

## Public policy and health of urban Aboriginal peoples: A look at the Canadian case

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### Abstract

The article reviews three of the main Canadian federal policies towards Aboriginal communities that address the issue of urban Aboriginal people's access to health services (the Royal Commission on Aboriginal Peoples, the Getting Strength plan, and the Urban Aboriginal Strategy). It also contrasts the central aspects of these policies with the findings reported by academic papers on the current health status of urban Aboriginal peoples in Canada. The case of a Colombian urban indigenous community (the Yanacunas of Popayán) is presented as part of the argument. The paper is the first one of a series of two, aiming to describe and compare some of the main public policies towards urban indigenous communities in two countries, Canada and Colombia.

### Keywords

Publicpolicy, health, Urban Aboriginal People

### Resumen

El artículo revisa tres de los principales programas federales del gobierno canadiense hacia los grupos indígenas, donde se aborda el tema puntual del acceso de las comunidades indígenas urbanas a los servicios de salud (Royal Commission on Aboriginal Peoples, Getting Strength Plan, y Urban Aboriginal Strategy). Los aspectos centrales de estos programas se comparan con los resultados de una serie de trabajos de investigación sobre el estado actual de salud de las comunidades indígenas urbanas en Canadá. Como parte de la discusión final se presenta el caso de una comunidad indígena urbana en Colombia (los Yanacunas de Popayán, Cauca). El artículo es el primero de una serie de dos, cuyo objetivo central es describir y comparar algunos de los principales programas públicos hacia las comunidades indígenas urbanas en Canadá y Colombia.

### Palabras clave

Política pública, salud,



Kurosh Sadeghian  
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De la serie Calendario  
Técnica oleo sobre lienzo  
73 X 165 cm.  
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Interest on indigenous peoples' access to health services has greatly increased in recent years, as it is attested by the considerable amount of academic work on the topic and by the development of policies and programs –with varying degrees of success– in developed and developing countries aimed to improve the provision of health services to their indigenous populations. While the amount of public resources that are put into implementing health services that are both effective and culturally-sensitive vary from one country to another, a recent comparison between a developed country like Canada<sup>1</sup> and a developing one like Colombia<sup>2</sup> shows that they both face a common challenge that demands particular

attention: the urge to improve health services oriented towards urban indigenous populations.

In the specific case of Canada, much of the studies and public policy discussions about Aboriginal access to health services, and in general the well-being of Aboriginal peoples, tend to focus on reserve-based Aboriginal communities<sup>3</sup>, with much less attention being devoted to the situation of urban Aboriginal peoples<sup>4</sup>. This unbalance is puzzling since, according to recent literature, the number of Aboriginal peoples moving to Canadian urban centres has raised dramatically in the course of the last five decades<sup>5</sup>:

*The 1951 Census of Canada showed that approximately seven*

*percent of the Aboriginal population lived in cities. By 1996, that proportion had increased to nearly 50 percent. According to the 1996 Census, 395,000 of the 799,000 individuals in Canada who said they identified as Aboriginal people lived in urban areas<sup>6</sup>.*

The urbanization of Aboriginal peoples is especially noticeable in the western part of the country where, in the words of Hanselmann, “two-thirds of Canada’s urban Aboriginal people live”<sup>7</sup>. A similar situation is found in Colombia; despite the increasing number of indigenous peoples living in urban areas, only recently have their communities and their living conditions received much-deserved attention from academic communities. As for public policy, official documents mostly focus on rural-based indigenous communities and very little is found that specifically addresses urban people’s access to health services.<sup>8</sup>

This paper is the first one of a series of two, aiming to describe and compare some of the main public policies towards indigenous communities that address –directly or tangentially– the issue of urban indigenous people’s access to health services in two countries, Canada and Colombia. Papers will also contrast the objectives of these policies with the findings reported by academic works on the current health status of urban indigenous peoples in each country.

Three of the main Canadian federal policies towards Aboriginal communities are presented and reviewed with elements taken from recent studies. This comprises the first two sections of the paper. The third section briefly introduces the case of the Yanacunas from the city of Popayán, an urban-based Colombian indigenous community. The conditions for accessing health services among this indigenous community are reviewed and compared with the findings from the Canadian experience. The fourth section presents a discussion centred on three points:

1. Young, T Kue (2003, August 23), “Review of research on aboriginal populations un Canada: relevance to their health needs”, in *British Medical Journal* 327, pp. 419-422.

Ring, Ian and Ngiare, Brown (2003, August 23), “The health status of indigenous peoples and others”, *British Medical Journal* 327, pp. 404-405.

Durie, Mason (2003, August 23), “Providing Elath services to indigenous peoples”, *British Medical Journal* 327, pp. 408-409.

2. Méndez-Moreno, Edgar Wenceslao (2004), *Los pueblos indígenas de Colombia y su vinculación a la seguridad social en salud*, Undergraduate thesis, Universidad Nacional de Colombia; Castillo-Velásquez, Napoleón (2003), *Las comunidades indígenas en Colombia y su sistema general de seguridad social en salud.*, Bogotá, Procuraduría General de la Nación.

3. In the context of this paper the use of the term Aboriginal follows that of Graham and Peters’ in the sense that “it refers to collectives, most generally defined as Indians, Inuit and Métis... and to individuals who self-identify as Aboriginal” (2002).

4. Hanselmann, Calvin (2001), *Urban Aboriginal People in Western Canada*, Calgary, Canada West Foundation.

5. RCAP, Royal Commission on Aboriginal Peoples (1996b), “A word from Commissioners” [online], available in: [http://www.ainc-inac.gc.ca/ch/rcap/rpt/wrd\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/rpt/wrd_e.html), document accessed: 10/10/2005.

