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## STUDENTS' CORNER

### Importance of Spiritual Wellbeing in Community-Based Health Interventions in Indigenous Peoples in BC

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#### Abstract

**Background:** The health gap between Indigenous peoples and other populations in Canada is of concern. Various health promotion and wellness programs have been attempted in Indigenous communities, but many of these programs have been ineffectual partly because they are not culturally sensitive, culturally relevant, or holistic. **Purpose:** This narrative review discusses the foundational concepts of holistic health and community-based programming with reference to two programs based at the University of British Columbia (UBC), the Tu'Wusht Garden Project and the Summer Science Program, that integrate spiritual wellbeing into health programming. We further discuss how the frameworks from these programs can be used in other Indigenous communities. **Foundational Concepts:** The holistic or Indigenous model of health is guided by the teachings of the Medicine Wheel and includes mental, physical, emotional, and spiritual wellbeing. While current health programs often address physical, emotional, and mental wellbeing, they frequently fail to incorporate spiritual wellbeing because of how diffuse spiritual wellbeing can be as a concept for health practitioners in Canada. **Discussion:** The Tu'Wusht Garden Project utilizes traditional activities (like gardening and ceremony) to integrate spiritual health into programming and engage Indigenous community members in health programming. The UBC Summer Science uses a contemporary Two-Eyed Seeing approach to blend Western and Indigenous health lessons. This includes spiritual health into programming and offsets any weakness of Western or Indigenous health models. Both programs have received strong support from Indigenous peoples. **Conclusions:** Collectively, these programs demonstrate the importance of including spiritual health lessons within health and wellness programming within Indigenous communities. **Health & Fitness Journal of Canada 2019;12(1):117-123.**

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#### Introduction

Indigenous peoples across Canada have and continue to face an uphill battle towards health equity and wellbeing under current Westernized healthcare systems (Foulds, Bredin, & Warburton, 2011; Mundel & Chapman, 2010; Reading & Wien, 2009). The government of Canada has recognized that there is an urgent need for programs aimed at improving

Indigenous health outcomes and have attempted to implement meaningful community-based public health policies and programs in many Indigenous communities across Canada (Health Canada, 2014; Reading & Wien, 2009). These programs have often had limited success and as a result, Indigenous health outcomes are below the average Canadian citizen (Health Canada, 2014; Indigenous

& Northern Affairs Canada, 2017; Reading & Wien, 2009; Statistics Canada, 2016).

The failure of these programs comes from the fact they were often centered on a Western model of health and did not take Indigenous community, culture, or needs into account (Russell & Parkes, 2018). Such oversights alienate Indigenous peoples and deter them from actively participating in health programming (Foulds et al., 2011; Russell & Parkes, 2018). Effective Indigenous health programming needs to be centered around the wholistic model of health and actively include Indigenous community members in the planning and implementation process (Foulds et al., 2011). Recent government programs have started including Indigenous members in the planning and implementation process of health programs but have yet to address all aspects of wholistic health, specifically spiritual health (Richmond & Ross, 2009; Russell & Parkes, 2018). Two initiatives working with the Musqueam Indian Band communities around the University of British Columbia (UBC), the Tu'Wusht Garden Project and the UBC Summer Science Program, have shown how health programming can be implemented while addressing all aspects of Indigenous wholistic health (Mundel & Chapman, 2010; Summer Science, 2018).

### **Purpose**

This narrative review discusses the foundational concepts of wholistic health and community programming, highlighting how the Tu'Wusht Garden Project and the UBC Summer Science Program integrate spiritual wellbeing into health programming. Furthermore, we explain how the frameworks from these programs can be used to improve other

Indigenous health programming in Canada.

### **Foundational Concepts**

Many Indigenous communities in Canada are treated under the Western health model of disease (Indigenous & Northern Affairs Canada, 2017). As well, Western health models are predicated around addressing individual physical, mental, and, to some extent, emotional health issues to help treat or prevent disease (Brooks-Cleator & Giles, 2016). This model views patients as the arbiters of their health and propagates a colonial healthcare structure where the physician knows all, and the patients are merely responding to doctor's suggestions (Brooks-Cleator & Giles, 2016; Levesque & Bohémier, 2013). In short, it prevents Indigenous peoples from actively being involved in the process of health and wellbeing (Foulds et al., 2011; Reading & Wien, 2009). Unsurprisingly, this model has limited success in the Indigenous healthcare context because it is culturally inappropriate and does not address individual or community aspirations (Russell & Parkes, 2018; Stats Canada, 2016).

