

First Nations' Health and Wilderness

By Andrew Waddington



The link between personal health and the ability to access, engage in, and spend time in wilderness has been well documented and studied. What is less discussed is the link between wilderness and population health, which is of particular interest when discussing the First Nations communities of this country.

Within Canada, First Nations people are considered a “disadvantaged” population.” Health Canada defines a disadvantaged population as one that is “vulnerable to environmental risks as a result of physical differences, behaviours, location and/or control over their environment.” The disadvantage of First Nations communities is evident. On average First Nations people make \$10,000 less than people from the non-First Nations population; they have suicide rates that are 800 times greater than other populations in Canada; they have an incidence of tuberculosis that is 26.4 times greater than the general population; the National Collaborating Centre for Aboriginal Health found that aboriginals have a disproportionately high rate of HIV infection and contribute a significant number of the new HIV cases that are diagnosed. Further to this, diseases of lifestyle such as Chronic Obstructive Pulmonary Disease (such as emphysema) and diseases related to obesity are disproportionately high in First Nations communities.

While these statistics are shocking they shouldn't stop us from focusing on the assets and strengths of First Nations communities that could improve population health. A key theme that has been shown to enhance the health status of First Nations communities is facilitating First Nations participation

in what are labeled “traditional activities.” This includes activities such as hunting, fishing, berry/plant gathering as well as protecting animals that are considered “totem,” that have a special spiritual meaning, such as bison.

For a community health initiative to be successful it is essential that the target population wants to participate and will be treated as an equal partner. These conditions create a process academics refer to as “doing with” versus “doing to.” While many top down approaches to health interventions may be well intended they tend to be viewed as paternalistic. Therefore, they are not well received and do not work. As supporting traditional aboriginal activities necessitates the conservation of species and habitats the two interests – wilderness preservation and promoting activities that promote healthy First Nations populations – complement each other well. They can encourage relationships that are more akin to real partnerships – focusing on the “doing with.”

When discussing population health it is also worth noting what are referred to as the social determinants of health. These are factors that have been shown to have a positive influence on health but are not direct health measures per se. Fourteen social determinants of health have been identified and include things like: income, early childhood development, food insecurity, employment, working conditions, and housing among others. To demonstrate the link between conservation and the social determinants of health the Pine Ridge Reservation in South Dakota provides a powerful example. Members of this community launched a product

called Tanka Bar, a bison based jerky bar. This is inspired by traditional native recipes and necessitates bison conservation. The success of this bar has provided a guaranteed income for many on the reserve, thus allowing these individuals to secure housing, food, and other economic benefits. Other offshoots of the Tanka Bar's success include the funding of a social housing project on the Pine Ridge Reservation.

Closer to home, here in Alberta, members of the Blackfoot Nation are leading a project called the linnii (pronounced “E-Knee,” the Blackfoot word for bison) initiative which focuses on the return of bison to the traditional Blackfoot lands in Alberta and Montana. Early observations on this effort are inspiring from both conservation and health perspectives. They suggest an important link between conservation and enhancing the social determinants of health to the benefit of the health of First Nations communities.

While many of the conservation efforts afoot in Alberta may not directly focus on enhancing population health they have the potential to do so. While First Nations communities may at first be the obvious benefactors of these conservation movements (from a health perspective) I believe a focus on conservation and spending time in nature will extend well beyond the First Nations of this country. It may have a positive health impact for all. 🐾

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