COLUMN / CHRONIQUE

Current Research

Compiled by Christie Hurrell

Carla Treloar, Rebecca Gray, Loren Brener, et al. Health literacy in relation to cancer: addressing the silence about and absence of cancer discussion among Aboriginal people, communities and health services. *Health and Social Care in the Community* 2013;21(6): 655–664. doi: 10.1111/hsc.12054.

Cancer outcomes for Aboriginal Australians are poorer when compared with cancer outcomes for non-Aboriginal Australians despite overall improvements in cancer outcomes. One concept used to examine inequities in health outcomes between groups is health literacy. Recent research and advocacy have pointed to the importance of increasing health literacy as it relates to cancer among Aboriginal people. This study examined individual, social, and cultural aspects of health literacy relevant to cancer among Aboriginal patients, carers, and their health workers in New South Wales. Qualitative interviews were conducted with 22 Aboriginal people who had been diagnosed with cancer, 18 people who were carers of Aboriginal people with cancer, and 16 healthcare workers (eight Aboriginal and eight non-Aboriginal health workers). Awareness, knowledge, and experience of cancer were largely absent from people's lives and experiences until they were diagnosed, illustrating the need for cancer awareness raising among Aboriginal people, communities, and services. Some beliefs about cancer (particularly equating cancer to death) differed from mainstream Western biomedical views of the body and cancer and this served to silence discussion on cancer. As such, these beliefs can be used to inform communication and help illuminate how beliefs can shape responses to cancer. Participants proposed some practical strategies that could work to fill absences in knowledge and build on beliefs about cancer. These results were characterised by a silence about cancer, an absence of discussions of cancer, and an acknowledgement of an already full health agenda for Aboriginal communities. To promote health literacy in relation to cancer would require a multi-layered programme of work involving grass-roots community education, workers and Board members of Aboriginal community-controlled health organisations, and speciality cancer services, with a particular focus on programmes to bridge community-based primary care and tertiary level cancer services.

Geary J, Jardine CG, Guebert J, Bubela T. Access and benefits sharing of genetic resources and associated traditional knowledge in northern Canada: understanding the legal environment and creating effective research agreements. *International journal of circumpolar health* 2013;7210.3402/ijch.v72i0.21351. PMID: 23986896; PMCID: PMC3754551.

Background: Research in northern Canada focused on Aboriginal peoples has historically benefited academia with little consideration for the people being researched or their traditional knowledge (TK). Although this attitude is changing, the complexity of TK makes it difficult to develop mechanisms to preserve and protect it. Protecting TK becomes even more important when outside groups become interested in using TK or materials with associated TK. In the latter category are genetic resources, which may have commercial value and are the focus of this article. **Objective:** This article addresses access to and use of genetic resources and associated TK in the context of the historical power-imbalances in research relationships in Canadian north. **Design:** Review. **Results:** Research involving genetic resources and TK is becoming increasingly relevant in northern Canada. The legal framework related to genetic resources and the cultural shift of universities towards commercial goals in research influence the environment for negotiating research agreements. Current guidelines for research agreements do not offer appropriate guidelines to achieve mutual benefit, reflect unequal bargaining power, or take the relationship between parties into account. **Conclusions:** Relational contract theory may be a useful framework to address the social, cultural and legal hurdles inherent in creating research agreements.

Wilson D, de la Ronde S, Brascoupe S, et al. Health professionals working with First Nations, Inuit, and Metis consensus guideline. *Journal of obstetrics and gynaecology Canada.* 2013;35(6): 550–558. PMID: 23870781.

Objective: Our aim is to provide health care professionals in Canada with the knowledge and tools to provide culturally safe care to First Nations, Inuit, and Metis women and through them, to their families, in order to improve the health of First Nations, Inuit, and Metis. **Evidence:** Published literature was retrieved through searches of PubMed, CINAHL, Sociological Abstracts, and The Cochrane Library in 2011 using appropriate controlled vocabulary (e.g., cultural competency, health services, indigenous, transcultural nursing), and key words (e.g., indigenous health services, transcultural health care, cultural safety). Targeted searches on subtopics (e.g., ceremonial rites and sexual coming of age) were also performed. The PubMed search was restricted to the years 2005 and later because of the large number of records retrieved on this topic. Searches were updated on a regular basis and incorporated in the guideline to May 2012. Grey (unpublished) literature was identified through searching the websites of selected related agencies (e.g., Campbell Collaboration, Social Care Online, Institute for Healthcare Improvement). **Values:** The quality of evidence in this document was rated using the criteria described in the Report of the Canadian Task force on Preventive Health Care (Table 1).

Lauren Baba. Cultural Safety in First Nations, Inuit and Métis Public Health. *National Collaborating Centre for Aboriginal Health* 2013; Prince George, BC. http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=88.

This report provides an in-depth look at the state of cultural safety knowledge in Aboriginal health care, including such things as terminology, core competencies, accreditation standards, undergraduate and graduate level curriculum, professional development and continuing education opportunities, and provincial and national projects engaging with the issue.

Sarah O. Alkholy, Samiah N. Alqahtani, Audrey Cochrane, Maria Pontes, Fidgi Ferreira. Aboriginal and non-Aboriginal students learn about natural health products from different information sources. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 2013;11(1): 99–112. http://www.pimatisiwin.com/online/?page_id=1144.

Natural health products (NHPs) include naturally derived botanical and nonbotanical products. Past research indicates a high prevalence of NHPs use amongst adults in the United States and Canada but does not clearly characterize NHPs use amongst students, ethnic variations of such use, or how users learn about NHPs. We hypothesize that there is a difference between Aboriginal and non-Aboriginal students in how they learn about NHPs. To investigate this question, we conducted a cross-sectional study at First Nations University of Canada and the University of Regina, Saskatchewan, Canada, during the fall of 2011. Aboriginal (n = 214) and non-Aboriginal (n = 749) students participated in the 28 question survey. Our results indicate that Aboriginal students who use NHPs are found in all age groups, are mostly female, are smokers and nonsmokers, and learn about NHPs from Elders and healers. Compared to non-Aboriginal students, Aboriginal students rely significantly less on alternative and conventional health providers, electronic media, print media, and advertising as their sources of information about NHPs. Thus, Aboriginal students use Elders or healers as a primary source of information to learn about NHPs, as compared to non-Aboriginal students. Future work should investigate the role of Elder traditional educators to convey NHPs information directed specifically to Aboriginal university students.

Indigenous Health Advisory Committee and Office of Health Policy and Communications. Indigenous health values and principles statement. *Royal College of Physicians and Surgeons of Canada* 2013. http://www.royalcollege.ca/portal/page/portal/rc/common/documents/policy/indigenous_health_values_principles_report_e.pdf.

The wellbeing of Canada's indigenous people is a top priority for the Royal College. Our strategic plan explicitly sets out to improve the health and health care of Canada's Indigenous Peoples who have been identified as suffering the poorest health in Canada. The Royal College has produced this seminal document, *Indigenous health values and principles statement*, to foster understanding, dialogue, action and positive change in indigenous health.

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