While Indigenous communities have different beliefs around how to promote health and wellbeing, most of these communities utilize a wholistic model of health and wellbeing (Levesque & Bohémier, 2013). Wholistic health is built around the ideas of community and the Medicine Wheel (Dapice, 2006; Mundel & Chapman, 2010; Reading & Wien, 2009). This model actively engages patients in the healing process and revolves around maintaining balance internally and with the community in daily life (Mundel & Chapman, 2010). This internal balance involves the four pillars of health in the

Medicine Wheel: physical, emotional, mental, and spiritual wellbeing (Dapice, 2006; McCormick, 1995; Reading & Wien, 2009; Richmond & Ross, 2009).

Western healthcare programs have started adopting some aspects of the wholistic health model (Hatala, 2008), but still overlook the importance of spiritual health (King, Smith, & Gracey, 2009). There is an “Ivory Tower” complex in Western models around the ideas of spiritual health where Western contemporaries view this aspect of wholistic health as unnecessary or scientifically unfounded (Kirkness & Barnhardt, 2001). Despite what Western systems think of spiritual health, Indigenous peoples and researchers recognize spiritual health as an essential aspect of health programming for an Indigenous community (Mundel & Chapman, 2010).

Spiritual health can be a difficult concept for Western health practitioners to understand or apply in Indigenous communities because spirituality is usually associated with religion in Western culture (King et al., 2009). This misunderstanding might explain why Western practitioners are hesitant to integrate spirituality into health programming and consequently, why Indigenous health programming in Canada is usually unsuccessful (King et al., 2009; Richmond & Ross, 2009). Avoiding or belittling the importance of spiritual health is problematic for Indigenous communities because they often see such actions by Western health programs as an infringement on Indigenous sovereignty and culture (Kirkness & Barnhardt, 2001). Clearly then, the way to resolve the issues of health programming is to help health practitioners identify how and why

spirituality can be integrated into existing programs to make them effective.

According to Indigenous Elders and leaders, spiritual health involves someone feeling connected within their home community (Mundel & Chapman, 2010) and being able to trust others in the process of cultural learning to improve health and wellbeing (Hatala, 2008). For some Indigenous people being able to relinquish control to another and trust others is what is meant by spiritual balance and wellbeing (Dapice, 2006). Contemporary health programs are not community-based and thus, do not include a key piece of spiritual health practice (Mundel & Chapman, 2010). The lack of community attachments in these programs makes them unappealing to Indigenous communities (Mundel & Chapman, 2010; McCormick, 1995). Successful wholistic health programming has fulfilled this intent through traditional teaching circles with Elders, community ceremonies like prayer, smudging and Pow Wows, and through storytelling and art; all of which are accepted ways of fostering spiritual health (Mundel & Chapman, 2010; Russell & Parkes, 2018; Summer Science, 2018).

Adelson (2005) recommends developing health programming that incorporates all wholistic aspects of Indigenous Health to ensure compliance with cultural or traditional recommendations in Indigenous communities. Not only does compliance increase and Indigenous knowledge propagate, but the chance that Indigenous communities reach out and invite Western programming into their community centres also increases (Adelson, 2005). The benefits of including spiritual health practices in Indigenous health programming are evident but showing

Western systems how to integrate these programs seamlessly in real-world settings can be a challenge. For that, several programs in British Columbia Canada can be used as examples of successful Indigenous Health interventions: the UBC Summer Science Program and Tu'Wusht Garden Project.

### **The Tu'Wusht Garden Project**

The Tu'Wusht Garden Project (formerly known as the Urban Aboriginal Community Kitchen Garden Project) is a community-based initiative at the UBC Farm. The program aims to empower members of the Indigenous community around UBC and Musqueam Indian Band to reconnect with the Mother Earth and stay healthy under the principles of the Medicine Wheel (Mundel & Chapman, 2010). The program further aims to decolonize agricultural practices and education for Indigenous members and help them identify with their culture and community (Mundel & Chapman, 2010). Through the teachings of Elders and community members, the program incorporates traditional ceremony and teachings into its curriculum (Tu'Wusht, 2018; Mundel & Chapman, 2010). Such traditions are not only commonplace and well-recognized forms of spiritual connection for Indigenous people but are also missing in most Indigenous communities (Reading & Wien, 2009).

This inclusive garden programming is sought-after in rural Indigenous communities (McCormick, 1995; Reading & Wien, 2009). Given that the garden is community-led and boasts a variety of traditional medicines and agriculture, many members of the Indigenous community around UBC have even used this land to feel more spiritually and emotionally connected to their roots

(Mundel & Chapman, 2010). The wholistic health approach is deeply rooted in this program and learning is a consequence of the program (Mundel & Chapman, 2010). This means that Indigenous peoples' approach the program is initially to reconnect with the land, culture and their spirit—to achieve balance within themselves. After participants are introduced into the spiritual process of connecting to the land, Elders and program coordinators can then deliver health and education without feeling like they are imposing knowledge on participants (Mundel & Chapman, 2010). This is a great way of ensuring cultural compliance and involvement from the community in health programming (Reading & Wien, 2009).

