

# WISE PRACTICES

## FOR PROMOTING LIFE IN FIRST NATIONS COMMUNITIES

### REFORMING PROGRAMS AND SERVICES WITH INDIGENOUS KNOWLEDGE AT THE CENTRE: WHAT THE LITERATURE SAYS

#### INDIGENOUS KNOWLEDGE

Indigenous concepts of health and wellness have always been **HOLISTIC**. This includes a deep recognition that the strongest determinants of health and wellness are related to the quality of relationships people have, the overall health of the land/environment, and having access to resources for living life well. The public health concept of 'social determinants of health' reflects this holistic understanding of health and wellbeing and recognizes the links between health and social justice. Social determinants of health are defined as "the conditions in which people are born, grow, live, work and age – conditions that together provide the freedom people need to live lives they value" (Greenwood & de Leeuw, 2012, p. 381). Social determinants of health typically include things like income, education, housing, environment, and healthy child development. They fold relational and contextual elements into understandings of individual and collective wellness (Lines & Jardine, 2019): "Social determinants of health in an Indigenous context also include unique structural (or foundational) determinants such as history, political climate, economics and social contexts" (p. 1).

Indigenous knowledge is tied to place. It is **COMMUNITY-SPECIFIC** and **LAND-BASED**. In order for practices and services to be informed by Indigenous knowledge, traditional knowledge-keepers – often Elders – must drive the process from the very beginning (Kral, 2016). Many initiatives recognize that centring Indigenous knowledge means attending not only to ideas and concepts – which are important – but also to process, or Indigenous **WAYS OF BEING** (see Cwik et al, 2019; Harder, Holyk, Russel, & Klassen-Ross, 2015; Rasmus, Trickett, Charles, John, & Allen, 2019; Togni, 2016; Trout, McEachern, Mullany, White, & Wexler, 2018; and Vance et al, 2017).

When community-based projects that intend to improve health outcomes, promote life, and prevent suicide are driven by Indigenous knowledge, the importance of **LAND, CULTURE, AND LANGUAGE** often become central to both the content and process (see Cwik et al, 2019; Harder et al, 2015; Rasmus et al, 2019; Trout et al, 2018; Togni, 2016; and Vane et al, 2017). **ing land, culture, and language** leads to an approach that brings young people into contact with Elders and other knowledge-keepers through **RELATIONAL PROCESSES** that affirm their identities and provide a sense of belonging. Research identifies these to be protective factors against suicide and other struggles (Kral, 2016).

#### INDIGENOUS RESURGENCE

Corntassel and Hardbarger (2019) assert that "Indigenous resurgence is about **RECLAIMING RELATIONSHIPS** grounded in land, culture and community that promote the health and well-being of Indigenous Nations" (p. 89). They remind readers that resurgence is not always or necessarily a big revolutionary or public act, but is something that occurs daily, and moment to moment "within intimate settings, such as family conversations and being on the land" (p. 90). The power of the **FAMILY** unit to support the survival of people and their connections to **LAND AND BELIEF SYSTEMS** cannot be overstated. For instance, extended kinship networks have operated to skillfully resist the colonial separation that has been imposed by nuclear understandings of family. Through this, additional

relational networks – including those with land, plants, waterways, and “sacred living histories” have been sustained (p. 90).

Indigenous resurgence also takes place through the revitalization of **CULTURAL PRACTICES**. By revitalizing traditional land-based practices, young people get to feel and experience themselves as whole and healthy: “It delegitimises the colonial reality ... it gives native youth a sense of themselves ...” (Alfred, 2015, p. 7). An example of such a practice comes in the form of tribal canoe journeys. These are important acts of resurgence because of the cultural protocols attached to the canoe which leads this annual practice to be a collective and embodied form of **DECOLONIZATION** (Daehnke, 2019). The Chinook Indian Band has been engaged in Tribal Journeys since their inception. “One important element of Tribal Journeys and canoe revitalization is the effect that it has had on healing communities, especially in terms of combating drug and alcohol abuse among both adults and youth” (p. 71). This is understood as connected with the resurgence of **TEACHINGS, VALUES, AND PRACTICES** that pre-date colonization and support healthy ways of living in community that come from the community itself. Research suggests that “Native American youth who participate in canoe culture demonstrate higher levels of hope and optimism, ...[and] a greater sense of cultural identity” (p. 72). Importantly, the kind of reciprocal responsibility (among individuals, communities, land, and water) required for Journeys to occur safely instills a sense of **PURPOSE AND MEANING** to life (Daehnke, 2019).

Alfred (2015) speaks of the cultural disconnection that has had perilous impacts on Indigenous peoples, and asserts that much of it comes back to separation from land, each other, and the teachings that come from living in Indigenous ways. However, “the continued effects of **COLONIALISM** are considered to be the most important determinant of health” for Indigenous people in Canada (Lines & Jardine, 2019, p. 2). As a result, there are staggering disparities between Indigenous and non-Indigenous people in relation to many health outcomes (Lines & Jardine, 2019). Thus, more needs to be done at various levels to support Indigenous resurgence and the centring of Indigenous knowledge.

