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Centre for the North

BUILDING ON OUR STRENGTHS

Aboriginal Youth Wellness in Canada's North.



REPORT JANUARY 2014

Building on Our Strengths: Aboriginal Youth Wellness in Canada's North

Siomonn Pulla

Preface

This report delivers new insights into the design and implementation of successful Aboriginal youth wellness strategies in Canada's North. It reviews systemic challenges to contemporary Aboriginal youth wellness, identifying persistent gaps and measures to close them. Yet, rather than emphasize negative outcomes, the report focuses on the inherent strengths of Canada's Northern Aboriginal communities, to understand how and why strength-based approaches work to promote Northern Aboriginal youth wellness. Three contemporary Aboriginal youth wellness initiatives from across Canada's North are highlighted to reflect the diversity of potential strength-based Aboriginal youth wellness strategies, including examples of wellness through sport, cultural awareness, and living on the land. Lessons are drawn from the case study analysis to support recommendations for the development and implementation of Northern Aboriginal youth wellness programs.

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Cover photo: Pangnirtung youth Oleepa Haslem and Monica Alivaktuk exploring the tidal flats at a Makimautiksat Youth Empowerment and Wellness camp. (Photograph courtesy of Qaujigiartiit Health Research Centre.)

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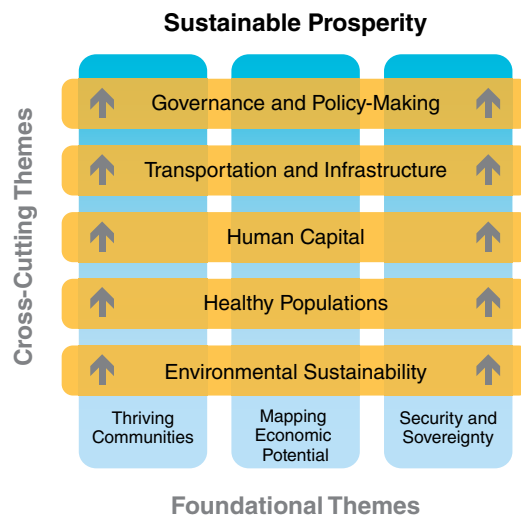
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About the Centre for the North

The Centre for the North is a major research initiative of The Conference Board of Canada. The Centre brings Aboriginal leaders, businesses, governments, and community advocates together to identify challenges and opportunities, and to decide how those challenges can be met. Working with Northern stakeholders and some 50 roundtable members, the Centre delivers cutting-edge research and provides a vibrant forum for discussion of issues facing Canada's North.



Source: The Conference Board of Canada.

Vision: Toward a shared vision of sustainable prosperity in Canada's North.

Mission: Through research and dialogue, develop new insights that strengthen the foundation for informed decision-making.

The Centre examines issues from a Northern perspective, seeks to maximize Northern engagement, and prioritizes Northern interests. The Centre looks at issues and opportunities across the North—a vast region that includes the three Northern territories, as well as the northern portions of seven provinces.

To date, the Centre has published a number of foundational and issue-specific reports related to the underlying themes of thriving communities, economic development, and security and sovereignty. The Centre's research agenda is based on a strategic interdisciplinary framework, as illustrated in the exhibit "Sustainable Prosperity."

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(Note: The findings and conclusions of this report are entirely those of The Conference Board of Canada, not of the Centre's investors and roundtable members.)

EXECUTIVE SUMMARY

Building on Our Strengths: Aboriginal Youth Wellness in Canada's North

At a Glance

- While data on Aboriginal health outcomes are troubling, this report frames health challenges in terms of Aboriginal wellness, a concept that focuses on balancing the factors that shape the physical, mental, spiritual, and emotional dimensions of an individual's life.
- Northern Aboriginal communities have strengths—including norms of sharing and reciprocity and traditional perspectives, such as respect for the wisdom of Elders, balance, and interconnectedness with nature—that can help overcome youth wellness challenges.
- Three case studies show how Northern Aboriginal communities can build on their strengths to design and implement programs that help young people find purpose, build esteem, and assume leadership responsibilities for health and wellness in their communities.

This report delivers insights into successful Aboriginal child and youth wellness strategies in Canada's North. The concept of wellness focuses on balancing the factors that shape the physical, mental, spiritual, and emotional dimensions of an individual's life. It is closely associated with perspectives on the social determinants of health.

For Aboriginal children and youth, wellness is positively impacted by such factors as a healthy diet, group exercise and sportsmanship, robust family bonds, cultural continuity, community role models, ties to the land, and positive academic achievement. For older youth, it also includes a sense of empowerment through inclusion in community decision-making, environmental stewardship, policy development, and program implementation. Issues such as the adequacy of fundamental community infrastructure (including housing, food supply, water and sewage systems, community centres, sports facilities, communications, and so forth) also have an impact on Aboriginal youth wellness across Canada's North.

This report focuses particularly on initiatives for children and youth between the critical ages of 6 and 14 years. When used in this report, "youth" includes the extended age range of 12 to 19 years. However, whenever possible, specific age-based descriptions are used to delimit the scope of relevant Aboriginal child and youth wellness strategies, programs, and initiatives. Our methodological choices and guiding research questions are further discussed in Chapter 1.

In Chapter 2, we examine the dominant youth wellness challenges affecting contemporary Aboriginal communities in Canada's North. We frame this discussion around the systemic challenges of historical and intergenerational trauma, the impacts of climate change on traditional lifestyles, and Aboriginal youth suicide. While complex, such challenges can be successfully met with strength-based, community-driven

Northern Aboriginal health and wellness programs and policies must be assessed from a holistic perspective.

initiatives to provide youth with support and opportunities for action. One important aspect of such strength-based approaches is to help Aboriginal youth find their purpose in life. The case studies presented in Chapter 4 provide examples of Northern programs and projects where individual youth are encouraged to become leaders and take responsibility for wellness in their communities.

Chapter 3 focuses on the strengths inherent in Northern Aboriginal communities and how those strengths can support youth wellness. We discuss four key elements of successful strength-based wellness strategies for Northern Aboriginal youth: cultural continuity; community resilience; youth leadership and mentoring; and innovative educational programming. The funding context of wellness initiatives is equally important, with public funding programs contributing the lion's share of essential project funding. However, with its actual and potential influence on Aboriginal youth employment, including career development and livelihoods, the private sector has an important role to play in supporting Aboriginal youth wellness in Canada's North. Overall, our analysis confirms the notion that Northern Aboriginal health and wellness programs and policies must be assessed from a holistic perspective.

These preparatory chapters lead into a case study analysis of three innovative initiatives presented in Chapter 4. The case study analysis examines youth wellness initiatives from across Canada's provincial and territorial North that are specifically tailored to Aboriginal communities and their inherent strengths. These initiatives recognize that the wellness of young Aboriginal persons is intrinsically tied to the state of their families, peer groups, communities, and environment. The three initiatives were selected as case studies to reflect the diversity of potential strength-based wellness strategies for Northern Aboriginal children and youth, including examples of wellness through sport, cultural awareness, and living on the land. They include:

- the Winnipeg Aboriginal Sports Achievement Centre North, a grassroots, Aboriginal youth-led, Winnipeg-based program that works with several Northern and isolated communities in Manitoba to provide enrichment and support for Aboriginal youth;

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- the “made in Nunavut by Nunavummiut” Makimautiksat Youth Wellness and Empowerment Camp initiated by the Qaujigiartiit Health Research Centre in Iqaluit to equip Nunavut youth with life skills and cultural competences;
- the Government of the Northwest Territories’ Take a Kid Trapping program, designed to introduce Aboriginal youth in the Northwest Territories to living on the land while learning traditional hunting, harvesting, and outdoor survival skills.

While many Aboriginal people in Canada's North face significant challenges, the three initiatives demonstrate how Northern Aboriginal communities can build on collective strengths to empower their children and youth to greater wellness. Each does so in its own way, combining diverse elements such as sport, traditional knowledge, and land-based activities to integrate the individual with a supportive community of peers and mentors.

Policy development to fully support Aboriginal child and youth wellness in Canada's North requires a long-term and holistic approach. Foremost, it means developing strength-based programs and policies that support children and youth in reconnecting with the wisdom of their Elders, and really fostering the conditions that will allow these youth to find their purpose and embrace the greatness within themselves. This requires meaningful and sustained efforts across jurisdictions and sectors to address the very complex and nuanced historical, political, and social contexts of Aboriginal health and wellness.

In light of the report's findings and in the broader context of Aboriginal youth wellness issues, the following recommendations are made:

1. **Recognize the inherent strengths of Northern Aboriginal communities to overcome youth wellness challenges.** Many Northern Aboriginal communities are resilient in their own right. Strengths include group norms of sharing and reciprocity, and traditional perspectives that foster respect for the wisdom of Elders,

balance, and one's interconnectedness with land and nature. Building on such strengths both reinforces community resilience and helps empower youth to greater wellness.

2. **Empower Aboriginal youth to embrace a personal vision of who they are and who they will become.** Aboriginal youth wellness programs should help youth find purpose, build esteem, and assume leadership responsibilities for the health and wellness of their families, peers, and communities.
3. **Integrate multiple and intergenerational Aboriginal perspectives into health policy design and development.** While great efforts have been made to be inclusive of Aboriginal traditional knowledge, the voices and concerns of children and youth—the new generation—need to be better incorporated into health policy design, research, delivery, and evaluation.
4. **Continue efforts to develop culturally appropriate measurement tools and indicators for health and wellness program evaluations.** Examples of national efforts to assess Aboriginal health and wellness indicators across Canada include the First Nations Regional Longitudinal Health Survey, the Aboriginal Peoples Survey, the Canadian Community Health Survey, and the Youth in Transition Survey. More efforts, however, are required to ensure that quality outcome research is being conducted to document the successes and shortcomings of programs and initiatives across regions and over time.
5. **Enable cross-sectoral and inter-jurisdictional approaches to Aboriginal youth wellness.** Integrating public and private funding opportunities with community-driven programs and projects can help to pull together limited financial and human resources in the North. Working through levels of government and across public, private, and community sectors will help build awareness among key policy stakeholders to disseminate good practices, sustain successful projects, and identify areas of greatest need.

RÉSUMÉ

Tirer parti de nos atouts : Le mieux-être des jeunes Autochtones du Nord canadien

Aperçu

- S'il est vrai que les données sur l'état de santé des Autochtones sont troublantes, le présent rapport s'intéresse plutôt à la santé sous l'angle du mieux-être des Autochtones, notion qui renvoie essentiellement aux facteurs d'équilibre entre les dimensions physique, mentale, spirituelle et émotive de la vie d'une personne.
- Les communautés autochtones du Nord ont des points forts – dont des normes de partage et de réciprocité et des approches traditionnelles telles que le respect envers la sagesse des aînés, l'équilibre et l'interconnexion avec la nature – qui sont autant d'atouts pouvant aider à relever les défis du mieux-être des jeunes.
- Trois études de cas montrent comment les collectivités autochtones du Nord peuvent tirer parti de leurs atouts pour concevoir et mettre en œuvre des programmes qui aideront les jeunes à trouver leur raison d'être, à renforcer leur estime de soi et à assumer la responsabilité de la santé et du mieux-être de leurs collectivités.

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Le présent rapport donne un aperçu de stratégies réussies de mieux-être des enfants et des jeunes Autochtones mises en œuvre dans le Nord canadien. La notion de mieux-être renvoie essentiellement aux facteurs d'équilibre entre les dimensions physique, mentale, spirituelle et émotive de la vie d'une personne. Elle est étroitement liée, selon divers points de vue, aux déterminants sociaux de la santé.

Différents facteurs contribuent au mieux-être des enfants et des jeunes Autochtones, notamment une alimentation saine, l'exercice en groupe et l'esprit sportif, des liens familiaux solides, la continuité culturelle, les modèles de comportement dans la collectivité, les liens avec la terre et les bons résultats scolaires. Chez les jeunes d'âge plus avancé, ces facteurs incluent également le sentiment de prendre en main son destin par la participation aux décisions de la collectivité, à la gérance de l'environnement, à l'élaboration des politiques et à la mise en œuvre des programmes. D'autres enjeux comme le fonctionnement adéquat des infrastructures communautaires fondamentales (notamment le logement, l'approvisionnement alimentaire, les réseaux de distribution d'eau et d'égout, les centres communautaires, les installations sportives, les communications, etc.) influent aussi sur le mieux-être des jeunes Autochtones du Nord canadien.

Ce rapport porte principalement sur les initiatives destinées aux enfants et aux jeunes entre les âges critiques de 6 et 14 ans. Dans le contexte du rapport, la définition de « jeunes » s'étend aux garçons et aux filles de 12 à 19 ans. Toutefois, dans la mesure du possible, nous avons précisé le groupe d'âge concerné afin de bien délimiter la portée des stratégies, initiatives et programmes de mieux-être pertinents auprès des jeunes Autochtones. Le chapitre 1 donne des précisions sur nos choix méthodologiques et sur les questions qui ont guidé nos travaux de recherche.

Au chapitre 2, nous examinons les principaux défis en matière de mieux-être des jeunes qui touchent de nos jours les collectivités autochtones du Nord canadien. Notre exposé s'articule autour des problèmes systémiques découlant des traumatismes historiques et intergénérationnels, des répercussions des changements climatiques sur les modes de vie traditionnels, ainsi que du suicide chez les jeunes Autochtones. Bien que complexes, ces défis peuvent être relevés grâce à des initiatives communautaires fondées sur les atouts qui fournissent aux jeunes un soutien et des possibilités de passer à l'action. L'un des principaux objectifs de ces initiatives est d'aider les jeunes Autochtones à trouver leur raison d'être. Les études de cas présentées au chapitre 4 donnent des exemples de programmes et de projets menés à bien dans le Nord qui encouragent les jeunes à devenir des leaders et à assumer la responsabilité du mieux-être de leurs collectivités.

Notre analyse confirme la nécessité de fonder sur une approche holistique l'évaluation des programmes et des politiques de santé et de mieux-être à l'intention des Autochtones du Nord.

Le chapitre 3 est axé sur les atouts inhérents aux collectivités autochtones du Nord et l'incidence favorable qu'ils peuvent avoir sur le mieux-être des jeunes. Nous examinons quatre ingrédients clés du succès des stratégies de mieux-être fondées sur les atouts à l'intention des jeunes Autochtones du Nord : la continuité culturelle; la capacité de la collectivité à faire preuve de résilience; le leadership et le mentorat chez les jeunes; et les programmes éducatifs innovateurs. Le financement des initiatives de mieux-être occupe une place tout aussi importante, le gros du financement essentiel des projets provenant des fonds publics. Toutefois, compte tenu de son incidence réelle et potentielle sur l'emploi des jeunes Autochtones, y compris sur le perfectionnement professionnel et les moyens de subsistance, le secteur privé a un rôle de premier plan à jouer dans le mieux-être des jeunes Autochtones du Nord canadien. Dans l'ensemble, notre analyse confirme la nécessité de fonder sur une approche holistique l'évaluation des programmes et des politiques de santé et de mieux-être à l'intention des Autochtones du Nord.

Ces chapitres préparatoires mènent à des études de cas axées sur trois initiatives innovatrices présentées au chapitre 4. Ces études de cas traitent des initiatives de mieux-être des jeunes menées dans

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le Nord des provinces et territoires du Canada et spécialement adaptées aux collectivités autochtones et à leurs atouts inhérents. Ces initiatives reconnaissent que le mieux-être des jeunes Autochtones est intrinsèquement lié à l'état de leurs familles, de leurs groupes affinitaires, de leurs collectivités et de leur environnement. Elles ont été retenues du fait qu'elles reflètent la diversité des stratégies de mieux-être fondées sur les atouts qui peuvent être mises en œuvre à l'intention des enfants et des jeunes Autochtones du Nord; elles offrent des exemples où le mieux-être est assuré par le sport, la sensibilisation culturelle et les modes de vie traditionnels. Il s'agit :

- du Winnipeg Aboriginal Sports Achievement Centre (WASAC) North, un programme d'inspiration communautaire dirigé par des jeunes Autochtones de Winnipeg qui collaborent avec plusieurs collectivités nordiques et isolées de la province pour offrir des activités d'enrichissement et de soutien aux jeunes Autochtones;
- du Makimautiksat Youth Wellness and Empowerment Camp « fait au Nunavut par des Nunavois », une initiative du Qaujigiartiit Health Research Centre d'Iqaluit visant à enseigner aux jeunes Nunavois des aptitudes à la vie quotidienne et des compétences culturelles;
- du programme « Take a Kid Trapping » offert par le gouvernement des Territoires du Nord-Ouest aux jeunes Autochtones des Territoires afin de leur montrer comment tirer leur subsistance de la terre en acquérant des aptitudes traditionnelles pour la chasse, la cueillette et la survie en pleine nature.

Bien des populations autochtones du Nord canadien sont, certes, confrontées à des défis de taille, mais ces trois initiatives leur montrent comment elles peuvent tirer parti de leurs atouts collectifs pour donner à leurs enfants et à leurs jeunes les moyens de se prendre en main pour favoriser leur mieux-être. Chaque initiative conjugue à sa façon divers éléments comme le sport, le savoir

traditionnel et les activités rattachées aux ressources naturelles pour permettre aux jeunes d'évoluer au sein d'une communauté de pairs et de mentors soucieux de leur mieux-être.

Pour pouvoir contribuer entièrement au mieux-être des enfants et des jeunes Autochtones du Nord canadien, les politiques doivent reposer sur une approche holistique à long terme. Cela signifie d'abord et avant tout qu'il faut élaborer des programmes et des politiques fondés sur les atouts qui aident les enfants et les jeunes à renouer avec la sagesse de leurs aînés, tout en favorisant sérieusement les conditions qui permettront à ces jeunes de trouver leur raison d'être et d'assumer cette grandeur qui les habite. Pour ce faire, les administrations publiques et les secteurs devront déployer des efforts judicieux et soutenus afin de composer avec les dimensions historique, politique et sociale très complexes et nuancées de la santé et du mieux-être des Autochtones.

À la lumière des conclusions de notre rapport et dans le contexte élargi du mieux-être des jeunes Autochtones, nous avons formulé les recommandations suivantes :

1. **Reconnaître les atouts inhérents aux collectivités autochtones du Nord pour surmonter les obstacles au mieux-être des jeunes.** De nombreuses collectivités autochtones du Nord font de leur propre chef preuve de résilience. Elles possèdent différents atouts comme les normes collectives de partage et de réciprocité, et offrent des perspectives traditionnelles qui favorisent le respect de la sagesse des aînés, l'équilibre et l'interdépendance des individus avec la terre et la nature. Le fait de tirer parti de ces atouts renforce la résilience des collectivités et donne aux jeunes les moyens de se prendre en main pour favoriser leur mieux-être;
2. **Donner aux jeunes Autochtones les moyens nécessaires pour se rallier à une vision personnelle de ce qu'ils sont aujourd'hui et de ce qu'ils deviendront demain.** Les programmes de mieux-être destinés aux jeunes Autochtones devraient aider ces derniers

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à trouver leur raison d'être, à renforcer leur estime de soi ainsi qu'à assumer la responsabilité de la santé et du mieux-être de leur famille, de leurs pairs et de leurs collectivités;

3. **Intégrer des perspectives autochtones multiples et intergénérationnelles à l'élaboration et à la mise en œuvre des politiques sur la santé.** S'il est vrai que des efforts considérables ont été déployés pour inclure le savoir autochtone traditionnel dans l'élaboration, la mise en œuvre et l'évaluation des politiques sur la santé, ainsi que dans les recherches s'y rapportant, il faut maintenant tenir davantage compte de l'avis et des préoccupations des enfants et des jeunes – la nouvelle génération;
4. **Poursuivre les efforts pour mettre au point des outils de mesure et des indicateurs appropriés à la culture aux fins de l'évaluation des programmes de santé et de mieux-être.** Divers efforts ont été déployés à l'échelle nationale pour évaluer les indicateurs de la santé et du mieux-être des Autochtones au Canada, dont l'Enquête régionale longitudinale sur la santé des Premières nations, l'Enquête auprès des peuples autochtones, l'Enquête sur la santé dans les collectivités canadiennes et l'Enquête auprès des jeunes en transition. D'autres efforts, toutefois, s'imposent pour s'assurer que les résultats de ces enquêtes suscitent des travaux de recherche de qualité, afin que l'on puisse consigner les réussites et les lacunes des programmes et des initiatives menés dans diverses régions au fil du temps;
5. **Permettre des démarches de coopération entre les secteurs et les administrations publiques visant à contribuer au mieux-être des jeunes Autochtones.** Le fait d'assortir les programmes et les projets communautaires de possibilités de financement public et privé peut favoriser la mise en commun des ressources financières et humaines limitées du Nord. La mise à contribution des divers ordres de gouvernement et des secteurs public, privé et communautaire contribuera à sensibiliser les acteurs clés de l'élaboration des politiques à la nécessité de diffuser les pratiques exemplaires, de soutenir les projets qui donnent de bons résultats et de bien cerner les secteurs d'intervention prioritaires.

CHAPTER 1

Introduction

Chapter Summary

- Social determinants of health, in addition to quality health care, are fundamental to individual well-being and thriving Northern communities.
- Challenging health and wellness conditions for Northern Aboriginal people have been documented in a number of national reports that have recommended adapting health services to the realities of Aboriginal communities.
- In particular, Northern Aboriginal children and youth face important health issues, which can be attributed to factors such as lifestyle choices, socio-economic conditions, health care availability, and environmental conditions.
- While serious challenges persist, this report focuses on positive efforts to mitigate the underlying causes of concern, by framing health challenges in terms of Aboriginal wellness. Wellness for Aboriginal children is positively impacted by a healthy lifestyle, strong family bonds, and academic achievement. For youth specifically, it also includes a sense of empowerment and self-determination.

The Centre for the North's foundational research noted that social determinants of health, in addition to quality health care, are fundamental to individual well-being and thriving communities in Canada's North. The research highlighted that Northern Aboriginal children and youth face important health issues, which can be attributed to factors such as "lifestyle choices, socio-economic conditions, health care availability, and environmental conditions."¹

Some of these health issues and conditions include the following:²

- Life expectancy in Nunavut is, on average, 10 years less than the national average.
- In 2006, the infant mortality rate in Canada's North was 6.6 per every 1,000 live births compared with 5 per every 1,000 live births in the South.
- In 2003, Inuit infant mortality rates were three times higher than the national average.
- In Nunavut and the Northwest Territories, the incidence of sexually transmitted infections is much higher than in other parts of Canada.
- Rates of infection for tuberculosis in Nunavut were nearly 62 times the national average.³
- Many Northern Aboriginal youth live with hunger, while changing lifestyles have also increased rates of obesity, certain cancers, high blood pressure, and nutrition-related childhood diseases, such as rickets and anemia.
- In 2010, one in five children in Nunavik under the age of 5 was reported for neglect.⁴

1 Sisco and Stonebridge, *Toward Thriving Northern Communities*, 36.

2 Ibid., 36

3 MacDonald, Hébert, and Stanbrook, "Tuberculosis in Nunavut," 741.

4 Sisco and Stonebridge, *Toward Thriving Northern Communities*, 35.

Aboriginal children and youth experience well above the national average in terms of both types of diabetes, exposure to violence, and substance abuse.

Further analysis indicates that Aboriginal people across Canada are more likely to suffer from negative health outcomes. For example, “Aboriginal peoples ... are 4 to 5 times more likely to be diabetic, 3 times more likely to have heart disease and hyper-tension and twice as likely to report a long-term disability.”⁵ Social problems are also endemic: the incarceration rates of Aboriginal people are five to six times higher than the national average. Suicide rates in First Nations and Inuit communities are a concern.⁶ From 2005–07, the suicide rates for individuals in high-percentage First Nations identity areas, aged 19 years old or younger, were 30 per 100,000 for males and 25.5 per 100,000 for females.⁷ From 2004–08, the suicide rates in Inuit Nunangat for the same age cohort were considerably higher: 101.6 per 100,000 for males and 41.6 per 100,000 for females.⁸ Studies link these higher suicide rates to such factors as “the erosion of conditions to promote security of identity, colonization and rapid cultural change, trans-generational grief associated with residential schooling, cultural oppression, marginalization, and inadequacies in the child welfare system.”⁹ Aboriginal children and youth experience well above the national average in terms of both types of diabetes, exposure to violence, and substance abuse.¹⁰ This is especially troubling for Canada’s Northern communities, which have both higher Aboriginal populations and a younger demographic.¹¹

The provision of health services to Aboriginal people, and Aboriginal youth in particular, is not without significant challenges. (See Appendix B for a deeper discussion and historical review of Aboriginal health policies and service delivery.) A 2002 report by the Standing Senate Committee

5 Kirmayer, Simpson, and Cargo, “Healing Traditions,” 11.

6 Chouinard and others, *Special Study*; Kirmayer, Simpson, and Cargo, “Healing Traditions,” 11.

7 Peters, Oliver, and Kohen, “Mortality Among Children and Youth,” 7.

8 Oliver, Peters, and Kohen, “Mortality Rates Among Children and Teenagers.”

9 Chouinard and others, *Special Study*, 11.

10 Blodgett and others, “From Practice to Praxis.”

11 Centre for the North, *From the Beginning; Kids These Days*.

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on Social Affairs, Science and Technology identified several challenges faced by the federal government in delivering its Aboriginal health programs and services, including “an increasing client base; a shortage of doctors and nurses [see Exhibit 1]; providing service in remote and isolated communities; maintaining and attracting physicians and nurses to work in isolated communities; difficult access to some specialized services; significant cost increases associated with drug benefits, medical technology and transportation; and increases in the rate of chronic diseases that require long-term care and drug therapy.”¹² The Committee also pointed to several barriers in the provision of health services to Aboriginal people. Jurisdictional confusion, for example, was resulting in program fragmentation, problems with program coordination and reporting, inconsistencies, gaps, possible overlaps in programs, lack of integration, and the inability to rationalize services.¹³ The geographic isolation of small rural and remote communities continued to make it difficult to support comprehensive access to services. These Northern and remote communities, in particular, faced significant barriers related to the high turnover rates of health workers, changes in visiting physicians, language, and the lack of integration of traditional and Western health systems.¹⁴ Such concerns reflected the broader issue that national health policies developed for *all* Aboriginal people could not adequately address specific regional or cultural concerns.

