

Naturopathic Medicine for Improved Health Care within Canadian Aboriginal Communities

Conducted by the Department of Research &
Clinical Epidemiology at the Canadian College
of Naturopathic Medicine



ccnm

CANADIAN COLLEGE OF
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Branch of Health Canada

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- Kanonkwa/tesheio: Social
- N'Mninowyyaa: Community Health Access
- Gizhewaadiziwin Access Centre
- De dwa da dehs nyes Aboriginal Health Access Centre
- Wassay-Gezhig Na-Hahn-Dah-We-Igamig
- Anishnawbe-Mushkiki
- Noojmowin Teg Health Access Centre
- Ganaan De We O Dis Yethi Yenahwahse - SOAHAC
- Wabano Centre for Aboriginal Health
- Shkagamik-Kwe Health Centre
- Misiway Eniniwuk Health Centre

Abstract

Aboriginal communities in Canada are plagued by chronic illness despite significant financial investment to increase access to primary health care facilities. The government has recognized that a new Aboriginal-driven health care approach must be developed and must respect traditional Aboriginal medicine. This can be a difficult challenge due to significant philosophical differences between the Western medical model and Aboriginal medicine, as well as logistical barriers. Naturopathic medicine has the tools to bridge the gap between traditional and modern medicine and supports a holistic view of health that is more closely aligned with the Aboriginal view of health. Through partnerships with Aboriginal people and health care practitioners, the direct involvement of naturopathic doctors in Aboriginal health care delivery would serve a key role in the achieving improved health of Aboriginal people across Canada.

Addressing the health care needs of Canada's Aboriginal people and uncovering ways to close the disparity gap between Aboriginal and non-Aboriginal people's health lie at the heart of this report. In looking at this issue, four investigations were completed: 1) a systematic review of the literature to explore the use of naturopathic or other types of complementary medicine used within the Aboriginal context; 2) a qualitative study on the impact and conduct of naturopathic medicine at a community clinic dedicated to serving Aboriginal people; 3) a telephone survey of Aboriginal Health Centres across Ontario; and 4) a comparison of the similarities and differences of the philosophical approaches within naturopathic and traditional Aboriginal medicine.

The systematic review did not yield any reports related to the implementation of naturopathic medicine nor any form of complementary medicine within Aboriginal communities. Findings from the qualitative research study indicate that the naturopathic clinic at Anishnawbe Health Toronto (AHT) is achieving positive patient outcomes and addressing the specific health needs of this population in a way that is not met by other traditional or conventional health care providers. Upon evaluation and analysis of common themes at Aboriginal Health Access Centres and after comparison with actual delivery of care, a clear imbalance between the desire for and accessibility to health promotion and prevention programs and the provision of holistic care was revealed. This imbalance could be corrected through the implementation of naturopathic medicine.

From a philosophical and practical viewpoint, there is a clear alignment between the Aboriginal view of health and the approach used by naturopathic medicine as both perspectives believe a holistic view of health is fundamental to care. The importance of treatments that address not only the physical, but also the mental, emotional and spiritual aspects of health are stressed within both traditional Aboriginal and naturopathic approaches to health and wellness.

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1. Introduction

Addressing the health care needs of Canada's Aboriginal people and uncovering ways to close the disparity gap between Aboriginal and non-Aboriginal people's health lie at the heart of this report. The four principal goals of this project were to:

1. Establish a base of evidence on how naturopathic medicine or any other type of holistic and complementary medicine has been used to improve health within Aboriginal communities and clinics.
2. Assess the needs of Aboriginals to improve health care and explore how naturopathic medicine addresses or could address these needs.
3. Explore and document the commonalities and differences that exist between naturopathic medicine and Aboriginal people's perspectives with respect to health.
4. Determine the mechanisms and opportunities available to facilitate the application of naturopathic medicine within Aboriginal communities.

The report is divided into eight sections:

~ Section One provides an introduction to the report by laying out the broad goals, structural layout of the report and important background information for the reader.

~ Section Two describes the process and results of a systematic review to identify how naturopathic medicine and other types of holistic and complementary medicine are used within Aboriginal communities to improve health. In addition to identifying how naturopathic medicine is used in other communities, the systematic review addressed a second objective, that of highlighting critical components that must be in place to ensure successful implementation of naturopathic medicine within Aboriginal communities.

~ Section Three describes the use of and experience with naturopathic medicine at the Anishnawbe Health Toronto (AHT) clinic. This work was done using a formal qualitative research study design that employed semi-structured interviews to document the experiences of patients and naturopathic interns at AHT.

~ Section Four provides the results of a telephone survey to better understand the current context of twelve Aboriginal Health Access Centers with respect to their mission, values and goals. Results of the survey emphasize the community's desire for the incorporation of a holistic health approach and provides information on the health care practitioners available within each centre.

~ Section Five reports on various government and Aboriginal health resources available and identifies essential elements that must be in place to support improvements in Aboriginal health.

~ Section Six discusses how the principles of naturopathic medicine and the view of health from an Aboriginal perspective are aligned.

~ Section Seven provides a discussion of what future directions may be necessary to take the findings of this report and convert them to further action.

~ Section Eight provides a conclusion to the report with an emphasis on the strengths naturopathic medicine has to offer in the context of improving Aboriginal health.

Clarifying terms used in this document

The terms “Native” and “Aboriginal” are used to refer to people whose ancestors are indigenous to North America. These terms encompass a large variety of different Aboriginal nations and populations, each with their own unique language, culture, and traditions.¹ Within Canada, the term Aboriginal is generally used to refer to people whose ancestors are indigenous to North America and refers to First Nations, Inuit, and Métis collectively. There are different government recognized categories of these Aboriginal populations which include: Status or registered Indians (According to the Indian Act), Non-Status Indians, Métis people, and Inuit people. Beyond these categories, Aboriginal people self-identify based on their own criteria of heritage and the many Nations and sub-cultural categories within each of these designations.

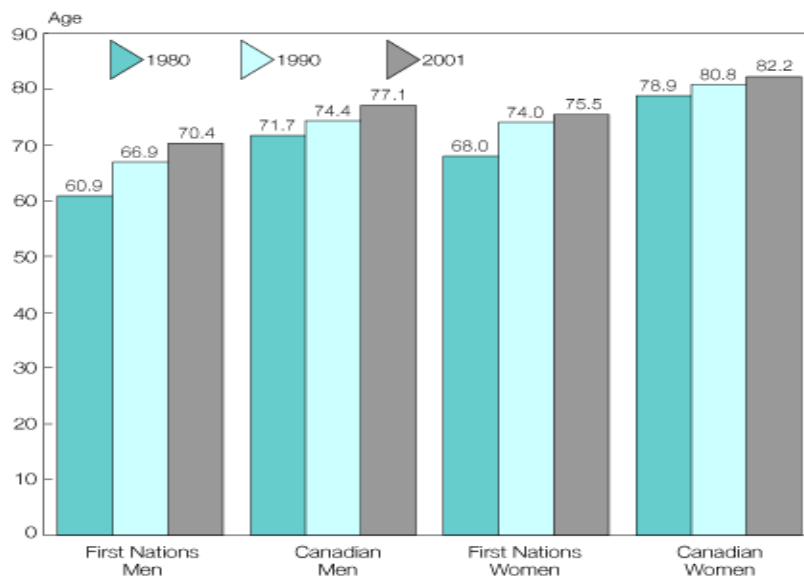
The term First Nations refers to status and non-status people of First Nations ancestry as set out in the rules of the Indian Act.¹ The Métis are of mixed First Nations and European lineage with their own distinct language and culture. The Inuit are Aboriginal people from or with ancestry from Arctic Canada who traditionally share a common language and live in 53 communities located in one of Nunavut, Inuvialuit (Western Arctic), Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). Responsibility for the provision of health care to First Nations and Inuit people is not well defined with direct and indirect involvement coming from federal, provincial and/or territorial levels of governments. There is a clear understanding amongst First Nations and Inuit people that health care is to be provided by the federal government rather than provincial or territorial governments as a treaty right as reimbursement for the use of land and resources.¹ Métis obtain health care services from provincial or territorial sources.¹

Health Status of Aboriginal People in Canada

The high rates of health problems experienced by Aboriginal people in Canada have been documented extensively over the last decades. Aboriginal people consistently score lower on virtually every measure of health and well-being compared to non-Aboriginals. “In the early 1900’s the health and social conditions of Aboriginal people was so appalling that the federal government appointed a physician to help improve the health status of the First Nations, Métis and Inuit people.”¹ Since that time, various agencies and organizations have been involved in improving the health of, and health care delivery to Aboriginal people. These issues are shared by many populations worldwide, particularly those who have been victims of colonization and the systematic suppression of their traditional lifestyles. Canada stands out in the sense that it provides relatively advanced primary healthcare services and financial support to Aboriginal communities. For example, in 1992, the per capita ratio of total expenditures for Aboriginals in comparison to non-natives was 1.6 for healthcare alone. Nevertheless, the rates of social dysfunction and ill health in Aboriginal communities have remained exceedingly high despite these financial investments.² The following information on life expectancy and Infant mortality rate was published in 2005 by the Treasury Board of Canada. Data indicates that discrepancies continue to exist between First Nations People and non-native Canadians on important measures of population health despite a positive trend over the last 25 years.

Figure 1: Life expectancy, 1980 through 2001³

Life Expectancy for First Nations People and Canadians, by Gender, Canada, 1980, 1990, and 2001



Source: Health Canada, 2004, and Indian and Northern Affairs Canada, 2004

Table 1: Difference in Life Expectancy by Year and Gender

Year	Aboriginal Men vs Canadian Men	Aboriginal Women vs Canadian Women
1980	10.2	10.9
1990	7.5	6.8
2001	6.7	6.7

Life expectancy

Life expectancy is a broad measure of overall health and is affected by a multitude of measures including: genetics, obesity, access to health care, diet, tobacco smoking, mental health, socioeconomic status, rates of HIV infection, education, cardiovascular disease, and drug and alcohol use.⁴

Infant mortality

Infant mortality within First Nations communities has been declining steadily. The rate of deaths per 1,000 births dropped from 23.7 in 1980, to 12.3 in 1991, to 6.4 in 2000. Although declining, the infant mortality rate for First Nations communities continues to be higher than the rate amongst non-native Canadians, which currently stands at 5.2 deaths per 1,000 live births.⁵

Progress is being made to close the gap between the health of First Nation and non-Aboriginal Canadians as evidenced by the trends shown in the tables above, however; there is still a considerable way to go to achieve parity. In addition, the prevalence of both lifestyle-related illness and mental conditions such as diabetes, major depressive episodes, obesity, and alcoholism is 2-3 times that of non-Aboriginal Canadians.⁶ Family violence, addictions, suicide, and fetal alcohol syndrome have also emerged as prominent health concerns in Aboriginal communities. Overall, Aboriginal people are experiencing a disproportionate measure of illness, mental and psychological ill health and both physical and sexual violence.

