Foreword from the Supplement Editors

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As the co-editors, we are pleased to present this special supplement to the Canadian Journal of Public Health, funded through Health Canada. It highlights collaborative research between Aboriginal peoples and university researchers in the Department of Community Health Sciences at the University of Manitoba. The collaborative relationship between the Assembly of Manitoba Chiefs’ Health Information Research Committee and the University of Manitoba is a recurrent theme throughout this supplement.

It is well established that First Nations and other Aboriginal peoples have more health problems, higher mortality rates, and lower life expectancies than the general Canadian population.¹⁻¹⁶ Despite policies and investments targeted toward First Nations health, these sometimes dramatic health disparities persist. Clearly, the factors related to poor health among First Nations and other Aboriginal peoples in Canada are not fully understood, and progress needs to be made in both research and policy development.

The Department of Community Health Sciences has a long-established record of research into matters of importance to First Nations and Aboriginal peoples and communities. From the 1960s and the formation of the University of Manitoba’s Northern Medical Unit, to the 2002 Manitoba Centre for Health Policy report,⁴ to the establishment of the Manitoba First Nations Centre for Aboriginal Health Research (MFN-CAHR) by the Assembly of Manitoba Chiefs and University of Manitoba and its ongoing research directed by Dr. John O’Neil, Manitoba researchers have been collaborating with First Nations and other Aboriginal peoples and communities to produce relevant, high-quality research aimed at improving the health of these peoples and communities and understanding policy implications. This research has looked at such wide-ranging topics as diabetes,⁵ suicide,⁶ hypertension,⁷ and health status,⁸ as well as health policy and governance issues.⁹⁻¹²

This supplement highlights articles by both First Nations researchers and policy analysts and University of Manitoba faculty. The articles have been ordered to ensure a conceptual flow to the supplement. The early articles provide a background on the research environment in Manitoba. First, we look at O’Neil et al.’s article on the history of the health research relationship between First Nations/Aboriginal groups and the university, and MacKinnon’s article on the establishment of a Romanow Joint Working Group in Manitoba.

Various qualitative research endeavours are then highlighted – Hackett’s article on the history of disease patterns in First Nations groups is an example of using historical documents for research. Bartlett lends understanding to measures of health and well-being from a Métis perspective. This is followed by several quantitative research papers. The two articles by Martens et al. use a population-based database analysis approach to compare mortality and health services use patterns by First Nations and other Manitobans. The article by Jebamani et al. describes in detail the database linkage required for these two papers. Another application of this database linkage is given in Leslie et al.’s study on bone fractures. The supplement closes with commentaries and policy papers. Mignone and O’Neil challenge other researchers to consider new frameworks, as they look at the issue of social capital as it pertains to youth suicide. This section then proceeds to a call for policy action, as two First Nations authors challenge us further. Roscelli looks at the problems encountered in determining health policy for First Nations personal care homes (nursing homes). Ten Fingers challenges those seeking collaborative research with First Nations to respect indigenous methodologies and traditional knowledge in new research partnerships, and discusses how this may impact policy development.

If we are to achieve the goals of understanding and improving the health of First Nations and other Aboriginal peoples in Canada, and if we are to achieve empowerment of these peoples in the research process itself, we need to discuss each of these issues. We believe that an important step in reaching these goals is better collaboration among all researchers – First Nations, Aboriginal and universities. We wish to acknowledge and thank Doreen Sanderson, former AMC Health Advisor, and members of the AMC Health Information Research Committee, for their cooperative efforts to develop this initiative and pursue its publication.

We believe that the work reflected in this supplement demonstrates successful collaborations in this regard, and are proud to be showcasing it as a model for other Canadian researchers working in First Nations and Aboriginal health. However, there is much work to be done to ensure that the research endeavour is embedded within First Nations frameworks. So this supplement is more than a description of research. It is a call to action – both for the researchers in Manitoba and throughout the world – to ensure that new models of collaboration are forged to the benefit of First Nations and Aboriginal peoples both now and in the future, for generations yet unborn. Just as the artist Wabanakwut Kinew has described the image featured on the front cover of this supplement, in our quest for wellness we need to be creative in our approaches to unite the different traditions of medicine as well as health research.

