A taste of tradition

Drs Hannah Tait Neufeld and Chantelle Richmond summarise their community-based research into Indigenous health, and outline their highly personal motivations for working in this area.

Can you describe your academic and professional backgrounds and how they lend themselves to your current work?

HTN: For the past 20 years, I have worked internationally with Indigenous women and children on the revitalisation of traditional foods and medicines. My academic training in nutrition and epidemiology, and my experience in international public health, are complemented in a new interdisciplinary setting as a member of the Indigenous Health Lab. Here, I can continue to do community-based research in partnership with understudied populations who have experienced rapid dietary change. My current project as a Banting Postdoctoral Research Fellow is a natural extension of the research I have conducted on prenatal dietary change and gestational diabetes with First Nation and Métis women in Manitoba, as I consider how processes of environmental dispossession may have impacted the generational transference of traditional food knowledge.

CR: I am a First Nation scholar trained primarily in health geography. Both from a personal and academic perspective, I am deeply concerned with the current health and social inequalities endured by Indigenous Canadians, and the contributions of environmental change and political inaction to these realities. Much of my inspiration for doing this research stems from my early life experiences, where my own community of Pic River First Nation had its drinking water contaminated by an upstream gold mine. It was not until years later, sitting in an undergraduate course at McMaster University, that I came to realise that the occurrence of these sorts of contamination events is not evenly distributed. Rather, First Nation communities experience these horrific events more frequently, representing processes of environmental and social inequity. My own life experiences have been shaped in prominent ways by my status as a First Nation person; Canada’s colonial legacy continues to have serious consequences in my everyday life.

What inspired the initiation of the Indigenous Health Lab at Western University, Ontario?

CR: The Indigenous Health Lab is a unique training environment where high-quality personnel are provided with the opportunity to do well-supported, applied, community-based research with First Nation communities. There are only a few training environments in Canada with such emphasis on Indigenous health. In this space, we adhere strongly to critical theory about the determinants of Indigenous health, and recognise the need for active participation by our partners so that the research outcomes meet their needs.

How does your current project on traditional food knowledge relate to your broader work with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC)?

HTN: The current research utilises a community-based, qualitative approach to explore contemporary health inequalities related to traditional food knowledge, as they are associated with the intergenerational impacts of the residential school legacy. It is an extension of previous collaborative research between SOAHAC and researchers from Western University.

Can you explain the guiding principles of community-based research?

CR: At its core, community-based research has mutual benefit for both communities and researchers. It is an approach fundamentally concerned with addressing questions...
Preserving traditional knowledge

Researchers in the Indigenous Health Lab at Western University in Ontario, are investigating health inequities between Indigenous and non-Indigenous communities, paying special attention to the ways in which culture and the changing physical environment impact ongoing health disparities.

FOOD SECURITY INCLUDES both physical and economic access to food that meets dietary needs as well as food preferences. Since individuals in every demographic require sustenance, food security is an important determinant of health for all populations. As such, food security is not defined simply as having enough to eat; its meaning encompasses the ability to acquire foods in socially acceptable ways, and therefore rests on cultural and environmental factors ranging from the religious beliefs that restrict the diets of some individuals to the Indigenous knowledge required to harvest and prepare local foods. Cultural change and environmental dispossession – the process by which a person or group of people is separated from their traditional environment – can therefore have a significant, though indirect, impact on health.

In Canada, the health of Indigenous peoples – which includes First Nation, Inuit and Métis – has been negatively impacted by colonial policies that have led to profound social and cultural disruption. In particular, these groups have often been separated from traditional lands and knowledge systems. Although these determinants can be difficult to measure, the resulting health outcomes are not. While life expectancies for these Indigenous population groups are increasing, and infant mortality rates declining, First Nation men and women in Canada are between three and five times more likely to develop type 2 diabetes, and rates of other chronic diseases are significantly higher than the general population. Overall, life expectancies for Indigenous people living in Canada are five to 10 years lower than the national average.

REVITALISING TRADITIONS

The health inequities experienced by Indigenous peoples are not problems with a simple cause, as there are many social determinants of health for which Canada’s Indigenous communities experience disadvantages, including housing, income, education and food security. Nevertheless, it is clear that environmental dispossession, and the rapid cultural change that tends to accompany such processes, are root causes of the challenges faced in the optimisation of Indigenous health. Population health is an approach that puts the social determinants of health at the centre of research agendas, and while this approach is crucial to much of Canadian health policy, little attention has been given to the role of colonialism as a health determinant.

