Culture-based Literacy and Aboriginal Health

Janet Smylie, MD, CCFP, MPH1
Lewis Williams, PhD, MPH2
Nancy Cooper, BA3

ABSTRACT

This is a summary report of the Aboriginal content of the Language and Culture theme at the Canadian Public Health Association’s Second Canadian Conference on Literacy and Health. Our key premise is that Indigenous conceptualizations of literacy need to build on Indigenous understandings and perspectives. We support this premise through a review of the relevant literature in the disciplines of Aboriginal literacy, Indigenous education, health literacy, health promotion, and knowledge translation and our synthesis of the presentations, workshops, and discussions at the meeting. Key emergent themes include: the unique and culturally determined ways in which Aboriginal peoples and their languages conceptualize learning, education, and health; and the recognition that self-determination of language and learning are human rights. Aboriginal concepts of and approaches to literacy naturally link to and overlap with Aboriginal concepts of and approaches to health. The paper includes an overview of gaps in the field and an example of the way that research and practice can be brought together in the context of one First Nations community.

MeSH terms: Aboriginal; culture; health; indigenous; literacy

The goal of the Canadian Public Health Association’s Second Canadian Conference on Literacy and Health was to provide a forum to discuss what is currently being done to “improve the health of Canadians with low literacy skills.”1 This conference marked one of the first times Indigenous* literacy practitioners and researchers had collectively met. This paper provides a summary of the Aboriginal* content of the Language and Culture theme of the meeting.

Indigenous conceptualizations of literacy need to build on Indigenous understandings and perspectives. This key premise links our discussion of current literature and research in the field with the summaries of the presentations, workshops, and discussions at the meeting.

The rationale for Indigenized approaches to literacy stems from multiple disciplines. It is connected to a movement by Indigenous scholars to decolonize academic methods more generally. Key arguments in this scholarship include the critical relevance of local Indigenous socio-cultural contexts and the framing of access to Indigenous constructions of knowledge as an Indigenous right.2-4 Indigenous educators have been leading the way. Since the mid-1980s, Indigenous literacy scholars have been advocating for the use of Indigenously defined socio-cultural frameworks. They have been aligning this area with self-determination for Indigenous peoples.5-9

The fields of health literacy, health promotion, and Indigenous knowledge translation also identify a need for the understanding of local socio-cultural realities. On the whole, the field of “health literacy” has tended to treat literacy as a skill set, quite apart from socio-cultural realities. The connections between overall low literacy – most often measured by the ability to read and understand written and verbal English – and health outcomes are well documented.10,11 Earlier definitions of health literacy focused on defining the concept quite narrowly, as a person’s ability to read and understand written and verbal English – and health outcomes are well documented.10,11

Later definitions of health literacy focused on defining the concept quite narrowly, as a person’s ability to read and understand medical information.11 These definitions tend to de-contextualize literacy and assumed Western socio-cultural contexts. More recent definitions of health lit-

1. Director, Indigenous Peoples’ Health Research Centre, Associate Professor, Community Health and Epidemiology, University of Saskatchewan, Saskatoon, SK
2. Director, Prairie Region Health Promotion Research Centre, Community Health and Epidemiology; Director, Community Development and Health Promotion, Programs, Extension Division, University of Saskatchewan
3. Masters Candidate, Ontario Institute for Studies in Education, University of Toronto, Toronto, ON

Correspondence and reprint requests: Janet Smylie, Indigenous Peoples’ Health Research Centre, College of Medicine, B103 Health Sciences Building, University of Saskatchewan, Saskatoon, SK S7N 5E5, Tel: 306-966-1925, Fax: 306-966-1656, E-mail: jk.smylie@usask.ca

* In this paper, we use the term “Aboriginal” to refer to the First Nations, Métis, and Inuit peoples of Canada. We use the term “Indigenous” to refer to First Peoples internationally. Where possible, we further clarify the term Aboriginal and reference the specific Indigenous group to which the text is referring.
eracy have evolved to include “interactive health literacy” and “critical health literacy.” Interactive health literacy is the development of interpersonal and social skills that encourage people to change their health behaviour. Critical health literacy is the ability of a person and a community to address the systematic factors that affect health.13-15

Literature on health promotion has a traditional focus on concepts such as empowerment, community development, and action on underlying determinants of health. It provides a meeting point between Indigenous approaches to literacy and health literacy. Health promotion discusses literacy both in terms of its direct affects on health and as an indirect social determinant of health, via its effects on variables such as income, social status, and food security.15

