Reflecting on environment to understand diversifying health perspectives: My journey to researching strength-based approaches

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Abstract:

People hold health conceptions that are shaped by their environments. In Canada, these ideas and subsequent research approaches are often developed further through academic training. Current public health perspectives and approaches are largely focused on Western worldviews of health. I share my reflections on my environments, and continued journey as a student in academia that led me to question the current standard of teaching uniform health perspectives. Fostering a singular-worldview learning environment translate to future scholars missing opportunities to learn promising discourses – such as strength-based approaches – that may be more effective in application, including in Indigenous health research. I suggest ways in which environments that foster the appreciation and comprehension of diverse health perspectives can be built.

Before entering post-secondary and studying health science, students hold conceptions of health that are shaped by their environments. Generally, in Canada these ideas are developed further through academic training that focuses on Western worldviews of health, which stem from Eurocentric values. In turn, students are inspired to similarly model these worldviews in their research approaches. My journey through academia however, led me to question this process: would things positively change if academic environments were purposively organized for students to reflect on their own health constructs and share and consider diverse approaches to health?

Environments shaping our health perspectives

Most would agree that our health conceptions are constructed through our environments and experiences from an early age. In Canada, we typically learn about health through our family, school, communal, recreational, and work environments. We take these environments of experiential learning for granted. When we enter post-secondary institutions to study in our various health silos to become "experts" in different knowledge areas, we find ourselves as students "jumping into the work." We may not question our perspectives or may not be encouraged to seek alternative health perspectives, unless we are indisputably confronted with contrasting viewpoints.

Before I entered a Master of Science program in public health, I was working in a holistic health and education program for youth within my northern Canadian First Nation community. I returned home after completing my undergraduate degrees and gained a new appreciation for the way wellness and education programs were delivered for community members. It gave me space to reflect on practitioners, researchers, and students that I had worked with in the health field. I became cognizant that most of my former non-Indigenous colleagues were very excited to learn from our community, because – as they expressed – there were few opportunities to learn about Indigenous health approaches during their schooling.

I felt that the lack of articulation of Indigenous health worldviews in a system designed to teach about health was peculiar. For me, Indigenous wellness approaches were the norm for our homeland. Preceding colonization, Indigenous Peoples had a highly effective tradition of practicing holistic medicine and public health that intertwined with the environment [1]. For example, Indigenous health approaches emphasize a balance of spiritual, mental, physical, and emotional wellbeing of the individual, family, community, and environment [2, 3]. Indigenous approaches tend to utilize existing resources and be solution oriented. Through my first-hand experiences, I saw multiple examples of the validity of these approaches, such as smoking cessation, increased physical activity, increased prenatal care, and injury prevention. I was

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puzzled as to why the highest level of learning would not adequately teach Indigenous health perspectives and wondered how this translated into approaches to health research.

Current public health perspectives and practices

Differentiating Western and Indigenous health approaches

Attending classes as a new graduate student in Public Health, I was excited to hear about foundational ideas that led to promising health research. I was somewhat discouraged however, to learn that most best practices, particularly in Indigenous health, were largely driven by Western concepts of health. The European arrival privileged a major shift in health ideology to a Western illness-orientated, individualistic approach [2]. Today, despite efforts to promote reconciliations, Western approaches dominate in research – including public health [4] – allowing little room for the recognition of "other" health approaches [1, 5], particularly Indigenous approaches [2, 4]. For example, in a review of mental health interventions in Arctic Indigenous groups, it was concluded that although many studies described the Indigenous populations and living environments related to their health interventions, they failed to apply any of that information in their methods [6].

Western public health approaches stem from the bio-medical model, where health equates to absence of physical or mental disease, [2] and has expanded to include health as a state of well-being [7]. A Western worldview is based on linearity and hierarchy, singularity concepts, static thinking, and objectivity that are secured through physical measurement and observation [8]. In research, these approaches are revered for eliminating personal opinions and relationships [9] and are usually top-down in terms of community engagement [10]. Western approaches value individual ownership and progression [11], wherein patients or communities are the problem and researchers are the solution.

Although rooted in the bio-medical model, most health scholars have recognized a socio-ecological perspective by utilizing the "social determinants of health model" in the last few decades. This model identifies the social circumstances and contexts that play a role in health inequities and inequalities between populations [12]. For example, it is widely noted that Indigenous populations uphold cultural and social identities distinct from mainstream society [13]. The traditional "social determinants of health" model considers individuals living and working conditions, income, disability, education level, race, and food security [12, 14]. Scholars that use the social determinants of health acknowledge the influence of cultural components. However, in Western systems there is little recognition of broader Indigenous holistic models that incorporate not only social determinants, but also determinants beyond the social [15].

Indigenous scholars recognize determinants of Indigenous health and well-being that do "not typically… fall under the category of 'social' – for example, spirituality, relationship to the land, geography, history, culture, language, and knowledge systems" [15, p.xii]. Underlying all the determinants is a history of colonialism and persisting neocolonialism [16, 17]. An Indigenous healing perspective considers the structural determinants and underlying causes related to the historical, political, cultural, and societal factors [18, 19]. In contrast the "social determinants of health" are largely based on quantitative epidemiological evidence that endorse implicit associations and suggestive interventions, which lacks considerations for intervention appropriateness and effectiveness [20], such as accounting for colonialism or Indigenous perspectives [15]. Differences in worldviews of health lead to variances in defining and approaching health goals.

