

Moving toward holistic wellness, empowerment and self-determination for Indigenous peoples in Canada: Can traditional Indigenous health care practices increase ownership over health and health care decisions?

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ABSTRACT

OBJECTIVES: This study aimed to understand the role that traditional Indigenous health care practices can play in increasing individual-level self-determination over health care and improving health outcomes for urban Indigenous peoples in Canada.

METHODS: This project took place in Vancouver, British Columbia and included the creation and delivery of holistic workshops to engage community members ($n = 35$) in learning about aspects of traditional health care practices. Short-term and intermediate outcomes were discussed through two gatherings involving focus groups and surveys. Data were transcribed, reviewed, thematically analyzed, and presented to the working group for validation.

RESULTS: When participants compared their experiences with traditional health care to western health care, they described barriers to care that they had experienced in accessing medical doctors (e.g., racism, mistrust), as well as the benefits of traditional healing (e.g., based on relationships, holistic approach). All participants also noted that they had increased ownership over their choices around, and access to, health care, inclusive of both western and traditional options. They stressed that increased access to traditional health care is crucial within urban settings.

CONCLUSIONS: Self-determination within Indigenous urban communities, and on a smaller scale, ownership for individuals, is a key determinant of health for Indigenous individuals and communities; this was made clear through the analysis of the research findings and is also supported within the literature. This research also demonstrates that access to traditional healing can enhance ownership for community members. These findings emphasize that there is a continued and growing need for support to aid urban Indigenous peoples in accessing traditional health care supports.

KEY WORDS: Indigenous population; traditional medicine; self determination; holistic health

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There is a large and continually growing body of literature that demonstrates that Indigenous people bear a disproportionate amount of health inequities compared to the larger Canadian population.^{1,2} For the purpose of this paper, the term *Indigenous* is used to be inclusive of First Nations, Métis and Inuit peoples; this is an important distinction given that many communities are actively rejecting the term *Aboriginal*.³ While these inequities have been illustrated through many indicators, including life expectancy, infant mortality rates, birth weights, and chronic medical conditions,⁴ research revealing these kinds of results has led to an overriding focus on inequities that aims to create deficiency-based models, inadvertently concealing the roots of disparities.

It is widely accepted that the health status of Indigenous peoples was considerably better before colonization.^{1,4} Rather than being linked to biological factors, as previous studies have falsely concluded,⁵ disparities are entrenched in the “history of relations between Indigenous peoples and the nation-state... and the limited autonomy Indigenous peoples have in determining and addressing their health needs.”¹ Indigenous peoples have been greatly impacted by the adverse consequences of colonization and ongoing attempts at assimilation, including the Indian Act, forced

relocation, the Residential School System, systemic racism and cultural oppression.^{1,4} In this sense, both the health of Indigenous communities and the integrity of their traditional health care practices have been attacked through the use of oppressive policies rooted in epistemic racism.^{6,7} Despite this, traditional health care practices have survived within Indigenous communities and many of these practices are beginning to be incorporated into formal settings, such as correctional institutions⁸ and Indigenous-run alcohol and drug treatment centres.⁹

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There is increased recognition of a broader conceptualization of health and well-being, which encompasses a variety of social determinants of health, including: income and social status, physical environment, social environment, education, employment, social support network, personal health practices, child development, access to care, gender, and culture.¹⁰ In addition, Indigenous-specific health determinants encompass a communal notion of well-being, including connection to land, culture, community and spirituality. They also reflect the ongoing impacts of colonial structures, historical trauma and jurisdictional complexities.^{2,10-12} At a systemic level, self-determination has been cited as a critical determinant of Indigenous health¹⁰ and is often conceptualized as a strength-based antithesis countering the ongoing impacts of colonialism,¹¹ including Indigenous peoples' lack of social, economic and political sovereignty.¹² Self-determination is understood as the individual and collective right to have control over health, education and economic systems (i.e., self-government).¹⁰ In this sense, self-determination shapes health care experiences and health outcomes for Indigenous peoples.