Links between the socio-cultural aspects of literacy for Aboriginal and Francophone communities have been made at national gatherings.16 A recent article has made the links between cultural context and literacy at a broad conceptual level.17

Knowledge translation has emerged in the field of health research as the study of how biomedical knowledge is taken up and shaped by health care providers, policymakers, and populations. It is a key research priority of the Canadian Institutes of Health Research (CIHR). The institutes emphasize knowledge translation as a key link between academic health sciences research and improved health outcomes. The study of “user groups” calls for a contextual understanding of target populations before developing programs for sharing knowledge.18

Indigenous knowledge translation is a new field. Drawing on the work of Indigenous scholars from other disciplines, researchers are working in partnership with Indigenous communities to pilot models of knowledge translation specifically informed by local socio-cultural contexts.19 Making the links between literacy and knowledge translation is a key priority of the national Indigenous knowledge translation summit. The summit is a joint initiative of the National Aboriginal Health Organization, the CIHR Institute of Aboriginal Peoples’ Health, and the Indigenous Peoples’ Health Research Centre in Saskatchewan.

The intrinsic connection of everyday pragmatism to metaphysical and symbolic realities is a common feature of Indigenous worldviews. For example, the eagle may be observed as a teacher of hunting and parenting skills. At the same time, the eagle is a physical symbol of leadership, strength, and wisdom and a cultural metaphor for healing and relaying messages to the Creator. It is therefore not surprising or contradictory that Indigenous definitions of literacy describe both a diverse set of skills and a pathway to self-determination and empowerment of spirit.20 We articulate literacy as an ideological construct, knowable as it is defined and practiced by different social and cultural groups. Literacy is constructed and enacted within social, cultural, and political contexts. It is subject to the implications of differing power relationships.21 This definition is consistent with the notion of multiple literacies described in the Aboriginal rainbow approach to literacy definition.2 It is distinct from the idea of literacy as a ‘skill’ separable from contexts of use.

Frameworks for Indigenous literacy provide for a clear and natural link to health because Indigenous conceptual paradigms for literacy and health overlap. For example, the rainbow approach to Aboriginal literacy includes the colour violet. Violet represents “the holistic base to Aboriginal literacy, dealing with spiritual, emotional, mental and physical elements.” These are the elements of the medicine wheel, which is widely applied by First Nations and Metis people as a paradigm for health and healing. The First Nations Technical Institute in Ontario has applied the medicine wheel to its literacy programs.20-22 This holistic approach translates into learning environments that include building mainstream skills such as spelling and numeracy, and also learning and growing in other areas. These additional literacies might include building healthy family relationships, nutrition, mother tongue language instruction, learning and following traditional ceremonial practices, and family literacy. All of these approaches to learning have a clear link to the determinants of health, or being and becoming a healthy person, family member, community member, and member of society. Clearly, in this context, literacy becomes much more than a skill or skills to acquire. Instead, it becomes a metaphor for living a healthy life.

As we explore the multidisciplinary rationales for further exploring culture-based approaches to Aboriginal literacy and health and the overlap of Indigenous concepts of literacy and health, an additional question arises: “What exactly are culture-based approaches to literacy and health, and how can they be effectively and practically applied in given Indigenous contexts?” Exploring this question provides an ideal opportunity to bring together research and practice. In the final section of this paper, we describe an ongoing research project in La Loche, Saskatchewan undertaken by the authors in collaboration with members of the La Loche community. This participatory research project provides one example of how to answer this question. Community members will discuss and provide ideas to address the literacy needs of people in the village. They will also address and highlight the multiple ways this small vibrant community is already literate.

Part 1 – Synthesis of workshops, presentations, and discussion

There were seven speakers who presented Indigenous perspectives on the Language and Culture theme. Overall, these speakers emphasized the need for culture-based approaches to Aboriginal literacy. They also described key concepts that could define culture-based approaches.

Melanie Ferris focussed on plain language as a tool for personal and community self-determination. She began her presentation by putting herself into a socio-cultural context as an Ojibway woman who grew up in a single-parent home. Her grandparents’ forced attendance at Indian residential school resulted in gaps in her early childhood exposure to Ojibway cultural teachings and language. Ferris began reading at a young age. She was encouraged by a First Nation counselor and her community to attend university.