The Tu'Wusht Garden program promotes spiritual health alongside emotional, mental, and physical wellbeing through smudging ceremonies, sharing circles, and gardening/cooking (Mundel & Chapman, 2010; Tu'Wusht, 2018). This process is not only seamless, but it is guided by the needs of the participants and community members, making it more wholistic and decolonizing (Hatala, 2008; Levesque & Bohémier, 2013; Tu'Wusht, 2018). These efforts to blend spirituality, balance, and respect with the Mother Earth, and health, is what led to the success of this program at reaching and retaining many Musqueam Indian Band members and youth, age 8-15, at UBC (Tu'Wusht, 2018).

Tu'Wusht is a pilot program, but it clearly demonstrates the willingness of Indigenous communities to participate in health programming, given it encompasses all aspects of wholistic health (Dapice, 2006; Richmond & Ross, 2009; Tu'Wusht, 2018).

### **UBC Summer Science Program**

The Summer Science Program at UBC is a wide-reaching and long-standing Indigenous youth program (Summer Science, 2018). The program is a camp program for Indigenous youth from across Canada that prepares them for post-secondary education (Summer Science, 2018). Before explaining how this program shares teachings with youth about health, wellbeing, reconciliation, education, and tradition, it is important to understand their approach and what makes it unique.

The Summer Science Program merges both Indigenous forms of teaching and healing with more contemporary forms of education in Westernized culture; this is often called a Two-Eyed Seeing approach (Iwama, M. Marshall, A. Marshall, & Bartlett, 2009; Summer Science, 2018). Two-Eyed approaches work well in youth health programs because they treat Indigenous and Western knowledge as equal in relevance while utilizing the strengths of each belief system to improve learning (Iwama et al., 2009). Additionally, Summer Science is led by both Elders and UBC students who, throughout a week, guide youth through self-directed learning circles that encompass traditional teachings of health and education, like wholistic health and the Medicine Wheel, and practical workshops like safe sex, university planning, and stress management (Summer Science, 2018). Collectively, this Two-Eyed, youth-oriented, youth-led approach exemplifies a blended wholistic approach to health programming (Lai et al., 2019; Russell & Parkes, 2018).

Elders and UBC students also ensure that youth are always engaged by running fun cultural activities involving ceremony, tradition, and community. These activities

include storytelling, talking circles, and medicine pouch-making—all spiritually-inspired activities. Such activities are valuable because they teach youth about Indigenous culture, spirituality, and wellbeing, and makes them more receptive to other lessons that dictate health and success (Mundel & Chapman, 2013; Reading & Wien, 2009; Summer Science, 2018).

This type of programming is beneficial for youth and program coordinators. Youth receive engaging and inclusive health and traditional programming and coordinators can develop and implement culturally-sensitive, effective programs for these populations (Adelson, 2005; McCormick, 1995; Summer Science, 2018). This blended learning approach highlights an effective way for contemporary health programs to integrate spiritual health lessons in health programming for Indigenous communities (Adelson, 2005; First Nations Health Authority, 2014; Richmond & Ross, 2009).

### **Conclusions and Recommendations**

Western-based health promotion and intervention programs have been limited and often have not made meaningful differences within Indigenous communities. While Western health programs address how physical, mental, and emotional health can be attained, they fail to include spiritual health, which is key aspect of Indigenous wholistic health promotion. Many Indigenous communities choose not to engage with Western health programming because the Western approach often undermines Indigenous sovereignty and cultural identity. Teaching health promoters to integrate spiritual health lessons can help bridge the gap in Indigenous health programming and make it more culturally sensitive and

relevant to Indigenous peoples. Doing so may compel more Indigenous peoples to seek and participate in these programs.

This is not easy, but health programs like UBC Summer Science and the Tu'Wusht Garden project show how physical, mental, emotional, and spiritual wellbeing could be integrated in Indigenous health and cultural programming. The success and popularity of these two programs shows that, at least for British Columbia, making meaningful health changes in Indigenous populations is feasible and rewarding. Other health programs in Canada should try and incorporate region-specific Indigenous spiritual health concepts to improve health outcomes and support reconciliation.

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### Authors' Qualifications

The authors' qualifications are as follows: Michael Salloum, BKin; Darren Warburton, MSc, PhD, HFFC-CEP.

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