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# Rekindling the Flame: An Exploration of the Relationships Between Health, Culture and Place Among Urban First Nations Men Living in London, Ontario

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree  
in Geography

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## **Abstract**

In this dissertation, I present the findings of a community-based participatory research project with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). Embracing a decolonizing methodology that draws upon strengths-based and intersectional approaches, I qualitatively explore the relationships between health, culture and place among urban First Nations men living in the city of London, Ontario.

Indigenous cultures are broadly defined as a “systems of belief, values, customs, and traditions that are transmitted from generation to generation through teachings, ecological knowledge and time-honoured land-based practices” (McIvor & Napoleon, p. 6). Culture is increasingly recognized as an important determinant of Indigenous health and well-being. Yet the processes by which this relationship occurs have not been critically explored among urban First Nations men. It is precisely these processes that I seek to explore within this dissertation as my overarching research question.

Presented as a series of manuscripts, this dissertation has four research objectives:

- 1) To explore meanings of health among urban First Nations men living in London, Ontario;
- 2) To explore perceptions of culture among urban First Nations men living in London, Ontario;
- 3) To explore the relationship between health and culture among urban First Nations men living in London, Ontario;

- 4) To explore the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project.

The theoretical objectives of this research draw upon conversations with 13 urban First Nations men. Within these conversations, social connection, land and culture are identified as important determinants of wholistic health and well-being, particularly through their ability to provide a sense of belonging. These determinants and the experiences of belonging within them are intricately connected to the men's traditional territories and reserve communities, and profoundly shaped by historical and ongoing processes of colonization. Colonial processes are further found to have created an uneasy relationship between the men and their cultures. This is exemplified by experiences of culture change, racism, and lateral violence that challenge the men's ability to practice their cultures.

The methodological objective of this dissertation is explored in a manuscript co-written with Erik Mandawe, a First Nations research assistant hired to contribute to the decolonizing approach of this thesis. In this manuscript, we discuss the importance of relationships made within the research processes, and how these relationships contributed to our personal stories of reconciliation.

I conclude this dissertation with a discussion of its major contributions, framed by four consistent themes within the theoretical and methodological findings: colonization, sense of belonging, intersectionality, and reconciliation. I propose that the space within which these themes converge provides a valuable

lens to apply to research that explores the relationships between health, culture and place among urban First Nations men.

**Keywords:** First Nations, Culture, Health, Urban, Men, Community-Based Participatory Research, Health Geography.

## **Co-Authorship Statement**

This dissertation is comprised of a collection of three manuscripts, all of which have been or will be submitted to peer reviewed journals for publication.

### **Chapter Four:**

Smithers Graeme, C., Richmond, C., and E. Mandawe. (2017)

“Where I belong”: Meanings of health among urban First Nations men living in London, Ontario.

To be submitted to *Health and Place*

### **Chapter Five:**

Smithers Graeme, C., Richmond, C., and E. Mandawe. (2017)

Practicing Culture as a Determinant of Health: An Exploration of the Uneasy Colonial Legacy of Culture Change, Racism, and Lateral Violence among Urban First Nations Men.

To be submitted to *The International Journal of Indigenous Health*

### **Chapter Six:**

Smithers Graeme, C. & Mandawe, E. (2017). Indigenous Geographies: Research as Reconciliation. *The International Indigenous Policy Journal*, 8(2).

**DOI:** 10.18584/iipj.2017.8.2.2

This chapter was co-authored with Erik Mandawe. As first author, I was primarily responsible for the analysis and writing of this manuscript.

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Finally, I must thank my family. My husband Wally, and my son Calvin have been my biggest supporters. Their confidence in me, and their unconditional love and encouragement got me through the most challenging days.

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Meegwetch Anushik Yaw:ko Nia:wen

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## Chapter One: Introduction

### 1.1 Research Context

Indigenous<sup>1</sup> peoples in Canada experience disproportionate health disparities including higher rates of mortality, infectious and chronic disease, long-term disability, injury due to accidents or violence, and mental related health issues. These disparities are compounded by health related inequalities such as high rates of unemployment, low income, lack of education, and poor housing (NCCAH, 2013; Reading & Wien, 2013; Richmond & Cook, 2016). Much of the research that has sought to address these concerning health realities has adopted deficit-based approaches that document statistics of disease and ill health, usually among reserve populations.

Relatively little is known about the health and well-being of urban Indigenous peoples in Canada (Snyder & Wilson, 2015; Wilson & Cardwell, 2012; Wilson & Young, 2008). Some have theorized that this lack of understanding is due to the pervasive assumption that Indigenous peoples live only on reserves (Newhouse & Peters, 2003; Norris, Clatworthy, & Peters, 2013). Much like the broader Indigenous health literature, what knowledge does exist has tended to adopt problem-centred approaches that rely almost exclusively on statistics to document rates of disease, determinants of poor health, the underutilization of health care services, and the general inability of Indigenous

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<sup>1</sup> Within this dissertation, I defer to the term 'Indigenous' to encompass First Nations, Inuit, and Métis peoples. The term 'Aboriginal' is used only when a direct quote, as part of publication or organizational name and description.

peoples to adapt to urban life (Browne et al., 2009<sup>2</sup>; UAKN, 2012). While the past decade has garnered a growing interest in the urban Indigenous experience and the ways Indigenous peoples in cities are living good lives (cf. Howard-Bobiwash & Proulx, 2011; Peters & Andersen, 2013), this literature is not rooted in health specifically.

Even more marginalized than urban Indigenous peoples within Indigenous health literature, are Indigenous men. Much of what is known about their health and well-being is limited to experiences of violence and high-risk lifestyles (Innes & Anderson, 2015). For example, a small but emerging body of literature explores gang participation among Indigenous men (Buddle, 2011; Henry, 2015; Totten, 2010), an activity often associated with high rates of poverty, family breakdown, incarceration, violence, addictions, and homicide (Grekul & LaBoucane Benson, 2008; Innes & Anderson, 2015). Within this literature, gang membership has been theorized to provide Indigenous men with a sense of belonging that has been lost due to the disruption of traditional gender roles and responsibilities (Buddle, 2011; Totten, 2010). While traditional Indigenous gender roles valued men as protectors and providers, processes of colonization perpetuated gendered segregation, violence and patriarchal order that resulted in significant changes to cultural identity (Innes & Anderson, 2015; McKegney, 2014). Yet despite this concerning reality, Indigenous men have received an astonishing lack of support and research attention (Innes & Anderson, 2015; Senese & Wilson, 2013). Rather

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<sup>2</sup> While the report by Browne et al. (2009) referenced in this dissertation is specific to First Nations health, many of the trends and themes are relevant to the broader Aboriginal population.

Indigenous men are viewed “as victimizers, not as victims; as protectors, rather than those who need protection; or as supporters, but not ones who need support” (Innes & Anderson, 2015, p. 9).

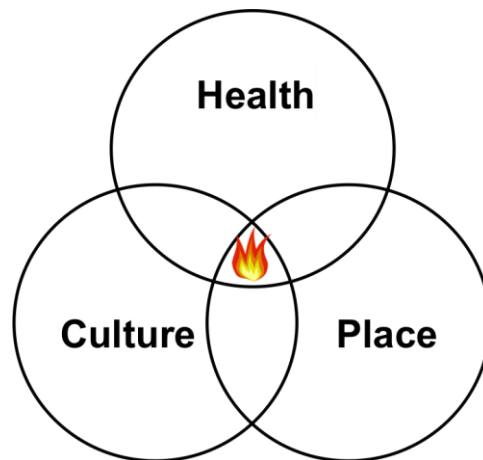
Within the broader study of Indigenous health and well-being in Canada, increasing recognition has been given to the social determinants of health, defined as “the conditions in which people are born, grow, live, work and age” (Marmot et al., 2008, p. 26). While social determinants of health frameworks have enabled more nuanced understandings of the broader social, economic, and political contexts within which Indigenous health occurs, they are not immune to criticism. First, social determinants of health frameworks have too often adopted deficit-based approaches that focus on the determinants of ill health and disease among Indigenous peoples (Greenwood et al., 2015). Second, such frameworks have not accounted for Indigenous ways of knowing and conceptualizations of health (Reading and Wien, 2013). Rooted in a relationship with the land, Indigenous knowledge systems share a highly relational orientation that respects the intricate connections between humans, animals, plants, the moon, the stars, water, wind, and the spirit world (McGregor, 2004). Within these knowledge systems, health is understood as a balance between the physical, mental, emotional and spiritual elements. In this regard, health extends beyond individual and physical well-being to include social, emotional and cultural well-being at a community level (Isaak & Marchessault, 2008; Waldram, Herring & Young, 2006; Wilson, 2003). Third, and closely tied to the highly relational orientation of Indigenous concepts of health, a general lack of attention has been paid to the ways in which the

determinants of Indigenous health intersect and reinforce one another. In this regard, social determinants of health frameworks have not embraced intersectional approaches that provide an opportunity “to reject the often used practice of homogenizing the Indigenous community” (Hankivsky & Christoffersen, 2008, p. 276). Finally, social determinants of health frameworks have not consistently recognized the profound implications of colonization as a distal and structural determinant of Indigenous health (de Leeuw & Greenwood, 2011; Reading & Wien, 2013). Racist and sexist colonial policies including the Indian Act, the Indian Residential School System (IRSS) and the creation of reserves continue to contribute the social, political, geographic, and economic marginalization of Indigenous peoples. Such policies have perpetuated the dispossession of Indigenous peoples from their traditional knowledge systems, lands and cultures, resulting in deleterious implications for their health and well-being (Adelson, 2005; Czyzewski, 2011; Greenwood & de Leeuw, 2012; Reading, 2015; Reading & Wien, 2013; Richmond & Cook, 2015; Waldram et al., 2006).

Within the scholarship that explores the Indigenous determinants of health, culture has received significant and growing attention (see Auger, 2016; Berry, 1999; Chandler & Lalonde, 1998; McIvor & Napoleon, 2009; Reading & Wien; 2013). Grounded in a relationship with the land, Indigenous cultures have been defined as “systems of belief, values, customs, and traditions that are transmitted from generation to generation through teachings, ecological knowledge and time-honoured land-based practices” (McIvor & Napoleon, p. 6). Over time, this scholarship has shifted from a focus on the negative health

implications of culture loss, to strengths-based explorations of the health protecting and promoting capacity of cultural continuity and resilience (Auger, 2016). Chandler and Lalonde's (1998) exploration of cultural continuity as a protective factor in suicide prevention among First Nations communities in British Columbia remains the most influential and cited work in Canada pertaining to this positive relationship between culture and health (Auger, 2016). Yet little is known about the processes by which culture supports health and well-being among urban communities and men. It is precisely these processes that I seek to critically explore within this dissertation as my overarching research question (represented by the flame<sup>3</sup> in Figure 1.1).

**Figure 1.1: Conceptual Model**



<sup>3</sup> The use of the flame within this model results from a meeting that occurred within the context of this research project. At a team meeting with SOAHAC, I explained the purpose of our research to a visiting Elder. I drew him a diagram to offer a visual explanation of the project's objectives: to explore First Nations men's relationships with and between health, cultural identity, and living in the city. In response, he pointed to the middle of the three spheres—the spot at which they share a common area—and commented that there exists a need to “rekindle the flame here”. During the Elder's next visit to London a few weeks later, I met with him again, offering him tobacco and a small gift before asking for his blessing to both continue the research and use his words in the research project.



Considering that research with Indigenous communities has traditionally involved “parachuting” in without consultation or consent (Brant Castellano, 2004), it is unsurprising that research remains as source of distress that is viewed with great skepticism and trepidation among Indigenous peoples (Smith, 1999). As a result, a growing number of scholars are demanding approaches that seek to engage Indigenous communities in a good way. As a means towards this end, decolonizing approaches allow for the prioritization of both Indigenous control over research and Indigenous ways of knowing (Kovach, 2009; Smith, 1999; Wilson, 2008). In seeking to embrace decolonizing approaches to research, scholars are increasingly adopting community-based participatory research (CBPR). Defined as a collaborative approach to research, CBPR’s potential lies in its ability to empower communities, to embrace local knowledge, and to affect change (Buchanan, Miller, & Wallerstein, 2007; Minkler, 2005; Minkler & Wallerstein, 2008).

Consistent with this much needed paradigm shift in research with Indigenous communities, this research project which dissertation is based upon adopts a decolonizing and community-based approach in partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHC). Operating as one of ten Aboriginal Health Access Centres (AHAC) in Ontario, SOAHAC’s statement of purpose is “to improve access to and quality of health services for the Aboriginal Community of Southwestern Ontario in the spirit of partnership, mutual respect and sharing” (SOAHAC, 2016).

Shortly before beginning my Ph.D., I began to meet with an advisory committee of SOAHAC staff and Western University researchers to discuss potential research projects. This process allowed me to build relationships and a better understanding the programming needs of SOAHAC. At the same time, I immersed in the literature pertaining to Indigenous health in Canada as I prepared for my comprehensive exams, allowing me to recognize two prominent and consistent needs within research and programming: urban communities and men. I presented these findings to the (then) Manager of the Traditional Healing Program at SOAHAC in 2014, and inquired if research that explored the health and well-being of urban First Nations men might be beneficial to their programming. The manager responded positively, noting that:

*Often when we organize opportunities to participate for First Nation individuals centered around the topic of healing or health and wellness and we notice that ninety percent of all participants are women. It appears the women in our communities have taken the lead role on their health and wellness or, even more so, have taken the lead through their participation in decolonization methodologies through education and cultural reclamation. First Nation men appear to struggle more with the concepts of the healing movement and especially so if they have no or limited exposure to their own cultural paradigms. This is perhaps a result of the process of colonization resulting in a severe shift in men's roles and responsibilities from the more traditional protector, provider to the more dominant western-*

*based notions of how a strong man should be in society. To survive, one must virtually deny aspects of the whole self in terms of balancing all aspects of the body, mind, heart, and spirit. This causes great gaps in health standards for men as some of these western notions may be impossible to achieve for many reasons. Statistics show, time and time again, that First Nation men perish at a younger age than women due to chronic illness and disease, violence, and participation in risky behaviours. Although not as prominent in southwestern Ontario as in the western Provinces, young Aboriginal males may attempt to redefine themselves through participation in risky gang activity. A shift back toward culture and ceremony appears to ameliorate some of these conditions however, many men are still battling internalized and community oppression as they attempt to come to terms with their roles in their family and the community...I generally find that urban males approach us with different perspectives. That is, urban males are seeking a reconnection but might hold some shame for not knowing anything. First Nation men might hold some stress for participating for fear of exclusion from community members.*

Upon obtaining approval from SOAHAC's Board of Directors, we moved forward with the research project on which this dissertation is based. The theoretical objectives and approaches employed within this dissertation were created in collaboration with SOAHAC staff. This includes the embrace of qualitative methods congruent with Indigenous research paradigms, and the

decision to hire a First Nations male research assistant (Erik Mandawe) to conduct interviews. This approach and the research relationship between Erik and myself are explored as a methodological objective of this dissertation.

## **1.2 Research Objectives**

In this dissertation, I embrace a decolonizing, community-based, strengths-based and intersectional approach to qualitatively explore the relationships between health, culture and place among urban First Nations men (n=13) living in the city of London, Ontario. Written as a series of manuscripts, this thesis addresses four research objectives, three theoretical and one methodological:

- 1) To explore meanings of health among urban First Nations men living in the city of London, Ontario;
- 2) To explore perceptions of culture among urban First Nations men living in London, Ontario;
- 3) To explore the relationship between health and culture among urban First Nations men living in London, Ontario;
- 4) To explore the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project.

## **1.3 Thesis Outline**

As this dissertation employs an integrated manuscript approach, some of the information provided in chapters two and three is repeated in subsequent chapters.

In **Chapter Two** of this dissertation, I review the relevant literatures within which this dissertation is situated including health geography, Indigenous geographies, Indigenous peoples and their health in Canada, the social and Indigenous determinants of health (including culture, place and gender), and intersectionality theory.

In **Chapter Three**, I provide a detailed summary of the methodological approach. I begin with a positionality statement and introduce SOAHAC as a research partner. This is followed by an overview of community-based participatory research and decolonizing methodologies. A description of how the project came together, the data collection process, and the analysis and dissemination of findings ensues.

**Chapter four** is the first manuscript. In this chapter, I contribute to the theoretical objectives of this dissertation by presenting findings as they relate to meanings of health among the men interviewed. Conversations with the men reveal that all favour Indigenous and wholistic understandings of health that recognize a balance between the physical, spiritual, mental and emotional aspects of their being. Social connection, land and culture are identified as important determinants of this wholistic health and well-being, specifically through their provision of a sense of belonging. This sense of belonging is discussed as being intricately connected to the men's traditional territories<sup>4</sup> and reserve communities, and shaped by historical and ongoing processes of colonization. I conclude this

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<sup>4</sup> In the context of this dissertation, I define traditional territories as the lands the men interviewed and/or their ancestors traditionally occupied or used.

chapter by proposing that future research that explores the health well-being of urban First Nations men adopt a sense of belonging lens. I further offer a number of opportunities as identified by the men interviewed to support such efforts including media, language, exercise and food (more specifically traditional food), environmental protection initiatives, and improved financial and logistical supports.

In **Chapter Five**, I further contribute to the theoretical objectives of this dissertation by building upon chapter four. More specifically, I present findings as they relate to the challenges associated with practicing culture as a pathway to positive health and well-being among the urban First Nations men interviewed. The men's stories reveal that processes of colonization continue to perpetuate an uneasy relationship between them and their cultures through experiences of culture change, racism and lateral violence. I conclude this chapter by proposing that cultural resilience must not be used as an excuse for inaction as it relates to supporting urban First Nations men in practicing their cultures, and that Indigenous health researchers must do more to mitigate these challenges.

**Chapter Six** is a reflexive co-constructed analysis written with Erik Mandawe, a Cree First Nations research assistant. Seeking to embrace a decolonizing approach that places Indigenous ways of knowing at the centre of the research process, Erik was hired to conduct interviews within his own community of urban First Nations men. In this chapter, we contribute to the methodological objective of this dissertation by exploring our experiences working together within a cross-cultural community-based research project.

Employing a reflexive and narrative analysis, we discuss how relationships made within the research process resulted in our personal stories of reconciliation. We frame our discussion around Simpson's (2013) ideas of reconciliation as including processes of re-education and cultural regeneration, and we offer several policy recommendations to support research as a pathway to reconciliation in Canada.

In **Chapter Seven** I summarize the key findings of this dissertation as they pertain to each research objective, and how these findings support and contribute to new theory and best practices in Indigenous health research. A discussion of the main contributions of this dissertation is presented, framed by 4 themes consistent within the theoretical and methodological findings: colonization, sense of belonging, intersectionality and reconciliation. The space in which these themes converge is proposed as a valuable lens to apply to the exploration of the relationship between health, culture and place among urban First Nations men. I conclude this chapter with a summary of the research limitations and potential directions of future study.

## **Chapter Two: Review of the Relevant Literature**

### **2.1 Introduction**

In this chapter, I review the theoretical literatures of relevance to this dissertation, including health geography, Indigenous geographies, Indigenous health geographies, Indigenous health, the social and Indigenous determinants of health, and intersectionality theory. I conclude with a summary of how this dissertation's research objectives seek to contribute to these literatures.

### **2.2 Health Geography**

At a broad level, this dissertation is grounded in health geography. Concerned with the relationships between people, health, places, and spaces (Gatrell & Elliott, 2009), health geography grew significantly in Canada in the 1970s (Barrett, 1981). In its early stages, the discipline employed positivist approaches to exploring the spatial and ecological patterns of disease, as well as the planning and provision of health services (Meade & Earickson, 2000). Over time, health geographers have broadened their focus to both consider how space, place location, direction, and time relate to health (Dummer, 2008; Meade & Earickson, 2000) and recognize the social, cultural, and political contexts within which such relationships occur (Gatrell & Elliott, 2009).

In its contemporary form, health geography focuses on three streams that often intersect and influence one another (Kearns & Moon, 2002). The first stream is concerned with spatial variations in human health, such as distributions of morbidity and mortality (Gatrell & Elliott, 2009; Meade & Earickson, 2000). The second stream explores the organization, distribution, accessibility, and use of



health services (Andrews & Moon, 2005; Gatrell & Elliott, 2009; Kearns & Moon, 2002). A third and more recent stream seeks to critically understand the relationship between environment and health (Luginaah, 2009). Drawing upon a variety of theories and methods, this third stream is policy-oriented and focuses on health promotion, the environmental burden of illness, and the social construction of health and environmental risk (Curtis & Jones, 1998; Evans & Stoddart, 1994; Eyles, 1997; Townsend & Davidson, 1982). This expanded focus has been accompanied by a variety of scholars seeking to broaden their methodological approaches to health geography—in terms of qualitative methods, mixed methods, and geographic information systems (Andrews & Moon, 2005; Dummer, 2008; Kearns & Moon, 2002; Parr, 2004). It is within this third stream that this dissertation is situated.

### **2.3 Indigenous Geographies**

As a discipline, geography has a long history of contributing to the colonization and the neo-colonial realities of Indigenous peoples around the world (Frantz & Howitt, 2010; Johnson, Cant, Howitt, & Peters, 2007). Past and current scholarship attests to the fact that geographic methods have been complicit in the surveillance and control of Indigenous peoples, and have resulted in their objectification and systematic oppression, as well as the expropriation of their lands, water, and resources, (Castleden, Daley, Sloan Morgan, & Sylvestre, 2013; Frantz & Howitt, 2010; Godlewska & Smith, 1994; Johnson et al., 2007; Shaw, Herman, & Dobbs, 2006). While there is a growing body of scholarship which

has embraced decolonizing and anti-colonial<sup>5</sup> perspectives in order to interrogate geography's impact on the contemporary realities of Indigenous peoples, the discipline continues to be burdened by both epistemological differences and capitalist priorities favouring the commodification of nature (Shaw et al., 2006). The following section of this chapter discusses geography's relationship with colonization, with emphasis on the sub-discipline of Indigenous health geography.

### *2.3.1 Geography and Colonization*

Herman (2008) has argued that geography is “both a tool and product of the colonial era” (p. 73). Through cartography, primarily, the discipline was instrumental in mapping the world in the name of the empire, thereby justifying territorial expansion and the appropriation of Indigenous lands through pseudo-scientific notions of racial inequality. The associated imposition of Western knowledge and geographical understandings of space, time, and human-environment relations resulted in the suppression of Indigenous voices, culture, and ways of knowing and being in the world (Castleden, Daley, Sloan Morgan, & Sylvestre, 2013; Howett & Jackson, 1998; Louis, 2007).

In Canada, the discipline's contributions to colonization and colonialism is evidenced in the creation of political boundaries, the erasure of traditional place names, and the state's claims of sovereignty over Indigenous peoples' traditional

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<sup>5</sup>“Anticolonialism and decolonialism can be seen as two reactions to traditional colonialism and its successor, neo-colonialism. Anticolonialism is the political struggle of colonized people against their cultural, economic, and political domination. Decolonialism shares the same goal, and therefore sometimes the terms are used interchangeably. However, decolonialism can also be understood as a specific anticolonial ideology which emphasizes the need for the restoration of local control in order to gain both political sovereignty and freedom from the colonial consciousness which can remain long after the actual colonial situation has ended” (Herzog, 2013, p. 1)

territories (Castleden et al., 2013; Peters, 2000; Peters, 2001). For example, Peters (2001) has described the *scrip*, a policy designed to extinguish Métis Indigenous title. Created in the 1870s, this policy provided Métis peoples with certificates that were redeemable for public land. However, many of these certificates ended up in the hands of speculators, effectively obliterating Métis territory. Peters (2001; 2000) has asserted that such policies have contributed to the contemporary fragmentation of Indigenous peoples and territories, which has in turn hindered their abilities to unite in self-determining ways.

The creation of reserves is another example of geography's contribution to the colonization of Indigenous peoples. A reservation is defined under Sec 2(1) of the Indian Act as a "tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band" (Government of Canada, 1985). Wilson and Peters (2005) have contended that reserves represent the "spatial manifestation of the labelling of First Nations peoples" (p. 398). Created to separate First Nations from settler spaces both materially and conceptually, reserves were purposely situated far from urban settlements to discourage contact (Peters, 2000). This historical separation of spaces, of reservations and cities, fuelled the popular belief that First Nations peoples were generally incompatible with cities. Associated historical policies such as the Pass System, which required First Nations peoples in the Prairies to obtain permission from an Indian Agent prior to leaving their reserves, further entrenched the binary of Indigenous vs. non-Indigenous spaces—a binary that

continues to persist today (Newhouse & Peters, 2003; Norris et al, 2013; Peters & Andersen, 2013; Peters 2004).

### *2.3.2 A “Shift in Consciousness” within the Discipline*

Starting in the 1960s, a “shift in consciousness” occurred within the discipline as geographers started to question “long accepted truths” about Indigenous peoples and knowledge (Shaw et al., 2006, p. 270). This shift gained momentum in the 1990s as an increasing number of Indigenous and non-Indigenous scholars began working to deconstruct geography’s colonial roots. Shaw et al. (2006), for example, have suggested that this initial shift occurred through three pathways: the increased recognition of geographies of racialization (rather than a pre-occupation with race itself), the development of post-colonial scholarship, and the embrace of critical theory. In Canada specifically, the growing recognition of land claims and negotiations for self-government have further contributed to the desire to redefine geography’s relationship with Indigenous peoples, places, and cultures (Peters, 2000).

More recently, geographers have entered a new phase of self-critique, through which they have started rethinking not only the origins of the discipline but also its contribution to neo-colonial structures of power and oppression. A new generation of geographic research is thus seeking to better understand and challenge the dynamics of power and marginalization, to embrace alternative social and cultural worldviews, and to consider how all of these forces are implicated in the creation of knowledge (de Leeuw, Cameron, & Greenwood, 2012; Larsen & Johnson, 2012, Peters, 2000; Shaw et al., 2006). Within this

scholarship, Coombes, Johnson, and Howitt (2012) have recognized the emergence of “geographies of hope” and scholarship that seeks to promote reconciliation through “alliance building, responsible co-existence and self-determined care” (p. 691). While Coombes et al. have applauded the optimism within this new orientation, they have also cautioned geographers not to lose sight of the post-colonial structures and legacies within which they occur.

Seeking to be mindful of the way that knowledge is created with Indigenous communities, a growing number of geographers are employing collaborative approaches, activist agendas and reflexive methods in their work that encourage the exploration of privilege, power, and positionality (Coombes, Johnson, & Howitt, 2014; Johnson et al., 2007; Shaw et al., 2006). For example, Johnson et al. (2005) have addressed the need for a critical cartographic consciousness among Indigenous communities, arguing that despite its colonial roots, cartography holds great value in terms of its ability to “counter-map” and account for Indigenous knowledge related to land claims and resource disputes. At the same time, Johnson et al. have argued that perspectives and information can be lost in translation when cartographic tools remain in the hands of Western “experts.” Differing epistemologies can adversely affect even well-meaning cartographic projects through, for example, the creation of boundaries and private property. Inspired by the Hawaiian concept of “facing future,” wherein concepts of “past” and “future” are defined by the direction of one’s body (front facing the past or what is known, back facing the future or the unknown), Johnson et al. have proposed a two-pronged approach to doing cartographic work with Indigenous

communities. Their approach would allow Indigenous peoples to become literate in cartographic methods and simultaneously embrace a critical consciousness about its potential use as a tool of ongoing colonialism. In this regard, conducting cartographic work with Indigenous communities is “a task more difficult than the mere production of a map” (p. 93).

Coombes et al. (2014) have suggested that this re-orientation of methods within geography is indeed more than simply “repackaging” old ways of doing things; rather, it disrupts the “binaries that have survived the qualitative revolution in human geography” (p. 850). However, Coombes et al. have nonetheless cautioned that this move toward more ethical, relevant research with Indigenous peoples needs to involve more than collaborative partnerships and Indigenous methods, and must not lose sight of “lingering imperialism” (p. 845). Offering an example of how engaging in collaborative partnerships are not enough, Coombes et al. discussed the 2005-2008 Indigena Indigenous Lands mapping project of politically sensitive areas in Mexico. Labelling this project as an example of geopyracy, the authors described how, despite the collaborative approach adopted in the project, the researcher’s failure to disclose his/her U.S. military connections and funding demonstrate that intent is more important than method. While community-based and participatory methods have been widely embraced within Indigenous research as “suitable,” in order to be truly meaningful they must be guided by Indigenous needs, priorities, leadership, and self-determination (Coombes et al., 2014). Indigenous geographers must always ask: “Who [whom] does this serve?” (Shaw et al., 2006, p. 273).

### *2.3.3 Indigenous Health Geography*

Within Canada, there is an emerging body of scholarship related to the geographies of Indigenous health. The approaches used and concepts discussed within this scholarship reflect those of the broader disciplines of health geography and Indigenous geographies discussed above. For example, a study focused on First Nations peoples living on reserves in British Columbia's Northern interior found that access to health care and services was hindered spatially (due to a lack of safe and affordable transportation to urban health care centres), socially (due to racism and segregation from family support systems) and culturally (due to a lack of support related to traditional languages and approaches to healing) (de Leeuw et. al., 2012). While this study exemplified geography's roots in exploring physical access to health services, it also contributed to Indigenous health geographies through its recognition of racism and culture as determinants of health.

Similarly, Richmond, Elliott, Matthews, and Elliott (2005) adopted a political ecology of disease framework to explore perceptions of the relationships between environment, economy, and health and well-being within 'Namgis First Nation. Based on a qualitative case study in Alert Bay, British Columbia, the results indicated that local people perceived aquaculture development had resulted in reduced access to environmental resources. The associated loss of economic, social, and cultural activities was theorized to be negatively linked to health and well-being. Such critical attention to the complex determinants of Indigenous health is further exemplified in Ford, Berrang-Ford, King, and Furgal's 2010

study, which recognized that Indigenous peoples in Canada are especially vulnerable to the health-related implications of climate change. Embracing a vulnerability framework, the authors suggested that climate change has the potential to exacerbate poverty, technological capacity constraints, socio-political values and inequality, institutional capacity challenges, and information deficit. Ford et al. concluded by advocating for collaborative and place-based regional studies to further explore this vulnerability.

Increasingly, geographers studying Indigenous health in Canada are embracing collaborative methods, such as community-based participatory research, reflexivity, and activist agendas. As an example of an activist agenda, Castleden et al.'s (2013) digital storytelling project explored the "geography of ignorance" among graduate students enrolled in the course "Indigenous Perspectives on Resource and Environmental Management," taught at Dalhousie University in Halifax, Nova Scotia. The course required students to participate in a week-long community-based field school that allowed them to interact with and learn from Indigenous peoples. By "bringing them out from behind books and lecture halls" to engage with Indigenous peoples and spaces, the authors suggest that the students overcame "colonial attitudes and racist mentalities" (p. 488).

Finally, a small base of geographical literature has explored the health of urban Indigenous peoples (Senese & Wilson, 2013; Snyder & Wilson, 2012; Snyder & Wilson 2015; Wilson & Peters, 2005). For example, employing data from the 2001 Indigenous Peoples and 2000/2001 Canada Community Health Survey, Wilson and Cardwell (2012) compared the overall health status of and



determinants of health for urban Indigenous peoples in Canada to those of non-Indigenous peoples in Canada. Their findings suggested that urban Indigenous peoples in Canada may enjoy better levels of health than the on-reserve Registered Indian population, and their health is shaped by the same determinants of health as those shaping the non-Indigenous population. In addition, cultural factors—such as hunting and gathering plants—were found to positively impact the health of urban Indigenous peoples. While this research relied on census data that must be viewed with a critical lens<sup>6</sup>, it points to the importance of culturally specific determinants of health and well-being among urban Indigenous communities.

#### **2.4 Indigenous Peoples and their Health in Canada**

Globally, Indigenous peoples experience disproportionate health disparities and inequalities (Gracey & King, 2009; King, Smith, & Gracey, 2009). Health disparities are defined as “those indicators of a relative disproportionate burden of disease on a particular population” (Adelson, 2005, p. S45). These disparities are typically rooted in health inequalities, including social, political, economic, and cultural determinants of health. Although the health of Indigenous peoples has improved over the last few decades, concerning health disparities and inequalities persist (Adelson, 2005; Frohlich, Ross, & Richmond, 2006; NCCAH,

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<sup>6</sup> While significant improvements have been made with regard to the quantity and reliability of data about Indigenous peoples in Canada, there are many shortcomings resulting from non-participation, failure to include Indigenous perspectives and culturally relevant health measures, a lack of consistent methodologies and terminologies over space and time, and changing patterns of self-identification (see Browne et al., 2009; UAKN, 2012; Wilson & Rosenberg, 2002).

2013; Richmond & Cook, 2016). In this section of the chapter, I will provide an overview of the health and well-being of the Indigenous population in Canada.

#### *2.4.1 The Indigenous Population in Canada*

Overall, the Indigenous population in Canada is young and growing quickly. According to the National Household Survey (NHS), 1,400,685 people—4.3 % of the Canadian population—claimed Indigenous identity in 2011. Within this number of people claiming Indigenous identity, 60.8%, identified as First Nations (2.6% of Canada’s total population), 32.3%, identified as Métis (1.4% of Canada’s total population), 4.2%, identified as Inuit (0.2% of Canada’s total population), and 2.7%, reported other Indigenous identities or more than one Indigenous identity. Moreover, between 2006 and 2011, the Indigenous population increased by 20.1%, compared to a 5.2% increase among the non-Indigenous population. This increase has been attributed to a number of factors, including an increasing birth rate, lower mortality rates, and legislative changes affecting Indigenous identity (such as the aforementioned Bill C-31) (Statistics Canada, 2013a). The Indigenous population is also younger than the non-Indigenous population due to both increasing birth rates and shorter life expectancy. According to the NHS, 50% of the Indigenous population is under 28 years old. (Statistics Canada, 2013a).

In addition to recognizing the demographic distinctions between Indigenous and non-Indigenous peoples, it is helpful to address the geographic dispersion of Indigenous peoples across Canada. Geographically, Ontario is the home to the largest number of Indigenous peoples, (21.5%), followed by British

Columbia (16.6%), Alberta (15.8) Manitoba (14.0%) and Saskatchewan (11.3%) (Statistics Canada, 2013a). Ontario also has the greatest number of First Nations peoples, representing 23.6% of the total First Nations population. First Nations are a diverse population, comprised of more than 630 distinct communities (Assembly of First Nations, n. d.) who speak approximately 60 different languages (Statistics Canada, 2013a).

Over the last 25 years, the Indigenous population in Canada has become highly urbanized<sup>7</sup> (Norris et al., 2013). Peters and Andersen (2013), for example, have noted that in 1901, only 5.1% of Indigenous peoples lived in urban areas, and the number had increased only 2% by 1951. More recent statistics have indicated that the population of Indigenous peoples living in urban areas has at least doubled between 1981 and 2001 (Statistics Canada, 2008), with 50% of the Indigenous population now living in cities (Howard & Proulx, 2011; Norris et al., 2013; Place, 2012; Statistics Canada, 2013a). Much like the broader Indigenous population, the urban Indigenous population is characteristically young and growing quickly (Browne et al., 2009; Place, 2012; Wilson & Peters, 2005; Wilson & Cardwell, 2012)

A unique characteristic of the urban Indigenous population is its high rate of mobility, or “churn.” “Churn” has been defined as movement back and forth, both within and between cities, and between cities and reserves or rural areas (Browne et al., 2009; Heritz, 2010; Norris & Clatworthy, 2003; Place, 2012). For

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<sup>7</sup> Lobo and Peters (2001) suggested that cities existed across North America prior to contact and that contemporary notions of urban spaces are a product of European knowledge systems.

example, Graham and Peters (2002) have noted that between 1991 and 1996, 70% of Indigenous peoples living in large Canadian cities moved (compared with 50% among non-Indigenous peoples), with 45% of these moves occurring within the same community (as compared to 20% among non-Indigenous peoples). Such high rates of mobility have been theorized to be associated with a desire to maintain ties with home communities, and access to improved income, education, employment, housing, living conditions, socio-economic status, and health services (Browne et al., 2009; Place, 2012). This mobility involves a unique set of challenges, for example the associated costs of travel to home communities and differing jurisdictional requirements as they relate to government services.