Similar sentiments were echoed in the 2002 Romanow Report, *Building on Values: The Future of Health Care in Canada*. It argued that a fundamental “disconnect” still existed between Aboriginal people and the rest of Canadian society with regard to sharing the benefits of Canada's health care system.¹⁵ The report recommended a greater focus on holistic approaches to health to “consider broader conditions

12 Standing Senate Committee on Social Affairs, Science and Technology, *The Health of Canadians*, 73.

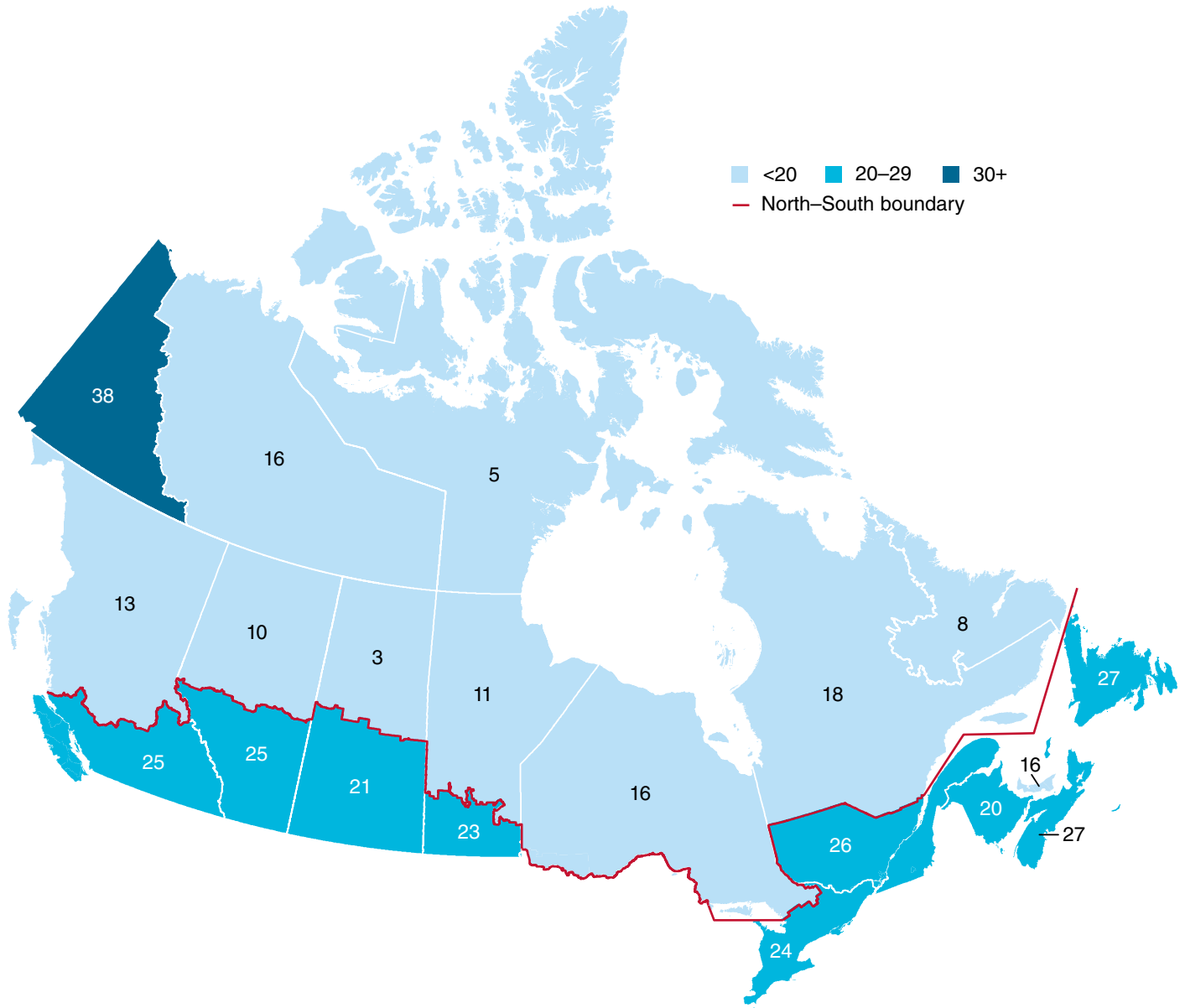
13 Ibid., 77.

14 Ibid., 78.

15 Romanow, *Building on Values*, 212.

Exhibit 1

Doctors per 10,000 People



Sources: 2006 Census; The Conference Board of Canada.

that help build capacity and good health in individuals and communities, such as nutrition, housing, education, employment and so on.”¹⁶

Such approaches focus on adapting health services to the realities of Aboriginal communities—including the need for child and youth wellness initiatives. According to the Romanow Commission, “Approaches that adapt health services to the social and cultural realities of different Aboriginal communities are providing the best results.”¹⁷

Framing Health Challenges in Terms of Aboriginal Wellness

This concept of wellness focuses on how individuals live their lives physically, mentally, spiritually, and emotionally.

Although national data on Aboriginal health services and outcomes are troubling, this report focuses on positive efforts to mitigate the underlying causes of concern. It does so by framing health challenges in terms of Aboriginal wellness, an overarching concept that experts have defined as “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully with the human and natural community.”¹⁸ This concept of wellness focuses on how individuals live their lives physically, mentally, spiritually, and emotionally, and establishes the balancing factors that positively or negatively impact their lives.¹⁹ For Aboriginal children and youth, wellness is positively impacted by a healthy diet, high levels of safe physical activity, strong family bonds, cultural continuity, and positive academic outcomes.²⁰ For youth specifically, it also includes a sense of empowerment through inclusion in community decision-making, policy development, and program implementation.²¹

¹⁶ Romanow, *Building on Values*, 224.

¹⁷ Ibid., 227.

¹⁸ Villalba, “Incorporating Wellness,” 32.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Kirmayer, Simpson, and Cargo, “Healing Traditions,” 11.

Our research grounds this important conceptual framework of wellness through an examination of three innovative wellness initiatives across Canada's North. These initiatives draw from holistic Indigenous concepts of balance and interconnectedness, recognizing that the well-being of individuals is intrinsically tied to the state of their families and communities.²²

Methodology

The goal of this research is to deliver new insights into and understanding of various elements associated with successful Aboriginal child and youth wellness strategies in Canada's North. According to the experts we consulted when designing this research project, there is a perceived gap in research related to wellness strategies for Aboriginal children and youth in the age range of 6 to 14 years. Many early childhood education programs end at age 6, and few programs seem to build on the foundations laid by these programs. Many experts believe that the period (ages 6 to 14) marks an important time of personal change and individual growth, where key supports are needed to encourage and promote lifelong health.²³ And while our research initially sought to focus specifically on this age range, the lack of data and a consistent definition of "youth" across disciplines, jurisdictions, and sectors necessitated a broader and much more inclusive approach to our research. When used in this report, "youth" generally includes the extended age range of 12 to 19.²⁴ However, whenever possible, specific age-based descriptions are used when discussing the scope of relevant Aboriginal child and youth wellness strategies, programs, and initiatives.

There were three key questions guiding the research for this report:

1. How do Northern Aboriginal children and youth, along with families and communities, define their wellness opportunities and challenges?

22 Richmond and Ross, "Social Support, Material Circumstance and Health Behaviour."

23 Public Health Agency of Canada, *The Chief Public Health Officer's Report*, 13–15.

24 Gaudet, "Emerging Adulthood: A New Stage in the Life Course," 4.

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2. What are successful examples of Northern Aboriginal child and youth wellness initiatives from across the provincial and territorial North? Why are they successful?
3. What types of multi-sectoral partnerships (at all levels of government) currently exist and are being developed to support positive Northern Aboriginal child and youth wellness outcomes? What is the evidence to support such partnerships?

These interviews emphasized the broader context of Canada's Northern Aboriginal health and wellness policies.

We conducted an extensive literature review that examined a range of key factors relating to Aboriginal child and youth wellness in Canada's North. Following the Centre for the North's research methodology, this research also sought to frame our questions within a broad overview of health policies applied to Aboriginal children and youth in the North, both on-reserve and off-reserve—in the territories as well as in the provincial North. We also completed 32 interviews with key stakeholders, including Aboriginal and non-Aboriginal health and wellness experts from multiple sectors across Canada's North. These interviews emphasized the broader context of Canada's Northern Aboriginal health and wellness policies, and how multiple sectors are working to address the complex and interrelated challenges of supporting Aboriginal child and youth wellness in the North. (See Appendix A for a sample interview guide, and Appendix B for a deeper historical review of Aboriginal health policies.) Following Centre for the North ethical guidelines for research, all interview participants provided their consent for this research and acknowledged that all interview data would be non-attributable, unless otherwise agreed upon. All interview data used in this report are therefore cited anonymously, unless otherwise acknowledged by interview participants.

Our analysis of Northern Aboriginal child and youth wellness strategies is further grounded in three case studies. These case studies were chosen to reflect the diversity of potential strategies, in collaboration with project advisors and Centre for the North Roundtable members. They include the Winnipeg Aboriginal Sports Achievement Centre North, a grassroots, Aboriginal youth-led, Winnipeg-based program that works with several Northern and isolated communities in Manitoba to provide

enrichment and support for Aboriginal youth; the “made in Nunavut by Nunavummiut” Makimautiksat Youth Wellness and Empowerment Camp initiated by the Qaujigiartiit Health Research Centre in Iqaluit to equip Nunavut youth with critical life skills and knowledge that fosters positive mental health and wellness; and the Government of the Northwest Territories’ Take a Kid Trapping program, designed to teach Aboriginal youth traditional hunting, harvesting, and outdoor survival practices in the context of living on the land.

These three case studies provide practical examples of Aboriginal youth wellness strategies in Canada’s provincial and territorial North. The case studies highlight some of the successful innovative practices and approaches, as well as challenges, in designing and delivering Aboriginal youth wellness programs across the North. They also provide examples of innovative initiatives that might be replicated or adapted to the diverse needs of other Northern communities.

The data presented in this research report are predominately qualitative. The Centre for the North’s *Here’s the North* map series and a small selection of related quantitative data were used to supplement this research. An extensive quantitative analysis of Aboriginal child and youth wellness programs in Canada’s North was beyond the scope of this research.

Although no single study of Aboriginal youth wellness can fully represent the diverse perspectives and multi-faceted health concerns of Canada’s Northern Aboriginal communities, the Centre for the North conducted an extensive review of the findings of this research. This included the participation of external and internal reviewers, as well as significant reviews by the Centre for the North’s Roundtable members and study participants. All of the comments and suggestions received were taken into account to finalize the report. The findings, conclusions, and recommendations, however, are those of The Conference Board of Canada’s Centre for the North.

CHAPTER 2

Assessing Wellness Challenges Among Aboriginal Youth in Canada's North

Chapter Summary

- This chapter provides a broad analysis of some of the current systemic challenges affecting Aboriginal youth wellness. It suggests that efforts to address Canada's colonial legacy require an understanding of the larger social, economic, political, and environmental factors that continue to negatively affect the health status of Aboriginal youth in Canada.
- Historical trauma is a “combination of acculturative stress, cultural bereavement, genocide, and racism that has been generalized, internalized, and institutionalized.”
- Climate change in the North is impacting the health of Aboriginal people.
- The rapid change in lifestyle for many Northern Aboriginal communities has increased youth exposure to negative coping mechanisms, such as alcohol, drugs, and violence.
- The youth suicide rates for high-percentage First Nations identity areas and Inuit Nunangat are a concern and are linked to a number of factors, including rapid socio-economic change and the transgenerational impact of residential schools, among others.

This chapter provides a broad analysis of some of the current systemic challenges to Aboriginal youth wellness in Canada's North. It suggests that efforts to address Canada's colonial legacy and its impacts on the wellness of Aboriginal youth require an understanding of the larger social, economic, political, and environmental factors that continue to negatively affect the health status of Aboriginal youth in Canada.

All involved need to attend to such issues as “access to quality education, employment opportunities, health practices, social stratification, social support networks, gender roles and relations, housing and crowded living conditions, exposure to environmental contaminants and hazards, and nutrition.”¹ In the North, this includes a greater emphasis on and understanding of the health effects resulting from climate change, because the “identities, well-being, livelihoods, histories, and emotional and spiritual connections of Aboriginal youth are rooted in the land on which they live.”²

According to Mussell, Cardiff, and White, wellness describes a “condition of optimal well-being.” Youth who enjoy wellness reflect family health. “Members of healthy families possess personal purpose, value family membership,” are inquisitive, “offer assistance, make choices, experience humility, have a sense of humour, are optimistic about the future, identify with family heritage, and possess a relatively secure personal identity.”³ Wellness is ultimately a process that is constantly seeking to balance the physical, emotional, intellectual, and spiritual aspects of life.⁴ This report builds upon a concept of Aboriginal wellness defined by experts as “a

1 Van Gaalen and others, “Reflections,” 12.

2 Willox and others, “From This Place and of This Place,” 546.

3 Mussell, Cardiff, and White, *The Mental Health and Well-Being of Aboriginal Children and Youth*, 16.

4 Ibid., 16.

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way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully with the human and natural community.”⁵ This concept of wellness focuses on how individuals live their lives physically and emotionally, and on the factors that positively or negatively impact their lives, such as coping skills, social relationships, physical health, spirituality, and creativity.⁶ For Aboriginal children and youth, wellness is positively impacted by a healthy diet, high levels of safe physical activity, strong family bonds, and positive academic outcomes.⁷ As they mature, it also includes a sense of empowerment through inclusion in community decision-making, policy development, and program implementation.⁸

Growing up as an Aboriginal youth in Canada's North is not always easy. Living conditions can be poor and future prospects can be few. In addition, many of these Aboriginal youth face significant wellness challenges, including “substance abuse, injection drug use, trauma, sexual or physical violence, homelessness or unstable housing, food insecurity, poverty, and street-involvement.”⁹ They are also highly over-represented in the criminal justice and child protection systems, and are under-represented among those who complete high school. Furthermore, high unemployment, fragmented families, poor housing, and sub-standard water and sanitary conditions characterize many of the communities in which they live.¹⁰

Often, the parents and even the grandparents of these youth are themselves suffering from unresolved grief and the effects of historical trauma. Historical trauma has been defined as “a combination of acculturative stress, cultural bereavement, genocide, and racism that

5 Villalba, “Incorporating Wellness,” 32.

6 Ibid.

7 Ibid.

8 Kirmayer, Simpson, and Cargo, “Healing Traditions,” 11.

9 Prentice and others, “Aboriginal Youth Experiences,” 13.

10 Sookraj and others, “Aboriginal Organizational Response,” 3; White and Jodoin, *Aboriginal Youth*, 50; Brant Castellano, “Reflections on Identity and Empowerment,” 7.

has been generalized, internalized, and institutionalized.”¹¹ Such trauma is “cumulative and unresolved. It can be implicated in many of the current health problems experienced by Indigenous communities.”¹² The impacts of historical trauma can be profound and pervasive, depleting entire communities of the types of social, economic, political, and cultural relationships that nurture individual and family health and promote collective well-being. Grieving, healing, and acknowledging the impacts of historical trauma are all crucial steps toward supporting the wellness of Aboriginal youth in Canada’s North.¹³

The history of colonization and environmental dispossession, and the resulting disruption of Aboriginal people’s connections to their land, has been “weakening or destroying closely associated cultural practices and participation in the traditional economy essential for health and well being.”¹⁴ Experts have pointed to environmental dispossession as a root cause of lifestyle changes contributing to rises in obesity and diabetes among Aboriginal youth, including increased sedentariness and diets high in sugar and saturated fats.¹⁵ The rapid change in lifestyle for many Northern Aboriginal communities has also increased youth exposure to negative coping mechanisms, such as alcohol, drugs, and violence. These coping mechanisms can devastate families and sometimes entire communities, pulling in Aboriginal youth who must also cope with the despair of their parents and kin. In this context, the “widespread dependence on health and social services, and the negative health behaviours associated with living in poverty” also pose significant challenges to supporting Aboriginal youth wellness in the

11 Wexler, “The Importance of Identity, History, and Culture,” 267.

12 Ibid., 267.

13 White and Jodoin, *Aboriginal Youth*, 51.

14 King, Smith, and Gracey, “Indigenous Health Part 2,” 76.

15 Richmond and Ross, “The Determinants of First Nation and Inuit Health.”

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North.¹⁶ They are also related to more general economic, political, and social disparities brought on by the historical legacy of colonialism and its intergenerational impact.¹⁷

Initiatives must therefore be developed to address these unique social, cultural, and economic circumstances of Aboriginal youth.¹⁸ (See box “Yellowknife Catholic School Board’s Ḏ Eḏezhe Program.) Life events during childhood “can have immediate and long-lasting effects on a person’s quality of life. The context in which children and youth are raised depends heavily on their parents or guardians and the communities in which they live.”¹⁹ In addition, many Aboriginal youth are choosing different paths: “Some are choosing a contemporary life, others a traditional life, and many are living a combination of different choices. Regardless of a person’s choices and for each path, there need to be supports in place that facilitate people building productive and harmonious lives.”²⁰

Yellowknife Catholic School Board’s Ḏ Eḏezhe Program

In 2009, the Yellowknife Catholic School Board received a grant to develop and implement a crime prevention program—Ḏ Eḏezhe. “Ḏ Eḏezhe” is a Dogrib expression that describes a person “who is capable, skillful, and knowledgeable: a person who has the skills needed to survive in the world in the traditional Dene sense.” The program includes community liaison support, mentorship, and leadership and resiliency development.²¹

16 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 410.

17 Ibid.

18 Prentice and others, “Aboriginal Youth Experiences of Accessing HIV Care and Treatment,” 14.

19 The Conference Board of Canada, *Roundtable*, 6.

20 Alianait Inuit-Specific Mental Wellness Task Group, *Alianait Inuit Mental Wellness Action Plan*, 10.

21 Lafferty, “Ḏ Eḏezhe,” 217.

The objective of Dq Edàezhe is to enhance the capacities of at-risk youth in an effort “to decrease risk factors and increase protective factors related to crime and victimization.”²² The project is based on a three-tiered program for students in grades 1 to 12. All youth in the program receive community liaison support. A smaller group receives additional mentoring, and a subset of these youth is also enrolled in a Leadership and Resiliency Program (LRP). Eighty per cent of students participating in the program are of Aboriginal descent.

The LRP component of Dq Edàezhe helps youth to “build a sense of identity from a foundation of success.”²³ The program teaches youth to build healthy relationships, set goals, and develop positive coping strategies. This is accomplished through alternative or adventure activities; service learning and community volunteer experiences; and participation in resiliency groups.

Over the years, the program participants have been engaged in numerous adventure activities. Many of these activities focus on traditional Dene culture and knowledge, and incorporate the teachings of Dene Kede (a Dene curriculum that was given approval by the Northwest Territories’ minister of education for implementation). These include such things as cultural camps; art projects; tree-tapping; muskrat trapping; caribou management; and traditional games. Through these adventure activities, LRP youth are given opportunities to “explore positive risk taking while learning to respect the land and acquiring new skills.”²⁴

Since 2009, there have been 724 students registered in various tiers of the Dq Edàezhe program. The results of the program include an “overall improvement in attendance, a decrease in the number of office referrals, and an increase in academic performance.”²⁵ Participants from this program also participate in the Government of the Northwest Territories’ Take a Kid Trapping program, which is explored in greater detail in Chapter 4 of this report.

Source: The Conference Board of Canada.

22 Lafferty, “Dq Edàezhe,” 217.

23 Ibid., 221.

24 Ibid., 222.

25 Ibid., 226.

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“Aboriginal youth want to be the solution, not the problem. Healing youth today will lead to their empowerment tomorrow.”

In its special report on suicide among Aboriginal people in 1995, the Royal Commission on Aboriginal Peoples (RCAP) highlighted the need for immediate and direct action to address the severe and devastating impact of Aboriginal youth suicide on immediate and extended families, peers, and entire communities.²⁶ According to the report, an integral element of youth suicide prevention is building hope: “hope that good housing will become available; hope that when you finish your education there will be a job for you; hope that someone somewhere cares; hope that this wretched life is not all that a person is going to have.”²⁷ RCAP’s special report further highlighted the important role of Aboriginal youth in fostering wellness and supporting the cultural continuity of their communities. It noted: “Aboriginal youth want to be the solution, not the problem. Healing youth today will lead to their empowerment tomorrow. With empowerment, they will have the mental, physical, emotional, and spiritual energy to help those around them: their peers, their parents, and their communities. The circle of wellness will grow.”²⁸

Historical and Intergenerational Trauma

The rapid socio-economic development of many Northern communities “has forced people to adapt to urbanisation, to the transfer of authority, and to [a] drastic structural transition from reliance on traditional modes of gaining a livelihood to the work life of modern industries.”²⁹ For youth, this means learning how to balance modern demands with their historical and cultural roots,³⁰ and, ultimately, addressing the “shocks of epidemics, displacements from lands, depleted food supply, suppression of ceremonies and languages, and the loss of children to residential school and child welfare agencies” that continue to reverberate through

26 Royal Commission on Aboriginal Peoples, *Choosing Life*, ix.

27 Ibid., 4.

28 Royal Commission on Aboriginal Peoples, “The Search for Belonging,”

29 Wexler, “The Importance of Identity, History, and Culture,” 270.

30 Ibid.

tight-knit communities.³¹ According to one key informant, a significant result of this legacy has been “the destruction of the family ... that undercutting of family, of parenting skills, the results of the residential school system ... All of that has led to kids raising kids who don’t know how to parent ... who don’t know how to show affection and love.”³²

Many of the challenges associated with the social determinants of health among Aboriginal youth in Northern Canada are also entrenched in Canada’s colonial legacy and are ultimately left “unexplainable by a traditional determinants of health framework.”³³ Positive health factors, such as balance, life control, education, material resources, social resources, and environmental/cultural connections, have all been greatly impacted by intergenerational trauma and misguided government policies. The results of assimilationist policies, such as residential schools, disrupted the social and cultural fabric central to Aboriginal identities, “as they forbade families from sharing their cultural practices (e.g., dances, ceremonies, language, songs), many of which tied Aboriginal people to features of their traditional environments, such as water, plants and animals.”³⁴ Some feel that residential schools also “took community away ... They took the children away and that destroyed the communities in many cases ... By doing that they also took the culture away.”³⁵ And while the current Truth and Reconciliation Commission is playing a significant role in the large-scale healing and awareness-raising related to residential school experiences across Canada, some feel that “at the community level—especially the remote communities—not a lot trickles down to them to really [make an] impact.”³⁶

31 Brant Castellano, “Reflections on Identity and Empowerment,” 8.

32 Participant interview.

33 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 406.

34 Ibid., 404.

35 Participant interview.

36 Participant interview.

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The colonial legacy has ultimately resulted in a collective trauma: “disrupting families and communities; the loss of parenting skills as a result of institutionalisation; patterns of emotional response resulting from the absence of warmth and intimacy in childhood; the carryover of physical and sexual abuse; the loss of Indigenous knowledges, languages, and traditions; and the systemic devaluing of Indigenous identity.”³⁷ According to one Aboriginal health expert,

You’ve got communities where 70 per cent of the residents are struggling—struggling with their own issues, their past, maybe even present trauma that is happening to them. There’s this overwhelming need for healing and some communities are doing it better than others. Some communities just don’t have any idea of how to get their heads around it and how to begin to really heal. Healing from trauma can be a long road and a hard road, but I think it’s worth it.³⁸

Unemployment and drug and alcohol addictions have become the most common social problems in these Northern communities.

For example, the Inuit community of Rigolet in Nunatsiavut “has experienced rapid socio-cultural and socio-economic changes over the last 60 years: forced relocation of residents from traditional homelands throughout the region into the five communities in Nunatsiavut resulting in a loss of land; children removed from their families and communities and sent to residential boarding schools (often quite far away), resulting in widespread spiritual and cultural assimilation, language erosion, discrimination, and marginalization; forced settlement, resulting in a change from nomadic living to sedentary communities; and an increased dependence on a cash economy.”³⁹ Unemployment and drug and alcohol addictions have become the most common social problems in these Northern communities. Such issues are directly related to community members’ frustration at their inability to generate economic opportunities from the land and a growing social divide between families with more and fewer economic

37 King, Smith, and Gracey, “Indigenous Health Part 2,” 78.

38 Participant interview.

39 Willox and others, “From This Place and of This Place,” 539.

resources.⁴⁰ According to Mohawk Elder and scholar Marlene Brant Castellano, many of the maladaptive responses to historical and intergenerational trauma have become embedded in the collective memory of Aboriginal people and are being passed on in oral narratives, and shaping perceptions and behaviours of successive generations. Ultimately, she notes, “When the shocks follow one another without intervals for recovery, pain and dysfunction are laid down layer upon layer and the original causes and effects become obscured.”⁴¹

One of the ongoing consequences of the colonial disruption of Aboriginal family and community life is that Aboriginal children continue to be over-represented in government care. In 2008, for example, there were “approximately 27,000 Aboriginal children younger than 17 in government care—three times the number enrolled in residential schools at the height of their operations, and more than at any time in Canada’s history.”⁴² However, one Aboriginal health expert notes that “as a result of all the trauma we’ve had in Indigenous communities, we’ve become pretty darned good at healing and wellness—because we’ve had to. We’ve had to train our people how to address some pretty heavy-duty stuff.”⁴³

Climate Change

The Canadian North is a focal point of current climate change thinking and debates. According to the United Nations Intergovernmental Panel on Climate Change (IPCC), temperatures in parts of the Western Canadian Arctic have risen by as much as 2.2°C over the past 50 years.⁴⁴ This is almost 1°C higher than the average increase for the country as a whole over roughly the same period.⁴⁵ Furthermore,

40 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 409.

