

# PLANNING HEALTH PROMOTION FOR INDIGENOUS UNIVERSITY STUDENTS - WHAT DO THEY NEED?

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# REFLEXIVITY: THE RESEARCHERS IN CONTEXT

## Investigators:

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  - Mi'gmaq, raised in Listuguj, Quebec, Bachelor of Science in Biology at McGill, identifies as first-generation university student.
- **Lina Di Genova**
  - Psychologist, white female, Italian-Canadian from Montreal, family arrived from Italy in the 1950s, identifies as a first-generation university student.





# REFLEXIVITY: THE RESEARCH ENVIRONMENT IN CONTEXT

## First Peoples' House

- Established in 1997
- Member of Student Services
- Core purpose is to promote and support First Peoples' student success and well-being in a culturally welcoming environment
- Staff: Coordinator, Administrative Coordinator, Outreach Coordinator, Student Advisor, Education Advisor and part-time students





# REFLEXIVITY: THE RESEARCH ENVIRONMENT IN CONTEXT



First Peoples' House Team





# OUR STORY

## National College Health Assessment

- Standardized questionnaire developed by American College Health Association
- Canadian version
- Content: student self assessment of health, health promotion needs
- Provides information on participating institution and benchmark against other institution
- 2013 McGill first participation

## What we found in the McGill results

## Our conclusion

## McGill Indigenous demographics





# DEFINING OUR POPULATION

## How individuals define themselves

- Based on nation of origins

## Canadian context

- First Nations
- Métis
- Inuit

## Aboriginal

- refers to Indians (First Nations people), Métis and Inuit. Constitution Act (10)





# INDIGENOUS

## Indigenous:

- “people with long traditional occupation of a territory, but who are now under pressure as minorities or disenfranchised populations within an industrialized or industrializing-nation state” **United Nations (8)**
- “inclusive of all first people, unique in their own culture, but common in their experience of colonialism and their understanding of the world.”  
**Wilson in “Research is Ceremony”(9)**







# CONSEQUENCES OF COLONIZATION

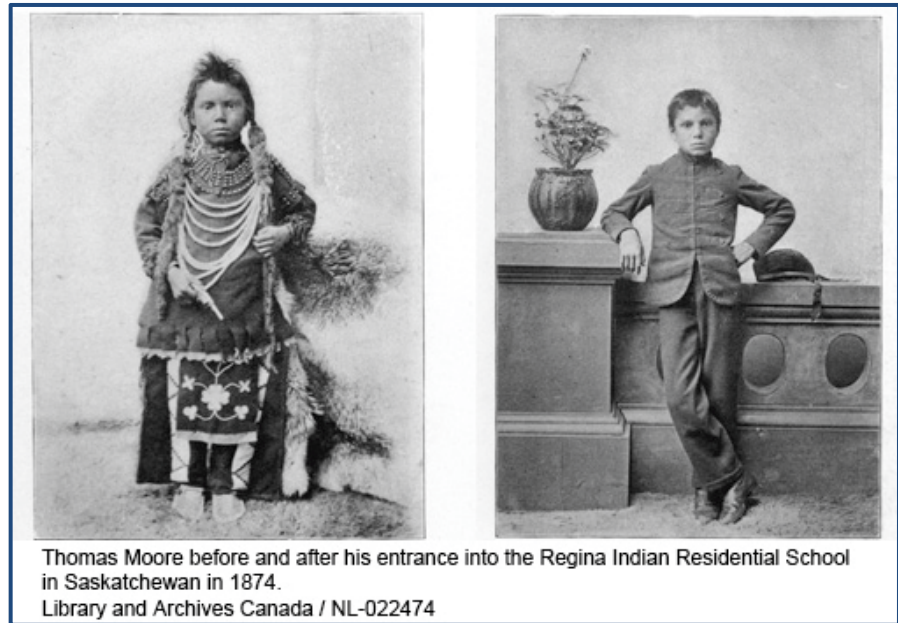
## Racism

### Imposition of colonial institutions and systems

- Religion
- Residential schools
- Forced relocation
- Lifestyle disruption

(11-14)

- Health institutions







# HISTORICAL TRAUMA

Unresolved grief

“soul wound” (15)

“intergenerational trauma” (13)

(16-19)





# WELLBEING CONSEQUENCES

Loss of self-determination

Loss of self-esteem

Helplessness

Unresolved anger

Depression

Survivor guilt

Health inequities

(12, 16, 20-22)