2. Systematic Review

A systematic review exploring the use of naturopathic medicine in any and all Aboriginal communities was conducted to better understand the role that naturopathic medicine plays in the health of Aboriginal Canadians. The primary objective of this systematic review was to complete a comprehensive literature search for any previous work done by naturopathic doctors or any other practitioners of complementary medicine within Aboriginal communities. The secondary objective was to synthesize and summarize the findings with respect to the components that must be in place to achieve successful implementation of these kinds of non conventional care in Aboriginal communities. In addition to a concise picture of previously published work, a goal of the synthesis research was to provide a framework and direction for future work in this area.

Methodology

The following medical databases were searched independently by DK and SG: Alt HealthWatch, AMED, Biomedical Reference Collection (Basic), Psychology and Behavior Sciences Collection, CINAHL, MEDLINE, and the Cochrane Library. The search strategy was refined by testing several search terms and incorporating new terms as relevant citations were identified (see Table 2 for a list of search terms used). The “related articles” feature of PubMed was also used to broaden our search as well as checking reference lists within relevant publications to capture any other resources not revealed by our initial searches.

In order to capture therapeutic approaches that are used by naturopathic doctors, search strings with content overlap to “naturopathic medicine” were used. Terminology used during the database searches is summarized in Table 2. Without a significant yield of pertinent results, we expanded our search to other terms relevant to naturopathic modalities such as “acupuncture” and “nutrition”. All searches were completed by February 10th 2008.

Table 2: Search terms and number of citations returned for each search

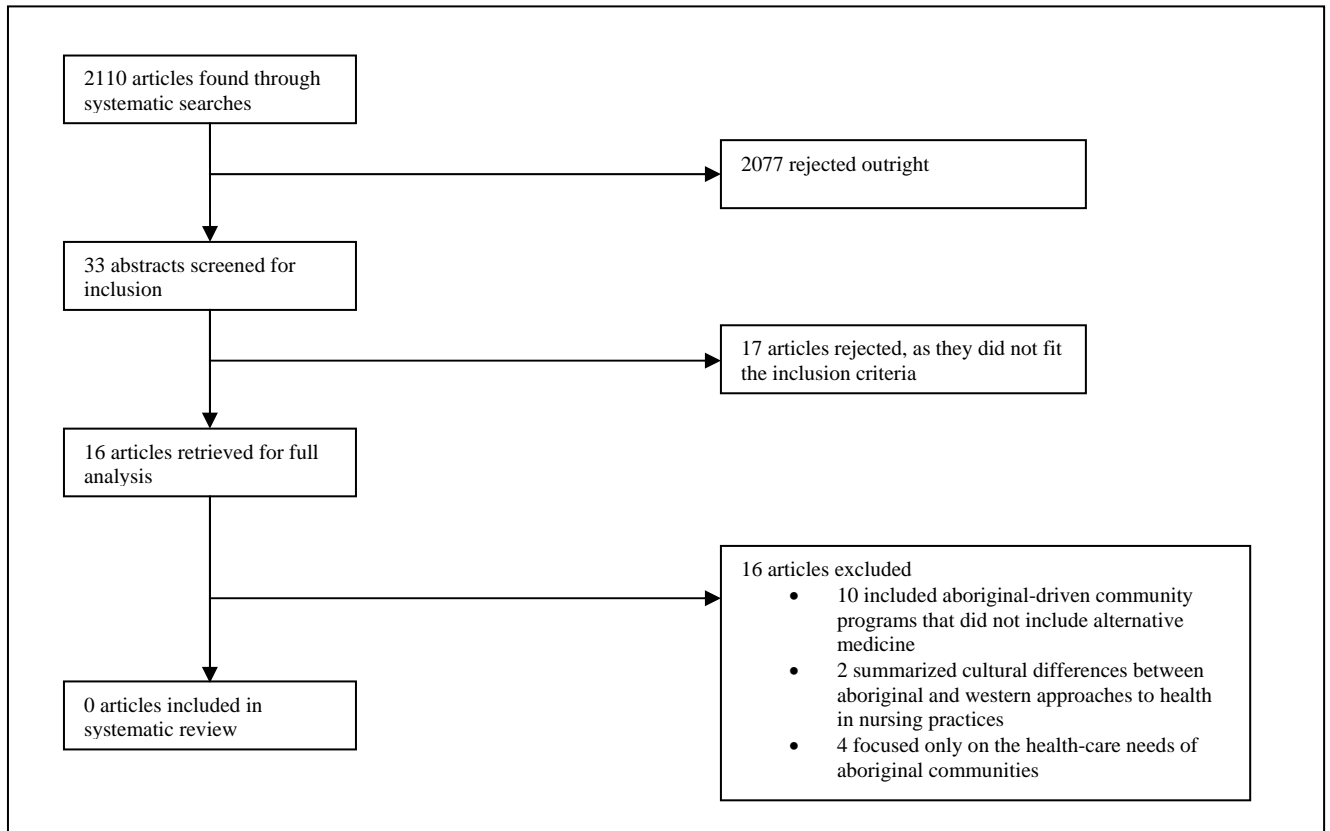
Search terms	Number of Citations Returned	Search Terms	Number of Citations Returned
Aboriginal + holistic	38	Holistic healthcare Native American	19
Aboriginal + integrated	48	Holistic approach Native American	17
Aboriginal + multi- disciplinary	2	Native integrated health services	31
Native + multi-	6	CAM integrated health	2

Search terms	Number of Citations Returned	Search Terms	Number of Citations Returned
disciplinary		services policy development	
First Nations + multi-disciplinary	2	Integrated health services policy development	99
First Nations + holistic	12	First Nations integrated health services policy	7
Aboriginal + acupuncture	2	First Nations integrated health services	26
Aboriginal + nutrition	232	Indigenous integrated holistic health services	2
Native American + holistic	66	Aboriginal integrated health services	36
First Nations + acupuncture	0	Traditional healing delivery of healthcare	366

Articles were included in our review if they reported initiatives in which any form of alternative, complementary, or naturopathic medicine was implemented in Aboriginal communities. There were no limitations imposed based on language nor geographic region allowing access to reports from anywhere in the world. The initial search yielded 2110 unique citations. Of those, 2077 were rejected as they did not fit our search criteria and 16 articles were selected for full analysis. After careful review, all 16 of these articles were also rejected. Of these final ones rejected; ten reported on Aboriginal-driven community programs; two summarized cultural differences between Aboriginal and Western approaches to health in nursing practices; and four only outlined the healthcare needs of Aboriginal communities. Figure 1 provides a summary flow schematic of the articles found, reviewed, and rejected during the systematic searches performed.

To augment the formal medical literature database search, we broadened our scope to include Canadian Aboriginal websites such as NAHO (National Aboriginal Health Organization), AHWS (Aboriginal Health and Wellness Strategy) Ontario, and Government of Canada websites related to Aboriginal Health or Health in general (Health Canada, Indian and Northern affairs).

Figure 2: Flow chart of studies excluded and selected for final review



Results

Our search yielded no articles reporting on the implementation or assessment of holistic models of care including alternative, complementary, or naturopathic medicine in Aboriginal communities. As no relevant journal articles could be identified, it was impossible to collate successful components for the integration of naturopathic medicine within both traditional healing practices and western/ biomedical models of healing.

Discussion

Prior to commencing with the systematic review our assumption was that we would find at least a handful of manuscripts to analyze. It was a surprise to all involved that consistent and broad based searches did not uncover anything that directly fit our inclusion criteria. The systematic review did however provide an abundance of material that spoke to the need for research in exactly the area we were considering and provided rich content to fulfill the other goals of the project.

What was found from the literature review included a wealth of articles addressing the needs of Aboriginal people with respect to health care and the delivery of health care in general. An important theme that arose from a review of this literature was the urgent need for change in *the way* medicine is delivered within Aboriginal communities.^{6,7} A message that consistently appeared was the need for a new way of supporting health for Aboriginal people.

Characteristics of this 'new way' included a desire for a whole system of care that includes the community, the environment, and the spirit as well as the need to correct overt pathology in the diseased state. Issues regarding the latter were well addressed via conventional western medicine, however, the former issues, those outside the normal physiological understanding of disease, were too often ignored. This is no surprise given that the framework for Aboriginal health care delivery resides within the context of another culture's authority.

In conducting the systematic review it was also valuable to realize the paucity of any attempt to implement, research, and/or report on the use of naturopathic or other holistic and complementary systems of health within Aboriginal communities. This lack of evidence provided the impetus for our working group to explore and document work being done in the community by naturopathic doctors. Specifically, two areas of inquiry were followed. In the first, a qualitative research study was conducted on the application and impact of naturopathic interns working at a clinic for Aboriginal people, and in the second a telephone survey was used to explore and document the use of naturopathic medicine at Aboriginal health care clinics.

3. Qualitative Research Study at the Anishnawbe Health Clinic

Project Description and Background

The purpose of this study was to explore the role of naturopathic medicine in health and healing in Aboriginal communities, by focusing on the various ‘user’ experiences with naturopathic care at Anishnawbe Health Toronto (AHT). This exploratory study used data from semi-structured interviews with seven interns, three supervisors, and seven patients at the Anishnawbe Health Toronto (AHT) Naturopathic Clinic. The interns and supervisors were either currently placed at AHT or had been placed there within the past five years. All patients were current patients of AHT when the interviews were conducted. We achieved a maximum variation sample that included participants from a range of backgrounds, varied experience with AHT and both male and female participants. This section outlines the strengths and weaknesses of naturopathic medicine in Aboriginal communities and the provision of naturopathic care at the AHT specifically. Based on the results, recommendations are provided regarding implementing naturopathic initiatives in other First Nations communities or clinics.

Methodology

The design for this study is an applied ethnography, which is a qualitative research approach that seeks to determine the meanings of beliefs and behaviors in the context of an individual’s culture.⁸

The methods for this study included semi-structured interviews, which were conducted with naturopathic interns, naturopathic supervisors and patients in order to gain an appreciation of their understandings of naturopathic medicine and Aboriginal health.⁹ As a second form of data collection, participant observation was also used for this study.¹⁰ Such observation enables insight into the social context of the participants at AHT, presenting a fuller overall picture and context for the data.

