Kahnawà:ke's Community Wellness Plan

2024-2032

Onkwata'karitáhtshera, Enniskó:wa
(March) 2024, Kahnawà:ke, QC, J0L 1B0.

Ohèn:ton Karihwatéhkwen

The words before all else – Thanksgiving Address

Kentióhkwa! Sewatahonhsí:iost ken' nikarihwésha,
ne káti Ohèn:ton Karihwatéhkwen enkawennohétston.

Group of people here! Listen well for a short while,
as we pass the words that come before all matters.

Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Onkwehshón:'a**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the People**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Ionkhi'nisténha Tsi iohontsá:te**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **our Mother the Earth**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Kahnekarónnion**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Waters all about**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Kentsonhshón:'a**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Fish**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Ohonte'shón:'a** tánon' **Ohtehra'shón:'a**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Grasses/ Plants and Roots**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe'nón:ni ne onkwa'nikòn:ra tánon' teiethinonhwerá:ton ne **Ononhkwa'shón:'a**. Tho niiohtónhak ne onkwa'nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Medicines**. Let our minds be that way (appreciative).*

Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Tionhnhéhkwen**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Harvest/ Sustenance of Life**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Kahihshón:’a**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Fruits**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Kontírio**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Wild Animals**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Otsi’nonwa’shón:’a**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Insects and Little Critters**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Okwire’shón:’a**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Trees**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon teiethinonhwerá:ton ne **Otsi’ten’okón:’a**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Birds**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Ionkhihsothó:kon Ratiwè:ras**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **Our Grandfathers the Thunders**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Kaié:ri nikawerá:ke**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **The Four Winds**. Let our minds be that way (appreciative).*

Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ tetshitewanonhwerá:ton ne **Shonkwahtsí:’a Tiehkehnéhkha Karáhkwa**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **Our Elder Brother the Sun**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ taiethinonhwerá:ton ne **Ionkhihsótha Ahsonthenhnéhkha Karáhkwa**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **Our Grandmother the Moon**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ teiethinonhwerá:ton ne **Iotsistohkwarónnion**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank the **Stars all about**. Let our minds be that way (appreciative).*
Akwé:kon énska entitewahwe’nón:ni ne onkwa’nikòn:ra tánon’ tetshitewanonhwerá:ton ne **Shonkwaia’tíson**. Tho niiohtónhak ne onkwa’nikòn:ra.	*Let us all bring our minds together as one, and greet/thank **the Creator – He who made/completed us**. Let our minds be that way (appreciative).*
Ó:nen káti’ tho niió:re ia’tetewawenniháhrho. Tóka’ thé:nen saionkwa’nikónhrhen, í:se ki’ né: ó:nen sasewakwatakohá:ton.	*Now, then, that is how far we have gone with our words. If there is anything that we have forgotten to mention, now, then, you could fix it or add to it.*
Eh káti’niiohtónhak ne onkwa’nikòn:ra. Tho niiowén:nake.	*Therefore, let our minds be that way (appreciative). Those are all the words.*
Kanien’kéha proofed by Aronhiióstha Deer and Mary McComber 2024	*Credit for this translation is given to the MCK Language & Culture Training Program/Tsi niionkwarihò:ten Tsitewaháhara’n Center*

Niá:wen – thank you!

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Acronyms and Abbreviations

Acronym	Full Name
ACHWM	Aaniish Naa Gegii: The Children's Health and Well-being Measure
ADHD/ADD	Attention deficit hyperactivity disorder/attention deficit disorder
ADKAR	Awareness, Desire, Knowledge, Ability, Reinforcement – change management framework
AFN	Assembly of First Nations
AFNQL	Assembly of First Nations of Quebec and Labrador
AHAC	Aboriginal Health Access Center
AHS/AHSOR	Aboriginal Head Start/Aboriginal Head Start On-Reserve program
ALS	Assisted Living Services (Department of KSCS)
ARS	Addiction Response Services (Team of KSCS)
ASD	Autism Spectrum Disorder
BC	British Columbia
BMI	Body Mass Index (a ratio of height and weight used as a health indicator)
CAB	Community Advisory Board (of the Kahnawà:ke Schools Diabetes Prevention Project/Program)
CAMH	Center for Addiction and Mental Health (in Ontario)
CBC	Canadian Broadcasting Corporation
CBPR	Community-Based Participatory Research
CCHS	Canadian Community Health Survey
CCS	Cultural Connectedness Scale
CDC	Centers for Disease Control and Prevention (USA)
CFS	Child and Family Services, or Kahnawà:ke Child and Family Services Funding
CHIRPP	Canadian Hospitals Injury Reporting and Prevention Program
CHU	Community Health Unit (at Kateri Memorial Hospital Centre)
CHP	Kahnawà:ke's Community Health Plan
CHPI	Community Health Plan Initiative (Funding program of Onkwata'karitáhtshera)
CIHI	Canadian Institute for Health Information
CISSS	Centre intégré de santé et de services sociaux
CMHC	Canadian Mortgage and Housing Corporation
CMT	Community Mobilization Training
CNESST	Commission des normes, de l'équité, de la santé et de la sécurité du travail
COP15	Conference of Parties #15 (United Nations Biodiversity Conference)
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus disease 2019

Acronym	Full Name
CPR	Cardiopulmonary resuscitation
CQI	Continuous quality improvement
CRC	Convention on the Rights of the Child (United Nations)
CRPD	Convention on the Rights of Persons with Disabilities (United Nations)
CRDS	Centre de répartition des demandes de service
CWP	Community Wellness Plan
DA	Danger assessment
DPT-P	Diphtheria, pertussis, tetanus and poliomyelitis (vaccine)
DRSP	Direction régionale de la santé publique
ECCM	Expanded Chronic Care Model
EDC	Executive Directors' Committee of Kahnawà:ke's community organizations
EHO	Environmental Health Officer
EHS	Environmental Health Services, a department within KSCS
ELCC	First Nations Early Learning and Child Care Framework
ÉLDEQ	*Étude longitudinale du développement des enfants du Québec*
EMR	Electronic medical record
EPPC	Emergency Preparedness Planning Committee
ERP	Emergency Response Plan
FASD	Fetal alcohol spectrum disorders
FIPA	Fichier d'inscription des personnes assurées
FN	First Nation(s)
FNCFS	First Nations Child and Family Services
FNHA	First Nations Health Authority of British Columbia
FNHRDCQ	First Nations Human Resources Development Commission of Quebec
FNHC	First Nations Health Council of British Columbia
FNICCI	First Nations/Inuit Child Care Initiative
FNIGC	First Nations Information Governance Centre
FNIHB	First Nations and Inuit Health Branch (of Indigenous Services Canada, or Health Canada prior to 2018)
FNMWC	First Nations Mental Wellness Continuum
FNQLHSSC	First Nations of Québec and Labrador Health and Social Services Commission
FSRS	Family Support and Resources Services of KSCS
FTE	Full-time equivalent staff
FWC	Family Wellness Centre of KSCS
GDM	Gestational diabetes mellitus
HCCS	Home and Community Care Services of KSCS and KMHC
HiB	Haemophilus influenza type B
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome

Acronym	Full Name
HPV	Human papilloma virus
HRT	Hormone replacement therapy
HSO	Health standards organization
IEP	Individualized education plan
IFSD	Institute of Fiscal Studies and Democracy
ILC	Independent Living Center in Kahnawà:ke
IPHCC	Indigenous Primary Health Care Council
IPV	Intimate partner violence
INAC	Indigenous and Northern Affairs Canada
ISC	Indigenous Services Canada
ISP	Integrated service plan
ISQ	Institut de la Statistique du Québec
IV	Intravenous
IYMP	Indigenous Youth Mentorship Program
KCI	Kahnawà:ke Collective Impact
KEC	Kahnawà:ke Education Center
KEPO	Kahnawà:ke Environmental Protection Office
KERA	Kahnawà:ke Education Responsibility Act
K-GEM	Kanien'kehá:ka Growth and Empowerment Measure
KFB	Kahnawà:ke Fire Brigade and Ambulance Service
KMHC	Tsi Tehsakotitsén:tha Kateri Memorial Hospital Centre
KOR/KORLCC	Kanien'kehá:ka Onkwawén:na Raotitióhkwa Language and Cultural Center
KPSC	Kahnawà:ke Public Safety Commission
KSDPP	Kahnawà:ke Schools Diabetes Prevention Program (formerly Project)
KSCS	Kahnawà:ke Shakotiia'takéhnhas Community Services
KSS	Kahnawà:ke Survival School
KTE	Knowledge transfer and exchange
KYC	Kahnawà:ke Youth Center
LTC	Long-term care (a department at the KMHC)
MADO	Maladies à déclaration obligatoire
MCH	Montreal Children's Hospital
MCK	Mohawk Council of Kahnawà:ke
MCR	Mohawk Council Resolution
MMIWG	Missing and murdered Indigenous women and girls
MMR	Measles, mumps, rubella (vaccine)
MOU	Memorandum of understanding
MSI	Mohawk self insurance
MSSS	Ministère de la santé et des services sociaux du Québec

Acronym	Full Name
MWA	Mental wellness and addictions
MYLE	Make Your Life Easy – an electronic medical record system by the company MEDFAR
NAC	National Advisory Committee (Subcommittee of Onkwata'karitáhtshera)
NCCIH	National Collaborating Center for Indigenous Health
NEIHR/QcNEIHR	Network Environment for Indigenous Health Research/ Québec Network Environment for Indigenous Health Research
NIEDB	National Indigenous Economic Development Board
NIHB	Non-insured health benefits program
NNPHI	National Network of Public Health Institutes (USA)
NOM	National Child Welfare Outcomes Indicator Matrix
NWA	Native Wellness Assessment (by the Thunderbird Partnership Foundation)
NWAC	Native Women's Association of Canada
NWSM	Native Women's Shelter of Montreal
OCAP®	Ownership, Control, Access and Possession OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC). Information and a training course can be found at https://fnigc.ca/ocap-training/
OPC/OPD	Outpatient clinic/Outpatient department
PAISM	Plan d'action interministériel en santé mentale (Québec)
PCR	Patient care record
PDSA	Plan, Do, Study, and Act Framework for project management
PHAC	Public Health Agency of Canada
PHC	Primary health care
PHCC	Indigenous Primary Health Care Council (Ontario)
PIQ	Protocole d'immunisation du Québec
PK/KMPK	Kahnawà:ke Mohawk Peacekeepers
PSA	Prostate-specific antigen (a cancer screening test)
PTSD	Post-traumatic stress disorder
QBCSP/PQSDC	Quebec Breast Cancer Screening Program (Programme québécois de dépistage du cancer du sein)
QIRMI	Quality Improvement, Risk Management, and Innovation department at KMHC
RAMQ	Régie de l'assurance maladie du Québec
RCI	Recovery Capital Index
RHS	Regional Health Survey
SARA	Spousal Assault Risk Assessment
SISMACQ (QICDSS)	Système intégré de surveillances des maladies chroniques du Québec (Québec Integrated Chronic Disease Surveillance System)

Acronym	Full Name
SDH	Social Determinants of Health
SDIH	Social Determinants of Indigenous Health
SMART	Specific, measurable, achievable, relevant, and time-bound goals
SSPPS	Survey of Safety in Public and Private Spaces
STBBI/STI	Sexually transmitted blood-borne infection or Sexually transmitted infection
STC	Short-Term Care department at KMHC
SBS	Step by Step Child and Family Center
SWOC	Strengths, weaknesses, opportunities, challenges framework for environmental scan
TB	Tuberculosis
TBEL	Turtle Bay Elders' Lodge in Kahnawà:ke
TCP	Therapeutic care plan
TOR	Terms of reference
TRC	Truth and Reconciliation Commission of Canada, for the Indian Residential Schools Settlement Agreement
TSC	Teen Social Club, a program of KSCS
UN	United Nations
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
VRAG	Violence Risk Appraisal Guide
WAT	Wellness Action Team
WBC	Well Baby Clinic
WHO	World Health Organization
YAP	Young Adults Program
YP	Youth Protection
2SLGBTQIA+	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (or allies). The + is inclusive of people who identify as part of sexual and gender-diverse communities, who use additional terminologies.

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evaluation studio

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- KSCS: Tsi Niionkwarihò:ten team, Assisted Living Services, Mental Wellness and Addictions Services, Prevention teams, Whitehouse Prevention Program staff, parents and teens, Family Wellness Center team and clients
- KMHC: All departments; Traditional Medicine Unit
- KFB&AS
- MCK: Social Development Unit, Sports and Recreation, Social Assistance Program (KSAP), Tsi Niionkwarihò:ten Tsitewaháhara'n Center, Public Safety Division
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Letter from Onkwata’karitáhtshera

March 2024

Wa’tkwanonhwerá:ton,

On behalf of Onkwata’karitáhtshera, we are proud and excited to introduce Kahnawà:ke’s 2024-2032 Community Wellness Plan (CWP). This is the collective work of many community members and organizations. The purpose of the CWP is to provide the vision and pathway for a shared journey towards enhanced health, wellness and well-being for all Kahnawa’kehró:non.

Onkwata’karitáhtshera, Kahnawà:ke’s One Health and Social Services Agency, is a decision-making Table responsible for overseeing health and social services planning, implementation and evaluation in the community. At present, leaders and staff from the Kahnawà:ke Fire Brigade and Ambulance Service (KFB), Kateri Memorial Hospital Centre (KMHC), Kahnawà:ke Shakotiia’takehnhas Community Services (KSCS), and the Mohawk Council of Kahnawà:ke (MCK) come together in Onkwata’karitáhtshera for this common purpose. Onkwata’karitáhtshera is supported by a Secretariat team.

The CWP is our guide to transform and improve Kahnawà:ke’s health and social services for the years to come, building on the many achievements and years of work behind us. It is a tool that enables Onkwata’karitáhtshera, community members, groups and organizations to unite in our efforts towards a healthy, strong and prosperous future for our community. It helps the community exercise autonomy over health and social service-related activities, it promotes a comprehensive and cohesive approach among many community organizations, and it guides funding allocations to support community actions, including the Community Health Plan Initiatives and Child and Family Services Initiatives Funding (CHPI-CFS). This is an important document to help us plan our work and services, to see how we are connected in our efforts and contributions, to measure impacts and successes, and to course-correct when needed.

The CWP is the fourth community health plan developed with and for the community. Kahnawà:ke’s first Community Health Plan was developed in 1998 through a participatory process. The most recent Community Health Plan, which spanned from 2012 to 2022 (and was extended to 2024), highlighted seven health priorities: Diabetes, Cardiovascular Disease, Obesity, Early Childhood and Family Wellness (focus on Learning Disabilities and Developmental Delays), Substance Use and Addictions, Mental Wellness, and Cancer. In 2022, the implementation of the 2012-2022 plan was formally evaluated.

The CWP development followed that evaluation. Onkwata'karitáhtshera and the Secretariat worked closely with the Healthcare Evaluation Studio Ltd. team throughout 2023-2024. The CWP development was based in community engagement and a thorough review of existing information from community organizations. Many community members and organizations were invited to give input regarding the health, wellness and well-being priorities of Kahnawà:ke and their vision for healthy, happy and vibrant Kahnawa'kehró:non. Documents from other communities, other Nations, and provincial and federal governments were also collected to show an evidence-based and wider context and to position Kahnawà:ke's wellness within that diverse context.

The CWP development and community engagement started officially in June 2023 with our traditional opening on June 6, 2023. Elder Charlie Patton opened the process with a pipe ceremony. He acknowledged the important role of Onkwata'karitáhtshera, which means "*for all the people to be concerned in the area of good health*." Given that role, he shared the important message of taking care of one another and mother earth, and keeping a balance, as we are all interconnected. He spoke about Kanoronhkwátsire and the powerful wisdom regarding wellness that Kanien'kéha language can teach us. His words helped all who were present come together in a collective good mind to undertake the CWP development process.

The CWP is organized around a wholistic and strengths-based framework that we intend to use in a positive and inspirational way. The wisdom, knowledge and insight of community members and organizations guide the plan and build upon community values and traditions. Various engagement sessions, focus groups, interviews, meetings and activities were held in the summer and fall to inform and validate the emerging CWP.

The CWP takes a broad approach to include health and social services and goes beyond by encompassing wholistic wellness and social determinants of Indigenous health. This approach is visualized in the CWP Framework. Through community engagement, the framework incorporates and highlights newly identified domains of focus that were not expressed in previous Community Health Plans.

The framework is linked to an evidence base of information from national, provincial and local levels which helps to define the domains and show the diversity of their manifestation in different places. From the wider context to the narrower focus on the community, this background information supports and frames future conversations.

The principles at the centre of all the domains are Culture and Language, Accountability, Transparency, and Trust. Tsi niionkwarihò:ten have always been a part of health and social services in Kahnawà:ke and are implied in the previous health plan. In response to community engagement and feedback, we now hold it at the centre of the framework to acknowledge the power and importance of Kanien'kéha and Kanien'kehá:ka culture. They can be seen as the thread that binds all the domains together, manifested through integration into all actions and activities. Strengthening language and culture is both a long-term organizational and personal goal and a lifelong commitment for

Onkwata'karitáhtshera members. Steps have been taken and strides have been made and will continue through this ongoing commitment.

Some domains that emerged through community and organizational engagement were around sustaining and building upon 25+ years of work and progress. These were common themes throughout past community health plans and are reaffirmed for the CWP. Child and Family Wellness, together with Culture and Language, is at the centre and is linked to all the other domains, which are not ranked or in any particular order:

Mental and emotional wellness	Peace	Ahsatakaríteke–- healthy living
Good mind and healthy coping		Takwa'a:shon (Cancer) Prevention and Wellness Support

A new layer of domains is also recognized in the Framework of this plan, called the Social Determinants of Indigenous Health, Equity and Inclusion:

Special needs individuals and caregivers	Trauma, resilience, healing and empowerment
Socioeconomic determinants	Environmental stewardship, land and food sovereignty

Our intention is that the domains are each important contributors to wholistic community wellness, and that there is not a hierarchy of priorities. The domains are also named in a way to help us move from disease and illness (problems to be diagnosed and treated) to health, wellness and resilience (strengths to protect and support).

The CWP would not be possible without the engagement of hundreds of Kahnawa'kehró:non in interviews, focus groups, presentations, meetings and activities, and the many staff and volunteers who facilitated this participation. Onkwata'karitáhtshera acknowledges the contributions of Kahnawa'kehró:non in developing and validating this plan and encourages further commitment as the work to carry out the plan continues.

We also hope our community agencies and grassroots organizations can use the CWP, its domains and the tools and resources within to help support their own planning and evaluation and to help partners to better understand the community.

We emphasize that the information contained within this document belongs to the Kahnawà:ke community and is meant to be used by community organizations and by community members. We encourage you to review the document, engage with Onkwata'karitáhtshera around your questions and interests, and help us to work together on initiatives so that community wellness grows and flourishes. If you are not from our community, we also encourage you to review the information, but we ask that you contact Onkwata'karitáhtshera to request the use of any parts of the document.

As the **community's** wellness plan, it is developed with and for the community and coordinated by Onkwata'karitáhtshera, the advisory and coordinating body for health and social services in Kahnawà:ke. This is the community's plan, and we commit to updating it along the way as a living document. Many voices are reflected in this Community Wellness Plan, and all Kahnawa'kehró:non are welcome to join us as we now continue this journey of implementing the plan.

Niá:wen,

The Onkwata'karitáhtshera Table

Derek Montour, Chairperson
Valerie Diabo, Vice-chairperson
Robin Guyer, Secretary (incoming)
Vernon Goodleaf, Secretary (outgoing)
David Scott
Cheryl Zacharie
Chief Iohahiio Delisle
Davis Montour
Chief Arnold Boyer
Kahonwéntha Stacey

Executive Summary

Note: The following content might cause triggering of some difficult or uncomfortable emotions and memories for some readers. If you find yourself in this situation, please reach out to someone you trust for support. If you find you need immediate crisis support, we encourage you to consider calling one of the following resources:

Hope for Wellness Help Line: 1-855-242-3310 • Live chat: www.hopeforwellness.ca

- Centre de prévention du suicide de Québec 1-866-277-3553
- Kids Help Phone: 1-800-668-6868 or by text at 686868
- KSCS Intake Services: 450-632-6880 (8:30 to 4:30 on weekdays)
    - 450-632-6505 (after hours or holidays): Ask for the After-Hours Response Worker
- If you are worried or believe that someone is in immediate danger, please contact emergency services: Peacekeepers (in Kahnawà:ke): 450-632-6505; Ambulance (in Kahnawà:ke): 450-632-2010 or use 9-1-1 in other areas

Other resources:

iHEAL app: A free, private and secure app to help Canadian women who have experienced abuse from a current or past partner to find personalized ways to stay safe and be well.

- Crime Victims Assistance Centres: 1-866-532-2822
- Elder Mistreatment Helpline: 1-888-489-2287
- Helpline for Victims of Sexual Assault: 1-888-933-9007

Kahnawà:ke's Community Wellness Plan Framework

- The Kahnawà:ke Community Wellness Plan (CWP) is based on 25+ years of foundational work by the community, dating back to the first Community Health Plan (CHP) in 1998.
- The CWP framework was developed through the synthesis of data and information derived from an extensive literature review, a jurisdictional scan, extensive community and organizational engagement, a comprehensive review of Kahnawà:ke organizational and statistical documents, and validation sessions with the community.
- The framework operationalizes the 2012-2022 Community Health Plan Final Evaluation Report's strategic recommendations, which highlighted the need for a wholistic approach to health and social services incorporating Haudenosaunee and Kanien'kehá:ka worldviews and concepts. The framework reflects the importance of family orientation, upstream prevention, early intervention, the social determinants of Indigenous health (SDIH), equity and inclusion.
- The CWP framework is conceptualized by three interrelated concentric circles, within which the CWP's priority domains are framed:

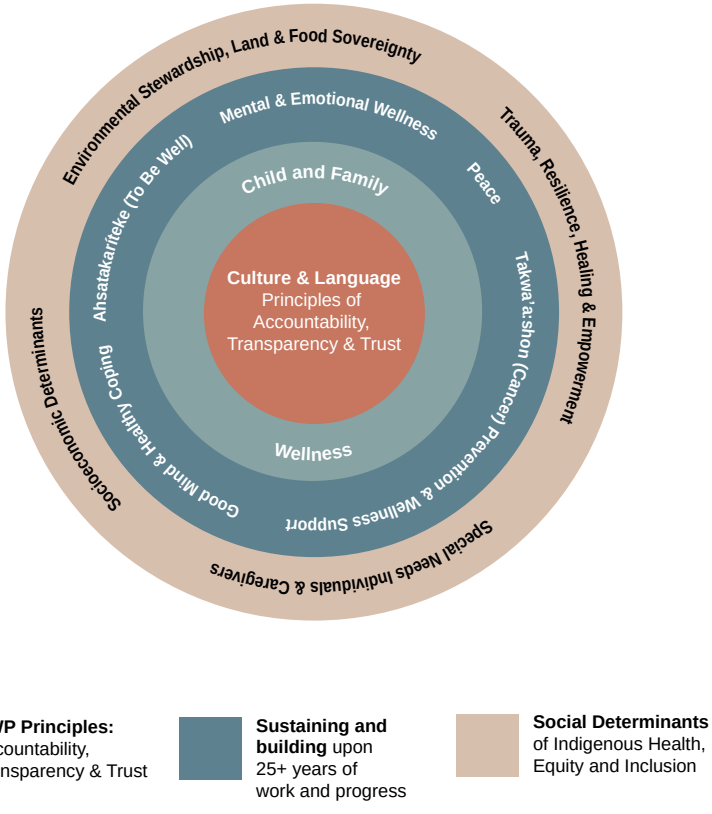


Figure 1: Kahnawà:ke's Community Wellness Plan Framework

- The outer circle is comprised of four priority CWP domains that reflect the vital concepts of SDIH, equity and inclusion. This circle is a fundamental frame of reference for the entire framework. The inclusion of these SDIH, equity and inclusion domains represent a paradigm shift in the community's approach to health and wellness planning. This paradigm shift aligns with universal consensus among Indigenous communities, organizations and researchers across the globe. Furthermore, it aligns with, reaffirms and supports existing work and initiatives in the community. It is through this outer circle's SDIH lens that every domain within the CWP framework must be viewed, understood, assessed and addressed.
- The middle concentric circles encompass six health and wellness–related domains that have been identified as ongoing community priorities for the past 25+ years. This circle represents the importance of building upon and sustaining the community's progress in addressing these six priority domains.
- It is important to specifically highlight that the Child and Family Wellness domain is closer to the centre to reflect the child and family focus of the entire CWP framework. There are strong and self-evident inter-relationships between this domain and every other domain in the CWP framework.
- The inner circle grounds the CWP framework, highlighting the critical importance of the CWP's principles of transparency and accountability – and their derivative, trust. These principles, in turn, are underpinned by Haudenosaunee values, culture, wisdom and knowledge – as clearly reflected by The Creation Story, Kaianerehkó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen, The Seven Generations Principle and the Two Row Wampum. These CWP principles are also aligned with Kahnawá:ke's 2009-2029 Shared Community Vision.
- Culture and language are at the centre of the CWP framework as both a set of principles and a domain. They are a way of being, and their practice and restoration is a long-term goal (both organizational and personal). Tsi niionkwarihò:ten tánon Kanien'kéha (culture and language) are the threads that bind the domains together. They are and need to be integrated in every domain and all we do for community wellness to flourish.
- Approaches and tools that enable and promote transparency, accountability and trust are provided in the Implementation, Change Management and Evaluation chapter.
- Each of the CWP framework's eleven domains have a dedicated chapter in this report, that 1) define their relevance and importance to Kahnawà:ke, and 2) provide comprehensive frameworks, indicators, assessment tools, evidence and literature.

Culture and Language Domain

- Kanien'kehá:ka culture and Kanien'kéha (the language) are vital to the health, wellness and well-being of Kahnawa'kehró:non. Culture and language are both strong determinants and reflections of the health and wellness of Kahnawa'kehró:non.
- Research demonstrates significant interconnections between Haudenosaunee culture and all dimensions of wholistic health and wellness, underscoring culture and language as core SDIH.
- Culture and language are at the heart of the CWP framework, forming the fundamental frame of reference for all other domains. Haudenosaunee values, culture, wisdom and knowledge therefore ground and guide the community's journey of wellness – as clearly reflected by The Creation Story, Kaianere'kó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen, The Seven Generations Principle and the Two Row Wampum.
- Our dedication to revitalizing language in Kahnawà:ke is exemplified through culture and language programs, alongside legislative actions designed to integrate Kanien'kéha within organizations and community life. Community-wide engagement in culture and language initiatives shows our collective resolve to ensure cultural continuity and language revitalization.
- Frameworks that can inform initiatives related to culture and language in Kahnawà:ke include the Cultural Connectedness Scale for First Nations Youth, the Indigenous Connectedness Framework, and the "One People, One Mind" Language Learning Assessment Tool.
- Several culture and language indicators for Kahnawà:ke are available which support assessing the current state of culture and language to inform ongoing and future initiatives.
- Going forward, we plan to continue promoting strategic alignment and coordination between culture and language initiatives and integration of cultural safety and competency frameworks into health, social and education sectors.
- Key strategies specific to Kahnawà:ke gleaned from the literature and community engagement include supporting intergenerational language use in the home, developing activities that foster a community of speakers, working more closely with Elders and promoting further connection to the natural world. The pivotal role that Elders and adult second-language speakers play in the revitalization of Kanien'kéha and culture in Kahnawà:ke should also be recognized and supported.

Child and Family Wellness Domain

- Child and family wellness has been – and continues to be – the heart of community wellness and fundamentally important for Kahnawà:ke. It is a strategic priority for the community's respective health, social and educational organizations. The centrality of children and family in Kanien'kehá:ka culture, tradition and values are clearly evident in the Creation Story, the Kaianerehkó:wa (The Great Law of Peace), the Seven Generations Principle and the community's traditional matrilineal clan system.
- The Kahnawà:ke Community Wellness Plan (CWP) is designed to be child- and family-oriented, with the Child and Family Wellness domain at the heart of the CWP framework. This is in alignment with the Haudenosaunee Worldview Healing Model, fulfilling the 2023 CHP Evaluation Report's recommendation that the CWP integrate Haudenosaunee and Kanien'kehá:ka worldviews and concepts.
- The Child and Family Wellness domain focuses on themes related to family preservation, with an emphasis on promoting healthy relationships and bonds, enabling and supporting initiatives designed to create strong, unified families and promote a nurturing community environment characterized by unity and solidarity.

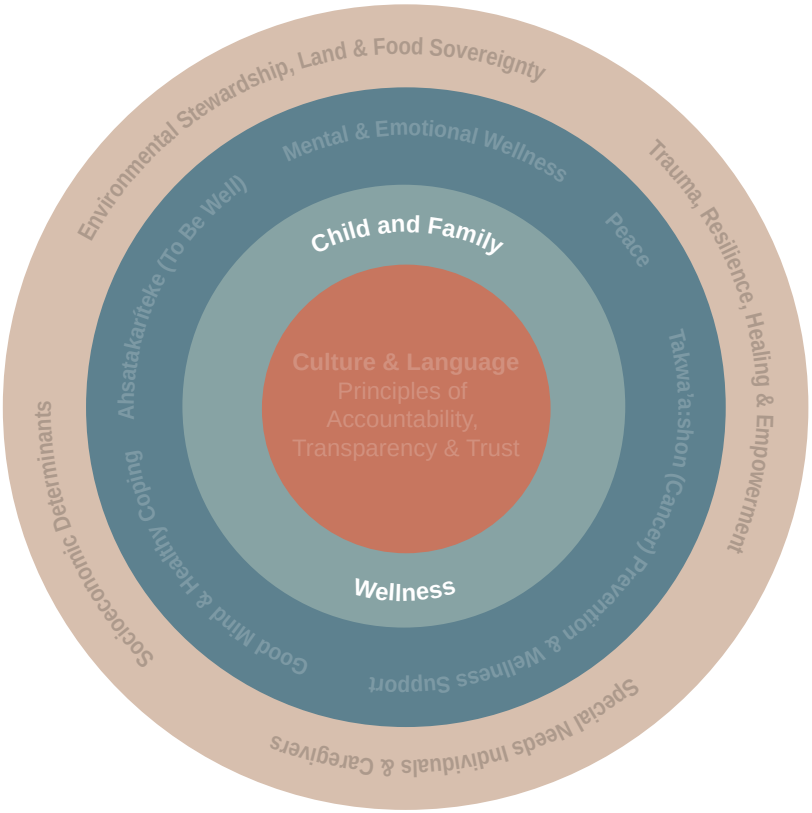


Figure 2: CWP Framework highlighting Child and Family Wellness Domain

- All the other surrounding CWP domains must be understood, assessed and addressed from the perspective of Child and Family Wellness. For example, the Mental and Emotional Wellness, Good Mind and Healthy Coping, and Peace domains all need to be addressed from the perspective of the wellness of children and families. Furthermore, the CWP's Social Determinants of Indigenous Health, Equity and Inclusion–related domain provides the necessary lenses through which to view and address the Child and Family Wellness domain.
- Five areas were clearly identified as **important Child and Family subdomains:**
    - Healthy pregnancies and children
    - Attachment and bonding
    - Indigenous early learning and child care (IELCC)
    - Social relationships
    - Integrated and wholistic family-oriented service delivery models
- **Child and Family Wellness** is a strategic priority that is being advanced through ongoing work in Indigenous communities and organizations across Canada. The following key frameworks and tools have been identified as being of high value to inform and enable the development of Child and Family Wellness domain work in Kahnawà:ke:
    - First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' Framework
    - BC First Nations Health Council (FNHC) Child, Family & Community Indicators
    - Kanien'kehá:ka Growth and Empowerment Measure (The K-GEM)
    - Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)
- The information provided is meant to guide and support our work as Onkwata'karitáhtshera within the domain of Child and Family Wellness. Future activities of the CWP will define subdomains, frameworks, indicators, resources and tools to support the domain work.

Mental and Emotional Wellness Domain

- Mental health and wellness have been a consistent strategic priority in Kahnawà:ke for the past 25+ years, reflected through the Community Health Plans (CHPs) and initiatives of community organizations. The CWP engagements clearly reaffirmed this priority but also validated the need for a wholistic approach that encompasses emotional wellness.
- Mental health and wellness must be framed and contextualized through an SDIH and equity lens to fully understand the complexity of protective and risk factors and to develop wholistic, comprehensive and integrative initiatives and responses.
- Data and statistics validate the need to develop a comprehensive, wholistic, culturally anchored and integrated Mental and Emotional Wellness Strategy that also encompasses a plan for Good Mind and Healthy Coping (previously Substance Use and Addictions). This Strategy should be built on the foundation of previous and ongoing mental health and wellness initiatives.
- Foundational work that should be conducted prior to developing a Mental Emotional and Wellness Strategy includes a comprehensive and wholistic assessment of the epidemiological mental health profile of the community, a needs assessment and a service inventory.
- The CWP review identified the following subdomains for Mental and Emotional Wellness:
    - Suicide prevention
    - Grief support
    - Supporting mental and emotional wellness within the context of gender diversity
    - Clinical conditions (ADD/ADHD, ASD and FASD)
    - Care for severe and persistent mental illness conditions
    - A life-course focus on special populations: teens and youth; Elders; parents and maternal health
- Key conceptual models, frameworks, tools and indicators that can be leveraged to inform the development of Kahnawà:ke's Mental Health and Wellness Strategy are described, such as the First Nations Mental Wellness Continuum Framework.
- Examples of indicators and data sources that are readily available for use are described, such as the "Onkwaná:ta Our Community, Ionkwata'karí:te Our Health" Portraits, and Kahnawá:ke's health and social services statistics.
- A comprehensive set of considerations for the development of Kahnawà:ke's Mental and Emotional Wellness Strategy are described. Examples include the need for updated, wholistic and comprehensive data and statistics; addressing service delivery gaps; integrating traditional approaches; framing service delivery models using an SDIH lens; enhancing coordination and communication across the continuum of care; ensuring accessibility and quality of care; adopting wholistic, family-oriented and culturally anchored approaches; emphasizing community engagement; promoting self-determination; and incorporating culture and language.

Good Mind and Healthy Coping Domain: Addressing Substance Use and Addictions

- Substance Use and Addictions have been consistently recognized as health priorities in Kahnawà:ke over the past 25+ years through previous Community Health Plans (CHP) and community needs assessments.
- CWP community engagement and available data indicate that although many individuals in the community do not report having substance use or addictions issues, the impact of those who do struggle with it, including on their families, is far reaching.
- In Kahnawà:ke, the health, social and education sectors are increasingly framing substance use and addictions within the context of the SDIH, with an increasing focus on equity and support for vulnerable groups.
- Significant initiatives and progress related to addressing substance use and addictions in Kahnawà:ke can be seen through the wide range of programs and initiatives across the health and social care systems.
- Despite significant work being done to provide a comprehensive array of services from prevention to treatment to harm reduction, there remain challenges to manage fragmented and siloed services. Significant service-delivery gaps related to inaccessibility, lack of traditional approaches or lack of services result in unmet needs.
- Further monitoring of data related to substance use and addictions is needed to assess and guide action in this domain.
- The development of a Good Mind and Healthy Coping/Substance Use and Addictions Plan should be built on the strong foundation of previous CHP Mental Health Logic Models, especially the 2017 Mental Wellness and Addictions (MWA) logic model. Additionally, this strategy should shift towards a continuum of care reflecting a wholistic and targeted approach, recognizing the complexity of these issues within the overall context of Mental and Emotional Wellness.
- To inform this work, a number of key conceptual models and tools are highlighted, including the Honouring Our Strengths Framework and Recovery Capital Index (RCI).
- Indicators available within the community that could be leveraged to better understand and address substance use and addictions in Kahnawà:ke can be found in the Health Portraits and in descriptive statistics collected by community organizations.
- To ensure alignment, a Good Mind and Healthy Coping/Substance Use and Addictions should be integrated within a Mental and Emotional Wellness Strategy and should focus on considerations and critical areas that are synthesized in this chapter. These include the development of systems and mechanisms to collect and use comprehensive and updated data, engagement and collaboration, self-determination in design and delivery of programs, and address gaps related to problematic gambling.

Takwa’a:shon (Cancer) Prevention and Wellness Support Domain

- For over 25 years, cancer has been – and continues to be – a health concern in Kahnawà:ke. This is validated by all Community Health Plans. Though the incidence of new cases of cancer has remained stable from 2005 to 2019, it continues to affect individuals, families and community to an important extent.
- The 2018 *Onkwaná:ta Our Community, Onkwata’karí:te Our Health Portrait* includes a chapter on Cancer and Cancer Prevention in Kahnawà:ke. These statistics can be updated over time to continue to monitor trends.
- The CWP engagement process, along with evidence from cancer frameworks, strategies and tools, highlights the need to develop a wholistic, comprehensive, culturally anchored and integrated continuum of cancer care in Kahnawà:ke. This encompasses the following priority subdomains:
    - Prevention
    - Screening
    - High-quality, culturally anchored care
    - Survivorship
    - Palliative and end-of-life care
- Three key documents that have comprehensive guidance, frameworks, tools and indicators to inform the development of a wholistic and integrated cancer continuum of care are
    - *Cancer Care Ontario’s First Nations, Inuit, Métis & Urban Indigenous Cancer Strategy*
    - *Improving Indigenous Cancer Journeys in BC: A Road Map*
    - *The Canadian Partnership Against Cancer Strategic Priorities and Indicators*
- Cancer prevention activities, such as human papilloma virus (HPV) vaccination, reducing tobacco use and clinical screening for cervical, breast and colon cancer, are going well in Kahnawà:ke. These activities need to stay strong over the next 10 years.
- Access to high-quality, culturally anchored cancer care and support are central to the community’s approach, integrating medical, social and traditional supports. Initiatives like Tetewatatia’takéhnhahs Purple Ribbon Walk and digital storytelling projects highlight Kahnawá:ke’s efforts to provide wholistic support and raise awareness about cancer. However, addressing the cancer survivors’ phase and providing adequate support to those affected by cancer, including caregivers, remains a challenge.
- Palliative and end-of-life care in Kahnawà:ke prioritizes the dignity and comfort of individuals in the terminal stages of illness. It focuses on providing wholistic support and reducing isolation and distress for patients and their families.
- Potential areas for further exploration, assessment and action with respect to the development of a wholistic, comprehensive and integrated cancer continuum of care in Kahnawà:ke include community engagement and education, keeping prevention strategies strong, taking a culturally anchored approach, caregiver support, community support services, and monitoring cancer-related data.

Ahsatakaríteke (To Be Well) Domain

- Ahsatakaríteke means "to be well" and involves healthy living to prevent and manage health risks. Chronic illness and disease (particularly diabetes, cardiovascular disease and obesity) have been wellness priorities in Kahnawà:ke for over three decades, as clearly identified in all previous Community Health Plans and addressed by the Ahsatakaríteke Subcommittee.
- Kahnawá:ke's initiatives increasingly embody a wholistic approach to health promotion and disease prevention that integrates Haudenosaunee and Kanien'keha:ka worldviews. This approach not only addresses the physical aspects of chronic diseases but also encompasses mental, emotional and psychosocial wellness, underpinned by the Social Determinants of Indigenous Health (SDIH) framework.
- Two key subdomains related to Ahsatakaríteke are identified as priority areas for action:
    - Prevention (of chronic illness and disease) and promotion (health and wellness)
    - Strengthening primary health care
- Strategies for health promotion in Kahnawà:ke emphasize community engagement, support and empowerment for grassroots initiatives, the integration of traditional knowledge, and capacity building through participatory research and training.
- High-quality primary health care is provided by KMHC. Through the Community Wellness Plan engagement and document review, numerous strengths were identified. There were also some identified gaps and areas to further strengthen.
- Key frameworks to support strengthening primary health care are summarized, including a scoping review of success factors of Indigenous primary health care models, Aboriginal Health Access Centre's (AHAC) Model of Wholistic Health and Wellbeing, and the Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model. These resources provide guidance for the delivery of culturally safe, effective primary health care that integrates cultural values and community participation, reduces inequalities and enables empowerment.
- Within Kahnawà:ke, several indicator domains related to chronic illness and disease are measured and presented in the *Our Community, Our Health* portraits and in data from the Kateri Memorial Hospital Centre. It may be possible to further explore data from other community organizations.

Peace and Wellness Domain: Building Peace by Addressing Violence

- Addressing violence has been recognized as an important priority for the community since the inception of the first Community Health Plan (CHP) in 1998.
- The Integrated Life Course and Social Determinants Model of Aboriginal Health highlights that violence is an important social determinant of Indigenous health. It conceptualizes how violence experienced in childhood can lead to a cycle of violence, impacting social, psychological and behavioural outcomes across generations. It emphasizes the role of colonial policies, systemic racism and deliberate violations of Indigenous rights in perpetuating violence and trauma within communities. This contributes to intergenerational trauma and higher rates of violence.
- A significant limitation to fully understanding and addressing this issue is the lack of accurate, updated and comprehensive data relating to the various types and impacts of violence. Some useful information related to violence was accessed from *Onkwaná:ta Our Community Ionkwata'karí:te Our Health, Health Portrait Volume 2*, and from community organizations that address issues of violence, including the Kahnawà:ke Fire Brigade and Ambulance Service, the Peacekeepers, and Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS) service programs including the Whitehouse. Qualitative information from community consultation also informed this chapter.
- Within the Community Wellness Plan (CWP) engagement process, several subdomains related to addressing violence were clearly identified, namely:
    - Addressing family violence (including intergenerational abuse, intimate partner violence and gender-based violence)
    - Addressing lateral violence (defined as "anger and rage directed towards members within a marginalised or oppressed community rather than towards the oppressors of the community – one's peers rather than adversaries").
    - Addressing sexual violence
    - Addressing racism
- For each of these subdomains, the ongoing work that is being undertaken within Kahnawà:ke is highlighted, along with indicators and key frameworks that could be leveraged.
- The different types of violence outlined in this chapter are strongly interrelated with the other SDIH, indicating the need for wholistic, culturally anchored, family-oriented and community-driven approaches to preventing and addressing violence within Kahnawà:ke.
- Considerations for violence reduction strategies within Kahnawà:ke include the development of a violence data strategy, framing violence through an SDIH lens, and developing strategies that are multisectoral, collaborative and aligned with the community's cultural context and values.

Introduction to Social Determinants of Indigenous Health, Equity and Inclusion Domains

- The *social determinants of health (SDH)* are recognized as key factors that go beyond individual lifestyle choices and genetic predispositions to encompass broader social, economic, cultural and environmental influences. However, research has shown that Indigenous people's health and wellness are strongly affected by a much broader range of factors which relate to deeply entrenched historical, social and systemic injustices and inequities.
- The *social determinants of Indigenous health (SDIH)* highlight the importance of acknowledging and addressing these social factors to achieve community wellness, equity and empowerment. The SDIH are now recognized by key international frameworks such as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and national reconciliation efforts such as the Truth and Reconciliation Commission of Canada's Calls to Action.
- The Kahnawà:ke CWP explicitly integrates four important SDIH, equity and inclusion–related domains. These domains form a foundational frame of reference from which the entire CWP framework should be operationalized.

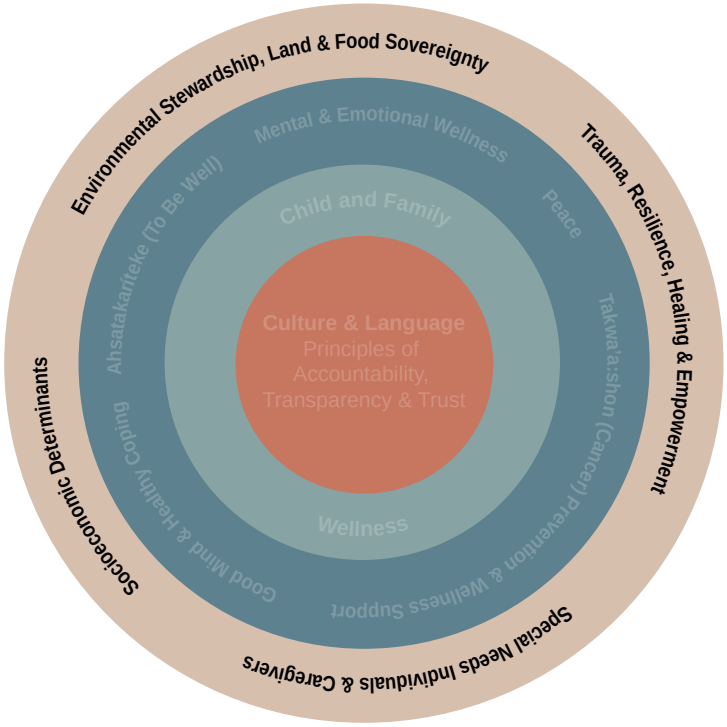
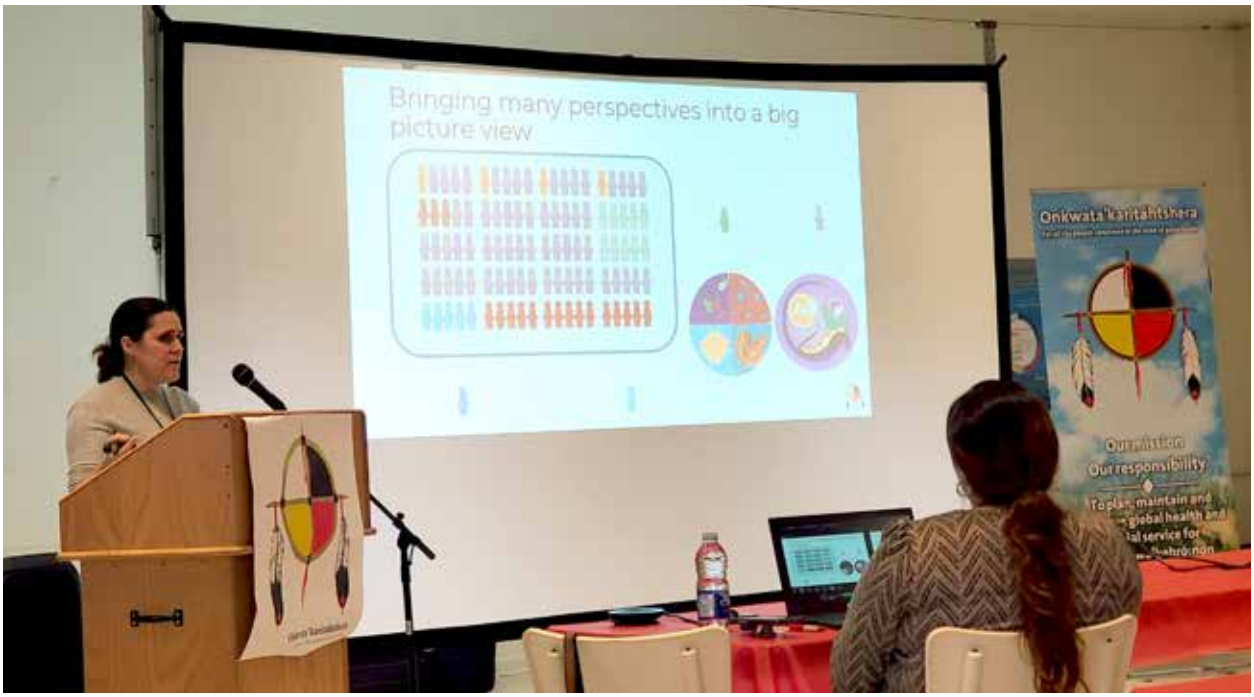


Figure 3: CWP Framework with Social Determinants of Indigenous Health, Equity and Inclusion highlighted

- Key SDIH models, conceptual frameworks, strategies and indicators are comprehensively described, including *Integrated Life Course and Social Determinants Model of Aboriginal Health, Seven Directions Indigenous Social Determinants of Health framework*, and *10-Year First Nations Health Council's Social Determinants of Health Strategy*.

- This Social Determinants of Indigenous Health section of the CWP report is comprised of four chapters, providing a comprehensive overview, frameworks, indicators and tools for the following domains:
    - Socioeconomic Determinants (focus: Housing, Poverty and Income Insecurity)
    - Environmental Stewardship, Land and Food Sovereignty
    - Trauma, Resilience, Healing and Empowerment
    - Wellness of Individuals with Special Needs and Caregivers



Environmental Stewardship, Land and Food Sovereignty Domain

- Environmental stewardship, land and food sovereignty are central to the health, wellness and sustainability of Kahnawà:ke and are deeply embedded within the community's cultural heritage and worldview. This is clearly reflected through the Creation Story, the Great Law of Peace, the Thanksgiving Address, and the Seven Generations Principle, forming a philosophical foundation for environmental stewardship.
- Environmental stewardship, land and food sovereignty are key social determinants of Indigenous health that have a fundamental role in the health and well-being of the community.
- An "environmental stewardship-health nexus" is described, demonstrating a dynamic and positive relationship between environmental stewardship and positive health outcomes. This model highlights the intrinsic link between the health of the environment and the wellness of Indigenous communities, advocating for a wholistic, traditional and integrative approach to health promotion and sustainability practices.
- Climate change poses significant risks to Kahnawà:ke, with identified hazards including increased temperatures, altered precipitation patterns and extreme weather events – necessitating community-specific mitigation and adaptation actions.
- Kahnawà:ke's initiatives in environmental stewardship and climate change mitigation are highlighted, including global advocacy at forums like COP15 and local projects such as the Tekakwitha Island and Bay restoration, demonstrating a commitment to sustainable practices and traditional ecological knowledge.
- Land-based experiential learning is both an innovative and a traditional approach that bridges culture, tradition, environmental stewardship and community wellness.
- Food sovereignty is pivotal for Kahnawà:ke's cultural integrity, health and environmental stewardship, with initiatives like community gardens, greenhouses, hydroponics, maple syrup and the Kahnawà:ke Food Forest project aiming to rejuvenate traditional agricultural and harvesting practices and deepen the community's connection to the land.
- The challenges of food security are framed within the context of food sovereignty initiatives in Kahnawà:ke. There is a need for increased local food production, traditional food practices, and access to resources to ensure community health and well-being.
- Proposed food sovereignty indicators include access to resources, food production, trade, consumption, policy, community involvement and culture. These offer a framework for assessing and enhancing the community's food systems.
- Strengthening food sovereignty in Kahnawà:ke involves actions such as land reclamation, youth engagement, community collaborations, policy advocacy, and developing a shared vision for a sustainable and culturally vibrant food system.

Trauma, Resilience, Healing and Empowerment Domain

- The Haudenosaunee Confederacy reflects profound resilience and strength, surviving and overcoming historical and generational traumas through a deep commitment to self-governance, language and cultural revitalization, and self-determination.
- Kahnawà:ke's self-determination and resilience are highlighted through cultural events like the Echoes of a Proud Nation Pow Wow, legislative milestones such as the Kahnawà:ke Language Law and Education Responsibility Act, and self-determination in health and social care programming, as reflected by Onkwata'karitáhtshera's work.
- CWP community engagements clearly identified addressing trauma and healing as fundamentally important for the next 10 years, as part of the social determinants of Indigenous health, equity and inclusion domains "lenses" through which to view the other CWP domains.
- Insights from the CWP's community engagements stressed the importance of addressing intergenerational trauma through sensitive dialogue and collective efforts, rooted in the rich cultural foundation and principles of the Haudenosaunee, thereby advocating for individualized and collective healing mechanisms. Because trauma and healing are deeply personal, diverse and complex in nature, there is a need for Kanhnawa'kehró:non to come together to collectively acknowledge, address and discuss trauma and healing as an important step in the community's healing journey.
- Within the literature, self-determination is highlighted as fundamental to the healing process from trauma in Indigenous communities because it empowers individuals, families and the community to reclaim their autonomy, revitalize cultural practices and address the structural determinants of health and wellness.
- Trauma-informed care should continue to be recognized as a fundamental component of service delivery, with trauma-informed approaches integrated wholistically into health, social and education sectors and organizations across the community. Various organizational strategic plans highlight the community's commitment to safely and effectively address trauma and culturally anchored care.
- Key literature and tools, such as *Roots of Resilience* and the Kanien'kehá:ka Growth and Empowerment Measure (K-GEM), provide valuable insights for guiding future healing efforts in Kahnawà:ke. These resources highlight the important role of intergenerational knowledge, cultural continuity and collective action and support advocacy for a collective journey towards healing that integrates empowerment, self-determination and cultural identity as pivotal components.

Wellness of Individuals with Special Needs and Their Caregivers Domain

- The conceptualization of disability is undergoing a paradigm shift, transitioning from a paternalistic, charity-based, medical perspective to one anchored in human rights and empowerment.
- This is reflected by the global move towards the Social Model of Disability, which focuses on social determinants of health (SDH). This model is more closely aligned with wholistic Indigenous and Haudenosaunee conceptualizations of disability, which further emphasize inclusion, equity, collective responsibility, and the unique value and gifts of all community members.
- The previous iteration of the CHP defined and addressed disability mainly through a focus on specific conditions, with a commitment to improved care. In this CWP we are expanding the scope, with a focus on developing approaches and strategies that are person- and family-oriented, rather than service- or provider-oriented.
- Updated, accurate and comprehensive data and statistics related to special needs and disabilities are limited in Kahnawà:ke. As we work to continue to develop and operationalize indicators to be able to proactively identify, assess and address needs, this chapter provides some examples of indicators.
- Evidence highlights the importance of special consideration for the needs of specific sub-groups and individuals who may be particularly vulnerable – especially children, women and Elders.
- In Kahnawà:ke, it is important to continue to resource and support programs and services dedicated to support special needs individuals, caregivers and families – with a focus on ensuring sustainability and filling service delivery gaps.
- It is crucial to conduct an updated and comprehensive needs assessment and to subsequently develop a wholistic strategy to ensure that the needs of individuals with special needs, their caregivers and families are met. Both the needs assessment and strategy should be wholistic, family-oriented and inclusive – aligning with the Social Model of Disability and Haudenosaunee understandings of disability and wellness.

Socioeconomic Determinants Domain: Housing, Poverty and Income Insecurity

- Socioeconomic Determinants are Proximal Social Determinants of Indigenous Health (SDIH) that strongly influence the community's health and wellness, as well as equity.
- Two high-priority socioeconomic determinants consistently identified as CWP subdomains in Kahnawà:ke relate to Housing and Poverty and Income Insecurity.
- Certain subpopulations, such as women, children, lone-parent families and people with disabilities, have higher risks of experiencing poverty and income insecurity.
- Initiatives to address poverty in Kahnawà:ke should focus on the development of strategies to address the lack of accurate, comprehensive and updated data related to poverty and income insecurity (with a special focus on equity). It is important to build upon existing community programs and services and to leverage and develop indicators highlighted and recommended in this chapter.
- Housing has been deemed a CWP priority in Kahnawà:ke through community engagement and assessment activities, such as the 2022 Kahnawà:ke housing surveys and 2023 Kahnawà:ke housing review. These activities, including the CWP community engagement, underscored the multifaceted nature of housing challenges. The following key dimensions related to housing issues were identified: accessibility, affordability, safety and cultural considerations. Furthermore, the shortage of housing and land in Kahnawà:ke emerged as a key challenge, as well as issues related to present housing policies and legal frameworks.
- A number of housing-related indicators specific to Kahnawà:ke are available and could guide CWP activities. These include affordable housing availability, housing quality improvement, housing satisfaction rate, cultural appropriateness of housing, emergency housing accessibility, home ownership rate, sustainable housing development and efficiency in housing service delivery.

Core Community Wellness Programs, Services and Organizations

- An essential part of the work to maintain Kahnawà:ke's community wellness is carried by core health and social service programs. The organizations responsible for these programs are also represented at the Onkwata'karitáhtshera Table. They are the Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center, Shakotiia'takehnhas (KSCS) and the Tsi Ron'swahthà:ke Kahnawà:ke Fire Brigade and Ambulance Service. The Mohawk Council of Kahnawà:ke also supports and mandates each of these organizations.
- Each organization undertakes its own planning process; these have informed the Community Wellness Plan and are summarized in this chapter.
- Some of these services are also programs mandated by the First Nations and Inuit Health Branch (FNIHB) of Indigenous Services Canada (ISC), under their Health Transfer Agreement with Kahnawà:ke, or by Health Canada under its agreement with the Kahnawà:ke Fire Brigade.
- The following mandated programs are summarized in this chapter:

1. Communicable Disease Control
    a. Community Health Unit
    b. Medical Officer of Health Services
2. Clinical and Client Care
3. Environmental Public Health
4. Home and Community Care
5. Health Emergency Planning

Implementation, Change Management and Evaluation

- Successful implementation of the Community Wellness Plan (CWP) requires a strategic, wholistic, robust and transparent approach that is tailored to fit Kahnawà:ke's unique culture, values and context. The domain chapters are cited as valuable tools to be leveraged to inform planning and implementation of the CWP.
- Informed by numerous project management models, methods and tools from other Indigenous communities' successful practices, a five-step project management framework for the implementation of CWP is outlined:
    - Initiation
    - Planning
    - Implementation
    - Monitoring and Improvement
    - Closing, Transitioning and Sustainability
- Foundational functions related to the establishment of subcommittees are highlighted, including the development of terms of reference, and mechanisms for conflict resolution and alignment, coordination and communication.
- The tools designed to guide and support the project management phases of the CWP include the project charter, action plan template, and risk management and communication plans. These tools support the need for flexibility and adaptability to effectively address dynamic community needs and challenges.
- Two specific resources for addressing issues or challenges or enabling ongoing improvement are the Plan, Do, Study, and Act (PDSA) framework and/or the Strengths, Weaknesses, Opportunities, and Challenges (SWOC) framework.
- Three significant frameworks used to support partners in change management include: Theory of Engagement, Kotter's 8-Step Change Model, and ADKAR. The ADKAR model will be adapted and leveraged for CWP initiatives.
- Over the past 25+ years, Kahnawà:ke has enhanced its evaluation capacities and capabilities, highlighting a commitment to improving the quality and performance of health and social services.
- It is important to strengthen the organizational data infrastructure and to update key data sources to enable effective evaluation of the CWP. Investments in digitization and electronic record systems, such as Penelope and MYLE, are important for facilitating care and enabling robust evaluations. Furthermore, it is important to refresh important data sources like the Regional Health Survey (RHS).
- Leveraging Onkwehón:we-led evaluation frameworks would enable a wholistic and culturally anchored approach to evaluating the CWP. This would align with self-determination in evaluating community wellness by incorporating Indigenous ways of knowing and community involvement. Onkwehón:we-led evaluation resources, frameworks and tools that could be leveraged for the CWP are highlighted and described.

Introduction

Introduction

Kahnawà:ke has a strong history of participatory community health needs assessment and planning, with three Community Health Plans (CHPs) having been developed since 1998. These CHPs have been instrumental in guiding and aligning the strategic planning and implementation of health and social services in the community. Stewarded and led by Onkwata'karitáhtshera, Kahnawà:ke's one health and social service agency, the key goals of these CHPs were:

- To assume responsibility and control to determine health priorities and resource allocation for all health and social services in Kahnawà:ke
- To promote and advocate for optimum health and social services for all Kahnawa'kehró:non
- To plan and manage global health and social services by assuming responsibility and control to determine health priorities
- To build capacity within the community to deliver quality health services
- To develop a structure responsible for establishing long-term goals (15 to 20 years) for improving the health of Kahnawa'kehró:non, integrated with existing planning structures and partnerships.

The development of the present 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) represents a **paradigm shift** in the way we plan for community health and wellness in Kahnawà:ke. This is built upon a quarter-century of formal community health needs assessment and planning work and many centuries of thinking about and working towards wellness needs together with a collective and reciprocal approach. What is transformational about the CWP's approach is that it explicitly provides a robust framework for wholistic wellness that is deeply grounded in Haudenosaunee and Kanien'kehá:ka history, philosophies, values and scholarship, which in the past were more implicit and embedded. This CWP includes a great deal more written text about language, culture and the social determinants of Indigenous health (SDIH), and their links to wellness in Kahnawà:ke, than previous plans did. However, we recognize and acknowledge that there is a long history of implicitly taking this approach when carrying out the initiatives, projects and activities of Onkwata'karitáhtshera and the community.

The development of the wholistic **CWP framework** represents Kahnawà:ke's most comprehensive effort in community health and wellness planning to date. This process not only included a high degree of community engagement but also drew on insights from an extensive literature review, a jurisdictional scan, and analysis of the community's organizational documents and indicators (such as epidemiological statistics from the *Onkwaná:ta Our Community, Onkwata'karí:te Our Health* portraits). This research also focused on identifying and integrating pertinent conceptual models, frameworks, tools and indicators into the CWP framework to support the operationalization, implementation, evaluation and sustainability of the plan.

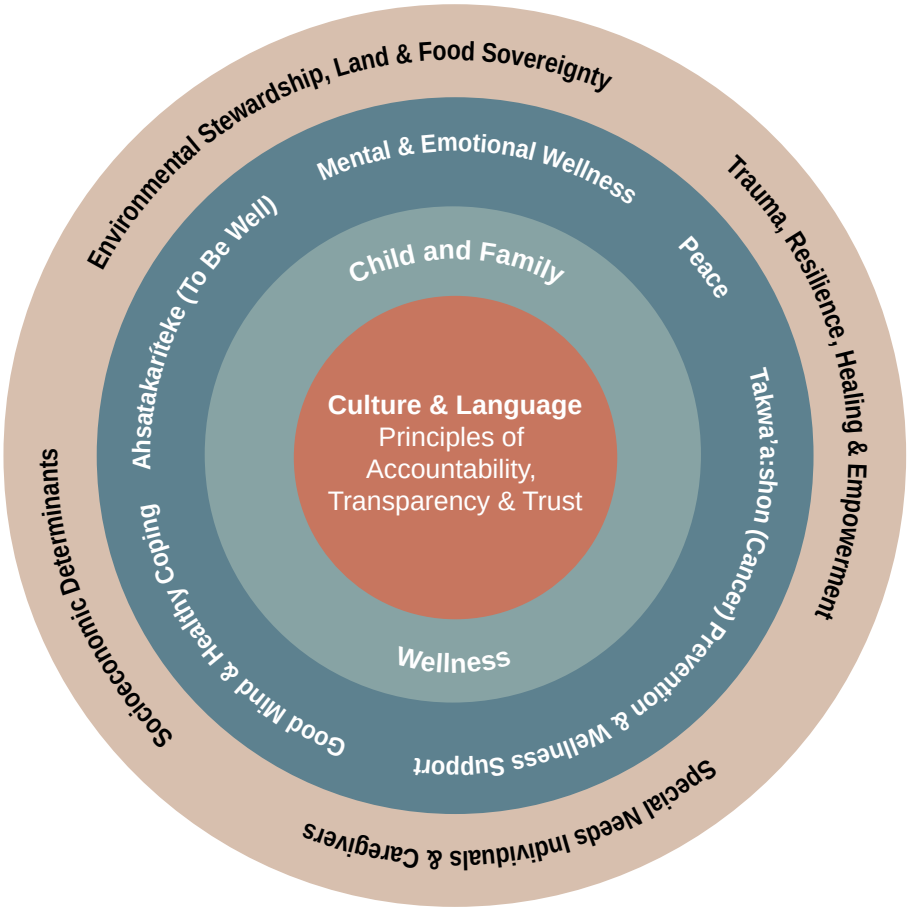


Figure 4: Kahnawà:ke's Community Wellness Plan Framework

As a result of this work, Kahnawà:ke's health priorities established through previous CHPs were validated but reframed within a broader and more wholistic context, emphasizing wellness through **upstream prevention** and **early intervention**. Furthermore, the 2024-2032 CWP framework aligns with key Indigenous health and wellness conceptual models, integrating fundamental Onkwehón:we concepts related to the SDIH.

Haudenosaunee and Kanien'kehá:ka culture and Kanien'kéha (language), which have always guided health and social services in the community, are now positioned and named at the heart of the CWP framework. They more clearly form the fundamental frame of reference for all health and wellness initiatives in Kahnawà:ke. Haudenosaunee values, culture, wisdom and knowledge therefore ground and guide the community's journey of wellness – as clearly reflected by The Creation Story, Kaianerehkó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen, The Seven Generations Principle and the Two Row Wampum. The principles of Ka'nikonhrí:io (Good mind), Ka'satstenhsera (Strength/Empowerment), Karihwí:io (Righteousness) and Skén:nen (Peace) are particularly pertinent and important in relation to development and implementation of the CWP. Respecting these principles ensures alignment of the CWP with Kahnawà:ke's 2009-2029 Shared Community Vision (see Appendix).

These traditional Haudenosaunee values and principles also underpin the ***family and community orientation*** of the CWP, emphasizing the importance of strong bonds, healthy relationships, solidarity, equity, accessibility and inclusion. The CWP thereby provides a ***participatory framework*** enabling wholistic wellness, equity and self-determination that is deeply rooted in the strong and resilient foundations of the community's collective history, knowledge and values.

