


Cultural Connectedness and Self-Rated Health among First Nations People Living Off Reserve

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CRDCN 2016 Annual Conference






Substantial and Longstanding Health Inequalities

- ▶ On average, Indigenous people in Canada have higher rates of chronic illnesses, injuries, psychological distress, suicide and infant mortality, lower life expectancy, and poorer self-rated health than non-Indigenous Canadians (e.g., Adelson, 2005; Gracey & King, 2009; Reading & Wien, 2009; Waldram, Herring, & Young, 2006)
- ▶ Some health disparities are less pronounced among Indigenous people living *off reserve*, but there are still significant gaps (e.g., Frohlich, Ross, & Richmond, 2006; Garner et al, 2010)



Social Determinants of Indigenous Health

- ▶ Many health problems are rooted in systemic racism and colonialism, which has entailed *disconnection* from land, culture, and community (e.g., Adelson, 2005; Czyzewski, 2011; King, Smith, & Gracey, 2009; Reading & Wien, 2009; Richmond & Ross, 2009)
- ▶ Within this context, lower incomes, less education, and higher unemployment, combined with intergenerational trauma (e.g., family history of Indian residential school attendance), all predict poorer health (for a review of social determinants of Indigenous health, see Reading & Wien, 2009; for more on intergenerational effects of IRS, see Bombay, Matheson, & Anisman, 2014; Hackett, Feeny, & Tompa, 2016)



Strengths-Based Approach: Culture as a Health Buffer

- ▶ From an Indigenous perspective, cultural connectedness may improve health and reduce the negative health effects of material poverty & racism (e.g., Alfred, 2005; Martin-Hill, 2003; Waller & Yellowbird, 2002)
- ▶ At the community level, First Nations in B.C. with higher *cultural continuity* (indicated by # of cultural facilities on reserve, control over local services, etc.) have significantly lower suicide rates (Chandler & Lalonde, 1998)
 - ▶ Follow-up studies using additional measures of cultural continuity (including Indigenous language use/knowledge) in other provinces find similar results (e.g., Chandler & Lalonde, 2008; Hallett et al, 2007; Oster et al, 2015)
 - ▶ But do such results hold at the individual level? And what about off reserve?




Cultural Connectedness and Health at the Individual Level

- ▶ Snowshoe et al (2015): *cultural connectedness* = extent to which an individual is integrated into (Indigenous) culture
 - ▶ Relevant dimensions: cultural identity, language, traditional activities, and spirituality
 - ▶ Associated with higher life satisfaction and stronger sense of self among Indigenous youth on and off reserve
- ▶ Other studies showing positive results:
 - ▶ Enculturation (awareness of cultural practices & values) associated with higher self-esteem and fewer addictions for Aboriginal people in Edmonton (Currie et al, 2013)
 - ▶ Participation in traditional activities and knowledge & use of tribal language associated with less depression and less substance abuse among American Indians in US Midwest (Whitbeck et al, 2001; 2002)
 - ▶ IRS survivors often describe cultural re-connection as essential for healing (TRC, 2015)



Cultural Connectedness and Health at the Individual Level

- ▶ Studies of cultural connectedness and self-rated health using the Aboriginal Peoples Survey (APS) report mixed results. For example:
 - ▶ Wilson & Rosenberg (2002; 1991 APS): found positive associations between traditional activities and self-rated health among First Nations people living on reserve, but not off reserve
 - ▶ Wilson & Cardwell (2012; 2001 APS): urban Aboriginal people who hunted & fished were less likely to report poor/fair health and activity limitations; gathering wild plants was positively associated with self-rated health, but negatively with activity limitations; language use was not associated with health
 - ▶ Cooke & McWhirter (2011; 2001 APS): older Aboriginal women off reserve who spoke an Aboriginal language had worse self-rated health
 - ▶ Richmond, Ross, & Egeland (2007; 2001 APS): availability of traditional medicines associated with better self-rated health among Aboriginal women




