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## Abstract

Hypertension in Aboriginal peoples in Canada is on the rise, and the average age of onset is decreasing. Yet, little is presently known about how hypertension --diagnosis and treatment-- is perceived by Aboriginal persons currently diagnosed with the disease. The purpose of this thesis was to investigate urban Aboriginal persons' attitudes, beliefs, and approaches toward hypertension diagnosis and treatment recommendations. A second purpose was to engage with Aboriginal communities in action research to promote health and awareness of hypertension in a way that meets the communities' needs. I conducted the research from a critical theoretical perspective and action research methodology. Methods included individual interviews with 11 urban Aboriginal persons residing in Saskatoon who were diagnosed with hypertension by a health care provider, followed by a subsequent focus group with a sample of these interviewees. Being a non-Aboriginal researcher, I conducted this research with guidance from an Aboriginal advisory group who acted as a bridge between me and the community and helped to ensure ethical and cultural appropriateness of the study. I conducted thematic analyses of the interviews and focus group discussions. Findings revealed that overall the respondents adopted the dominant biomedical discourses for health. Specifically, respondents aligned with the individual responsibility framework for health rather than a broader-based view of responsibility. Additionally, respondents demonstrated their knowledge and expertise of biomedical knowledge, despite the persistence of perceived power imbalances and colonial exchanges within health care encounters with Aboriginal patients. Finally, respondents also tended to align with a biomedical approach to the treatment of hypertension, including the use of antihypertensive medications and lifestyle modifications. My analyses also demonstrated that tremendous variability in beliefs and orientations toward health existed in my sample of urban Aboriginal persons. The findings from

the present research suggest that such diversity is crucial to consider during health care encounters, as a single approach will not suit the needs of all Aboriginal patients. Although the adoption of biomedical discourses remains prominent, future interventions need to consider the role of macro-level forces on health. Dissemination included a newspaper article, executive summary, and discussions with Aboriginal health policy analysts.

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