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REFERENCES


Foreword from Health Canada

Ian Potter, Assistant Deputy Minister First Nations and Inuit Health Branch

The First Nations and Inuit Health Branch is pleased to have provided support to the development of this special supplement to the Canadian Journal of Public Health. This collection of eleven articles represents a major collaborative venture between the University of Manitoba’s Department of Community Health Sciences and the Assembly of Manitoba Chiefs. It also represents an example of the way in which collaborative research can be conducted among First Nations and academia. As well, the Department of Community Health Sciences is expanding its collaborative efforts to include research with Métis people in Manitoba.

Studies such as the exploration of health history and articles on data linkage represent some tangible examples of the type of research that can be accomplished from a culturally diverse stakeholder group. Dr. O’Neil’s paper, describing the complexity of building a health research relationship, demonstrates the benefits that continued partnerships of this kind produce. Another study by Dr. Bartlett, exploring health and well-being of Métis women, makes use of other dimensions or health frameworks that challenge more widely established approaches to the determinants of health. Building on a similar theme, several discussion papers challenge the conventional Western approach to research, promoting the use of other models of research derived from the Maori, Mi’kmaq and Dakota cultures. In addition, the current supplement illustrates that with continued dialogue, areas of conflict – such as publication rights and dissemination responsibilities – can become a winning situation for all. These studies will benefit a wide audience and will stimulate new analytic and research efforts.

I wish to acknowledge the work of the authors of these studies and the timely publication of the data. I am especially pleased that the articles will be available for use by academics and community health professionals, providing a range of useful health information. Finally, it is my hope that this collaborative venture will contribute to the development of sustainable solutions that will improve the health of Aboriginal people.

Foreword from the Assembly of Manitoba Chiefs

Grand Chief Dennis White Bird

In the language of my people, the Ojibway or Anishinaabeg, “Pimatiziwin” is the concept we use to describe health, as walking in balance of all aspects of our lives – emotional, mental, spiritual, physical. This is a concept shared by the Ojibway, Cree, Oji-Cree, Dakota and Dene peoples within our region called Manitoba, where the Great Spirit sits. This view of the holistic nature of health is shared by indigenous peoples around the world. As such, health is the foundation of all that we do, and remains a priority for our people.

It was an honour for me to open the Manitoba First Nations Centre for Aboriginal Health Research at the University of Manitoba in April 2001, and it is an honour now to see the first publication of some results of our research and collaboration. We support these types of research partnerships which address some of the major concerns we have, such as chronic diseases and suicide. And we welcome the increasing numbers of our own people who are undertaking research and addressing the issues from our own perspectives, and challenging the ‘status quo’ in health concepts, health care, and First Nations governance.

We are proud of the work of the First Nations health technicians serving on the AMC Health Information Research Committee, who review proposals for research for First Nations to ensure First Nations rights to be fully involved in all aspects of research, and to ensure the benefits flow to the First Nations. We applaud the leadership of the original First Nations people working in Manitoba on the 1997 Regional Health Survey, and across Canada in the National survey, and...
As National Chief of the Assembly of First Nations, I am alarmed by the pronounced gaps in health outcomes and opportunities for health available to our peoples. During the historic Canada-Aboriginal Peoples Roundtable of April 19, 2004, the Prime Minister himself acknowledged the “shameful conditions” endured by our people on a daily basis.

The urgency of addressing the needs of First Nations is confirmed by research evidence. Our people die five to eight years earlier than the average Canadian. Our infant mortality rate is double the Canadian average. Our people commit suicide close to three times more often. We experience a burden of infectious disease, with eight times the rate of tuberculosis and six times the rate of HIV infection. The First Nations health gap continues throughout the spectrum of diseases, with three to five times the diabetes, twice the cancer, and five times the unintentional injury rates compared to the average Canadian. This underscores our case that more investment is required immediately – investment which focusses both on health promotion and on primary care, keeping a balance between preventive and curative health programs.

Social determinants of health – such as housing, education, and employment – require further critical investments. Our unemployment rate is three times the Canadian average. Recently, Indian and Northern Affairs labeled close to 30% of our communities’ water systems as “high risk”.