#### *2.4.2 The Health of Indigenous Peoples in Canada*

Compared to the non-Indigenous population in Canada, Indigenous peoples experience an unequal burden of health disparities. While the gap in life expectancy between the two populations has narrowed over the years, Indigenous peoples continue to suffer higher rates of mortality, infectious and chronic disease, long-term disability, injury due to accidents or violence, and mental related health issues (NCCA, 2013; Reading & Wien, 2013; Richmond & Cook, 2016). With regard to infectious disease specifically, the Indigenous population experiences disproportionate rates of pertussis, chlamydia, hepatitis A, shigellosis, HIV, and tuberculosis (Richmond & Cook, 2016). Moreover, it has been estimated that in 2008, Indigenous peoples accounted for 8% of people living with HIV and 12.5% of new infections (Monette et al., 2011). Likewise, the rate of tuberculosis among Indigenous peoples has been estimated to be 34 times higher

than that of the non-Indigenous population (Statistics Canada, 2013a). Chronic diseases such as cancer, respiratory disease, circulatory disease, and diabetes represent an equally growing concern (Richmond & Cook, 2016). Finally, the rate of diabetes among the Indigenous population is alarming, and has increased three to five times in some communities since the 1940s (Young, Szathmary, & Elias, 1990; Young, Reading, & Elias, 2000).

An issue of extreme concern among Indigenous communities is the high rate of suicide in Indigenous communities across Canada. In general, suicide rates are twice as high for the Indigenous population than they are for the non-Indigenous population, and 10 times higher in Inuit communities (Public Health Agency of Canada, 2011). The 2012 APS found that 20% of First Nations (living off reserve), Métis, and Inuit peoples aged 26 to 59 reported experiencing suicidal thoughts (Kumar, 2016); in this context, suicidal thoughts were most often associated with mood or anxiety disorders, a lack of high self-worth, and drug use. In addition, ongoing violence against Indigenous women is increasingly alarming. The Native Women's Association of Canada has noted, for example, that Indigenous women are 3.5 times more likely to experience violence than non-Indigenous women (Native Women's Association of Canada, 2009).

Beyond the health disparities discussed above, Indigenous peoples in Canada experience a disproportionate burden of health-related inequalities, including unemployment, low income, lack of education, and poor housing (NCCA, 2013; Richmond & Cook, 2016). For example, in 2009 the unemployment rate in the off-reserve population was 13.9%, as compared with

8.1% in the non-Indigenous population (Statistic Canada, 2012). Rates of unemployment are even higher on reserves, with a 2006 survey indicating an unemployment rate of 23.1% (Statistic Canada, 2012). Alongside disparities in employment are disparities relating to income, which are most prominent in on-reserve populations where the median income is just over \$14,000 (Statistics Canada, 2013b). With regard to education, data from 2013 has indicated that 72% of First Nations peoples living off-reserve, aged 18-44, possessed a high school degree or its equivalent, as compared with 89% of the non-Indigenous population (Bougie, Kelly-Scott, & Arriagada, 2013). For Northern and on-reserve populations, housing represents an especially concerning inequality, with many households overcrowded, in poor repair, and lacking basic sanitary infrastructure (Tait, 2008).

Comparatively, very little is known about the health and determinants of health among urban Indigenous peoples (Snyder & Wilson, 2015; Wilson & Cardwell, 2012; Wilson & Young, 2008). Some have theorized that this lack of understanding is due to the pervasive assumption that Indigenous peoples live only on reserves (Newhouse & Peters, 2003; Norris et al., 2013), as well as the general deficit of reliable and comprehensive data. What little data that does exist is partial and often inferred from other sources that broadly represent the off-reserve population (Browne et al., 2009; Place, 2012; UAKN, 2012). While the recent collaborative partnership *Our Health Counts, the Urban Aboriginal Health Research Data Project* (cf. Smylie et al., 2011) seeks to address this lack of data,

most of what is currently known “must be approached with a critical lens” (Browne et al., 2009, p. 9).

## **2.5 Health and the Social Determinants of Health**

The recognition that health is not limited to individual and biological forces has gained increasing momentum in the field of public health over the last few decades. This momentum is exemplified by the development of various frameworks to address social determinants of health within Canada and around the world. Social determinants of health are defined as “the conditions in which people are born, grow, live, work and age” (Marmot et al., 2008, p. 26). As an approach to understanding health and health inequalities, the social determinants of health considers both the causes of one’s health as well as the “causes of those causes” (Marmot et al., 2008). Social determinants of health recognize and value the broader social, economic, and political contexts within which people live. In this section, I briefly describe biomedical approaches to health and health care, followed by an overview of social determinants of health frameworks and their application(s) within Canada.

### *2.5.1 Conceptualizing Biomedical Approaches to Health*

With the Western world, health research and care has largely relied on biomedical models that were developed to treat health as something that is conceptualized as “the absence of disease” (Engel, 1989). Within the literature, Atkinson’s (1988, p. 180) definition of the biomedical model is congruent with others, and has summarized it well:

*it is reductionist in form, seeking explanations of dysfunction in invariant biological structures and processes; it privileges such explanations at the expense of social, cultural and biographical explanations. In its clinical mode, this dominant model of medical reasoning implies: that disease exists as distinct entities; that those entities are revealed through the inspection of “signs” and “symptoms”; that the individual patient is a more or less passive site of disease manifestation; that diseases are to be understood as categorical departures or deviations from “normality.”*

The biomedical model has been invaluable in terms of its contributions to health through diagnosis and management of diseases. However, it is increasingly critiqued for its treatment of the mind and body as separate, assumption that the body is something that can be fixed like a machine, reliance on technology, and reductionist orientation that focuses on biology.

### *2.5.2 Canada and the Social Determinants of Health*

In the Canadian context, the interest in social determinants of health began with the 1974 publication *A new perspective on the health of Canadians* (Lalonde, 1981), and was further prompted by the 1986 *Ottawa Charter for Health Promotion* (WHO, 1986). These reports were significant through their recognition of the non-medical determinants of health at a policy level (Eyles & Williams, 2008; Richmond & Cook, 2016). Over the years, a number of other publications have followed suit, all recognizing the importance of a variety of non-medical factors relating to health status and health inequality such as income, employment,



and social support (Lavis, 2002; Wilson & Rosenberg, 2002). As of 2011, the Public Health Agency of Canada has recognized the following as social determinants of health: social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, gender, and culture (Public Health Agency of Canada, 2011).

While Canada has been a leader in the global effort to identify social determinants of health, far less consideration has been given to their organization and distribution (Bryant, Raphael, Shrecker, & Labonte, 2011; Marmot et al., 2008; Raphael, 2006; Reading & Wien, 2013; Wilkinson & Marmot, 2003). In addition, there is a general lack of attention paid to the ways in which determinants of health “relate, intersect and mutually reinforce one another” in health policy (Hankivsky & Christoffersen, 2008, p. 271). Hankivsky and Christoffersen (2008) have sought to account for this complexity, calling for an embrace of intersectional approaches to understanding social determinants of health. Such approaches have significant potential to account for the unique determinants of Indigenous health and well-being.

## **2.6 Indigenous Determinants of Health**

While social determinants of health frameworks have enabled more “nuanced analysis” of the health inequalities experienced by Indigenous peoples, there still remain a number of challenges. (de Leeuw, Lindsay, & Greenwood, 2015). First, social determinants of frameworks tend to be deficit-based, focusing on the determinants of ill or poor health. Second, Indigenous peoples are too

often positioned within frameworks that neglect to recognize Indigenous knowledge systems and conceptualizations of health. Third, much of the work related to the social determinants of Indigenous health has been written by non-Indigenous scholars. Finally, this body of scholarship has often failed to fully and consistently account for how colonialism has functioned as a determinant *of* the social determinants of health, or a “causes of the causes” (de Leeuw & Greenwood, 2011; Greenwood et al., 2015; Reading & Wien, 2013). In this section, I review the literatures that contribute to the justification for determinants of health that are unique to Indigenous peoples.

### *2.6.1 Indigenous Knowledge*

Battiste (2002) has described Indigenous knowledge (IK) as “the complex set of technologies developed and sustained by Indigenous civilizations. Often oral and symbolic, it is transmitted through the structure of Indigenous languages and passed on to the next generation through modeling, practice, and animation, rather than through the written word” (p. 2). This description alone exemplifies the impossibility of defining IK in a succinct way. Transmitted through story, visions, dreams, ceremony, prayer, intuition, and experience, IK encompasses a range of diverse relationships, including: Indigenous peoples’ relationship with animals, plants, the moon, the stars, water, wind, and the spirit world. It is a dynamic and ever changing way of life, “something one does” rather than something that one merely acquires. At its core, IK is about the maintenance of Indigenous peoples’ relationships with creation (McGregor, 2004). It is intricately connected to the animate and inanimate, and “cannot be separated from

the traditional territories of the people concerned” (Battiste & Youngblood, 2000, p. 49).

McGregor (2004) has suggested that in order to understand IK, one must also understand Indigenous peoples and their worldviews. To this end, McGregor has incorporated Indigenous creation stories of how the world and the people within it came to be in her academic teachings of IK. While there are many creation stories, they all provide a means of understanding how the world and all living things within it came to be. These stories provide a “guidebook” for all parts of creation to understand their roles and responsibilities in contributing to a good life. These roles and responsibilities are rooted in relationships with the land, often referred to as Mother Earth. For example, the Ojibwe Creation Story of Turtle Island tells of how Kitche Manitou, the Great Spirit, had a vision to create the earth out of rocks, water, fire, and wind. He made the plants, animals, fishes, birds, insects, and finally the Anishinabe people. Each had a unique spirit and gift, and each had a purpose. Women, for example, were given the gift of giving life. Kitche Manitou then made The Great Laws of Nature that required all living things to exist in harmony and balance with each other. These laws governed the rhythms of life, birth, growth, and death, and the movement of the moon, sun, earth, and stars.

The Anishinabe began to disrespect the Great Laws of Nature, and Kitche Manitou created a great flood to purify the earth, which destroyed many life forms. Only Nanaboozhoo (a spirit), and a few animals and birds survived. Floating in the water, they knew that they needed land to survive. One by one, the

loon, beaver, and otter dove as deep as they could, seeking to grab some earth from the bottom of the water. Each time they failed. When the muskrat offered to try, Nanaboozhoo and the other animals laughed. Muskrat dove into the water, and was gone for a very long time. Nanaboozhoo and the other animals believed he had died. Finally, muskrat floated the surface, clenching earth between his paws. This earth was placed on turtle's back, and from that, Turtle Island (North America) was formed (Benton-Banai, 1988; McGregor, 2004).

This creation story demonstrates how IK is rooted in an understanding of inter-connected life: what happens in one part of the ecosystem impacts all others. IK is grounded in humility, respect, the land, and the connectedness between all living things. This highly relational and holistic worldview extends to Indigenous understandings of health and well-being.

### *2.6.2 Indigenous Concepts of Health*

Conceptualizations of health among Indigenous communities around the world are as diverse as the communities themselves. However, they share common elements, including: holism, balance, and the interconnectedness of the animate, inanimate, and spiritual dimensions (Adelson, 2005; Richmond, Ross, & Egeland, 2007; Waldram et al., 2006). For example, among the Maori in New Zealand, one approach to health is *Whare Tapa Whā*, or *health as a house* (Durie, 1998; Durie 2001). This understanding is based upon four pillars: *te taha wairua* (a spiritual dimension), *te taha hinengaro* (a psychic dimension), *te taha tinana* (a bodily dimension), *te taha whanau* (a family dimension). Within the *Whare Tapa Whā*, the pillars represent interconnected walls working in harmony to influence

health. If one should fall, the house (or health) risks collapse. Another approach among the Maori is *Te Wheke* (the octopus). This understanding employs an octopus as a metaphor for health. The head of the octopus represents a child/family, and the eight tentacles represent *wairuatanga* (spirituality), *hinengaro* (mental health), *taha tinana* (physical health), *whanaungatanga* (extended family), *whatumanawa* (emotional health), *mauri* (life principle in people and objects), *mana ake* (unique identity), *h" a a koro m" a a kui ma"* (inherited strengths). The tentacles are interdependent, yet work together to support the health of a whole being (Pere, 1995).

In the Canadian context, one approach to understanding health is the Ojibway *mno bmaadis* that translates to ‘living the good life’ (King et al., 2009, p. 76). Within this understanding, health and well-being is the balance between physical, mental, spiritual, and emotional elements. Among some Indigenous communities in Canada, this balance is represented by the medicine wheel, with each element coinciding with a direction (north, south, east, west). Although interpretations of the medicine wheel vary, the underlying premise is that all elements are intricately connected and work together to support health and well-being. This balance extends beyond individuals to include communities and the spirit world (Isaak & Marchessault, 2008; Waldram et al., 2006; Wilson, 2003). As a tool, the medicine wheel has been widely employed in Indigenous health research as both a conceptual framework and a health promotion strategy.

Within this theory of connectedness as it relates to Indigenous health, land exists a vital component (Adelson, 2005; Durie, 2004; Richmond, 2015). The

longstanding unity between Indigenous peoples and “the land, forests, waterways, oceans and the air” is reflected in “song, custom, subsistence, approaches to healing, birthing, and the rituals associated with death” (Durie, 2004, p. 1139). Among Indigenous peoples in Canada, Richmond (2015) has suggested that the land is inseparable from culture, social relationships, and traditional ways of living. The relationship between health and the land is further reflected in traditional healing practices. RCAP (1996) has described traditional healing as “practices designed to promote mental, physical and spiritual well being that are based on beliefs which go back to the time before the spread of western scientific bio-medicine” (p. 348). For example, Waldram et al. (2006) have described how Indigenous peoples practiced a “home management” of illness through their knowledge of medicinal plants and remedies. Some Indigenous groups had a greater knowledge of plant medicines and remedies than others, and so groups would often barter and share their knowledge with other communities. While the sheer number of plants and botanical medicines used by Indigenous peoples is beyond comprehension, their efficacy is demonstrated through the use of spruce bark tea to prevent scurvy and the use of willow extract to reduce pain (Waldram et al., 2006). Such examples demonstrate how Indigenous peoples recognized “the earth as a source of life rather than a resource” (Looking Horse, 2009).

In a contemporary context, Indigenous peoples’ understandings of health and well-being are shaped by both Indigenous and Western paradigms of knowledge. Leroy Little Bear (2000) has described the post-contact complexity of health and healing among Indigenous peoples as the process of “jagged

worldviews colliding.” Little Bear argued that colonial attempts to replace Indigenous knowledge with Western ways of knowing has resulted in “jagged world-views.” For example, while some Indigenous peoples embrace Indigenous concepts of health, others subscribe to the more dominant Westernized model, or a hybrid of both. Durie (2004) has added to this argument, suggesting that at times this convergence of concepts has resulted in a polarization between the two approaches, with Western models dismissing Indigenous knowledge due to its lack of scientific credibility, and Indigenous knowledge dismissing science due to its lack of attention to spirituality and nature.

Over the past few decades, the importance of Indigenous approaches to health and well-being have received increasing recognition in health research and health care. Initiatives such as the 2007 introduction of *Eating Well with Canada’s Food Guide – First Nations, Inuit and Métis*, and the exemption of Indigenous healers and midwives in Ontario from Regulated Health Professions Act have exemplified this (Walker, Cromarty, Kelly, & St. Pierre-Hansen, 2009). Growing attention has also been given to the need for Indigenous cultural sensitivity (Browne & Varcoe, 2006; Smylie, 2000), cultural safety (Brascoupé & Waters, 2009; Smye, & Browne, 2002), cultural competency (Kirmayer, 2012), and cultural literacy (Smylie, Williams, & Cooper, 2006) among health care professionals.

### *2.6.3 Conceptualizing Indigenous Determinants of Health*

Reading and Wien (2013) have defined Indigenous determinants of health as the “circumstances and environments as well as structures, systems and

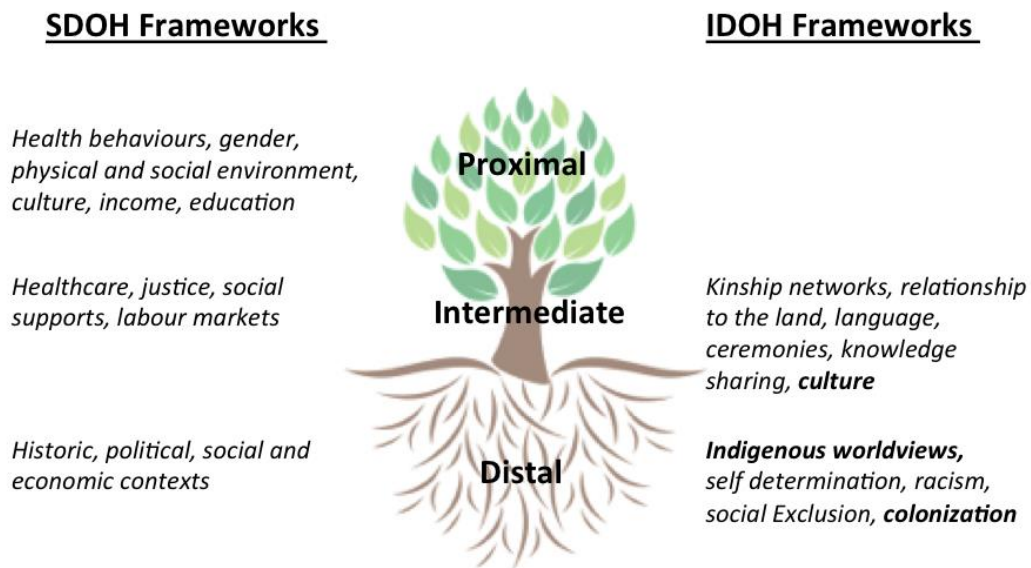
institutions that influence the development and maintenance of health along a continuum from excellent to poor” (p. 1). Building upon the work of earlier scholars including Kreiger (2008), Reading (2015) has described the determinants of Indigenous health and their interconnectedness employing the analogy a tree (Figure 2.1) . Within this analogy, she characterizes the determinants of health as proximal, intermediate, and distal. Proximal determinants are compared to the crown of a tree, and include factors such as early child development, income, education, employment, social status and support, physical environment, gender. Moving down, the trunk of a tree is described as representing the intermediate determinants, which include factors such as health care, labour and social supports, and government and private enterprise. Within Indigenous communities, Reading adds that these determinants may also include knowledge systems, the land, language, ceremonies, and kinship networks. Finally, she compares the distal determinants to a tree’s roots. Such determinants include broader historical, political, economic, and social contexts, which provide a foundation for all other determinants of health. Among Indigenous peoples and communities, Reading has noted that this also includes Indigenous worldviews, self determination, racism, social exclusion, colonization.

As a distal or structural determinant of health, colonization has profoundly impacted the health and well-being of Indigenous peoples and communities through the disruption of their traditional ways of knowing and being in the world. The historical imposition of Eurocentric ideologies and bureaucratic policies laid the foundation for the structural systems that continue to perpetuate



the social, political, geographic, and economic marginalization of Indigenous peoples (Adelson, 2005; Czyzewski, 2011; Greenwood & de Leeuw, 2012; Reading, 2015; Reading & Wien, 2013; Richmond & Cook, 2016; Waldram et al., 2006).

**Figure 2.1: The Indigenous Determinants of Health**



Reading, C. (2015). Structural determinants of Aboriginal peoples' health, *Determinants of Indigenous Peoples' health in Canada: Beyond the Social*.

The most enduring examples of colonization's devastating impact on the health and well-being of Indigenous peoples in Canada result from policies laid out in and resultant to the Indian Act. Created in 1876, the Indian Act defined Indigenous peoples as "wards of the state," delegating all responsibility for their lands and care to the federal government. In essence, the Indian Act was created to deal with the "Indian problem" though instating a broad set of religious, educational, and governance policies designed to assimilate Indigenous peoples

into dominant Western society. While the Indian Act has undergone numerous amendments since 1876, it remains the most comprehensive race-based legislation in Canada that significantly impacts the health and well-being of Indigenous peoples (de Leeuw et al., 2015; Kirmayer et al., 2003; Reading & Wien, 2013; Richmond & Cook, 2016).

As a policy of the Indian Act, the Indian Residential School (IRS) system has profoundly impacted the health and well-being of Indigenous peoples. The IRS system operated from the 1890s until the 1960s, and sought to eradicate Indigenous traditional knowledge and culture through the indoctrination of children into dominant Euro-Christian Canadian society. It was believed that separating Indigenous children from their families would weaken family ties and cultural linkages (Truth and Reconciliation Commission of Canada, 2015a). Schools were purposely located in remote locations, and children were subjected to strict regimes of discipline and surveillance that forbid cultural practices such as language, food, and dress (Kirmayer et al., 2003). Often overcrowded and poorly funded, many of the children at the schools suffered from malnourishment and diseases. Years after the last school closed, former students began disclosing their experiences of physical, mental, emotional, sexual, and spiritual abuse. These widespread experiences have left a legacy of intergenerational trauma within Indigenous families and communities—particularly in terms of mental health, physical and sexual abuse, family violence, suicide, and drug and alcohol addictions (Elias et al., 2012). Similar detrimental consequences resulted from the “Sixties Scoop,” which saw over 11,000 Indigenous children apprehended and

placed with mostly non-Indigenous families between 1960 and 1990, severing their connections to their cultural identities and communities (Blackstock & Trocmé, 2005).

The impact of the Indian Act on the health and well-being of Indigenous peoples and communities is further demonstrated by ongoing jurisdictional debates over health care responsibility. The federal government has long argued that it maintains responsibility for First Nations peoples living on reserves and Inuit in Inuit communities, and thus the provincial government has responsibility for all other Indigenous peoples. This has resulted in much contention between the two levels of government; indeed, RCAP (1996, p. 551) noted that

*wrangling over jurisdiction has impeded urban Aboriginal people's access to services. Intergovernmental disputes, federal and provincial offloading, lack of program coordination, exclusion of municipal governments and urban Aboriginal groups from discussions and negotiations on policy and jurisdictional issues, and confusion regarding the political representation of Aboriginal people in cities have all contributed to a situation that has had serious adverse effects on the ability of Aboriginal people to gain access to appropriate services in urban area.*

Lemchuck-Favel and Jock (2004) have asserted that access to health services among Indigenous peoples is now governed by a complex interaction of ancestry (whether an individual has Indian status or not), place (whether an individual lives on a reserve or not), legislation (provincial and municipal), and

treaty negotiations. de Leeuw and Greenwood (2011) have pointed out that this complexity has meant that, among the increasing number of people who are suffering the intergenerational effects of the IRS system, some have access to funds to support counselling and therapy services, while others do not.

It is important to note that First Nations, Métis, and Inuit have experienced unique colonial processes and thus health-related consequences. For example, Inuit experiences with European newcomers was far more recent and concentrated than that of First Nations peoples. It was not until the 1920s that Inuit saw the arrival of Royal Canadian Mounted Police, missionaries, and the Hudson Bay fur trading company (Kral et al., 2009; Kral, 2012). As such, many of the colonial impacts experienced by Inuit occurred during the 1950s, and included policies that forced attendance to residential schools and community-wide relocations. A particularly devastating example of Inuit experience with colonial policy is the massacre of sled dogs by the RCMP in Nunavik in the 1950s and 1960s. Justified by the government as a policy to contain disease, RCMP officers killed thousands of sled dogs. This massacre contributed to the loss of subsistence practices and traditional knowledge (McHugh, 2013), thereby resulting in the increased consumption of processed and store-bought foods that have been theorized to contribute to high rates of obesity and diabetes (Sharma, 2010).

Processes of colonization and colonialism such as those discussed above continue to contribute to the marginalization and discrimination of Indigenous peoples in ways that perpetuate contemporary patterns of health disparities and inequalities. Recognizing this, a growing body of scholarship in Canada has is

exploring how colonization shapes the determinants of Indigenous health, addressing traditional knowledge, spirituality, community, land, cultural identity, and self-determination (Greenwood et al., 2015). For example, Richmond and Ross' 2009 study found that among First Nations and Inuit Community Health Representatives (CHRs) in rural and remote communities, determinants of health included balance, life control, education, material resources, social resources, and environmental/cultural connections. The study's findings further revealed that while culture and the physical environment form two separate determinants within Western frameworks, they were conceptualized by CHRs as inseparable from, and vital to, traditional ways of living. Dispossession from traditional lands and territories was found to have negative health consequences, particularly in the social environment. Richmond and Ross referred to the lack of connection to traditional territories and resources resulting from colonial policies as environmental dispossession, and suggested that it has both direct and indirect health consequences. Direct consequences include the contamination of waterways and lands that have, in turn, resulted in the consumption of unhealthy and unsafe foods. Indirect consequences relate to the erosion of land-based cultural knowledge and practices. Together, these processes have contributed to sedentary lifestyles, which are linked to high rates of obesity and diabetes, and feelings of powerlessness and despair, which are linked to substance abuse.

#### *2.6.4 Culture as a Determinant of Indigenous Health*

Definitions of culture are vast and are context and discipline dependent (Dockery, 2010; Jahoda, 1984). However, "all approaches to defining culture

essentially involve classifying people into groups on the basis of some common connection between them” (Dockery, 2010, p. 5). While there is great diversity between Indigenous cultures in Canada, there are some commonly shared attributes, including: traditions, language, relationship to land, spirituality, and relational worldviews (Berry, 1999; Kirmayer et al., 2003; McIvor & Napoleon, 2009; Wexler, 2009). For example, McIvor & Napoleon. (2009, p. 7) have defined culture as:

*Systems of belief, values, customs, and traditions that are transmitted from generation to generation through teachings, ecological knowledge and time-honoured land- based practices. Culture take many forms which include (but are not limited to) ceremonies, methods of hunting, fishing and gathering foods, the gathering and use of traditional medicines, traditional diet, spiritual journeying, and traditional art forms such as drumming, dancing and singing.*

Culture represents but one aspect of Indigenous identity, a dynamic and complex construct that is shaped at individual, community, and societal levels (Weaver, 2001). The cultures and cultural identities of Indigenous peoples in Canada have suffered substantial and serious erosion resulting from colonization and the associated processes of acculturation (Berry, 1999). Acculturation has been defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p. 149-150). Acculturation may occur through

assimilation, (relinquishing one's cultural identity), biculturation (embracing both cultures after contact), separation (maintaining an independent cultural existence through segregation), and marginalization (the loss of cultural and psychological contact with one's traditional culture and the larger society). In the context of Indigenous peoples in Canada, colonization has resulted in processes of forced acculturation, whereby adjustment or behavioural changes alone cannot remedy cultural conflict (Berry, 1999). Unsurprisingly, these processes cause significant stress, which has been defined as acculturative stress. Among Indigenous peoples and communities, acculturative stress has been identified as an underlying cause of many social, psychological, and health issues faced by Indigenous peoples and communities (Bartlett, 2003; Berry, 1999; Wexler, 2009).

As a strengths-based alternative to theories of acculturation, Indigenous health research in Canada is increasingly exploring the health protective and promoting capacity of culture through theories of cultural resilience and cultural continuity (Auger, 2016). Within this body of literature, cultural resilience has been defined as "positive adaptation despite adversity" (Fleming & Ledogar, 2008, p. 7), and a "dynamic process of adjustment, adaptation, and transformation in response to challenges and demands" (Kirmayer, Dandeneau, Marshall, Phillops, & Williamson, 2011, p. 85). Much of this research has conceptualized resilience in terms of collective cultural characteristics among Indigenous peoples that act as pathways to positive health and well-being (Kirmayer, Sehdev, Whitely, Dandeneau, & Isaac, 2009; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Tobias & Richmond, 2014). Comparable attention has also

been paid to the concept of cultural continuity (Auger, 2016; Chandler & Lalonde, 1998; Oster, Grier, Lightning, Mayan, & Toth, 2014), which has been defined as a phenomenon whereby culture exists as “something that is potentially enduring or continuously linked through processes of historical transformation with an identifiable past or tradition” (Kirmayer, 2007, p. 77). Chandler and Lalonde’s (1998) exploration of cultural continuity as a protective factor of suicide prevention among First Nations communities in British Columbia remains the most influential and cited work of this relationship in Canada<sup>8</sup> (Auger, 2016).

Seeking to address the “lack of shared understandings or common conceptualizations” (p. 1) within the growing literature that explores cultural continuity, Auger (2016), conducted a literature review of relevant studies within North America between 1998 and 2015. Auger’s findings reinforced a positive relationship between cultural continuity and health insofar as cultural continuity fostered a strong sense of cultural pride and identity and community, as well as promoting healing, belonging, purpose, empowerment, healthy and strong communities and families, improved coping skills, holistic health and balance, and resistance to colonialism. These results demonstrate the potential of cultural continuity to provide a more detailed and complex understanding of culture as a determinant of health among Indigenous peoples.

Moving forward, understanding culture as a determinant of health among Indigenous populations in Canada will require attention to its complex nature over

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<sup>8</sup> However, Chandler and Lalonde received much criticism for their inclusion of local administrative autonomy and self-determination as markers of culture (cf. Auger, 2016; Ladner, 2009; Kirmayer 2003; Waldram et al., 2006).



space and time (Reading & Wien, 2014). In addition, it will require exploring what culture means within diverse communities (McIvor & Napoleon, 2009), the ways in which it has become a product of colonization (Bourassa, McKay-McNabb, & Hampton, 2004), and the processes by which it supports, promotes, and sustains health and well-being (Wexler, 2009).

#### *2.6.5 Place (Urbanization) as a determinant of Indigenous Health*

Much of the early research related to the health of urban Indigenous peoples adopted problem-centred approaches, which relied almost exclusively on statistics to document rates of disease, determinants of poor health, the underutilization of health care services, and the general inability of Indigenous peoples to adapt to urban life (Browne et al., 2009; Howard-Bobiwash & Proulx, 2011; Snyder & Wilson, 2012; UAKN, 2012). Newhouse (2014) has referred to period as a “study in lack” (p. 43), and suggested that this idea has remained “an extremely powerful idea; and one that is still present in research and policy today” (p. 43-44).

Over the past few decades, the body of literature related to urban Indigenous health has slowly grown. While researchers have continued to explore disease and access to health care, they have also partnered more frequently with Indigenous organizations and health centres, and embraced holistic and culturally relevant concepts of health care and promotion (UAKN, 2012). For example, as part of a four-year provincial strategy, the Toronto Central Local Health Integration Network (LHIN) partnered with Indigenous agencies, health service providers, and researchers to explore cultural understandings of diabetes among

urban Indigenous people. The findings were presented as the *Urban Indigenous Diabetes Research Report*, which highlighted the challenges of living with diabetes and its management, as well as the cultural nuances that promote positive health outcomes (Lavallée & Howard, 2011).

The impact of mobility on Indigenous health and well-being is also receiving growing attention in the literature. For example, Snyder and Wilson (2015) explored the health-related implications of high rates of mobility between urban and rural Indigenous communities, and within urban Indigenous communities. Their findings revealed that mobility among urban Indigenous populations may be both beneficial and detrimental to holistic health. While mobility within cities, or residential migration, most often resulted from a desire to escape neighbourhood violence and poor housing conditions, mobility between cities and reserves or rural communities was often viewed as positive due to generally improved access to education, employment, and health care. Respondents also noted that despite such opportunities, mobility contributed to stress, loneliness, and a lack of access to traditional activities. Snyder and Wilson concluded that it is necessary to better understand the unique nature of urban Indigenous mobility as an *opportunity to improve* health and well-being, rather than as “a symptom that needs mending” (Snyder & Wilson, 2015, p. 188).

Parallel to this growth in literature relating to urban Indigenous health is a broader body of scholarship exploring urban Indigenous experience. While this literature does not directly pertain to health, it does provide an improved understanding of the social determinants of health for urban Indigenous

populations. For example, Newhouse and Peters' (2003) seminal report *Not Strangers in these Parts: Urban Aboriginal Peoples* explored several determinants of health, including: mobility, identity, education, infrastructure, language, governance, criminal justice, economic development, data reliability. They suggested that a common theme throughout this report was urban Indigenous peoples' "determination and strength in the face of adversity and challenge" (p. 12). Such findings are also reflected in the following texts: the *Urban Aboriginal Peoples Study (UAPS)* (Enviro-nics Institute, 2010), *Aboriginal Peoples in Canadian Cities: Transformations and Continuities* (Howard-Bobiwash & Proulx, 2011), and *Indigenous in the City: Contemporary Identities and Cultural Innovation* (Peters & Andersen, 2013). While not discounting the daily socio-economic and cultural challenges experienced by urban Indigenous peoples, this new generation of scholarship embraces cities as spaces of "Indigenous resilience and cultural innovation" (Peters & Andersen, 2013, p. 2). Moreover, this scholarship explores how the intersection of colonization, culture, and urban life shapes identities, the landscape, community building, economic development, and self-determination. It celebrates the creative ways urban Indigenous peoples are living good lives in settler spaces. For example, in her work with Skeetchestn youth outside the city of Kamloops, British Columbia, Ignace (2011) has explored the production of graffiti and hip hop music as contemporary expressions of Indigenous culture. She suggests that these media provide an opportunity for Indigenous youth to reflect upon their histories, identities, and futures, "thus finding new spaces for their indigeneity" (p. 224).

### *2.6.6 Gender as a Determinant of Indigenous Health*

The health and well-being of Indigenous women in Canada has received much research attention, and justifiably so. Indigenous women are disproportionately burdened with the possibility of poor health, including higher rates of morbidity, suicide, and chronic disease than non-Indigenous women and Indigenous men. Indigenous women also experience inequalities in the determinants of health themselves, as they are more likely to have lower income and social status, and experience higher rates of poverty and violence (Bourassa et al., 2004). Racist and sexist colonial policies have perpetuated multiple sites of oppression upon Indigenous women, which have directly impacted their health and access to the social determinants of health (Bourassa et al., 2004; Halseth, 2013). For example, the patrilineal nature of the Indian Act effectively erased the identities of Indigenous women. If a First Nations woman married a non-First Nations man, she lost her status and rights, as did any children resulting from the marriage. Conversely, if a First Nations man married non-First Nations woman, the man retained his status and rights and passed both on to his wife and their children. It was not until 1985 and the passing of Bill C-31 that this legislation was amended, and generations of women and children sought to reclaim their status. This loss of identity has had profound implications for the health and well-being of Indigenous women (Bourassa et al., 2004; Lawrence, 2003; Peters, 2000), and this is evidenced by their consistent prioritization over men within Indigenous health literature, programs, and services (Senese & Wilson, 2013).

In comparison with Indigenous women, far less is known about the health

and well-being of Indigenous men in Canada.<sup>9</sup> Certainly there exists a small but growing body of international literature that explores the experiences of Indigenous men and their health and well-being (cf. Hokowhitu, 2004, 2008; Olsen, 2015; Tengan, 2002, 2008; Tsey, Patterson, Whiteside, Baird, & Baird, 2002). However, far less is known about Indigenous men in the Canadian context. Some statistics do exist, but they tend to result from studies with broad foci, and generally be offered in relation to Indigenous women. What data that does exist tends to be deficit-based, and points to experiences of violence and high-risk lifestyles. For example, in 2014, homicide rates among Indigenous males were 7 times higher than those for non-Indigenous males, and 3 times higher than those for Indigenous females. Indigenous men also have shorter life expectancies, are more likely to be incarcerated, and are less likely to finish high school than their non-Indigenous counterparts (Innes & Anderson, 2015). Much like the reality facing Indigenous women, the concerning health disparities and inequalities experienced by Indigenous men are rooted in processes of colonization that have disrupted traditional gender roles and identities.

