

Reconceptualizing determinants of health: Barriers to improving the health status of First Nations peoples

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ABSTRACT

Comparing the key determinants of health articulated by the Public Health Agency of Canada (the Agency) with the spiritual and cultural knowledge systems of First Nations peoples, as expressed by the Four Worlds International Institute for Human and Community Development (Four Worlds) and their 14 determinants of well-being and health, reveals differing philosophical perspectives. The key determinants of health can be interpreted as lacking a holistic and inclusive approach to public health services. As a result, many public health programs in Canada marginalize, ignore and suppress the needs of First Nations communities and people. Incorporating the Four Worlds guiding principles and its 14 health determinants model within the context of Canadian public health services geared towards First Nations populations provides the opportunity to develop a deeper understanding of social determinants of health. Therefore, when implementing public health initiatives to address the health status of First Nations people in Canada, it is important that the Agency incorporate the guiding principles of the Four Worlds: *Development Comes from Within; No Vision, No Development; Individual and Community Transformations Must Go Hand in Hand; and Holistic Learning is the Key to Deep and Lasting Change*. Reconceptualizing the key determinants of health to encompass the worldview expressed by the Four Worlds acknowledges the cultural wisdom of First Nations people and offers the potential to develop more inclusive public health services.

KEY WORDS: First Nations; Aboriginal; health status; determinants of health; population health; Four Worlds International Institute for Human and Community Development; Public Health Agency of Canada

La traduction du résumé se trouve à la fin de l'article.

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The health status of First Nations people in Canada is well below the national average.¹⁻³

Contact with Europeans brought outbreaks of infectious diseases (e.g., influenza, measles and smallpox) to which First Nations people had no immunity.⁴ First Nations people lost traditional lands to settlements for trade relationships based on harvesting furs.⁵ The shift from a seasonal economy based on traditional food gathering to the fur trade led to exploitation of wildlife and land.^{5,6}

Locating reserve lands in remote areas served to isolate First Nations, impoverishing their communities by limiting access to traditional resources.^{6,7} The *British North America Act of 1867*⁸ allowed Canada to pass laws that subjugated all First Nations people and their land, replacing their traditional governments and taking control of valuable resources on reserve lands.⁷ It also disrupted First Nations culture and families by imposing European concepts of marriage, parenting and land ownership⁷ in the belief that First Nations people were “savage” and less than human.^{7,9,10}

The *Indian Act*¹¹ restricted First Nations people from leaving reserve lands and prohibited outsiders from doing business with First Nations people, thus marginalizing them.⁷ It also disrupted the transmission of culture from generation to generation, reinforcing learned helplessness among First Nations people in Canada by making participation in traditional cultural events (e.g., the potlatch and sun dance) a criminal offence.^{7,11} The residential school system was designed to assimilate First Nations

people into the culture of the white majority.^{7,12} The needs of First Nations children were neglected, and many were physically, sexually and emotionally abused in the schools.^{13,14}

Over 500 years of domination, displacement and assimilation have prevented First Nations from nurturing a model of health determinants congruent with their culture.¹² Although Health Canada has selected the key determinants of health, developed by the Agency (Table 1), as the benchmark model to address the health status of all Canadians, a growing body of work suggests that these determinants of health are not suitable for most First Nations peoples.^{9,15-17} In response, the Four Worlds Institute developed 14 determinants of well-being and health (14 health determinants) (Table 1) relevant to First Nations people using their guiding principles: *Development Comes from Within; No Vision, No Development; Individual and Community Transformations Must Go Hand in Hand; and Holistic Learning is the Key to Deep and Lasting Change*.^{9,18} To improve the overall health status of First Nations people in Canada, it is vital that Health Canada adopt a model of health determinants that incorporates the worldview of Indigenous peoples.^{9,19-22}

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Table 1. Four Worlds International Institute for Community and Human Development: 14 Determinants of Health model⁹