Furthermore, the CWP framework was developed in the spirit of promoting and supporting ***Onkwehón:we solidarity and wellness*** – recognizing that the wellness of Kahnawa'kehró:non is directly tied to that of the Kanien'kehá:ka Nation and all Onkwehón:we Nations and communities across Turtle Island. The CWP framework therefore carefully synthesized input, knowledge and wisdom from Kahnawa'kehró:non, with broader Onkwehón:we knowledge, conceptual models, frameworks and tools (that align with Kanien'kehá:ka values and context).

By taking this wholistic and inclusive approach, the CWP serves as a beacon, providing useful guidance for wellness-planning initiatives of Onkwehón:we Nations and communities and a ***common framework for respectful and effective cross-learning and collaboration***. Indeed, Kahnawà:ke has a rich history in leading the way of Indigenous ***self-determination***, particularly in relation to governance and policymaking, health, social service and educational programming, environmental protection, and the protection and resurgence of culture and language.

"We the people of Kahnawà:ke, as part of the Rotinonhsón:ni (Five Nations) Confederacy; We are, and have always been a sovereign people; we have our own laws, government, culture and spirituality; Our lives are governed by the principles of the Kaianere' kó:wa (Great Law of Peace), a covenant made in ancient times; We respect the covenant, for it describes our right and responsibility to govern our own affairs in our own way; We consider this covenant to be a precious inheritance of our children, and of future generations, with which no one can interfere."

Kahnawà:ke Decision Making Process Preamble

The statement and preamble were developed by Kahnawa'kehró:non (people of Kahnawà:ke) at a Community Decision Process Information Session and accepted through Mohawk Council Executive Directive 34-2008/09.

Kahnawà:ke's legacy of self-determination forms the cornerstone of the CWP, demonstrated by the placement of culture and language at the heart of the CWP framework – forming the fundamental frame of reference for all wellness-related initiatives in the community. The strength of Kahnawà:ke's self-determination is clearly evident, as exemplified by the annual *Echoes of a Proud Nation* Pow Wow (first held in 1991, only a year after the Oka siege by the Canadian Armed Forces), which will be celebrating its 33rd event in 2024. Additionally, over the past decades, the community has taken considerable steps to protect and promote traditional Kanien'kehá:ka culture and language resurgence through numerous initiatives, programs and supports. The Kahnawà:ke Language Law (Kahnawà:ke Language Law 2006) and Kahnawà:ke Education Responsibility Act (KERA) (Kahnawà:ke Combined Schools Committee 2020) are fundamental pieces of legislation that marked watershed moments in the community.

Supported by its robust governance structures and mechanisms, Kahnawà:ke has a strong history of control over its comprehensive and high-quality community health and social services. The Mohawk Council of Kahnawà:ke (MCK) delegates specific responsibilities to various boards and committees within the community through formal resolutions that outline the scope and responsibilities for service delivery, including related operational functions. This includes the work of Onkwata'karitáhtshera, which is mandated by the MCK (Mohawk Council Resolution #45/1999/2000) to oversee and provide a single unified approach to community health and is responsible for planning, maintaining and improving health and social services for the well-being of all Kahnawa'kehró:non.

Furthermore, the community has control over educational programming and curricula through the Kahnawà:ke Education Center (KEC) and the development of the Kahnawà:ke Early Learning and Child Care (ELCC) framework. Additionally, the community has pioneered environmental protection, as demonstrated by the ground-breaking work by the Kahnawà:ke Environmental Protection Office (KEPO), Environmental Health Services (EHS), and water treatment at the Public Works Unit of

MCK; and self-governance in other areas related to wellness, including housing, public safety and emergency response (MCK Public Safety Division, Mohawk Peacekeepers of Kahnawà:ke, and Kahnawà:ke Fire Brigade and Ambulance Service).

The CWP therefore provides a participatory framework for all community members, organizations and partners in Kahnawà:ke to build upon these strong foundations and to work in unity and solidarity towards enabling and ensuring wholistic wellness for all Kahnawa'kehró:non.

The CWP's chapters outline a participatory and wholistic framework to guide and enable the community's wellness strategies, initiatives and activities. The conceptual models, frameworks, tools and indicators included in this document provide Kahnawa'kehró:non and all CWP partners with valuable resources to ensure successful implementation, progress and sustainability.

1. Design and Methods

1. Design and Methods

A Paradigm Shift in Approach

The 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) was developed following the Final Evaluation of the 2012-2022 Kahnawà:ke Community Health Plan (CHP Evaluation), which was completed in 2023. The CHP Evaluation Report findings and recommendations emphasized our community's need and desire for a ***paradigm shift in approach to health and wellness planning***. This entailed:

- Shifting from priorities structured around individual diseases and conditions to a wholistic framework for well-being.
- Integrating more Haudenosaunee and Kanien'kehá:ka knowledge and conceptualizations of health, wellness and well-being, with a focus on aligning with culture, traditions, values and principles.
- Developing a family- and community-oriented CWP underpinned by the social determinants of Indigenous health (SDIH) framework, with special attention to equity and inclusion.
- Emphasizing wholistic health and wellness promotion, upstream prevention and early intervention functions.
- Aligning our approach with key principles of inclusivity, self-determination, transparency, accountability, partnership and collaboration. The approach should be strengths-based, participatory, balanced (respecting the community's diversity) and focused on enabling the development of resilient systems and self-determination.

Key Workstreams

The development and synthesis of the CWP involved ***five key interrelated functional workstreams***:

- Extensive ***community engagement*** in Kahnawà:ke around our health and wellness.
- An extensive ***literature review*** of Indigenous, Haudenosaunee and Kanien'kehá:ka conceptual models, frameworks, tools and indicators related to health, wellness and well-being. Review of relevant Kahnawà:ke ***organizational documents and data*** (e.g., annual reports, strategic plans, proposals, indicator reports, epidemiological statistics).
- A ***jurisdictional scan*** of Haudenosaunee health and wellness programs and service delivery models outside of Kahnawà:ke (note: also referred to as an "environmental scan").
- ***Validation*** with the community and Onkwata'karitáhtshera (focusing on accuracy and completeness).
- These activities occurred between March 2023 and February 2024, and many took place at the same time or overlapped. Each activity connected to and strengthened the other, and the conclusions from each are also interconnected. This can be seen in later chapters, where different sources of information come together on a particular domain. Therefore, data and findings from each function informed the overall analysis, synthesis and validation of the CWP framework. Key tools that were used by the CWP development team include Trello (for project planning, administration and management), Excel trackers (for the community engagement, literature review and jurisdictional scan), Miro (for team whiteboarding sessions) and Zotero (for reference management).

The diagram below depicts the CWP development process, which highlights the wholistic and iterative approach taken to synthesize, refine and validate the CWP framework.

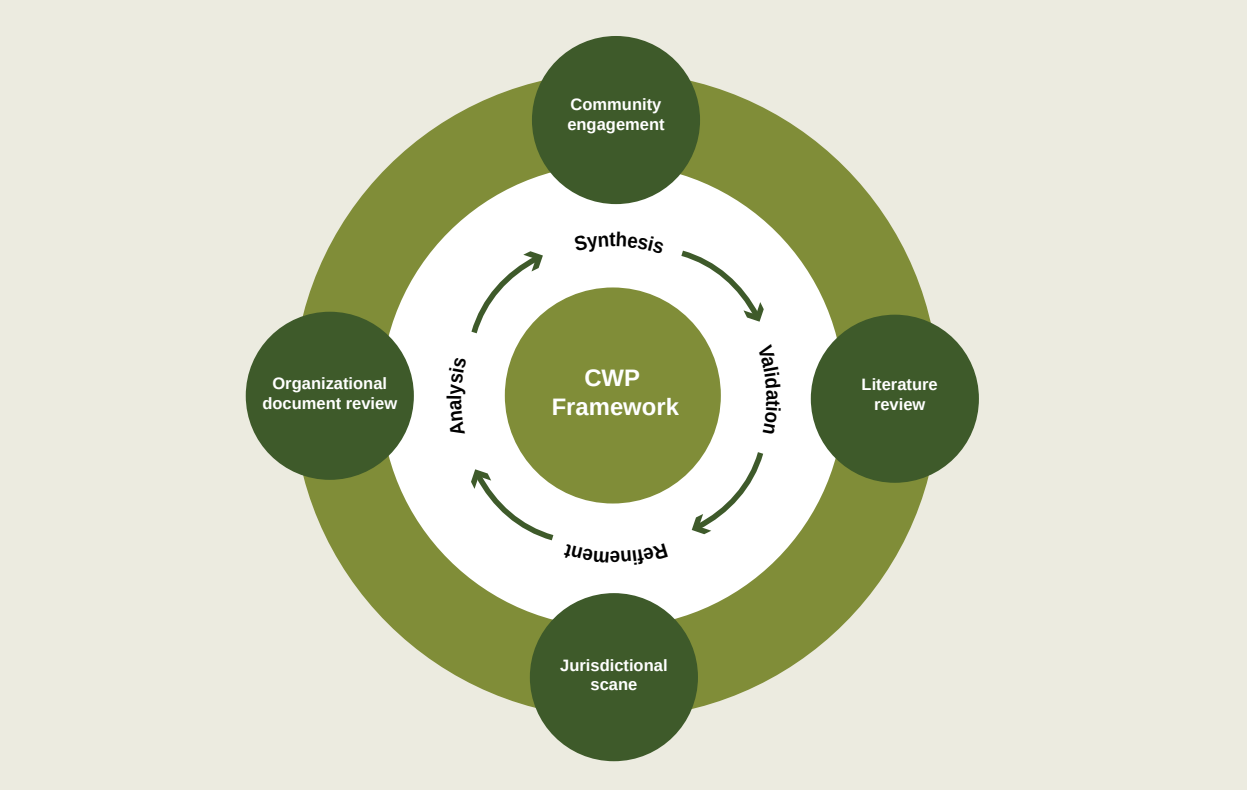


Figure 5: CWP Development Methods Diagram

For example, findings from the literature review and jurisdictional scan provided valuable insights into important strategic Onkwehón:we (North American Indigenous) conceptual models and frameworks that were considered during the community engagement process, such as the social determinants of Indigenous health. It also provided useful tools and indicators that can be leveraged and adapted by Onkwata'karitáhtshera and our subcommittees to effectively address the domains identified by Kahnawa'kehró:non during the engagement process. The community and organizational engagements also resulted in the contribution of articles, reports and documents to add to the literature review.

The literature review and jurisdictional scan also ensured that the CWP framework is well aligned with the major Onkwehón:we strategic plans, conceptual models, frameworks, tools and performance indicator approaches. This is useful to enable effective collaboration, cross-learning and solidarity between Kahnawà:ke and other communities, within the Kanien'kehá:ka Nation, and in the wider Haudenosaunee Confederacy, as well as with other Onkwehón:we Nations.

1. Community Engagement to Develop the CWP

Community engagement was a vital component in developing the Community Wellness Plan. The extensive community engagement process was instrumental to identify our community's needs and priorities, foster participation and ownership, and support the development of a meaningful and effective plan for the next decade.

The engagement process was carefully planned, coordinated and implemented with extensive support from Onkwata'karitáhtshera's Secretariat and organizations, during the following stages and functions:

- Pre-planning: Communications, awareness building and outreach
- Planning: Engagement planning and scheduling
- Implementation: Community and organizational engagement
- Validation: Validation sessions with the community

Communications, Awareness and Outreach

This initial pre-planning stage focused on communications, community awareness and outreach activities to inform and engage the community regarding the 2024-2032 CWP and the value of garnering diverse perspectives, expertise and experiences. A key message was that the CWP was to be developed by and for the community.

A press release announcing and describing the 2024-2032 CWP development process was released and distributed by Onkwata'karitáhtshera on May 1, 2023, to organizations and the community at large. An opening ceremony on June 6, to which all Kahnawa'kehró:non were invited, marked the official commencement of the CWP engagement process. The traditional opening pipe ceremony was conducted (adapted due to a fire ban in place at the time because of widespread wildfire), with the Onkwata'karitáhtshera Executive, Secretariat and our Evaluation Studio partners in attendance. A meal was shared afterwards. Here, the community was also invited to participate in the various engagement activities planned for the coming months. Also see Kahnawà:ke's Community Wellness Plan Kick-Off (youtube.com).

In 2023, we went to several other community events and activities to build relationships and promote the CWP with all partners within the community. During these events, community members were invited to participate further in the engagement process, with some preliminary data being collected and meetings planned. Events included promotion on the radio, Kahnawà:ke's Community Picnic (June 21), Tewatonhnhá:ren community concert and KSCS All-Staff meeting (September), and Blood Drive and Harvest Festival (October). For each of these events, promotional materials/flyers were developed and distributed. At some events, engagement activities (e.g., activity boards) were conducted to collect information regarding community members' perceptions of health and wellness priorities and the community's strengths and challenges.

Figure 6: Poster from the CWP Kick-off event on June 6, 2023. Source: Onkwata'karitáhtshera Secretariat.

Engagement Planning and Scheduling

This stage was focused on the development of rigorous tools, materials and processes to support a comprehensive, effective, respectful and equitable community engagement process. These processes were greatly supported by Onkwata'karitáhtshera and Communications teams from KSCS, KMHC and MCK. Specific materials developed included:

- ***Focus group and interview guides*** for the engagement process, which was further refined and validated based on feedback from Onkwata'karitáhtshera. Modified focus group guides tailored to various subgroups were also developed (e.g., teens/youth, adults, Elders). (See Appendix documents entitled "Focus group and interview guides.")
- ***Background presentations and communications*** describing the CWP's purpose and the importance of engagement and input by the community.
- ***Letters of invitation*** for community-based organizations in Kahnawà:ke to invite their staff teams to engagement sessions. These letters outlined the purpose and goals of the CWP and were modified and adapted to fit the context of the respective organization/partner.
- ***Flyers and posters*** were custom-designed and developed and were distributed throughout the community and its respective organizations to promote the CWP and encourage widespread engagement.
- ***Organizing a Grand Prize Draw and participation incentives:*** To facilitate and encourage participation, a Grand Prize Draw was organized with three prizes (see poster below). Shop Kahnawake gift certificates were organized for each focus group participant to be able to cover transportation or other costs. Refreshments or a meal were also provided at most focus groups and meetings.

A major focus of this stage was the creation of tools and strategies to track and assess stakeholder engagement, collect and store confidential information, and collaborate and support stakeholders and participants. All potential partners, engagement activities and notes were stored in a secure, password-protected Excel tracking file as illustrated below and were updated regularly.

Stakeholder engagement tracker core fields

Stakeholder	Representative contact	Engagement function	Lead	Date/Time	Notes	Completed	# Participants

Figure 7: Community engagement session poster that was shared in the community, on social media and in newspapers. Source: Onkwata'karitáhtshera Secretariat.

Password-protected files and folders for all engagement data were created and linked to a tracker spreadsheet used as a cross-reference to ensure all relevant data was included in the analysis process.

Engagement participants were identified by building upon knowledge garnered from the 2012-2022 CHP Evaluation Report development work, as well as from input from Onkwata'karitáhtshera and other organizational partners in the community. Network sampling methodology (also known as chain or snowball sampling) was used. Engagement participants were requested to offer input and guidance regarding who else should be invited to engage in further interviews and/or focus groups. Network sampling methodology was chosen because it leverages existing relationships and knowledge within the community. This enabled the CWP development team to reach participants who are closely connected or have relevant experiences, thus ensuring a more informed and comprehensive understanding of various topics. It also facilitated the identification and inclusion of hard-to-reach or specialized populations that might otherwise be overlooked, enhancing the depth and breadth of insights garnered.

In addition to the engagement tracker spreadsheet, planned and/or scheduled engagement functions and meetings were integrated into the CWP development team's calendars and Trello Kanban boards. A system of using reminder emails to participants regarding engagement events and/or meetings was also implemented during the engagement process to help support maximum participation.

Community and Organizational Engagement

The CWP engagement process in Kahnawà:ke consisted of extensive in-depth engagement with community members and organizations. In total, 36 focus groups comprising 164 total participants, 25 individual interviews and five social events (community-based and organizational) were conducted. There were also numerous working meetings with health, social, environmental, educational, advocacy and grassroots organizations, and individuals from across the community.

Focus groups were generally capped at a maximum of 12 people to ensure ample time for all participants' voices to be heard. Where possible and feasible, focus groups and interviews were recorded using a Sony handheld recorder for transcription and analysis purposes. Consent and permission to record and transcribe transcripts were verbally obtained from all participants at the start of or before each session, with the understanding that all recordings and transcripts would be destroyed upon completion of data analysis to enable write-up of the CWP report. Furthermore, participants were made aware that their names and any identifying information would not be included in the CWP report to protect their privacy and confidentiality. Focus groups lasted for 1 to 4 hours; they usually commenced with the Ohèn:ton Karihwatéhkwen opening and concluded with a formal closing (where deemed appropriate by the focus group facilitators and participants).

Focus groups and interviews were conducted in person where possible, as well as using virtual technologies (MS Teams, Google Meet and Zoom) where necessary. Phone calls were sometimes used for interviews, in accordance with participant preferences. The focus group and interview guides were leveraged by the CWP development team to support and guide data collection. The team was mindful to provide sufficient flexibility and degrees of freedom for participants through the use of unstructured approaches, where deemed appropriate. All data collection was conducted in English.

The Onkwata'karitáhtshera Secretariat significantly supported the engagement process by booking spaces for engagement activities, preparing communications, assisting in attendance tracking for public focus groups, doing audio visual set up and providing food and/or refreshments for participants. Onkwata'karitáhtshera offered participating community members Shop Kahnawà:ke gift cards and sponsored CWP draw prizes for engagement participants.

For all engagement activities, special attention was made to enable low-barrier access to engagement events, as well as enabling participation of individuals and groups who require special considerations, while maintaining respect and cultural safety. This included activities to respectfully and sensitively engage specific groups that may experience access challenges or be hesitant to participate (e.g., individuals with special needs and their caregivers, the 2SLGBTQ+ community and Elders). The Onkwata'karitáhtshera Secretariat also participated in some engagement sessions, with a flexible role: co-facilitating discussions, co-presenting information, notetaking or observing.

Organizational Focus Groups

For focus groups with community organizations, preliminary meetings with staff team leads or managers were usually

conducted to determine how best to engage the team and their clients and to schedule engagement activities. Focus group participants were then invited to garner insights from their respective experiences, roles and functions. Participants represented various disciplines and professions and included service delivery staff, managers, directors and executive leaders. Focus group guides were customized/adapted to suit the context of each organizational focus group, when necessary. Community members participating in focus groups during their work time (during which they were being paid a wage or salary) were not eligible for Shop Kahnawake gift cards. Staff or family members with a conflict of interest were also not eligible for the Grand Prize Draw.

Public Focus Groups

Six public community focus groups were conducted. These engagement sessions were scheduled during different days of the week and at different times to meet the needs and preferences of community members (e.g., late afternoon/evenings, to accommodate working people). Two days before the public focus group, all participants were contacted to confirm attendance and to answer or address any questions or concerns they may have had.

Community members who attended public focus groups were provided with $25 Shop Kahnawà:ke gift cards, in appreciation of their time and input, and were also invited to enter a CWP engagement Grand Prize Draw. Vouchers to support participants who needed to pay for childcare were also offered. Public focus groups were promoted through posters and flyers throughout the community and were open to all Kahnawa'kehró:non.

Interviews

In addition to focus groups, 25 interviews were conducted with individuals who could not attend focus groups, felt more comfortable in a private interview setting or had previously attended an engagement event but had additional information to share. Interview guides were customized/adapted where necessary to ensure relevance and alignment with the interviewee's context.

Community Events

The community was also engaged at several public events in summer and fall 2023, including the June 21 Community Picnic, Tewatonhnhá:ren (We Raise Our Spirits) community concert and Harvest Festival. For each of these events, promotional materials to inform and update on the CWP were developed and distributed. At the Tewatonhnhá:ren concert, activity boards were set up for community members to share their perceptions on the community's top areas of strength and the biggest challenges facing Kahnawà:ke in relation to health and wellness. At the Community Picnic, an Evaluation Studio team member from the community spoke to participants to collect data regarding their perceptions of health and wellness priorities in Kahnawà:ke and to invite them to participate in focus groups and/or interviews.

Qualitative data analysis

All transcripts generated by the interviews and focus groups were analyzed using qualitative thematic analysis, leveraging an inductive approach to identify and contextualize the CWP's domains and subdomains. Miro whiteboarding exercises were conducted to support development of the CWP framework, using the findings from the thematic analysis. Quotes and excerpts (de-identified) describing, validating and/or contextualizing each domain and/or subdomain were extracted. Meeting notes were also used to triangulate findings from the qualitative analysis.

Figure 8: Poster from November 22, 2023, validation event. Source: Onkwata'karitáhtshera Secretariat.

Data Saturation and Validation

Community and organizational engagement continued until data saturation was reached in the focus groups. Data saturation means that the same themes were coming up from different perspectives, and new themes were no longer coming up. In qualitative approaches, this is a sign that enough data have been collected to sufficiently answer the questions asked.

After this, the process shifted towards mostly focusing on validation of findings. To ensure validity (accuracy and completeness) of results and findings, validation activities took place through two public community events, on November 22 and December 8, 2023, open to all Kahnawa'kehró:non. Further information regarding these validation sessions is described in the "Validation functions" section below.

2. Jurisdictional Scan

A note on terminology: These five Nations of the Kanien'kehá:ka, Oneida, Onondaga, Cayuga and Seneca identify together as "People of the Longhouse," which in Kanien'kéha is called Rotinoshon:ni, and in Seneca is called Haudenosaunee. In English and French, this has been referred to as the Iroquois Peoples. These Nations are organized in a Confederacy. In the CWP, we use Rotinoshon:ni and Haudenosaunee interchangeably.

The CWP's jurisdictional scan provides a useful and comprehensive overview of wholistic health and wellness–related programs and service delivery models in Rotinonshon:ni (People of the Longhouse) Territories geographically outside of Kahnawà:ke, including Kanien'kehá:ka, Oneida, Onondaga, Cayuga and Seneca communities. The aim of the scan was to enable alignment of the CWP with wellness approaches in other Haudenosaunee communities and to enable productive and effective cross-learning, collaboration and solidarity.

The jurisdictional scan's methodology leveraged searches of non-academic operational and informal sources, including evaluations, plans and program descriptions (grey literature), consultations with key experts and analyses of organizational reports. The scan identified a large number of Haudenosaunee programs and services that encompass physical, mental, emotional and spiritual health and wellness and address community needs across the lifespan. This includes traditional healing as well as language and cultural preservation – highlighting wholistic approaches to community wellness. The jurisdictional scan also highlighted strong examples of Haudenosaunee scholarship.

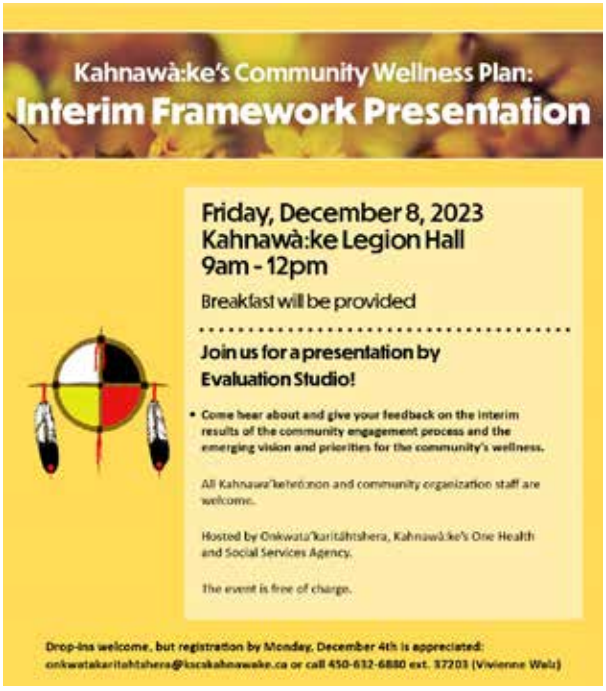


Figure 9: Poster from the December 8, 2023, validation event. Source: Onkwata'karitáhtshera Secretariat.

A complete overview of the methods and results of the jurisdictional scan is provided in the CWP companion report entitled *CWP Literature Review and Jurisdictional Scan*; however, an overview of the methodology is provided below:

- *Grey literature search*: A search was conducted using the Google search engine, employing a variety of keyword combinations to ensure a broad yet targeted search. Guidance regarding keywords, as well as additional literature and resources, were provided by members of the Onkwata'karitáhtshera

team, ensuring the completeness of the scan. This approach was designed to capture a wide range of relevant information available online.

- *Inclusion/exclusion/substitution criteria*: The search for relevant information was structured around a systematic approach that included inclusion, exclusion and substitution procedures to ensure the integrity and relevance of the data collected. This methodological framework was crucial for filtering through vast amounts of information and focusing on literature and sources that directly contribute to the objectives of the jurisdictional scan.
    - Selection: This process involved identifying sources that offer direct insights or data related to health and social service programs within the Rotinonshon:ni Territories. Priority was given to sources that provided detailed analysis, case studies or evaluations of existing programs.
    - Rejection: Sources that were deemed irrelevant or not directly tied to the Rotinonshon:ni Territories were systematically excluded from the analysis. This step was vital to maintaining a high level of specificity and relevance in the data collected.
    - Substitution: In instances where initial sources did not yield sufficient information or presented biased perspectives, alternative sources were sought. This ensured a balanced and comprehensive view of the health and social service programs, accounting for diverse viewpoints and experiences within the territories.
- *Analytical framework*: data was extracted, analyzed and synthesized using an analytical framework to provide a high-level synthesis of the programs and services identified and included.

The table below provides an overview of some of the programs and services identified and reviewed by the jurisdictional scan. The complete findings are provided in the CWP companion report entitled *CWP Literature Review and Jurisdictional Scan*.

Jurisdiction / Program	Program / Service areas
Tyendinaga Mohawk Territory Highlight: Enyonkwa'nikonhriyo:hake (We All Have a Good Mind) Family Wellbeing Program	• Wellness services • Addictions support services • Child and youth wellness services • Indigenous victim support (IVS) services • Land-based programming • Art therapy
Mohawk Council of Akwesasne Highlight: Tekanikonrahwa:kon Wholistic Health & Wellness Program	• Traditional medicine • Mental wellness • Cultural counselling and teaching • Healing workshops • Physiotherapy • Psychotherapy
Six Nations Highlight: White Pines Wellness Centre	• Mental health and addictions services • Indigenous healing • Cultural practices and ceremonies • Community wellness activities
Oneida Nation of Wisconsin Highlight: Behavioral Health Services, "The Openness of the Good Spirit and Mind"	• Individual, couples and family therapy • Integrated recovery support services • Psychological and psychiatric evaluations • General social work and family support teams • Co-occurring disorders • Gambling support services • Recovery coaching • Tobacco abuse support
Seneca-Cayuga Nation of Oklahoma	• Child welfare and development services • Disease prevention services • Elder nutrition services • Victim services programs • Violence prevention • Substance use services

3. Literature Review

The objective of the literature review is to provide a comprehensive review of Onkwehón:we conceptual models, frameworks, assessment tools and indicators related to wholistic health, wellness and well-being – with a particular emphasis and focus on Haudenosaunee and Kanien'kehá:ka Nations. To our knowledge, this is the largest and most comprehensive literature review conducted relating to this topic to date. The full methodology and results are provided in the CWP companion report entitled *CWP Literature Review and Jurisdictional Scan*; however, an overview of the methodology is provided below.

The key research questions of the literature review are:

- How do Onkwehón:we – particularly Haudenosaunee and Kanien'kehá:ka Nations – conceptualize and understand health, wellness and well-being?
- How are these concepts operationalized into conceptual models, frameworks, assessment tools and indicators?

The literature review was conducted using a comprehensive search of scientific databases as well as a thorough grey literature search.

Scientific Database Search

The database search strategy was tailored to identify literature on Onkwehón:we conceptual models, frameworks, assessment tools, and indicators related to health, wellness and well-being. The databases queried included MEDLINE, Embase, PsychINFO, CINAHL and the Web of Science. The full search strategy, including inclusion/exclusion criteria, and Ovid Medline keywords are provided in the CWP companion report entitled *CWP Literature Review and Jurisdictional Scan*.

Grey Literature Search

In addition to the scientific database search, a comprehensive grey literature search was conducted to supplement and add to the knowledge base and resources gleaned from the database search. Using Google, OpenGrey and the iPortal Indigenous Studies portal research tool, along with snowball methodology, the grey literature search yielded rich results – such as technical and research reports, toolkits, knowledge translation documents, thesis and dissertations, websites, webinars, podcasts, and policy documents and reports. Additionally, further scientific studies that were not identified by the scientific data base search – including empirical studies, case reports, systematic and scoping reviews, and meta-analyses – were considered.

To ensure comprehensiveness, and to support development of the CWP framework and validate findings from the CWP engagements, the inclusion criteria for the grey literature search was broad and inclusive. The search was continued throughout the CWP development process to identify resources related to CWP domains identified by Kahnawa'kehró:non during the engagement process (e.g., frameworks, tools and indicators, as well as other relevant data and evidence). The full search strategy, including keywords, are provided in the CWP companion report entitled *CWP Literature Review and Jurisdictional Scan*.

Screening and Data Extraction

The identified literature from the scientific database search was systematically screened in three key stages, adhering strictly to the predefined inclusion and exclusion criteria.

- *Title screening*: Initially, the titles of all collected literature were screened. This step was essential for quickly identifying and excluding literature that did not meet the eligibility criteria.
- *Abstract screening*: Next, the abstracts of the studies passing the title screening were assessed. This phase allowed for a more detailed examination of the content's relevance to our study's scope.
- *Full-text screening*: Finally, a thorough review of the full texts was performed for those studies that met the criteria in the abstract screening. This stage ensured the in-depth alignment of the literature with the research objectives.

A structured analytical framework was used for data extraction and synthesis from literature and resources derived from both the database search and grey literature searches – structured as follows:

Data source	Health / Wellness domain	Context (e.g., setting)	Definitions (of key concepts)	Conceptual model / framework	Indicator(s) / Indicator domain(s)	Implementation / application

An Excel tracker was also used to organize and sort literature and resources, which also included further contextual data and fields to further support the CWP development team. All citations that were included in the review were also integrated into a Kahnawà:ke CWP Zotero bibliographic reference library.

4. Kahnawà:ke Organizational Document Review

A thorough review of Kahnawà:ke organizational and community-based documents and websites was conducted. This included the following:

- Previous Kahnawà:ke Community Health Plans (CHPs) and CHP-related documents (e.g., logic models and evaluation reports), along with documents and resources collected during the previous CHP evaluation (Final Evaluation Report of the 2012-2022 Kahnawà:ke CHP).
- Onkwaná:ta Our Community, Ionkwata'karí:te Our Health Portraits Volumes I and II.
- Reports and documents provided by educational, health and social care organizations in Kahnawà:ke (e.g., annual reports and strategic plans) as well as Onkwata'karitáhtshera and community-based grassroots organizations such as Kahnawà:ke Collective Impact (KCI).
- Reports from key Kahnawà:ke organizational websites (MCK, KSCS, KMHC, KEC, SBS, KCI, KSDPP), as well as internal reports provided securely by the respective organizations (e.g., KMHC accreditation reports).
- KSCS Research and Systems reports (Penelope case management system reports; KSCS program and service level Excel Grids; Home and Community Care Services statistics), MYLE EMR-derived reports and statistics, and Community Based Reporting Tool (CBRT) statistics.
- Documents, reports and links provided by participants of the CWP engagement process. Focus group and interview participants were asked (when deemed appropriate) to provide resources in the form of documents and/or web links that they feel would further inform development of the CWP.

Validation Functions

Two CWP validation sessions were conducted with the community, on November 22, 2023, and December 8, 2023, respectively, at the Royal Canadian Legion Mohawk Branch 219 in Kahnawà:ke. To ensure inclusivity and community awareness relating to these events, a communications plan was developed and implemented by the Onkwata'karitáhtshera Secretariat. This included a distribution list to organizations in the community, the use of posters, newspaper ads and informing the community of the CWP Engagement Grand Prize Draw on November 22.

The November 22 meeting focused on presenting and validating the findings of the literature review, jurisdictional scan and community engagement functions. The following day, the *Eastern Door* published an article relating to the event (https://easterndoor.com/2023/11/29/wellness-priorities-for-kahnawake-revealed/). The December 8 meeting focused on presenting and validating the draft CWP framework and domains in more detail.

Both meetings were well attended, resulting in useful feedback that enabled further refinement of the CWP framework. After incorporating feedback from the validation sessions, the updated draft CWP framework and report was shared with Onkwata'karitáhtshera team for further validation of its content (with a focus on accuracy and completeness).

The November 22 event, part of the community's Spirit of Wellness month, included a presentation of the new *Health Portrait, Volume 2*, followed by the Community Wellness Plan presentation.

In total, 49 people attended one or both presentations, including 10 staff of the Onkwata'karitáhtshera Secretariat team and Evaluation Studio team. Three Onkwata'karitáhtshera Table members also attended the event.

Affiliation	# Attendees
Community (no organization)	8
Kahnawà:ke Collective Impact (KCI)	4
Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS)	4
Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center (KMHC)	4
Connecting Horizons	2
First Nations of Quebec and Labrador health and Services Commission (FNQLHSSC)	2
Kahnawà:ke Library	2
Mohawk Council of Kahnawà:ke	2
Tionhnhí:io (Wellness and Consulting)	2
Eastern Door	1
Kahnawà:ke Environment Protection Office (KEPO)	1
KSCS Board of Directors	1

Affiliation	# Attendees
Onà:ke Paddling Club	1
Public Health Agency of Canada	1
Step by Step Child and Family Center	1
Tewatohnhi'saktha	1
University of Manitoba	1
User's Committee KMHC	1
Healthcare Evaluation Studio Ltd	4
Onkwata'karitáhtshera Secretariat (support)	6
Grand Total	**49**

On December 8, the attendees at the CWP Interim Framework presentation shared the following affiliations:

Affiliation	*# Attendees*
Community (no organization)	15
Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center (KMHC)	5
Kahnawà:ke Shakotiia'takéhnhas Community Services (KSCS)	4
Mohawk Council of Kahnawà:ke (MCK)	2
Skátne Ionkwaweientehta'onhátie (Nurturing Healthy Growth)	2
Iakwahwatsiratátie (Language Nest)	1
Kahnawà:ke Collective Impact (KCI)	1
Step by Step Child and Family Center	1
Onkwata'karitáhtshera Secretariat (support)	6
Healthcare Evaluation Studio Ltd. team	4
Grand Total	**41**

Assumptions and Limitations

In developing the CWP, the development team embarked on a comprehensive and inclusive process, striving to capture the multifaceted needs and aspirations of the community. Nevertheless, the approach was subject to certain limitations and assumptions that must be recognized. Below, key assumptions and limitations are highlighted, reflecting the commitment to transparency and continuous improvement:

Limited Quantitative Data

In several domains, there was limited quantitative data available to review. Having more reliable statistical information related to various programs, services and social determinants of Indigenous health would have been useful to complement the qualitative perspectives heard through community engagement events and to better understand certain areas.

Engagement Limitations and Potential Bias in Participant Selection

Despite rigorous efforts to seek broad and inclusive representation, there remain individuals, groups, and organizations that were not, or chose not to be, part of the engagement process. It is also possible that some people who did participate did not feel comfortable voicing certain perspectives or concerns in engagement sessions. It's also possible that some individuals or even groups who are already somewhat disengaged from community functions or are socially vulnerable may have been more hesitant to participate.

- This bias can mean that some perspectives may be underrepresented in the CWP, despite being important areas of community need.
- We reduced this area of bias by offering engagement opportunities over several months, in different formats (interviews, focus groups, meetings) and locations and with different facilitators, and by offering to offset costs associated with participation by providing Shop Kahnawà:ke gift certificates. Key informants with extensive experience working with different groups could offer an indirect voice; the findings in the literature review and jurisdictional scan also helped triangulate findings and fill in gaps.
- Most of all, this reflection on bias underscores the importance of continuous engagement throughout the next 10 years of the CWP's implementation and evolution. Key informants are often used in this situation (e.g., people who work closely with the people whose perspectives are desired and who can give some indirect voice to those experiences).

Bias during Data Collection, Analysis and Interpretation

Sometimes, asking questions in a slightly different way in one setting than in another can inadvertently cause participants to respond differently. This can result in inconsistencies or missed insights, if participants are not answering the same questions. This bias is part of the interviewing approach used as well, which is open and follows the lead of the participants to guide the discussion based on what they want to talk about.

On another level, as human beings with life experiences, when collecting and interpreting qualitative data, all researchers bring some kind of bias, or lens, into the process.

The CWP development team attempted to mitigate the effects of any potential biases using semi-structured interview questions, data triangulation, relistening to interview/focus group recordings, self-reflection and open discussions between team members. The knowledge and insights of community members who acted as key informants were important to ensure that potential biases of team members from outside of the community were addressed. Furthermore, follow-ups with CWP engagement participants were conducted when further clarification and/or discussion was needed.

Participant Bias(es)

It is important to note and consider potential bias(es) by participants in interviews and/or focus groups. The community is diverse, and individuals not only bring varying perspectives and life experiences but may have natural and learned biases that should be considered. Since many engagement sessions were in groups, people may also have expressed themselves differently in consideration of the other participants in their group. Bias can be introduced naturally by communication style and cultural factors. Triangulation was therefore a very important function to ensure that findings are validated where possible while respecting the importance and relevance of diverse individual viewpoints, perceptions and worldviews.

Cultural and Contextual Understanding

It is important to recognize that there might be contextual nuances and traditional knowledge that are not reflected in this CWP. Traditional and cultural knowledge also includes sacred and spiritual knowledge and topics that are not appropriate to capture, record or contain in a written or digital form. This reminds us that this Community Wellness Plan is meant to be used as a tool to help the community come together and share our gifts. Through our different roles and through relationships and collaboration, the CWP supports Kahnawa'kehró:non and our partners to work towards supporting and improving the wellness of our community.

2. Governance of Onkwata'karitáhtshera and the 2024-2032 Community Wellness Plan

2. Governance of Onkwata'karitáhtshera and the 2024-2032 Community Wellness Plan

Community Wellness Plan Governance Approach

The Community Wellness Plan (CWP) governance approach, at the time of this writing, remains consistent with the approach and structure of the 2012-2022 Community Health Plan (CHP). Part of the Community Wellness Plan planned activities include revisiting and discussing community governance of global health and social services, including Onkwata'karitáhtshera's structure, which will inevitably impact the governance of the Community Wellness Plan. The sections below summarize the current governance approach in place and will be updated with changes or adaptations. Onkwata'karitáhtshera is a decision-making Table or Committee. The governance approach of Onkwata'karitáhtshera and the Community Wellness Plan are described in detail in the 2004 Constitution of Onkwata'karitáhtshera and in the By-Laws of Onkwata'karitáhtshera.

Onkwata'karitáhtshera Background

History

Onkwata'karitáhtshera (a Kanien'kéha word translated as "*for all the people to be concerned in the area of good health*") is the one health and social service agency that is responsible for overseeing community control over Kahnawà:ke's health. Onkwata'karitáhtshera originally began in 1983 as the Health Consultation Committee (HCC). In 1996, KSCS developed a Health Policy Unit through the Integrated Service Agreement to give technical support to the HCC. The body evolved into Onkwata'karitáhtshera with a renewed and expanded mandate acknowledging it as the governing body responsible for the global health and social services for Kahnawà:ke.

Mandate

Onkwata'karitáhtshera is mandated through a Mohawk Council of Kahnawà:ke (MCK) Resolution (MCR #45/1999/2000) **to provide a single unified approach to community health** (*2004 Constitution).* They provide direction and a leading role in the development of this Community Wellness Plan and future plans.

Vision

Our vision is that "in 2032, we have a healthier community through the use of good governance and involving all client family and community with respect to Kahnawà:ke health and social services." (*Drafted during the 2017 Strategic Planning process and accepted in principle, to be ratified.)*

Mission

Onkwata'karitáhtshera's mission is to plan, maintain and improve health and social services for the well-being of all Kahnawa'kehró:non (*2004 Constitution)*. It is the responsible body that oversees global health and social service issues for Kahnawà:ke. Onkwata'karitáhtshera serves as the advisory, advocacy and coordinating body that ensures the needs coming out of organizational and community research are addressed where appropriate. It aims to contribute at a community-wide level.

Governance Principles and Values

Onkwata'karitáhtshera's decisions and actions are guided by the following principles and values.

1. The Code of Ethics for Onkwata'karitáhtshera members (*2004 Onkwata'karitáhtshera By-Laws*), and are informed by the oaths and obligations below:
    a. Onkwata'karitáhtshera Code of Ethics is a commitment for Table and subcommittee members alike
    b. The Secretariat agrees to a Solemn Oath Declaration by working at KSCS offices
    c. Researchers conducting health and social services research projects in the territory must abide by the Researcher Obligations section in the OHSSRC handbook
2. The guiding principles along the themes of the Great Law of Peace (*2004 By-Laws: Dispute Resolution Mechanism*)
    a. Peace – you must be at peace with yourself and your surroundings
    b. Respect – you must respect yourself and others (who you are, how you act and what you do)
    c. Being of a good mind – you must be positive and creative in your thoughts and actions
    d. Responsibility – you must act in a responsible manner and be accountable for your actions
3. Kahnawà:ke's 2009-2029 Shared Vision Statement and its guiding principle of the Great Law, with the teachings of peace, unity and a good mind.
4. Wholistic health and balance, as reflected in our medicine wheel logo below

Onkwata'karitáhtshera believes in wholistic health (including the social, physical, emotional and spiritual well-being of the people).

2012-22 Community Health Plan

"It is through our language and the daily practices of our culture that we promote our strong collective identity. Kaiánere'kówa, with its teachings of skén:nen, ka'satsténhsera, and ka'nikonhri:io, is our guiding principle."

Onkwata'karitáhtshera Subcommittee Terms of Reference, quoting the Community's 2029 Shared Vision Statement

In 2017, Onkwata'karitáhtshera engaged in strategic planning, during which the following draft values were also identified:

- Commitment
- Trust
- Respect
- Language and culture

Governance Structure and Functions

Composition

Onkwata'karitáhtshera consists of several community organizations duly mandated under separate resolutions by the Mohawk Council of Kahnawà:ke. Onkwata'karitáhtshera currently has 12 seats represented by the following:

- Mohawk Council of Kahnawà:ke (Chiefs or delegates representing the Health & Social Services Portfolio – 3 seats)
- Kateri Memorial Hospital Centre (3 seats)
- Kahnawà:ke Shakotiia'takehnhas Community Services (3 seats)
- Kahnawà:ke Fire Brigade & Ambulance Service (1 seat)
- Kahnawà:ke Education Center (1 seat)
- Community representatives (2 seats)

Onkwata'karitáhtshera, per our Constitution (article 7), has established standing subcommittees that are responsible for developing frameworks and strategies to address health issues and priorities indicated in the community health and wellness plans. The subcommittees include community members and groups. They are involved in planning and community mobilization efforts. Their terms of reference include alignment to the Community Wellness Plan.

Member organizations also have established committees and working groups for specific initiatives designed and aligned to assist in realization of the Community Wellness Plan.

Job descriptions under funded programs are also aligned to the realization of the Community Wellness Plan.

The governance structure is visualized in the graphic below. The diagram represents the following:

Onkwata'karitáhtshera oversees community control of health and social services in Kahnawà:ke and therefore is accountable to the Kahnawà:ke community. Its organizations, representatives and Secretariat staff are based in the community, with many of them identifying as Kahnawa'kehró:non. This is the dotted line around the whole diagram.

The Onkwata'karitáhtshera Table, and its membership, are in the centre oval, with its mandate coming from the MCK above, and giving updates to the MCK and EDC. The mandate of Onkwata'karitáhtshera from MCK is written in the diagram.

The 4-way arrow connects the Onkwata'karitáhtshera Table to its elected

Executive Committee, which acts in a leadership capacity and on behalf of the Table; the Secretariat team that supports and carries out the Table's decisions; and various subcommittees and working groups. Subcommittees and working groups focus on projects and topics; they are not permanent but may form and conclude depending on the realization of a specific task, project or mandate. Working groups are less formal networks or specialized projects that report to subcommittees for oversight. The Onkwata'karitáhtshera Secretariat functions include coordinating the Onkwata'karitáhtshera Health and Social Services Research Council (OHSSRC) and initiatives funded by the Child and Family Services and Community Health Plan Initiatives (CHPI-CFS).

Community Planning Levels

There are also different levels of planning and coordination that take place in the community intra- and interorganization, represented in the graphic below. Frequent assessment and reassessment are conducted and used in determining needs, priorities and resource allocation. Information is shared, and there is cross-participation of community organizations in planning activities. Planning conducted by member organizations is aligned to the realization of the Community Wellness Plan.

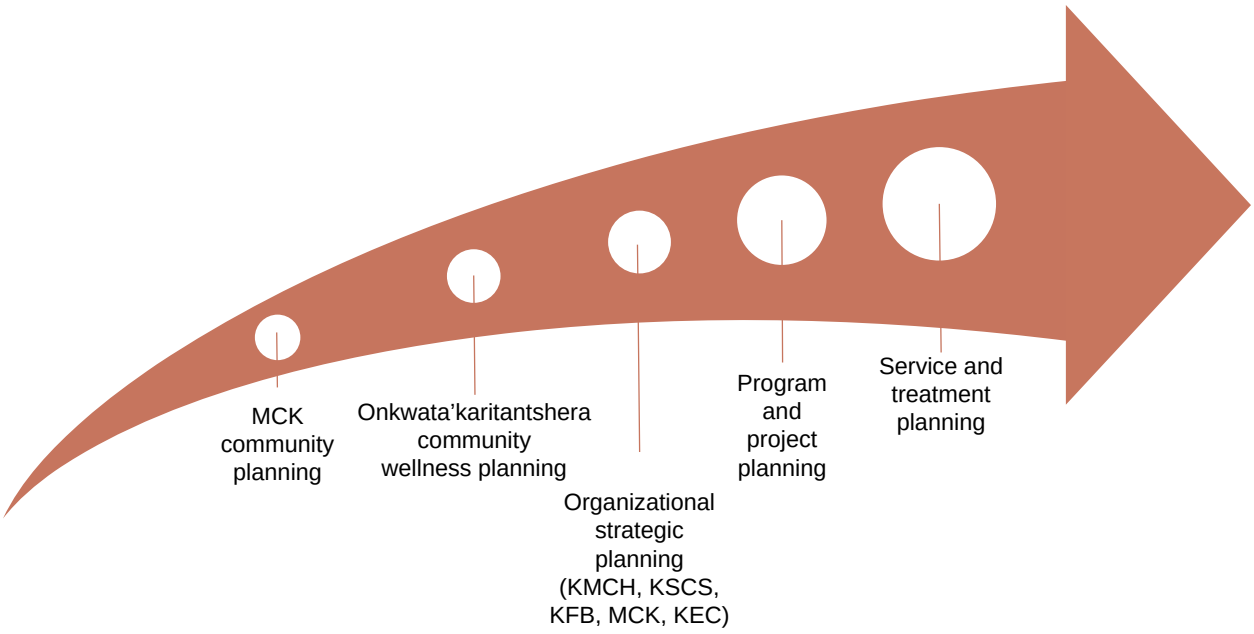


Figure 10: Community planning levels and alignment.

Relationships between Community Organizations

Onkwata'karitáhtshera member organizations have similarly established cooperative partnerships with each other that are guided by memoranda of understanding (MOUs). These MOUs outline the nature and key elements of the partnerships.

Regular meetings at a management/ professional level are held to address specific issues of mutual interest/concern and in specific instances relative to the Community Wellness Plan.

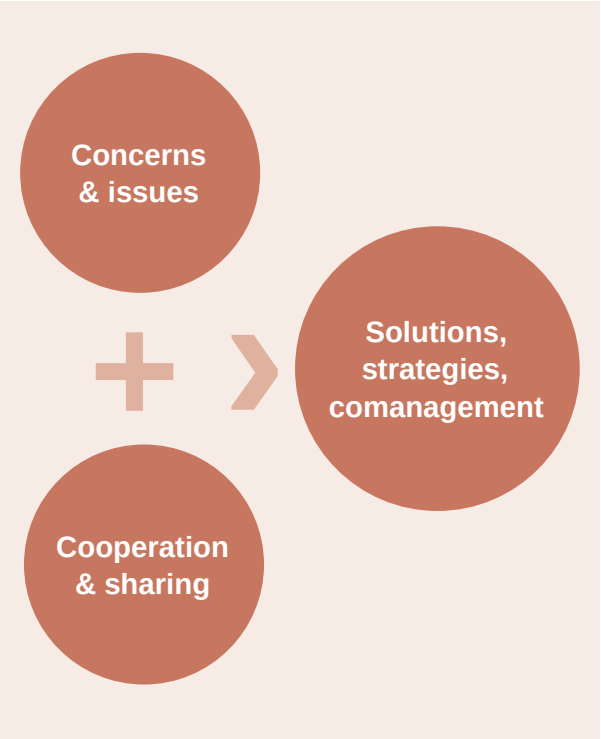


Figure 11: Community Wellness Plan Cooperative Partnerships Model

Community Wellness Plan Governance

Onkwata'karitáhtshera's role in overseeing health and social services in the community includes responsible stewardship of health and social services funding. One source of funding is through a Health Transfer agreement between KSCS, on behalf of the community, and Canada, through the First Nations and Inuit Health Branch (FNIHB) at Indigenous Services Canada (ISC). In this document, the Health Transfer agreement will be referred to simply as the Transfer. Previously, this agreement was with Health Canada (a different department in the Canadian government). Part of this agreement is that Onkwata'karitáhtshera and Kahnawà:ke have a community plan – in this case, the Community Wellness Plan. For a history of Community Health Plans, see the chapter on the CWP framework.

As in the previous Community Health Plan, this plan will continue to be organized at four levels:

Level	Responsibility
1. Political	Mohawk Council of Kahnawà:ke
2. Community development	Onkwata'karitáhtshera
3. Organizational	Kateri Memorial Hospital Centre Kahnawà:ke Shakotiia'takehnhas Community Services Kahnawà:ke Fire and Ambulance Services Other community organizations
4. Direct service providers	All Health Transfer programs in Kahnawà:ke

Governance Tools and Mechanisms

Onkwata'karitáhtshera meets on a monthly basis. The Executive Committee meets to address pressing issues, and subcommittees are formed to assist in the various projects or endeavours. Presently (in 2024) there are seven support staff who assist in carrying out all aspects of Onkwata'karitáhtshera operations.

The Executive Committee is comprised of:

- Chairperson
- Vice-Chairperson
- Secretary

Executive elections are held every year in January.

KSCS has been delegated to provide administrative and operational support to Onkwata'karitáhtshera, and the Executive Director of KSCS is the designated Health Director in Kahnawà:ke and has signing authority for documentation. The Executive Committee acts in a supervisory capacity in the development of the CWP and in its final approval for presentation to Onkwata'karitáhtshera, Indigenous Services Canada and the First Nations and Inuit Health Branch, and the community.

As described in the By-Laws (2004), Onkwata'karitáhtshera strives to reach all decisions by consensus. When consensus is not attained, a vote is conducted.

Members of Onkwata'karitáhtshera, including the Executive Committee, hold roles where they continuously and directly seek and receive feedback from a diversity of community members. While not as formal as an election or a survey, in practice this creates a functional mechanism of accountability in governance.

Subcommittees with specific mandates and projects are governed through terms of reference documents and report to the Onkwata'karitáhtshera Table on a monthly basis. Working groups may be established to address specific projects or needs within a Subcommittee mandate.

Health Management Structure

The Health Management Structure of the 2024-2032 Community Wellness Plan remains consistent with the 2012-2022 Community Health Plan. *In this section, updates to the previous plan are indicated in italics.*

Authority and Accountability

The Mohawk Council of Kahnawà:ke (MCK) has, through council resolutions and directives, delegated authority to various community organizations for governing and providing necessary health and social services. Each of these organizations has established a board of directors comprised of Kahnawà:ke community members. These boards operate under respective constitutions and bylaws. The MCK has established a portfolio system framework which supports these delegated authorities. Some health-related and social-related services are also administered by departments of the MCK, such as water treatment and delivery, sanitation measures, public safety and social assistance.

In the health and social services sector, previous directors determined that the community would benefit from a more formal structure for planning and coordination. Therefore Onkwata'karitáhtshera, Kahnawà:ke's one health authority, was created for this purpose and is delegated its authority via MCK resolution. Member organizations remain autonomous and responsible for specific service delivery through their governing boards of directors and accountable to MCK through annual reports and audits, but they participate on Onkwata'karitáhtshera to ensure programs are planned and coordinated effectively. MCK also has portfolio chiefs who are assigned seats on all delegated boards in the community, including Onkwata'karitáhtshera. Community and Elders also have a seat on and advise Onkwata'karitáhtshera. The work and decisions of Onkwata'karitáhtshera and its members are continuously aligned to the attainment of the Community Wellness Plan (CWP).

The Kahnawà:ke Fire Brigade & Ambulance Service (KFB & AS) has a separate contribution agreement with Health Canada to provide medical transportation service to the community. This includes transportation for medical appointments and emergency ambulance transport. This is a non-insured health benefit; KFB signs a separate agreement with Health Canada.

Both KSCS and KMHC have their own governing boards, with delegated authority from the MCK. KSCS and KMHC have developed individual strategic frameworks and conducted strategic planning activities prior to entering into the transfer agreement. The frameworks for the two organizations include their respective:

- Vision
- Mission
- Goals
- Values
- Levels of Responsibility

Both organizations have conducted realignment activities and updates to ensure there is constant development and upgrading of the frameworks to ensure community needs are met.

The Exploring Partnerships document was developed for and used for the duration of the Kahnawà:ke Aboriginal Health Transition Fund Project; it still serves as a foundational document to explain relationships the community is involved in. The information in this document provides a picture of Health and Social Services in Kahnawà:ke from the past to the present and is an ideal supplement to the above information. Please see the PowerPoint presentation "Exploring Partnerships" (link: https://www.youtube.com/watch?v=ZVGbbOjsXU0), which was previously submitted with the 2012-2022 Community Health Plan.

Community Wellness Plan Monitoring

Onkwata'karitáhtshera meets monthly. The agenda involves:

- Emerging health trends that are flagged by member organizations
- Organizational updates
- Community Wellness Plan coordination, alignment and reporting
- Subcommittee development, reporting and advising

More details on evaluation and monitoring of the Community Wellness Plan are provided in the Implementation, Change Management and Evaluation chapter.

Communications

Communications involving health and social services in most cases are initiated or flow through Onkwata'karitáhtshera since it comprises membership from organizations in the community entrusted with health care in any form. It is up to the individual organization to ensure that important information reaches all levels of the organization and the community.

In Kahnawà:ke, a body of community organization directors exists called the Executive Directors Committee (EDC). This committee has representation from Kahnawà:ke Shakotiia'takehnhas Community Services, Kateri Memorial Hospital Centre, Kahnawà:ke Fire Brigade and Ambulance Service, Mohawk Council of Kahnawà:ke, Kahnawà:ke Youth Center, Step by Step Child and Family Center, and Tewatohnhi'saktha (Kahnawà:ke's Economic Development Commission). Issues discussed at this table are of operational concern to the organizations but are not necessarily health related; the purpose is to achieve alignment among partner organizations in operational activities.

Onkwata'karitáhtshera promotes the Community Wellness Plan as a practical tool and resource for staff. In the past, upon the completion of the five-year Interim Evaluation of the 2012-2022 Community Health Plan (February 2017), recommendations were made to increase the frequency and accessibility of communications about the Community Health Plan and related programs, services and activities to the community. Onkwata'karitáhtshera was also encouraged to continue to engage Kahnawa'kehró:non in dialogue, on a sustained basis, about Community Health

Plan implementation and priorities, programs and services.

In 2022, a summative evaluation of the 2012-2022 Community Health Plan was conducted. The final report (Final Evaluation Report of the 2012-2022 Kahnawà:ke Community Health Plan (CHP)) made 14 recommendations, three of which related to communications and community engagement:

Recommendation 5, **Communication, collaboration and coordination domain:** That Kahnawà:ke explores steps towards alignment of health and social services at governance, organizational and administrative levels, to enable integration of service delivery and coordination of care for all Kahnawa'kehró:non;

Recommendation 6, **Community engagement domain:** That organizations, programs and services work together to develop and align strategies for ongoing community engagement, including a focus on sensitively engaging individuals and families with access challenges, special needs and/or highly impacted by trauma;

Recommendation 13, **Community Wellness Plan (planning and development):** That stakeholders from across Kahnawà:ke co-develop a Community Wellness Plan premised on mutually agreed upon principles, concepts and approaches, with a focus on health and well-being outcomes.

The Onkwata'karitáhtshera Secretariat receive communications support from the organizational communications teams of KSCS, MCK and KMHC.

Accountability and Reporting Mechanisms

Evaluations of the Community Wellness Plan will be conducted at least every 5 years (one mid-point evaluation at 2027, and one final evaluation of the plan in 2032). Evaluation results are shared in a variety of ways with the community. Some examples are through local radio talk shows, local cable television, websites, organizational newsletters and presentations. The Mandatory Programs are reported on as per requirements from ISC-FNIHB and the Regional Health Authority of the MSSS Quebec.

An MOU between KMHC and KSCS has been developed. In addition to the annual Audit Reports and Audited Financial Statements, the auditors are required after verification to issue a report to the Federal Minister of Health or their representative confirming that both KSCS and KMHC have complied with the Health Transfer Agreement, including that nurses are licensed, the Medical Officer is available, required reports have been submitted for Mandatory Services and insurance is in place. See the Core Programs chapter for further descriptions.

Annual reports for both KMHC and KSCS are prepared and distributed to the community, which is a requirement of ISC-FNIHB. The annual reports contain descriptions of activities for all services and programs delivered under Transfer. The reports also include information from the annual audits conducted for the organizations under Transfer. The reports cover sources of funding, amounts received and where these resources are allocated. The Financial Audits are conducted by licensed accountants and are carried out according to accepted practices and standards.

Health and Social Services Governance Review for 2024-2032

As part of the 2024-2032 Community Wellness Plan, review will be undertaken of Onkwata'karitáhtshera's role in the overall governance of global health and social services.

Discussions will be informed by the 2017-2022 Onkwata'karitáhtshera Strategic Plan and Community Wellness Plan community engagement feedback. This included community expectations of the scope of Onkwata'karitáhtshera's mandate and community expectations on good governance.

These discussions will enable Onkwata'karitáhtshera to advance community control of health and social services, continue to steward community funding effectively and strengthen its evaluation capacity.

The process is planned as follows:

1	Onkwata'karitáhtshera presents a briefing note/position paper to the Council of Chiefs and to the Executive Directors Committee, describing the background of current governance issues and rationale for changes, and requests a mandate to review and restructure its governance.
2	If mandated to restructure, hold consultations with community stakeholders and organizations on health and social services governance.
3	Develop an updated Onkwata'karitáhtshera governance structure that is feasible, realistic, considers the impacts on member organizations and clearly defines areas of expertise, authority and scope of responsibility (including others' areas of responsibility).
4	Update the Community Wellness Plan governance structure to align with Onkwata'karitáhtshera's overall governance and ensure efficient management of the CWP implementation.
5	Update of Secretariat Workplan and position descriptions, and resource allocation.

Onkwata'karitáhtshera and the Community Wellness Plan governance will also be considered in the next Onkwata'karitáhtshera Strategic Plans and Community Wellness Plan Evaluations.

Governance Checklist

As part of the Community Wellness Plan development, a governance checklist was produced. This will be used to guide the governance discussion phases and address key components, align to community expectations and needs, and support implementation.

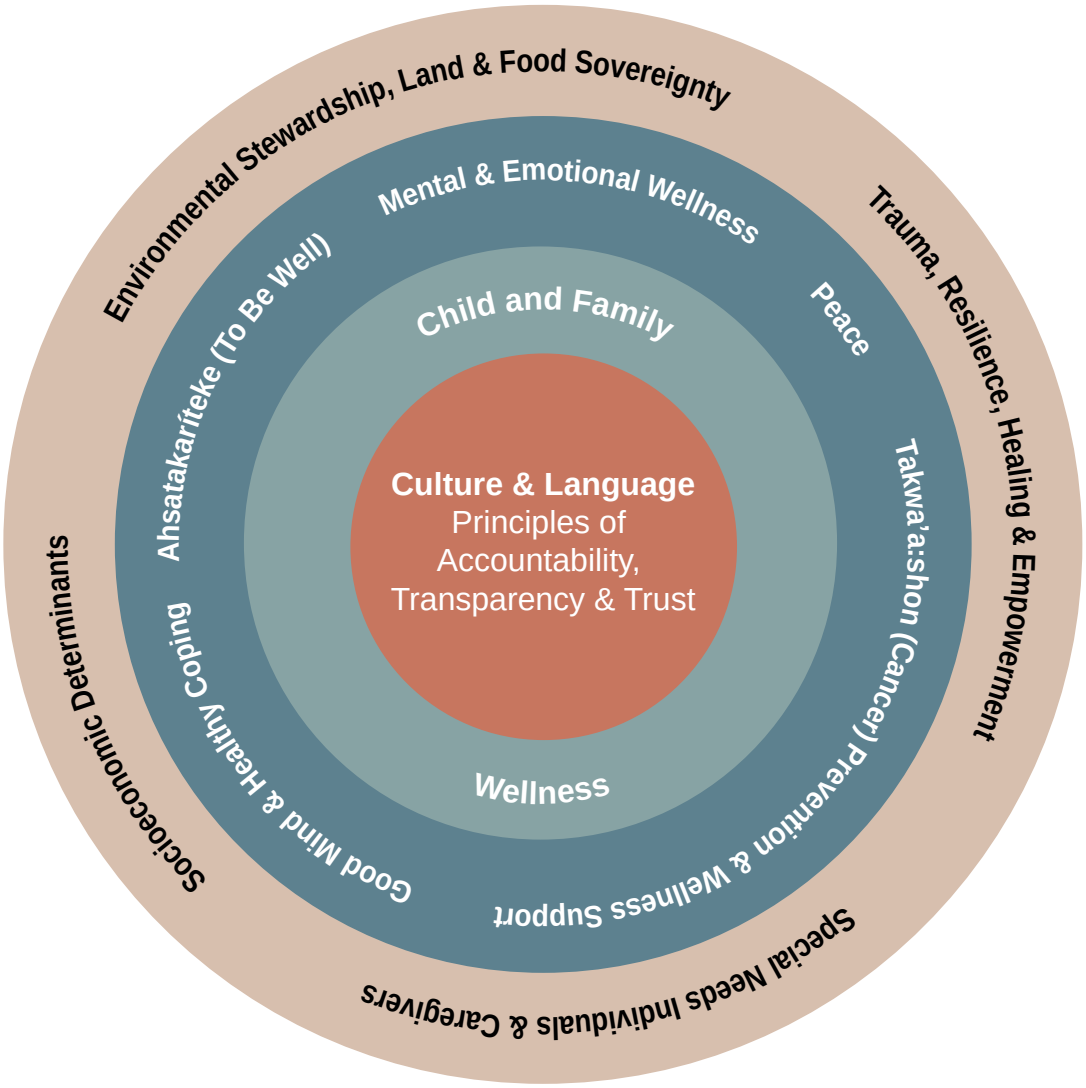
Governance Checklist	
Governance Principles	
	Are the principles clearly aligned with the community's values and traditions?
	Do they promote transparency, inclusivity and accountability?
	Are mechanisms in place to review and update these principles regularly?
Governance Approach	
	Is the chosen governance approach clearly justified?
	Does the approach facilitate effective communication and decision-making?
	How does the approach support community empowerment and self-determination?
Governance Structure	
	Is the governance structure clearly defined?
	Are roles and responsibilities at each level explicitly outlined?
	Are the members of each governance body properly resourced, experienced and skilled to conduct their functions effectively?
	Does the structure allow for effective coordination and flow of information?
	Are functions and lines of accountability clear and transparent?
	Are there clear, effective and realistic mechanisms for ensuring mechanisms of accountability?
	Are there protocols for inter-level collaboration and support?
	Does the composition reflect diverse community perspectives?
	Are there clear guidelines on interactions between governance levels?
	Is there a mechanism for regular feedback and input from the community?
Conflict Resolution Mechanisms	
	Are the conflict resolution processes culturally anchored and aligned with community values?
	Is there a clear description of how conflicts at different levels will be addressed?
	Is there a system to evaluate the effectiveness of these mechanisms?
General considerations	
	Is the overall governance plan comprehensive, clear and easily understandable?
	Are there measures in place for regular review and improvement of the governance structure and processes?
	Is there a clear process for community members to provide feedback on the governance plan?