Traditional Indigenous gender roles saw men as protectors and providers, identities that were intricately connected to purpose. Activities like fishing, hunting, and spending time with Elders were “rights of passage” through which young men learned about their cultures and values. Guided by principles of non-

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<sup>9</sup> This observation is not intended to erase the especially concerning health realities of Indigenous women; rather, it is intended only to complement these realities and the attention paid to them through recognizing that men and women are intricately connected. Healthy men have the potential to support healthy women as partners, fathers, brothers, friends, and community members.

interference, non-coerciveness, and balance, traditional male gender roles emphasized responsibility to a greater collective and all of creation (Anderson, Innes, & Swift, 2012). These values and responsibilities are exemplified in the words of Elder Tom Porter as shared in Anderson et al. (2012, p. 270-271):

*Before [the men's] job was to carry the bones of ancestors ... That's a big responsibility. It involves teachings. It involves hunting, fishing, and it involves ceremonies of all kinds. It involves songs by the hundreds and hundreds. It involves where the stars and the constellations of stars are moving, and when and how it coordinates with what is growing and what's [available for] hunting and everything.*

Colonization and the imposition of a “white supremacist heteronormative patriarchy” (Innes and Anderson, 2015, p. 4) disrupted traditional male gender roles through the introduction gendered segregation, violence, and a patriarchal order that demanded male dominance to Indigenous communities (Innes & Anderson, 2015; McKegney, 2016). Residential schools were complicit in these efforts, contributing to the “alienation of Indigenous men from their own bodies” and assaults on “Indigenous cosmologies of gender” (McKegney, 2016, p. 194). In his 2016 text *Masculindians*, McKegney provided a story told to him by a Cree woman who attended a residential school with her brother. Witnessing her younger brother alone and despondent on the playground, she waved to him with the hope of lifting his spirits. A nun, having observed the gesture, hauled the boy away. The nun forced him to dress in his sister's clothes, and paraded him in front

of the other boys, who were encouraged to mock and belittle him. The woman recalled the pain she felt seeing the hatred in her brother's eyes—hatred not for the nun, but for her, believing her to be the reason for his punishment. McKegney suggested that actions such as this were integral to breaking kinship bonds, creating opposition between genders, and constructing aggressive, hyper-masculine identities for Indigenous boys.

Seeking out opportunities to conform to dominant, Western hegemonic ideals of masculinity, some Indigenous men perform masculinity in ways that allow them to demonstrate power. One such example is partaking in gangs. Totten (2010) has defined gangs as “visible hard core groups that come together for profit-driven criminal activity and severe violence” (p. 255-256), and estimated that 22% of all known gang members in Canada are Indigenous. Among Indigenous men, gang membership has been theorized to provide senses of kinship, place, purpose, self-respect, and self-esteem that have been lost due to processes of colonization (Buddle, 2011; Totten, 2010). Despite the high rates of poverty, family breakdown, incarceration, violence, addictions, and homicide that are associated with gang activity (Grekul & LaBoucane-Benson, 2008; Innes and Anderson, 2015), Henry (2015) has contended that gang participation represents “rites of passage” into “manhood” (p. 192). In this regard, gangs have created what Buddle (2011) has referred to as “new spaces of belonging” (p. 173). For example, Henry's 2013 text *Brighter Days Ahead*, a collection of stories shared by Indigenous men who became involved with street gangs to express their masculinity, reveals a series of common life experiences related to physical abuse,

substance abuse, violence, incarceration, racism, anger, foster care, separation from siblings, and an absence of parental role models (especially fathers).

Discussing growing up and learning how to be a man, one of the participants noted: “we watched; we observed; we seen. We watched how people got power. We learned, you know: be loud, be mean, be aggressive” (no page number).

Yet despite such concerning behaviours and their health-related outcomes, Indigenous men continue to receive an astonishing lack of support (Innes & Anderson, 2015; Senese & Wilson, 2013). For example, Ball (2009) has suggested that Indigenous fathers “are arguably the most socially excluded population of fathers in the world” (p. 29). Many Indigenous fathers themselves grew up without the experience of being fathered, due to the intergenerational effects of residential schools and the foster care system. On this topic, Ball noted that “most Indigenous fathers are venturing into a role and set of relationships that have little personal resonance” (Ball, 2009, p. 32). While a number of steps have been taken in Canada to improve the lives of Indigenous children, the roles of Indigenous fathers and the barriers to their involvement with their children (e.g., intergenerational trauma, institutional barriers, paternity, poverty, employment, mother-centric services, jurisdictional and legal ambiguities, and the child welfare system) have yet to be fully recognized and thus factored into policy and programming (Ball & George, 2006).

Two notable exceptions to the remarkable lack of attention given to the health and well-being of Indigenous men in Canada are found in the recent scholarship pertaining to the DUDES Club (2016) and Peter Menzies’ (2006,



2009) work with homeless Indigenous men. Established in 2010 as a community-based health promotion program in the Downtown Eastside neighbourhood of Vancouver, BC, the DUDES club seeks to address critical gaps in health services through a model which simultaneously honours indigenous healing principles while a safe space for men. Similarly, Menzies' (2006, 2009) exploration of homelessness among Indigenous men calls for more wholistic approaches that recognize the effects of intergenerational trauma. While this scholarship is important in its contribution to the limited understanding of the health and well-being of urban Indigenous men in Canada, it also reflects the trend within the broader Indigenous health scholarship to focus on high risk populations.

Reflecting upon the intersection of gender and colonization among Indigenous men, it is clear that Indigenous men are too often viewed “as victimizers, not as victims; as protectors, rather than those who need protection; or as supporters, but not ones who need support” (Innes and Anderson, 2015, p. 9). This reality is normalized in and internalized through media and popular culture, wherein Indigenous men are most frequently portrayed as “the noble savage and the bloodthirsty warrior” (McKegney, 2014, p. 1). However, an emerging body of scholarship in Canada is challenging these stereotypes. For example, *The Bidwewidam Indigenous Masculinities Project* (2011), *Indigenous Men and Masculinities* (Innes and Anderson, 2015), *Masculindians* (McKegney, 2014), and Restoule's (2008) work with urban Indigenous men in Toronto are all expanding discourse about Indigenous masculinities and identities. While not explicitly focused on health, this literature often employs narrative analysis to

illuminate the lived experiences of Indigenous men, thereby exploring both their challenges and their potential.

With regard to the wellbeing of Indigenous men, Anderson et al. (2012) have suggested that there is a need to explore the traditional and non-patriarchal roles and responsibilities of men, and to consider how to provide nurturing environments and opportunities in contemporary contexts. Fulfilling this need will require looking beyond statistics of violence and poor health in favour of listening to the lived and every day experiences of Indigenous men.

## **2.7 Intersectionality and the Social Determinants of Health**

First discussed by legal scholar Kimberlé Crenshaw in 1989, intersectionality is concerned with the multidimensionality of marginalized subjects' lived experiences (Crenshaw, 1989). Since Crenshaw introduced the term, intersectionality has been embraced as a research and analytical framework by feminist and anti-racist scholars seeking to understand the various ways in which race, class, and gender interact to shape experience (Nash, 2008). While definitions of intersectionality vary across, Hankivsky, Grace, Hunting, and Ferlatte (2012) have suggested that it includes the following core principles:

- Human lives cannot be reduced to single characteristics;
- Human experiences cannot be accurately understood by prioritizing any single factor or constellation of factors;
- Social categories/locations, such as “race”/ethnicity, gender, class, sexuality, and ability, are socially constructed, fluid, and flexible;

- Social locations are interconnected and shaped by interacting and mutually constituting social processes and structures, which, in turn, are shaped by power and influenced by both time and place;
- The promotion of social justice and equity are paramount.

Applying an intersectional lens to studying social determinants of health has the potential to allow for the recognition of what Dhamoon and Hankivsky (2011, p. 16) have articulated as the

*simultaneous intersections between aspects of social difference and identity (as related to meanings of race/ ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ ability, migration status, religion) and forms of systemic oppression (racism, classism, sexism, ableism, homophobia) at macro and micro levels in ways that are complex and interdependent.*

As such, intersectional approaches recognize “that an individual's experience, and their health, are not simply the sum of their parts” (Bauer, 2014, p. 11).

Much of the literature exploring the potential benefits of intersectional approaches to studies of health and health inequalities is theoretical. However, there is a growing body of empirical scholarship, rooted in qualitative methods, that seeks to account for individual experience through narrative approaches such as storytelling and oral tradition (Bauer, 2014; Dhamoon & Hankivsky, 2011). One critique of this work is its fundamental lack of praxis and general inability to transform policy—due largely to the fact that policy intervention favours evidence

grown from positivist and objective methods.<sup>10</sup> Yet despite such criticism, Hankivsky et al. (2012) have suggested that intersectionality is less about brokering transformative change in policy, and more about provoking a conceptual shift in the approach to health research. It encourages researchers to interrogate the processes that shape health inequalities, including our own positions and how these positions influence our choices of what and how we do research. As an approach, its goal is not to account for every potential variable or even a long list of them, but rather to be mindful of the categories that we do choose rather than “falling back” on the “master” categories of gender, race, and class (Hankivsky, 2012). Intersectionality allows us to consider, for example, individual experiences of spirituality, culture, place, and life course (Hankivsky, 2011). It is worth noting that while much of the research adopting intersectional approaches has focused on vulnerable populations, there has been relatively little attention paid to resiliency, resistance, and the interrogation of white privilege (Hankivsky et al., 2010).

In the context of the determinants of Indigenous health, Hankivsky and Christoffersen (2008) have proposed that intersectional approaches provide an opportunity “to reject the often used practice of homogenizing the Indigenous community and drawing on static conceptualizations of culture” (p. 276-277). de Leeuw and Greenwood (2011) have added that intersectional approaches to research have challenged the notion that colonization is experienced uniformly by

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<sup>10</sup> For an in-depth review of the challenges related to the incorporation of intersectionality in quantitative approaches, see Bauer (2014).

drawing attention to how “it shifts, it is embodied differently, depending on the body concerned and where it is situated” (p. 67). For example, Indigenous peoples’ experiences in residential school varied over time and space, and differed in execution depending upon the ideology and mandate of affiliated churches. Experiences within the schools “run the gamut from positive to horrendously torturous” (p. 62) depending upon survivors’ gender, racialization, genealogies, and their statuses within their home communities. This variation in experience extends to the healing process and intergenerational effects. Affected families and communities have a range of experiences and coping methods.

To date, few scholars have embraced intersectional approaches to the study of Indigenous health. One exception, however, is a 2008 study by Varcoe and Dick, which involved 30 interviews with rural women who self-identified as victims of partner violence and as at-risk for contracting HIV. Using an intersectional framework to compare experiences of Indigenous and non-Indigenous women, Varcoe and Dick found that despite some similarities, Indigenous women were affected differently. For the Indigenous women that they interviewed, experiences of violence and poverty, and a lack of economic resources, occurred within a historical colonial context of abuse. For example, many of the Indigenous women shared their experiences with multiple forms of racism and discrimination, as well as how these experiences challenged their abilities to secure both employment and housing. Additionally, Varcoe and Dick found that the loss of language and parenting skills, and disconnection from family and community, increased the likelihood of abusive relationships. As a

result, the Indigenous women they interviewed were especially vulnerable to violence and exploitation. Similarly, Browne, Varcoe, & Fridkin (2011) employed an intersectional perspective to HIV research with two urban Indigenous health centres in Vancouver, British Columbia. Looking beyond individual behaviours (e.g., engaging in unprotected sex and injection drug use), the authors explored the multi-level causes of HIV among Indigenous women (e.g., historical trauma, poverty, unemployment, abuse, and racism), how these causes are shaped by processes of colonization, and the relationship between these causes. They suggested that intersectional approaches provide an opportunity for primary health services to not only respond to HIV, but also to refine treatment interventions for different populations. While both of these studies demonstrate the potential of intersectional approaches to study of Indigenous health, they also exemplify the tendency of Indigenous health research to focus primarily on the health and wellbeing of Indigenous women.

## **2.8 Summary**

This chapter has reviewed the various literatures that inform the objectives of this dissertation. As this literature review has described, too often the scholarship that has explored Indigenous health disparities and inequalities in Canada has focused on biomedical statistics of ill health and disease. While social determinants of health frameworks have provided an improved understanding of the broader social, economic, and political contexts within which these statistics occur, they have largely remained grounded in western ways of knowing with little regard for the determinants of health that are unique to

Indigenous peoples and their experiences with colonization. Such frameworks have also largely neglected to adopt strengths based and intersectional approaches.

Within the small but growing base of scholarship that explores the determinants of Indigenous health, increasing attention has been given to the health protective and promoting capacity of culture. An emerging body of literature within this scholarship has also examined how the determinants of Indigenous health intersect and re-enforce one another. Yet within all of this encouraging scholarship, urban Indigenous men have received a concerning lack of attention.

In recognition of the growing trends and needs within Indigenous health research in Canada as summarized above, this dissertation adopts a strengths based and intersectional approach to explore the relationship between health, culture and place among urban First Nations men living in London, Ontario. Embracing the growing call within Health and Indigenous geographies for and decolonizing and collaborative approaches, this dissertation further embraces a community-based participatory framework and methods congruent with Indigenous knowledge systems. This methodological approach is discussed in more detail the following chapter.

## **Chapter Three: Methods**

### **3.1 Introduction**

In this chapter I detail the methodological approach employed within the research project upon which this dissertation is based. First, I will situate myself within the context of the research, followed by an overview of community-based participatory research – the methodology employed within this dissertation. I then provide an overview of how the research project came to be, and a detailed description of each stage of the research process, including: data collection, analysis, and the dissemination of the project’s findings.

### **3.2 Positionality**

Absolon and Willett (2005) have contended that “one of the most fundamental principles of Indigenous research methodology is the necessity for the researcher to locate himself or herself” (p. 97). Although some criticize this practice as self-indulgent, especially when taken up by non-Indigenous researchers (Aveling, 2013), I feel it is nonetheless important for readers to understand who I am and how I became involved with this research project. Doing so provides, I believe, valuable context to both the research process and the project’s findings.

My name is Cindy Smithers Graeme. I am 47 years old at the time of writing, and I have lived in London, Ontario for most of my life (give or take a few years). I currently reside in London with my husband and son. I completed my undergraduate degree at Western University in geography, focusing on environmental studies, and completed by my Master’s degree at the University of



Guelph, exploring in my thesis how soybean farmers in Middlesex Country adapt to climatic change and variability. In my subsequent career, I have pursued a number of roles in both the biotech industry and the non-profit sector. How I ended up in my doctoral program and writing these words is a story that I think is important to share.

In my last job before returning to graduate school, I worked with the London Community Foundation as the Manager of Community Initiatives. In the spring of 2010, I was asked if I would be interested in attending a conference hosted by Community Foundations of Canada. It was my first significant trip away from my son, who was 2 years old at the time. I had mixed feelings about attending the conference, but ultimately decided to go. Justice Murray Sinclair was an invited speaker at the conference, and he spoke about the Truth and Reconciliation Commission of Canada, sharing stories of survivors of the Indian Residential Schools System. These stories shook me to my core. I thought about the children forced to attend the schools and the abuse that so many of them suffered. I thought about the children who died, so many of them buried in unmarked graves, and I thought about their parents. I thought about my own son, and considered the fact that if I were born in a different time and context, he might have experienced the same harm. I felt heartbroken, and then angry. I could not understand how, at 41 years old, I didn't know about the residential school system. I vaguely recalled reading about them in textbooks, but I did not really *know* about them. I returned home and started to learn as much as I could about the schools and about Indigenous culture, and I started to share this knowledge with anyone who would listen.

Around this time, there was an event happening in London called *Ignite*, an ongoing event that provides an opportunity for speakers to give 5-minute talks about topics and ideas they find inspiring. I thought about sharing what I was learning, but at the same time I was hesitant because as a non-Indigenous person I felt that it was not my story to tell. I submitted my application regardless, and when I was accepted I immediately started to panic. I contacted the (then) supervisor of the First Nations Centre at Fanshawe College, and asked for her advice. She assured me that it was the right thing to do, and to use the opportunity to act as an ally by sharing what I had learned about the historical injustices Indigenous peoples had experienced. I decided to go ahead with my presentation, and I remember feeling amazed by the number of people who approached me afterwards to tell me that they, too, knew nothing about the schools.

A year later, I was approached by an acquaintance at Western University, who asked if I would be interested in giving my presentation about Residential schools for Western's STEP program. STEP was an undergraduate leadership program that invited guest speakers to talk about socio-economic and political issues. I felt tremendously uncomfortable about the request, and so I contacted the supervisor of the First Nations Centre at Fanshawe College again. She put me in contact with a traditional healer at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) who did speaking engagements, and suggested that we might do it together. I called the traditional healer, introduced myself, and awkwardly told her my story. We met for coffee and talked, and when we parted I felt like I had made a lifelong friend. From that day, this amazing woman took me under her wing. She invited me to teachings and ceremonies at SOAHAC, and

provided me with many opportunities to learn about Indigenous culture and ways of knowing. She remains one of my greatest mentors.

Around the same time, I had been considering going back to school to pursue a doctoral degree. I had grown tired of organizing community meetings and committees of experts (some of whom were, ironically, professors within the department in which I would later study). I wanted to *be* one of the experts invited to contribute to something I was passionate about. I was then (and still am now) very interested in local food and community gardening, so I started to pursue finding a supervisor at Western with whom I might work in this area. I was also becoming increasingly interested in integrating my newfound passion for Indigenous issues into community gardening, but it seemed an unlikely proposition as the department of Geography's only First Nations professor, Chantelle Richmond, was on maternity leave. I sent her an email nonetheless, and a few months later I received a call from Chantelle asking if I wanted to chat. I told her about my interest in community gardening, and that I had been spending time at SOAHAC with the traditional healer I had met. She informed me that she had an existing research relationship with SOAHAC, who had a new greenhouse that could potentially be the basis for a research program. Everything seemed to fall into place from there, and in the fall of 2012 I started pursuing my Ph.D. at Western University—with no background in Indigenous studies whatsoever. It was the same year my son started kindergarten. I imagine that we were both very nervous in our own ways.

I initially struggled through the coursework component of my program, trying to understand Indigenous ways of knowing and theories of social

determinants of health that I had never encountered. I was also realizing just how colonized my own ways of knowing and seeing the world were. I began my program wanting to “help” Indigenous peoples, and I quickly learned just how much my way of thinking was a problem. In hindsight, I think it is fair to say that I was neither brought up nor educated to be overly critical or to question the status quo (which I think it is unfortunately common for my generation). Despite this, I found myself questioning everything and doing the hard work of reflecting upon how my own ways of knowing and being in the world contributed to the oppression and marginalization of Indigenous peoples.

Over the course of my doctoral program, I have struggled immensely with my place as non-Indigenous person doing research with Indigenous peoples, and I still do most days. As I prepared for my comprehensive exams, I looked for concrete definitions of Indigenous knowledge, culture, methodologies, and ethics, while simultaneously searching for “rules” for non-Indigenous researchers to follow in their work. Needless to say, such rules do not exist. I have constantly second-guessed myself: Should I have been more involved in the data collection stage of the research project?<sup>11</sup> Did I interpret the themes in ways that honour the men who shared their stories? Should I, a non-Indigenous person, even be interpreting their words? Will this research be meaningful to the men who participated? Even though an Indigenous colleague once told me that perhaps it is precisely *because* I struggle with these thoughts and feelings that I *should* be doing research with Indigenous peoples, I still have many questions.

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<sup>11</sup> I have had colleagues both question why I did not do my own data collection and commend me for knowing when to take a step back.

Throughout my research I have made many, many mistakes. I have said inappropriate things, I have talked when I should have listened, and I have been quiet when I should have spoken up. At the same time, I have learned more about Indigenous ways of knowing and about myself than I ever thought possible. In this regard, it has been both an incredibly rewarding and terribly uncomfortable experience all at once. What has made the experience easier are the relationships I have made through my research, specifically with my supervisor, my research assistant, my Indigenous and non-Indigenous academic colleagues at Western, the staff at SOAHAC, the research project participants, the people I have met through Indigenous Services at Western, and many others along the way. Each person has taught me to look at the world in a different way, and has helped me to open my mind and my heart. While the importance of such relationships in Indigenous research is well understood in academic literature, I would argue that until you experience it, you do not really understand it. I feel such a tremendous responsibility to all the people who have been a part of this research journey, and I sincerely hope that this dissertation honours them appropriately.

### **3.3 The Research Partnership**

The research on which this dissertation is based is a community-based participatory research project with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). In this section, I provide a description of SOAHAC and the city of London, the geographic location in which this dissertation is based.

#### *3.3.1 Southwest Ontario Aboriginal Health Access Centre (SOAHAC)*

Aboriginal Health Access Centres were created in 1995 in response to “systemic health disparities and inequities within the Aboriginal population across Ontario” (SOAHAC, 2016). Operating from wholistic and cultural frameworks, AHCs promote living “the good life” through balancing physical, mental, emotional, and spiritual well-being, while recognizing the importance of connections between individuals, families, Nations, environments, and spirit world. This model values Aboriginal rights to self-determination, and blends both traditional and Western approaches to healing, particularly with regard to prenatal and maternal care, primary care, mental health, addictions, and chronic disease prevention and management through all stages of life. AHCs operate in rural and urban areas as well as on reservations across Ontario.

SOAHAC is one of ten Aboriginal Health Access Centres (AHAC) in Ontario, operating four locations in Windsor, Owen Sound, Chippewa of the Thames First Nation and London. SOAHAC’s statement of purpose is “To improve access to and quality of health services for the Aboriginal Community of Southwestern Ontario in the spirit of partnership, mutual respect and sharing” (SOAHAC, 2016). Areas of service include: primary health, traditional healing, mental health, diabetes education, nutrition and health, maternal and child health, and Aboriginal senior health at home. SOAHAC’s London location is in the city’s downtown, at 425-427 William Street (though they plan to move into a new, larger facility located at 493-495 Dundas Street soon).

### *3.3.2 City of London*

The city of London is located in Southwestern Ontario (Figure 3.1).

According to the 2011 National Household Survey (Statistics Canada, 2013c), 1.9% of London's residents identify as Indigenous, with 2.9% claiming Indigenous ancestry. Within these populations, 46.4% identify as Registered or Treaty Indians. While London's Indigenous population is relatively smaller than those in other Ontario cities, such statistics must be viewed critically—especially considering London's proximity to the First Nations communities of the Chippewa of the Thames, the Oneida Nations of the Thames, the Munsee Delaware Nation, and the Kettle and Stony Point First Nation.

**Figure 3.1: City Of London and Surrounding First Nations Communities**



(Contains information licensed under the Open Government Licence – Canada)

There are a number of Indigenous Support agencies and organizations in London, including: SOAHAC, N'Amerind Friendship Centre, Atlohsa Native Family Healing Services, Nokee Kwe, Indigenous Services at Western, and the

First Nations Centre at Fanshawe College. Currently, London does not have either Indigenous representation on the city council, or an urban Indigenous strategy.

### **3.4 A Decolonizing and Community-Based Approach**

The research presented in this dissertation embraces a decolonizing and community-based participatory research (CBPR). In this section, I describe decolonizing methodologies, followed by a review the literature as it pertains to CBPR and its embrace within Indigenous health research.

#### *3.4.1 Decolonizing Methodologies*

Swander & Mutua (2008) have noted there is no single definition of “what makes decolonizing research decolonizing” (p.33). However, it has been perhaps best described by notable Maori scholar Linda Tuhiwai Smith in her seminal text *Decolonizing Methodologies: Research and Indigenous Peoples* (1999). Smith suggested that in the context of research with Indigenous peoples, decolonizing methodologies carry specific responsibilities. Smith explained that such responsibilities include the need to deconstruct Western research paradigms and their relationship to colonization and colonialism; to shift from research on Indigenous peoples, to research by and for Indigenous peoples; to adopt integrative and holistic approaches to research that are based on collective self-determination; to integrate Indigenous protocols and knowledge; and to recognize that there exists great diversity in culture and experience, thereby making it impossible to define a singular methodological approach in the field.

#### *3.4.2 Defining CBPR*

CBPR is increasingly embraced as a decolonizing approach to research



with Indigenous communities. Within the literature, CBPR it is widely understood as a collaborative approach to research that engages communities in the research processes. With the goal of creating relevant, meaningful, and useful knowledge for both communities and researchers, it is action-oriented and seeks to effect change by empowering the communities who are in involved with and participate in research projects. (Buchanan, Miller, & Wallerstein, 2007; Minkler, 2005; Minkler & Wallerstein, 2008). Israel, Schulz, Parker, and Becker (1998, p. 178-180) have noted that CBPR abides by the following core principles:

- Recognizing the community as a unit of identity.
- Building the strengths and resources of the community.
- Facilitating collaborative partnerships in all phases of research.
- Integrating knowledge and action for the mutual benefit of all partners.
- Promoting co-learning and empowering processes that attend to social inequalities.
- Involving a cyclical and iterative process.
- Addressing health from both positive and ecological perspectives.
- Disseminating findings and knowledge gained to all partners.

These guiding principles demonstrate that CBPR is perhaps best understood as a philosophy rather than a method or methodology (Castleden et al., 2012a; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2006).

CBPR emphasizes community participation, with the process of doing research considered as important as the research findings (Castleden, Sloan Morgan, & Lamb, 2012a; Flicker, Savan, Kolenda, & Mildemberger, 2008; Israel,

Eng, Schulz, & Parker, 2005; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2006). However, exactly what level of community participation is required or ideal remains unclear (Balazs & Morello-Frosch, 2013; Castleden, Morgan, & Lamb, 2012a). As a “gold standard,” CBPR requires a high level of genuine community participation throughout the research process, from setting a project’s objectives to the dissemination of its findings (Minkler and Wallerstein 2008). However, Balazs & Morello-Frosch (2013) have suggested that conceptualizing participation as a continuum is more realistic. Instead of either no participation or genuine, full participation, Balazs and Morello-Frosch traced out a range of participation levels, from what they have termed “helicopter science” to full community engagement. In this regard, the level of community participation required for CBPR is neither prescribed nor static; instead, it depends upon the research objectives of a project, community capacity, and the agreement between the parties doing the research. As such, “there is no one-size-fits-all CBPR framework,” and CBPR is about finding “a balance between the community’s needs and the researcher’s agenda” (Castleden et al., 2012a, p.176).

### *3.4.3 Limitations of CBPR*

CBPR does not come without challenges. For example, the relationships that are so necessary to its ethical and meaningful completion take time to build—time that often extends far beyond the expected timelines of a research project or graduate degree (Minkler, 2013). In addition, a lack of funding can undermine the time and effort necessary to form meaningful relationships between researchers and communities (Menziés, 2004), and institutional and research

ethics boards pose restrictions and constraints for students and faculty alike (Castleden, et al., 2012a; Wallerstein, & Duran, 2006). Moreover, it is sometimes difficult to define “community” and determine who represents, or does not represent, a community within the research process (Wallerstein & Duran, 2006). Likewise, community partnerships may change over time—as was the case for this dissertation’s relevant research—and result in shifting priorities and degrees of support (Wallerstein & Duran 2006). Research partnerships may also require building capacity and infrastructure within the community, which require additional commitments of both time and funding. Furthermore, power dynamics between researchers and communities, or within the communities themselves, may impede the research process (Minkler, 2013). Such power dynamics may relate to the prioritization of knowledge and resources, or unresolved issues of racism and privilege that contribute to hidden voices in the research process (Minkler & Wallerstein, 2008). Indeed, such issues affect not only the research process but also the integrity of the research findings (de Leeuw et al., 2012a; Minkler, 2005). Research results might create conflict when they do not live up to the expectations of community participants or fit with their timelines; indeed, this reinforces the need for clear and concise research agreements and MOUs (Minkler, 2013). Finally, it is often difficult to evaluate CBPR. While Green, George, and Daniel (1995; 2003) have offered broad level guidelines to assist with evaluation, few studies have explored this process in the context of Indigenous health.

#### *3.4.4 CBPR and Indigenous Health Research*

For decades, health researchers have “parachuted” into Indigenous communities to collect data, often without consent or reporting their findings to the communities involved (Brant Castellano, 2004). As a result, research for many Indigenous peoples and communities is a source of distress that is viewed with great scepticism and trepidation (Smith, 1999). As a means of addressing these valid concerns, CBPR holds great promise due to its ability to recognize the voices, knowledge, and priorities of Indigenous communities.

In the Canadian context, CBPR has been increasingly embraced within Indigenous health research, particularly within the discipline of geography. This is exemplified by the *Canadian Geographer*'s dedication of a special issue to community-based research with Indigenous peoples and communities. Within this special issue, Castleden, Sloan Morgan, and Lamb (2012a) presented a qualitative study that explored academic experiences with CBPR and Indigenous communities in Canada. Their findings revealed that the researcher's experiences varied substantially with regard to project development and community participation. At the same time, their findings revealed that while there is no “correct” way to conduct CBPR, establishing respectful relationships was foundational to its success. While Indigenous health scholars are increasingly sharing their stories and lessons learned within CBPR partnerships with Indigenous communities, few have done so from a cross-cultural perspective. With the hope of informing best practices in Indigenous health research, an exploration of the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project is

prioritized as an objective of this dissertation.

### **3.5 Project Development**

This research project did not initially focus on the health of urban First Nations men. As discussed previously, I began my doctoral program with the intention of participating within a broader collaborative project that came to be known as the Traditional Teaching Program (TTP). The goal of the TTP was to foster various opportunities for the sharing, uptake, and practice of Indigenous Knowledge and traditional healing among urban and reserve-based First Nations families and health service providers in Southwestern Ontario, including my interests in traditional foods and medicines. The development of this proposal started in the fall of 2012, and aimed to include research components that would support a Masters student (Kyla English), a postdoctoral trainee (Hannah Tait Neufeld), myself, and future trainees. Under Chantelle's leadership, an advisory committee of Western researchers and SOAHAC staff—including dietitians, traditional healers, and community support workers— would meet on a regular basis to collaboratively design the program's vision and components. These meetings would strike a balance between getting work done and building meaningful relationships with each other. There was always plenty of food and laughter at these meetings.

Ultimately, the funding application to support the TTP was not successful, and so I sought to find a new focus for my research project. I knew that I wanted to continue to explore the relationship between culture and health, and that I wanted to continue working with SOAHAC within a community-based

participatory research (CBPR) framework. Fortunately, at this time, I was in the second year of my doctoral program and also preparing for my comprehensive exams. As such, I was immersed myself in the literature pertaining to Indigenous health in Canada, allowing me to recognize two prominent gaps in the existing literature: research that focused on urban communities, and research that focused on men. I discussed these findings with Chantelle, and decided to approach SOAHAC to see if exploring the relationship between health, culture, and place among urban First Nations men might contribute to their health related programming within the city of London. I met with the then-Manager of the Traditional Healing Program at SOAHAC, and shared our ideas. He agreed that such a research project would be valuable to SOAHAC, noting that he perceived fewer men participated in their culturally-based health programs. After securing approval from SOAHAC's Board of Directors and Executive Director, and obtaining ethics approval from Western University, we began the research project in the summer of 2014.

Since beginning this research project, there have been many staffing changes at SOAHAC, which has, in turn, resulted in changing priorities within the organization as it related to my research project. What started as a large group of enthusiastic supporters for the TTP at SOAHAC eventually became a small circle of staff and Elders who supported my project's research focus on the health of urban First Nations men. However, over the past two years, many of these people have either moved on or have been directed to focus on other priorities. The resultant lack of capacity has meant that I was unable to carry out some of the original research objectives—specifically those related to engaging both the First

Nations community and SOAHAC staff in the analysis stage of the project and conducting a post-analysis methodological review.

While I am assured that SOAHAC's Executive Director continues to support of this research, at the time of writing, I only consult with one employee: an addictions counsellor who works primarily with Indigenous men. He is someone who came into circle later in the research process, and I am thankful that he both supports and sees value in this research project. However, I must admit that continuing to call this research project a CBPR project has presented some ethical struggles, particularly when there is so little staff involvement. This, paired with my concerns about my solitary role as the interpreter of the project's results, weighs especially heavily on me as I write the accompanying dissertation.

### **3.6 Data Collection**

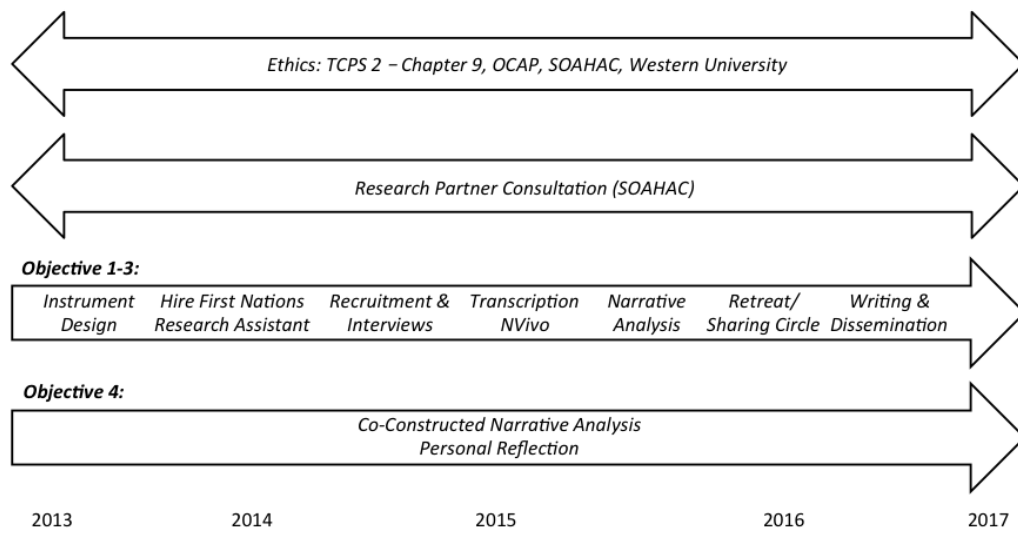
This section summarizes the data collection process, the bulk of which relates to the first three objectives. This section concludes with a brief discussion of the autoethnographic method, with particular focus on how it was employed to support objective four: To explore the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project. The methodological process relates to all of the research objectives are represented in Figure 3.2.

#### *3.6.1 Ethics*

Battiste & Youngblood (2000) have stated that “ethical research systems should enable Indigenous nations, peoples, and communities to exercise control over information relating to their knowledge, heritage and to themselves” (p.

132). Recognizing this important statement, my research received ethics approval from Western University (Appendix A), and abided by the guidelines provided in the Tri-Council Policy Statement for research involving First Nations, Inuit, and Métis peoples of Canada (Canadian Institutes of Health Research, 2014), the Principles of OCAP<sup>12</sup> (FNS, 2007) including ownership, control, access, and possession, and SOAHAC's Research Policy.

**Figure 3.2: Methodological Process**



### 3.6.2 Conversations with Urban First Nations Men

To explore the different meanings of “health” that urban First Nations men hold, I worked collaboratively with SOAHAC to create 12 questions and related

<sup>12</sup> OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC) [www.FNIGC.ca/OCAP](http://www.FNIGC.ca/OCAP))



prompts (Appendix B). The questions broadly encouraged participants to discuss their personal perceptions of the relationship between health and culture in the city. In the fall of 2013, I met with SOAHAC staff members and an Elder to review the proposed questions and prompts and to address any concerns or potential omissions. This group of SOAHAC staff along with myself (under the supervision of Chantelle) comprised the initial research team within this project.

To facilitate the data collection process, our research team chose to employ a qualitative approach. Kovach (2009) has asserted that qualitative approaches fit well with Indigenous research paradigms through their interpretive and contextual nature and their abilities to prompt a recognition of how both researchers and research participants contribute to knowledge creation. As a qualitative approach to research, our research team chose conversational method. Defined as “an alternative style of survey interviewing that allows deviations from the norms of standardized interviewing” (Currivan, 2008, p. 151), conversational method allows both interviewers and participants the freedom to ask unscripted questions and elaborate upon their answers. As a method, it is somewhat limited in that it works best with small sample groups and requires considerably more time than standardized techniques. However, proponents of conversational method have suggested that its flexibility improves accuracy by virtue of allowing participants and interviewers the ability to clarify the meaning of their responses, thereby decreasing ambiguity (Currivan, 2008). In the context of research for, by, and about Indigenous peoples and communities, conversational method aligns well with Indigenous research paradigms due to its relational approach to research

and its embrace of orality as means of transmitting knowledge (Kovach, 2010).