Participants

A total of 17 interviews were conducted, 7 with interns, 7 with patients, and 3 with supervisors. This number was enough to reach theoretical saturation of key emergent themes.⁹

Inclusion criteria were as follows:

- Adequate exposure to AHT

- patients – at least 3 patient visits to AHT with a naturopathic doctor (ND) within the last 3 years (all but one had over 3 months of patient experience with NDs at AHT)
- interns – at least 3 full days of experience interning at AHT within the last 3 years (all interviewed had over 2 months of experience, 1 visit per week)
- supervisors – at least 1 month of supervisory experience at AHT within the last 3 years (all had over 4 months of experience working at AHT specifically);
- Ability to participate in an interview conducted in English (or willing to participate if a Native speaking translator is present, although a translator was not needed)

All supervisors and interns that were approached were willing and able to participate, five patients did not participate due to time constraints or other coinciding surveys at AHT (see Appendix C for participant characteristics).

Informed consent was received in writing by all participants. Interviews lasted between 20 minutes and one hour and were recorded following consent. The interviews were semi-structured, meaning that topics not on the list of questions were explored if they were deemed relevant to the interviewee (see Appendix A for a list of interview questions). Data collected from the interviews were transcribed verbatim and coded by at least two researchers (RW and KC). Meetings were held regularly to discuss coding, emerging issues from the data, and key themes (RW, KC, LW).¹¹ After coding meetings, data was entered in the qualitative software program, NVivo, in order to organize the data (see Appendix B for coding themes).¹² One non-ND, non-CCNM affiliate, also reviewed the data to ensure quality of the analysis (LW).^{10,13,14}

Results

Strengths of Naturopathic Medicine in Aboriginal Communities

Analysis of the interviews provided clear evidence that naturopathic medicine fits well with native perspectives, traditions, and beliefs regarding the nature of health and healing. Many patients stressed the similarities between naturopathic philosophy and their personal need for health care that emphasized not only the physical but also the spiritual, mental, and emotional aspects of health. Further, the importance of individualized care offered by naturopathic doctors resonated with the needs of the patients at AHT. Patients were very pleased to have a practitioner who took the time to listen to their health concerns and respect their cultural traditions. The care received by NDs at the clinic helped build a level of rapport and trust necessary for

healing and ultimately helped their treatment success. In the words of one native patient:

It all goes back to the very word itself, respect, they are willing to listen without intervening without contradicting you and contradictions in that respect would be disrespectful and degrading, pushing down its like saying we do not really know what you are talking about, which would make you very angry which has made me angry very much. I deal with a lot of discrimination, I deal with a lot of inaccessibility, I deal with a lot of lying and tossing of the buck and it does not happen here. That's gold, but not my gold, but its gold you can't cash it in but hopefully I will and I got good advice with regards to a conscious diet and natural supplements... They want to teach you they do not make you feel stupid. (Patient #3)

They didn't try and patch things up. They got to the core issue of stuff. They helped me look at my emotional and psychological issues as well as my physical issues. And they didn't just treat it they went in there and looked at where it came from and how to address it and to view it from a more holistic approach. (Patient #6)

[Naturopathic philosophy is] totally in-line with my own. Ya totally. It's the connectivity. The reliance of all parts, all the parts are used to make the whole but the whole is reliant on every single part. So it's all of the parts: your emotional, your spiritual, your intellectual. If any part is ill then you need to recover that part so it can be of any use to yourself or your family or you can pass the healing on but you have to heal yourself. (Patient #4)

In general patients were very happy with the care they were receiving from the naturopathic clinic at AHT. Not only were they positive about the opportunity to access naturopathic care, perceiving it to be more in-line with their personal philosophies of health and healing than conventional approaches, but they reported many positive outcomes. Further, they stressed the benefits of the open attitude of the interns and the ability to easily communicate not only about physical aspects of health, but also the emotional layer of their health care needs.

I think [naturopathic medicine has] been a huge part. I've been working very, very vigilant(ly) for the last nine years through chiropractic, through naturopathic, through psychiatry, through the different things that are available here at the centre. And they've all played a huge part

in my healing. The naturopaths are the only medical doctors I have. They've helped heal me. (Patient #2)

I'm thrilled [about the ND services]. I'm thrilled that we have these services available to myself and all Aboriginals as well. I don't think that many of us would have access because of financial constraints I don't think we would have access to the quality of care. Definitely physical improvement ... And the other one is emotional. I... my practitioner and myself as a team, tapped into some really huge emotional issues. (Patient #4)

Supervisors and interns echoed the strong philosophical fit between naturopathic medicine and Aboriginal health perspectives. For example one intern stated:

I think naturopathic medicine is very suited for First Nations because of their connection to the earth and really looking, I think that they look at chief concerns from a root cause point of view as well. They just put a different spin on it than us. They have a great respect for their bodies, as our culture does a great respect for the earth. They want to use things that are sustainable. I think naturopathic medicine can address that philosophy. (Intern #4)

Supervisors and interns also expressed that working at AHT was a rewarding experience, in terms of education and also personal development. They welcomed the opportunity to have a positive impact on a unique population with strong cultural beliefs and values and felt that they learned as much from their patients as their patients did from them. AHT was described as a unique and dynamic health care centre that provides naturopathic care within an integrative health care model. They were enthusiastic about the exposure to a variety of clinical needs and the opportunity to develop a good rapport with their patients. Further, they felt they were having a positive impact on their patients and that their patients seemed to enjoy and appreciate the care that they were receiving.

Very (x3) rewarding at (Anish). I find that when I go home, I am struck by the experience. I see so much in practice, and I heard a lot from the beginning about getting those results. And you are going to have results. This experience is invaluable, even four months is all I need and it's going to stick with me for a long time. (Intern #3)

I like the sensation after leaving, once I calm myself down after whatever intensity of the day. I do feel invaluable, like there is that real

sense of appreciation and some the gratitude there, which you don't always get everywhere. (Intern #6)

Challenges and Limitations Identified

Although there is a clear compatibility between naturopathic medicine and aboriginal beliefs, challenges and limitations were identified to the way in which naturopathic medicine is provided to Aboriginal patients at AHT. For instance, the physical infrastructure of the naturopathic clinic at AHT posed some barriers to care in the practice of naturopathic medicine. A primary concern that arose was the lack of privacy afforded to patients during their consultations, as the four consultation rooms are divided by curtains only. Patients, supervisors and interns all stressed that this was an obstacle to care in that patients were inhibited from sharing the personal information necessary to develop suitable treatment plans in a confidential manner. This problem is compounded by the fact that the Aboriginal community is small and intimately connected. There is a strong likelihood that one patient will know another in the next 'room' thus further compromising patient's confidence in the confidentiality of the visit.

I think that they need more privacy. When I'm trying to talk to them about my problem everyone else can hear what I'm saying or everybody has these things going on in their lives that are kind of personal I don't really like to hear that when I come. When I'm going through my feelings I really don't want anybody knowing. Even though I may not know who they might be, there might come a time when I might know somebody that comes in here. And I don't want them to know that part of me because that's my healing. (Patient #5)

Although there is a sense that the clinic itself both represents and provides a means for the community as a whole to move towards health and healing from a holistic or social perspective, healing at an individual level requires a space where confidentiality and privacy are assured.

Other aspects of the organizational and physical structure of the clinic were mentioned by all participants. For example, patients, interns and supervisors alike were concerned with the lack of continuous access to supplements prescribed to patients. Supplements are donated to the clinic and made available at no cost to patients, which is a huge benefit for patient care; however, the lack of a continuous supply hampers the ability to develop appropriate treatment plans. Many interns however viewed this as a surmountable challenge that forced them to be creative in the provision of care.

I...feel like it's teaching me how to work within stricter limits, with less resources and with people who have more severe issues. (Intern #4)

Working conditions are below reasonable standards with a lack of air circulation and windows in the basement. Interns frequently take breaks outside (regardless of the weather) to get some fresh air during the day. The air quality was also mentioned as being an obstacle to ideal care, as with naturopathic medicine the healing environment is an integral part of care. Further, the office space is cramped and unable to well accommodate all interns, supervisors, and student observers at the same time. Another issue that arose is the fact that there are limited reference resources (i.e. books and computerized databases) available to assist with the development of treatment plans. The interns felt these limitations restricted but did not compromise the care they were able to provide, recognizing these as areas for improvement to allow the provision of optimal care.

One theme that arose during analysis is that limited access to naturopathic care in this community is a real obstacle to achieving good community care. Supervisors mentioned difficulties in meeting the demand for care and a lack of time for accepting new patients. The inability to provide levels of accessible care in accordance with demand resulted in the implementation of policies to limit access to a certain number of days per month. As a result of these issues, it is evident that not all those who wish to make use of the naturopathic care services provided at AHT may effectively do so.

Some interns mentioned difficulties building rapport due to racial differences that resulted in hostility from some patients. It was understood that this was not a personal problem but rather a historical one. Several interns indicated that it would have been helpful to receive additional training regarding culturally specific issues before working at AHT. They often felt seriously challenged by, and sometimes unprepared for, the mental health cases that they saw. The seemingly short four-month term internship at AHT was also frequently mentioned as an obstacle to developing adequate rapport and trust with patients.

So that is where the learning curve is more also on an energetic front because you are dealing with a totally different type of community, you are dealing with homelessness. I really felt that I wasn't that prepared for it, it was just something that was mentioned. Now that I have gone through a lot of that I know how to handle myself in a situation. It can be really overwhelming to hear really sad stories. To have patients come through that have bugs crawling off them, to have patients who don't eat, how do you do naturopathic medicine in a population that doesn't have money, that doesn't have access to a lot of the basic

things that that a person with a nine to five job would have. So it's really a different practice of medicine. (Intern #6)

All practitioners at the AHT, which includes medical doctors, physiotherapists, psychiatrists, naturopathic interns, social workers, traditional healers, and elders work in a 'circle of care' meaning all practitioners have mutual access to all patient records, electronically. The circle of care promotes continuity of care and facilitates referral to various practitioners as needed. Although recognized as a potential strength of the clinic, the interns felt they had very little communication with other practitioners due to a lack of time, effort, and an effective venue for communication. Some interns mentioned that their efforts to connect with others at AHT with a respectful and open-mind proved to be useful in developing relationships. However, as the naturopathic clinic is physically separate from the rest of AHT, coupled with a frequent rotation of new interns, it was often seen to be difficult to maintain the open communication within the circle of care that would have been ideal.

