

ABORIGINAL LANGUAGE, IDENTITY FORMATION AND HEALTH

Deliverable 2: Literature Review

A literature review completed in tandem with the First Nations Indigenous Studies department at the University of British Columbia and First Peoples Cultural Council for the FNIS 400 Research Practicum.

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Table of Contents

Table of Contents **2**

Review of Relevant Literature **3**

Title Page **3**

Introduction and Objectives **4**

Overview and Considerations **4**

Themes **5**

Higher Rates of Aboriginal Health Disparities 5

Historical Trauma and Ancestral Language Loss 6

Ancestral Language Reintegration as a Treatment and Prevention Strategy 7

Cultural Coherence and Identity Formation 9

Significance of Findings **10**

Sovereignty Over Health Care 11

Revitalization 13

Implications for Further Research **14**

Annotated Bibliography **14**

Additional References **31**

Aboriginal Language, Identity Formation and Health

Review of Literature

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Introduction and Objectives

First Peoples' Cultural Council (FPCC) is a First Nations-run organization that supports the revitalization of Aboriginal languages, art and culture in British Columbia. This is done through providing "funding and resources to communities, monitor[ing] the status of First Nations languages and develop[ing] policy recommendations for First Nations leadership and government" (FPCC, 2016). As part of a practicum through the First Nations and Indigenous Studies program at the University of British Columbia, the student researcher worked in tandem with FPCC to develop this literature review.

In 2016, FPCC's previous practicum student, Shoukia van Beek, developed a literature review that answered the following research questions: "Is there a point of connection between heritage language and health/wellbeing? How are common indicators of health and wellness determined? Do these differ from an Indigenous perspectives or definition of wellness? How does language play a role in the intersection of mental and physical health?" (Van Beek, 2016, p. 5). FPCC asked the student researcher to expand on van Beek's work by finding additional resources that focused more intensely on how an Indigenous person's cultural coherence impacts their identity formation and thus, their ability to practice good health. This literature review will both continue to answer van Beek's original research questions, while also forming new connections within the updated body of literature.

To gather the literature for this review, the student researcher identified two foundational articles on the subject and relied on the references and connections found there. These were:

Clark, N., Walton, P., Drolet, J., Tribute, T., Jules, G., Main, T., Arnouse, M. (2013). Melq'ilwiye: Coming Together — Intersections of Identity, Culture, and Health for Urban Aboriginal Youth. *Canadian Journal of Nursing Research*, *45*(2), 36–57.

King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, *374*(9683), 76–85. https://doi.org/10.1016/S0140-6736(09)60827-8

Overview and Considerations

As indicated in van Beek's original report, specific research concerning the subject of health and language is an emerging field in both the healthcare field and within the Indigenous academy (2016, p. 5). Furthermore, when adding the additional element of identity formation,

the student researcher found that the discourse on specific intersections of all three factors is even more so limited. Yet, there is a depth of knowledge that exists exclusively on the three topics independently, and by highlighting these and drawing connections, a strong case can be made for the intrinsic relationship between health, language and identity. As a result, this literature review will identify four main themes that substantiate these relationships: (1) higher rates of Aboriginal health disparities; (2) historical trauma and ancestral language loss; (3) ancestral language reintegration as a treatment and prevention strategy; (4) cultural coherence and identity formation.

Themes

Higher Rates of Aboriginal Health Disparities

Aboriginal people in Canada experience the highest rates of health disparities when compared to their non-Aboriginal counterparts across the board (Frohlich, Ross & Richmond, 2006, p. 132). There are a variety of determinates that contribute to these disparities including: Aboriginal status, income, place, education, and experienced racism (Frohlich et al., 2006, p. 132; Clark, Walton & Drolet, 2013, p. 39; Anderson, Smylie & Sinclair, 2006, p. 5; Jacono, 2008, p. 50).

Although there seems to be great evidence indicating that healthcare providers are aware of these disparities, an indicated problem continued to arise: lack of good coverage in healthcare databases (Anderson et al., 2006, p. 5). In *First Nations, Métis, and Inuit Health Indicators in Canada*, researchers identified that part of the reason that Aboriginal people in Canada experience such high rates of health problems is intrinsically tied to the national crisis of providing adequate healthcare, which is rooted in the inequality of healthcare monitoring, evaluation and surveying of these disparities (2006, p. 5). The paper continues to focus on *how* Indigenous health is recorded in Canada, and why these systems are creating gaps in research and knowledge for those in health care. They identify specific measurements of Aboriginal health (national, provincial, regional and Indigenous operated), and note that they are so complex that it becomes incredibly difficult to be inclusive and consistent. A main barrier they discovered is Aboriginal self-identification, which is necessary for these systems on most levels.

> **"At the national level, the continued inability to identify all three of Canada's Aboriginal Peoples in healthcare databases leads to very poor coverage of Canada's Indigenous population, with a specific paucity of health information for non-registered First Nations, Métis, and Inuit Peoples. Provincial." (Anderson, Smylie & Sinclair, 2005, p. 5)**

They suggest that there needs to be new frameworks for health monitoring and classifications in that are drawn from local understandings of both health and identity. Although this will broaden and perhaps further complex measurement tools, it will be more comprehensive and "empirical based" for planning delivery of health services in the future (p. 6).

In addition, it is important to note the following: "Many studies have identified disproportionately severe health challenges for Aboriginal youth... However, much of the research does not place the issues within colonization and ongoing colonialism, nor within a strengths-based and culturally centred understanding of youth health" (Clark et al., 2013, p. 39). In the next section, the student researcher will focus on how the historical trauma of colonization and ancestral language loss impacts health.

