards Aboriginal peoples by participating in workshops, making use of educational resources, and by spending time with Aboriginal peoples in their communities. Aboriginal communities and health professionals are encouraged to support community-based, community-directed health services and health research for Aboriginal peoples. In addition, the education of more Aboriginal health professionals is essential. The need for a preventative approach to health programming in Aboriginal communities is stressed.

**Validation:** recommendations were reviewed and revised by the SOGC Aboriginal Health Issues Committee, a panel of expert reviewers, and the SOGC Council. In addition, this document was also reviewed and supported by the Assembly of First Nations, Canadian Institute of Child Health, Canadian Paediatric Society, College of Family Physicians of Canada, Congress of Aboriginal Peoples, Federation of Medical Women of Canada, Inuit Tapirisat of Canada, Metis National Council, National Indian and Inuit Community Health Representatives Organization, and Pauktuutit Inuit Women's Association.

**Sponsor:** Society of Obstetricians and Gynaecologists of Canada.

## EXECUTIVE SUMMARY

Aboriginal health is a highly relevant concern to the health care community. Aboriginal patients, whether identified as Aboriginal or not, will be encountered by most Canadian health care practitioners at some point in their practice. Such encounters may range from the daily to the infrequent; from the urban specialist who may be required to communicate the management of a complex disease process via translator to an Aboriginal patient flown in from a remote location, to the urban community health nurse who may be providing perinatal instruction to a young Aboriginal family, to the rural family physician who practices in or close to an Aboriginal community. In forging a balanced and positive health care practitioner-patient relationship, it is essential to understand the heritage context of the Aboriginal patient in order to negotiate chasms and find common ground.

History leaves a difficult contextual legacy. The adverse socioeconomic environment facing many Aboriginal

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\*. As there was no MeSH heading for Metis, it was assumed to be included under "Indians, North American." "Eskimos" is the MeSH heading for Inuit people.

communities can be directly linked to the European appropriation of the traditional land of many Aboriginal nations: land that had been the basis of economic livelihood for Aboriginal communities prior to colonization. Additionally, the European colonists and their subsequent governments brought with them epidemics of disease, slavery, cultural suppression, imposed religious practices, family disruption and community relocation, and physical, emotional, and sexual violence:

Although Canada is often referred to as the ideal place to live because of its quality of life, there are two realities in the nation. One is for most Canadians; the other is for ... Aboriginal peoples. The statistics on the first inhabitants of what is now Canada are much like the statistics for most indigenous populations who have undergone colonization: inadequate nutrition; substandard housing and sanitation; unemployment and poverty; discrimination and racism; violence; inappropriate or absent services; high rates of physical, social and emotional illness and injury; disability; and premature death.<sup>1</sup>

One predictable consequence of these socioeconomic inequities is that Aboriginal peoples have an overall health status that falls well below that of other Canadians. Aboriginal life expectancy is approximately seven to eight years less than that of the average Canadian. Chronic diseases, post neonatal mortality, accidental deaths, certain infectious diseases, and mental health problems continue to be disproportionately common among Aboriginal peoples.<sup>2-4</sup> Although there have been some significant improvements in Aboriginal health over the past decades, the health care system has not yet been successful in rectifying this disparity.

The Royal Commission on Aboriginal Peoples (RCAP), whose purpose is to help restore justice to the relationship between Aboriginal and non-Aboriginal peoples in Canada by investigating the foundations of a fair and honourable relationship, has recognized the unacceptable level of health problems among Aboriginal peoples, the linkages of these health problems to larger social, economic, and emotional issues, and the inadequacy of the current health infrastructure to impact significant change.<sup>5</sup> Its proposed new health strategy recommended long-term structural changes in government relations and economic development, as well as a reorganization of existing health and social service systems. Mainstream services were encouraged to “undertake a systematic assessment of their practices to see how they [could] improve their connections with Aboriginal peoples.”<sup>5</sup> This document is in keeping with previous recommendations by the Canadian Medical Association (CMA) which, in their submission to RCAP, recommended that the government of Canada “develop educational initiatives in cross-cultural awareness and other Aboriginal health issues for the Canadian population and in particular health care providers.”<sup>2</sup> In a later (1996) CMA sponsored workshop on Aboriginal women’s health issues, the participants, comprised mainly of Aboriginal women, recommended that:

The Canadian Medical Association, the Native Physicians Association in Canada or both should develop, or facilitate the development of, a series of publications outlining the historical concepts and approaches to health of Aboriginal peoples. The publications should also include information on variability and multiculturalism among the First Nations and Aboriginal peoples of Canada—even within individual communities. These publications should be distributed to all health service providers to heighten awareness and sensitize them to the present state of Aboriginal health.”<sup>6</sup>

The Aboriginal Health Issues Committee of the Society of Obstetricians and Gynaecologists of Canada (SOGC), founded in 1994, is a multidisciplinary committee with Aboriginal and non-Aboriginal members, with representation from several Aboriginal organizations and backgrounds including First Nations, Inuit, and Metis. Its guiding principles, adopted at the first meeting, derive from the Keewatin Regional Health Board mission statement. The Committee additionally supports the recommendations and guiding principles in the CMA’s *Bridging the Gap* document.<sup>2</sup>

This policy statement brings together concise information and specific recommendations regarding attitudes, knowledge base, and skills, to help the health professional build a more balanced two-way relationship with Aboriginal patients. Information and recommendations are grouped in four sections: sociodemographics, health definitions and issues, cross-cultural communication, and health resources. It is hoped that implementation of these recommendations and information will enhance understanding of Aboriginal cultures, approaches to health and healing, and worldviews.

## A. METHODS

### 1. Social, cultural, and historical context

The creation of these evidence-based guidelines presented several challenges for the authors. For any such creation to be relevant, Aboriginal health issues should be framed in their social, cultural, and historical context. This adheres to RCAP findings regarding the causal connection between specific illnesses and “factors outside the boundaries of ordinary medicine—social, emotional, and economic conditions that in turn lead back to the corrupt, destabilizing, and demoralizing legacy of colonialism;”<sup>5</sup> as well as the desire by Aboriginal peoples for their health issues to be understood holistically, summarized here by Henry Zoe of Dogrib Treaty 11 Council:

For a person to be healthy [he or she] must be adequately fed, be educated, have access to medical facilities, have access to spiritual comfort, live in a warm and comfortable house with clean water and safe sewage disposal, be secure in cultural identity, have an opportunity to excel in a meaningful endeavour, and so on. These are not separate needs; they are all aspects of a whole.<sup>5</sup>

The five volume RCAP report,<sup>7</sup> the product of five years of extensive public hearings, community visits, expert consultation,

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commissioned research studies, and literature review, is an important knowledge source for Aboriginal health needs.

## **2. Language, oral and written**

Aboriginal cultures historically followed an "oral tradition" in which information was collected, conserved, and transmitted through carefully memorized verbal discourse often including stories and songs. Although there are examples of stories recorded through artwork prior to colonization, written information sources are of relatively recent European introduction into the Aboriginal community. For these reasons, a feeling of distrust regarding written information exists among some Aboriginal individuals, some of whom feel that important cultural information, such as traditional healing techniques, should only be transmitted orally and not be written down. Thus, at least some important information regarding Aboriginal health is unlikely to be found in a written format, and much data regarding Aboriginal peoples is not published in the standard accessible sources.

