Sharing Our Wisdom: A Holistic Aboriginal Health Initiative

Abstract

Colonization has had a profound effect on Aboriginal people's health and the deterioration of traditional Aboriginal healthcare systems. Health problems among Aboriginal people are increasing at an alarming pace, while recovery from these problems tends to be poorer than among other Canadians. Aboriginal people residing in urban settings, while maintaining strong cultural orientations, also face challenges in finding mentors, role models, and cultural services, all of which are key determinants of health. Using a participatory action framework, this study focused on understanding and describing Aboriginal traditional healing methods as viable approaches to improve health outcomes in an urban Aboriginal community. This research investigated the following questions: (a) Do traditional Aboriginal health practices provide a more meaningful way of addressing health strategies for Aboriginal people? (b) How does participation in health circles, based on Aboriginal traditional knowledge, impact the health of urban Aboriginal people? Community members who participated in this project emphasized the value of a cultural approach to health and wellness. The project provided a land-based cultural introduction to being of *náċaʔmat tə šxʷqʷeləwən ct* (one heart, one mind) and learning ways of respectful listening *xʷna:mstəm* (witness) *tə slaχen* (medicines) (listen to the medicine), through a series of seven health circles. The circles, developed by Aboriginal knowledge keepers, fostered a healthy sense of identity for participants and demonstrated the ways of cultural belonging and community. Participants acknowledged that attending the health circles improved not only their physical health, but also their mental, emotional, and spiritual health.

Keywords

Traditional Aboriginal health practices, holistic health, traditional Aboriginal knowledge, health inequity, health outcomes, community-based healing, participatory action research, urban Aboriginal health

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Acknowledgements

We begin by acknowledging the traditional territory of the Coast Salish Peoples, for being on their land, for their teachings, and for their strength and resilience. We are grateful to the Aboriginal Health Working Group and their ongoing support and guidance in this work. We are very grateful to the diverse group of Aboriginal people who participated in the research. Thank you to the many research assistants and helpers who facilitated the work. We are grateful to the Portland Hotel Society Community Services and the Aboriginal Wellness Program (Vancouver Coastal Health) for their in-kind contributions, including research and meeting space. Lastly, we would like to acknowledge the Vancouver Foundation for funding the project; without your support, these voices would not be heard. Thank you for helping us to share our wisdom.

Introduction

Aboriginal people[1] have been profoundly affected by the adverse consequences of colonization and have struggled to survive in a Western world while enduring continual assimilation attempts, including residential schools, the reserve system, and cultural oppression (Chisholm, 1994; Ellis, 1994; Hart, 2002). Colonization has had a profound effect on Aboriginal people's health and the deterioration of traditional Aboriginal healthcare systems. Statistics indicate that health disparities exist between Aboriginal people and other Canadians (Adelson, 2005), and health strategies to date appear to be minimally effective in improving their health. The health outcomes and health disparities for Aboriginal people are discouraging, with direct impacts from poverty, gaps in education status, urbanization, relocation from traditional territories, and cultural oppression (King, 2009).

Health problems among Aboriginal people are increasing at an alarming pace, while recovery from these problems tends to be poorer than among other Canadians. Many indicators, including life expectancy, infant mortality, birth weights, and crude mortality, illustrate that

[1] For the purpose of this paper, "Aboriginal people" includes First Nations (Status and Non-Status), Métis, and Inuit people.

Aboriginal people are burdened with a variety of health inequities in Canada (Health Council of Canada, 2005). Recent attention has also been paid to the rapidly rising rates of chronic disease, including diabetes, heart disease, and hypertension, within the Aboriginal population (British Columbia Provincial Health Officer, 2009; Health Council of Canada, 2012). Numerous documents have discussed the disparities and inequities between the Aboriginal population and non-Aboriginal population in Canada, which have manifested from ongoing attempts at assimilation, cultural oppression, and systemic racism (Frohlich, Ross, & Richmond, 2006). Frohlich et al. (2006) stated:

> These health disparities have manifested from a long history of oppression, systemic racism, and discrimination, and are inextricably linked to unequal access to resources such as education, training and employment, social and healthcare facilities and limited access to and control over lands and resources. (p. 136)

The majority of Canadian medical healthcare systems reflect colonial perspectives and practices and create culturally unsafe and unwelcoming environments for Aboriginal people. Likewise, most healthcare services within Canada are implemented without considering or respecting Indigenous knowledge of healing and wellness. The World Health Organization's (2000) definition of traditional medicine is the "sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" (p. 1). Traditional healthcare practices are often disregarded within the Canadian medical system, yet research repeatedly supports their value (Martin Hill, 2009; McCabe, 2007; McCormick, 1995). Additionally, studies have demonstrated that Aboriginal communities and organizations have a great desire to integrate traditional healthcare practices into the larger healthcare system (Earle, 2011; First Nations Health Society, 2010).