Historical Trauma and Ancestral Language Loss

The historical trauma of colonization and language loss has proven to be a significant factor in health disparities for Aboriginal people in Canada. Specifically, as a result of European contact in Canada, Aboriginal people have experienced critically high levels of deaths, suicides, land loss and displacement, culture loss including the deterioration of ancestral language and chronic, unresolved intergenerational trauma (Brave Heart & DeBruyn, 1998, 60).

> **"These forced language shifts caused the loss of social and behavioral knowledge and understanding that was created over millennia, ultimately contributing to disastrous, endemic health deficits." (Whalen, Moss & Baldwin, 2016, p. 2)**

These factors are traced back to the racist policies and drastic changes enforced by colonial governments historically and currently (Wexler, 2006, p. 2941). Without a doubt, the

impact of residential schools on Aboriginal communities in Canada is severe (Brave Heart & DeBruyn, 1998, 63). It was there that many Aboriginal children were "beaten for speaking their native languages, were removed from their families and communities, sometimes for many years, and were subsequently raised— in essence—without the benefit of culturally normative role models. Some children never returned to their homes and many died from disease and homesickness while in boarding school" (Brave Heart & DeBruyn, 1998, 63).

"Poverty, racism, violence, and assimilation pressures all contribute to the increased vulnerability of urban Aboriginal children and youth, as do the history of colonization and the subsequent colonialism that persists to this day [Justice Institute of British Columbia, 2002, 2006]." (Clark, 2013, p. 38)

It is recognized that Aboriginal health in Canada is affected by these factors, as well as the cultural losses that occurred throughout, and continue to occur through, colonization (King, Smith & Gracey, 2009, p. 77). These Aboriginal-specific health risks are defined in communities themselves, and within the research it was noted that language loss is a major contributor to low levels of wellness as it so strongly interceded with identity formation (King et al., 2009, p. 79; Clark, 2013, p. 38; Wexler, 2006, p. 2947). The historical and contemporary trauma experienced from losing ancestral language maintenance structures disenfranchises Aboriginal people to engage with traditional means of wellness, relate to their kin networks as a way of healing and gaining support, and develop identity that is contextualized on the land and within tradition.

Ancestral Language Reintegration as a Treatment and Prevention Strategy

In building off the previous two themes of higher rates of Aboriginal health disparities and historical trauma affecting language loss, the third theme the student researcher was able to articulate was the contemporary use of ancestral language reintegration or revitalization as a treatment and prevention strategy for poor health. In "Indigenous health part 2: the underlying cause of the health gap," researchers Malcom King, Andrea Smith and Michael Gracey say, "Language is crucial to identity, health, and relations. It is especially important as a link to

spirituality, an essential component of Indigenous health. Throughout the world, Indigenous languages are being lost, and with them, an essential part of Indigenous identity. Language revitalisation can be seen, therefore, as a health promotion strategy" (2009, p. 374). This is critically important to acknowledge as it was recognized that the degree in which an Aboriginal person is engaged with their language or culture, the more likely it is that they would experience higher rates of wellness (Berry, Crowe, Deane, Billingham & Bhagerutty, 2012, p. 971; Clark, 2013, p. 49; Hodge & Nandy, 2011).

"…youth who felt highly connected to their culture or ethnicity were less likely to engage in binge drinking, physical fighting, or weapon carrying. They were also less likely to report suicidal ideation and less likely to rate their health as poor, compared to those who scored low on cultural connectedness."
(Clark, 2013, p. 39)

Language revitalization efforts have been most prominently emerging in Canada over the past ten years, but these efforts have not specifically been linked to healthcare very often. In Australia, however, efforts of ancestral language revitalization have been more thoroughly researched, showing a strong case for like studies to exist within Canada. For example, the literature showed that Australian Aboriginal communities that were integrating language revitalization into their community wellness plans were experiencing greater rates of health as a result. In 2012 researchers performed a study at "Oolong House", an Indigenous residential substance abuse centre on the South Coast of New South Wales, Australia. The researchers explored the impact of cultural components during treatment, and examined their success rates. Cultural components included the use of "traditional languages, practices, spirituality, and cultural identity" (Berry et al., 2012, p. 971). Many of their clients indicated that part of their grief which lead to alcohol dependencies was rooted in "cultural alienation, loss of identity" and loss of language (p. 970). The clients had individual agency to decide how deeply they would embed their treatment into cultural components and the researchers concluded that, "culture as treatment hypothesis suggests that a return to traditional Indigenous cultural practices is sufficient for effecting recovery from substance abuse for many Indigenous individuals" (p. 980).

These findings are hugely valuable when discussing the importance of language revitalization to Indigenous health maintenance and recovery.

Similarly, the *Second National Indigenous Languages Survey* offers insight for governments, communities and healthcare professionals on how to best support the revitalization of Australian languages (Marmion, Obata & Troy, 2014, p. x). The authors articulated that there is a strong connection between ancestral language use, identity formation, and community development for Indigenous people. They propose an increase in revitalization movements of Indigenous languages as their "survey data shows that traditional language is a strong part of Indigenous peoples' identity, and connection with language is critical for their wellbeing" (p. xiii). They provide 18 recommendations for national Indigenous language programs to continue to "build a better understanding of the current situation of Australian languages, activities supporting Australian languages, people's attitudes towards and aspirations for their languages, and views about the most effective types of language action" (p. xi). In addition, they also communicated that language is the ultimate source of knowledge regarding wellbeing and health and must be protected as a critical movement in addressing health concerns in Indigenous populations. These are vital places of knowledge production as Canada continues to address the health disparities that Aboriginal people face in this country.