3. Kahnawà:ke's Community Wellness Plan Framework

3. Kahnawà:ke's Community Wellness Plan Framework

Highlights

- The Kahnawà:ke Community Wellness Plan (CWP) is based on 25+ years of foundational work by the community, dating back to the first Community Health Plan (CHP) in 1998.
- The CWP framework was developed through the synthesis of data and information derived from an extensive literature review, a jurisdictional scan, extensive community and organizational engagement, a comprehensive review of Kahnawà:ke organizational and statistical documents, and validation sessions with the community.
- The framework operationalizes the 2012-2022 Community Health Plan Final Evaluation Report's strategic recommendations, which highlighted the need for a wholistic approach to health and social services incorporating Haudenosaunee and Kanien'kehá:ka worldviews and concepts. The framework reflects the importance of family orientation, upstream prevention, early intervention, the social determinants of Indigenous health (SDIH), equity and inclusion.
- The CWP framework is conceptualized by three interrelated concentric circles within which the CWP's priority domains are framed:



CWP Principles: Accountability, Transparency & Trust

Sustaining and building upon 25+ years of work and progress

Social Determinants of Indigenous Health, Equity and Inclusion

Figure 12: Kahnawà:ke's Community Wellness Plan Framework

- The outer concentric is comprised of four CWP priority domains that reflect the vital concepts of **social determinants of Indigenous health (SDIH), equity and inclusion.** This circle is **a fundamental frame of reference for the entire framework.** The inclusion of these SDIH, equity and inclusion domains represent a paradigm shift in the community's approach to health and wellness planning. This paradigm shift aligns with universal consensus among Indigenous communities, organizations and researchers across the globe. Furthermore, it aligns with, reaffirms and supports existing work and initiatives in the community. It is through this outer circle's SDIH lens that every domain within the CWP framework must be viewed, understood, assessed and addressed.
- The middle concentric circles encompass **six health and wellness-related domains that have been identified as ongoing community priorities for the past 25+ years**. This circle represents the importance of building upon and sustaining the community's progress in addressing these six priority domains.
- It is important to specifically highlight that the Child and Family Wellness domain is closer to the centre to reflect the child and family focus of the entire CWP framework. There are strong and self-evident interrelationships between this domain and every other domain in the CWP framework.
- The inner pastel circle grounds the CWP framework, highlighting the critical importance of the **CWP's principles of transparency and accountability – and their derivative, trust**. These principles, in turn, are underpinned by Haudenosaunee values, culture, wisdom and knowledge – as clearly reflected by The Creation Story, Kaianerehkó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen, The Seven Generations Principle and the Two Row Wampum. These CWP Principles are also aligned with Kahnawà:ke's 2009-2029 Shared Community Vision.
- Culture and language are at the centre of the CWP framework as both a set of principles and a domain. They are a way of being, and their practice and restoration is a long-term goal (both organizational and personal). Tsi niionkwarihò:ten tánon Kanien'kéha (culture and language) are the threads that bind the domains together. They are and need to be integrated in every domain and all we do for community wellness to flourish.
- Approaches and tools that enable and promote transparency, accountability and trust are provided in the Implementation and Change Management, Evaluation and Research and Governance chapters.
- Each of the CWP framework's 11 domains have a dedicated chapter in this report that 1) define their relevance and importance to Kahnawà:ke, and 2) provide comprehensive frameworks, indicators, assessment tools, evidence and literature.

Progression of the Kahnawà:ke Community Wellness Plan Over Time

The 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) represents a significant transformation from previous Community Health Plans (CHPs), reflecting a paradigm shift towards wholistic health, wellness and well-being. To understand the 2024-2032 CWP, it is important to be aware of the historical context of 25+ years of foundational work, dating back to before the first Kahnawà:ke CHP in 1998.

This evolution reflects the community's deliberate shift towards a more wholistic approach to service planning, broadening the focus from specific conditions and diseases to encompass the social determinants of Indigenous health (SDIH) and focus on upstream prevention, early intervention and family and community-orientation. It reflects the community's resilience and united journey towards self-determination. This is manifested by cultural and language resurgence, pride in Kanien'kehá:ka identity, and empowerment in health, social and educational policy and programming. The key milestones along Kahnawà:ke's journey to wholistic wellness are described below.

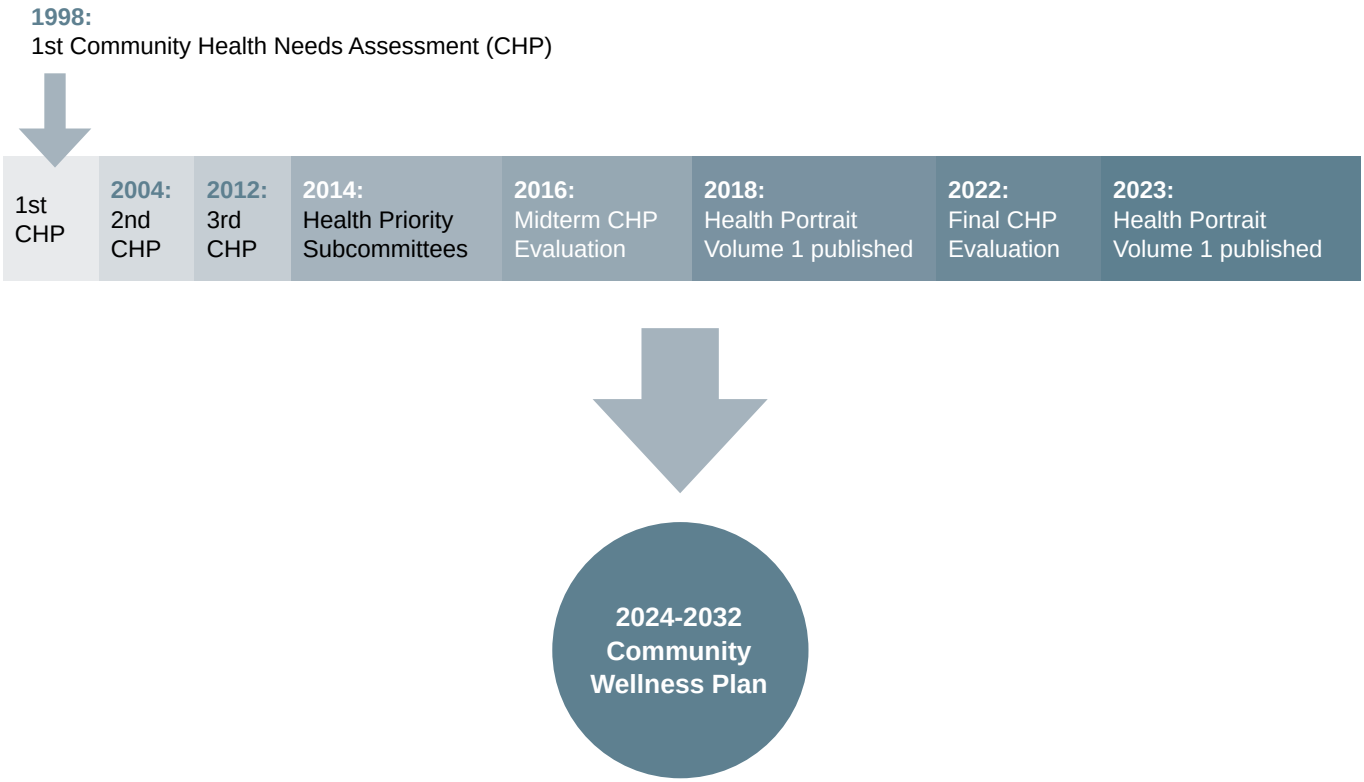


Figure 13: History of community health and wellness plans in Kahnawà:ke

1998 Kahnawà:ke Community Health Needs Assessment and Community Health Plan (CHP)

The foundation of the community's health planning was a comprehensive health needs assessment by KSCS' Organizational Development Services (ODS) in 1998, adopting the Participatory Action Research (PAR) model. The methodology combined an inventory of services, extensive literature review and broad community consultation, setting a precedent for participatory health planning. This approach, which emphasized qualitative methods and Indigenous values of inclusion and consultation, led to the identification of the following 10 primary health priorities (ranked in order of perceived priority status):

- Primary Priorities (5):
  - Alcohol & drug abuse
  - Violence
  - Diabetes
  - Mental health
  - Cardiovascular disease
- Other priorities:
  - Cancer
  - Sexually transmitted infections (STIs), human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)
  - Prenatal/family planning & birth control
  - Obesity/poor eating/bulimia/anorexia
  - Accidents & injuries

Although all 10 were deemed important, the focus of this CHP was on the top five "primary priority" health issues listed in in bold above. Further issues that were noted as a "growing concern" warranting further research and resources included scleroderma, rare forms of cancer, Alzheimer's, muscular dystrophy, prescription drug abuse, environmental health concerns, brittle bones, lupus, physically challenged children, and attention deficit disorder with/without hyperactivity.

2004 and 2012 Kahnawà:ke Community Health Plans (CHPs)

Following an evaluation and further consultations facilitated by ODS, the second CHP was published in 2004. The top five health priorities remained the same, and it was recognized that all priorities were interrelated and to be addressed concurrently. The priorities were ranked slightly differently: 1) alcohol and drug abuse; 2) mental health; 3) diabetes; 4) violence; and 5) cardiovascular disease. This plan was then evaluated by P.L. Hawa & Associates in 2010.

The third iteration of the CHP, published by Onkwata'karitáhtshera in 2011 for the period of 2012-2022, introduced a nuanced understanding of the community's health priorities by incorporating learning/developmental disabilities among the top concerns. An important recommendation came out of the community consultations: to establish subcommittees to continuously work on addressing the CHP priorities.

2014 CHP Subcommittees Establishment

In response to this need for continuity in addressing CHP priorities, in 2014 Onkwata'karitáhtshera strategically established seven CHP subcommittees, with the goal of advancing action on the health priorities. To accomplish this, the mandate of the subcommittees was to address gaps and links in existing services, develop a comprehensive inventory of services tailored to each health priority, and strengthen logic models to ensure they were outcomes-focused with SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives. Subcommittees were responsible for developing robust frameworks and strategies to effectively address the health priorities of the community health plan.

By 2020, the following subcommittees were formed: Cancer Health Priority, Data Mining, Mental Wellness and Addictions, Tehoterihwaienawà:kon (Traditional Approaches), Early Childhood and Family Wellness, Tobacco Control, Ahsatakariteke (Chronic Diseases), and the Kahnawà:ke Head Start program. Together they illustrated a comprehensive approach to addressing a wide spectrum of health and wellness issues within the community. These are reflected in the diagram below:

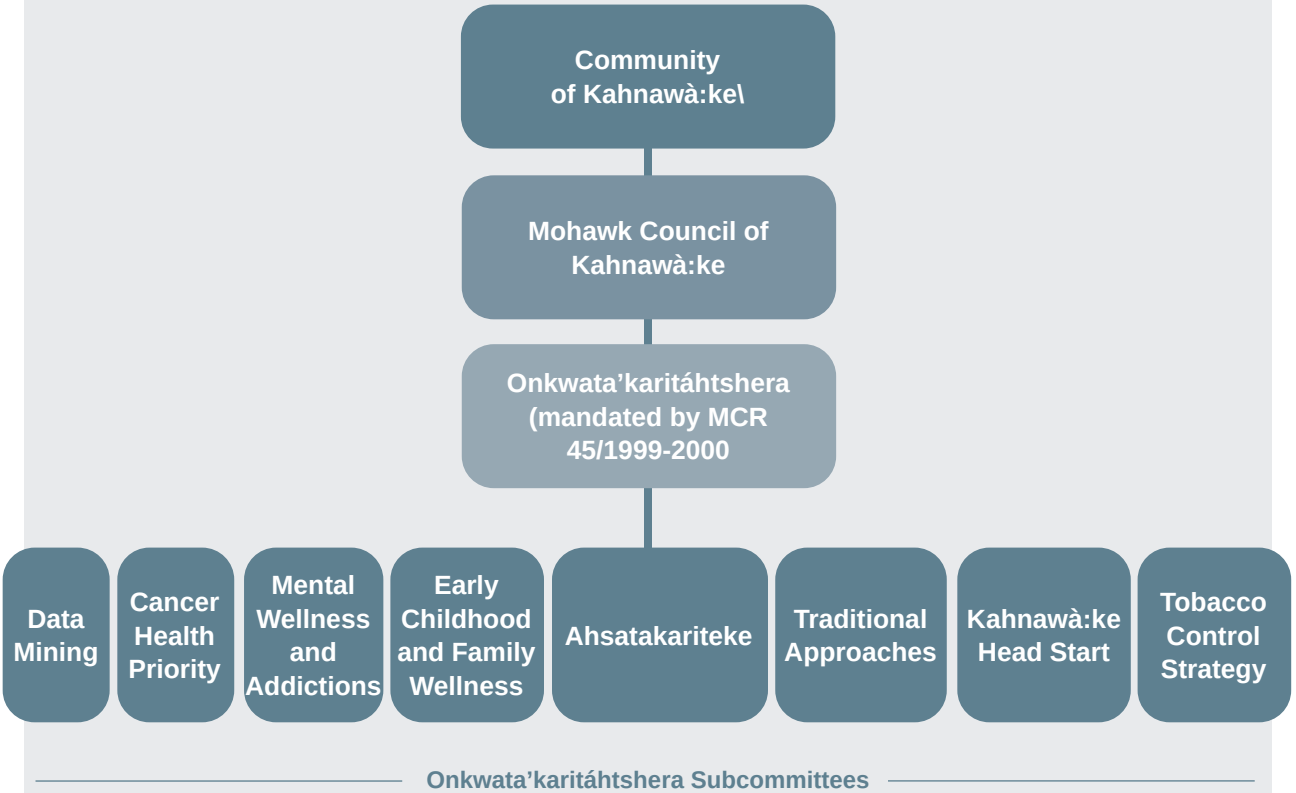


Figure 14: Onkwata'karitáhtshera Governance Structure, adapted from the 2012-2022 Community Health Plan

2016 CHP Mid-term Evaluation Report

In 2016-17, Onkwata'karitáhtshera participated in a five-year interim evaluation of the CHP, led by the Niska consulting group (Onkwata'karitáhtshera 2016). Evaluation results reinforced the seven health priorities identified in 2012 and suggested reconsidering ***violence*** as a key priority.

The 2016 evaluation report recommended *"Considering changing the name of the CHP to 'Community Wellness Plan' to better reflect a Kanien'kehá:ka understanding of wholistic wellness" (recommendation #7d).*

Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health, *2018* (Volume 1)

Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health 2018 (Kahnawà:ke's Health Portrait Volume 1) was developed by Onkwata'karitáhtshera to address a lack of sufficient data to guide planning and decision-making related to the CHP's priorities (Onkwata'karitáhtshera 2018). This report provides a detailed epidemiological profile and health status overview of several of the CHP's priority areas. It represents the culmination of decades of community work towards better understanding health needs.

Collaboration with key stakeholders and the utilization of health data from various sources help us grow our capacity for informed decision-making and targeted health interventions. Key partnerships enabled access to health data from the Non-Insured Health Benefits (NIHB) program and the Régie de l'Assurance Maladie du Québec (RAMQ). Our community's participation in the First Nations Regional Health Survey (RHS) made a very rich data source available. The first Health Portrait provides detailed analyses of Kahnawà:ke's health indicators related to the CHP's priorities and exemplifies a successful model of community-led health data ownership and utilization.

The report focuses on the key CHP-related issues and priorities, related to diabetes, cancer, tobacco and smoke exposure, and substance use. These topics are described through data on diseases and behavioural risk factors, as well as broader social determinants of Indigenous health linked to each of them. They are set within knowledge of the community's context.

Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health, 2023 (Volume 2)

The second volume of the Health Portrait published by Onkwata'karitáhtshera, *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health*, includes three chapters: 1) Early Childhood and Family Wellness; 2) Injuries and Injury Prevention; and 3) Mental Wellness and Mental Illness (Onkwata'karitáhtshera 2023). Though the 2012-2022 CHP's expressed priority of Learning/development disabilities originally focused on four specific conditions (attention deficit disorder, autism, Asperger's and Down syndrome), *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* goes beyond measuring conditions only and instead reports on many of the circumstances supporting Early Childhood and Family Wellness (Onkwata'karitáhtshera 2023). Similarly, the Mental Wellness and Mental Illness chapter details not only the number of individuals diagnosed with certain conditions but determinants of mental well-being, such as perceptions of community members on feeling of belonging and social connectedness.

The two volumes of the community's Health Portraits demonstrate community milestones in meeting the long-standing need (identified in earlier CHP evaluations and the Onkwata'karitáhtshera Strategic Plan 2017-2022) for more data to improve the overall understanding of health and wellness in the community.

Final Evaluation Report of the 2012-2022 Kahnawà:ke Community Health Plan

In 2022, Onkwata'karitáhtshera undertook a 10-year summative evaluation of the CHP, led by Healthcare Evaluation Studio Ltd. (Onkwata'karitáhtshera 2023). The Final Evaluation Report of the 2012-2022 Kahnawà:ke Community Health Plan (CHP) findings indicated the need and desire for a paradigm shift in the community's health strategy, emphasizing the transition from a focus on treatment of diseases to prevention and promotion of determinants of wholistic wellness. It was recommended that in future iterations of the plan, focus and emphasis should be placed on social determinants of health, wellness promotion, upstream prevention, early intervention, culture, language, equity, and family and community-orientation.

This evaluation report reiterated the recommendation from the 2016 evaluation to rename the CHP as the *Community Wellness Plan* to better align with Kanien'kehá:ka understandings of wholistic wellness. This strategic reorientation would underpin the necessity of embedding Indigenous and Kanien'kehá:ka wholistic perspectives on health, wellness and well-being.

It recommended that the future CWP be built on key principles such as inclusivity, self-determination, transparency and accountability – and, perhaps most importantly, should meaningfully reflect Kanien'kehá:ka worldviews, values and

conceptualizations of health, wellness and well-being.

While affirming the relevance of the CHP's seven health priorities, the evaluation report suggested that the future CWP should be expanded into additional wellness domains to embrace the paradigm shift towards wholism, SDIH, and family and community orientation. For example, it recommended reframing the focus on illness and disease conditions to prioritize prevention, health promotion and early intervention. Similarly, it proposed broadening the focus of the Learning/Developmental Disabilities priority to encompass wider special needs in the community, beyond specific conditions.

Finally, the need to develop a CWP framework was highlighted, as discussed below.

Rationale for a CWP Framework (compared to a CHP Priority List)

From their inception to the present, all Kahnawà:ke CHPs have provided lists of health-related priorities for the community, primarily focusing on various clinical diseases, illnesses and conditions. While these lists have been helpful in identifying areas needing attention at a high level, their utility for large-scale, complex, multisectoral community-based planning initiatives is limited.

Lists are particularly limited in relation to defining the content and scope of complex and interconnected health and wellness issues. Moreover, they lack the necessary context and meaning essential for CWP partners to fully understand and address health and wellness priorities comprehensively. A framework provides a conceptual structure with meaning, showing relationships between various health and wellness factors, such as the social determinants of Indigenous health (SDIH). A framework enables partners to define, contextualize and assess health priorities systematically, fostering coordination and alignment. Frameworks include mechanisms for implementation, evaluation and continuous improvement, enabling long-term sustainability for collaborative action in community health and wellness initiatives.

Without a common framework, teams working to address priorities face significant constraints in defining and planning their efforts, an issue that is further compounded when collaborating and aligning with other teams addressing related priorities. Additionally, lists fail to provide the means for teams to measure and assess their work, which are critical functions required for continuous improvement and systems development.

These limitations highlight the necessity of developing a wholistic Community Wellness Plan (CWP) framework. Within the context of the CWP, the framework would serve as a comprehensive and structured approach to organizing and addressing health and social priorities within Kahnawà:ke.

The Kahnawà:ke Community Wellness Plan framework

Development

As discussed above, it was determined that the development of a framework for the next iteration of our CWP was necessary. The 2024-2032 Kahnawà:ke CWP framework was developed through the synthesis of data and information derived from the activities listed below. (Note: a comprehensive overview and description of each of these activities is provided in the CWP Methods chapter of this report.)

- An extensive literature review of Indigenous and Haudenosaunee concepts, models, frameworks, indicators and measures related to health, wellness and well-being. Some key conceptual models, frameworks and tools were highlighted in the section above.
- A jurisdictional scan (also sometimes referred to as an *environmental scan*) of existing Haudenosaunee health, wellness and well-being–related systems, programs and service delivery models.
- Extensive community engagement in Kahnawà:ke. This consisted of focus groups (with key stakeholders at service organizations and with community members more broadly), individual interviews, social events (community-based and organizational) and working meetings with health, social, educational and environmental organizations and individuals from across the community.
- A comprehensive review of Kahnawà:ke organizational and statistical documents (e.g., annual reports, strategic plans, proposals, indicator reports).
- Validation sessions with community members in open-attendance sessions and with Onkwata'karitáhtshera.

The CWP was developed by acting upon the strategic recommendations of the 2023 CHP Evaluation Report. This highlighted the need for a wholistic approach that incorporates Haudenosaunee and Kanien'kehá:ka worldviews and concepts, as well as the importance of family orientation, upstream prevention, early intervention and the SDIH. The CWP framework was therefore deliberately developed in alignment with the following foundational orientations, approaches and concepts (note that these are not listed in order of priority status):

- Wholistic approach to health, wellness and well-being
- Strengths-based, with a focus on action and empowerment
- Haudenosaunee and Kanien'kehá:ka worldview and concept integration
- Family and community orientation
- Community-informed, participatory and inclusive
- Social determinants of Indigenous health integration
- Upstream prevention and early intervention focus
- Alignment with re-indigenizing (decolonizing) and self-determination
- Systems development and strengthening

CWP Conceptual Framework

The CWP framework is conceptualized by three interrelated concentric circles, within which the CWP's domains[1] are framed.

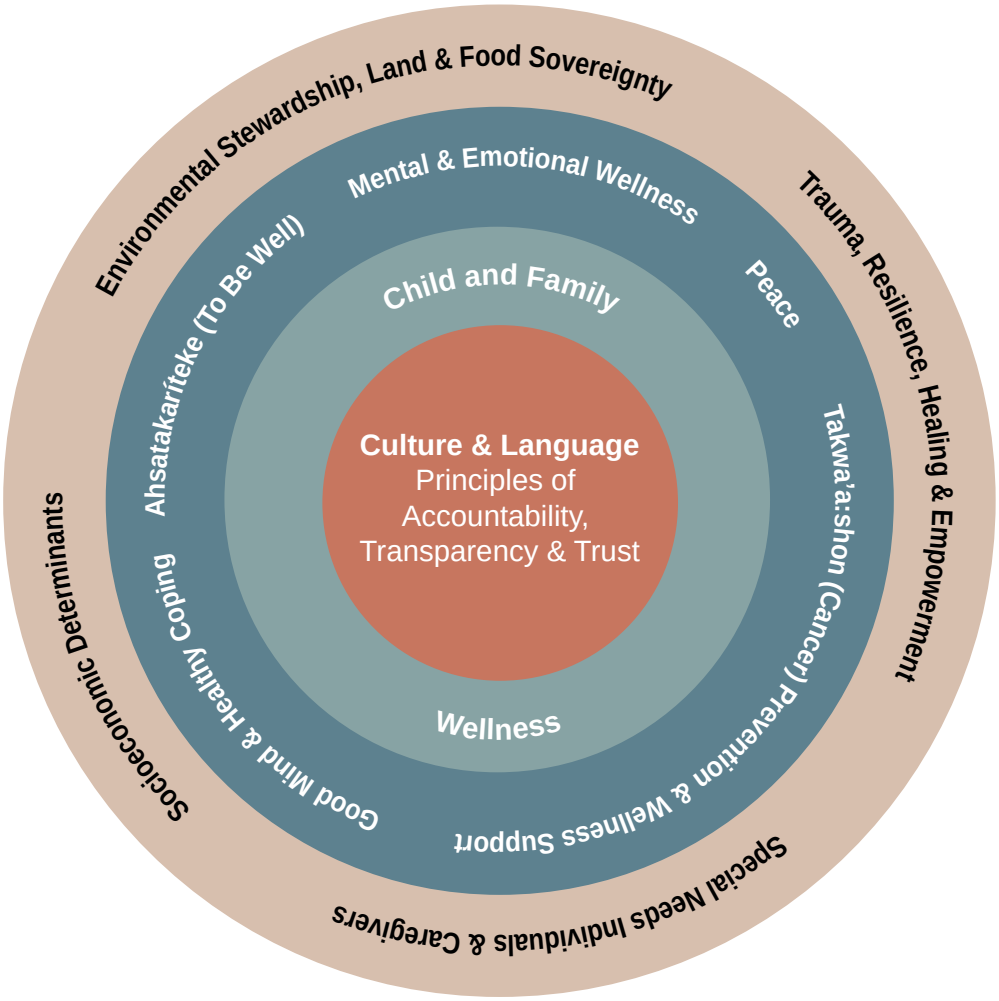


Figure 15: Kahnawà:ke's Community Wellness Plan Framework

1 In the context of the Community Wellness Plan (CWP), domains refer to the plan's priority areas. These are discussed in more detail later in this chapter.

The ***outer circle*** is comprised of four CWP priority domains that reflect the vital concepts of **social determinants of Indigenous health, equity and inclusion**. The inclusion of these domains represents a paradigm shift in the community's approach to health and wellness planning. This paradigm shift aligns with work by other Indigenous communities, organizations and researchers across the globe, relating to the urgency and importance of framing all community health and wellness-related work using a SDIH, equity and inclusion lens.

This outer circle forms the fundamental frame of reference through which all domains must be understood, assessed and addressed. This circle is comprised of the following domains: *Socioeconomic Determinants* (within Kahnawà:ke's CWP context, this is focused on housing, employment, income and poverty sub-domains); *Environmental Stewardship, Land & Food Sovereignty*; *Trauma, Resilience, Healing and Empowerment*; and *Special Needs Individuals and Caregivers.*

The inner circle encompasses **six health and wellness-related domains that have been identified as ongoing community priorities for the past 25+ years**. This circle represents the importance of building upon and sustaining the community's progress in addressing these six domains. The domains are *Child and Family Wellness*; *Mental and Emotional Wellness*; *Good Mind and Healthy Coping*; *Peace*; *Ahsatakaríteke*; *and Takwa'a:shon (Cancer) Prevention & Wellness Support*.

It is important to specifically highlight that the Child and Family Wellness domain is closer to the centre to reflect the child and family focus of the entire CWP framework. There are strong and self-evident interrelationships between this domain and every other domain in the CWP framework.

The inner circle grounds the entire CWP framework, highlighting the critical importance of the CWP's principles of transparency and accountability – and their derivative, trust. These principles, in turn, are underpinned by Haudenosaunee values, culture, wisdom and knowledge – as clearly reflected by the Creation Story, Kaianerehkó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen (Thanksgiving Address), the Seven Generations Principle and the Two Row Wampum.

Culture and language are at the centre of the CWP framework as both a set of principles and a domain. This is because tsi niionkwarihò:ten tanon Kanien'kéha (our cultural ways and our language) are the threads that bind the domains together. They are and need to be integrated in every domain and all we do for community wellness to flourish. Practising them is both a very personal journey and an organizational commitment. Language and culture have positive impacts in the long and short term for Kahnawa'kehró:non. Its central position in the framework came to be through feedback from community engagement and validation.

Approaches and tools that enable and promote transparency, accountability and trust are provided in the report's respective chapters related to implementation, change management, evaluation, research and governance.

In the following section, the framework's concentric circles and their respective domains are described in further detail. Note that the CWP report's glossary provides definitions relating to the framework's key concepts, such as *domains*, *subdomains* and *indicators*.

Building upon and Sustaining 25+ Years of Progress on CHP Priority Areas

The six health and wellness–related domains within the middle circles of the CWP framework have been identified as ongoing community priorities since the inception of the first Kahnawà:ke community health needs assessment and plan in 1998.

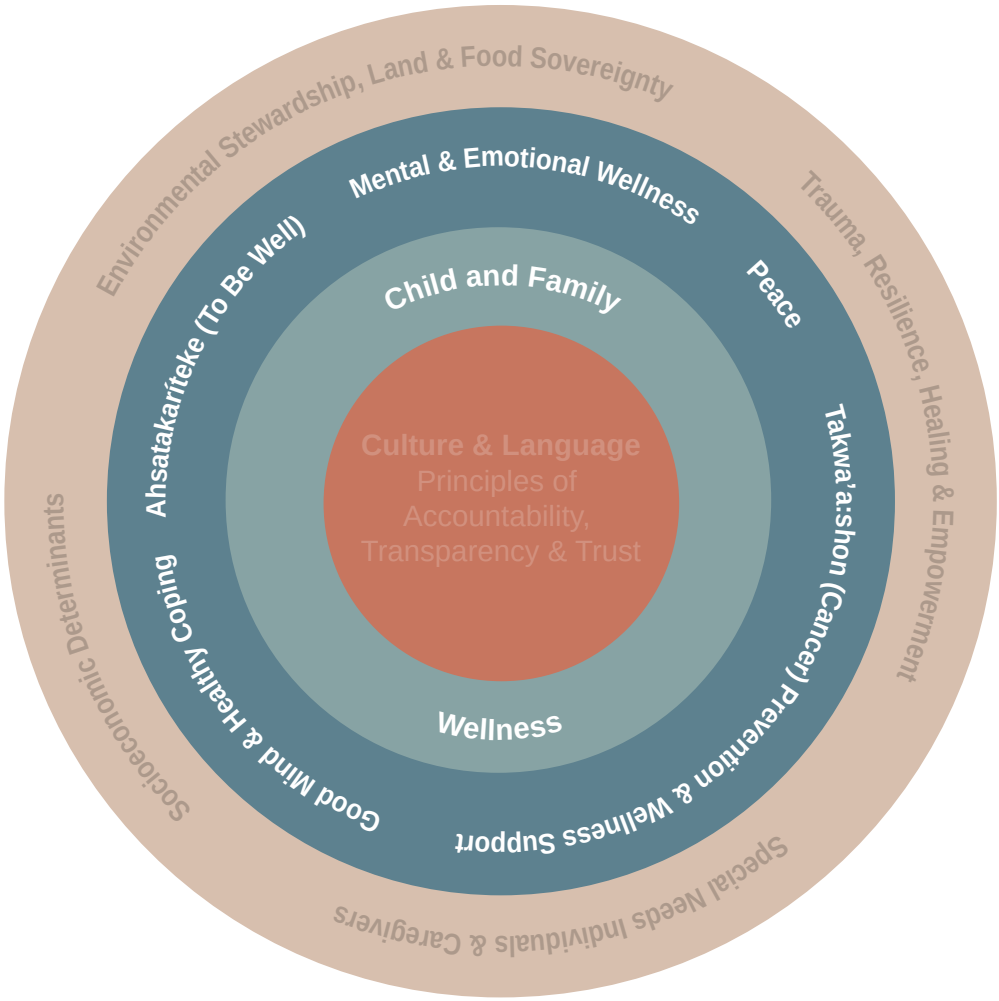


Figure 16: CWP framework with six domains higlighted, that are areas to sustain and build upon 25+ years of work and progress

These six domains are:

- Child and family wellness
- Mental and emotional wellness
- Good mind and healthy coping
    - Addressing substance use and addictions
- Peace
    - Addressing violence
- Ahsatakaríteke (to be well)
    - Addressing chronic illnesses and diseases, and healthy living
- Takwa'a:shon (Cancer) Prevention & Wellness Support

This represents the importance of building upon and sustaining the community's progress in addressing these six domains.

The extensive CWP community engagement, statistical data (e.g., in the Health Portraits) and Kahnawà:ke's key organizational strategic documents (e.g., annual reports and strategic documents) all reaffirmed and validated the need to continue to address or revisit the domains identified as priorities in previous Kahnawà:ke Community Health Plans (CHPs), evaluations and needs assessments. Data in health inequalities and inequities also inform these domains. For example, the Health Portraits data showed how, over a more than 20-year period, several chronic disease (diabetes, COPD, hypertension) are disproportionately higher in Kahnawà:ke compared to surrounding regions and that such conditions affect many community members.

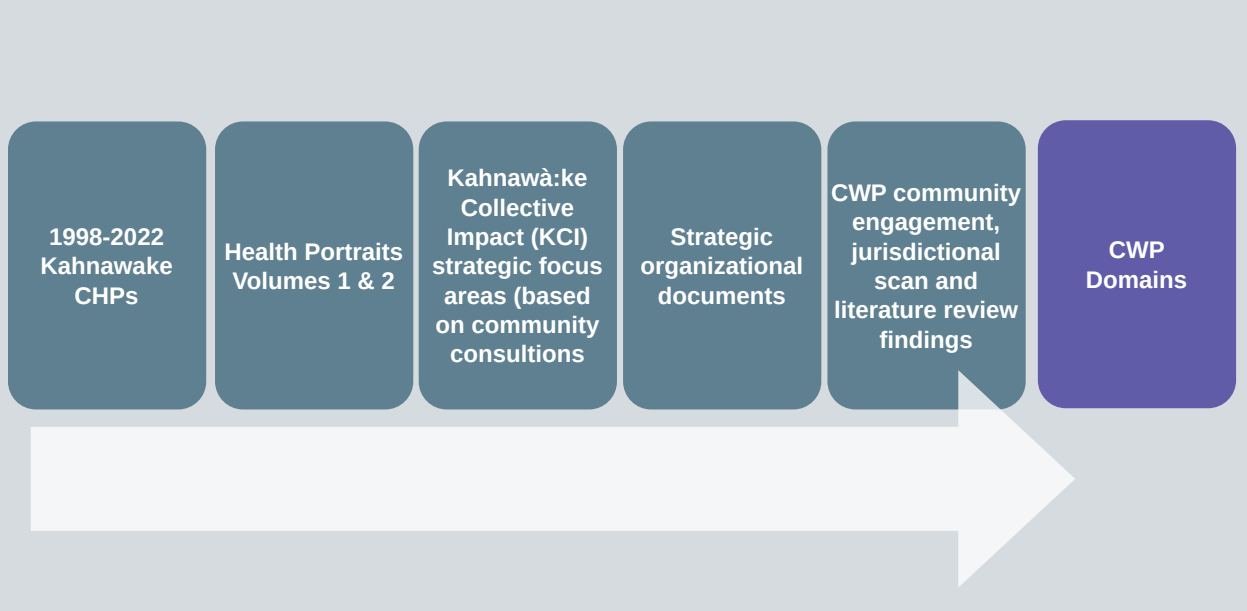


Figure 17: Sources for the development of CWP domains

Although these domains are distinct, they are often strongly interrelated. For example:

- Mental and Emotional Wellness, Good Mind and Healthy Coping, and Peace
- Takwa'a:shon (Cancer) Prevention & Wellness Support, and Mental and Emotional Wellness
- Ahsatakaríteke, and Mental and Emotional Wellness

This emphasizes the need for all domains to have subcommittees to ensure close communication, coordination, collaboration and alignment. The ***Child and Family Wellness*** domain in particular has strong interrelationships with every other domain within the CWP framework and warrants special consideration, as further explored and described below.

Child and Family Wellness Domain

It is important to specifically highlight that ***Child and Family Wellness*** reflects the child and family focus of the entire CWP framework. There are strong and self-evident relationships between this domain and every other domain in the CWP framework. The importance and relevance of this domain was validated and reaffirmed by virtually all CWP focus groups and individual interviews, organizational reports (e.g., *Kahnawà:ke Child and Family Services Plan*), Kahnawà:ke Collective Impact (KCI) data and strategic activities, as well as Volume 2 of *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* (2023), as reflected by its first chapter, entitled "Early Childhood and Family Wellness."

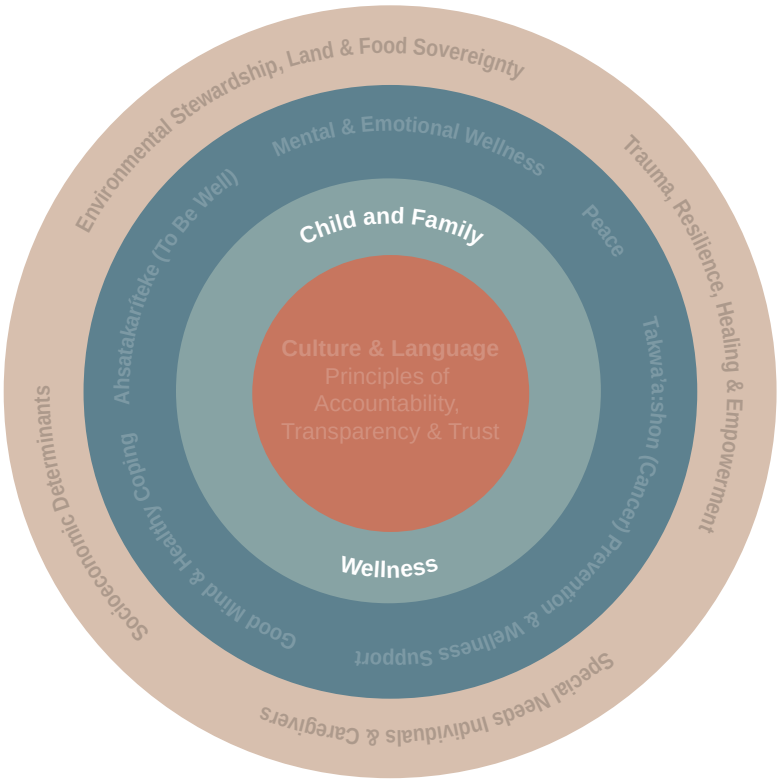


Figure 18: CWP Framework highlighting Child and Family Wellness Domain

Furthermore, the prioritization of this domain very strongly aligns with the present policy context of Indigenous communities and organizations across Canada. This is clearly reflected by strategic developments such as the ***National Advisory Committee on First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' framework***, the ***National Indigenous Early Learning and Child Care (IELCC) Framework***, and work by the ***National Collaborating Centre for Indigenous Health (NCCIH)***.

The CWP was also deliberately developed in alignment with the strategic recommendations of the 2023 CHP Evaluation Report, which reflected the importance of integrating Haudenosaunee worldviews and concepts. Therefore, it is important to recognize that the concept of "*family*" in Haudenosaunee culture and tradition is central to Haudenosaunee conceptualizations and understandings of health, wellness and well-being. First, the concept of family is not only narrowly limited to children and their parents or guardians/ caregivers. In her thesis, B. Freeman contextualizes the concept of family within the ***Haudenosaunee Worldview Healing Model***, which is community and Nation-oriented, and rooted in deeply interconnected relationships, values and principles (Freeman 2004). It highlights the Haudenosaunee family's and community's emphasis on respect, harmony, sharing, caring, generosity, equality, reciprocity, cooperation and responsibility. Central to this worldview is the importance of children, community, family, Nation, and the wisdom of Elders and ceremonies. The Haudenosaunee Worldview Healing Model is further explored in the Child and Family Wellness Domain chapter.

The Child and Family Wellness domain is therefore a fundamental and integral component of the overall CWP framework, providing key considerations through which all other domains must be understood and addressed. In turn, the child and family orientation of the CWP necessitates recognizing and addressing the social determinants of Indigenous health, as well as equity and inclusion. This is why we incorporate them into the CWP framework, as described in the following section.

Integrating the Social Determinants of Indigenous Health, Equity and Inclusion

There is strong consensus stemming from the CWP consultations and literature that it is critical to frame the CWP using a ***social determinants of Indigenous health, equity and inclusion*** lens (Loppie, C. and Wien, F. 2022). This is reflected by the fact that the social determinants of Indigenous health (SDIH) are now policy, organizational and research priorities of Indigenous communities and organizations across North America. Organizations such as the Canadian National Collaborating Centre for Indigenous Health (NCCIH), US Centers of Disease Control and Prevention (CDC), US National Network of Public Health Institutes (NNPHI) and Seven Directions Center for Indigenous Public Health are now increasingly focused on advancing and operationalizing the concept of SDIH.

"Discourse about the social determinants of Indigenous health is not new. In fact, among Indigenous Peoples, it is centuries old. Since the early days of colonialism, Indigenous Peoples have been proclaiming the health harming effects of oppressive political, economic, and social structures and systems. During the past 25 years, national and international initiatives such as the Royal Commission on Aboriginal Peoples (Canadian Institute for Health Information [CIHI], 2004), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations, 2018), and the Truth and Reconciliation Commission (TRC) of Canada (TRC, 2015a) have confirmed these assertions and espoused Indigenous self-determination and equity as vital pathways to wellness."

(Loppie, C. and Wien, F. 2022)

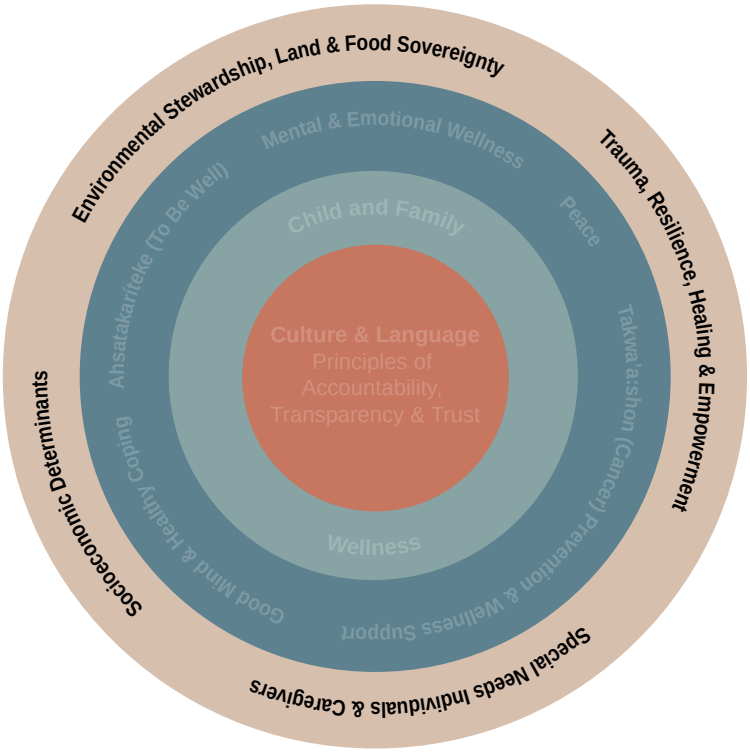


Figure 19: CWP Framework with Social Determinants of Indigenous Health, Equity and Inclusion highlighted

The inclusion of the SDIH, equity and inclusion lens also enables us to use the CWP to reflect, build upon and support related work and initiatives by the community's organizations – such as KSCS, KMHC, Step by Step Child and Family Center, Kahnawà:ke Environmental Protection Office (KEPO), Kahnawà:ke Schools Diabetes Prevention Program (KSDPP), and Kahnawà:ke Collective Impact (KCI) (this list is just a shortlist of examples and is not exhaustive).

Models and Frameworks for the Social Determinants of Indigenous Health

Over the past two decades, several rigorous models and frameworks of SDIH have been developed. They enable a deeper understanding of the complex mechanisms by which SDIH differentially influence and impact the physical, emotional, mental and spiritual dimensions of health among Indigenous children, youth and adults – and Indigenous communities at large. Within the literature and body of evidence related to Indigenous health and wellness, a fundamental and foundational SDIH model that has emerged is the ***Integrated Life Course and Social Determinants Model of Aboriginal Health***. This model, which is also called the Social Determinants of Indigenous Peoples' Health model, is thoroughly described in the SDIH chapter of this report, but a summary is provided below as well (Reading, C. and Wien, F. 2009).

The model conceptualizes three levels of SDIH: proximal, intermediate and distal. *Proximal determinants* include health behaviours, physical environments, employment and income, education and food security. *Intermediate determinants* include health care systems, educational systems, community infrastructure, environmental stewardship and cultural continuity. Distal determinants include colonialism, racism and social exclusion, and self-determination. The model was updated in 2022 using a Tree Metaphor that provides a comprehensive, wholistic and culturally anchored SDIH framework (Loppie, C. and Wien, F. 2022). This metaphor is titled *the Social Determinants of Indigenous Peoples' Health Tree Metaphor*.

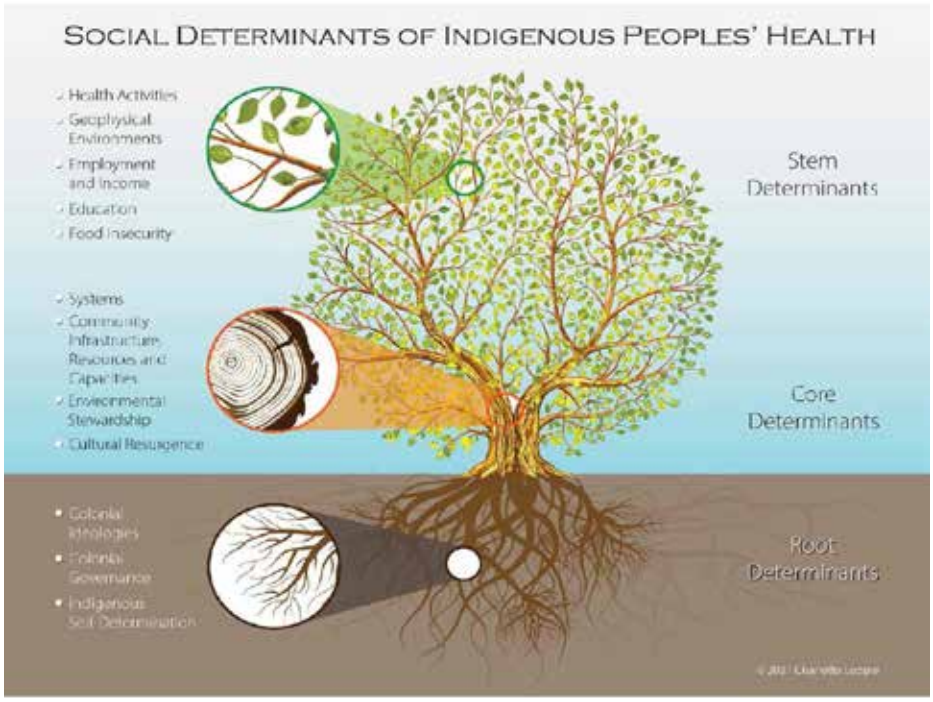


Figure 20: Understanding Indigenous health inequalities through a social determinants model. National Collaborating Centre for Indigenous Health. © 2022 National Collaborating Centre for Indigenous Health (NCCIH). (Loppie, C. and Wien, F. 2022, p. 12)

The CWP engagements and consultations, organizational documents and statistics validate the importance of recognizing and addressing the SDIH. In particular, the following SDIH domains were clearly identified as of particular importance to the community:

Level of Social Determinant of Indigenous Peoples' Health	Community Wellness Plan Domain
Stem (socioeconomic) determinants	• Housing, Employment, Income and Poverty Domain
Core determinants	• Environmental, Land and Food Sovereignty Domain • Culture and Language Domain
Root determinants	• Trauma, Resilience, Healing and Empowerment Domain
Equity & inclusion focus	• Special Needs Individuals and Caregivers Domain

A focus on **equity and inclusion** is at the heart of the SDIH model; therefore, the Special Needs Individuals and Caregivers domain is considered as an integral domain that must be understood within the context of SDIH. This domain also aligns with the 2023 CHP Evaluation Report's recommendation that the new CWP should "expand upon 'Developmental Disabilities', to encompass broader special needs (i.e. beyond Attention Deficit Disorder, Autism, Asperger's and Down Syndrome)."

Note that Language and Culture is also considered a core determinant. The SDIH, equity and inclusion domains, including dedicated language and culture initiatives and supports, provide critical considerations or "lenses" through which all the CWP domains need to be understood and addressed. In other words, the SDIH is the CWP's fundamental frame of reference.

Foundational Principles

The CWP consultations and engagements with community members validated and reaffirmed the importance for all CWP-related activities to be underpinned by language and culture and the principles of accountability, transparency and trust. Accountability and transparency – and their derivative, trust – were also all clearly identified in the 2023 CHP Evaluation Report as key principles that must drive the future CWP.

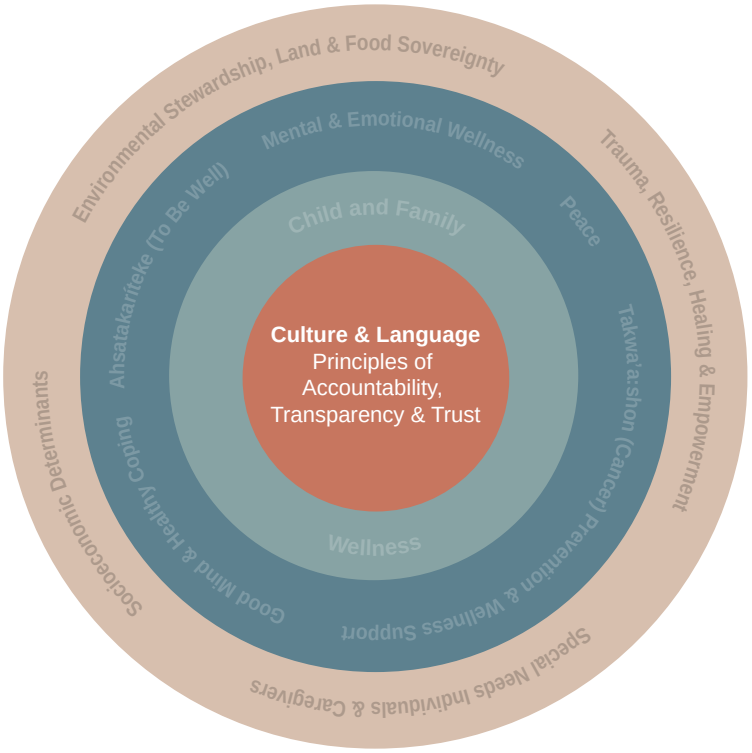


Figure 21: CWP framework with the principles of culture and language, accountability, transparency and trust highlighted

The three key principles of good governance are embedded in our language and culture and in Kanien'kehá:ka values. They align with the fact that the Haudenosaunee Confederacy has the oldest participatory democracy on Earth, as demonstrated by the Haudenosaunee Confederacy's Constitution, which blends and harmonizes law, principles and human values (Horn-Miller 2013). Principles related to accountability, responsibility, honesty and trust are all clearly reflected by the Creation Story, the Great Law of Peace (Kaianerehkó:wa), the Seven Generations Principle and the Two Row Wampum – all of which shape the beliefs, worldviews and values of our community as Kanien'kehá:ka of Kahnawà:ke.

*"One of the most important events that shaped the Haudenosaunee was the creation of the **Gayanashagowa [Kaianerehkó:wa], the Great Law of Peace**. It has guided the Haudenosaunee through all aspects of life, and reveals the ways in which the Peacemaker's teachings emphasized the power of reason, not force, to assure the three principles of the **Great Law**: **Righteousness**, **Justice**, and **Health (Peace-Skén:nen, Power-Ka'shatsténshera', Righteousness/Good Mind-Ka'nikonhrí:io)**. The Great Law of Peace provides the Haudenosaunee people with instructions on how to treat others, directs them on how to maintain a democratic society, and expresses how Reason must prevail in order to preserve peace."*

Haudenosaunee Guide for Educators, Smithsonian National Museum (Smithsonian 2009)

The CWP's Principles also align with the 2009-2029 Shared Community Vision.

2009-2029 Shared Community Vision

We are proud and confident about our future.

In 2029, Kahnawa'kehró:non know, understand and live our roles and responsibilities as Onkwehón:we. Onkwehonwehnéha (Kanien'kéha) is the main language of communication in the home and community. Through our language and the daily practice of our culture we promote our strong collective identity. Kaianere'kó:wa with its teachings of Skén:nen, Ka'satsténhsera and Ka'nikonhrí:io, is our guiding principle.

Kahnawà:ke is a socially, politically and spiritually unified community. All Kahnawa'kehró:non respectfully co-exist harmoniously and peacefully in a clean and safe environment. We are a community of close-knit families maintaining our connection with each other, where elders are admired, treasured and called upon; where children are safe, provided guidance and loved. We are well on the path to healthy mind, body and spirit. We live and teach our spirituality through our ceremonies and festivals as a way of elevating our spirit.

Kahnawà:ke is an independent self-governing community in control of our opportunities. All people are treated equally. The people are the government and have a voice in the direction of the future.

We are an economically self-sufficient community with an expanded land base, where individuals are provided opportunities and encouraged to succeed. All Kahnawa'kehró:non are well and fully-educated in mainstream and Onkwehón:we philosophies, confident in who we are.

We live in respectful co-existence with the peoples of the world and Mother Earth. We protect and defend our determination and territory with decisions based on our principles. We are proud and confident about our future.

The CWP's *Implementation, Change Management and Evaluation* and *Governance* chapters provide mechanisms and tools to enable and ensure accountability and transparency in the ways the CWP is planned, implemented and evaluated.

For example, the Implementation, Change Management and Evaluation chapter provides tools such as action plans and conflict resolution mechanisms that directly foster and promote transparency and accountability. Tools such as evaluation frameworks/logic models, quality improvement frameworks and research guidance (e.g., Codes of Research Ethics) promote full transparency and accountability related to these functions. The Governance chapter provides details regarding mechanisms of accountability and reporting for the CWP and highlights that as part of the 2024-2032 CWP, discussions of Onkwata'karitáhtshera's overall governance structure are planned to support and strengthen the governance of global health and social services.

Each CWP domain has a dedicated chapter that provides comprehensive frameworks, indicators, assessment tools, evidence and literature. This ensures that as CWP partners, we can work using evidence and tools that are robust, reliable and transparent.

A Population Health Approach, with a Focus on Equity

A *Population Health Approach* to planning and implementing the CWP is advised, with a special focus on equity. The Public Health Agency of Canada defines population health as "an approach that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health" (Public Health Agency of Canada 2012).

Within the context of Kahnawà:ke's Community Wellness Plan, a population health approach entails using a community-based wholistic and inclusive approach to addressing wellness, focused on equity and underpinned by strong and trusting relationships. The approach uses data on the key factors that are relevant to the health and wellness of the community (e.g., demographic, gender, epidemiological, social determinants of Indigenous health), with a focus on recognizing and addressing the needs of potentially vulnerable or marginalized individuals and groups in the community. The Health Portraits serve as extremely useful sources of data to enable this population health approach.

The population health approach is well aligned with our community values and culture, which deeply reflect the importance of equity, fairness, interconnectedness, inclusiveness and solidarity. These concepts are reflected in the Kaianere'kó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen (Thanksgiving Address) and Kahswéntha (Two Row Wampum). Furthermore, as a traditionally matrilineal[2] society, gender equity and equality are exhibited through the inclusion of Haudenosaunee women's voices in decision-making processes.

> *"Over generations of time, Elders have spoken of the traditions and values of a society which respects and dignifies each of its members equally, a basic philosophy of inclusion. That is who we are. Today, we must work together to find ways to return to our true teachings."*
>
> Step by Step Child and Family Center

The CWP's population health approach must also proactively address and measure the accessibility and availability of services and account for key influencing factors such as demographics, gender and other social determinants of Indigenous health. It must also account for how health, social and educational systems align with the community's culture, language, traditional healing and medicines, and key community-led practices and approaches related to wellness. These measures are crucial for accountability and improving system performance and outcomes.

2 "'Matrilineal' and 'matriarchal' can be interchangeable terminology, depending on the context. 'Matriarchy' can have the connotation that the power between men and women is unequal. However, both [women and men] have roles, and men sit as Chiefs, but they have their counterparts in the clan mothers. Women controlled the household and are specifically in charge of carrying of family clans, names, lineage and putting up Chiefs." (Correspondence with Mary McComber, Tsi Niionkwarihò:ten Coordinator at KSCS, March 2024)

“Data permitting, future health reports could include not only biological sex-differences between women and men, but also an additional level of distinction, by taking into account differences and similarities from a diverse gender perspective.”

(Onkwata’karitáhtshera 2023)

Photo courtesy of Luke McGregor

Implementation of the Final Evaluation Report of the 2012-2022 Community Health Plan Strategic Recommendations

It is also important to recognize that the 2024-2032 CWP community consultations and engagements validated and reaffirmed the need for Kahnawà:ke's key organizations and governing bodies to develop and implement plans to proactively address the strategic recommendations of the 2023 Community Health Plan evaluation report (Onkwata'karitáhtshera 2023). There was an emphasis on recommendations relating to staff wellness and burnout (in both public and private sectors) and the strengthening and integration of Kahnawà:ke's key systems (e.g., health, social and educational systems).

The relevance and importance of supporting the community's sustainable economic development was also emphasized and validated during the CWP engagement process. Community members reaffirmed the importance of a robust, sustainable and inclusive long-term economic development strategy. This is further validated by Kahnawà:ke Collective Impact's (KCI's) community engagement findings and strategic focus on economic development. There seems to be a universal desire for an economically independent community with high employment rates, educated community members, a strong sense of identity, and more community-owned and -operated businesses which are aligned with community values and interests.

It is important to clearly highlight that all these areas are strongly aligned with Kahnawà:ke's 2009-2029 Shared Community Vision. There is strong alignment with the Tewatohnhi'saktha, KSCS, KMHC and MCK strategic plans and with grassroots community-based initiatives such as KCI. Our continued alignment with these strategies and initiatives is critical in working towards a common vision of a self-sustained community that creates well-being and prosperity for Seven Generations, in accordance with Kanien'kehá:ka cultural values.

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4. Culture and Language Domain

4. Culture and Language Domain

Highlights

- Kanien'kehá:ka culture and Kanien'kéha language are vital to the health, wellness, and well-being of Kahnawa'kehró:non. Culture and language are both strong determinants and reflections of the health and wellness of Kahnawa'kehró:non.
- Research demonstrates significant interconnections between Haudenosaunee culture and all dimensions of wholistic health and wellness, underscoring culture and language as *core Social Determinants of Indigenous Health* (SDIH).
- Culture and language are at the heart of the CWP framework, forming the fundamental frame of reference for all other domains. Haudenosaunee values, culture, wisdom and knowledge therefore ground and guide the community's journey of wellness – as clearly reflected by The Creation Story, Kaianere'kó:wa (The Great Law of Peace), Ohèn:ton Karihwatéhkwen, The Seven Generations Principle and the Two Row Wampum.
- Our dedication to revitalizing language in Kahnawà:ke is exemplified through culture and language programs, alongside legislative actions designed to integrate Kanien'kéha within organizations and community life. Community-wide engagement in culture and language initiatives shows our collective resolve to ensure cultural continuity and language revitalization.
- Frameworks that can inform initiatives related to culture and language in Kahnawà:ke include the Cultural Connectedness Scale for First Nations Youth, the Indigenous Connectedness Framework, and the NEXTOLṆEW̱ "One People, One Mind" Language Learning Assessment Tool.
- Several culture and language indicators for Kahnawà:ke are available. Updated comprehensive data can support assessing the current state of culture and language to inform ongoing and future initiatives.
- Going forward, we plan to continue promoting strategic alignment and coordination between culture and language initiatives, collect data systematically, and integrate of cultural safety and competency frameworks into health, social and education sectors.
- Key strategies specific to Kahnawà:ke gleaned from the literature and community engagement are supporting intergenerational language use in the home, developing activities that foster a community of speakers, working more closely with Elders, and promoting further connection to the natural world. The pivotal role that Elders and adult second-language speakers play in the revitalization of Kanien'kéha and culture in Kahnawà:ke should also be recognized and supported.

Background and Context

> *"In 2029, Kahnawa'kehró:non know, understand and live our roles and responsibilities as Onkwehón:we. Onkwehonwehnéha (Kanien'kéha) is the main language of communication in the home and community. Through our language and the daily practice of our culture we promote our strong collective identity. Kaianere'kó:wa with its teachings of Skén:nen, Ka'satsténhsera and Ka'nikonhrí:io, is our guiding principle."*
>
> 2009-2029 Shared Community Vision Statement

It is impossible to overstate the critical importance of Kanien'kehá:ka culture and Kanien'kéha language to the health, wellness and well-being of Kahnawa'kehró:non. This has always been well known and acknowledged in the community. There is growing support for this link in evidence from academic research, which is reflected across different policies (Devanathan, R. 2023; Masotti, P. et al. 2023; Loppie, C. and Wien, F. 2022; Stacey, K. 2016; Seven Directions: A Centre for Indigenous Public Health 2019). There is a resounding agreement that culture and language are essential for the survival and well-being of Indigenous communities (Masotti, P. et al. 2023).

There is a growing and compelling body of research evidence that clearly show culture and language as key determinants and manifestations of Indigenous health, wellness and well-being. For example, a 2023 study titled The Culture Is Prevention Project provides clear evidence that "Indigenous culture is significantly associated with better mental health/well-being and satisfaction with life, good physical health days, and decreased risk for depression and substance abuse" (Masotti, P. et al. 2023). Additionally, research and knowledge translation and exchange (KTE) organizations such as the National Collaborating Centre for Indigenous Health (NCCIH) provide a robust evidence base showing that culture and language are core social determinants of Indigenous health (SDIH) (Loppie, C. and Wien, F. 2022; National Collaborating Centre for Indigenous Health 2016; Reading, C. and Wien, F. 2009).

Culture and Identity in Relation to Mental Wellness for the Haudenosaunee Nations

Research on mental health and wellness has shown that there is a link between positive cultural identity and greater mental wellness (Masotti, P. et al. 2023; National Collaborating Centre for Indigenous Health 2016). The scientific evidence base specific to Haudenosaunee peoples, including the Kanien'kehá:ka Nation, is also strong and increasing. The thesis titled "Culture and Identity in Relation to Mental Wellness for the Haudenosaunee Community" (Rammiyaa Devanathan, Western University, 2023) explores the relationship between ***culture, identity and mental wellness*** within a Haudenosaunee community, specifically a group of participants in a program called the Firekeepers (Devanathan, R. 2023).

The study emphasizes the inadequacy of Western mental health interventions that often overlook the wholistic and interconnected nature of Indigenous healing practices. The study underlines the importance of cultural revitalization and the strengthening of cultural identities for improving mental wellness among the Haudenosaunee people. It showcases the positive effects of engaging with cultural practices, such as the Firekeepers cultural program, which facilitated a sense of belonging, cultural pride, and community among participants, thus enhancing their mental wellness.

The historical context provided in the thesis outlines the devastating impact of forced assimilation policies, such as residential schools and the Sixties Scoop, on the social, cultural and psychological well-being of Indigenous communities. These policies not only severed the connection of Indigenous peoples to their knowledge, traditions and spirituality but also instigated a cycle of intergenerational trauma. The thesis advocates for a shift away from deficit-based frameworks towards approaches that recognize and integrate the strengths, resilience and wholistic perspectives inherent in Indigenous healing practices.

Devanathan's work suggests that a strong sense of cultural identity acts as a protective factor against mental health challenges. By highlighting the positive impacts of cultural reconnection, the study identifies themes of purpose, belonging, safety, community contribution, spiritual connectedness and cultural pride as essential components of mental wellness. It supports the therapeutic value of cultural practices, the importance of spiritual balance, and the role of continuous cultural learning in fostering resilience and strengthening identity among Haudenosaunee people.

"These things [loss of culture and language] threaten the health of the community and their wellness as well as the health of the ecosystems and the ability to both preserve and pass on traditional ways of life and knowledge."

"Knowing who you are as a Kanien'kehá:ka person and what that means, that's really important to our identity and our wellness."

"We need increased language and cultural services... to relearn who they are and what it means to be Kanien'kehá:ka... teaching language, teaching their identity, you see the renewed sense of pride in their everyday being, and that gets carried down to their families."

CWP engagements

The Pivotal Role of Elders and Adult Second-Language Speakers in Preserving and Transmitting Kanien'kéha to Future Generations

Ientsitewate'nikonhraié:ra'te Tsi Nonkwá:ti Ne Á:se Tahatikonhsontóntie. We Will Turn Our Minds There Once Again, to the Faces Yet to Come is a powerful and valuable thesis focusing on revitalization of the Kanien'kéha language in Kahnawà:ke (Stacey, K. 2016).

This study is based in Kahnawà:ke and sheds light on the pivotal role of Elders and adult second-language speakers in preserving and transmitting the language to future generations. Rooted in a deep connection to her culture and personal journey in learning and teaching Kanien'kéha, Stacey's work underscores the challenges and successes faced by the community in its efforts to revive the language amid historical and contemporary adversities.