With respect to access to quality care, in a 2002 opinion poll of the National Aboriginal Health Organization, less than half of First Nations respondents reported easy access to specialist care. Challenges to access are even greater in isolated communities, where there is a shortage of health care providers. Approximately 30% of First Nations communities are located more than 90 kilometres from physician services. Hence, we must invest in First Nations’ health professionals to address persistent shortages in health human resource capacity.

That is not to say there are no positive developments. Nearly half of First Nation communities now control and deliver their own health services under the Federal Health Transfer Policy. There are successful community-based projects aimed at improving the integration of health services. Provinces such as Manitoba, Ontario, Alberta and New Brunswick are reaching out to include First Nations in establishing electronic health records and tele-health networks to provide timely access to patient information and care.

Research, such as that conducted by the University of British Columbia’s Chandler and Lalonde, and the work in Canada and the United States of the Harvard Project on American Indian Economic Development, has established the link between cultural continuity and self-determination, and better health and health determinant outcomes.

This past April, I stated that our vision for improved health revolves around a First Nations controlled and sustainable health system that builds effective capacity and asserts First Nations jurisdiction in health, aligned with a holistic and culturally appropriate approach.

The Prime Minister and Cabinet members were told that First Nations must be fully involved in the development and delivery of health services. With such “real engagement” founded on a new principle of collaboration, transformative change will be realized, notably the long-term sustainability of our health system.

The most recent United Nations Human Development Report suggests that increasing public spending and targeting funds to populations most in need, are not enough. The underlying economic and social framework that perpetuates historical and social injustices should be changed. This is the true meaning of transformative change.

Research, such as that conducted by the University of British Columbia’s Chandler and Lalonde, and the work in Canada and the United States of the Harvard Project on American Indian Economic Development, has established the link between cultural continuity and self-determination, and better health and health determinant outcomes.

The role of research in further informing First Nations’ united efforts to improve the health and well-being of our peoples cannot be underestimated. I am confident that the articles on First Nations and Aboriginal health in this supplement will contribute to our success.
Foreword from the Manitoba Ministry of Health

Honourable Dave Chomiak
Minister of Health, Province of Manitoba

For over ten years, the Manitoba Centre for Health Policy (MCHP) has been providing accurate and timely information to health care decision-makers, analysts and health care providers, so that policies, programs and services intended to improve the health of Manitobans can be efficaciously designed and implemented. MCHP delivers leading-edge research in the areas of health service utilization, health and illness patterns in the population, and the factors that affect health, all of which are critical to informing the health policy process.

First Nations comprise a significant portion of Manitoba’s population, with unique and diverse cultures. There has been a growing interest among Manitoba’s First Nations and Manitoba’s policymakers and researchers in the health and well-being of First Nations as the significant health disparities experienced by First Nations continue to be a major issue. The Aboriginal community, including First Nations, is a priority population for Manitoba Health.

With the goal of better understanding the health of Manitoba First Nations, Manitoba Health asked MCHP to provide a report on the health and use of health services of Registered First Nations in Manitoba. MCHP was uniquely suited to perform this task given their ability to produce high-caliber scientific research relevant to the policy process. To ensure that the research developed by MCHP met the needs of both Manitoba Health and Manitoba’s First Nations, the MCHP and the Assembly of Manitoba Chiefs established an advisory group of representatives from the First Nations community, clinicians, researchers, policy-makers and government representatives. As a result of this joint effort, MCHP produced an encyclopedic report on the health of First Nations in Manitoba, on which some of the papers in this supplement are based. The MCHP report was key in identifying First Nations’ health needs within the province and underscored the importance of having province-wide information when designing and developing programs for First Nations.

On behalf of the Manitoba Ministry of Health, I congratulate MCHP on producing this supplement focusing on the health of First Nations, and hope it can serve as a model for other jurisdictions attempting to better understand the health of First Nations and their use of health services. Such information is critical for monitoring and evaluating existing programs and policies aimed at improving the health of First Nations. Research by MCHP has gained national and international attention because of its outstanding quality and contributions to understanding health issues and disparities.

I also wish to acknowledge the pivotal role the Assembly of Manitoba Chiefs played in facilitating the research undertaken by MCHP and the completion of this supplement. Without their support and involvement, this important work would not have been possible. The First Nations in Manitoba have been strong and critical partners in the health research involving First Nations, and their commitment has been the foundation for any success achieved.