Cultural Coherence and Identity Formation

The fourth theme that the literature showed was that ancestral language use is important for Aboriginal health because it is a critical piece of identity formation, and the ability to create a sense of identity and community belonging has a direct impact on wellbeing. Although language is a major indicator of cultural fluency, it is not the only determinate, as found in Gail MacKay's final report, "The City as Home: The Sense of Belonging Among Aboriginal Youth in Saskatoon" (2005). Within, MacKay thoroughly discusses her research on the connection between Aboriginal youth in Saskatoon and senses of belonging, i.e., sense of *home*. The report is based on data collecting in summer and fall of 2004, with the participation of 16 Aboriginal youth (ages 16-29) that lived in Saskatoon and participated in programs assisting them with skill development (MacKay, 2005, p. 4). The research found that the youth described a sense of

belonging within a collective, or a community, based on "shared physical features, ancestry, history, residence, lived experiences, cultural practices and values, language, or [a] legal definition" (p. 5). Furthermore, "The researcher heard the youth speak of great benefit of programs within their community that are based in Aboriginal cultures, that build meaningful relationships with elders and children, and that challenge them to explore and achieve their individual potential" (p. 4). This feeling of cultural pride or community belonging allowed for Aboriginal youth to create self-esteem, and combat experienced racism from a position of strength (p. 7). Other literature supported this concept, one researcher stating, "resilient children need resilient families and communities," and this resiliency is built from healthy concepts of culture both individually and via the community (Ungar, 2008, p. 221).

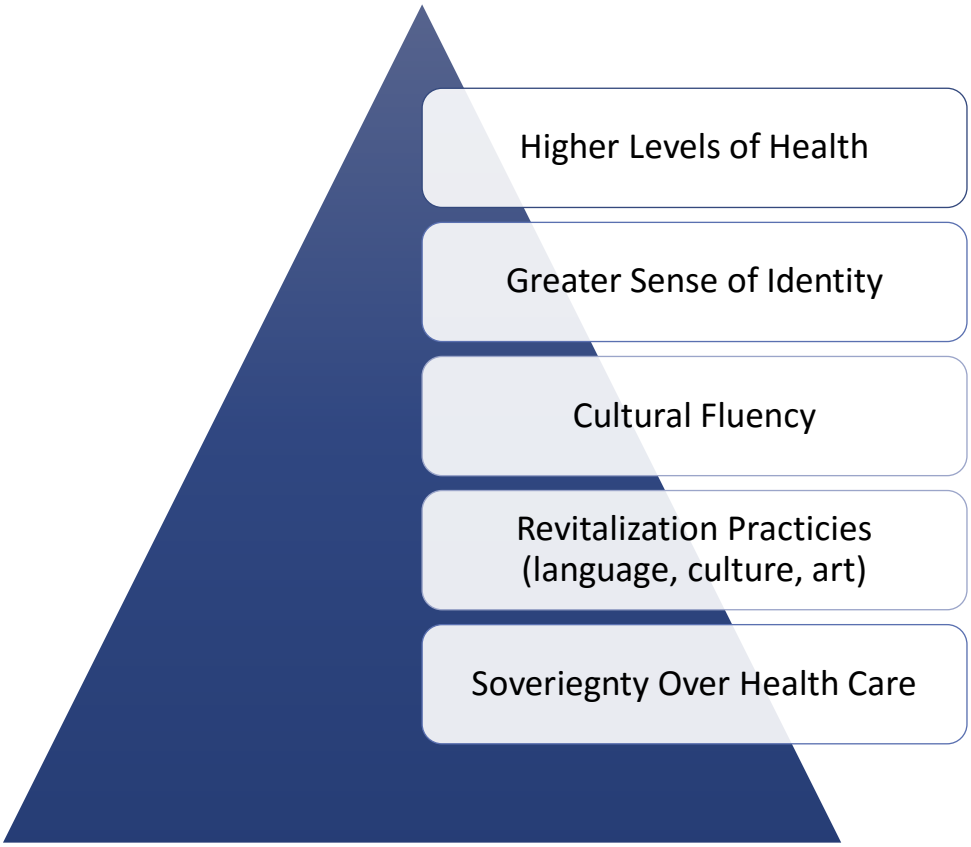
> **"Cultural identity depends not only on access to culture and heritage but also on opportunities or cultural expression and cultural endorsement within society's institutions. Identity [as understood within an Indigenous context] is to a large extent a collective experience."**
> **(King et al., 2009, p. 77)**

In a study with youth from Northern Plains American Indian communities, researchers found that they experience two to four times the rate of sexually transmitted diseases than their national counterparts and have a "25% higher level of teen births" (Kaufman, Desserich, Crow, Holy Rock, Keane & Mitchel, 2007, p. 2152). From data gathered from focus groups, interviews and surveys, the researchers found that a direct cause of these rates is an "intense pressure for early sex, often associated with substance use" (p. 2152). Youth shared their experiences, often closely associating sexual health with "self-respect" and "dignity" that was predominantly allied with cultural traditions and cultural pride (p. 2160). Researchers ultimately found that "cultural identity—specifically, positive cultural identity formation—could thus be a potent force in prevention efforts" (p. 2162).