Hunter, Linda; Logan, Jo; Goulet, Jean-Guy; Barton, Sylvia (2006, January 17), *Aboriginal Healing: Regaining Balance and Culture*, *Journal of Transcultural Nursing*, pp.13-22.

Young (2003), Op. Cit., p.419-422.

6. Graham, Katherine A.H. and Evelyn Peters (2002, december), “Aboriginal Communities and Urban Sustainability”, Canadian Policy Research Networks Inc. (CPRN), Discussion Paper F|27, Family Network [online], available in: <http://www.cprn.org>, document accessed: 19/11/2005.

7. Hanselmann, Calvin (2001), Op.Cit.

8. Most of this recent research in Colombia revolves around the experiences of several communities that are claiming their collective rights in the light of the 1991 Constitutional reform, and the difficulties they have to overcome generalized stereotypes that are at odds with the very idea of an urban indigenous community. The 2008 Conference of Juridical Anthropology held a special session on the topic.

the wide notion of well-being that is reflected in Canadian policy towards urban Aboriginal peoples; the need to make radical changes in the conception and implementation of some programs regarding the access of urban Aboriginal peoples to health services; and the political challenge that urban indigenous populations seem to pose to national governments, both in Canada and Colombia. Some concluding remarks are then presented in the last section.

### 1. Canadian federal policy on urban Aboriginal peoples' access to health services

As put by policy analyst Calvin Hanselmann from the Canada West Foundation, Canadian governments have historically been hesitant to create policies specific to urban Aboriginal communities, a situation that he relates with "disagreements over the unclear and controversial question of legislative authority, and therefore responsibility, for urban Aboriginal people"<sup>9</sup>. Still, major efforts have

been carried on in recent years by the federal government to document and improve the living conditions of Aboriginal peoples established in urban settings. Three of these initiatives, that in one way or another address the issue of urban Aboriginal peoples' access to health services, are presented here, together with their main points and related organisations.

#### 1.1 The RCAP

The Royal Commission on Aboriginal Peoples (RCAP) was appointed in 1991 "to help restore justice to the relationship between Aboriginal and non-Aboriginal people in Canada, and to propose practical solutions to stubborn problems"<sup>10</sup>. It issued its final report in 1996, consisting of five volumes with information about the situation of Aboriginal peoples in Canada, together with an extensive list of recommendation for policy development<sup>11</sup>.

One entire section of the report (chapter seven, volume four) focuses on the situation of Ab-

original people living in Canadian urban areas, and elaborates on a series of issues that the Commission identified as most critical for this population, namely: cultural identity; financing of social programs for people off Aboriginal territory; service delivery (which includes eight aspects directly related with urban Aboriginal peoples' access to health); the crucial –though largely unrecognized– role of Aboriginal women in urban areas; self-governance in urban areas; and the need to collect and share demographic and socio-economic information about urban Aboriginal communities<sup>12</sup>.

The Commission recognizes that "service delivery system in urban areas is not working well" for urban Aboriginal peoples, and that "it does not respond appropriately to [Aboriginal peoples'] cultural, spiritual and socio-economic needs"<sup>13</sup>. Consequently, it recommends that reforms be made following two important principles:

- That "Aboriginal people should, wherever possible, receive services from Aboriginal institutions", the creation and expan-

sion of which "should be supported by municipal, provincial, territorial and federal governments"<sup>14</sup>.

- That "Aboriginal people should be involved directly in the design, development and delivery of services", and that "intensive and field-oriented cross-cultural training for non-Aboriginal service providers is essential"<sup>15</sup>.

#### 1.2 The Gathering strength plan and related organisations

After the release of the RCAP report in 1996, the Canadian federal government issued its response in 1998, entitled *Gathering strength: Canada's Aboriginal Action Plan*, a long-term policy approach aimed to "increase the quality of life of Aboriginal people and to promote self-sufficiency"<sup>16</sup>. In order to do so, the plan outlines four pillars that will allow responding to the hard socio-economic conditions facing many urban Aboriginal people<sup>17</sup>:

- A new relationship among Aboriginal people and the rest of Canada's population based on "mutual interdependence", which allows building a better future.

9. Hanselman (2001), Op. Cit., In the context of this paper, policy is understood as a public written statement that sets out a government's approach to urban Aboriginal peoples (for Canada) and indigenous peoples (for Colombia) (Hanselmann 2001). In the Canadian case, the review is restricted to federal policies. In the Colombian case, comments allude to policies developed by the Dirección Nacional de Asuntos Indígenas (National Division for Indigenous Affairs).

10. RCAP, Royal Commission on Aboriginal Peoples (1996a), "Urban Perspectives. Ottawa: Minister of Supply and Services" [online], available in: [http://www.ainc-inac.gc.ca/ch/rcap/sg/cj7\\_e.pdf](http://www.ainc-inac.gc.ca/ch/rcap/sg/cj7_e.pdf), document accessed: 10/10/2005.

11. IOG, Institute On Governance (1997, october), "Summary of the Final Report of The Royal Commission on Aboriginal Peoples: Implications for Canada's Health Care System", Ottawa, The Institute On Governance [online], available in: <http://www.iog.ca/publications/rcapsum.pdf>, document accessed: 20/10/2005.

12. RCAP (1996b) Op.Cit.,

13. Ibid.

14. Ibid.

15. Ibid.

16. Canada (1998), "Gathering strength: Canada's Aboriginal Action Plan" [online], available in: [http://www.ainc-inac.gc.ca/gs/index\\_e.html](http://www.ainc-inac.gc.ca/gs/index_e.html), document accessed: 20/11/2005.