### *3.6.3 Hiring a Male First Nations Research Assistant*

To contribute to our decolonizing approach, our research team collaboratively decided to hire a First Nations male Research Assistant (RA) to facilitate all of the interviews for the project. We believed that participants would likely feel more comfortable sharing their stories with someone from their own community than they would with myself, a non-Indigenous female. We also felt that a First Nations man who shared the participants' experiences with and understandings of Indigenous culture and knowledge would be better equipped to pick up on language, references, and nuances in conversations that I might overlook. While there are benefits and challenges associated with both "insider" and "outsider" approaches to Indigenous research (Brayboy & Deyhle, 2000), our research team unanimously agreed that hiring someone who represented the community with whom we sought to work was the most appropriate strategy.

Thus, in the spring of 2014, I hired Erik Mandawe, a Cree man originally from Beaver Lake in Northeastern Alberta to join our research team. Erik previously worked with SOAHAC as a mental health outreach worker, and is currently (at the time of writing) employed with Indigenous Services at Western as an Indigenous Liaison Admission Coordinator. With the help of other researchers who had experience in the areas of Indigenous health, methods, and ethics, I provided Erik with training and opportunities to conduct practice interviews. Erik began conducting interviews in the fall of 2014, and the two of us met frequently throughout the data collection process to discuss any challenges or

concerns, to clarify the context and language used in interviews, and to consider how to improve the process.

#### *3.6.4 Participant Selection*

Marshall (1996) has contended that too often there exists a misapprehension that generalizability is the ultimate goal of research, resulting in inappropriate sampling techniques in otherwise sound qualitative studies. He has suggested that “an appropriate sample size for a qualitative study is one that adequately answers the research question” (p. 523), noting that the process of selecting sampling techniques in qualitative research can indeed be rigorous as long as it suits the aim of the study. In this regard, “some informants are 'richer' than others”, and more likely to provide insight and understanding for the researcher. As an example, he has asserted that “choosing someone at random to answer a qualitative question would be analogous to randomly asking a passer-by how to repair a broken down car, rather than asking a garage mechanic—the former might have a good stab, but asking the latter is likely to be more productive” (p. 523).

With regard to our research with SOAHAC, the objective was to uncover rich stories about the experiences of men as they relate to health, place and cultural identity in order to inform local health related programming. Our research team was therefore less concerned with obtaining a large and random sample group, and more concerned with recruiting participants who were able to provide valuable insight.

Participants were selected using a combination of convenience, judgment,

and snowball sampling techniques. Largely considered the least rigorous technique, convenience sampling seeks to select the most accessible subjects. While it is beneficial insofar as requires less time and effort, as well as fewer resources, it can be perceived as lacking credibility (Marshall, 1996). Judgment sampling, also known as purposeful sampling, seeks to find the most productive sample to answer a project's research question based on practical knowledge and other variables. It is more strategic than convenience sampling in that consider specific variables that are important to the research, for example age, class, and gender, and experience (Marshall, 1996). Finally, snowball sampling obtains a study sample through referrals, whereby peoples who know of others who may possess characteristics that may be suited to the research question share relevant suggestions with researchers. Commonly used within social research, concerns regarding snowball sampling relate to the accessibility or visibility of sample groups, and the lack of findings' potential generalizability (Biernacki & Waldorf, 1981).

While certainly one's health and well-being is a subjective phenomenon, we made efforts to only include men who self-identified as enjoying relatively positive health and well-being in order to support our strengths-based approach. This could be interpreted as relative to others or relative to one's personal experiences of well-being. Interviews took place at various locations in London chosen by both Erik and the participants based upon their personal comfort. All participants were provided with a letter of information—either an electronic version or a hard copy—in advance of their meetings, and they were all informed that resources and Elders were available for their support should they find the

conversations triggering. Interviews were digitally recorded only after written consent was obtained. At first, Erik and I considered offering all participants the opportunity to smudge<sup>13</sup> before the interviews; however, after some discussion, we decided to have a smudge bowl available, but not to offer it outright as (a) not all communities embrace this practice, and (b) it might intimidate participants who were less comfortable with their cultural knowledge. In some interviews, Erik took handwritten notes to document the interview environment and the demeanor of participants if he felt they shaped the conversation. I participated in one interview with someone known to me, who expressed in advance that he was comfortable with my presence. Erik followed up with all interviewees a few days after their conversations to check in and to ask if they had any questions, concerns, or comments that they would like to add.

Our initial plan was to interview 25 participants who identified as First Nations, between the ages of 18-30 years old, who were living in London, Ontario for at least 2 years. To assist with recruitment, I created a poster and circulated it to SOAHAC, various Indigenous organizations in the city, and our personal contacts. Erik and I had assumed it would be easy to achieve our target number considering Erik's connections within the community from both his employment with SOAHAC and Western University, as well as his social ties through N'Amerind Friendship Centre. We were therefore surprised by how difficult it

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<sup>13</sup> Smudging is an Indigenous ceremony for purifying or cleansing the soul of negative thoughts of a person or place by burning sacred or medicinal plants. While smudging is a common practice among many Indigenous cultures, different protocols exist and it is not practiced by all cultures.

was to recruit participants; this difficulty came to represent a significant finding in itself, and will be discussed later in this dissertation. This challenge prompted our research team to expand our parameters, including men up to the age of 45 who had lived in London for any length of time. In total, Erik completed 13 interviews, concluding the data collection process in the spring of 2015. Despite the fact that our initial target was to interview 25 men, we felt confident that we had achieved saturation due to consistently emerging themes in the interviews. Overall, our participant group was comprised of men between 18 and 41 years old (Table 3.1) representing six First Nations and nine territories.

**Table 3.1: Participant Characteristics**

<b>Pseudonym</b>	<b>Age</b>	<b>Occupation</b>	<b>Nation</b>	<b>Previously Lived on Reserve?</b>
Mike	40	Student	Potawatomi	yes
Stephen	41	Student	Ojibwe	yes
Curtis	26	Student	Seneca	yes
Robert	41	Resource Coordinator	Ojibwe	yes
Shaun	25	Student	Oneida	no
Jerry	32	Manager, Community Organization	Oneida	no
Rick	24	Community Relations	Oneida/Blackfoot	yes
Jack	24	Student	Ojibwe	no
Walter	20	Government	Mohawk	yes
Victor	21	Student	Ojibwe	yes
George	19	Student	Ojibwe	no
Al	31	Labourer	Oneida	no
Bruce	24	Student	Mohawk/Ojibwe	yes

Some of the men had lived their entire lives in London, and others had only recently relocated to the city. Participants were predominantly students, with

others working full time. Upon completing of their interviews, all participants were offered a gift card as thanks for sharing their thoughts, feelings, and ideas. In order to protect their anonymity, they have been assigned pseudonyms in this dissertation and all related manuscripts.

### *3.6.5 Autoethnography*

Autoethnography has been described as a contemporary approach to narrative inquiry whereby “researchers (also) turn the analytic lens on themselves and their interactions with others” (Chase, 2005, p. 660). Autoethnography has been criticized for being unscientific and thus lacking credibility, for placing excessive focus on self at the risk of marginalizing others, for overemphasizing narration at the cost of analysis and cultural interpretation, and for generally prompting and encountering ethical challenges. Despite these criticisms, however, autoethnography can potentially allow researchers to reflect on and contemplate their methodological approaches in the contexts of the knowledge system(s) of the community or people involved with the research project. As a result, it can broaden the discussion about what constitutes meaningful and useful research (Chang, 2007). In the context of research with Indigenous peoples and communities, McIvor (2010) has suggested that autoethnography also shares “spaces of synergy” (p. 141) with Indigenous research paradigms through its centrality of self and its intentional use of storytelling.

For this project, I employed autoethnography as a means to document my experience throughout the entire research process with the goal of informing best practices in Indigenous health research. Employing a framework guided by the

four common principles of Indigenous methodologies (relational accountability, respectful representation, reciprocal appropriations, and rights and regulation), I embraced the autoethnographic approach, considering it an opportunity to be both reflexive and mindful of how my position and participation in the project shapes the research process (Smithers Graeme, 2013). Most of my autoethnographic journal submissions were completed in the early stages of the research process. This methodological approach was also the inspiration for the body of Chapter six, a reflexive manuscript co-written by myself and Erik that addresses the methodological objective of this dissertation.

### **3.7 Analysis**

As discussed in the literature review, scholars have often recognized how challenging it is challenging to engage communities in CBPR due to issues of capacity (Cashman et al., 2008). In this regard, there is little methodological theory to support best practices. Recognizing this gap in the methodological literature, it was my original intention to actively include the First Nations community in the analysis to inform the first three objectives. However, due to the previously mentioned leadership and staffing changes within SOAHAC, there was not enough capacity to enact with this plan. As a result, I completed the primary analysis of the data on my own. A summary of this process is included below, and makes particular note of how the interviews were transcribed, the use of NVivo qualitative software, the thematic narrative analysis of the data, and the dissemination of the project's findings.

#### *3.7.1 Transcription, NVivo and Thematic Analysis*



All of the digitally recorded interviews were transcribed by a First Nations transcriptionist and uploaded into QSR NVivo 9, a computer-assisted qualitative data analysis (CAQDA) software. Recognizing that CAQDA software is often criticized for its potential to over-rely on technology to guide analysis and distance the researcher from the data (Basit, 2003; Hesse-Biber & Leavy, 2004; Welsh, 2002), I chose to use NVivo only to store, organize, manually search the collected data. In addition, I employed thematic narrative analysis to group the data into categories.

Chase (2005) has described narrative inquiry as “revolv(ing) around an interest in life experiences as narrated by those who live them” (p. 421). In this respect, it is a form of discourse that makes meaning of experiences. Within narrative inquiry, thematic narrative analysis represents one typology wherein the focus is on “the content of the text, ‘what’ is said more than ‘how’ it is said, the ‘told’ rather than the ‘telling’” (Reissman, 2005 p. 2). As a method of analysis, it seeks to keep a story “intact” rather than focusing on its component themes (Reissman 2008). As an approach, it is considered congruent with Indigenous research paradigms due to its embrace of storytelling as a means of knowledge creation and dissemination (McIvor, 2010).

To identify themes within the data, I concurrently read and listened to all interviews while coding sentences and paragraphs into nodes within the three broad categories explored in this research: health, culture, and place. I then created child nodes within each parent node to reflect more specific subthemes, while making sure to account for any links between them through the use of

NVivo's software capabilities. In total, I created 167 nodes. I also reviewed nodes for repetition and merged or grouped them together as appropriate. For example, nodes that represented conversations about individual health statuses, such as diabetes and obesity, were grouped under a parent node of "health outcomes." After this, I re-read the transcribed interviews to account for any major themes not represented. All parent nodes and the child nodes within them were then reviewed with Erik to ensure that they were consistent with his interpretation of the conversations he had with the project's participants. The major themes that emerged within the broader categories of health, culture and place are discussed in Chapters five and six.

### *3.7.2 Member Checking and Dissemination of Findings*

Within qualitative analysis, member checking is proposed as a means of promoting validity, accuracy and trustworthiness of findings (Cresswell, 2007; Sandelowski, 1993). Member checking most often involves providing participants with the opportunity to review their words, and the interpretation of their words, to ensure both accuracy and validity (Yanow & Schwartz-Shea, 2006). A number of attempts were made to allow for member checking of the data. First, all participants were emailed an electronic copy of their transcripts for review and were asked to provide any changes or clarifications. Second, upon completion of the thematic narrative analysis, each participant was contacted to review and discuss the major themes that emerged in their interviews. These discussions took place in person, by telephone, and by email. I contacted each participant 3 times by email to encourage these discussions. In total, I connected with 6 of the

participants either in person or by telephone. All participants were also provided with a copy of the manuscripts presented in Chapters four and five, which highlighted their personal quotations. This allowed them the opportunity to confirm that their words were being presented appropriately and within the contexts that they were intended.

Regarding the dissemination of the project's findings, all of the major themes identified through the thematic narrative analysis, as well as their framing within the manuscripts presented in Chapters four and five, were presented to SOAHAC staff in the fall of 2015. At this meeting, I proposed the possibility of co-hosting a one-day men's retreat that would serve two purposes. First and primarily, the retreat could give something back to the men who participated in our research. Second, the retreat could provide an opportunity for both the dissemination of the project's findings and some secondary data collection related to the relationship between living in the city and connecting to one's culture as a foundation for positive health and well-being. With SOAHAC's approval, we decided to move forward with the retreat on two conditions: that I, as a non-Indigenous female, would not be present, and that the data collection component would be voluntary. I worked with the addictions counsellor at SOAHAC and Erik over the spring of 2016 to plan this retreat. At the addiction counsellor's suggestion, we brought in an Elder from Cape Croker First Nation to facilitate a one day retreat that offered men's teachings and ceremonies inclusive to all Nations. We invited all research participants and other men connected to SOAHAC's programming. The retreat was described by those who attended as meaningful and highly successful, however attendance was low. This

unfortunately made the dissemination of findings and further data collection unfeasible.

**Chapter Four: “Where I belong”: Meanings of Health Among  
Urban First Nations Men Living in London, Ontario**

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#### **4.1 Abstract**

This manuscript employs a qualitative, community-based participatory research approach to explore meanings of health among urban First Nations men living in the city of London, Ontario. Narrative analysis of conversations with 13 men identified social connection, land, and culture as important determinants of wholistic health and well-being. Conversations with the men further revealed that how and where the men experienced these determinants of health matters. More specifically, these determinants were found to provide a sense of belonging that is intricately connected to traditional territories and reserve communities, and profoundly shaped by historical and ongoing processes of colonization. Building upon the conceptual work of Hagerty, Lynch-Sauer, Patusky, Bouwsema and Collier (1992), we suggest that applying a sense of belonging lens may allow for a better understanding of the processes by which urban First Nations men experience the determinants of health both within the city and beyond. This manuscript concludes by proposing a number of potential opportunities to support a sense of belonging as identified by the men, including media, language, exercise and food (more specifically traditional food), opportunities to participate in environmental protection, and improved financial and logistical support.

## 4.2 Introduction

Within existing literature pertaining to Indigenous health and well-being in Canada, there is a growing recognition of the need for research that prioritizes Indigenous ways of knowing and being in the world (de Leeuw, Lindsay, & Greenwood, 2015; Reading 2015; Reading & Wien, 2013). Foundational to such a methodological shift is an understanding of Indigenous conceptualizations of health. Grounded in Indigenous knowledge systems that recognize the interconnectedness of humans, the land, animals, plants, the moon, the stars, water, wind, and the spirit world (Battiste & Youngblood, 2000; McGregor, 2004), Indigenous conceptualizations of health embrace a balance between the physical, mental, spiritual, and emotional realms of existence. Such a relational and wholistic approach to health contrasts with dominant, Western understandings that have tended to prioritize biomedical and individualistic approaches to health (Engel, 1989).

Parallel to this recognition is a call for the acknowledgement of how colonization continues to shapes Indigenous health and its determinants (de Leeuw, Lindsay, & Greenwood, 2015; Reading 2015). Colonial policies such as the Indian Act have undeniably had historical and ongoing negative implications for the health and well-being of Indigenous peoples (Adelson, 2005; Czyzewski 2011; de Leeuw et al., 2015; Greenwood & de Leeuw, 2012; Kirmayer, Simpson & Cargo, 2003; Reading & Wien, 2013; Richmond & Cook, 2016; Waldram et

al., 2006). For example, as a policy of the Indian Act, the creation of reserves<sup>14</sup> facilitated the forced relocation of Indigenous peoples to remote communities. This colonial policy resulted in a disruption of Indigenous peoples' relationships with their lands and cultures, both of which are increasingly recognized as important determinants of health (Auger, 2015; Richmond, 2015). The creation of reserves has been further associated with historical and contemporary epidemics of acute infectious disease due to overcrowding (Waldram et al., 2006), a lack of access to adequate health care services (NCCAH, 2011), and ongoing jurisdictional ambiguity over the provision of these services between provincial and federal governments (de Leeuw & Greenwood, 2011; Richmond & Cook, 2016). Among urban Indigenous peoples in particular, this "wrangling over jurisdiction" (RCAP, 1996, p. 551) has resulted in a lack of access to appropriate health services and care (Browne et al., 2009; RCAP, 1996).

While Indigenous health researchers are increasingly answering the call for research that places Indigenous experience at the centre of the research process, little attention has been paid to urban communities and First Nations men. Recognizing this gap in existing scholarship, this manuscript employs a qualitative approach within a community-based participatory research framework to explore meanings of health among urban First Nations men living in London, Ontario.

### **4.3 The Health of the Urban Indigenous Population**

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<sup>14</sup> Reserves are defined as a "tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band" (Indian Act, 1985),



According to Norris, Clatworthy, and Peters (2013), Indigenous migration to Canadian cities is a “relatively recent phenomenon” (p. 29). Peters and Andersen (2013) have noted that in 1901, only 5.1 percent of Indigenous peoples lived in urban areas, with a less than 2 percent increase by 1951. The 1970s and 1980s saw a dramatic increase in urbanization among Indigenous peoples, with the most recent statistics indicating that the population at least doubled between 1981 and 2001 (Norris et al., 2013; Statistics Canada, 2008). In 2006, 623,470 of the 1,172,790 people who identify as Indigenous lived in cities, primarily Winnipeg, Edmonton, Vancouver, Calgary, and Toronto (INAC, 2010). The urban Indigenous population is characteristically young, with First Nations accounting for the greatest proportion, followed by Métis and Inuit (Statistics Canada, 2008). This considerable increase in the urban Indigenous population has been attributed to a number of factors, including: fertility, rural to urban migration, changing patterns of self-identification<sup>15</sup>, and churn, (Guimond, Robitaille, & Senécal, 2009; Howard-Bobiwash & Proulx, 2011; Norris et al., 2013).

*Churn*, or the movement back and forth, both within and between cities, and between cities and reserves or rural areas, is considered to be a unique characteristic of the Indigenous population (Browne et al., 2009; Heritz, 2010; Norris and Clatworthy, 2003; Place, 2012). For example, Graham and Peters (2002) note that between 1991 and 1996, 70% of Indigenous peoples living in large Canadian cities moved (as compared to 50% among non-Indigenous

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<sup>15</sup> For example, the implementation of Bill C-31 (1985) allowed for the reinstatement of Registered Indian status to individuals who had previously lost it under the Indian Act. Many of those affected were women who married non-Registered Indian men, and the children resulting from these marriages (Clatworthy, 2004).

peoples), and 45% of these moves occurred within the same community (as compared to 20 percent among non-Indigenous). This high rate of mobility is theorized to be directly associated with the desire to maintain ties with home communities, and to seek out a better life in the city through improved access to income, education, employment, housing, living conditions, socio-eco status and health services (Browne et al 2009; NCCAH, 2011; Place, 2012).

Broadly speaking, very little is known about the health and well-being of urban Indigenous peoples in comparison with on-reserve and non-Indigenous populations of Canada. This is theorized to be due to a pervasive assumption that Indigenous peoples live only on reserves (Newhouse & Peters, 2003; Norris et al., 2013), and a scarcity of reliable data. For example, the data that does exist is often partial and inferred from other sources that lack reliability due to changes in census definitions and methodologies over time, and differing interpretations of questions resulting from a lack of congruency with Indigenous understandings of health (Browne et al. 2009; Place, 2012; UAKN 2013). While the recent collaborative partnership *Our Health Counts, the Urban Aboriginal Health Research Data Project* (cf. Smylie, Firestone, Cochran, Prince, Maracle, Morley, et al, 2011) has sought to address this scarcity of data, much of what is currently known does not comprehensively reflect the health and well-being of the urban Indigenous population, and thus “must be approached with a critical lens” (Browne et al., 2009, p.9).

While urban Indigenous peoples experience many of the same health disparities and inequalities as the broader Indigenous population, they also face

unique health related issues. Early research related to the health and well-being of urban Indigenous peoples tended to focus on the challenges related to living in the city, relying on statistics to document rates of disease, determinants of poor health, the underutilization of health care services, and the general inability of Indigenous peoples to adapt to urban life (cf. Browne et al., 2009; Howard-Bobiwash & Proulx 2011; Newhouse, FitzMaurice, McGuide-Adams, & Jette, 2012; UAKN, 2012). Newhouse (2014) has referred to this period as a “study in lack” (p. 43), suggesting that it has remained “an extremely powerful idea; and one that is still present in research and policy today” (p. 43-44). While certainly broad-based reports such as the *The Urban Aboriginal Task Force: Final Report* (UATF, 2007), *First Nations Urban Aboriginal Health Research Discussion Paper* (Browne et al., 2009), *The Health of Aboriginal People Residing in Urban Areas* (Place, 2012) and *Literature Review on Urban Aboriginal Peoples* (UAKN, 2012) have expanded existing knowledge of urban Indigenous health, they also point to the need for a more comprehensive understanding across all levels of study. Health researchers are slowly heeding this call, often in partnership with Aboriginal Health organizations and Friendship Centres (UAKN, 2012). While research continues to focus on disease and access to health care and services in urban areas, it has also expanded in both focus and methodology to explore the health related implications of mobility (Peters & Robillard, 2009; Snyder & Wilson, 2012; Snyder & Wilson, 2015), the social determinants of health (Wilson & Cardwell, 2012), and culture-based perspectives on health and health promotion (Lavallée & Howard, 2011; Mundel & Chapman, 2010; Van Uchelen, Davidson, Quressette, Brasfield, & Demerais, 2009).

Parallel to this growth in the urban Indigenous health literature is a broader body of scholarship that explores the urban Indigenous experience in Canada (cf. Environics Institute, 2010; Howard-Bobiwash & Proulx, 2011; Newhouse & Peters, 2003; Peters & Andersen, 2013). While this literature does not directly pertain to health, it nevertheless provides an improved understanding of the contexts within which urban health and well-being occurs. Specifically, this literature explores how issues related to identity, the role of Indigenous service organizations, economic development, culture, and community building shape the environments within which Indigenous peoples live. These works often approach cities as spaces of “Indigenous resilience and cultural innovation” (Peters & Andersen, 2013, p. 2), exploring how colonization has shaped and continues to shape both the opportunities and barriers to living a good life in the city.

#### **4.4 The Health of Indigenous Men**

Within Indigenous health literature in Canada, men constitute another under-represented demographic. Some statistics regarding the health and well-being of Indigenous men do exist; however, they tend to be in comparison with either Indigenous women or the non-Indigenous population. For example, in 2014, homicide rates among Indigenous males were 7 times higher than for non-Indigenous males, and 3 times higher than for Indigenous females. Indigenous men also experience shorter life spans, are more likely to be incarcerated, and possess lower educational attainment than their non-Indigenous counterparts (Innes & Anderson, 2015). Much like the reality facing Indigenous women, these concerning health trends experienced by Indigenous men are rooted in processes

of colonization that have disrupted traditional gender roles and identities.

Within traditional gender roles, men acted as protector and providers, an identity that was intricately connected to purpose. Activities like fishing, hunting, and spending time with Elders were “rites of passage” through which young men learned about their cultures and values. Guided by principles of non-interference, non-coerciveness, and balance, traditional male gender roles for many Indigenous communities emphasized responsibility to a greater social collective and to all of creation (Anderson et al., 2012). Processes of colonization have contributed to the disruption of these gender roles through the dispossession of traditional lands and territories, the erosion of culture, and the imposition of a “white supremacist heteronormative patriarchy” (Innes and Anderson, 2015, p. 4) that introduced gendered segregation, violence, and male dominance (Innes Anderson, 2015; McKegney, 2016).

Seeking out opportunities to conform to dominant, Western hegemonic masculinities, some Indigenous men have performed in ways that allow them to demonstrate power, turning to activities such as gang participation. Totten (2010) has defined gangs as “visible hard core groups that come together for profit-driven criminal activity and severe violence” (p. 255-256), and estimated that 22 percent of all known gang members in Canada are Indigenous. Among Indigenous men, gang membership has been theorized to provide a sense of kinship, place, purpose, self-respect, and self-esteem that has been lost due to processes of colonization (Buddle, 2011; Totten, 2010). Despite the associated high rates of poverty, family breakdown, incarceration, violence, addictions, and homicide for gang members (Grekul & LaBoucane-Benson, 2008; Innes and Anderson, 2015),

gang participation has come to represent alternative “rites of passage” into “manhood” (Henry, 2015, p. 192). In this regard, gangs have created what Buddle (2011) has referred to as “new spaces of belonging” (p. 173). Yet despite such concerns concerning health-related behaviours and outcomes, Indigenous men receive an astonishing lack of support (Innes & Anderson, 2015; Senese & Wilson, 2013). For example, Ball (2009) has suggested that Indigenous fathers “are arguably the most socially excluded population of fathers in the world” (p. 29). While a number of steps have been taken to improve the lives of Indigenous children in Canada, the role of Indigenous fathers and barriers to their involvement (e.g., intergenerational trauma, institutional barriers, paternity, poverty, employment, mother-centric services, jurisdictional and legal ambiguities, and the child welfare system) have yet to be fully recognized in social policies and programs (Ball & George, 2006).

Reflecting upon the intersection of gender and colonization discussed above, it is clear that too often Indigenous men are viewed “as victimizers, not as victims; as protectors, rather than those who need protection; or as supporters, but not ones who need support” (Innes and Anderson, 2015, p. 9). This reality has been normalized and internalized through popular media and culture, in which Indigenous men are portrayed as “the noble savage and the bloodthirsty warrior” (McKegney, 2014, p. 1). However, an emerging body of scholarship in Canada has challenged these stereotypes. For example, *The Bidwewidam Indigenous Masculinities Project* (2011), *Indigenous Men and Masculinities* (Innes and Anderson, 2015), *Masculindians: Conversations about Indigenous Manhood* (McKegney, 2014), and Restoule’s (2008) work with urban Indigenous men in

Toronto are expanding the discourse surrounding Indigenous masculinities. While not focused on health explicitly, this literature's exploration of both the challenges facing Indigenous men, and their potential, is important in both its content and form. In addition to challenging the legacy of colonial effects on Indigenous masculinities, this literature broadens the kinds of methodological approaches that have been used to conduct research regarding Indigenous men by including qualitative methods, such as storytelling and interviews.

#### **4.5 Sense of Belonging and Indigenous Health**

Hagerty, Lynch-Sauer, Patusky, Bouwsema and Collier (1992) describe sense of belonging as a component of social support, defining it as “the experience of personal involvement in a system or environment so that a person feels themselves to be an integral part of that system or environment” (p. 173). As a concept, they suggest that sense of belonging possesses key defining attributes, antecedents, and consequences. To experience a meaningful sense of belonging, they suggest that a person must feel “valued, needed, or important with respect to other people, groups, objects, organizations, environments, or spiritual dimensions” and possess a “fit or congruence with other people, groups, objects, organizations, environments, or spiritual dimensions through shared or complementary characteristics” (p. 174). Such an experience is predicated upon “(1) energy for involvement, (2) potential and desire for meaningful involvement, and (3) potential for shared or complementary characteristics” (p. 174). As a consequence, a person can then experience “(1) psychological, social, spiritual, or physical involvement; (2) attribution of meaningfulness to that involvement; and

(3) fortification or laying down of a fundamental foundation for emotional and behavioral responses” (p. 174). While Hagerty et al. propose this conceptualization of sense of belonging within the contexts of Western health and mental health, we argue that its recognition of forces beyond the social (e.g., objects, environments, and spiritual dimensions) demonstrate its compatibility with Indigenous knowledge systems and understandings of health.

Within Indigenous health literature in Canada, little research has focused explicitly on the relationship between sense of belonging and health. This is somewhat surprising, considering its congruence with Indigenous knowledge systems that emphasize connectedness, sense of self, and relationality (Hill, 2006). The research that does exist has tended to refer to sense of belonging indirectly or within other contexts, for example, as a component of social support, (Richmond, Ross, & Egeland, 2007; Richmond and Ross, 2009), as a means of achieving educational goals (Richmond & Smith 2012), as a contributing factor to connectedness as a healing strategy (McCormick, 1997), as a means to share Indigenous knowledge among youth (Big Canoe & Richmond, 2014), and as a factor in health-damaging behaviours such as suicide (Kral, 2012) and gang participation (Buddle, 2011; Henry, 2015; Totten, 2010). Notably within these literatures, urban First Nations men have received very little attention.

## **4.6 Methodology**

### *4.6.1 A Community-Based Participatory Research (CBPR) Approach*

For decades, health researchers have “parachuted” into Indigenous communities to collect data, often without consent or reporting their findings to



the communities involved (Brant Castellano, 2004). As a result, research exists as a source of distress for many Indigenous peoples and communities, and is viewed with great scepticism and trepidation (Smith, 1999). As a means of addressing these valid concerns, community-based participatory research (CBPR) holds great promise in its ability to recognize the voices, knowledge, and priorities of Indigenous communities. CBPR has been defined as a collaborative approach to engaging community in the research process towards the goal of creating relevant, meaningful, and useful knowledge for both communities and researchers. It is action-oriented and seeks to effect change by empowering the communities involved with research (Buchanan, Miller, & Wallerstein, 2007; Minkler, 2005; Minkler & Wallerstein, 2008). At its core, CBPR emphasizes community participation, wherein the process of *doing research* is recognized as just as important as the research findings themselves (Castleden, Sloan, & Lamb, 2012; Flicker, Savan, Kolenda, & Mildemberger, 2008; Israel, Eng, Schulz, & Parker, 2005; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2006). However, exactly what level of community participation is necessary or desirable remains unclear (Balazs & Morello-Frosch, 2013; Castleden et al., 2012a). As a “gold standard,” CBPR requires a high level of community participation throughout the research process, from setting the objectives of a project to the dissemination of its findings (Minkler and Wallerstein 2008; Minkler 2013). Yet as Balazs and Morello-Frosch (2013) have suggested, a more realistic conceptualization of participation exists on a continuum from “helicopter science” to full community engagement. In this regard, the level of community participation is neither prescribed nor static, and depends upon research objectives, capacity, and an

agreement between the parties doing research together. As such, “there is no one-size-fits-all CBPR framework;” rather, CBPR is about finding “a balance between the community’s needs and the researcher’s agenda” (Castleden et al., 2012a, p. 176).

Despite the great potential of CBPR, it is not without challenges. For example, relationships are foundational to CBPR, and these relationships take time and resources that often extend beyond the timelines, ethics, budgets, and institutional constraints of research projects or graduate degrees (Minkler, 2013). Moreover, it can sometimes be difficult to define “community,” and who represents a community within the research process (Wallerstein & Duran, 2006). Partnerships may change over time, resulting in shifting priorities and degrees of support for a project (Wallerstein & Duran 2006), and issues of power dynamics between researchers and communities, or within communities themselves, may also occur. All of these factors can affect the integrity of a project’s research findings (de Leeuw et al., 2012a; Minkler, 2013). Finally, it is often difficult to evaluate CBPR. While Green (1995; 2003) has offered broad guidelines to assist with evaluation, few studies have explored this process as it relates to Indigenous health research.

This manuscript is situated within a broader CBPR project with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). SOAHAC is one of ten Aboriginal Health Access Centres (AHAC) in Ontario, offering services including primary health, traditional healing, mental health, diabetes education, nutrition and health, maternal and child health, and Aboriginal senior health at home. Working collaboratively with an advisory committee comprised

of SOAHAC staff and Western researchers, we identified the need for research that explores the relationship between health, culture, and place among urban First Nations men in London, Ontario. It is our hope that this research will address both gaps within Indigenous health literature in Canada as well as SOAHAC's programming needs. All stages of the data collection outlined below represent a collaborative process between ourselves and the SOAHAC advisory committee.

#### *4.6.2 Data Collection and Analysis*

To explore meanings of health among urban First Nations men in London, Ontario, we chose a conversational method. Defined as “an alternative style of survey interviewing that allows deviations from the norms of standardized interviewing” (Currivan, 2008, p. 151), conversational method permits both interviewers and participants the freedom to ask unscripted questions and elaborate upon questions and answers as needed. As a method, it is somewhat challenging in that it works best with small sample groups, and requires considerably more time than standardized interview techniques. However, proponents of conversational method have suggested that its flexibility improves accuracy through participants' the ability to clarify the meaning of their responses and thereby decrease ambiguity (Currivan, 2008). In the context of the broader research project in which this manuscript is situated, conversational method provided an opportunity to employ a research approach congruent with Indigenous research methods through its embrace of storytelling as means of transmitting knowledge (Kovach, 2009).

Twelve questions relevant to the both the objectives of the broader

research project and SOAHAC's programming needs were co-created with the SOAHAC advisory committee. The questions broadly encouraged discussion related to personal perceptions of the relationship between health and culture in an urban context. All questions aimed to strike a balance between building a relationship between the interviewer and participants, while still fulfilling the objectives of our research. A male First Nations Research Assistant (RA) was hired to facilitate all interviews, as it was felt that someone who shared experiences and understandings of Indigenous culture and knowledge with the participants would be better equipped to pick up on language, references, and nuances in their responses. While there are benefits and challenges associated with both "insider" and "outsider" status of researchers working with Indigenous peoples and communities, (Brayboy & Deyhle, 2000), it was agreed that hiring someone who represented the participants' community was the most appropriate decision.

Recognizing the focus on "lack" that has long characterized urban Indigenous research (Newhouse, 2014), a strengths-based approach was embraced in order to contribute to a better understanding of positive health and well-being. Although health and well-being is a subjective phenomenon, efforts were made to recruit men who self-identified as enjoying relatively positive health and well-being so as to support a strengths-based approach to the project. In this respect, positive health could be interpreted as relative to others or relative to one's personal experiences of well-being. Interviews took place at various locations in London that were decided jointly by the RA and the participants based upon their personal comfort. All participants were provided with a letter outlining the

objectives of the broader research project, and were informed that resources and Elders were available for their support should they find the conversations triggering. Upon obtaining written consent, the interviews were digitally recorded. The RA also took handwritten notes during and after the interviews to document the environments in which they took place and the demeanor of participants—though this was only done if he felt that it any way shaped the conversation. All participants were contacted a few days after their interviews to inquire if they had any questions, concerns, or comments that they would like to add to their responses. The RA and first author met frequently throughout the data collection process to discuss questions and concerns as they arose. In total, 13 men participated in the interviews between October 2014 and May 2015. Interviews ranged from just under an hour to approximately 3 hours in length. Upon completion of their interviews, all participants were offered honoraria as a thank-you for sharing their stories.

While the original intent of the research project was to actively include members of the SOAHAC advisory committee and other SOAHAC staff in the analysis of the interviews, staffing changes within the organization affected the capacity to follow-through with this plan. As result, the first author completed the primary analysis by employing QSR NVivo 9, a computer-assisted qualitative data analysis (CAQDA) software. Recognizing that CAQDA software is often criticized for its potential to overly rely on technology to guide analysis and distance the researcher from the data (Basit, 2003; Hesse-Biber & Leavy, 2004; Welsh, 2002), NVivo was utilized only to store, organize, and search the data. Seeking to employ an approach consistent with Indigenous methods of

storytelling as a means of knowledge creation and dissemination (McIvor, 2010), thematic narrative analysis was chosen by the first author. Thematic narrative analysis focuses on “the content of the text, ‘what’ is said more than ‘how’ it is said, the ‘told’ rather than the ‘telling’” (Reissman, 2005, p. 2). As a method of analysis, it seeks to keep the story “intact” rather than focusing on its component themes (Reissman, 2008).

To identify categories within the data, the first author concurrently read and listened to all interviews while coding sentences and paragraphs under three main parent nodes that represented the relationships explored in the broader research project: health, culture, and place. Child nodes within each parent node were created to reflect more specific subthemes, while ensuring to account for any links between through the use of NVivo’s software capabilities. In total, 55 nodes pertaining to meanings of health were initially created, reviewed, and grouped together based upon similarity and overlap. For example, nodes that represented conversations about individual health statuses—such as diabetes and obesity—were grouped under a parent node of “health outcomes.” Transcribed interviews were then re-read to account for any omissions. All parent and child nodes were then reviewed with the RA to ensure that they were consistent with his interpretation of the conversations.