	Public Health Agency of Canada key determinants of health ⁵											
	Income and Social Status	Social Support Networks	Education and Literacy	Employment/Working Conditions	Social Environments	Physical Environments	Personal Health Practice and Coping Skills	Healthy Child Development	Biology and Genetic Endowment	Health Services	Gender	Culture
First Nations-derived 14 Determinants of Health model												
Basic physical needs: Adequate nutrition, clothing, shelter, pure drinking water, sanitary waste disposal and access to medical services.						*						
Spirituality and a sense of purpose: Connection to the Creator and a clear sense of purpose and direction in individual, family and community life, as well as in the collective life of the nation.												*
Life-sustaining values, morals and ethics: Guiding principles and a code of conduct that inform choices in all aspects of life so that at the level of individuals, families, institutions and whole communities, people know which pathways lead to human well-being and which to misery, harm and death.							*					
Safety and security: Freedom from fear, intimidation, threats, violence, criminal victimization and all forms of abuse both within families and homes and in all other aspects of the collective life of the people.					*							
Adequate income and sustainable economies: Access to the resources needed to sustain life at a level that permits the continued development of human well-being, as well as processes of economic engagement that are capable of producing sustainable prosperity.	*											
Adequate power: A reasonable level of control and voice in shaping one's life and environment through processes of meaningful participation in the political, social and economic life of one's community and nation.				*								
Social justice and equity: A fair and equitable distribution of opportunities for all, as well as sustainable mechanisms and processes for rebalancing inequities, injustices and injuries that have occurred or are occurring.												
Cultural integrity and identity: Pride in heritage and traditions, access to and utilization of the wisdom and knowledge of the past, and a healthy identification with the living processes of one's own culture as a distinct and viable way of life for individuals, families, institutions, communities and nations.												*
Community solidarity and social support: To live within a unified community that has a strong sense of its common oneness and within which each person receives the love, caring and support needed from others.		*										
Strong families and healthy child development: Families that are spiritually centred, loving, unified, free from addictions and abuse, and that provide a strong focus on supporting the developmental needs of children from the time of conception through the early years and all the way through the time of childhood and youth.		*	*				*	*				
Healthy eco-system and a sustainable relationship between human beings and the natural world: The natural world is held precious and honoured as sacred by the people. It is understood that human beings live within nature as fish live within water. The air we breathe, the water we drink, the earth that grows our food and the creatures ... human beings work hand-in-hand with nature to protect, preserve and nurture the gifts the Creator has given.						*						
Critical learning opportunities: Consistent and systematic opportunities for continuous learning and improvement in all aspects of life, especially those connected to key personal, social and economic challenges that communities are facing and those that will enhance participation in civil society.			*				*					
Adequate human services & social safety net: Programs to ... enhance human healing and social development, as well as ... enable the most vulnerable to lead lives of dignity and to achieve adequate levels of well-being.									*			
Meaningful work and service to others: Opportunities for all to contribute meaningfully to the well-being and progress of their families, communities and nations, as well as to the global human family.					*							

Contrasting philosophies

Comparing the Four Worlds 14 health determinants⁹ with the key determinants of health articulated by the Agency¹⁸ reveals subtle but important differences in philosophies. First Nations philosophy is grounded in the human context being interconnected and interdependent with the natural world, which is an integral part of First Nations identity and health.^{19,23} Whereas the key determinants of health model²⁴ focuses on the interaction of the human and the natural world in terms of the health of the human, it leaves out the importance of life based on stewardship of the land and harmony with the earth.²⁵

Five of the Four Worlds 14 health determinants are not adequately addressed by the Agency's key determinants of health: *Basic Physical Needs*; *Safety and Security*; *Community Solidarity and*

Social Support; *Strong Families and Healthy Child Development*; and *Critical Learning Opportunities*. The first, *Basic Physical Needs*, is marginally addressed by the key determinants *Income and Social Support*, *Physical Environments* and *Health Services*. The existing socio-economic climate has disconnected First Nations people from their homelands, cultures and communities, preventing them from sustaining a post-colonial fur-based economy.^{19,26} The economic shift from a traditional land-based economy to a wage-based economy also placed First Nations people at a disadvantage, resulting in median incomes insufficient to meet basic physical needs (Table 2).^{19,27-30}

The Four Worlds determinant of well-being and health *Safety and Security*⁹ is addressed by the Agency's key determinant of health *Social Environments*⁶ through social stability, recognition of

Table 2. Comparison of the median incomes of Aboriginal and non-Aboriginal peoples in Canada, 2000 and 2005

	2000 across Canada	2005 across Canada
Aboriginal peoples	\$13,504	\$14,146
Non-Aboriginal peoples	\$25,154	\$25,955
Disparity ratio	0.54	0.55

diversity, safety, good working relationships and cohesive communities. However, *Social Environments* does not include past and present cultural marginalization, which has led to institutional discrimination of First Nations.³¹⁻³⁵ *Community Solidarity and Social Support* is addressed through the key determinant *Social Support Networks*. However, the Agency does not integrate the transmission of cultural values and traditional teaching of emotional intelligence, all of which are connected to the land for Indigenous peoples.^{19,22,36,37} The Four Worlds determinant *Strong Families and Healthy Child Development* is addressed through the Agency's key determinants *Social Support Networks, Education and Literacy, Personal Health Practices and Coping Skills* and *Healthy Child Development*. The latter, however, lack the holistic understanding of the interrelationships between spirituality, cultural integrity and human development that permeates *Strong Families and Healthy Child Development*.^{9,19,38,39} Moreover, the Agency's key determinants *Education and Literacy* and *Personal Health Practices and Coping Skills* do not provide accurate and complete transmission of traditional knowledge, thus preventing *Critical Learning Opportunities* for First Nations people in Canada.^{9,19,22,36-40} Two of the Four Worlds 14 health determinants, *Adequate Income and Sustainable Economies* and *Adequate Human Services*, are marginalized by the philosophical approach articulated by the Agency.^{9,16} The reality is, settling on reserves negatively affected the fur-based economy of First Nations people through the loss of traditional lands;¹⁹ reduction of fur prices in the 1980s, which further negated the ability to earn an income as a trapper;⁴¹ and provincial legislation that made commercial fishing too expensive for most First Nations people.⁴² All of these factors prevented First Nations people from developing viable post-colonial economies.¹⁹ The 14 health determinants model acknowledges the interrelationships between economic sustainability, quality of life and health status, whereas the Agency's key determinant *Income and Social Status* does not encompass economic sustainability.^{9,19}