17. Hanselman (2001), Op.Cit.

- Financially viable Aboriginal governments able to generate their own revenues and able to operate with secure, predictable government transfers.

- Aboriginal governments responsive to their communities' needs and values.

- A quality of life for Aboriginal people like other that of other Canadians<sup>18</sup>.

Several new organisations were created as a derivation of the Gathering Strength plan, among them the Aboriginal Healing Foundation (AHF) and the Institute for Aboriginal Peoples' Health (IAPH). The former, established in 1998, is run by Aboriginal peoples and funded by the federal government to support community-based health initiatives such as "community services; conferences, workshops and gatherings; cultural activities; healing services; material development; planning; research; and training or educational programs"<sup>19</sup>. As for the IAPH, it was established in 2000 as part of the network of the Canadian

Institutes of Health Research, with the purpose of leading "a national advanced research agenda in the area of aboriginal health and promoting innovative research that will serve to improve the health of aboriginal people in Canada"<sup>20</sup>.

A review of early IAPH annual reports shows the organisation's clear concern for the paucity of studies about the health status of urban Aboriginal peoples and for factors affecting it: limited access to health care services and culturally appropriate health systems, fear of racism and stigmatization, low compliance with prescribed medical treatment due to lack of financial resources to buy prescriptions or lack of confidence in the health care professional<sup>21</sup>. This concern explains the support of research initiatives on key thematic areas related with the health status of urban Aboriginal peoples, such as population health, health services utilization, health promotion and disease prevention and populations-at-risk<sup>22</sup>. Still, only a few

research projects and activities are reported on this area by the IAPH, like a forum held in Ottawa in 2003 to discuss the crucial combination of the concepts of Aboriginal people, health and urbanisation<sup>23</sup>, a study on stress/trauma and coping/healing among aboriginal people with diabetes in an urban Manitoba community, a project to project to increase the quality of health of aboriginal homeless youth in Edmonton<sup>24</sup>, and one on health disparities in urban settings between aboriginal and non-aboriginal people, and among aboriginal people<sup>25</sup>.

As for the AHF, annual reports of activities evidence almost non-existent research projects, activities or programs specifically related to urban Aboriginal peoples' access to health services, although major cities like Edmonton, Winnipeg and Toronto are regularly selected by the Association as points of encounter to hold conferences on the issue of Aboriginal health.

### 1.3 The UAS

A third example of federal initiative to improve the living conditions of urban Aboriginal peoples is the Urban Aboriginal Strategy, first announced in 1998. As presented in the 2002 conference *Aboriginal Governance in Urban Settings: Working Together to Build Stronger Communities*, the Strategy has five central elements:

- All federal government departments creating new programs must look at whether urban Aboriginal people are clients, and deal with the implications and specific needs

- Improving access to services and raising awareness

- Enhanced policy research

- Partnerships between Aboriginal and provincial partners, where the Government must determine what's working and how to make it work better.

- Creating greater public awareness of the issues affecting the life of urban Aboriginal peoples<sup>26</sup>.

18. Canada (1998), Op.Cit.

19. Kirmayer, Laurence; Simpson, Cori and Cargo, Margaret (2003), Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples, *Australasian Psychiatry* (11) Supplement 2003; AHF, Aboriginal Healing Foundation (1999), [online], available in: [http://www.ahf.ca/e\\_Values.aspx](http://www.ahf.ca/e_Values.aspx), document accessed: 15/12/2005.

20. Canada (2003a), "Institute for Aboriginal Peoples' Health" [online], available in: <http://www.cihr-irsc.gc.ca/e/8172.html>, document accessed: 24/11/2005.

21. Canada (2001), "CIHR-IAPH Annual Report of Activities 2001-2002" [online], available in: [http://www.cihr-irsc.gc.ca/e/pdf\\_24827.htm](http://www.cihr-irsc.gc.ca/e/pdf_24827.htm), document accessed: 22/11/2005, p. 21-22.

22. Canada (2004), "CIHR-IAPH Annual Report of Activities 2004-2005" [online], available in: [http://www.cihr-irsc.gc.ca/e/documents/IAPHAnnual04-05\\_Eng\\_aug12.pdf](http://www.cihr-irsc.gc.ca/e/documents/IAPHAnnual04-05_Eng_aug12.pdf), document accessed: 22/11/2005, p. 13.

23. Canada (2003b), "CIHR-IAPH Annual Report of Activities 2003-2004" [online], available in: [http://www.cihr-irsc.gc.ca/e/pdf\\_24823.htm](http://www.cihr-irsc.gc.ca/e/pdf_24823.htm), document accessed: 22/11/2005, p. 15.

24. *Ibid.*, p.5

25. Canada (2002a), "CIHR-IAPH Annual Report of Activities 2002-2003" [online], available in: [http://www.cihr-irsc.gc.ca/e/pdf\\_24826.htm](http://www.cihr-irsc.gc.ca/e/pdf_24826.htm), document accessed: 22/11/2005, p. 18

26. IOG, Institute On Governance (2002, march 31), "Aboriginal Governance in Urban Settings: Working together to build stronger communities", Conference report. The United Native Nations and The Aboriginal Council of Winnipeg, Ottawa, The Institute On Governance [online], available in: <http://www.iog.ca/publica>

While some changes have been introduced in recent years<sup>27</sup>, the UAS remains focused on these objectives, and keeps funding pilot projects in eight “priority urban centres” with large Aboriginal population: Vancouver, Calgary, Edmonton, Saskatoon, Regina, Winnipeg, Toronto and Thunder Bay. Some of these projects address health issues among urban Aboriginal peoples, such as: Healing our spirit (work skills for Aboriginal peoples living with HIV/AIDS), Warriors against violence (youth training in family violence reduction programs), Helping spirit lodge (support for street entrenched Aboriginal men and women), and the Surrey Aboriginal cultural centre (an alternative education program for youth in the Surrey area near Vancouver)<sup>28</sup>.