> *"When previously describing the state of Kanien'kéha in Kahnawà:ke relative to Fishman's scale, it was stated that Kahnawà:ke's situation would be defined as threatened (Fishman, 1991). This description was also compared to UNESCO's 2009 framework (Lewis & Simons, 2009), where language in Kahnawà:ke would be described as being in an endangered state. In similar terms, Nettle and Romaine (2000) state that "languages are at risk when they are no longer transmitted naturally to the children in the home by parents or other caretakers" (p.8). This means that although we have been making progress in our efforts, Kanien'kéha in Kahnawà:ke remains at risk, threatened and endangered until we see many strong first language speakers emerging as well as intergenerational use of the language spanning three generations."*
>
> (Stacey, K. 2016)

Stacey's research highlights the significant strides made in Kahnawà:ke over the past four decades, transitioning from a period marked by colonial educational policies that eroded Kanien'kéha fluency to a vibrant movement of language revitalization spearheaded by community-led initiatives. These include the establishment of cultural centres, immersion schools, teacher training programs and legislative efforts aimed at embedding Kanien'kéha within educational, familial and public domains. At the heart of this movement are the adult second-language speakers, whose motivations for learning Kanien'kéha are deeply intertwined with desires to connect with their cultural identity, communicate with Elders and family members, and contribute to the survival of their language.

The study advocates for a wholistic, community-oriented and kin-centric approach to language revitalization. It emphasizes the cultivation of Kanien'kéha-speaking relationships within and beyond the community. This approach includes increased support in creating Kanien'kéha-speaking homes, a supportive network of speakers, and the involvement of Elders in language-learning processes. Recommendations

include family-oriented gatherings, support for bilingual households, advanced language classes and specialized learning opportunities focused on ceremonial oratory.

Stacey's findings reflect a community-wide commitment to the revitalization of Kanien'kéha, highlighting the essential role of Elders and second-language speakers in leading the language movement. Their efforts not only contribute to the vitality of Kanien'kéha in Kahnawà:ke but also inspire a collective vision for a future where the language is normalized and cherished across generations. Continued support and innovation in language planning and resources are necessary.

> *"We are coming to a critical time, and they now need the most support to ensure they have the ability to carry the language on for the next generations."*
>
> (Stacey, K. 2016)

First-Language Speakers and the Extreme Urgency of Revitalizing Kanien'kéha in Kahnawà:ke

"Why is culture and language important? It's what made us survive. You have to put it there [in the CWP report]. This is for our survival!"

"The first language speakers are getting quite old now, too. So, I feel like it's a time-sensitive thing."

"We have maybe ten years for first language speakers, if we're lucky. Ten to twenty, maybe."

"… losing the language …equates to losing the culture."

CWP engagements

First-language speakers of Kanien'kéha in the community are a small and precious group. The shorthand of "L1" can be used to refer to this group of people who learned Kanien'kéha as their first language (Saville-Troike and Barto 2016). Most first-language speakers are of the generation who are now Elders. This trend is referenced in the work by Martin Renard in his 2022 paper titled "Re-establishing Inter-generational Transmission in Kanien'kéha through 'Authentic' L2 Speakers: A Case Study on Idiomatic Expressions." Renard explores the loss of the Kanien'kéha language and, through a case study on idioms, presents recommendations for revitalization efforts and intergenerational transmission (Renard, M. 2022). With less than 700 fluent Kanien'kéha speakers across Kanien'kehá:ka communities in Quebec and Ontario, the situation is alarming and at a critical point (Renard, M. 2022).

Kanien'kéha language decline is attributed to a breakdown in the natural transfer of language and cultural knowledge across generations, largely due to the cultural genocide engineered by colonialism. Colonization is a process that suppresses the Kanien'kéha language, for example through historical injustices such as the residential school system.

Renard's work highlights the pivotal role of adult cultural and language immersion programs in creating new L2 "second language speakers," who will then go on to raise their children as L1 "first language speakers," and the challenge of bridging the language gap in adults to ensure that they have the skills to raise their children as authentic Kanien'kéha speakers (Renard, M. 2022).

Although various strategies and infrastructure developed across Kanien'kehá:ka communities such as school-based immersion programs, post-secondary courses and the creation of pedagogical materials make Kanien'kéha accessible to different age groups and support the language, achieving

language proficiency among children remains a significant challenge.

This case study concludes that adult immersion programs are a critical element for language revitalization, highlighted by their success in creating new second-language speakers who are, in turn, raising first-language speakers. Programs face challenges ensuring "authentic" language and fluency in Kanien'kéha, which can be reflected in the use of idiomatic expressions and humour, for example. Interactions between first-language speakers and adult second-language learners, and young children learning their first languages, are vital for building true fluency.

"The situation of the language is thus rather alarming. The total number of speakers (666) is low, and accounts for only 1.2% of the total Kanien'kehá:ka population (i.e. living both on and off Kanien'kehá:ka territories). The "elder" L1 population (i.e. L1 adults who have had no breakage in inter-generational transmission) is small (566), and is decreasing faster than the rate at which new L2 speakers are being created (76), as most elder L1s are by definition elderly, and very few families still maintain inter-generational transmission (14). This essentially means that, without immediate action, the language may disappear within the next generation, as the last elder L1s sadly pass away."

(Renard, M. 2022)

The Policy Context: Indigenous Culture, Language and Wellness

The essentiality of culture and language for the survival and well-being of Indigenous communities is strongly reflected through the policy frameworks of major international organizations, such as:

- United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), adopted by the United Nations General Assembly through resolution A/RES/61/295
- World Health Organization (WHO) 76th World Health Assembly (WHA76) resolution titled *The Health of Indigenous Peoples*
- UN General Assembly 2030 Agenda for Sustainable Development
- The Pan American Health Organization's Policy on Ethnicity and Health
- United Nations Educational, Scientific and Cultural Organization (UNESCO) Declaration of 2022 to 2032 as the International Decade of Indigenous Languages

In Canada, culture and language were identified as priority areas by the Truth and Reconciliation Commission of Canada (2015), which released 94 calls to action relating to the impact of Indian Residential Schools and to advance the process of reconciliation. Out of the 94 calls to action, five specifically focus on culture and language, including government recognition of language rights, through the "enactment of an Aboriginal Languages Act, the appointment of an Aboriginal Languages Commissioner, the development of post-secondary degree and diploma programs in Aboriginal languages, and the reclamation of Indigenous family names" (Truth and Reconciliation of Canada 2015).

The quote below reflects the meaning and importance of culture from a Native American perspective (in this case, the term referring to Onkwehón:we or Indigenous peoples of the continental United States, which includes Kanien'kehá:ka in New York).

> *"Culture for Native Americans is not about esteem, taste, or music but rather a cognitive map on how to be. Culture can be thought of as all the things and ways in which Native people understand who they are, where they come from and how they are to interact with others. Native Americans learn these principles including beliefs, values, and behavior from traditional stories, ceremony and language instructed by family and community. It is important for Native people to engage with core elements of culture (e.g., creation stories/ mythology, ceremony, and language) because it promotes intergenerational transmission of historical and traditional knowledge, positive identity development of youth, and a strengthening of social ties within families (i.e., interdependence). Hundreds of years across many generations have taught us that culture-based activities & interventions improve our health & wellbeing."*
>
> (Masotti, P. et al. 2023)

The statement below, crafted in Kahnawà:ke, reflects the importance of language, culture and traditional teachings for sovereignty, identity and survival of Kahnawa'kehró:non.

"We the people of Kahnawà:ke, as part of the Rotinonhsón:ni (Five Nations) Confederacy;

We are, and have always been a sovereign people; we have our own laws, government, culture and spirituality;

Our lives are governed by the principles of the Kaianere'kó:wa (Great Law of Peace), a covenant made in ancient times;

We respect the covenant, for it describes our right and responsibility to govern our own affairs in our own way;

We consider this covenant to be a precious inheritance of our children, and of future generations, with which no one can interfere."

Statement and preamble developed by Kahnawa'kehró:non at a Community Decision Process Information Session, and accepted through Mohawk Council Executive Decision 34-2008/09 (Horn-Miller 2013)

Integration of Culture and Language Within Contemporary Conceptual Models, Frameworks and Tools

Culture and language are therefore now integrated as key dimensions within virtually all key Indigenous health and wellness–related conceptual models, frameworks and tools. Notable examples include (and are described in various CWP report chapters):

- The Integrated Life Course and Social Determinants Model of Aboriginal Health
- The First Nations Mental Wellness Continuum (FNMWC) model
- Honouring Our Strengths framework
- First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' framework
- Indigenous Early Learning and Child Care (IELCC) framework
- The Environmental Stewardship-Health Nexus model
- The Strategic Framework to End Violence Against Aboriginal Women
- The Seven Directions Indigenous Social Determinants of Health (ISDOH) framework
- The 10-Year First Nations Health Council's (FNHC) Social Determinants of Health Strategy
- The Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)
- Kanien'kehà:ka Growth and Empowerment Measure (The K-GEM)
- Haudenosaunee Worldview Healing Model

An additional key framework and tools that may be valuable to inform initiatives related to culture and language in Kahnawà:ke include the Cultural Connectedness Scale for First Nations Youth, For the Love of Our Children: Indigenous Connectedness Framework, and the NEȾOLṈEW̱ "One People, One Mind" Language Learning Assessment Tool. These are further described below.

The Cultural Connectedness Scale (CCS) for First Nations Youth is a validated Canadian tool developed to measure the extent to which First Nations youth are integrated within their culture (Snowshoe et al. 2015; 2017). This tool consists of a 29-item inventory with three dimensions: ***identity, traditions*** *and* ***spirituality***. These dimensions have been shown to be correlated with other youth well-being indicators. This tool could be used to measure the effectiveness of cultural programs and interventions in enhancing the cultural connectedness and overall well-being of Kahnawà:ke youth.

For the Love of Our Children: Indigenous Connectedness Framework focuses on Indigenous child wellness (Ullrich 2019). The framework is grounded in the idea that deepening understandings of Indigenous connectedness can assist with the restoration of knowledge and practices that promote child well-being. Specifically, it highlights connectedness mechanisms (e.g., environmental, community, family, intergenerational and spiritual connectedness) that contribute to collective well-being. This framework could be used to support evaluation of wholistic programs, services and initiatives.

The NEȾOLṈEW̱ **"One People, One Mind" Language Learning Assessment Too***l* was developed through partnership with University of Victoria and the Social Science and Humanities Research Council of Canada (McIvor, O. and Jacobs, P. 2016). This

tool was developed specifically for adult learners of Indigenous languages to help individuals understand where they are at in their language learning and to support and track progress. It can also be useful in formal mentor-apprentice programs. Individuals self-report on their language skills (speaking and understanding). The tool includes a fillable pdf form for beginner and intermediate levels. The tool can be accessed here: https://netolnew.ca/wp-content/uploads/2022/07/NETOLNEW_Language_Learning_Assessment_Tool-Fillable.pdf

Kahnawà:ke: At the Forefront of Protecting and Promoting Haudenosaunee and Kanien’kehá:ka Culture and Language

Kahnawà:ke has a rich history of being at the forefront of protecting and promoting Kanien’kehá:ka culture and Kanien’kéha (Stacey, K. 2016). It is important to acknowledge the Longhouses and other groups and institutions as important cultural bodies that carry and protect language and culture. We also acknowledge the Knowledge Keepers, individuals and families who maintained, preserved and practised language and culture throughout history and especially in the last 500 years, sometimes at great personal risk.

Recently, there have been more discussions and more resources available to promote language and culture in the community through organizational programs and public events. It is important to acknowledge that culture and language have been protected and shared for generations through extended families, Knowledge Keepers and cultural bodies that include the Longhouses. Many individuals and families intentionally maintained, preserved and practised tsi niionkwarihò:ten over the years, against many negative forces, allowing us to be in the space of revitalization and re-Indigenization we are in today.

The next sections focus on language and culture programs in the context of community organizations. One powerful example to frame this section is the Address from the first Echoes of a Proud Nation Pow Wow in 1991 – only a year after the events of 1990 and the Oka siege by the Canadian Armed Forces (Blundell 1993).

Address from the first Echoes of a Proud Nation Pow Wow in 1991

"We have a tradition of bringing all people together so that they might live in peace, harmony and friendship. Our theme [is] renewing our spirits … and healing the wounds created by last summer's crisis … During the last four months our committee has worked very hard to make this memorial event. Your presence here has made this dream a reality. Please join with us in this celebration of life as we show our appreciation for everything that the Creator has given us. I'm not going to do too much talking, but I just want you to know there is a few of us that started this Powwow and the purpose of [it] is to show you people that we Indians don't like wars, don't like trouble. We're a peaceful people and that is the reason we want to prove to you by putting on this Powwow … You're going to see some wonderful dancers coming from different sections of the country. By working together we're going to make Kahnawà:ke a better place to live because we want everyone to respect one another, to live peaceful like one human being. I'd like to add that the Powwow committee that worked so hard, the names should be mentioned [which the spokesperson then does]. Thank you very much."

July 13, 1991, spokesperson of the Kahnawà:ke Powwow Committee, after the completion of Grand Entry (Blundell 1993).

Kahnawà:ke's resiliency and pioneering work related to culture and language are clearly articulated in the **2009-2029 Shared Community Vision**, as well as key laws and policies such as **Kaienerenhserón:ni ne Onkwenna'ón:we Aiónston ne Kahnawà:ke (the Kahnawà:ke Language Law)**, which was signed and enacted into law by Mohawk Council Resolution (MCR #65/199-2000) on December, 20, 1999. This was followed by the **Kahnawà:ke Education Responsibility Act (KERA)** by the Kahnawà:ke Combined Schools Committee (Resolution KCSC # 2018-0917-08). The community's schools and pre-school programs all integrate language and culture in their curricula and student life, to varying degrees.

"The Kanien'kehá:ka of Kahnawà:ke acknowledge and reaffirm in this Act, herein titled, The Kahnawà:ke Education Responsibility Act (KERA), the fundamental inherent, inalienable and internationally recognized human right to freely exercise our rights to self-determination, with a view to pursue our social, cultural and educational development in accordance with our own laws and international instruments and conventions."

Kahnawà:ke Education Responsibility Act (KERA)

In Kahnawà:ke, there is considerable effort being made to preserve Kanien'kéha. In fact, there are organizations and groups that are solely dedicated to language preservation and revitalization. For example, **Kanien'kehá:ka Onkwawén:na Raotitióhkwa Language and Cultural Center (KORLCC)** is an organization of significant importance as it is solely dedicated to language and culture preservation and revitalization. Established in 1978, KORLCC works to preserve and enrich the language and culture of the Kanien'kehá:ka of Kahnawà:ke by supporting all Kahnawa'kehró:non to practise, maintain, respect, renew and enhance Kanien'kéha language, beliefs, values, customs and traditions. It does so through the development, delivery and sharing of cultural and educational activities with all peoples. It aims to ensure the continued existence of our present and future generations as Kanien'kehá:ka. Since 2002, the KORLCC offers the Kanien'kéha Ratiwennahní:rats Adult Immersion Program, a two-year, full-time adult language and culture learning course that has greatly contributed to increasing the number of second-language speakers in the community.

This philosophy is echoed by Kahnawà:ke's **Iakwahwatsiratátie Language Nest**, a Kanien'kéha immersion program for parents and caregivers of children aged 0 to 4 years. Offered in a home-like environment, the program gives parents the opportunity to learn Kanien'kéha with their children; they can also take part in other programs, such as the Youth Singing group and community socials.

> *"And it's tied in with culture and identity too. There are more and more young people that are getting involved in traditional activities like lacrosse … and the Powwow … I think we are starting to be able to take the horrors of the residential school and come to terms with that and start to turn that around."*
>
> *CWP engagement*

Another example of the efforts to preserve and promote language and culture is the development of **Tsi Niionkwarihò:ten Tsitewaháhara'n Center (Kanien'kéha Language and Culture Training Program)**, which has been pivotal in the revitalization of the language and culture. Initiated in 2007 by the Mohawk Council of Kahnawà:ke, this five-year program follows the academic year and consists of 35 weeks of both language and cultural instruction comprised of weekly Kanien'kéha language classes. The language program begins with basic vocabulary and phrases and progresses each year, following a curriculum of monthly topics.

This program is offered to students each year through the following avenues: The Mohawk Council of Kahnawà:ke, the Executive Director's Committee organizations and the Kanien'kehá:ka Onkwawén:na Raotitióhkwa Language and Cultural Center. Since the program's inception, it has grown and developed consistently within its mandate. Furthermore, it has established working relationships around the community, which has provided the opportunity to expand and develop creative partnerships and program-sharing initiatives with respect to language.

A final example in Kahnawà:ke is **Tewaharà:tat Tsi Niionkwarihò:ten/ Language and Culture Network.** Established in May 2017, this network was created to bring key people together who work in the field of language and culture or who share the same interest and passion of language and culture revitalization. The intent is to discuss ideas and identify a strategic plan for language and cultural initiatives where partners can collaborate on future action that fosters the vision of *Kanien'kéha tánon' Tsi Niionkwarihò:ten* (language and our ways) in Kahnawà:ke.

Integration of Culture and Language within Kahnawà:ke's Health and Social Service Community Organizations

In addition to the numerous organizations and programs dedicated specifically to culture and language, culture and language are also deeply rooted in the policies, strategic plans and programming of Kahnawà:ke's educational, health and social services.[3]

The 2023-2028 Kahnawake Shakotiia'takehnhas Community Services(KSCS) Action Plan identifies culture and language as first in its five strategic objectives. The focus on this objective, titled "Kanien'kehá:ka Ways of Doing Things," is to "actively encourage, build, and strengthen the Kanien'kehá:ka way of doing things, by promoting and universally adopting the use of our language and cultural practices, teachings and safety as a foundation of our daily service delivery." The four goals within this key priority area focus on community-wide strategies to promote and preserve language, culture and traditions.

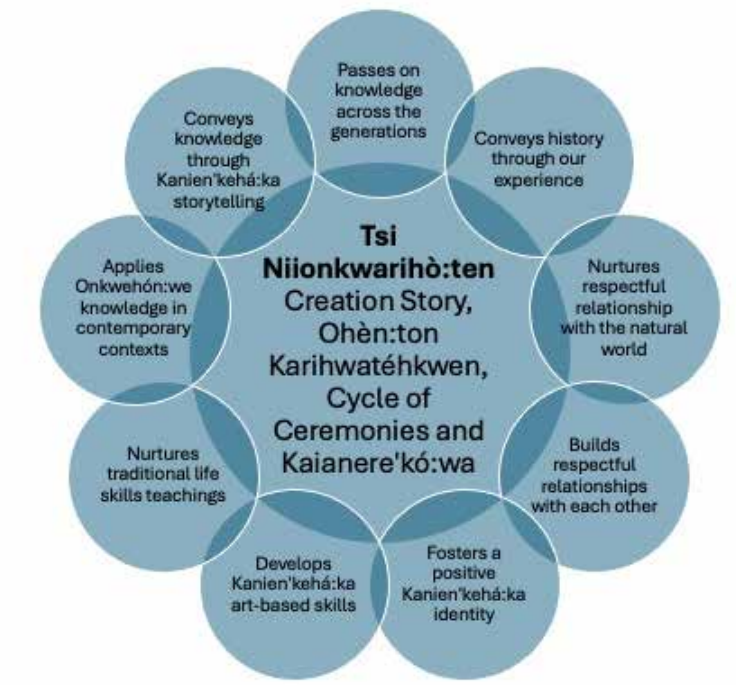

Figure 22: Elements of KSCS Tsi Niionkwarihò:ten Program Curriculum based on Kahnawà:ke Education System Curriculum Source: Tsi Niionkwarihò:ten Program Update & Training Plans 2020-2021 (September 2020)

3 These are examples of ways that language and culture have been integrated into organizational strategic plans, policies and programs; however, this is not an exhaustive list. In fact, the vast majority of, if not all, health and social service organizations in the community have integrated culture and language into their programs and services.

KSCS also has a Tsi Niionkwarihó:ten (Our Ways) program, with two dedicated coordinators and a committee to support culture and language within KSCS. Their work includes an on-boarding curriculum for new staff, wholistic wellness, land-based and cultural activities, Kanienkéha lessons for staff, sharing circles and much more. The image above reflects the elements of the Tsi Niionkwarihò:ten program curriculum, which is based on the Education Center's curriculum.

Culture and language are also at the heart of **KMHC's vision, mission and value statements**. For example: "KMHC is recognized as a role model to other First Nation communities for our ability to successfully develop holistic services and programs that meet the needs of our users by incorporating both contemporary medical practices and traditional Kanien'kehá:ka practices," and "We believe that leading by example works well in our community and honors our Kanien'kehá:ka ways" (2021 KMHC Annual Report). KMHC's Traditional Medicine program offers a range of services to patients and community members in need of care, and offers educational activities for KMHC staff, community members and service providers based outside the community.

Another example is the Kahnawà:ke Education Center's (KEC) ***Tsi Niionkwariho:ten Program and Curriculum Framework***. This framework is also implemented by Tsi ionterihwaienhstahkwa ne Kahwatsiranó:ron Step by Step Child and Family Center. In Step by Step's mission statement and mandate, "enriching the presence of Kanien'kehá:ka culture and language" are explicitly articulated. Step by Step's **Tsi ionterihwaienhstahkwa ne Kahwatsirano:ron Tsi Niionkwariho:ten Curriculum Framework for Ratiksa'tano:ron** is described further below.

Excerpt from: **Tsi ionterihwaienhstahkwa ne Kahwatsirano:ron Step By Step Child and Family Center Tsi Niionkwariho:ten Curriculum Framework for Ratiksa'tano:ron (2020)**

The KEC Tsi Niionkwarihò:ten Program and Curriculum Framework highlights that the community aspirations to have a strong Kanien'kehá:ka curriculum rooted in our ways has been unchanging and continuously reaffirmed over time. The KEC framework outlines a curriculum using Tsi Niionkwarihò:ten as its core teaching that is "rooted in our Kanien'kehá:ka world view." As the first stage in the educational journey on this path for many of the children of Kahnawà:ke, Step By Step Child and Family Center embraces this position. We are committed to the development of a curriculum framework for early childhood which is consistent with what we know from the Western literature but, most importantly, that is informed by Tsi Niionkwarihò:ten, is valued and accepted by parents and the general community and celebrates who we are as Onkwehón:we people.

Our curriculum needs to be a visible reflection of the cultural values instilled in everything. Values are what you carry in your heart. Tsi Niionkwarihò:ten is a way of being; it is not a subject. A curriculum based in Tsi Niionkwarihò:ten ensures the continuance of the knowledge of our ancestors and is held up by the **three principle values** *of:*

- **Ka'nikonhri:ro**: Good mind: with a good mind we always look at people, no matter who, as family; bringing a message of good tidings, having righteousness and justice, a connectedness to land and nature;
- **Ka'satstenhsera**: Strength/empowerment: strength in the union, in the family; having one-mindedness and social protection;
- **Skén:nen**: Peace: there will be no fear, there will be calm; living a life of peace, contentedness and social stability.

Culture and language are also at the heart of community-based initiatives by **Skátne Teionkwaká:nere – Kahnawà:ke Collective Impact (KCI)**. Language and culture are one of six key KCI priority areas, with a dedicated *Language and Culture Action Team.* As discussed in KCI's 2022-2023 Annual Report (outlining 2021-2022 activities), recent work of the action team has been centred on the planning, development, implementation and evaluation of the second year of the *Pilot Language and Culture Mentorship Program*. This program was designed to facilitate learning through interaction, collaboration, communication, and a team approach to language and culture learning and documentation. Each team is composed of advanced second-language learners (apprentices) with first-language speakers (Masters). The main objective of the program is to transmit valuable language and culture knowledge and sustain language and culture fluency in the community. The second year of the program proved successful, and it has now transitioned to be an ongoing program offered by the KORLCC.

In addition, KCI runs a *Kanien'ké:ha Self-Guided Language Group* online and has planned and developed several other community engagement events centred on culture and language. Other activities that KCI is working on include the continuation of the Language and Culture Mentorship Stage Program, a flashcard project, a sticker and label project, and the development of a Kanien'kéha Dictionary written by Wahiake:ron Gilbert (KCI annual report, 2022/2023).

Another example is the work by Kahnawà:ke **Tsi Ionterihwaienstáhkhwa Teiakonekwenhsatsikhè:tare Rotiio'tátie' Tahatí:tahste – Kahnawà:ke Schools Diabetes Prevention Program (KSDPP**), which grounds its work related to diabetes prevention and health promotion in Haudenosaunee culture and values.

Furthermore, **Kahnawà:ke Youth Center's Strategic Plan (2023-2026)** focuses on integration of culture and language within their programming, as articulated in their guiding principle statement, "We strive to expand and enhance knowledge and understanding of cultural and traditional activities within our programming," and vision statement, "We envision an optimistic future with inclusive participation and culturally-rooted programming, strengthened by our partnerships."

The centrality of culture and language is also reflected in the work by the **Kahnawà:ke Environment Protection Office (KEPO)**, clearly reflected by their vision statement: "Our vision, based on Kanien'kehá:ka traditional values, is to promote the protection, respect and improvement of all aspects of the environment. Through awareness and community responsibility we will succeed in the restoration and preservation of our Mother Earth for the future generations." A comprehensive description of KEPO's work, particularly in relation to culture and language, is provided in the "Environmental Stewardship, Land and Food Sovereignty" chapter.

Culture and Language Resources in Kahnawà:ke

Within Kahnawà:ke, several culture and language resources are available for all members of the community, examples of which will be discussed below.

Kanien'kehá:ka Onkwawén:na Raotitióhkwa Language and Cultural Center (KORLCC) Museum and Library

The Library at the KORLCC has a wide variety of resources, such as Eastern Door archives, historical photos and Kanien'kéha language resources, and grammar workbooks and dictionaries. Information on a range of topics can be found, including Haudenosaunee history, traditional medicines and works by Indigenous authors.

KORLCC's museum also has a permanent exhibit of the rich culture and history of the Kanien'kehá:ka people. Beginning with the foundation of the Haudenosaunee Confederacy to the 1990 Oka Crisis, the permanent exhibit features key cultural and historical areas that best explain who we are as Kanien'kehá:ka. KORLCC also holds the Kahnawà:ke Photography Archive, a large collection of photographs dating back to 1905, along with an Artifacts Archive and Audio Archive. KORLCC's *Kahnawà:ke Beadwork Oral History Project* seeks to collect, preserve and share our community's stories and records related to this important dimension of local history and contemporary life.

KSCS Tsi Niionkwarihò:ten Resources

The Tsi Niionkwarihò:ten Program at KSCS is a valuable source for culture and language resources in Kahnawà:ke. The Tsi Niionkwarihò:ten coordinators maintain a resource library, with books and videos that can be signed out by staff, community members and organizations. Recently, a new library was established at Assisted Living Services. It provides diverse and accessible programming for staff and community, and individualized services and supports in the form of Kanien'kéha language assistance requests (e.g., spelling, translation and pronunciation). Furthermore, the KSCS Tsi Niionkwarihò:ten Program is involved in numerous community events, activities and external events.

Kahnawà:ke Education Center (KEC) Academic Research Partnerships

The Kahnawà:ke Education Center (KEC) collaborates on research and school-based projects with several parties, both internal and external to Kahnawà:ke. These collaborations have resulted in valuable research projects conducted by Kahnawa'kehró:non in relation to culture, language and wellness. Examples highlighted on the KEC's website include:

- "Onkwehón:we Women's Roles in Regenerating and Reclaiming Their Ancestral Food Systems: A Pathway to Healing." Katsistohkwí:io Jacco. Master of Arts in Political Science, University of Victoria (2021). Katsistohkwí:io helped to create the Hao' Tewakhón:ni program at Karonhianónhnha Tsi Ionterihwaienstákhwa.
- "Indigenous Languages in the Digital Age: A Study of Multimodal Tools for Indigenous Language Instruction." Jade Lafontaine, Master of Arts, Department of Integrated Studies in Education, McGill University (2022)
- "Investigating Indigenous Language Pedagogies with Advanced Learners in Kahnawà:ke." Kahtehrón:ni Iris Stacey, PhD in Educational Studies (DISE), McGill University (Stacey, K. 2016)
- "Retracing Our Roots through Story Medicine: Re-Storying Kahnawà:ke Indian Day Schools." Wahéhshon Shiann Whitebean. PhD (ongoing) in Educational Studies (DISE), McGill University

Completed mural

Indicators for Culture and Language

Within Kahnawà:ke, several community-specific indicators exist related to culture and language. Some can be found in the Health Portrait Volume 2 and in MCK Kanien'kéha Language and Culture Training Program.

More data may be available within the statistics kept by community organizations that offer language and culture programs and services. These could also be used to understand the current landscape, measure progress and inform future work.

Examples of key indicators from Health Portrait 2 and MCK Language and Culture Program

Health Portrait, Volume 2

- % of children aged 0-11 years who have some knowledge of Kanien'kéha (Mohawk) language
- % of children who speak primarily English
- % of children who speak a mix of English and Kanien'kéha
- % of children who speak primarily Kanien'kéha
- % of children have some knowledge of the Kanien'kéha language
- % of children who have a basic, intermediate, fluent ability to
    - Speak Kanien'kéha
    - Read Kanien'kéha
    - Write Kanien'kéha

MCK Language and Culture Program

- # of participants enrolled
- # of graduates
- % of Kahnawa'kehró:non who have completed the program

Moving Forward: The Resurgence of Kanien'kehá:ka Culture and Kanien'kéha

Haudenosaunee and Kanien'kehá:ka culture and language are at the heart of the CWP framework, forming the fundamental frame of reference for all health and wellness initiatives in Kahnawà:ke. The community's journey to wellness is underpinned and guided by Haudenosaunee values, culture, wisdom and knowledge – which we can find reflected in Kanien'kéha.

This chapter provides compelling evidence reaffirming and validating the critical importance of culture and language for the wellness and well-being of all Kahnawa'kehró:non. Some key considerations that we hold in these next 10 years of wellness planning are:

- **Fulsome inclusion of culture and language in all CWP domains from a SDIH lens:** Culture and language are positioned as core elements that intersect with all other domains, emphasizing the need for integrating culture and language considerations across all areas. Moreover, culture and language should be framed as a core social determinant of Indigenous health (SDIH) that strongly influences the health, wellness and well-being of all Kahnawa'kehró:non.
- **Strengthening of intergenerational transmission:** The pivotal role that Elders, first-language speakers and adult second-language speakers play in the revitalization of Kanien'kéha and tsi niionkwarihò:ten in Kahnawà:ke should be recognized and supported. This includes programs that facilitate the transfer of this knowledge from Elders to younger generations, family-oriented activities and mentorship programs, and community engagement activities focused on language and cultural revitalization.
- **Enhanced collaboration and alignment**: Community organizations, programs and services offering culture and language programs could benefit from strengthened coordination and alignment. We will need to develop mechanisms that foster collaborative partnership and ongoing cross-learning. We will need to develop strategies to integrate and support language and culture within programs and services across organizations in Kahnawà:ke in an even more structured manner.
- **Systematic data collection:** There is a need for updated, comprehensive data related to culture and language in Kahnawà:ke. Work is underway to explore the existing culture and language data and identify key questions and data gaps. In the future we may develop a strategy to monitor progress, identify emerging trends and develop new indicators to inform ongoing and future initiatives around language, culture and wellness.
- **Broad integration of cultural competency and safety frameworks into health, social, education and other sectors**: Integrating cultural safety and cultural competency frameworks within organizations across Kahnawà:ke will ensure individuals and families have access to culturally anchored care and support. (Note: Cultural safety is discussed in detail in the CWP report chapter *Ahsatakaríteke*.)

- Recommendations from Iris Stacey's work on second-language speakers and language revitalization in Kahnawà:ke (Stacey, K. 2016) outline further potential areas for action in the context of language and culture revitalization:
- **Promoting intergenerational language use in the home** and encouraging Kanien'kéha speaking families through initiatives such as:
    - Family-oriented gatherings to provide opportunities for intergenerational interactions in the language
    - Adapting methodologies similar to the One Parent One Language Method (each parent speaks to child only in one language [e.g., Kanien'kéha/ English])
    - Family language planning
- **Offering activities to cultivate a community of speakers**, with a specific focus on remembering the ways of knowing as Onkwehón:we, where "we visit, talk and listen to the stories of our elders" in addition to talking circles and language study groups
- **Working closer with Elders**, through a strong focus on ensuring Elders are part of adult language learning
- **Keeping a spiritual connection to the natural world** (specifically addressed to People of the Longhouse) to foster and encourage a specialized group of speakers with a strong focus on ceremony

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5. Child and Family Wellness Domain

5. Child and Family Wellness Domain

Highlights

- Child and family wellness has been – and continues to be – the domain at the heart of community wellness and fundamentally important for Kahnawà:ke. It is a strategic priority for the community's respective health, social and educational organizations. The centrality of children and family in Kanien'kehá:ka culture, tradition and values are clearly evident in the Creation Story, the Kaianerehkó:wa (The Great Law of Peace), the Seven Generations Principle and the community's traditional matrilineal clan system.
- The Kahnawà:ke Community Wellness Plan (CWP) is designed to be child- and family-oriented, with the Child and Family Wellness domain at the heart of the CWP framework. This is in alignment with the Haudenosaunee Worldview Healing Model, fulfilling the 2023 CHP Evaluation Report's recommendation that the CWP integrate Haudenosaunee and Kanien'kehá:ka worldviews and concepts.
- The Child and Family Wellness domain focuses on themes related to family preservation, with an emphasis on promoting healthy relationships and bonds, enabling and supporting initiatives designed to create strong, unified families and promote a nurturing community environment characterized by unity and solidarity.
- All the other surrounding CWP domains must be understood, assessed and addressed from the perspective of Child and Family Wellness. For example, the Mental and Emotional Wellness, Good Mind and Healthy Coping, and Peace domains all need to be addressed from the perspective of the wellness of children and families. Furthermore, the CWP's social determinants of Indigenous health, equity and inclusion–related domains provide the necessary lenses through which to view and address the Child and Family Wellness domain.
- Five areas were clearly identified as **important child and family subdomains:**

  1. Healthy pregnancies and children
  2. Attachment and bonding
  3. Indigenous early learning and child care (IELCC)
  4. Social relationships
  5. Integrated and wholistic family-oriented service delivery models

- **Child and Family Wellness** is a strategic priority that is being advanced through ongoing work in Indigenous communities and organizations across Canada. The following key frameworks and tools have been identified as being of high value to inform and enable the development of Child and Family Wellness domain work in Kahnawà:ke:
    - First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' Framework
    - BC First Nations Health Council (FNHC) Child, Family & Community Indicators
    - Kanien'kehá:ka Growth and Empowerment Measure (The K-GEM)
    - Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)

The information provided is meant to guide and support our work as Onkwata'karitáhtshera within the domain of Child and Family Wellness. Future activities of the CWP will include defining subdomains and choosing frameworks, indicators, resources and tools to support the domain work.

The Importance of Children and Family: The Haudenosaunee Worldview

Young children and families are at the heart of Kahnawà:ke. Based on traditional teachings, children are a gift from Shonkwaia'tíson (the Creator), and all Kahnawa'kehró:non have a connection and responsibility to support children in growing healthy and strong. Taking care of children is seen as a highly valued and sacred responsibility, reflecting a broader value system that honours children, youth, parents, the extended family and the community.

In Haudenosaunee culture, a significant emphasis is placed on child-centred traditions, recognizing children as central to the Nation's heart and future (Delormier et al. 2018; Phillips 2010). The community structure reflects these family-oriented values, with an emphasis on the importance of women as life-givers and nurturers of children – evident in the matrilineal societal structures.

The Kaianerehkó:wa (The Great Law of Peace) was upheld by Jigonsaseh, a woman, and the Peacemaker, a man. Traditionally, the family structure of the Haudenosaunee is primarily based on the matrilineal clan system. Each family was called the Longhouse family, with the Clan Mother as the head (Haudenosaunee Confederacy website 2024). Due to their abilities and responsibilities as nurturers of children, women have held central decision-making positions in the community (Delormier et al. 2018; Wagner 2020) nutrition, and well-being by revitalizing food systems, livelihoods, knowledge-systems, and governance. Our food security research is guided by sustainable self-determination that focuses on restoring Indigenous cultural responsibilities and relationships to land, each other, and the natural world (Corntassel, 2008).

> *"The lineal descent of the people of the Five Nations shall run in the female line. Women shall be considered the Progenitors of the Nation. They shall own the land and the soil. Men and women shall follow the status of their mothers."*
>
> Wampum 44, an article of the Great Law of Peace

In many Indigenous cultures and communities, Elders are treated with utmost respect and hold an important role in sharing and imparting wisdom, traditional values and teachings. Knowledge is conveyed through physical, mental, emotional and spiritual dimensions, often described as "heart knowledge." This knowledge is not just intellectual but deeply emotional, fostering relationships and intuition (Absolon, K. 2019; Freeman 2004).

Haudenosaunee family structures extend well beyond the nuclear family to include grandparents, aunts, uncles, cousins, close friends, the Clan and the wider community (Freeman 2004; Phillips 2010). An important principle and core value that underpins the Haudenosaunee concept of family is the Seven Generations Principle, which reflects the sacred link between present and future generations (Phillips 2010). The Seven Generations Principle emphasizes the importance of recognizing how current actions

may impact future generations, including those who are not yet born but will inherit the world. It also recognizes the importance of remembering the past seven generations (Haudenosaunee Confederacy website 2024).

> *"It's not in the household, community. Family doesn't just mean mom, dad, kids, dog. It means you walk out the door and you have community everywhere. You have family everywhere that you take care of more than just the people in your own circle. It also means that you plan ahead. You think about your Elders and your family, that they don't get abandoned or rarely visited when they grow older. Sometimes they live with you."*
>
> CWP community engagement

Within the context of family, this principle reinforces the interconnectedness of all family members across generations. It encourages respect for Elders as keepers of wisdom and history, the central role of parents and caregivers in shaping the future through their children, and the recognition of children as the next caretakers of cultural heritage, the environment and the natural world. By embodying the Seven Generations principle, families contribute to a healthy, vibrant future for individuals, families and the community.

The connections between family and health from a Haudenosaunee perspective were described by Dr. Bonnie Freeman in her thesis, through the Haudenosaunee Worldview Healing Model (Freeman, Marie Bonnie 2004; Freeman 2015). This model is family- and community-oriented and deeply rooted in interconnected relationships, values and principles. It highlights the community's emphasis on respect, harmony, sharing, caring, generosity, equality, reciprocity, cooperation and responsibility. Central to this worldview is the importance of children, community, family and the wisdom of Elders and ceremonies.

The Haudenosaunee Worldview Healing Model is conceptualized through several interconnected rings: individual, family, community/nation and creation (Freeman 2015; Freeman 2004). It also identifies cultural knowledge and philosophy, cultural resiliency, self-determination and vision for the future as interconnected elements of healing. It emphasizes interconnectivity, tradition and the need for cultural resilience and healing in the face of historical challenges. The model recognizes the community and Nation as essential elements for maintaining collective identity and belonging, with social, political, spiritual and economic structures vital for the survival of the people. It includes the role of creation in healing, incorporating the Earth and natural elements.

By integrating cultural knowledge and historical context, this model emphasizes the importance of developing culturally specific healing models based on the cultural knowledge and practices of the Haudenosaunee as a foundation in healing practices.

Child and Family Wellness: An Ongoing Strategic Priority

The wellness of Kahnawà:ke's children and families has been – and continues to be – a high priority for the community and its respective educational, health and social service organizations. Examples in the community include the Early Childhood and Family Wellness Subcommittee, Kahnawà:ke Collective Impact's (KCI's) priority areas (Kahwatsíre and Wholistic Health and Wellness for Youth Action Teams), Jordan's Principle activities, and services and programs from the Step by Step Child and Family Center, Kahnawà:ke Youth Center, KSCS Family Wellness Center and Whitehouse, KMHC Well Baby Clinic and Traditional Medicine, Kahnawà:ke Mohawk Peacekeepers and Kahnawà:ke Fire Brigade – among many others.

Child and family wellness is also reflected in strategic documents such as the Shared Vision Statement, Kahnawà:ke Child & Family Services (CFS) Plan Enhanced Prevention Focused Approach, the Early Childhood and Family Wellness Chapter of Onkwaná:ta Our Community, Ionkwata'karí:te Our Health 2023, the Kahnawà:ke Education Responsibility Act (KERA) and the Indigenous Early Learning and Child Care Framework (IELCC).

2009-2029 Shared Community Vision (excerpt)

Kahnawà:ke is a socially, politically and spiritually unified community. All Kahnawa'kehró:non respectfully co-exist harmoniously and peacefully in a clean and safe environment. We are a community of close-knit families maintaining our connection with each other, where Elders are admired, treasured and called upon; where children are safe, provided guidance and loved. We are well on the path to healthy mind, body and spirit. We live and teach our spirituality through our ceremonies and festivals as a way of elevating our spirit.

The CWP framework is therefore child and family oriented, with the **Child and Family Wellness domain** at its heart. All the other CWP domains surrounding it must be viewed, understood, assessed and addressed from the perspective of child and family wellness.

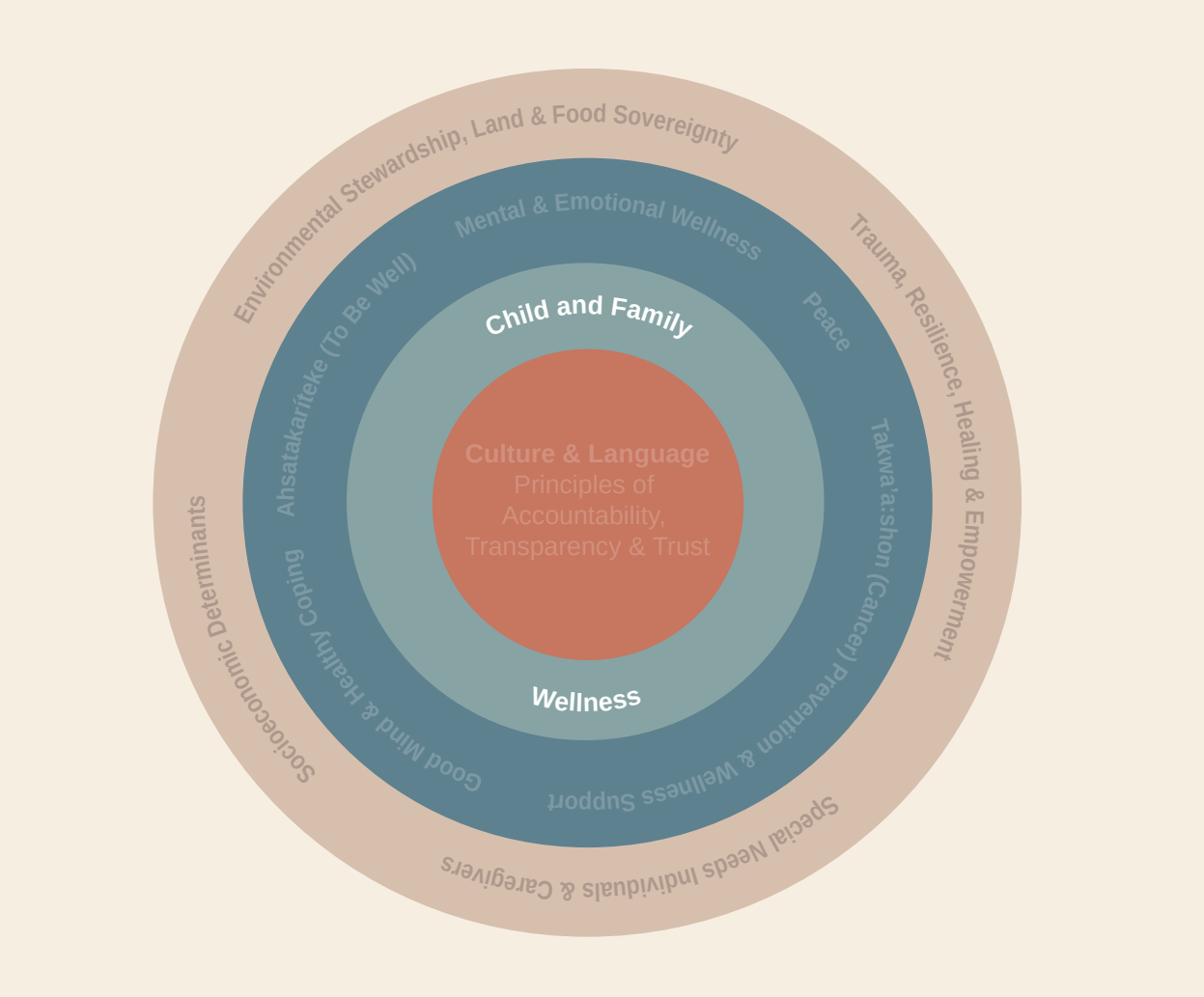


Figure 23: CWP Framework highlighting Child and Family Wellness Domain

For example, the Mental and Emotional Wellness, Good Mind, and Healthy Coping and Peace domains all need to be addressed from the perspective of children and families. The CWP's social determinants of Indigenous health, E=equity and inclusion–related domains (e.g., Socioeconomic Determinants; Trauma, Resilience, Healing and Empowerment; and Special Needs and Families domains) all provide the necessary lenses through which to view and address the Child and Family Wellness domain. And of course, Culture and Language carry the foundational principles for all wellness work and are the threads that bind together the domains.

The Child and Family Wellness domain is informed by the deep bonds and relationships conceptualized by the Haudenosaunee Worldview Healing Model (Freeman 2004). This leads to a focus on family preservation, with an emphasis on enabling and supporting initiatives designed to create strong, unified families and promote a nurturing community environment of unity and solidarity.

Five important child and family subdomains to support family preservation are:

- Healthy pregnancies and children
- Attachment and bonding
- Indigenous early learning and child care
- Social relationships
- Integrated and wholistic family-oriented service delivery models

The next sections of this chapter will:

- Provide an overview and updated description of child and family wellness-related indicators that are available to our community, in the Early Childhood and Family Wellness Chapter of *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* 2023
- Highlight the importance of framing the child and family wellness domain using a social determinants of Indigenous health lens
- Provide a comprehensive description of the five child and family wellness subdomains, with data, relevant frameworks, indicators and assessment tools (where available)

Early Childhood and Family Wellness Chapter of *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health 2023*

The second volume of *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* 2023 provides a relatively comprehensive overview of health and wellness of children and families in Kahnawà:ke. It explores a number of demographic indicators, such as the number of children, birth rates, birth weight, and age and education levels of mothers at birth, which are key to better understanding the current context of the community, as well as trends for future planning.

It also provides data regarding some relevant influences on child and family health, such as hospitalizations due to injuries, emergency department visits and the circumstances and types of injuries, and vaccine-preventable diseases – data which are essential to developing effective prevention and intervention strategies. It also includes data on specific pediatric health concerns, including asthma and learning and behavioural conditions such as ADHD/ADD and ASD. (Note: Learning and behavioural conditions are discussed in more detail in the Wellness of Special Needs Individuals and Families CWP Domain chapter.)

Building on this foundation, the report examines child and family health in Kahnawà:ke from a broader social determinants of health lens. It underscores the influence of early childhood wellness on future health outcomes. This includes the home and learning environments, access to early childhood programs and education, the role of traditional language, health care access, and parental socioeconomic status and education.

The report also highlights the importance of healthy pregnancies and the benefits of breastfeeding. Data indicate that Kahnawà:ke is indeed achieving positive outcomes in relation to key protective health factors, including high rates of

breastfeeding, access to prenatal care and high immunization rates for routine childhood vaccines.

The data also demonstrate some areas where Kahnawà:ke differs significantly from the surrounding regions, such as generally younger ages of mothers (discussed in detail later in this chapter) and the need to consider this in services and programming.

The *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* 2023 report provides important data to help identify, assess and address the complex health and wellness needs of children and families in Kahnawà:ke. It also demonstrates the important success of many of the community's long-standing services and programs. These data are viewed through a *social determinants of Indigenous health* (SDIH) lens (described below) to provide a strong foundation from which we can continue to develop targeted, culturally anchored strategies that protect and promote the health and wellness of Kahnawà:ke's children and families.

Social Determinants of Indigenous Child and Family Health

> *"Aboriginal children experience a greater burden of ill health compared with other children in Canada, and these health inequities have persisted for too long. A change that will impact individuals, communities and nations, a change that will last beyond seven generations, is required. Applying a social determinants of health framework to health inequities experienced by Aboriginal children can create that change."*
>
> (Greenwood, M. and de Leeuw, S. 2012)

The importance of the social determinants of Indigenous health (SDIH) on child and family wellness in Kahnawà:ke is supported by a large body of research and literature (Greenwood, M. and de Leeuw, S. 2012; Kim 2019; Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009). Early childhood experiences – particularly within the context of their family settings and dynamics – are critically important in setting a healthy course for a child's life, and for their physical, emotional, mental and spiritual development. To properly understand this context, it must be framed with a wholistic SDIH lens, that extends beyond physical well-being to encompass social, spiritual, and emotional dimensions.

One key model to understanding and applying the SDIH to health and wellness initiatives is the *Integrated Life Course and Social Determinants Model of Aboriginal Health*, described below, with a focus on the model's child and family orientation (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009). See the social determinants of Indigenous health, equity and inclusion section of the CWP report for further in-depth information, frameworks and tools.

The *Integrated Life Course and Social Determinants Model of Aboriginal Health* is important for childhood and family wellness because it reflects that Indigenous peoples' health outcomes are shaped by a lifetime

of experiences, highlighting the significance of early life on future health (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009; Greenwood, M. and de Leeuw, S. 2012). This is why it's called the Integrated Life Course model. Distal factors, which are broad influences, are deeply entrenched and most challenging to change but hold great potential for significant positive impacts on health outcomes and addressing inequities for children and families (Greenwood, M. and de Leeuw, S. 2012). For more details on the factors, see the SDIH chapter.

The Integrated Life Course model highlights the importance of cultural continuity and self-determination for Indigenous health. It emphasizes that maintaining cultural identity, language, and traditional knowledge and practices are essential for resilience, for reducing health disparities and for supporting children's development. Addressing health equity involves cultural revitalization and addressing colonization's effects. This approach underscores the importance of creating healthy, supportive environments for Indigenous children.

> *"Aboriginal children are born into a colonial legacy that results in low socioeconomic status, high rates of substance abuse and increased incidents of interaction with the criminal justice system. These are linked with intergenerational trauma associated with residential schooling and the extensive loss of language and culture. Colonial legacies are, thus, determinants impacting Aboriginal children's lives and can only be accounted for by applying a social determinants of health lens that is inclusive of multiple realities and considerate of Aboriginal peoples' distinct sociopolitical, historical and geographical contexts."*
>
> (Greenwood, M. and de Leeuw, S. 2012)

Child and Family Wellness Subdomains

The following **Child and Family subdomains** will be comprehensively described in this section with data, frameworks, indicators and assessment tools:

- **Healthy pregnancies and children**
- **Attachment and bonding**
- **Indigenous early learning and child care (IELCC)**
- **Social relationships**
- **Building upon the Kahnawà:ke Child & Family Services (CFS) Plan 2020**

Healthy Pregnancies and Healthy Children

Healthy pregnancy and the early years are foundational, as they significantly influence downstream health and wellness–related outcomes, including socioeconomic, educational, professional and achievements in life. Kahnawà:ke's Health Portrait Volume 2, Early Childhood and Family Wellness chapter, highlights the importance of creating optimal conditions from conception through early childhood, not only for the immediate health benefits for both mothers and their children, but also for long-term wellness extending into adulthood (Onkwata'karitáhtshera 2023, 2).

The Health Portrait describes the current status of key protective factors for healthy pregnancy, including access to a wide range of comprehensive perinatal programs and supports (e.g., medical follow-ups, home visits, prenatal and delivery preparation courses, breastfeeding support, dietary monitoring), folic acid and iron supplementation, father involvement, psychological support, family planning, and support from elders. Risk factors are also described, including exposure to tobacco smoke (both direct and second-hand) and alcohol consumption during pregnancy.

This information demonstrates that the community is doing well with respect to healthy pregnancy and healthy child outcomes. Data also demonstrate excellent prenatal care access, high participation in perinatal programs, and positive lifestyle choices during pregnancy, including smoking cessation and avoidance of alcohol. High rates of breastfeeding and routine immunization coverage in early childhood are notable community health successes.

However, data do indicate that a small but significant percentage of children were born to mothers who had diabetes during pregnancy and important demographic differences from the surrounding region, such as generally younger ages of mothers at birth.

*Protective factors for healthy pregnancy and healthy children***:** *Indicator highlights (Excerpt from Kahnawà:ke's Health Portrait, Volume 2)*

- **100% of women** who had ever been pregnant reported having regular prenatal medical care follow-up.
- **88% of women** who had ever been pregnant reported receiving a perinatal home visit.
- **88% of women** who had ever been pregnant reported attending prenatal courses.
- **Folic acid supplements** were used during pregnancy by **90% of the mothers** of children 0-5 years old.
- **Iron supplements** were used during pregnancy by **81% of mothers** of children 0-5 years old.
- About **1 in 10 (13%) children** were born to a mom who had diabetes during her pregnancy.
- **85% of children's moms** reported not smoking at all during their pregnancy. Of the **15% who did smoke**, about half (**8% of all children's mothers**) quit during the pregnancy, and the other half (**7% of all mothers**) smoked throughout the pregnancy.
- **97% of mothers** reported having an alcohol-free pregnancy.
- Most babies (**86%**) have benefited from breastfeeding at least once, and **43% of them** were still breastfed at 12 months.
- Nearly all children (**98%**) were reported to have received all their routine immunizations.

Early Childhood and Family Wellness

Young families are more common in Kahnawà:ke than in the region or province, for many reasons. Because more children are born to younger mothers (compared to the surrounding region), Kahnawà:ke has to ensure its services and activities are adapted to the specific wellness needs of these families. These can include educational and economic opportunities adapted to mothers, parenting skill development, as well as the need for extended family and intergenerational support to these young families. Although Kahnawà:ke has many support systems in place, significant challenges remain, which several stakeholders identified to be especially challenging for those with limited family support. It's important for us to keep in mind the different needs of young families and young caregivers in their stages of life.

Attachment and Bonding

Infants and children develop an attachment bond to caregivers who consistently provide comfort and care, especially when they are afraid, distressed or ill. Infant-caregiver attachment plays a foundational role in the emotional, psychological and physical development of children. The concept of infant-caregiver attachment is a deep emotional bond that plays a critical role in the child's development of self-regulation, sense of security and ability to form healthy relationships (Hardy and Bellamy 2013).

Attachment has a strong and direct impact on health outcomes, particularly in terms of its effects on emotional regulation and stress response mechanisms, which are crucial for coping with adversity and promoting resilience (Hardy and Bellamy 2013).

In the earliest years of life, it is argued that the quality of relationships and parenting carries the heaviest weight among the factors that drive healthy development. Establishing warm, secure and responsive relationships with caregivers is key to establishing a child's confidence to play, socialize and explore their environment, which is what propels development (Hardy and Bellamy 2013).

> *"Solid family units with adults who are supportive of their children and are good role models will raise children to be healthy adults … opposed to children who have negative role models that perpetuate dysfunction … but all families need to be given as much support as they can. This is so important because it [the family] is the key to the whole thing. If you have healthy adults, they are going to give you healthy children who will in turn continue that model."*
>
> CWP engagement

Attachment within Indigenous families is particularly relevant and important where traditional attachment practices and cultural values that deeply inform caregiving roles and relationships have been disrupted by colonization and historical trauma (Greenwood, M. and de Leeuw, S. 2012). The loss of language and culture, and prevention of earlier generations from passing down traditional parenting philosophies, approaches and skills, have deeply impacted the well-being of Indigenous children and families. In addition to the Indian Residential Schools system, Indian Day Schools, and child trafficking in the form of forced adoption (Sixties Scoop), child welfare and protection policies have continued the removal of Indigenous children from their families (Kim 2019; Loppie, C. and Wien, F. 2022; Freeman 2004).

> *"The Indian Act continues to define who has or does not have 'status' as an Indian person, and it delimits services provided by the federal government. The Indian Act also governed the Indian Residential Schools, institutions that operated for more than 150 years, with the last school in Canada closing in 1996. These schools were explicitly designed to "kill the Indian in the child" to assimilate Indian people into Canadian-European society.*
>
> *… many generations of Indigenous children were sent to residential schools. This experience resulted in collective trauma, consisting of … the structural effects of disrupting families and communities; the loss of parenting skills as a result of institutionalization; 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 systematic devaluing of Indigenous identity."*
>
> (Greenwood, M. and de Leeuw, S. 2012)

Individuals who experience abuse, grief, loss and trauma, particularly if they have not resolved the hurt feelings and emotions linked to those experiences, are more likely to form unhealthy attachment relationships with their infants and young children (Greenwood, M. and de Leeuw, S. 2012; Hardy and Bellamy 2013).

There is a need for culturally anchored approaches to support the restoration and strengthening of caregiver-infant bonds. This supports individual health and development and contributes to the overall revitalization and continuity of cultural identity and community cohesion.

There is increasing focus on the importance of enabling healthy attachment and bonding in programs and services in Kahnawà:ke. Locally adapted educational workshops and trainings such as the Circle of Security, Trauma-informed Attachment Training, and Trauma-Informed Organizations, including work led by Goodleaf Consulting and Step by Step Child and Family Center in the community, are addressing this need. Workshops and courses teach about multigenerational trauma and the impacts on attachment and bonding and are designed to deepen the understanding of attachment theory and its relevance in the context of trauma experienced across different developmental stages. It aims to equip participants with practical tools for managing challenging behaviours, enabling trauma-informed care, and developing strong, healthy attachments and bonds with children. Such initiatives encourage discussion on the complexities of trauma and attachment, with an emphasis on strategies that support bonding and resilience in the face of adversity.

Within the context of the CWP, this work is being supported and leveraged to inform additional culturally anchored programs and initiatives. We aim to further enhance and augment the current trauma-informed attachment and bonding work currently being done in the community, with careful consideration of the multifaceted nature of community-specific supports required for these types of initiatives as a strategic

approach to cultivating a more empathetic, resilient and connected community in Kahnawà:ke. Culturally and community-specific indicators may also be developed to measure success, help track progress and inform decision-making related to this priority.

Indigenous Early Learning and Child Care (IELCC)

> *"It's [Step by Step Child and Family Center] not a drop-off center. It's not just a regular daycare. It's a trauma-informed center that speaks to the holistic nature of the family, the community, everybody – with the child at the center. So that's where it's a very unique program. At the same time, early intervention is all partners working together for the child."*
>
> CWP engagement

The learning and child care environments that a child spends time in have a significant influence and impact on their well-being, development and future opportunities. Understanding early learning and child care (ELCC) within an Indigenous context necessitates a framework that incorporates unique, culturally anchored indicators that align with Indigenous worldviews, emphasizing a wholistic approach to well-being. This approach is characterized by principles of balance and harmony, diverging from mainstream evaluation frameworks to encompass physical, emotional, mental and spiritual health, alongside access to essential services and education (Government of Canada 2018; Greenwood, Larstone, and Lindsay 2020; Greenwood, M. et al. 2020).

The IELCC Framework is a wholistic approach designed to support the development, well-being, and cultural and linguistic revitalization of Indigenous children aged 0-6 through community-led, culturally anchored early childhood services (Government of Canada 2018). IELCC programs include child care centres, preschools and day care, as well as supports and programs aimed at early intervention, and education support services. The basic IELCC Framework was co-developed by the Government of Canada and Indigenous peoples (the full document can be found here: https://www.canada.ca/content/dam/canada/employment-social-development/programs/indigenous-early-learning/1352-IELCC_Report-EN.pdf).

It is intended as a transformative Indigenous framework that reflects the unique cultures, aspirations and needs of First Nations, Inuit and Métis children across Canada, and as such Kahnawà:ke has adapted the framework locally, with the Step by Step Child and Family Center as the lead (Bolduc 2019).

> *"This Framework envisions First Nations, Inuit and Métis children and families as happy and safe, imbued with a strong cultural identity. It sees children and families supported by a comprehensive and coordinated system of ELCC policies, programs and services that are led by Indigenous peoples, rooted in Indigenous knowledges, cultures and languages, and supported by strong partnerships of wholistic, accessible and flexible programming that is inclusive of the needs and aspirations of Indigenous children and families."*
>
> ELCC Framework Vision Statement (Bolduc 2019)

IELCC programs help foster young children's development, cultural identity and well-being. Kahnawà:ke's program, developed in partnership with the community, nurtures children's emotional, intellectual, spiritual and physical growth, honouring Kanien'kehá:ka culture and traditions and Kanien'kéha language (Bolduc 2019). This approach not only supports children's identity and future success but also strengthens their connection to their heritage and fosters a vibrant connection to their community.

Support is extended beyond the children to encompass the entire family, enabling parents and relatives to participate more fully in the community. By offering comprehensive and wholistic childcare services, the program supports parents to pursue work, education and cultural activities, ensuring children's developmental needs are met. The family- and community-driven design is aligned with the specific desires of parents, caregivers and communities. It emphasizes quality, cultural relevance and community involvement.

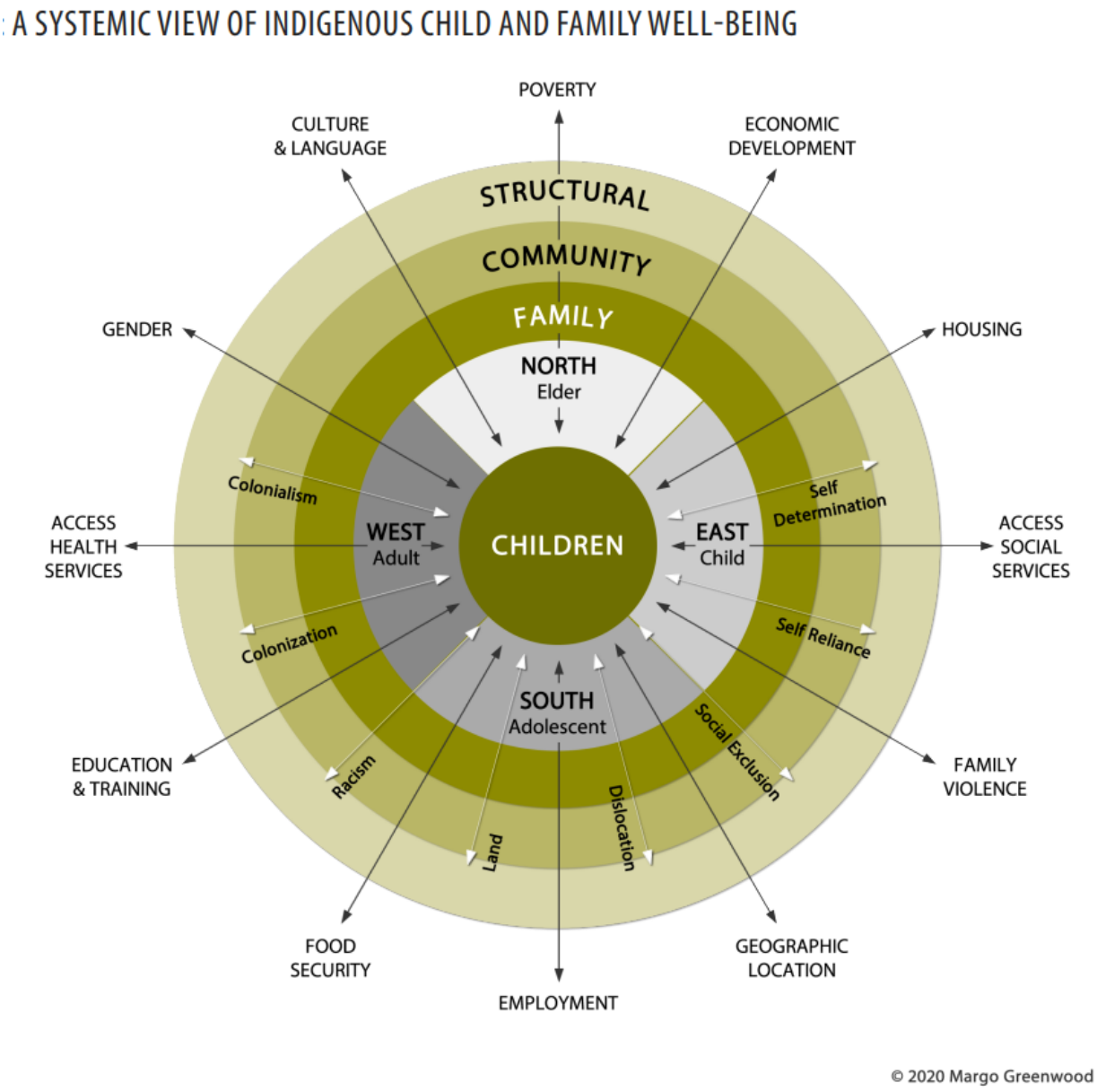


Figure 24: Exploring the data landscapes of First Nations, Inuit, and Métis children's early learning and child care (ELCC). Greenwood, M., Larstone, R., Lindsay, N., Halseth, R., & Foster, P. (2020). Prince George, BC: National Collaborating Centre for Indigenous Health. ©2020 Margo Greenwood. (Greenwood, M. et al. 2020)

The NCCIH conducted a review of data landscapes for IELCC, published in 2020 (Greenwood, M. et al. 2020). The diagram above, called "A Systematic View of Indigenous Child and Family Well-being," is a map to navigate different indicator themes related to IELCC. Indicator themes are organized along different levels: children, family, community, structural. These indicators are further explored later in this chapter.