41 Brant Castellano, “Reflections on Identity and Empowerment,” 211.

42 Ball, *Promoting Equity*, 10.

43 Participant interview.

44 Intergovernmental Panel on Climate Change, *Climate Change 2007*, 30.

45 National Roundtable on the Environment and the Economy, *Degrees of Change*, 19.

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the various regions of the Canadian North are warming at different rates. For example, annual temperatures in the Arctic have increased by 2°C since 1954, while temperatures in Northeastern Canada, including Labrador, have remained consistent over the same time frame.⁴⁶ The immediate effects of climate change are varied and complex. They include the reduction and thinning of sea ice (2012 saw the ice pack in the Arctic shrink to the lowest extent ever recorded),⁴⁷ the reduction of permafrost,⁴⁸ and the increase in the severity of extreme and unpredictable weather events.⁴⁹ Furthermore, the amount of annual snowfall is generally declining,⁵⁰ while sea levels are rising due to glacial melting and thermal expansion.

Remote and Northern Aboriginal communities are particularly sensitive to the impacts of climate change. Many of these communities are “dependent on water delivery and sewage collection by truck, basic water treatment facilities, and some settlements [are] located on marginal and hazardous locations.”⁵¹ Rising sea levels, in particular, are affecting Northern coastal communities dramatically. Since 2009, as many as eight metres of coastline have been lost to erosion in parts of the Canadian North, including the Inuit community of Tuktoyaktuk in the Northwest Territories.⁵² Other potential impacts of climate change in the North include “adjustments to the distribution of marine life due to changing water temperatures, alteration of marine currents, [and] changes in salinity and stratification.”⁵³

Climate change in the North is also having a broader impact on the health of Aboriginal people. This includes the “increased risk of foodborne and waterborne diseases; increased frequency and

46 Weller and others, “Summary and Synthesis of the ACIA,” 1011.

47 Vidal and Vaughan, “Arctic Sea Ice Shrinks to Smallest Extent Ever Recorded.”

48 Lemmen and others, *From Impacts to Adaption*, 76.

49 Muir, “Oceans and Climate Change,” 53.

50 Lemmen and others, *From Impacts to Adaption*, 75.

51 Ford and others, “Vulnerability of Aboriginal Health Systems,” 670.

52 CBC News, *Tuktoyaktuk on Front Line of Climate Change*.

53 Fournier, *Changing Tides*.

Climate change
is also impacting
access to country
foods.

distribution of vector-borne disease; increased mortality and injury due to extreme weather events; and increased respiratory and cardiovascular disease due to changes in air quality and increased allergens in the air.”⁵⁴ Climate change is also impacting access to country foods. For example, Inuit throughout Canada’s North are experiencing rapid and acute changes to the land. These changes include “decreased snow and ice quality, stability, and extent; later ice formation and earlier ice break-up; melting and slumping permafrost; increased frequency, duration, and intensity of storms; decreased water levels in ponds and brooks; and changes in the abundance, quality, and location of wildlife and vegetation.”⁵⁵

As climate change impacts the landscape, it is also affecting those “place-specific identities” that help to support the physical, mental, spiritual, and emotional wellness of Northern Aboriginal people, their children, and their youth. For example, Inuit in Rigolet, located on the northeast coast of Labrador, highlighted how getting out on the land helped them to deal with stress and to feel more “fulfilled” and “complete,” and “that their sense of mental health and well-being was suffering due to climatic and environmental changes.”⁵⁶ The research further documented that it was not only the wellness of individuals being negatively affected by climate change, but also the collective cohesion, health, and well-being of the community.⁵⁷

As environmental changes begin to alter local and regional landscapes, they are also disrupting “the ability of Inuit to continue to practise and participate in culturally and socially important land-based activities such as hunting, fishing, foraging, trapping, and travelling on snow and ice.”⁵⁸ A recent study conducted by the Nunatsiavut Inuit community of Rigolet, for example, noted that rapid climate changes were “disrupting hunting,

54 Willox and others, “From This Place and of This Place,” 539.

55 Ibid.

56 Ibid., 543.

57 Ibid.

58 Ibid., 539.

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fishing, foraging, trapping, and travelling to cabins because people were unable to travel regularly (or at all) due to dangerous travel conditions and unpredictable weather patterns.”⁵⁹ The study also highlighted that increasing variations in weather, snow, and ice were impacting the well-known patterns of wildlife migration and vegetation growth.⁶⁰

As a result of these climate changes, Northern Aboriginal communities are finding it more and more difficult to access country foods, such as fish, moose and deer, caribou, and seal.⁶¹ In the North, country foods are inexpensive and healthy alternatives to store-bought foods. (See box “Food Security Strategies for Remote First Nations in Northern Ontario.”) Many Northern Aboriginal people, however, are now replacing country foods with store-bought foods. Yet the high cost of healthy market food choices in the North “is shocking—everyone hears about the dozen eggs that cost \$18, or the four litres of milk that cost \$30, and then the bottle of [soda] that costs \$5.”⁶² So if unhealthy food options are “all you have access to on a limited budget ... it has a huge impact on physical health ... the ability to do well in school, to participate in recreational sports.”⁶³ This is especially troubling as research indicates that in Canada, obesity among Aboriginal children is more than double that among their non-Aboriginal peers, and a number of chronic diseases, such as type 2 diabetes and cardiovascular disease, are linked to obesity among Aboriginal people.⁶⁴ It should be no surprise that access to healthy food choices is paramount for supporting the wellness of Aboriginal children and youth in the North. According to one Aboriginal health expert:

59 Willox and others, “From This Place and of This Place,” 543.

60 Ibid.

61 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 407.

62 Participant interview.

63 Participant interview.

64 Pigford and others, “Using First Nations Children’s Perceptions,” 986.

If you're well fed, if you're fed properly, then your outlook is better; your energy level is better; you do more physically; you want to take better care of yourself; you can think better; you're more positive spiritually on life; and emotionally you're more well-balanced. All of those things are interrelated. When one is off ... the others go.⁶⁵

Food Security Strategies for Remote First Nations in Northern Ontario

Food security is a strategic priority for many Northern Aboriginal communities. Nishnawbe Aski Nation (NAN) represents 49 First Nations across a Northern region that encompasses two-thirds of Ontario's landmass. Thirty-two of NAN's member First Nations are remote fly-in communities. In 2011, NAN Chiefs in Assembly passed Resolution 11/40: "Support for the Development of Food Security Strategy for Nishnawbe Aski Nation (NAN) Territory." As part of its emerging strategy, NAN staff co-developed and piloted a summer food-box project with seven remote fly-in First Nations. The seven were eligible to receive full benefits from Aboriginal Affairs and Northern Development Canada's (AANDC) Nutrition North Canada (NNC) subsidy program.⁶⁶ NNC replaced AANDC's food mail program in 2011 and subsidizes the retail cost of supplying healthy perishable foods to select Northern communities. In 2011, NNC had 77 communities on its list from across Canada's North. The program's annual budget has been fixed at \$60 million, with \$2.8 million of this funding envelope dedicated to support nutrition initiatives under Health Canada. The latter are intended to promote healthy eating habits and knowledge on how to select and prepare healthy store-bought and traditional country foods. With only seven of their 32 remote fly-in communities eligible for subsidy and program support under NNC, NAN's Chiefs would like to see NNC's eligibility criteria extended to more remote Northern First Nations. They would also like to see the range of NNC's subsidized goods expanded to include supplies essential for hunting and harvesting traditional foods, such as ammunition, fuel, and storage coolers.

65 Participant interview.

66 Nishnawbe Aski Nation, *Collaborative Effort Brings Fresh Foods to Nan First Nations*.

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With program support from the Ministry of Children and Youth Services, NAN's community program team began exploring the potential for delivering food boxes to the eligible communities seven times over the summer months on a biweekly basis. They wanted to engage local producers from around Northern Ontario, and work with committed local "food actionists" in the region and participating First Nations to help promote awareness of food security issues and nutrition.

On the logistical side, NAN partnered with the True North Community Co-operative in Thunder Bay, as well as Quality Market (in Thunder Bay), Lockhart Air (in Sioux Lookout), and 15 regional producers and food harvesters. True North Community Co-operative is a registered NNC supplier, meaning it has the ability to receive NNC subsidies and take orders from eligible communities. At the time of the pilot, Quality Market provided its walk-in freezers for storage, while Lockhart Air helped transport the summer food boxes to the communities.

The pilot was a good proof of concept, although it proved difficult to sustain. Members of the seven First Nations had the option to order items such as locally produced whole wheat/rye flour, barley pancake mix, bran muffin mix, whole wheat pizza dough, oats, natural cheese, local honey, herbal teas, and local naturally raised beef, along with fruits, vegetables, rice, and beans. The price of the food boxes would have been equivalent to what customers in Thunder Bay would pay, except that the additional cost of transporting the food to the communities had to be added on.

One of the First Nations that bought into the pilot project was Fort Albany, a remote fly-in community on the shores of the Albany River on the western side of James Bay. According to the 2011 Census, the median age in Fort Albany was 21.5, with almost 33 per cent of the population aged under 15 years.⁶⁷ Members of Fort Albany have been particularly concerned by food insecurity and the food choices children and youth have at school. In 2004, their local school, the Peetabeck Academy, began a healthy snack program, which has had measurably positive outcomes in terms of increasing children's daily consumption of fruits and vegetables.⁶⁸ In 2008, concerned community members, school staff, and Fort Albany's Health Services established a farmers' market to sell meats, fruits, and vegetables out of the Peetabeck Academy.

67 Statistics Canada, *Fort Albany (Part)* 67.

68 Skinner and others, "Impact of a School Snack Program."

They then organized a Food Security Committee to politicize their work, expand community development activities, and find sustainable solutions to their ongoing food supply challenges.⁶⁹ Working with NAN staff, the True North Community Co-operative, and Food Share Ontario, in 2012, Fort Albany was able to develop a good food box program that supplies baskets of fresh produce from the food terminal in Toronto to the Peetabeck Academy farmers' market. NAN's research indicates that the food prices are substantially lower than those of a grocery store or other food supplier, in part thanks to the not-for-profit orientation of the True North Community Co-operative and Food Share Ontario.

As a local leader in NAN's regional food security activities, Fort Albany's Food Security Committee now supports numerous food initiatives, including community and household gardens, a poultry project, good food boxes, and the farmers' market.⁷⁰ Moreover, these are all initiatives that engage and encourage Fort Albany's youth to take ownership of their community's food security and lead by example. NAN's Chiefs are hoping to replicate Fort Albany's achievements as part of their evolving food security strategy. They have also found common cause with First Nations in Northern Manitoba and other Northern regions.

Source: The Conference Board of Canada.

The ability to draw resources from the land also plays a significant role in the maintenance of cultural continuity and wellness.⁷¹ However, reduced access to the land is also contributing to the decline of skills needed to harvest and produce traditional foods. This is especially apparent among Aboriginal youth. At one time, the greatest education Aboriginal youth received "was that associated with being out on the land. As these opportunities are reduced over time, however, the cultural exchange, language, and traditions associated with the environment are also diminished."⁷² And less time on the land also means that youth are not benefiting from the physical fitness associated with participating in these

69 True North Community Co-operative, *About Us*.

70 Ibid.

71 Richmond and Ross, "The Determinants of First Nation and Inuit Health," 407.

72 Ibid.

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traditional land-based activities, or the family time and mentoring that usually accompany time spent on the land.⁷³ However, some innovative initiatives, such as the Government of the Northwest Territories' Take a Kid Trapping program, are providing opportunities for students to learn about the history and contemporary relevance of the traditional economy. This program is discussed in detail in Chapter 4 of this report.

Aboriginal Youth Suicide

Suicide and suicide attempt rates among First Nations people and Inuit are substantially higher than rates reported in the general population.⁷⁴ From 2005–07, the suicide rates for youth in high-percentage First Nations identity areas were 30 per 100,000 for males (ages 1 to 19) and 25.5 per 100,000 for females (ages 1 to 19).⁷⁵ From 2004–08, the suicide rates in Inuit Nunangat were considerably higher: 101.6 per 100,000 for males (ages 1 to 19) and 41.6 per 100,000 for females (ages 1 to 19).⁷⁶ Studies link Aboriginal youth suicide rates to a number of factors, including rapid socio-economic change; the transgenerational impact of residential schools and other colonial-era policies of assimilation; and inadequacies in the child welfare system.⁷⁷ Unfortunately, for too many Aboriginal youth, "suicide comes to be a viable alternative when there seems to be no hope to finding help or relief from an unending cycle of poverty and abuse: social, racial, physical and sexual."⁷⁸ In many cases, these suicides are carried out by highly lethal means, through the use of guns and hanging, and occur in clusters, "where the suicide of one young person may trigger a series of suicides or attempts in the same group of youth or community within a relatively short period of time."⁷⁹

73 Flint and others, "Promoting Wellness in Alaskan Villages," 199.

74 Chouinard and others, *Special Study*, 7.

75 Peters, Oliver, and Kohen, "Mortality Among Children and Youth," 7.

76 Oliver, Peters, and Kohen, "Mortality Rates Among Children and Teenagers."

77 Ibid., 8; Chandler and Lalonde, "Cultural Continuity," 69.

78 Nishnawbe Aski Nation, *Horizons of Hope*, ix.

79 White and Jodoin, *Aboriginal Youth*, 20.

Accidental deaths, which are four to five times higher among Aboriginal people, may represent unreported suicides.

Some studies estimate that suicide accounts for more than a third of all deaths among young Aboriginal people, with young Aboriginal males having the highest rates of suicide of any group in Canada.⁸⁰ There are, however, marked differences in suicide rates among provinces and regions, and among Aboriginal communities.⁸¹ These data also do not provide a comprehensive national picture. In many instances, accidental deaths, which are four to five times higher among Aboriginal people, may represent unreported suicides. (See Exhibit 2.) In addition, “nonfatal suicide attempts as well as thoughts of suicide must also be factored in when considering the whole picture of suicide and its impact on Aboriginal people and communities.”⁸²

In 2005, Health Canada, in partnership with Inuit Tapiriit Kanatami (ITK), the National Inuit Youth Council (NIYC), and the Assembly of First Nations (AFN), established the National Aboriginal Youth Suicide Prevention Strategy (\$65 million from 2005–10) to address Aboriginal youth suicide. The Strategy was renewed for five years in 2010. The goal of the initiative is “to work in collaboration with provincial and territorial governments as well as Aboriginal organizations and communities to address high suicide rates among Aboriginal youth.”⁸³ To date, separate program and implementation guides have been created for First Nations people living on-reserve and for Inuit communities. The program has helped to identify important protective factors as key to successful suicide prevention, such as resilience, and a strong sense of identity, meaning, and purpose. Yet, the initiative could go further to more directly emphasize holistic factors, such as cultural continuity and the development of sustainable infrastructure, which experts have identified as key to supporting healthy Aboriginal youth.⁸⁴ Other examples of holistic factors would include “land-based activities and online education

80 White and Jodoin, *Aboriginal Youth*, 18–19; Government of Nunavut, *Nunavut Suicide Prevention Strategy*, 3–5.

81 Kirmayer and others, *Suicide Among Aboriginal People*, 16–17.

82 White and Jodoin, *Aboriginal Youth*, 20.

83 Chouinard and others, *Special Study*, 7.

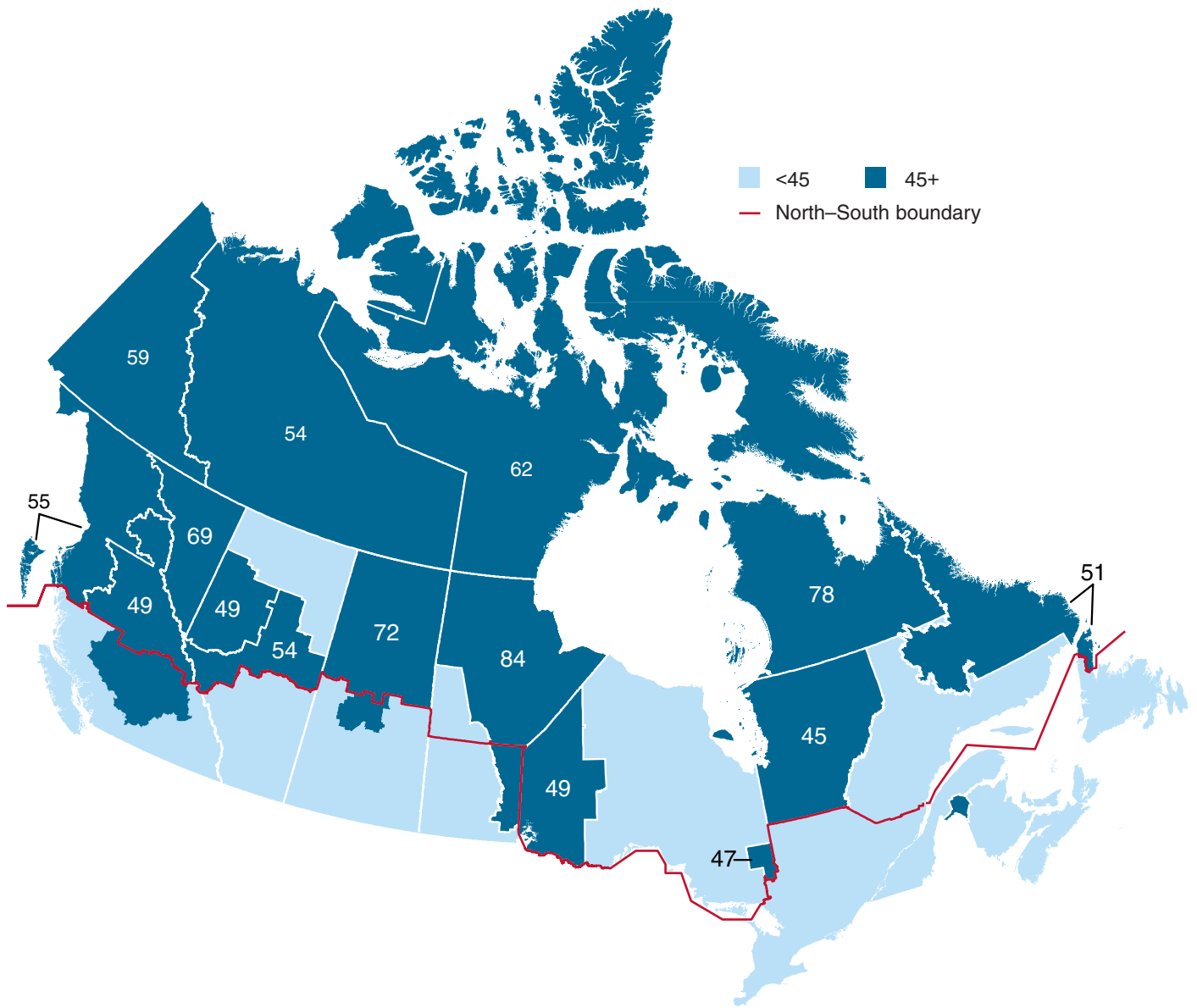
84 Chouinard and others, *Special Study*, 7.

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Exhibit 2

Deaths From Unintentional Injuries, 2009

(per 100,000 people)



Note: The North-South boundary line is based on health regions, rather than on census divisions, as in previous maps.
Sources: The Conference Board of Canada; Statistics Canada.

models that recognize the intergenerational and historical trauma that has affected First Nations and Inuit communities,”⁸⁵ as well as an increased awareness of and respect for the diverse roles of traditional healing and spiritual practices among Aboriginal peoples.⁸⁶

Closing the Wellness Gaps

According to one health policy practitioner, many Aboriginal communities in the North continue to distrust non-Aboriginal health programming.

It is clear that meaningful and enduring efforts are required to address historical and intergenerational trauma, the impacts of climate change, and the health and wellness of Aboriginal youth in Canada’s North. This includes the recognition that there are significant cultural variations in how people experience and support wellness—that, perhaps, dominant biomedical and psychiatric conceptions may be insufficient to explain the determinants of health and wellness for Aboriginal youth in Canada’s North. According to one health policy practitioner, many Aboriginal communities in the North continue to distrust non-Aboriginal health programming, believing “that it’s coming from a strictly Western biomedical approach—and it’s all about pushing medications on kids versus taking a more holistic approach.”⁸⁷ However, it is important to acknowledge that “Aboriginal youth resilience in the North is so idiosyncratic, it’s hard to turn it into policy.... So you happened to have had a good grandmother who provided a safe place for you—how do you reproduce that?”⁸⁸ Community-based solutions also need to be considered. According to one key informant, “A 24-hour diner could be the best type of mental health intervention you could have in these communities. Somewhere to go—any time of night—to get out of your house, get something decent to eat.”⁸⁹

⁸⁵ Chouinard and others, *Special Study*, 11.

⁸⁶ *Ibid.*, 26.

⁸⁷ Participant interview.

⁸⁸ Participant interview.

⁸⁹ Participant interview.

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As will be discussed in more detail in the following chapter of this report, Northern Aboriginal belief systems about health and wellness can differ qualitatively from Western approaches to health in terms of both theory and practice.⁹⁰ Research, however, suggests that it is not the determinants of health that are different between Aboriginal and non-Aboriginal people in Canada, but the current health and social needs of these distinct populations.⁹¹ This means focusing available resources and policy development on the fundamental determinants required to fully support Aboriginal youth wellness in Canada's North. In particular, programs should focus on fostering the conditions that will allow Aboriginal youth to find their purpose and assume responsibility for "embracing a personal vision of who they are and who they will become"⁹² and "helping them find their place ... where they fit ... where they feel that they're contributing ... where they feel useful ... where they feel they have something to offer."⁹³ This requires supporting youth in exploring deeper questions, such as, "What are you good at? What would you do if you could do anything you wanted?"⁹⁴ According to one Aboriginal health expert, this means "encouraging our youth to see that greatness in themselves, that there is more that [they] can offer to the world instead of opting to commit suicide or getting pregnant because there is nothing else to do."⁹⁵

Primarily, this requires meaningful efforts to address the very complex and nuanced historical, political, and social contexts of Aboriginal health, with an understanding that "health promotion efforts will not be equally effective across all contexts."⁹⁶ Research from Australia, for example, indicates that "the cultural inappropriateness of existing services, or the failure of mental health services and clinicians to

90 Stewart and others, "Expanding Health Literacy," 182.

91 Richmond and Ross, "The Determinants of First Nation and Inuit Health," 410.

92 Ibid.

93 Participant interview.

94 Participant interview.

95 Participant interview.

96 Richmond and Ross, "The Determinants of First Nation and Inuit Health," 410.

Engaging
Aboriginal youth
and including them
in decision-making
processes is also
fundamental.

embrace Aboriginal conceptualisations of health and wellbeing”⁹⁷ is directly impacting the accessibility of health services to Aboriginal youth.⁹⁸ Research in Canada suggests that many First Nations people prefer “to deal with medical practitioners who take a more holistic, inter-connective perspective that accounts for all the dimensions of an individual.”⁹⁹ Addressing these issues requires integrated and culturally relevant approaches that honour the linkages between “environmental dispossession, cultural identity, and the social determinants of health, and the ways these processes interact to shape health in local places.”¹⁰⁰

Engaging Aboriginal youth and including them in decision-making processes is also fundamental. This requires a shift in policy-making to acknowledge that Aboriginal youth “have things to contribute and refreshing perspectives. But there needs to be a partnership with adults. It’s not about giving money over to youth to do something; it’s about engaging them and having a real partnership.”¹⁰¹ Engaging youth also requires providing meaningful opportunities for youth to connect with each other. According to one Northern health policy analyst:

We don’t do a very good job of bringing youth together to be with youth. We bring them together to be representatives on a committee with people who are over 40. They don’t really feel like they have much of a voice. We need to do a better job at bringing youth together on a more regular basis to hear their voices.¹⁰²

Supporting Aboriginal youth wellness in Canada’s North also requires safe and healthy opportunities for youth to spend time on the land and with their Elders. Such efforts can also provide important additions

97 Westerman, “Engaging Australian Aboriginal Youth,” 212.

98 Ibid., 215.

99 Frideres, *First Nations in the Twenty-First Century*, 117.

100 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 410.

101 Participant interview.

102 Participant interview.

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to childhood education and health services programming in Northern communities. This is all part of an increasing awareness of the importance of Aboriginal holistic programming to support Aboriginal youth wellness in the North. The following chapter explores some of the key elements of this holistic approach to Aboriginal youth wellness, and Chapter 4 further grounds this discussion in three case studies of Aboriginal youth wellness initiatives from across Canada's North.

CHAPTER 3

Building on Strengths: Holistic Approaches to Aboriginal Youth Wellness

Chapter Summary

- This chapter examines some of the key elements of holistic Aboriginal wellness paradigms in Canada within the broader context of a social determinants approach to health. The following discussion identifies four key elements of successful strength-based approaches to Aboriginal youth wellness in Canada's North: cultural continuity; community resilience; youth leadership and mentoring; and innovative educational programming.
- A social determinants approach to health recognizes the importance of reorganizing society and its structure in the service of health. Key social determinants of health—such as income equality, and housing availability and affordability, for example—have not improved for Canada's Northern Aboriginal population. In fact, they have worsened, impacting the implementation of wellness strategies and programs.
- Youth wellness is closely linked to securing a stable livelihood and thereby to fostering empowerment and self-worth.
- With its actual and potential influence on Aboriginal youth employment, including career development, the private sector plays an important role in supporting Aboriginal youth wellness in Canada's North.

This chapter examines some of the key elements of holistic Aboriginal wellness paradigms in Canada within the broader context of a social determinants approach to health. It provides a broad analysis of some of the specific approaches being used to support Aboriginal child and youth wellness strategies in Canada's North, and ultimately suggests that a better understanding of and respect for Aboriginal concepts of wellness could help to ensure the development and delivery of more effective policies in support of the positive wellness outcomes of Aboriginal youth. It concludes with an important discussion of the role of the private sector in supporting Aboriginal youth wellness in Canada's North.