Access to care

Various barriers to accessing health care have been identified through working with Indigenous populations. Geographic, temporal and financial constraints are often identified in research,¹³ however, access to health services is further impacted by personal experiences of safety and control.¹⁴ While the health care settings can be quite daunting and unfamiliar for many individuals,¹³ for many Indigenous peoples, this is compounded by a lack of trust, rooted in both historical and lived experiences.^{12,15} There have been numerous reports of Indigenous patients having experienced invalidating encounters with unfriendly health care workers, often to the point of overt racism and discrimination.^{12,16} However, Browne and Fiske (2001) also describe positive encounters that Indigenous women have experienced in health care, citing the importance of opportunities to actively participate in health care decisions, affirmation of identity through long-term relationships with health care providers and recognition of traditional health care practices.¹²

Although access to traditional Indigenous health care (hereinafter referred to as *traditional health care*) has been cited as equally or more important than western health care for the majority of Indigenous peoples,¹⁷ Statistics Canada reported that roughly one third of Indigenous people living in urban areas have access to traditional medicines and healing practices.¹⁸ Yet in an environmental scan, undertaken by the First Nations Health Society, identity and cultural connection were identified by First Nations communities as integral to health and wellness. Furthermore, the majority of respondents reported wanting to see traditional health care practices integrated into health centres. Despite this importance, the study also found that there was limited access to traditional health care practices in both health care centres and health programs in communities.¹⁹ These findings are consistent with a growing body of evidence that illustrates the importance of applying traditional health care practices within Indigenous health programs and the larger western health care system.^{20,21}

Research setting

In 2006, there were 196,075 Indigenous peoples living in British Columbia (BC), constituting 3.8% of the total provincial population. Vancouver is home to 40,310 Aboriginal people, which is the largest population of Indigenous people in a single location across BC, and 2% of the total metropolitan population.²² Vancouver sits on the unceded traditional territory of the X^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish) and Tsleil-Waututh Nations. The Indigenous community in Vancouver is made up of individuals and families from diverse Nations, with distinct languages and protocols and traditions, including traditional healing practices. Despite this diversity, many Indigenous peoples share a belief in holism and its connection to health and wellness.²¹ In this sense, notions of urban Indigenous community vary across cities, but are largely shaped by other urban Indigenous peoples, family and local organizations.¹⁷

Purpose

The focus of this exploratory, qualitative study was to understand the role that traditional health care practices can play in improving health outcomes in Indigenous communities. This research was guided by two questions: 1) How does participation in health circles, based on traditional Indigenous knowledge, impact the health of Indigenous peoples? 2) Will incorporating traditional and holistic approaches increase access and utilization of health services? By examining the relationship between access to participation in traditional health care practices and ownership over health care choices and access, within the urban Indigenous community of Vancouver, BC, this study explores the role of traditional health care relative to self-determination, on an individual level, and overall health and wellness.

METHODS

The health circles

This project was centred on the creation and delivery of a series of seven holistic workshops, called *health circles*, to engage community members in learning about different aspects of traditional health care practices. The health circles, facilitated by Indigenous Elders and knowledge keepers, consisted of teachings on protocols and place, identity, traditional foods, traditional medicines, drumming and ceremony. Health circles were offered weekly for seven weeks, each lasting four hours. The aim was to increase knowledge around traditional healing practices as preventive health care practices.

Participants

Participants were recruited through partnering organizations, newsletters and community events. Criteria for selecting participants included: self-identification as an Indigenous person, age 18 years or older, interest in participating in the health circles, a commitment to contributing to the research, and ability to communicate in English. The health circles were offered in two sets, six months apart, and participation was supported through covering transportation costs and providing weekly gift cards (\$25 each). The project reached 35 participants across the two cohorts, with a mix of ages, genders, Aboriginal ethnicity, and roles in the community (Table 1). In interpreting these data, it is

Table 1. Participant characteristics

Category	n	%
Age, years		
Young people (18–29)	11	31.4
Adults (30–59)	19	54.3
Seniors (60 and older)	5	14.3
Aboriginal ethnicity		
First Nations (status)	20	57.1
First Nations (non-status)	7	20.0
Métis	6	17.1
Other	2	5.7
Gender		
Female	23	65.7
Male	12	34.3
Role in community		
Community member	22	62.9
Front-line worker	6	17.1
Student	7	20.0
Access to traditional and western health care (pre-questionnaire responses)		
Uses traditional medicines	20	60.6
Has regular medical doctor	20	58.8
Has seen a healer or Elder for spiritual health in the past year	16	52.9
Has attended Indigenous ceremonies for healing and wellness purposes	18	45.7

important to note that participants could identify as multiple ethnicities, and that many participants who are front-line workers in the community also access programs as community members. Table 1 also illustrates that participants had a range of previous experience with accessing both traditional and western health care before coming to the health circles. Slightly more than half of the participants who answered the pre-questionnaire noted that they access traditional medicines (60.6%) and a similar proportion reported that they have a regular family doctor (58.8%). Fewer participants indicated that they have attended ceremonies for healing and wellness purposes in the past year (52.9%), and less than half noted that they had seen a healer or Elder for spiritual guidance in the last year (45.7%).