> *"As a parenting worker, I feel that my job is to empower the parent to believe in themselves."*
>
> CWP engagement

The Policy Context of Indigenous ELCC Frameworks

The Indigenous ELCC Framework (IELCC) for Canada was officially released in 2018 after extensive consultations with Indigenous communities across the country (Government of Canada 2018; Greenwood, M. et al. 2020; Greenwood, Larstone, and Lindsay 2020). It provides a national path forward for the Indigenous early learning and child care system with the goal of creating high-quality, well-funded and accountable programs that are rooted in First Nations knowledge, languages and culture. This includes flexible and accountable programs that cater specifically to the needs of Indigenous children and families, highlighting the significance of self-determination and Indigenous-led initiatives in early childhood education to bolster language, culture and identity.

This initiative is part of a broader movement underscored by the Truth and Reconciliation Commission (TRC), active between 2008 and 2015, acknowledging the harm caused by the Indian Residential Schools system and the forced separation of Indigenous children from their families (Greenwood, M. et al. 2020). Building on the momentum of the Royal Commission on Aboriginal Peoples in 1996, and UN declaration the Rights of Indigenous Peoples (UNDRIP) in 2016, there has been a push for a wholistic and Indigenous-controlled ELCC strategy that encourages parental involvement and is accessible to all Indigenous children.

This and subsequent legislative efforts have demonstrated the necessity for ELCC programs to be culturally anchored and controlled by Indigenous communities. The development of the IELCC Framework and the introduction of Bill C-35 (An Act Respecting Early Learning and Child Care in Canada) in 2022 are steps towards establishing a universal, rights-based child care system that respects Indigenous priorities and rights, reaffirming Canada's commitment to reconciliation and affirming Indigenous sovereignty.

Current Context of IELCC in Kahnawà:ke

The IELCC Framework in Kahnawà:ke is strongly linked with federal initiatives like the First Nations/Inuit Child Care Initiative (FNICCI) and the Aboriginal Head Start On-Reserve program (AHSOR or Head Start) (Bolduc 2019). These programs, operational since the 1990s, have been leveraged to enhance early childhood development and child care services within the community. FNICCI, managed by the Step By Step Child and Family Center, aims to improve educator-to-child ratios and offer high-quality services for children with special needs. The Head Start program focuses on redistributing funds to various organizations for child care and early childhood development, emphasizing a community-focused approach to supporting Kahnawà:ke's children's developmental needs.

In shaping the new IELCC Framework for Kahnawà:ke, extensive consultations and working sessions have highlighted the necessity of providing educational opportunities for children that support early

cognitive, emotional, social and physical development, with a particular emphasis on early intervention for those facing disabilities or developmental challenges. The IELCC Framework aims to ensure a minimum level of funding for organizations involved in educational services ranging from child care to language and cultural programs, thereby streamlining administration and fostering a collaborative ecosystem among service providers. By centralizing management and simplifying funding processes, the IELCC Framework encourages a unified approach to early childhood education, ensuring that children and families in Kahnawà:ke have access to comprehensive services that support their growth and development from an early age.

Within Kahnawà:ke, several programs and services exist that provide early learning and childhood education programs. As of spring 2019, services were provided to 341 children aged 0-59 months (newborns up to 5 years old) and their families in Kahnawà:ke through seven existing programs, including child care centres, schools and educational services focused on language and cultural development (Bolduc 2019). The summary of these programs is as follows (Bolduc 2019):

Kahnawà:ke Early Learning and Child Care Program	Summary of services offered
Iakwahwatsiratátie Language Nest	Offers Kanien'kéha language immersion for parents in the presence of their children, alongside child development activities.
Karihwanoron Kanienkeha Owenna Tsi Ionteriwaienstahkwa	Delivers a Kanien'kéha language and cultural program within a childcare setting.
Step By Step Child and Family Center	Offers inclusive child care services, specialized for children with special needs, with a language and cultural component, plus family support.
7 Generations Daycare	Provides early childhood development services in a daycare setting.
Indian Way School	Offers K4 and K5 programs focusing on a wide range of developmental areas, including language, literacy, numeracy and social skills.
Karonhianónhnha Tsi Ionterihwaienstáhkhwa	Provides two pre-kindergarten and two kindergarten classes in a Kanien'kéha immersion setting, including pre- and after-school programs.
Kateri Tsi Ionterihwaienstáhkhwa	Offers bilingual education in English and French, with daily Kanien'kéha classes, including full-day pre-K and kindergarten classes and services for children with special needs.

Below we share a program highlight describing how the Step by Step Child and Family Center puts the IELCC into action.

Program Highlight: The IELCC in action: Tsi Ionterihwaienhstakwa Ne Kahwatsiranó:ron (Step by Step Child and Family Center)

Step By Step Child and Family Center is dedicated to providing early childhood education and care, as well as family support services to children aged 18 months to 6 years and their families. Step by Step is a good example of an organization within Kahnawà:ke that embodies the IELCC vision and framework principles and standards, which are highlighted in the following table.

IELCC Framework Standard	Step by Step programming
Quality and excellence	Quality program and cultural curriculum grounded in an evidence-based framework
Culturally responsive care	Programming rooted in Kanien'kehá:ka culture, traditions and perspectives
Wholistic approach	Curriculum is focused on physical, cognitive and social-emotional development and growth
Early intervention	Utilizes an array of upstream prevention, early intervention and education services, including use of screening tools paired with family collaboration
Inclusivity and accessibility	Aims to support every child in reaching their full potential while ensuring individual needs are met through the development of tailored supports for children with vulnerabilities (including developmental, environmental and familial challenges)
Inclusivity and accessibility	Aims to support every child in reaching their full potential while ensuring individual needs are met through the development of tailored supports for children with vulnerabilities (including developmental, environmental and familial challenges)
Family and community engagement	Genuine family collaboration and community engagement with respect to curriculum development and all key decision-making processes.

Indigenous Early Learning and Child Care Indicators in Kahnawà:ke

The Regional Health Survey (RHS) 2015 data on child care and early childhood education in Kahnawà:ke reveals a diverse landscape of care arrangements and educational participation among children aged 0-5 years. A significant portion of children (37%) are primarily cared for at home by parents, reflecting a strong inclination towards family-based care (Onkwata'karitáhtshera 2023: Health Portrait Volume 2 pg 31). The attendance at non-centre-based care (i.e., cared for either in someone else's home or in the child's home by a relative and/or non-family member), though less common (12%), highlights the importance of extended family or community members in child care. School and daycare attendance rates are exceptionally high for 3- to 5-year-olds at 91%, reflecting a community-wide emphasis on early education (Onkwata'karitáhtshera 2023).

Social and emotional well-being appears largely positive, with 94% of children getting along well with family members, although 17% of parents report concerns about their child's behavioural or emotional difficulties. Collectively, these insights reveal a community deeply invested in the early development and well-being of its children, marked by a blend of home-based care, formal educational programs, and a strong emphasis on cultural and educational engagement from an early age (Onkwata'karitáhtshera 2023).

Longhouse social

Regional Health Survey (2015) data relating to ELCC

(Excerpt from the Health Portrait, Volume 2, pp. 31–32)

Childcare Arrangements for Children 0 to 5 Years Old

- At-home Care
  - 37% of children are cared for primarily at home by their parent(s). Note that this statistic is validated by the 2019 Kahnawà:ke ELCC document (Bolduc 2019), which highlights that “Currently, child care operations, educational language and culture programs as well as schools provide early childhood development services to 72.4 percent of all children 0 to 59 months of age.”
- Formal Daycare Attendance
  - 51% of children attend some type of formal daycare centre, preschool, or before/after school program as their main child care arrangement.
- Non-centre-based Care
  - 12% of children attend a type of non-centre-based care, i.e., they are cared for either in someone else’s home or in the child’s home by a relative and/or non-family member(s).
- Average Hours in Child Care
  - Children attending any type of child care setting outside of their own home spend an average of 24 hours per week in these types of alternate care, with a range of 2 to 40 hours per week.

Early Childhood Education and Care Centres

- Step by Step Attendance
  - Step by Step is the largest early childhood education and care centre in Kahnawà:ke, serving around 180 children and their families each year.

Aboriginal Head Start Program Attendance

- Participation Rate
  - 58% of children 0-11 years old had attended an Aboriginal Head Start (AHS) program, with similar numbers for 0- to 5-year-olds and 6- to 11-year-olds. Duration of Enrollment
  - Of those who had attended an AHS program, 75% were enrolled for 2 or more years.

School and Daycare Attendance

- Enrollment Rates
  - 91% of children 3 to 5 years old were enrolled in some type of school (AHS, kindergarten, pre-kindergarten, Grade 1).

Reading Habits

- Frequency of Reading
  - 50% of children 0 to 11 years old either read for fun or were read to every day.
  - 85% of children did so at least a few times per week.

Socializing and Emotional Well-being

- Family Relationships
  - 94% of children 0 to 11 years old had gotten along "quite well" or "very well" with the rest of their family in the last 6 months.
- Behavioural or Emotional Difficulties
  - The parents of 17% of children 0 to 11 years old felt their child had more behavioural or emotional difficulties than other children in the last 6 months.

Further Development of IELCC Indicators

> *"Strengths-based and culturally relevant indicators that reflect Indigenous worldviews are grounded in principles of balance and harmony and tend toward a wholistic view of well-being."*
>
> (Greenwood, M. et al. 2020)

The 2020 report by Greenwood M et al. at the NCCIH, *Exploring the Data Landscapes of First Nations, Inuit, and Métis children's ELCC*, presents a thorough examination of ELCC frameworks, documents and data sources for Indigenous children and families across Canada (Greenwood, M. et al. 2020). It aims to chart existing data, pinpoint gaps, and articulate key measures and indicator themes for informing research and data strategies within First Nations, Inuit and Métis ELCC contexts (Greenwood, Larstone, and Lindsay 2020; Greenwood, M. et al. 2020).

However, the review reveals a notable scarcity of specific, up-to-date, and disaggregate data. This deficiency underscores a broader issue within Indigenous social determinants of health research: the persistent lack of tailored, current data to support the development of a distinction-based IELCC system. Despite identifying valuable aspirational family-oriented IELCC indicators, the report underscores the underdeveloped state of data collection and evaluation mechanisms.

The National Collaborating Centre for Indigenous Health has developed a comprehensive set of indicators for assessing IELCC across nine key principles (Greenwood, M. et al. 2020). They range from incorporating Indigenous knowledge, languages and cultures to fostering respect, collaboration and partnerships. Potential indicators that correspond to each of the nine principles

IELCC Framework Principles and Indicators	
Principle	**Example indicators**
1. Indigenous knowledges, languages and cultures	• Language and culture components in IELCC program • Language programs offered to young children and families (educational opportunities for language learning) • Exposure to language at home or in community • Ability to use Indigenous language words
2. First Nations, Inuit and Métis determination	• Co-create IELCC system with Canada • Collaborate with province in implementation of IELCC system • Communities involved in design and delivery of policies and programs in their area
3. Quality programs and services	• Curriculum/programming • Child-staff ratios • Staff training, certification and wages • Standards, regulations, licensing and monitoring • Physical environment • Administration and funding • Family/community involvement in program
4. Child and family-centred	• Child development indicators • Child health indicators • Parent/family social determinants indicators • Parental involvement in programs
5. Inclusive	• Programs meet the needs of all children and families • Transportation provided in geographically remote locations
6. Flexible and adaptive	• Programs are flexible to respond to changing circumstances of children, families and communities • Diverse service-delivery models
7. Accessible	• Programs are situated within reach of families and other relevant programs • Programs and services are affordable • Number of children attending programs • Number of children on waitlists

IELCC Framework Principles and Indicators	
Principle	**Example indicators**
8. Transparent and accountable	• Parents and community members are informed about programs • Regular periodic evaluations and reporting on IELCC community services and overall system goals • Established administration and reporting structures inform community, funding agents and partners
9. Respect, collaboration and partnerships	• Linkages with other related services for children and families in communities to ensure wholistic, coordinated service delivery • Linkages with other federal and provincial programs to access funding and ensure wholistic service delivery • Leverage multisectoral collaborations • Collaborate with relevant stakeholders

Source: Excerpt of "Table 3: IELCC Framework Principles, Indicators and Information Sources," from Margo Greenwoo,. Exploring the Data Landscapes of First Nations, Inuit, and Métis Children's Early Learning and Child Care (ELCC). NCCIH. (Greenwood, M. et al. 2020)

Some of these indicators are reported in the Health Portrait Early Childhood and Family Wellness Chapter, in Step by Step's IELCC statistics and potentially in other sources as well. We can use the above indicator table to identify potential gaps and choose the most important indicators to strengthen. It is important for us to take steps towards addressing data gaps and to leverage this work to develop robust, culturally anchored ELCC policies and programs tailored to the distinct needs of the community.

Social Relationships

Social relationships and community connectedness have been cited extensively in the literature as a significant factor influencing health, wellness and well-being. Building on their attachment to their caregivers as babies, as children progress into adolescence, strong social relationships continue to be an important protective factor as individuals navigate major developmental changes. Strong social relationships, or the lack thereof, have been tied to several aspects of well-being (Hardy and Bellamy 2013).

Globally, the importance of social relationships is being highlighted by the World Health Organization (WHO) Commission on Social Connection 2024-2026. The Commission aims to identify social connection as a critical public health issue through the establishment of a global agenda. The Commission has compiled evidence indicating the detrimental effects of social isolation on health and wellness and is currently working on identifying effective strategies to mitigate the impacts of social isolations (e.g., national policy, targeted psychological interventions for practitioners) (World Health Organization 2023).

Social relationships and connectedness are considered a priority area in major frameworks related to Indigenous health, wellness and well-being. This includes the *Measuring to Thrive Framework* for the well-being of Indigenous children, families and communities in Canada; the Thunderbird Partnership Foundation's frameworks; the National Collaborating Centre for Indigenous Health Social Determinants of Indigenous Health (SDIH) frameworks; the Seven Directions Indigenous Public Health Institute's SDIH draft framework; and the Wellness of our Nations: Summary of the Collective Discussion Underway, among others (Institute of Fiscal Studies and Democracy 2020; Seven Directions: A Centre for Indigenous Public Health 2019; Hopkins and Fournier 2018; Loppie, C. and Wien, F. 2022; Fiset, Caroline 2022)C. and Wien, F. 2022; Fiset, Caroline 2022.

Specifically, social relationships and community connection is at the heart of the Haudenosaunee Worldview Healing Model (Freeman 2015; Freeman 2004). Social relationships and connections play a vital role in health, wellness and resiliency, where social connections are deeply rooted in cultural practices, family structures and traditional knowledge sharing. This includes an emphasis on social connections as powerful influences of health, wellness and well-being.

In Kahnawà:ke, social connectedness was clearly identified through CWP community engagement as a priority that needs to be addressed. Strategies aimed at enhancing social connections throughout the community should be addressed using a population health approach (see the CWP Framework chapter). The approach should emphasize specific populations, such as children, Elders, individuals with special needs and caregivers, those who are socially isolated, and other vulnerable or potentially marginalized individuals or groups. There needs to be careful consideration to gender and the 2SLGBTQIA+[4] community. Each of these areas is discussed in various chapters of the CWP report (e.g., the Mental and Emotional Wellness Domain and Special Needs Individuals and Caregivers Domain chapters).

During the CWP engagement process, in the context of maintaining social relationships and connectedness, community members expressed the need to enhance interorganizational and cross-sectoral collaboration and coordination functions. They found gaps in widespread communication of the programs, services, activities and initiatives happening in the community. One practical idea repeatedly proposed was the creation of a community calendar. The calendar is a potentially useful tool and a means to enable awareness and coordination in relation to community events. This is helpful to promote, enable and encourage participation and engagement in social events. This calendar would need a solid maintenance plan and should be accessible through multiple communication platforms, ensuring that everyone in the community can easily find out about and participate in the various events and opportunities available.

> *"We're a small community and it doesn't always mean that we agree on things, but there's never really any doubt in my mind … that everybody has each other's backs."*
>
> CWP engagement

The Indigenous Connectedness Framework

The interconnected nature and influence of social relationships on Indigenous health outcomes is supported through J. Ullrich's Indigenous Connectedness Framework, a conceptual model that identifies connectedness as a central concept and mechanism of Indigenous well-being (Ullrich 2019).

The framework highlights how strengthening cultural ties, community engagement and relationships with the environment can contribute positively to mental, physical, spiritual and emotional health and wellness outcomes. As stated by Ullrich: "… connectedness, the interrelated welfare of everyone and everything, has been one of the keys to Indigenous survival and wellbeing" (Ullrich 2019).

4 2SLGBTQIA+ terminology is continuously evolving. As a result, this list is not exhaustive; individuals and communities may have broader or more specific understandings of these terms. The acronyms listed here stand for Two-Spirit people as the first 2SLGBTQI+ communities; L: Lesbian; G: Gay; B: Bisexual; T: Transgender; Q: Queer; I: Intersex (considers sex characteristics beyond sexual orientation, gender identity and gender expression); A; asexual (or allies); +: is inclusive of people who identify as part of sexual and gender-diverse communities, who use additional terminologies (Public Service Alliance of Canada 2022).

"[Community connectedness] brings people together ... connecting with your fellow friends and colleagues in the community has derivative benefits ... psychosocial well-being too."

CWP engagement

"Better connections with our peers adds to a sense of identity and belonging."

CWP engagement

The Indigenous Connectedness Framework was created to be adapted and used to guide interventions, policies and practices that aim to support Indigenous health and well-being by reinforcing social and cultural connectedness. In Kahnawà:ke, we can leverage this tool to help inform and support CWP community engagement strategies.

Building on the Kahnawà:ke Child & Family Services Plan

The Kahnawà:ke Child & Family Services (CFS) Plan, developed by KSCS, outlines a comprehensive strategy aimed at enhancing prevention-focused approaches within the community. Initiated in March 2010, the plan proposed 10 project measures to utilize the Enhanced Prevention Focused Approach funding.

These measures are divided into two categories: Pilot Project Measures, introducing new services or programs, including the Family Preservation Unit and Youth Programming, with a strong traditional component; and Service Enhancement Measures, aimed at intensifying existing services deemed insufficient at the time, such as the addition of a Primary Prevention Worker and a Skill Building/Life Skills Program for Families.

The 2020-2024 CFS Action Plan proposes both enhancements to existing services and the introduction of new pilot projects, addressing areas such as addiction and anger management, foster care youth support, sexual assault action planning, and building change management capacity. These initiatives are supported by a strategic focus on cultural knowledge, life skill development and strengthening intervention teams' relationships with the community. An example in the planning and development phase – the Homebuilders initiative – is highlighted below.

Highlight: KSCS Homebuilders

The Child and Family Services Plan included a strong funding proposal for an Intensive Family Preservation component within KSCS family services. The main goal of the pilot project proposal titled Homebuilders was to provide a framework for implementation of a family preservation model to enhance prevention services and reduce child placements.

Strategies outlined included development of comprehensive supports and services to keep children with their immediate family, and if this was not possible, the provision of wraparound supports to keep children with their extended family, and if this was not possible, to keep them within the community.

The Homebuilders model is promising, and a program adapted to Kahnawà:ke's context is in the planning and development phase.

Furthermore, organizations within Kahnawà:ke's health and social services sectors are increasingly advocating for integrated service delivery models, often driven by proposals from staff members who directly observe the limitations of existing systems. A high-level example of a wholistic and integrated child and family-oriented approach to prevention and early intervention presently being explored in Kahnawà:ke is highlighted below:

An example of a wholistic and integrated child and family-oriented approach to prevention and early intervention presently being explored in Kahnawà:ke

A wholistic and multidisciplinary approach focused on upstream prevention and early intervention for families and small children is being explored in Kahnawà:ke. This model is designed to coalesce and streamline services from health and social sectors, embedding them within a pediatric care setting to ensure that families have access to comprehensive care from prenatal to postnatal stages.

It proposes a tiered structure of service delivery, beginning with universal services for all families, supplemented by targeted supports for those with mild concerns or significant risk factors. The model emphasizes critical components such as developmental and family needs screenings, mental health consultations, care coordination and positive parenting supports, all coordinated by family support workers in collaboration with pediatric nurses and family doctors.

This integrated approach aims to create a seamless continuum of care that addresses physical, emotional and social needs, promoting the well-being of children and families through early detection, intervention and connection to community resources, thereby laying a solid foundation for healthy development and resilience.

During the next years of the CWP, we'll continue to build upon the CFS Enhanced Prevention Focused Approach to address service gaps, meet client needs more effectively, and advance the vision of creating integrated and wholistic child and family-oriented systems.

Key Frameworks and Tools to Support the Child and Family Wellness Domain

Child and family wellness is a strategic priority that is being advanced through ongoing work in Indigenous communities across Canada. The following key frameworks and tools have been identified as being of high value and that can inform and enable the development of Child and Family Wellness domain work in Kahnawà:ke:

- **First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' Framework**
- **BC First Nations Health Council (FNHC) Child, Family & Community Indicators**
- **Kanien'kehà:ka Growth and Empowerment Measure (The K-GEM)**
- **Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)**

First Nations Child and Family Services (FNCFS) 'Measuring to Thrive' Framework

The FNCFS initiative aims to transform the existing child welfare system, determined by the Canadian Human Rights Tribunal as being discriminatory and underfunded, into one that focuses on the well-being of Indigenous children, families and communities through a wholistic, evidence-based approach (Institute of Fiscal Studies and Democracy 2020). The current FNCFS funding model is reactive, focusing on intervention after problems have occurred, which has long-term negative impacts on children's interactions with social services later in life. By contrast, the proposed model advocates for a preventative approach, targeting the root causes of family and community challenges, to mitigate future contact with social and justice systems.

With the endorsement of the National Advisory Committee (NAC), the Institute of Fiscal Studies and Democracy (IFSD) was asked by the Assembly of First Nations (AFN) and the Caring Society to define a funding approach and performance measurement framework for federally funded First Nations Child and Family Services.

Building on findings that identified funding gaps in areas like prevention and technology, a performance framework – **Measuring to Thrive** – and a need-based block funding approach were developed (Institute of Fiscal Studies and Democracy 2020). The federal funding model shifted from a top-down, formula-based system to one controlled by First Nations, with funding aligned with indicators of well-being. The **Measuring to Thrive** framework represents a significant shift from output-based measures to a wholistic set of 75 indicators that reflect the comprehensive well-being of children, families and communities and recognize the interrelated aspects of wellness.

"As a new and improved performance framework, Measuring to Thrive will offer perspective on the well-being of First Nations children, families, and communities, in keeping with the legislatively defined principles of substantive equality, the best interests of the child, and a culturally-informed approach. The intent of Measuring to Thrive is to provide FNCFS agencies with a portrait of the people they serve and the context in which they operate to support enhanced decision-making and eventually, to better inform funding approaches."

Funding First Nations Child and Family Services (FNCFS): A performance budget approach to well-being

The Measuring to Thrive framework articulates its vision through three key interconnected dimensions: the well-being of communities, families and children, described further below.

"Measuring to Thrive" Framework dimension	Indicators	Description
Child well-being	42	**Purpose:** Children reach their full developmental potential and have a sense of hope, belonging, purpose and meaning. **Definition:** Child well-being is a multidimensional concept that is influenced by a child's interaction with the environment. It includes cognitive, social, psychological/emotional, cultural/spiritual and physical development and wellness. These interdependent components provide the foundation for a child to reach their full developmental potential and for children to feel positive about life and have a sense of hope, belonging, purpose and meaning.
Family well-being	6	**Purpose**: Families enjoy a safe, stable environment in which to foster healthy familial relationships. **Definition:** Family well-being is a relational concept, referring to the interactions between family members but also affected by the larger environments in which parents and children exist. Within the family unit, well-being comprises family self-sufficiency, meaning the labour force participation of caregivers and the ability of the family to meet basic needs, and family health and social factors, meaning the mental and physical well-being of caregivers and family protective factors.

"Measuring to Thrive" Framework dimension	Indicators	Description
Community well-being	27	**Purpose:** Reliable public infrastructure, access to basic needs, and resources and services to foster safe, stable, thriving communities. **Definition:** Community well-being is the combination of social, economic, environmental, cultural and political conditions identified by individuals and their communities as essential for the fulfillment of their full potential. This dimension of well-being is determined by a community's access to basic needs (potable water, access to suitable housing, broadband connectivity, the presence of community infrastructure and overall community poverty level). In addition to these aspects, community well-being is affected by health and social services provision among band councils and community agencies, as well as by broader indications of public safety and community health, such as rates of suicide, rates of illicit drug use, rates of heavy drinking, BMI rates, rates of chronic conditions and rates of violent crime.

Central to this framework is the recognition of culture, language and land as fundamental to a sense of belonging, underscoring the importance of enabling children and families to engage with their community's cultural practices, traditions and languages. Safety is highlighted as an integral component of overall child well-being, advocating for its inclusion as a measure within the broader spectrum of child welfare.

> *"But it really is that idea which is you have the individual at the heart of it. The first protective factor around the individual is the family that's around them."*
>
> CWP engagement

Leveraging the **Measuring to Thrive** framework is important because it represents a paradigm shift towards a wholistic, preventative approach to child welfare that prioritizes the well-being of children, families and communities. This framework underscores the importance of culturally anchored data collection and analysis to enable agencies to make informed decisions and advocate for funding that meets the unique needs of their communities.

Transitioning to this approach presents notable challenges, including the need to evolve from a focus on reactive protection services to a more wholistic emphasis on both prevention and protection. This shift requires the establishment of new operational frameworks, governance practices and data collection techniques – in particular, it is critical to bolster agencies' capabilities in data management and analysis.

The framework's emphasis on meaningful, community-specific indicators of well-being, supported by the development of robust governance practices and OCAP© (First Nations Information Governance Centre 2024) aligned data infrastructures, provides a comprehensive approach that aligns with the needs and lived realities of First Nations children and their communities. We can consider further adopting **Measuring to Thrive** indicators *as a strategic move to enhance service delivery, and as an investment in the future resilience and thriving of the community.*

The **Measuring to Thrive** framework marks a departure from the present reactive state of performance measurement for the FNCFS program. From **four output-based measures focused on protection**, the Measuring to Thrive framework now has **75 indicators that capture the well-being of a child, their family and their community environment**.

This is in alignment with the **Truth and Reconciliation Commission's Final Report and Calls to Action**, which emphasize that interventions in Indigenous child and family wellness should be comprehensive and cross-sectoral, guided and governed by the community to reflect their values and lived realities. These efforts should encompass Indigenous approaches to health and well-being and should aim to address all the SDIH, incorporating culture, traditions, language, values, and ways of knowing and learning.

The **National Child Welfare Outcomes Indicator Matrix (NOM)** is a foundational framework that conceptualizes child welfare outcomes in four domains: child safety, child well-being, permanence, and family and community support (Trocmé et al. 2009).The **Measuring to Thrive framework** builds on the NOM framework to conceptualize child safety using two key dimensions:

- **Protection**: The Canadian Child Welfare Research Portal identifies five primary forms of maltreatment: physical abuse, sexual abuse, physical neglect, emotional maltreatment, and exposure to domestic violence. The indicators include:
    - Recurrence of maltreatment
    - Recurrence of child protection

concerns in a family after ongoing protection services were provided
    - Serious injuries/deaths
    - Non-accidental child injury
    - Child sexual abuse

- **Permanency:** In situations where children require out-of-home care, the primary goal is for children to eventually be reunified with their families, although this is not always possible. In any case, achieving a permanent or stable living situation is important for healthy child development and well-being. The indicators include:
    - Out-of-home placement rate
    - Number of moves in care
    - Timeliness of successful family reunification or adoption

BC First Nations Health Council (FNHC) Child, Family & Community Indicators

The governance of First Nations health systems and programs in British Columbia is underpinned by the seven directives (First Nations Health Council 2022). The seven directives are underpinned by a social determinants of Indigenous health framework, showcasing the proactive and significant efforts of BC First Nations to continuously address these critical determinants to improve the health and wellness of their communities (see Table below).

First Nations Health Authority BC: 7 Directives and SDIH (First Nations Health Council 2022)

Directive	Social Determinant of Health
1.Be community-driven, Nation-based	• Self-determination
2. Increase First Nations decision-making and control	• Self-determination • Culture and language
3. Improve services	• Culture and language • Self-determination • Access to health care
4. Foster meaningful collaboration and partnership	• Self-determination • Physical environment • Education • Early childhood • Employment
5. Develop human and economic capacity	• Social inclusion • Education • Employment
6. Be without prejudice to First Nations interests	• Self-determination
7. Function at a high operational standard	• Self-determination • Access to health care

Source: (First Nations Health Council 2022).

FNHC engagement efforts have sought to define a vision for the health and well-being of First Nations communities in BC, emphasizing the development of **child, family, and community indicators**. Through engagement sessions, common themes and goals were identified, focusing on healthy, self-determining and vibrant communities. The table below presents the FNHC's wholistic indicators for children, families and communities.

First Nations Health Council: Wholistic Indicators for Children, Families and Communities (First Nations Health Council 2022)

Group	Theme	Outcome Statement	Common Indicators
Children	Physical health	Well-nourished and physically active children	• Energetic (“glowing”) and active children (engaged in community activities and sports) • Healthy diet and weight (traditional diet) • Positive healthy role models
	Emotional health	Children with positive social relationships and high self-esteem and confidence	• Positive self-esteem and self-awareness (confidence) • Sense of belonging in the culture and community • Strong social circle (maintains positive friendships)
	Tradition and culture	Child has a sense of belonging and pride in family and culture	• Understanding and pride in identity • Actively engaged in community events, ceremony and gatherings
	Education	Child draws from blend of traditional and formal education	• Age-appropriate literacy and exposure to traditional language • Parental involvement in education • Raised with culture – taught customs and ceremonies

Group	Theme	Outcome Statement	Common Indicators
Family	Economic stability	Families have their base environmental, economic and social needs met, with access to social services	• Economically self-sufficient supported by stable employment • Access to land and resources • Less reliant on social assistance with stronger focus on supporting an Indigenous economy • Family has safe and secure housing • Family is food secure and has access to necessary utilities • Access to full spectrum of health and social services
	Tradition and culture	Thriving and active in traditional knowledge and practices	• Access to land for traditional and ceremonial purposes • Understanding of culture and connection to history • Volunteers or contributes to the community • Practises ceremonies and engages in traditions and celebrations
	Family relations	Proud, health-conscious family units positively involved in community affairs and activities	• Sharing meals together (and eating healthy meals) • Strong role models (parents) and supportive family (emotionally supportive) • Open communication and constructive problem solving

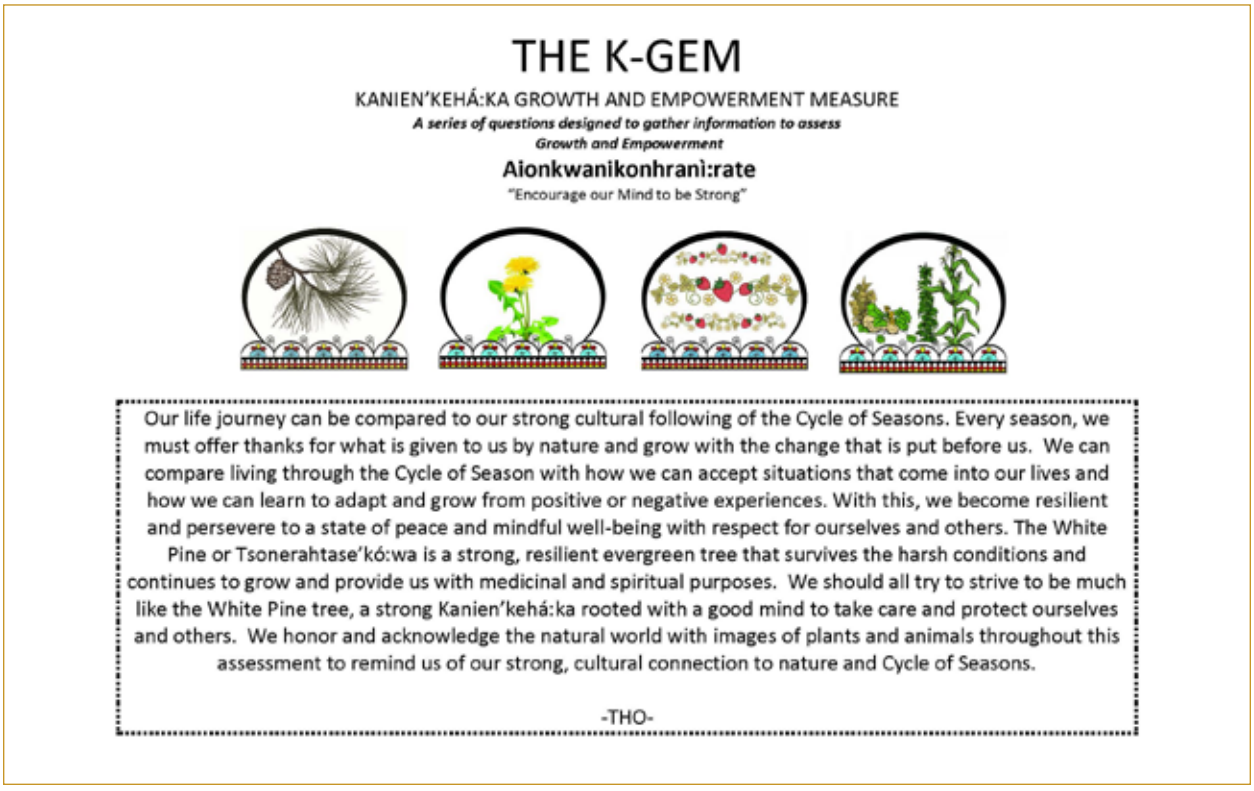
Group	Theme	Outcome Statement	Common Indicators
Community	Tradition and culture	Grow and maintain traditional structures, teachings and practices	• Support to learn, share and speak the language • Community leaders foster communication, collaboration and planning • Participation in community events and gatherings (and a place to gather) • Sharing of knowledge, customs and history
	Environment	To live and thrive through a healthy and safe environment	• Enable access to the land and use the resources for food, social and ceremonial purposes • Environmental monitoring, management and protection • Essential infrastructure to deliver clean and safe drinking water
	Economic stability and sustainability	To live and thrive through a healthy and safe environment	• Self-sufficiency (not reliant upon social assistance) and able to define own vision and means of economic development • Enable access to education and employment opportunities
	Community health and well-being	Economic security and control over means of economic growth	• Essential infrastructure for water, wastewater and standard public utilities on-reserve • Access to community healers, medicines and social support networks • Ensure availability of safe and secure housing

Source: (First Nations Health Council 2022).

Kanien'kehá:ka Growth and Empowerment Measure

The Kanien'kehá:ka Growth and Empowerment Measure (K-GEM) represents a significant advancement in the field of culturally competent tools designed to assess and promote well-being among Indigenous communities, specifically tailored for the Kanien'kehá:ka people of Kahnawà:ke ("Kanien'kehá:Ka Growth and Empowerment Measure (K-GEM)," n.d.). Adapted from the Growth and Empowerment Measure (GEM) initially created for Indigenous Australians, the K-GEM is the result of collaborative, qualitative and participatory research methods that sought to integrate the cultural nuances, values and philosophies of the Kanien'kehá:ka. By involving community members directly, the adaptation process ensured that the tool was not only culturally anchored but also resonated with the local perceptions of well-being, thereby enhancing its effectiveness as both an assessment instrument and a therapeutic aid.

The K-GEM underscores the importance of empowerment for Indigenous well-being, a multifaceted construct encompassing individual mastery, control, self-efficacy and the ability to influence one's environment. This approach aligns with broader empowerment frameworks that emphasize participatory processes, where marginalized or oppressed groups gain control over their lives and are


THE K-GEM

KANIEN'KEHÁ:KA GROWTH AND EMPOWERMENT MEASURE

A series of questions designed to gather information to assess Growth and Empowerment

Aionkwanikonhranì:rate

"Encourage our Mind to be Strong"

Our life journey can be compared to our strong cultural following of the Cycle of Seasons. Every season, we must offer thanks for what is given to us by nature and grow with the change that is put before us. We can compare living through the Cycle of Season with how we can accept situations that come into our lives and how we can learn to adapt and grow from positive or negative experiences. With this, we become resilient and persevere to a state of peace and mindful well-being with respect for ourselves and others. The White Pine or Tsonerahtase'kó:wa is a strong, resilient evergreen tree that survives the harsh conditions and continues to grow and provide us with medicinal and spiritual purposes. We should all try to strive to be much like the White Pine tree, a strong Kanien'kehá:ka rooted with a good mind to take care and protect ourselves and others. We honor and acknowledge the natural world with images of plants and animals throughout this assessment to remind us of our strong, cultural connection to nature and Cycle of Seasons.

-THO-

Figure 25: Snapshot of The Kanien'kehá:ka Growth and Empowerment Measurement Tool (Gomez Cardona et al. 2022)

enabled to access resources. In the context of Kahnawà:ke, the K-GEM serves as a bridge between psychological and traditional knowledge, aiming to foster emotional, mental, spiritual and physical well-being.

By leveraging empowerment strategies, the tool seeks to support the Kanien'kehá:ka people in becoming agents of change within their lives, thereby addressing historical and ongoing challenges of colonization and structural violence. This in turn promotes the maintenance of healthy behaviours and supports individuals, families and communities in navigating their paths to wellness together. Through this family- and community-oriented lens, the K-GEM fosters a wholistic approach to well-being, emphasizing the interconnectedness of personal healing and communal vitality.

A key innovation of the K-GEM is its narrative approach, which places significant emphasis on personal storytelling as a means of fostering individual empowerment. This method recognizes the power of narrative in shaping identity and promoting resilience, enabling individuals to reinterpret and reclaim their personal and collective stories in positive ways.[5]

Aaniish Naa Gegii: The Children's Health and Well-being Measure

The Aboriginal Children's Health and Well-being Measure (ACHWM) is a wellness tool specifically designed for Indigenous communities, focusing on children aged 8 to 18 (Wabano, M. 2011; Young N et al. 2013; Young NL et al. 2013). Developed in 2011 by Mary Jo Wabano, a Health Services Director at Wiikwemkoong, and Dr. Nancy Young of Laurentian University, alongside Wiikwemkoong children, the ACHWM is grounded in the framework of the Medicine Wheel.

The ACHWM assesses the spiritual, emotional, physical and mental wellness of Indigenous children through a 62-question survey, presenting results in a visually engaging Balance Chart format. This innovative tool not only facilitates health screening and program evaluation but also serves as a critical resource for population health assessment within Indigenous communities.

The ACHWM's development was deeply rooted in a community-centric approach, reflecting a significant departure from traditional health assessments that often overlook the cultural nuances and values of Indigenous peoples. The emphasis on capturing the children's perspectives through photography and discussion, facilitated through the use of modern tablet technology, ensures that the measure is not only engaging but also empowers the children to have a voice in their health assessment. The integration of this digital platform enhances the feasibility of the tool, providing instant, individualized wellness reports and generating actionable data to inform local program planning, advocacy and funding.

5 More information about the K-GEM can be found at https://www.researchgate.net/figure/Kanienkehaka-Growth-and-Empowerment-Measure-K-GEM_fig1_353933720.

Crucially, the ACHWM emphasizes a wholistic view of health that aligns with Indigenous understandings and worldviews. The tool's use in communities has been scientifically validated, demonstrating its effectiveness in identifying children who may need interventions and supporting them through an integrated triage component. This approach not only shifts the narrative towards a strength-based perspective of Indigenous children's well-being but also facilitates a constructive dialogue between children and mental health support staff.

The implementation of the ACHWM emphasizes community involvement, cultural sensitivity and child empowerment and offers a model for how health measures can be adapted and implemented in ways that truly serve the needs and respect the values of Indigenous communities.[6]

6 More information on this tool can be found at https://achwm.ca.

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6. Mental and Emotional Wellness Domain

6. Mental and Emotional Wellness Domain

Note

The content of this chapter might cause triggering of some difficult or uncomfortable emotions and memories for some readers. If you find yourself in this situation, please reach out to someone you trust for support. If you find you need immediate crisis support, we encourage you to consider calling one of the following resources:

- Hope for Wellness Help Line: 1-855-242-3310 Live chat: www.hopeforwellness.ca
- Centre de prévention du suicide de Québec: 1-866-277-3553
- Kids Help Phone: 1-800-668-6868 or by text at 686868
- KSCS Intake Services: 450-632-6880 (8:30-4:30 weekdays)
    - 450-632-6505 (after hours or holidays): Ask for the After-Hours Response Worker
- If you are worried or believe that someone is in immediate danger, please contact emergency services: Peacekeepers (in Kahnawà:ke): 450-632-6505; Ambulance (in Kahnawà:ke): 450-632-2010 or use 9-1-1 in other areas

Highlights

- Mental health and wellness have been a consistent strategic priority in Kahnawà:ke for the past 25+ years, reflected through the Community Health Plans (CHPs) and initiatives of community organizations. The Community Wellness Plan (CWP) engagements clearly reaffirmed this priority but also validated the need for a wholistic approach that encompasses emotional wellness.
- Mental health and wellness must be framed and contextualized through a social determinants of Indigenous health (SDIH) and equity lens to fully understand the complexity of protective and risk factors and develop wholistic, comprehensive and integrative initiatives and responses.
- Data and statistics validate the need to develop a comprehensive, wholistic, culturally anchored and integrated Mental and Emotional Wellness Strategy that also encompasses a plan for Good Mind and Healthy Coping (previously Substance Use and Addictions). This Strategy should be built on the foundation of previous and ongoing mental health and wellness initiatives.
- Foundational work that should be conducted prior to developing a Mental Emotional and Wellness Strategy includes a comprehensive and wholistic assessment of the epidemiological mental health profile of the community, a needs assessment and a service inventory.
- The CWP review identified the following subdomains for Mental and Emotional Wellness:
    - Suicide prevention
    - Grief support
    - Supporting mental and emotional wellness within the context of gender diversity
    - Clinical conditions (ADD/ADHD, ASD and FASD)
    - Care for severe and persistent mental illness conditions
    - A life-course focus on special populations: teens and youth; Elders; parents and maternal health
- Key conceptual models, frameworks, tools and indicators that can be leveraged to inform the development of Kahnawà:ke's Mental Health and Wellness Strategy are described, such as the First Nations Mental Wellness Continuum Framework.
- Examples of indicators and data sources that are readily available for use are described, such as the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portraits and Kahnawà:ke's health and social services statistics.
- A comprehensive set of considerations for the development of Kahnawà:ke's Mental and Emotional Wellness Strategy are described. Examples include the need for updated, wholistic and comprehensive data and statistics; addressing service delivery gaps; integrating traditional approaches; framing service delivery models using an SDIH lens; enhancing coordination and communication across the continuum of care; ensuring accessibility and quality of care; adopting wholistic, family-oriented and culturally anchored approaches; emphasizing community engagement and self-determination; and incorporating culture and language.

Background and Context: An Ongoing Priority in Kahnawà:ke

> *"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development."*
>
> World Health Organization
>
> *"Mental wellness is supported by culture, language, Elders, families, and Creation and is necessary for healthy individual, community, and family life."*
>
> (First Nations Mental Wellness Continuum Framework 2015)

Mental health has been consistently identified as a top priority in Kahnawà:ke's community health needs assessments and CHPs over the past 25+ years. After being ranked as the fourth-highest community priority in the 1998 CHP (after alcohol and drug abuse, violence and diabetes), the 2004 and 2012 CHPs increased mental health's priority status to being the second-highest community health priority (after alcohol and drug abuse).

The priority status of mental health is reflected in the work of Onkwata'karitáhtshera, the development of the Mental Wellness and Addictions Subcommittee, the Wellness Action Team (WAT), and the publication of the Mental Wellness and Mental Illness chapter of the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait in 2023.

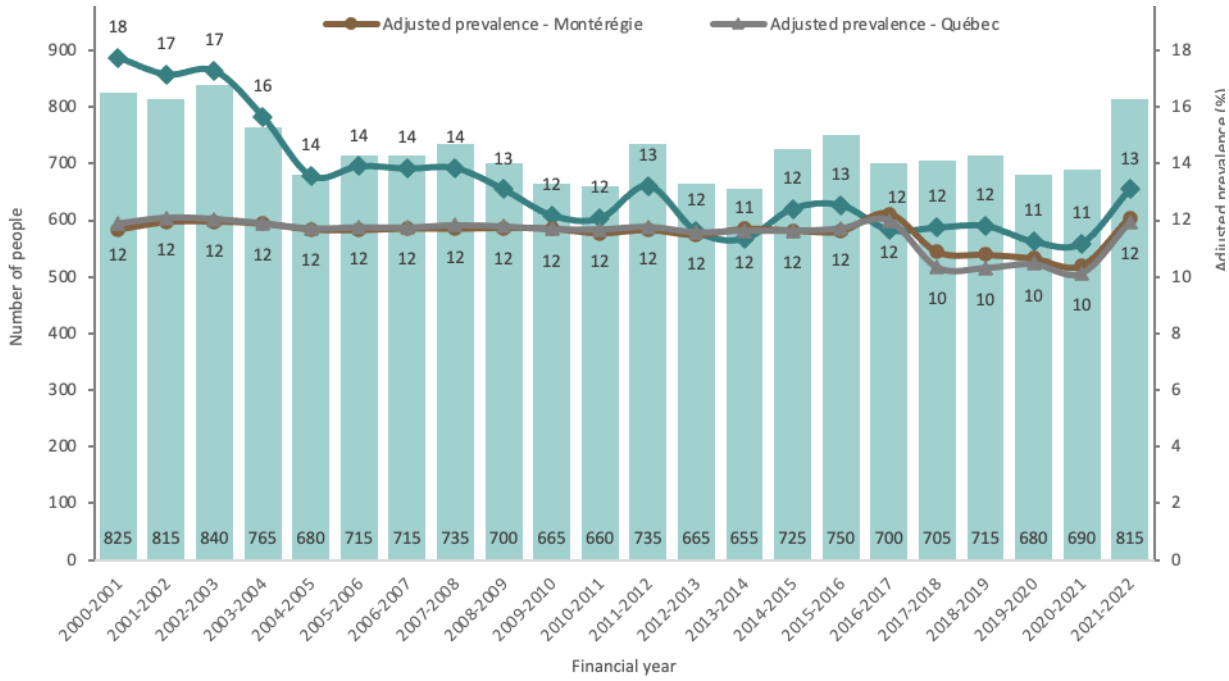
The relevance and importance of addressing the mental health and wellness of Kahnawa'kehró:non have increased further since the COVID-19 pandemic. The pandemic was a collective traumatic experience that negatively affected our mental health and wellness in the community – particularly vulnerable individuals and groups. Although the pandemic response demonstrated the intrinsic strengths, solidarity and resiliency of the community, it also clearly brought to light and sometimes worsened significant issues, gaps and weaknesses in mental health and substance use–related systems, programs and services.

The CWP engagements and document review not only reaffirmed and validated that mental health and wellness continues to be a high priority, but also emphasized the **importance of moving forward with a more wholistic conceptualization that integrates the emotional dimension of wellness and well-being**. It is self-evident that matters of the heart and feelings such as love, happiness and grief are extremely important within the mental and emotional wellness of our community. Indeed, there are important programs and initiatives in the community that specifically focus on promoting and protecting emotional wellness and well-being and healing of the heart as well as the mind, body and spirit.

Current State of Mental and Emotional Wellness in Kahnawà:ke

2015 data published in the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait (Volume 2) highlighted many positive indicators of the community's mental well-being, including high perceptions of subjective mental wellness. It also showed high perceptions of community belonging and social connectedness, which are important contributors to mental and emotional wellness. Although these were not universal, they indicate considerable strength and resiliency at a community level. For example, 73% of people in Kahnawà:ke rated their mental health as excellent or very good, whereas 84% rated their personal sense of belonging to the community very highly (Onkwata'karitáhtshera 2023).

Recent medical diagnosis data trends up to 2021 indicate significant reductions in the overall prevalence of mental illness in the community over the past 20 years and a narrowing of the gap between the community and the surrounding region. Even so, there was a small increase in mental illness in 2021-2022 (see below) for the community as well as the region.



Source : INSPQ, Système intégré de surveillance des maladies chroniques du Québec (SISMACQ).
Note: Figure is age-adjusted and inclusive of population 1 year of age and older

Figure 26: Update: Onkwaná:ta Our Community, Ionkwata'karí:te Our Health, Volume 2, Figure 3.17, page 138. Percentage and number of people with a medical diagnosis of any mental health disorder in Kahnawà:ke, Montérégie and Québec, 2000-2001 to 2020-2021(Onkwata'karitáhtshera 2024).

Anxiety and Depression

Updated medical diagnosis data also indicates significant improvement in the prevalence of anxiety/depression since 2000. Like with overall mental illness, there has been a narrowing of the gap between the community and the surrounding region. However, most of this improvement happened in the early 2000s, with prevalence mostly stabilizing since approximately 2012-2013. In 2021-2022, the prevalence of anxiety and depression rose somewhat in Kahnawà:ke, as well as in Montérégie and Quebec. It remains to be seen if this trend will continue in the post-pandemic period.

Youth Mental Health and Wellness

Youth mental health and well-being indicators from Kahnawà:ke tell us that this population requires careful attention and consideration. Based on the data presented in the Health Portrait Volume 2, youth reported lower perceptions of their overall mental health, including lower levels of perceived mental, emotional and spiritual balance. For example, in 2016, 62% of youth (12-17 years of age) reported their mental health to be excellent or very good, compared to 73% of adults in Kahnawà:ke and 77% of youth in Canada.

Additionally, in contrast with other First Nations in Quebec, greater proportions of Kahnawa'kehró:non youth (12-17 years old) indicated moderate to severe levels of psychological distress. There was also a significant minority of youth who felt they would not be able to turn to anyone for support if faced with a difficult situation. For example, 9% said they would not seek help from anyone for problems related to birth control, and 8% said they would not seek help from anyone for a physical assault (Onkwata'karitáhtshera 2023).

Elder Mental Health and Wellness

Mental health among Elders was also found to be rated lower than among Kahnawa'kehró:non overall, with fewer elders reporting excellent or very good health compared to other age groups in Kahnawà:ke (Health Portrait). Additionally, fewer Elders in Kahnawà:ke reported their mental wellness highly (65%) compared to ratings reported by Québécois and Canadians in this age group (76% and 70%, respectively). These are important findings, in light of the aging population of Kahnawà:ke, with a 109% growth in the population of Elders between 2000 and 2021 (Onkwata'karitáhtshera 2024).

Mental Health and Wellness: A Life Course View

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes."

World Health Organization

As shown above, mental and emotional wellness is perceived and manifests differently within various groups in Kahnawà:ke. We can better understand mental and emotional wellness as the result of the interplay of the **social determinants of Indigenous health (SDIH),** which are different across and within various subgroups – further discussed below (First Nations Mental Wellness Continuum Framework 2015; Hopkins and Fournier 2018).

The Context of Mental and Emotional Wellness: The Social Determinants of Indigenous Health

"Avoid pathologizing being Indigenous and understand how colonial trauma shows up in mental health."

Dr. Sarah Hunt, Tłaliłila'ogwa
(Health Justice 2023)

"We need to support determinants of health – increases in robust supports, a prevention focus. We can't wait until we're in crisis. We don't need cops, maybe we need an Elder and some tea, a smudge. It can sometimes be that simple (and sometimes not)."

Bizaan Bimose (Tonya Robitaille)
(Health Justice 2023)

Data and statistics relating to mental and emotional wellness must be framed and contextualized by an SDIH lens. The SDIH are factors and conditions that shape the health, wellness and well-being of Indigenous populations that go beyond individual lifestyle choices and genetic predispositions to encompass broader social, economic, cultural and environmental influences (Health Justice 2023; Loppie, C. and Wien, F. 2022; First Nations Mental Wellness Continuum Framework 2015). Specifically, the wholistic physical, emotional, mental and spiritual health dimensions of Indigenous people are strongly affected by deeply entrenched historical systemic injustices and inequities (the SDIH are explored and discussed in detail in the Social Determinants of Indigenous Health, Equity and Inclusion chapter of this report).

In Kahnawà:ke, social determinants and risk factors of poor mental and emotional wellness were identified through the Health Portrait. The potential factors explored were intergenerational trauma (particularly in relation to the residential schools system), separation from immediate family, racism, perceptions of gang activity, and lateral violence (Onkwata'karitáhtshera 2023).

The Truth and Reconciliation Commission from 2007-2015, the discovery of several unmarked grave sites at former Indian Residential School grounds starting in 2021, the Indigenous delegation visit to the Vatican in 2022 and the Indian Day Schools settlement process are just a few of the events that have impacted the community and mental well-being in individuals in a multitude of ways (Freeman 2004; Phillips, M. et al 2012; Stacey, K. 2016; Devanathan, R. 2023). Understanding these impacts and ongoing concerns is necessary for mental health professionals within Kahnawà:ke and outside of the community to better meet community members' needs and can be helpful for families to better understand themselves.

Generations of trauma and socioeconomic marginalization have placed Indigenous people at disproportionate risk of negative health outcomes, including mental illness (Centre for Addiction and Mental Health (CAMH) 2024). Some of these interconnected factors that have been shown to be linked to poorer mental health outcomes include (Josewski, Viviane 2023):

- Historical trauma and intergenerational effects of trauma (e.g., depression, anxiety, post-traumatic stress disorder)
- Socioeconomic disparities and poverty leading to unsafe or unstable housing and more regular and chronic stress and anxiety
- Cultural disconnection, racism and discrimination undermining identity and sense of belonging
- Substance abuse as a coping mechanism for dealing with trauma and stress
- Environmental changes and loss of land affecting stress, sense of safety and identity
- Barriers to accessing mental health services and supports due to ongoing colonialism, racism, poverty, and a lack of culturally safe and relevant care
- Other social determinants of health (e.g., lack of support systems, social isolation)

Developing a Kahnawà:ke Mental and Emotional Wellness Strategy

Kahnawà:ke's mental health statistics – especially when framed by a SDIH lens – clearly indicate the urgent need to develop a **comprehensive, wholistic, culturally anchored and integrated Mental and Emotional Wellness Strategy**. This Strategy must **encompass a plan for substance use and addictions**, which is specifically proposed and discussed in the CWP report's Good Mind and Healthy Coping domain chapter. It is important to emphasize that the two CWP domains (Mental and Emotional Wellness and Good Mind and Healthy Coping) are strongly interrelated and mutually constitutive but remain analytically distinct.

The Kahnawà:ke Mental and Emotional Wellness Strategy must build upon decades of work, investment and progress by the community. Therefore, this chapter will provide key resources such as conceptual models, frameworks, tools and indicators to guide, inform and support the Strategy's development. These resources support **foundational work that must be conducted** in relation to developing the Mental and Emotional Wellness Strategy, namely:

- To comprehensively and accurately assess the epidemiological profile of mental health and wellness in Kahnawà:ke, as well as their key determinants (e.g., SDIH), and to address data needs and gaps.
- To conduct an updated and comprehensive review, assessment, inventory and mapping of existing mental and emotional health and wellness–related services and programs.
- To leverage, align with and build upon foundational work from previous and ongoing initiatives

To support the development of a Kahnawà:ke Mental and Emotional Wellness Strategy, this chapter will present the following:

- A comprehensive summary and synthesis of previous initiatives, work and progress to build upon.
- A synthesis of key Mental and Emotional Wellness subdomains that warrant further attention, assessment and consideration.
- A synthesis of key conceptual models, frameworks, tools and indicators to potentially leverage.
- Key indicators that are presently available in the community to use.
- Key considerations for the development of a Strategy.

Building upon Strong Foundations: Mental and Emotional Health and Wellness-Related Initiatives in Kahnawà:ke

Before embarking upon the development of a Mental and Emotional Wellness Strategy, it is important to leverage, align with and build upon foundational work from previous and ongoing initiatives. In this section, a summary and synthesis of our community's previous and ongoing initiatives, work and progress is provided, specifically:

- Identification of **organizations** involved in mental and emotional wellness-related work
- A synthesis of the **2012-2013 Kahnawà:ke CHP Mental Health logic models**
- A synthesis of the **2017 Mental Wellness and Addictions logic model draft**
- Synthesis of findings from the **CHP Mental Wellness and Addictions Subcommittee**

Organizations Involved in Mental and Emotional Wellness-Related Work

Within Kahnawà:ke, a number of organizations are involved in mental health and emotional wellness–related programs and services, such as Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS), Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center (KMHC), Kahnawà:ke Peacekeepers (PKs) and Kahnawà:ke Fire Brigade and Ambulance Service (KFB). Independent traditional medicine practitioners also provide services that support mental wellness.

Organizations and service providers outside Kahnawà:ke are also involved in providing mental health services, including substance use and addictions services to community members. Examples include the Anna Laberge Hospital, Jewish General Hospital, Montreal Children's Hospital, Tracom crisis/respite centre, private psychologists, psychiatrists, and Centre intégré de santé et de services sociaux (CISSS) de la Montérégie-Ouest.

Active from approximately 2002 to 2009, in the past KSCS and KMHC had a Mental Health Team (officially called the Mental Health Working Group). This group typically met weekly to discuss case management and build collaboration. The Team had more of an "emergency mode" role at the time, rather than prevention and maintenance. The Team was evaluated in 2011, which described how the group disbanded after key members moved on from their roles and as its mandate and scope changed. Presently, KSCS and KMHC work alongside each other to a certain degree to coordinate services for community members, with an increasing focus on addressing mental health conditions as well as mental and emotional wellness.

Thus, these organizations have a comprehensive and in-depth understanding of mental and emotional health and wellness in the context of the community, and their expertise should be strongly leveraged throughout the development of the mental health and wellness strategy in Kahnawà:ke.

In addition, many organizations promote emotional and social well-being in the course of their work, without explicitly labelling this as mental wellness promotion. A few examples include the schools, Step by Step, Onake paddling club and the Language Nest.

CHP Mental Health Logic Models (2012-2013 and 2017 draft)

2012-2013 CHP Mental Health Logic Models

As a CHP priority, significant and comprehensive work has been done related to mental health and wellness in Kahnawà:ke, as shown through the CHP mental health logic models. The CHP mental health logic model from 2012-2013 demonstrated the intention to take a comprehensive approach to mental health care. The logic model encompassed a wide range of services, from crisis intervention to preventative measures, with a strong emphasis on culturally anchored practices, family and community engagement, and coordinated service delivery. Furthermore, the logic model incorporated a combination of qualitative and quantitative assessments to measure their impact.

Below, a synthesis of the 2012-2013 logic model's main areas of focus and impact is presented. Appendix MEW 1 provides a synthesis of the logic model's indicator measurement approach, the strengths of the logic model, as well as with key recommendations highlighted by the logic model work.

2012-2013 CHP Mental Health Logic Model Areas of Focus and Impact

Areas of focus	Proposed impact
Coordinated Service Delivery: Many of the programs, such as Assisted Living Services and the social worker model, emphasize the development of a coordinated approach to delivering mental health services. This includes integrating various aspects of mental health care and ensuring that services are comprehensive and accessible. **Cultural and Community Relevance:** The Healing Lodge and Shakotisniennens Support Counselors focus on providing culturally anchored support, emphasizing traditional knowledge and practices. This approach acknowledges the importance of cultural context in mental health and well-being. **Family and Community Engagement:** Programs like Family Wellness Center Parenting and KYC Outreach put a significant emphasis on involving families and the community. They aim to strengthen family bonds, improve parenting skills and engage community members in proactive mental health practices. **Crisis Management and Prevention:** Initiatives like the Mental Health Nursing program and Short Term Crisis Intervention focus on crisis management and tertiary prevention, aiming to provide immediate support in crisis situations and prevent the escalation of mental health issues.	**Improved Mental Health Services:** Many of the models aim to improve the quality, accessibility and effectiveness of mental health services offered to the community. **Enhanced Community Well-being:** There is a strong emphasis on enhancing the overall well-being of the community, which includes improving family dynamics, strengthening cultural ties and promoting healthy lifestyles. **Prevention and Education:** Several models focus on preventative measures and education to address mental health issues before they escalate. This includes raising awareness about mental health, fostering healthy relationships and providing early interventions. **Empowerment and Independence:** Programs like the Family Wellness Center and KYC Outreach aim to empower individuals and families, helping them to develop skills and confidence that promote independence and self-support in managing their mental health.

2017 Mental Wellness and Addictions (MWA) Logic Model

In 2017, a draft Mental Wellness and Addictions (MWA) logic model was created by the Mental Wellness and Addictions Subcommittee of Onkwata'karitáhtshera to serve as a framework to address mental wellness and addiction issues within the community, with a strong emphasis on the continuum of care and integrating Kanien'kehá:ka culture.

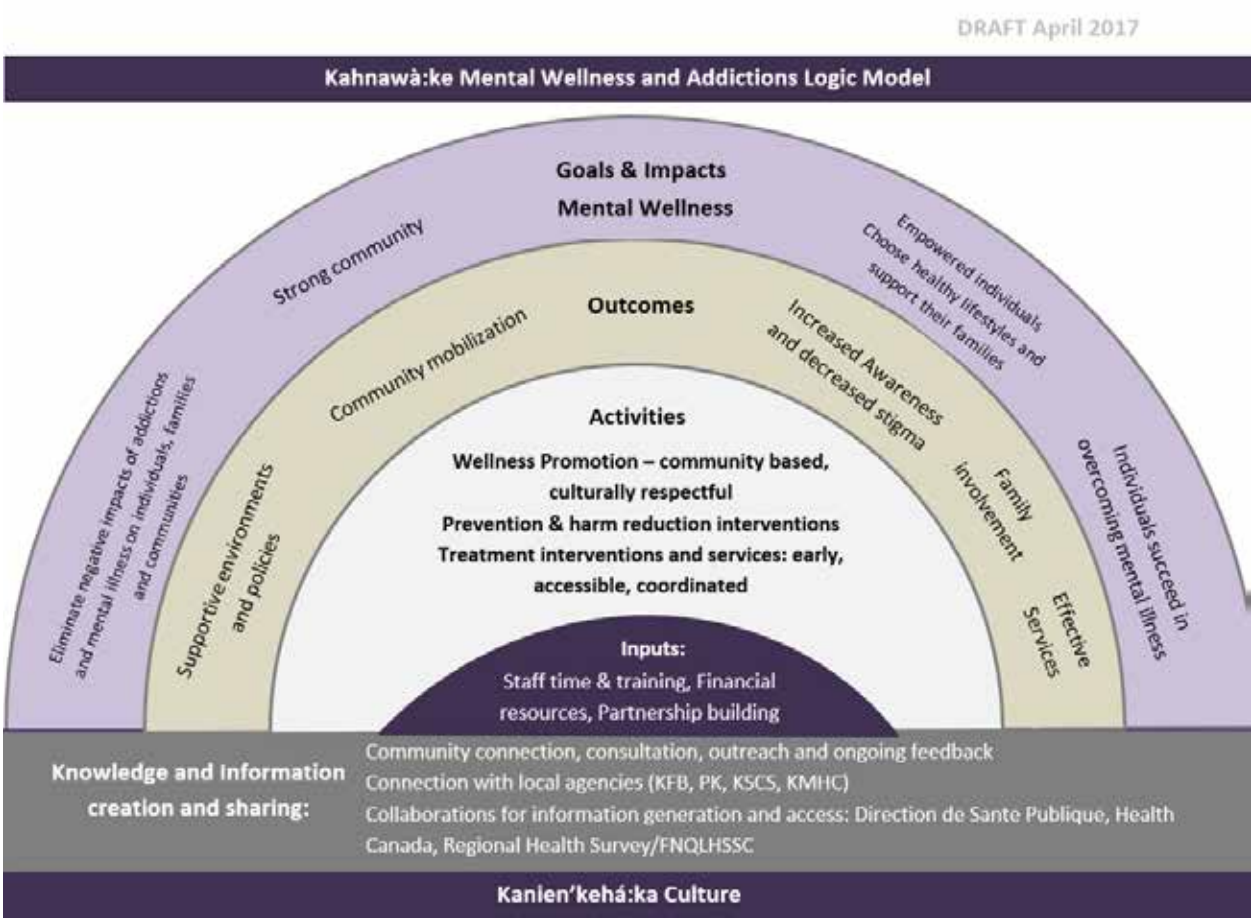


Figure 27: 2017 Draft Mental Wellness and Addictions Subcommittee logic model.