The Social Determinants of Health

It is well understood that social and economic forces can determine the health of populations (the social determinants of health).¹ Social determinants of health are universally thought to include such things as income, education, employment, living conditions, social support, and access to health services.² These stand for the societal factors that shape the health of individuals and populations. And recently, "a distinction has been made between social determinants of health and the distribution of the social determinants of health. In the former case, focus is on how these factors shape health outcomes in general. In the latter case, focus is on how the inequitable distribution of these

1 The Conference Board of Canada, *Roundtable*, 6.

2 King, Smith, and Gracey, "Indigenous Health Part 2," 77.

Health policies have largely focused on “understanding health problems as individual problems rather than societal [ones].”

determinants comes to cause health inequalities.”³ Developing health policy within this framework requires emphasizing the improvement of the general quality of living conditions, with particular attention paid to improving the health “of disadvantaged populations by making the distribution of the social determinants of health more equitable.”⁴

Historical attempts by the Canadian government to develop holistic policies to reduce health inequalities highlighted the importance of “strengthening income security, employment, education, housing, business, agriculture, transportation, justice, and technology policies.”⁵ Over the last two decades, however, health policies and interventions in Canada have focused primarily “on the importance of influencing biomedical risk factors and Canadians’ ‘lifestyle choices.’”⁶ This reflects a traditional health sciences and epidemiological approach to understanding health issues. According to some health experts, this has included a greater reliance on quantitative and statistical approaches to understanding health and its determinants; the tendency to view health and illness as an individual responsibility separate from larger social influences; the promotion of non-normative approaches to health issues; and continued efforts to de-politicize these health issues.⁷

As a result, health policies have largely focused on “understanding health problems as individual problems rather than societal [ones].... and [specifying] the cause of the health problem as residing within faulty biomedical markers, specific individual motivations, and risk behaviours that are somehow under individual control.”⁸ This approach has generally avoided dealing with aspects of the broader environments related to health, such as the political, economic, and social forces that shape

3 Bryant and others, “Canada: A Land of Missed Opportunity,” 45.

4 Ibid.

5 Health Canada, *A New Perspective*; Health Canada, *Achieving Health for All*; Bryant and others, “Canada: A Land of Missed Opportunity,” 46.

6 Bryant and others, “Canada: A Land of Missed Opportunity,” 46.

7 Raphael, Curry-Stevens, and Bryant, “Barriers to Addressing the Social Determinants of Health,” 224.

8 Ibid., 225–26.

Aboriginal children in Canada are over two and a half times more likely to live in poverty than non-Aboriginal children.

the quality of individual and community health. Instead, it has focused on developing policies that emphasize improving health by “modifying individual markers, motivations, and behaviours.”⁹

A social determinants approach to health recognizes the importance of reorganizing society and its structure in the service of health. Key social determinants of health—such as income equality, and housing availability and affordability, for example—have not improved. In fact, they have worsened, especially in Canada's North and among Aboriginal people.¹⁰ Canada is one of the few nations in the Organisation for Economic Co-operation and Development (OECD) where, over the past two decades, child poverty rates have been consistently higher than overall poverty rates.¹¹ A 2013 Canadian Centre for Policy Alternatives study of 2006 Census data found that Aboriginal children in Canada are over two and a half times more likely to live in poverty than non-Aboriginal children.¹²

Housing, in particular, is one of the key determinants of health. Poor housing options for children “often result in higher rates of hospital admissions for children and can affect health in adult life.”¹³ A recent study examining Aboriginal experiences accessing HIV care and treatment confirmed that stable housing, in the city or on-reserve, was an essential element of successful treatment programs.¹⁴ Several Aboriginal youth participating in the study said that “stable housing on reserve, away from urban centers associated with [intravenous] drug use, was essential to the way they managed their substance use and therefore, to the way they managed their HIV.”¹⁵

9 Raphael, Curry-Stevens, and Bryant, “Barriers to Addressing the Social Determinants of Health,” 227–28.

10 Pulla, *Framing Sustainable Housing Options*.

11 Bryant and others, “Canada: A Land of Missed Opportunity,” 47; Arndell, *How Are Canadians Really Doing?*, 17.

12 MacDonald and Wilson, *Poverty or Prosperity*.

13 The Conference Board of Canada, *Roundtable*, 10.

14 Prentice and others, “Aboriginal Youth Experiences,” 11.

15 Ibid.

Despite these challenges, significant strides have been made in the development and implementation of early childhood development programs in Aboriginal communities. It is well understood that supporting positive conditions for children is crucial for positive health outcomes, with “long lasting effects on health and the development of disease during adulthood.”¹⁶ Yet, early childhood development is also influenced by other social determinants of health, such as adequate income and food security.¹⁷ Except for Quebec, affordable and regulated child care can be difficult to find. In fact, a report by the OECD, based on 2005 data, ranked Canada 36th out of 37 OECD countries in terms of percentage of GDP spent on child care and early childhood education services.¹⁸ Access to these kinds of early childhood programs is critical for children living in poverty and especially important for First Nations, where the poverty rate of status First Nations children living on-reserve is triple that of non-Indigenous children.¹⁹

Examples of Successful Aboriginal Early Childhood Development Initiatives

Since 1995, the federal government has been supporting a variety of community-based and home-centred early childhood development programs for Aboriginal people. According to some health experts, there are five main aspects associated with quality Aboriginal early childhood education programs:

1. They privilege Aboriginal pedagogy.
2. They promote Indigenous languages and culture.
3. They are adequately staffed by qualified Aboriginal educators.

16 Bryant and others, “Canada: A Land of Missed Opportunity,” 52.

17 Ibid., 52–53.

18 Raphael, “The Health of Canada’s Children,” 145.

19 Bryant and others, “Canada: A Land of Missed Opportunity,” 52–53; MacDonald and Wilson, *Poverty or Prosperity*.

4. They empower Aboriginal parents and communities.
5. In the case of kindergarten services, they provide a full-day timetable.²⁰

These programs, activities, and/or experiences are intended to promote the overall health and education of children under the age of 9 years and encompass “a broad assortment of educational programs and services. These include, but are not limited to, prenatal care, childcare/daycare, family resource centres, family support programs, nurseries, preschools, Head Start programs, prekindergarten programs, kindergarten and primary grades in public school.”²¹ The goal of these programs is “to promote the overall healthy development of children and their families, enrich early learning experiences and increase the prospect of Aboriginal peoples achieving parity in education.”²² Many of these programs are also helping “to provide a sense of family and community ... especially if [the children] are experiencing their families being fractured or shattered through the legacy of colonization and poverty.”²³

Aboriginal communities across Canada have been developing their own approaches for different early childhood programs.

First Nations people and Inuit are largely responsible for directing, designing, and delivering these services in their communities as part of their “inherent right to make decisions affecting their children.”²⁴ As a result, Aboriginal communities across Canada have been developing their own approaches for different early childhood programs, including home-visiting programs, nurseries, and preschools. Such approaches largely seek to reinforce a positive Aboriginal identity in children and their families. They achieve this by “drawing upon traditional motifs in arts and crafts, drama, dance, and stories, and by providing opportunities to engage with positive Aboriginal role models in child care and teaching.”²⁵ The programs also draw on the “curricula common to many early childhood programs—such as music and

20 Preston and others, “Aboriginal Early Childhood Education in Canada,” 7.

21 Ibid., 4.

22 Ibid.

23 Participant interview.

24 Ball, *Promoting Equity*, 15.

25 Ibid.

movement, story-telling, pre-literacy and pre-numeracy games, as well as parenting skills.”²⁶ Some of these programs target families that need additional support “to stop the cycle of child removal by welfare agencies.”²⁷ This includes extra support for supervision, nutrition, and nurturing of their children. Some programs also specifically target children with health or developmental challenges, like fetal alcohol syndrome.

According to one expert, these programs introduce and affirm the Aboriginal cultural backgrounds of participating children from a very early age: “This is critical for health and wellness ... a lot of the health and wellness problems that we have stem back to ruptured identities ... We’re at a point now where we’re trying to rebuild our Indigenous identities that were stripped away from us through the colonial process, and we need to do that through cultural awareness and engagement.”²⁸ These programs are therefore helping Aboriginal youth at a very young age “to build self-esteem, self-worth, sense of belonging, purpose, and sense of community, which are really vital for [Aboriginal youth] to go forward and be healthy and be successful.”²⁹

For many Aboriginal families, however, access to early childhood programs and developmental services is complicated from both a funding and a regulatory perspective. This is due to the “multiple jurisdictions involved in delivery and the significant variation in provisions for young children and families between provinces.”³⁰ Ball points out that, “Most First Nations children residing on reserve have no access to ancillary health services such as those provided by speech-language, occupational or physical therapists. And when a child does have access, the services are not paid for or reimbursed by the

26 Ball, *Promoting Equity*, 15.

27 Ibid.

28 Participant interview.

29 Participant interview.

30 Ball, *Promoting Equity*, 14.

federal government.”³¹ In general, Health Canada covers transportation costs for all eligible First Nations people and Inuit to access medically necessary, provincially or territorially insured services; however, many ancillary health services are not insured by the province or territory and are not accessible to any residents—whether Aboriginal or non-Aboriginal—unless they make arrangements on their own (e.g., through private insurance or out-of-pocket expenses).

Aboriginal Head Start

Motivated by the American Head Start movement pioneered in the 1960s, Aboriginal Head Start in Urban and Northern Communities (AHSUNC) was established by the federal government in 1995. Its program support now falls under the Public Health Agency of Canada (PHAC). The goal of AHSUNC has been “to address disparities in educational attainment between First Nations, Métis and Inuit children and non-Aboriginal children living in urban centres and large Northern communities.”³² According to one early childhood education expert, over the years the federal investments in Aboriginal Head Start (AHS) have been phenomenal: “You could argue that it’s Canada’s best-kept secret and it’s the most successful thing Canada is doing for Aboriginal people.”³³

In 1998, AHS was expanded to include children living on-reserve in First Nations communities.

The program is made up of six components: culture and language; education and school readiness; health promotion; nutrition; social support; and parent/family involvement.³⁴ In 1998, AHS was expanded to include children living on-reserve in First Nations communities, as the Aboriginal Head Start On Reserve (AHSOR) program under Health Canada. As a result, all Aboriginal children aged 3 to 5 are eligible for the program. Acceptance is generally based on a first-come, first-served basis, though programs may also reserve spaces for children “referred

31 Ball, *Promoting Equity*, 14.

32 Ibid.

33 Participant interview.

34 Ball, *Promoting Equity*, 15–16.

by child welfare or other social service agencies in the community.”³⁵ AHS priorities and goals are to ensure that children who most need a program are eligible and that those who will most benefit receive first priority to attend.

AHS programs are typically designed and managed by groups within Aboriginal communities or by “First Nations governments in consultation with parent advisory committees,” and “national and regional committees of Aboriginal representatives oversee their implementation.”³⁶ Strong efforts are made to hire Aboriginal staff and expose children to Indigenous languages. Early childhood educators work directly “with Elders, Aboriginal language specialists, traditional teachers, and parents to enhance the development, cultural pride and school readiness of young children.”³⁷

Under Budget 2010, AHS received an additional \$50 million (\$25 million for PHAC and \$25 million for Health Canada) over five years (2010–15). In the 2013–14 program period, PHAC is providing \$32.1 million to support approximately 4,800 children at 131 sites in 115 urban and Northern off-reserve communities.³⁸ During the previous 2012–13 program period, 55 per cent of 131 AHSUNC sites had a waiting list, and the program reached an estimated 8 per cent of eligible Aboriginal children aged 3 to 5 years and living off-reserve.³⁹ Health Canada, in the 2013–14 program period, is providing \$59 million to support more than 9,000 children in over 300 AHS on-reserve sites.⁴⁰

35 Ball, *Promoting Equity*, 15–16.

36 Ibid.

37 Ibid.

38 Public Health Agency of Canada, *Supplementary Information Tables*, 2.

39 Ibid.

40 Health Canada, *Aboriginal Head Start on Reserve*.

Aboriginal Youth Wellness: A Holistic Approach

As a culturally relevant social determinants of health framework, the concept of wellness helps to draw attention to the complex relationships among the social, spiritual, economic, political, cultural, and environmental health determinants of Aboriginal youth in Canada's North. For example, as part of its efforts to develop and publish the first *British Columbia Atlas of Wellness*, the University of Victoria conducted an extensive critical synthesis of the literature relating to and defining the concept of wellness.⁴¹ Based on this research, the investigators were able to represent the concept of wellness through 10 key interrelated dimensions: physical; emotional; social; intellectual; spiritual; occupational; environmental; cultural; economic; and climatic. (See Exhibit 3.) Each of these dimensions is considered to work in concert with its counterparts to support the overall wellness of an individual.

This holistic approach to wellness is very similar to Aboriginal concepts of wellness.

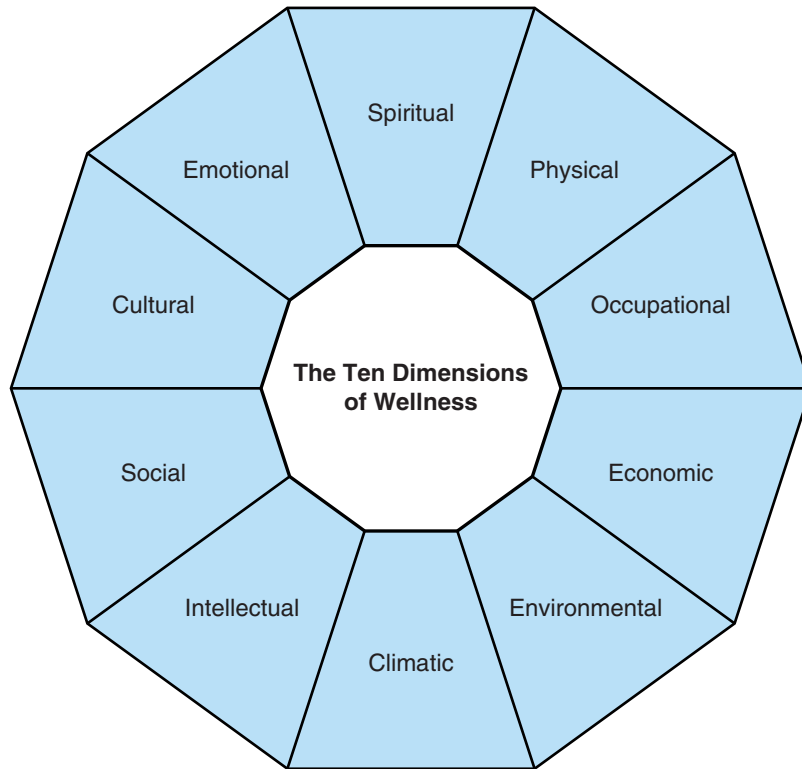
This holistic approach to wellness is very similar to Aboriginal concepts of wellness. Traditionally, Aboriginal communities were fully responsible for the maintenance of their own health and the management of disease. Their systems of health “drew from the knowledge of their Elders, medicine men and midwives, many of whom have used traditional medicines, such as roots, herbs and plants to treat various ailments for generations.” With the introduction of government health services and the abolishment of traditional forms of healing, such as the Sun Dance, the Shaking Tent, and other sacred ceremonies, the role of traditional healers within Aboriginal health care has been diminished.⁴² As noted in the previous chapter, these assimilationist policies have led to a reduction in self-esteem among individuals and in their abilities to care for themselves and their communities in times of illness: this is largely

41 Miller and Foster, *Critical Synthesis of Wellness Literature*.

42 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 408; Waldram, Herring, and Young, *Aboriginal Health in Canada*.

Exhibit 3

The 10 Dimensions of Wellness



Source: Adapted from Miller and Foster, *Critical Synthesis of Wellness Literature*, 11–20.

a result of the shift in lifestyle from active to sedentary, the decreased participation in traditional ceremonies, and the reliance on government to support health care needs.⁴³

Contemporary Aboriginal wellness frameworks, however, are once again positing health from a holistic and multi-dimensional perspective. These approaches go beyond the physical health of individuals and communities to include the social, psychological, environmental, economic, political, cultural, and spiritual dimensions of health. They recognize that the wellness of Northern Aboriginal people and their

43 Richmond and Ross, "The Determinants of First Nation and Inuit Health," 408.

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communities “cannot be defined and represented solely by economic growth” but by holism and balance.⁴⁴ Wellness, ultimately, “is everything from not having a crowded home, to food on the table, [and] good family dialogue.”⁴⁵ One First Nations perspective, for example, views health and wellness using a “total health” approach: “All aspects and components of health and well-being are seen as integrally interconnected with one another within an inclusive and inter-related and interactive web of life and living.”⁴⁶ Wellness, therefore, encompasses all levels of personhood, understood as the body, mind, heart, and spirit. Following Chretien’s conceptualization,⁴⁷ this includes:

- physical health, mental health, emotional health, and spiritual health;
- healthy behaviour and lifestyle, healthy mental function, cultural continuity with the past, and future opportunity;
- healthy home life, connection to culture, community life, extended family connection, and spirituality as a First Nations person;
- a healthy connection to and relationship with the living environment—the land and natural environment, cultural environment, context of activity, community, family, and everyday living environment.

It is well understood that there are many different and distinct Indigenous models of health and wellness. For the sake of this discussion, however, some generalizations can be identified. For example, “concepts such as balance, holism, and interconnectedness are regarded as keys for healthy living among Indigenous communities around the world.”⁴⁸ Many experts suggest that a focus on balancing the four dimensions of life—the physical, mental, spiritual, and emotional—forms the general basis of many Aboriginal wellness paradigms. These paradigms are grounded in an understanding of the inherent interconnectedness of individuals,

44 Chretien, *A Resource Guide*, 8; Van Gaalen and others, “Reflections on Mental Wellness,” 9.

45 Participant interview.

46 First Nations Centre, *First Nations Regional Longitudinal Health Survey*, 8.

47 Chretien, *A Resource Guide*, 6.

48 Richmond and Ross, “Social Support, Material Circumstance and Health Behaviour,” 1424.

As one Aboriginal health expert noted, “If you have a balance in your medicine wheel, then you can roll!”

families, and communities living in harmony with one other and with the spirit worlds.⁴⁹ According to one Cree Elder, wellness is fundamentally “the balance of the four aspects of our nature: mental, physical, spiritual, and emotional.”⁵⁰ This idea of balance is illustrated by the Anishinaabe “medicine wheel,” which is divided into four equal parts of four different colours representing these four aspects of the individual. As one Aboriginal health expert noted, “If you have a balance in your medicine wheel, then you can roll!”⁵¹

As a result, many Indigenous models of health and wellness place a distinct emphasis “on the larger social system within which the individual lives”⁵² and “recognize that individual health is shaped by features of the larger social context, including family, community, nature and Creator.”⁵³ Supporting the wellness of Aboriginal youth is therefore interconnected with supporting the wellness of Aboriginal communities, families, and their surrounding environments.⁵⁴ The following discussion identifies four key strengths that can be found in Northern Aboriginal communities, which support holistic approaches to Aboriginal youth wellness in the North: cultural continuity; community resilience; youth leadership and mentoring; and innovative educational programming.

Cultural Continuity

The growing “generation gap” between Aboriginal youth and Elders is resulting in a loss of knowledge and understanding of their cultural traditions and Aboriginal heritage. Numerous studies highlight the significant connection between the wellness of Aboriginal youth and their

49 Van Gaalen and others, “Reflections on Mental Wellness,” 9; Chretien, *A Resource Guide*, 8; King, Smith, and Gracey, “Indigenous Health Part 2,” 77.

50 Participant interview.

51 Participant interview.

52 Richmond and Ross, “Social Support, Material Circumstance and Health Behaviour,” 1424.

53 Ibid.

54 Van Gaalen and others, “Reflections on Mental Wellness,” 9.

Strong cultural identities also help Aboriginal youth to distinguish themselves from the dominant society and to positively understand this difference.

identification and involvement with their culture; in fact, a strong sense of cultural identity has been correlated with higher levels of psychological health for Aboriginal youth and may be an important protective factor against suicide.⁵⁵ Developing this strong sense of cultural identity involves recognizing cultural attributes, such as beliefs, values, practices, norms, traditions, and heritage, as well as understanding how these attributes are reflected as part of a contemporary identity. When Aboriginal youth are able to develop a clear understanding of their cultural past, present, and future, “it is easier for them to sustain a sense of connectedness and commitment to their future.”⁵⁶ Strong cultural identities also help Aboriginal youth to distinguish themselves from the dominant society and to positively understand this difference. Sometimes this means negotiating the contradictions between traditional cultures and contemporary mainstream society.⁵⁷ Yet, it also provides a positive basis for “collective meaning-making” as a way to address historical trauma and the colonial legacy.⁵⁸

Efforts at collective meaning-making among Aboriginal youth can include such things as participation in Aboriginal language and history courses; involvement in traditional arts and crafts; participation in the transmission of community traditions and Elders' teachings; participation in youth drumming and dance groups; and involvement in regular community ceremonies and feasts.⁵⁹ Programs that encourage Aboriginal youth to experience the landscape and traditional resources of their natural environment can combine many of these activities in contemporary ways. These include the promotion of traditional harvesting activities and “encouraging local schools to incorporate Aboriginal languages and traditional activities into their curricula.”⁶⁰ In addition to on-the-

55 Wexler, “The Importance of Identity, History, and Culture,” 267; Chandler and Lalonde, “Cultural Continuity as a Protective Factor,” 69.

56 Wexler, “The Importance of Identity, History, and Culture,” 270.

57 Ibid., 9; Wexler, DiFluvio, and Burke, “Resilience and Marginalized Youth,” 567.

58 Wexler, DiFluvio, and Burke, “Resilience and Marginalized Youth,” 568.

59 White and Jodoin, *Aboriginal Youth*, 39.

60 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 410.

land programs, other community-based activities, such as “recreational activities, sports nights, community craft evenings, youth nights, and support groups, can also be further enhanced to provide healthy culturally-relevant opportunities for youth to spend time on the land.”⁶¹

The goal of these programs is to help strengthen the cultural identity of Aboriginal youth and provide them with “personal resources that will benefit them intellectually, physically, emotionally, and spiritually.”⁶² The Government of the Northwest Territories’ Take a Kid Trapping program, for example, focuses on sharing elements of traditional Aboriginal culture and tradition with youth that may otherwise have been lost to them. This program also provides youth with opportunities to build meaningful and respectful relationships with their Elders and broader community.

Community Resilience

Supporting Aboriginal youth wellness in Canada’s North also requires a focus on enhancing community resilience. Because Aboriginal youth learn so much through active participation, engaging them within family and community contexts plays a significant role in influencing their lifestyle behaviours.⁶³ Resilient Northern communities are able to make decisions for themselves, identify their problems, and make and implement plans that draw on their internal strengths and resources. They are therefore able to recognize and address wellness challenges within the unique context of their community, and develop potential solutions based on collective responsibility and action.⁶⁴ This includes, for example, “encouraging Elders and adult community members to be active, healthy role models for children to help promote healthy lifestyles and prevent [diseases such as] type 2 diabetes.”⁶⁵ In fact, “strategies

61 Willox and others, “From This Place and of This Place,” 545.

62 Ibid., 545.

63 Pigford and others, “Using First Nations Children’s Perceptions,” 991.

64 White and Jodoin, *Aboriginal Youth*, 59.

65 Pigford and others, “Using First Nations Children’s Perceptions,” 992.

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that have engaged parents, families, and communities have been more successful at preventing [diseases such as] obesity than approaches that target children exclusively.”⁶⁶

At their core, resilient Northern communities are also secure communities. Achieving a sense of security is an integral part of supporting positive wellness outcomes among youth: “When you’re on the edge, it’s like a domino effect—all these aspects of your life are linked. So if you’re not eating well, you’re not going to be thinking well. You’re worried about your job, you’re worried about your kid, you’re worried about social services. It’s all going to contribute to a very shaky situation where you’re unable to plan for the future—tomorrow, not necessarily 10 years [from now].”⁶⁷ Cultivating a sense of security, therefore, helps youth to predict “tomorrow is going to be more or less like today, or maybe better.”⁶⁸ This is essential in many Northern Aboriginal communities, “where things are so chaotic ... where people can’t predict what tomorrow is going to be—you might not have your house, you might not have your room, you might not have enough to eat—it’s impossible to develop a sense of wellness or get ahead.”⁶⁹

Families need to understand the challenges and support the journeys of youth.

The Aboriginal philosophy “all my relations” also recognizes that resilience originates outside of the individual—in family, community, society, and nature.⁷⁰ This collective and relational aspect of resilience combines “spirituality, family strength, Elders, ceremonial ritual, oral traditions, identity and support.”⁷¹ “Having everyone involved in the healing process” is essential.⁷² Families need to understand the challenges and support the journeys of youth. This requires parents (especially) to “be there” for their kids; to acknowledge that their kids have heavy things happening

66 Pigford and others, “Using First Nations Children’s Perceptions,” 992.

67 Participant interview.

68 Participant interview.

69 Participant interview.

70 McCormick, “All My Relations,” 4.

71 Ibid.

72 Participant interview.

in their lives and “to reach out for support from the friendship centres, the healing centres, to try to get them doing activities to improve certain skills.” But for many parents this can be extremely hard, “if their mental health is not well, or they don’t have the funds or the ability to provide.”⁷³ Parents can also support their children and youth by encouraging them to “dream big” and discover what their purposes are. The goal is “to support a vision of where [children and youth] can contribute their gifts—a greatness they can offer to the community—to recognize that everybody has something important to offer.”⁷⁴

Resilient communities are able to support youth in their journeys toward balance, belonging and connectedness, cleansing, empowerment, and discipline. According to Mohawk psychologist Dr. Rod McCormick:

Balance as defined by Aboriginal teachings such as the medicine wheel is attained and maintained through a balance between the four dimensions of the self: mental, physical, emotional and spiritual. Belonging or connectedness is to attain or maintain connection with sources of meaning and guidance beyond the self, such as family, community, culture, nation, the natural world and the spiritual world. Cleansing is to identify and express emotions in a good way. Empowerment is to attain and maintain mental, physical, emotional and spiritual strength. Discipline is the traditional teaching that enables us to accept responsibility for our actions. Traditionally, discipline was taught through ceremony.⁷⁵

Community healing is ultimately a necessary part of individual wellness. Resilient communities have worked consciously to restore the networks of family and community support in an effort “to stabilize the healing of individuals who continue to carry the burden of childhood trauma and family disruption.”⁷⁶ According to one health expert, “Community is a key concept—it’s all interrelated. Community is an extended family notion ...