## 2. Analysis of Canadian federal policies on urban Aboriginal peoples' health.

The development of Canada's federal policies on urban Aboriginal peoples and their impact has been largely reviewed by policy analysts and other scholars. These analyses allow distinguishing two important aspects regarding the well-being of urban Aborig-

inal communities: on the one hand, there are the challenges faced by urban Aboriginal peoples in terms of improving their health status; on the other hand, there are the shortfalls of federal policies towards urban Aboriginal peoples and the difficulties faced by governmental institutions to offer viable solutions to those challenges. Following, both aspects are presented.

Regarding the challenges faced by urban Aboriginal peoples, studies have identified five crucial areas that are commonly addressed in federal policies:

- *Education and training.* As noted by Hanselman<sup>29</sup>, federal policies take into account that percentages of adult urban Aboriginal population with less than 12 grade, low levels of higher education and lack of minimum levels of education for employability are consistently higher in comparison with those of non-Aboriginal urban dwellers<sup>30</sup>. *Social and economic marginalisation.* As a result of low levels of education and training, urban Aboriginal peoples have re-

duced employment opportunities<sup>31</sup>. This leads to poor socioeconomic conditions for urban Aboriginal communities, which tend to be more pronounced in urban areas of provinces like Alberta, British Columbia, Saskatoon and Manitoba<sup>32</sup>.

- *Housing.* Low incomes due to underemployment and unemployment are necessarily related with poor housing conditions faced by urban Aboriginal peoples<sup>33</sup>. This situation, the implications it entails (e.g. social development needs related with lack of infrastructure and services, concerns about personal safety) and the possibility of a “ghettoization” of

urban Aboriginal peoples<sup>34</sup>, has received considerable attention from federal programs<sup>35</sup>.

- *Community and family health.* This category alludes to policies aimed to tackle the increased risk for family problems as a result of lone parenthood (very common among urban Aboriginals), domestic and youth violence, and lack of social cohesion<sup>36</sup>. Specifically, the RCAP report points at the flaws of social assistance, child and family services, and different kinds of counselling<sup>37</sup>.

- *Health status and health care.* Federal numbers analysed by Hanselmann<sup>38</sup> and Long<sup>39</sup>,

31. Richards, John (2001a), Reserves are Only Good for Some People, Inroads 10, p. 8-14; Richards, John (2001b), Neighbors Matter: Poor Neighbors and Urban Aboriginal Policy, Toronto, C.D. Howe Institute.

Drost, Helmar (1995), “The Aboriginal-White Unemployment Gap in Canada's Urban Labor Markets.” In Helmar Drost, Brian Lee Crowley and Richard Schwindt (eds.), Market Solutions for Native Poverty: Social Policy for the Third Solitude, Toronto, C.D. Howe Institute.

32. Graham, Katherine A.H. and Evelyn Peters (2002), Op.Cit.

33. Garcea, Joseph (2004), “Residential Urban Reserves: Issues and Options for Providing Adequate and Affordable Housing. Working project prepared for The Bridges and Foundations Project on Urban Aboriginal Housing in Saskatoon: A Community University Research Alliance Project” [online], available in: [http://www.bridgesandfoundations.usask.ca/reports/Garcea\\_residential\\_reserves\\_finalreport.pdf](http://www.bridgesandfoundations.usask.ca/reports/Garcea_residential_reserves_finalreport.pdf), document accessed: 23/10/2005.

34. Graham, Katherine A.H. and Evelyn Peters (2002), Op.Cit.

35. Canada (2002b), Canada, Privy Council Office. 2002. Urban Aboriginal Strategy: An Analysis.

36. Hanselman (2001), Ob.Cit.;

Garcea, Joseph (2004), Ob.Cit.

Brown, Jason; Higgitt, Nancy; Wingert, Susan; Miller, Christine; Larry Morrisette (2005), Challenges faced by aboriginal youth in the inner city, Canadian Journal of Urban Research, Summer 2005 v14 i1, p81(26).

37. RCAP, Royal Commission on Aboriginal Peoples (1996b), Op.Cit.

38. Hanselmann, Calvin (2002). Uncommon Sense: Promising Practices in Urban Aboriginal Policy-Making and Programming. Calgary, Canada West Foundation.

Hanselman (2001), Op.Cit.

39. Long, Richard (ed.). (2000). Canadian Tuberculosis Standards 5th Edition. Ottawa: Canadian Lung Association and Government of Canada.

tions/rcapsum.pdf, document accessed: 20/10/2005.

27. Graham, Katherine A.H. and Evelyn Peters (2002), Op.Cit.

28. GVUAS, Winter (2003), Greater Vancouver Urban Aboriginal Strategy [online], available in: <http://www.gvuas.ca/documents/nsltr/GVUAS%20Newsletter%2011-Mar-2004.pdf>, document accessed: 16/10/2005, p.4-7.