This logic model reflects a thorough and culturally anchored approach to addressing mental wellness and addictions within the community. There was a focus on family involvement, cultural integration, community collaboration, awareness and stigma reduction, knowledge creation and sharing, and creating supportive policies and environments.

Furthermore, the 2017 Mental Wellness and Addictions logic model took a wholistic, balanced and comprehensive **continuum of care approach**, encompassing health promotion, prevention, treatment, law enforcement and harm reduction. The Key Performance Indicators (KPIs), outcomes and impacts of each of these functional areas are described below.

Mental Wellness Health Promotion

KPIs include the number of outreach presentations and the level of education engagement on mental wellness.

- Indicators: Outreach presentations, education on mental wellness.
- Outcomes: Reduced stigma, improved mental wellness behaviours.
- Impacts: Enhanced subjective mental health, improved community perception of mental health issues.

Prevention of Addictions and Mental Illness

KPIs focus on awareness metrics related to alcohol and substance abuse and the extent of staff training in prevention methods.

- Indicators: Awareness of alcohol-related harms, staff training in prevention.
- Outcomes: Reduced substance abuse, increased awareness of harms.
- Impacts: Lower incidence of binge drinking and illicit substance use.

Treatment of Mental Illness and Addictions

KPIs track the number of trained treatment workers and the time taken to initiate treatment.

Indicators: Number of trained treatment workers, treatment initiation time.

- Outcomes: Improved perception of shared care, more individuals completing treatment.
- Impacts: Reduced suicide attempts, better return to work/school success rates.

Enforcement

KPIs here involve the frequency of ride-check programs and server training in alcohol awareness.

- Indicators: Number of ride-check programs, server awareness around alcohol.
- Outcomes: Improved enforcement measures.
- Impacts: Reduced incidents related to alcohol and substance abuse.

Harm Reduction

Key indicators include the usage of Naloxone kits and the reach of training programs aimed at reducing substance-related harms.

- Indicators: Naloxone use, training programs.
- Outcomes: Increased safe alcohol sales, reduced drinking and driving.
- Impacts: Prevention of fatal overdoses, safer community environments.

Key strengths of the 2017 MWA logic model

The 2017 logic model is a robust framework for mental health and addiction services, highlighting its strengths across various key areas. It stands out for its emphasis on health promotion and prevention, utilizing clear and directly measurable KPIs, such as outreach presentation numbers and awareness metrics, to monitor progress effectively. The model's actionable strategy in the treatment domain, particularly through enhancing trained personnel and minimizing treatment initiation delays, further underscores its comprehensive nature.

A major highlight is its culturally anchored approach, deeply integrated with family involvement and community connections, resonating with the social and cultural dynamics of the community. Moreover, its focus on increasing awareness and reducing stigma surrounding mental health and addiction is critical, addressing crucial barriers to access and engagement in care.

Areas for potential improvement of the 2017 MWA logic model

The 2017 logic model, while comprehensive and robust, could be strengthened by focusing further on the areas of measurement, enforcement, harm reduction and the practical implementation of culturally integrated interventions.

The logic model could also benefit from the development of KPIs with greater specificity and a direct linkage to long-term outcomes alongside a more nuanced approach to capturing the qualitative impacts of cultural and community integration. Further focus on addressing complex cases of mental illness and addiction, and on developing and maintaining community engagement and feedback mechanisms, is required.

To address these issues, several improvements are recommended. First, refining the model to include specific, measurable indicators that can effectively track community-based initiatives is important. Developing comprehensive strategies for addressing complex cases, potentially initially through case studies or pilot programs, could prove beneficial. Moreover, developing a regular review process that incorporates ongoing community feedback would ensure that the logic model remains relevant and effective in meeting evolving needs, with a focus on equity.

Community Health Plan (CHP) Mental Wellness and Addictions Subcommittee

In 2013, Onkwata'karitáhtshera formed the Mental Wellness and Addictions (MWA) Subcommittee. As of 2016, its mandate was "To advise Onkwata'karitáhtshera on the needs and considerations of Mental Wellness and Addictions while providing a coordinated community approach to service delivery in the areas of mental health and addiction, as identified in the Community Health Plan."

Before the COVID-19 pandemic, the MWA Subcommittee typically met monthly and worked with strategic, community-level activities (note: the subcommittee has not met since the start of the pandemic). An evaluation by Onkwata'karitáhtshera of the experiences of the MWA Subcommittee indicated that in 2020, members viewed Mental Wellness and Addictions priority as very important and growing. Some members suggested to revisit the subcommittee's membership and work on re-establishing a shared purpose and goals.

The evaluation also reaffirmed the subcommittee's collective aspiration to address service delivery issues, interpret mental wellness data, develop relevant indicators and foster interprofessional networks. Members voiced concerns about missing perspectives within the MWA Subcommittee, advocating for the inclusion of all relevant professions and disciplines to ensure a more comprehensive representation.

There was consensus on the need for clearer purpose and goals, with recommendations to establish these foundations prior to expanding membership. Additionally, the focus has historically leaned more towards early crisis intervention rather than primary prevention, highlighting an area for potential rebalance. With the growing need for mental wellness and addiction services, partly exacerbated by the pandemic, there's an opportunity to enhance mental and emotional wellness promotion and early response to mental illnesses. The importance of a wholistic approach to mental health, recognizing its intersection with homecare and chronic disease management, was acknowledged.

Successful initiatives like the Mental Health Mingle in 2019 underscored the value of interprofessional connections. There have also been efforts towards adapting assessment tools for cultural sensitivity, including the Kanien'kehá:ka Growth and Empowerment Measure (K-GEM), which is discussed in the Trauma, Resilience, Healing and Empowerment chapter of this report. Nonetheless, challenges persist, particularly in the scarcity of robust data and indicators for mental health, underscoring the need for improved measurement and evaluation methods.

CWP Mental and Emotional Wellness Subdomains

The following section provides a synthesis of Mental and Emotional Wellness–related subdomains that warrant careful attention, assessment and consideration, namely:

- Suicide prevention
- Grief support
- Supporting mental and emotional wellness within the context of gender diversity
- Clinical conditions that remain priorities: attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), autism spectrum disorder (ASD) and fetal alcohol spectrum disorders (FASD)
- Care for severe and persistent mental illness conditions
- A life-course approach and focus on specific subpopulations/groups:
    - Teens and youth
    - Parents and maternal mental and emotional health (especially young families and single parents)
    - Elders

Note: The content of this section might cause triggering or some difficult or uncomfortable emotions and memories for some readers. If you find yourself in this situation, please reach out to someone for support. If you find you need immediate crisis support, we encourage you to consider calling one of the following resources:

- Hope for Wellness Help Line: 1-855-242-3310; Live chat: www.hopeforwellness.ca
- Centre de prévention du suicide de Québec: 1-866 277-3553
- Kids Help Phone: 1-800-668-6868 or by text at 686868
- KSCS Intake Worker 450-632-6880 (8:30-4:30 weekdays); 450-632-6505 (after hours or holidays) Ask for the After-Hours Response Worker

Suicide Prevention

Suicide is the act of intentionally causing one's own death, often resulting from overwhelming feelings of despair, hopelessness or psychological pain. Suicidality refers to the range of thoughts, behaviours and planning associated with taking one's own life, which can vary in intensity from fleeting thoughts to detailed planning. Both suicide and suicidality are intricately connected to mental and emotional health, as underlying mental health conditions may significantly increase the risk of suicidal thoughts and actions, highlighting the critical importance of mental health support and intervention (Too et al. 2019; Grande et al. 2022).

As noted in Volume 2 of the Health Portrait, communities with greater self-governance, control over services and cultural continuity were found to have lower youth suicide rates compared to communities that did not have these elements (Chandler and Lalonde 1998). Kahnawà:ke has a high level of community control in relation to the governance, organization, management and delivery of health, social, educational, environmental, public safety and early child care services. On an individual level, people with untreated depression, other mental illnesses, strong feelings of psychological distress, experiences of trauma, important financial difficulty, pathological gambling behaviours, alcohol and drug use disorders, and lack of support and control in their lives are at higher risk of seriously considering and attempting suicide. Gender is also an important factor – in Canada, men are three times more likely to die by suicide compared to women, although women have a higher rate of hospitalization for self-inflicted injuries (PHAC 2019).

Suicide within the context of colonialism and colonization

> *"After having resisted centuries of ethnocide, the community is taking back its language; an elementary school offers complete immersion in Mohawk culture … In my therapeutic practice, I feel the beneficial effects of the way the community and individuals are taking back their identity. It is when this identity is missing that we can measure its importance, whether we are thinking of people suffering breakdowns or poor and isolated communities hit by successive waves of teenage suicides. Because it has benefited from economic opportunities, Kahnawà:ke, like other communities, has been able to escape this tragic destiny by developing a network of mental health care professionals with roots in the community and by building its own space in which cultural identity in harmony with its history and values is recognized."*
>
> Dr. Jean Dominique Leccia, MD; Psychiatrist (retired) from KMHC (*https://jeandoleccia.com/2020/07/11/Kahnawà:ke-a-different-view/*)

There is a direct link between colonialism and the current suicide crisis among Indigenous communities (Crawford and Hicks 2018). Colonization brought with it profound and destructive impacts, such as land seizure,

forced resettlements, cultural and linguistic erosion, the Indian Act's implications, and systemic racism. These factors collectively led to a profound sense of disconnection, identity loss and a multitude of complex social issues, including heightened suicide rates, mental health struggles, addiction and violence (Crawford and Hicks 2018).

The concept of historical and intergenerational trauma – often described as a "soul wound" – highlights the transmission of pain and trauma from one generation to the next, exacerbating the risk of suicide among Indigenous peoples. This enduring cycle of trauma is both personal and collective, deeply embedded in the historical context of colonization and its ongoing effects.

Crawford and Hicks have identified early childhood adversity, largely stemming from colonial disruption and loss, as a crucial risk factor for suicidal behaviour across the lifespan among Indigenous peoples (Crawford and Hicks 2018). Addressing this crisis requires a multifaceted approach that includes ensuring access to fundamental health determinants, fostering supportive community networks and promoting life through connection to Indigenous heritage, language and cultural practices. Emphasizing identity, purpose, belonging and culturally anchored health supports can mitigate the risk. Moreover, communities that maintain robust intergenerational bonds and cultural connections often witness significantly lower suicide rates, underscoring the protective value of cultural continuity and resilience.

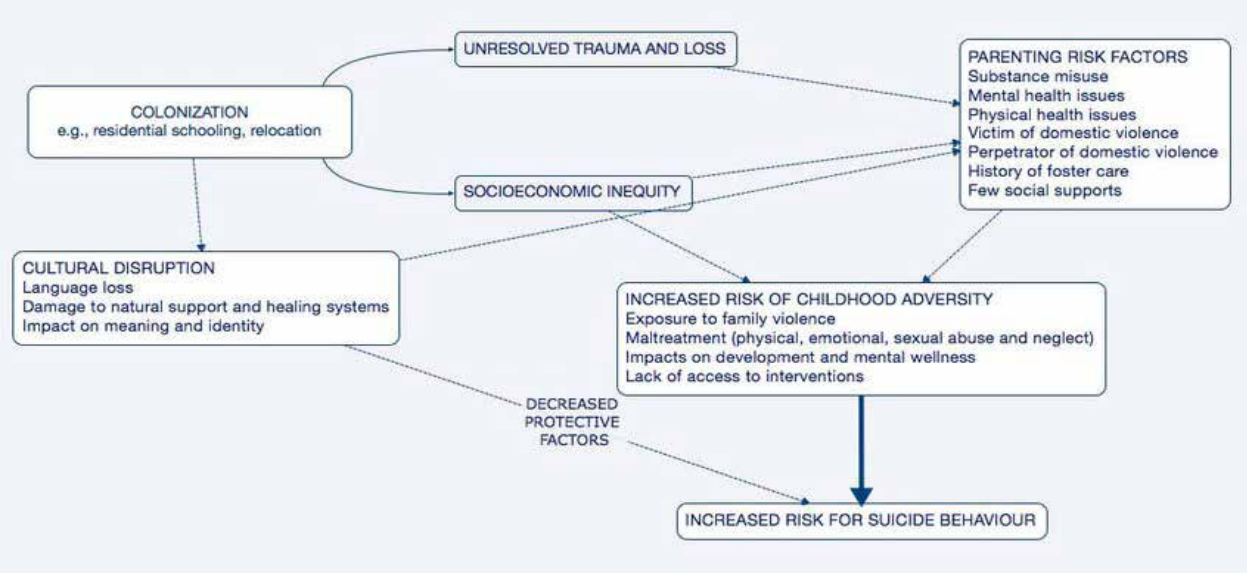


Figure 28: Proposed pathways through which factors related to colonization increase youth suicide behaviour. Figure 1 in Allison Crawford & Jack Hicks, Northern Public Affairs, March 2018 (Crawford and Hicks 2018). Accessed from: https://www.researchgate.net/profile/Jack-Hicks/publication/325367794_Early_childhood_adversity_as_a_key_mechanism_by_which_colonialism_is_mediated_into_suicidal_behaviour/links/5b0833b50f7e9b1ed7f554b4/Early-childhood-adversity-as-a-key-mechanism-by-whi

Risk Factors for Suicide

Risk factors for youth suicide include socioeconomic disadvantage, parental psychopathology such as depression and substance use disorders, family history of suicidal behaviour, parental discord and separation, a history of physical and/or sexual abuse during childhood, and dysfunctional parent-child relationship. Furthermore, suicidal behaviour within families, personality traits such as low self-esteem, external locus of control and hopelessness, and mental health disorders such as affective disorder, substance abuse and antisocial behaviours are considered risk factors for youth suicide (PHAC 2019; Centre for Suicide Prevention 2021).

The impacts of multigenerational trauma stemming from negative experiences in the residential school system have been associated with a history of suicidal thoughts and attempts. The contextual challenges facing First Nations communities, including systemic racism, poverty and intergenerational trauma, have led to First Nations children coming into contact with the child welfare system at a rate that is disproportionately high. First Nations children coming into contact with the child welfare system are more likely to be exposed to one or even several risk factors for suicide. Implementing effective services that promote mental health among Indigenous children more generally and in crises is integral to their safety and ability to thrive (Institute of Fiscal Studies and Democracy 2020).

Suicide in Kahnawà:ke's Context

In Kahnawà:ke, data related to suicide is compiled from various sources, including Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS), the Kahnawà:ke Fire Brigade and Ambulance Service, the Peacekeepers, responses to the Regional Health Survey and cause-of-death data. When assessed in 2016, cause-of-death data from 2001 to 2012 showed a very low number of suicides; the specific number was not reported to respect confidentiality for individuals and their families, since with the small number it would be possible for individuals to be identifiable (Health Portrait Volume 2). Additionally, in 2015, 54% of surveyed adults and 28% of youth (15-17 years only) identified low rates of suicide as a community strength. Only 5% of people (15 years and older) identified suicide as an important challenge facing Kahnawà:ke. This compared to 27% of individuals (15 years or older) in other First Nations communities in Quebec, who felt suicide was an important challenge facing their own community in the same year (Onkwata'karitáhtshera 2023). Even so, among those 15 and older, 17% of people in Kahnawà:ke said they had seriously considered suicide at least once in their life, compared to 12.3% in Canada and 11.2% in Quebec (Onkwata'karitáhtshera 2023). It can be challenging to collect data on suicidal ideation, suicidality or suicide, as cases may go unreported or are not captured.

According to internal organizational documents from ASIST Kahnawà:ke, over an eight-year span from April 2014 to March 2022, there were on average 13 calls per year to emergency services (after-hours response worker, KFB or PKs) to report suicide ideation, with a range from 6 to 20 such calls per year. Suicide attempts were reported at an average of 5 calls per year, with a fluctuation between 2 and 11 calls per year. Completed suicides were notably lower, with a range from 0 to 3 incidents. Even so, concerns about suicidal ideation and suicide prevention as an area that needs further attention were voiced from many parties during the 2023 CWP consultation.

"I'm also … a first responder ... there's a lot of calls that come in about mental distress and suicidal ideation and so I know it exists. I know it's a really big problem in our community."

CWP engagement, 2023

"One of the things that we know is that … thankfully, we don't have huge numbers of suicide in Kahnawà:ke. So people don't really view it as a major health issue. And that's the thing about it, though, is that when you start looking at the data and you see the numbers of suicide ideation, they are quite high. And if you think about that data as like the tip of the iceberg."

CWP engagement, 2023

Call figures likely underrepresent the true extent of the issue, as they only account for instances when emergency services were contacted. A significant increase in calls related to suicide ideation – particularly among youth – and attempts were recorded in 2021, hinting at a potential impact of the COVID-19 pandemic. At any given time, approximately 5% of a population may experience thoughts of suicide, which would equate to around 450 individuals within Kahnawà:ke, highlighting the importance of addressing mental health and support systems within the community (source: internal organizational document, PowerPoint Presentation from ASIST Kahnawà:ke).

Kahnawà:ke suicide-related indicators in *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait volume 2 (2023):

- Percentage of youths and adults who reports having seriously considered suicide at least once in their life
- Percentage of youths and adults who reports having seriously considered suicide at least once in the past 12 months
- Percentage of youth and adults who reported seeking professional help due to thoughts of suicide
- Percentage of adults who report having attempted suicide at least once in their lifetime (Health Portrait volume 2)
- Number of self-harm events, suicide ideation, suicide attempt and suicide completed
- Perception of low rates of suicide as a community strength
- Perception of suicide as a community challenge

Statistics on suicide are also gathered by KSCS intake, Kahnawà:ke Fire Brigade and Ambulance, and the Peacekeepers, including:

- Number of calls relating to suicide ideation
- Number of calls relating to suicide attempts
- Number of calls related to completed suicide

Note: there is an issue with underrepresentation of suicide ideation and attempts, since many times they are only captured in the data through emergency services data and/or health/social care data. Furthermore, data may not be reported due to stigma and shame.

Factors and issues such as systemic racism, childhood adversity, depression, loneliness, trauma, poverty, various forms of violence and sexual abuse contribute to the risk of suicide in our community. There is a need for flexible resources that meet the specific needs of Kahnawa'kehró:non, including cultural events and teachings for community members.

> *"We know that unresolved trauma and high ACE (adverse childhood experiences) scores from childhood have a huge impact on whether a person down the road is going to have more suicide ideation and attempts."*
>
> *CWP engagement, 2023*

An example of an important community-based suicide prevention–related resource is ASIST (Applied Suicide Intervention Skills Training), provided by KSCS staff to community members to help recognize someone at risk of suicide. ASIST is usually conducted as a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may be at risk of suicide and to work with them to create a plan that will support their immediate safety.

However, it should be noted that there is presently a lack of a well-resourced and dedicated team to focus exclusively on suicide prevention efforts in the community or support regular training for prevention workers. There is a need for such a team, more trainers and an overarching strategy for prevention services.

During the pandemic, KSCS also offered a Men's Talking Circle support group to offer a space for men to share and connect using traditional knowledge. It fostered a supportive environment where men can discuss mental wellness, personal challenges and strategies for coping during difficult times. This is particularly relevant since men face a heightened risk of suicide, exacerbated by factors such as substance abuse, unresolved trauma, poverty and inadequate access to basic needs.

KMHC's Outpatient Mental Health Services are also proactively improving suicide prevention strategies in recognition of the gravity of the issue to the community. Recognizing the critical need for enhanced support and intervention, KMHC's Quality Improvement team is ensuring alignment with the 2024 standards set by the Health Standards Organization (HSO) and Accreditation Canada, aiming to achieve a superior level of care. Through this commitment, KMHC is dedicated to preventing suicide within the community by adopting the latest in best practices and standards for mental health and suicide prevention.

Grief

Grief and its links to health, wellness and well-being deems it an important subdomain that needs further exploration. Within the literature, there is noted gap in the research examining the health impacts of grief, particularly in Indigenous populations. However, a research study by Spiwak et al. titled *Complicated Grief in Aboriginal Populations* explores the health impacts of "complicated grief" within Indigenous populations in Canada, emphasizing the potential heightened risk of mortality rates, suicide rates and historical stressors of this group, linked grief associated with colonization and forced assimilation, such as residential school experiences (Spiwak et al. 2012).

Specifically, Spiwak examines how historical traumas and loss of culture could contribute to higher risks of suicide and complicated grief as a direct result of traumatic loss and bereavement. The concept of "soul wound" or historical trauma and its impact on health and grief is also explored, suggesting that experiences of cultural bereavement could lead to significant health issues like post-traumatic stress disorder and anxiety disorders.

Based on these findings, this article calls for the development of grief strategies to be developed within a cultural context, noting that grief can be a collective experience in many Indigenous cultures. Furthermore, it calls for research that incorporates Indigenous perspectives and emphasizes the role of cultural continuity as a protective factor against suicide among First Nations peoples. The role of community support is highlighted as potentially significant in both preventing suicide and aiding the bereavement and grief process.

Within Kahnawà:ke, these principles are exemplified through the **Ase:sasatonhet – Starting a New Life: Virtual Grief Support Group**. Run by the mental health program of Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS), this program incorporates Haudenosaunee teachings into group sessions to help individuals and the group understand the grieving process and help navigate the deep and intense loss of a loved one.

Supporting Mental and Emotional Wellness within the Context of Gender Diversity

Creating a supportive and visible environment for the Kanien'kehá:ka 2SLGBTQIA+[7] community is vital for fostering mental health and acceptance. The journey to acceptance and self-realization can be difficult, with fear, depression and suicidality as potential hurdles. The need for greater space and visibility for the 2SLGBTQIA+ community in Kahnawà:ke is important, since 2SLGBTQ+ communities often face higher risks of mental health issues, bullying, substance abuse and suicide (CAMH 2024). Community efforts to promote education and awareness include barbecues, training sessions, workshops, social media campaigns and Kahnawà:ke's first Pride Parade in June 2023. Kahnawà:ke Collective Impact, a not-for-profit movement to engage, facilitate and support community projects, organized the parade along with other local organizations, businesses and volunteers as a way to celebrate the 2SLGBTQIA+ community in Kahnawà:ke.

Importantly, these initiatives enable a sense of belonging to the community and address ostracization fears and the critical role of community support in validating and embracing gender diversity. They enable acceptance and leverage the power of visibility in fostering a more inclusive and supportive environment for all individuals, regardless of their gender identity.

Gender Affirming Care

As an example, at Kateri Memorial Hospital Center, the provision of gender affirming care, such as hormone replacement therapy (HRT), is approached with a commitment to transparency and high-quality care. The health care team acknowledges their range of experience and expertise in this area, with some members currently developing their capabilities to offer comprehensive gender-affirming treatments. KMHC is actively working to enhance the knowledge and skills of its team to better meet the needs of those seeking gender diversity services. Patients interested in gender-affirming care are encouraged to openly discuss their needs and preferences, ensuring they are guided towards the most suitable resources or specialists. This initiative reflects KMHC's dedication to supporting the gender diversity of its community through informed, respectful and evolving health care services.

7 2SLGBTQIA+ terminology is continuously evolving. As a result, this list is not exhaustive, and individuals and communities may have broader or more specific understandings of these terms. The acronyms listed here stand for Two-Spirit people as the first 2SLGBTQI+ communities; L: Lesbian; G: Gay; B: Bisexual; T: Transgender; Q: Queer; I: Intersex, considers sex characteristics beyond sexual orientation, gender identity and gender expression; A: asexual (or allies); +: is inclusive of people who identify as part of sexual and gender-diverse communities, who use additional terminologies (Public Service Alliance of Canada 2022).

Neurodiversity: Specific Clinical Conditions that Are Ongoing Priorities

The following mental health–related conditions, which can also be grouped under the umbrella term of neurodiversity,[8] have been identified as ongoing priorities in Kahnawà:ke for several years:

- **Attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD)**: identified as a community health priority in the 1998 community health needs assessment and CHP and further reaffirmed in the 2012 CHP.
- **Autism spectrum disorder (ASD)**: identified as a community health priority in the 2012 CHP and assessed in the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* 2023 report.
- **Fetal alcohol spectrum disorders (FASD)**: identified as a community health priority in the 2012 CHP and addressed in the Mental Wellness and Addictions Subcommittee's logic model.

Some key issues related to each of these conditions were highlighted during the CWP engagement and review process, described further below. However, each of these conditions warrants further in-depth assessment and review as part of the CWP implementation process.

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

> *"An adult with untreated ADHD has a six- or seven-year lifespan difference."*
>
> *"A lot of times, I think people just think, oh, it's just a kids' thing, right?"*
>
> *"I do think that it's a scary thing for our community to go out and be tested for a whole day sitting in somebody's office being rattled with questions that they don't know what they're about."*
>
> *"ADHD is a significant, I think, mental health issue in people with complex trauma."*
>
> *"I have problems finding services for them and they end up going for psychotherapy, which doesn't always help. ADHD is a significant issue that is not properly recognized or serviced."*
>
> CWP engagement, 2023

Recognizing and addressing ADD/ADHD in both children and adults continues to be a priority in Kahnawà:ke. The condition carries significant implications throughout the lifespan, including into adulthood. The revelation that an adult with untreated ADHD faces a lifespan difference of several years

8 Neurodiversity refers to the diversity of the ways in which we experience and interact with the world.

underscores the severe impact and underscores the necessity for timely and effective intervention (Young 2015; Franke et al. 2018). This stark statistic highlights ADHD not just as a developmental issue but as a critical factor affecting long-term health and wellness.

There exists a general misunderstanding that ADHD is merely a childhood condition, diminishing the recognition and resources allocated to adults with the disorder. Through community engagement, we heard how apprehension surrounding the diagnosis process – characterized by expensive, extensive testing and probing questions – further complicates efforts to identify and address ADHD. This can deter individuals from seeking diagnosis and treatment, exacerbating feelings of isolation and misunderstanding. ADHD's significance is further magnified when considering its correlation with complex trauma, suggesting that it is not only a standalone concern but also is intertwined with broader mental health challenges.

Some community members shared stories of their difficulties in accessing appropriate services for individuals with ADHD in Kahnawà:ke, which are a notable concern. Individuals spoke about being directed towards psychotherapy, which, while beneficial for some mental health issues, may not adequately address the specific needs of those with ADHD, highlighting a potential gap in the health care system's response to ADHD. There may be a need for a more nuanced and comprehensive approach to treatment and support for Kahnawa'kehró:non with ADHD.

Mental health services in Kahnawà:ke (e.g., KMHC) offer comprehensive clinical assessments for individuals experiencing symptoms of ADHD. This personalized approach aims to ensure that treatment programs are designed to meet the unique needs of everyone, emphasizing safe and sustainable practices, with the necessary follow-up and guidance. Additionally, for patients under the age of 18, private multidisciplinary ADHD evaluation and care are financially accessible through Jordan's Principle, with clinicians providing the required letters of support to access funding. Many of the school and child care centres in the community also offer supportive services and approaches to education, including Individual Education Plans (IEPs) to address individual education supports.

A particularly useful resource that can help guide the ongoing development of community-based ADHD-related programs was published by the National Collaborating Centre for Aboriginal Health, entitled *A Systematic Review of Community-based Interventions for Children and Adolescents with ADHD and Their Families* (Fitzpatrick-Lewis and Thomas 2010).

Autism Spectrum Disorder

Autism spectrum disorder (ASD) was identified as a community health priority in the 2012 CHP and carefully assessed in the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait report (2023).

Data from the Health Portrait indicate that the prevalence of people diagnosed with ASD has been increasing in Quebec and Montérégie over time, with Montérégie rates being higher than Quebec's. The limited available data do not indicate a significant difference compared to Quebec or Montérégie.

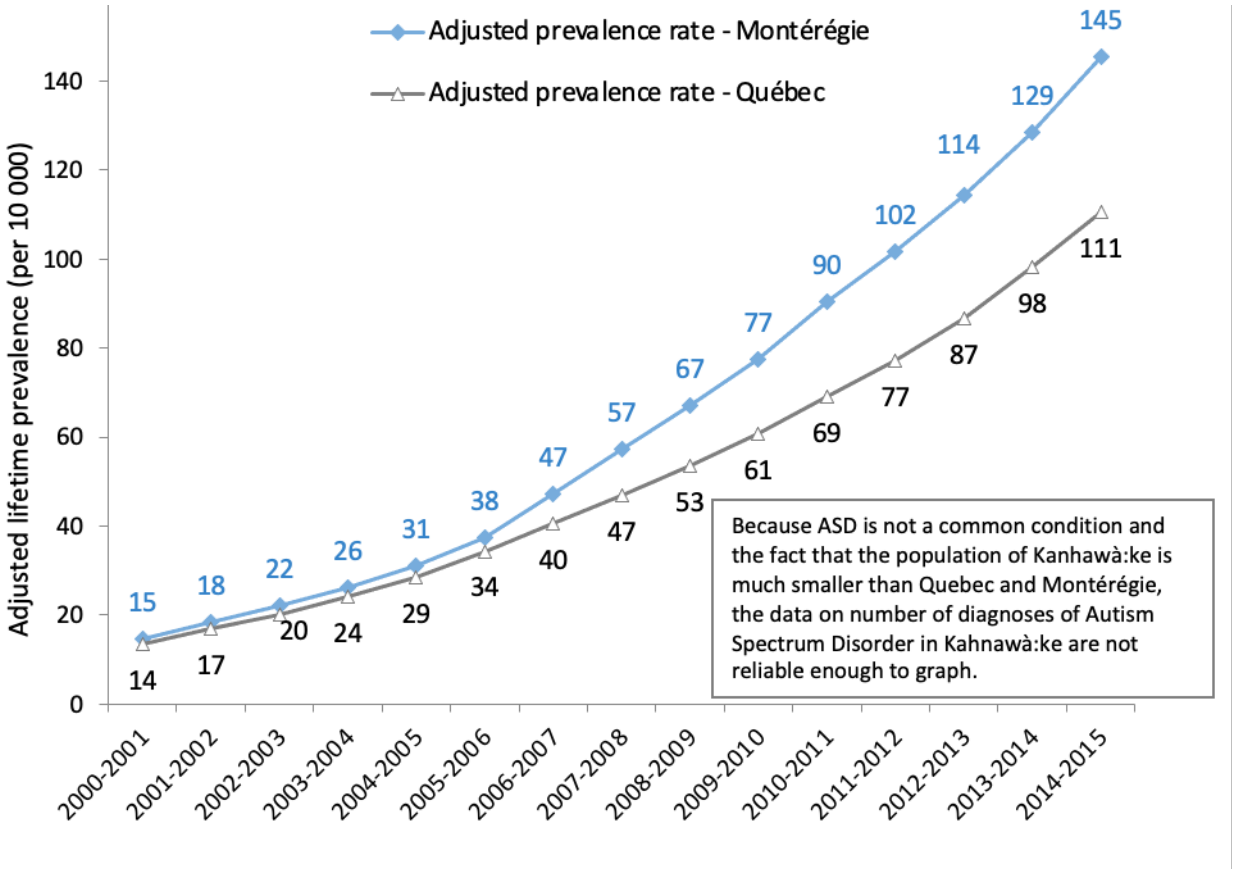


Figure 29: Reproduction of Figure 1.25, in Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health 2023 (Health Portrait Volume 2), p. 62. Autism Spectrum Disorder (ASD) Lifetime Prevalence. Population 1-24 years, Montérégie and Québec, 2000-2001 to 2014-2015 (Onkwata'karitáhtshera 2023).

Extrapolating from the regional and provincial rates, it was estimated that somewhere close to 20 to 30 community members under the age of 24 were affected by ASD in 2014-2015. Considering the mirrored trend seen in the province and region, it was inferred that Kahnawà:ke would likely have also experienced a similar trajectory of increased prevalence over the 2000-2015 time period. The Regional Health Survey (2015) estimated the proportion of children 0-11 years with ASD in Kahnawà:ke was 1.3%.

Fetal Alcohol Spectrum Disorders

Fetal alcohol syndrome disorders (FASD) were identified as a community health priority in the 2012 CHP and addressed in the Mental Wellness and Addictions Subcommittee's logic model. Drinking alcohol during pregnancy can lead to FASD (Palmeter, Probert, and Lagacé 2021). Children affected by FASD often have physical defects (including brain development issues), lasting behavioural problems, and intellectual delays or deficits. The *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait (2023) highlights that for Regional Health Survey (RHS) 2015 respondents for children 0-11 years old, almost all (97%) said the child's mother had not consumed alcohol at all during pregnancy.

These findings indicate that Kahnawà:ke's community-based programs and services (e.g., prenatal and maternal health) are highly successful at preventing FASD and should be continually supported and sustained.

Severe and Persistent Mental Health Issues

Kahnawà:ke's health and social care organizations provide multidisciplinary and multiprofessional team-based programs and services to individuals with severe and persistent mental health issues, as well as to their caregivers and families.

These include services by KMHC (mental health services from Primary Care and Mental Health Nursing, and Long-Term Care), KSCS (e.g., Assisted Living Services) and Home and Community Care (delivered by an integrated KMHC/KSCS team). The programs and services encompass medical and psychosocial approaches to care. Services aim to provide wholistic, culturally anchored and family-oriented care- focusing on physical, mental, emotional, social and spiritual needs and quality of life. A variety of validated assessment tools enable providers to identify and assess the psychosocial and medical needs of clients or patients, caregivers and families.

Further information regarding programs and services related to severe and persistent mental health issues is provided in the 2023 CHP Evaluation Report. This subdomain is also further focused on in the CWP Special Needs Individuals and Caregivers Domain chapter. Kahnawà:ke's Mental Health Strategy should focus on this subdomain, starting with an updated, comprehensive and wholistic needs assessment.

A Life-course Approach and Focus on Specific Subpopulations and Groups

The First Nations Mental Wellness Continuum framework recommends that mental health and wellness strategies and approaches take into account culturally defined developmental stages of life (Hopkins and Fournier 2018). This aligns with the importance of leveraging a **life-course population health approach focusing on healthy equity**, with special attention to individuals and groups that may have significant risk factors, be highly vulnerable and require significant attention and supports (Loppie, C. and Wien, F. 2022; Kolahdooz et al. 2015).

The CWP community engagement and review process highlighted the importance of focusing on the following subpopulations, with an **emphasis on assessing their mental and emotional wellness using a social determinants of Indigenous health lens**:

Teens and Youth

- Especially high attention to particular high-risk and vulnerable groups, such as teens and youth involved with Youth Protection or Corrections
- In addition to ADD/ADHD/ASD, there is significant community concern voiced in CWP community engagement relating to teen/youth anxiety, loneliness, behavioural disorders, suicidality and substance use disorders.
- Refer to the sections Thunderbird Mental Health Continuum Framework and the Native Wellness Assessment Tool below for more detailed information.

Elders

- In light of the aging population of Kahnawà:ke, significant community concerns were raised in CWP community engagement relating to isolation, loneliness, depression, behavioural disorders, substance use and neuro-cognitive conditions related to aging (e.g., dementia).
- Refer to the section NCCIH Policy Report: Improving Access to Mental Health and Addictions Services and Supports for Older Indigenous Adults, Using a Cultural Safety and Equity Lens below for more detailed information.

Parents' and Maternal Mental Health and Wellness (Especially Young Families and Single Parents)

- CWP engagements highlighted the increasing levels of stress and distress of parents – especially single parents, who are often mothers – strongly associated with the SDIH.
- Substance use and addictions, social isolation as well as violence were also identified as major concerns among this group.

There are useful Indigenous conceptual models, frameworks, indicators and tools that can inform the development of wholistic, culturally anchored, effective and equitable mental and emotional wellness strategies and programs for each of these groups – and for the community at large. Those that are most important and relevant are discussed in detail in the final section of this chapter, below.

"A systems-wide goal to address the needs of all populations is essential to removing barriers, combatting stigma, and ensuring members of First Nations communities have access to the mental health supports they need… Promoting programming for specific groups within a First Nations community can help address the interconnected needs of the community as a whole. For example, indirect mental health programming for parents and women of child-bearing years (e.g., Maternal Child Health and Aboriginal Head Start on Reserve) plays a key role in the continuum of mental health supports and interventions for their families. Similarly, holistic approaches that centre on First Nations identity development, especially approaches that link culture to identity and focus on resilience rather than deficits, have been found to have positive effects. There is also the need to be responsive to the effects of FASD and brain injury from all causes, including trauma, dementia, and other disabilities, on the design and implementation of addictions and mental health programs. Services to forensic populations (in jail or just out of jail), those leaving the child welfare system, and the homeless are also of specific concern."

First Nations Mental Wellness Continuum Framework (2015)

Conceptual Models, Frameworks, Strategies and Tools

The following section provides detailed descriptions of key conceptual models, frameworks and tools that can be leveraged to inform the development of Kahnawà:ke's Mental Health and Wellness Strategy. They are also relevant and useful for the development of the Substance Use and Addictions Plan (see the Good Mind and Healthy Coping domain chapter). The key resources described are:

- The First Nations Mental Wellness Continuum Framework
- The Native Wellness Assessment (NWA) tool
- NCCIH Policy Report: Improving Access to Mental Health and Addictions Services and Supports For Older Indigenous Adults, Using a Cultural Safety and Equity Lens

The CWP literature review and jurisdictional scan companion document will also provide further details and analyses regarding the following useful resources, including:

- Mental Health Commission of Canada Indicators
- Quebec Action Plan for Mental Health 2022-2026 (Plan d'action interministériel en santé mentale 2022-2026 – S'unir pour un mieux-être collectif - PAISM)
- Health Justice Report – *Pathologize the Systems and Not the People: Decolonizing BC's Mental Health Law*

The First Nations Mental Wellness Continuum Framework

Building upon the **Honouring Our Strengths** national framework, the **First Nations Mental Wellness Continuum (FNMWC)** is a foundational framework for mental wellness among First Nations people that outlines a wellness approach that is grounded in culture (Thunderbird Partnership Foundation 2020; Hopkins and Fournier 2018; First Nations Mental Wellness Continuum Framework 2015). Mental wellness is conceptualized as a balance of *purpose, hope, belonging* and *meaning*.

> *"Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have:* ***PURPOSE*** *in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing;* ***HOPE*** *for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of* ***BELONGING*** *and connectedness within their families, to community, and to culture; and finally a sense of* ***MEANING*** *and an understanding of how their lives and those of their families and communities are part of creation and a rich history."*
>
> First Nations Mental Wellness Continuum Framework Summary Report, 2015

The **FNMWC framework is strongly aligned with the CWP framework** and can be adapted to support the development and implementation of Kahnawà:ke's Mental and Emotional Wellness Strategy, including its Substance Use and Addictions Plan. This FNMWC framework uses a systems approach, conceptualizing inclusive care along a **Continuum of Essential Services**, namely:

- Health Promotion, Prevention, Community Development and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
- Support and Aftercare

Similar to the CWP framework, the FNMWC accounts for the **social determinants of Indigenous health**, specific population needs, partners and supporting mental health elements, and it outlines key foundations for mental health wellness programming in Indigenous communities. The FNMWC model encompasses elements that support the health system, such as governance, research, workforce development, change and risk management, self-determination and performance measurement.

The FNMWC model is designed to enable wholistic support to individuals throughout their entire lives, particularly addressing the needs of those facing complex challenges. The model emphasizes the interconnections between mental, physical, spiritual and emotional well-being, highlighting the importance of purpose, hope, meaning and a sense of belonging. Achieving a harmonious balance among these aspects is crucial for attaining optimal mental wellness.

The FNMWC framework highlights five key themes and associated recommended actions:

FNMWC theme	Recommended Actions
Culture as Foundation	• Responding to the diversity of First Nations communities • Defining culture • Valuing cultural competency, cultural safety and Indigenous • knowledge • Understanding the role of language in mental wellness
Community Development, Ownership and Capacity Building	• First Nations control of services • Building on community priorities • Developing community wellness plans • Working together in partnership • Investing in community • Development and capacity building
Quality Care System and Competent Service Delivery	• Delivering accessible services • Providing quality mental wellness programs and services • Responsiveness, flexibility, reliability • Proactive planning and crisis supports and services • Delivering trauma-informed care • Promoting and recognizing a culturally competent workforce • Providing education, training and professional development • Supporting worker wellness
Collaboration with Partners	• Defining clear roles and responsibilities • Establishing leadership • Creating partnerships and networking • Developing system navigators and case managers • Providing advocacy • Raising awareness: reduction of stigma and protection of privacy
Enhanced Flexible Funding	• Providing additional funding • Moving away from time-limited and siloed funding • Increasing flexibility of funding

The FNMWC is accompanied by a library of resources (e.g., the **FNMWC Implementation Guide** and **Native Wellness Assessment** (NWA) tool).

FNMWC's Paradigm Shift: Guidance for Kahnawà:ke's Mental and Emotional Wellness Strategy Development

The FNMWC highlights the need for a **paradigm shift in the approach towards mental wellness** (Hopkins and Fournier 2018):

From		To
Programs focused on deficits		Discovery of strengths
Evidence that excludes Indigenous worldview, values, culture		Indigenous worldview, values and culture that are the foundation to determine the relevance and acceptability of various sources of evidence in a community context
Focus on inputs for individuals		Focus on outcomes for individuals, families and communities; wholistic collaborative approaches
Uncoordinated, fragmented programs and services		Comprehensive planning and integrated federal and provincial sub-regional or First Nations models for funding and service delivery
Communities working within program silo restrictions		Communities adapt, optimize and realign their mental wellness programs and services based on their priorities
Program focus on health and illness		Approaches that strengthen multisectoral links, connecting health programs and social services, across provincial and federal systems to support integrated case management considering the First Nations social determinants of health

Figure 30. "Paradigm Shift: Examining and Changing the Way We Think about Wellness," adapted from (Hopkins and Fournier 2018).

The approach outlined by the FNMWC is also aligned with **The First Nations and Inuit Mental Wellness Advisory Committee's (MWAC) Strategic Action Plan** (Langlois 2008). This Plan was developed between 2005-2007 by a national committee established to provide advice to Health Canada on issues related to First Nations and Inuit mental wellness, including mental health, mental illness, suicide prevention, Indian Residential Schools and substance use issues. The MWAC's Strategic Plan also advocates for a wholistic approach, recommending that individual and community efforts towards health and wellness should take into account the interrelationship of mental, physical and social well-being. MWAC identified the following priority goals within its Strategic Action Plan:

- To support the development of a coordinated continuum of mental wellness services for and by First Nations and Inuit that includes traditional, cultural and mainstream approaches.
- To disseminate and share knowledge about promising traditional, cultural and mainstream approaches to mental wellness.
- To support and recognize the community as its own best resource by acknowledging diverse ways of knowing and by

developing community capacity to improve mental wellness.
- To enhance the knowledge, skills, recruitment and retention of a mental wellness and allied services workforce able to provide effective and culturally safe services and supports for First Nations and Inuit.

Findings from the CWP's comprehensive engagements and document review (e.g., community statistics and organizational reports) are strongly aligned with the FNMWC's recommended paradigm shift as well as the MWAC Strategic Action Plan recommendations.

Native Wellness Assessment Tool

An important instrument to operationalize the FNMWC framework is **The Native Wellness Assessment (NWA) tool** (Thunderbird Partnership Foundation 2015). The strengths-based instrument was specifically developed to wholistically measure changes in wellness over time across all genders, age groups and cultures. Using either a self-report form or an observer form, this tool has been shown to be a reliable way to measure the impact of cultural interventions as a therapeutic intervention.

The Native Wellness Assessment Tool is a key outcome of the collaborative **Honouring Our Strengths** initiative, which brought together a diverse group of Indigenous and non-Indigenous researchers, Elders and cultural practitioners across Canada (Thunderbird Partnership Foundation 2020). The NWA incorporates Indigenous perspectives on wholistic wellness through *four core indicators: Hope, Belonging, Meaning, and Purpose*, and it employs both self-report and observer rating forms to monitor wellness over time.

The NWA supports various objectives, including setting treatment goals, monitoring progress and linking wellness changes to cultural interventions. Implemented across numerous treatment centres and educational settings, the NWA has established a quantifiable measure for connecting individuals to their cultural roots. It offers a significant resource for programs aiming to integrate cultural practices into their treatment methodologies.

NCCIH Policy Report: *Improving Access to Mental Health and Addictions Services and Supports for Older Indigenous Adults, Using a Cultural Safety and Equity Lens*

The National Collaborating Centre for Indigenous Health (NCCIH) is a rich resource of information that should be consulted when operationalizing the CWP and developing the Mental and Emotional Wellness Strategy.

A particularly useful resource is the report entitled ***Improving Access to Mental Health and Addictions Services and Supports for Older Indigenous Adults, Using a Cultural Safety and Equity Lens*** (Josewski,

Viviane 2023). Although the focus of the report is on Indigenous adults 45 years and older, many of the concepts are applicable to wider groups and to the community at large (e.g., the importance of SDIH, cultural safety and equity).

This policy report focuses on **improving access to mental health and substance use services for older Indigenous adults in urban areas**. It identifies critical gaps in **accessibility**, **availability** and **acceptability** of services and presents three main recommendations for policy changes (Josewski, Viviane 2023):

- Transition from short-term, competitive funding models to **flexible, stable, integrated funding approaches**. This shift aims to strengthen the capacity of urban Indigenous community-based organizations, enabling them to offer accessible and culturally safe mental health and addiction services.
- Support and enhance Indigenous-led mental wellness and substance use services specifically tailored for older urban Indigenous adults through **partnerships with Indigenous community-based organizations**. This involves fostering existing services and initiating new ones.
- **Acknowledge and support the vital contributions of Elders, Knowledge Keepers and Traditional Healers in the planning and implementation of Indigenous-led, community-directed mental health and addiction services**.

This NCCIH report provides excellent examples of urban Indigenous-led initiatives that are pioneering models of mental health and addictions care (Josewski, Viviane 2023). These innovative approaches demonstrate the effectiveness of Indigenous models in addressing mental health and substance use issues. For instance, Aboriginal Health Access Centres (AHACs) in Ontario provide comprehensive health care services tailored to Indigenous peoples' needs, employing a mix of Indigenous and Western methodologies to address intergenerational trauma, mental health and addictions. These centres, with notable examples like the Wabano Centre for Aboriginal Health in Ottawa and Anishnawbe Health Toronto, offer services to Indigenous peoples across various stages of life, blending traditional healing practices with contemporary therapeutic methods.

Other models, like the Elders in Residence Program in Vancouver and Kílala Lelum Health Centre, focus on integrating Indigenous Elders and Knowledge Keepers into health care provision, offering a unique blend of traditional and Western care to support the mental health needs of Indigenous communities, including seniors. Similarly, the Prince George Native Friendship Centre delivers a wide array of health and social services that are culturally anchored and wholistic, incorporating both traditional and non-traditional healing techniques. These initiatives show the role of traditional practices and the involvement of Elders and Knowledge Keepers in fostering mental health and resilience among Indigenous peoples in urban settings.

Existing Indicators that Can Be Leveraged in Kahnawà:ke

There is significant data related to mental and emotional wellness that is collected from various sources (e.g., the data sources of the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait, Kahnawà:ke's health and social services statistics, descriptive program statistics from community organizations). The 2012-2013 CHP logic models identified numerous mental health and wellness indicators (see the CHP Logic Model section, as well as the Suicide subdomain section, of this chapter for further information).

This data can be further leveraged to assess the profile of the community's mental and emotional health status, including needs, equity and performance and gaps of service delivery models.

It is also important to acknowledge the deep expertise and comprehensive knowledge possessed by professionals in the mental health, wellness and related sectors. Their expertise can help identify new program-level indicators or descriptive statistics that could enhance the mental and emotional wellness strategy. Their insights can also validate the effectiveness of existing indicators to ensure they deliver meaningful data.

Examples of indicator domains available from the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait Volume 2 (2023)

- Mental health incidence and prevalence rates
- Self-rated mental health status
- Self-reported feelings of balance (mental, emotional, spiritual, physical)
- Factors making people feel healthy
- Self-reported sense of control over one's life
- Availability of social supports
- Social determinants of mental health
- Treatment of mental health issues (KSCS psychological service use and external services accessed through KSCS)
- Home and community care mental health nursing
- Percentage of youths and adults who report having seriously considered suicide at least once in their life, and in the last 12 months
- Percentage of adults who reports having attempted suicide at least once in their lifetime
- Self-reported psychological stress
- % of and number of people with a medical diagnosis of anxiety and/or depression
- Medical treatment for mental health

Examples of indicators that are available from Kahnawà:ke's health and social services include:

- KSCS psychological service utilization for mental health
- KSCS support services (including Whitehouse Prevention Programs)
- ASIST (Applied Suicide Intervention Skills Training) indicators (e.g., number of community members trained in ASIST, number of ASIST sessions provided)
- First Responder (Ambulance, Fire Brigade, Peacekeepers) categorized mental health calls (EMS data)
- Indicators related to mental health issue prevalence (addiction, anger, anxiety, depression, grief statistics)

The **2022 Wellness Action Team (WAT) Wellness Survey** also provided useful information by assessing the following wholistic dimensions of the community's health and wellness (Physical health ["Our body"]; Emotional health ["Our feelings"], Mental health ["Our mind"], and Spiritual health ["Our spirit"]).

Key Mental Health and Wellness related indicators from the WAT Wellness Survey

- % of participants reporting a meaningful change (increase) in their awareness of mental, emotional and spiritual health
- % of participants feeling more resilient
- Number of people accessing mental health services
- Number of people having difficulty experiencing social connections and healthy relationships
- Number/frequency of social and traditional gatherings with family and friends
- Percentage of people who experience stress, burnout, short-temperedness, feeling hopelessness

Key Considerations for the Development of a Kahnawà:ke Mental and Emotional Wellness Strategy

Developing Kahnawà:ke's Mental and Emotional and Wellness Strategy necessitates a nuanced understanding of mental health and wellness within the context of the community. Based on what has been presented in this chapter, a synthesis of the key issues, challenges and needs that should be considered are highlighted below.

Continuing to Analyze Comprehensive and Updated Data Pertinent to Mental and Emotional Wellness

To properly recognize community mental and emotional health and wellness needs, an accurate and up-to-date epidemiological profile of community mental health and wellness is needed. A significant data related to mental health and wellness is collected from various sources. While we do have data, examining it often generates more questions, and continuing to improve its precision and frequency is an important activity to pursue. This involves gathering, analyzing and synthesizing data on the burden of mental health issues and demonstrates the importance of engaging in surveys like the Regional Health Survey.

Comprehensiveness of Care and Addressing Service Delivery Gaps

There is a pressing need for the establishment of comprehensive mental health and wellness programs and services that address the entire spectrum of community needs. For example, from community engagement, there are potential gaps in services for people coping with conditions such as post-traumatic stress disorder (PTSD), with a need for specialized programs for high-stress professions such as first responders (e.g., paramedics, firefighters and police officers), as well as other jobs with high rates of PTSD.

Coordination, Communication and Integration

Fragmentation, siloes and weak coordination and communication between various programs and services has become a significant issue for individuals and families seeking care for mental health conditions. Enhancing coordination among mental health and wellness programs and ensuring seamless communication between providers, especially those external to the community, is essential for delivering person-oriented care. This integration aims to facilitate a more efficient and effective health care system that can better respond to the individual and collective needs of the community.

Access and Accessibility and Addressing Barriers to Care

Ensuring that mental health services are timely, responsive and accessible to all, especially to populations with special needs, is crucial. This includes overcoming geographical, financial and cultural barriers to care, thereby making mental health support more inclusive and equitable.

Quality of Mental Health and Wellness Programs and Services

There exists a notable lack of comprehensive, robust data regarding the quality and performance of mental health programs and services. Addressing this gap is vital for assessing effectiveness, guiding improvements and ensuring high standards of care.

Wholistic and Integrated Team-Based Service Delivery Models that Incorporate Traditional Approaches and Address the SDIH

Continuing to promote wholistic service delivery models that consider physical, mental, emotional and spiritual well-being is essential. These models should be person-oriented and culturally anchored, incorporating traditional Indigenous perspectives on health and wellness to foster a sense of community solidarity and resilience. Emphasizing the importance of traditional healing practices and Indigenous knowledge in mental health services underscores the need for collaborative service models. Engaging Elders, Knowledge Keepers and Traditional Healers in the design and delivery of care helps ensure that services are culturally safe, anchored and aligned with Indigenous ways of healing. This has been an area of positive development since the last Community Health Plan.

Family Orientation

The integration of family-oriented mental health and wellness programs is essential in Kahnawà:ke, reflecting the pivotal role of family in the mental and emotional well-being of the community. By prioritizing family-centred care, services should aim to support individuals' healing journeys within the context of their family relationships, reinforcing cultural bonds and fostering resilience. This method promotes holistic healing across physical, mental, emotional and spiritual health dimensions, enhancing the capacity of families to support members facing mental health challenges while strengthening essential communal and cultural connections.

Trauma- and Violence-Informed Care and the Importance of Wholistic and Compassionate Approaches

Addressing trauma and violence requires a compassionate, wholistic approach that goes beyond intellectual frameworks to include love, understanding and empathy. Providers must be trauma-informed, recognizing the profound impact of trauma on the nervous system and the importance of integrating traditional healing practices and spirituality in the healing process. In recent years, a great deal of work has been done and continues to be underway in this area.

Culturally Safe Care and Ensuring Equitable Care Relationships

Particularly in care settings outside of the community, there is a need for culturally safe care that dismantles power imbalances and addresses racism and discrimination within mental health and addiction services. It emphasizes the need for access to Indigenous approaches to mental health and healing, ensuring care is respectful and culturally anchored.

Self-Determination and Autonomy in Systems Design and Development

Advocating for Indigenous-led, community-directed mental wellness services because of the effectiveness of local, self-determined approaches in improving access, utilization and outcomes of mental health services fosters community engagement, ownership and tailored care that resonates with the community's unique needs and values.

Incorporating Culture and Language

Ensuring that mental health programs and services are reflective of and responsive to the cultural, traditional and linguistic identities of the community is crucial. This alignment fosters a protective environment that supports mental health and well-being.

Strengthening the Community-Based Workforce

Reinforcing pathways for community members to continue to enter mental health and wellness professions is essential for creating a culturally competent and responsive health care workforce. This involves removing barriers and supporting community members in obtaining necessary qualifications to serve their communities effectively.

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7. Good Mind and Healthy Coping: Addressing Substance Use and Addictions

7. Good Mind and Healthy Coping: Addressing Substance Use and Addictions

Highlights

- Substance use and addictions have been consistently recognized as health priorities in Kahnawà:ke over the past 25+ years through previous Community Health Plans (CHP) and community needs assessments.
- Community Wellness Plan (CWP) community engagement and available data indicate that although many individuals in the community do not report having substance use or addictions issues, the impact of those who do struggle with it, including on their families, is far reaching.
- In Kahnawà:ke, the health, social and education sectors are increasingly framing substance use and addictions within the context of the social determinants of Indigenous health (SDIH), with an increasing focus on equity and support for vulnerable groups.
- Significant initiatives and progress related to addressing substance use and addictions in Kahnawà:ke can be seen through the wide range of programs and initiatives across the health and social care systems.
- Despite significant work being done to provide a comprehensive array of services from prevention to treatment to harm reduction, there remain challenges to manage fragmented and siloed services. Significant service delivery gaps related to inaccessibility, lack of traditional approaches or lack of services result in unmet needs.
- Further monitoring of data related to substance use and addictions is needed to assess and guide action in this domain.
- The development of a Good Mind and Healthy Coping/Substance Use and Addictions Plan should be built on the strong foundation of previous CHP Mental Health Logic Models, especially the 2017 Mental Wellness and Addictions (MWA) logic model. Additionally, this strategy should shift towards a continuum of care reflecting a wholistic and targeted approach, recognizing the complexity of these issues within the overall context of Mental and Emotional Wellness.

- To inform this work, a number of key conceptual models and tools are highlighted, including The Honouring our Strengths Framework and Recovery Capital Index (RCI). Indicators are available within the community that could be leveraged to better understand and address substance use and addictions in Kahnawà:ke; these can be found in the Health Portraits and in descriptive statistics collected by community organizations.
- To ensure alignment, a Good Mind and Healthy Coping/Substance Use and Addictions Plan should be integrated within a Mental and Emotional Wellness Strategy and should focus on considerations and critical areas that are synthesized in this chapter. These include the development of systems and mechanisms to collect and use comprehensive and updated data, engagement and collaboration, self-determination in design and delivery of programs, and to address gaps related to problematic gambling.

Background and Context

Substance Use and Addictions have been consistently recognized as priorities in Kahnawà:ke over the past 25+ years. Kahnawà:ke's first community health needs assessment and Community Health Plan (CHP) in 1998 explicitly identified "Alcohol and Drug Abuse" as the community's top priority. The area was reaffirmed as a health priority in the subsequent 2004 and 2012 CHPs.

The First Nations Mental Wellness Continuum (2015) reminds us of our connection to culture and our purpose in life. Cultural teachings describe our bodies as vessels for our spirits, which need to be protected from toxins. Toxins could be many things, and include drugs and alcohol, which can impair the work of our spirit. When we are well, we have hope, we know where in this world we belong. We have a unique and specific purpose in life and we understand that our life means something.

Life has many twists and turns and sometimes we need to cope with challenges. There are healthier and less healthy ways to cope. When we are not coping well, we may rely on substances to cope, to numb or change the way we think and process emotions (mind-changers). Our bodies and minds may come to rely on these substances to varying degrees, which can lead to direct and indirect side effects. A dependence on mind-changers can interfere with our lives and goals, may alter our decision-making and thinking, is likely to hurt our relationships and can potentially harm our health in the short and long-term. This is what we call disordered or problematic substance use and addictions.

The *Onkwaná:ta, Our Community, Onkwatákarí:te, Our Health Portrait, Volume 1*, places substance use and addictions in the following context:

"… psychoactive substances that, when used, affect brain function in some way. Some people in Kahnawà:ke refer to these substances as mind changers. There are substances that have been present in human society for many years (e.g., alcohol) and others that are emerging as new concerns (e.g., prescription and medication abuse). Additionally, some people can have behavioural addictions, with pathological gambling behaviour being one of the most prominent examples of this."

The scope was expanded from "*Alcohol and Drug Abuse*" to "*Substance Abuse and Addictions*" in the 2012 CHP. Recognizing this priority as fundamentally intertwined with mental well-being, activities in this area were combined under the Mental Wellness and Addictions Subcommittee. This reflects the community approach in framing substance use and addictions within the context of wellness.

When surveyed in 2015 as part of the Regional Health Survey, 81% of adults in Kahnawà:ke felt that alcohol and drug abuse are important challenges facing Kahnawà:ke, while only 8% felt that low rates of alcohol and drug abuse were "a strength of the community" (Onkwata'karitáhtshera 2018). Most adults either felt the situation was worsening (36%) or unchanged (35%), while only 8% felt at least some improvement had been made in the last year. Similarly, a majority of youth aged 15-17 years (65%) also felt alcohol and drug abuse are important community challenges; among them, 14% felt at least some improvement had been made in the last year, while 24% felt there was no progress and 29% felt the situation was worsening (Onkwata'karitáhtshera 2018).

These findings align with those from a national survey of First Nations communities completed between 2008 and 2010, which reported that alcohol and drug use and abuse (including heavy drinking, drug use, and related harms such as violence, injuries and family disruptions) were considered to be the largest challenge for community wellness faced by on-reserve communities (82.6% of respondents), followed by housing (70.7%) and employment (65.9%) (Thunderbird Partnership Foundation 2020).

Substance Use and Addictions within the Context of Kahnawà:ke

In Kahnawà:ke, the percentage of individuals reporting complete abstinence from alcohol in 2015 was 36%, compared to just over 20% of all Canadians, an important strength for the community (Onkwata'karitáhtshera 2018). However, among Kahnawa'kehró:non who do drink, statistics indicate issues with excessive and binge drinking. In 2015, 42% of the adults who did drink reported heavy drinking episodes at least once per month over the last year. In comparison, only 17.9% of Canadians and 22.9% of Quebecers who drink reported heavy drinking episodes in the at least once per month (Onkwata'karitáhtshera 2018)

Among youth in 2015, 67% did not consume alcohol at all, and this should be seen as a strength. However, among the 33% of youth who did drink, 42% of them reported heavy drinking at least once per month over the last year (Onkwata'karitáhtshera 2018). Thus, despite a substantial number of Kahnawà:ke residents abstaining from alcohol, those who do consume alcohol tend to engage in heavy and binge drinking; the community wellness plan aims to reduce this.

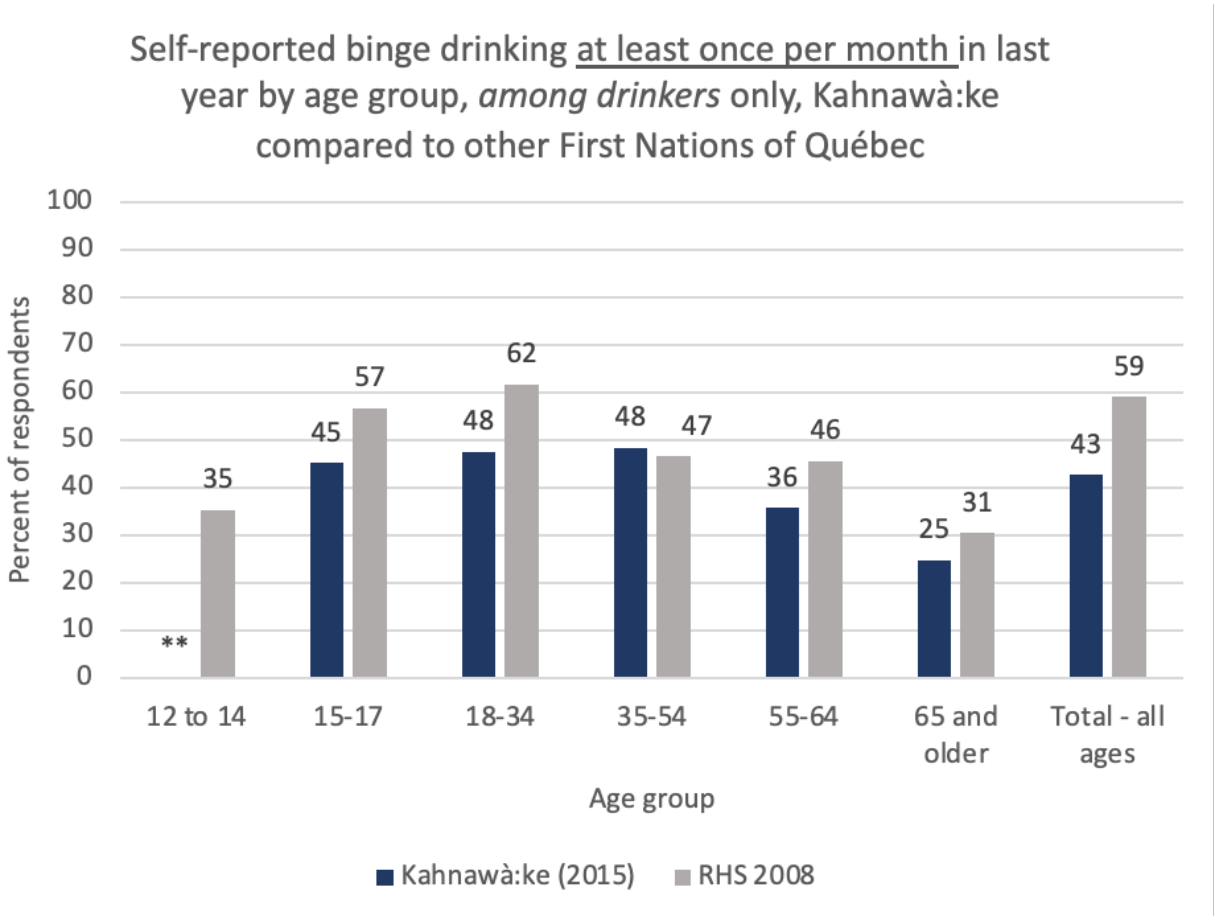
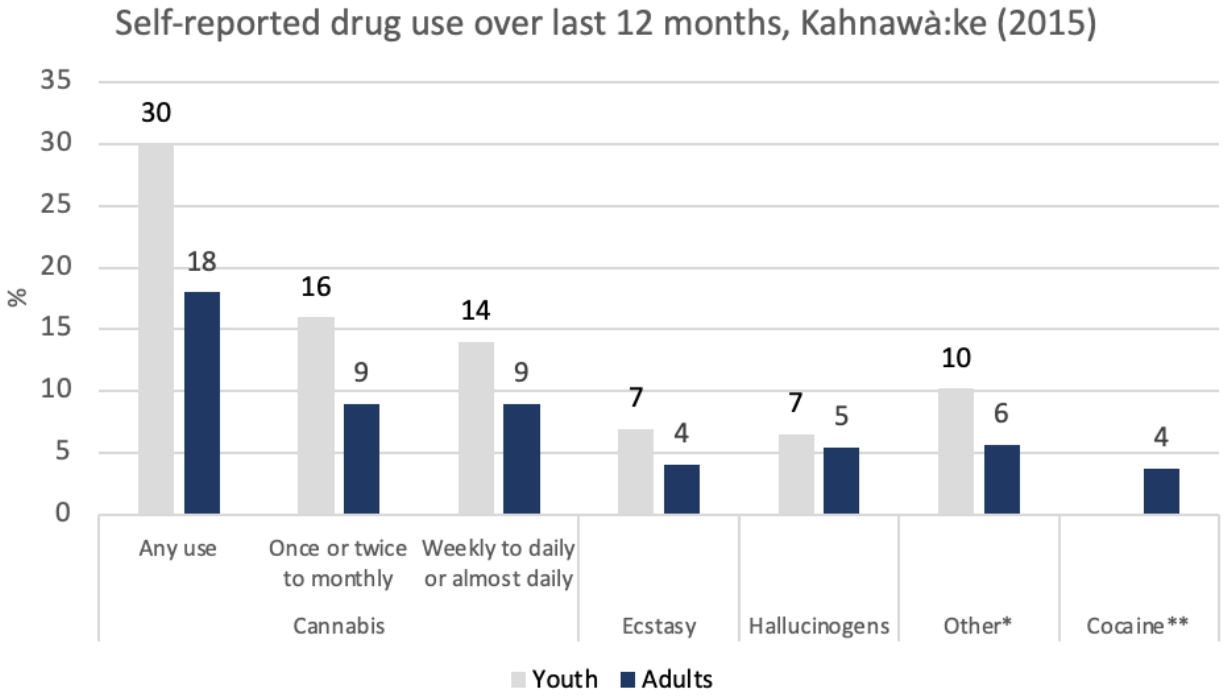


Figure 31: Self-reported binge drinking at least once per month in last year by age group, among drinkers only, Kahnawà:ke compared to other First Nations of Quebec. Reproduced from: "Onkwaná:ta Our Community, Ionkwata'karí:te Our Health Volume 1." 2018, figure 43, p. 108.