A number of attempts were made to allow for member checking of the data. Within qualitative analysis, member checking has been proposed as a means of ensuring the validity, accuracy, and trustworthiness of findings (Cresswell, 2007; Sandelowski, 1993). Member checking most often involves providing participants with the opportunity to review their words, and the interpretation of

their words, to ensure both accuracy and validity (Yanow & Schwartz-Shea, 2006). All participants were emailed an electronic copy of their transcripts for review and asked to provide any changes or clarifications. Upon completion of the thematic narrative analysis, each participant was contacted to review and discuss the major themes that emerged in their interviews. These discussions took place in person, by telephone, and by email with the first author. All participants were also provided with a copy of this manuscript prior to publication in order to confirm that their words were presented appropriately and within the contexts that they were intended.

All stages of the research process were guided by the ethical protocols of Western University and SOAHAC, the principles of Ownership, Control, Access and Possession (OCAP) (First Nations Centre, 2007), and the *Tri-council Policy Statement (2) Chapter 9: Guidelines on Research Involving the First Nations, Inuit and Métis Peoples of Canada* (CIHR, 2014).

#### **4.7 Results**

Overall, the participant group was characterized by variability in cultures, age, and urban experience. The men interviewed ranged in age from 18 and 41 years old, representing various First Nations within Canada and the northern United States. Some had lived their entire lives in London, and others had only recently relocated to the city. Participants were predominantly students, with others working full time at non-profit organizations, universities and colleges, or governmental organizations. In the results below, we focus on how the men interviewed defined health, and indicate the three main determinants of health that

they identified: social connection, land and culture.

All of the men revealed that while both Western and Indigenous concepts of health were present in their lives, they favoured wholistic, Indigenous understandings of health. The men shared that family and media (e.g., magazines, television, and the internet) figured prominently as sources of information that helped shape these understandings. While family was identified as contributing to both Indigenous and Western understandings of health, the men noted that they felt media focused more on Western and physical conceptualizations of health and well-being.

*I look at health as like holistic health, not just physical health ... I guess the Ojibwa teaching is a good one to look at, like their four directions and having the mental, physical, spiritual, and emotional health. Yeah, I connect with that for sure... (Jerry)*

*No, it was probably not till the past couple years ... I used to just think of health was like just your body and stuff like that ... I was at a program a couple years ago and it was just a sit down and talk thing like that at a men's group ... they brought up some stuff and then they showed some different things through our Native teaching and stuff like that how it is kind of mind, body, and spirit then I kinda realized that...I need to kind of look at it that way instead of just realizing just my body. (Al)*

Exercise was recognized as integral to health and well-being, with many



of the men noting that they felt the city provided a variety of exercise-related opportunities for improving and maintaining health, such as gyms, parks, recreation centres, and sports teams. Healthy and nutritious foods were also identified as important to supporting both one's physical health, as well as one's mental, emotional, and spiritual health. For example, Mike noted that “when your body is healthy ... everything's gonna be healthy ... everything's functioning properly.” While all the men recognized that the city provided access to an abundance of healthy food choices, fast and unhealthy food was often described as the cheapest and most accessible food option. Some of the men expressed a desire to have better access to traditional food as a healthy alternative:

*It's hard to be healthy in today's society with all the processed foods ... if we could go back to eating nothing but traditional foods and eating—not only our traditional foods, but eating the foods we ate during certain times of the year. Like now we're eating strawberries in the middle of winter ... when June is the strawberry month and that's when we eat those medicines. (Mike)*

#### *4.7.1 Social Connection as a Determinant of Health*

Social connection, or spending time with others, was identified as an important determinant of physical, mental, emotional, and spiritual health by all of the men interviewed. This connection was primarily found via community, family, and friends who shared similar experiences, struggles, knowledge, and values. Social connection was most often discussed in the context of other people who were in the “same boat,” specifically referring to other Indigenous people.

Social connection was also described as frequently occurring within their traditional territories and reserves<sup>16</sup> or Indigenous support organizations, and as something that had the potential to be both promote and damage health.

The ability to connect with other people was overwhelmingly identified as a determinant of health, with one of the men sharing that “just talking to people helps ... people are medicine.” Although the men noted that these connections sometimes happened with non-Indigenous people, they usually happened in the context of other Indigenous peoples, including family, community, and friends. Although some of the men discussed how they were able to find social connection within the non-Indigenous community through school and sports, most shared that they felt connection was more easily accessible within their own communities and among other Indigenous peoples in the city. For example, one of the men described how he felt like he did not fit in among non-Indigenous peoples and places. He shared his experience of joining a local gym, at which he often felt as though he were an “exhibit” and marginalized within the broader population:

*I think it's still like a misunderstanding that non-Indigenous people or just mainstream society have about Indigenous people. It's been like that since I moved to London ... That's a barrier in my Indian life is walking amidst people who don't quite understand. I feel like I'm an enigma or just I'm not understood so people look at you and it feels like I'm an exhibit sometimes. (Stephen)*

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<sup>16</sup> We define traditional territories here as the lands the men interviewed and/or their ancestors traditionally occupied or used.

A number of the men interviewed talked about the importance of family. Often, this family was in their traditional territories or on reserves. One of the men, for example, shared how returning to his home community allowed him to connect with family and feel supported in ways that promoted positive health:

*I got older, about 30 years old I realized that I really wanted to be close to my family again ... My brother just had his first baby. He moved back to the res...I had no partner and I really missed home and, to be honest, at the time I was getting into trouble, substance and alcohol and I was just drifting and I guess I went back to, I went back to where it all began. I went back closer to family and that's what saved me. (Robert)*

Robert described the ability to return to his family and community as a “security blanket,” insofar as it provided him with a place to which he could always return to for support no matter what was going on in his life. Robert later added:

*... no matter what happens to me in life I can go back there and I'll be accepted ... They will accept me no matter what happens to me ... even though they're critical, if you go back they'll always take you back in. (Robert)*

Although primarily discussed as promoting health, social connection and spending time with family and community was paradoxically identified by one of the men as having the potential to contribute to poor health behaviours. While he shared that spending time in his home community provided a sense of support that did indeed contribute to good health, it also led to behaviours like excessive

drinking and using drugs. These are activities in which he would otherwise not engage in the city, which raised questions for him about the behaviours that can become normalized within different social environments and physical places:

*When I'm with my community, relatives, my brother and stuff, I'm partying, I'm not the one to, like not, like hard drugs, but I don't mind to smoke pot once in a while, occasionally, and I've used cocaine in the past. It's nothing I do on a regular basis, but then again that also begs the question of community, like why would I do that in situations socially when I'm with my friends and family on the reservation and it's not something I even seek out when I'm working and living in London in an urban populated area, where those would be accessible if I looked for them ... when I'm closer to my community I'm also more willing to do things that I wouldn't do when I'm not in my community. (Robert)*

Spending time at local Indigenous support organizations was identified as another opportunity to connect with other people. These places were described as comforting and providing a sense of family. For some, just the feeling of being around others who shared similar experiences, knowledge, and values was considered as important as interacting with them.

*It was the first time I met so many Native people in one space, but not only Native people, but Native people who were like just like me ... that's where I found my family again. (Victor)*

*... this happened in several different instances ... being upset with my life ... just having that support network, just the people who, you know, genuinely care about you ... often they didn't need to like say anything specific ... just their presence there was something that was enough for me to just completely forget about what was going wrong in my life ... just their spirit there was just enough to get me, you know, through whatever was happening. (Jack)*

While many of the men recognized the presence of Indigenous organizations that provided places to connect with others in the city, few actually engaged with them unless they were easily accessible. For example, men who were students at the local university and college often frequented the Indigenous support services associated with these institutions. However, lack of time, transportation, and knowledge of what was going on in the city were noted as prohibitive to enabling participation with other Indigenous organizations and events.

#### *4.7.2 Land as a Determinant of Health*

Land is defined in this manuscript as the natural environment. The connection that the men felt to the land was described as being related to all aspects of their wholistic health and well-being. This connection was most often discussed in the context of their traditional territories, even if the interviewee had never been to them. For example, one of the men shared that even though he grew up in various cities, being on the land in his home community was a physical, mental, spiritual, and emotional experience. Connecting to the land was like

connecting to who he was:

*Sometimes it's difficult to even put words to what it is that I'm like thinking of when I'm there. It's just, it's a very emotional and spiritual place to be really ... Yeah, so like it was, I mean, while I was up there it was raining so it was, it had filled with water, but I got to stand up there and really from there you get to see all of the lands around it and it's just, it's an overwhelming experience to just be up there and having, you know, gone through this journey physically and, I guess, a little bit emotionally, but for me it was more of an emotional journey because of the fact that, I mean, it wasn't very hard to do, but like it just feels like it was the combination of my entire life up to that point and it just, yeah, it was a very spiritual experience for me having been up there ... it felt like a combination of my entire life and more than that just like as sort of a continuation of my lineage ... it felt like I was part of something...where my ancestors have been ... like someone had just plugged the socket back in kinda thing, you know. It just ... felt all of a sudden plugged into everything. It was a very emotional experience ... it just feels, I don't know, it's hard to explain really ... just being on the land. You just kind of, I don't know, I just walk on the land and out in the trails and I feel like this is, like that's where I belong, that's where I'm meant to be, and where I'm from indirectly, but still that's where I belong I feel. (Jack)*

Within the city, the lack of open and public spaces was described as a

barrier to connecting with the land. One interviewee talked about how his struggle to connect with the land within the city forced him to look in the neighbouring countryside, but even this was challenging because it was not *his* land:

*And then I bought that motorcycle my first year, so I would drive out to the country and find a spot, but then I'm thinking, am I trespassing? Is this somebody's property? So it gets a little more quiet out there, but still a little bit of chatter. It's when I'm out back home on the land that's my, where I get absolutely, I was there last summer and the summer before I can get absolute stillness out there like no other place. (Stephen)*

The land was described as something that provided medicine and supported life. One of the men compared taking care of the land to taking care of one's self, noting:

*Creator gave us that original instruction, all the people that original instruction, you know, like how to live, showed each people how to live. And then if you live that way there's a story that it's like I can guarantee you'll live forever, like you can have this long life. I don't know how long it goes, but as long as this Earth's here you'll live, right? But if you don't take care of the land and you don't take care of yourself, you know, you're gonna have a very short life. (Victor)*

Another man discussed the relationship between concern for the health of the land and personal health:

*That's part of the sadness, too, right? There's a bit of the sadness to think that that connection is disappearing, but it's also a reality, right? Like, you know, with the plants and industry that are contaminating a lot of the Earth and plants and water, the animals I'm sure are getting affected. Sometimes when I'm eating a piece of pickerel and I'm wondering if I got the one that swallowed a little mercury, right? There's just not that comfort in it either anymore.*

**(Stephen)**

Many of the men expressed a sense of responsibility for the land, sharing their concern for what they perceived to be a lack of environmental protection and stewardship in contemporary society—especially in the city. One man noted, for example:

*That's what I saw when I grew up is this absolute, like my grandfather was adamant about like don't destroy things unless you need it for something. Don't go break a tree for no reason, like breaking little saplings or anything. That was a big thing with him. And so that was, that's been a big sadness of mine and, you know, the smell of exhaust and everything like that. ... we're poisoning our waters and we're destroying the healthy Earth...for lack of a better word it was heartbreaking moving to an urban setting and seeing the lack of respect for nature.* **(Stephen)**

#### 4.7.3 Culture as a Determinant of Health

The men possessed different levels of cultural knowledge and experience,



and different conceptualizations of exactly what First Nations culture *is*. For some of the men, culture was very much rooted in traditional practices. For others, it was something that is constantly evolving, shaped by the diverse nature and cultural composition of contemporary society. Regardless of this variation, culture was most often associated with traditional practices, language, land, and family, and was consistently identified as an important determinant of wholistic health and well-being. Culture was also described as something that can be challenging to access in the city, as compared with traditional territories.

A number of the men described culture as the process by which they lived their daily lives in healthy ways. One of them described the importance of language and traditional practices related to ceremony and medicine, and another shared how he felt that culture was more so a state of mind that embraces living in a good way:

*I'd say culture is your identity of who you are and what you do. Like there is a thing of, you know, being Oneida. With Oneida there's Oneida culture, so what is Oneida culture? You know, it's, it comes down to, you know, the language and that's key. Ceremonies, is another thing, not just ceremonies at the longhouse, but there are ceremonies that you have to do and they're a connection to, I guess, you would say the land the way our ancestors did it ... and that's including using the medicines, you know, taking care of yourself.*

**(Jerry)**

*My culture, the way I understand it is really a simple and peaceful thing. It's doing the things that are good, thinking of the next seven generations, taking care of Mother Earth. Those are our instructions that I've been told that we were given from the beginning and like I said it's, our culture is, I guess, how do they say that, 80 percent faith and 20 percent doing ... To me our culture is simple. It's a way of, it's a way of living and a way of being in all those ways that we talked about being healthy, you know, keeping that balance. (Mike)*

One of the men described his culture as something that gave him purpose, and a sense of being a part of something bigger than himself:

*When you're brought into this world you're given a name for the Creator to know who you are for when you leave this world and to tell him all the good things that you did for the people and mostly it's like your speech in order to get into Heaven, into the sky world, things like that. So that's also what's been the driving force, too, is to know that I am here for X amount of time and I want to make that time really valuable in such a way that it benefits, not only myself, but those around me and to know that I'm more than capable of helping those that are in need. (Bruce)*

Culture was described as being intricately connected to physical, mental, spiritual, and emotional health in positive ways. One of the men shared how his participation in traditional singing and dancing had provided him with an opportunity to be physically healthy:

*So like, you know, like we do social dances and ceremony, like you have to be active to take part in that ... You have to be able to dance. And also, even when singing, you know, you have to keep the inside of your body clean ... because you can't sing. Like your lungs won't be able to expand and be able to sing those notes like that, right so, yeah, but it takes a lot. I think singing is just as much of a workout as dancing. (Curtis)*

Another of the men shared how joining a men's drum group contributed to his mental health by helping him to cope with anxiety, and to feel like he was on a positive journey of well-being:

*Recently we started the drum group and that's been real medicine for me because I couldn't sing in front of people by myself, and for the first time a couple days ago I was able to sing for a good hour and a half for some women, by myself on the hand drum, and just continuously sing and I didn't have any anxiety from that because I suffer from PTSD from the stuff I went through as a kid and I could never, I had a really hard time talking in front of people, groups of people and singing in front of a group of people, forget about it. Like I, so, yeah, this drum group has really been good medicine for me. That makes me happy to know that I'm, even at my age, I'm still making improvements, right? (Mike)*

The men also noted that culture provided them with a spiritual connection. For example, Curtis described how singing opened his “receptor” to Creator.

Others talked about how simply knowing that the Creator was part of their cultures gave them comfort and the ability to overcome stress and challenges. For example:

*Because no matter how bad of a day I'm having, no matter how hard things get for me, bills pile up and things get hard, somebody passes away, I get into an argument with somebody, no matter what happens I can go to that sweat lodge. I can go smudge. You know, I can go and just take that tobacco and talk to Creator and I can put things at peace in my mind and I can carry on. (Mike)*

Much like social connection and land, culture was described as something that was generally more accessible in the men's traditional territories. For example, Walter shared that when he left the reserve "I had to leave a lot of culture behind". Similarly, George commented: "I thought like you have to go back to your reserve to learn everything." To this end, the city was described as a challenging space in terms of being able to find opportunities to practice some aspects of culture. As an example, one of the men shared his challenge in finding a space to put down tobacco:

*I went around the block one day, like 'cause I was like, oh, I really need to pray and I walked around my whole block only to get back to my house and just put it in the bush in front of my house 'cause I was like I could not find like a good like patch of grass that wasn't like in a pod on someone's lawn. (Victor)*

All of the men recognized the presence of organizations and

programs in the city that offered opportunities to connect to their cultures through participation in ceremony, teachings, and socials. While these opportunities were seen as positive, not all of the men found them to be inclusive:

*Well, there's a lot of different organizations and they hold like socials and different events, such as the pow-wows ... I go to a lot of these events ... It's always just, you know, the Ojibwa sitting with the Ojibwa ... and here the Oneidas sit with the Oneidas only. (Curtis)*

Mike shared that he felt this lack of inclusivity was compounded by the diversity of Nations represented in the city: “We have so many different nations, so many different people, and so many different ways of doing things that I think the problem now is that, not so much that it’s not there, it’s not there for certain nations.”

Despite such challenges, not all of the men felt that it was impossible to connect with their cultures in the city. Instead, it was described as being harder, requiring them to make a greater effort:

*I'd say you'd have to make that connection yourself because it's not as readily available as you might think 'cause, you know, London, how big London is. It depends on where you live, right, like I live in [London]. All the stuff that I go to is either at [Indigenous service organizations] or [on a neighbouring reserve], right? So there's nothing in [my immediate neighbourhood] that benefits me or my culture, so I have to seek it out and make sure that I go to it, so it*

*depends. For me living in London isn't a barrier to it, you know, there are things that are challenging, too, like it's not as easy for me just to go down the street and go to a ceremony as it would be if I lived [on reserve], you know, but I think for me, you know, I just enjoy it, where I live. (Jerry)*

Taken together, these findings suggest that while social connection, land and culture exist as important determinants of health among the men interviewed, how and where they occur is equally important.

#### **4.8 Discussion**

This manuscript presented the results of a qualitative exploration of meanings of health among urban First Nations men living in London, Ontario. Our conversations with the men suggest that social connection, land, and culture are important determinants of wholistic health and well-being. We further contend that *how* and *where* the men experienced these determinants of health matters. With regard to how, we suggest that these determinants provide a sense of belonging. Second, we suggest that *where* these experiences of belonging occur is equally important. In the context of our findings, the most prominent example of this importance is demonstrated by the consistent identification of the men's traditional territories and reserve communities as locations in which they achieved a sense of belonging within social connection, land, and culture. Finally, we argue that *how* and *where* the men experienced sense of belonging within these determinants has been profoundly shaped by colonization. Building upon the conceptual work of Hagerty et al. (1992), this manuscript concludes by proposing

a sense of belonging lens may allow for a better understanding of the processes by which urban First Nations men experience the determinants of health. A number of potential opportunities to support a sense of belonging as identified by the men are offered, including media, language, exercise and food (more specifically traditional food), opportunities to participate in environmental protection, and improved financial and logistical supports.

#### *4.8.1 Social Connection, Land, and Culture: Opportunities to Belong*

Returning to the conceptual work of Hagerty et al. (1992) discussed previously, sense of belonging has been defined as the feelings of congruence, value, importance, and being needed “with respect to other people, groups, objects, organizations, environments, or spiritual dimensions” (p. 174). Based upon our conversations with the men interviewed, we suggest that social connection, land and culture all provide important opportunities to experience a sense of belonging as a pathway to health and well-being.

In the context of social connection as a determinant of health, we suggest that the men interviewed experienced a sense of belonging primarily through being around other Indigenous peoples who shared similar experiences, knowledge, challenges, and value systems. Within these findings, family and community constituted an especially important social relationship—a reality that is widely recognized within the broader literature related to Indigenous peoples in Canada (Kirmayer et al., 2013; Newhouse, 2014; Peters & Andersen, 2013) and urban men (Restoule, 2004). Certainly, social connection occurred with non-Indigenous people as well—as Peters and Andersen (2013) have contended,

“many urban Indigenous people have membership in multiple social and political communities” (p. 9)—however, the men most often noted that it was spending time with other Indigenous people that contributed to their senses of belonging.

It is also worth noting that sense of belonging with others was also identified as having the potential to both promote and damage health. This finding suggests that sense of belonging represents an especially important need among urban First Nations men, so much so that it is worth risking one’s health in other ways (by drinking or using drugs, for example) in order to achieve it. This, too, is consistent with findings in the broader Indigenous health literature. For example, in their research with rural First Nations and Inuit communities, Richmond and Ross (2009) found that while socially supportive relationships can reinforce sense of belonging, they can also be associated with health-enhancing and health-damaging behaviours, and that “the negative dimensions can significantly outweigh the positive ones” (p. 1432)—particularly when operating in the context of material deprivation and coping. Such findings are also consistent with the previously discussed literature, which associates sense of belonging with the high-risk behavior of gang participation.

Land was similarly identified as an important determinant of health by the men interviewed, however, it was described as more than “just being outside.” Rather, the men talked about the land as if they belonged with it, as if it were a part of their existences and identities. This recognition of land as an integral part of Indigenous identity has been increasingly identified in Indigenous health literature globally (cf. Parlee, Berkes, & Teetl’it Gwich’in, 2005; Richmond,



2015). For example, among the Yorta Yorta Nation, the Boonwurrung and Bangerang peoples in Australia, the relationship with the land, or “caring for country,” has been described as linked to identity, pride, empowerment, spirituality, and self-esteem (Townsend, Phillips, & Aldous, 2009). The recent global groundswell of support among Indigenous communities from initiatives such as #IdleNoMore and #NoDAPL (No Dakota Access Pipeline) further exemplifies the profound sense of belonging Indigenous peoples have with the land. As a movement, #IdleNoMore is dedicated to the honouring of First Nations treaties and the protection of lands and waters across Canada (Idle No More, 2017). Similarly, #NoDAPL is a grassroots initiative concerned with defending the Standing Rock Sioux Tribe’s inherent rights to protect their land and water from environmental degradation and destruction by the United States government’s collusion with oil corporations (NoDAPL, 2017).

Culture was described as a process of living ones’ life that supported a sense of belonging by providing identity, purpose and value. In this regard, culture was understood as something far greater than participation in traditional activities or ceremonies. These findings are consistent with Restoule (2008) who found that among urban Indigenous men living in Toronto, culture was not limited to “highly visible symbols... such as dress, wild traditional food, housing and technologies” (p. 15). Rather, culture was found to be grounded in a system of values (respect, love, autonomy, family, acceptance, ingenuity, and ability to adapt) that ensure its survival. As such, Restoule has suggested “practicing culture does not require being aware one is doing so” (p. 22). Similarly, in exploring the relationship between cultural continuity, self-determination, and diabetes

prevalence among First Nations in Alberta, Canada, Oster et al. (2014) found that culture was most often defined as “being who we are” and the process by which one lives in a “harmonious way” (p. 3).

#### 4.8.2 *Location Matters*

An equally important theme within our conversations with urban First Nations men about meanings of health was the recognition that *where* the men experienced belonging within social connection, land, and culture is important. This was demonstrated by the men’s recognition of Indigenous service organizations in the city as locations where they experienced a sense of belonging with others. More consistently, and across all three determinants, was the perception of the men’s traditional territories as places where it is generally easier to achieve a sense of belonging. This is perhaps not surprising: as Andersen (2013) has pointed out, the strong connection between urban Indigenous peoples in Canada and non-urban communities is so prevalent that it should be recognized as a distinctive marker of urban Indigenous identity. Yet ironically, cities themselves are often located on traditional territories, and the homelands to which so many First Nations people feel connected are colonial constructs resulting from policies of forced relocation (Peters & Andersen, 2013). Nevertheless, it has been increasingly recognized in the literature that urban Indigenous peoples maintain connections to their homelands for a variety of reasons that support their health and well-being (Environics Institute, 2010; Peters & Andersen, 2013). However, as Peters and Andersen (2013) have cautioned, “privileging the connection to ancestral homelands as a marker of Indigenous identity reinforces dominant

visions of Indigenous peoples as authentic only if they live in remote areas and engage in traditional lifestyles” (p. 8). Such privileging has the potential to impede scholarship that explores the ways in which urban Indigenous people are living “meaningful lives in cities” (p. 9). In the context of our findings, we cannot help but wonder if such scholarship that privileges connection to traditional territories contributes not only to the previously discussed misconceptions about where “authentic” Indigenous peoples live among non-Indigenous peoples, but also to the internalization of this belief among Indigenous peoples themselves. To be clear, by stating this we do not mean to suggest that traditional territories are unimportant or that the relationships Indigenous peoples share with the land do not exist. Instead, we state this to further question the idea that a sense of belonging can *only* be achieved within traditional territories. As Newhouse (2011) has observed, “everywhere we’re as close to nature as we’re going to get” (p. 33). With this in mind, we suggest that connecting to the land while living in the city should not be viewed as an obstacle, but rather as an opportunity to define creative and symbolic ways to achieve a sense of belonging within it. Recognizing the strong sense of responsibility the men felt towards the land, urban environmental protection and advocacy initiatives represent potential opportunities to foster this connection. The provision of designated land within the city for Indigenous peoples to participate in ceremony and activities like growing traditional foods and medicines represents another opportunity. At a broader level, the development of economies within traditional territories and reserve communities would create opportunities for the men to remain within them should this be their preference.

Finally, it is important to recognize that the men's experiences of belonging both within the city and their traditional territories were profoundly shaped by colonization. Historical and ongoing processes of colonization have undoubtedly contributed to the men's spatial realities through the creation of reserves and the necessity for urban migration. The resulting dislocation of the men from their traditional territories has challenged their ability to connect to the land and disrupted family and community networks that are integral to social connection and culture. Such colonial processes and their implications must be considered when seeking out opportunities to support the health and well-being of urban First Nations men.

#### *4.8.3 A Sense of Belonging Approach to the Determinants of Health*

The suggestion that sense of belonging is important to health and well-being is not a new idea. However, among the urban First Nations men we interviewed, sense of belonging is unique in that it was not limited to social connection alone (as is typically discussed in the literature); rather, it was also intricately connected to land and culture.

Returning again to Hagerty et al.'s conceptual framework (1992), we suggest that embracing a sense of belonging lens may allow for a better understanding of the processes by which urban First Nations men experience social connection, land and culture, and the opportunities to support these experiences. For example, a number of the potential antecedents of belonging (i.e., energy, potential and desire for meaningful involvement and shared or complementary characteristics) revealed themselves in our findings. With regard

to the energy and potential desire for meaningful involvement, the men shared the importance of media, language, exercise and food (more specifically traditional food), and opportunities to talk to others as contributing to their health and well-being. As discussed previously, initiatives related to environmental protection and advocacy would also likely be well received. That the men identified a lack of information, time, and transportation as potential barriers to achieving a sense of belonging suggests that there is a need to provide improved financial and logistical supports to urban First Nations men in order to connect with others, the land, and their cultures. With regard to the energy and potential desire for complementary characteristics, our findings further suggest that any opportunities to support belonging within social connection, land and culture must also appeal to a diverse array of nations, cultural knowledge, and cultural experiences in ways that are inclusive. Finally, and most importantly, the desire to be connected to traditional territories represents a priority opportunity within all three determinants of health. In this regard, the connection to traditional homelands and the resulting high degree of mobility among urban Indigenous peoples should not be viewed as “a symptom that needs mending” (Snyder & Wilson, 2015 p. 188), but rather an opportunity to provide a sense of belonging among urban First Nations men.

We further recognize that social connection, land, and culture, as well as the potential opportunities to support them, cannot be understood as mutually exclusive. For example, our findings revealed that activities like traditional dancing support social connection, culture, and exercise, thereby enabling a collective approach to positive health and well-being. While this recognition of

the highly relational nature of the determinants of Indigenous health has been well documented in the literature (Greenwood & de Leeuw, 2012; Reading & Wien, 2013), this manuscript has provided improved insight into how these relationship actually play out among urban First Nations men.

Moving forward, we advocate for more research that explores sense of belonging as a pathway to positive health and well-being among urban First Nations men. Such research will necessitate the recognition of the great diversity among urban First Nations men themselves. For example, the men interviewed were characteristically younger and possessed great pride and hopefulness about their cultures. It is less likely that older men who experienced residential schools would share this optimism. Their experiences of belonging would therefore be very different, as would those of especially marginalized communities including two-spirited and transgender populations. Consideration of how long men have lived in the city, and whether or not they have ever resided in their traditional territories would also undoubtedly contribute to different perspectives and needs.

#### **4.9 Conclusion**

Durie (2004) has stated “fundamental to research into health and illness are perspectives about health itself. Misleading conclusions could result if the conceptualization of health held by a population were not adequately appreciated” (p. 5). With this sentiment in mind, this manuscript has explored the meanings of health among urban First Nations men living in London, Ontario with the hope of better informing social policies, programs, and resources to support their unique needs. Our findings suggest that as a pathway to health and well-being, social

connection, land, and culture provide a sense of belonging that is intricately connected to traditional territories, and profoundly shaped by colonization. We encourage other Indigenous health researchers to continue to explore the health and well-being of urban First Nations men, and how to better support their experiences of belonging both in the city and beyond.

**Chapter Five: Practicing Culture as a Determinant of Health: An  
Exploration of the Uneasy Colonial Legacy of Culture Change,  
Racism, and Lateral Violence among Urban First Nations Men**

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## 5.1 Abstract

Although Indigenous cultures in Canada vary broadly over time and space, they share several common characteristics grounded in a relationship with the land including values, customs, traditions, language, spirituality, and relational worldviews. Within the Indigenous health scholarship, increasing attention has been given to the exploration of culture as a determinant of positive health and well-being among Indigenous populations. Often characterized as cultural resilience and continuity, such strengths-based approaches to Indigenous health are much needed within a discipline that has traditionally focused on statistics of ill health and disease. Yet despite this encouraging trend, few have critically explored the processes that challenge this positive relationship between culture and health. In this manuscript, we draw upon conversations with 13 urban First Nations men living in London, Ontario. Our findings reveal that processes of colonization continue to perpetuate an uneasy relationship between the men and their cultures through experiences of culture change, racism and lateral violence. We conclude by proposing that resilience must not be used as an excuse for inaction as it relates to supporting urban First Nations men in practicing their cultures, and that Indigenous health researchers must do more to mitigate these challenges.

## 5.2 Introduction

Definitions of culture are vast and vary depending upon the contexts and disciplines within which they are used (Dockery, 2010; Jahoda, 1984). However “all approaches to defining culture essentially involve classifying people into groups on the basis of some common connection between them” (Dockery, 2010, p. 5). While Indigenous cultures in Canada vary broadly over time and space, they share several common characteristics, including values, customs, traditions, language, spirituality, and relational worldviews, all of which are grounded in a relationship to the land (Berry 1999, Kirmayer et al., 2003; McIvor & Napolean, 2009; Wexler, 2009).

It is now widely accepted that the loss of culture due to processes of colonization has perpetuated poor health and well-being among Indigenous peoples in Canada (Berry 1999, Kirmayer et al., 2003; Reading and Wien, 2013). Berry (1999) has described this loss of culture among Indigenous peoples as acculturation. Acculturation is defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact” (Redfield, Linton, & Herskovits, 1936, pp. 149–150), and may result in assimilation, (relinquishing one’s cultural identity), biculturation (embracing both cultures after contact), separation (maintaining an independent cultural existence through segregation), and marginalization (the loss of cultural and psychological contact with one’s traditional culture and the larger society) (Berry, 1999). In the context of Indigenous peoples in Canada, Berry has suggested that colonization has resulted in forced acculturation, creating changes at the physical, biological,

political, economic, cultural and social levels. The stress associated with these processes is defined as acculturative stress; an underlying cause of many historical and contemporary health related issues experienced by Indigenous peoples (Bartlett, 2003; Berry, 1999; Wexler, 2009).

More recently, Indigenous health scholars have begun to focus on the protective and health promoting capacity of culture as a determinant of health and well-being (Chandler and Lalonde, 1998; Berry, 1999; McIvor & Napoleon 2009; Reading and Wien, 2013). These explorations have employed qualitative methods and embraced theories of cultural resilience and cultural continuity (Auger, 2016). Resilience has been defined as “positive adaptation despite adversity” (Fleming and Ledogar, 2010, p. 7), and conceptualized as the collective cultural characteristics among Indigenous peoples and communities that support positive health and wellbeing (see Fleming & Ledogar, 2008; Kirmayer, Sehdev, Whitely, Dandeneau, & Isaac, 2009; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Tobias & Richmond, 2014). Growing attention has also been given to the concept of cultural continuity (cf. Auger, 2016; Chandler & Lalonde, 1998; Oster et al., 2014), where culture exists as “something that is potentially enduring or continuously linked through processes of historical transformation with an identifiable past or tradition” (Kirmayer, Brass, Holton, Paul, & Simpson, 2007, p. 77). A seminal study by Chandler and Lalonde (1998) suggested that cultural continuity is a protective factor in suicide prevention among First Nations communities in British Columbia. This protective capacity was linked to a band’s ability to secure Indigenous titles to their lands; self-government; control over education, police, fire protection, and health services delivery, and establish

cultural facilities. Despite criticism for the inclusion of local administrative autonomy and self-determination as markers of culture (see Auger, 2016; Ladner, 2009; Kirmayer et. al., 2003; Waldram et al., 2006), this study remains the most influential and cited work of cultural continuity in Canada (Auger, 2016).

While such strengths-based approaches have been a welcome counter to the abundance of deficit based statistics that characterize rates of ill health and disease among the Indigenous population (Greenwood et al., 2015), few have recognized that the relationship between culture and health is not necessarily an easy one. Historical and ongoing processes of colonization continue to challenge the relationships Indigenous peoples share with their cultures. Employing a qualitative narrative analysis, this paper explores the challenges associated with practicing culture as a determinant of health among urban First Nations men living in London, Ontario.

### **5.3 Colonization and Indigenous Health**

Colonialism has been defined as the “practice of domination, which involves the subjugation of one people to another” (Kohn, 2014). In the context of Indigenous peoples in Canada, the most enduring example of colonialism is the Indian Act (1876). While the Indian Act has undergone numerous amendments since 1876, it remains the most comprehensive race-based legislation in Canada, and continues to have profound health related implications for Indigenous peoples and communities. Created with the goal of ‘civilizing the Indians,’ the Indian Act employed a broad set of religious, educational, and governance policies to control all aspects of Indigenous life and lands (de Leeuw et al., 2015; Kirmayer,

Simpson, & Cargo, 2003; Reading & Wien, 2013; Richmond & Cook, 2016). One example of Indian Act policy is the creation of reserves. Established at the turn of century, reserves are tracts of land designated for Indigenous peoples. These tracts of land were created to make room for settler occupancy, often in remote locations to discourage contact with settler populations (Peters, 2000; Peters, 2004). The forced relocation of Indigenous peoples to reserves in remote communities has been associated with historical and contemporary epidemics of acute infectious disease, due to overcrowding (Waldram et al., 2006), a lack of access to adequate health care services (NCCA, 2011), and ongoing jurisdictional ambiguity over the provision of these services (de Leeuw & Greenwood, 2011; Richmond & Cook, 2016). Underdevelopment of some reserve economies and services have also forced many Indigenous people to leave the support of their home communities in search of a better life in the city through improved access to higher income, education, employment, housing, living conditions, socio-economic status, and health services (Browne et al., 2009; Place, 2012).

Perhaps the best-known example of Indian policy is the Indian Residential School System (IRSS). Operating from the 1890s until the 1960s, the IRSS sought to eradicate Indigenous traditional knowledge and culture through the indoctrination of children into dominant Euro-Christian Canadian society. Children at the schools were subjected to strict regimes of discipline and surveillance that forbid cultural practices such as language, food and dress (Kirmayer et al., 2003), with many experiencing severe physical, mental,

emotional and spiritual abuse. This abuse has been theorized to have contributed to “residential school syndrome”, a diagnostic term employed to describe the culture related trauma experienced by survivors of the schools (Brasfield, 2001). This trauma has been associated with historical and contemporary patterns of poor mental health, physical and sexual abuse, family violence, suicide, and drug and alcohol addictions among Indigenous peoples and communities (Elias et al., 2012; INAC, 1998).