Health disparities caused by colonization and its impacts have also affected Indigenous health knowledge as well as knowledge related to identity. An important aspect of colonization that warrants discussion is the impact that *knowledge nullification* has had on Indigenous knowledge. One of the authors of this paper, Dr. Brown coined the term *knowledge nullification* to represent the policies and procedures that have devalued Aboriginal knowledge. Wilson (2003) emphasized that colonizers thought that Aboriginal peoples' traditions and knowledge were worthless and inferior to those of the dominant culture. Belief in the inferiority of Aboriginal knowledge was embedded in governmental policies that nullified the validity and existence of Aboriginal knowledge, and to this day, Canadian processes of health promotion are often implemented without considering or respecting Indigenous knowledge of healing and wellness. According to Letendre (2002),

> the blatant disregard, and perhaps true ignorance, for the consequences that this major shift in health ideologies would impose on the Aboriginal population of Canada resulted in an almost complete loss of Aboriginal traditional medicine … This loss of traditional

> medicine has resulted in devastating consequences for the Aboriginal people as evidenced by the inappropriate attempts and subsequent failures of modern medicine to improve the health status of the Aboriginal community. (p. 80)

This imposition of Canadian culture continues to oppress Aboriginal people; it is vital to acknowledge this consequence of colonization and the positive influence of creating space for the promotion of Indigenous knowledge in decolonization processes that contribute to health promotion and wellness for Aboriginal people.

There are also critical distinctions between Aboriginal and traditional Western science and how health, wellness, and illness are defined. Where the Aboriginal health model is holistic and encompasses four dimensions of health (physical, mental, emotional, and spiritual well-being), the Western biomedical concept of health often concentrates on disease and infirmity. Adelson (2005) noted that in the biomedical model, resources and programs often exist only when one experiences illness and that, patients are passive and compliant recipients of treatment. From an Aboriginal perspective, a more comprehensive holistic understanding is necessary to acknowledge the four dimensions of one's being, extending beyond the individual to include family and community. A focus on lived wellness is more proactive, less reactive, and more conducive to healing than present practices that emphasize a program approach based on the biomedical model of health. Innovative solutions to health problems are vital. One of the most efficient and proven ways to accomplish this is the delivery of culturally appropriate healthcare (Martin Hill, 2009; McCabe, 2007; McCormick, 1995; Weaver, 2002). An Aboriginal, holistic approach to healthcare that includes the four dimensions of health, as well as proactive engagement in wellness, can substantially improve quality of life, reduce the risk of chronic disease, improve health outcomes, and reduce overall healthcare costs.

Aboriginal people residing in urban settings, while maintaining strong cultural orientations (Peters, 2011), face challenges in finding mentors, role models (Environics Institute, 2010), and cultural services, all of which are key determinants of health (World Health Organization, 2016). The need to access Aboriginal health knowledge and practice has been a priority for the Vancouver urban Aboriginal community for many decades. In 1999, the Vancouver/Richmond Health Board completed an Aboriginal health and service review called *Healing Ways*. Hundreds of community members participated in the review. One of the findings indicated "support for a healing center" (p. 7), stressing the value of traditional Aboriginal healing strategies. In 2012, the Institute for Aboriginal Health in the College of Health Disciplines at the University of British Columbia completed a consultation process with the Vancouver urban Aboriginal community in a project titled "An Aboriginal Community Snapshot of Health and Research Needs" (ACSHRN; Richardson & Brown, 2012). With respect to a vision of good health, community members reported a need for a holistic balance of healthcare services based on the medicine wheel and for increased access to relevant programs and services (Richardson & Brown, 2012). Recently, St. Paul's Hospital in Vancouver conducted a community survey, with one of the resulting recommendations being the creation of a Sacred Space within the hospital, which was created with urban Aboriginal community guidance. These

are just a few local activities indicating that access to Aboriginal health knowledge, as a meaningful way to increase Aboriginal people's health, is a priority for Vancouver's urban Aboriginal community. Colonization, knowledge nullification, health disparities, and lack of access to Aboriginal health knowledge and practices have all also been prioritized. This research further responds to these priorities.

Research Purpose

Using a participatory action framework, in which researchers and community participants work toward change in policy and practice (Radermacher & Sonn, 2007), this grounded theory study focused on understanding and describing Aboriginal traditional healing methods as viable methods of improving health outcomes in an urban Aboriginal community. This research investigated the following questions: (a) Do Aboriginal traditional health practices provide a more meaningful way of addressing health strategies for Aboriginal people? (b) How does participation in health circles, based on Aboriginal traditional knowledge, impact the health of urban Aboriginal people? Through examining the meaning of Aboriginal knowledge and traditional healthcare practices within the urban Aboriginal community of Vancouver, Canada, this study aimed to illuminate the importance of increased access to traditional healthcare in order to inform policy and program delivery that can prove beneficial to Aboriginal people.

Relationship

This project began through consultation with and guidance from the urban Vancouver Aboriginal community. We formed an Aboriginal Health Working Group (AHWG), which consisted of approximately 15 Aboriginal Elders and/or community members who are experts in Aboriginal healthcare knowledge and practices. The AHWG is a diverse group representing many different nations from across Canada (e.g., Squamish, Lakota, Anishnaabe, Cree, St'át'imc), and their experiences of receiving healthcare also reflect the issues experienced by the urban Aboriginal population. We also ensured that we followed land-based protocols by inviting Elders from the local Coast Salish Peoples of Musqueam and Squamish (Gomes, Young Leon, & Brown, 2013). The AHWG provided invaluable guidance and knowledge throughout the entire project in areas such as curriculum development for the healthcare circles, healthcare circle facilitation, data analysis, and knowledge dissemination.