The naturopaths were pretty much separate from the medical doctors. There was generally no area or venue for that open discourse between the naturopath and the physician and the nurse practitioner. The recommendations that are being made by the people are never taken to heart. (Intern #1)

In addition, there is a sharp learning curve associated with the shared computer system, resulting in more time taken than necessary filling out what the interns perceived as cumbersome computer forms. Furthermore, there were practical limitations due to a limited number of computers and frequent malfunctioning of software, all of which were mentioned by several participants.

There are no windows in the basement... the facility itself doesn't allow for privacy, you can hear what's going on in the other room... the one little office is extremely small [for all of us] ... we don't have any linens. There are no sheets, no gowns, no towels... They require that we do the notes on the computer, but often the laptop computers are missing um the powerbars, or they don't have the mouse that goes with the computer, or when we go on to the network it disconnects us... I feel that it has to do with the facility... there is a lack of supplements... (Intern #3)

Recommendations

Despite the physical limitations outlined above, the naturopathic clinic at AHT can boast numerous positive patient outcomes. Each patient participant mentioned their

health had improved specifically as a result of the naturopathic care they received. They were very positive about their experiences, although they were concerned about the manner in which care was provided, especially with regards to the lack of privacy. The positive outcomes observed in the face of the physical limitations strongly suggest that the provision of naturopathic care at AHT is well worth it and would serve a real benefit in other Aboriginal communities. In order to provide viable and high quality health care, however, changes at AHT are required with respect to how naturopathic services are delivered. Access to care, availability of resources, continuity of care, delivery of culturally appropriate care and space/privacy issues are key elements to address.

An important aspect to effective integration of naturopathic care at AHT is the relationship between the naturopathic practitioners and other health care practitioners including the willingness to communicate and respect cultural differences. Further, there needs to be a common understanding of the current and historical difficulties that Aboriginal people have faced and the resultant reluctance to accept and trust health care providers. Patients, interns, and supervisors all agreed that the similar healing philosophies and practices between naturopathic medicine and traditional Aboriginal healers helped facilitate trust, openness, and effective healing relationships; however, additional cultural education would be beneficial.

In order to develop rapport and build trust within a circle of care, it is necessary for interns and supervisors to participate in and fully understand traditional healing practices. Without this interaction, it may be difficult to gain complete trust, insight, and respect from the Aboriginal community. Further, continuity of care between different health care practitioners, as well as within the naturopathic clinic should be reinforced in the delivery of care.

Conclusions

Our preliminary analysis indicates that the naturopathic clinic at AHT is achieving positive patient outcomes and is addressing the specific health needs of this population; needs that are not apparently being met by other traditional or conventional health care providers. Naturopathic care is highly regarded by patients. However, physical limitations exist that interfere with the quality and effectiveness of care. Practical solutions to space and resource issues should be respected and changes implemented in order to improve the care that these patients receive. The clinical environment could be improved for the interns and supervisors who work there so that they can provide optimal care to their patients, as opposed to being distracted by organizational and space concerns.

Naturopathic interns and supervisors need to make a concerted effort to understand the needs, culture and practices of the community as a whole and not just their

patients. The degree of integration between health care practitioners is less than ideal, with communication being the greatest barrier to full integration. While it is a great learning opportunity for the interns at AHT, there must be a greater focus on how patients can benefit from the experience. Although many of the issues reported here are specific to the AHT, the experience and recommendations are applicable to many models of health care delivery for Aboriginal health and provide guidelines for future involvement of naturopathic medicine in Aboriginal communities.

4. Telephone Survey of Aboriginal Health Access Centres

Introduction

A review of the 12 Aboriginal Health Access Centres in Ontario was undertaken to provide more information about Integrative health in an Aboriginal setting. The Aboriginal Health Access Centres were chosen for review because these centres claim to foster participative health care of the communities within which they are located. The organization of these centres has been “guided by a careful analysis of what Aboriginal people said to them (government partners) in a province wide consultation about their health and well-being”.¹⁵ Over 7,000 aboriginal participants communicated the importance of the recognition of their own health program planning structures with a more active role in the directing of regional health services.¹⁶ These health access centres were established with the recognition that specific recommendations for practice guidelines are best determined by Native people themselves.¹⁷ Thus these centres should exemplify a model of health care that more accurately reflects the values and ideals of health care delivery for Aboriginal communities.

Methodology

Data Collection and Assessment

Internet websites for 11 of the 12 Aboriginal Access Centres were used to identify material pertaining to each centre’s mission statement, values, goals and services offered. Each Centre was contacted and asked to forward a copy of their most recent annual report; however, only 4 of the 12 Centres responded by the time of publication. For the Centres that did not have relevant information either published on a website or accessible in their current reports, the Executive Director of each facility was contacted initially by e-mail and then by telephone. In some instances, calls were forwarded to either reception or assistant staff and questions were answered by these individuals.

Information regarding each centre’s mission statement, values, goals and services were collected and categorized into common themes. The services offered, including accessibility to various types of health care professionals and health specific programs offered were also categorized for analysis. Services were roughly classified based mainly on differences in perspective of treatment. Three broad categories were identified for the purposes of analysis: physical therapies; mental/emotional therapies; and holistic therapies. It is important to note that categorization of services was based upon what is known about the various

professions and not based on how any of the individual service providers actually practices.

Results

Evaluation of Aboriginal Health Access Centres Mission/ Values/ Goals

In evaluating and understanding the ideal philosophical perspective pertaining to health care delivery for Aboriginal people, an exploration of the 12 Aboriginal Health Access Centres in Ontario was undertaken.

Commonly recurring themes include:

- a recognition of the importance of culture and context in healing;
- care that is inclusive of all Aboriginal populations;
- holism in health care;
- a community determined health agenda;
- quality care; and
- a recognition of the importance of education and health advocacy.

Table 3: Themes found in each respective Aboriginal Health Access Centre

Common Themes	Aboriginal Health Access Centres											
	1	2	3	4	5	6	7	8	9	10	11	12
Holism	X			X	X			X		X	X	X
Inclusiveness				X				X		X		X
Quality Care	X							X			X	
Community determined agenda	X							X				
Education and Health advocacy				X	X			X	X	X	X	X
Cultural context				X		X		X	X		X	X

Note: Please refer to Appendix D for a cross reference table that identifies the number associated to each Aboriginal Health Access Centre.

Themes Assessed

Holism

The most common theme embraced by the Aboriginal Health Access Centres is the idea of a holistic health care model that offers physical, mental, emotional and spiritual health and wellness (centres: 1,4,5,8,10,11,12). This model is in contrast to the biomedical model of medicine that focuses on a reductionist view of medical problems and treatment that predominantly focuses on physical health and disease pathology. The term holistic stresses the emphasis Aboriginal people place on

maintaining harmony and balance between not only aspects of their own health but between individuals and the environment. The many traditional forms of Aboriginal medicine and healing, all stress this essential concept of balance.

One of the centres acknowledged the importance of a balanced relationship between the health care staff and a “commitment to working as a team at implementing a holistic model of health care” (centre: 5). Other centres recognized the importance of a combination of traditional, and contemporary care and the promotion of an Aboriginal perspective integrated with Western medical technology (centres: 4,5,6,8,10,11). Three centres recognized the importance of including complementary care into this integrative model (centres: 4,10,12). Proposed models of health care delivery demonstrate how Western medicine could be included into a new holistic model of care that would include a balanced level of accessibility to both technological medical advances, and to traditional ways of treatment delivery in general.

Inclusiveness

Value statements of the Aboriginal Health Access Centres commonly express a need for the inclusion of all Aboriginal populations regardless of what system of health care is used (centres: 4,8,10,12). This inclusiveness is linked to an understanding that even though Aboriginal people have a shared historical experience, there is great variability between individual values and beliefs and that these are to be considered in the provision of care. For example: an individual may be categorized as belonging to First Nation’s clan, yet was not raised within that culture and thus is currently in the process of learning their Native culture. In this situation, a range of different therapies to reflect the spectrum of individual beliefs and values may be most appropriate to provide optimal care.

The theme of inclusive health care also implies that health is interpreted from a broader perspective that includes the health of the individual, family, and community rather than merely focusing on health at an individual level (centres: 1,6,8,9,12). This notion flows from the cultural belief that everything is connected. Therefore, in order to improve the health of the individual, it is also essential to address the health of the community.

Quality Care

The goal of the Canadian Health Care system is to provide “the highest standard of health and health care for all patients”.¹⁸ The Aboriginal Health Access Centres strive to provide quality service, and value this as a common theme (centres: 1,8,11).

Quality service means providing culturally appropriate, inclusive, accessible, holistic, preventative care based on an Aboriginal community-determined agenda.

Community determined Agenda

An important component of delivering culturally appropriate, holistic care involves listening to and valuing the Aboriginal community's self-determined needs. A failure of caregivers and provincial policy makers "to understand social and cultural differences leads to dissatisfaction among Aboriginal clients, who then tend not to follow plans for their care and don't do as well as a result".¹⁹ Two centres identified the need for an individual, family and community health agenda with a collaborative approach to planning, service delivery and evaluation of care (centres: 1,8). The dominant biomedical system's reluctance to appreciate that Aboriginal clients make decisions by consensus, involving family and other community members in their care is attributed as a possible source of tension and miscommunication in the delivery of care to Aboriginal populations.¹⁹ Opening the lines of communication and control over the planning of service delivery at a community level is thought to be one solution to the discrepancy in the health of Aboriginal people in Canada.¹⁹ There is evidence however that the positive effects of transferring health service resources to Aboriginal organizations, although effective, are limited if program funding is short-term or inflexible and inconsiderate of the socio-economic or historical conditions that contextualize the health of Aboriginal people.¹⁹

Education and Advocacy

It is recognized that health care delivery is not just about treating sickness, but should also serve to prevent illness and promote health.¹⁹ The lack of a preventative approach to health care was stated as one of the obstacles to primary health care in the 2002 Royal Commission on the Future of Health Care in Canada.²⁰ Ontario's Aboriginal Healing and Wellness Strategy, a major funding provider for 10 of the 12 Aboriginal Health Access Centres in the province of Ontario was designed to make prevention a top priority in the delivery of health care in Aboriginal Communities.¹⁹ This common theme is expressed in the mission and values statements of almost every Aboriginal Health Access Centre surveyed (centres: 4,5,8,9,10,11,12). Education focuses on shifting the belief that health is a responsibility of the service providers to encouraging an increased level of personal responsibility for health, thereby changing dependency attitudes and empowering individuals to make healthy lifestyle choices (centres: 9,10,11,12).

Health promotion and education do not merely entail educating the client or the community for whom the Aboriginal Health Access Centres service, but also serves to enhance patient advocacy and the education of non-Aboriginal care providers.