Ferris emphasized that literacy includes fully understanding the implications of what one is reading and writing, not just “the ability to read and write.” Her experience working for the federal government has shown her that there are many barriers to communicating in plain language. Ferris reviewed recent federal statistics describing the lower rates of schooling success for First Nations people. She linked this to the socio-economic challenges facing First Nations communities, and the poor quality of education on reserves. She then discussed how literacy and socio-economic conditions are intertwined with a holistic definition of health that includes the phys-
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Health Literacy: A Prescription to End Medicine’s committee on health literacy. She talked about literacy as a process of recovering a sense of positive Indigenous identity, linking it to the processes of recovery from colonial trauma and Indigenous self-determination. She provided cultural teachings from her Aboriginal worldview. Drawing on the medicine wheel, she described the four directions and the animal helpers that are found in each direction. She also described Aboriginal medicines and ceremonial tools and how they can be used in healing work with clients. She emphasized the way that the sacred is fundamentally intertwined with all aspects of life, according to this Aboriginal worldview.

Dyanne Affonso recently participated as a member of the US Institute of Medicine’s committee on health literacy. This committee produced the report, Health Literacy: A Prescription to End Confusion. This report broadens our notion of health literacy beyond reading and writing to include numeracy, listening, speaking, and cultural and conceptual knowledge. It also situates the responsibility for improving access to effective health care across literacy barriers on the health care system and health care providers, as well as health care users.

In her presentation, Affonso focused on cultural and conceptual knowledge. She described how the significance of health information to different people varies according to their personal preferences and perspectives. Language was identified as an important part of health literacy. For example, Aboriginal cultures have a preference for using verbs rather than nouns. This preference was linked to the shift and flow of spirit allowed by verbs, versus the permanence and finality of nouns. Non-verbal gestures and stories were also cited as sources of culturally specific meaning.

Affonso highlighted the importance of cultural healing systems and practices. They need to be included in the equation of quality health care services. With respect to health literacy, she advocated that the values, cultural scripts, and metaphors inherent in cultural rituals and traditions be taken into account by the dominant health care system. In this way, cultural stories can be used to introduce new vocabularies and cultural rituals can contribute to capacity building. Affonso finished her talk by identifying health literacy as a human rights issue. She encouraged the audience to advocate for a diversity of cultural language, equity, and cultural frameworks in their health literacy work.

Jan “Kehehti:io: was growing up on an Iroquois woman who has been exposed to the teachings of many nations, including Hopi, Navaho, Cree, and Ojibwa. She emphasized the importance of stories and symbols in Aboriginal literacy. She described the process of teaching Indigenous language and symbols as very powerful, because this process teaches an entire worldview. These Indigenous world- views share a belief in the interrelatedness of life and the importance of honouring “all of the medicines that give life – mental, physical, emotional, and spiritual.”

When “Kehehti:io: was growing up on the Six Nations reserve, there was no word for “health.” Instead, language actively represented concepts of well-being, reciprocity, and the interconnection of all life. For example, there is a word in her language whose main root is “everything that keeps us alive.” This word also can be translated as “love” and “love medicine.” She promot- ed teaching of the symbolism inherent in Aboriginal languages by Elders. She stated that “it is time to step further into understanding all of life, including people, rocks, songs, dances, dreams, and medicines.” She closed by advising that an understanding of Aboriginal languages and its symbols will contribute to personal balance, harmony, and sustenance. Her presentation described several of the multiple literacies that are identified in the Aboriginal rainbow model, including literacy in First Nations languages, oral literacy, symbolic commu- nication, and balance.

Carole Blouin identified herself as a for- mer learner who is now a literacy advocate. In the 1990s, she had a hysterectomy that she believed was unnecessary because she did not understand what the hospital staff were telling her. She also suffered from ill- ness and depression. At the recommenda- tion of a friend, she signed up as a learner and volunteer at a literacy centre. She has since received her secondary school diploma and enrolled in college. Her health improved during her studies, and she is now on the boards of the Collège du Savoir and the Fédération canadienne pour l’alphabétisation en français.