By developing the AHWG and consulting with community members, we affirmed the teachings of the four Rs—respect, reciprocity, responsibility, and relevance (Kirkness & Barnhardt, 1991)—and deem this a community-based Aboriginal methodology. *Respect* emphasizes the importance of including Aboriginal knowledge, beliefs, values, and traditions as guiding principles in the project. *Reciprocity* is a process of sharing, reporting, and giving back to the community and was embedded in the project (e.g., creating a holistic workshop curriculum that can be shared with community organizations). Both *responsibility* and *relevance* were demonstrated through using a participatory action approach, which allowed for participants to be empowered by playing an active role in the process and which ensured that the research was

valued and deemed necessary by the community. The value of relevance was largely demonstrated through the formation of the AHWG, consultation with the urban Aboriginal community concerning health and research needs (ACSHRN project), and knowledge translation strategies to validate the findings (a conference and feast with approximately 100 community members).

When bringing together the AHWG we were also informed by the principles of Indigenous leadership in health and of following *right relationship* (Gomes et al., 2013; Kirmayer & Valaskakis, 2009; Marsden, 2006; Smylie et al., 2009) Right relationship, a decolonizing process for settler and Indigenous relations, is based on respectful, reciprocal relationships, that protect cultural knowledge, and demonstrate our responsibility to follow local Indigenous protocols in our health leadership practices. This is the foundation for creating access to culturally appropriate health systems. The AHWG, community organizations, and ACSHRN participants have deemed this research as valuable and significant to the urban Aboriginal community. Also, statistics on health disparity and academic literature mentioned above would both suggest this as an important project.

Lastly, this research project was developed in partnership between an academic institution and a health authority and had protocols for supporting the resurgence of Indigenous leadership in health and for addressing cultural appropriation aspects (Gomes, Young & Brown, 2013). The key partnership members are also involved personally with the urban Aboriginal community, and had cultivated right relationships with all of the AHWG members. We also hired a cultural consultant to guide us through the cultural nuances and protocols involved in implementing the program and establishing relationships with all those involved. We worked together to formulate the grant application, which resulted in funding by the Vancouver Foundation. These important steps honoured the value of relationships and Aboriginal knowledge and were an excellent method to create, implement, and evaluate this project.

Methods

Program Design

Our goal was to create and provide a series of holistic health circles to Aboriginal community members in order to engage them in learning about Aboriginal healthcare practices, facilitate a healthier life context, work towards the prevention of risk factors for health issues, and validate and create a better understanding of the utility of traditional healing practices. After approximately 18 months of consultation and guidance from the AHWG, we developed seven holistic health circles grounded in traditional teachings and practices (see description below and Appendix). Once these health circles were developed, we approached Aboriginal Elders and experts who would present each of the topics, created a schedule for the program, and began recruiting participants. We had the opportunity to provide the seven-health-circle program twice, and offered the two programs 6 months apart.

Health circles. The program (see also Appendix) consisted of seven health circles that were grounded in Musqueam ideology. Even though we were a diverse urban Aboriginal group of knowledge keepers, the majority of the circles were held on Musqueam territory. Therefore, we turned to the Musqueam Elder involved in the AHWG to ground the whole context of the research in the Musqueam worldview of *náċaʔmat tə šxʷqʷeləwən ct* (one heart, one mind) and *xʷna:mstəm* (witness) *tə slaχen* (medicines) (listen to the medicine). The principles of coming together as one heart, one mind, by listening to the medicine and ancestors through the cultural teachings, to each other, and to *all our relations* would begin a return to being of good mind, good heart, good spirit, and good body. These principles provided the container to hold all the other topics introduced through the program and determined the sequential order:

1. Protocols and Place (respect)
2. Identity and Health (relationships, building identity)
3. Traditional Foods (food as medicine, relationships)
4. Emotional Competence (emotional health, responsibility)
5. Medicine Making (traditional medicines, relevance)
6. Drumming Circle (singing, drumming, relevance)
7. Spirit and Ceremony (spiritual health and wellness, reciprocity)

We chose the flow of the teachings based on land and protocols as the foundation, then cultural identity as key to healing (First Nations Health Society, 2010). The need for nurturing the body (food and medicines), heart (emotional competence), spirit (ceremony), and mind (knowledge of how to do the practices) were all essential parts in providing a holistic knowledge experience (Table 1).

Table 1
Holistic Health Circle Approach

Aspect	Health circle goals
Mental component	• Increasing health knowledge • Knowledge dissemination in key disease areas, such as cancer, arthritis, diabetes, cardiovascular disease • Validation of Aboriginal knowledge
Emotional component	• Creating emotional competency in our communities • Learning how to identify, manage, and express emotions in a healthy manner • Connecting emotions to health issues • Developing emotional skills essential to health • Creating the emotional foundation to physical, mental, and spiritual health
Physical component	• Nutrition/diet knowledge of Indigenous foods, herbs, and medicines (learning about healthy eating, diet, nutrition, and food preparation) • Garden project (sacred uses of tobacco and other medicines) • Importance of physical activity and exercise programs

Aspect	Health circle goals
Spiritual component	• Creating spiritual/cultural wellness • Role of spirit in health • Importance of traditional teachings and ceremony in health • Knowledge transference with Elders

A different Aboriginal Elder or traditional healer facilitated each of these life practices. Each Elder or traditional healer taught in their own style and shared teachings based on their protocols and teachings. We also attempted to have gender balance, so most of the health circles were co-facilitated. Some of the health circles were centred on talking circles, while others were more experiential. For example, during the medicine-making health circle, participants gathered on the unceded traditional Musqueam territory and were taken on a traditional medicine walk, where they were taught about indigenous plants that grow in this territory. They also participated in making medicinal tea blends and learned about how different medicines help different health issues and concerns (e.g., diabetes).