Ultimately this should be reflected in health care policies and future plans so that high quality and relevant care can be delivered effectively (centres: 1,8).

Culture/Context

Access to culturally appropriate health care is enormously important to Aboriginal communities (centres: 4,6,8,9,11,12). In order to understand what is meant by 'culturally appropriate care' we must first understand the notion of culture. The basic definition of a culture "encompasses the beliefs and behaviors that are learned and shared by members of a group".²¹ A culture is considered a minority if it contrasts with the white, European culture which is the "largest and most powerful subgroup of the Canadian population".²² The majority culture is distinct in the amount of economic and political power it holds and therefore the policies that are institutionalized generally reflect the majority culture's system of values and beliefs. In contrast, a minority culture's beliefs and less powerful social position are reflected in the problems of the division of mutually satisfactory health care.

Values are considered as concepts and ideals that are held as integral components within a culture. A person's system of values and beliefs are passed down from generation to generation and reflect, and are modified by our unique historical context. Different cultures promote different values and have different shared histories. A desire to return to Traditional Aboriginal Medicine and ideals is another common theme expressed in the mission statements of the various health centres (centres: 1,8,10,12). A number of Aboriginal Health Access Centres acknowledge the need to respect Aboriginal people as individuals with clear values and beliefs and who hold a distinct cultural identity (centres: 4,11,12). Another issue identified in the survey was an acknowledgement of current discrepancies in the health and well-being of Aboriginal populations such that there was no adherence to a health determinants model but rather to a biomedical model of health (centres: 5,8).

Analysis of Services Provided

Information about the services offered by each of the 12 Aboriginal Health Access Centres was accessed by their websites, e-mail, or through personal conversation with the Executive Director of each facility or his/her referred staff. Out of the 12 Centres, two centres were not included in this analysis due to a lack of specific information on the types and numbers of health professionals working at their facility. For the purposes of analysis, service providers' were categorized based on the basis of practice their specific title advocates. For example, Traditional Healers, Traditional Coordinators, and Naturopathic Doctors were categorized to offer services based on a holistic basis of treatment (see Table 4: Accessibility to Health Care Professionals). General Practitioners, Nurse Practitioners, Registered Nurses, Chiropractors,

Dieticians, Occupational Therapists, Physical Therapists, and Clinic Aids were all categorized as providing a more physical treatment perspective. The mental/emotional perspective of treatment included the services provided by Psychologists, Psychiatrists, Social Workers, and Mental Health Coordinators and/or Workers.

A fourth and unique category separated the services provided by either Health Promotions Coordinators or Health Promotions Workers responsible for running condition specific health promotions programs. Prevention programs offered ranged from facility to facility with more common ones including: the Fetal Alcohol Spectrum Disorder Program, Child Nutrition Program, Asthma Programs, Diabetes Prevention Programs, and various Natural Health Workshops.

Categorization based on the various treatment perspectives of each profession is a limiting factor in this analysis as it does not acknowledge how each individual program is run nor does it acknowledge the perspective of practice of the individual service provider.

Discussion

Based on the results of the broad based field survey conducted as summarized in Table 4, it is evident that the majority of Aboriginal Health Access Centres provide services geared towards improving the physical health of their patients served. Rather than the subtler mental/emotional and other holistic treatment approaches, these centres focus primarily on treating pathologies according to a biomedical perspective consistent with the dominant culture of health care delivery. All of the Centres have services provided by General Practitioners with only one Centre without access to a Nurse practitioner. There are much fewer of the providers that practice based on a mental/emotional perspective and only three of the ten centres have even one service provider with a predominantly mental/emotional scope of practice (centres: 2,8,11).

Table 4: Accessibility to Health Care Professionals at the Aboriginal Health Access Centres

**Accessibility to Health Care Professionals:
A Comparison of the 12 Ontario Aboriginal Health Access Centres**

ABORIGINAL HEALTH ACCESS CENTRE	TREATMENT PERSPECTIVE																
	PHYSICAL THERAPIES								CONDITION SPECIFIC PROGRAMS BASED ON FUNDING		MENTAL/ EMOTIONAL THERAPIES				WHOLISTIC THERAPIES		
	General Practitioner	Nurse Practitioner	Registered Nurse	Chiropractic Doctor	Dietician	Registered Massage Therapist	Occupational Therapist	Physical Therapist	Clinic Aid	Health Promotions Coordinator (runs FASD; Child Nutrition Programs)	Health Promotions Worker (runs Asthma Program; Prevention of diabetes; Natural health workshops)	Psychologist	Psychiatrist	Social Worker	Mental Health Coordinator or Worker	Naturopathic Doctor	Traditional Coordinator (TC) or Traditional Elder (TE)
1. Kanonkwa'tesheio:io Social	information unavailable																
2. N'Mninoeyaa: Community Health Access	3 p/t	6			2		1	1									
3. Gizhewaadiziwin Access Centre	2 p/t	2			1					1	1				2		1 TC
4. De dwa da dehs nye>s Aboriginal Health Access Centre	2	3								2	2			1	1	1 p/t	1 TC; 1 TE
5. Wassay-Gezhig Na-Nahn-Dah-We-Igamig	2 p/t	4	3		1												
6. Noojmowin-Teg Health Access Centre	8 p/t	3			2					2		2	1				1
7. Ganaan De We O Dis^Yethi Yenahwahse (SOAHAC)	3	2			3	1				1			1*	1	1		1
8. Wabano Centre for Aboriginal Health	2	4		1	1				1		1						
9. Shkagamik-Kwe Health Centre	4		1	2						1	1	1		1	1		1
10. Anishnawbe-Mushkiki	2	3								1				5		1 [†]	1
11. Misiway Eniniwuk Health Centre	1 ½	2	1														1
12. Anishnawbe Health Toronto	information unavailable																

* Nurse Practitioners with special training in psychiatry

† 1 Naturopathic Doctor on staff in 2002, not currently

Despite many of the centres having clearly worded mission and vision statements that attest to providing care from a holistic perspective, there are a disproportionately low number of practitioners with an educational background geared towards the provision of this kind of holistic care. For instance, only two of the 12 Aboriginal Health Access Centres have part time services offered by Naturopathic Doctors (centres: 4,12). Traditional Healers and Traditional Coordinators are also under-represented in comparison to the number of practitioners providing services based on the biomedical/physical perspective of healing.

Two of the Centres have no access to either a Traditional Coordinator or a Traditional Healer/Elder. Many of the Health Care Centres expressed concern about this stating that the majority of the problems result from funding that is either inflexible or inadequate. Further, the overwhelming need for primary care combined with deficient resources has limited the transition to a more holistic and preventative model of care (centre: 10). The programs provided by the Health Promotions Coordinators and Health Promotions workers were also felt to be restricted by lack of funding. These programs were said to run on a contract by contract basis received from various government agencies and condition specific organizations. A number of the Centres expressed frustration in having to re-apply for funding for certain preventative programs on a yearly basis (centres: 2,3,4,6,8,9,10).

Conclusion

In evaluating common themes linking the mission, values, and goals of the various Health Access Centres and comparing these ideals with the actual delivery of care at these facilities, there is a clear imbalance between the desire for and accessibility to health care programs and the actual provision of holistic care. Access to mental/emotional services is under-represented at many of the Centres with the majority of treatment being administered from a physical/biomedical perspective. For the Centres that do have access to the various holistic service providers, it is difficult to tell in this rudimentary analysis if there is collaboration between service providers to offer less fragmented care.

5. Health Care Needs of Aboriginal People

There have been many task forces, meetings, roundtable discussions, policy papers, commissions, and blueprints written and published on strategies to address the gaps in providing access and suitable health care to Aboriginal people. A review of these documents reveals a number of themes. The first theme is that the health of the Aboriginal people will be improved if they are given the responsibility to determine how best to deliver health care to the members of the Aboriginal community. The second theme emphasizes that the health of Aboriginal people needs to focus not just on the delivery of healthcare, but also across all of the determinants of health. The third theme is the need for the provision of culturally relevant health care to Aboriginal people across Canada, one that is aligned with the Aboriginal perspective and definition of health.

Government Recommendations

The Royal Commission on Aboriginal health (1996) recognized that “substantial improvements in the health and welfare of Aboriginal people will not be accomplished by tinkering with existing programs and services. Commissioners believe that to restore well-being to Aboriginal people — and their communities and nations — a major departure from current practice is needed”.² The last 15 years have shown that the current health care approach for Aboriginal People does not adequately address the causes of ill health in their communities. It has become evident that providing greater access to primary care facilities without concern for the broader social, political, environmental, and cultural determinants of health will not have a significant positive impact on Aboriginal health.

“The [Royal] Commission proposes that new Aboriginal health and healing systems should embody four essential characteristics:

- pursuit of equity in access to health and healing services and in health status outcomes;
- holism in approaches to problems and their treatment and prevention;
- Aboriginal authority over health systems and, where feasible, community control over services; and
- Diversity in the design of systems and services to accommodate differences in culture and community realities.”²

“Restoring health and well-being to Aboriginal people requires services and programs founded on an integrated, or holistic, view of human health.”²

The Royal Commission report also completed a comparison of current and proposed approaches to community health care.² The following table provides an excerpt of key findings from the report:

Table 5: Excerpt of Key findings and suggestions from the 1996 Royal Commission Report ²

Current Approach to Community Health care	Proposed Approach to Community Healing and Wellness
<ul style="list-style-type: none"> • Dominated by biomedical approach to treatment and care • Program-specific funding within that narrow definition of health 	<ul style="list-style-type: none"> • Based on holistic, culturally appropriate understanding of illness • Block funding of healing centres under federal or provincial jurisdiction; intergovernmental transfers for centres under Aboriginal jurisdiction; permits program activity based on holistic understanding of health

The 1999 Aboriginal Health Policy for Ontario set out a conceptual framework for understanding Aboriginal health and how to improve it. The following points outline this framework:

- “The Aboriginal life cycle explains life through the passage of stages which are celebrated and correspond to the four directions, seasons, elements and gift. It reflects the interdependence of individuals, families and communities and their responsibilities to each other.
- (W)holistic health incorporates the physical, mental, emotional and spiritual needs of the individual, family and community
- The continuum of care, or healing continuum, incorporates health promotion, prevention, treatment and curative programs and services and rehabilitation.”²³

The Commission on the Future of Health Care in Canada made the following recommendations:

1. Current funding for Aboriginal health services should be pooled into a single consolidated budget in each province and territory to be used to integrate Aboriginal health care service, improve access and provide adequate, stable and predictable funding.
2. The consolidated budgets should be used to fund new Aboriginal Health Partnerships that would be responsible for developing policies, providing services, and improving the health of Aboriginal people.²⁰

The report also included comments from the Canadian Public Health Association (2001) which call for culturally based healthcare. A telling excerpt reads: “Only by designing programs that respect the culture of the nation’s people and communities and by celebrating Canada’s diversity, can health professionals help improve the health of vulnerable populations and reduce the demand on the health system as a whole.”²⁰

First Nations Recommendations

A background paper provided by First Nations on Canada – Aboriginal Peoples Roundtable in 2004 articulated the overall goal of a “First nations controlled and sustainable health system that adopts a holistic, culturally appropriate approach.”²⁴

The First Nations’ collective vision for First Nations people is to be served by their own distinct yet coordinated health system which ensures a continuum of services, a holistic approach to health and the integrity of traditional healing practices.^{25,27}

“... the term “health” embraces a (w)holistic approach encompassing the physical, emotional, intellectual and spiritual well-being of people living in harmony with well functioning social system ...” (Blueprint on Aboriginal Health: A 10 – year transformative Plan, 2005)

“First Nations, Inuit and Métis concepts of health incorporate the mental, physical, spiritual emotional and social aspects of health”²⁶

Cultural Competency

In 2000, the Society of Obstetrician and Gynaecologists of Canada (SOGC) developed guidelines for Health Professionals Working with Aboriginal people. These guidelines were developed from the results of a Medline search from the period 1966 to February 1999. These recommendations cover four distinct areas: the sociocultural context, health concerns, cross-cultural understanding, and aboriginal health resources. Some of the specific recommendations from the SOGC’s study included:

1. Health professionals should appreciate holistic definitions of health as defined by Aboriginal people.
2. Health professionals should work with Aboriginal individuals and communities to provide culturally appropriate health care.
3. Health professionals should respect traditional medicine and work with Aboriginal healers to seek ways to integrate traditional and western medicine.²⁸

Through the various important and often nationally scoped documents that we appraised, there is a consistent call for culturally relevant health care by Aboriginal people and a definition of health that is holistic. Although the need for the incorporation of traditional Aboriginal medicine in clinical settings has been recognized, few Aboriginal-specific health-care centres actually offer such services. This finding is supported by the results of the telephone survey summarized in Section Four.

It is generally acknowledged that cultural bias or a failure to understand how culture affects health and illness can contribute to inadequate care.²⁹ In the late 1800's, Aboriginal people were forbidden by law to practice their healing rituals and traditions²⁸ and according to Elder Denise Thorne 'by the 1960's traditional spiritual people were almost extinct'.² As a result, Aboriginal people were forced to accept the healthcare provided to them by the Government. Clearly this has resulted in the deteriorating health of the Aboriginal people through the centuries. It is written that one needs to go back 300 years to find a point in time where Aboriginal and European people's health has equivalent status.³⁰ Over the past 20 years, while there have been improvements in health care delivery to Aboriginal people, there are still enormous gaps in care and a continuing legacy of discrepancy across most health measures between Aboriginal and non-Aboriginal Canadians.

Cultural competence with respect to health care, describes the ability of a system to provide care to patients with diverse values, beliefs and behaviors.³¹ The delivery of culturally competent health care is seen as a means to provide quality in health care delivery and the elimination of racial disparities.³¹⁻³³ It is clear that governmental agencies recognize the need for cultural competence within the health care delivery model for Aboriginal people and that Aboriginal people are also calling for cultural competence as a means to improve their own health. The problem is recognized, and the remaining requirement is to provide effective delivery of culturally competent and relevant care. Within Aboriginal communities, culturally appropriate care means incorporating the entire picture of a person including physical, spiritual, emotional and mental aspects.

Limitations and Discussion

The results of this report were derived from either journal articles or resources that could be obtained from internet sources. There was insufficient time to delve into the entire breadth of research written on Aboriginal health and traditional medicine in all scholarly works.

The references on the articulated needs of Aboriginal people were taken from National websites or from Ontario health policy initiatives. While other provincial sources were quickly reviewed for consistency of content, the scope of this project did not allow us to incorporate all potential resources.

The authors do not claim to be health policy experts, nor do we feel that within the allotted time, we have uncovered all of the various documents that discuss the Aboriginal view and definition of health. We have attempted to highlight the various components that surfaced in our review, consolidate these and to present the information without bias to be best of our ability. In summary of our findings, there is consistency across governmental and aboriginal documents. The underlying theme identified is the requirement for an Aboriginal controlled and sustainable health system that adopts a holistic, culturally appropriate approach in the implementation and delivery of health care to Aboriginal people.

6. Aboriginal Health Care Needs and Naturopathic Medicine

In the previous sections of this document there were a number of requirements that were identified in order to provide for culturally competent health care. Specifically, health care for Aboriginal people needs to:

- be delivered within a culturally-relevant context
- be holistic
- be integrated with traditional medicine
- celebrate native culture

It is clear that while efforts have been made to move in this direction there are still gaps that negatively impact the health of Aboriginal people.

Bridging the Gap with Naturopathic Medicine

Naturopathic doctors (NDs) are in a unique position to bridge the gap between Western and traditional Aboriginal medicine. NDs have the education to understand and respect both Western and Traditional Aboriginal medical philosophies and treatments by virtue of their guiding principles of practice. Outlined in the Textbook of Complementary and Alternative Medicine:

Naturopathic medicine is a primary health-care system. Its purpose includes the prevention and treatment of disease and the optimization of health through the use of natural agents and therapies that encourage the body's innate ability to heal. The practice of naturopathic medicine incorporates traditional approaches with current evidence to treat the whole person in the least invasive yet effective manner (...) The emphasis is on holistic treatment, with attention paid to achieving harmony in the mental, emotional, physical, social and spiritual planes.³⁴

As discussed concepts of health amongst Aboriginal people incorporate the mental, physical, spiritual, emotional, and social aspects of health.²⁶ Naturopathic medicine shares a number of philosophical principles with Aboriginal medicine and their worldview of health. Primary to both approaches is the belief in the healing power of nature, or the assumption that the body exhibits self-intelligence with the ability to self-heal. In this manner, the job of the health practitioner is to assist the body's innate ability to fix itself by removing causes of illness and supporting various organs in an attempt to restore internal conditions conducive to health. This is different from conventional medicine, in which there is a core belief that mechanisms of illness can

be reduced to understandable discrete units, such that targeted interventions can be used to “correct” dysfunctional bodily processes.³⁵

The belief in the healing power of nature, a tenet of both naturopathic medicine and the Aboriginal worldview of health, implies that the cause of illness must be removed for health to be restored. This cause may be found on several different planes; physical, mental, emotional or spiritual. Aboriginal healers and naturopathic doctors alike may provide treatments on any of these levels affected. In fact, spiritual practice is central to both naturopathic and Aboriginal medical philosophy. Aboriginal Elders are often consulted by patients who are struggling to find a place for tradition in the modern world, and many interventions require ceremony, examination and counseling. Naturopathic doctors draw on traditional medical systems such as traditional Chinese medicine in order to treat modern ailments. Counseling and the role of spiritual needs for health are integrated into the curriculum of naturopathic medical training. This approach represents a significant departure from Western medicine, in which matters of the spirit are referred to a psychiatric subspecialty for select patients with clearly defined mental pathologies.

Important to health within the Aboriginal and naturopathic perspective, the spirit needs to be addressed in all patients, no matter what the presenting condition, in order for health to be achieved. Aboriginal Elders have identified these parallels and made the recommendation of creating a space for Western medicine, naturopathic and Traditional medicine to learn together so that the three models can function collaboratively and efficiently in health centres catering to Aboriginal communities. In fact, several Elders we spoke with identified naturopathic medicine as more compatible with traditional medicine and stressed the fact that alternative medicine takes into account mental-emotional as well as physical trauma.

Naturopathic approaches hold promise for improving the quality of life of Aboriginal People because they incorporate the holistic model and do not just “medicate the problem”.³⁶

Naturopathic Doctors and Traditional Healers

Naturopathic doctors and traditional healers also share some commonalities in the way they practice. NDs are trained in botanical medicine, clinical nutrition, lifestyle counseling, hydrotherapy, physical medicine, homeopathy, and traditional Chinese medicine. Lifestyle modifications are at the root of most naturopathic interventions and other modalities are used depending on the needs and concerns of the patient. Similarly, traditional healers regard diet and nutrition as the primary basis for sustaining or restoring health and advocate abundant water drinking, physical exercise, and deep breathing. They also prescribe a number of herbal and

hydrotherapeutic treatments that include such therapeutic processes as sweat baths, mud, clay and charcoal poultices as well as the use of enemas.³⁷ A further similarity between naturopathic and Aboriginal approaches to health is that several different types of interventions can be applied to restore health and this is done within a highly individualized therapeutic approach.

Although significant overlap exists in the philosophy and practice of naturopathic and Traditional Aboriginal medicine, important differences remain. The following table summarizes some of the similarities and the differences in perspectives between Traditional, Naturopathic and Conventional medicine.

Table 6: Comparison of the Different Perspectives of Traditional Aboriginal Medicine, Naturopathic Medicine and Conventional / Western Medicine³⁸

Traditional Aboriginal Perspective	Naturopathic Perspective	Conventional Perspective
Interaction	Multiple causes interact	Cause and effect
Co-operation	Co-operation	Authoritarian
Symbiotic relationships	Symbiotic relationships	Competitiveness
Harmony in diversity	Harmony in diversity	Unity by similarity and repetition
Contextual analyses	Contextual analyses with categorization to facilitate explanation	Categorization
Multiple truths to be considered	Multiple truths to be considered	One truth
Information could be non redundantly generated	Somewhere in-between	Past and Future information is inferable from the present
Dynamic	Dynamic	Static
Holistic including everything external	Holistic including everything internal	Reductionist / focus on parts of the whole

Broadly speaking, Aboriginal philosophy encompasses all aspects of the individual (mental, physical, and spiritual elements of health) yet also encompasses the environment in a spiritual and intuitive way. Naturopathic medicine certainly concerns itself with the individual components of health and includes the social and physical environment, however local events such as weather changes, coincidence, and even what may be described as situational 'lucky or unlucky' events are not emphasized. Traditional Aboriginal thought can subscribe to the idea that elements within the 'universe' are in a delicate state of balance that can be easily upset. When a person, place, thing or event is out of balance, it will become dysfunctional. Thus, an

individual will become ill if he/she upsets the rules of the universe. This observation also applies to natural phenomena such as earthquakes, hurricanes, and the occurrence of a bad crop, as they are all viewed as the same manifestation of some kind of spiritual imbalance. In this way, both the environment and the person can be considered “ill” or out of balance simultaneously.