73 Participant interview.

74 Participant interview.

75 McCormick, “All My Relations,” 5.

76 DeGagné, “Toward an Aboriginal Paradigm of Healing,” 5.

Policy-makers
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“what their recipe
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would be.”

but it's also crucial to identity ... because it's through community that culture rests.”⁷⁷ A whole-of-community approach to wellness recognizes the importance of community members coming together to solve common problems and move toward positive solutions. How a community approaches youth wellness, however, depends largely on its particular circumstances, the specific needs of its youth, and the level of expertise within the community. These initiatives may be short-term, such as a one-time healing ceremony, or they may continue for several months or years, depending on the needs and circumstances of the participants.⁷⁸ Many of these initiatives are led by Elders or facilitated by culturally safe mental health professionals. They can include such things as sweat lodges; healing or talking circles; pipe ceremonies; naming ceremonies; clan dances; sun dances; drama and art therapy workshops; and land-based programming.⁷⁹ One health expert cautioned, however, that “there's a tendency to imagine that the residents of some of these troubled communities are sitting on a goldmine of knowledge of what causes the distress in their communities.”⁸⁰ Policy-makers need to understand that they cannot simply ask these Aboriginal communities “what their recipe for healthy living would be. This makes certain assumptions about people's access to specific knowledge about the troubles that they may suffer.”⁸¹

Efforts to support and encourage Aboriginal youth to work toward balancing the physical, mental, emotional, and spiritual dimensions of their selves include such things as reconnecting youth with traditional healing practices; teaching them how to replace unhealthy coping strategies—such as alcohol, drugs, and violence—with positive healing strategies; supporting youth in their journey of grief; and promoting emotional and psychological health.⁸² It also requires “giving youth

77 Participant interview.

78 White and Jodoin, *Aboriginal Youth*, 49.

79 Ibid.

80 Participant interview.

81 Participant interview.

82 White and Jodoin, *Aboriginal Youth*, 49.

a place to have a voice, things to do, giving them encouragement and vision about what the possibilities are for them.”⁸³ One Aboriginal health expert working with teenage parents in Northern Ontario First Nations noted:

We asked youth how they became parents at such a young age. Some of the youth said, “Because there’s nothing else to do.” It made me reflect—they weren’t just talking about there being nothing else to do on a Friday night; they were talking about that there was nothing left to do for their whole life. There was no vision of who they are and where they could go. We need to recognize the gifts in our youth and encourage them to pursue whatever it is those gifts would be appropriately applied to in the future.⁸⁴

Resilient communities help youth to acknowledge that there are “more options, to provide that vision of ‘there’s a lot to do, actually’ ... and you have a purpose for being here and there is somewhere where you’re going to fit in to what needs to be done.”⁸⁵

Youth Leadership and Mentoring

As mentioned in the previous chapter, Aboriginal youth in Canada’s North experience a number of real physical and emotional challenges. Like most youth, Aboriginal youth are also regularly confronted with peer pressure, parental expectations, and school-related issues. Marlene Brant Castellano reminds us that, after all, Aboriginal youth “are adolescents going through the same turbulent changes as other contemporary youth, asking and seeking answers to the questions: Who am I? Who do I want to be? What do I want to hold onto from the person that I was yesterday? Becoming their own person means trying on different identities, making sense of the world in their own way, trying things their parents never even imagined.”⁸⁶ On top of these stressors,

83 Participant interview.

84 Participant interview.

85 Participant interview.

86 Brant Castellano, “Reflections on Identity and Empowerment,” 8.

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however, many Aboriginal youth in Canada's North also face unique, and often very intense, life stressors. These include such things as poor housing, physical and sexual abuse, substance abuse, unemployment, higher levels of suicide, and accidental death.

Efforts that focus on building youth leadership and mentoring are ultimately helping to empower Aboriginal youth to become active participants in the decisions that affect them. This in turn is helping youth to build confidence in themselves and provide positive role-modelling for their peers. Many of these youth leadership programs, such as the Winnipeg Aboriginal Sports Achievement Centre North, discussed in Chapter 4 of this report, also provide peer support and opportunities to learn and practise valuable life skills. These are helping Aboriginal youth to develop the social competencies and life skills needed to support their positive social, emotional, and academic development.⁸⁷ These types of programs are also helping Aboriginal youth to build and practise important life skills to help them adapt and deal effectively with daily tasks, challenges, and stressors through creative problem-solving, healthy living, and interpersonal competence.⁸⁸ Young Aboriginal men, in particular, need time and support in order to learn how to parent. This includes learning how to accept their roles as fathers and "begin to assume the responsibilities that fatherhood entails."⁸⁹ In many instances, this first requires recognizing and dealing "with personal challenges, especially substance abuse, anger management and other communication difficulties, and ineffective relationship skills."⁹⁰

According to one Aboriginal health expert, it is also "good for [youth] to have ... healthy adults in their lives, and lots of them. And people they can connect with around different areas of learning, or different gifts they might have, or just in terms of having someone older who can talk to them."⁹¹

87 White and Jodoin, *Aboriginal Youth*, 206.

88 Ibid., 206.

89 Ball, "Policies and Practice Reforms," 56.

90 Ibid.

91 Participant interview.

Members of the Sandy Bay Youth Council have also been recruited to train other First Nations youth councils in Northern Ontario.

This includes greater efforts to support youth in pursuing their dreams. For example, “... a bunch of [Inuit] youth up in Nain [Labrador] wanted to start a 24-hour safe place ... but they didn’t have the capacity to do that in terms of writing a grant, or managing a grant [proposal], or running an organization ... but they might have the capacity if someone mentored them.”⁹²

Including youth in decision-making and “encouraging that youth voice ... to give youth a sense that their needs and their concerns and their voice are important at a community leadership level” is also essential.⁹³ In many Northern on-reserve First Nations communities, this means supporting an active and strong youth council that can speak on issues regarding youth and including youth perspectives on other issues affecting the community. One First Nations community with a very strong youth council is the Sandy Bay First Nation in Northern Ontario. Youth from the community nominate and vote for youth from five different areas of the community to run for the Council. The five elected members are given a seat in community leadership meetings, and the Chief and Council set aside money for the Youth Council to implement programming and initiatives. The youth also do a lot of their own fundraising to supplement the monies received from the Chief and Council, but also as part of team-building exercises and outreach in the community.⁹⁴ According to one First Nations health expert from Northern Ontario, the Sandy Bay First Nation Youth Council is successful “because [the youth] are listened to and it’s not just lip service; Band Council actually listens and implements some of the things the youth are saying.”⁹⁵ Members of the Sandy Bay Youth Council have also been recruited to train other First Nations youth councils in Northern Ontario, particularly on how to develop effective team-building and community outreach strategies.⁹⁶

92 Participant interview.

93 Participant interview.

94 Participant interview.

95 Participant interview.

96 Participant interview.

Innovative Educational Programming

It is estimated that, between 2001 and 2026, more than 600,000 Aboriginal youth will turn 15, including more than 100,000 in each of British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario. This growth represents a massive influx into the working-age population, particularly in Saskatchewan, where it is projected that by 2026, fully 36 per cent of the population aged 15 to 29 will be Aboriginal.⁹⁷ While a great proportion of Aboriginal youth are graduating from high school, many of them are still lagging behind other young Canadians in achieving positive post-secondary education outcomes, with the gap in high-school attainment the highest for Inuit people.⁹⁸ (See box "Fusion Jeunesse.")

Fusion Jeunesse

Fusion Jeunesse is an award-winning, non-partisan charity launched in 2010 to encourage Aboriginal youth in Northern Quebec to stay in school. It does this by establishing partnerships between high schools and universities and implementing media, leadership, sports, and outdoor activities, as well as visual arts programs, to engage youth and keep them interested in school.

The program provides daily extracurricular activities to motivate students to attend school and to deepen relationships between the students and their community. Its cooking classes, for example, are helping to introduce healthy food options to students. According to one youth coordinator working in the Cree community of Chisasibi, "The students are coming to school now because they're excited to spend time at the end of the day in the [Fusion Jeunesse] program."⁹⁹ The program is also teaching the kids about community leadership through volunteering, encouraging them to get involved in activities because they

⁹⁷ Townsend and Wernick, "Opening," 4.

⁹⁸ Ball, *Promoting Equity*, 9.

⁹⁹ Participant interview.

are part of a community. Fusion Jeunesse is helping to contribute to the building of school spirit and a sense of belonging at school, while changing perceptions among the youth about what they can achieve.

Source: The Conference Board of Canada.

Research suggests that the economic losses attributed to young children failing to reach standard developmental benchmarks could be as high as 20 per cent of Canadian GDP over the next 60 years, and that the largest human capital payoffs come from public investments in young children.¹⁰⁰ Many Northern Aboriginal youth are “watching as their communities undergo radical cultural, environmental and economic change, and we know that they want to do their part to ensure that their communities will continue to thrive in the 21st century.”¹⁰¹ Supporting these youth in their journeys through post-secondary education, however, requires serious and meaningful efforts to address the effects of the intergenerational transmission of poverty and the geographical barriers many Aboriginal youth in the North face in attending post-secondary institutions.

For many Northern Aboriginal youth, high school in particular is a major site of struggle.

For many Northern Aboriginal youth, high school in particular is a major site of struggle. They “feel disconnected from the curriculum and the school environment and uneasy about ‘leaving behind’ peers and relatives if they achieve too much.”¹⁰² The Internet and other global media, however, are now providing some enhanced learning opportunities. Teachers in remote communities, for instance, may now draw upon the resources of the Internet to teach their students more effectively. Radio and other media have also been used effectively to educate youth about healthy lifestyle choices. The Internet, however, may also have an isolating effect on Aboriginal youth in their communities. In general, youth now spend more time alone on computers and less time

100 The Conference Board of Canada, *Roundtable*, 4.

101 Townsend and Wernick, “Opening,” 5.

102 Brant Castellano, “Reflections on Identity and Empowerment,” 7.

Innovative Northern educational programs, are linking traditional cultural activities within a context of contemporary life in the North.

outside on the land in play and physical activity.¹⁰³ In many ways, these “youth are now caught between the past generations, their history, as well as the modern day, wanting to be a modern youth and fit into this 21st century with the Bluetooths and the BlackBerrys and the social media, and having all the latest stuff—but at the same time having the messages that ‘hey, that’s not our way, or that’s not the traditional way.’”¹⁰⁴

Innovative Northern educational programs, like the Government of the Northwest Territories’ Take a Kid Trapping program discussed in the following chapter, are linking traditional cultural activities within a context of contemporary life in the North. These programs are giving students an opportunity to explore the traditional parts of their being and their culture as part of an integrated education experience.¹⁰⁵ The Dene Kede curriculum discussed in the following chapter (see box “The Dene Kede Curriculum” on page 77) and both the First Nations Holistic Lifelong Learning Model and the Métis Holistic Lifelong Learning Model recognize that learning is “circular, holistic, experiential, and cumulative” and that First Nations and Métis youth “learn from and through the natural world, language, traditions and ceremonies, and the world of people including self, family, ancestors, clan, community, nation, and other nations.”¹⁰⁶ While these education models are not specific to health, their holistic approaches recognize that learning is an integral part of supporting child and youth wellness as an experiential, cyclical, and lifelong process.

Inuit paradigms of wellness are closely linked to one’s relationship to the land and animals. Wellness is understood “not only as the absence of illness, but also as a positive expression of well-being and strength that may be in evidence in individuals, families and communities, and in the relations among them.”¹⁰⁷ The Inuit Holistic Lifelong Learning Model, for example, is based on Inuit Qaujimajatuqangit (IQ)—Inuit traditional

103 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 408.

104 Participant interview.

105 Participant interview.

106 Chretien, *A Resource Guide*, 15–16.

107 Van Gaalen and others, “Reflections on Mental Wellness,” 10.

knowledge. It is represented both through the image of an Inuit blanket toss—a game played at Inuit celebrations—and a circular path that forms the centre of the blanket. Each of the 38 family and community members holding up the learning blanket represents an important aspect of IQ. The blanket is further divided into three key sources and domains of Inuit knowledge (culture, people, and sila—life force or essential energy) and seven sub-domains (languages, traditions, family, community, Elders, land, and environment).¹⁰⁸ These knowledge domains are connected by an inner circle representing an Inuk's lifelong learning journey. The circle is symbolic of the cyclical nature of learning, and it is further divided by a revolving path that recognizes that there are a range of learning opportunities associated with each life stage of the learning journey. This learning is further characterized by “both informal settings such as the home or the land, and formal settings such as the classroom of the community.”¹⁰⁹ The model also acknowledges that Inuit youth are “exposed to both Indigenous and Western knowledge and learning practices, represented by two different colors used in the stitching along the rim of the blanket.”¹¹⁰ Furthermore, this framework acknowledges the important role of Inuit ancestors in naming youth, a living tradition that “fosters Inuk identity, kinship relations, and the transmission of intergenerational knowledge.”¹¹¹

The Role of Work and the Private Sector

One cannot talk about youth wellness without talking about livelihoods (e.g., How are Aboriginal youth going to make a living? What kinds of employment can they have where they can value themselves and be valued by others?). For the most part, the private sector is directly connected to Northern Aboriginal youth through employment opportunities and services, while it is indirectly connected through the

¹⁰⁸ Chretien, *A Resource Guide*, 16.

¹⁰⁹ Ibid.

¹¹⁰ Ibid., 20–21.

¹¹¹ Ibid., 20.

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employment of family members and the extension of potential family benefits. The private sector also participates in “social responsibility and community investment initiatives that target and address the needs and interests of young people in communities.”¹¹² The prevalence of unemployment—even if it is only seasonal—however, has become a normalized feature of community life in Canada's North.¹¹³ As a result, community members rely on the government for financial help. These dependencies, however, “can trigger feelings of competition, resentment and powerlessness, and these feelings may be exacerbated by the perception that [government-supported] jobs and resources are unfairly distributed.”¹¹⁴ According to one health expert, “There’s a very strange silence around mental health issues and employment in Aboriginal communities. We talk about [mental health] in relation to land-based activities—losing your ability to go out onto the land and hunt, for example—but many Aboriginal people have been involved in wage labour for over 100 years. There’s still this myth that the only solution [to mental health] is that people need to get out on the land and hunt more.”¹¹⁵ For example, “You look at [Aboriginal] communities that have 40 per cent unemployment and they’re not talking about that as being one of the main factors of unwellness. If some factory town in Quebec was 40 per cent unemployed, that’s all they would be talking about.”¹¹⁶

Some Aboriginal people have the perception that the private sector can bring different approaches to employment—that it is not bound up in the same bureaucratic issues as the government—and therefore has resources that can be more readily deployed to help Aboriginal communities prosper.¹¹⁷ Access to wage labour, for instance, can provide parents with access to healthy housing options, nutritious foods, appropriate clothing, and educational opportunities. Increased

112 The Conference Board of Canada, *Roundtable*, 5.

113 Richmond and Ross, “The Determinants of First Nation and Inuit Health,” 409.

114 Ibid.

115 Participant interview.

116 Participant interview.

117 Participant interview.

Studies suggest that children whose parents work these types of non-standard hours are more likely to require support for emotional or behavioural difficulties.

family income also has an impact on “the development of strong social connectedness and allows parents to pay for a range of other activities important to the growth and development of their children and youth, including recreational and sports activities, transportation, and entertainment.”¹¹⁸ In addition to wages, many private sector organizations also provide their employees and their children with access to extended health care benefits.¹¹⁹ Many of these organizations also fund local sports teams and invest in initiatives that focus on constructive after-school activities that can help prevent youth involvement in crime, and drug and alcohol abuse.¹²⁰

However, the disruptions to family routines precipitated by the typical non-standard working hours associated with many Northern employment opportunities can have a negative impact on early child development.¹²¹ Approximately one in four Canadians works non-standard hours—evenings, night shifts, weekends, or on rotation. This is even more pronounced in the North. Studies suggest that children whose parents work these types of non-standard hours are more likely to require support for emotional or behavioural difficulties, such as separation anxiety and physical aggression. These children are also more likely to suffer from poorer health outcomes, as they tend to “watch more television, eat less nutritious foods, and spend less time involved in sporting activities.”¹²²

If parents who work “standard” hours are therefore in a better position to provide the support and guidance that their children require, concerted efforts are needed to meaningfully address the impact of Northern wage labour opportunities on Aboriginal youth. Working conditions, such as hours of work, holidays, and flexibility, have the most impact on parents’

118 The Conference Board of Canada, *Roundtable*, 7.

119 Ibid.

120 Ibid.

121 Ibid.

122 Ibid., 8.

Employers that invest in the health of children and youth “are also investing in their current and future workers.”

ability to spend time with their children and to engage with them in activities that lead to good health and family bonding. This is particularly important for parents with newborns.

Research suggests that private sector organizations “that care about the health and well-being of children and youth (especially their employees’ children) and invest in programs, policies, and initiatives tend to be more productive and profitable.”¹²³ Such investment commitments also help to support the overall health of communities within which private sector organizations operate. This includes improvements to infrastructure, increased access to the labour market, and investments in education. Employers that invest in the health of children and youth “are also investing in their current and future workers. By supporting the health and well-being of children and youth—through education, literacy, nutrition, or employment programs and initiatives—employers are also contributing to the development of a skilled, productive, healthy, and innovative workforce.”¹²⁴ On the importance of private sector investments in wellness, one First Nations health expert from Northern Ontario noted, “There’s all this talk all the time about economic development, economic development, economic development—but if you don’t have healthy people to do the job, it isn’t going to do any good.”¹²⁵

According to The Conference Board of Canada, there are two primary avenues through which employers can invest in children and youth: family-friendly practices (FFPs) and corporate community investments (CCIs). FFPs help employees manage the demands of work and family life through health benefits, vacation and personal time-off benefits, alternative work arrangements, parental leave top-up benefits, child care services, and financial and compensation packages. CCIs help children and youth within a community through corporate social responsibility initiatives and community-giving activities.¹²⁶

123 The Conference Board of Canada, *Roundtable*, i.

124 *Ibid.*, 5.

125 Participant interview.

126 The Conference Board of Canada, *Roundtable*, i.

Northern resource companies are discovering the importance of FFPs and CCIs for managing productivity. In 2012, the Toronto-based mining company Agnico Eagle Mines Limited showed an 80 per cent turnover rate of Inuit workers at its Meadowbank gold mine in Nunavut.¹²⁷ Absenteeism rates at Meadowbank averaged about 22 workers per day.¹²⁸ One year later, Agnico Eagle had a 92 per cent retention rate.¹²⁹ What changed? Agnico Eagle had been placing new Inuit recruits in challenging jobs too early in their careers. The company consulted with employees and learned that money wasn't necessarily the primary motivator for Inuit workers. Many were seeking career paths and training opportunities, but needed a more graduated, on-the-job learning curve to realize their goals. Based on this information, Agnico Eagle adjusted its recruitment policy. It created a job readiness program offered in Inuktitut and hired more Inuit employees for entry-level positions, rather than for the particularly challenging jobs they were originally filling.¹³⁰ The company also turned training opportunities—previously offered upon hiring—into incentives for good performance and reduced absenteeism. Furthermore, the mine began to sponsor cultural and community-building activities at the Meadowbank mine, including weekly square dances, and community feasts featuring traditional foods.¹³¹

Additionally, private sector corporations seeking to work more directly with Aboriginal communities need to focus on building trust and culturally safe working environments, “approaching communities with an understanding of their histories.”¹³² This includes a willingness to acknowledge the continuing impact of the colonial legacy on Aboriginal youth and the development of meaningful investment strategies to work with communities to build sustainable capacities to work through these ongoing challenges. For example, one Aboriginal health expert noted,

127 Bell, “Meadowbank a Reality Check for Nunavut Mining.”

128 Ibid.

129 George, “Agnico-Eagle Turns Poor Inuit Job Retention Record Around.”

130 Ibid.

131 Hinchey, “Culture Shock.”

132 Participant interview.

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“If you’re in a community, a family, where first of all there is overcrowding, so your family is sleeping in shifts—that doesn’t put you in such a great place to go to work. Then your cousin committed suicide two nights ago, there’s substance abuse all around you and you’re trying to resist. How are you going to get up and go to work in that environment?”¹³³ To fully support labour force readiness among Aboriginal youth in the North, policy-makers and private sector human resources personnel ultimately need to shift from “Are you ready to work in the mine or not?” to “Are you ready to follow your dream, whatever it may be?”¹³⁴

133 Participant interview.

134 Participant interview.

CHAPTER 4

Innovative Approaches to Aboriginal Youth Wellness in Canada's North: Three Case Studies

Chapter Summary

- This chapter presents a case study analysis of three initiatives that reflect the diversity of potential wellness programs for Northern Aboriginal children and youth, including examples of wellness through sport, cultural awareness, and living on the land: the Winnipeg Aboriginal Sports Achievement Centre North; the “made in Nunavut by Nunavummiut” Makimautiksat Youth Wellness and Empowerment Camp in Iqaluit; and the Government of the Northwest Territories’ Take a Kid Trapping program.
- The lessons learned highlight important aspects required to support innovative approaches to Aboriginal youth wellness in Canada’s North.
- In general, successful programming of this kind is holistic, integrating traditional and contemporary values to enrich the life chances and personal outlooks of Northern Aboriginal youth.

Aboriginal frameworks of wellness draw from holistic concepts of balance and interconnectedness. They recognize that the well-being of individuals is intrinsically tied to the health status and behaviours of their families and communities. In order to further ground our discussion of Aboriginal youth wellness in Canada's North, this chapter examines three Northern Aboriginal youth wellness strategies. These case studies were chosen in collaboration with research advisors and Centre for the North Roundtable members.

The three initiatives are the Winnipeg Aboriginal Sports Achievement Centre North, a grassroots, Aboriginal youth-led, Winnipeg-based program that works with several Northern and isolated communities in Manitoba to provide enrichment and support for Aboriginal youth; the "made in Nunavut by Nunavummiut" Makimautiksat Youth Wellness and Empowerment Camp, initiated by the Qaujigiartiit Health Research Centre in Iqaluit to equip Nunavut youth with critical life skills and knowledge that foster positive mental health and wellness; and the Government of the Northwest Territories' Take a Kid Trapping program, designed to introduce Aboriginal youth in the Northwest Territories to the traditional harvesting practices of hunting, trapping, fishing, and outdoor survival and to allow them to experience living on the land, while promoting traditional cultural values and skills so they will continue to pass on cultural knowledge to future generations.

These case studies provide practical examples of Aboriginal youth wellness strategies in Canada's provincial and territorial North. This chapter highlights the successes of these three programs, focusing on their innovative practices and approaches to supporting and enhancing Aboriginal youth wellness across the North. It also provides

lessons learned for practitioners and discusses some of the challenges associated with designing and implementing these types of programs across Canada's North.

Winnipeg Aboriginal Sports Achievement Centre North

The Winnipeg Aboriginal Sports Achievement Centre (WASAC) was developed on the back of a napkin in a Winnipeg diner in 1999. The concept was to establish a sustainable program to engage urban Indigenous youth—girls and boys—in a positive culture of sports and recreation. In its early years, WASAC focused primarily on providing positive summertime sports opportunities for urban inner-city Indigenous youth who might otherwise have had no exposure to organized sports and team-building, or access to proper equipment and facilities.¹ Due to its success, the WASAC program eventually grew into a full-time, year-round program with a clear mandate to promote social change for Aboriginal youth through sports and education. This included a program that combined sports and recreation, human resources development, mentoring, and after-school programming.²

In 2008, the WASAC program expanded its inner-city focus and began working with Aboriginal youth from several Northern and isolated communities in Manitoba. (See Exhibit 4.) Supported by the Manitoba government's suicide prevention program, the extension of the WASAC program focused on providing enrichment and support to Aboriginal youth. Funded by Manitoba Health, as part of its Youth Suicide Prevention Strategy, with supporting funds from the Public Health Agency of Canada (PHAC), the new WASAC North program started as a summer camp providing sports, recreation, and leadership training to youth from the remote fly-in community of Shamattawa First Nation. Participating communities are now also running after-school programs three nights a week, which are integrated directly into the community

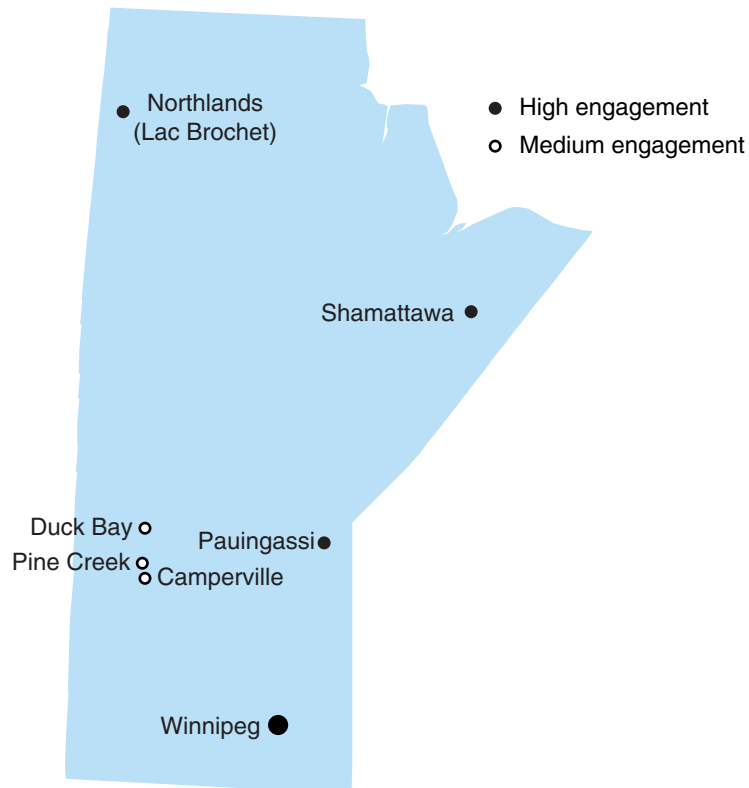
1 Participant interview.