Procedure

Community members were recruited through various organizations, email contacts, and newsletters and were asked to contact the lead researcher. Criteria to participate included those who self-identified as an Aboriginal person; had an interest in attending the holistic health circles; were over the age of 19; were able to communicate in English; and committed to participating in all stages of research, including the health circles and follow-up talking circles. Once community members made contact, they were invited to a pre-workshop interview, in which they were informed of the details and schedule of the project and were asked to sign the consent form.

The health circles were presented in a workshop style, lasting 4 hours, on a weekly basis for 7 weeks. During each session, we provided a healthy meal and time to socialize before and after the health circle. Locations of the health circles changed depending on the topic (they could include a garden or health centre, for example). Participants were also provided with transportation costs to and from the circles, as well as a gift card to honour their time. Across the two cohorts that attended the health circles, there were 35 participants (Table 2).

Table 2

Community Member Participants in Two Health Circle Programs by Age, Identity, and Gender

Age	*n*	Identity				Gender	
		First Nations (status)	First Nations (non-status)	Métis	Other	Female	Male
Young people (18-29)	11	5	3	5	0	8	3

Age	*n*	Identity				Gender	
		First Nations (status)	First Nations (non-status)	Métis	Other	Female	Male
Adults (30-59)	19	13	4	1	1	10	9
Seniors (60 and older)	5	4	0	0	1	5	0
Total	**35**	**20**	**7**	**6**	**2**	**23**	**12**

Note: This data describes the participants that completed the circles (n = 35). Participants were able to select multiple identities, and two young people identified as both First Nations and Métis.

Research methods included weekly feedback forms to assess new knowledge, skills, and areas for improvement; a talking circle to discuss short-term outcomes (1 week after the programs, with 32/35 participants completing this talking circle. We also hosted a second talking circle to discuss intermediate outcomes (6 months after the programs, with 25/35 participants attending this). At each of the talking circles, participants also completed written surveys to measure changes in self-reported health and healthcare practices. Data from the talking circles were transcribed and thematically analyzed. The results were presented to the AHWG and in a community presentation for validation.

Results

Participants spoke about the short-term and longer-term impacts that the health circles had on their approaches to healthcare strategies and practices. While we gathered an immense amount of data from participants, other components of the findings are outside the scope of this paper. During analysis of the qualitative data for both short-term and intermediate outcomes, the themes that emerged across the different age groups (youth, adults, and seniors) were similar; the findings presented below represent voices across the entire range of participants.

Short-Term Outcomes

At the 1-week follow-up after each program, 11 major themes arose from the two talking circles (Table 3).

Table 3
Changes in Personal Healthcare Strategies and Practices 1 Week After the Health Circle Programs

Theme ***(Number of statements)***	**Example of statements**
Traditional foods and medicines *(n = 30)*	Increased awareness of eating habits and importance of healthy foods; Increased awareness about having positive intention when preparing food; Drinking more water; Changed eating habits to include more nutritious/whole foods; Cooking and eating more traditional foods (using cookbook); Eating for your spirit; Talking to others about the importance of healthy foods; Learned more about traditional plants—will continue to learn; Paying more attention to teas; Continue to learn about and make traditional medicines (teas, oils, etc.)
Emotional and mental health and wellness (*n* = 27)	Learning how to communicate with others—listening but not feeding into negativity; Releasing or learning to control anger; Paying more attention to emotional wellness (branching out from focusing purely on physical health); Learning how to identify and address emotional health concerns, rather than covering them up; Journaling emotions and dreams
Spiritual health and wellness (*n* = 19)	Awareness about the spiritual connection to water and health, and practicing ceremony (e.g., shower cleansing, praying before drinking water); Joined (or would like to join) a drumming group to address spiritual health; Exploring spirituality, connecting with ceremonial leaders, and experiencing increased spiritual health; Praying more and noticing the positive benefits; Awareness of spiritual health for the first time; Generally applying spiritual practices in life
Community (*n* = 19)	The importance of community healing; Being connected to First Nations healers and Elders—knowing that you can ask them questions and that they will guide you; Forming community through the weekly groups, sharing a journey of gaining knowledge and strengthening identities; Understanding that connection and belonging are really important in an urban context; Becoming more involved in the community
Empowerment and identity (*n* = 14)	Increased empowerment over health and choices in healthcare; Evaluating and taking control over own social environment, removing negativity from life; Empowerment through strengthened identity; Paying more attention to self-care
Physical health and wellness (*n* = 8)	Feeling more in touch with their bodies; increased physical activity
Colonization (*n* = 5)	Awareness of the impacts of colonization on language, health, and culture; Healing from the impacts of attending residential school; Lacking access to culture when living in an urban environment
New knowledge (*n* = 5)	Workshops were a reminder of past knowledge (e.g., teachings from childhood)—bringing it forward; Understanding the importance of traditional healing; Importance of experiential learning