Processes of colonization as described above have resulted in the erosion of culture and Indigenous knowledge, dispossession from traditional territories and lifestyles, racism, sexism and marginalization (Bourassa et al., 2004; Reading & Wien, 2013; Richmond & Cook, 2016), all of which have been theorized to contribute to the glaring health disparities and inequalities experienced by Indigenous peoples. For example, Indigenous peoples suffer higher rates of mortality, infectious and chronic disease, long-term disability, injury due to accidents or violence, and mental related health issues (NCCAH, 2013; Reading & Wien, 2013; Richmond & Cook, 2016). At the same time, Indigenous peoples experience concerning health related inequalities related to unemployment, low income, lack of education, and poor housing (NCCAH, 2013; Richmond & Cook, 2016). These concerning trends have prompted an increasing recognition of the need to prioritize colonization as a unique and profound determinant of Indigenous health (Czyzewski, 2011, Reading and Wien, 2013).

### *5.3.1 Colonization and Racism*

Colonization is inextricably linked to racism. Colonial processes have resulted in experiences of racism that permeate the every day lives of Indigenous peoples in ways that directly affect their health and well-being (Allan and Smylie, 2015; Loppie, Reading, & de Leeuw, 2014; Czyzewski, 2011). Loppie et al. (2014) have described racism as “a social injustice based on falsely constructed, but deeply embedded, assumptions about people and their relative social value” (p. 1). Experiences of racism may be institutionalized, personally mediated and internalized (Jones, 2000). Institutionalized racism refers to the structural and often legalized processes that result in differential access to goods, services, and opportunities (Jones, 2000). Indigenous peoples have experienced institutional racism through various colonial policies such as the creation of reserve, the Indian Act and IRSS as discussed above. Undeniably shaped by processes of the aforementioned institutionalized racism, personally mediated racism refers to the intentional or unintentional assumptions people make about “others races” [sic] that result in prejudice or discrimination (Jones, 2000). In Canada, this is exemplified through racist stereotypes applied to Indigenous peoples including alcoholism, drug addiction and as being dependent ‘wards of the state.’ Often reinforced by the media, these stereotypes serve to ‘demonize’ Indigenous peoples as helpless ‘others’ who are unable of taking care of themselves, proliferating the cycle (Loppie and et al., 2014). Such stereotypes have the potential to further manifest internalized racism, or how members of an affected “race” [sic] accept negative assumptions about their abilities and value (Jones, 2000). These processes of institutional, personally mediated, and internalized racism are not mutually exclusive—health care provides a compelling example of this

intersection. For example, the structural racism resulting from jurisdictional ambiguity over who is eligible for health services depending upon status may be compounded by the personally mediated racism resulting from stereotypes held by many health care professionals. Such poor treatment may in turn become internalized and normalized by Indigenous peoples as expected behaviour (Loppie et al., 2014).

Closely related to internalized racism is lateral violence. Lateral violence has perhaps best been by Derreck (2005, p. 56):

*the organized harmful behaviours between individuals within an oppressed group of people. It is internalized colonization and genocide. A form of safety has been found at the bottom of the patriarchy, and the group members reinforce this violently with each other. This violence is acted out within the family, within Native organizations, within Native politics, within Native communities. One characteristic of lateral violence is that the harmful behaviours within the oppressed group tend to be harsher than the original behaviours from the oppressor.*

Often associated with mistrust, shaming, bullying, blaming, gossiping, and sometimes violent behaviours, lateral violence has been theorized to be a colonial product of the student on student violence experienced in residential schools (Bomaby, et al., 2014). Helin (2005) has described lateral violence using the analogy of “crabs in a bucket” where “whenever one tries to climb out, the rest pull him back down” (p. 125). Helin adds that lateral violence has become so



prominent that many Indigenous communities are holding workshops to teach their members how to deal with it.

### *5.3.2 Colonization and Gender*

Experiences with colonization have differed depending upon gender. For example, Indigenous women in particular were “rendered marginal” (Lawrence, 2003, p. 9) by the Indian Act in many ways, with the loss of identity through enfranchisement policy having especially deleterious implications. According to the Indian Act, if a First Nations woman married a non-First Nations man, she (and any children resulting from the marriage) lost status and rights to band membership, property and community (Lawrence, 2003). It was not until 1985 and the passing of Bill C-31 that this legislation was amended, and generations of women and children reclaimed their status. However as Lawrence (2003) has noted “the damage caused, demographically and culturally, by the loss of status of so many Native women for a century prior to 1985, whose grandchildren and great-grandchildren are now no longer recognized-and in many cases no longer identify-as Indian, remain incalculable” (p. 9). The associated loss of identity, community, and culture is theorized to have contributed to high rates of morbidity, suicide, chronic disease, poverty and violence among Indigenous women (Bourassa et al., 2004; Halseth, 2013).

In comparison, far less is known about the health and well-being of Indigenous men in Canada. Existing data points to high rates of violence, addictions and incarceration (see Innes and Anderson, 2015). These concerning health-related trends are theorized to have resulted from processes of colonization

that disrupted traditional gender roles. Guided by principles of non-interference, non-coerciveness, and balance, traditional Indigenous male gender roles valued men as protectors and providers. These responsibilities provided a sense of purpose and identity (Innes and Anderson, 2015). The loss of these gender roles due to processes of colonization and the imposition of a “white supremacist heteronormative patriarchy” (Innes and Anderson, 2015, p. 4) has forced some Indigenous men to seek out opportunities to conform within dominant Western hegemonic masculinities. As a result, Indigenous men may perform in ways that allow them to demonstrate power, including high-risk activities such as gang participation. Totten (2010) has defined gangs as “visible hard core groups that come together for profit-driven criminal activity and severe violence” (p. 255-256), and estimates that 22% of all known gang members in Canada are Indigenous. Among Indigenous men, gang membership has been theorized to provide a sense of kinship, place, purpose, self-respect, and self-esteem that has been lost due to processes of colonization (Buddle, 2011; Totten, 2010). Yet despite such alarming trends, Indigenous men continue to receive an astonishing lack of attention in both the academic literature, and programming and services (Innes and Anderson, 2015; Senese and Wilson, 2013).

Historical and ongoing processes of colonization such as those described above continue to have profound implications for the health and well-being of Indigenous peoples and communities in Canada in both direct and indirect ways. Yet how colonization affects Indigenous peoples differs—as de Leeuw and Greenwood (2011) have noted “colonialism as a determinant of health was and is not lived homogeneously or evenly by Indigenous people. It shifts, it is embodied

differently, depending on the body concerned and where it is situated” (p. 67). In recognition of this important reality, this paper seeks to explore the ways in which colonization has perpetuated challenges to practicing culture as a determinant of health among urban First Nations men, a tragically under-represented demographic within the Indigenous health scholarship.

#### **5.4 Methodology**

This paper is situated within a broader community-based participatory research (CBPR) project with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) that explores the relationship between health, identity and place among urban First Nations men. Within Indigenous health research in Canada, CBPR is increasingly embraced as a means to counter decades of extractive methods often employed without consent or reporting findings back to the communities involved (Brant Castellano, 2004). Defined as a collaborative approach to engaging community in the research process towards the goal of creating relevant, meaningful and useful knowledge for both communities and researchers, CBPR is action oriented and seeks to affect change by empowering the communities involved (Buchanan, Miller, & Wallerstein, 2007; Minkler, 2005; Minkler & Wallerstein, 2008)<sup>17</sup>.

All stages of the research process described in this paper were guided by the ethical protocols of Western University and SOAHAC, the principles of Ownership, Control, Access and Possession (OCAP) (First Nations Centre, 2007),

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<sup>17</sup> For a more detailed description of the potential and challenge of CBPR within Indigenous research, see Tobias et. al. (2013).

and the Tri-council Policy Statement (2) Chapter 9: Guidelines on Research Involving the First Nations, Inuit and Métis Peoples of Canada (CIHR, 2014). For a more detailed summary of the methodological process, please refer to chapter four.

#### *5.4.1 Data Collection*

An advisory committee comprised of Indigenous health researchers at Western University, SOAHAC staff and an Elder guided the development of the methodological approach, including the creation of 12 questions relevant to the objectives of the broader research project. Collaboratively, the advisory committee also decided to hire a First Nations Research Assistant (RA) to facilitate all interviews. This rationale for this decision was that participants would likely feel more comfortable talking to someone within their own community, and that a First Nations RA would also be better equipped to pick up on language, references and nuances that may otherwise be overlooked by an outsider.

Conversational method was employed to facilitate all interviews. Defined as “an alternative style of survey interviewing that allows deviations from the norms of standardized interviewing” (Currivan, 2008, p. 151), conversational method permits both interviewers and participants the freedom to ask unscripted questions and elaborate as needed. As a method it is somewhat challenging in that it works best with small sample groups, and it requires considerably more time than standardized techniques. However, proponents of conversational method suggest its flexibility improves accuracy through the ability to clarify the meaning

of responses and decrease ambiguity (Currivan, 2008). In the context of our research project, conversational method was especially appealing through its congruence with Indigenous research paradigms that embrace of storytelling as means of transmitting knowledge (Kovach, 2010).

Recognizing that too often Indigenous health research in Canada focuses on deficit based approaches to the understanding of the determinants of ill health, we also chose to adopt a strengths based<sup>18</sup> orientation. For this reason, efforts were made to only include men who self-identified as enjoying relatively positive health and well-being<sup>19</sup>. Participants were recruited using a combination of convenience, judgment, and snowball sampling techniques. Interviews took place at various locations in London chosen by the RA and the participants based upon their personal comfort. All participants were given a letter outlining the objectives of the broader research project, and written consent was obtained. Participants were provided with access to Elders and other resources for support if needed. All participants were offered honouraria for sharing their stories. In total, 13 First Nations men between the ages of 18 and 41 years old were interviewed between October 2014 and May 2015. All interviews were recorded and transcribed, and participants were emailed an electronic copy of their transcripts and asked to provide any changes or clarifications prior to analysis.

#### *5.4.2 Analysis*

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<sup>18</sup> This is reflected in our survey instrument that only included one question pertaining to barriers to health and well-being.

<sup>19</sup> Positive health could be interpreted as relative to others, or relative to one's personal experiences of well-being.

Thematic narrative analysis was employed to analyze all interviews. This approach places emphasis “on the content of the text, ‘what’ is said more than ‘how’ it is said, the ‘told’ rather than the ‘telling’” (Reissman, 2005 p. 2). Analysis of the interviews was completed by the first author employing QSR NVivo 9, a computer-assisted qualitative data analysis (CAQDA) software. Sentences and paragraphs within the transcribed interviews were coded into three main parent nodes (health, culture and place) while concurrently reading and listening to the interviews. Child nodes within each parent node were created to reflect more specific subthemes. In total, 34 nodes pertaining to culture were initially created. These nodes were reviewed and grouped together under broader categories based upon similarity and overlap. A prominent category that resulted from this process was “challenges associated with culture”. Within this category, three prominent themes were identified: culture change, racism and lateral violence. Considering our strengths based approach, the frequency with these themes were discussed was surprising, suggesting to us that they deserved specific attention.

### **5.3 Results**

Overall, the participant group was characterized by 13 men between 18 and 41 years old, and representing various First Nations within Canada and the northern United States. Some had lived their entire lives in London, and others had only recently relocated to the city. Participants were predominantly students, with others working full time within non-profit organizations, universities and colleges, or governmental organizations. In the results below we share the men’s

stories as they relate to how experiences of culture change (defined as how colonization has resulted in cultural diversity, and the varied understandings, knowledge and experiences within this diversity), racism (institutional, personally mediated, and internalized) and lateral violence (the harmful behaviours between Indigenous peoples) challenge their ability to practice their cultures.

### *5.3.1 Culture Change*

Culture change pertains to how colonization has resulted in cultural diversity, and the varied understandings, knowledge and experiences within this diversity. Negotiating culture change on a daily basis was described by the men as sometimes challenging. For example, many of the men interviewed discussed the need to ‘walk in two worlds’, or navigate both western and First Nations cultures. Curtis shared that while he sometimes found balancing western worldviews with traditional First Nations teachings “confusing”, he was doing his best to move forward in a good way:

*some of the stuff that I'm doing that feels like I'm like contradicting those teachings and so sometimes I get confused...that's kind of what makes me fall back a little bit myself, is that confusion with, you know, our teachings and what society has to offer and sometimes I feel like sad about it... the way I see it, everything that I'm doing is in a good way and so as long as I'm doing it that way, like then things should be all right. (Curtis)*

The challenges of having to negotiate First Nations and western culture simultaneously was also discussed by Walter who shared that he felt being a

student within a western institution in the city required that he get into “that mindset of white people.... It’s gotta be like complete”. He added that his reasons for getting an education were to support the “flip side” of being Indigenous in his community, something he described as sociocultural issues such as substance abuse and family breakdown. While he possessed a firm understanding and connection to his First Nations culture, he expressed that he has chosen not to “hold onto them right now” while he is in school, and that he can do this because he knows it will be there when he is ready to return to it:

*Half of my family is doing the traditional part of being Native...they’re learning the culture. They’re keeping it alive. But on the flip side, with my side, I’m dealing with the sociocultural things ... because that is a part of the identity, not just this traditional side. So I can’t really walk in between both of those so that’s why I’ve left the traditional side because I know it’s always gonna be there for me through my family. (Walter)*

Walter’s words above echo the challenges discussed by a number of the men interviewed who moved to the city to pursue an education with the hope of giving back to their communities – a choice that was often described as something that meant leaving cultural supports behind

The complexity of having to understand different cultures also extended to the diversity in First Nations themselves. For example, while all of the men identified with one specific First Nation, many also talked about how their families represented a convergence of multiple Nations. Bruce shared “I’m



Mohawk and I forgot to include Ojibwe. So I'm a Mojib and so I do both worlds". For Jerry, who has lived in the city his entire life, being married to a woman from a different Nation and having a daughter has meant trying to navigate 3 ways of knowing—Oneida, Lenape, and Western culture:

*We still have to function in society, you know, we still have to live in two worlds, right? Like we can't just say, oh, well, you know, working's bad. We can live off the land. It's not possible anymore, you know, we have to have jobs. We have to have education. We have to, you know, do what we need to do to provide for ourselves or, me, for my family. I have to provide for my family. What's the best way to do that, you know? It's to have employment, to have a house, to have, you know, things available for them, but, you know, with my daughter she has those benefits, too, of her culture, like she comes from two different cultures. So, you know, we may not be chiefs, but we're vast in our culture so we can help benefit our child. (Jerry)*

Similarly, Mike shared his frustration with finding opportunities to connect with his culture in the city due to the lack of equal representation:

*we have so many different nations, so many different people, and so many different ways of doing things that I think the problem now is that, not so much that it's not there, it's not there for certain nations. (Mike)*

Our conversations with the men also revealed diverse understandings of cultural identity. For some, cultural identity was strongly rooted in traditional

First Nations history, knowledge and practices. Others described their cultural identity as something that is constantly changing and shaped by the diverse cultural landscape within which they live. Rick, who has lived in various cities for the past 7 years, described his culture as “evolving” and “adapting”:

*I am a First Nation person living in a new area of life. I live off reserve. I, you know, I take on other cultures in the sense of my music ... like I love hip hop. I love rock. I love country, like everything, EDM ... I think I'm like a melting pot of different cultures. Like there's black culture based in me in like the way I dress at times, but there's also white culture, but what is Native culture in the sense of like how do you, you know ... I think we're in a mindset that if you're not, if you don't follow the old traditional Native, First Nation cultures you're not being a Native, but cultures are evolving ... once a culture [stops] evolving you know what happens to a culture? It dies ... I am the new First Nation male and, you know, it's like the analogy like, oh, yeah, like Geronimo called me and he loves my swagger because I am the new one ... I don't wear the ribbon shirts ... but I wear the Calvin Klein shirts now, you know? It's like some people would perceive that as being white washed, but it's just evolving ... I'm still a proud First Nation person. (Rick)*

He later added:

*we ain't going back to like living in wigwams and stuff, like it ain't happening, you know? I think the word assimilation scares people.*

*We're not assimilating. It's called being adaptive. It's still an A word, but it's being adaptive ...* **(Rick)**

This theme of diversity also extended to levels of knowledge and experience within one's First Nations culture. While some of the men interviewed described their First Nations culture as something that was always present in their lives, others had grown up within a predominantly western worldview. Those who had less knowledge and experience within their First Nations culture shared how it could leave them feeling intimidated at times. For example, Jack describes how his "regular kind of white upbringing" didn't allow for many opportunities to practice his Anishinaabe culture (from his mother's side). As a result, he sometime felt he wasn't "Native enough":

*I also have the barrier of like, you know, just the feeling of not being Native enough and not belonging there ... it's something that I always kind of worried about. Just because ... I knew so little about ... the culture and about who I was ... again it's just that level of comfort. I wasn't very comfortable in it ... I just, you know, felt like everybody else was so comfortable in their identity, but I just didn't really know who I was.* **(Jack)**

Jack credited his lack of cultural identity as being related to growing up in cities, expressing his belief that if he had grown up on reserve he likely would have had more opportunities to connect to his culture. This idea that culture is something that is more accessible on reserve was consistent throughout our findings. He also discussed how he felt cultural identity is connected to physical

appearance, a theme that came up among other men interviewed as well. For example, Jack shared his perception of posters advertising an Indigenous organization he frequents. While he acknowledged that he feels welcome in this space, he expressed his concern for others like him who have struggled with their sense of identity when they see pictures of people that look more “Native” than them:

*it would be like, okay, that woman’s clearly very Native, like I have to be at least as Native as she is or I won’t be welcome ... I won’t feel like I belong. And, I mean, that’s, it’s obviously not the message they’re trying to convey but, you know, it’s the message that, you know, someone like me would have taken ... (Jack)*

As a part of their cultural identity, many of the men shared how they felt a strong sense of responsibility to their home communities and families. This was often discussed as it related to leadership—both in terms of needing to be leaders, and needing mentors of their own. For example, Bruce shared:

*... I want to paint a picture for myself and for others to see me as like a good role model, good inspirational person and to know that I’m doing well and my actions reflect on my family so I don’t ever want to do anything to jeopardize that. (Bruce)*

Walter discussed how this sense of responsibility carried a lot of weight for him, especially when he was just trying to figure out his own path:

*People have been telling me I’m like some inspiration and some leader and I hate it. I don’t wanna be called that ... just leave me*

*alone. Let me get there on my own and I try to help out where I can with the community. .... I don't wanna be someone who they go to and say, like wow. Look at you. You've pushed on and you've done all this and you've led the people to a better, no. I wanna be someone who, when I come back to the reserve ... I have a strong understanding of the culture and I am a healthy person ... not necessarily better than them in an egotistical sense ... I wanna get to that level of, I guess, enlightenment by myself. I wanna get to that level of just being that calibre of a being so I can exist and just be completely sound with who I am. (Walter)*

The men also talked about how important it was for them to have leaders and Elders to support them in their cultural journeys. Stephen shared how meeting someone who provided him with direction changed his life and set him on a new path:

*It was a Native woman, really, that I met that just came into my path that invited me to a pow-wow and I hadn't been to one since I was a teenager. I didn't know anything about it and she took me into a pipe ceremony or a sunrise ceremony one morning and just the sharing element of what they were doing, some people prayed, some people played a drum. That was sort of the beginning of being willing to be a part of other people who, everybody had their prayer and I could see other people were struggling with other things. Some were fine and they were the strength and, so she was the beginning, right, because*

*then she's a successful urban Aboriginal woman and I admired that. It was like, okay, well if somebody like her can do it and she's been put in my path, I can kinda follow by example that she's let go of historic wrongs that I was hanging on to for a long time. (Stephen)*

It is important to note that negotiating culture change was not always described as a challenge. For example, Victor shared his optimism with regard to how culture change provided an exciting opportunity for all First Nations peoples to come together, learn and grow in positive ways:

*I think my culture's gonna be interesting because First Nations people, and especially young First Nations people...we have this amazing opportunity to adopt everything 'cause we can. I see all First Nations as my own people and because of that we adopt their ceremony and cultures. Pow wows are not an Ojibwe and Oneida thing. Sun dance is not an Ojibwe thing, you know, but these are ceremonies that we've come to adopt and as we grow. First Nation people are ... learning our history and learning our roots, but also we're gonna grow because ... the first time in like hundreds of years I feel like we've finally got more people winning than losing. (Victor)*

### 5.3.2 Racism

Our conversations with the men also revealed that they frequently experienced institutional, personally mediated, and internalized racism related to their First Nations cultural identity. As an example of personally mediated racism, Mike shared how his self-declared “half breed” identity (his father is First Nations

and his mother is not) meant that he experienced racism from both First Nations and non-First Nations peoples alike. This left him feeling like he didn't know where he belonged:

*I didn't fit in no matter where I went. Like even a Native coming to the city that had hard times in the city because they're Native, they could always go home ... And I didn't have that, like even, even within my own family that racism was there. My own grandmother told me I was a filthy savage and I was just like the rest of them. To come, that to come from your own grandma from my mother's side of the family, that's very hurtful as a child (Mike)*

Personally mediated racism was also described as being tied to one's physical identity, with Rick sharing that "I'm pretty sure when people look at me and when I go to a parking lot and I don't get help it's because that I'm First Nation". The normalcy with which the men often shared such experiences was common, suggesting that racism exists as an expected part of their everyday lives.

With regard to institutional racism, Victor shared his experience learning about the Declaration of Independence<sup>20</sup> in school. He discussed how being compared to "savages" in this document made him feel, and how he felt unable to challenge the "facts" he was being taught:

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<sup>20</sup> The Declaration of Independence was adopted by the Continental Congress in 1776 when American colonies severed political connections to Great Britain. Wunder (2000) asserts that while for many, the Declaration of Independence represented a "call for fundamental rights and freedom from oppression", among Native American Indians it "evolved into a proactive instrument of assimilation, a cruel policy of attempted cultural conquest" (p. 91)

*I was angry and upset because there are very distinct policies which refer to our people as inferior ... the biggest one that always made me so mad was the Declaration of Independence ... but the thing that bothered me at the end is at the very end of the Declaration of Independence it says, like we will not conduct war like the Indian savages, which is like if you're the only Native kid in your class, that is incredibly daunting because we were always taught Haudenosaunee never had wars. I always felt that Canada was oppressive and that the United States was very oppressive, but that's not what's being told or taught in school. (Victor)*

Victor goes on to describe how he believes such experiences of racism become internalized and affect First Nations peoples' ability to take pride in their culture. He shared how even though he personally had a positive cultural upbringing and strong role models in his life, he still felt shame and a fear about sharing his cultural identity with others:

*Fear is first, right? So meaning if people are ashamed of their identity, they're scared to be that and like I've had like a really positive experience, but at the same time I can still understand that 'cause I still feel that shame, you know, different kinds of shame about being First Nations, and I have such an awesome upbringing and understanding of who I am, but I still feel like the shame ... why do I still walk around with that idea that I don't wanna share my culture and I don't wanna share my knowledge, that somehow it's gonna be*



*inferior? Like where does that come from? Like I don't know, 'cause no one in my life has ever told me that like what I believe and what I say is wrong. They've only ever given me positive information, but I'm still nervous to share and I'm still scared to share that with people and to speak. (Victor)*

### 5.3.3 Lateral Violence

Most often described using the analogy of “crabs in the bucket” discussed earlier, lateral violence was identified as an increasingly concerning reality among the men interviewed. These experiences were usually associated with reserve communities and politics related to identity that sometimes resulted in a lack of belonging within their cultural communities. For example, Mike shared:

*We have a real problem in our communities today and it's called lateral violence, right? To me that's one of the most unhealthy behaviours that we have. I don't know why we do that, but we do and it's not our way to do that ... Our people are moving forward and doing good things and getting good things, but for some reason we have that colonized thought of jealousy and crab in the bucket. As soon as somebody is crawling over the top somebody reaches up and pulls him back down, right? Hopefully with healing ... we don't do that anymore and we give ourselves a pat on the back when we do good things ... pat our friends and our family on the back when they do good things and the people in our community. (Mike)*

Similarly, Robert described how despite the fact he has a strong and positive relationship with his family and home community, he still felt there were people just waiting for him to fail because it would validate their own inaction:

*The crabs in the bucket thing, you know what I mean, and your community members don't want to see you doing well. They wanna make sure you stay drunk and high because they don't wanna see you showing them up or, 'cause every success you have they internalize that as belittling to them because they don't do anything themselves, right? (Robert)*

While most often discussed in the context of reserves, Walter shared that he felt lateral violence happened everywhere, it was just more prominent on reserves because there were more Indigenous people:

*I'm not stating that the cities are any more less toxic than the reserves, but when you're surrounded by your own people obviously you're going to take judgment [from] somebody that you were raised around a lot more heavy than some person in the city ... people in the city are a lot more thicker skinned and their words are a lot lighter. On the reserve you might be thick skinned but anything that's being shot at you is gonna be a little bit more personal because it's people in the same situation as you. It's just because of the way the reserves were set up that it's way easier to see it on a reserve. (Walter)*

Lateral violence was also described as something closely associated with the politics of identity. Band membership<sup>21</sup> was identified as particularly prominent theme in this regard, with Rick sharing how he struggled with being accepted within a community because he grew up within one Nation (that of his father's first wife), yet has band affiliation with another. He felt that this resulted in his not being accepted within either community. Rick added that he believes that this lack of identity and belonging within communities due to lateral violence is a problem for many First Nations people. In his case, he describes how the divisiveness ultimately forced him to find belonging among non-First Nations in the city where he went to high school:

*... not being a band member I was treated badly by First Nation people ... it's kinda backwards ... you look the same, you sound the same, you go to the same school, you do everything the same, but yet you're treated different for it ... I feel like it could be a possibility that a lot of First Nation people there is a time of self-resentment where you hate being Native and you're like, oh, my god. Why? Why do I have to be Native? Because, and then for me it was because I was treated so bad by everyone, I'd go to town, go to high school there, and then, you know, the big, bad white person they always preach about, I go there and they're the ones that accepted me and treat me like an equal. (Rick)*

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<sup>21</sup> Band membership refers to membership in a First Nation or Indian band, defined as “a body of Indians for whose collective use and benefit lands have been set apart or money is held by the Crown, or who have been declared to be a band for the purpose of the *Indian Act*” (First, 2002, p.9)

Lateral violence and the resulting divisiveness within communities was described by Curtis as fueled by culture change and politics. He explained how he felt it acted as barrier to participating in cultural opportunities within the city, especially among youth:

*And I find, like in this community, and the surrounding communities, there's a lot of separation and a lot of like politics. And so that kind of creates that hesitation for the youth to want to do that and be involved, because they have this in their mind, like oh, you've got to be a traditional person or you got to be going to longhouse in order to be a hunter or you have to do this in order to do that, right? ... that's what our youth are seeing today ... especially in London ... [they] don't want to like go to these programs or things like that, because they think, well, because of this person said this about this family ... I'm not going to be involved at all. (Curtis)*

Taken together, the narratives presented above suggest that among the men interviewed, practicing culture as a pathway to health and well-being is not always an easy relationship.

#### **5.4 Discussion**

In this paper, we shared the stories of 13 urban First Nations men living in London, Ontario as they relate to the challenges associated with practicing their cultures. Narrative analysis of interviews with the men revealed that practicing their cultures often involved navigating the associated challenges of culture change, racism and lateral violence. Our discussion below is divided into two

parts. First, we suggest that these findings demonstrate the need to apply a critical lens to the exploration of culture as a determinant of health. More specifically, we argue for the need to recognize that culture does not occur in isolation. Processes of colonization continue to perpetuate an uneasy relationship between urban First Nations men and their cultures. Second, we suggest that culture change, racism and lateral violence have received a concerning lack of focused attention within the Indigenous health scholarship. We conclude by proposing that Indigenous health researchers must do more to support culture as a determinant of health among urban First Nations men while remaining critical of colonial context within which it lives and grows.

Certainly the strengths based orientation of the growing scholarship that has recognized culture as a determinant of positive health and well-being is encouraging and much needed within Indigenous health research. Often explored within theoretical frameworks of cultural continuity and cultural resilience, this scholarship has described culture as something that is continuous, enduring, protective and healing *despite* historical processes colonization and forced acculturation. However, as our findings have demonstrated, colonial processes continue to shape the contemporary context within which culture is understood and experienced. Among the men interviewed, this is exemplified by the associated challenges of culture change, racism and lateral violence.

With regard to culture change, colonization has resulted in the great diversity in the men's understandings of their First Nations cultures, and their knowledge and experience within these cultures. This diversity was described as a

challenge by the men interviewed in terms of finding spaces of cultural belonging within the city. This was compounded by the need to continuously situate themselves within both western and Indigenous ways of knowing, a lack of support and mentorship in the city, and the commonly held assumption that culture is more closely associated with reserves. The men also shared how their First Nations cultural identities opened them up to the stress of personally mediated, institutional and internalized racism. Often described as normalized parts of their everyday lives, these experiences were described as hurtful and stressful, and were often associated with feelings of shame, fear and inferiority. Similarly, experiences of lateral violence were described by the men as creating divisiveness and a lack of support within their cultural communities. Recognizing that communities represent an integral component of Indigenous ways of knowing and being (Kirmayer et al., 2013; Newhouse, 2014; Peters & Andersen, 2013), we propose that lateral violence represents an especially concerning challenge to the practice of culture among urban First Nations men. That all of these experiences were associated with both the city and reserve communities reinforces the importance of place in supporting culture as a determinant of health. Furthermore, the involvement of Indigenous and non-Indigenous peoples alike suggests that these challenges exist as societal level issues that will require societal level support.

In writing this paper, it was not our intention to “take up space” from the growing and important scholarship that explores the positive relationships between and culture and health. In fact, we purposely adopted a strengths-based

approach to avoid contributing to the abundance of Indigenous health literature that focuses on what is “wrong” or “lacking”. However, the prominence of findings as they related to the challenges of culture change, racism and lateral violence suggested to us that they must be acknowledged. By doing so, we hope to draw attention to the need to recognize that supporting a positive relationship between culture and health among urban First Nation men will require a more thorough understanding how colonization has shaped what culture means to them, and their experiences within it, *including* the associated challenges. With this in mind, we focus the remainder of our discussion on the state of the current Indigenous health literature as it pertains to culture change, racism and lateral violence, and make suggestions for future research.

Notable attention in Canada has been given to explorations of urban Indigenous cultural identity and the ways in which is evolving and changing. While these literatures have positioned cities as spaces of cultural resilience and innovation (see Peters & Andersen, 2014; Howard and Proulx, 2011; Newhouse and Peters, 2003), they have not focused on health specifically, nor have they consistently prioritized urban men. One notable exception is found in Restoule’s (2004) research with urban Indigenous men in Toronto that explored Indigenous cultural values. Restoule concluded that Indigenous culture is not something that is definable, rather it is context specific and expressed through the values of respect, love, autonomy, family, acceptance, ingenuity, and ability to adapt. Similar to our findings, he found that the men’s cultural identities were shaped by colonization in ways that resulted in mixed identities, issues of authenticity, and

strongly tied to reserve communities. Considering this study represents the only other work focused on urban Indigenous men to our knowledge, we suggest that there is much room for future research to explore how urban First Nations men are navigating and (re)negotiating culture change on a daily basis. Recognizing that culture is a matter of “‘becoming’ as well as ‘being’” (Hall, 1990, p. 225), we further advocate for research that provides spaces and opportunities for urban First Nations men to come together in inclusive ways that respect their diversity in Nations, knowledge and experience. Finally, our findings suggest that research that explores the ways and means by which urban First Nations men may better connect with cultural mentors, and be supported as potential leaders themselves, is also needed.

With regard to the relationship between racism and health, the Indigenous health scholarship has largely been limited to the study of health care, and more specifically the need for cultural sensitivity (Browne & Varcoe, 2006; Smylie, 2000), cultural safety (Brascoupé & Waters, 2009; Smye, & Browne, 2002), cultural competency (Kirmayer, 2012), and cultural literacy (Smylie, Williams, & Cooper, 2006). Yet as our findings suggest, racism is not confined to health care, rather it “‘must be understood as something that is lived; it is experienced by individuals, families, communities, and nations through interactions and structures of the everyday world. (Loppie et al., 2014, p. 1). While the study of racism as a determinant of Indigenous health is an emerging and growing area of research in Australia (see Ziersch, Gallaher, Baum, & Bentley, 2011; Paradies, 2006; Larson et al., 2007; Paradies, Harris, & Anderson, 2008; Priest, Paradies, Stewart, &



Luke, 2011; Paradies & Cunningham, 2012), it seems to have received little focused attention in Canada beyond the aforementioned health care sector, a few theoretical articles and reports (see Alan & Smylie, 2005; Loppie et al., 2014), one investigation into the relationship between discrimination and depressive symptoms among First Nations adults in Canada (Bombay, Matheson, & Anisman, 2010), and as a finding within the context of broader research studies involving Indigenous peoples (Oster et al., 2014) and urban men specifically (Restoule, 2004). We therefore advocate for research that focuses on the every day implications of racism for Indigenous health at the personally mediated, institutional, and internalized levels among First Nations men. Most importantly, we propose that such research look beyond the victims to consider the perpetrators, while providing spaces to eliminate racism. Castleden et al.'s (2013) digital storytelling project that provided an opportunity for students to engage with Indigenous communities and overcome "colonial attitudes and racist mentalities" (p. 488) offers an excellent example of how research may support such efforts.

Finally, we suggest that lateral violence has received an astonishing lack of attention in Canada. While lateral violence has been referred to frequently throughout the Indigenous health literature as an explanatory process, or within the context of broader research findings (see Oster et al., 2014; Restoule, 2004) it does not appear to have received specific and focused attention. For this reason, we suggest that *any* research that explores lateral violence in Indigenous communities in ways that simultaneously provide opportunities to eradicate it

would provide a valuable contribution to the Indigenous health scholarship. As an example, such scholarship could provide spaces for Indigenous communities to come together and learn about how lateral violence has resulted from colonization while providing support and opportunities to heal from its damage.

## **5.5 Conclusion**

In the context of Indigenous Geographies, Coombes, Howitt and Jackson (2012) have cautioned that researchers must confront “colonial norms within the present” (p. 692), and that the “the promotion of aspirational cases needs to be balanced against daily evidence of conflict and contradiction” (p. 693). It is precisely this sentiment that this paper has sought to emphasize with regard to the exploration of culture as a determinant of health among urban First Nations men. While culture is undoubtedly a determinant of positive Indigenous health and well-being, this relationship occurs within an ongoing colonial context that cannot be ignored. As our findings have demonstrated, this colonial context has contributed to an uneasy relationship between culture and health among urban First Nations men.

By recognizing this uneasy relationship, we do not mean to suggest that experiences of culture change, racism, and lateral have left the urban First Nations men interviewed debilitated or pessimistic about their cultural identities. On the contrary, they epitomize cultural resilience. The men interviewed possess tremendous pride, determination, strength, and hope. They are sources of inspiration – they know who they are, where they are from, and where they are going. Nevertheless, this acknowledgement must not be used as an excuse for

inaction as it relates to supporting urban First Nations men in practicing their cultures. As Anderson et. al (2012) reminds us, Indigenous men “can and do” live good lives, but they need support in order to do so. Indigenous health researchers must do more to provide this support.

## Chapter Six: Indigenous Geographies: Research as Reconciliation

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## **6.1 Abstract**

Employing a reflexive and co-constructed narrative analysis, this article explores our experiences as a non-Indigenous doctoral student and a First Nations research assistant working together within the context of a community-based participatory Indigenous geography research project. Our findings revealed that within the research process there were experiences of conflict, and opportunities to reflect upon our identity and create meaningful relationships. While these experiences contributed to an improved research process, at a broader level, we suggest that they also represented our personal stories of reconciliation. In this article, we share these stories, specifically as they relate to reconciliatory processes of re-education and cultural regeneration. We conclude by proposing several policy recommendations to support research as a pathway to reconciliation in Canada.