After alcohol, cannabis (marijuana) was by far the most commonly used psychoactive substance used in the community. In Kahnawà:ke in 2015, self-reported drug use over the last 12 months showed that 18.9% of Kahnawa'kehró:non aged 12 or older reported using cannabis at least once in the 12 months preceding the survey, compared to 28% in other First Nations communities in Quebec and 12% in Canada (Onkwata'karitáhtshera 2018). Other types of self-reported drug use in Kahnawà:ke are outlined below.



Proportion reporting drug use in last year on Regional Health Survey, 2015.

**Other: amphetamines, heroin, inhalants, methamphetamines, salvia and other. For youth, cocaine is also included here (reports of cocaine were very low among youth so could not be displayed as a separate category).*

***Cocaine: displayed for adults only*

Figure 32: Self-reported drug use over the last 12 months, Kahnawà:ke: 2015. Reproduced from: "Onkwaná:ta Our Community, Ionkwata'karí:te Our Health Volume 1." 2018, figure 44, p. 102.

Gambling

"Gambling can be recreational and is sometimes a part of community efforts to help raise money for important causes in Kahnawà:ke; however, for a small but significant portion of people and families, it can become problematic … Problematic and pathologic gambling disorders are associated with mental illness such as depression, anxiety, impulsive disorders, alcohol and substance abuse, and also greatly increased risk of suicide."[9]

Problematic gambling is defined in Health Portrait Volume 1 as "gambling behaviours that may lead to negative impacts on the individual and their family. Pathologic gambling is a form of addiction that has negative consequences on relationships with family and friends and can lead to financial instability that can undermine the individual's health and wellness in many ways. Gambling disorders are characterized by a number of criteria, including a preoccupation with gambling, difficulty controlling gambling behaviours, borrowing money to gamble, lying to others about gambling or debts, betting more than one can afford or spending high proportions of total finances on gambling" (Onkwata'karitáhtshera 2018).

In Kahnawà:ke, as per the 2015 Regional Health Survey, 44% of adults 18 years and older felt that gambling was an important challenge facing the community. Problematic gambling was also identified as a key issue within the context of addictions by the CWP community consultation process. Specifically, focus group and interview participants identified the negative impacts of casinos on their sense of community safety. Tobacco shops and alcohol outlets and their often non-resident clientele were also connected to the perception of safety in the community, in addition to socioeconomic well-being aspects. The Health Portrait Volume 1 provides a number of valuable statistics that can be used to understand this issue and its impacts in the context of Kahnawà:ke, such as:

- proportion of adults who had gambled in some way in the last year
- percentage of adults who borrowed money to gamble
- percentage of gambling adults who bet more than they could afford to lose

> *"[We don't need] no casinos, no cigarette stores. We don't need 45 alcohol outlets."*
>
> CWP engagement

9 Excerpt from page 124 of Kahnawà:ke's Health Portrait 2018, Volume 1.

Framing and Contextualizing Good Mind and Healthy Coping Using a Social Determinants of Indigenous Health, Equity and Inclusion Lens

The CWP engagement process clearly further reaffirmed and validated that Substance Use and Addictions, reframed as Good Mind and Healthy Coping, remain an important wellness domain for the community. Furthermore, it was clear that the community and its health, social and educational sectors are *framing Substance Use and Addictions within the context of the social determinants of Indigenous health (SDIH), with an increasing focus on equity and support for vulnerable groups*. Conditions and issues linked to the domain, such fetal alcohol spectrum disorders (FASD), violence, injuries, suicide, mental health issues and family preservation are therefore framed and contextualized by the community using a SDIH lens. Within the CWP framework, Good Mind and Healthy Coping interacts with virtually all other domains.

> *"I would say for sure, addiction, like any kind of substance abuse, is how people treat their unresolved trauma or grief or hurt."*
>
> *"Some people struggle more, they feel more because of the lack of connection, not feeling love. Many ways, different things. They have deeper pain. They just want to feel okay. Sometimes they self-medicate, right?"*
>
> CWP engagement

CWP engagements made it clear that Kahnawà:ke's community members and organizations are well aware that substance use and addictions are rooted in the history of colonization, the Indian Act, trauma, culture and language loss, systemic racism, the Indian Residential Schools system and child welfare policies (Thunderbird Partnership Foundation 2020).

Therefore, it is critical that substance use and addictions strategies and initiatives promoting a good mind and healthy coping recognize and address the social determinants of Indigenous health. This includes addressing trauma, racism and socioeconomic determinants (e.g., income and housing) and actively working to reduce stigma and shame. A wholistic approach works towards meeting the full spectrum of an individual's care and support needs for greater wellness (Thunderbird Partnership Foundation 2020; Loppie, C. and Wien, F. 2022).

Good Mind and Healthy Coping Programs and Services in Kahnawà:ke

The CWP engagements highlighted significant initiatives and progress related to supporting a good mind and healthier coping and addressing substance use and addictions in Kahnawà:ke. This encompasses a wide range of programs and initiatives across the health and social care systems, including medical services, social services, child welfare, justice, housing, education, early learning and child care, and employment, among others. These services deliver a wide range of programs and supports to address the complex nature of substance misuse and addictions – framed along a continuum of care from prevention, harm reduction, treatment to recovery, below. Although all partners involved in substance use and addictions agree with the need for an integrated continuum of care, substance use and addictions–related services and programs both within and outside of the community are presently rather fragmented and siloed.

In terms of **prevention**, there are significant community-based and grassroots programs and initiatives that aim to address addictions prevention through wholistic wellness, particularly focusing on teens and youth (e.g., Kahnawà:ke Collective Impact, Kahnawà:ke Youth Center and KSCS' Prevention Programs). The Wellness Action Team (WAT) – active during the response to the pandemic – supported numerous strategies and initiatives aimed at promoting wholistic wellness, with an emphasis on supporting resilience, helping the community build coping skills, and assessing the community's physical, mental, emotional and spiritual health status.

Additionally, the Kahnawà:ke School Diabetes Prevention Program (KSDPP) designs and implements a number of evidence-based interventions for schools and families informed by community-based, participatory research strategies. Although KSDPP's programs are not specific to substance use and addictions, its wholistic and SDIH-informed approach to health promotion and equity promotes a good mind and healthy coping and could be further leveraged to guide future substance use and addictions health promotion and prevention work. These multisectoral initiatives are essential to build upon, strengthen and integrate to enable provision of wholistic, comprehensive and family-oriented prevention and care.

> *"I worked a lot with the Addictions Response Services team in the last few years ... I think it's amazing how many people are working towards sobriety and recovery from mental illness and addictions. So many people are just saying no to using substances, alcohol and just raising their children that way."*
>
> *"A lot of families are becoming sober and deciding not to bring their kids up the way that they were brought up with alcohol in their homes."*
>
> CWP engagement

There is also significant work being done to fully **integrate wholistic and traditional approaches** into Kahnawà:ke's programs, services and supports, which support substance use and addictions responses. For example, Tekanonhkwatsherané:ken (Two Medicines Working Side by Side, Tehsakotitsén:tha KMHC Traditional Medicine) works in collaboration with KMHC's primary care and other clinical programs to provide wholistic and comprehensive services focused on taking care of the body, mind and spirit – keeping individuals independent, healing the mind and providing a sense of peace.

Additionally, KSCS's Shakotihsnié:nenhs Traditional Services Program works in the community to provide a number of services, including traditional teachings and family counselling. These two services, along with their underlying philosophies, must be further supported, strengthened and integrated into substance use and addictions strategies.

The community also provides **treatment and recovery related programs and services**. KSCS delivers multidisciplinary and multiprofessional team-based services – including Addictions Response Services (ARS), psychological services, secondary prevention, intake and after-hours response services. Services also include a comprehensive set of client- and family-oriented services, such as:

- individual addictions counselling and consultation
- couples and family counselling and intervention as well as education
- support and counselling for clients and families dealing with addictions and concurrent mental health issues
- group sessions (see https://www.kscs.ca/service/addictions-response-services-0)

Service planning is culturally anchored and creates a sense of community belonging and integration for the individual. Currently,

the KSCS Mental Wellness and Addictions program is increasingly shifting its team-based service delivery model towards **harm reduction approaches** and focusing on addressing the potential needs of children and youth, which is a growing concern in the community. KMHC mental health services includes family physicians who support individuals and families with harm reduction and appropriate treatments for substance use and related mental illness. There are also family physicians who have an area of focus in opioid agonist therapy, a specific treatment for certain dependencies. Staff collaborate closely with clinical experts in addictions at the CHUM hospital. The support of a mental health nurse and psychiatrist is also available at KMHC. KMHC is working towards offering in-hospital detox care. Free naloxone kits and education on how to use them are available in KMHC's pharmacy, as well as in the Old Malone pharmacy.

Kahnawa'kehró:non seeking treatment for substance use and addictions can access treatment centres through KSCS. One nearby treatment centre is the Onen'tó:kon Healing Lodge, a residential facility serving Indigenous men and women with drug and/or other addictions, in Kanehsatá:ke, QC. Other treatment centres are accessible within the ISC provincial network of treatment centres for both youth and adults; private centres are also accessed. KMHC now has a detox bed available in the community (otherwise, community members usually have to go to Montreal or elsewhere outside Kahnawà:ke), and the Walk Towards Recovery has been held since 2022, with photo campaigns on social media, to demystify and destigmatize substance use struggles and promote resources and community connection.

Challenges, Issues and Gaps in the Present Service Delivery Models

Despite significant work being done to provide a comprehensive array of services, the landscape of mental health and substance use and addictions programs and services across Kahnawà:ke is **fragmented and siloed, with significant service delivery gaps resulting in unmet needs**. The challenges and key considerations outlined in the Mental and Emotional Wellness chapter of this report should also be carefully considered and addressed.

For example, while individuals with substance use and addictions and/or a combination of wellness issues are sometimes referred to services within Kahnawà:ke, a significant portion of services must be accessed externally. This includes rehabilitation, inpatient treatment facilities, withdrawal management in-hospital services, and in-hospital detox services. Although support groups such as Alcoholics Anonymous are available in the community, sometimes people intentionally seek this support externally to maintain anonymity and privacy. For others, like Narcotics Anonymous, external groups may be the only ones available (see KSCS Addictions Response Services webpage for more information: https://www.kscs.ca/service/addictions-response-services-0).

This can be problematic for various reasons, including potential costs, the lack of accessibility due to language barriers (e.g., the lack of English-language services) and transportation challenges, as well as serious cultural safety and competency considerations. These factors are especially important when viewed from an equity lens (e.g., vulnerable groups, individuals highly impacted by trauma, limited financial means). There is also a significant gap in relation to customized and targeted programs addressing addictions issues related to **gambling**, which is presently offered through KSCS's Addictions Response Services (ARS).

CWP engagement sessions have reaffirmed the need to **further develop wholistic, culturally anchored substance use and addictions service delivery models that meaningfully integrate traditional approaches across the entire continuum of care**.

Reliable, updated data relating to substance use and addictions would be helpful to deepen community understanding in this domain. The community plans to undertake the Regional Health Survey in 2024 to update some of the statistical indicators related to this domain and continues to work towards better use of service provision data to complement this information. Furthermore, statistics need to be contextualized in consideration of important factors such as the demographics and social determinants of Indigenous health.

Therefore, it is essential to further develop wholistic, robust, data-informed and integrated programs and services that support Good Minds and Healthy Coping in the context of substance abuse and addictions and to ensure continuity and seamless coordination across the entire Continuum of Care.

Building upon prior work: Kahnawà:ke's Strategy for Good Mind and Healthy Coping

It is obvious and yet **critical to frame Good Mind and Healthy Coping within the overall context of mental and emotional wellness, as well as the social determinants of Indigenous health**. It was no surprise when an Addictions Response Services team member emphasized that "*there are a lot of mental health issues"* in their team's work, when discussing the community's need for wholistic and integrated substance use and addictions service delivery models. It's important to build upon years of work by the Onkwata'karitáhtshera's Mental Wellness and Addictions Subcommittee and the community's health and social services organizations. For example, it is important to leverage the following logic models:

- National Native Alcohol and Drug Abuse Program (NNADAP)
- 2012-2013 CHP Mental Health logic models
- 2017 Mental Wellness and Addictions (MWA) logic model draft

These key documents have been comprehensively described in the Mental and Emotional Wellness domain chapter and should be carefully and thoroughly reviewed by the CWP Subcommittee focusing on the Good Mind and Healthy Coping domain. However, a brief synthesis relating to the logic model's content *relating specifically to Substance Use and Addictions* is provided below.

National Native Alcohol and Drug Abuse Program

The National Native Alcohol and Drug Abuse Program (NNADAP), an Indigenous Services Canada program, is the primary network in place in Canada to respond to First Nations substance use issues (Thunderbird Partnership Foundation 2020). Developed in response to community needs, it includes 49 NNADAP alcohol and drug abuse treatment centres and more than 550 community-based prevention services, as well as nine residential treatment centres for Youth Solvent Abuse (through the National Youth Solvent Abuse Program, NYSAP). It evolved from the National Native Alcohol Abuse Program (a pilot project in 1974) to a Cabinet-approved program in 1982 (Thunderbird Partnership Foundation 2020).

Kahnawa'kehró:non access services through NNADAP, and the program is linked with KSCS. Across Canada, several different programs, services and supports have been implemented through NNADAP funding based on local need. It is informed by an Indigenous-specific continuum-of-care approach. NNADAP funding programs include a range of programs and initiatives across the continuum of care including:

- **Prevention** (e.g., public awareness campaigns, participation in school programs and cultural events)
- **Intervention** (e.g., crisis intervention, counselling services, appropriate spiritual and cultural programs)
- **Aftercare** (e.g., sharing circles, support groups)

2012-2013 CHP Mental Health Logic Model Content Related to Substance Use and Addictions

The 2012-2013 logic models primarily focused on crisis management and prevention for mental health, with initiatives such as Mental Health Nursing and Short-Term Crisis Intervention aiming to provide immediate support in crisis situations and prevent the escalation of mental health issues. While the direct focus on substance use and addictions was not explicitly detailed, the emphasis on crisis management, family and community engagement, and culturally anchored practices indirectly catered to substance use challenges by fostering an environment conducive to prevention and early intervention.

2017 Mental Wellness and Addictions Subcommittee Logic Model

The 2017 MWA logic model (see p. 145) offered a more explicit and comprehensive approach to addressing substance use and addictions. It included specific components such as prevention of addictions and mental illness, treatment of mental illness and addictions, and harm reduction. This model emphasized the importance of awareness and education on alcohol-related harms, training for prevention, and treatment facilitated by trained workers.

Importantly, the logic model highlighted harm reduction strategies, including the use of naloxone kits and training programs. The 2017 model demonstrated a clear, structured approach to substance use and addictions, integrating Kanien'kehá:ka culture, and focusing on a continuum of care that spans from health promotion and prevention to treatment and harm reduction. Thus, this logic model depicts a wholistic, comprehensive and integrative approach to both mental and emotional wellness and good mind and healthy coping, which could be leveraged as a foundation to the development of a Mental and Emotional Wellness Strategy and subsequent Good Mind and Healthy Coping/ Substance Use and Addictions Plan.

The Paradigm Shift in Approach to Good Mind and Healthy Coping

The evolution from the 2012 to the 2017 logic model reflects an important **paradigm shift** in approach to substance use and addictions – towards a more **wholistic and targeted approach**, recognizing the complexity of these issues within the **context of mental and emotional wellness**. The 2017 model, with its detailed indicators and outcomes for each stage of care, offers a robust framework to build upon for addressing substance use and addictions, incorporating culture and community involvement along a comprehensive continuum of care.

Therefore, moving forward, a future Good Mind and Healthy Coping/**Substance Use**

and Addictions Plan should build on the strengths of the 2017 model's wholistic and targeted approach. It should also integrate lessons from the 2012-2013 models, particularly the importance of crisis management, family and community engagement, and culturally anchored practices. These can be built upon by:

- Enhancing the specificity and measurability of indicators
- Focusing on the practical implementation of culturally anchored interventions
- Ensuring a dynamic, responsive framework that incorporates community feedback

Such an approach is aligned with the First Nations and Inuit Mental Wellness Advisory Committee's (MWAC) Strategic Action Plan and is reaffirmed and validated by the **First Nations Mental Wellness Continuum Framework (FNMWC)**, which highlights the need for a **paradigm shift** in approach towards mental wellness (see the Mental and Emotional Wellness chapter) (First Nations & Inuit Mental Wellness Advisory Committee 2007; "First Nations Mental Wellness Continuum Framework" 2015; Langlois 2008).

Resources such as conceptual models, frameworks, tools and indicators that can support and guide the development of a Good Mind and Healthy Coping/Substance Use and Addictions Plan in Kahnawà:ke are described below.

Conceptual Models, Frameworks, Tools and Indicators

The Mental and Emotional Wellness domain chapter as well as the CWP literature review and jurisdictional scan (a companion document to this report) provide a comprehensive overview of key frameworks, tools and indicators that support the development of a **Mental and Emotional Wellness Strategy**. Since this strategy should encompass a **Good Mind and Healthy Coping/Substance Use and Addictions Plan**, a number of relevant resources related to mental wellness that could also inform work in this domain are listed below:

- The First Nations Mental Wellness Continuum Framework
- The Native Wellness Assessment (NWA) tool
- Mental Health Commission of Canada Indicators
- NCCIH Policy Report: Improving Access to Mental Health and Addictions Services and Supports For Older Indigenous Adults, Using a Cultural Safety and Equity Lens
- Quebec Action Plan for Mental Health 2022-2026 (Plan d'action interministériel en santé mentale 2022-2026 – S'unir pour un mieux-être collectif - PAISM)
- Health Justice Report – *Pathologize the Systems and Not the People: Decolonizing BC's Mental Health Law*

Other frameworks, tools and indicators specific to substance use and addictions have been identified as valuable resources to support and guide the development of a wholistic and robust Plan across the entire continuum of care for this domain. These frameworks, which will be described in detail below, include:

- Honouring our Strengths Framework
- Recovery Capital Index

Honouring Our Strengths Framework

The Honouring Our Strengths framework is a strategic framework to address substance use issues among First Nations people in Canada. The **framework aligns with and further informs the FNMWC's continuum of care approach** for stronger responses to substance use issues at national, regional and community levels (Thunderbird Partnership Foundation 2020). It is specifically designed to enable and guide the design, coordination and delivery of services at all levels of substance use and addictions systems.

This framework outlines **Six Key Elements of the Continuum of Care** that respond to the needs of individuals, families and communities with a wide range of substance use issues, rooted in an Indigenous context:

- Element 1: Community development, Universal Prevention and Health Promotion
- Element 2: Early Identification, Brief Intervention and Aftercare
- Element 3: Secondary Risk Reduction
- Element 4: Active Treatment
- Element 5: Specialized Treatment
    - Element 6: Care Facilitation

These elements are designed to meet population health needs through the lifespan and across unique groups (e.g., women, youth and those affected by mental health issues). They provide useful insights and guidance relating to operationalizing the **FNMWC's Continuum of Essential Services**, namely (Hopkins and Fournier 2018):

- Health Promotion, Prevention, Community Development and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-informed Treatment
    - Support and Aftercare

The Honouring Our Strengths Framework is an excellent resource that could be used as a reference for planning, development and enhancement of continuum of care services work within this priority domain. It also provides guidance on an approach to community development that prioritizes mental health and well-being and relies upon community and cultural strengths.

Recovery Capital Index

The Recovery Capital Index (RCI) could be leveraged to better understand the landscape of substance use and addictions in Kahnawà:ke (Whitesock et al. 2018; Bunaciu et al. 2023). The RCI is a validated, researched and widely adopted measure of recovery, outcomes and well-being for the purpose of conducting measurement-based care in addictions health. It is a wholistic, person-centred metric that tracks wellness of the whole person and can used to measure member progress, inform individualized care, and support and prove outcomes, as well be aggregated to improve organizational or larger system- level outcomes.

The RCI instrument consists of **22 indicators categorized into three domains, Personal Capital, Social Capital, and Cultural Capital**, that measure the resources individuals have available to initiate and sustain recovery from addiction or substance use disorders.

The RCI encompasses a wide range of factors (indicators) that contribute to recovery in its three domains, including:

1. Personal capital: consists of personal attributes such as employment, education, mental and emotional well-being, housing, transportation, etc.
2. Social capital: social resources such as family support, social networks and community involvement
3. Cultural capital: includes indicators such as spirituality, beliefs, values and sense of purpose

The concept is grounded in the understanding that recovery is a complex and multifaceted process, requiring more than just the cessation of substance use; it involves building and maintaining a fulfilling, productive life.

The RCI provides a way to quantify these resources, giving individuals, health care providers, and support organizations a comprehensive overview of the strengths and areas for growth within someone's recovery journey. By measuring recovery capital, interventions can be better tailored to individual needs, fostering more effective and sustainable recovery pathways.

Gambling: The Need for Customized Frameworks

Throughout the development of the CWP, very little information was found regarding major frameworks specifically developed for the integration of gambling into Indigenous-led substance use and addictions initiatives. However, the Honouring our Strengths framework discussed above provides a number of Indigenous-specific guiding principles that can be applied to gambling issues. The *Funding First Nations Child and Family Services (FNCFS): A Performance Budget Approach to Wellbeing* report also includes gambling as an indicator for child and family health, measured by the percentage of families reporting problematic gambling, and could also be used as reference to guide work in this area. Research is also underway in the community to assess and understand the issue further.[10]

10 Dr. Sylvia Kairouz, Research Chair on Gambling at Concordia University, and her team are conducting a research study called ShaP/Ring Gambling in the Community of Kahnawà:ke, since 2020, in partnership with KSCS and oversight from the OHSSRC (internal correspondence, December 4, 2023).

Indicators Readily Available in Kahnawà:ke

As a starting point, there are several available data sources and indicators that help better understand the landscape of good mind, healthy coping, substance use and addictions in Kahnawà:ke. For example, the Health Portrait Volumes 1 and 2 report data on a number of indicator domains related to substance use and addictions, which has been summarized in the table on the next page.

Summary of substance use indicator domains: Health Portrait Volumes 1 and 2
(note: not a complete list, but a synthesis of some key indicators)

Alcohol

- Community perception of alcohol and drug use
- Abstinence from alcohol (self-reported, broken down by age and sex)
- Frequency of alcohol consumption (self-reported, broken down by age and sex)
- Heavy drinking episodes and binge drinking (self-reported, broken down by age and sex)
- # people seeking services at KSCS for alcohol abuse or addiction
- % mothers who reported having an alcohol-free pregnancy

Drug Use

- Self-reported drug use (broken down by age)
- Self-reported co-use of alcohol and cannabis
- Self-reported use of other drugs (e.g., ecstasy, hallucinogens, cocaine, other drugs)
- # people seeking help at KSCS for drug abuse or addiction (broken down by year and type of drug)
- Hospitalizations related to substance abuse
- Number of Kahnawà:ke Fire Brigade (KFB) alcohol/drug-related calls

Gambling

- % people who thought gambling was an important community challenge
- % of people who believed there was progress with this issue; % people who thought it was worsening
- % of people in Kahnawà:ke who gambled in some way in the last year (broken down by sex)
- % adults who had borrowed money to gamble
- % of adults who had bet more money than they could afford to lose

Additionally, KSCS collects descriptive statistics related to substance use and addictions services (e.g., presenting substance use and addiction problems at intake) that could be leveraged (e.g., addiction response services, psychological service data and referral data). Finally, the availability and applicability of data from KMHC, primary care and other health care facilities related to substance use and addictions should be considered. This could include, for example, health care utilization rates for substance use and addictions, alcohol-related admissions, and diagnosis related to substance use and addictions, among others. This information that is already being collected could be used to further inform work in this domain.

A Useful Case Study: Poundmaker's Lodge Treatment Centre

Poundmaker's Lodge has been involved in ground-breaking work with respect to the integration of wholistic approaches into its substance use and addictions programs. This provides a useful case study that can inform the development of Kahnawà:ke's Good Mind and Healthy Coping/Substance Use and Addictions Plan. Further details regarding Poundmaker's service delivery model will be provided in the CWP literature review and jurisdictional scan companion document.

Case Study: Poundmaker's Lodge Treatment Centre

Poundmaker's Lodge Treatment Centre is located in Alberta, Canada, and is an Indigenous addiction treatment centre that has become a leader in the provincial, national and global addiction treatment community. Poundmaker's Lodge accepts all peoples from all walks of life. Through concepts based in the cultural and spiritual beliefs of traditional First Nations, Métis and Inuit peoples in combination with 12-Step, abstinence-based recovery, Poundmaker's Lodge also offers opioid treatment and an Indigenous wholistic treatment experience that focuses on the root causes of addiction and empowers people in their recovery from addiction. Poundmaker's Lodge is particularly unique in its model of care which integrates Indigenous practices such as daily smudging ceremonies, weekly male and female sweat lodge ceremonies, night lodge ceremonies, yearly Pow Wow event, and trips to participate in community events) with biomedical services (e.g., counselling, medical service [on site medical clinic and pharmacy]), its efforts related to reintegration into the community and fostering community connections through the Pow Wow, and its philosophy of seeing the person with an addictions in a spiritual sense; for example, in addiction, the person's spirit has lost their way and the Poundmaker's Lodge is to help them find their way back. https://poundmakerslodge.ca/

Developing a Kahnawà:ke Good Mind Healthy Coping/Substance Use and Addictions Plan

Despite significant efforts made to address substance use and addictions in Kahnawà:ke, the present state of programming is notably fragmented and siloed, with significant gaps in existing service delivery models, both within and outside of the community. Furthermore, there is a pressing need for system redesign, to focus on integration of cultural and traditional healing practices rooted in Kanien'kehá:ka values and principles, and to frame and design the entire continuum of care using a social determinants of Indigenous health lens, with special attention to equity.

The community's Health Portrait Volume 1 presents a comprehensive list of evidence-based areas for action to address alcohol consumption, misuse, abuse and dependency, as well as substance abuse and addictions. These insights should serve as a foundational guide for shaping future initiatives in this domain.

Furthermore, as any plan for Good Mind and Healthy Coping/Substance Use and Addictions should be closely aligned and integrated with the Mental and Emotional Wellness Strategy, recommendations and considerations outlined in the Mental and Emotional Wellness chapter of this report should also be carefully considered and addressed.

Given the insights discussed in this chapter, it is evident that a wholistic and culturally anchored Good Mind and Healthy Coping/ Substance Use and Addictions Plan is essential. This plan must address the full continuum of care, with a focus on the following areas:

- **Data**: Further development of mechanisms to collect, analyze and use comprehensive data and statistics relating to the epidemiological landscape and current context of substance use and addictions within Kahnawà:ke. This includes qualitative data that provide insights into the lived experiences of individuals and families.
- **Engagement**: Comprehensive and inclusive engagement with a wide range of partners working on substance use and addictions responses, as well as other related services and supports. This must include individuals and families with lived experience. Collaboration should extend beyond Kahnawà:ke to also include partners outside the community. Strong collaboration can help inform the work and be a mechanism to develop partnerships and enhance integration of systems, services and supports. They provide opportunities for co-learning, specifically with respect to cultural safety and the development of wholistic and integrative responses.
- **Continuum of care**: Development of a comprehensive, wholistic, culturally anchored and integrated continuum of care, in alignment with the First Nations Mental Wellness Continuum model and Honouring our Strengths framework.
- **Self-determination in system design and programming**: Design, development and implementation of systems and service delivery models that are culturally and contextually appropriate to Kahnawà:ke's context. They should be framed and contextualized by the social determinants of Indigenous health, with a focus on equity and inclusion.
- **Gambling**: Development of customized and targeted plans to address issues related to gambling, which is presently a significant gap in the community.

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8. Takwa'a:shon (Cancer) Prevention and Wellness Support Domain

8. Takwa'a:shon (Cancer) Prevention and Wellness Support Domain

Note: We thank the Cancer Support Group of Kahnawà:ke and Candida Rice for providing us with the title for this chapter. The descriptive translation for takwa'a:shon is spider,[11] which is understood to mean cancer.

Highlights

- For over 25 years, cancer has been – and continues to be – a health concern in Kahnawà:ke. This is validated by all Community Health Plans (CHPs). Though incidence of new cases of cancer has remained stable from 2005-2019, it continues to affect individuals, families and community to an important extent.
- The 2018 *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portrait includes a chapter on Cancer and Cancer Prevention in Kahnawà:ke. These statistics can be updated over time to continue to monitor trends.
- The CWP engagement process, along with evidence from cancer frameworks, strategies and tools, highlights the need to develop a wholistic, comprehensive, culturally anchored and integrated continuum of cancer care in Kahnawà:ke. This encompasses the following priority subdomains:
    - Prevention
    - Screening
    - High-quality, culturally safe care
    - Survivorship
    - Palliative and end-of-life care
- Three key documents that have comprehensive guidance, frameworks, tools and indicators to inform the development of a wholistic and integrated cancer continuum of care are:
    - *Cancer Care Ontario's First Nations, Inuit, Métis & Urban Indigenous Cancer Strategy*
    - *Improving Indigenous Cancer Journeys in BC: A Road Map*
    - *The Canadian Partnership Against Cancer Strategic Priorities and Indicators*
- Cancer prevention activities, such as human papilloma virus (HPV) vaccination, reducing tobacco use, and clinical screening for cervical, breast and colon cancer are going well in Kahnawà:ke. These activities need to stay strong over the next 10 years.

11 Note that an alternate spelling is Takwa'áhson. This word also means "spider."

- Access to high-quality, culturally anchored cancer care and support are central to the community's approach, integrating medical, social and traditional supports. Initiatives like Tetewatatia'takéhnhahs Purple Ribbon Walk and digital storytelling projects highlight Kahnawà:ke's efforts to provide wholistic support and raise awareness about cancer. However, addressing the cancer survivor phase and providing adequate support to those affected by cancer, including caregivers, remains a challenge.
- Palliative and end-of-life care in Kahnawà:ke prioritizes the dignity and comfort of individuals in the terminal stages of illness. It focuses on providing wholistic support and reducing isolation and distress for patients and their families.
- Potential areas for further exploration, assessment and action with respect to the development of a wholistic, comprehensive and integrated cancer continuum of care in Kahnawà:ke include community engagement and education, keeping prevention strategies strong, taking a culturally anchored approach, caregiver support, community support services and monitoring cancer-related data.

Background and Context

Cancer has been consistently identified as a high priority in Kahnawà:ke since the first community health needs assessment and Community Health Plan (CHP) in 1998. The priority status of cancer was further reaffirmed and validated in the 2004 and 2012 CHPs. Some of the community statistics related to cancer were described in the second chapter of the 2018 *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portrait, entitled "Cancer and Cancer Prevention in Kahnawà:ke." Cancer prevention and support was the focus of the Onkwata'karitáhtshera Cancer Subcommittee.

Analysis of cancer incidence was reported in the 2018 *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portrait and updated in 2024. The age-adjusted incidence rates of cancer in the community have remained stable between 2005 and 2019. They represent an important number of new diagnoses and ongoing illness among our community members. The rates of new diagnoses each year (incidence) are also similar to the incidence rates of cancer in Montérégie and Quebec (Onkwata'karitáhtshera 2024). This supports that cancer prevention and support remain important for community wellness in Kahnawà:ke. We know this is only one way of measuring the impact of cancer. For every new diagnosis that happens, there can be weeks, months or even years of health impact on the individual affected, as well as their family members, friends and others. These health impacts can be in the physical, mental, spiritual and emotional domains.

Continuing to take action on cancer prevention and support is even more relevant when viewed through the context of the aging population of Kahnawà:ke. In the last 20 years, the total number of Elders 65 years and older has more than doubled in the community (Onkwata'karitáhtshera 2024). According to the Canadian Cancer Society, advancing age is the most important risk factor for cancer overall and for many individual cancer types (Cancer Care Ontario 2016). This tells us that even though the incidence rate (number of new diagnoses) has been stable, the total number of people who have a diagnosis of cancer will increase. This in turn means more need for various supports for individuals and their entourage.

Volume 1 of Kahnawà:ke's Health Portrait also provides detailed statistics up to the year 2015, related to mortality and hospitalization rates for malignant tumours, as well as breakdowns of incidence rates for the most common types of cancer in the community, such as breast, colorectal, lung and prostate cancers. The portrait also provides statistics on how the community is doing for activities that can help prevent cancers (e.g., HPV vaccines, mammograms, regular Pap tests, colon cancer screening) and key risk factors such as smoking and alcohol use (Onkwata'karitáhtshera 2018).

Building upon Strong Foundations: Developing a Comprehensive Wholistic, and Integrated Cancer Continuum of Care

As highlighted above, Kahnawà:ke has developed and implemented a wide range of cancer-related strategies, plans, services, programs and initiatives over the past 25+ years. Often providers and families rally around a person on their cancer journey, with a coming together of various professional support in regards to cancer, especially within the community. Despite significant progress, the present landscape of cancer-related initiatives remains relatively fragmented and siloed. These gaps mean there are unmet needs for individuals with cancer, caregivers and families.

During 2023 CWP community engagement, there was a consensus about the need to develop a comprehensive, wholistic and integrated continuum of cancer care, that is culturally anchored and seamlessly integrates traditional approaches.[12] This is validated and reaffirmed by strategic plans and frameworks from other places in Canada, such as:

Ontario: Cancer Care Ontario's First Nations, Inuit, Métis & Urban Indigenous Cancer Strategy

- British Columbia: The Roadmap to Improve Indigenous Cancer Journeys in BC
- Canada-wide: The Canadian Partnership Against Cancer Strategic Priorities and Indicators

Each of these documents is a valuable resource that is further described later in this chapter.

A wholistic and comprehensive approach to cancer includes the following **Takwa'a:shon (Cancer) Prevention & Wellness Support subdomains:**

- **Cancer prevention**
- **Screening**
- **High-quality, culturally safe care**
- **Survivorship**
- **Palliative and end-of-life care**

These subdomains will be elaborated on below.

12 Note from Healthcare Evaluation Studio Ltd.: This is information was heard from meeting with health care providers. This may be something that could be explored further by the subcommittees working in this domain moving forward.

Prevention

Cancer prevention activities in Kahnawà:ke are focused mainly on lifestyle behaviours to reduce the risk of cancer. Examples include education relating to healthy eating, staying active, and addressing tobacco and alcohol use. Initiatives differentiate between recreational tobacco use and traditional and spiritual uses of sacred tobacco in the community, as a traditional medicine. Vaccination against HPV is another important activity that significantly reduces the risk of cervical and throat cancers; this is done by the staff of KMHC's Community Health Unit (CHU).

In 2016 and 2017, Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center (KMHC)'s Community Health Unit developed a detailed plan for the community's proactive approach to reducing cancer risks. The Cancer Support Logic Model focused on preventing several types of cancer, including lung, breast, prostate, colorectal, cervical and skin cancers, through the following high-level goals:

- To provide information on **cancer-prevention lifestyle behaviours** (e.g., knowledge and awareness of and participation in active living, healthy eating, exposure-prevention activities)
- To provide information, encouragement and assistance related to **cancer-screening methods for early detection of cancer** (e.g., knowledge and awareness of screening methods available)
- To provide **holistic support and assistance** for community members and their families affected by cancer

Each of the three high-level goals was associated with specific objectives and indicator areas to gauge the effectiveness of these prevention efforts. The indicator areas are listed in the table below.

KMHC Cancer Prevention Logic Model 2016-2017 indicator areas

- Maintaining consistent numbers of educational presentations and attendees, crucial for ensuring ongoing community engagement and outreach.
- Visibility of sun safety behaviours within the community, reflecting the success of educational campaigns in promoting protective measures against skin cancer.
- Adults engaging in sun-safety practices and adopting "sun-safe" protocols across all schools and youth programs, demonstrating a community-wide commitment to cancer prevention.
- Feedback from clients and increased knowledge about cancer prevention are also vital indicators, serving as direct measures of the impact of these initiatives on individual and collective health literacy.

Through the 2012-2022 Community Health Plan (CHP), the Cancer Health Priority sub-committee was established in Kahnawà:ke to focus on cancer prevention and treatment.

The committee worked on reviewing existing cancer services available in the community and identified important gaps related to cancer care.

Commercial Tobacco Cessation, Education and Support as a Cancer Prevention Strategy

A major component of the community's cancer prevention activities focuses on encouraging individuals to stop smoking (tobacco cessation) through education, individual support, medications, nicotine replacement options, and acknowledging commercial tobacco's significant role in cancer risk. Initiatives are generally geared towards empowering individuals with the knowledge and resources needed to quit tobacco use, thereby significantly lowering their cancer risk. Tobacco use includes smoking cigarettes, chewing tobacco, snuffing and vaping. It *does not* include the use of sacred tobacco in ceremony and for traditional medicine purposes.

The *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portrait Volume 1 data describes tobacco use and second-hand smoke exposure within the community. Based on this, ongoing actions to reduce tobacco use, second-hand exposure and their associated health risks are needed. The 2018 Health Portrait also emphasized community awareness and interventions tailored to address the unique cultural and social dynamics of Kahnawà:ke. The Health Portrait will be refreshed once new survey data is available to analyze.

Overall, our focused approach to cancer prevention emphasizes the importance of community education and engagement in fostering healthier lifestyles and reducing cancer risks, laying a solid foundation for a healthier future for all community members.

Screening

Screening is an important step along a person's cancer wellness journey, especially for early detection and prevention. The 2018 Community Health Portrait dedicates significant attention to screening for the main types of cancer diagnosed in the community, which are breast, colorectal, lung, cervical and prostate cancers. Data from 2015 reflect good rates of participation in cancer screening programs, especially for breast and cervical cancers. The data also shows room for improvement in colon cancer screening and adaptation to new guidelines for lung cancer screening.

Breast Cancer Screening

Kahnawà:ke has demonstrated strong engagement in breast cancer screening. For example, according to the Health Portrait Volume 1, 79.4% of women in the recommended age group for mammogram screening had undergone the test between 2013 and 2015. This is above the provincial target of 70%, and equal to or better than breast screening rates in the region (Onkwata'karitáhtshera 2018). The Quebec Breast Cancer Screening Program (QBCSP) identifies breast cancer screening as critical for early detection and treatment (Government of Quebec 2024), which is also a key point in the KMHC Community Health Unit Cancer Support Logic Model (2016-2017).

The QBCSP encourages women 50 to 69 years old to undergo a mammogram every two years; it enables this with a collective prescription mailed directly to women in this age range, for which there are designated mammography centres they can contact directly. The program is designed to inform decision-making and provide comprehensive information on the benefits, risks and limitations of mammograms. The QBCSP/PQSDC aims to elevate awareness and encourage active participation in screening measures, recognizing early detection as a key to improving treatment success rates (Government of Quebec 2024). In addition, family doctors at KMHC and specialists routinely coordinate screening as appropriate for people with a higher degree of risk due to personal or family history and for women older than 69 years (with typical practice screening up to age 74, in accordance with Canadian guidelines).

The Thingamaboob Campaign was also highlighted in KMHC's CHU logic model as a key initiative to increase awareness and encourage breast cancer screening. Launched by the Canadian Cancer Society, the campaign raises breast cancer awareness and emphasizes the importance of regular mammograms for early detection. The campaign utilizes a keychain, the "Thingamaboob," which features beads of varying sizes to represent different-sized lumps that can be detected in the breast. The campaign targets the general population and focuses on reaching women in ethnic minority and low-income groups. The Thingamaboob Campaign addresses language barriers and misconceptions about screening and treatment.

Cancer Screening Indicators

Several other indicators are available in the Health Portrait to help us measure trends related to cancer screening within Kahnawà:ke, including colorectal cancer screening rates among those 50 to 74 years old, cervical cancer screening rates (through regular Pap tests) and prostate cancer screening rates.

Overall, it is important to continue the activities and interventions above to keep up the high screening participation rates among Kahnawa'kehró:non. This will support early detection, diagnosis and treatment and benefit community members on their cancer wellness journey.

High-quality, Culturally Anchored Cancer Care

Access to high-quality, culturally anchored (and therefore culturally safe) care and support is essential for Kahnawà:ke's community members with cancer and for their caregivers and families. The community's comprehensive continuum of cancer care involves the following range of wholistic medical, social and traditional programs and services, some of which occur in hospital centres outside of the community:

- Medical care: pathology, radiology, surgical care, chemotherapy, radiation therapy, physiotherapy, occupational therapy, family medicine care and dietetics at regional referral centres and locally when possible
- Cancer-care coordination workers and nurses
- Psychological supports (e.g., mindfulness training, grief counselling, talk therapy, survivor groups)
- Community and social supports (e.g., meal delivery, childcare services, transport, financial supports)
- Traditional and cultural supports
- Homecare
- Palliative care

Central to this model is the integration of cancer-care coordination from all areas – physical, mental, emotional and spiritual needs of those with cancer. The care is carried out by specialized workers and nurses, alongside the psychological and community support services such as grief counselling and meal delivery, to address the wholistic needs of patients and families. The continuum of care framework is enriched by incorporating traditional and cultural supports, reflecting the community's commitment to culturally anchored and inclusive health care. This multifaceted approach promotes seamless, compassionate, culturally resonant care for those navigating their cancer wellness journey.

Services at KMHC – for example, by the Community Health Unit (CHU), Quality, Risk Management and Innovation (QIRMI), and Traditional Medicine teams – exemplify a proactive focus on quality and culturally safe and anchored care, including cancer care. The CHU unit's mission emphasizes providing primary health care through culturally anchored public education, consultations, clinics and awareness campaigns in collaboration with community organizations, underscoring a collective responsibility towards health. The philosophy of the CHU is grounded in the beliefs that health is a personal and communal responsibility and that healthy behaviours are learned. The KMHC's Community Health Unit aligns with Kahnawà:ke's approach to high-quality cancer care, with informed and active involvement with individuals in their cancer wellness journey.

The Kateri Memorial Health Centre offers a range of essential health care services tailored to cancer care. During CWP engagements, KMHC staff highlighted some key strengths and recommendations for cancer care.

Here are some examples of strengths of cancer care at KMHC:

- Integrative care models that include both medical treatments and supportive therapies, and traditional medicine
- Emphasis on culturally anchored and safe services that respect and align with the community's values and practices

- Efforts to improve health care accessibility and quality and to make services more patient centred and culturally anchored

These high-level recommendations highlighted by the KMHC team are worth exploring further:

- Enhanced communication, collaboration and coordination of care (within and outside the community)
- Continuous education and support for family caregivers to assist them in their caregiving roles
- Reduced gaps in specialist care and improved access to English-language services for clear patient communication and accessibility
- Advocacy for health care policies that better reflect the needs and preferences of the community

Tetewatatia'takéhnhahs – Purple Ribbon Walk

Community Highlight: Tetewatatia'takéhnhahs/Purple Ribbon Walk

Established in 2016, the Tetewatatia'takéhnhahs/Purple Ribbon Walk was developed for the purpose of offering financial assistance to Kahnawà:ke community members in active cancer treatment. The name means "We will help each other" in English. The initiative grew out of the Canadian Cancer Society's Relay for Life, which took place in the community for a few years before it was decided that much of the money that went to the foundation for research elsewhere could be used for the exclusive benefit of the community. The money raised from Tetewatatia'takéhnhahs/Purple Ribbon Walk goes to help with the financial needs of community members undergoing cancer treatments. It provides financial assistance for expenses such as gas, hospital parking, the cost of wigs or prosthetics, among other needs.

In addition to the walk, other activities are held in the community that bring people together to support those who are going through cancer as well as to honour and remember friends or relatives who have battled cancer. The Tetewatatia'takéhnhahs Facebook page provides contact information of committee members for those wishing to obtain more information and provides cancer-related resources and information.

Thunder Blanket: Documenting a Mohawk Mother's Cancer Journey

Thunder Blanket is a five-part documentary series that explores the battle against breast cancer of a woman who is a traditionalist searching for a cure in a modern world. The story of Roxann Whitebean, a Mohawk filmmaker and mother from Kahnawà:ke, vividly illustrates the critical importance of culturally safe care.

Diagnosed with advanced breast cancer at the age of 30, Whitebean faced the daunting prospect of chemotherapy and its side effects, notably hair loss, which hold significant cultural and personal meaning in her Mohawk culture. Determined to honour her cultural heritage while fighting cancer, Whitebean chose to navigate her treatment journey through a balance of Western and Traditional Indigenous medicine.

Her traditional healer, Bill Constant from the Opaskwayak Cree Nation, supported her decision, underscoring the vital collaboration between Traditional and Western medical practices. Whitebean's story highlights the importance of culturally resonant care and the strength found in bridging the gap between traditional Indigenous healing practices and Western medicine. This compelling narrative was shared in detail on CBC News, offering insight into Whitebean's personal and cultural journey through cancer treatment (CBC News 2016).

The principles guiding Whitebean's care reflect the broader goals outlined in various strategic health plans and frameworks described later in this chapter, which advocate for eliminating systemic barriers and promoting culturally safe cancer care systems.

Cancer Survivorship

Cancer survivorship is the part of the cancer wellness journey after the active treatment period ends. Challenges during this phase may include the long-term effects of treatment, the risk of secondary cancers and overall quality of life. Individuals, caregivers, families and the community have unique needs during this phase.

Survivorship care takes a wholistic approach by emphasizing physical, emotional and spiritual well-being and by acknowledging the importance of culturally anchored health care practices and traditional healing methods (Gifford, W. et al. 2021).

According to *Improving Indigenous Cancer Journeys in BC: A Road Map*, **cancer survivorship strategies should emphasize continuous support for the wellness of Indigenous cancer survivors from diagnosis to end of life** (First Nations Health Authority 2017). They should aim to foster supportive networks for survivors and their families, sharing experiences to enhance understanding and care. Culturally anchored educational materials and resources are critical so that survivors and their families are supported throughout their journey with tools that resonate with cultural and personal experiences.

KMHC Survivorship-related Services

The emphasis on a family-oriented cancer survivorship approach in Kahnawà:ke is highlighted in the KMHC Community Health Unit (CHU) logic model (2016-2017). This approach recognizes that cancer impacts the entire family unit; therefore, addressing the needs of the families of individuals with cancer is just as important. The commitment to such an inclusive and wholistic care model is vital for fostering emotional, mental and spiritual resilience among families, enhancing their ability to navigate the complexities of cancer survivorship together. By integrating family-oriented strategies into survivorship care, KMHC's Community Health Unit provides families with the necessary tools and support to sustain their well-being and quality of life, during and after their loved one's cancer journey.

Family-oriented strategies include outreach efforts, such as engaging with medical professionals for referrals. Strategies also include raising awareness about cancer support by using various media platforms, public service announcements, local newspapers and community radio.

Specialized services like lymphedema assessment and treatment also address the specific needs of cancer survivors. Lymphedema is when parts of the body, like the arms and legs, swell due to a build-up of lymphatic fluid. KMHC health professionals hold a role as vital resources for guidance and support and help to ensure a comprehensive care system for the community member with cancer. This continuous engagement and interaction shows commitment to an environment that includes cancer support as an integral part of healthy living within Kahnawà:ke.

The Cancer Support Group of Kahnawà:ke was formed by individuals with shared experiences seeking support and shows how the power of community can help with navigating cancer's challenges. Supporting someone affected by cancer involves providing a safe space to express their feelings without fear of judgment. Listening more and worrying less about saying the "perfect" thing can be profoundly helpful. Respecting another person's beliefs and providing non-judgmental feedback are critical. During their cancer wellness journey, many people experience a whirlwind of emotions like anger, fear and isolation, making it helpful to offer them an empathetic ear.

Digital Storytelling: Voices of Caregivers from Kahnawà:ke

> *"Caregivers tend to get neglected or be overlooked, and they keep quiet about what's going on with them. They prioritize the person with cancer, sometimes to the detriment of their own wellness. We wanted to make the caregiver's experience the priority so that the community could hear and understand what they go through and be there for them."*
>
> Candida Rice, Community Nurse, Kahnawà:ke (Digital Storytelling, 2019)

The important role of caregiving is exemplified in a storytelling project completed by KMHC and the University of Ottawa, entitled *Digital Storytelling – Voices of Caregivers* (Hammond, C. et al. 2019). This project consisted of the stories of six caregivers' experiences caring for people with cancer in Kahnawà:ke.

This project highlighted the importance of cultural spirituality, traditional beliefs, ceremonies and medicines in supporting individuals facing cancer and their caregivers.

The project's outcome included creating six digital stories, each representing the personal journey of a caregiver. These stories emphasize the importance of Kahnawà:ke's cultural heritage in caregiving and serve as educational tools, fostering stronger community connections and providing valuable insights into Indigenous cultural practices for health care professionals.

The project acknowledged and supported caregivers within Kahnawà:ke by giving them a platform to share their experiences and challenges. Through these personal narratives, the project shed light on the often-overlooked aspects of caregiving, revealing the emotional, spiritual and physical demands placed on caregivers. It also addressed broader themes such as navigating health care systems, dealing with systemic racism, and the universal need for compassionate support at the end of life.

Challenges Related to Survivorship and Cancer Support in Kahnawà:ke

During the CWP engagement, valuable insights into the dynamics of support groups within the community were gleaned. Some significant challenges that warrant further assessment include:

- Underutilized supports and services
- Confidentiality challenges
- Outreach challenges

> *"While we have established support groups for those affected by cancer, we've observed that they are underutilized, particularly by newer members. Many find it difficult to integrate into these groups."*
>
> KMHC Cancer Support Nurse

These issues point to a need for more accessible and welcoming support service delivery models to serve newly diagnosed patients or those entering the support system.

The issue of maintaining confidentiality was also raised:

> *"Confidentiality is a critical aspect of our support groups. However, in our tight-knit community, maintaining this can be challenging. When a few know personal health information, it can inadvertently become known by many."*
>
> CWP engagement

Challenges with confidentiality can deter some individuals from participating fully in the support services available to them. Such insights highlight the importance of reinforcing confidentiality protocols and finding ways to assure participants of their privacy to foster a safer and more trusting environment for sharing and healing.

Palliative and End-of-life Care

Palliative and end-of-life care is focused on upholding the dignity and comfort of individuals facing the terminal stages of illness and of their caregivers and families. From the KMHC CHU logic model (2016-2017), the mission of palliative and end-of-life care is to “enrich the knowledge base and provide unwavering support to individuals and their families as they embark on this sensitive journey at the end of life.” Palliative care encompasses activities to foster a supportive environment where individuals can experience a sense of companionship. This can significantly reduce feelings of isolation and anxiety, which often accompany this phase of the cancer wellness journey and of life.

The Palliative Care program shows a commitment to understanding and respecting palliative care and end-of-life treatment plans, ensuring that care decisions are informed and aligned with the personal values and needs of those they serve. This provides comfort and relief, which are meaningful health impacts during a challenging stage of life, and strengthens the overall support system surrounding individuals in palliative and end-of-life care.

Palliative and End-of-life Care: Insights from Strategic Documents

Several key strategic reports have also highlighted the importance of wholistic, comprehensive and culturally anchored palliative and end-of-life care during the cancer journey. Insights from the BC Roadmap to Improve Indigenous Cancer Journeys, Cancer Care Ontario’s Cancer Strategy, and the Canadian Partnership Against Cancer’s Aboriginal Cancer Strategy are provided below, along with a comprehensive description of each of these documents in relation to the subdomains of the continuum of cancer care.

The *Improving Indigenous Cancer Journeys in BC: A Road Map* report highlights that the palliative and end-of-life care approach should focus on honouring Indigenous peoples’ unique journeys and perspectives (First Nations Health Authority 2017). Objectives include enhancing support for individuals, families and communities through this transition, with actions such as creating educational resources for care providers and supporting Indigenous end-of-life practices. Culturally anchored tools and practices are developed to support advanced care planning and meaningful end-of-life conversations, ensuring a respectful and supportive environment for all involved (First Nations Health Authority 2017). This report is discussed more fulsomely in a later section of this chapter, titled “Cancer Continuum of Care Strategic Plans, Frameworks and Indicators.”

Similarly, Cancer Care Ontario’s First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy 2019-2023 also emphasizes the importance of addressing the palliative and end-of-life care needs of Indigenous individuals affected by cancer (Cancer Care Ontario 2023). The strategy includes the provision of timely and culturally safe palliative and end-of-life care. The strategy

also recognizes the significance of aligning these services with the cultural values and practices of Indigenous communities. It includes a coordinated effort to enhance the overall capacity of the health care system to deliver high-quality care during these critical phases. The strategy also aims to improve and enrich the experiences of cancer patients and their families during palliative and end-of-life care through services that are practical but also compassionate and respectful (Cancer Care Ontario 2023).

Third, the Canadian Partnership Against Cancer resource *Aboriginal Cancer* also addresses palliative and end-of-life care as an important element of cancer care and support (Canadian Partnership Against Cancer 2024b). This strategy emphasizes a comprehensive approach to palliative and end-of-life care, aiming to integrate Indigenous perspectives throughout the cancer care system. Objectives include improving access to palliative care information, utilizing the Edmonton Symptom Assessment System for better pain management and developing culturally anchored patient-reported outcome and experience measures. Actions include supporting Indigenous Navigators, enhancing educational materials and implementing mobile tools for symptom management. The strategy emphasizes enhanced wholistic care, symptom management and culturally anchored communication, as illustrated in the diagram below.

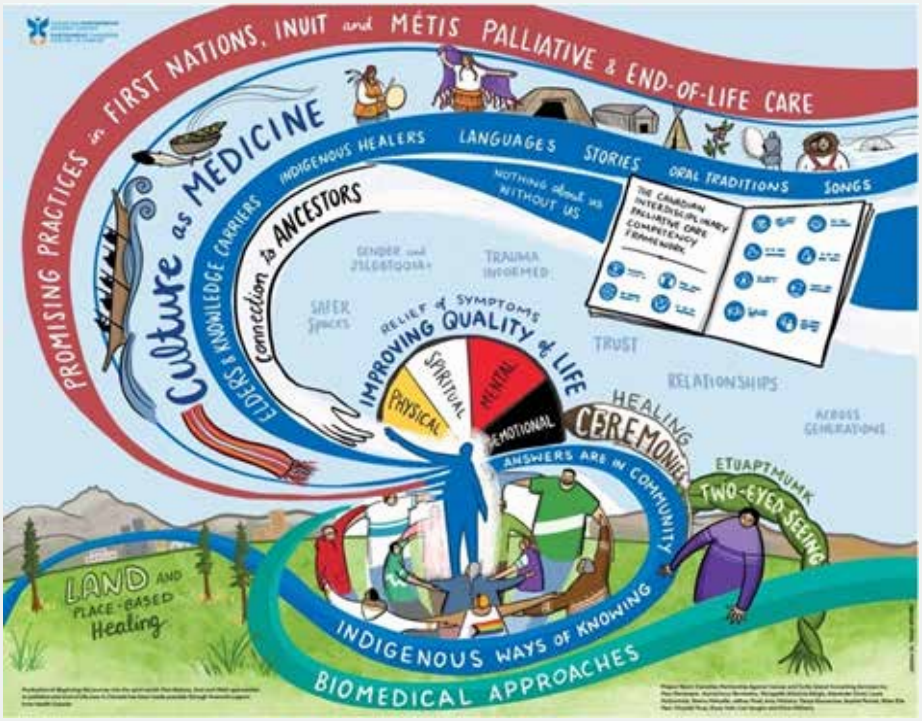

Figure 33: Beginning the journey into the spirit world (Canadian Partnership Against Cancer 2024a)

Cancer Strategic Plans, Frameworks and Indicators

The importance of a comprehensive, wholistic and integrated continuum of cancer care that is culturally anchored and seamlessly integrates traditional approaches is supported by several major strategic plans and frameworks. Particularly useful resources include the following key frameworks, which will be discussed in detail below:

- Cancer Care Ontario's First Nations, Inuit, Métis & Urban Indigenous Cancer Strategy
- *Improving Indigenous Cancer Journeys in BC: A Road Map*
- The Canadian Partnership Against Cancer Strategic Priorities and Indicators

These documents provide useful guidance to support our work related to further developing, implementing and evaluating a wholistic and integrated continuum of care for cancer in Kahnawà:ke.

Cancer Care Ontario's First Nations, Inuit, Métis & Urban Indigenous Cancer Strategy (2019-2023)

The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019-2023, developed by Cancer Care Ontario, can serve as a useful framework for Kahnawà:ke (Cancer Care Ontario 2023).

This strategy is grounded in a vision that seeks not only to improve the performance of the Ontario provincial cancer system in a manner that respects Indigenous concepts of well-being, but also aims to elevate the overall health of Indigenous communities and reduce the incidence of new cancer cases. This vision is underpinned by the principle of empowerment, fostering environments that strengthen the capacity of Indigenous individuals, families, communities and organizations.

The Strategy outlines a comprehensive approach, structured around **seven strategic priorities**, each with specific objectives to be achieved by 2023:

1. **Building Productive Relationships:** This priority emphasizes the importance of fostering trust and mutual respect with Indigenous partners. Objectives focus on strengthening relationships, supporting Indigenous health priorities during health system transitions and promoting respect for Indigenous knowledge and traditional practices.
2. **Measurement, Monitoring, and Evaluation:** This area aims to enhance the cancer care experience through better data compilation and development. Goals include improving health data access and analysis, using data to address health priorities, and collaborating with organizations that share health data objectives.
3. **Prevention:** Targeting a reduction in cancer and chronic disease rates among Indigenous populations, this priority advocates for evidence-based approaches to disease prevention, policy development and program implementation responsive to emerging health trends.

4. **Screening:** Increasing cancer screening participation rates across Indigenous communities in Ontario is a key objective. This involves improving access and coordination of screening services and enhancing the effectiveness of organized screening programs.
5. **Palliative and End-of-life Care:** The strategy recognizes the need for culturally safe palliative and end-of-life care, aiming to improve the quality and capacity of these services and enhance the experiences of patients and their families.
6. **Education:** Increasing awareness about cancer and chronic diseases among Indigenous peoples and improving cultural safety among health care providers are central goals. This includes measuring and evaluating educational resources, supporting culturally safe education, and facilitating knowledge transfer.
7. **Equitable Access:** The final strategic priority seeks to dismantle barriers within the health system, ensuring Indigenous peoples have better access to services. This includes improving service navigation, enhancing service quality and experience, and increasing culturally safe care.

The previous edition of Cancer Care Ontario's *Strategy Report* (2015-2019) provides a set of cancer- related indicators:

- Percentage of teens and adults who are current smokers
- Percentage of teens (aged 12–19) and adults (aged 20+) who are exposed to second-hand smoke
- Percentage of adults who had a mammogram in the last 5 years (aged 50+) and a Pap test in the last 3 years (aged 18+)
- Percentage of adults (aged 50+) overdue for colorectal cancer screening

Overall, Cancer Care Ontario's 2019-2023 Strategy is a wholistic and collaborative framework aimed at improving health equity for Indigenous peoples while addressing the unique challenges they face in the context of cancer and chronic diseases. The strategy, along with its priorities and objectives, are strongly aligned with the CWP and can serve as a useful framework for us in Kahnawà:ke.

Roadmap to Improve Indigenous Cancer Journeys in BC

Roadmap to Improve Indigenous Cancer Journeys in BC is a strategic document designed to enhance cancer care and support for all Indigenous peoples in British Columbia (First Nations Health Authority 2017). This strategy wholistically and comprehensively addresses the unique needs and experiences of Indigenous peoples with cancer, survivors and their families. It can serve as a powerful framework to guide and support cancer-related work in Kahnawà:ke.

Central to this strategy is the integration of cultural safety and humility throughout the health care system to ensure that Indigenous people receive high-quality and respectful cancer care. This means recognizing and addressing the ongoing impacts of colonization and oppression within health services and making system-wide changes to support cultural safety. This commitment is further solidified by health leaders in BC through the Declaration of Commitment

to advance cultural safety and humility in health services delivery for First Nations and Indigenous peoples.

Developed as part of a partnership between the First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres, and BC Cancer, this document focuses on cancer care strategies that foster culturally safe cancer care systems for Indigenous communities.

The strategy outlines how to enhance culturally safe practices among health care providers by integrating traditional healing into cancer services and improving system navigation support. Specifically, it highlights commitments to cultural safety, promoting Indigenous wellness perspectives, increasing Indigenous Cultural Safety training uptake, creating culturally reflective spaces in cancer centres and establishing liaison roles to assist Indigenous patients – all aimed at delivering high-quality, culturally attuned cancer care.

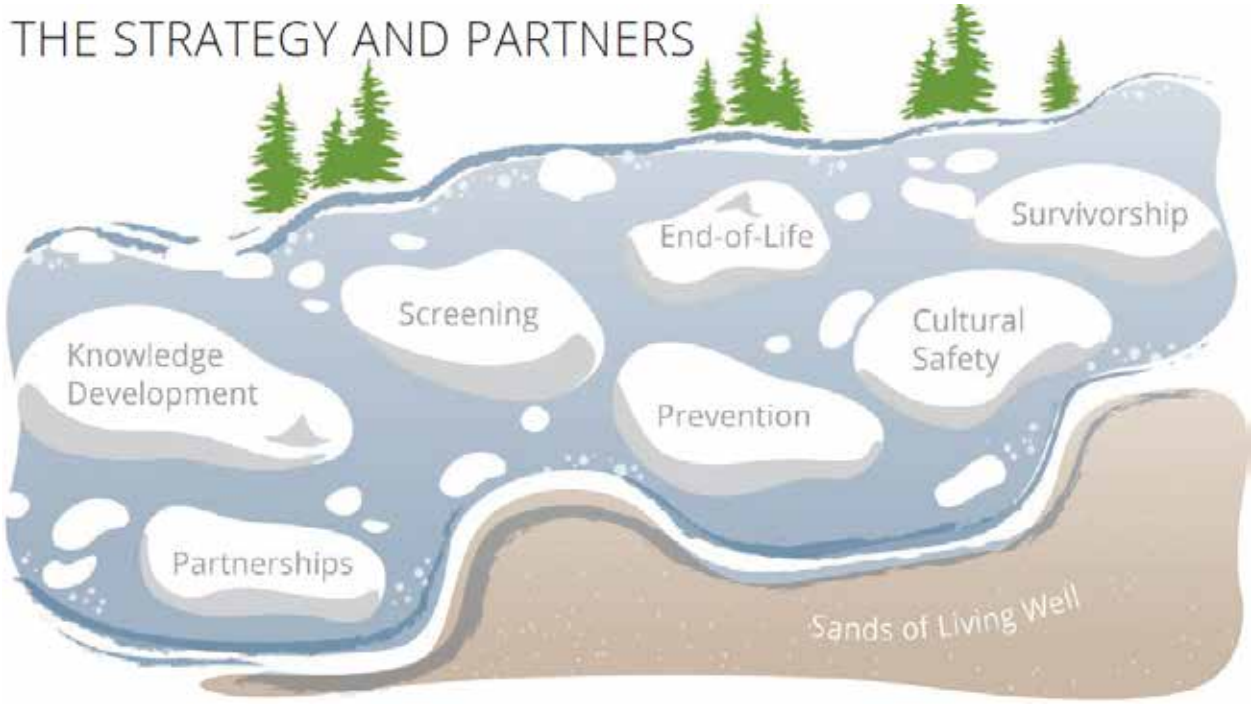

Figure 34: Improving Indigenous Cancer Journeys in BC: A Road Map – Key Strategic Areas (First Nations Health Authority 2017)

As pictured in the above image, the strategy is structured around seven key areas, each with specific goals, objectives, and actions:

- **Partnerships:** Based on strong collaborations between Indigenous and non-Indigenous communities, health care organizations and governments. Actions include enhancing partnerships, aligning resources, engaging with primary care providers and integrating this strategy as a priority for Regional Health Authorities.
- **Prevention:** Aims to reduce new cases of cancer among Indigenous peoples through healthy living, wellness and supportive environments. Initiatives focus on reducing exposure to cancer-causing substances, promoting physical activity and healthy eating, and increasing HPV vaccination rates.
- **Screening:** Seeks to improve early detection of cancer through culturally safe screening programs for colon, breast and cervical cancer. Efforts include educating health care providers, developing culturally anchored campaigns and expanding access to screening.
- **Cultural Safety:** Creates a culturally safe health care system. This goal involves increasing health care providers' understanding of cultural humility, integrating traditional healing practices into cancer care and supporting environments that welcome traditional ceremonies and medicines.
- **Survivorship:** Supports the wellness of Indigenous cancer survivors throughout their journey, including developing supportive networks, culturally anchored education materials and resources for survivors and their families.
- **End-of-life:** Focuses on supporting the end-of-life journeys, perspectives and wishes of Indigenous peoples with cancer and their families through culturally safe supports, education materials and practices that respect Indigenous end-of-life perspectives.
- **Knowledge Development:** Improves the understanding of Indigenous cancer journeys through increased research, storytelling and community-based knowledge exchange on cancer issues among Indigenous communities.

