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Introductory Essay: An Rx for Indigenous Health Inequality: The Social Determinants of Health

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Abstract
It is with great pleasure that I am able to serve as the first Special Guest Editor (health) of the Inter-national Indigenous Policy Journal. This special edition is a compilation of some of the best research con-ducted on Indigenous populations. Moving beyond the disturbing trends so many of us are already well aware of, this body of research provides new theoretical, policy, and practical approaches for researchers, decision makers, and communities seeking to improve health outcomes for Indigenous populations.

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LETTER FROM THE GUEST EDITOR - *Nicholas Spence*

Introductory Essay

An Rx for Indigenous Health Inequality: The Social Determinants of Health

It is with great pleasure that I am able to serve as the first Special Guest Editor (health) of the International Indigenous Policy Journal. This special edition is a compilation of some of the best research conducted on Indigenous populations. Moving beyond the disturbing trends so many of us are already well aware of, this body of research provides new theoretical, policy, and practical approaches for researchers, decision makers, and communities seeking to improve health outcomes for Indigenous populations.

There is much diversity in the expertise of researchers in this edition, representing a variety of organizations and perspectives. Also, these papers showcase a variety of research methods (quantitative, qualitative and culturally appropriate), providing different lenses to examine Indigenous health issues. Despite the differences in these approaches, the picture is clear: the works illustrate the importance of the social determinants of health approach to understand how social processes contribute to health inequalities of Indigenous populations. From the lingering effects of colonialism in policy and research to innovative health care models meeting the diverse needs of Indigenous populations to mental health to obesity to diabetes to tuberculosis, the researchers remind us that it is impossible to divorce health outcomes from the greater social milieu.

The social determinants of health are broad, including virtually every aspect of society. While debates on the definitions, relative importance, and ways to measure these determinants continue, readers will observe the prominence of colonialism, culture, geography, housing, and poverty in this special edition. This research shows that the social determinants of health are related in a highly complex manner, with some determinants playing a more distinguished role than others in generating health outcomes, depending on the issue under discussion.

At the International Indigenous Policy Journal, we aim to attract scholarly level research with significant policy relevance. In this special edition, there are many policy implications offered given the research findings, providing practical options for stakeholders seeking to make evidence based policy decisions. The path towards reducing health inequalities of Indigenous populations is complex, but it is clear that any attempts must be rooted in an agenda which makes the reduction of social inequalities a priority. Indeed, by addressing Indigenous health issues, we must, by definition, change the social conditions of this population.

The special edition begins with a strong policy piece by Melanie Ferris that examines an important topic among Indigenous populations, childhood obesity. Despite the 'simple' messages by experts to eat right and get active, she illustrates in her work that Indigenous children and their parents face unique barriers associated with the social determinants of health that impact on the ability of Indigenous children to grow up free of obesity.

Next, Kulmann and Richmond argue for a focus on the social determinants of health to address the high rates on tuberculosis (TB) among Indigenous populations. They show that public health initiatives must be grounded in both biomedical and social determinants of health approaches, given the strong association between poverty, housing and rates of TB. The case of the Inuit in Canada exemplifies that in a developed country, infectious diseases such as TB will continue to be a public health issue if a social determinants of

health approach is relegated to the fringes of research and policy.

Mignone, Elias and Hall argue for an emphasis on the effects of community characteristics on health in Indigenous communities. Although the effects of social structure have a long history in the social determinants of health literature, very little work has examined the effects on Indigenous populations, and empirical relationships examining such concepts as social capital are virtually non-existent. These researchers successfully develop a culturally appropriate measure of social capital, validated with the Manitoba (Canada) First Nations Regional Health Survey. Readers will be excited for the future 'causal' research possibilities coming out of this work.

Using the stress process model, Wingert's work examines how the social structure distributes risk and protective factors and mental health outcomes within the off reserve Indigenous population in Canada. It also examines whether these outcomes are mediated or moderated by risk and protective factors, namely stress, mastery, and social support. Given the high rates of mental health issues in this population coupled with limited data to test relevant hypotheses with a quantitative approach, this work is a first in the area.