Cultural Connectedness and Health using the 2012 APS

- ▶ 2012 APS provides opportunity to examine cultural connectedness and health among off-reserve Indigenous people
 - ▶ Planned separate analyses for different identity groups (First Nations, Metis, and Inuit) and health outcomes (self-rated health, psychological distress, chronic illnesses, and suicide ideation/attempts)
- ▶ Some recent studies have begun to address this issue, with mixed results.
 - ▶ For example: Ryan et al. (2016a, 2016b): Indigenous people off reserve who hunted, fished, or trapped were more likely to smoke and binge drink, and those with more exposure to an Aboriginal language were more likely to smoke; but those who did arts & crafts were less likely to binge drink, and speaking an Aboriginal language was not associated with heavy drinking



Data and Methods

- ▶ Data source:
 - ▶ 2012 Aboriginal People Survey
 - ▶ Sample size ~ 7400
 - ▶ Ordered logistic regression
 - ▶ Results are based on 1000 bootstrap weights
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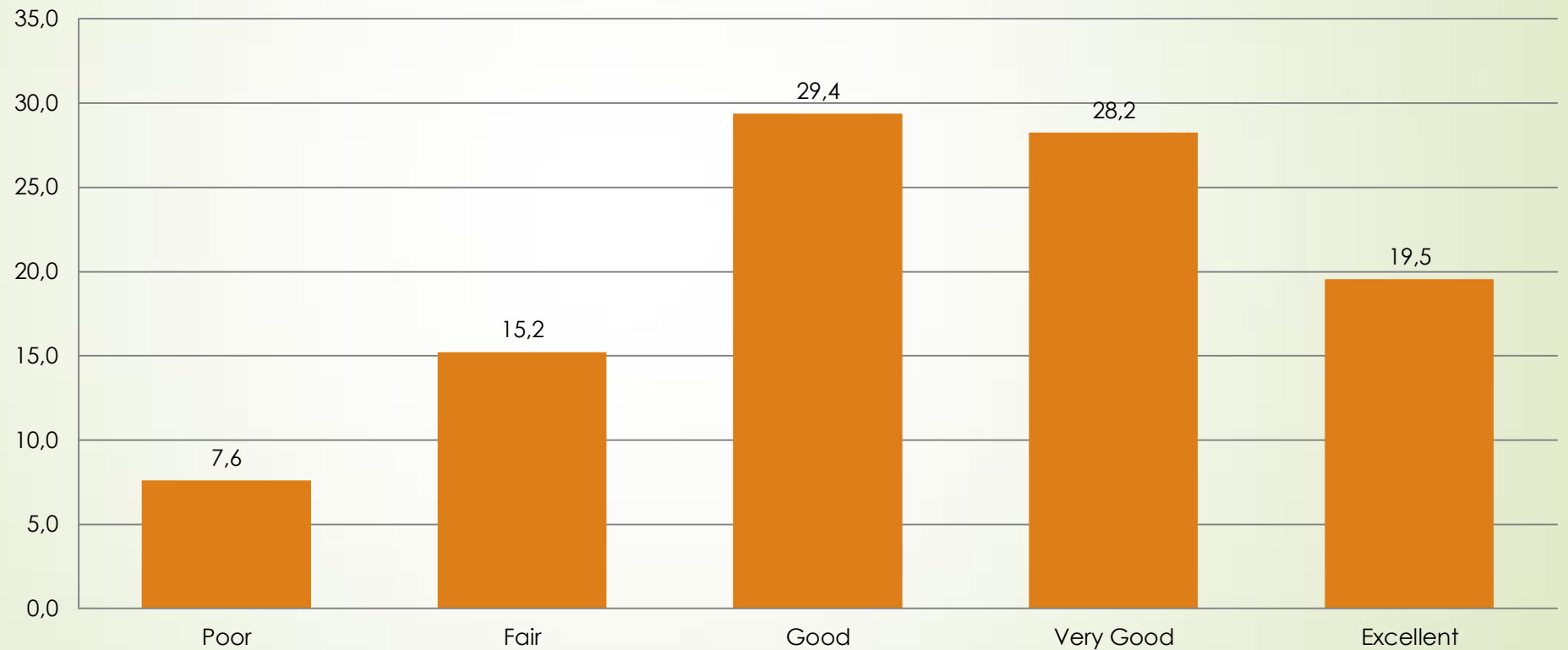