29. Hanselman (2001), Op.Cit.

30. Kendall, Joan (2001, Spring/Summer), “Circles of Disadvantage: Aboriginal Poverty and Underdevelopment in Canada”, in The American Review of Canadian Studies, p. 43-59.

show that urban Aboriginal peoples have health care needs in excess of those of the general population. Although the low status of health determinants for urban Aboriginal peoples (socioeconomic status, environmental conditions, access to health care, nutrition, and maternal health) appears as a concern for federal agencies, authors hold that "there is a historical lack of coordination in the provincial and federal provision of [Aboriginal] health care"<sup>40</sup>.

As for the second aspect, the shortfalls and difficulties of federal policies, valuable information can be obtained from both policy analyses and from empirical studies focusing on the everyday experience of urban Aboriginal peoples accessing health services.

Although policy analyses recognise important levels of success in federal programs related with urban Aboriginal communities, most studies are very critical of the Government's procedures:

*The disparities [between Aboriginal urban dwellers and non-Aboriginal urban dwellers] are not unrelated to public policy. For example, [the RCAP] concluded that the*

*underlying causes of many of the disparate conditions faced by Aboriginal people could be traced back to government policies*<sup>41</sup>.

In their paper on Aboriginal communities and urban sustainability, Katherine Graham and Evelyn Peters from the Canadian Policy Research Networks identified what they called "the basic question" in recent policy directions:

*If the common and unique aspect of life for Aboriginal people in our cities is the urban dimension of their life, to what extent should the foundation of public policy for these people acknowledge their Aboriginality but otherwise be "status-blind"?<sup>42</sup>*

The question of whether services for urban Aboriginal peoples should be directed to all groups regardless of their legal status or cultural identity (that is, status-blind) or whether they should be delivered to particular groups, has been at the center of the policy debate and is also present in the RCAP report. The issue behind this question is that there is evidence favouring both alternatives: status-blind services were

recognised by the Commission as being "more cost-effective"<sup>43</sup>, while other studies suggested that directed allocation of services could play a role in reinforcing and supporting cultural identities<sup>44</sup>. To make things more complex on this matter, recent interviews with Aboriginal peoples suggest that status-blind programs were well received because they did not discriminate between different Aboriginal peoples<sup>45</sup>.

Researchers working on the topic of urban Aboriginal health have identified another problematic area: the difficulties experienced by urban Aboriginals to establish cross-cultural relations

when accessing health services. Recent studies -most of them carried on by social and medical scientists- show that, although health professionals have achieved certain level of cultural sensitivity, "there remains a lack of understanding of cultural norms and beliefs held by Aboriginal peoples, especially in relation to Aboriginal healing traditions and practices"<sup>46</sup>. In fact, studies dating back to the mid-eighties<sup>47</sup> cited difficulties in communication, unavailability of culturally-sensitive health care services, stereotyping and attitudinal barriers on the part of health providers as the major shortfalls

43. Ibid.;

RCAP, Royal Commission on Aboriginal Peoples (1996b), Op.Cit.

44. Cairns, Alan (2000), *Citizens Plus: Aboriginal Peoples and the Canadian State*, Vancouver, UBC Press. Newhouse, David R (2000), "From the Tribal to the Modern: The Development of Modern Aboriginal Societies." In Ron F. Lalberte, Priscilla Settee, James B. Waldram, Rob Innes, Brenda Macdougall, Lesley McBain, and F. Laurie Barron. *Expressions in Canadian Native Studies*. Saskatoon: University of Saskatchewan Extension Press.

45. Hanselmann, Calvin (2001). *Urban Aboriginal People in Western Canada*. Calgary, Canada West Foundation.

Hanselmann, Calvin (2002). *Uncommon Sense: Promising Practices in Urban Aboriginal Policy-Making and Programming*. Calgary, Canada West Foundation.

46. Hunter, Linda; Logan, Jo; Goulet, Jean-Guy; Barton, Sylvia (2006, January 17), "Aboriginal Healing: Regaining Balance and Culture", *Journal of Transcultural Nursing*, p. 13.

Weaver, H.N. (2001), "Indigenous nurses and professional education: Friends or foe?", *Journal of Nursing Education*, pp. 252-258.

Levin, Ron and Herbert, Margot (2004), *The Experience of Urban Aboriginals with Health Care Services in Canada: Implications for Social Work Practice*, *Social Work in Health Care* 39(1/2), pp. 165-179.

Hanrahan, Maura C. (2002, Mar/Apr), "Identifying the needs of Innu and Inuit patients in urban health settings in Newfoundland and Labrador", *Canadian Journal of Public Health*, pp. 149-152.

47. Shah, C. and Farkas, C. (1985), "The health of Indians in Canadian cities: A challenge to the health care system", *Canadian Medical Association Journal*, 133, pp. 859-863.

Shestowsky, B. (1995) "Health-related concerns of Canadian Aboriginal people residing in urban areas", *International Nursing Review*, 42(1), pp. 23-6.

40. MacMillan, Harriet; MacMillan, Angus B; Offord, David R.; Dingle, Jennifer (1996), *Aboriginal health*, *Canadian Medical Association* 155(11), 1 December:1569-1578.

41. Hanselman (2001), Op.Cit.

42. Graham, Katherine A.H. and Evelyn Peters (2002), Op.Cit.

in meeting the needs of urban Aboriginal peoples<sup>48</sup>.

Attitudinal difficulties were also identified on the part of patients, most of them resulting from determinants such as: fear of doctors and other white people in authority; feelings of estrangement; lack of familiarity with western medical practices<sup>49</sup>; language barriers; disorientation; and poor accommodation for relatives.<sup>50</sup>

In most cases, studies on these aspects advocate for the development of a culturally-sensitive health care system; one that not only takes into consideration the above-cited difficulties, but that actually includes Aboriginal notions of health and health practices<sup>51</sup>, and that encourages and supports hiring of Aboriginal staff<sup>52</sup>.

