



# Indigenous Relationship and Cultural Awareness (IRCA) Courses: Interactivity Guide Answers

## Module 11: Health Literacy – Indigenous Perspectives on Health and Well-Being

*Note that the answers provided below are not exhaustive and merely provide relevant information/points to consider for each question.*

### Chapter 1 - Indigenous Health and Well-Being

1. Reflection: The Community-Centered First Nations, Inuit and Métis Health and Wellness Model found in the Path to Prevention report demonstrates that health and wellness is seen as a continuum and that health is a wholistic concept that requires physical, emotional, spiritual and mental aspects to be in balance. Do you think modern western medicine can benefit from the cultural context of Indigenous well-being?



**Answer:** Self-reflection question. Points to consider:

First Nations, Inuit and Métis peoples have understood their health and well-being within the context of their own Indigenous ways of knowing for millennia. Their ways of knowing are intricately linked to the way their lives are intertwined with the world around and beyond them and manifests in their beliefs, customs, traditions and languages. Embedded within the Indigenous perspective is their wholistic worldview. The notion of well-being is considered in relation to the physical, emotional, mental and spiritual realms of the individual and their ties to family, community and nation.

Smylie, J., Williams, L. & Cooper, N. (2006). Culture-based literacy and Aboriginal health. *Canadian Journal of Public Health*. May-June; 97 Suppl 2: S 21-25

Downey, B. (2014). *Diaspora health literacy: Reclaiming and restoring Nibwaakaawin (wisdom) and mending broken hearts*. Ph.D. Thesis McMaster University.

Cancer Care Ontario. *Path to prevention – recommendations for reducing chronic disease in First Nations, Inuit and Métis*. Toronto: Queen's Printer for Ontario; 2016.

2. Reflection: In Canada from 1857 to 1996, 150,000 Indigenous children aged 6-15 are forced to attend residential schools (some were as young as age 3). Children were not allowed to speak their native language and were physically punished if they did. How do you think this experience has impacted Indigenous children?

**Answer:** Self-reflection question. Points to consider:

Justice Murray Sinclair, Chair for the Truth and Reconciliation Commission of Canada noted that: “Every Aboriginal person has been affected directly or indirectly by the residential schools.”

His words point to the health implications and physical and emotional injuries inflicted within the residential school system and that this has had an impact on the children and families directly affected as well as those in the community.

Residential schools resulted in the loss of language, culture, traditions, loss of identity, and loss of family and parenting skills.

Stout, M.D. & Kipling, G. (2003). Aboriginal people, resilience and the residential school legacy. Retrieved from <http://www.ahf.ca/downloads/resilience.pdf>

BC Métis Federation. (2014). Opposing Aboriginal views of Sir John A. Macdonald Day. Retrieved from <http://bcmetis.com/2014/01/opposing-aboriginal-views-of-sir-john-a-macdonald-day/>

Czyzewski, K. (2011). Colonialism as a broader social determinant of health. The International Indigenous Policy Journal, 2(1). Retrieved from <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>

## Chapter 2 - The Importance of Health Literacy

1. In Canada, there is a lack of systematic information on levels of literacy and health literacy for certain populations including Indigenous people. Match the following barriers to health literacy for individual and system related factors:
- Social stigma
  - Lack of health knowledge and skills
  - Physical education program implementation issues
  - Declines associated with ageing
  - Low levels of formal education
  - Inadequate workplace training and education
  - Language
  - Limitation in resources for language programs
  - Early childhood experiences
  - Disabilities
  - School health program implementation issues

**Answer:**

<b>Individual Factors</b>	<b>System Related Factors</b>
Declines associated with ageing	School health program implementation issues
Low levels of formal education	Physical education program implementation issues
Lack of health knowledge and skills	Limitation in resources for language programs
Language	Inadequate workplace training and education
Disabilities	
Social stigma	
Early childhood experiences	

2. While some Indigenous people may draw from their Indigenous cultural values, beliefs or teachings to inform their health and well-being, most are receiving their health information from mainstream healthcare practitioners who lack formal training regarding a culturally safe approach to care for Indigenous populations. How can healthcare professionals provide better culturally relevant information to Indigenous patients?

**Answer:** Self-reflection question. Points to consider:

Increasing awareness and understanding of Indigenous people's health information needs by healthcare practitioners holds potential to yield a more effective sharing and uptake of health information by Indigenous people. Healthcare practitioner education, support and resources are important in order to be effective, culturally competent health information brokers.

Advocating support and a cultural brokering approach are seen as positive aspects of the healthcare practitioner's role by patients. They support patients in their brokering role and facilitate their awareness and understanding of Indigenous knowledge diaspora and the negative impact this phenomenon has on health. Ideally, they would also support and assist the patient in managing the negative emotional fall out from this experience by referring them to Elders or Traditional healers who are able to support and inform this process.<sup>1</sup>

Healthcare practitioners need to facilitate access to Indigenous knowledge and learn more about processes to increase opportunities for health literacy in the practitioner-Indigenous client relationship i.e. cultural competency and cultural safety and shared decision making.<sup>2</sup>

1. Downey, B. (2014). Diaspora health literacy: Reclaiming and restoring Nibwaakaawin (wisdom) and mending broken hearts. Ph.D. Thesis McMaster University.

2. Jull, J. et al. (2015). Cultural adaptation of a shared decision making tool with Aboriginal women: a qualitative study. BMC Medical Informatics and decision making.

### Chapter 3 - Strategies for Improving Indigenous Health Literacy and Outcomes

1. Shared decision making provides an example of a harmonized approach and can be utilized when the healthcare provider is culturally competent and the patient has health literacy skills. Place each of the following points into either the decision coaching approach or patient decision aids in the chart below:

- Better meets client information needs
- Better inclusion of client values into decisions
- Increases client satisfaction with care decisions
- Paper tools
- Online tools
- Video tools

**Answer:**

<b>Decision Coaching Approach</b>	<b>Patient Decision Aids</b>
Better meets client information needs	Paper tools
Better inclusion of client values into decisions	Online tools
Increases client satisfaction with care decisions	Video tools