Significance of Findings

It has been established in the literature that if Aboriginal people in Canada are to achieve higher levels health, there must be some foundational movements made within the healthcare system that prioritize cultural fluency and ultimately, a greater sense of identity. However, in this

section, the student researcher will further discuss two significant factors that must be contributed to this emerging wellness model for broader success. These are: (1) Aboriginal people and their communities must have sovereignty over how healthcare is defined, designed and recorded; and (2) revitalization practices must be supported on all levels of government as a recognized method of healthcare. Without either of these factors being considered and supported, the research articulated in the literature will not be capable of making broad change.



Sovereignty Over Health Care

Foundationally, Aboriginal communities and individuals must have sovereignty over their own wellness frameworks. Aboriginal people have been expected to assimilate their healthcare practices to Western notions of medicine, and this has proven harmful and ineffective (King et al., 79, 2009). There has been limited considerations of the nation-specific and intersectional concepts of wellness that exist in each community. Simply incorporating an

Aboriginal value, like the medicine wheel, could prove to be somewhat effective in one community, but the assumption that this pan-Indigenous method of wellness would be effective for all Aboriginal people is false and ultimately dangerous (King et al, 2009, p. 79). Furthermore, "Research into Indigenous health has been largely focused on non-Indigenous, rather than Indigenous, notions of health—ie, disease and treatment. By contrast, Indigenous peoples define wellbeing far more broadly than merely physical health or the absence of disease…Balance extends beyond the individual realm such that good health and healing also require that an individual live in harmony with others, their community, and the spirit worlds" (King et al., 2009, 76). Some other recommendations in the literature were to also prioritize land-based medicine rituals, reduced unequal distributions of resources that affect health, and implement courses that assist Aboriginal communities to address and discuss how colonization continue to impact their health (Hodge, 2011, p. 793; Gone & Calf Looking, 2015, p. 88; Frohlich et al., 2006, p. 135).

"Indigenous mental health constructs are fundamentally different from those that form non-Indigenous frame- works in developed countries. Counselling of Indigenous patients from the perspective of the cultural mainstream has been said to perpetuate colonial oppression. Furthermore, many Indigenous people have little success with, and in fact often will not engage in, treatment that does not value their ways of knowing—especially those pertaining to health and wellness. This failure might account for, in part, the underuse of non-Indigenous-specific mental health services by Indigenous people, despite their disproportionately high burden of mental illness."
(King et al., 2009, p. 79)

In addition, healthcare in Canada is monitored by Western frameworks and doesn't allow for healthcare providers to monitor how culture fluency is impacting health. As Aboriginal-lead wellness is becoming increasing utilized in Canada, this is going to prove to be detrimental. Healthcare funding models and interventions are informed by this data, and such factors could seriously disadvantage growing and developing effective ways of treatment that are so reliant on funding (Anderson, et al., 2006, p. 6).

Revitalization

Ultimately, if the Canadian healthcare system is committed to seeing higher rates of Aboriginal health, revitalization methods must be given the same resources and attention that other forms of Western medicine are. This literature review has found a significant scope of study to indicate this. "Cultural identity—specifically, positive cultural identity formation—could thus be a potent force in prevention efforts" (Kaufman, 2007, p. 2162). Indigenous clients globally are attributing good health to their ability to practice and engage with their culture. The relationship between health, language and identity is shown to be an intrinsic force in creating effective recovery (Berry et al., 2012, p. 980; Reyhner, 2001, p. 9; Whalen et al., 2015, p. 4; Oster, Grier, Lightning, Mayan, Toth, Chandler & Gracey, 2014, p. 1; Marmion, Obata & Troy, 2014, p. x).

In 2014, First Peoples' Heritage Language and Cultural Council said the following in their "Report on the Status of B.C. First Nations Langauges," "There is growing evidence of the link between a strong linguistic and cultural identity and well-being in other areas including social, mental and physical health, a reduction to harmful behaviours (such as alcohol and drug abuse and suicide) an increase in high school graduation rates and other positive educational outcomes, and higher employment rates" (p. 10). The student researcher finds that the confirmation in the literature to support this claim necessitates that those working in healthcare should become familiar with the evidence, and begin to create localized, Aboriginal-lead change in their practice and broader wellness systems.

"We believe these data provide a strong rationale for the promotion of traditional culture in public health programs aimed at decreasing chronic disease rates among American Indian populations."
(Coe, Attakai, Papenfuss, Giulian, Martin & Nuvayestewa, 2010, p. 409)

Implications for Further Research

Throughout the research process, the student researcher was able to identify three factors that need additional research. These were, (1) gender-specific healthcare plans or research on how Aboriginal women are especially marginalized in healthcare systems in Canada; (2) how to effectively create Nation-specific healthcare to avoid pan-Indigenizing healthcare; and (3) how can organizations and healthcare groups that *are* doing effective work address the lack of funding to make more of these recommendations a reality.

Annotated Bibliography

Anderson, M., Smylie, J., & Sinclair, R. (2006). *First Nations, Métis, and Inuit Health Indicators in Canada*. Retrieved from http://iphrc.ca/pub/documents/canadian.pdf

This paper aims to answer the question as to why Indigenous peoples in Canada are not receiving the same quality of "health care monitoring, evaluation, and surveillance systems" than the rest of the population (p. 5). This paper is unique in the way that it focuses on *how* Indigenous health is recorded in Canada, and why these systems are creating gaps in research and knowledge for those in health care. They identify specific measurements of Aboriginal health (national, provincial, regional and Indigenous operated), and note that they are so complex that it becomes incredibly difficult to be inclusive and consistent. A main barrier they discovered is Aboriginal self-identification, which is necessary for these systems on most levels: "At the national level, the continued inability to identify all three of Canada's Aboriginal Peoples in healthcare databases leads to very poor coverage of Canada's Indigenous population, with a specific paucity of health information for non-registered First Nations, Métis, and Inuit Peoples. Provincial" (p. 5).