The Traditional healer fits in this Aboriginal model of complete interconnectedness in that he/she has an above average ability to control the exertion of spiritual forces and is said to have a special spiritual connection with the plants he/she prescribes for healing patients.³⁹ The traditional healer’s responsibility is not so much curing illness, but rather, facilitating the patient’s understanding of the world and where he/she fits within it. Ceremonies are central to Aboriginal culture and healing because they reaffirm the relationship of humans with the Creator. The traditional healer may prescribe medicinal herbs, ceremonies, or relationship-building events in order to bring about healing. Naturopathic doctors, however, concern themselves more with attempting to cure the patient’s illness within the context of holistic yet non-metaphysical issues.

Further to this important difference between traditional Aboriginal medicine and naturopathic medicine is the place of intuition and supernatural influences:

Parallels between Western scientists and Indigenous healers break down, however, in the roles of intuition, vision, and other “internal” forces, which Indigenous science honors as essential aspects of any human endeavor. Western scientists refuse to acknowledge such elements of knowing, even though they are affected by them.⁴⁰

Although naturopathic medicine does not inherently reject the power of intuition and prayer, it is neither taught nor central to the practice of naturopathy. Aboriginal healers, however, rely heavily on intuition and prayer to diagnose and treat illness respectively.

Naturopathic Education and Practice

Despite certain differences, the overlap between naturopathic and Aboriginal approaches to health remains considerable. Naturopathic doctors are well equipped to understand Aboriginal concepts in a clinical yet still holistic context. Naturopathic doctors are fluent in the language of Western biomedicine and can provide a powerful interface between Aboriginal and Western medicine. Just like their conventional counterparts, NDs understand the value and need for objective assessment including laboratory based tests and imaging for both diagnostic and prognostic purposes.

NDs are trained to interpret such findings and are able to arrive at a diagnosis according to the International Classification of Disease (ICD-10) criteria.³⁴

In their four-year post graduate full-time training, naturopathic doctors attend basic science classes including anatomy, physiology and pathology and also learn to perform routine screening procedures such as gynecological exams, full physical exams and blood draws. Naturopathic clinical decisions are made with respect to a broad based body of knowledge that respects and is shaped by the tenets of evidence based medicine. More and more research geared specifically towards naturopathic interventions is being produced and being published in respected medical journals. In this manner, naturopathic medicine as a system uses modes of transmission similar to Western medicine and recognizes the value of formal research and standardized practice when it is appropriate and clearly indicated.

A large proportion of Aboriginal people in Canada present with chronic disease that often stems from an unhealthy lifestyle. More than half of the Aboriginal population smokes, 24% are obese, and the prevalence of diabetes and alcoholism is 2-3 times that of non-Aboriginal Canadians.⁶ The need for primary prevention among Aboriginal people has been identified as being especially urgent given their high prevalence of chronic diseases and the complications that ensue.⁴¹ Lifestyle habits are ingrained in adults, such that making modifications can be difficult. Successful lifestyle interventions require perseverance and patience using tools such as frequent follow-up visits, intensive telephone counseling, and print material for a comprehensive program of patient education. On average, a typical visit with a medical doctor in North America lasts 17 minutes with only one minute spent on educating patients about the need for nutrition and physical activity.⁴² A study has shown that time constraints limit the ability of physicians to comply with preventive recommendations made by the US Preventive Services Task Force.⁴³ In contrast, one of the principal strengths of the naturopathic medical profession is that NDs typically spend 30 to 45 minutes with patients during follow-up visits, giving them the time to teach patients how to engage in a healthy lifestyle and to implement effective habits to achieve better health.³⁴ With information delivered in a culturally-sensitive manner, naturopathic medicine would significantly contribute to positively impacting unhealthy lifestyles in Aboriginal communities and help reverse some of the epidemic of chronic disease suffered by so many members of this population.

Naturopathic medicine is a regulated profession in four of Canada's ten provinces since the mid 1950's. [Laws regulating naturopathic practice were enacted in Ontario by 1925, British Columbia in 1936, Manitoba in 1943 and Saskatchewan in 1952.] The scope of practice of naturopathic doctors is clearly established and in each province where naturopathic medicine is regulated, a regulatory board similar to the College of Doctors and Surgeons exists for public protection. The title "naturopathic

doctor” is protected and can only be used after completing an accredited four-year full-time training in one of the six accredited colleges that teach naturopathic medicine in North America.

Summary

In summary, naturopathic doctors, with their holistic view of health and illness and their knowledge of evidence-based medical tools are currently in the position to bridge the gap between Traditional Aboriginal medicine and the Western medical model. The inclusion of naturopathic doctors into the circle of care in Aboriginal driven health centres can answer the need for preventative medicine focus and provide an essential link between Traditional Aboriginal practitioners and Western medical doctors. This inclusion would ensure comprehensive health care delivery to Aboriginals.

7. Future Directions

There are many opportunities that have been identified in the conduct of this project. The following identify some of the future directions that could be undertaken with respect to the application of naturopathic medicine within Aboriginal communities.

Despite the logistical challenges faced by the patients, and naturopathic doctors at Anishnawbe Health Toronto, the inclusion of naturopathic medicine as a service has demonstrated a positive impact on the health of individuals that avail themselves of naturopathic medicine. An opportunity exists to engage with the administration to explore solutions to these challenges and provide a more supportive and conducive environment for the practice of naturopathic medicine at AHT. Furthermore, outcomes based research to test and document the effectiveness of naturopathic medicine using quantitative data could and should be engaged at this site.

Given the paucity of information on the integration of naturopathic medicine with Aboriginal Traditional medicine and Western medicine, both AHT and De dwa da dehs nye are currently Aboriginal Health Access Centres where further research into this integration can occur as each of these centres have naturopathic doctors on staff. There are many questions and areas to explore.

- What has made the implementation of naturopathic medicine possible at these two centres?
- What are the factors that have facilitated this implementation? What barriers needed to be overcome?
- What further opportunities are there to enhance the implementation and further the integration of naturopathic medicine within Aboriginal Health centres?
- What are the essential components that support cultural competency within these Aboriginal health centres and how can this be extended to other organizations?
- Exploration of methods of integrating naturopathic medicine with Traditional Aboriginal healers – how can these two areas work together in support of furthering and deepening the healing within not only the individual, but the family, the community, and the environment.
- Evaluate the internal dynamics of the individual Health Access centres to determine if services provided are reflective of each centre's goals of health care provision.
- Evaluate the services provided at the various centres with time and funding allotted for personal meetings and discussion about ethical research requirements including achieving possible benefits for the research centre and

community it services. These benefits may include extended funding for programs that Aboriginal communities feel they are lacking or that need evaluation.

Perhaps the greatest opportunity for collaboration exists in sharing of knowledge, cross training of naturopathic doctors, traditional healers and medical doctors and the design and inclusion of educational units or learning opportunities embedded within the curriculum or study of these various health care practitioners.

There were several centres that expressed the desire to incorporate naturopathic medicine as one of the services offered. Further discussions with the administration of these centres regarding the integration of naturopathic medicine would need to be pursued in order to allow any integration of naturopathic care. Furthermore, Aboriginal community agreement would be needed to achieve real traction of naturopathic medicine. This could best be realized by enlisting the aid and advice of Elders and Traditional healers within the community approached.

The delivery of culturally competent health care to people is paramount to supporting healing. The SOGC explored those components that support cultural competency within Aboriginal communities. Opportunities exist to extend this information further towards the development of training programs that provide the information and training necessary to ensure cultural competency in those individuals that work with Aboriginal health centres.

Funding models used for Aboriginal health Access Centres are still program based. This is despite the recognition and recommendations from both the Royal Commission on Aboriginal Peoples² and Commission on the Future of Health Care in Canada²⁰ for block funding and/or pooled funding for Aboriginal Health services. Opportunities exist to further research and implement funding models that would support the provision of holistic health providers fairly.

Sources of potential funding include the Canadian Institute of Health Research, Institute of Aboriginal Peoples' Health and Health Canada, First Nations and Inuit Health Branch. These institutions as well as charitable foundations could provide support for further research on the health benefits of involving naturopathic medicine within Aboriginal communities.

8. Conclusion

Aboriginal communities in Canada are plagued by chronic illness despite significant financial investment to increase access to primary care facilities. The government has recognized that a new Aboriginal-driven health care approach must be developed and must respect traditional Aboriginal medicine. This can be a difficult challenge due to significant philosophical differences between the Western medical model and Aboriginal medicine, as well as logistical barriers. The unique position of naturopathic medicine is that it offers a bridge between traditional practice and modern medicine. Thus, naturopathic doctors can provide an interface to enhance collaboration between Western and Aboriginal health practitioners.

Including naturopathic doctors in Aboriginal-driven health centres would answer the urgent need for lifestyle modification and chronic illness prevention in the communities. One can imagine a centre catering to Aboriginal People in which patients work simultaneously with their traditional healer, medical doctor, naturopathic doctor, and other healthcare providers. This schematic fits perfectly with the current intent of creating Aboriginal-specific participative models of health care in which Aboriginal people would be able to tailor their health care experience to include those systems that most empower them to improve their health, enhance their sense of belonging and perpetuate lasting wellness. The sharing of knowledge and culture through cross training, integrating health care centers and opening lines of communication between Aboriginal people, traditional healers and naturopathic doctors would aid in the successful delivery of health care to Aboriginal people.

In summary, Naturopathic medicine would bridge the gap between Western medicine and traditional Aboriginal medicine. It would support a holistic approach of health that is more closely aligned with the Aboriginal view of health. In partnership with Aboriginal people, Elder, and Western health care practitioners naturopathic medicine would support a holistic and comprehensive approach to health within the Aboriginal Community.