2 Participant interview.

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Exhibit 4

Northern Manitoba First Nations Partnered With WASAC



Sources: WASAC; The Conference Board of Canada.

schools and championed by teachers and principals.³ The program is also helping to sponsor public events for all partnering communities, such as live music, dancing, and games, as well as ongoing support through social media.⁴

3 Participant interview.

4 Participant interview.

Peer-Mentoring: Youth Supporting Youth

“Those leaders go back home and realize they have the ability to do the same thing in their own community.”

At the forefront of WASAC programming is the Kids Camp, which runs from June to August, and which hosts more than 1,300 children from over 40 schools across the city. The Kids Camp promotes cultural awareness, community-building, self-esteem, and fun for young people within a structured program supervised almost entirely by older youth. Kids are picked up by camp buses in front of their own school and taken to the WASAC grounds (an adapted community centre) every day for a week to take part in camp activities.⁵ The summer program is used to train the youth leaders: “We do training, we do fun exercises, positive experiences. It gives the youth a chance to get some training and see what we’re all about. Those leaders go back home and realize they have the ability to do the same thing in their own community. That’s one of the biggest things—the pride that these kids have in their communities.”⁶ The youth leaders receive first aid and CPR training, as well as training in group dynamics and non-violent crisis intervention skills. According to one WASAC employee, this helps the youth to develop a “portfolio of skills. With this portfolio, it’s great, because they have this sense of mastery; they’re like, ‘Holy ... I did it! I accomplished all this.’ And these skills are helping our older youth get jobs.”⁷

These youth leaders are trained and promoted into positions of responsibility, where they serve as role models, guides, and mentors to younger WASAC participants who may themselves become role models, guides, and mentors in the future. These leaders train youth at the WASAC summer camps and also help to facilitate school-based programs for kids, either at lunch or at the end of the day. (See box “WASAC and Winnipeg Jets Hockey Academy.”) In the after-school program, the kids do different activities “like basketball, hockey, whatever the kids want.”⁸ “We have the [youth leaders] be responsible,” noted Trevor Laforte, WASAC’s Executive Director, “so after every night,

5 Participant interview.

6 Participant interview.

7 Participant interview.

8 Participant interview.

they have to fax down to us a report that has the number of kids who attended, what they did, the breakdown of boys and girls, were there any challenges, what were the good moments. That kind of thing.”⁹

WASAC and Winnipeg Jets Hockey Academy

Eight years ago, the WASAC program established a strong partnership with a professional Canadian hockey team—the Manitoba Moose—to develop an after-school hockey program called the Lil' Moose program. The program included a class twice a week for WASAC members to practise hockey for an hour. “For a lot of kids, it was their first chance to get on the ice and play and be taught by a certified hockey instructor.”¹⁰ The Lil' Moose program grew over time to include six schools and 150 kids.

In 2006, the Winnipeg Jets True North Hockey Foundation partnered with WASAC to take over the Lil' Moose program. The Winnipeg Jets Hockey Academy—open to girls and boys—provides opportunities for youth “to play hockey while surrounded by their peers and positive role models.”¹¹ Following WASAC's strength-based approach to programming, the Hockey Academy focuses on providing positive experiences through hockey to support youth in building “confidence to pursue their goals, on and off the ice.”¹² The program ultimately eliminates participation barriers by providing “programming staff, equipment, transportation, ice rentals, nutrition, and qualified on-ice instruction to all academy participants.”¹³

The program also hires former WASAC employees. “They've hired a tonne of [WASAC] kids to work at Jets games and work for the organization—it's a great goal for a lot of our youth to work for the Jets.”¹⁴ The program has also expanded its reach from 6 to 15 schools, with a total outreach to 450 youth.

9 Participant interview.

10 Participant interview.

11 Winnipeg Jets, *Winnipeg Jets Hockey Academy*.

12 Ibid.

13 Ibid.

14 Participant interview.

The after-school component is twice a week. “The kids get fed and they do an hour on ice, and an hour off ice, where they have a learning experience at their school about leadership and teamwork and essential life skills.”¹⁵

The program gives youth a chance to be part of a team and to be part of a positive experience. WASAC employees agree that the program is helping “cut down on [youth] absences at school, to make them more attentive at school.” The program is “a fun experience—something they didn’t have a chance to do before as an aid to their education.”¹⁶ Each youth in the program will have the opportunity to be in some kind of hockey program until graduating from high school. The program also seeks to address nutritional needs, providing youth with a healthy snack or lunch and opportunities to learn about healthy food choices.

Source: The Conference Board of Canada.

One of the greatest strengths of the WASAC program is its acknowledgement that youth are in the best position to influence each other. At the program’s core are peer-mentoring activities to help youth establish a sense of belonging with other young people who are much like them. One WASAC North youth leader noted, “I get up every morning with a smile knowing that I’ve got a group of kids to work with who enjoy my company.”¹⁷ One WASAC employee highlighted that “building confidence has to be the number one priority [of the program]. That’s where the most work seems to be done. That’s where play comes into play—having fun helps to fill those confidence gaps.”¹⁸ As the WASAC youth mentees mature and move into their own leadership roles, there is hope that “they will be in a wonderful position to provide support for kids who have not yet been a part of WASAC.”¹⁹

15 Participant interview.

16 Participant interview.

17 Participant interview.

18 Participant interview.

19 Participant interview.

A Focus on Positive Life Experiences

Even though the WASAC program fits into the Government of Manitoba's suicide prevention strategy, the WASAC team does not think of its program as a suicide prevention program. "We're going up there to provide positive programming."²⁰ One of the greatest assets of the WASAC program is its focus on helping youth to see themselves as sources of strength and potential, and "to have agency in their own stories, rather than simply [acting] as passive participants in a story beyond their control."²¹ And while many of the First Nations youth in the WASAC North program "are facing hardships and barriers, they're staying positive."²²

"People want to be part of something good. People want to be part of something that makes them feel good."

The program provides an opportunity for these youth to be part of something and develop their skill, with the understanding that "if you're happy doing what you're doing, a lot in your life benefits from that."²³ The idea of positive peer pressure stresses that "if your friend's out there doing something he likes, you're liable to join that. People want to be part of something good. People want to be part of something that makes them feel good."²⁴ WASAC programming is therefore geared toward helping Northern First Nations youth develop their confidence and realize "there's nothing really holding them back—as long as they can get the assistance they need from programs."²⁵

According to Laforte, WASAC embodies the notion that a successful program is "something that is providing a positive atmosphere for youth to participate in. It's tough to quantify that. But I think if you're doing that, kids are more inspired to do extra things. It's not about reaching a certain amount of kids. That comes from people wanting to be part of

20 Participant interview.

21 Participant interview.

22 Participant interview.

23 Participant interview.

24 Participant interview.

25 Participant interview.

the program.”²⁶ WASAC employees highlight the incredible success that WASAC’s after-school programming is having in the communities. “We’re having positive feedback and great stories from the kids. We’ve got great kids in each of these communities and to see them succeed—to see them be excited about it—that’s where we define our success. I’m sure there’s a quantitative measure, but we’re seeing these kids being more confident, coming out of their shells, being positive, and that’s what we’re trying to provide: positive programming.”

The Makimautiksat Youth Wellness and Empowerment Camp: Inuit Youth Wellness in Nunavut

The Qaujigiartiit Health Research Centre (QHRC) is a groundbreaking, grassroots Nunavut research organization headquartered in Iqaluit, Nunavut. Executive and Scientific Director Gwen Healey established QHRC “to enable health research to be conducted locally, by Northerners, and with communities in a supportive, safe, culturally sensitive and ethical environment, as well as to promote the inclusion of both Inuit and Western epistemologies and methodologies (ways of knowing and doing) in addressing health concerns, creating healthy environments, and improving the health of Nunavummiut.”²⁷ According to Healey, “[QHRC’s] philosophy is that we focus on our strengths and our abilities and less on the negativity and negative issues that are consistently promoted around Nunavut about Nunavummiut. We’re ultimately people of the community who want to be in the community focusing on wellness—and research is our way of being able to do that.”²⁸ QHRC grounds this philosophy in designing and delivering innovative research programs like its Makimautiksat Youth Wellness and Empowerment Camp. Launched in 2010, Makimautiksat is part

26 Participant interview.

27 Qaujigiartiit Health Research Centre, *Home*.

28 Participant interview.

At the heart of Makimautiksat is an evidence-based, proactive and preventative approach to youth wellness.

of a larger QHRC research program focusing on issues related to Inuit child and youth mental wellness in Nunavut (funded by PHAC's multi-year Innovation Strategy grant).

At the heart of Makimautiksat is an evidence-based, proactive and preventative approach to youth wellness that is responsive to the local needs of Inuit youth aged 10 to 14 in the various communities across Nunavut. This means equipping Nunavut youth with critical life skills, knowledge, and community relationships to help foster positive mental health and wellness as they mature into adulthood. "Our youth wellness and empowerment camp—Makimautiksat—is about being proactive on wellness-related issues," Healey stressed. "People like to link it in with suicide prevention, but it's not just a suicide prevention program—it's a wellness and empowerment program."²⁹

A "Made in Nunavut by Nunavummiut" Evidence-Based Approach to Youth Wellness

Designing an evidence-based "made in Nunavut by Nunavummiut" youth wellness and empowerment camp is no easy task. Over a six-month period, Healey and her team conducted an extensive literature review and a series of interviews with youth, Elders, parents, and youth workers across Nunavut. "Anyone who was working with youth and wanted to participate in the design of Makimautiksat was invited to share their stories."³⁰ This work laid the foundation for the development of the curriculum that would provide structure to the youth camps. "What people had said is that they wanted some kind of curriculum to follow ... because camps are pretty common ... People get funding for them but they wanted to be able to say this is a curriculum that we're going to follow to promote self-esteem and empowerment ... what can we do?"³¹

29 Participant interview.

30 Participant interview.

31 Participant interview.

The resulting curriculum combines aspects of Inuit knowledge, or Inuit Qaujimajatuqangit, with Western approaches to wellness in four ways. It uses:

- culturally competent and relevant learning models that incorporate Inuit-specific skills, activities, and terminology, and the promotion of Inuit Qaujimajatuqangit;
- activities that foster a holistic view of wellness (physical, mental, emotional, and spiritual) and promote a deeper awareness of relationships within the community and with the land, water, and animals;
- activities and knowledge-sharing that promote team-building, a sense of unity, and connections to the broader community;
- country foods and healthy snacks.³²

These four core principles of the program are further represented by eight ujarait, or rocks, that form the basis of the model for the evidence-based curriculum used for the camps. “Each of the eight rocks makes a positive contribution to wellness—based on evidence and the experience of people involved in the camps.”³³ (See Table 1.)

The curriculum is designed to be rolled out by pairs of facilitators and youth mentors as a day camp program over 10 days within communities, “entirely on the land if people want to, in English or Inuktitut, or both.”³⁴ One of the program’s objectives is to bring in people who possess Inuit cultural knowledge in each participating community, “to draw in the resources of the community and be responsive to what’s happening in the community.”³⁵ Between 2011 and 2012, QHRC piloted four of these camps across the territory, with the final two pilots held during the summer of 2013. (See Exhibit 5.) After each pair of projects, QHRC completes a detailed evaluation, with all the feedback going back into the next round of pilots to tweak the curriculum and develop extra resources.

32 Mearns, *The Makimautiksat Youth Wellness and Empowerment Camp Synthesis Report*, 7.

33 Participant interview.

34 Participant interview.

35 Participant interview.

Table 1
The Eight Ujarait Model*

Ujarait	Application
1. Building healthy and harmonious relationships	Learning about Inuit perspectives on balanced relationships; developing communication skills; learning about romantic relationships and healthy sexuality—healthy communities; simplicity and unity; self-reliance; and continuous learning.
2. Strengthening coping skills	Learning to deal with uncomfortable emotions and working on problem-solving through activities; role modelling; and sharing with community members.
3. Celebrating the land—connecting knowledge and skills	Two days spent on the land camping with Elders and learning/practising land, hunting, and cooking skills; sharing stories and experiences.
4. Promoting informed choices	Learning about and practising skills to cope with peer pressure through group activities, learning, sharing, and fun.
5. Encouraging self-discovery and future planning	Exploring personal interests and skills; learning about various education and career choices; guest speakers from the Nunavut Sivuniksavut program; students, tradespeople, and other professionals share their inspiration.
6. Fostering personal and community wellness	Self-reflection and learning tips for improving self-image; exploring the themes of gratitude, community involvement, and helping others.
7. Exploring creativity	Local artists, carvers, and seamstresses invited to share their talents and teach campers how to make something of their choice.
8. Nurturing awareness of the body, movement, and nutrition	Engaging in routine physical activity and basic meditation; enjoying country food, learning healthy food preparation and Inuit games.

Note: The Eight Ujarait Model is a copyright of the Qaujigiartiit Health Research Centre.
Source: Noah and Healey.

The result is an evidence-based Inuit youth wellness and empowerment camp model developed and tested by QHRC from the ground up to support the local needs of Nunavummiut youth.

Building Sustainable Youth Wellness Programming in Nunavut

An integral part of the design of Makimautiksat was the incorporation of a sustainability plan “to put all this research and energy and effort into developing an evidence-based program for youth in Nunavut—with no money to run it—we needed a companion piece to make sure people could continue to run it.” The program is therefore designed to be run by communities that now have better access to funds directly through Nunavut’s Community Wellness program. “So now there’s a

Exhibit 5

Makimautiksat Youth Wellness and Empowerment Camps Across Nunavut



Source: The Conference Board of Canada.

The camp program is designed to actively involve community members every day.

curriculum available that communities can give to the funding agencies and say, 'This is what we're going to follow; this is how we're going to promote wellness in the community,'" noted Healey. "It will help them get that funding to run the youth programs in the community. That will hopefully make lifelong contributions to wellness in the community for young people."³⁶

A large part of the Makimautiksat model focuses on supporting and strengthening the personal elements of wellness in Inuit youth. However, Healey and her team recognized that building a sustainable wellness model also required the active involvement of community members, not just in the administration of the program, but also as participants. This helps to ensure that there is "an extra support network of people around [the youth] as they get older and struggle more with different aspects of their lives."³⁷ The camp program is therefore designed to actively involve community members every day. "The kids are forming relationships with the nurse, or the Elders, or artists and performers in the community who become part of their social network as they grow and move forward into adulthood."³⁸ These positive relationships ultimately add an extra layer of support to help youth build on the existing strengths and resilience of their communities in a sustainable way that promotes wellness.

Take a Kid Trapping Program: Government of the Northwest Territories

Guy Erasmus, a member of N'Dilo—a community of the Yellowknives Dene First Nation—and an employee of the Government of the Northwest Territories (GNWT), recognized that "there was a real need for Aboriginal communities in the territory to get involved with their youth and take the kids back to the land to teach them traditional skills." The Northwest Territories seemed to be the perfect place to pilot Erasmus's Take a Kid Trapping (TKT) program because schools have a mandate to

³⁶ Participant interview.

³⁷ Participant interview.

³⁸ Participant interview.

teach students traditional skills as part of the territorial curriculum (see box “The Dene Kede Curriculum”), and the GNWT has a robust mandate to support the traditional economy. Erasmus noted, “We had to find a way to put our efforts together.”

The Dene Kede Curriculum

The Dene Kede Curriculum is an official curriculum supported by the GNWT Department of Education, Culture and Employment. It was developed in the 1990s by Dene educators and Elders from each of the Dene regions in the territory. One of the main goals of the curriculum is to help teachers incorporate Indigenous learning into school-based programs. It is designed to be flexible and allow communities to incorporate “language, material resources, and people of the community to bring the curriculum to life in the form of local programs.”³⁹ The result is a community-based curriculum that provides each community with the potential to develop education programming that is unique to its own needs. For example, “One school may use the curriculum as a Dene-based perspective within which to organize teaching of all other subjects, another school may confine the use of the curriculum to the second-language classroom.”⁴⁰

The curriculum is based on interrelated language and culture components:

1. incorporating four general subject areas from Dene perspectives (e.g., Chipewyan, Yellowknives, Tłıchǫ, North Slavey, South Slavey, and Gwich’in) into class-based learning for students in kindergarten through Grade 6—student relationships with the spiritual world; relationships with the land; relationships with other people; and relationships with themselves;
2. guiding the teacher in setting goals for students who speak a Dene dialect as a first language and for students who are learning a Dene dialect as their second language.⁴¹

39 Petten, *Dene Kede Curriculum*.

40 Ibid.

41 Ibid.

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The use of key cultural experiences is an essential part of the curriculum. This means that there is a strong emphasis on “doing rather than analyzing” as well as “authentic, realistic, or natural activities within the Dene culture.”⁴² This kind of “lived” experiential learning provides students with “perspectives that are distinctly Dene,”⁴³ and helps teachers, schools, and communities to highlight the living traditions of Dene culture. Basic academic skills, including language skills, are also taught as offshoots of these key cultural experiences.⁴⁴

Source: The Conference Board of Canada.

The GNWT's Department of Industry, Tourism and Investment had a program in place to teach trappers about skills to help them enhance their participation in the traditional economy. According to Erasmus, “We'd been doing this for adults, ad hoc. We'd get money here and money there and do a little program, but it only went as far as the money went, and there was never a budget for it.”⁴⁵ Departmental statistics indicated that the majority of trappers in the territory were older adults and that there were no youth joining this sector and going out trapping and learning the skills.⁴⁶ Erasmus and his colleagues thought “... we should start introducing youth—a soft introduction—to trapping and bush schools ... get some momentum happening for youth.”⁴⁷ Erasmus felt that “the schools would be a powerful way to get these traditional skills back to the kids.”⁴⁸

So in 2002 he put on a demonstration for a Grade 2 class at the N'Dilo First Nation's Kelemi Dene School. “We set some snares, and a few little traps, and did something for a couple of days. I hired an Elder. It went

42 Petten, *Dene Kede Curriculum*.

43 Ibid.

44 Ibid.

45 Participant interview.

46 Participant interview.

47 Participant interview.

48 Participant interview.

into the newspapers—it was a great success! It was what they’d always wanted—a program delivered by people who knew how to trap—and teachers could build their lesson plans around what we were showing and doing.”⁴⁹

“The other schools started phoning” as soon as the demonstration program was profiled in the press. “We realized, ‘Hey, we’ve got something here’—not just for Yellowknife, but right across the Northwest Territories.”⁵⁰ Erasmus and his colleagues felt the program could be a huge success; they “just needed the money, and the commitment on our part. All we needed to do was let the communities know that this was available.”⁵¹

Erasmus developed a sister program, Take a Kid Harvesting, to tap into Agriculture and Agri-Food Canada’s Growing Forward program.

Building a Realistic Budget Plan

According to Erasmus, after the success of the pilot program in 2002, “The light bulb came on and we figured out this is the way to introduce youth [to the traditional economy].”⁵² In 2003, Erasmus applied to the GNWT for program funding and began to establish a budget of \$125,000, which he felt was too small to successfully replicate the pilot. A year later he secured an additional \$100,000 from the GNWT’s Department of Municipal and Community Affairs. The Department of Environment and Natural Resources became a “huge partner” and also helped out in kind. “They have Ski-Doos and toboggans, all sorts of stuff ... they help set up camps, take down camps. They don’t have the budget ... but they’re using [their own] gas, dealing with the breakdowns with the Ski-Doos, that kind of thing.”⁵³ In 2004, Erasmus developed a sister program, Take a Kid Harvesting, to tap into Agriculture and Agri-Food Canada’s Growing Forward program, which funds the harvesting of wild

49 Participant interview.

50 Participant interview.

51 Participant interview.

52 Participant interview.

53 Participant interview.

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edibles. The focus on harvesting is now integral to the whole program, highlighting the holistic nature of the traditional economy and the interrelationship between trapping and harvesting activities.⁵⁴

Today, said Erasmus, “Almost all the schools in Northwest Territories apply for the program every year ... either the harvesting or trapping ... and some traditional skills development ... and we’ll support them in many different facets.”⁵⁵ Each of the five regions across the territory can access up to \$80,000, with a maximum of \$8,000 per project, with more funds allocated for special projects when required. Each region has a board of three that handles funds and meets once or twice a year to review applications and make recommendations on which projects to support. The regions send their recommendations to headquarters in Yellowknife, which manages the program and distribution of regional funds. In 2012, the program spent approximately \$450,000 on five projects, which resulted in programming for approximately 2,400 youth across the territory.⁵⁶ The program expects to fund the same number of projects in 2013–2014.

Community-Based, Community-Driven

The program is designed to be flexible and allow the regions to establish the kinds of projects they think are necessary. Each region’s “Elders and people know what is missing and what they want to go back to. If they want to pick something up—traditions that are being lost—we will support those,” said Erasmus. He recognized that the territory’s communities are unique, and it is important to “give them freedom to work the way they want to ... the guys in the Mackenzie may be going for muskrat, while up in the Beaufort they’re going for whales. Some are Inuit, some are Dene—there is a wide variety of traditional knowledge and skill sets.” So while the program sponsors hunting, fishing, trapping, and harvest-related activities, in the past it has also funded separate

54 Participant interview.

55 Participant interview.

56 Participant interview.

projects across the territory to teach students how to build birchbark canoes, traditional moose-hide boats, and sealskin kayaks. The role of the communities is to hire local skilled hunters, harvesters, and Elders. “We want as much as possible to involve band councils and community hunter and trapper associations, because they’re the ones that hold the traditional knowledge,” said Erasmus.

Many of the First Nations schools in the Northwest Territories are participating in the program as an extension of the Dene Kede curriculum, to allow their students to experience being on the land, while promoting traditional Dene values and skills. In May 2013, for example, Grade 6, 7, and 8 students from the N’Dilo First Nation’s Kelemi Dene school participated in a week-long workshop on the land, learning the traditional skills required to prepare and smoke-tan caribou hides. While the students were learning the traditional skills of hide preparation and tanning, they were also learning about what it takes to participate in today’s traditional economy, where a commercial-quality tanned hide can fetch anywhere from \$800 to \$1,200 at market auction. After their week on the land, the students returned to their classroom to reflect on their experiences—incorporating all the steps of the hide preparation and tanning process into PowerPoint presentations, complete with photographs and Dene language vocabulary.

Keeping Aboriginal Traditional Skills Alive in the Schools

When asked what the biggest success of the TKT program has been over the last 10 years, Erasmus noted that it was the program’s efforts at keeping traditional skills alive and connecting Aboriginal youth with their Elders. “This program helps to fill that gap ... to bring them together ... Elders go into the classroom to teach them and kids end up going into the bush with the Elders. Outside of that, there is hardly any interaction.” And while these skills were once part of a traditional education for many Aboriginal youth, getting all the schools in the Northwest Territories to adopt the program into their contemporary curriculum has also been a huge success. Moving forward, Erasmus hopes that communities across

Erasmus hopes that communities across the territory will take up and own the TKT program completely.

the territory will take up and own the TKT program completely, and only require GNWT to transfer program funds to them. "Eventually, if each of those [regional] agencies can start doing it on a regular basis ... they'll pick it up ... and take it over. This would be the ultimate success." Some communities, however, "still need to be poked and prodded to make something happen If I don't get something by Christmas, I start to get a bit nervous. The regions spend their own monies on programs first and then contact GNWT for extra monies."

Lessons Learned

Lessons learned from these three case studies highlight important aspects required to support innovative approaches to Aboriginal youth wellness in Canada's North. These include such things as providing opportunities for youth to connect with their Elders; establishing community engagement processes that recognize the importance of building trust; overcoming funding challenges; and focusing on a strength-based approach to success. We ultimately learn through these case studies how Northern Aboriginal communities can build on their strengths to design and implement youth wellness programs that particularly address the social determinants of health. In general, successful programming of this kind is holistic, integrating traditional and contemporary values to enrich the life chances and personal outlooks of Northern Aboriginal youth.

Many of today's Aboriginal youth in Canada's North have lost, or almost lost, the traditional skills that went hand in hand with living off the land.

Connecting Youth With Their Elders

Many of today's Aboriginal youth in Canada's North have lost, or almost lost, the traditional skills that went hand in hand with living off the land. "In the old days, people used to take their kids out and they would get their education just by being around older people. They weren't in school ... They had to learn how to chop wood, how to hunt, fish, trap ... By 10 or 12 years old, you're producing part of the household foods: snaring rabbits, bringing in chickens, fishing nets, hauling water, and all this stuff," reflected Erasmus when asked about his inspiration for the TKT program. "Now kids are in school for 16 years of their lives and

they don't know how to set a trap ... they don't know how to shoot a gun.”⁵⁷ Erasmus acknowledged that even though Aboriginal youth in the North now have many more options than their parents and grandparents ever did, it is increasingly hard for these youth to put their “gadgets and gizmos” away “to stop and look at nature, at wildlife, and just relax.”⁵⁸ The TKT program is providing these youth with an amazing opportunity to move away from these distractions and spend time in nature connecting with their Elders. It is these traditional knowledge holders who pass on to the youth the skills, knowledge, and teachings of their Aboriginal cultures.

Erasmus further stressed that providing these meaningful opportunities to connect youth with their Elders is especially important because “our Elders are getting older—who's going to take their place? There's going to come a time when we run out of those people.”⁵⁹ He noted:

Anyone under 45 years old does not have the traditional knowledge an Elder has ... so there's that gap where that knowledge wasn't passed down ... when schools first started up here. I'm not blaming residential schools or anything ... It's just a natural fact that when a kid is in school they're no longer chopping wood for their grandparents, they're no longer trapping or hunting in the bush, like they would have done ... Life has changed. Because of that there is that gap now. A certain age level does not carry the same knowledge as the older guys who didn't go to school ... They carry a different knowledge.

The TKT trapping program is helping these Elders connect with today's Aboriginal students. It's effectively getting “traditional knowledge into the education system,” said Erasmus, “because the kids aren't going to stay home with their grandparents anymore like they used to.”