Research approach

The project, including the health circle curriculum and research activities, was guided by a diverse group of Indigenous Elders and knowledge keepers, termed the Aboriginal Health Working Group (AHWG). The AHWG guided the development of the research approach and methods, which were also approved by the Research Ethics Board at the University of British Columbia. The details of this process are described elsewhere.²³ Before the start of the health circles, participants filled out a pre-questionnaire related to health care access, health concerns and holistic well-being. Participants completed a written survey and shared their stories through a focus group one week after the workshops to discuss short-term outcomes, which included discussion around changes in knowledge, attitudes, awareness and skills ($n = 32$). There was a second focus group and survey six months after the workshops to discuss intermediate outcomes, such as shifts in behaviour and access to health care ($n = 23$). Long-term changes, such as system transformation, were beyond the scope of this research project.

Data from the focus groups and surveys were transcribed, reviewed, thematically analyzed and triangulated to strengthen

the interpretation of participant experiences. Each transcription was analyzed using a data-driven codebook in a manner that occurred concurrently with each round of data collection, allowing for adjustments in the analysis as new themes arose. Preliminary findings were presented to the working group after the first set of health circles, providing an opportunity for shared interpretation and validation. After the second cohort of participants had completed the health circles, an open conference was held. The conference reached over 75 people, including health circle participants, members of the AHWG, service providers, students and other community members.

RESULTS

Participants spoke to the short-term and intermediate impacts that the health circles had on their personal approaches to health care strategies and practices. These findings cover a large range of outcomes; however, for the purpose of this paper, the results will discuss participants' experiences with accessing both traditional and western health care, the impacts of the traditional health care practices on individual self-determination through ownership of health care choices and ability to access health care, and participants' recommendations for policy changes.

Access to traditional health care

Many participants spoke about the overall value of traditional medicines and their preference to access traditional health care rather than mainstream, western health care. In speaking to their perspectives and experiences around accessing traditional health care, participants noted the value of engaging in relationships and genuine connections between healers and community members:

"It's always easier for me to go to traditional first – because that connection seems to be right away. If I go to my doctor... I don't have that relationships and I go to her when I'm sick. Yet with the medicine man, many of them, I have close relationships with."

"Doctors today don't know who we are, especially when we are using walk-in clinics. Our traditional doctors knew us, they knew our family, and they talked to our ancestors in ceremony. If we got sick, our parents knew where to go, and not just to one person, there were different people in the community."

Participants also spoke about the holistic nature of traditional health care practices. They specifically noted the positive impacts that these approaches have had on emotional and spiritual wellness, which is often avoided through western medical approaches. Participants also attributed learning and healing in groups to an increased accountability and motivation to make positive changes in their personal health care practices.

In addition, many participants stated that they require more access to traditional health care, specifically identifying the need for ongoing access to Elders and traditional knowledge keepers. Some participants identified barriers to accessing traditional health care, including the mainstream rhetoric, which often denies the value or effectiveness of traditional health care practices.

Ownership over health care and ability to access health care

In discussing the outcomes they had experienced as a result of attending the health circles and learning about traditional health care practices, all of the participants noted that they had increased ownership over, and ability to access health care. This included feeling more ownership over health and health care choices, having a sense of increased responsibility over their health, and demonstrating an increased ability to advocate for their health needs; as one participant said, “*I feel like more of an advocate for myself now that I know what I want...*”

The majority of participants spoke about having increased awareness of health care options. They identified an increased understanding of different health care options, including both western and traditional approaches, and a willingness to explore other forms of health care (e.g., naturopaths, acupuncturists). For example, one participant noted, “*I’ve become open to all forms of wellness. I have an increased willingness to try more forms of health and wellness from attending the workshops.*” Another participant expressed:

“I feel like when I was younger, I didn’t have any options for my health care – there’s a doctor, a counsellor – but now I know, I concretely know, as an individual, my health care needs are different than others and as an Indigenous person they’re different than non-Indigenous people. And now I know that there are different avenues that I can seek for my personal health and wellness, that I probably wouldn’t have considered or thought of before, or had the knowledge of where to find them. So having a better understanding of the resources that are available in the Indigenous community is huge.”