## 6.2 Introduction

According to Bloomfield, Barnes, and Huyse (2003), reconciliation is a process that seeks truth, justice, forgiveness, and healing. It is about co-existing, cooperating, and sharing with the goal of a better life for all. It is about building relationships that are grounded in respect and understanding, with the hope of moving “from a divided past to a shared future” (p. 12). Yet, reconciliation is a complex concept, and there is little agreement regarding how to define or go about it. Bloomfield (2006) asks, for example: Is reconciliation an end goal to be achieved, or is it a process? Is it a national, societal, or political responsibility? Does it occur at the individual, psychological, or theological level? He suggests that perhaps it encompass all of these things, although different facets require different “approaches, mechanisms and contexts” (p. 4). In this regard, he differentiates between two approaches<sup>22</sup> to reconciliation: *structural*, which focuses on the pragmatic requirements of politics and building adequate working relations from the top levels of political structures downward, and *cultural*, which happens at an individual or small group level. Cultural approaches to reconciliation are often interpersonal and operate from the grassroots level, requiring an emotional interaction between people or groups that is a “fuller and deeper process [than structural reconciliation] ... which may indeed lead to a meaningful end-state of a wholly reconciled and harmonious relationship”

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<sup>22</sup> Bloomfield noted that while the two approaches are distinct in their methods, they are complementary and their interaction is vital.

between Indigenous Peoples and non-Indigenous peoples (Bloomfield, 2006, p. 28). In this article, we share our experiences as a non-Indigenous doctoral student and First Nations research assistant working together within the context of an Indigenous geography community-based participatory research project with urban First Nations men. Employing a reflexive approach to conducting research as well as narrative analysis, we discuss how research provided a space for us to participate in cultural processes of reconciliation. We conclude by suggesting several structural processes that might support the reconciliatory potential of research in Canada.

In the Canadian context, the word reconciliation is most closely associated with the legacy of the Indian Residential School (IRS) system. Indian Residential Schools were created by the government in partnership with a variety of churches “for the purpose of separating Aboriginal children from their families, in order to minimize and weaken family ties and cultural linkages, and to indoctrinate children into a new culture—the culture of the legally dominant Euro-Christian Canadian society” (Truth and Reconciliation Commission of Canada, 2015a, p. v). In the 1980s, survivors of the IRS system started to speak publicly about their experiences, which led to the largest class action lawsuit in Canadian history. The resulting Indian Residential Schools Settlement Agreement (IRSSA) provided compensation to students who attended Canada’s 139 residential schools and residences. The agreement also called for the creation of the Truth and Reconciliation Commission of Canada (TRC), whose 5-year mandate sought to inform Canadians about what happened in Indian Residential Schools through

documenting the experiences of those affected by and involved with them, including survivors, families, communities, the churches, former school employees, the government, and other Canadians. In June of 2015, the TRC publicly released a summary of its findings, which included 94 recommendations that sought not only to address the legacy of the residential school system, but also to broadly improve the lives of Indigenous Peoples, and improve relationships between Indigenous and non-Indigenous peoples in Canada (Truth and Reconciliation of Canada, 2015a).

Within the scholarship pertaining to reconciliation between Indigenous and non-Indigenous peoples in Canada, the words of Indigenous scholar and activist Leanne Simpson resonated with us most. While Simpson (2011) supported the broad approach to reconciliation as discussed by the TRC, she cautioned that a focus on residential schools alone permits Canadians to assume that “the historical ‘wrong’ has now been ‘righted,’” effectively discounting “the broader set of relationships that generated policies, legislation and practices aimed at assimilation and political genocide” (p. 22). While she acknowledged that participation in processes of reconciliation related to residential schools may indeed bring about positive change, she also asked people to proceed critically and to be aware of the need for a much broader and long-term approach to remedying relationships between Indigenous and non-Indigenous peoples in Canada. She affirmed that if reconciliation is to be meaningful for Indigenous Peoples, then it must be grounded in cultural regeneration and political resurgence while requiring Canada to “engage in a decolonization project and a re-education



project that would enable its government and its citizens to engage with Indigenous Peoples in a just and honourable way in the future” (p. 23).

Globally, discussions and research in Indigenous geographies regarding the relationship between research and reconciliation are receiving increasing attention (cf. Coombes, Johnson, & Howitt, 2012; Howitt & Jackson, 1998). In the Canadian context, however, there is a notable lack of focus on this topic. One exception is Castleden, Daley, Sloan Morgan, and Sylvestre’s (2013) digital storytelling project, which explored the “geography of ignorance” among graduate students enrolled in a course titled “Indigenous Perspectives on Resource and Environmental Management” at Dalhousie University in Halifax, Nova Scotia, Canada. The course required students to participate in a weeklong community-based field school, which allowed them to interact with and learn from Indigenous Peoples. By “bringing them out from behind books and lecture halls” to engage with Indigenous peoples and spaces, the authors suggested that the students were able to overcome “colonial attitudes and racist mentalities” (p. 488). While the authors concluded that their findings demonstrated the transformative power of community-based research and digital storytelling to unsettle non-Indigenous students, we suggest that the field school was, in addition, able to provide a space wherein students could participate in reconciliation by re-educating themselves about Indigenous Peoples, knowledge, culture, and history. While we acknowledge that such spaces are relatively common in Indigenous geographical research in Canada, we do suggest that few participants have written about their experiences.

### **6.3 Indigenous Geographies and Reflexive Methods**

For many Indigenous Peoples and communities, research has historically been a significant “source of distress” (Cochran & Marshall, 2008, p. 23). Often functioning as an extension of colonial control over cultures, lands, and resources, research has traditionally prioritized Western worldviews while positioning Indigenous Peoples as passive participants and/or problems to be solved (Kovach, 2009; Smith, 1999; Wilson, 2008). Geography, as a discipline, has most certainly been complicit in this unequal relationship (Coombes et al., 2014; Howitt & Jackson, 1998; Louis, 2007; Shaw, Herman, & Dobbs, 2006). In this regard, Shaw et al. (2006) have claimed, “geography is not politically neutral, and the projects of imperialism/colonialism are far from re-dressed” (p. 267). In response to such concerns both within the discipline and beyond, there is a growing recognition of the need to engage in Indigenous research in a good way, using decolonizing and Indigenous methodologies that prioritize both Indigenous control over research and Indigenous ways of knowing (Kovach, 2009; Smith, 1999; Wilson, 2008).

Within Indigenous geographies, scholars are increasingly seeking out ways to employ decolonizing and Indigenous approaches to research with the hope of contributing to more “just and relevant research” (Coombes et al., 2014, p. 845). One example of these efforts is scholars’ growing embrace of reflexive methods (Coombes et al., 2014; Kohl & McCutcheon, 2015). Informed by social constructionism and widely embraced within feminist scholarship (England, 1994; Kobayashi, 2003), reflexive methods are congruent with decolonizing and

Indigenous inquiry through both their recognition of the politics of representation and their highly experiential and relational nature (Kovach, 2009). Finlay (2002) has defined reflexive approaches as:

*Thoughtful, conscious self-awareness. Reflexive analysis in research encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself. It involves a shift in our understanding of data collection from something objective that is accomplished through detached scrutiny of “what I know and how I know it,” to recognizing how we actively construct our knowledge. (p. 532)*

Proponents of reflexive methods contend that they allow the researcher to locate herself or himself within the context of her or his research and to consider how her or his location and privilege shape the resulting knowledge construction. In this regard, reflexive methods have the potential to enhance the research process through improved insight and self-discovery (England, 1994; Finlay, 2002; Fook, 1999; Kovach, 2009). Yet at the same time, critics of this method caution that reflexivity runs the risk of being self-indulgent and narcissistic if not done with the intent of applying one’s knowledge to a greater good (Aveling, 2013; England, 1994; Kobayashi, 2003; Pillow, 2003). If it is not “tied to a larger agenda,” preferably one that is “meant to change the world” (Kobayashi, 2003, p. 348), then reflexive methods run the risk of becoming nothing more than navel gazing. Sharing her growing dis-ease with reflexive practices, Kobayashi (2003) asked: “Why the heck should I care about how a privileged, White graduate

student felt when she went out into the world to discover oppression and marginalization?” (p. 348). Smith (2013) added that, while such reflexive works are not without merit in terms of their ability to contribute to understanding “how the logics of domination that structure the world also contribute to who we are as subjects,” they must also “occur concurrently with social and political transformation” if they are to be truly meaningful (p. 264). We must therefore endeavor to proceed carefully and think critically about what and why we choose to share.

While reflexive methods are increasingly employed within Indigenous geographies as means to explore the challenges associated with doing Indigenous research, such as insider and outside standpoints or navigating institutional constraints, (cf. de Leeuw, Cameron, & Greenwood, 2012; Fisher, 2015; Hodge & Lester, 2006), few have employed them to share their experiences of research as a potential pathway to reconciliation.

## **6.4 Methodology**

### *6.4.1 Positionality*

Consistent with the reflexive methods discussed above, “a fundamental principle of Indigenous research methodology is the necessity for the researcher to locate himself or herself” (Absolon & Willett, 2005, p. 97). Although some criticize this practice as self-indulgent, especially for non-Indigenous researchers (Aveling, 2013), we feel it is important for our readers to understand who we are and how we became involved with this research project. We believe that doing this provides a more meaningful background to our findings.

*Cindy*

Cindy is a non-Indigenous doctoral candidate in the Department of Geography at Western University in London, Ontario. She grew up in London, and still lives there with her husband and 8-year-old son. Her decision to pursue her doctorate was rooted after hearing Justice Murray Sinclair speak in 2010 about the IRS system and the legacy of physical, mental, spiritual, and emotional abuse experienced by so many of the children who attended. As a mother listening to the stories of the survivors of these schools, she felt both heartbreak and anger. She remembers questioning how she, as an educated woman, knew so very little about Indigenous culture and history. The experience started her on a journey of wanting to learn as much as she could about Indigenous Peoples and culture; eventually, she made the decision to return to school and pursue a doctorate in Indigenous health geography. At the time of writing this article, she was in the final year of her program.

*Erik*

Erik is Cree from Beaver Lake in Northeastern Alberta. He grew up in Toronto, Ontario and has lived in London, Ontario since 2013. Erik was hired to work with Cindy to co-conduct interviews as part of her research. His decision to work alongside Cindy stems from his interest in returning to academia after being away for 5 years. He holds a B.Sc. in Medical Anthropology (Hons.) from the University of Toronto. After completing this degree, Erik dedicated himself to learning from Elders and traditional healers, which led him to work for an Aboriginal health centre in London. During this time, he noted differences in the

ways that allopathic doctors and traditional healers approached their practices. This prompted Erik to consider the need for more First Nations allopathic doctors who are both familiar with and practice traditional medicine. Erik realized that, to fulfill his purpose as a helper to the people, it was necessary for him to re-enter the academic world, become a physician trained in Western medicine, and incorporate traditional Indigenous medicine as a central component of his future practice. At the time of writing this article, Erik was in the final year of a university post-degree module, and has applied to medical school.

#### *6.4.2 Data Collection and Analysis*

This article is situated within the context of Cindy's doctoral work, a community-based participatory health research project with urban First Nations men. Erik was hired as a research assistant (R. A.) to facilitate all of the interviews with First Nations men. The rationale for this decision was that the participants would likely feel more comfortable sharing their stories with someone from their own community, and that Erik would be better equipped to pick up on language, references, and nuances that might otherwise be overlooked by Cindy. Throughout the research process, we (Erik and Cindy) met frequently to address any issues or concerns that arose during the data collection phase of the project. During these meetings, we had many conversations about our personal experiences—both challenging and rewarding. Ultimately, we became good friends, and we would sometimes reflect upon this relationship, noting our belief that it contributed to both an improved research process and personal growth for both of us. It was during one of these conversations that Cindy suggested it might

be interesting write a paper together that shared our experiences, and that perhaps it would resonate with others involved or seeking to be involved in Indigenous research, especially those working within cross-cultural contexts.

In terms of proposing an approach to collect, analyze, and share our stories, we collaboratively decided that Cindy should put the project together. Our rationale was twofold: first, this manuscript would ultimately become part of her dissertation, and, as such, she should take on the bulk of the responsibility in order to fulfill the requirements of her program. Second, in addition to his contract as a research assistant with this project, Erik already had a full-time job and was a full-time student. We recognized that with such responsibility, he would have significantly less time than Cindy to contribute to the project. However, we both fully committed to ensuring that our thoughts and voices were accurately and authentically represented.

We employed reflexive and co-constructed narratives to collect and analyze our experiences. As a family of approaches to data collection within the human sciences, narratives embrace a storied form whereby “events are selected, organized, connected, and evaluated as meaningful for a particular audience” (Riessman, 2005, p. 1). Per this method, co-constructed narratives are those that “illustrate the meanings of relational experiences, particularly how people collaboratively cope with the ambiguities, uncertainties, and contradictions of being friends, family, and/or intimate partners” (Ellis, Adams, & Bochner, 2011, p. 7). Recognizing that this approach fits well with Indigenous research paradigms that value storytelling as a means of knowledge creation (Kovach,

2009; McIvor, 2010; Wilson, 2008), we agreed it would be an appropriate way to collect our experiences.

To create our narratives, we responded to three broad questions:

- What unexpected challenges have you encountered within the research process?
- What unexpected benefits have you experienced?
- What would you have done differently and what advice would you give to others?

We agreed that these questions would allow enough opportunity for both of us to share our personal experiences without feeling either constrained by the questions or overly guided towards our answers. When we began writing our narratives, we were approximately halfway through the data collection process. We individually completed our reflections over a period of approximately six weeks.

We employed a thematic approach to analyze our narratives. Thematic analysis places “emphasis is on the content of the text, ‘what’ is said more than ‘how’ it is said, the ‘told’ rather than the ‘telling’” (Riessman, 2005, p. 2). Cindy took the lead organizing our narratives into 12 themes, and subsequently grouped them into broad categories based on similarity and overlap. We met to review the narratives and themes to ensure that we were on the same page regarding our terminology and the meanings behind our language. Upon completing the data collection process, we revisited our narratives and themes. While we made some additions to the narratives, we felt that these additions only strengthened the



existing broad categories that we had identified in our preliminary analysis: conflict, relationships, and identity.

## **6.5 Results**

The three broad categories that emerged from our co-constructed narrative analysis were conflict, relationships, and identity. We define each as follows:

- “Conflict” refers to experiences that evoked thoughts and feelings of unease, confusion, or discomfort during the research process.
- “Relationships” refers to experiences related to both our relationship and relationships with others involved in the research process.
- “Identity” refers to experiences that related to our senses of self, our ways of knowing, and our personal growth.

Below, we present collaboratively chosen excerpts from our narratives as examples of each category. We made edits where necessary to ensure clarity.

### *6.5.1 Conflict*

In both of our narratives, conflict arose as we struggled to position ourselves within the research project. In Cindy’s narratives, she discusses her feelings of conflict that arose from surrendering full control of the data collection process. She shared that she feared criticism from people within the academy for either not collecting the data entirely on her own, or not getting it done in a timely fashion. This struggle caused her to reflect upon her own ways of knowing and her assumptions about how to approach research with First Nations peoples and communities, realizing that such assumptions can conflict with the expectations of an academic institution which values solitary, timely graduate work. As a result,

she was forced to both continuously reconsider her approach to the research process and to appreciate the value of Erik's knowledge and intuition with regard to doing research with Indigenous communities, specifically with regard to the importance of building and maintaining good relationships within the First Nations community. She noted:

*I have been thinking about working with Erik and how that means I need to "surrender control" in parts of my research. He has been amazing in networking, assisting with finding participants, and providing his own reflections on the interviews. Yet I feel conflicted by the need to "protect" or "own" the research, like I need to be clear about whose research this [is] and how it gets done. I feel like this is in part a result of my own personality, and in part to fend off criticism that I am not actually the one doing my research.*

*Unfortunately, I feel like this also results in me making Erik feel like I don't trust his perspective as a First Nations man or approve of his work, when in fact, the complete opposite is true. The balance of respecting cultural protocols, being mindful of providing opportunities for Erik to gain skills and experience, and getting the research done is sometimes difficult for me, and I am left feeling vulnerable . . . As an example of this, I reflect on a time when Erik and I attended a local event at an Aboriginal organization. Erik knew about the event through his work and suggested I should attend with him as it may be an opportunity to recruit participants. He mentioned*

*he knew a staff member associated with the event who might be able to assist us as well. At the event itself, I recall waiting for what seemed like forever for Erik to introduce me to his colleague. It seemed to me that it would be an easy conversation that we could have quickly. Yet as the night went on it became clear to me that Erik was navigating that relationship with great care. It simply wasn't a case of showing up, immediately introducing me and requesting assistance with recruiting participants. It had to happen within the context of their relationship. Hours into the event, Erik introduced to me to his colleague and we spoke briefly. I remember thinking that this person had the potential to be a key contact for helping us with recruitment as his job allowed him to connect with young First Nation men every day. I was excited about the prospect and encouraged Erik to continue follow up. At the same time, I sensed trepidation on his part. I talked to Erik about this, whether or not we should continue to pursue his assistance with recruitment. After a few conversations we decided it was best to leave it alone—Erik feared that by pushing too hard we might alienate his colleague completely. I had to put my trust in Erik to read the situation and be at peace with it.*

In Erik's writing, he revealed the conflict he experienced as the result of being involved in an academic research project as a First Nations man, which, as noted above, is something that has historically been a source of discomfort within Indigenous communities. Specifically, he noted that he was unprepared for how

participating in the research process would change his image among his peers and within his community. This forced him to question whether such research was something with which he truly wanted to be involved:

*There were times in this project where I questioned my involvement. These moments were highly reflective, and had to do with self-image and who I wanted to be in the London community. Before being affiliated with the project, amongst my peers I was known as a cultural teacher, a volleyball player, a recruiter, and (most simply put) a Cree guy from Toronto. I noticed that the further we went into this research and in putting myself more into the role of researcher, this perception in the community changed. I felt that my peers saw less of the other things I was involved with (ceremony, traditional teachings, etc.), and more to do with research. That word, “research,” has an inherent negativity in the eye of many who identify as First Nations, as it may bring up a history of colonial abuse in both an academic and governmental sense (Smith, 1999). I’ve seen firsthand how some community members view “researchers” in the community, and those community members have chosen to share their thoughts and emotions with me—usually nothing overly positive to say, unless they are coming from an Indigenous background ... there were times where I felt, “why am I doing this if it’s making me feel like someone I’m not?” ... This idea of “who am I and what am I doing?” has been a daily theme in wearing the researcher hat. Cindy*

*has been a great colleague, and more importantly a great friend, throughout this entire process—in way of understanding and allowing me to open up to her and express my innermost feeling about what it is that we're doing. I feel that this relationship is exactly what has been missing in most of the Indigenous community research that currently exists, and it's something that needs to be better understood shared moving forward.*

### 6.5.2 Identity

Within our narratives, we both recognized that the data collection process provided an opportunity for us to grow and to learn. Cindy reflected upon how the process forced her to question her own way of knowing and seeing the world, both within and beyond the confines of the research project. She shared that the experience allowed for ongoing self-reflection, and ultimately helped her to find her place as a non-Indigenous person doing research with a First Nations community:

*I think for me the research process has been about enlightenment. I was brought up in a Western education system and I didn't really ever think to question it. It has opened my mind to the fact that there are other ways of knowing and seeing the world, and that these ways are no less valid than Western ways of knowing ... Erik and I meet frequently to discuss the research, yet often our meetings seem rise to another level where we have discussions about Indigenous history, culture, and ways of knowing far beyond the immediate context of the*

*research ... I feel that these discussions have really helped me in my struggle to position myself within my research. Since starting my Ph.D., I have had a really difficult time finding my place as a non-Indigenous person working with Indigenous Peoples. By this I mean I seemed to dwell on the difference too much, questioning what right I have to be involved in helping to create knowledge for a community I am not a part of. Our discussions really helped me navigate this struggle as I moved towards being OK with the fact that we all have a responsibility in Indigenous research, and remembering it's not so much about who you are as about what is your intent.*

Erik shared how the research process allowed him to find himself as an urban First Nations man through connecting with others who have shared similar experiences. These social connections allowed him to experience personal growth and to navigate two different ways of knowing and seeing the world. He commented that the experiences of doing research, both good and bad, ultimately contributed to his understanding of where he wants to go with his life:

*Personally, my lifelong struggle with identity has come to an amazing point through this project. In having those intimate and emotional conversations with participants, it's more evident than ever that I am not the only one who has struggled with identity and growing up in an urban context. This wasn't the case when I was younger, as I felt like I had no one to relate to with this struggle. And when I did choose to put myself out there and express my Indigenous identity, I was put*

*down. This project has given me context as to why this happens to our young men, and how some of them have chosen to work with this identity struggle. This kind of context has been invaluable to my personal growth ... For me, the struggles about identity that I have been going through over the course of this project have truly led me towards knowing what I want to be my personal legend. What I want to do, and how I want to do it. It's allowed me to realize my passion for research and contributing authentic context to real experiences at the community level, in order to better inform community programming. But more importantly for me, I wouldn't change this process because it's shown me what I want to do—how I want to help. I'm going back to school next year to take some courses, and will be going to medical school in the next 2 to 3 years. I want to continue on with research, but feel that my true calling has less to do with navigating academic institutions and more to do with helping people with their health and wellness in a Westernized sense (i.e., getting my M.D.), as well as in ceremony (i.e., Sun Dance, sweats, ceremony, balance, etc.). I know that this is what I want to do now, and am going to go through the process of going back to school full time in order to complete my goal. Had the process of this project unfolded differently, I'm not sure I could have come to the same realization.*

### 6.5.3 Relationships

The relationships made within the research process became overwhelmingly important to both of us. Cindy shared that the development of relationships with others involved in the research process was rewarding to her both personally and academically, and has only enhanced the research process:

*An unexpected benefit I have encountered in the research process is the development of relationships with the people involved and how this has contributed to my own learning both academically and personally. I have become friends with many of the people I have met through the research process and expect that these friendships will continue long after it is over. This is also true with Erik. He has become what I believe will be a lifelong friend to myself and to my family, and I am thankful for this. In addition, I was surprised by how much I have come to feel connected to the participants in our research study. Some I know personally and others I have only read their words, but in all cases I have developed a personal sense of responsibility to them that I was unprepared for. I think constantly about how I will ultimately be responsible for sharing their thoughts and feelings and it weighs heavily on me at times, especially with regard to those participants who I have never met or will have the chance to interact with in person. Overall, I have to say that these relationships I have made have become very meaningful to me, and I feel like each person I have met has taught me something both academically and personally. I know that by opening myself up to*



*these relationships I will be questioned with regard to how they will ultimately affect my research, but I have to say that I think they only serve to enhance the process. For example, going into this research project I sometimes felt intimidated by my non-Indigeneity. By this, I mean that I found myself at times afraid to ask for clarification or to question something out of fear of saying something culturally inappropriate. I feel that the relationships I have made have opened the door for me to feel more comfortable speaking up, and to be more critical. By building relationships with the people involved in the research process, they have come to know me and my values and intentions, and I have come to know them in the same way. I believe this understanding has provided a foundation for us to work together in a respectful and honest way.*

For Erik, the research process provided an opportunity to create relationships on many levels as well. Within his narrative, he discussed not only the importance of our relationship (in terms of navigating the research process), but also the relationships he formed with some of the research participants, as well as their participation in a men's drum circle:

*Another example of this would be the men's drumming group that I helped create and am a member of, known as the Purple Spirit. Through the research, I identified a need for more male-oriented ways for Indigenous men to connect to culture and belonging in the city. It just so happened that I had the right network of men in my life that we*

*were able to create and establish a big drum group out of Western University. We have some members that occasionally join us from Fanshawe College as well—which is a great way of bridging and showing community solidarity regardless of which academic institution you attend. The group is all about providing a place to learn more about drumming—as the drum is great medicine in providing a connection to spirit, identity, and other members of your community (I’m realizing this more than ever since being part of this group). To date, we’ve been playing together for 8 weeks now and have performed at two pow wows, and three community events. We have currently have two parts to our group. As mentioned, many of the men who attend Western come from Haudenosaunee nations, and will be more involved with water drum and shaker songs. Being reflexive of that, we’ve opened up the group to those men who choose to sing only these songs exclusively. It’s amazing to see the power of these songs, and it would be a shame to not allow for this in our group. We share so much good energy, laughs, insight, and wisdom when we meet. And importantly, we learn about the diversity of Indigenous culture when we meet and exchange teachings.*

## **6.6 Discussion**

This article began as an attempt to explore and share our experiences<sup>23</sup> doing research together within the context of a community-based participatory research project. Our findings revealed that, for both of us, the research process created experiences of conflict, reflection upon our identities, and the creation of meaningful relationships. These experiences contributed to a more meaningful research process as we built trust in each other and our community partners, as well as in the project's participants. On a broader level, however, these experiences represented our personal stories of reconciliation.

Our discussion is presented in three parts. First, we use our own voices to describe how our research experiences contributed to the reconciliatory processes of re-education and cultural regeneration, and how the relationships we made were foundational to these processes. Second, we propose that there is a need, moving forward, for researchers to better share their stories, and for all Indigenous research in Canada to prioritize reconciliation and the relationships that support it. Finally, we conclude our discussion by offering policy recommendations to achieve these goals.

#### *6.6.1 Cindy: Reconciliation as Re-Education*

For Cindy, the reconciliatory possibilities of research have related to her re-education. Brought up in a middle class family in London, Ontario, and

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<sup>23</sup> We recognize that for Cindy these themes are consistently presented within the confines of the research process, whereas Erik more often related his experiences to the contexts of his community life and personal life. We suggest that this difference may be due to the fact that, as a First Nations man, Erik possesses a more Indigenous and relational way of knowing, not to mention his insider status within the community with which we were working. It may also be a result of the fact that, as a full-time student, Cindy is more immersed in the research project and thus focused on her experiences within it.

schooled within a Western education system, Cindy's early knowledge of Indigenous Peoples was limited to school field trips to Ska-Nah-Doht<sup>24</sup> and textbook accounts of peoples who seemed locked in history. She never sought out opportunities to learn more, nor was she given any reason to do so. Her doctoral program afforded her the privilege and opportunity to learn about Indigenous knowledge and culture, and the impact of both historical and ongoing processes of colonization. She noted that she thinks of this process of re-education as “decolonizing her mind”<sup>25</sup>:

*My story is one that I think is actually reflective of many Canadians who never had an opportunity or reason to think critically about colonization and the oppression of Indigenous Peoples. I know this because I hear it when I talk to people in my life about what I am studying. So much of our understanding of Indigenous Peoples is based upon racist stereotypes perpetuated by the media and what limited accounts we found in our textbooks as kids. I did a community presentation once about what I had learned about residential schools, and I was shocked by how many of my friends told me after that they didn't know about them. And many of these people have higher education—people like me who I think should know better. I ask myself: Why don't we know better?*

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<sup>24</sup> Ska-Nah-Doht is a recreation of a Haudenosaunee longhouse village that existed 1,000 years ago. The museum, located in the Longwoods Resource Centre in Mount Brydges, Ontario, offers interactive exhibits relating to First Nations culture and displays artifacts from the Centre's archaeological collection.

<sup>25</sup> We borrow this term from Ngũgĩ wa Thiong'o's (1994) book *Decolonising the Mind: The Politics of Language in African Literature*.

While Cindy believed that her coursework and reading contributed to her re-education, she credited the people she has met and the relationships she has made through doing research as the most important parts of her learning:

*Early on in my research, I started hanging out at the local Aboriginal Health Access Centre and attending teachings and ceremony. One of the healers sort of took me under her wing, and to this day she is still my teacher. She has been so patient and kind. It's the same with Erik—we have so many conversations about Indigenous worldviews and culture. In some ways, it's like we are figuring it out together. I feel like our relationship has provided us with a safe space where we can talk about these things. I have no doubt it has resulted in me being a better researcher, but more importantly, I think it has made me a better person.*

At the same time, Cindy recognized that this re-education has not always been a smooth process. She reflected that she was initially hyperaware of her non-Indigeneity, and that this sometimes made her afraid to ask questions or say the wrong thing out of fear of offending someone:

*I was helping with a summer camp for kids at the Aboriginal Health Access Centre that was part of another research project. All of the kids and counsellors were First Nations. There were times when stuff was happening—like the kids were goofing around and chasing a snake, and I thought I should step in and say something before it got hurt, but I felt like I didn't have the right to because I wasn't "part of*

*the community.” This focus on the differences between us took me a while to get over, and I admit I still struggle with it at times.*

In this regard, Cindy believed that one of the most important parts of her re-education was the realization that her job as a researcher and a non-Indigenous person is not to “help,” as she believed when she started this journey. Rather, it is to shut up and listen, to learn, to be open to other ways of knowing, to be humble, and to bring her knowledge and expertise to the table in order for everyone (Indigenous and non-Indigenous peoples) to work together towards shared goals and understanding. At the same time, she has learned that being humble does not mean being complacent or not speaking up when she does not understand or agree with something. She is learning to be comfortable with the fact that she is going to make mistakes, and that she will learn from them. Indeed, she noted that being surrounded by people with whom she has fostered respectful relationships has made this much easier.

However, with these relationships comes responsibility, and she noted that she feels a tremendous responsibility to the people she has met through the research project—her academic colleagues, community partners, the research participants, and, of course, Erik. This can feel overwhelming at times, and she questioned if she is doing enough:

*Sometimes I’ll hear derogatory comments about Indigenous Peoples from others—for example like how they just need to “get over” the whole residential school thing. I do my best to try and explain the greater context about what I have learned with the hope that they will*

*understand and want to learn more too. There have been times when such conversations have turned to heated arguments, and times when I find myself questioning my own logic or struggling to find the words to justify my thoughts. The truth is, I am still learning and figuring it out too. It can be frustrating and emotionally upsetting and I always feel like I am not doing enough.*

Cindy noted that she has learned not to lose sight of the little things that she does beyond her doctoral research. These might include conversations with friends and colleagues that contribute to re-education, how she decides to vote, the organizations and causes she decides to support with her time and money, what she posts on social media, or simply reading children's books that accurately portray Indigenous Peoples to her son, and taking him to teachings and ceremonies so that he will learn what she never did.

*The other day I was sitting at the table and my son brought me a picture he drew of colonization. I had tried to explain the concept to him the day before—have you ever tried to explain colonization to an 8 year old? It's not easy. Anyway—I can't remember exactly what it looked like, but it made me happy to know that he is learning this stuff. I know they [children] do learn more in school about Indigenous history and culture now than I ever did when I was a kid, but I think it needs to be more than that. At the end of the day, he doesn't have to agree with my thoughts and ideas, but I do want him to have opportunities to learn and build relationships like I have*

*through the research. I guess in the grand scheme of the broad level political and structural changes that reconciliation requires all of this doesn't seem like much, but I think it's equally important.*

#### 6.6.2 Erik: Reconciliation as Re-Education and Cultural Regeneration

For Erik, the research process contributed to his re-education by providing a way to better understand himself—both culturally, as an Indigenous person, and academically, within the context of an academic institution, as well as in society broadly. Specifically, it validated his experience as an urban First Nations man. Through participating in our research, Erik was able to share his experience, find validation in that experience, and ultimately become more aware and proud of his identity. In terms of cultural regeneration, the research process helped Erik to redefine his understanding of what it means to be Indigenous. Specifically, by considering the historical realities his family had faced that were out of his control, the research process led to a more positive embrace of his urban experience.

*I used to have confidence in the idea that I could simply “fit in” in a city like Toronto where I grew up. When people asked me where I was from, I could say simply say Toronto, and no one really cared elsewhere. This was not the case once I reached university, and inquired into the services and supports available at First Nations House at the University of Toronto. Because I did not know my identity, language, or culture growing up, this contributed heavily to my lack of a sense of belonging when interacting with other*



*Indigenous students at the university. Because there were no other Indigenous students at my elementary and high school growing up, being able to interact with other Indigenous students was a new (even intimidating) experience for me. I found it difficult to identify with other Indigenous students, and as a result, felt shame in the fact that I did not know how to belong. Even as an adolescent, I was very familiar with the shame that came from growing up Indigenous as a post-residential school era family. As I grew older, and more people (Indigenous and non-Indigenous) would ask me where I was from, I never really knew how to answer them. I started to question my own Indigeneity—and unfortunately, I chose to not validate my experience as an Indigenous person at the time. I felt that because I did not grow up on reserve, speak my language, or know my teachings, that I was “less Native” than others who did grow up with those experiences and knowledge. What I did not realize, in fact, was that this way of growing up (i.e., in an urban center, rather than on reserve) has become more of a common and normal experience ... Now, the majority of Indigenous people are growing up in urban centers, often with parents and grandparents who were residential school survivors that have a detachment from their language, culture, and identity as a result. Most of the things around my cultural identity were never taught to me, as my parents favored that it would be best for me to just grow up “mainstream.” This way of growing up had unfortunately led to an intrinsic struggle I would inherently have trying to navigate*

*my identity throughout my life, not knowing where my ancestors come from, and my familial story as to why I grew up how and where I did.*

Erik's participation in the research process also contributed to his journey of connecting with his cultural identity by virtue of the opportunity to talk to the urban First Nations men that were part of the study. After hearing their stories and about their experiences growing up in cities, he realized that his experience was common, which was not what he had originally believed. It was through identifying with others who had had similar experiences that Erik was able to have confidence in his experience and no longer feel the shame that came from not knowing that his experience was common. Indeed, having an outlet to share these stories was an important part of his healing, which he had never had an opportunity to experience before. Since the research process, he has been able to heal and to grow from historical trauma and shame. This was an unintended but highly beneficial outcome of the research process for him.

*The most important aspect to my re-education was the ability to have confidence in my experience, and to validate its worth as an Indigenous person. In hindsight, the shame that came from others' opinions about my Indigeneity had only limited my growth and understanding of my identity, my purpose, and myself. But, the moment I gave myself permission to accept my experience as valid and Indigenous, I no longer feel the shame that has only held me back for most of my lifetime. The relationships that I fostered with other urban First Nations men in my community through the research*

*process have given me a network of others to share stories and past experiences with. The ability to laugh, cry, or be angry about a common experience has been one of the most influential components to my healing, as it has created a safe space to process and grow from. For example, a group of men from the project (myself included) is now singing together as a traditional men's big drum group. There was a time where each of us felt that we did not belong around a big drum singing traditional songs, but we now know that that way of thinking was never warranted, but was only instilled in us through colonial ways of thinking and lateral violence. The drum has also created a safe space for each of us to share stories, teachings, and good energy with all people. Interacting with other people has become an important part to the healing process as sharing those stories and realities with others helps each of us better understand ourselves, as well being an opportunity for others who may have similar experiences to know that they are not alone.*

While our experiences of reconciliation played out in different ways, what was common to both of our narratives was the importance of relationships. This is perhaps not surprising given that relationships are considered a key component of reconciliation (Bloomfield et al., 2003; Bloomfield, 2006; Lederach, 1997). Even the TRC has described reconciliation as “an ongoing process of establishing and maintaining respectful relationships” (Truth and Reconciliation Commission of Canada, 2015a, p. 16). For us, embracing a community-based participatory

research approach<sup>26</sup> created a space for these relationships to develop. However, we were both unprepared for just how much these relationships would contribute to our re-education and cultural regeneration. Reconciliation was not one of our research objectives, but it proved to be a most important outcome for us. It provided us with opportunities to learn, heal, and validate Indigenous ways of knowing in ways that have forever changed us.

As alluded to earlier, we do not mean to suggest that such relationships and experiences of reconciliation are not already happening in Indigenous research and within Indigenous geographies—we have no doubt that they are. Rather, what we suggest is that researchers need to better share their stories so that they may inspire and guide others to be active participants in reconciliation—especially those who are new to Indigenous research. Reflexive methods, such as the one used in this article, offer a means to do this work. At the same time, however, we are keenly aware of the criticisms of reflexive methods; we must also do the hard work of applying what we have learned in ways that dismantle colonial privilege and support Indigenous resurgence. As researchers, we have a responsibility to acknowledge the untold truths of Indigenous history in Canada, and can no longer remain complacent in a system that has only benefitted Western ways of knowing.

### **6.7 Research as Reconciliation: Policy Recommendations**

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<sup>26</sup> For a more in depth review of community-based participatory research in Indigenous research, see Tobias, Richmond, and Luginaah (2013) and Castleden, Morgan, and Lamb (2012a).