Theme ***(Number of statements)***	**Example of statements**
Substance use (n = 4)	Quit drinking alcohol completely; Drinking less alcohol, understanding its impacts on health, making choices to spend money on other things; Stopped smoking marijuana
General health improvement (n = 3)	More balanced—emotionally, spiritually, physically, and mentally; A lot of health issues cleared up over the process of taking the workshops
Language (n = 1)	Learning new words from the Elders and finding these words in own language
Total (N = 135)	The 32 participants at the 1-week follow-up talking circles reported a total of 135 ways in which their healthcare strategies and practices have changed.

Most commonly, participants spoke about traditional foods and medicines (n = 30). They spoke about having an increased understanding of their eating habits and the need to eat healthy foods, as well as about sharing this knowledge with others. Participants also spoke about drinking more water, using traditional teas, and continuing to learn about traditional medicines. One participant noted that they would be using their new knowledge to learn about the medicines in their traditional territory:

> *I wrote down all the ingredients … even though I'm here I still want to learn about my medicines from home. So from participating in the medicine-making workshop, I wanted to learn more about my own people's medicines*.

A second theme concerned emotional and mental health and wellness (n = 27). Participants spoke about new communication skills, the ability to release and control anger, and learning how to identify and address emotional health needs. They also reported that they were paying more attention to their emotional wellness, rather than focusing purely on physical health. Related to this, one participant spoke about the importance of evaluating the impact of social networks on emotional and mental wellness:

> *I'm evaluating who I'm spending my time with and what they bring and what I contribute to them. I've decided to move away from circles that bring negativity like drinking. It brings out a bad side …*

Spiritual health and wellness also arose as a prominent theme (n = 19). Participants spoke about the ceremony and spiritual teachings that they gained from the health circles, and the impacts that they have had on their health. In particular, they cited the connection between water, ceremony, and health; new interest in drumming groups for spiritual wellness; and the importance of connecting with spiritual leaders in the community. Related to this, community was also a prominent theme (n = 19), where discussions included the importance of community healing, connecting with Aboriginal healers and Elders, and having a new sense of community

through the weekly health circles. Participants also spoke about increased understanding that connection and belonging are really important in an urban context. Additional themes were empowerment and identity, colonization, physical health and wellness, new knowledge, substance use, general health improvements, and language (Table 3).

Intermediate Outcomes

Data on intermediate outcomes from the 6-month follow-up talking circles revealed 10 major themes (Table 4).

Table 4
Changes in Personal Healthcare Strategies and Practices 6 Months after the Health Circle Programs

Theme ***(Number of statements)***	**Example of Statements**
Traditional foods and medicines (*n* = 18)	Using traditional teas for health; More conscious of eating food as medicine (e.g., understanding links between food and diabetes/cancer); Increased knowledge about the value of traditional medicine; More knowledge of plants as medicines; Finding places to access traditional medicines in the city
Spiritual health and wellness (*n* = 16)	Making time for ceremony, attending more ceremonies; Smudging more (e.g., for reducing stress); Participating in cultural activities (e.g., drum-making, drumming, dancing)
Emotional and mental health and wellness (*n* = 11)	Being more gentle with myself; Being more present, grounded—following the lead of the Elders and traditional healers; Mental health outcomes have improved (reduced depression, less reliance on antidepressants); Doing art more as therapy—traditional art forms; Removing self from negativity and gossip
Empowerment and identity (*n* = 6)	More confidence in self, wellness, and Aboriginal identity; Revitalizing teachings and traditions from community—feeling empowered to do this, overcoming the history of community relocation and ceremonial bans; Not feeling alone in struggles with identity
Community (*n* = 4)	Noticed that the people around me take care of themselves better too; Understanding that people are medicine
Colonization (*n* = 4)	Understanding the impacts of colonization on health and ways of fighting back through revitalizing culture; Understanding the general impacts of colonial mentalities—workshops were inspiring but it is hard to continually find opportunity to uphold this
Access to traditional healthcare (*n* = 4)	Frustrations trying to get traditional healthcare—there is not enough out there/not aligned with the system; Circles were amazing but need more opportunities to practice culture as healing (e.g., more venues, more programs); Made more of an effort to seek out a traditional healer in the community to learn more about medicines and plants
Physical health and wellness (*n* = 4)	More physical activity—walking early morning, strength training

Theme ***(Number of statements)***	**Example of Statements**
Elders and traditional healers (n = 2)	Have reached out to find Elders to learn from
Protocols (n = 1)	Increased knowledge of protocols for cultural activities (e.g., hunting in others' territory)
Total (N = 70)	The 23 participants at the 6-month follow-up talking circles reported a total of 70 ways in which their healthcare practices have changed.