Other participants noted that they have increased awareness of their health needs and the significance of healthy activities and preventive health measures, as well as the importance of using both traditional and western health care. For some participants, this was directly linked to visiting a doctor more regularly, while others noted that the cost of programs can often be prohibitive (e.g., counselling services). Many participants also identified an increased understanding of traditional health care’s importance as well as how to access it. Participants related this new knowledge to increased ownership over health care; one participant said:

“I absolutely feel that I have more ownership of my health care. I have learned a lot more about the access to traditional care while in the Western system and I think that if I was ever struggling, or if a family member was struggling, in the health care system that I would ask that a traditional healer become involved.”

Similarly, participants noted the positive impact that the health circles had on their ability to approach and interact with Elders. One person noted, “*I learned that Elders are approachable – before I thought I was not worthy of approaching Elders, but because of the health circles, I can approach Elders, and need to continue with doing this.*” Another said, “*I feel comfortable approaching the Elders and if I have any questions... There was so many knowledgeable people sitting in the circles and that was really great to connect with them.*”

Policy recommendations

During the short-term focus group, participants identified policy changes that they would like to see. Sustainability and resources for traditional health care practices, including funding to increase accessibility to traditional healing and equitable wages for traditional health care practitioners were seen as important to the majority of participants. As one participant stated, “*it is important to have holistic traditional health care practices accessible for the people... recognize that it should be available within health care...*” Many participants also spoke to areas of health human resources, citing the need for mandatory cultural competency training for all staff in health care, culturally appropriate health services and programs (such as more Indigenous-run treatment centres and supports for residential school survivors), increased access to traditional health care and holistic services, and a need to make mental health and substance use a priority. Overall, participants were clear that seven weeks was not long enough to create sustainable change, and that ongoing funding is needed to facilitate the transmission of traditional health care knowledge in urban Indigenous communities: “*I think these circles are the first step. There needs to be continuing steps in order to address the issues.*”

DISCUSSION

Self-determination is a key determinant of health for urban Indigenous peoples;¹⁰ this was conceptualized at an individual level as ownership over health and health care access, and was demonstrated through findings from the focus groups and surveys across short-term and intermediate findings. While collective self-determination has been linked to increased health and wellness for Indigenous communities,^{2,10} relatively little attention has explored its role specifically for urban Indigenous communities. This exploratory study points to the role that traditional health care can play in increasing self-determination for urban Indigenous peoples at an individual level, but there is a need for increased attention to the actualization of collective self-determination in urban communities, and its relationship to traditional health care.

The findings from this study demonstrate that learning about traditional health care practices has aided participants in increasing their ownership over their health care decisions, including both traditional and western health care practices. The participants’ stories indicate that participating in the healing circles helped to increase knowledge of health care needs, options, and ownership over health care choices.

Although these findings only span across short-term and intermediate findings, they suggest that learning about traditional health care can help to alleviate barriers to all forms of health care for Indigenous people living in an urban environment. Their experiences with traditional health care were overwhelmingly positive; specifically, participants commonly spoke about the role of relationships, which are understood as integral for meaningful and effective health care interactions, but are often lacking within mainstream health care.^{12,13} Research has also demonstrated that empowerment and participation are central to health promotion and the revitalization of traditional healing practices.²⁴ The role of relationships and connection with traditional health care practitioners is particularly important in light of the stories that participants (in this research project and elsewhere) have shared about their invalidating experiences with western health care.^{10,25}