One research group at Western University in Ontario, however, is doing its utmost to investigate these issues. Under the leadership of Director Dr Chantelle Richmond, Western University’s Indigenous Health Lab conducts community-based participatory research projects that take a collaborative approach to understanding the environmental and health concerns of Indigenous communities. The main objective is to use research as a way of identifying solutions for these challenges. Some of their recent research focuses on

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the relationship between intergenerational knowledge transfer, food security and health.

DIETARY DETERMINANTS
Richmond elaborates on how continuing colonial policies have resulted in profound social and cultural disruption for First Nation people: “This disruption includes the exploitation of lands, resources and cultural practices among these groups,” she explains – and these effects have direct as well as indirect impacts on health. Historically, many of these effects have been deliberate, to curtail the transmission of traditional beliefs and practices through assimilative action. For example, the explicit purpose of the Canadian Government’s decision to force Indigenous children to attend residential schools, which persisted into the second half of the 20th Century, was to assimilate them into the broader Canadian population. One of the important health impacts of this process has been the loss of traditional foods – both in provisioning knowledge and experience, and in access to natural resources.

The current investigations that the Indigenous Health Lab, and its long-term research partner the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), are conducting into generational differences in traditional food knowledge began around seven years ago, with the initiation of the SOAHAC Food Choice Study. This extensive survey and subsequent qualitative interviews were designed to explore the social and spatial factors underlying dietary practices among First Nation households in Southwestern Ontario, following concerns from SOAHAC health professionals that behaviour-based approaches towards healthy eating and diabetes prevention were not working. SOAHAC staff recognised that the health problems they witnessed among their patients were rooted in much bigger social and cultural phenomena that determined food choices and health behaviours.

FOOD INSECURITY
The findings of the 2008 SOAHAC Food Choice Study were intriguing, and demonstrated that First Nation families, especially those living in urban areas, struggle with limited access to traditional foods and the knowledge necessary to harvest, preserve and prepare them. What is more, participants identified a need for long-term, culturally appropriate programming to address issues of food insecurity. This pressing requirement called for urgent action from organisations like SOAHAC in gathering information and ultimately developing interventions based on local needs, along with its partners in the Indigenous Health Lab. Subsequently, SOAHAC have been investigating strategies to improve health services through increased access to traditional knowledge and programmes that encourage greater understanding of the local food environment as a whole.

One of the projects in this area, based out of the Indigenous Health Lab looks into generational differences in traditional food knowledge and practices among First Nation families. Postdoctoral Fellow Dr Hannah Tait Neufeld is leading this study, and conducting life history interviews with female Elders to gain a broader understanding of the historical, environmental and economic contexts of urban and rural food environments. This research will ultimately determine the veracity of the hypothesis that chronic food insecurity may be related to cultural loss, or the intergenerational trauma of residential schools in Southwestern Ontario.

CULTURAL CONTINUITY
The findings of Neufeld’s work, and those of other related studies taking place within the Indigenous Health Lab, aim to assist SOAHAC in continuing to develop programming as well contributing towards a Traditional Teaching Program being developed by Richmond and SOAHAC. These endeavours seek to promote knowledge transfer by facilitating the transmission of traditional food and medical practices between Elders and First Nation youth. Cultural preservation, much like the radical changes required in many areas to improve and safeguard Indigenous health, will not necessarily occur in the short-term; however, with the help of experienced researchers and dedicated professionals, it will at least be possible to begin tackling this issue in a culturally informed way.

SOUTHWEST ONTARIO ABORIGINAL HEALTH ACCESS CENTRE

• The Southwest Ontario Aboriginal Health Access Centre (SOAHAC) is one of 10 Aboriginal, community-led primary healthcare organisations distributed across Ontario designed to support First Nation, Métis and Inuit communities. Combining a deep understanding of cultural and traditional practices with health and community development endeavours, SOAHAC provides improved access to specialised and total health services to Indigenous Canadian citizens with the support of Ontario’s local government.

• Aboriginal health access centres were developed in Ontario in the early 1990s, with implementation announced around 1995. Since 2000, the 10 facilities have been responsible for bringing tens of thousands of Aboriginal citizens into the healthcare system.