Karina Czyzewski makes a strong case for colonialism as the predominant social determinant of health. Through an examination of discourses surrounding Indigenous mental health in Canada, and an emphasis on the notion of intergenerational trauma, she shows there are real health effects of social, political, and economic marginalization at both the individual and community level. Czyzewski argues that colonialism can also be enacted and reinforced within Indigenous mental health discourse, influencing scholarly and popular perceptions. She concludes that improving Indigenous health is inextricably tied to eliminating colonial relations and increasing self-determination.

The theme of colonialism is also seen in the next study by Maar et al., who address the Type 2 diabetes mellitus epidemic, a progressive metabolic disorder that affects Indigenous populations disproportionately around the world. Despite the effectiveness of diabetes treatment strategies to manage the disorder and reduce associated complications, Indigenous populations tend to develop complications rapidly and at a young age. The barriers to evidence-based self-management behaviors and education are identified from the perspectives of Indigenous people living with Type 2 diabetes and their health care providers on Manitoulin Island in Ontario, Canada. Focusing on 'structural violence' of Indigenous people, they outline the social and political arrangements that impede effective diabetes management.

The high rate of substance abuse and its social causes in Indigenous populations has been well documented. However, for Tempier et al., the concept of spontaneous recovery (SR) from substance abuse in general, and specific to Indigenous peoples, has not been examined in any detail. There is also limited understanding of the healing process associated with SR. Employing a decolonizing methodology, thematic analysis of traditional talking circle narratives identify an association between a traumatic life event and an 'awakening.' This 'awakening' is embedded in primary (i.e., consider impact on personal well-being) and secondary (i.e., implement alternative coping mechanism) cognitive appraisal processes and intrinsic and extrinsic motivation rooted in increased traditional Indigenous cultural awareness and understanding. This contributes to both abstinence (i.e., recovery) and sustained well-being (i.e., continued abstinence). Three key interrelated 'themes' specific to the role of culture in SR and recovery maintenance are identified: Indigenous identity, cultural practices, and traditional values. Their model advocates for abuse treatment and intervention policy to privilege culture as a determinant of health and well-being.

Again, stressing the role of culture in health, the next article provides an example of a successful hands-on program aimed to increase the health outcomes of pregnant women and their offspring. From Talking Circles of Indigenous women who participated in a maternal Nutrition and Exercise Lifestyle Intervention Program (NELIP), Mottola et al. seek to identify ways to develop a community based NELIP for pregnant

Indigenous women, given the high rates of obesity and diabetes mellitus in this population. This program shows much promise with participants demonstrating improvement in health, stamina, stress, and a healthy baby, no gestational diabetes and a successful home birth, with a key social determinant of health, social support playing a prominent role in the success of the program. This example of a successful, culturally appropriate intervention is a useful tool for stakeholders aiming to affect lifestyle behaviours.

Much research tends to frame Indigenous issues in a simplistic manner, ignoring the diversity within the population. The next two articles examine the issues of specific Indigenous subpopulations: women and seniors. Maranzan, Sabourin and Simard focus on the needs of women in First Nations communities using data from Northern Ontario, Canada. The survey is part of a larger initiative of the Nishnawbe Aski Nation called the Women's Development Project for women residing on reserve. The work demonstrates that understanding and improving the social conditions and inequity experienced by First Nations women is necessary in order to promote the health and well-being of this group.

Addressing another special population, Bonita Beatty and Loleen Berdahl document the unique health care needs of the growing urban Indigenous senior population in the Canadian context. They present a policy framework to improve the health and well-being of urban Indigenous seniors so that they can have good quality living reflective of their needs and culture. This framework must address the following: socio-economic conditions; underutilization of urban health services; jurisdiction; and elder abuse. Publicly Funded Elderly Care and Caregiving models are examined in Scandinavian countries of Sweden, Denmark, and Iceland.

The final paper by Miranda Kelly focuses on the effects of health care models on Indigenous people in Canada. There has been much debate about the most effective health care model to meet the challenging needs of Indigenous populations, including issues surrounding geography, self governance, and culturally appropriate service delivery. She highlights the detrimental effects of the uncoordinated, fragmented health care system, characterized by jurisdictional gaps and debates between federal, provincial and First Nations governments about responsibility for First Nations health care. Recent developments in British Columbia represent a shift toward a collaborative and coordinated partnership across jurisdictions for the improvement of health of First Nations in the province. The inclusion of First Nations as equal partners in this Tripartite process has opened new paths and possibilities for health care service delivery with potential to transform Indigenous health policy nationally and internationally.