Within the mainstream rhetoric, traditional health care practices are too often viewed as static and ineffective.⁶ Contrary to this belief, participants spoke about the many ways in which participating in the health circles improved their health from a holistic perspective. However, their concern about ongoing access to traditional health care mirrors the challenges discussed in related literature. These barriers include the mistreatment of healers in mainstream medicine,⁶ the impact of colonialism on the transmission of traditional health care practices,²¹ and the hierarchical placement of western knowledge over Indigenous epistemologies.⁷ Given that many of the participants strongly expressed their desire to access traditional health care practices, this points to the need for building stronger connections between primary health care centres and traditional healers.¹⁹ In addition to this, the strength of incorporating traditional healing practices has been demonstrated through Indigenous-run alcohol and drug treatment centres,⁹ as well as with Indigenous populations in prison settings.⁶ However, there is a continued and growing need for support to aid urban Indigenous peoples in accessing traditional health care supports.²⁰

Participants were very clear in their call for greater support for traditional health care practices through policies to ensure that traditional health care practices are recognized, increased funding for culturally appropriate interventions, and continued research. These findings are consistent with similar calls to action for culturally appropriate health care^{24,26} and policy.^{19,21} Greenwood and de Leeuw note, "Effective programs are characterized by vision and leadership, holism, active community participation, strengths-based orientation, and reinvigoration and revitalization of Aboriginal cultures aimed at realizing self-determination" (p. 383).²⁷

Cautions and future directions

Given the immense diversity of Indigenous cultures within urban settings, there are dilemmas with homogenizing discourses for Indigenous healing;²⁸ this merits further discussion to determine appropriate approaches for recognizing diversity and increasing access to traditional health care, especially within diverse urban settings. Caution should also be given against broadly generalizing these findings to other Indigenous communities across Canada. The methods employed, and the rich stories shared, provide evidence around the importance of traditional healing initiatives as well as policy to improve access to traditional health care practices within the larger health care system.

CONCLUSION

The findings from this study demonstrate that learning about traditional health care practices has helped to increase participants' ownership over their health care decisions and their access to traditional and western health care options. Based on the provision of seven health circles facilitated by Elders and traditional knowledge keepers in Vancouver, the findings suggest that learning about traditional health care can help to alleviate barriers to both western and traditional health care for Indigenous people living in an urban environment. In this way, increased access to traditional health care practices may lead to higher levels of individual self-determination in health care, and ultimately contribute toward improved health outcomes for Indigenous people.

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RÉSUMÉ

OBJECTIFS : Cette étude visait à comprendre le rôle que peuvent jouer les pratiques de soins de santé autochtones traditionnelles pour accroître l'autodétermination individuelle en matière de soins de santé et améliorer les résultats sanitaires des Autochtones en milieu urbain au Canada.

MÉTHODE : Le projet s'est déroulé à Vancouver (Colombie-Britannique); il comportait la création et la prestation d'ateliers holistiques pour inciter des membres de la communauté ($n = 35$) à apprendre certains aspects des pratiques de soins de santé traditionnelles. Les effets à court et à moyen terme de ces ateliers ont été discutés durant deux rassemblements impliquant des groupes de discussion et des sondages. Les données ont été transcrites, examinées, thématiquement analysées et présentées au groupe de travail pour être validées.

RÉSULTATS : Quand les participants ont comparé leurs expériences des soins de santé traditionnels et des soins de santé occidentaux, ils ont décrit les obstacles aux soins auxquels ils ont été confrontés en essayant d'avoir accès aux médecins (p. ex., racisme, méfiance), ainsi que les avantages de la guérison traditionnelle (p. ex., le fait qu'elle soit fondée sur les relations, son approche holistique). Tous les participants ont aussi fait remarquer qu'ils se sont mieux appropriés leurs choix concernant les soins de santé, et qu'ils ont amélioré leur accès aux soins de santé, tant occidentaux que traditionnels. Ils ont souligné qu'un accès élargi aux soins de santé traditionnels est crucial en milieu urbain.

CONCLUSIONS : L'autodétermination dans les communautés autochtones urbaines (et à plus petite échelle, l'appropriation par les particuliers) est un important déterminant de la santé pour les personnes et les communautés autochtones; cela est apparu clairement dans l'analyse des résultats de recherche et attesté dans la littérature. Notre étude montre aussi que l'accès à la guérison traditionnelle peut rehausser l'appropriation des soins par les membres de la communauté. Ces constatations soulignent qu'il existe un besoin continu et croissant d'aider les Autochtones en milieu urbain à avoir accès aux structures de soutien des soins de santé traditionnels.

MOTS CLÉS : population d'origine amérindienne; médecine traditionnelle; autodétermination; santé holistique