57 Participant interview.

58 Participant interview.

59 Participant interview.

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Healey and her team also recognize the importance of connecting youth with their Elders and other community resource people. The QHRC's Makimautiksat Youth Empowerment and Wellness camps are designed to include these resource people as an integral part of the programming. This ensures that Inuit youth are able to meet and work with their Elders, nurses, artists, and other knowledge keepers within their communities. This in turn is helping youth to form meaningful relationships with these community resource people and, hopefully, include them as part of their social network as they grow and move forward into adulthood.

Community Engagement—Building Trust

One of the reasons that the WASAC North program has been so well received by First Nations communities in Northern Manitoba is that its programming is not patronizing or condemning. Those who participate in WASAC North activities are never made “to feel that they are being given charity or are being preached to. Instead, the WASAC North projects have involved community stakeholders as equal partners from planning through to service delivery. This may seem like a small or obvious point, but it speaks to a much deeper respect for the circumstances surrounding each community.”⁶⁰

The WASAC North team acknowledges that building a deep sense of trust with their partnering communities was one of the most important aspects of the success of the program. “The big thing for us was about gaining trust. A lot of government organizations go into communities, run a program, and then leave. [The lack of continuity] sets up a bad relationship with the communities, and a lot of communities are hesitant [to see] that happening again. So it takes a little while to gain their trust, to build that trust, to show them you aren't going to be leaving as soon as the funding runs out.”⁶¹ Building this trust has also meant developing

60 Participant interview.

61 Participant interview.

The communities are now coming directly to the WASAC team with programming ideas.

a deep cultural awareness that goes beyond simply being aware of Aboriginal perspectives to recognizing and honouring the differences between Cree, Ojibway, and Métis communities in Northern Manitoba.⁶²

The team learned that building trust with these Northern Aboriginal communities was a challenge. It took time and persistence, and a continuing acknowledgement that “we’re here for the long run—we’re not leaving, we’re not going anywhere. We really want to help your community and these kids develop leadership skills.”⁶³ As a result of this persistence and commitment to meaningful relationship-building, the program is now at a stage where it’s running after-school programs in all the communities, “but that wasn’t possible in the first year. And it wasn’t possible in the second year.”⁶⁴ The communities are now coming directly to the WASAC team with programming ideas. “It’s tough to say yes [to programs] because the cost of the programs is really expensive,” noted WASAC’s Executive Director Trevor Laforce. “But we’re meeting with the communities to tell them about the program, because if we can’t go in to do the programs, at least we can give them some idea of what we’re doing to help them out.”⁶⁵

Overcoming Funding Challenges

Each of the three case studies highlighted in this chapter has its own unique challenges with program funding. For the TKT program in the Northwest Territories, the biggest hurdle was getting the initial financing to seed the program. This required creating links between government departments and pooling funding streams. While the program continues to grow every year, Erasmus noted that he feels like more government departments could still come on board to help the program reach its full funding capacity. “There’s nothing stopping the schools from running

62 Participant interview.

63 Participant interview.

64 Participant interview.

65 Participant interview.

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three, four projects a year.”⁶⁶ Some school administrators responsible for running the TKT program shared, however, that one of their biggest challenges with the program was coordinating with the government's fiscal year-end of March 31. Some school boards have found the coordination of funding calendars between the government and school boards difficult, especially for spring and fall activities that are part of the TKT program.⁶⁷

The WASAC North team stressed that even though it has established a positive funding relationship with the Government of Manitoba, it is concerned about sustainability. “We want to be able to go into communities and be a program that lasts for a while, and not leave them high and dry when the funding runs out. So we're worried about sustainability.”⁶⁸ According to Laforte, this means the WASAC North program has “to be careful ... so we don't leave the communities we've been working with behind to work on a new challenge. We want to make sure we do it the right way. We want to make sure that we get money for a purpose and not just for the sake of getting money.”⁶⁹

In Nunavut, similar funding challenges exist. “Often what we see [in Nunavut] is this one-off, one-year approach to funding ... Usually you get four months' notice before the end of fiscal ... ‘Here's some money, what can you do with it?’” Healey commented. “That doesn't promote or support the creation of anything innovative or responsive.”⁷⁰ By contrast, the multi-year funding approach of PHAC's Innovation Strategy provided Healey and her team at QHRC in Iqaluit with the security and resources required to develop the evidence-based Makimautiksat program.

66 Participant interview.

67 Participant interviews.

68 Participant interview.

69 Participant interview.

70 Participant interview.

A Strength-Based Approach

One of the most important elements for the success of all three programs highlighted in this chapter is their focus on helping youth to zone in on their strengths and subtract the high levels of trauma from their lives by building confidence in a fun, interactive environment. For example, when reflecting on the impact the TKT program has had on her students, the principal of the K'alemi Dene school in Yellowknife stressed that it has given youth the opportunity to prove themselves on the land and discover talents and skills not normally revealed in a classroom setting—"to really hone in on what they're good at ... We all have gifts, and giving them the opportunity to first discover what that gift is and then provide the structure needed to actualize it ... and support that process."⁷¹

When interviewed about the key successes of its program, the WASAC North team consistently highlighted the impact of its positive programming approach. "We've got great kids in each of these communities and to see them succeed, to see them be excited about it, that's where we define our success," concluded Laforte.

Healey and her team have developed the Makimautiksat program to build on the strengths of what Nunavummiut already know.

And finally, Healey and her team have developed the Makimautiksat program to build on the strengths of what Nunavummiut already know in their everyday lives. "Sometimes we just need a bit of prompting to remember because it's so embedded in what you do."⁷² This means focusing efforts on helping Inuit youth build "confidence in themselves, their identities, and abilities."⁷³ The wellness and empowerment camps are now providing these youth with the opportunity to be in a supportive environment where they can think about "what am I good at ... what do I like? I don't have to necessarily work in the mines ... I can do all sorts of stuff."⁷⁴

⁷¹ Participant interview.

⁷² Participant interview.

⁷³ Participant interview.

⁷⁴ Participant interview.

CHAPTER 5

Final Observations and Recommendations

Chapter Summary

- Policy development to fully support Aboriginal child and youth wellness in Canada's North requires a long-term and holistic approach. Foremost, it means developing programs and policies that support children and youth in reconnecting with the wisdom of their Elders and really fostering the conditions that will allow the youth to find their purpose and embrace the greatness within themselves.
- Jurisdictional barriers present an ongoing challenge to overcome. However, current efforts to develop and deliver community-based, community-designed, and community-owned public health policy frameworks for Northern Aboriginal communities are critical steps forward.
- Designing and implementing culturally safe policies and practices also requires policy-makers and medical practitioners to make the effort to educate themselves about Aboriginal youth issues and spend time really listening to community members.
- The report concludes with five recommendations.

Supporting youth on their journeys toward wholeness requires sustained efforts across jurisdictions to recognize and address the ongoing impacts of the colonial legacy and the resulting intergenerational trauma affecting so many First Nations, Métis, and Inuit communities. Almost 20 years ago, Aboriginal youth from across Canada stressed to the Royal Commission on Aboriginal Peoples that having opportunities to rediscover and express their cultures and traditions was an essential part of feeling whole.¹

Policy development to fully support Aboriginal child and youth wellness in Canada's North requires a long-term and holistic approach. Foremost, it means developing programs and policies that support children and youth in reconnecting with the wisdom of their Elders and really fostering the conditions that will allow such youth to find their purpose and embrace the greatness within themselves. This requires meaningful and sustained efforts across jurisdictions to address the very complex and nuanced historical, political, and social contexts of Aboriginal health.

Jurisdictional barriers present an ongoing challenge to overcome. However, current efforts to develop and deliver community-based, community-designed, and community-owned public health policy frameworks for Northern Aboriginal communities are critical steps forward. These types of policies and programs can better integrate culturally relevant approaches to health and wellness by addressing complex factors such as environmental dispossession, culture, and the social determinants of health, which shape health and wellness outcomes across local and regional scales.

¹ White and Jodoin, *Aboriginal Youth*, 38.

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Designing and implementing culturally safe policies and practices also requires policy-makers and medical practitioners to make the effort to educate themselves about Aboriginal youth issues and spend time really listening to community members. Building trust is a significant success factor in the delivery of Northern Aboriginal health policy, but it takes time and commitment from all sides to design programming from the ground up and to establish meaningful partnerships for health care service delivery and administration. The foundation for this is a clear understanding that Aboriginal youth wellness is ultimately linked to improved community well-being, and that many Northern Aboriginal communities still need to develop the experience and on-the-ground capacity to address their specific health issues. In particular, significant investments into infrastructure development still need to occur to ensure that these communities have safe potable water, healthy housing options, and adequate sewage treatment systems.

Greater emphasis needs to be placed on the amazing resilience of these communities.

While significant challenges exist for many Aboriginal communities in Canada's North, greater emphasis needs to be placed on the amazing resilience of these same communities. This means reporting on and including the many success stories and best practices that Aboriginal communities have developed as part of their ongoing response to and healing from historical trauma. The three case studies included in this report, for example, further highlight the importance of creating culturally relevant activities, tools, and resources, with the intention of delivering sustainable approaches to youth wellness in Canada's North. We ultimately learn through these case studies that it is possible to both design and implement strength-based, positive Northern Aboriginal youth wellness programs that are holistic and grounded in relevant cultural paradigms that successfully integrate traditional and contemporary viewpoints and life paths.

Recommendations

The following recommendations should be considered in light of the observations outlined previously and the broad context of Aboriginal youth wellness issues provided in this report.

1. **Recognize the inherent strengths of Northern Aboriginal communities to overcome youth wellness challenges.** Many Northern Aboriginal communities are resilient in their own right. Strengths include group norms of sharing and reciprocity, and traditional perspectives that foster respect for the wisdom of Elders, balance, and one's interconnectedness with land and nature. Building on such strengths both reinforces community resilience and helps empower youth to greater wellness.
2. **Empower Aboriginal youth to embrace a personal vision of who they are and who they will become.** Aboriginal youth wellness programs should help youth find purpose, build esteem, and assume leadership responsibilities for the health and wellness of their families, peers, and communities.
3. **Integrate multiple and intergenerational Aboriginal perspectives into health policy design and development.** While great efforts have been made to be inclusive of Aboriginal traditional knowledge, the voices and concerns of children and youth—the new generation—need to be better incorporated into health policy design, research, delivery, and evaluation.
4. **Continue efforts to develop culturally appropriate measurement tools and indicators for health and wellness program evaluations.** Examples of national efforts to assess Aboriginal health and wellness indicators across Canada include the First Nations Regional Longitudinal Health Survey, the Aboriginal Peoples Survey, the Canadian Community Health Survey, and the Youth in Transition Survey. More efforts, however, are required to ensure that quality outcome research is being conducted to document the successes and shortcomings of programs and initiatives across regions and over time.
5. **Enable cross-sectoral and inter-jurisdictional approaches to Aboriginal youth wellness.** Integrating public and private funding opportunities with community-driven programs and projects can help to pull together limited financial and human resources in the North. Working through levels of government and across public, private, and community sectors will help build awareness among key policy stakeholders to disseminate good practices, sustain successful projects, and identify areas of greatest need.

APPENDIX A

Interview Guide: Aboriginal Youth Wellness in the North (Sample)

Objective of the Interview

The objective of the interview is to gain insights into the three broad research questions listed below:

1. How do Northern Aboriginal youth, along with families and communities, define their wellness opportunities and challenges?
2. What are examples of Northern Aboriginal youth-led wellness initiatives across the provincial and territorial North that are successful? Why are they successful? And are they adaptable to other Aboriginal contexts (such as First Nations people on-reserve)?
3. What types of multi-sectoral partnerships (at all levels of government) presently exist and are being developed to support positive Northern Aboriginal child and youth (6 to 14) wellness outcomes? What is the evidence to support such partnerships?

Data collected from these interviews will be included, where appropriate, in a Centre for the North publication to be published by The Conference Board of Canada.

Confidentiality

All statements made will be non-attributable unless at the distinct request of the interview participant.

Questions

A. Policy

1. Can you provide a brief overview of some of the key historical and contemporary policy issues and initiatives relating to Aboriginal youth wellness in Canada's North?
2. What are some of the policy challenges moving forward?

B. Early Aboriginal Childhood Programs/Initiatives

1. What are some of the key successes of early Aboriginal childhood programming—like prenatal nutrition, Aboriginal Head Start, etc.?
2. How do you think those successes can be replicated for older children once the program ends?
3. What are some of the challenges associated with these programs?

C. Current Aboriginal Youth Wellness Program Initiatives

1. How do you define wellness from an Aboriginal perspective?
2. What key challenges exist in supporting Aboriginal youth wellness?
3. What roles do families play in supporting Aboriginal youth wellness?
4. What roles do communities play in supporting Aboriginal youth wellness?
5. What roles do governments play in supporting Aboriginal youth wellness?
6. What are some of the various types of wellness initiatives?
7. How do you define successful wellness initiatives?

D. Role of the Private Sector

1. What role can the private sector play in supporting Aboriginal child and youth wellness strategies?
2. What role does the private sector currently play in supporting Aboriginal youth wellness strategies?
3. What are some of the challenges in getting the private sector on board to support these initiatives?

E. Case Studies

1. How did this project come about? What were the underlying motivations and objectives? Were there specific issues or problems that were being targeted through this project?
2. What would you say is unique about this particular project? About the partnership arrangement? About the financing/funding mechanisms? Anything else?
3. What types of challenges did you encounter with getting this project off the ground?
4. Can you discuss some current challenges with this program?
5. Do you foresee any broad challenges going forward with regard to Aboriginal youth wellness in the North?
6. How effective and useful do you feel this particular type of initiative/approach is to supporting Northern Aboriginal youth wellness? Do you foresee a future for this type of initiative/approach?
7. How would you replicate this program to work in other communities across the North and with other organizations/corporations?
8. What would you do differently next time?
9. What are the main successes of this program?

APPENDIX B

A Historical Overview of Aboriginal Health Policies in Canada's North

Provincial governments provide health services to off-reserve First Nations people, as well as Inuit and Métis people, but generally do not provide health services on-reserve. The federal government (Health Canada) funds primary care in 85 remote/isolated First Nations communities and also provides eligible First Nations people (status Indians) and Inuit (land claim organization beneficiaries) with Non-Insured Health Benefits (NIHB), regardless of where they live.¹ Health Canada's First Nations and Inuit Health Branch (FNIHB) also funds a variety of health services, including public health nursing, health promotion, and home and community care in more than 600 First Nations communities.

Regardless of where they live, First Nations members who have Indian Status and Inuit (Land Claim Organization beneficiaries) are eligible to receive supplementary health benefits from FNIHB, where these individuals do not have coverage from other public or private

1 Health Canada, *First Nations and Inuit Health Strategic Plan*.

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programs. Such benefits include prescription drugs, medical supplies and equipment, dental care, vision care, short-term mental health crisis counselling, and medical transportation.²

First Nations and Inuit communities have also increasingly become involved in managing and delivering FNIHB-funded health services. Territories deliver insured health services and programs to all their citizens, including First Nations people and Inuit. However, FNIHB provides additional funding for programs addressing home and community care, as well as health promotion and disease prevention, to First Nations people and Inuit in the territories.³ In Yukon, FNIHB delivers the full NIHB program to eligible First Nations people, whereas in the Northwest Territories and Nunavut, the NIHB program is delivered in partnership with the territorial governments.⁴

Observers have noted a lack of policy consensus among primary stakeholders over which jurisdiction—provincial/territorial, federal, Aboriginal, or municipal—has authority and responsibility to respond to the needs of the fast-growing urban Aboriginal populations.⁵ First Nations people registered under the *Indian Act* and living in an urban environment can face unique challenges in accessing federally funded Aboriginal health services. Many culturally specific Aboriginal health policies and resources are now being directed specifically at First Nations communities on-reserve, which are often rural and may be very remote. In some cases, living off-reserve means that Aboriginal people cannot access these special cultural programs and services. Many of these people, however, have access to a wider variety of provincial and mainstream community-based programs and services than their on-reserve counterparts. In a number of cases, provincially funded programs have become more culturally aware with provinces

2 Health Canada, *First Nations and Inuit Health Strategic Plan*.

3 Ibid.

4 Ibid.

5 Sookraj and others, "Aboriginal Organizational Response," 3.

also offering cultural programming to the Aboriginal community, through centres such as the Wabano Centre in Ottawa, Ontario, and the Aboriginal Health and Wellness Centre in Winnipeg, Manitoba.

In this complex health policy context, public funding for Aboriginal child and youth wellness initiatives became more readily available to Aboriginal communities only after major structural changes to Aboriginal health care services occurred in the 1980s and 1990s, which placed greater emphasis on community-centred models of service development and delivery. This followed several historic iterations of federal-Aboriginal engagement that gradually shifted control and responsibility over Aboriginal health care to Aboriginal communities and their affiliate organizations. Yet, national reports from the Standing Senate Committee on Social Affairs, Science and Technology, and the Romanow Commission, both in the early 2000s, suggest there remain significant barriers between Aboriginal people and the health and wellness services they need. The following section presents key historical transitions and focal periods from the early 1900s to 2013.

Examples of Historical Northern Aboriginal Health Services and Policies

In 1904, the first federal position directly related to Indian health was established, and Dr. Peter Bryce was appointed to the position of General Medical Superintendent. In 1907, he launched an investigation into the living and health conditions at industrial and residential schools on the Prairies. The results of his investigation found the schools to be “rife with disease and lacking proper medical facilities.”⁶ According to his 15 years of survey data, “From 25 per cent to 35 per cent of all children who had been pupils had died, primarily from tuberculosis but also from other diseases such as measles.”⁷ These findings were made available

6 Sookraj and others, “Aboriginal Organizational Response,” 189.

7 Ibid., 194.

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to the federal government and also published as part of his 1922 book, *The Story of a National Crime: An Appeal for Justice to the Indians of Canada*.⁸

The Department of Indian Affairs maintained responsibility for health-related issues until the mid-1950s. In the 1930s, it established a formal Medical Branch, and in the 1940s the Branch was renamed Indian and Northern Health Services (INHS). Indian agents were responsible for the administration of medical and health services to First Nations people, and 7 of 27 full-time physicians in the Branch were assigned to the Northwest Territories and eastern Arctic. An additional 700 physicians worked part time providing services on demand, and field nurses, part-time “field matrons,” and “field dispensers” administered medicines, “often at the direction of a physician at the other end of a two-way radio.”⁹ INHS also operated 16 hospitals in addition to provincial facilities that were available to First Nations people across the country, including tuberculosis hospitals.¹⁰ During this period, many of the INHS employees believed that the biggest roadblock to delivery of medical services to Aboriginal people, especially in remote areas of the country, was “the persistence of traditional Indian medicine, based on ‘ignorance and superstition.’”¹¹

After the Second World War, there was an increase in the medical services available to Aboriginal people. A new federal department, National Health and Welfare, assumed control of INHS, which now included services to Inuit.¹² Indian agents, however, still maintained responsibility for the administration of health services to First Nations people and Inuit. In the early 1960s, INHS was eliminated and reorganized under a new federal Medical Services Branch (MSB). As a branch of the Department of National Health and Welfare,

8 Bryce, *The Story of a National Crime*.

9 Ibid., 189.

10 Ibid.

11 Ibid.

12 Ibid., 197.

MSB was responsible for any Canadian whose medical services fell outside the domain of provincial programs. Under this program, Aboriginal health services were now facilitated by a regional and zone structure across the country.¹³ By the early 1970s, all provinces in Canada were covered by universal medical care insurance. In provinces where insurance premiums were introduced, the federal government provided assistance to First Nations communities to cover the additional costs. In the more remote Northern communities, the federal government continued to offer direct medical services.¹⁴

Many of these remote services were provided through federal nursing stations; by the mid-1960s, there were a total of 25 nursing stations across the North. These stations were supported by federal hospitals in Inuvik, Edmonton, Iqaluit, and Moose Factory.¹⁵ Staff members from the stations were also able to service the smaller Northern outposts and communities that did not have a nursing station. The nurses typically used radios to consult with physicians. Patients with more serious health issues were transported to urban hospitals in the South by airplane for treatment.¹⁶

Transition to Contemporary Northern Aboriginal Health Services and Policies

The vast geographical scope of the North posed constant challenges for the development and delivery of health services to Aboriginal people, including “supply and logistics, affecting the cost and timeliness of facility construction, transportation of patients and staff, and intra-agency communication.”¹⁷ In 1967, a new approach to Indian health policy was developed, grounded in the recognition of the special historical and ongoing relationship the federal government had

¹³ Bryce, *The Story of a National Crime*, 198.

¹⁴ Ibid., 198.

¹⁵ Ibid., 206.

¹⁶ Ibid., 205.

¹⁷ Ibid., 212.

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with First Nations.¹⁸ Since the 1970s, Aboriginal people in Canada have secured more and more control over the design and delivery of their community-based health services.

In 1979, the federal government revealed its new Indian Health Policy. This policy acknowledged that health was part of a larger federal responsibility for delivering programs for First Nations based on “constitutional and statutory provisions, treaties and customary practice.”¹⁹ The goal of the policy was to “achieve an increasing level of health in Indian communities, generated and maintained by the Indian communities themselves.”²⁰ This was not to be achieved through simple increases in health programs and services, but by connecting health policy development and service delivery to three pillars:

- First Nations community development, both socio-economic development and cultural and spiritual development;
- strengthening the role of First Nations communities in the planning, budgeting, and delivery of health programs;
- building the capacity of First Nations communities to play an active, more positive role in the larger Canadian health system and in decisions affecting their health.²¹

As part of this new policy, MSB established a non-transferred/non-integrated (NTNI) approach to health policy that provided Aboriginal communities with the ability to manage a limited number of health programs. Under this approach, communities needed to negotiate separate contribution agreements with MSB for their various health services. It also provided them with limited control over setting program priorities and allocating financial resources.²²

18 Frideres, *First Nations in the Twenty-First Century*, 120.

19 Health Canada, *1979 Indian Health Policy*.

20 Ibid.

21 Health Canada, *1979 Indian Health Policy*; Frideres, *First Nations in the Twenty-First Century*, 121.

22 Lavoie and others, “Have Investments,” 718.

This shift to a more inclusive approach to Aboriginal health developed through partnerships between public sector health departments and Indigenous health organizations. Their goal was to “provide a spectrum of primary health care services, ranging from health promotion and prevention, to primary intervention and rehabilitative services.”²³ To this end, during the early 1980s, the federal government introduced its Community Health Demonstration Project to provide First Nations with the ability to experiment with different models and control of health service delivery. After five years, however, this program was disbanded and the federal government introduced its new Indian Health Transfer Policy.²⁴ The goal of the program was to support First Nations communities to develop “slowly through stages to the point where they ultimately obtained control over the delivery of health services.”²⁵ This precipitated the shift in the contemporary federal role in Aboriginal health delivery from “provider” to “funder.” Today, such transfer agreements continue to support a variety of health services and projects, including Aboriginal child and youth wellness initiatives. They have also necessitated different levels of community control “to facilitate greater Aboriginal engagement in priority setting, program planning and [health] service delivery.”²⁶

Also during the 1980s, administration of health services in the Northwest Territories was devolved from the federal to the territorial government.²⁷ And over a decade later, in April 1999, the federal government also transferred the administration of health services to the Government of Nunavut. These territorial governments receive annual funding for the ongoing administration of Aboriginal health services. Program criteria,

23 Lavoie and others, “Have Investments,” 717.

24 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 266.

25 Ibid., 267.

26 Lavoie and others, “Have Investments,” 718.

27 Romanow, *Building on Values*, 223.

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eligibility, and rates are set by the federal government and written approval from the minister of health must be obtained for any contracts in excess of \$50,000.²⁸

At this time, the greatest level of community control under the Indian Health Transfer Policy became available to First Nations communities south of the 60th parallel in 1988. It was a process designed to transfer knowledge, capacity, and funds to the First Nations communities. The overarching purpose of this transfer mechanism was to support communities in managing and administering their health resources based on their specific needs and priorities. This typically included the development of a community health plan and the choice of First Nations signing a three- or five-year agreement with the federal government. Under these agreements, communities were now able to design new programs and redirect resources to areas they considered to be of high priority. Community plans, however, still had to account for the operation of mandatory health programs, such as immunization, communicable disease control, and environmental health.²⁹

A third community health model became available to First Nations south of the 60th parallel in 1994. This Integrated Community-Based Health Services approach provided communities with less control than under the transfer model. Under this model, communities were able to establish their own health management structure but could not develop new programs outside of the government-mandated services. Communities also shared responsibility for delivering these health services with the federal government.³⁰ To support child and youth wellness programs that fell outside of the government-mandated services, First Nations communities had to find alternative sources of funding support. One prominent example from this time was the Raising the Children program, first piloted by members of Lac Seul First Nation in the Sioux Lookout District of Northwestern Ontario. The program, which included videos,

28 Romanow, *Building on Values*, 223.

29 Lavoie and others, "Have Investments," 718.

30 Ibid., 718.

work groups, and a manual, developed as a grassroots initiative under the leadership of Lac Seul's Lorraine Kenny, with support from the Donner Canadian Foundation and Catholic Church sources.³¹

In contrast to their Southern counterparts, Aboriginal communities located north of the 60th parallel (Nunavut, the Northwest Territories, Yukon, and the northernmost parts of Quebec and Labrador) were expected to “negotiate all aspects of proposed self-government, including responsibility for health services, with Indian and Northern Affairs Canada (INAC).”³² In Yukon, for example, the management of Aboriginal health services was transferred to Aboriginal communities, rather than to the Yukon government, as part of its land claim agreements. On May 29, 1993, the Government of Canada, the Government of Yukon, and the Council for Yukon Indians—now the Council of Yukon First Nations—signed the Umbrella Final Agreement (UFA). The UFA forms the basis for the negotiation of each participating First Nation's final agreement.³³ Eleven First Nations negotiated final agreements between 1995 and 2006. As of 2013, three continue to remain bands under the *Indian Act*. Some of these Northern Aboriginal communities were also able to establish control over aspects of their health services through contribution agreements with Health Canada.³⁴ Relevant services included community health representatives; the National Native Alcohol and Drug Abuse Program; Brighter Futures, and Building Healthy Communities; the Canada Prenatal Nutrition Program; and the First Nations and Inuit Home and Community Care Program.³⁵ (See box “Current FNIHB Mental Health and Addictions Programming.”)