They suggest that there needs to be new frameworks for health monitoring and classifications in that are drawn from local understandings of both health and identity. Although this will broaden and perhaps further complex measurement tools, it will be more comprehensive and "empirical based" for planning delivery of health services in the future (p. 6).

Berry, S. L., Crowe, T. P., Deane, F. P., Billingham, M., & Bhagerutty, Y. (2012). Growth and Empowerment for Indigenous Australians in Substance Abuse Treatment. *International Journal of Mental Health and Addiction*, *10*(6), 970–983. https://doi.org/10.1007/s11469-012-9393-2

This paper outlines a study done at Oolong House, an Indigenous residential substance abuse centre on the South Coast of New South Wales, Australia. The researchers explored the impact of cultural components during treatment, and examined their success rates. Cultural components included the use of "traditional languages, practices, spirituality, and cultural identity" (p. 971). Many of their clients indicated that part of their grief which lead to alcohol dependencies was rooted in "cultural alienation, loss of identity" and loss of language (p. 970). The clients had individual agency to decide how deeply they would embed their treatment into cultural components and the researchers concluded that, "culture as treatment hypothesis suggests that a return to traditional Indigenous cultural practices is sufficient for effecting recovery from substance abuse for many Indigenous individuals" (p. 980). These findings are hugely valuable when discussing the importance of language revitalization to Indigenous health maintenance and recovery.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian Holocaust: Healing Historical Unresolved Grief. *American Indian and Alaska Native Mental Health Research*, *8*(2), 60–82.

Within this paper, the authors discuss the label "historical unresolved grief" that contributes to "high rates of suicide, homicide, domestic violence, child abuse, alcoholism and the other social problems" (p. 60). They use evidence from literature on the holocaust of World War

Two to inform their research on the likened genocide of Indigenous people of North America throughout settlement. Evidence shows that strong correlations of genocidal tactics i.e., abuse for speaking native languages, removing children from homes and communities, and hundreds of thousands of deaths as a result of disease, malnutrition within confinement and sweeping murders (p. 63). The authors also point to how policies that were created to further extinction of the Aboriginal people are still in effect today causing large scales of intergenerational trauma (p. 66). Brave Heart and DeBruyn indicate that Aboriginal people who survived residential schools, and their intergenerational kin, also experience survivor syndrome (p. 66). This is a complex that causes anxiety, intrusive nightmares, depression, isolation, guilt, elevated mortality rates, and "a perceived obligation to share in ancestral pain as well as identification with the deceased ancestors" (p. 66). They argue that these facts, and the present model to resolve this historical grief, is flawed and does not account for the need of cultural and traditional solutions.

Clark, N., Walton, P., Drolet, J., Tribute, T., Jules, G., Main, T., Arnouse, M. (2013). Melq'ilwiye: Coming Together — Intersections of Identity, Culture, and Health for Urban Aboriginal Youth. *Canadian Journal of Nursing Research, 45*(2), 36–57.

This article details the community-based participatory action research project that explored how "urban Aboriginal youth identify their health needs within a culturally centred model of health and wellness, to create new knowledge and research capacity by and with urban Aboriginal youth and urban Aboriginal health-care providers" (p. 37). The research looked at talking circles and surveys to better understand the Aboriginal youth experience, and how this is impacted by intergenerational trauma. One of their key focuses was to develop a list

of strategies that address Aboriginal youth needs and desires regarding their health care, and found that this was explicitly expressed in pride for their Aboriginal identity and the significant interest in learning traditional ways of self-care and medicine. The researchers identified that health care professionals should also look to the rich narratives of resistance and strength as a way of informing their care practices. In doing so, this returns to a strength-based approach that is empowering for Aboriginal youth (p. 51).

This article is important as it identifies the variety of ways that Aboriginal people identify health that can exist outside a Western concept of medicine. The researchers validated the need for culturally relevant ways of wellbeing as it has proven to be effective in reducing Aboriginal health disparities (p. 39). Furthermore, they found that "cultural identity is formed through a wide circle of activities, including access to Elders, language, First Nations education, community health spaces such as Friendship Centres and the Internet" (p. 49).

Coe, K., Attakai, A., Papenfuss, M., Giuliano, A., Martin, L., & Nuvayestewa, L. (2010). Traditionalism and Its Relationship to Disease Risk and Protective Behaviors of Women Living on the Hopi Reservation. *Health Care for Women International*, *25*(5), 391–410. https://doi.org/10.1080/07399330490438314

This study focused on different methods of cancer preventions for American Indians on the Hopi Reservation, and reviewed what features made them successful or otherwise. From July to December 1993, 559 Hopi women, aged 18 and over, were randomly selected to participate in a survey that had three dimensions, which the researchers umbrella under the labels of "traditionalism," "language usage," and "cultural participation" (p. 395; 405). They

found that Hopi woman tend to have high levels of traditionalism, and that speaking the Hopi language was a key component of this (p. 407). The research showed that residents of the Hopi reservation found that language was positively correlated with keeping healthy, and this "provides a strong rationale for the promotion of traditional culture in public health programs aimed at decreasing chronic disease rates among American Indian populations" (p. 409).