Data and Methods

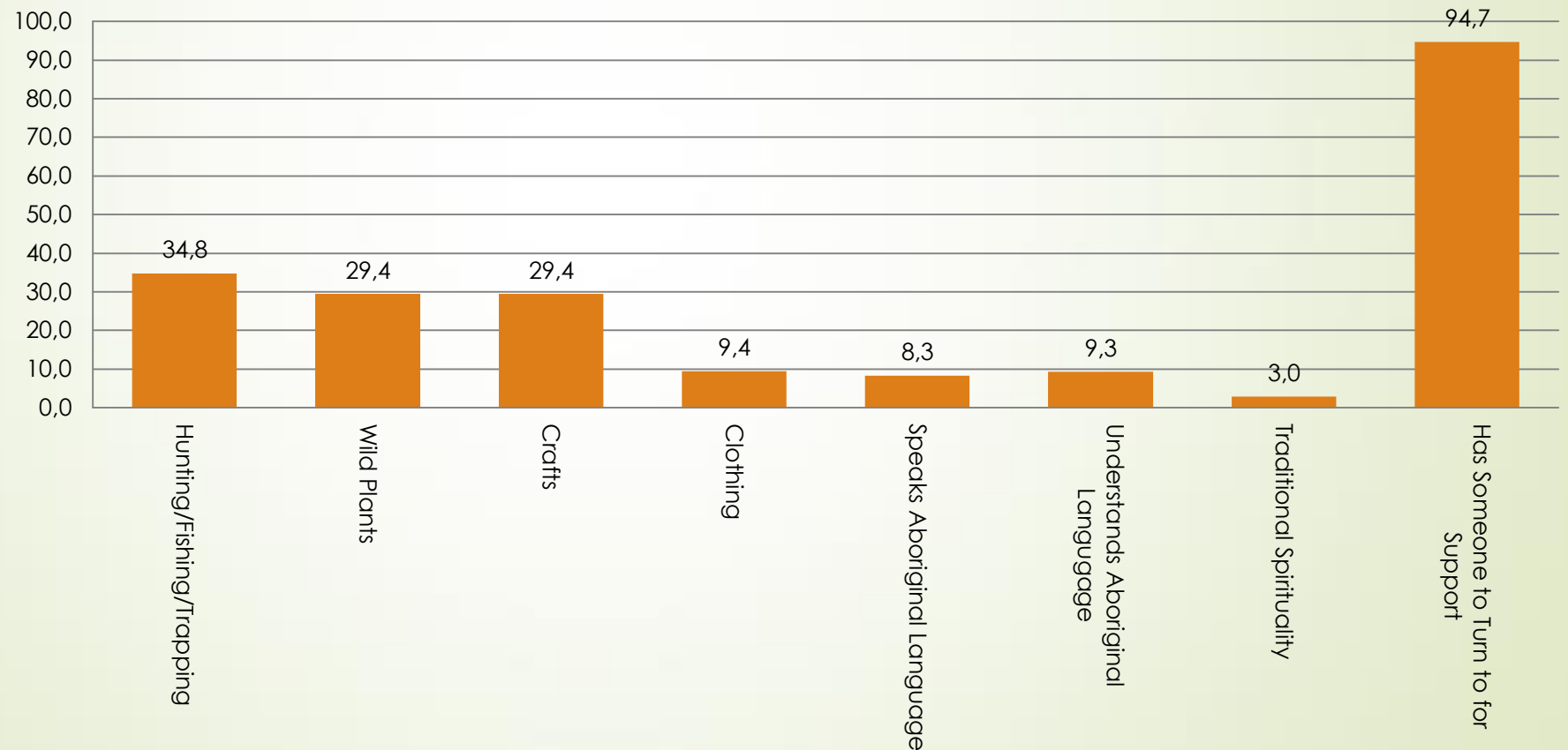


- ▶ Outcome
 - ▶ Self-Rated Health
- ▶ Cultural Connectedness
 - ▶ Traditional Activities
 - ▶ Aboriginal Language
 - ▶ Traditional Spirituality
 - ▶ Social Support
- ▶ Indigenous-Specific
 - ▶ Status
 - ▶ Residential school Attendance
 - ▶ Respondent
 - ▶ Family member
- ▶ Health Behaviours
 - ▶ Has regular family doctor
 - ▶ Smoker
 - ▶ Binge drinker
- ▶ Sociodemographic
 - ▶ Gender
 - ▶ Age
 - ▶ Education
 - ▶ Income
 - ▶ Household size
 - ▶ Labour Force Status