### 3. Urban indigenous health in Colombia: The Yanacunas of Popayán

Conclusions from the study of the Canadian experience on urban Aboriginal peoples' health can be of great value for policy development and understanding of the situation of urban indigenous peoples in Colombia, such as that of the Yanacunas.

The Yanacunas of the city of Popayán (Colombia) are a group of indigenous peoples who originally come from a section of the Colombian Andes, in the southern department of Cauca. Due to several reasons, a migration process started more than 50 years ago from the rural areas to urban centres in Cauca and other nearby regions<sup>53</sup>.

Popayán, the capital city of Cauca, became a strong point of at-

traction for the Yanacunas since the beginning of their migration flow. According to the 2003 census carried out by Yanacuna authorities in the city<sup>54</sup>, by that year there were nearly three hundred Yanacuna families living in the urban area and its surroundings, adding up to 1,238 registered individuals. Taking into account other families and recent newcomers who have not joined the council yet or have retired from it, these numbers could rise up to more than 330 Yanacuna households in Popayán.

Ensuring access to health services in the urban area has been a long struggle for members of the Yanacuna community. The alternatives for a Yanacuna family to guarantee permanent access to health services are either to join a *regimen contributivo de salud RCS* (contribution-based health plan) or a *regimen subsidiado de salud RSS* (subsidy-based health plan). The RCS implies the payment of a monthly fee which is beyond the economic capability of many Yanacunas, and the RSS is subject to political maneuvers that difficult joining it. A third alternative is to rely on national policies aiming to ensure health services for indigenous peoples.

Decree 1811 of 1990 established that indigenous peoples without any kind of health coverage have the right to free medical attention provided by the state:

*With the purpose of guaranteeing health services to indigenous peoples not affiliated to the health system, in accordance to Decree 1811 of 1990, they shall receive attention free of charge, and all expenses will be transferred to public or private institutions that hold agreements with the State or with local entities<sup>55</sup>.*

The Decree also specified that in order to receive attention, the person has to prove her indigenous status by means of a recent *constancia* (membership certificate) from the correspondent indigenous authority. A *constancia* is a document issued by the maximum authority of an indigenous community certifying that a person belongs to that community. In other words, a *constancia* is a proof that a person holds indigenous status, and therefore can access the benefits that Colombian laws grant to indigenous peoples, among them free medical attention.

48. Waldram, J. (1990), Physician utilization and urban native people in Saskatoon, Canada. *Social Science Medicine*, 30 (5), pp.579-589.

Levin, Ron and Herbert, Margot (2004), *Op.Cit.*, p.169.

49. *Ibíd.*

50. Hanrahan, Maura C. (2002, Mar/Apr), *Op.Cit.* Maura Hanrahan (2002) presents a detailed account of the difficulties experienced by Innu and Inuit patients in urban health centres in Newfoundland and Labrador, which reflects the experiences found in other studies.

51. Hunter, Linda; Logan, Jo; Goulet, Jean-Guy; Barton, Sylvia (2006, January 17), *Op.Cit.*, pp.19-21.

Durie, Mason (2003, August 23), *Op.Cit.*

52. Levin, Ron and Herbert, Margot (2004), *Op.Cit.*, p.177.

Cunningham, Chris and Stanley, Fiona (2003, August 23), "Indigenous by definition, experience, or world view", *British Medical Journal* 327, pp. 403-404.

53. Zambrano, Carlos Vladimir (1993) "Los invisibles del páramo. Gente, región cultural y límites étnicos" In: Zambrano, Carlos Vladimir. (edit.) *Hombres de páramo y montaña; los Yanacunas del Macizo Colombiano*, Bogotá, Instituto Colombiano de Antropología/ Colcultura/Plan Nacional de Rehabilitación, p.20.

Data on the Yanacunas was collected in the course of doctoral research conducted by Manuel Sevilla in Popayán, Colombia (2002-2004).

Friede, Juan (1972), *El indio en la lucha por la tierra: Historia de los resguardos del Macizo Colombiano*, Bogotá, Editorial La Chispa, p.14.

54. CYP, Cabildo Yanacuna de Popayán (2003), Censo general de población. Archived materials, CYP, Popayán.

55. Forero de Saade, Beatriz (1997), Letter to Health Authorities on issues of Health Services for Colombian indigenous peoples, Archived materials, CYP, Popayán.

In practice this means that if an indigenous person needs medical attention, she must first get a constancia from the head of her community. Following, she goes to the *Dirección Departamental de Salud DDS* (Departmental Health Direction) in Popayán where the validity of the constancia is verified; once this is done, a DDS officer issues an authorization for the patient to present at the hospital. With minor changes, this procedure was the one observed until 2004, when research was carried out in Popayán.

Indigenous peoples living in the rural areas have relatively easy access to constancias. In contrast, back in 1990 indigenous migrants in Popayán had to travel all the way to the rural communities in order to get their certificates; this not only implied large expenses, but was impractical. It is just not logical that at the point when a person needs medical attention she has to travel long distances to obtain the required constancia.