# RESILIENCE

“the ability to do well despite adversity has been termed resilience and attributed to specific traits or characteristics of the individual and the community” (Kirmayer (23-24))

- Several processes comprise resilience in Indigenous people





# “INDIGENIST” STRESS-COPING MODEL

- Proposed by Walters (13, 25)
- “Indigenist” perspective (25)
  - advocates for the empowerment and sovereignty of Indigenous people
- “Indigenist” stress-coping model proposes (25)
  - “that associations between traumatic life stressors and adverse health outcomes are moderated by cultural factors that function as buffers, strengthening psychological and emotional health”





# CULTURAL FACTORS

- Family/Community
- Spiritual coping
- Traditional health practices
- Identity attitudes
- Enculturation

(25)





# HOW DO CURRENT INDIGENOUS UNIVERSITY STUDENTS DIFFER FROM WHAT IS DESCRIBED IN THE LITERATURE?

## Who are they?

- Have met admission criteria
  - Based on academic performance
- Varied nation of origin
- Varied age range
- Varied residence of origin
- Varied socioeconomic class
- But stereotypes exist







# RESEARCH QUESTIONS

- 1) What are the **health concerns** and priorities in terms of health promotion that Indigenous university students want addressed?
- 2) What **educational approaches** would Indigenous McGill Students suggest be appropriate to use in transmitting this information effectively?





# METHOD

- **Indigenous Research Methodology** (9,26)
  - Concepts:
    - Respect
    - Relevance
    - Reciprocity
    - Responsibility
- **Community Participatory Research**
  - To develop ethical, successful and sustainable health promotion programs with Indigenous peoples it is important to engage and include the community (27-29)
- **Qualitative approach small group and individual interviews**





# RESEARCH PARTICIPANTS

n=11 (6 students and 5 key informants)

## Students

- All undergraduate
- 1/4 first-generation university students
- Average age: 24.3 years
- 2/3 female identified and Arts students
- All identified as part of an Indigenous community:
  - majority First Nations
  - 1/2 Reserve/reservation/settlement
  - 1/3 Urban
  - 1/6 Off-Reserve





# RESEARCH PARTICIPANTS

n=11 (6 students and 5 key informants)

## Key Informants

- Majority undergraduate and English-speaking
- Majority female identified and Arts graduates
- Over ½ identified as part of an Indigenous community:
  - majority First Nations from Reserve/ reservation/ settlement
  - All first-generation university students