Self-Rated Health among First Nations people living off reserve, ages 15+ (2012 APS)



Cultural Connectedness among First Nations people living off reserve, ages 15+ (2012 APS)



Ordered Logistic Regression Results, predicting self-rated health

Variable		OR (95% CI)
Gender (ref: male)	Female	0.82 * (0.69-0.97)
Age		0.98 ** (0.97-0.98)
Education (ref: less than HS)	High school	1.21 (0.93-1.56)
	Some post-secondary	1.12 (0.87-1.45)
	Post-secondary	1.61 *** (1.30-1.99)
Household income		1.00 *** (1.00-1.00)
Household size		1.04 (0.98-1.09)
Labour Force Status (ref: employed)	Unemployed	0.62 *** (0.48-0.80)
	Not in labour force	0.52 *** (0.43-0.63)

Ordered Logistic Regression Results, predicting self-rated health (cont'd)

Variable		OR (95% CI)
Has a regular family doctor (ref: no)	Yes	0.86 (0.71-1.03)
Smoking status (ref: does not smoke)	Daily smoker	0.52 *** (0.44-0.62)
	Occasional smoker	0.61 *** (0.48-0.77)
Binge drinking (ref: never / does not drink)	Less than once a month	1.32 ** (1.09-1.60)
	Once a month or more	1.20 (0.97-1.49)
	Once a week or more	1.13 (0.87-1.46)
Status Indian (ref: no)	Yes	1.15 (0.96-1.38)
Attended residential school (ref: no)	Yes	0.84 (0.62-1.12)

Ordered Logistic Regression Results, predicting self-rated health (cont'd)

Variable		OR (95% CI)
Family member attended residential school (ref: no)	Yes	0.79 ** (0.65-0.94)
Speaks Aboriginal Language (ref: does not)	Speaks with effort	0.97 (0.80-1.18)
	Speaks well	1.02 (0.75-1.38)
Understands Aboriginal language (ref: no)	Yes	0.86 (0.63-1.16)
Hunting/Fishing/Trapping (ref: no)	Yes	1.01 (0.87-1.18)
Wild plants (ref: no)	Yes	0.97 (0.83-1.15)
Crafts (ref: no)	Yes	0.73 *** (0.62-0.86)

Ordered Logistic Regression Results, predicting self-rated health (cont'd)

Variable		OR (95% CI)
Clothing (ref: no)	Yes	0.91 (0.69-1.19)
Traditional Spirituality (ref: no)	Yes	1.15 (0.68-1.94)
Has someone to turn to for support (ref: no)	Yes	2.11 ** (1.33-3.34)

► * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$.



Conclusions & Limitations



- ▶ *Possible interpretations:*
- ▶ 1. There is no relationship between cultural connectedness and self-rated health among First Nations people living off reserve
- ▶ 2. Cultural variables aren't measuring what we think/hope they are measuring
 - ▶ Traditional spirituality is not mutually exclusive with religious denomination
 - ▶ Hunting, fishing, etc. once in the past year doesn't necessarily indicate cultural connectedness; need to analyze meaning and frequency of these activities
 - ▶ Language: if English or French is not one's primary language, it may be more difficult to access services, including health care (see RHS, 2002/03)
 - ▶ Other important cultural variables (e.g., time spent with elders) had to be excluded, and other types of cultural activities were not asked about in this survey
 - ▶ Traditional activities index had relatively low internal consistency ($\alpha = 0.39$)



Conclusions & Limitations

- ▶ *Possible interpretations:*
- ▶ 3. Time-order problem: Indigenous healing movement has encouraged Indigenous people with health issues to return to traditional activities as part of their healing (e.g., Chansonneuve, 2005; Maxwell, 2011)
- ▶ 4. Indigenous people may interpret self-rated health question differently than non-Indigenous people (e.g., Bombak & Bruce, 2012)

- ▶ *Future research:*
- ▶ Still need to examine other health outcomes (e.g., suicide ideation) and other Indigenous identity groups (Metis, Inuit), and do more fine-grained analyses by age, gender, etc.
- ▶ But can Indigenous culture be measured by a series of discrete variables?

Acknowledgements

- This project was funded by a 2012 APS Mini Grant from the Canadian Research Data Centre Network (CRDCN)