Croll, J., Neumark-Sztainer, D., Story, M., & Ireland, M. (2002). Prevalence and Risk and Protective Factors Related to Disordered Eating Behaviors Among Adolescents: Relationship to Gender and Ethnicity. *Journal of Adolescent Health*, *31*(2), 166–175. https://doi.org/10.1016/S1054-139X(02)00368-3

This study focused on the "current prevalence of disordered eating behaviors in a large sample of adolescents…and to identify gender and ethnic-specific risk and protective factors" (p. 166). It found that among both genders, American Indian youth were reported to have some of the highest rates of disordered eating and that this was significantly connected to the lack of familial support in reducing or preventing risk factors (p. 172).

Firestone, M., Smylie, J., Maracle, S., Spiller, M., & O'Campo, P. (2014). Unmasking health determinants and health outcomes for urban First Nations using respondent-driven sampling. *BMJ Open*, *4*(7), e004978. https://doi.org/10.1136/bmjopen-2014-004978

In this study, researchers in Hamilton, Ontario identified the disproportionate Aboriginal health disparities in their neighbourhood. One of the initial challenges they faced was the growing lack of data collection in Canada regarding Aboriginal peoples' health rates,

income and unemployment levels, and housing evidence. A contributor to this is the removal of the long-form census in Canada, and the poor coverage that has exists in the healthcare field. Healthcare researchers have previously indicated that there are significant challenges in trying to fill the gap as response rates through other studies have been too low to show meaningful patterns (p. 2). As a response to this, these researchers implemented a community-based participatory research method using respondent-driven sampling (RDS), as they hypothesized that it would be effective as it draws on the values of social networks and gave the community agency over protocols of the study and how it progressed (p. 2). The researchers also designed the surveys to reflect the health priorities of the community, "which was administered in a safe and culturally secure context" (p. 4). They attribute their high response rates to this method.

The researchers proposed that by using a community-centered RDS model, other researchers hoping to generate new knowledge on Indigenous health and wellbeing would be more successful. "Given the near absence of population health information for urban Aboriginal people in Canada, this research is able to provide, for the first time, First Nations data that clearly demonstrate alarming socio-economic inequities, a significant burden of chronic disease, multiple barriers in access to healthcare and elevated emergency room use. This newly established health database represents a significant contribution to public health that will directly inform strategic directions for the improvement of health and social status of urban Aboriginal people in Ontario" (p. 7). This study is important not only for the Aboriginal health coverage they acquired, but also because they model a successful and culturally sensitive method of Aboriginal research that is successful, effective and safe.

First Peoples' Heritage Language and Culture Council. (2014). Report on the Status of B.C. First Nations Languages 2014. Retrieved from http://www.fpcc.ca/files/PDF/Language/FPCC-LanguageReport-141016-WEB.pdf

In the second edition of the *Report on the Status of B.C. First Nations Language*, First Peoples' Heritage Language and Cultural Council provides an update on the status of B.C.'s First Nation's languages. This is done so that they can continue to "support, enhance and encourage [revitalization] efforts by increasing understanding of the complexities of language revitalization" (p. 5). Some key findings in this report included the following:

- **Speakers:** There was an increase of 3,144 semi-fluent speakers over the 2010 numbers. This is promising as "it indicates that revitalization efforts are paying off" (p. 6).
- **Language in Education (Usage):** "It is crucial that children are provided with the opportunity to learn in their own language, ideally in an immersion environment" (p. 6). Preschool age is the key period for language acquisition (p. 6).
- **Language Resources:** "Only 97 communities (52%) have any sort of curriculum materials for teaching the language" (p. 7). This indicates a substantial need for investment in curriculum development and archival and revival models.
- **Benefits Linked to the Vitality of First Nations Languages:** "There is growing evidence of the link between a strong linguistic and cultural identity and well-being in other areas including social, mental and physical health, a reduction to harmful behaviours (such as alcohol and drug abuse and suicide) an increase in high school graduation rates and other positive educational outcomes, and higher employment rates" (p. 10).

Frohlich, K. L., Ross, N., & Richmond, C. (2006). Health disparities in Canada today: Some evidence and a theoretical framework. *Health Policy*, *79*(2), 132–143. https://doi.org/10.1016/j.healthpol.2005.12.010

This paper articulates the "egregious health disparities in Canada" that exist between Aboriginal peoples and the rest of the Canadian population (p. 132). The researchers analyze the relationship between three main determinates: "status, income and place" (p. 133). They highlight the growing need for cultural opportunities for Aboriginal people as a means of gaining higher levels of health and socio-economic levels. They do this through suggesting policy reformations that address the causes of "unequal distributions of resources" that cause these disparities (p. 135).

Gone, J. P., & Calf Looking, P. E. (2015). The Blackfeet Indian Culture Camp: Auditioning an Alternative Indigenous Treatment for Substance Use Disorders. *Psychological Services*, *12*(2), 83–91. https://doi.org/10.1037/ser0000013

In July 2012, researchers ran a voluntary trail study for residential clients with substance use disorders (SUDs) at the Crystal Creek Lodge. The study was an immersion camp for the *Pikuni* Blackfeet people, "a northern Plains Algonquian Indian people who lived the celebrated life of the equestrian bison hunter prior to their settlement on the reservation in the late 19th century" (p. 84). Throughout the duration of the program, clients would be reintroduced to Blackfoot traditions of "living off the land," "ritual participation, traditional skills and other cultural activities" (p. 88). This included ceremonies, sweat lodges, talking circles, pitching teepees, harvesting plants, tanning hides, traditional language use, and creating an environment of support and good humour (p. 86). The original model for this

camp was to happen over a 4-week period, but because of significant limitations it became 12-days only and with only 4 participants. The researchers identified that the data received from this trial was too brief to draw any consistent results in terms of sobriety levels achieved, but could distinguish the great interest for more programs like this, and the substantial need for more research to be done in "alternative indigenous intervention for SUDs" (p. 99).

Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, *22*, 392–399. https://doi.org/10.1016/j.cogdev.2007.02.001

This short report details "a preliminary investigation into how community-level variability in knowledge of Aboriginal languages relate to 'band'-level measures of youth suicide" (p. 392). This evidence-based report provided three critical findings:

1. **Factor analysis:** Language knowledge should be considered a new index for cultural continuity factors (p. 396).
2. **Suicide:** "Results indicate that those bands with higher level of language knowledge (i.e., more than 50%) had fewer suicides than those bands with lower levels" (p. 396).
3. **Language as a health marker:** "Altogether these results demonstrate that indigenous language use, as a marker of cultural persistence, is a strong predictor of health and wellbeing in Canada's Aboriginal communities (p. 398).

Hodge, F. S., & Nandy, K. (2011). Predictors of Wellness and American Indians. *Journal of Health Care for the Poor and Underserved*, *22*(3), 791–803. https://doi.org/10.1353/hpu.2011.0093

In this study, researchers surveyed 457 adult American Indians on health and language. They defined wellness as "being in the balance and taking care of oneself physically, emotionally, mentally, and spiritually" (p. 792). Within their study group, "25.76% of participants were able to speak their tribal language, and 28.97% were in good wellness compared to 16.98% being in bad" (p. 797). This finding indicates that maintaining cultural fluency through language use is an important factor in sustaining good health for Aboriginal people.

Jacono, J., Jacono, B., & Francis, S. (2008). The Use of Puppetry for Health Promotion and Suicide Prevention Among Mi ' Kmaq Youth. *Journal of Holistic Nursing*, *26*(1), 50–55. https://doi.org/10.1177/0898010107306201

Researchers used the strategy of puppetry as a prevention method to suicide in First Nations communities, specifically in the Mi'Kmaq First Nations reserves on Cape Breton Island. Their findings strongly support increasing accessibility to "history, language, culture, ritual, and stewardship" of First Nations communities to "enhance their pride, and help dispel the notion of separateness or inferiority among young aboriginal youth," which has been linked as a precursor to suicide attempts (p. 54). Evidence shows that health problems can be alleviated through "a return of self-esteem, self-efficacy, cultural and linguistic resurgence, traditional healing practices, and increasing governance over the lives of the community" (p. 52).

Kaufman, C. E., Desserich, J., Crow, C. K. B., Holy Rock, B., Keane, E., & Mitchell, C. M. (2007). Culture, context, and sexual risk among Northern Plains American Indian Youth, *64*(10), 2152–2164. https://doi.org/10.1016/j.socscimed.2007.02.003

In a study with youth from Northern Plains American Indian communities, it was found that they experience two to four times the rate of sexually transmitted diseases than their national counterparts and have a "25% higher level of teen births" (p. 2152). From data gathered from focus groups, interviews and surveys, the researchers found that a direct cause of these rates is an "intense pressure for early sex, often associated with substance use" (p. 2152). Youth shared their experiences, often closely associating sexual health with "self-respect" and "dignity" that was predominantly allied with cultural traditions and cultural pride (p. 2160). Researchers ultimately found that "cultural identity—specifically, positive cultural identity formation—could thus be a potent force in prevention efforts" (p. 2162).

King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, *374*(9683), 76–85. https://doi.org/10.1016/S0140-6736(09)60827-8

In this foundational review, authors and researchers Malcom King, Andrea Smith and Michael Gracey, analyze and uncover "the underlying causes of health disparities between Indigenous and non-Indigenous people and provide an Indigenous perspective to understand these inequalities" (p. 76). They articulate the need for Indigenous people and groups to become the source that defines what health and well-being mean. They recognize that in a Western context, notions of health are largely focused on "disease and treatment," where an Indigenous perspective defines wellbeing in terms of balance, and thus, more holistically to include spiritual, emotional and familial wellbeing (p. 76).

The paper continues to discuss the intrinsic connection between identity, language and health, saying that, "Balance extends beyond the individual realm such that good health and healing also require that an individual live in harmony with others, their community, and the

spirit worlds" (p. 76). But for an Aboriginal person to have the tools needed to do this, there must be a certain level of cultural continuity that comes from a strong sense of cultural identity. The authors explain that ancestral language use is crucial in developing this identity, and language shifts or language loss because of colonization is contributing to the devastating health deficits (p. 78). Furthermore, they state, "Indigenous mental health constructs are fundamentally different from those that form non-Indigenous frameworks in developed countries. Counselling of Indigenous patients from the perspective of the cultural mainstream has been said to perpetuate colonial oppression" (p. 31).

Mackay, G. (2005). The City as Home: The Sense of Belonging Among Aboriginal Youth in Saskatoon, Final Report. *Department of Native Studies; Prepared for the Bridges and Foundations Project on Urban Aboriginal Housing*. Retrieved from http://www.bridgesandfoundations.usask.ca/reports/McKayTheCity.pdf

In Gail MacKay's final report, she thoroughly discusses her research on the connection between Aboriginal youth in Saskatoon and senses of belonging, i.e., sense of *home*. The report is based on data collecting in summer and fall of 2004, with the participation of 16 Aboriginal youth (ages 16-29) that lived in Saskatoon and participated in programs assisting them with skill development (p. 4). The research found that the youth described a sense of belonging within a collective, or a community, based on "shared physical features, ancestry, history, residence, lived experiences, cultural practices and values, language, or [a] legal definition" (p. 5). Furthermore, "The researcher heard the youth speak of great benefit of programs within their community that are based in Aboriginal cultures, that build

meaningful relationships with elders and children, and that challenge them to explore and achieve their individual potential" (p. 4).