As with the short-term outcomes, many participants spoke about changes in their healthcare practices in relation to traditional foods and medicines (n = 18), such as increased use of traditional teas as medicine, increased healthy eating, and better understanding of the link between food and wellness (and disease). Participants also spoke about making increased efforts to access traditional medicines in the city:

> *I've made more of an effort to seek out a traditional healer in the community to learn more about medicines and plants.*

Spiritual health and wellness also arose as a prominent theme for the intermediate findings (n = 16). Participants spoke about making time for ceremonies and participating in cultural activities. The third theme for the intermediate findings was emotional and mental health and wellness (n = 11). Participants noted that they were being gentler with themselves, being present and grounded, and removing themselves from negativity and gossip. Others noted that they had experienced improved mental health outcomes, such as reduced depression and less reliance on antidepressants.

It is also important to note that empowerment and identity arose through the intermediate findings (n = 6), as participants spoke about having increased confidence, empowerment, and a stronger sense of identity as Aboriginal people. As well, participants spoke about learning that they are not alone in their struggles with identity:

> *Participating in the circles has given me confidence in myself, my wellness, and my Aboriginal identity … I learned that many people have struggled with Aboriginal identity …*

Related to this, another participant captured the connection between the Elders' teachings, identity, and future generations and the connection to health:

> *We are a new generation, thankful for our grandmothers for holding on to our identity so they can pass it on today. Listening to the Elders at these workshops is very powerful … We are learning for the next generation. The health of our people is getting stronger; it's going to be a long journey until we're strong. With the help of workshops like this, it makes our people stronger. Anything that can bring wisdom and identity together, it can*

> *make our people stronger. I'll be able to pass the words of the Elders on to my grandchildren and that's powerful.*

Additional themes were community, colonization, access to traditional healthcare, physical health and wellness, working with Elders and traditional healers, and understanding protocols.

Limitations

There are two limitations that we hope to overcome in future research. First, the program we offered was only 7 weeks long. Although this was a good introduction to Aboriginal healthcare practices for most participants, they also informed us that they would have preferred a longer program and indicated that they would benefit from more programming like this. A challenge for many programs that begin to see success is the lack of funding for the program to continue. Although community members were aware that the program was time limited, once they began, they wanted to continue. We hope that this research will support sustainable funding for Aboriginal healthcare programs that are easily accessible to the Aboriginal community. Second, this research relies on self-reported data, which may be impacted by social desirability (Kaminska & Foulsham, 2013). Although self-reported data are not without challenges, for the purposes of this study, they allowed us to capture the voices of the community.

Discussion

The findings indicate that participants benefited from attending the health circles and have begun to incorporate what they learned in the health circles into their daily lives. The findings are encouraging and support the use of traditional healthcare practices within urban settings as ways of increasing positive health outcomes for Aboriginal people. Holistic healthcare programs developed with the principles of Aboriginal leadership and decolonizing right relationships with Aboriginal people can begin to redress the health disparities prolonged by colonial structures. By being centered within Aboriginal worldviews and practices, these programs are culturally meaningful and provide a sense of community and belonging that will change some of the systemic barriers and health inequities experienced by the urban Aboriginal community.

The connection of land and culture to health and place is important in everyday life for Aboriginal people (Panelli & Tipa, 2007; Richmond & Ross, 2009; Wilson, 2003). This connection can be particularly challenging for Aboriginal people in urban settings. This study, by holding some of the health circles on the urban lands of the Musqueam Nation and providing access to the Indigenous farmland at the University of British Columbia, also situated the learning experience within the Aboriginal concepts of *nác̓aʔmat tə šxʷqʷeləwən ct* (one heart, one mind) and learning ways of respectful listening *xʷna:mstəm* (witness) *tə slaχen* (medicines) (listen to the medicine). These land- and culture-based practices are the foundation for the maintenance of strong cultural identities and the empowerment of personal healthcare.

Holistic Health

This project allowed participants to learn about self, spirit, and culture and the role they have in strengthening identity, emotional competency, and self-esteem, all of which are important for holistic health. The health circles were developed from a holistic perspective, and the importance of mental, emotional, spiritual, and physical health were emphasized by the Elders and traditional knowledge keepers. The value of holistic health can be seen in the themes that emerged in the research results, as each of these components was acknowledged when participants spoke about the impact of the health circles on their healthcare strategies. In both the short-term and intermediate findings, participants commonly indicated that the health circles impacted their cultural knowledge, emotional competency, spiritual health, and physical health. Participants stressed the importance of holistic healthcare in many ways:

> *I believe that for me, I have started to pay attention to my cultural aspect and am paying attention to wellness and health … I never thought about health and wellness before, but now I do. Now I pay attention. Now I think about it.*

> *It is important to have holistic traditional healthcare practices accessible for the people … recognize that it should be available within healthcare … Recognize that it's there.*

The results demonstrate the benefits of engaging in and learning about health and wellness. They also illustrate that health and wellness are inclusive of a healthy mind, emotional context for life, spiritual energy, and zest for life in a healthy physical body. Unfortunately, most healthcare services do not include these aspects of wellness, and Aboriginal knowledge is often neglected within the dominant healthcare system (Adelson, 2005). This project reaffirms the value of utilizing an Aboriginal approach to health and wellness and the value of traditional knowledge, medicines, and systems of healthcare and is supported by decades of similar research. In 1995, McCormick reported that when he interviewed 50 Aboriginal people about their healing, "the First Nations world view as represented by the Medicine Wheel has balance as one of the basic tenets of healthy living" (p. 259). According to Medicine Wheel teachings, to obtain balance, an integration of all four quadrants of (mental, spiritual, emotional, and physical) is required. This balance can occur only when the individual is integrated and connected with family, friends, community, Elders, spirituality, traditional ceremonies, Mother Earth, and the Creator (Mulcahy, 1999). Programs need to honour these and other Indigenous teachings and ways of managing healthcare.