Additionally, lower rates of literacy and formal education achievement among Aboriginal peoples in Canada create systemic barriers to publication by Aboriginal authors; and those who do get published may decide that their information transmitted as a story, political organizational document, or other resource material is more consistent with their perspective than formal scientific literature. Using a comprehensive search strategy, LeMaster<sup>8</sup> found only a limited number of published intervention studies in the health education literature which included "Native Americans." However, the author had encountered elsewhere numerous unpublished newsletters and other commissioned documents from governmental and Aboriginal organizations, none of which could be found in a literature search, although some of them contained relevant data. LeMaster concluded that "it is very likely ... that many health education interventions are conducted by and for Native Americans, but results are not disseminated in the published literature."<sup>5</sup>

## **3. Language groups**

Aboriginal peoples in Canada represent over 50 culturally distinct language groups. Although often grouped together by non-Aboriginals, it is important to remember that First Nations, Metis, and Inuit peoples each have a unique cultural, social, and historical context, and are represented by separate political organizations. Increasingly, specific and focussed health programming is being called for by different Aboriginal groups. For example, at the May 2000 Forum on Aboriginal Health Services and Issues, Okalik Eegeesiak, President of the Inuit Tapirisat of Canada, called for health programmes specifically for Inuit peoples, to be based on Inuit approaches to health issues. Another distinct set of health issues is raised by the historical exclusion of Metis people from health programmes administered by the federal government via the former Medical Services Branch. Although this policy statement presents one

set of recommendations intended to apply generally, the specific and distinct health concerns of First Nations, Inuit, and Metis peoples are detailed in the text where possible.

## **4. Culturally appropriate, balanced format**

Finally, the Committee wished to present the information and recommendations in a culturally appropriate, balanced format. A careful, systematic documentation of the enormous health problems facing Aboriginal peoples in Canada could easily lead to a document that, while factual, is bleak and depressing. The personal cultural perspective of one author was that "bad news" needs to be balanced with "good news." This notion of "balance" is fundamental to Aboriginal concepts of health. The authors have therefore attempted to achieve a balanced presentation which communicates the inherent resources of Aboriginal individuals and communities at the same time as it identifies health issues.

## **5. Process**

Just as this document attempts to bridge the perspectives of health professionals and Aboriginal clients, so the methodology has required a synthesis of the published, scientific knowledge base with a contextual, culturally-informed approach.

A framework for this policy statement was circulated to Committee members by the Committee chair in 1997. This framework was revised by Committee members who were then assigned different sections of the framework on which to work. Information on the different sections was brought back to the Committee and two Committee members organized and expanded upon this data to produce a poster presentation at the 1998 SOGC Annual Clinical Meeting (ACM) in Victoria.

A formal literature review was initiated in 1998, with a computerized Medline search conducted using the MeSH headings "Indians, North American or Eskimos" and "Health." The search included all review articles, randomized clinical control trials, meta-analyses, and practice guidelines after 1966 inclusive. Ninety-five review articles, ten randomized clinical control trials, no meta-analyses, and one practice guideline were identified for a total of 106 articles, many from public health and social science sources. Papers were reviewed by a single researcher (JKS), and the article deemed relevant if it contained information about Aboriginal peoples (preferably in the Canadian context) and the topic was health (including sociodemographic determinants of health, health policy, and health education). Eighty-six of these articles were deemed relevant for review and all 86 articles were retrieved. Data was extracted and organized according to the four major sections of the framework: sociological context, health concerns, cross-cultural understanding, and Aboriginal health resources. Ancillary and unpublished references were recommended by members of the SOGC Aboriginal Health Issues Committee and the panel of expert reviewers.

A draft series of recommendations incorporating the previously adopted guiding principles as well as recommendations

regarding Aboriginal health from other sources was produced and circulated to the Committee in early 1999. Members responded with their feedback and the recommendations were revised. Ongoing work by Committee members helped produce tools to educate health professionals in the areas of cross-cultural communication. A roleplaying session was piloted at the 1998 AGM of the Association of Professors of Obstetrics and Gynaecology and presented at the 1999 SOGC ACM in Ottawa. In the autumn of 1999, one of the Committee members was commissioned to finish the literature review and produce a draft document, which was circulated to Committee members and a panel of experts and then revised, before presentation for review by the SOGC Executive and Council.