## PROGRAMS AND SERVICES WITH INDIGENOUS KNOWLEDGE AT THE CENTRE

In recent years, there have been concerted efforts to reform health and human services in ways that centre Indigenous knowledge. Many of these initiatives have had their inception as **COMMUNITY-BASED** research projects, and examples abound. Each of the initiatives outlined below are unique. They are grounded in specific community knowledge and developed with and by community members. What they share in common is an ongoing and cyclical process of development and evaluation through which content is collaboratively designed through specific Indigenous ways of working together.

A suicide prevention community-based research project with **CARRIER SEKANI FAMILY SERVICES** and University of Northern British Columbia relied on a Leadership Advisory Council (LAC) consisting of Elder and youth representatives from 11 communities (Harder et al, 2015). 130 youth between the ages of 13 and 25 were recruited to participate in culture camps. (Pre- and post-camp surveys and tests for depression, hopelessness, self-esteem, and suicide ideation were administered). The suicide awareness and prevention manual that was used was developed in partnership with the LAC, who “decide that the training and resulting manual should be organized around eight strong Carrier Sekani values” (p. 25). Findings demonstrate enriched connections with culture and Elders, and an enhanced sense of belonging, pride, and identity. Participants also expressed that a deeper experience meaning was brought to their lives.

In a different context, a collaborative arts-based project inquired into wellness engaged **YELLOWKNIVES DENE FIRST NATIONS** (YKDFN) (Lines & Jardine, 2019). Youth participants highlighted relationships with the land through which skills are learned, traditions are passed on, culture is strengthened, important teachings and laws are learned, and community members work together. In their analysis of the findings, the youth identified food, trees, land, water, and culture as necessary for healthy community – with school, family, friendships, and community stemming from that. “The results were reflective of YKDFN culture” (p. 8). They specifically spoke of reciprocal relationships with the land: it provides for us, and we take care of it. One of the implications of these findings is that youth play important roles in community wellness, and they can realize this responsibility and experience a sense of purpose through active engagement in land-based practices.

Corntassel and Hardbarger (2019) report on a participatory action research study – using photovoice – that took place within the **CHEROKEE NATION**. The findings of the study show that “the aspects that were perceived as necessary for maintaining a cohesive and sustainable community were also aspects of Cherokee lifeways the youth felt should be perpetuated for future generations” (p. 98). Much of what emerged through the research related to direct daily individual, family, and community actions. The three key themes that emerged from the data were: “1) the responsibility of passing on knowledge (i.e. lifeways, language, traditions) ...; 2) the importance of family and community relationships ... and 3) access to and protection of healthy ecosystems that allow for sustainable water and land-based practices” (p. 98).

Rasmus et al (2019) share findings and process of an Indigenous intervention, specific to the prevention of suicide and alcohol misuse. It is based in American Indian and Alaska Native – specifically **YUP'IK** - communities. It is organized and delivered through a traditional process called *qasgiq* (which means ‘communal house’), and a theory of change framework built around this model is put forward.

The **WHITE MOUNTAIN APACHE TRIBE** have developed a “promising upstream suicide prevention strategy” through a community-based research process (Cwik et al, 2019, p. 137). It involves connecting youth to their heritage traditions and culture through Elders’ school visits. The curriculum developed and implemented through this project is called *Nowhi nalze’ dayuweh bee goldoh dole*, which translates loosely to “let our Apache heritage and culture live on forever and teach the young ones” (p. 138).

In response to the disproportionately high rates of Indigenous youth suicides in circumpolar regions, **PC CARES** (Promoting Community Conversations About Research to End Suicide) approaches suicide as a community health issue, and brings together networks of Indigenous health educators in rural Alaska to host learning circles (Trout et al 2019).

*Uti kulinjaku*, which means ‘to think and understand clearly,’ is the name of an Australian-based project that works to “increase awareness and respect for traditional healing within mainstream health and human services” (Togni, 2016, p. 270). It specifically aims to respond to the high rates of suicide among **ANANGU** young people by integrating cultural ways into service delivery. It was developed through a community-based research model, centring the priorities and approaches of senior Anangu women with support from the non-Aboriginal team members. As one participant noted: “... the process is the outcome” (p. 270).

Key Elders from across **ABORIGINAL LANGUAGE GROUPS** in Victoria, Australia were identified and consulted over a two-year period (Vance et al, 2017). As a result of these conversations, Indigenous youth who are referred to an outpatient clinic are now being engaged in what is referred to as “an Indigenist dialogue” to “augment Western biopsychosocial treatments” with “Indigenous ‘ways of knowing and being’” (p. 158). In addition to impacts related to the presenting issue for referral to the clinic (outcomes such as reduced need for medication and/or cognitive behavioural therapy), other implications of the process for the youth include altered experiences of

themselves in relation to “Kin, Country, and Ancestors.” The most “fundamental element of this Indigenist approach is genuine and explicit dialogue” – which is often missing from Western health paradigms, but recognized as central to Indigenous processes for wellness and meaning making (p. 159).