Community, Belonging, Identity, and Knowledge

The community members in this study also emphasized the value of Elders and traditional teachings/approaches to healthcare, and the significant role that feeling like part of a healthy cultural community played in their health and wellness. They also spoke about the importance of healing as a group: "The communal aspect of healing goes much further than one

on one." Related to this, participants described the value of a strong cultural identity and the subsequent strengthening of health:

> *All this contributes to my growth as to my identity, and when it comes to my health, it's about who I am. So I thank the workshops and talking to Elders, I am so blessed to have these Elders to speak to … Elders they open other directions for you and I think that makes a better growth for you spiritually. I think the workshops have been very important. For me, they've opened other directions of thinking. When you put them all together they all work towards better spiritual health, better identity.*

Much of what the participants shared is interconnected and does not point to just one thing that was effective; it was the combination of being able to have access to Elders and traditional teachers, being able to learn and participate in a holistic healthcare system, and being able to gain Aboriginal knowledge that contributed to positive health outcomes. For example, one participant mentioned that, in reference to traditional healthcare knowledge, we should "always be looking for ways to let knowledge-keepers pass on their knowledge … and for people who are interested in learning to have opportunities to do so. Validating that this is important for our people." These findings align with past studies, which have demonstrated the importance of community and identity for Aboriginal people living within an urban environment and their access to safe and responsive healthcare (Van Herk, Smith, & Tedford Gold, 2012). It is encouraging to know that the community members who participated in this research were able to articulate these ideas and that their experiences will be able to shape future policy and programming in Aboriginal health.

Conclusions

Community members who participated in this project emphasized the value of a cultural, land-based approach to health and wellness. They acknowledged that attending the seven health circles improved not only their physical health, but also their mental, emotional, and spiritual health. The cultural introduction to being of *nə̓c̓aʔmat tə šxʷqʷeləwən ct* (one heart, one mind) and learning ways of respectful listening *xʷna:mstəm* (witness) *tə slaχen* (medicines) (listen to the medicine) fostered a healthy sense of identity for participants and demonstrated the value of cultural belonging and community.

Health inequities between Aboriginal and non-Aboriginal people are discouraging; yet this project emphasizes the value of Aboriginal leadership in providing traditional healthcare knowledge and practices to strengthen Aboriginal people's health and wellness. Our study also acknowledges the importance of having structures within Canadian healthcare settings which support and guide healthcare staff in working with Aboriginal leaders in providing access to cultural services while also protecting cultural knowledge. The health authority partner recently developed (in partnership with local Aboriginal communities) a cultural competency policy outlining the principles of Aboriginal leadership for their organization, VCH Aboriginal Cultural Competency Policy CA_5200, July 3rd, 2015, Internal Document. This policy provides the pathways on how to incorporate Aboriginal health practices, led by Aboriginal people, for

Aboriginal people. When such culturally meaningful programs are implemented for Aboriginal people, their health outcomes will improve.

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Appendix
Holistic Health Circles (7 Weeks of Programming)

Outputs	**Outcomes (Intended Impacts)**		
Health Circle (Activities)	**Short-Term**	**Intermediate**	**Long-Term**
What we do (e.g., workshop details, etc.)	*Learning* (e.g., awareness, knowledge, attitudes, skills, opinions, aspirations, motivations)	*Action* (e.g., behaviours, practice decisions, policies, social, action,)	*Conditions* (e.g., social, economic, civic, environmental, etc.)
Health Circle 1: Respect—Protocols & Place - Cleansing ceremonies, brushing activity - Place names - Relationship to water - Cedar and	- Participants will gain a better understanding of protocol, specifically to land and place - Participants will gain knowledge of Musqueam historical and contemporary relationships to the territory - Participants will have increased awareness of the territory (i.e., place names, traditional territories, land-based practices)	- Participants will be able to express gratitude to the land - Participants will have increased participation in cultural health expressions - Participants will actively share this new knowledge with others in their communities	- Barriers to access to healthcare will be reduced - Participants will develop relationships with all beings and the land - Participants will have an enhanced sense of belonging and connection - Participants will