Marmion, D., Obata, K., & Troy, J. (2014). *Community, identity, wellbeing: the report of the Second National Indigenous Languages Survey*. *Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies*. Retrieved from www.aiatsis.gov.au

This report analyzes the *Second National Indigenous Languages Survey*, and offers insight for governments, communities and healthcare professionals on how to best support the revitalization of Australian languages (p. x). The authors articulate that there is a strong connection between ancestral language use, identity formation, and community development for Indigenous people. They propose an increase in revitalization movements of Indigenous languages as their "survey data shows that traditional language is a strong part of Indigenous peoples' identity, and connection with language is critical for their wellbeing" (p. xiii). They provide 18 recommendations for national Indigenous language programs to continue to "build a better understanding of the current situation of Australian languages, activities supporting Australian languages, people's attitudes towards and aspirations for their languages, and views about the most effective types of language action" (p. xi). They communicate that language is the ultimate source of knowledge regarding wellbeing and health and must be protected as a critical movement in addressing health concerns in Indigenous populations.

Oster, R. T., Grier, A., Lightning, R., Mayan, M. J., Toth, E. L., Chandler, M., Gracey, M. (2014). Cultural continuity, traditional Indigenous language, and diabetes in Alberta First

Nations: a mixed methods study. *International Journal for Equity in Health*, *13*(1), 92. https://doi.org/10.1186/s12939-014-0092-4

This study explored the connection between "cultural continuity, self-determination, and diabetes prevalence in First Nations in Alberta, Canada" (p. 1). The research was done through a mixed methods approach, using interviews and a cross-sectional analysis of preexisting data. They found that Aboriginal cultural continuity is an essential factor for good health. However, as many First Nations groups experience a lack of agency over policies that directly impact them, they are continually confronted with "intergenerational effects of colonization…which undermines the sense of self-determination, and contributes to diabetes and ill health" (p. 1). In conclusion they found that researchers, healthcare professionals and policy makers must collaborate with Aboriginal communities to reclaim ancestral ways of wellbeing. This must be inclusive of sovereignty over governing groups and culture and language revitalization.

Reyhner, J. (2011). Indigenous Language Immersion Schools for Strong Indigenous Identities. *Heritage Language Journal*, *7*(2), 138–152. Retrieved from http://jan.ucc.nau.edu/jar/Heritage.pdf

This article looks at language immersion schools for Indigenous people as an integral piece of healing from the impacts of colonization. Language loss has been one significant way that settler colonial government regimes have forced assimilation onto Indigenous peoples, and the intergenerational trauma that results from those experiences is major. This article calls for support for the revitalization of Indigenous languages as a way to reconnect Indigenous people to their heritage, family and traditions (p. 9). They argue that language programs may

hold the key to Aboriginal sovereignty over curriculum development, government reintegration and centering a Nation's value system. Indigenous languages also have the power to build bridges between global communities that are making similar movements of revitalization (p. 25).

Ungar, M. (2008). Resilience across Cultures. *British Journal of Social Work*, *38*(2), 218–235. https://doi.org/10.1093/bjsw/bcl343

This study focuses on resilience, and how to best define and understand this term with a culturally embedded framework. Resilience is key to interventions with at-risk populations as a way of embracing self-determination, belonging and personal meaning after a shared cultural trauma, like Aboriginal residential schools and colonization (p. 218). Specifically, in terms of health care, this study finds that children and youth must negotiate for health-sustaining resources to be provided in ways that they, and those in their culture, define as health-enhancing" (p. 225). This speaks to the critical need for sovereignty over health care for marginalized groups experiencing high rates of health disparities compared to their national counterpart, as well as avoiding pan-Indigenizing healthcare.

Wexler, L. M. (2006). Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine*, *63*(11), 2938–2948. https://doi.org/10.1016/j.socscimed.2006.07.022

"Inupiat living in Northwest Alaska have one of the highest youth suicide rates in the world. Other circumpolar peoples share this disturbing distinction…Despite this body of knowledge, few studies describe how local people connect suicide to culture loss, even

though this understanding is crucial for developing effective prevention and intervention strategies. This article describes how Inupiat understand and talk about youth suicide and suicide prevention within public settings" (p. 2938). This study uses community meetings to trace the patterns of historical trauma that has led to high rates of Inupiat suicide and hopes to make modern forms of colonization visible to better resist its' violence (p. 2941).

Whalen, D. H., Moss, M., & Baldwin, D. (2016). Healing through language: Positive physical health effects of indigenous language use. *F1000Research, 5*(852), 1–9. https://doi.org/10.12688/f1000research.8656.1

This study articulates that there are health-related benefits for Indigenous people to maintain their language and sustain revitalization efforts. They firmly support that a focus on ancestral language is an effective means of reinforcing culture, and although evaluation of language programs is challenging, there is great evidence to show that those who participate in them have been effective at improving mental and physical health. "Speaking an indigenous language in and of itself may not be solely responsible for improved health status; rather, community validation of the indigenous knowledge system, community-driven tribal education, comprehending indigenous medicine, and youth empowerment through language and cultural identity all play significant roles in the ability of a minority language to thrive and for the community to experience health outcomes from the collective effort" (p. 4).

Additional References

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