Foreword from the Assembly of Manitoba Chiefs

Chief Ron Evans
Norway House Cree Nation
AMC Executive member and Health Portfolio Chief

This publication is the result of the collaborative efforts of the Assembly of Manitoba Chiefs and the Department of Community Health Sciences at the University of Manitoba and the Centre for Aboriginal Health Research to highlight the health status of Aboriginal people and the health issues that many continue to face on a daily basis. Working in conjunction with the First Nation organization and university-based academic researchers, Manitoba First Nations have taken lead role in ensuring health research conducted in Aboriginal communities will benefit everyone. This is an opportunity to share the results of some of the research that has been conducted on Aboriginal health through the Canadian Journal of Public Health.

We believe that research partnerships, such as those described within this supplement, will assist First Nations and all Aboriginal peoples in developing the structures and services needed to promote whole health in our communities. There is no issue more important than the health of our peoples. It is a sacred truth in our way of life that we must acknowledge the spiritual, physical, mental and emotional aspects of daily living to protect long-term well-being.

There is a direct and strong relationship between self-determination and health. The Assembly of Manitoba Chiefs is pursuing the path of re-asserting First Nations jurisdiction and strengthening our own government structures, so that we return decision-making to our own people. Every day we are confronted by statistics telling the story of ill-health of our people. The path to holistic health as our people see it is not through the present system of services that Health Canada and the province deliver, only as they see fit. Instead, it will require respect for our Treaty and inherent right to health. Yet we remain in the shadows when decisions are made on our behalf, often to our detriment. We must be directly involved in decisions by Crown governments which affect First Nations lives.
I commend the work of the AMC Health Information Committee, the Manitoba First Nations Centre for Aboriginal Health Research, the Manitoba Centre for Health Policy (University of Manitoba), and the many individuals whose work and commitment to positive change for our people are described within.

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Foreword from the CIHR Institute of Aboriginal Peoples’ Health

Jeff Reading, PhD
Scientific Director

Whereas a plethora of research reports have investigated the lived experience of indigenous peoples living in Canada and abroad, few have struck the important balance between the pursuit of community health priorities and the pursuit of the highest standards of research excellence. This special supplement to the Canadian Journal of Public Health (CJPH), sponsored by Health Canada, is proof that such goals can be met exceedingly well. It provides direct research evidence that aims to stimulate strategic healthy public policy actions with the ultimate goal of improving on the profound disparity in health experienced by Aboriginal peoples of Canada.

The lesson learned by the process of community engagement, from the initial development of research priorities to the final sharing of results seen in this CJPH supplement, is proof that such goals can be met exceedingly well. It provides direct research evidence that aims to stimulate strategic healthy public policy actions with the ultimate goal of improving on the profound disparity in health experienced by Aboriginal peoples of Canada.

The Canadian Institutes of Health Research recognize the critical importance of Knowledge Translation (KT) across all fields of advanced health research and define it as:

"the exchange, synthesis and ethically sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of benefits for Canadians through improved health, more effective health services and a strengthened health care system”.

Clearly, the editors have taken great care to arrange the articles in a sequenced order so that the reader is carried through a journey to discover new understandings that are based on groundwork laid by earlier papers. Thus, I encourage everyone interested in Aboriginal/indigenous health issues, both in Canada and abroad, to take a careful read of this series of manuscripts, and assess its value both in terms of process and evidence contained within its parts and as a whole.

That Aboriginal community research needs to find a voice in national and international journals seems obvious. Yet this simple idea, expressed in elegant community-partnered research, underscores that the starting point to be recognized and pursued by progressive public health science journals such as the CJPH can be achieved with outstanding results. One key is to recognize the thoroughly multi-, inter- and cross-disciplinary nature of Aboriginal community-based inquiry.

The authors present many important themes in research domains as diverse as history, research policy environment and capacity building, and an Aboriginal holistic world view of health and well-being, all investigated using appropriate qualitative and quantitative research tools in a search for new understanding. CJPH is to be congratulated for its vision and commitment to translating Aboriginal health research and supporting the legitimate aspirations of Aboriginal peoples for the attainment of optimal health and well-being.