Outputs	Outcomes (Intended Impacts)		
Health Circle (Activities)	**Short-Term**	**Intermediate**	**Long-Term**
wellness	- Participants will understand how protocols, relationship, and ceremonies lower barriers and facilitate overall wellness strategies/skills		have an increased sense of self-esteem and self-worth
Health Circle 2: Relationships—Identity & Health - History of health review - The importance of names - Cultural concepts of wellness - Relationship, identity, and cultural expressions	- Participants will understand personal and cultural identity, and how this is linked to relationships with people, history, and overall health knowledge - Participants will have an understanding of how our identities are impacted by the systems we live in (i.e., colonization and disrespect, or connectedness and ceremony) and how these impact our health - Participants will gain awareness of holistic health and how cultural practices and community connectedness can contribute to our health	- Participants will make informed decisions about their healthcare - Participants will actively share this new knowledge with others in their communities	- Participants will have an increased sense of connectedness between our history, our health, and what we do within our culture and society in both present and future - Participants will have an increased sense of identity - Participants will have an increased sense of self-esteem and self-worth
Health Circle 3: Relevance — Physical Body (internal) Traditional Foods - Connection to land and holistic health - Specific health concerns and the nutritional value of foods - Feast	- Participants will gain an understanding of food as medicine - Participants will gain an understanding of how what we eat is linked to the body's performance, activity, and energy generation for dealing with their mental and emotional wellness (e.g., stress management) - Participants will have enhanced knowledge of specific foods and their connection to health, as well as the general benefits of being active and eating well (health promotion) - Participants will have increased knowledge of the importance of traditional foods in relationship with industrially processed foods	- Participants will actively engage in ongoing discussions about traditional food ways and modern industrial food ways (i.e., how far does the food that we eat travel to get to our plates) - Participants will actively share this new knowledge with others in their communities	- Participants will be empowered to take care of their health, have autonomy over their own bodies, and make informed decisions about their food choices - There will be an increased use of traditional and healthy foods in diets, with a decreased use of unhealthy foods - Participants will have improved physical health (self-reported) - Participants will experienced reduced reliance on Western medicines (when

Outputs	Outcomes (Intended Impacts)		
Health Circle (Activities)	**Short-Term**	**Intermediate**	**Long-Term**
	- Participants will have an enhanced understanding of the relationship between food, body, and mental/emotional wellness		applicable)
Health Circle 4: Responsibility—Emotional Competence & Wellness - Interactive and interpersonal activities - Incorporating teachings into health and wellness strategies	- Participants will gain knowledge about emotional competency, including mental and emotional health - Participants will gain an understanding of how emotional health impacts our physical, mental, and spiritual health - Participants will have increased knowledge of emotional competency, mental health, and wellness - Participants will have increased awareness of their mind and body - Participants will have increased knowledge of strategies for promoting emotional wellness, and how it may impact their holistic health - Participants will have a deeper understanding of the importance of "nonviolent communication" or clearly communicating emotions and needs	- Participants will have improved communication skills and will be able to use "nonviolent communication" to clearly communicate their emotions and needs - Participants will have the ability to actively promote and maintain their emotional and mental wellness - Participants will actively share this new knowledge with others in their communities	- Participants will have improved emotional and mental wellness
Health Circle 5: Reciprocity—Physical Body (external) Medicine Making - Gathering at the UBC Farm - Medicine walks - Learning about Indigenous medicines - Feast	- Participants will learn about specific indigenous plants and their connection to health and wellness - Participants will gain knowledge about where medicinal plants grow/can be harvested - Participants will gain skills through the "doctrine of signatures" and other accessible traditional methods of plant identification - Participants will understand	- Participants will be able to identify and practise physical activities for improving and maintaining their emotional/mental wellness - There will be an increased use of Indigenous medicines for maintaining health - Participants will actively share this new	- Participants will be empowered to take care of their health, have autonomy over their own bodies and healthcare decisions - Participants will have increased access to traditional medicines - Through using preventative health practices, there will be a reduced

Outputs	Outcomes (Intended Impacts)		
Health Circle (Activities)	**Short-Term**	**Intermediate**	**Long-Term**
	the link between knowledge of Indigenous medicine and having autonomy over their healthcare - Participants will gain an understanding of the role of reciprocity in holistic wellness	knowledge with others in their communities	prevalence of participants who primarily seek healthcare for emergencies
Health Circle 6: Cultural Competency—Drumming Circle - Drumming circle - Smudge - Invitations to attend weekly drumming circles	- Participants will have increased knowledge of singing and drumming practices - Participants will understand the spiritual significance of singing and drumming, and how they connect to and promote health and holistic wellness	- Participants will have increased confidence and knowledge of songs - Participants will be able to identify community resources that will help them in achieving and maintaining holistic wellness - Participants will be able to use the drum and songs in their personal wellness	- Participants will have enhanced spiritual wellness - Participants will actively share this new knowledge with others in their communities
Health Circle 7: Ceremony and Reciprocity - Witnessing - Teachings around reciprocity (give-away) - Pipe ceremony - Closing feast - Honouring the participants - Opportunity to attend ceremony at a later date (e.g., Yuwipi)	- Participants will gain knowledge about traditional practices and ceremony - Participants will gain new skills and knowledge of how to feel safe and comfortable when looking to participate in ceremony - Participants will have an understanding of where different ceremonial practices come from - Participants will understand the differences in protocol that may be expected when attending ceremony	- Participants will identify healthy role models, cultural practices, and resources that will positively impact their holistic health and wellness - Participants will feel comfortable when they choose to experience ceremony - Participants will have increased connections to community resources - Participants will actively share this new knowledge with others in their communities	- Participants will have enhanced spiritual wellness - There will be increased access to spiritual practices and opportunities to attend ceremony