## RECONCILIATION AND DECOLONIZATION IN THIS PROCESS

Lines and Jardine (2019) note that “the continued effects of colonialism are considered to be the most important determinant of health” for Indigenous people in Canada (p. 2). Being robbed the opportunity to know and live by Indigenous languages, worldviews, ceremonies, and cultural practices, youth and communities are struggling to live purposefully and fully (Alfred, 2015). Alfred (2015) asserts that **SPIRITUAL AND PSYCHOLOGICAL SOVEREIGNTY** is vital for the health of Indigenous communities.

Many mainstream prevention efforts delivered by public health, schools, and social services are not having a meaningful impact (Trout et al, 2018). While many suicide and alcohol misuse interventions have not centred Indigenous knowledge – even in Indigenous communities – there is now a great deal of evidence and understanding of the importance of it (though there continues to be debate around whether and how Indigenous knowledge and western knowledge might be compatible) (Rasmus et al, 2019). In order to support and enhance efforts to re-centring Indigenous knowledge in programs and services, evaluation and **KNOWLEDGE TRANSLATION** are important.

Trout et al (2018) highlight the importance of not viewing *suicide itself* only through a colonial lens of “prevention science, public health, and medicine” but recognizing the validity of knowledge “derived from lived experience of Indigenous stakeholders” (p. 403). From this standpoint, prevention efforts change and become focused on “the broader **SOCIAL CONTEXT** of suicide” rather than individual pathology (p. 403) – and the capacity to intervene is no longer limited to individual professionals. Collective, community actions that foster social conditions that promote life become viable prevention efforts

This requires a much stronger commitment to decolonize the existing service provision system. Tait, Mussel, and Henry (2019) speak to the “need for action at micro-levels” – a “refashioning of everyday interpersonal interactions between First Nations, Inuit, and Metis peoples and Canada’s settler population” (p. 19). Their article particularly focuses on these interactions at the level of health and social service delivery, and how to combat the pervasiveness of **RACISM AND DISCRIMINATION** in these settings. Tait et al (2019) argue that change at the service delivery level is a necessary condition for broader structural reconciliation efforts to be effective and sustainable, without doing further harm. These authors posit that **MICRO-RECONCILIATION** supports the creation of “institutional pathways that seek to empower all levels of management and employees” to understand that: 1) structural racism permeates health and social service settings, 2) it leads to the normalization of poor treatment of Indigenous peoples in these settings, 3) Indigenous people do not feel empowered to speak up against this poor treatment in these settings, and 4) if left unaddressed, structural racism will continued to shape their treatment, even if individual workers receive cultural safety training (p. 26).

Micro-reconciliation requires **ACKNOWLEDGEMENT**, **WITNESSING**, and **MORAL COURAGE** – and this kind of work “can only be done together, with Indigenous peoples driving the change” (Tait et al, 2019, p. 32). Micro-reconciliation, as outlined in this article, is a necessary condition to address the health disparities that continue to exist in this country because of systemic inequities that persist. And it places the responsibility on all of us.

## ONGOING CHALLENGES AND OPPORTUNITIES

In addition to the broader systemic challenges related to structural racism, reconciliation, and decolonization noted above, there are also logistical challenges to reforming programs and services with Indigenous knowledge at the centring.

Harder et al (2015) acknowledge that the deep commitment to community engagement is **TIME- AND RESOURCE-INTENSIVE** and thus comes with a financial cost. Another tension they experienced in their project was around the balance of Indigenous and Western epistemologies. A third challenge is the fact that Aboriginal communities are diverse, and there can be a tendency towards over-generalizing when it comes to research findings. This, and artificially 'Indigenizing' and applying western approaches to suicide prevention, must be actively resisted.

Togni (2016) addresses some of the challenges of **BALANCING WESTERN AND INDIGENOUS APPROACHES** in this kind of partnership project. For instance, central to a culture that uses oral teaching is the ability to have fluid conversations, yet evaluating the effectiveness or ensuring the replicability of a curriculum can require a more rigid approach. Navigating this tension with guidance from Indigenous advisors is crucial.

Many studies call for more data to be collected (Vance et al, 2017), but another challenge comes with determining *how* to evaluate interventions within complex systems (Moore et al, 2019). It can be helpful to understand social interventions as "events within systems" (p. 24), which can in turn impact relationships and activity throughout the systems. This can enable evaluators to consider which kinds of questions and measures will enable **MEANINGFUL EVALUATION** of the specific events – rather than feeling the need to evaluate a whole system in response to a particular intervention.

Cwik et al (2019) recommend collecting **MORE TYPES** of data (beyond learning and satisfaction of participants, for instance) and data from **MORE SOURCES** (such as more community members who can speak to behavioural changes). Togni (2016) points to developmental evaluation as a culturally appropriate approach to evaluation of community-based work in an Indigenous setting. **DEVELOPMENTAL EVALUATION** is built into the entire process, enabling feedback to be received and integrated along the way.

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