Eileen Antone began her presentation in her Oneida language. She said this was one way to reclaim Aboriginal literacy in a culturally appropriate way. Language was identified as carrying culture, values, and beliefs. Racist and oppressive government policies, including residential schools, have contributed to a loss of language for many First Nations people. Euro-western models of education have been imposed upon tra- ditional Aboriginal ways. This situation has prompted Antone to promote holistic, culturally framed models of education. According to Antone, both literacy and health need to be based on holistic world- views. She described literacy as the begin- ning of being. Aboriginal literacy programs can encourage self-knowledge, self- expression, self-affirmation, and self- determination in a positive way. They also support participation in local self-governance and community development. In closing, Antone asked listeners to consider the four aspects of development: mental, emotional, spiritual, and physical. She also presented a picture of the Two Row Wampum (Figure 1). The Two Row Wampum promotes equity, peace, mutual respect, and friendship between Europeans and Aboriginal peoples. Antone described the two rows of purple beads as representing the European vessel and the Aboriginal vessel respectively, each with their own essence of life, travelling down the river alongside each other.
Maria Morrison has worked for Ningwakwe Learning Press (NLP) since its inception nine years ago. Funded by the National Literacy Secretariat, the NLP publishes materials designed specifically for low- to mid-level literacy learners. The NLP started the “Healthy Life Series” several years ago. The series blends evidence-based Western medicine with traditional Aboriginal practices through stories. It is hoped that by gaining an emotional attachment with the reader through a story and its accompanying illustration, the reader will be able to process, understand, and apply health information more effectively than if it was presented as a list of facts. One of the challenges facing the NLP is the diversity of Aboriginal peoples and their languages. The ability of the NLP to reflect this diversity in its publications is limited. Morrison finished up her session by outlining the elements that the NLP looks at to ensure its works are accessible.

In summary, the speakers presented a compelling rationale for Indigenous literacy. They were interested in understanding how literacy and health are interconnected. They presented an approach to Aboriginal literacy that was rooted in the cultural and linguistic frameworks of the community. They emphasized the importance of engaging Indigenous people, communities, and governing agencies in literacy work. They discussed the need for culturally and contextually relevant approaches to literacy work.

Key recurring elements in the presentations resonated with published literature. They included: literacy as a path to self-development; literacy as the ability to understand and apply that understanding; holism (physical, mental, emotional, spiritual); day-to-day practicality; healing from colonization; the need to be grounded in an Aboriginal cultural and linguistic framework; and critical thinking. Links between literacy and health included: shared conceptual paradigms; the connection between literacy and access to care; the overlap between social, historical, and economic factors that contribute to holistic understandings of both literacy and health; and the healing journey of self-development that may be part of acquiring literacy.

Part 2 – What we need to know
If we accept that there is solid rationale for further exploring culture-based approaches to Aboriginal literacy and health, then we arrive at the question: “What exactly are culture-based approaches to literacy and health, and how can they be effectively and practically applied in given Indigenous contexts?”

From the review of the literature and the synthesis in Part 1, culture-based literacy for Indigenous peoples appears to be about self-determination through programs designed to cultivate elements described by the presenters, such as: self-development; understanding and applying information; healing from colonization; critical thinking; fluency in Indigenous languages and cultures; and physical, mental, emotional, and spiritual wellness. While much excellent work is being done, its scope and nature is not exactly clear, nor is the extent to which such work is connected to the aspirations of Aboriginal communities, rather than driven by mainstream policy agendas.

Key gaps in the knowledge base include:
- systematic reviews of what approaches are out there and how they are working in relation to local social and cultural contexts;
- examples of best practices of how to engage Indigenous people, communities, and governing agencies in literacy work at local, regional, and national levels;
- examples of best practices of how to embed literacy work into the day-to-day lives of Indigenous families and the existing programs and services of Indigenous communities;
- further exploration and evaluation of the links between literacy and health; and
- further exploration of the barriers to health and literacy created by racism and poverty and examples of best practices of how to overcome these barriers.

Part 3 – Next steps: An example of bringing practice and research together
As a result of the Second Canadian Conference on Literacy and Health, many Indigenous literacy workers and researchers met for the first time. There is now a list-serv hosted by the National Indigenous Literacy Association. The stage has been set for further development of an applied and strategic research approach by Aboriginal literacy practitioners and researchers. Such an approach could seek to: document what is being done; develop evaluation frameworks in collaboration with communities and practitioners; and undertake research to further define and develop culture-based approaches to Aboriginal literacy and health.