To support research as reconciliation, we propose that it needs to become a prioritized and funded objective in Indigenous research in Canada. We suggest that the Tri-Council (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Council of Canada [NSERC], and Social Sciences and Humanities Research Council of Canada [SSHRC]) funding agencies could facilitate this practice by including reconciliation as a priority stream in the funding application process. For example, researchers could be required to explain how they plan to address one or more of the TRC's recommendations as either theoretical or methodological objectives. Tri-Council funding agencies could prioritize projects that embrace decolonizing and Indigenous methods that promote relationship building, particularly within disciplines that do not traditionally adopt such approaches or engage in research with Indigenous communities. Extra merit could also be awarded to research housed in institutions that have demonstrated a commitment to fostering a culture of reconciliation and building relationships with Indigenous communities (through the provision of Indigenous strategic plans or formal responses to the TRC's recommendations, for example). Such policies represent a bold decolonizing project, one that will require government, funding agencies, institutions, researchers, and even Indigenous communities to rethink how they understand and participate in research. We also acknowledge that these suggestions run the risk of becoming boxes to check on an application, since they are open to the interpretation of a reader. As Stiegman and Castleden (2015) have pointed out in the context of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, there exists a danger that such guidelines would look good "on paper," but lack

the institutional support and resources necessary to ensure that they are being done in a good way. However, despite such challenges, we propose that there is much room for conversations about how researchers can do more to support reconciliation in Canada through both their research and their relationships.

## 6.8 Conclusion

This article contributes to scholarship within Indigenous geographies that employs reflexive methods, and it explores the potential of research to contribute to processes of reconciliation. We hope that this literature continues to grow and to embrace the diverse voices of everyone involved in Indigenous research, whether they are Indigenous or non-Indigenous, researchers, community partners, or project participants.

Given that the TRC has recently released 94 calls to action to advance the process of reconciliation between Aboriginal and non-Aboriginal peoples in Canada, we suggest that now is the time for everyone involved in Indigenous research (both within geography and beyond) to step up and consider how they may better contribute through their work and research. In closing, we leave you with a quote from the final report of the TRC: “Together, Canadians must do more than just *talk* about reconciliation; we must learn how to *practise* reconciliation in our everyday lives—within ourselves and our families, and in our communities, governments, places of worship, schools, and workplaces. To do so constructively, Canadians must remain committed to the ongoing work of establishing and maintaining respectful relationships.” (Truth and Reconciliation Commission of Canada, 2015b, p. 126).

We believe that every person, organization, community, and institution involved in Indigenous research in Canada has a responsibility to support the *practice* of reconciliation. It should be a prioritized and funded objective, not a choice. We challenge everyone, across all academic disciplines, who is involved in Indigenous research in Canada to support this call. Much like our experiences discussed in this article, this will require that researchers be open to conflict, to reflecting upon their identities, and perhaps most importantly, to building meaningful relationships.

## **Chapter Seven: Discussion and Conclusion**

### **7.1 Introduction**

This dissertation sought to critically explore the relationships between health, culture and place among urban First Nations men living in the city of London, Ontario. This thesis had four research objectives:

1. To explore meanings of health among urban First Nations men living in the city of London, Ontario;
2. To explore perceptions of culture among urban First Nations men living in London, Ontario;
3. To explore the relationship between health and culture among urban First Nations men;
4. To explore the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project.

In this final chapter I summarize the key findings of this dissertation as they relate to each research objectives. This is followed by a discussion of the main contributions of this dissertation framed by four themes consistent within the theoretical and methodological findings: colonization, sense of belonging, intersectionality and reconciliation. The space where these themes converge is proposed as a valuable lens to apply to research that explores the relationships between health, culture and place among urban First Nations men.

I conclude this chapter with a summary of the research limitations and potential directions of future study.



## 7.2 Key Findings

### 7.2.1 Meanings of Health

The first objective of this dissertation was to explore meanings of health among urban First Nations men living in London, Ontario. Presented in chapter four, my findings related to this objective suggested that all of the men interviewed primarily identified with Indigenous concepts of health that recognize a balance between the physical, mental, spiritual and emotional aspects of being. The men further described how their wholistic health and well-being was intricately connected to social connection (defined as spending time with others), land (defined as the natural environment) and culture (defined as the process by which one lives their life, and something closely associated with traditional practices, language, land, and family). While these determinants of health have been discussed and explored elsewhere within the broader Indigenous health literature, my findings contribute to an improved understanding of their relationship to the health and well-being of urban First Nations men.

Within chapter four, I further discussed the importance of *how* and *where* social connection, land and culture were experienced as determinants of health. With regard to *how*, the men shared that these determinants provided a sense of belonging as a pathway to health and well-being. For example, in the context of social connection, the men described how it wasn't just about being around other people, it was about being with other Indigenous peoples who shared similar experiences, knowledge, challenges, and value systems. Similarly, the men talked about the land as if it were something they belonged with, and a part of their

existences and identities. Finally, culture was described by the men as providing them with a sense of belonging through supporting identity, purpose, and value. In this regard, culture was considered by the men to be the process by which they lived a good life.

While the relationship between sense of belonging and health is well understood in the broader epidemiological health literature, it has received far less consideration in the context of Indigenous health beyond a small base of scholarship that has explored its connection to social relationships (cf. Big Canoe & Richmond, 2014; Richmond, Ross, & Egeland, 2007; Richmond and Ross, 2009; Richmond & Smith 2012) and its association with high risk health related behaviours such as gang participation (Buddle, 2011; Totten, 2010) and suicide (Kral et al., 2009). As such, my findings provide a valuable contribution to the Indigenous health scholarship in the context of urban First Nations men specifically, and the potential of social connection, land and culture as pathways to achieving a sense of belonging. For example, the findings of this dissertation point towards the need to understand culture as something that provides a sense of purpose in the everyday lives of urban First Nations men, and not just through one-off occurrences or visible representations.

As a means of achieving a sense of belonging within social connection, land and culture, I suggest a number of potential resources and supports as identified by the men including media, language, exercise, food (an more specifically traditional food), opportunities for environmental protection and advocacy, and improved financial and logistical supports. That language and food

were also recognized by Restoule (2004) in his work with urban Indigenous men in Toronto suggests a need for more focused attention related to their potential to support the health and well-being of urban First Nations men.

With regard to *where* the men interviewed experienced social connection, land and culture as a pathway to health and well-being, I discussed in chapter four the importance of traditional territories and reserves. This relationship held true across all three determinants of health. For example, many of the men associated reserves with better access to learning and participating in their cultures. As such, my findings support to a growing body of theory that recognizes the strong ties urban Indigenous peoples maintain with their traditional homelands, and the resulting high degree of mobility (or churn) that characterizes urban Indigenous communities. As a new contribution to these literatures, my dissertation further provides an improved understanding of these spatial relationships among urban First Nations men, and how this mobility is connected to social connection, land and culture.

### *7.2.2 Perceptions of Culture*

The second objective of this dissertation was to explore perceptions of culture among urban First Nations men living in London, Ontario. As discussed above, the men defined their cultures as the process by which one lives a good life, and something closely associated with traditional practices, language, land and family. All of the men expressed that they possessed great pride in their First Nations cultural identities.

Beyond these understandings, I further explored in chapter five how colonization has shaped the men's perceptions of their cultures. My findings revealed that the men possessed diverse understandings, knowledge and experience within their cultures. This was exemplified by the diversity in Nations among the men interviewed, as well as their individual diversity in the cultures they connected with. For example, some of the men identified with more than one First Nation, and all discussed the need to walk in two worlds of both western and Indigenous culture.

Beyond diversity in Nations, the men also possessed a great diversity in experience. Some of the men had practiced their cultures their entire lives, while others were just coming to know them. The men often associated their cultures with an intense sense of responsibility to give back to their communities, and as something they needed mentorship to help them learn. As discussed in the previous section, culture was also often perceived as something that was easier to access in traditional territories and reserve communities, once again reinforcing the importance of place to Indigenous health.

While increasing attention in Canada has been given to explorations of urban Indigenous cultural identity (cf. Howard & Proulx, 2011; Peters & Andersen, 2014; Newhouse & Peters, 2003) this scholarship has rarely focused on men. One notable exception is found in Restoule's (2004) work with urban Indigenous men in Toronto. Many of the findings presented in this dissertation mirror those of Restoule (for example, culture as a process of living one's life, the importance of social connection and sense of belonging) thereby contributing to

an improved understanding of the commonalities between urban First Nations men as it pertains to their cultural identities.

### *7.2.3 Culture and Health*

The final theoretical objective of this dissertation was to explore the relationships between health and culture. As discussed previously, culture was described by the men interviewed as a positive determinant of their physical, mental, spiritual and emotional health and well-being. For example, one of the men described culture as contributing to his physical health and well-being through participation in traditional dancing. Another discussed how culture fostered his connection with creator, supporting his spiritual health.

Despite the overwhelmingly positive relationship between culture and health identified by the men, in chapter five I discussed how colonization has perpetuated challenges to practicing it as a determinant of health. These challenges included experiences of culture change, racism and lateral violence. While I purposely adopted a strengths-based orientation with the goal of providing an improved understanding of the determinants of positive health and well-being, the frequency with which the men discussed these challenges suggested that they must be acknowledged.

In chapter five I defined culture change as the ways in which colonization has perpetuated diversity in cultural affiliation, understandings, knowledge, and experiences among the men interviewed. I further described this diversity as something that challenged the men's ability to practice their cultures as a determinant of health. For example, the men's diversity in Nations sometimes

hindered their ability to find spaces of cultural belonging within the city. This was compounded by the need to continuously situate themselves within both western and Indigenous ways of knowing, and a lack of cultural supports and mentorship in the city. Finally, some of the men shared how their lack of knowledge and experience within their cultures left them feeling intimidated and “not Indian enough”.

The men also shared their experiences with racism as institutionalized (the structural and often legalized processes that result in differential access to goods, services, and opportunities), personally mediated (the intentional or unintentional assumptions people make about others races that result in prejudice or discrimination) and internalized (how members of an affected race accept negative assumptions about their abilities and value) (Jones, 2004). These experiences were described as hurtful and stressful, and often associated with feelings of shame, fear and inferiority. Finally, I discussed lateral violence as a concerning reality for the men. Defined as “the organized harmful behaviours between individuals within an oppressed group of people” (Derreck, 2005, p. 56), lateral violence was described as creating divisiveness and a lack of support within their cultural communities, and as something that was closely associated with the politics of identity. That all of these challenges were described as being associated with both city and reserve communities, and Indigenous and non-Indigenous peoples alike, suggests that that they exist as societal level issues that cannot be confined to specific places or spaces.

In chapter five I go on to discuss how culture change, racism and lateral violence have received a concerning lack of attention within Indigenous health scholarship. For example, while racism has been increasingly explored in the context of health care (cf. Browne & Varcoe, 2006; Smye, & Browne, 2002; Smylie, 2000), it is not confined to these spaces. It is a lived and every day experience. Similarly, there exists an astonishing lack of research pertaining to lateral violence and the ways in which it divides communities. Recognizing that communities represent an integral component of Indigenous ways of knowing and being (Kirmayer et al., 2013; Newhouse, 2014; Peters & Andersen, 2013), this lack of scholarship is especially concerning. Conclude chapter five by proposing that Indigenous health researchers must do more to understand and mitigate these challenges as they relate to practicing culture as a determinant of health among urban First Nations men.

#### *7.2.4 Working within a Cross-Cultural Research Relationship/CBPR*

The fourth and methodological objective of this dissertation was to explore the benefits and challenges of working within a cross-cultural research relationship within a community-based participatory research project. These themes were explored in chapter six, a reflexive co-constructed narrative analysis written by myself, and Erik Mandawe. Within this chapter, Erik and I shared our experiences as a non-Indigenous doctoral student and a First Nations research assistant working together. These experiences were framed by three themes: conflict, identity and relationships. We defined conflict as experiences that evoked thoughts and feelings of unease, confusion, or discomfort during the

research process. For example, I discussed the conflict I experienced as a result of having to give up control over the data collection, and to trust Erik's abilities. Erik's experiences of conflict included his uneasiness that resulted from participating in the research process with regard to how it might change his image among his peers and within his community. We defined identity as those experiences that related to our senses of self, our ways of knowing, and our personal growth. For both of us, the research process provided ongoing opportunities to reflect upon our identities and ways of knowing and being in the world. Finally, relationships referred to our experiences as they related to both our relationship, and relationships with others involved in the research process. We suggested that the meaningful relationships we made through the research allowed us to better navigate our experiences of conflict and identity, and ultimately contribute to an improved process. For example, we both reflected on how our friendship allowed for a space of mutual respect and trust that allowed us to talk freely about our concerns throughout the data collection.

At a broader level, we proposed that these experiences were our own personal stories of reconciliation. We framed our discussion in this regard around Simpson's (2011) ideas of meaningful reconciliation as something that is grounded in re-education and cultural regeneration. For myself, reconciliation was discussed as occurring through my re-education and the "decolonization of my mind" as I challenged my own ways of knowing and being in the world. For Erik, reconciliation was discussed as occurring both through his re-education and cultural regeneration. This primarily occurred through the relationships he made



with the participants, and how this allowed him to better understand himself and his culture, validating his experiences as an urban First Nations man. We further discussed how relationships were foundational our experiences of reconciliation, and how our CBPR approach created a space for them to occur.

While we recognized that processes of reconciliation are undoubtedly occurring all the time within Indigenous health research, we suggested that it does not happen as a prioritized and funded objective, and that these stories are rarely shared. We conclude chapter six by offering a number of policy recommendations to support research as pathway to reconciliation, including the need for the Tri-Council funding agencies prioritize it as a funding stream in their application processes. In summary, this chapter contributes to best practices in Indigenous health scholarship by identifying the potential of CBPR research as a pathway to reconciliation, and the potential of reflexive and narrative methods.

Beyond the challenges and benefits described in chapter six, there are some additional experiences within the research process worth noting in terms of their potential to contribute to best practices in Indigenous health research. With regard to CBPR, I contend that this approach was both a benefit a challenge. The early support and relationships made in collaboration with SOAHAC were foundational to the creation of the research objectives and methodological approach, as well as my own understanding of Indigenous ways of knowing. However, as sometimes happens in CBPR, partnerships change. Organizational changes at SOAHAC resulted in a lack of staff support during the data collection

and analysis. This undoubtedly affected recruitment and the interpretation of results.

The cross-cultural approach to this dissertation was also both beneficial and challenging. As a non-Indigenous female, I believe my outsider status contributed to the difficulty in recruitment due to my lack of relationships within the urban First Nations community. That I, as a non-Indigenous female, was primarily responsible for the interpretation of the stories shared by First Nations men is also something that weighed heavily upon me. While I did my best to review these findings with the participants and Erik, it is fair to say that I was unprepared for the feelings of responsibility that came with speaking for others. Finally, the journey of decolonizing my mind has not always been easy. I sometimes struggled with finding spaces and people to discuss this process. I have been perhaps over mindful that it is not the responsibility of my Indigenous friends, colleagues and supervisor to help me “work through my privilege”. I am especially grateful to have had a number of patient mentors accompany me on this journey.

With regard to Erik’s participation in the research, I contend that it was highly beneficial. While certainly his involvement may raise questions about my ability to “do my own research”, I contend that it was the best decision. As a part of the demographic he was interviewing, Erik was able to better connect with the men. One participant even noted this by sharing he was able to talk more openly because he knew Erik understood where he was coming from. As I analyzed the findings, it also became clear that Erik picked up on themes and topics I would

have easily overlooked as a result of not being part of the First Nations community. Finally, Erik's contributions to this research have gone far beyond the facilitation of interviews. He was instrumental to the recruitment of participants, and acted as a sounding board as I interpreted the findings. His commitment to this project has been unwavering.

### **7.3 Discussion**

In this section I discuss what I propose are the overarching contributions of this dissertation, framed by four themes consistent within the theoretical and methodological findings: colonization, sense of belonging, intersectionality and reconciliation. I propose that the space where these themes converge provides a valuable lens through which to explore the relationship between health, culture and place among urban First Nations men.

#### *7.3.1 Colonization*

As a determinant of health, Reading (2015) has compared colonization to the root system of a tree, noting “just as maladies observed in the leaves are generally *not* the cause of unhealthy trees, inequalities in human health frequently result from corruption or deficiencies in the unseen critical root system” (p. 50). In this regard, Reading has suggested that processes of colonization have created the structures that shape all other determinants of Indigenous health and well-being. Theoretically, this dissertation has contributed to new understandings of the relationship between colonization and health by identifying the processes by which it has permeated the everyday lives and experiences of urban First Nations men.

Beyond the recognition of colonization as a distal and structural determinant of health among the men interviewed, my dissertation has further demonstrated how colonization has affected the process of doing research. Despite the adoption of a decolonizing approach including CBPR and conversational method, my dissertation has shown that choice of methodology is not enough. As demonstrated by the findings of the co-constructed narrative analysis presented in chapter six, colonization has affected not only the choice of tools employed within Indigenous health research, but also the people using those tools. As Coombes et al. (2014) have noted, research with Indigenous communities involves “not just methods of research, but approaches to being-in-the-world” (p. 851). This dissertation has shown that research with Indigenous communities is indeed about transformation both methodologically and personally.

### *7.3.2 Sense of Belonging*

Sense of belonging, or “the experience of personal involvement in a system or environment so that a person feels themselves to be an integral part of that system or environment” (Hagerty et al., 1992, p. 173), was identified by the men interviewed as an important pathway by which they experienced social connection, land and culture as determinants of health. This recognition was important because it moves beyond the identification of determinants of health to an understanding of *how* they are experienced. By applying a sense of belonging lens to the determinants of health among urban First Nations men, researchers may better understand how to create meaningful experiences within them. To

support such efforts, chapter four presented a framework as proposed by Hagerty et al. (1992) that included the key defining attributes, antecedents, and consequences of sense of belonging. While this framework provides a potentially valuable approach, it must be acknowledged that it is grounded in western ways of knowing. Ideally the men themselves should be defining their own conceptualizations of sense of belonging within Indigenous ways of knowing, representing an opportunity for future research.

Sense of belonging also existed as an important theme methodologically in my dissertation. As discussed in chapter six, the process of doing research required Erik and I to find our own spaces of belonging—a task I believe we both underestimated going into this project. For myself, sense of belonging was, and continues to be, primarily related to understanding my roles and responsibilities as a non-Indigenous person working with Indigenous communities, and how my own ways of knowing contribute to ongoing processes of colonization. For Erik, sense of belonging was about locating himself within his own cultural identity, among other urban First Nations men, and the research itself. These findings contribute to best practices in Indigenous health research by demonstrating the need for spaces, time and resources to support both Indigenous and non-Indigenous researchers (especially new researchers) in locating themselves within the research process.

### *7.3.3 Intersectionality*

Defined as the various ways in which race, class, and gender interact to shape experience (Nash, 2008), intersectional approaches allow for the recognition of multiple social categories and locations, and how they intersect,

reinforce and shape one another. In the context of men specifically, Hankivsky (2014) has noted that such approaches provide a means to understand the relationship between daily life and health. The prominence of intersectionality as a theme within this dissertation should not be surprising considering its congruence with highly relational Indigenous worldviews that recognize the interconnectedness of all life.

While intersectionality was embraced as a research approach within my dissertation in order to account for the men's unique experiences related to their gender, cultural and urban identities, it also became an important finding. Theoretically, my research findings demonstrated there exists great diversity among the men interviewed with regard to cultural identities, including their knowledge, experience and spatial relationships with them. Such diversity reinforces the notion that urban First Nations men must not be homogenized as one group. Just as colonization is "embodied differently, depending on the body concerned and where it is situated" (de Leeuw & Greenwood, 2011, p. 67), so too are the relationships between health, culture and place among urban First Nations men. These findings provide a valuable contribution to the limited scholarship that applies an intersectional lens to Indigenous health, especially among men.

Intersectionality also existed as a methodological finding. As a non-Indigenous researcher, my identity and positionality were inextricably linked to how the research findings were interpreted. I do not identify with male gender roles or First Nations culture – they are not part of who I am. As such, a male First Nations researcher may have been drawn to different themes within the

findings. I have no doubt that I was drawn to the themes that I felt I could better relate to or be a part of creating spaces for. For example, the men's stories of racism deeply affected me, and as a result I have been giving much thought to how moving forward in my career I can be a part of eliminating the racism experienced by Indigenous peoples. Such reflections demonstrate the value intersectional approaches provide for non-Indigenous researchers like myself to understand not only the unique determinants of Indigenous health, but also how white privilege intersects with the research process, something that Hankivsky et al. (2010) have noted has remained under-examined in the literature.

Erik's positionality also intersected with the data collection process and findings. While I have no doubt that his involvement ultimately enhanced the research process, his own identity and experience shaped the conversations with the men interviewed. Furthermore, while our experience as a Ph.D student/research assistant working together was a positive one, issues of power were unavoidable, especially as we endeavoured to get through the data collection and write a paper together within the timelines of my Ph.D program.

#### *7.3.4 Reconciliation*

Reconciliation is undoubtedly a contentious issue that means different things to different people. In the context of my dissertation, I embraced the ideas of Simpson (2011) who suggested that for reconciliation to be truly meaningful, it must be grounded in cultural regeneration and political resurgence among Indigenous peoples and communities, while also requiring Canada to "engage in a decolonization project and a re-education project that would enable its

government and its citizens to engage with Indigenous Peoples in a just and honourable way in the future” (p. 23). As discussed in chapter six, although reconciliation was not an objective of this dissertation, it proved to be a most important outcome of our CBPR approach for Erik and myself.

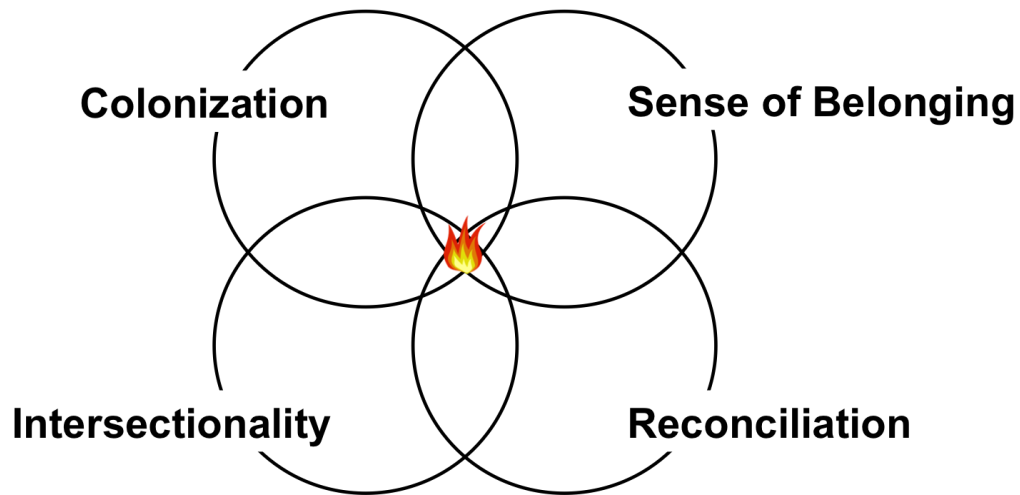
Reconciliation was not discussed explicitly as it relates to the theoretical objectives of this dissertation. However, I suggest that all of the findings point to reconciliation as an important area of future research. I believe that supporting the health and well-being of urban First Nations men is a societal level project that will require the aforementioned cultural regeneration, re-education and political resurgence. Such a project will require the participation of Indigenous and non-Indigenous peoples alike at the individual, community, institutional and political levels. As an example, the grassroots *Circles for Reconciliation* project facilitates small gatherings of Indigenous and non-Indigenous peoples over 10 sessions to talk about topics like Indian residential schools, forgiveness from an Indigenous perspective, intergenerational trauma, and what reconciliation means to each person (Circle for Reconciliation, 2017). This project has been described as highly successful in fostering re-education and reconciliation at the community level. The potential of research to contribute to the creation of such initiatives and their evaluation is vitally important.

In summary, the overarching contributions of my dissertation are found in its recognition of the ways in which colonization, sense of belonging, intersectionality theory, and reconciliation shape the health and well-being of urban First Nations men, as well as *how* research explores this health and well-



being. I propose that the space where these themes converge is the flame (Figure 7.1). As researchers we must seek to rekindle this flame by embracing this space as a lens through which we theoretically and methodologically explore the relationships between health, culture and place among urban First Nations men.

**Figure 7.1: Rekindling the Flame**



Finally, although not included as a theme within the above discussion due to its lack of relevance to the methodological findings of this dissertation, the importance of place cannot be denied. That the men's experiences were so intricately connected to the land, traditional territories and reserve communities suggests that any exploration of their health and well-being must be grounded in a recognition of place, and more specifically the land.

### **7.8 Limitations**

There are a few notable limitations to this study that have not yet been discussed. One surprising limitation was the difficulty we encountered recruiting

participants. Based upon my networks within SOAHAC and Erik's employment, volunteer and social connections within the Indigenous community, we had not anticipated that finding participants would be as challenging. While we had originally hoped to have conversations with 25 men, this was not possible. It is worth noting that in the time that has passed since we completed the data collection, Erik and I agree that our new relationships with urban First Nations men would easily contribute to 25 participants. These observations represents a significant finding that points the need to explore best practices in recruiting participants in Indigenous research, and the importance of relationships.

Another limitation of this research was the inability to give more attention to place. It was my original intention to further explore the ways in which place relates to health and culture among the urban First Nations men interviewed. As a means to do this, a one-day men's retreat was hosted in collaboration with SOAHAC that included a small data collection component. However, this retreat was poorly attended, making it impossible to fulfill this intention.

Finally, it is important to note the limitations of language. At various times throughout this project participants recognized that some ideas within Indigenous knowledge systems do not translate well into Western vocabulary. This limitation suggests a need to prioritize the use of Indigenous languages within Indigenous health research.

## **7.8 Future Research**

This dissertation has pointed in many directions for future research. At a broad level there exists a pressing need for any research that continues to explore

the health and determinants of health among urban First Nations men. This includes the exploration of the differential experiences of sub-communities within urban First Nations men including specific Nations, marginalized communities such as two-spirited and transgendered men, and men at different stages of life course and socio-economic status. Targeted attention should also be given to the unique phenomena of mobility among this demographic, both within the city, and between the city and traditional territories and reserves. Most importantly, there is a need for this research to be carried out *by* Indigenous men.

More specifically, my dissertation has identified the need for future research that focuses on sense of belonging as pathway to positive health and well-being, and the spaces, places and practices that promote this belonging regardless of cultural understanding, experience, and diversity. The potential of media, language, exercise and food (more specifically traditional food), environmental protection initiatives, and improved financial and logistical supports as identified by the men interviewed represent important opportunities in this regard. As a means to supporting culture as a determinant of health, I suggest that there exists a priority need for research that seeks to eliminate racism. It is deplorable that, at a societal level, we have allowed racism to become a normalized part of the everyday lives of the men interviewed. Similarly, lateral violence represents an equally pressing concern, especially considering its potential to exclude urban First Nations men from their communities. Lastly, I suggest that there is an important need for “place-based methodologies”. If, as previously discussed, land is so important to the health and well-being of urban

First Nations men, I suggest that future research employ land-based approaches to understand these relationships. Perhaps instead of sitting across the table and asking questions, researchers should be meeting urban First Nations men on the land and in the actual spaces and places that support their health and well-being.

Finally, within all of this proposed scholarship, there is a need for decolonizing and community-based approaches that creates spaces. Spaces for First Nations men to come together in ways that allow them to define their own health, cultures and sense of belonging. Spaces that support First Nations cultures to grow and thrive unimpeded by the “residue” of colonization. Spaces that make room for processes of reconciliation among and between Indigenous and non-Indigenous peoples alike. All of these efforts will require a commitment to transformation at the individual, methodological, institutional, and societal levels.

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## Appendix A – Research Ethics Approval



**Western  
Research**

Research Ethics

Western University Health Science Research Ethics Board  
NMREB Amendment Approval Notice

**Principal Investigator:** Chantelle Richmond  
**Department & Institution:** Social Science/Geography, Western University

**NMREB File Number:** 103955  
**Study Title:** Niiaba Biidoda Anishinaabeg Bimaadiziwin: Let us bring back a good way of life  
**Sponsor:**

**NMREB Revision Approval Date:** July 25, 2014  
**NMREB Expiry Date:** July 01, 2016

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Revised Western University Protocol	Revised Protocol - July 18, 2014	2014/07/18
Revised Letter of Information & Consent	Appendix C1 - Youth Letter REVISED May 2014	2014/05/16
Revised Letter of Information & Consent	Appendix C2 - Youth Consent Form REVISED May 2014	2014/05/16
Instruments	Appendix C3 - Youth Interview Questions REVISED May 2014	2014/05/16
Recruitment Items	Appendix C4 - Youth Poster - REVISED May 2014	2014/05/16

The Western University Non-Medical Science Research Ethics Board (NMREB) has reviewed and approved the amendment to the above named study, as of the NMREB Amendment Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.



## Use of Human Participants - Ethics Approval Notice

Principal Investigator: Chantelle Richmond  
 File Number: 103955  
 Review Level: Full Board  
 Approved Local Adult Participants: 20  
 Approved Local Minor Participants: 0  
 Protocol Title: Niaba Bidoda Anishinaabeg Bimaadiziwin: Let us bring back a good way of life  
 Department & Institution: Social Science/Geography, Western University  
 Sponsor:  
 Ethics Approval Date: August 02, 2013 Expiry Date: July 01, 2016

## Documents Reviewed &amp; Approved &amp; Documents Received for Information:

Document Name	Comments	Version Date
Instruments	Appendix E3	2013/06/05
Instruments	Appendix D3	2013/06/05
Letter of Information	Appendix D1	2013/06/05
Instruments	Appendix C3	2013/06/05
Instruments	Appendix B3	2013/06/05
Other	Appendix G	2013/06/04
Advertisement	Appendix F1	2013/06/12
Advertisement	Appendix F3	2013/06/12
Other	Appendix F4	2013/06/12
Western University Protocol		2013/06/12
Letter of Information	Appendix A1 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix A2 - Revised July 15	2013/07/15
Revised Caregiver Letter of Information & Consent	Appendix B1 - Revised July 15	2013/07/15
Instruments	Appendix A3 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix B2 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix C1 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix C2 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix D2 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix E1 - Revised July 15	2013/07/15
Revised Letter of Information & Consent	Appendix E2 - Revised July 15	2013/07/15
Other	Appendix F2 - Revised July 15	2013/07/15

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000941.

## Appendix B – Survey Instrument

1. Please tell me about yourself.
2. People have different concepts of health, as a First Nations male, what does health mean to you?
3. Do you feel that as a FN male your perspective on health is different from others such as non-FN peoples or FN women?
4. Based on your earlier definition of health, do you consider yourself to be a healthy person?
5. Do you think that living in the city allows for the opportunities to be healthy?
6. What does the word culture mean to you? (try to personalize this to appropriate the participant's nation or community)
7. As a First Nations male, what do you think it means to have a strong sense of cultural identity or strong sense of connection to your culture?
8. Do you feel that you have a strong sense of cultural identity or connection to culture?
9. Do you think that living in the city provides opportunities to have this connection?
10. Do you find strength in your culture?
11. Within the last year, what types of programs/services/resources in London have you accessed related to health? Did you find them useful? Why or why not?
12. Is there anything we haven't talked about today that you would like to add?

## Appendix C - Curriculum Vitae

**Cindy Smithers Graeme, Ph.D Candidate**  
**Department of Geography, Western University**

### Education

- |                   |  |
|-------------------|--|
| 09/2012 – current | <p><b>Ph.D Candidate</b><br/>         Department of Geography (Indigenous Health)<br/>         Western University<br/> <b>Doctoral Thesis:</b> Rekindling the Flame: An Exploration of the Relationship between Health, Place, and Identity Among First Nations Men in London, Ontario</p> |
| 09/1996 – 08/1998 | <p><b>M.A., Environmental Resource Management</b><br/>         Department of Geography<br/>         University of Guelph<br/> <b>M.A. Thesis:</b> Crop Insurance and Farm Management of Weather Related Risks</p>  |
| 09/1988 – 04/1993 | <p><b>B.A., Environmental and Resource Management</b><br/>         Department of Geography<br/>         Western University</p>   |

### Publications

- Smithers Graeme, C., Richmond, C., & E. Mandawe. (2017). “Where I belong” Meanings of Health among urban First Nations men in London, Ontario. Manuscript in preparation.
- Smithers Graeme, C., Richmond, C., & E. Mandawe. (2017). Practicing Culture as a Determinant of Health: An Exploration of the Uneasy Colonial Legacy of Culture Change, Racism, and Lateral Violence among Urban First Nations Men. Manuscript in preparation.



Smithers Graeme, C., & E. Mandawe. (2017). Research as Reconciliation. *International Indigenous Policy Journal* 8(2).

Smithers Graeme, C. (2013). Indigenous health research and the non-indigenous researcher: a proposed framework for the autoethnographic methodological Approach. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*. 11(3), 513-520.

Smit, B., Harvey, E., & C. Smithers. "How is Climate Change Relevant to Farmers?" in D. Scott, B. Jones, J. Audrey, R. Gibson, P. Key, L. Mortsch and K. Warriner (eds.), *Climate Change Communication: Proceedings of an International Conference, Kitchener-Waterloo, Canada, June 22-24, (Hull: Environment Canada, 2000)*, f3.18- f3.25.

## **Presentations**

### ***Invited Presentations:***

(2017) Smithers Graeme, C. Beyond Culture: Barriers to belonging within culture urban First nations men. American Association of Geographers, Boston, April.

(2016) Smithers Graeme, C. Where I Belong: Reflections on a Community-Based Participatory Research Project with Urban First Nations Men. University of Guelph Department of Family Relations and Applied Nutrition Graduate Seminar Series, November.

(2016) Smithers Graeme, C. & E. Mandawe. Research as Reconciliation. Pathways to reconciliation, Winnipeg, June.

(2016) Smithers Graeme, C. "Bringing my culture wherever I go" Exploring concepts of health and well- being among young urban First nations men. American Association of Geographers, San Francisco, April.

(2015) Smithers Graeme, C. & E. Mandawe. Research as Reconciliation: The Transformative Power of CBPR with Urban First Nation Communities. IAPH National Gathering of Graduate Students , Vancouver, July.

(2015) Smithers Graeme, C. & E. Mandawe "Who are you and what do you want?" Building Relationships and Methodology in a Community-based Participatory Research Project with Indigenous Peoples . CINSA Concordia, Montreal, June.

(2014) Neufeld, H & Smithers-Graeme, C. Participatory methods in community-engaged research. Engage Western, Western University, London, Ontario, November.

(2014) Smithers Graeme, C. Indigenous Health Research and the Non-Indigenous Researcher: A Proposed Framework for the Autoethnographic Methodological Approach. American Association of Geographers, Tampa, April.

***Invited Poster Presentations:***

(2014) Smithers Graeme, C. “Rekindling the Fire: An Exploration of the Relationship between Health, Place and Identity among First Nations Male Youth”. INIHKD-NEAHR 2014 Conference, Winnipeg, Manitoba, September.

(2014) Smithers Graeme, C. “Rekindling the Fire: An Exploration of the Relationship between Health, Place and Identity among First Nations Male Youth”. Indigenous Health and Well-Being Initiative 2014 Summer School, London, Ontario, June.

(2015) Smithers Graeme, C. “Rekindling the Fire: An Exploration of the Relationship between Health, Place and Identity among First Nations Male Youth”. Indigenous Research Symposium, Western University, London, Ontario, March.

**Academic Work Experience**

09/2015 – current

**Research Assistant**

Interdisciplinary Initiative in Applied  
Indigenous Scholarship  
Western University

01/2016 – 04/2016

**Research Assistant**

Indigenous Strategic Planning Committee  
Western University

09/2012 – 08/2015

**Research Assistant**

Indigenous Health and Well-being Initiative  
Western University

**Scholarships and Awards**

2015-2016 Ontario Graduate Scholarship

2012-2016 Western Graduate Research Scholarship, Western University

**Volunteer and Service**

Council Member, Indigenous Food and Medicine Garden at Western University

Committee Member, Indigenous Awareness Week, Western University