The Agency's key determinants of health¹⁶ fall short of including the worldview of the First Nations by ignoring or suppressing 7 of the 14 health determinants: *Spirituality and a Sense of Purpose; Life-Sustaining Values, Morals, and Ethics; Adequate Power; Social Justice and Equity; Cultural Integrity and Identity; Healthy Eco-System and a Sustainable Relationship between Human Beings and the Natural World; and Meaningful Work and Service to Others*.⁵ Consequently, the philosophical approach of the Agency cannot adequately address First Nations health disparities in Canada, as no importance is placed on the interconnection between the land and First Nations full development within each component of the medicine wheel (i.e., spiritual, emotional, physical and mental).^{19,21,23,36-38,43-45}

Although the Agency acknowledges *Culture* as a key determinant of health,¹⁶ the emphasis is on risk and outcomes rather than a holistic understanding of cultural identity and self-

worth that contributes to and promotes health. Thus, the cultures and languages of First Nations peoples are devalued, and access to culturally appropriate health care and social services is limited due to policies designed to systematically destroy the identity of First Nations people by strategically displacing them from their homelands.^{22,25,41,46} In contrast, the Four Worlds 14 health determinants are permeated by the philosophy that health status is intimately connected with the natural environment and spirituality.⁹ Broadening the key determinants of health to include the holistic perspective of health and well-being embedded in the Four Worlds vision of health may benefit all Canadians.^{9,10}

Critical insights

In light of the philosophical divergence between the Agency's key determinants of health and the worldview embedded in the 14 health determinants model, it is clear that multiple factors, including colonization, racism, marginalization and underfunding of First Nations programs, have contributed to the health inequities experienced by First Nations people. As a result, the key determinants can be interpreted as inappropriate, as they do not address historical policies that have disenfranchised First Nations people from their cultural traditions, spirituality and sense of purpose,^{7,22,25} sustaining a culture of dependence by claiming ownership over their homelands.^{19,47} Therefore, First Nations-derived determinants of health have a better chance of success, since they address all aspects of spiritual, emotional, physical and mental development and their interconnection with the natural world.^{19,42,48,49}

Regardless of the model adopted, strategic health planning, programming and delivery of health services must be community driven, culturally appropriate and involve commitment to developing health surveillance systems in partnership with provincial ministries of health.^{10,47} Effective use of resources requires multi-faceted collaboration, emphasizing local capacities among on- and off-reserve First Nations communities.⁵¹⁻⁵³ However, the first step to addressing the intergenerational impacts of colonization and internalized oppression experienced by First Nations people in Canada is rebuilding a connection with the land.^{19,22} This may be accomplished through pursuing legal claims to traditional homelands.^{19,48} Integrating the 14 health determinants⁹ articulated by the Four Worlds with the key determinants of the Agency²⁴ validates First Nations cultural wisdom^{1,9,10,19,50} and provides the opportunity to develop more inclusive public health services.

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RÉSUMÉ

Une comparaison entre les grands déterminants de la santé définis par l'Agence de la santé publique du Canada (« l'Agence ») et les systèmes

de connaissances spirituelles et culturelles des Premiers Peuples, comme exprimés par l'organisme Four Worlds International Institute for Human and Community Development (« Four Worlds »), et leurs 14 déterminants du bien-être et de la santé, révèle des perspectives philosophiques différentes. Les grands déterminants de la santé peuvent être interprétés comme étant insuffisamment inspirés par une approche holistique et inclusive en ce qui a trait aux services de santé publique. Par conséquent, de nombreux programmes de santé publique au Canada marginalisent, négligent et suppriment les besoins des communautés des Premières nations et de leurs membres. Dans le contexte des services de santé publique du Canada axés sur les populations des Premières Nations, intégrer les principes directeurs de Four Worlds et son modèle des 14 déterminants de la santé offre la possibilité d'approfondir notre compréhension des déterminants sociaux de la santé. En conséquence, lorsque l'Agence met en œuvre des initiatives de santé publique pour améliorer l'état sanitaire des Premiers Peuples au Canada, il est important qu'elle intègre les principes directeurs de Four Worlds : « le développement vient de l'intérieur »; « pas de vision, pas de développement »; « les transformations individuelles et collectives doivent aller de pair »; et « l'apprentissage holistique est la clé d'un changement profond et durable ». Repenser les grands déterminants de la santé pour qu'ils englobent la vision du monde exprimée par Four Worlds reconnaîtrait la sagesse culturelle des Premiers Peuples et offrirait la possibilité de mettre au point des services de santé publique plus inclusifs.

MOTS CLÉS : Premières Nations; autochtone; état sanitaire; déterminants de la santé; santé des populations; Four Worlds International Institute for Human and Community Development; Agence de la santé publique du Canada