Appendix A: Qualitative Research Study: Semi-structured Interview Questions

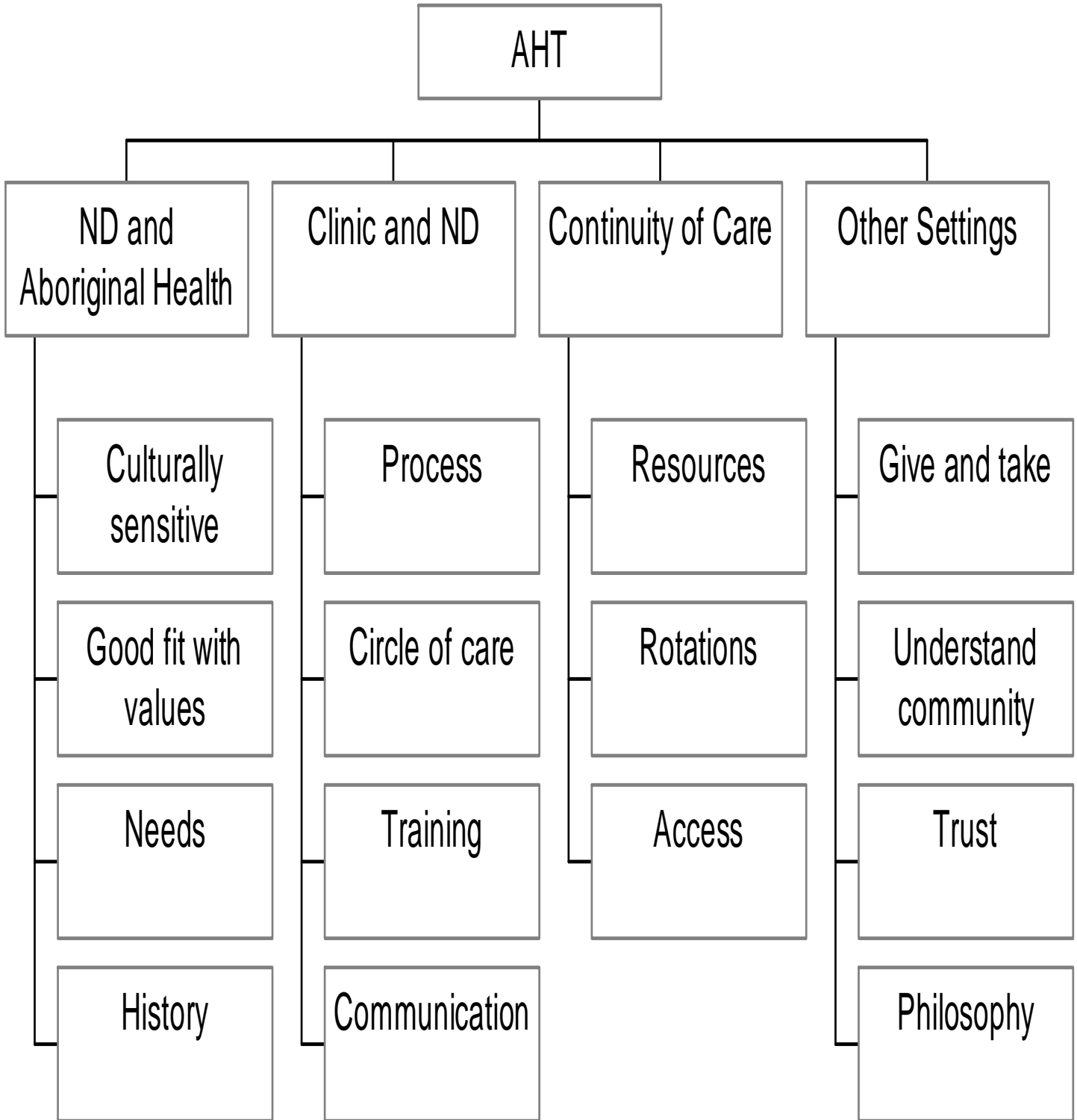
ND Interns/ Supervisors

1. What it is like to work at the AHT?
2. Can you tell me about the population that you treat at the AHT?
3. What are the main concerns of your patients at the AHT?
(Probe: sociocultural issues, health concerns)
4. How are you able to address those concerns?
5. What are some challenges that you face?
6. What resources are available to you and your patients at AHT?
7. What would an ideal situation be for you at AHT, in terms of resources etc?
(Phrased in context of previous answer)
8. Can you describe your treatment goals for your patient population at AHT?
9. What is your relationship to other health care providers and staff at the AHT?
(Probe: communication between providers, integration of care)
10. What strategies have been most effective for you when working with patients?
11. When communicating with other members of AHT?
12. What has been ineffective for you when working with patients?
13. When communicating with other members of AHT?
14. How can you compare your experiences working at the AHT to other health clinics?

Patients

1. Can you tell me about your experience at the AHT? (Probe: What do you like about AHT? What do you think can be improved at AHT?)
2. Why did you start coming to AHT?
3. How is your relationship with your health care providers at the AHT?
4. How is your relationship with your ND?
5. What do you like about seeing your ND?
6. What would you like to improve (with your ND)?
7. How has seeing an ND influenced you?
8. What things has your ND been able help you with? (Probe: How? In what way?)
9. What has your ND not been able to help you with? (Probe: What are the challenges that you still face)
10. Ideally, what you would you like from your ND services?
11. How does your health now compare to before you were seeing an ND?
12. How do you feel about your ability to access health services? Naturopathic services?

Appendix B: Qualitative Research Study: Coding themes



Coding Descriptions

- Patients**
- Access – re: access to health care, access to timely services
 - Needs – re: health needs, physical, spiritual and emotional needs
 - History – oppression and culture related to care
 - Communication – manipulation with other providers, decision-making push/pulls
- Interns**
- Experience – related to the cultural differences, the health needs of the population
 - Training needs – certain conditions, mental/emotional
 - Process – procedures of the clinic, computers, waiting for supervisor
 - Personal development – how they learn, what they get out of the experience
- AHT clinic**
- Limitations – privacy issues, set up of Anish, timing of appointments, acceptance by others at AHT, air quality
 - Circle of care – communication with others in health care, access to consultations
 - Resources – supplements, books, computers, space
- Communities**
- Naturopathic philosophy – in line with aboriginal communities, need to facilitate trust and work together
- Health care system**
- Trust required
 - Give and take between ND and community
 - Integrating into community
 - Open minded approach

Appendix C: Qualitative Research Study: Participant Characteristics

Participant	Experience	Additional notes
Supervisor 1	6 months at AHT	
Supervisor 2	6 months at AHT	
Supervisor 3	3 years at AHT	
Intern 1	4 months at AHT	Native background
Intern 2	2 months at AHT	2-4 patients per wk
Intern 3	2 months at AHT	2-4 patients per wk
Intern 4	2 months at AHT	2-4 patients per wk
Intern 5	2 months at AHT	2-4 patients per wk
Intern 6	2 months at AHT	2-4 patients per wk
Intern 7	2 months at AHT	2-4 patients per wk
Patient 1	Seeing ND for 3 months	Other services at AHT for 1 year
Patient 2	Seeing ND for 9 years	Coming to AHT for 9 years with other services
Patient 3	Seeing ND for 2 years	Other services at AHT for 2 years
Patient 4	Seeing ND for 3 years	Other services at AHT for 4 years
Patient 5	Seeing ND for 4 years	Other services at AHT for 4+ years
Patient 6	Seeing ND for 10 years	Other services at AHT for 10 years
Patient 7	Seeing ND for 4 months	Other services at AHT for 6 years

Appendix D: Telephone Survey: List of Aboriginal Health Access Centres

- | Reference Number | Aboriginal Health Access Centre |
|------------------|--|
| 1 | Kanonkwa/tesheio:io Social Akwesasne [homepage on the Internet]. Cornwall, ON. Mohawk Council of Akwesasne; c2008 [cited 2008 Mar.17]. Available from: http://www.akwesasne.ca/health.html |
| 2 | N'Mninowyaa: Community Health Access Mamaweswen, The North Shore Tribal Council.Cutler, ON. Mamaweswen, The North Shore Tribal Council; c2007 [cited 2008 Mar.17]. Available from: http://mamaweswen.ca/health/ |
| 3 | Gizhewaadiziwin Access Centre Stanley, Cheri. From Health Records Department. Gizhewaadiziwin Health Access Centre- communities serviced, services offered, mission statement. E-mail Johanne McCarthy (mccarthyjohanne@hotmail.com) 2008 Mar.18 [cited 2008 Mar.18]. |
| 4 | De dwa da dehs nye>s Aboriginal Health Access Centre De dwa da dehs nye>s Aboriginal Health Access Centre. Hamilton, ON. De dwa da dehs nye>s; [cited 2008 Mar.18]. Available from: http://aboriginalhealthcentre.com/Home.page |
| 5 | Wassay-Gezhig Na-Hahn-Dah-We-Igamig Wassay-Gezhig Na-Hahn-Dah-We-Igamig: Kenora Area Health Access Centre. Kenora, ON. overdrive-Nadya Kwandibens; [cited 2008 Mar.18]. Available from: http://www.kahac.org/about.php |
| 6 | Noojmowin Teg Health Access Centre Noojmowin Teg Health Access Centre . Little Current,ON. Noojmowin teg Health Centre; c2006 [cited 2008 Mar.18]. Available from: http://noojmowin-teg.ca/index.aspx |
| 7 | Ganaan De We O Dis^Yethi Yenahwahse- SOAHAC |

Southwest Ontario Aboriginal Health Access Centre. London, ON.
Southwest Ontario Aboriginal Health Access Centre; c2004 [cited 2008 Mar.18]. Available from: <http://soahac.on.ca/>

- 8 Wabano Centre for Aboriginal Health
Wabano Centre for Aboriginal Health. Ottawa, ON.
Wabano Centre for Aboriginal Health; c2003 [cited 2008 Mar.18].
Available from: <http://www.wabano.com/main.html>
- 9 Shkagamik-Kwe Health Centre
Shkagamik-Kwe Health Centre [homepage from the Internet]. Sudbury, ON;
Shkagamik-Kwe Health Centre; c2005 [cited 2008 Mar.18].
Available from: <http://www.shkagamik-kwe.org/>
- 10 Anishnawbe-Mushkiki
Anishnawbe-Mushkiki: Thunder Bay Aboriginal Community Health Centre.
Thunder Bay, ON;
Thunder Bay Aboriginal Community Health Centre; [cited 2008 Mar.18].
Available from: <http://www.anishnawbe-mushkiki.org/>
- 11 Misiway Eniniwuk Health Centre
Misiway Milopemahtesewin Community Health Centre. Timmins, ON.
Misiway Milopemahtesewin Community Health Centre; [cited 2008 Mar.18].
Available from: <http://www.misiway.ca/home.html>
- 12 Anishnawbe Health Toronto
Anishnawbe Health Toronto [homepage on the Internet]. Toronto, ON:
Anishnawbe Health Toronto; c2005 [cited 2008 Mar.18].
Available from: <http://www.aht.ca/about-aht/>

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23. *Aboriginal Health Policy for Ontario*; 1999.
24. Assembly of First Nations. *Background Paper on First Nations Health 2004*.
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