Research is needed to help shape and refine models of practice, and to elucidate the interrelations between key elements, such as those previously cited. A logical extension of this, and a yet-to-be-charted area, is the development of relevant measures for approaches to Aboriginal culture-based literacy. That is, if communities are to assess their literacy levels (strengths, needs, and aspirations), what needs to be measured and how should it be measured? While there are general principles that may be broadly applicable, these evaluation frameworks need to be culturally and contextually specific. They need to be owned and driven by local community stakeholders. In this way, their application may improve programs and change public policies and funding streams to achieve a closer degree of fit with community needs and aspirations.

These are all significant points. They beg the question of what an applied research project that seeks to tackle these issues might look like. We close by offering one example of a participatory research project we are undertaking in collaboration with community members in La Loche, Saskatchewan. This project attempts to take some of these next steps that are, we believe, critical to the field of Aboriginal health literacy.

The village of La Loche is a small Dene community over 400 miles north of Saskatoon. It is the most northern and isolated of communities along Highway 155. It is commonly known to locals as the ‘West Side.’ Originally a fishing, hunting, and gathering people, colonial education systems and other policies aimed at cultural assimilation have since systematically undermined traditional economies, family and social structures, and cultural practices. Today La Loche is dealing with a number of health-related issues within a context of continuing economic and cultural transition. From a purely economic perspective, low literacy rates and related inability to compete in the labour market, and declining social assistance means that it is timely for this community to take...
action to increase literacy skills, in the mainstream Western and conventional sense such as reading and writing, among its members. However, through the lens of a culture-based approach, which conceptualizes Aboriginal development in terms of multiple literacies, a number of other preliminary observations are apparent. For example, while most people use Dene as their first language, the primary language of instruction in schools is English. This creates a formidable barrier to becoming literate. It distances people from their self-expression and Dene identity. Many aspects of Dene culture also continue to be under threat and undermined by Eurocentric policies. Yet vital places of resistance to loss of threat and undermined by Eurocentric policies are still vital in the maintenance of Dene cultural and spiritual practices by some La Loche people. Putting aside mainstream, Western definitions of literacy, this community clearly has unrecognized literacies and the potential to mobilize these further as resources for health and self-determination. Our applied research approach will seek to work in partnership with community members to uncover these multiple literacies and build on these through building capacity in the community, developing literacy programs, and advocating for public policies that reflect community-defined aspirations. It will ask the following questions: 1) What does being literate mean to community members? Or, what do visions or community aspirations of literacy look like? 2) What unrecognized literacies or strengths already exist within this community? Or, in what ways is this community already literate in a holistic or rainbow sense? 3) How might these multiple literacies or capacities be measured? 4) How can La Loche build on these literacies to affect personal and community development in ways which reflect community literacy aspirations? At a broader level, through a separate but similar research initiative with another community, the project will focus on increasing understanding of the interrelationships among literacy, language, culture, and health in Indigenous communities. We hope to be able to begin to put some pieces together regarding the more finely tuned aspects of their interrelations and ways they might be mobilized in Aboriginal communities throughout Canada to achieve community-identified development goals.

CONCLUSION

The dialogue on Aboriginal health literacy occurs at the interface of multiple worldviews. Building upon Roger Poole’s concept, Willie Ermine has described the space between Indigenous and Western spheres of culture and knowledge as the “ethical space.”24 In Ermine’s ethical space, the notions of equity and respect for different ways of knowing are critical. It is this environment of equity and mutual respect that is symbolized by the Two Row Wampum referred to by Antone in her presentation. Colonial history, socio-economic disparities, and attitudinal and systemic racism all present barriers to this ideal environment. Marlene Brant Castellano has stated that “fundamental to the exercise of self-determination is the right of peoples to construct knowledge in accordance with self-defined definitions of what is real and what is valuable.”2 Our synthesis suggests that self-determination includes constructing knowledge and also sharing, processing, understanding, and applying knowledge. In this way, Indigenous health literacy can be seen as both process and set of practical tools for the self-determined development and assertion of well-being by individuals, communities, and nations. Such an approach by definition challenges the frameworks and culturally based assumptions upon which mainstream literacy and health policies are based. Such an approach needs to be firmly rooted in Indigenous perspectives, understandings, and socio-cultural realities. We look forward to an ongoing dialogue between front-line providers from the fields of literacy and health, learners, Aboriginal communities, and researchers on the topic of health literacy. By working together, we have confidence that a clearer vision of the theory, process, and practice of Aboriginal health literacy will rapidly emerge.

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