## **RECOMMENDATIONS**

### **A. SOCIOCULTURAL CONTEXT**

1. Health professionals should have a basic understanding of the appropriate names with which to refer to the various groups of Aboriginal peoples in Canada.
2. Health professionals should have a basic understanding of the demographics of Aboriginal peoples in Canada.
3. Health professionals should familiarize themselves with the traditional geographic territories and language groups of Aboriginal peoples.
4. Health professionals should have a basic understanding of the disruptive impact of colonization on the health and well-being of Aboriginal peoples.
5. Health professionals should recognize that the current sociodemographic challenges facing many Aboriginal individuals and communities have a significant impact on health status.
6. Health professionals should recognize the need to provide health services for Aboriginal peoples as close to home as possible.
7. Health professionals should have a basic understanding of governmental obligations and policies regarding the health of Aboriginal peoples in Canada.
8. Health professionals should recognize the need to support Aboriginal individuals and communities in the process of self-determination.

### **B. HEALTH CONCERNS**

1. Health professionals should appreciate holistic definitions of health as defined by Aboriginal peoples.
2. Health professionals should recognize that the degree of ill health in Aboriginal populations is unacceptable, and work with Aboriginal individuals and communities towards improved health outcomes.
3. Health professionals should recognize and respond to key areas of morbidity and mortality without stereotyping.

### **C. CROSS-CULTURAL UNDERSTANDING**

1. Relationships between Aboriginal peoples and their health care providers should be based on a foundation of mutual respect.
2. Health professionals should recognize that the current health care system presents many gaps and barriers for Aboriginal individuals and communities seeking health care.
3. Health professionals should work proactively with Aboriginal individuals and communities to address these gaps and barriers.
4. Health professionals should work with Aboriginal individuals and communities to provide culturally appropriate health care.
5. Aboriginal peoples should receive treatment in their own languages, whenever possible.
6. Health care programmes and institutions providing service to significant numbers of Aboriginal peoples should have cultural interpreters and Aboriginal health advocates on staff.
7. Aboriginal peoples should have access to informed consent regarding their medical treatments.
8. Health services for Aboriginal peoples should recognize the importance of family and community roles and responsibilities when attempting to service Aboriginal individuals.
9. Health professionals should respect traditional medicines and work with Aboriginal healers to seek ways to integrate traditional and western medicine.
10. Health professionals should take advantage of workshops and other educational resources to become more sensitive to Aboriginal peoples.
11. Health professionals should get to know Aboriginal communities and the people in them.

### **D. ABORIGINAL HEALTH RESOURCES**

1. Aboriginal communities and health professionals working with Aboriginal peoples should support the creation of community-directed health programmes and services for Aboriginal peoples.
2. Aboriginal communities and health professionals working with Aboriginal peoples should support the development of community-directed, participatory health research for Aboriginal peoples.
3. Aboriginal communities and health professionals working with Aboriginal peoples should encourage the education of Aboriginal health professionals committed to future work in Aboriginal communities.
4. Aboriginal communities and health professionals working with Aboriginal peoples should recognize the need for preventative health programming in Aboriginal communities.

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**Front cover illustration:** Jay Bell-Redbird, an Ojibwa artist from Wikwemikong First Nation, created the logo on the cover for the SOGC Committee on Aboriginal Health Issues.

The logo represents the diversity of Aboriginal peoples in Canada. The medicine wheel base, a symbol used by many indigenous communities, represents a paradigm of teaching and healing that promotes wholeness, harmony and balance. The four colours are significant in healing work and also represent the diversity of all humanity. The floral motif is very representative of beadwork designs done by women in the woodland and sub-arctic regions of Canada. The sash around the circle is a symbol of the Metis nation. The drum with a moon symbol is drawn in the style of the west coast peoples. The great white pine and the four roots of peace are important symbols of the Iroquois confederacy. The eagle, a sacred bird to many nations, represents freedom, honour, and respect. The Inuit woman with her baby in an amauti at the centre of the circle represents the importance of women as the bearers of life and the importance of children as the future hope of the people.