31 Kenny, *Raising the Children*.

32 Health Canada, *Transfer of Health Programs to First Nation and Inuit Communities*, 1.

33 Aboriginal Affairs and Northern Development Canada, *Building the Future*, 4.

34 Ibid.

35 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 216.

Current FNIHB Mental Health and Addictions Programming

- **Brighter Futures/Building Healthy Communities** programs (\$89 million annually) provide funds to all communities for activities supporting improved mental health, child development, parenting skills, and healthy babies. In addition, funding is used by communities to respond to mental health crises.
- The **Indian Residential Schools Resolution Health Support Program** (\$65 million in 2013–14) provides cultural, paraprofessional, and professional supports to eligible former students, their families, and communities, and to all participants at Truth and Reconciliation Commission events.
- As part of the **National Anti-Drug Strategy**, Health Canada is investing \$10 million in 2013–14 to improve access to quality addictions services for First Nations people and Inuit.
- The **National Aboriginal Youth Suicide Prevention Strategy** (\$15 million in 2013–14) supports community-based suicide prevention projects in approximately 150 First Nations and Inuit communities. Projects are diverse and focus on increasing protective factors such as resilience and reducing risk factors through prevention, outreach, education, and crisis response.
- Through the **National Native Alcohol and Drug Abuse Program** and the **National Youth Solvent Abuse Program** (\$82 million annually), Health Canada funds a national network of 55 treatment centres, as well as drug and alcohol prevention services in over 550 First Nations and Inuit communities across Canada.
- The **Fetal Alcohol Spectrum Disorder (FASD) Program** (\$16 million annually) supports First Nations and Inuit communities to undertake activities that will educate and raise awareness about the impacts of FASD; develop mentoring programs that support women to stop or reduce alcohol use while pregnant; facilitate access to earlier diagnosis; and build capacity in front-line staff and families to develop successful prevention and intervention programs and services.
- Health Canada also supports short-term mental health crisis counselling for eligible First Nations people and Inuit through the NIHB program (\$13 million in 2011–12).³⁶

Sources: Langlois, "First Nations and Inuit Mental Wellness"; Health Canada.

36 Health Canada, *First Nations and Inuit Health Strategic Plan*.

In 2000, MSB was reorganized into the First Nations and Inuit Health Branch (FNIHB), which maintained a specific Northern secretariat. FNIHB became responsible for providing primary health care services to Inuit and First Nations people on-reserve. It has also provided funding for health services based on community size, level of remoteness, and access to provincial services. Its role in the delivery of these services, however, was considered complementary to what services were available from provincial governments.³⁷ FNIHB's mandate is threefold:

- to ensure the availability of, and access to, health services for First Nations and Inuit communities;
- to assist First Nations and Inuit communities to address health barriers and disease threats, and attain health levels comparable to those of other Canadians living in similar locations;
- to build strong partnerships with First Nations people and Inuit to improve the health system.³⁸

A few years later, the Public Health Agency of Canada (PHAC) was established as a separate entity from Health Canada, responsible for some elements of Aboriginal health as they related to the “national coordination of disease surveillance, control, and prevention as well as emergency preparedness and response.”³⁹ Within its mission to promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health, PHAC works broadly to reduce health inequities within the Canadian population, in particular vulnerable populations, including Aboriginal people. The Agency provides public health expertise and advice to jurisdictions involved in direct service delivery to Aboriginal populations, and engages government and non-government sectors to influence determinants of health and develop public policies to reduce health inequities. PHAC also provides funding for an urban and Northern version of the critically successful Aboriginal Head Start program, discussed further below.

37 Lavoie and others, “Have Investments,” 718.

38 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 214.

39 Ibid., 212.

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Over the years, the provision of NIHB to Aboriginal people gained increasing importance as part of FNIHB's mandate. NIHB include such things as health insurance premiums in certain provinces and territories; transportation; prescription drugs; prosthetic devices and medical appliances; dental care; eyeglasses; telemedicine consultations; and mental health and crisis intervention services.⁴⁰ These services usually fall outside the coverage provided by provincial health insurance plans. Most non-Aboriginal Canadians must have additional health insurance benefits or pay for these services themselves. According to Health Canada, in 2010–11 its total NIHB expenditures were \$1,028.1 million. Of this amount, pharmacy costs (including prescription medication, medical supplies, and equipment) represented the largest proportion at \$440.8 million (42.9 per cent). The second-largest expenditure was medical transportation costs at \$311.8 million (30.3 per cent); and the third-largest expenditure was dental costs at \$215.8 million (21.0 per cent).⁴¹

According to the Assembly of First Nations (AFN), one of the most significant drawbacks to the federal government's NIHB program is its focus on acute conditions. With chronic psychosocial issues such as residential school survival, for example, "[NIHB is] demand-driven and it covers the cost for short-term mental health crisis counselling The definition for short term is about 10 to 12 sessions ... and we have that historical context piece around residential schools, and the issues we've had with the loss of culture, the loss of identity, and the ramifications of that; it's not something that can be 'fixed' or 'cured' in 10 to 12 sessions."⁴² Additionally, the infrequency of visits by mental health practitioners to these Northern and remote communities also poses significant challenges. "One therapist in one community once

40 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 216.

41 Health Canada, *Non-Insured Health Benefits Program*.

42 Participant interview.

a month, or even twice a month, isn't going to be able to see many people. It's really only a drop in the bucket, especially in challenged communities."⁴³

Alternatively, many of the Aboriginal people seeking culturally based mental health support have been able to receive it through the Indian Residential School Resolution Health Support Program (IRS RHSP). This program funds Aboriginal health support workers for residential school survivors and their families—before, during, and after national and community truth and reconciliation events. These health support workers “are about 80 per cent Aboriginal, and they’re your community-based workers; you’ll see them directly in the communities providing addiction support, support on prescription drug abuse, just mental wellness programming in general. And then we have cultural support providers, who are recognized Elders and traditional healers, and they are covered through this program.”⁴⁴ The IRS RHSP was renewed as part of Economic Action Plan 2012, with an investment of \$238.9 million over four years (until March 31, 2016). AFN is hopeful that the program could be extended further and possibly integrated into the NIHB program after 2016.⁴⁵

All eligible First Nations members and Inuit receive the supplementary benefits under the NIHB program. Access to other health services, however, continues to be based on residence: First Nations members on-reserve receive public health services, drug and alcohol addiction services, and medical transportation; Aboriginal people in isolated and remote communities receive primary health care services delivered by nurses and/or physicians, emergency treatment, and referral to other health care facilities.⁴⁶

43 Participant interview.

44 Participant interview.

45 Participant interview.

46 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 217.

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Even though the federal government continues its efforts to provide adequate health services to Aboriginal people, significant challenges and gaps remain, especially for Aboriginal youth. A 2002 report by the Standing Senate Committee on Social Affairs, Science and Technology stressed that there were still notable disparities between the health of Aboriginal people and the health of the general Canadian population. The Committee noted, in particular, that “the Aboriginal population experiences poorer health, lower life expectancies, higher infant mortality rates and higher rates of some chronic illness. There are also significant socio-economic disparities between Aboriginal people and the general population—unemployment rates are higher and education and average income levels are lower.”⁴⁷ It also highlighted several challenges faced by the federal government in delivering its Aboriginal health programs and services: “an increasing client base; a shortage of doctors and nurses; providing service in remote and isolated communities; maintaining and attracting physicians and nurses to work in isolated communities; difficult access to some specialized services; significant cost increases associated with drug benefits, medical technology and transportation; and increases in the rate of chronic diseases that require long-term care and drug therapy.”⁴⁸ The Committee also pointed to several barriers in the provision of health services to Aboriginal people. Jurisdictional confusion, for example, was resulting in program fragmentation, problems with program coordination and reporting, inconsistencies, gaps, possible overlaps in programs, lack of integration, and the inability to rationalize services.⁴⁹ And the geographic isolation of small rural and remote communities continued to make it difficult to provide comprehensive access to services. Northern and remote communities particularly faced significant barriers related to the high turnover rates of health workers, changes in visiting physicians, language, and the lack of integration of traditional and Western health systems.⁵⁰ These concerns

47 Standing Senate Committee on Social Affairs, Science and Technology, *The Health of Canadians*, 65.

48 Ibid., 73.

49 Ibid., 77.

50 Ibid., 78.

reflected the broader issue that national health policies developed for all Aboriginal people could not adequately address specific regional or cultural concerns.

Similar sentiments were echoed in the 2002 Romanow Report, *Building on Values: The Future of Health Care in Canada*.⁵¹ It argued that a fundamental “disconnect” still existed between Aboriginal people and the rest of Canadian society with regard to sharing the benefits of Canada’s health care system. The report pointed to five main factors: 1) competing constitutional assumptions; 2) fragmented funding for health services; 3) inadequate access to health care services; 4) poorer health outcomes; and 5) different cultural and political influences.

The report stressed that the conflicting views about constitutional responsibilities for Aboriginal health care were resulting in “a confusing mix of federal, provincial and territorial programs and services as well as services provided directly by some Aboriginal communities.”⁵² It pointed out, however, that addressing the diversity of interests and needs in health services, as well as capacities for service delivery among Aboriginal communities, requires multiple approaches. For example, some Aboriginal communities noted to the Commission that greater federal, provincial, and territorial collaboration was required, while other communities stressed that the delivery of health services is a federal responsibility and required a direct one-to-one relationship. Ultimately, the report noted that the most consistent request was “more active participation of Aboriginal peoples, communities and organizations in deciding what [health] services are delivered and how.”⁵³

As part of its recommendations, the Romanow Commission suggested the pursuit of a more consolidated and integrated approach to Aboriginal health services across jurisdictions “to improve access, and provide adequate, stable and predictable funding.”⁵⁴ It also recommended that

51 Romanow, *Building on Values*, 212.

52 Ibid.

53 Ibid., 214.

54 Ibid., 223.

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these partnerships should work toward breaking “down the barriers between social policies and health policies in order to address the underlying causes of Aboriginal health problems.”⁵⁵ To achieve this, the report suggested a greater focus on more holistic approaches to health that “consider broader conditions that help build capacity and good health in individuals and communities, such as nutrition, housing, education, employment and so on.”⁵⁶ This kind of approach focuses on adapting health services to the realities of the Aboriginal communities—including the need for child and youth wellness initiatives. According to the Romanow Commission, “Approaches that adapt health services to the social and cultural realities of different Aboriginal communities are providing the best results.”⁵⁷ Such approaches make it “not only easier to identify individuals’ health care needs but also to achieve objectives that go beyond the immediate health problem to the social conditions that can promote better health.”⁵⁸ The Commission stressed that this can be achieved only “by involving Aboriginal peoples directly in defining the services that are needed and how they are to be organized and delivered. The process should reflect the values rooted in the political and cultural traditions of different Aboriginal peoples.”⁵⁹ And it requires meaningful efforts to ensure flexibility of service delivery and policy development based on the needs and preferences of Aboriginal people at the regional, community, or local level.⁶⁰ (See box “Jordan’s Principle: Ending the Jurisdictional Debate on Aboriginal Health Funding?”)

55 Romanow, *Building on Values*, 227.

56 Ibid., 224.

57 Ibid., 227.

58 Ibid.

59 Ibid.

60 Ibid.

Jordan's Principle: Ending the Jurisdictional Debate on Aboriginal Health Funding?

Jordan River Anderson required hospitalization from birth due to a rare neuromuscular disorder. However, because Jordan was of First Nations descent, the provincial and federal governments could not agree on which side was financially responsible for his care in a medical foster home. Unfortunately, Jordan's condition worsened and he died in hospital before the provincial and federal sides resolved their disagreement over funding his medical care.

In 2007, the federal government adopted a child-first principle in response to this tragic event and in an effort to resolve future jurisdictional disputes involving the care of First Nations children.

Jordan's Principle is now being implemented within the context of existing health and social programs managed by Aboriginal Affairs and Northern Development Canada (AANDC) and Health Canada. The approach focuses specifically on:

- cases involving a jurisdictional dispute between a provincial and federal government;
- First Nations children living on-reserve (or ordinarily resident on-reserve) who have been assessed by health and social service professionals and have been found to have multiple disabilities requiring services from multiple providers;
- continuity of care—care for the child will continue even if there is a dispute about responsibility, and the current service provider caring for the child will continue to pay for necessary services until there is a resolution;
- services to the child that are comparable to the standard of care set by the province—a child living on-reserve (or ordinarily resident on-reserve) should receive the same level of care as a child with similar needs living off-reserve in similar geographic locations.⁶¹

The federal and provincial governments, together with First Nations communities, are currently working out what Jordan's Principle means in practice. On April 4, 2013, the Federal Court of Canada ruled in a landmark decision that Jordan's Principle is binding on the Government of Canada and ordered AANDC to reimburse the Pictou Landing First Nation for costs

61 Aboriginal Affairs and Northern Development Canada, *Jordan's Principle*.

associated with caring for a disabled teenager living at home on-reserve.⁶² However, as of this writing, the Government of Canada is appealing the decision of April 4, 2013, and the matter is still before the courts.

Source: The Conference Board of Canada.

Toward a Community-Based Aboriginal Wellness Framework

In 2005, "Health Canada established the First Nations and Inuit Mental Wellness Advisory Committee (MWAC), co-chaired by AFN and Inuit Tapiriit Kanatami, and composed of federal, provincial, and territorial representatives alongside non-governmental, First Nations, and Inuit experts in mental health and addictions."⁶³ MWAC was mandated to develop a strategic action plan to improve the mental wellness outcomes of First Nations people and Inuit, and guide mental wellness policy and program development over the next three to five years.⁶⁴ The plan recognized the importance of and need for increased development and recognition of community leadership and health resources, and the greater inclusion of and support for traditional and cultural ways of healing. This required improved communication, sharing of information, and an emphasis on a coordinated continuum of services approach to health programming. Guided by this broader vision, the MWAC strategic action plan set out five key priorities, as explained by Van Gaalen and others:⁶⁵

1. to ensure a continuum of services for and by First Nations people and Inuit that includes traditional, cultural, and mainstream approaches;
2. to enhance traditional and mainstream knowledge development and sharing;

⁶² Champ & Associates, *News Release*.

⁶³ Vickers, "Ancestral Law and Community Mental Health," 18.

⁶⁴ Van Gaalen and others, "Reflections on Mental Wellness," 13.

⁶⁵ *Ibid.*, 14.

3. to support community development;
4. to enhance the knowledge, skills, and recruitment and retention of mental wellness and allied human resources to provide effective and culturally safe services and supports;
5. to clarify and strengthen collaborative relationships among mental health, addictions and related human services, and among federal-, provincial-, territorial- and First Nations- and Inuit-delivered services.⁶⁶

Building on the work of MWAC, Health Canada is working with partners to develop a First Nations mental wellness continuum framework. This continuum will describe a comprehensive framework of mental wellness services and identify opportunities to build on community strengths and control of resources to strengthen existing mental wellness programming for First Nations communities, including those supported by Health Canada.

AFN is currently working toward implementing a greater community-based, community-designed, community-owned public health policy framework for First Nations communities. This includes a clustered-funding framework. One of the most significant health policy barriers First Nations communities currently face is that the funding they rely on is very siloed, so “if an issue starts to arise in your community and you’ve used up all your funding for mental health or education, it gets tricky.”⁶⁷ Over the spring and summer of 2013, AFN held a series of meetings with the federal government to discuss a new comprehensive, more continuous approach to health policy—to have “that awkward conversation of what barriers are in place and how can we change those.”⁶⁸ According to one AFN policy analyst, this requires “bringing all of us together to say: ‘Look, here’s what we’ve learned through our regional discussion sessions from First Nations and Inuit across Canada. These are where they’re saying they’re hitting roadblocks, they’re having problems. What policies are in place and how can we change them,

66 Van Gaalen and others, “Reflections on Mental Wellness,” 12–13.

67 Participant interview.

68 Participant interview.

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and what can Health Canada and other departments do to support these communities?"⁶⁹ These discussions will also play a pivotal role in ensuring that "government policy-makers are educated and informed about the issues ... the complexities of the issues ... about what wellness is from a First Nations perspective."⁷⁰

The current community-based wellness funding relationship among Health Canada, the Government of Nunavut (GN), and the 25 hamlets in the territory is already making a positive impact in establishing a community-based framework for Inuit wellness. This new approach grew out of a desire by all jurisdictions to discover how to make the lives of Nunavut residents easier with respect to public health, and to build on the important and emerging themes regarding public health in the territory from the ground up. Extensive consultations were conducted among GN officials, community members, Nunavut Tunngavik Inc., and federal government officials to design a program from the bottom up. Once the concept was designed and agreed upon, it was then pilot tested in a select few Nunavut communities.⁷¹

The result was a new, streamlined, cluster-based program to replace the previous 10 lines of Health Canada funding. One of the overarching goals of this approach is to support the longer-term sustainability of community wellness programming and provide continuity in staffing. Health Canada saw the need in the territory to implement "clusters with the health programs so you could have one agreement that might have six different program funding streams in it: two of them might be in mental health; two of them might be in healthy living; and two of them might be in children and youth."⁷² This also provided a framework to shrink the heavy program and financial reporting burden on both communities and the GN. According to one federal government representative, "The paperwork was 'obscene' so we shrank that

69 Participant interview.

70 Participant interview.

71 Participant interview.

72 Participant Interview.

to a single program reporting template for all the community-based programming for FNIHB—one tool.”⁷³ The new agreement also now allows communities to carry forward funding from year to year, “so if something didn’t pan out and you needed to move \$50,000 into another project, you could do that.”⁷⁴

Under the new program, Health Canada provides GN with a bulk amount of funding to be spent on three streams of public health programming: healthy children, families, and communities; mental health and addiction; and chronic disease and injury prevention. GN then provides communities with access to that funding. “We say: ‘What are the needs in your community, what do you want to do with these funds, and how would you like to address those needs?’”⁷⁵ Communities provide GN with a “cluster plan” that outlines what they plan to do with the funding. These plans are reviewed by one of three regional review committees based in Pangnirtung, Rankin Inlet, and Cambridge Bay. The regional review committees look at the proposed community projects and make sure there are no duplications and that they adhere to the funding guidelines outlined by Health Canada.⁷⁶

As part of this process, GN provides its 25 territorial communities with support to develop their own wellness plans that identify where their priorities are. These community health development coordinators (CHDCs) and community health representatives (CHRs) are “critical in liaising with community wellness committees and hamlets—they play a very big role in helping to support the community in identifying and articulating their own priorities.”⁷⁷ CHRs are generally people from the community, trained in the community, and well grounded in the community. And CHDCs may or may not be from the region, “but they

73 Participant interview.

74 Participant interview.

75 Participant interview.

76 Participant interview.

77 Participant interview.

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provide an extra layer of support.”⁷⁸ Once the public health needs and priorities of the community are identified, these data are submitted to community wellness committees. These local committees are responsible for preparing the final proposals that are submitted to GN's Department of Health and reviewed by one of the three regional review committees noted above.⁷⁹ CHDCs and CHRs “are very much the GN's opportunity in health to have people on the ground. And the hamlet and community health and wellness committees are the communities' collective involvement in health on the ground.”⁸⁰

Since 2011, health promotion in Nunavut has been moving ahead full steam under this new multi-year agreement. The communities embraced the programs quickly. According to one GN policy analyst, “We expanded quicker than we thought ... We didn't expect communities to become so active so fast and be able to say, ‘We're going to do some really neat programs’ ... We thought it would take a lot longer for communities to develop programs. There was so much ambition and drive.”⁸¹ Yet, like many other areas in the North, there are some communities in Nunavut “that are in a much better place to make those decisions and to funnel the money to other community organizations. They have better capacity and better infrastructure to run programming.”⁸²

While communities are happy with this new community-based wellness approach, one GN policy analyst noted, “We've got other issues, like general health and infrastructure, that are making it hard to host these [new wellness] activities. We're relying on people to run these programs out of their homes, schools, or churches—whatever building is most functional There are a lot of things that make it difficult to run these programs.”⁸³ In particular, the lack of available capital dollars, either

78 Participant interview.

79 Participant interview.

80 Participant interview.

81 Participant interview.

82 Participant interview.

83 Participant interview.

from the federal government or within GN, to support these programs continues to be a huge barrier. According to one GN policy analyst, “So many people are all working so hard pushing things forward but then getting stuck by, ‘Well, we don’t have anything in the business plan for new capital until 2020,’ or ‘Our current funding arrangement with Health Canada doesn’t support capital projects.’”⁸⁴ For example, “[GN] can support the wage for a coordinator, we can support healthy snacks for a cooking program, we can buy sports equipment for that youth centre, but we can’t buy a building; we can’t pay to renovate the building.”⁸⁵ Ultimately, therefore, “The barrier is not because we don’t have the people who want to do it, or the other key elements; it’s the infrastructure that’s really a barrier, and funding for infrastructure.”⁸⁶

Policy Observations

In 2008, Health Canada reported that 83 per cent of eligible First Nations communities were involved in managing their own community-based health services.⁸⁷ And studies indicate that Aboriginal communities that have entered into a full transfer agreement with Health Canada have shown better outcomes: the longer into a transfer agreement, the better the outcomes.⁸⁸ Funding for health services on-reserve, however, is not meeting needs. Many communities in the North continue to have limited or no access to local health services and are required to access these services at a provincial point of service. While transportation subsidies are made available, community and government budgets are “constantly strained by demands, and delays in approval as well as cut-backs.”⁸⁹ The NIHB, for example, seem to consume a disproportionate amount of Aboriginal health expenditures, considering their marginal impact

84 Participant interview.

85 Participant interview.

86 Participant interview.

87 Lavoie and others, “Have Investments,” 718.

88 Ibid., 723.

89 Ibid., 722.

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on health. According to one key informant, "The vast amounts paid to diverse private dentists, optometrists, pharmacists, and tax companies can surely be spent on the development of preventative dental programs, vision screening, a formulary of essential and efficacious drugs, and a triage/referral/evacuation policy."⁹⁰ The fragmentation of funding across federal, provincial, and Aboriginal jurisdictions is ultimately contributing to poorly coordinated health programs and services.⁹¹ According to one provincial health policy expert, speaking about mental health services, "For us, what it's been about is batting it back and forth between the province and the federal government ... where they've said to us ... We're not responsible for mental health services for First Nations people on-reserve. That is the responsibility of the regional health authorities under the provincial system."⁹²

Effective health policy and program development recognizes that strategies will need to be tailored to fit the unique and varied needs of Aboriginal communities, families, children, and youth.⁹³ Designing and implementing appropriate policies and practices also requires policy-makers and medical practitioners to make the effort to educate themselves about Aboriginal issues and spend some time "going into communities to see what's going on—the good, the bad, and the ugly."⁹⁴

A transformation of attitude in policy-making is ultimately required to turn the usual public policy approach upside down and shift it from a framework of "how do we help Indigenous communities" to one that recognizes and bolsters the inherent resilience of these communities. According to one expert, this involves "removing obstacles ... taking on a holistic approach ... putting the child in the centre and figuring out what they need from a holistic perspective. How that person can develop and how you can create circumstances where that's most likely

90 Waldram, Herring, and Young, *Aboriginal Health in Canada*, 219.

91 Romanow, *Building on Values*, 217.

92 Participant interview.

93 White and Jodoin, *Aboriginal Youth*, 4.

94 Participant interview.

to happen effectively. That's not how government policy works from my experience ... it works in silos ... people have budgets, people have jurisdictions ... and it's particularly bad with First Nations.”⁹⁵

Youth also need a sense of hope and support to work through their issues. This “doesn't mean being naive about the dysfunction that is there and the lack of capacity in certain circumstances; but it does involve some level of faith that people do want the best for their children ... and engaging youth.”⁹⁶ Increased investments in more medical care, parenting programs, and targeted school-based interventions for Aboriginal youth, however, are not sufficient solutions.⁹⁷ Health programming and approaches to Aboriginal youth wellness “must be anchored in Indigenous ways of knowing and being. In order to close the circle around Aboriginal children's care and development in Canada—all levels of government must in good faith begin to act on the recommendations which Indigenous peoples have been articulating for early childhood for over 40 years.”⁹⁸ And while the Aboriginal Head Start program is a very successful example of what is possible when you incorporate Aboriginal culture and traditions into early childhood programming, a significant need still exists for extending this type of programming into the later years. According to one Cree Elder from Northern Manitoba, “So you instill in [youth] all the ethics as children in your preschool programming and everything, and into their entry into the school system ... and then you forget about them until they become a problem around the teen years. There needs to be a constant messaging and reinforcement of what you've taught them in their early years.”⁹⁹

Greater emphasis is also needed on making horizontal health policy decisions, with an emphasis on understanding the direct impacts of these decisions on communities, and establishing meaningful

95 Participant interview.

96 Participant interview.

97 Ball, *Promoting Equity*, 12.

98 Ibid.

99 Participant interview.

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partnerships for health care service delivery and administration. This includes recognizing that communities are the best equipped to address and prioritize their own health issues. Many regions across the North, however, still require sustained efforts at relationship-building between the various layers of health jurisdiction. In Northern Manitoba, for example, the regional health authorities are prepared and eager to work with Aboriginal communities, but they're waiting for an invitation. "They're under the understanding that they need to be invited by the Chief and Council, or an administrator in the school, or the health director, before they provide or offer services."¹⁰⁰ Nunavut's community wellness program is a great example of a successful bottom-up approach to public health programming and partnership building. The foundation for this is a clear understanding that Aboriginal youth wellness is linked to improved community well-being.¹⁰¹ However, it will take time for many Northern Aboriginal communities to develop the experience and capacity to address their specific health issues.¹⁰² In particular, the level of community well-being is directly connected to the quality of community infrastructure; a number of remote First Nations reserves, for example, have had concerns about safe, potable water, substandard housing, and inadequate sewage treatment systems.¹⁰³

100 Participant interview.

101 Lavoie and others, "Have Investments," 723.

102 Romanow, *Building on Values*, 214.

103 Frideres, *First Nations in the Twenty-First Century*, 122.

APPENDIX C

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