Differentiating deficit-based and solutions-based health discourses

From what we were taught in graduate school, Western health models are the building blocks for most health research. Common public health research is expert driven, top-down, and deficit-oriented, while Indigenous health research approaches regard more than physical health and use a holistic balance, solutions-based approach [19]. Deficit discourse is defined as an approach "that frames and represents Aboriginal identity in a narrative of negativity, deficiency, and disempowerment" [21 p.1]. Western health research typically uses a pathologizing lens, with a focus on pathos and deficiencies [22] as a rationale for interventions, resource redistribution, and systematic reorganization [11]. Typically, research on Indigenous Peoples is "damage-centered," using harm and pain as means to convince an outside entity or government funding agency that something has to be "fixed" and compensated [23]. However, this often leads to the stereotyping of Indigenous Peoples in society [24], and underlying perceptions of "native problems" [21, 25] that disseminate a false Indigenous health history and reproduces inequities [11]. Researchers using this approach often miss the opportunity to engage locals as knowledgeable sources; this is because expertise is only accepted by outside help to "fix" the problem [11].

In contrast to a deficit-based approach, the relationality tenet in Indigenous health research involves researchers interpreting participants' talents and experiences as valid and being solutions-focused [26]. One recognized form of a solutions orientated practice is a strength-based approach built on the salutogenic theory that recognizes elements that contribute to and prolong health [27]. Employing strength-based approaches entails working directly with members in a study and supporting their "voice" and power in research decisions (25). A strength- or asset-based approach emphasizes relevant and appropriate ideas for the future that are constructed on what is working and has worked well within a community (28). Strength-based approaches empowers those involved and promotes social change (29). Utilizing these approaches does not minimize or disregard issues [30], but rather identifies the multilayered strengths of individuals, families, and communities, and engages those strengths to prevent and overcome challenges [11].

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I was familiar with using a strengths-based lens for wellness from my community experiences. I had seen multiple examples in action; the most eminent example being our original community afterschool program: the *Chekoa Program* for children and youth. This program was created to address education and health issues holistically from a First Nations lens. As a child, I attended and later volunteered at the *Chekoa Program* and learned in-practice, the intricacies of strength-based approaches to wellness. This program tackled a multitude of issues by building on our community strengths: the involvement of parents and grandparents, the pedagogy of older youth with younger youth, and existing educational resources in our culture and language. It was a successful community health program that helped shape my health perspective. During graduate school however, I was unsettled by my observation that Indigenous perspectives were missing.

Where do we go from here? Building an environment to appreciate diverse health perspectives

As I stumble through graduate school and my rolodex of outside resources increase from learning opportunities in different countries, conferences, and communities, I am impressed by the different perceptions on health and health-related research approaches. While navigating public health courses, I kept searching for health perspectives outside of a Western worldview. Within my limited required course load in Canada, these never emerged. That led me to consider how I could contribute, and what recommendations I could support to foster academic environments that promote diversifying health perspectives and approaches.

Following my experiences with university classes, I knew that a deficit-based, individualistic research approach was unethical for me to conduct in a First Nations community. I immersed myself in Indigenous research literature and decided to bring Indigenous approaches to the forefront, including strength-based approaches, within my health research. Although strength-based concepts are common in the fields of socio-psychology, education, and business, calls for strength-based research approaches in Indigenous health continue. In the last few decades, "health promotion" research has emerged in public health and in theory, aligns with a strength-based approach [31]. Although this lens moves away from a pathogenic approach and towards a salutogenic model that stresses constructive factors to endorse people's health [32, 33], in practice there remains a tendency for solutions to come from "outside experts." This approach is far from holistic as it targets only individuals, disregards the strength of a population, and uses culture superficially [34, 35]. Health promotion, although with limitations, holds promise for future collaboration with Indigenous approaches to health. Mechanisms for defining, applying, and evaluating strength-based Indigenous health research approaches, however, are limited and understudied. There is a lack of research utilizing the strength of Indigenous knowledge, and approaches aimed at Indigenous wellness, despite many Indigenous communities incorporating strategies that build on their assets in health programming. Understanding concepts of strengths from a non-Western perspective is under-researched [36]. Furthermore, there is insufficient empirical research on the effectiveness of strength-based research approaches [36]. I hope to address these knowledge gaps in my research.

Future directions

Beyond my own research, I look forward to supporting environments that promote multiple definitions and applications of health research. When given the opportunity to learn about them, future scholars may become more amenable to using non-Western health approaches, such as using strength-based approaches. Ultimately, a research approach should not only be dictated by the researcher, but also by what is most effective for a population. This can only happen when environments that foster diverse approaches exist. My recommendation is to begin with the establishment of health classroom environments built on multi-epistemological concepts of health. This can occur through current and future professors encouraging student reflection on experiences that shaped their health perspectives, biases, and approaches. I acknowledge that my view is limited by my experiences based on a handful of health programs in North America, and this may be the norm in some health classrooms. However, only when we critically reflect on and share our own experiences, can we consider and hopefully appreciate alternative perspectives to our own.

This standpoint coincides with part of an Indigenous research agenda to not dismiss Western knowledge, but to rewrite and "re-right" the collaboration between Indigenous and Western ways of knowledge in research [25]. There is value in welcoming public health Indigenous approaches [37] as supported by various scholarly allies [2, 4, 24]. Indigenous strength-based approaches may serve as one method to be adopted in health research. Willie Ermine describes what this ethical space would look like, "…a cooperative spirit between Indigenous peoples and Western institutions [that] will create new currents of thought that flow in different directions and overrun the old ways of thinking" [38 p.203]. I hope my research journey reflections encourage others to reflect on their research approaches, lack of perspectives, and ways to create a space where "new currents of thought" can flow in the field of health.

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