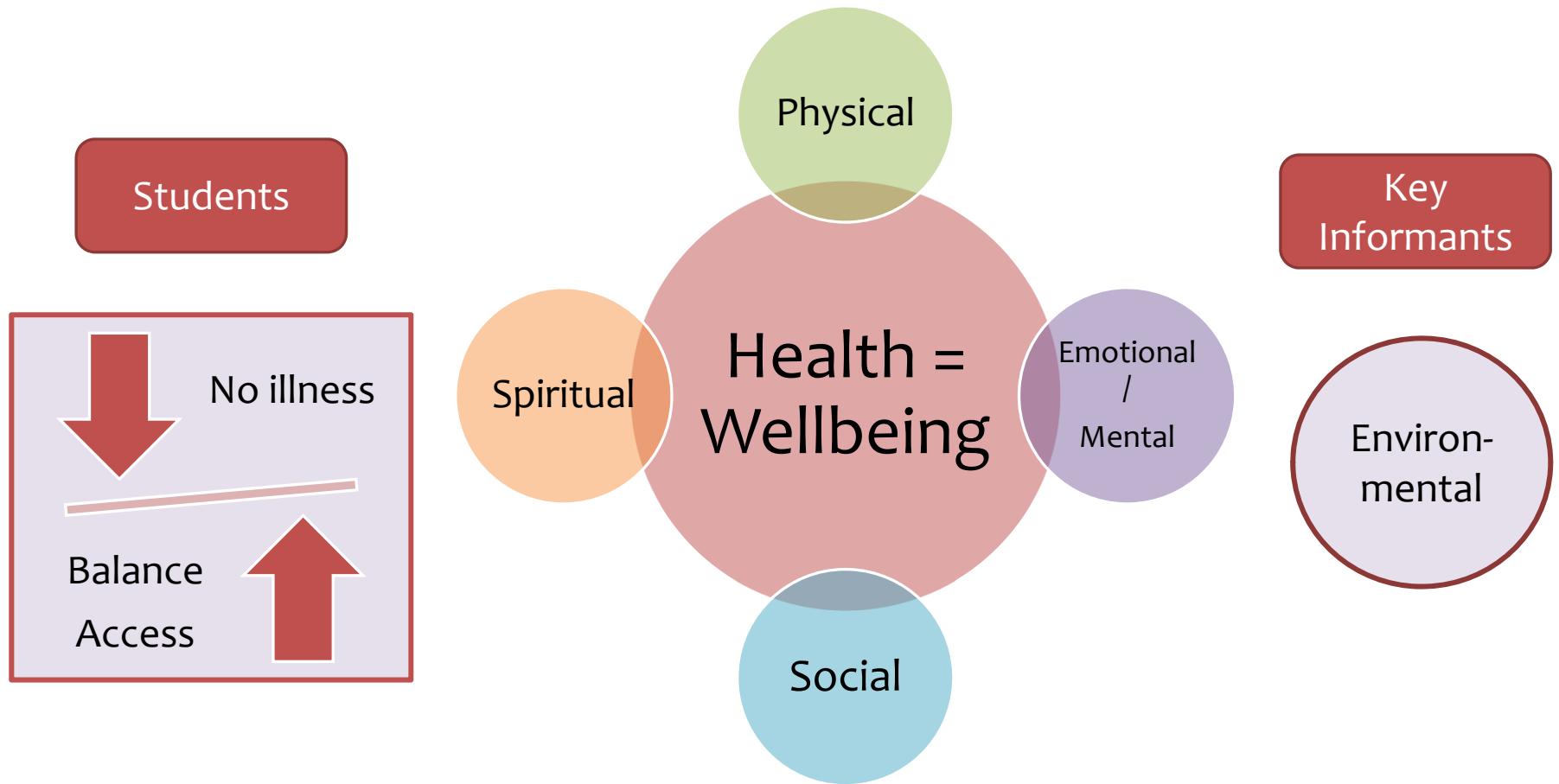
# OUR FINDINGS: OVERVIEW

1. Conceptions / Definitions of Health
2. Health Concerns for Indigenous University Students
3. Health Promotion Ideas





# CONCEPTIONS / DEFINITIONS OF HEALTH







# HEALTH CONCERNS: STUDENTS

Findings from interviews and focus groups so far:

1. Knowing one's rights, e.g. *band card*
2. Accessing resources
3. Physical disabilities
4. Mental health
  - Anxiety
  - Trauma
  - Substance use
  - Bad coping models
  - Stress
5. Issues raised about the university environment - racism, discrimination and stereotypes





# HEALTH CONCERNS: STUDENTS

5. Issues raised about the university environment - racism, discrimination and stereotypes:

- *Like it's a lot of red tape and even like doubt your reason for being there. They don't like see your problem you're addressing as legitimate and they tell you to go to facilities outside of the campus.*
- *barriers aren't student-made, they're university-made.*
- *I think the fact that we're often non-visible minorities, so non-White minorities, we have issues with racism and more stress in mental health in the university setting as opposed to White students and it makes us more uncomfortable to access student services.*





# HEALTH CONCERNS: KEY INFORMANTS

Findings from four interviews so far:

1. Adjusting to university life and stressors
2. Mental health: depression, trauma, suicide, substance use
3. Learning disabilities
4. Physical
  - Pre- and post-natal care
  - Sexual health
  - Obesity
  - Preventing diabetes





# WHAT EVERY HEALTH PROMOTION CAMPAIGN SHOULD INCLUDE...

## STUDENT PERSPECTIVE





# WHAT EVERY HEALTH PROMOTION CAMPAIGN SHOULD INCLUDE...

## KEY INFORMANTS

1. Education about medication
2. Academic supports:
  - Mentoring, tutoring, etc.
  - Time & stress management, etc.
3. Prevention:
  - Nutrition
  - Exercise





# WHAT EVERY HEALTH PROMOTION CAMPAIGN SHOULD INCLUDE...

## KEY INFORMANTS

- *You could have some Indigenous students on your brochures? There's a start. Even a few words in some First Nations languages.*
- *learning that balance is important and sexual health is probably an issue. Like dealing with issues of consent and drinking and how to use alcohol responsibly, like in a harm reduction approach, which I think it really important for this group. And just like drugs and information on different kinds of drugs and what can happen when you... like signs of overdose and things like that.*
- *having positive relationships with friends, maintaining your connection with your family back home, participating in groups that interest you on campus – doesn't have to be many, doesn't have to be all of them – one kind of passionate hobby that you have besides attending your classes.*





# DISSEMINATION



*Timing:*  
Promotions  
in September  
after  
orientation  
and January –  
to help deal  
with the  
winter blues





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