By the end of 1990, 75 Yanacona families living in Popayán

got together to address this specific problem, and formed ASINDUC, an indigenous association that remains active until today, although it has transformed into the *Cabildo Yanacona* (Yanacona Council)<sup>56</sup>. Former head of ASINDUC Aristides Piamba comments on this:

*The Association was born because we needed to present constancias in order to receive medical attention... we did not want to go to some town to get them because in many occasions people there would not believe that we were real Indians and would not issue constancias to us. Our motivation was mostly a health issue<sup>57</sup>.*

By 1993 the association had been successful to a certain extent in ensuring access to health services for its members. However, stricter controls from official authorities and increasing doubts from the national government about the legitimacy of the Yanacona association in Popayán led to difficulties in the Yanaconas' access to health services. Following is an excerpt from an

association meeting held in 1996, when these difficulties were discussed:

*Mr. Gonzalo Anacona suggested to other members that, if asked about their origins after presenting a constancia to a hospital clerk, they should restrain from saying they live in the city. As for the comments on the surnames, they should not pay attention to that because it is not our fault that we do not have an indigenous last name. Melcias Palta disagreed and said that there was no reason to lie, because the Association was funded by and for people who lived in Popayán<sup>58</sup>.*

Things have improved in latter years for urban Yanaconas in Popayán in terms of access to health services. Nevertheless, they still have to go through a lot of paperwork to receive medical care, and up to 2008 they had not been granted the official status of urban indigenous community by the Colombian government.

#### 4. Discussion

The review of Canadian federal policies related to urban Aboriginal peoples' health, and the experience of Canadian urban Aboriginals in accessing health services, as reported by several studies, allows forwarding important points of discussion.

Firstly, it is clear that Canadian federal policies have increasingly adopted a conception of health that goes beyond the narrow notion of "biological health", understood as the absence of any symptoms of illness<sup>59</sup>. A more inclusive notion of well-being can be observed in the concern about crucial areas of urban life such as education and training, social and economic marginalisation, housing, community and family health, and health status and health care. Successful initiatives like urban housing programs in Saskatoon<sup>60</sup>, youth education in Winnipeg<sup>61</sup>, and community cohesion<sup>62</sup> attest to this appreciation. However, major flaws remain on the area of access

58. ASINDUC, Asociación de Indígenas Unidos del Cauca (1996), Minutes 1992-1996, Archived materials, CYP, Popayán.

59. Sevilla, Elias and Teresita Sevilla (2004, Enero-Diciembre) "Algebras y tramas en el cálculo de riesgos", en Revista Colombiana de Antropología 40, pp. 13-60.

60. Garcea, Joseph (2004), Ob.Cit.

61. Brown, Jason; Higgitt, Nancy; Wingert, Susan; Miller, Christine; Larry Morrisette (2005), Op.Cit.

62. GVUAS, Winter 2003 (1). <http://www.gvuas.ca/documents/nsltr/GVUAS%20Newsletter%2011-Mar-2004.pdf>. Online document accessed on 16/10/2005 Greater Vancouver Urban Aboriginal Strategy (2003). Quarterly Newsletter.

56. Sevilla, Manuel (2007a, Julio-Diciembre) "Yanaconidad oculta en Popayán: Indígenas urbanos ante el modelo multicultural colombiano", en Perspectivas Internacionales. Revista de Ciencia Política y Relaciones Internacionales, Pontificia Universidad Javeriana, Cali. V. 3, N° 2, pp. 137-166.

Sevilla, Manuel (2007b, Enero-Junio) "Indígenas urbanos y las políticas del reconocimiento dentro del contexto colombiano", en Perspectivas Internacionales. Revista de Ciencia Política y Relaciones Internacionales, Pontificia Universidad Javeriana, Cali. V. 3, N° 1, pp. 7-24.

57. CYP, Cabildo Yanacona de Popayán (2000), Reglamento interno, Archived materials, CYP, Popayán.



to health services. This leads to a second point.

Regarding the specific area of access to health services, the impact of governmental programs seems to be diminished and jeopardized by the absence of a true cross-cultural approach to health care. Case-studies of the experience of urban Aboriginal peoples in their relation with health services systematically point to the need of governmental health services to

*recognise the significance of culture to health and to adopt methods that actively engage patients-through appropriate language, respect for custom, the use of culturally validated assessment protocols and outcome measures, and the employment of indigenous health workers*<sup>63</sup>.

In fact, Hanselmann's list of "promising practices" regarding urban Aboriginal policies (resulting from a series of interviews where Aboriginal peoples identified ideas that would work), include Listening to the community ("Aboriginal community leaders should be valued by

public servants for their experience and knowledge, and considered as peers rather than as clients"), and Emphasizing Aboriginal delivery ("Urban Aboriginal programming works better when delivered by Aboriginal people").

Thirdly, if the advantages of this culturally-sensitive approach to health and of the participation of Aboriginal peoples in the development and administration of some programs are so thoroughly documented<sup>64</sup>, and if, as reported by Hunter<sup>65</sup> and Levin and Herbert<sup>66</sup>, many non-Aboriginal health workers are aware of it, it is worth asking what keeps governmental policies from taking a definitive turn towards the inclusion of these features in health programs for urban Aboriginal peoples. One possible lead is found in the works of Ladner<sup>67</sup> and Andersen and Dennis<sup>68</sup>, which focus on a key issue: the legitimacy of urban Aboriginal peoples in the eyes of governments.

In their analysis of the concepts of citizenship, nationhood and legitimacy of Aboriginal claims before and after the RCAP, Chris An-

dersen and Claude Denis hold that the current governmental narrative on nationhood privileges certain forms of Aboriginal communities over others. A crucial element for recognition in current times, they hold, is the community's relationship with a rural land base:

*The political claims of Aboriginal communities and organizations situated on defined territories (i.e., reserves and treaty territories) are legitimated at the expense of individuals and communities living off a recognized Aboriginal land base... In any case, urban (or non-reserve) Aboriginals without a formal, collective land base (and who in some cases do not even identify with a particular land base) are particularly affected by this hierarchy*<sup>69</sup>. *Emphasis added*

This relationship (land base-recognition) puts urban Aboriginal and indigenous peoples in clear disadvantage in terms of obtaining recognition from governments. Much more critical, Kiera Ladner holds that while the recommendations from the RCAP aimed to create a framework for a renewed relationship between the Canadian govern-

ment and Aboriginal peoples, that attempt failed:

*Not only are Aboriginal peoples required to negotiate their ability to act in jurisdictions that are "inherent", but they are also required to negotiate their inferiority. In actuality, negotiated inferiority is enhanced under the federal policy as Aboriginal peoples can only negotiate jurisdictions that do not impede the ability of other governments to act... While the government has said little as to what an Aboriginal nation or a reconstituted Aboriginal nation entails, like RCAP it does specify that a mechanism for recognizing Aboriginal governments/nations needs to be developed in consultation with Aboriginal peoples*<sup>70</sup>.

From this perspective, it is possible to identify a common point with the situation of urban indigenous peoples in Colombia and their access to health services.

It is evident that the Canadian government has devoted much more attention to the development of programs and policies directed to urban indigenous peoples than has been done by the Colombian government

63. Durie, Mason (2003, August 23), Op.Cit., p.408.

64. Brown, Jason; Higgitt, Nancy; Wingert, Susan; Miller, Christine; Larry Morrissette (2005), Op.Cit.

65. Hunter, Linda; Logan, Jo; Goulet, Jean-Guy; Barton, Sylvia (2006, January 17), Op.Cit.

66. Levin, Ron and Herbert, Margot (2004), Op.Cit.

67. Ladner, Kiera L (2001, Spring/Summer) "Negotiated inferiority: The Royal Commission on Aboriginal Peoples' vision of a renewed...", in American Review of Canadian Studies, 02722011, 31(1/2).

68. Dennis (2003).

69. Andersen, Chris and Dennis, Claude (2003, November) "Urban natives and the Nation: Before and After the Royal Commission on Aboriginal Peoples", in Canadian Review of Sociology & Anthropology 40(4).

70. Ladner, Kiera L (2001, Spring/Summer), Op.Cit.

(as it can be attested by a review of the official documents from the Dirección Nacional de Asuntos Indígenas), and this certainly sets the situation in both countries apart. However, it can also be seen that, as it reportedly happens in Canada, the question mark looming over the legitimacy of urban indigenous communities has a negative effect on the proper access to health services by peoples like the Yanaconas of Popayán.

The issue does not have an easy solution, and it is fair to recognise that in both countries there are other major barriers to the implementation of a health system where conventional services and indigenous services can exist comfortably together (e.g. reluctance from highly-conservative doctors, political interests of indigenous leaders, etc.). Furthermore, as Graham and Peters hold, “from the earliest writing on Aboriginal (and indigenous) people in the cities, their presence was constructed as a problem” (2002).

However, the success of many programs developed by the Canadian government for urban Aboriginals, together with the enormous amount of academic work where the situation of urban Aboriginal peoples is analysed, and the very willingness of these communities to take part in the develop-

ment of their own programs, allow to hope that alternatives will soon be found that not only improve the life of Aboriginals in Canadian cities, but also shed some light for the development of solutions for urban indigenous peoples in other places like Colombia.

### Concluding remarks

This paper has reviewed three of the main Canadian federal policies towards Aboriginal communities that in one way or another address the issue of urban Aboriginal people's access to health services (RCAP, the Getting Strength plan, and the UAS). It has also contrasted the central aspects of these policies with the findings reported by academic papers on the current health status of urban Aboriginal peoples in Canada. Three conclusions can be forwarded.

Firstly, Canadian federal policies have increasingly adopted a conception of health that goes beyond the narrow notion of “biological health”, and reflect a more inclusive notion of well-being. This can be observed in the concern about crucial areas of urban life such as education and training, social and economic marginalisation, housing, community and family health, and health status and health care. Successful initiatives are found in these areas.

Second, regarding the specific area of access to health services, the impact of governmental programs seems to be diminished by the absence of a culturally-sensitive approach to health care. This impression is based on the conclusions from several studies about the experience of urban Aboriginal peoples in their relation with health services. One of the “promising practices” suggested by experts on the field is the inclusion of Aboriginal community leaders in the development and administration of programs, and the need for health professionals to adopt a cross-cultural approach to health care practices. The inclusion of these suggested features in health programs for urban Aboriginal peoples faces several barriers, such as the legitimacy of urban Aboriginal peoples in the eyes of governments (like the Canadian and the Colombian), the reluctance from the medical community, and the political interests of urban indigenous leaders.

Finally, a close review of the many programs developed by the Canadian government for urban Aboriginals (some successful, some not), and of the enormous amount of academic work where the situation of urban Aboriginal peoples is analysed could be of use for the development of similar programs and policies in Colombia. This is not to

say that Canadian solutions would necessarily work for the Colombian context; instead, it states that given the hard situation faced by urban indigenous peoples in Colombia, it would be a terrible waste –to say the least– to simply overlook experiences (both positive and negative) that can aid in the complex and urgent process of improving the living conditions of communities like the Yanaconas of Popayán.

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*ities 2003-2004*. [http://www.cihr-irsc.gc.ca/e/pdf\\_24823.htm](http://www.cihr-irsc.gc.ca/e/pdf_24823.htm). Online document accessed on 22/11/2005.

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