This strategy is a wholistic and inclusive approach to improving the Indigenous cancer journey. By addressing cultural safety, prevention, screening, survivorship, end-of-life care and knowledge development, it lays out a clear path forward for enhancing the cancer care experience for Indigenous peoples. It's underpinned by respect, partnership and collaboration and can serve as a wholistic and comprehensive guide for Kahnawà:ke.

The Canadian Partnership Against Cancer: Strategic Priorities and Indicators Related to Indigenous Communities

The Canadian Partnership Against Cancer has developed a comprehensive Strategy for Cancer Control through input from over 7,500 Canadians, including health care leaders and Indigenous communities. The strategy is designed to create a more equitable and effective cancer care system (Cancer Care Ontario 2023). This resource, and especially its indicators, can be leveraged and adapted in Kahnawà:ke.

A specific focus of the strategy is to address the disparities in cancer care experienced by Indigenous communities. It includes three Indigenous-specific, self-determined priorities that are based on comprehensive consultations with Indigenous Elders, governments, advisors, Knowledge Keepers and community members. These priorities aim to improve cancer care experiences and outcomes for First Nations, Inuit and Métis peoples through:

- **Culturally anchored care closer to home:** Accessible, culturally anchored care that incorporates holistic approaches to health and wellness.
- **Peoples-specific, self-determined care:** Care and services tailored to the unique needs of Indigenous peoples, led and determined by Indigenous communities themselves.
- **First Nations-governed research and data systems:** Indigenous-specific data and research to better understand and improve cancer care access, experiences and outcomes.

To effectively monitor progress towards these priorities, a **set of indicator concepts** were developed, which are included below. These can potentially be adapted for Kahnawà:ke.

Indicator Concepts from the Canadian Partnership Against Cancer (Cancer Care Ontario 2023)

Accessibility and Proximity:

- Were you able to receive care close to home?
- How far do you need to travel to access care?

Cultural Sensitivity and Respect:

- Did you feel your care provider treated you with respect?
- Was the medical terminology communicated accessibly?
- Was there integration of traditional foods for those wishing to have it?
- Was there integration of traditional medicine for those wishing to have it?

Environmental Health Awareness:

- What research and data are available on environmental contaminants for your community?

Data Sovereignty and Identification:

- Can First Nations, Inuit and Métis communities, organizations and governments identify citizens in federal, provincial and territorial health and cancer databases in order to measure what matters to them?
- Will your Indigenous government be able to identify its citizens in provincial health and cancer databases?

Continued on the next page

Indicator Concepts from the Canadian Partnership Against Cancer (Cancer Care Ontario 2023), con't

Support Systems and Language Accessibility:

- Were you able to have family and community supports with you during your cancer journey?
- Was your escort or Elder able to be in the room with you?
- Were you able to access care and resources in your preferred language?
- Were you able to get assistance in an Indigenous language if you needed it?

Palliative and End-of-Life Care:

- Did your loved one receive culturally appropriate palliative and end-of-life care?
- Did you receive culturally appropriate education materials for home health aides, health care providers and community service providers to support the transition to end-of-life care?

Research Ethics and Opportunities:

- How are First Nations, Inuit and Métis communities' research ethics respected and their voices included throughout the research process?
- What mechanisms exist for sharing research findings back with Indigenous Peoples? Were Indigenous Peoples consulted/part of the development process?
- What First Nations, Inuit and Métis-led cancer research opportunities are there?
- How many Indigenous-led cancer research opportunities are there?

Engagement and Collaboration:

- Are there meaningful engagement and collaboration processes according to First Nations, Inuit and Métis which advance their self-determined data and research initiatives to improve cancer care outcomes? What do those look like?
- Have you established or developed meaningful engagement and a collaborative process to investigate Indigenous community concerns regarding cancer incidence in communities?
- What mechanisms are in place to uphold data sovereignty for First Nations, Inuit and Métis Peoples? How are your First Nations, Inuit and Métis research and data governance frameworks, policies or protocols being implemented?

Next Steps: A Comprehensive Takwa'a:shon (Cancer) Prevention and Wellness Support Strategy for Kahnawà:ke

Cancer has been – and continues to be – an important wellness domain in Kahnawà:ke. This chapter emphasized the need for a cancer care continuum in Kahnawà:ke that is rooted in Indigenous worldviews and seamlessly integrates traditional health approaches. Should Kahnawà:ke create a strategy, it would need to address the full spectrum of cancer care from prevention and screening to high-quality, culturally safe care, survivorship, and palliative and end-of-life care.

This chapter provided useful frameworks, tools and indicators for Indigenous peoples across Canada that can inspire innovations and improvements in cancer care for Kahnawa'kehró:non. The strategic priorities, goals and actions outlined in the resources of this chapter can guide us to more wholistically and effectively meet needs of Kahnawa'kehró:non on their cancer wellness journeys.

As we further explore and assess next steps, here are some key areas of the Takwa'a:shon (Cancer) Prevention and Wellness Support domain we can start to address:

Community Engagement and Education

Continue to build on the activities in the community that enhance community-wide education, awareness and uptake of cancer prevention and early screening activities. Focus on lifestyle behaviours such as healthy eating, physical activity and smoking cessation. Include targeted campaigns for specific populations or specific cancers.

Culturally Anchored Continuum of Care

Ensure that cancer services across the continuum of care are culturally safe and high quality. Include the integration of traditional healing practices and knowledge, access to traditional healers and improvement of health care professionals' cultural competency. Since many cancer prevention and care services are offered outside of Kahnawà:ke, we must also foster partnerships, cultural safety and cross-learning with organizations outside the community.

Caregiver Support

Recognize the critical role that caregivers play in supporting loved ones with cancer and ensure they have access to a range of necessary supports and resources, including financial and emotional. Include caregiver health and well-being in a fulsome way.

Community Support Services

Continue to develop and improve community and social support services for cancer patients undergoing treatment, for survivors and for those in palliative care. Anchor supports in the culture, make them accessible and available to patients, families, caregivers and the community. Include physical, mental, emotional and spiritual supports.

Leverage and Enhance Cancer-related Data

Update analyses and expand data collection efforts to better understand cancer trends and identify new or emerging areas requiring attention.

Monitoring and Tracking

Establish mechanisms to monitor and track progress for all cancer care programs, services and initiatives across the continuum in Kahnawà:ke. Measure successes and use the information to inform future work in this area.

Measurement, monitoring and evaluation are important to enable the tracking of progress and make data-informed decisions that are grounded in the needs of the community and its families. By taking a wholistic approach and addressing all the subdomains highlighted in this chapter, we can ensure that every cancer prevention and wellness journey of every Kahnawa'kehró:non is met with dignity, compassion and excellence in care.

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9. Ahsatakaríteke (To Be Well) Domain

9. Ahsatakaríteke (To Be Well) Domain

Highlights

- Ahsatakaríteke[13] means “to be well” and involves healthy living to prevent and manage health risks. Chronic illness and disease (particularly diabetes, cardiovascular disease and obesity) have been wellness priorities in Kahnawà:ke for over three decades, clearly identified in all previous Community Health Plans and addressed by the Ahsatakaríteke Subcommittee.
- Kahnawà:ke’s initiatives increasingly embody a wholistic approach to health promotion and disease prevention that integrates Haudenosaunee and Kanien’kehá:ka worldviews. This approach not only addresses the physical aspects of chronic diseases but also encompasses mental, emotional and psychosocial wellness, underpinned by the social determinants of Indigenous health (SDIH) framework.
- Two key subdomains related to Ahsatakaríteke are identified as priority areas for action:
    - Prevention (of chronic illness and disease) and promotion (health and wellness)
    - Strengthening primary health care
- Strategies for health promotion in Kahnawà:ke emphasize community engagement, support and empowerment for grassroots initiatives, the integration of traditional knowledge and capacity building through participatory research and training.
- High-quality primary health care is provided by KMHC. Through the Community Wellness Plan engagement and document review, numerous strengths were identified. There were also some identified gaps and areas to further strengthen.
- Key frameworks to support strengthening primary health care are summarized, including a scoping review of success factors of Indigenous primary health care models, Aboriginal Health Access Centre’s (AHAC) Model of Wholistic Health and Wellbeing, and the Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model. These resources provide guidance for the delivery of culturally safe, effective primary health care that integrates cultural values and community participation, reduces inequalities and enables empowerment.
- Within Kahnawà:ke, several indicator domains related to chronic illness and disease are measured; these are presented in the *Onkwaná:ta, Our Community, Onkwata’karí:te, Our Health* Portraits and in data from the Kateri Memorial Hospital Centre. It may be possible to further explore data from other community organizations.

13 Note that an alternate spelling is Ahsata’karíteke’; it also means “to be well.”

Background and Context

Chronic illnesses and diseases, and their key risk factors, have been high priorities in Kahnawà:ke for over three decades. Diabetes, cardiovascular disease and obesity were identified as priorities in Kahnawà:ke's first community health needs assessment and Community Health Plan (CHP) in 1998. The importance of these conditions was reaffirmed and validated in the subsequent 2004 and 2012 CHPs, with a specific focus on hypertension within the context of cardiovascular disease.

Coordinating improvements to services and prevention activities related to these conditions became the focus of the Ahsatakaríteke Subcommittee, which had representation from Kateri Memorial Hospital Centre (KMHC), Kahnawà:ke School Diabetes Prevention Program (KSDPP), Kahnawà:ke Shakotiia'takéhnhas Community Services (KSCS), the Kahnawà:ke Youth Center (KYC), the Onake Paddling Club and several other community organizations involved in the promotion of healthy living, including physical activity and healthy eating. Ahsatakaríteke means "to be well."

Type 2 Diabetes in Kahnawà:ke

Many health promotion and prevention initiatives in Kahnawà:ke have a particular focus on type 2 diabetes. This is due to the high incidence, prevalence and impact of type 2 diabetes on individuals and families in the community (Onkwata'karitáhtshera 2018). Type 2 diabetes is a disease that affects how a person's body uses the hormone insulin and how it stores sugars we eat. It is often preventable, but if not treated it can cause damage to nerves and blood vessels. In 2018, the first volume of *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portrait provided comprehensive community epidemiological statistics related to diabetes and diabetes prevention in the first chapter. It also highlighted the importance of framing the condition using an SDIH lens, which considers the lifestyle, social, community, structural and historical factors that influence Onkwehón:we health.

Over the past 30 years, the Kahnawà:ke Schools Diabetes Prevention Program (KSDPP – established in 1994), has developed innovative, wholistic and culturally anchored health promotion and prevention programs through grassroots collaborative partnerships between the community and academic researchers (KSDPP 2024). These partnerships are guided by KSDPP's Community Advisory Board (CAB) and Code of Research Ethics, which outlines the obligations of the partners throughout all phases of the research process. KSDPP's wholistic approach to health promotion and prevention are underpinned by framing chronic illness and disease using a SDIH lens. KSDPP designs and evaluates interventions that are in alignment with Haudenosaunee and Kanien'kehá:ka worldviews, values and conceptualizations of health, wellness and well-being.

The significance and importance of diabetes (particularly type 2) was further reaffirmed and validated through the community engagement that was undertaken in 2023 to develop this CWP and was supported by updated epidemiological statistics. The figure below, from Onkwata'karitáhtshera's 2024 brief data update to the *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* portraits (available on the KSCS website),[14] shows that Kahnawà:ke community members have type 2 diabetes at more than twice the rate (double the adjusted prevalence) than people living in Montérégie or Quebec. More concretely, 19% of adults live with diabetes in Kahnawà:ke, compared to 9% of adults in the surrounding region. This demonstrates a significant health equity gap between the community and surrounding regions and also means approximately 885 adults in the community are living with diabetes, out of about 6,477 community members.

14 https://www.kscs.ca/story/%E2%80%9Ckahnaw%C3%A0ke-health-portrait%E2%80%9D-now-available-0

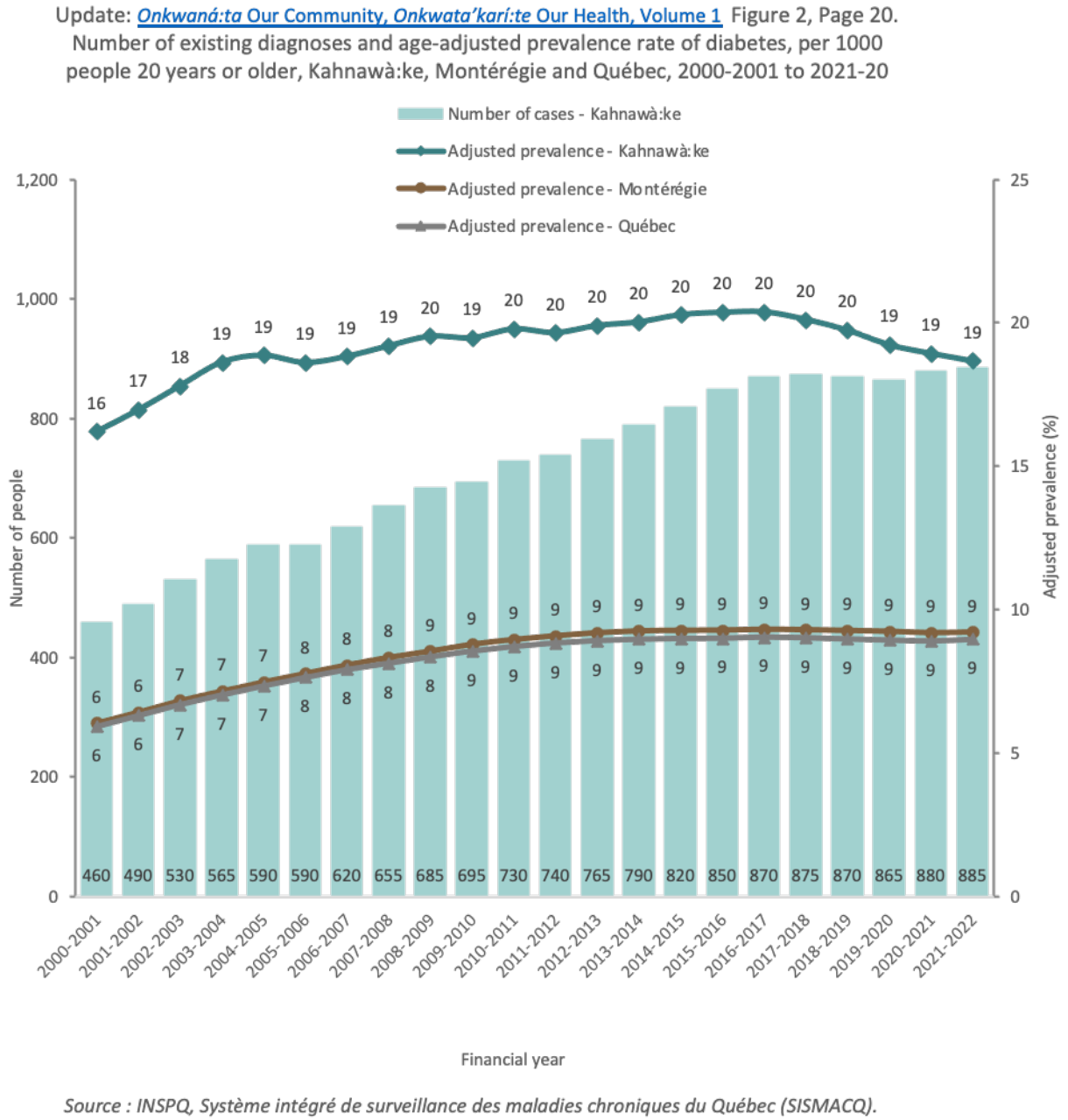
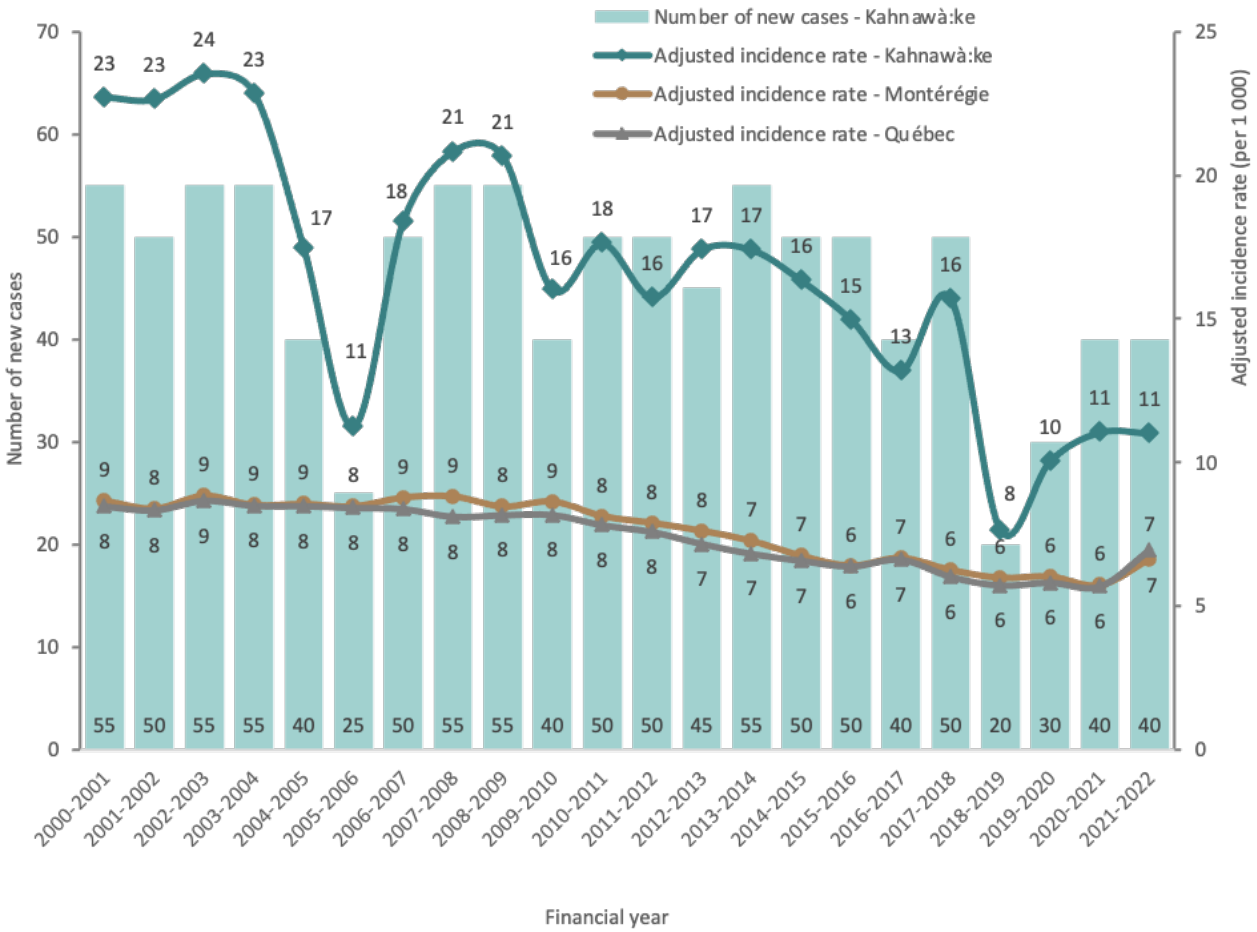


Figure 35: Number of existing diagnosis and age-adjusted prevalence rate of diabetes, Kahnawà:ke, Montérégie and Québec, 2000-2001 to 2021-2022 (Onkwata'karitáhtshera 2024). Reproduced from: "Our Community, Our Health Brief Data Update." January 2024, p. 26.

However, we are seeing positive signs that Kahnawà:ke's numerous health promotion and prevention activities are having an impact on diabetes. Onkwata'karitáhtshera's 2024 brief data update to the *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health* Portraits[15] shows that over the 22 years from 2000 to 2022, there has been an overall decrease in the rate of new diagnoses of diabetes (the "age-adjusted incidence"; Onkwata'karitáhtshera 2018; 2023). The figure below, from that analysis, shows that the number of new diagnoses of diabetes has dropped from 23 new diagnoses per 1,000 people per year to 11 per 1,000 people per year over this time. This demonstrates the power of consistent and widespread community action over decades to result in positive health impacts. Even so, the incidence rate in Kahnawà:ke remains higher than in Montérégie or Quebec (where there are about 7 new diagnoses of diabetes per 1,000 people per year). This reminds us that the decades of efforts of the community can't stop now – they will need to continue for many years to come.

15 https://www.kscs.ca/story/%E2%80%9Ckahnaw%C3%A0ke-health-portrait%E2%80%9D-now-available-0

Update: *Onkwaná:ta* Our Community, *Onkwata'karí:te* Our Health, Volume 1 Figure 1, Page 18
Number of new diagnoses and age-adjusted incidence rate of diabetes, per 1000 people 20 years or older, Kahnawà:ke, Montérégie and Québec, 2000-2001 to 2021-2022



Source : INSPQ, Système intégré de surveillance des maladies chroniques du Québec (SISMACQ).

Figure 36: Number of new diagnosis and age-adjusted incidence rate of diabetes, Kahnawà:ke, Montérégie and Québec, 2000-2001 to 2021-2022 (Onkwata'karitáhtshera 2024). Reproduced from: "Our Community, Our Health Brief Data Update." January 2024, p. 24.

Hypertension and Cardiovascular Disease

Over successive CHPs, hypertension (high blood pressure) and cardiovascular disease (heart attacks, congestive heart failure, strokes, etc.) were identified as health priorities. The higher rates of these concerns in the community were validated through looking at statistical data, available in *Onkwaná:ta, Our Community, Onkwatákarí:te, Our Health*, Volume 1 (Chapter 3). In 2015, 29% of adults (almost 1 out of 3 adults) had been diagnosed with high blood pressure. This prevalence was almost 1.5 times higher compared to the province and surrounding region, again showing a health equity gap for the community relative to its surroundings. From 2008 to 2012, the death rate from cardiovascular diseases was 1.4 times higher in Kahnawà:ke compared to the region, although there was a declining trend over time (Onkwata'karitáhtshera 2018).

Risk factors within the community, such as nutritional challenges, high obesity rates, low physical activity levels, family history, chronic stress and smoking, are deeply intertwined with broader social and structural determinants of health. Data from the 2015 Regional Health Survey, reported in the Health Portrait Volume 1, indicated that approximately 35% of adults in Kahnawà:ke who self-reported height and weight corresponded to a body mass index (BMI) that would be categorized as obese (BMI greater than 30), which is higher than in the surrounding region. In the same survey, 63% of adult women and 66% of adult men reported getting at least 2.5 hours of weekly moderate exercise (Onkwata'karitáhtshera 2018). These lifestyle factors, influenced by broader societal issues such as access to resources and community infrastructure, contribute significantly to the incidence of various chronic diseases, including cardiovascular and respiratory conditions, diabetes and cancers. Continuing to monitor these lifestyle factors and risk factors with future surveys should help community organizations see if their work is making the impacts they hope for.

Although many of the community interventions that support healthy eating and being physically active were developed due to their link with diabetes, these activities also help reduce the risk of hypertension and cardiovascular disease. In addition, considerable effort has been made by the community to reduce smoking rates, both by preventing people from starting to smoke and by helping people to quit smoking. Community successes in this area were also noted in Volume 1 of the Health Portrait and should be sustained to have an impact on hypertension and cardiovascular disease (Onkwata'karitáhtshera 2018).

Chronic Obstructive Pulmonary Disease

Another chronic condition that affects Kahnawa'kehró:non is chronic obstructive pulmonary disease (COPD, a respiratory disease). Though COPD was not listed as a health priority in previous CHPs, statistics from 2001-2015 showed that the community had a high prevalence of COPD, with almost 13 out of 100 adults older than 35 years of age having this diagnosis (Onkwata'karitáhtshera 2018). Similar to diabetes, hypertension and cardiovascular disease, there was a notable health equity gap, with the community prevalence of this disease being 1.5 times higher than the surrounding Montérégie region and Quebec. By far, smoking and second-hand smoke exposure are the strongest risk factors for this disease. Occupational exposures to inhalants can also be a risk factor.

Chronic Diseases and Aging Well

In addition to the risk factors discussed above, body aging is a factor when it comes to development of chronic diseases. The importance and relevance of addressing chronic illness and disease increases when viewed through the context of the aging population of Kahnawà:ke, which has experienced a 109% growth in the population of Elders between 2000-2021. This means a higher number of services will be needed in the community to address these needs.

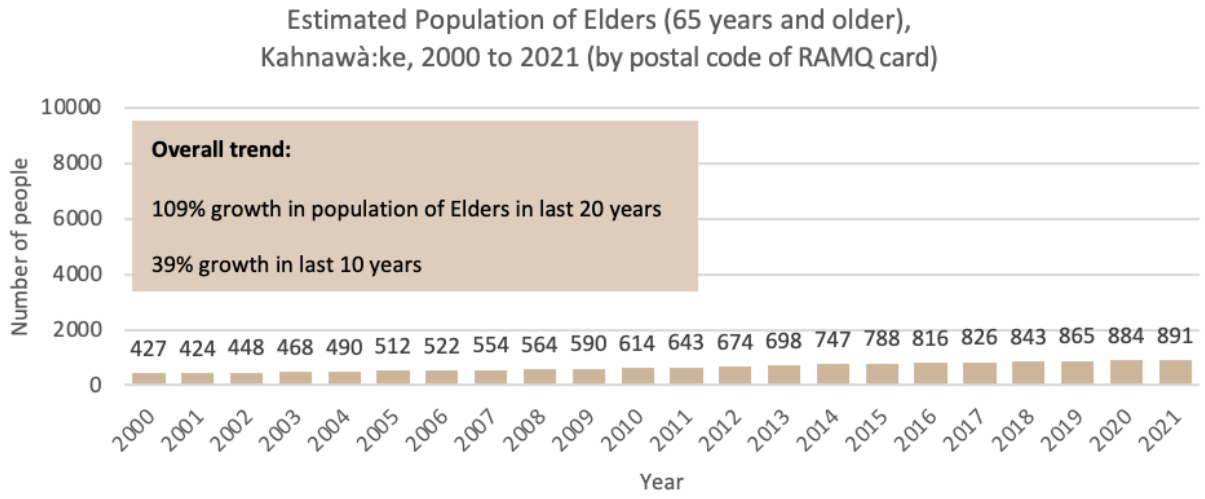


Figure 37: Estimated Population of Elders (65 years and older) Kahnawà:ke, 2000-2021 (from Onkwata'karitáhtshera 2024). Reproduced from: "Our Community, Our Health Brief Data Update." January 2024, p. 7.

Ahsatakaríteke: A Wholistic Approach

The Community Wellness Plan engagement process in 2023, and a review of results of relevant community-based documents, highlighted the need for a wholistic and family-oriented approach to chronic illness and disease. Additionally, an emphasis on framing and contextualizing chronic illness and disease using a social determinant of Indigenous health lens and the importance of integrating traditional approaches to wellness and well-being were also identified as important considerations.

> *"I'm really happy to hear that the scope of [the CHP] is changing and we're looking at the root causes of diabetes. Underneath the diabetes, as we know, are things like mental health, trauma. Also, why do we turn to drugs, alcohol and unhealthy foods? And that could be due to a variety of things – parenting, poverty. It could be a lot of different things."*
>
> CWP engagement

Haudenosaunee and Kanien'kehá:ka wholistic conceptualizations of health, wellness and well-being also mean a comprehensive and wholistic approach to chronic illness and disease. Furthermore, it is strongly supported by the scientific literature, particularly in relation to a large body of evidence and knowledge related to chronic disease comorbidity, multimorbidity and complexity (Earle, L. 2019; Indigenous Services Canada 2018).

The shift in understanding, framing and addressing illness and disease to encompass a more wholistic and comprehensive view can be exemplified using the example of type 2 diabetes in Kahnawà:ke. For many decades, type 2 diabetes was largely viewed as a physical condition relating to the micro- and macrovascular systems that was mainly addressed by behavioural and lifestyle changes (e.g., diet and exercise). The treatment for type 2 diabetes has evolved to a wholistic understanding of it as a highly complex endocrinological condition that is also highly affected by mental, emotional and psychosocial wellness.

This knowledge brought to light the strong influence of **stress and distress** on type 2 diabetes, along with its serious complications. The impact of stress is well documented in the literature as having a profound effect on metabolic processes and hormone levels, including insulin, which in turn can raise blood glucose levels and contribute to various adverse health outcomes (Li et al. 2013; Surwit, Schneider, and Feinglos 1992; Sharma et al., n.d.)the roles of chronic stress and depression as independent risk factors for decreased insulin sensitivity and the development of diabetes have been increasingly recognized. However, an understanding of the mechanisms linking insulin resistance and acute psychological stress are very limited. We hypothesized that acute psychological stress may cause the development of insulin resistance, which may be a risk factor in developing type 2 diabetes. We tested the hypothesis in a well-established mouse model using 180 episodes of inescapable foot shock (IES. When people are more stressed, it often also impacts

their appetite and ability to eat well and stay physically active and coincides with life circumstances that make these things more difficult. Stress and stressful circumstances can also make it more challenging to use medications for diabetes; for example, if someone is busy dealing with an urgent health issue for their grandchild, they may put less attention on their own self-care. Losing a job and the financial impacts from this can make it much harder to access healthy foods. Individuals with elevated blood glucose levels face a higher risk of developing additional complications, such as retinopathy, neuropathy and diabetic foot ulcers. These complications are serious and can result in blindness or require surgeries like amputations.

As demonstrated in this example of diabetes, several multifaceted factors can be seen as influencing chronic illness and diseases. **Factors such as living conditions and psychosocial wellness,** among others, **strongly influence chronic illness and disease. Thus, this domain must be framed and addressed through a wholistic social determinants of Indigenous health lens.**

Chronic illness and disease do not just impact the individual – the condition also impacts their family and community. For example, the high prevalence of diabetes and other chronic conditions places a substantial care burden on individuals, families and the health and social care systems, leading to increased disability, diminished quality of life and escalated costs. An adult community member who is supporting an older family member in attending more appointments may need to miss work or use personal time for caregiving. Or a family member may take on the responsibility of doing the grocery shopping for someone who has low endurance from COPD.

Our mental, psychological and social well-being can be highly intertwined with our experiences of chronic illness and physical well-being. For example, facing a chronic illness can create feelings of anxiety or depression, which can become a disorder. Blood sugar levels affect our mood and thinking. Mental illness and emotional unwellness can also affect our lifestyles in a vicious cycle, such as when we are stressed. This reaffirms the need for multifaceted approaches to wellness that are rooted in wholistic wellness and the interconnected web of social determinants.

A Social Determinants Approach to Ahsatakaríteke, Chronic Illness and Disease

The need to view chronic illness and disease from a wholistic, SDIH lens is validated by the models and frameworks presented in the Social Determinants of Indigenous Health, Equity and Inclusion section of the CWP report, such as the Integrated Life Course and Social Determinants Model of Aboriginal Health.

Overall, the SDIH models include critical factors directly connected to the epidemiology of chronic illness and disease. These models are deeply rooted in the historical contexts of colonization and forced assimilation, which profoundly impacted First Nations culture, languages, land rights and self-determination. The consequences have been severe for individuals, communities and families and have led to reduced social and economic standing, poor nutrition, increased incidents of violence, overcrowded living conditions and elevated levels of substance use and addictions issues. Furthermore, the trauma experienced by communities continues to have far-reaching consequences and is often a result of physical, sexual and emotional abuse suffered in Indian Residential Schools, Indian Day Schools and interactions with the child welfare system (Greenwood, M. and de Leeuw, S. 2012; Reading, C. and Wien, F. 2009).

Ahsatakaríteke Subdomains

As outlined and discussed above, the wholistic approach to addressing chronic illness and disease in Kahnawà:ke should encompass the following two subdomains, which were identified as community priorities:

- **Prevention (of chronic illness and disease) and promotion (health and wellness)**
- **Strengthening primary health care**

Prevention and Promotion Functions in Kahnawà:ke: Building on Strong Foundations

In Kahnawà:ke, there is a widespread recognition of the importance of leveraging a wholistic and integrated approach to preventing chronic illnesses and promoting health and wellness. This approach is also supported and reaffirmed by evidence in the scientific literature.

In the community, there is an increasing focus on strategies that combine modern biomedical approaches with traditional and cultural practices to prevent and manage chronic illnesses. This approach highlights the importance of factors like diet, physical activity and community involvement in shaping health programs and outcomes.

Several programs and initiatives in Kahnawà:ke demonstrate a commitment to the development of wholistic, community-led prevention and health promotion strategies that meaningfully consider the SDIH. Two examples, which will be discussed below, are the Chronic Illness and Disease Prevention and Promotion Activities at KMHC and KSDPP. Although these two examples are highlighted, there are many more examples from the community and its respective organizations.

Chronic Illness and Disease Prevention and Health Promotion Activities at KMHC

The Kateri Memorial Hospital Centre has undertaken a multifaceted approach to address chronic illness and disease through programs and activities that highlight a commitment to wholistic and culturally anchored care. Encompassing physical and social activity programs, traditional medicine, youth engagement and adult prevention programs, KMHC's initiatives collectively aim to foster a healthier, more informed and well-supported community, as follows:

School Health and Youth Engagement

The KMHC School Health Program aims to foster a culture of wellness among students by offering accessible, quality health care and promoting responsible self-care behaviours from a young age. This multifaceted approach emphasizes the importance of wholistic well-being – spanning physical, emotional, social, developmental, and environmental health – with programs designed to engage youth actively and lay a foundation for lifelong health. By addressing student health issues comprehensively and ensuring a safe school environment, the program integrates both

biomedical and traditional medicine practices to prevent chronic diseases and encourage healthy lifestyle choices into adulthood.

> *"I feel like especially now there's a huge effort to make sure that youth in our community are provided the right resources. I mean, there's always room for improvement … I think that we definitely prioritize or a lot of community members prioritize youth health and wellness because there's that just acknowledgment that they're going to carry on what's next and carry on those lessons and those values into the future."*
>
> CWP engagement

Adult Prevention

KMHC's adult prevention programming focuses on enhancing wellness by reducing physical activity barriers and expanding health education access, particularly for at-risk populations. It aims to lower the risks of chronic and preventable diseases and tobacco-related morbidity, while promoting workplace health. The program aims to reduce barriers to physical activity through formal, informal and impromptu opportunities. This includes the goal of increasing access and opportunity to health education targeted specifically at women's health and heart health issues. Health education topics focus on self-care, risk awareness and reduction, active living and wellness activities.

Examples of activities include the Vitality program, a long-standing program (15 years) that is run by nurses and a certified fitness leader. Activities include alternating aerobic exercise with weight training, core strength and balance skill work. A Chair Fitness Program ("Sit and be Fit") was designed to meet the increasing demand for a less mobile fitness program. This modified version of the Vitality program targeted former participants of the program who, due to a number of issues (increased age, deterioration of joints), were no longer able to continue with the Vitality program but wished to do some form of structured supervised exercise. Furthermore, there are diabetes and hypertension screening programs, osteoporosis program, and a lifestyle and wellness program.

Screening, Health Education and Awareness

These activities encompass screening for early disease detection, particularly in at-risk populations, and education to raise awareness about the risks of smoking and tobacco use, including vaping. The Tobacco Reduction Strategy includes efforts to launch campaigns like smoking cessation videos. Health teams work together to support individuals with smoking cessation. Additionally, Diabetes Education emphasizes disease management, education and empowerment through interdisciplinary collaboration with nurses, nutritionists, doctors, pharmacists and the individuals affected. This highlights the collaboration for comprehensive diabetes care. Diabetic Eye Screening is offered for diabetic retinopathy to support accessibility to optometry screening.

KMHC's Foot Care Services

Foot care aims to prevent diabetic foot ulcers and assess risk factors like neuropathy, providing foot care and assessments for people with diabetes, including nail care, callus care and education on proper foot care practices.

KMHC's Nutrition Services

Services are structured to offer family-centred nutrition services, emphasizing collaboration with diabetes nurse educators and primary care physicians to provide comprehensive care. With a focus on diabetes management, cardiovascular health and obesity, these services aim to stabilize and improve the health of clients through individual nutritional counselling and educational activities. KMHC statistics reveal an increasing demand for nutrition services, highlighting the essential role of diet in managing chronic conditions. Nutrition education extends into the community, with initiatives like cooking workshops and school programs that promote traditional foods and healthy eating habits.

Activity Program – Physical and Psychosocial Wellness

KMHC's Inpatient Activity program plays a pivotal role in enhancing the mental and physical well-being of its clients. Through daily leisure activities such as morning exercises, card games, bingo and memory word games, the program aims to alleviate loneliness and depression. These activities not only foster a sense of community but are also vital in the prevention and management of chronic illnesses by promoting overall well-being.

Tekanonhkwatsherane:ken (Two Medicines Working Side by Side) Traditional Medicine Services

A cornerstone of KMHC's health promotion strategy is the integration of Traditional Medicine Services. This initiative bridges medical practices with traditional Haudenosaunee healing methods, offering medicine walks, traditional food and teachings as well as welcoming ceremonies. By sharing traditional knowledge among staff, KMHC underscores its commitment to culturally anchored health care, which is essential for effective chronic illness and disease management.

Comprehensive Family Medicine Care

KMHC strives to have accessible family medicine care for all community members who wish it. The family doctors and clinic nurses at KMHC work as a team to offer comprehensive and wholistic primary care services throughout the whole span of life. These include prevention of, screening for, diagnosing and treating all of the chronic illnesses discussed in this chapter, as well as addressing other medical needs. This also includes semi-urgent care for assessment and treatment of acute illnesses related to these chronic conditions. The Medical Acts committee of the KMHC Council of Physicians, Dentists and Pharmacists has undertaken two quality-of-care assessment and improvement initiatives specific to diabetes care since 2015. It also includes this domain within continuing medical education initiatives at the hospital. Maintaining robust access to family medicine services has been a sustained challenge over years – there is more detail on this in the primary health care section later in this chapter.

Kahnawà:ke Schools Diabetes Prevention Program (KSDPP)

Kahnawà:ke Tsi Ionterihwaienstáhkhwa Teiakonekwenhsatsikhè:tare Rotiio'tátie' Tahatí:tahste (The Kahnawà:ke Schools Diabetes Prevention Program (KSDPP)) reflects an innovative and comprehensive approach to preventing type 2 diabetes, promoting the community's overall health and wellness, conducting applied community-based research, and training and capacity-building. KSDPP's strategy is deeply embedded in Kanien'kehá:ka values, prioritizing community collaboration, wholistic wellness and the integration of traditional knowledge with contemporary health practices.

KSDPP heavily emphasizes community engagement, cultural integration and wholistic wellness strategies in addressing chronic diseases in Kahnawà:ke. Some examples of its work and functions are highlighted below.

Comprehensive Health Promotion Strategy

At its core, KSDPP represents a wholistic and culturally anchored framework for chronic illness prevention and health promotion. Through its various programs and initiatives,[16] KSDPP not only addresses physical health but also prioritizes emotional well-being, cultural resilience and community empowerment. KSDPP's approach offers a model for effective, sustainable health promotion and chronic disease prevention in Indigenous communities.

Community-Based Participatory Research and Training

This approach is cornerstone to KSDPP's work; it not only involves the community in the research process but also focuses on training both community intervention workers and academic researchers. By doing so, KSDPP ensures that research is conducted in a manner that respects Indigenous knowledge and sovereignty, with findings reported back to the community before being shared externally (for example, the scientific community).

Indigenous Youth Mentorship Program

A significant component of KSDPP's efforts is the Indigenous Youth Mentorship Program (IYMP), a peer-led mentoring initiative that addresses the disproportionate impact of type 2 diabetes and obesity among Indigenous children. Rooted in strength-based and resilience-focused principles, IYMP is an integral part of the community's strategy to combat these chronic conditions by emphasizing both physical and emotional well-being.

Community Mobilization Training

The Community Mobiliation Training (CMT) program is pivotal in understanding and applying community-based participatory research specifically for diabetes prevention and promoting healthy living. By identifying key factors and social systems essential for the effective adoption of the KSDPP model, CMT underscores the importance of community-driven, culturally anchored, wholistic health approaches.

16 Examples of KSDPP health promotion activities include project playground, walking school bus and the Indigenous Youth Mentorship Program. For a full list of programs, see https://www.ksdpp.org/programs.html.

Mobilizing Resilience Through Community-to-Community Exchange

This program enhances Kahnawà:ke's wholistic health philosophy by fostering intergenerational wellness, cultural exchange and sustainable health practices. It exemplifies the community's commitment to leading initiatives in chronic illness and disease prevention and health promotion.

Network Environment for Indigenous Health Research (NEIHR)

The Network Environment for Indigenous Health Research (NEIHR) supports the health and well-being of Indigenous communities across Canada by facilitating respectful and rigorous health research that aligns with Indigenous cultural values and practices. The Tahatikonhsontóntie' Québec Network Environment for Indigenous Health Research (QcNEIHR), as part of this national initiative, focuses on research and training in community mobilization and knowledge translation for Indigenous health promotion.

KSDPP Centre for Research and Training in Diabetes Prevention and Health Promotion

KSDPP plans to evolve into the KSDPP Centre for Research and Training in Diabetes Prevention and Health Promotion, with an emphasis on further developing and strengthening collaborative relationships with partners in the community. This evolution is rooted in the desire to ensure the continuation of culturally anchored, high-quality research and innovative health promotion strategies. This will enable the community to leverage and build upon KSDPP's wealth of experience in community research ethics, participatory research, scientific publication, local knowledge translation and enhancing research capacity.

The KSDPP Centre for Research and Training's strategic goals underscore a commitment to grassroots, Haudenosaunee-governed, self-determined health promotion and community mobilization aimed at preventing type 2 diabetes through wholistic wellness. These goals include revitalizing the Community Advisory Board with diverse and active participation and conducting a social assessment to understand and address community health issues. Additionally, there is an emphasis on capacity building for revitalizing and sustaining school and community intervention programs, collaborating with local educational and health institutions to support implementation and enhance health promotion and community mobilization capacity.

Furthermore, there is an emphasis on developing strong collaborations and a decolonized, community-governed research ethics circle that respects Haudenosaunee and academic scholarship. This forward-looking strategy is designed to enhance community capacity to own and guide research focused on well-being concerns and priorities – marking a significant step towards sustainable health promotion and diabetes prevention within Kahnawà:ke.

Relevant Prevention and Promotion Frameworks, Tools and Resources

The importance of using a wholistic and integrated approach for Ahsatakariteke is strongly reaffirmed in the scientific literature. Key relevant frameworks and resources that could be leveraged to inform and support work in this area include:

- *Understanding Chronic Disease and the Role for Traditional Approaches in Aboriginal Communities* (National Collaborating Centre for Indigenous Health Evidence Synthesis)
- Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework (Indigenous Services Canada)
- Path to Prevention: Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis (Cancer Care Ontario)

Each of these resources will be discussed in more detail in the next section.

Understanding Chronic Disease and the Role for Traditional Approaches in Aboriginal Communities (NCCIH)

The National Collaborating Centre for Indigenous Health (NCCIH) report *Understanding Chronic Disease and the Role for Traditional Approaches in Aboriginal Communities* provides a synthesis of the evidence relating to traditional and wholistic approaches to chronic disease prevention, which could be valuable to inform and strengthen chronic disease prevention and health promotion programs within Kahnawà:ke (Earle, L. 2019).

The synthesis leveraged evidence from peer-reviewed and operational or non-academic “grey” literature sources that provided insights into the ways that traditional activities, lifestyles, culture and wholistic health views influence chronic disease interventions (Earle, L. 2019). This report outlines a wholistic framework for understanding and addressing chronic diseases, highlighting the need for interventions that are wholistic, culturally anchored and inclusive of traditional practices. It points to the necessity of tackling both the lifestyle-related risk factors and the broader SDIH to achieve meaningful and sustainable improvements in community health and wellness.

These factors include both modifiable lifestyle factors (like diet, physical activity, tobacco use and alcohol consumption) and non-modifiable factors (such as genetics and age) in health. Importantly, the report underlines that these factors are influenced by the broader SDIH, including the effects of colonization, socioeconomic status, and the decline of culture, language and traditional lifestyles, including diets. The interconnectedness of these elements is widely acknowledged in policies, academic research and organizational perspectives, highlighting the importance of incorporating wholistic Indigenous approaches into prevention and promotion activities. Successful approaches to prevention and

promotion integrate traditional knowledge passed down through generations via storytelling, ceremonies, values and traditional medicine (Earle, L. 2019).

The NCCIH report recognizes the unique relationship Indigenous peoples have with their land and the environment and explores how colonization has disrupted these relationships, leading to significant health and social consequences. The loss of access to traditional territories and the resultant shift away from traditional diets and physical activities have contributed significantly to the rise in lifestyle-related risk factors for chronic diseases. One example of this in Kahnawà:ke is the loss of direct access to the St. Lawrence River with the expropriation of lands and building of the St. Lawrence Seaway. This affected community fishing and physical activity opportunities related to the river. These relationships and their effect on health and wellness are discussed in more detail in the chapter of this report titled "Environmental Stewardship, Land and Food Sovereignty."

> *"... the food that's around [in grocery stores] does not work with our digestive systems. Historically, that's not something that we ate. So, it is nice to see the community want to get back to having our traditional foods, being able to follow the calendars and being able to eat what our bodies need. Because, honestly, I feel like it's not like the root of everything, but it will definitely help strengthen the community to get that back into our systems [bodies] and be able to connect with our culture that way, too."*
>
> CWP engagement

Finally, the NCCIH report advocates for policies and programs that address the underlying social determinants of health and are developed in partnership with Indigenous communities – with the example of KSDPP highlighted. Such approaches emphasize the importance of self-determination and cultural preservation as essential components of health promotion and disease prevention strategies.

Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework (Indigenous Services Canada)

Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework, developed by Indigenous Services Canada, offers non-prescriptive guidance relating to the development of culturally anchored, community-driven chronic disease strategies. It highlights the value of integration of federal and provincial programs and the value of promoting interdisciplinary teams that include cultural practitioners to tailor services based on community needs and priorities. It presents a wholistic and flexible approach to chronic disease prevention and management, emphasizing cultural sensitivity, community empowerment, and the integration of traditional and contemporary health practices (Indigenous Services Canada 2018).

Key themes of *Preventing and Managing Chronic Disease in First Nations Communities* include recognizing the SDIH, including the impact of colonization and residential schools, which have led to significant health disparities. The document highlights the importance of addressing these determinants through a decolonization process, involving the reclamation of culture, identity and traditional practices.

The Framework adopts the Expanded Chronic Care Model (ECCM), incorporating health promotion principles and a population health approach to support communities in managing chronic diseases effectively. It stresses the importance of inter-sectoral collaboration and community participation in planning, implementing and evaluating health programs. The porous border between the formal health system and the community represents the flow of ideas, resources and people between the two.

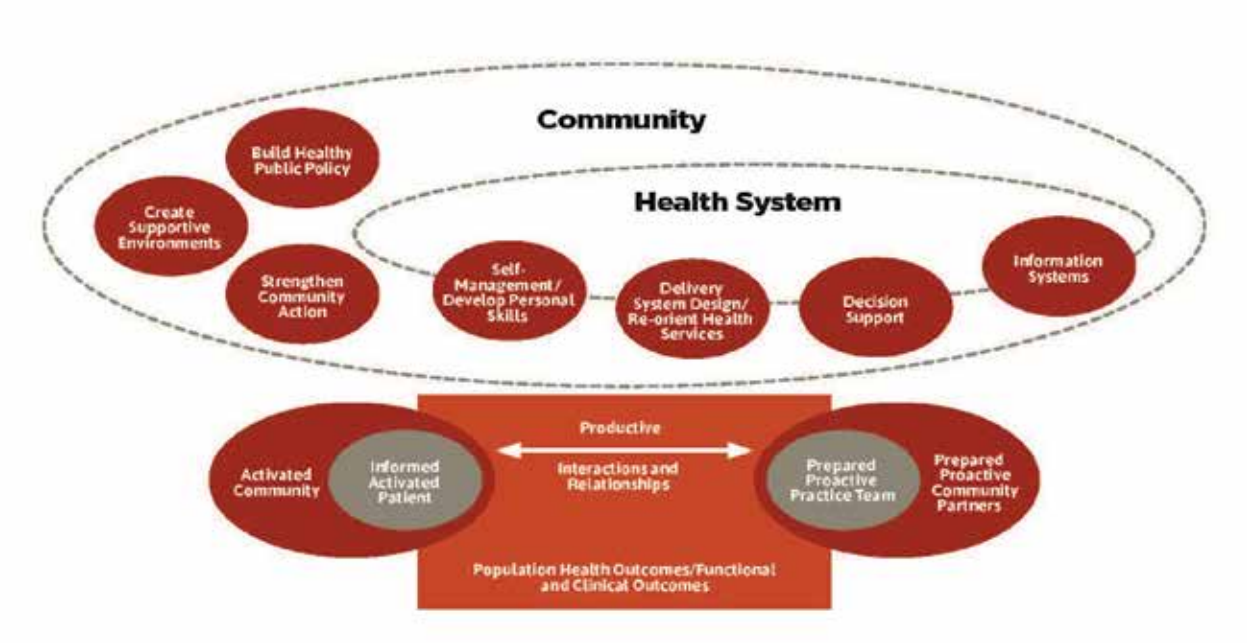


Figure 38: The Expanded Chronic Care Model (Indigenous Services Canada 2018, p. 18)

Guiding principles of the framework focus on cultural relevance, person- and family-centred care, community-driven efforts, evidence-informed approaches, alignment with health promotion, responsiveness to Indigenous-specific health determinants, collaboration, sustainability and accountability. These principles aim to ensure that programs and services are comprehensive, coordinated and sustainable, addressing both the clinical and broader social determinants of health.

Additionally, **four focus areas** are identified: collaboration and coordination, creating safe and supportive environments, enhancing personal and professional skills, and improving information systems and data sharing. These areas are seen as critical for transforming the health system to better serve communities, with the goal of reducing health disparities and enhancing overall wellness from birth to end of life.

Path to Prevention: Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis (Cancer Care Ontario)

Cancer Care Ontario's *Path to Prevention* report (Cancer Care Ontario 2016) outlines 22 comprehensive, evidence-based recommendations aimed at reducing chronic diseases among First Nations, Inuit and Métis populations in Ontario.

The approach to prevention of chronic diseases taken is framed by a Community-Centred First Nations, Inuit and Métis Health and Wellness Model, shown below.

Key concepts of the model are:

- Health and wellness is seen as a continuum
- Indigenous individuals, families and community are central
- Health is a wholistic concept that requires physical, emotional, spiritual and mental aspects to be in balance
- Health and wellness are viewed over the life course, with events early in life affecting health and wellness in later life
- Good health is dependent on key determinants of health, which include the SDIH (colonialism, racism, social exclusion and self-determination)

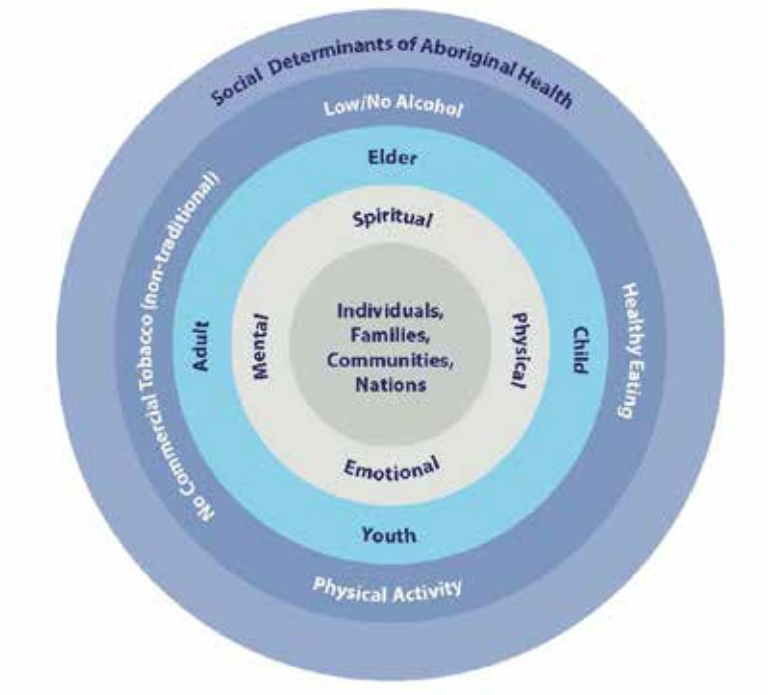


Figure 39: A Community-Centred First Nations, Inuit and Métis Health and Wellness Model (Cancer Care Ontario 2016)

The model emphasizes the importance of addressing **four key wellness or risk factors**: no commercial (non-traditional) tobacco use, no or low alcohol consumption, physical activity, and healthy eating. At the same time, it also considers the broader SDIH, such as colonialism, racism, social exclusion and self-determination. It views wellness through four directions, four quadrants of wellness (spiritual, physical, emotional and mental) and four life stages (child, youth, adult and Elder).

Key recommendations include developing and implementing strategies to prevent commercial tobacco use among youth, establishing tobacco cessation programs, addressing second- and third-hand smoke, and supporting community-managed tobacco control measures. For alcohol consumption, the report suggests ensuring that culturally anchored prevention and treatment programs are available and expanding the scope of alcohol intervention strategies. In terms of physical activity, it recommends creating safe environments for exercise, investing in infrastructure to support physical activity and breaking down socioeconomic barriers to access. Healthy eating initiatives focus on developing an Indigenous food and nutrition strategy, improving access to healthy foods, addressing environmental issues related to traditional foods, and promoting traditional food and nutrition skills.

In summary, this report aims to raise awareness, stimulate participation in proposed solutions, and ultimately reduce chronic disease rates in Indigenous communities by fostering environments that support healthy choices and addressing systemic barriers to health.

Strengthening Primary Health Care and Ahsatakaríteke

Indigenous Primary Health Care (PHC) services are essential in delivering culturally anchored, effective health care to Indigenous communities – particularly in relation to the prevention, diagnosis, treatment and management of chronic illness and disease. Their success hinges on incorporating cultural values, community participation, empowerment and self-determination into their service model design and delivery (Harfield, S., et al. 2018; Indigenous Primary Health Care Council (IPHCC) 2022; Kyoon Achan et al. 2022). The effectiveness of primary health care services stems from community control and the alignment of services with local values, principles and wholistic health care models that address not only medical needs but also the social determinants of Indigenous health (Harfield, S., et al. 2018).

> *Primary health care is "socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation."*
>
> *(Thomas, Wakerman, and Humphreys 2014)*

KMHC Primary Health Care Services

Kateri Memorial Hospital Centre (KMHC) offers a comprehensive family-oriented primary health care service to the entire community of Kahnawà:ke. KMHC's team-based PHC service focuses on ensuring accessibility, quality, cultural safety, community engagement and wholistic wellness.

KMHC's PHC services are often the first point of contact for community members and encompass Family Medicine assessments (including for semi-urgent care), minor procedures, chronic disease management and preventive care. Maintaining robust access to family medicine services has been a sustained challenge over years. In 2023, there were over 13,000 appointments with family doctors at KMHC.

The KMHC clinic operates Monday to Friday from 9 a.m. to 5 p.m., with semi-urgent appointments available on most Saturdays from 9 a.m. to 12:00 p.m. and

throughout the day on weekdays. Evening clinics are scheduled based on physician and staff availability; these have fluctuated significantly over the last 10 years. The ability to offer evening clinics has been negatively impacted in recent years by factors such as the pandemic response needs, health care worker fatigue/burnout, provincial policy restrictions, retirements and the ability to recruit new staff. KMHC recognizes a community-expressed need for more access to semi-urgent care services as well as more evening and weekend availability of care. Over the course of 2023, KMHC undertook a series of projects with the aim to increase access to semi-urgent care appointments, with some success that it would like to continue to build on. For a detailed description of primary health care services, including the outpatient clinic, see the CWP chapter on Core Community Wellness Programs, Services and Organizations and its appendix. The outpatient clinic is supported by a dedicated team of nurses and physicians (1 to 6 physicians are available on a daily basis). As of February 2024, KMHC has 24 physicians, including 17 family physicians and seven specialists, offering a blend of inpatient and outpatient care. This marks a significant growth in the past five years. The community benefits from approximately five full-time equivalent (FTE) family physicians in the outpatient clinic, servicing around 6,600 individuals currently registered to any family physician at KMHC.

The clinic also offers laboratory services, health education, nursing procedures (such as IV antibiotics and iron treatments) and wound care. Specialized consultant services such as pediatrics, surgery, gynecology and psychiatry are available by referral. Such specialists come to KMHC between one day per week to one day per month. KMHC also provides targeted and community-wide health initiatives, including health monitoring, cancer support, mental health services and public health promotion activities.

The family physicians also refer to KMHC's other services, including rehabilitation services such as physiotherapy, occupational therapy and speech therapy. The availability of these services has also fluctuated over years, based on staffing availability. The Community Health Unit and Out-Patient Care services collaborate to support various community needs, from prenatal care to chronic disease management. The integration of wellness nurses into the outpatient team enhances diabetes and chronic disease education, medication management and preventive health measures. Community health nurses play a crucial role in illness and injury prevention, health promotion and responding to emerging health trends within the community. Programs and campaigns are often launched in partnership with community organizations to address health concerns identified through clinic and community health activities.

The outpatient clinic team leverages local community services such as nutritionists, traditional medicine, and substance abuse treatment to ensure the provision of comprehensive care. Community-based pharmacists at the KMHC and Old Malone Pharmacies, while not formally part of KMHC services, are nevertheless integral participants in effective team-based care in the community. KMHC physicians and residents from the Hertzl Family Practice support the Kahnawà:ke Survival School (KSS) Youth Clinic to provide medical services with the School Nurse. The Traveling Road Show outreach screening program has not been offered since the COVID-19 pandemic;

a new outreach and screening program is being implemented by three wellness nurses through the Community Health Unit. For individuals requiring further specialized care, KMHC refers clients to surrounding hospitals and specialists.

The Community Health Unit (CHU) and the Out-Patient Clinic (OPC) are administratively considered as two separate units at KMHC. In practice and in terms of care mandates, they overlap a great deal; on a day-to-day basis, they probably don't seem distinct, even to staff. Their difference comes from the different funding sources that force a separation. CHU services are specific to community members and under federal funding agreements. OPC services are more integrated in the Quebec provincial system (RAMQ), serving both community members and non-community members. This is an example of how two artificial silos can be created inside of the community's health and social services, due to how external governmental departments (the Quebec Health and Social Services Ministry, MSSS; and First Nations and Inuit Health Branch, FNIHB) view their roles and obligations to the community. As these are not coordinated, they may overlap or leave gaps in services. Either way, the community-level services and Onkwata'karitáhtshera then take into account the different funding sources and their conditions, and the community plans how to offer services based on the needs of Kahnawa'kehró:non.

More details on all primary care delivery in Kahnawà:ke can be found in the Core Programs Appendix.

Strengths of KMHC Primary Health Care Services

KMHC provides team-based, wholistic, family-oriented, high-quality primary health care services to the community. There is special attention to chronic illness and disease, through comprehensive primary care functions related to prevention, diagnosis, treatment, management and support. PHC services also continue for patients receiving home and community care, or who are admitted in the long-term care or short-term care units of KMHC. There is also robust support for palliative care, whether at home or in hospital. A multidisciplinary team-based approach is taken in relation to assessments, medication management and comprehensive patient care support.

> *"… often the pharmacist can be a really good resource, and they are open on weekends or after hours when we're not available; [patients] can reach out to them and explain that could be having side effects. They could also ask questions about medications or [discuss, for example, why they are] having low blood sugar, [or get help if they] need to adjust their medications when they can't reach [their doctor or nurse]. So this way they have that extra support that they know there's someone else that they can also call."*
>
> CWP engagement

Other key strengths include the PHC team's strong familiarity and connection with the community, enhancing the quality of care through personal connections and understanding. Furthermore, the team has strong awareness of the community's diverse realities and context, enabling health care delivery that is customized to optimally serve the community's needs and interests. By

taking a community-centric approach, KMHC's primary care services are strongly oriented in relation to meeting the community's actual needs rather than generic provincial directives (though the latter can often create specific hurdles for this mission).

> *"It's a very small community and you have an understanding of people … it's helpful to know their story, if you are working in health care, to know their family."*
>
> CWP engagement

Another key strength is KMHC's significant investment in enabling and ensuring high-quality, culturally safe care. This is reflected by KMHC's outstanding Accreditation scores. KMHC's Quality Improvement, Risk Management and Innovation Team and Medical Acts Committee continue to develop ways to monitor and improve quality of care, including leveraging the Electronic Medical Record (EMR) to create specific and measurable key performance indicators. An example is measuring the time delay between when an appointment is made and when it occurs, or the number of semi-urgent care appointments available per month. Already this has enabled some scheduling changes, which have been shown to shorten the time to get an appointment. Work is ongoing to be able to more frequently measure and follow other process of care indicators, such as the number of people living with diabetes who have seen a family doctor within the last six months, and to use these indicators to inform further modifications to care services.

Issues, Challenges and Gaps for Further Assessment

To continuously support, build upon and improve KMHC's PHC services, some potential issues, challenges and gaps highlighted during the CWP engagement process that require further exploration and assessment are outlined below.

Registration with a Primary Care Family Physician

KMHC has invested significant resources and effort to ensure that primary care services are available and accessible for the entire community, and in the last year KMHC has been able to welcome new physicians. However, a significant proportion of Kahnawa'kehró:non are still not formally registered with one of KMHC's family physicians. This may stem from a lack of awareness regarding the availability of opportunities to register. To address this, KMHC is working on informing community members about the current availability of primary care physicians and services and promoting awareness relating to the importance of registering themselves and their family members with a family doctor.

Need for Expanded Service Provision

This need is particularly in relation to offering increased evening and weekend services. This is to meet the needs of community members for semi-urgent care and to help people who have limited ability to attend non-urgent medical appointments during their work or school hours.

PHC Services Need More Human Resources Support

PHC can benefit from hiring more clinic nursing staff, for the service delivery model

to improve and optimize multidisciplinary team-based care, and from additional administrative support.

Coordination of Care Challenges

Referrals by KMHC physicians to external specialists are often limited by policy choices of the Quebec MSSS; today, referrals will often be refused if they are not aligned with specific geographical referral pathways, rather than being able to refer to a preferred provider or clinic. This is problematic, due to the need to refer to established and trusted referral partners that offer accessible (especially English-speaking) and culturally safe services to the community that may be outside of referral pathway stipulated by the province (e.g., services at the Jewish General Hospital or McGill University Hospital Centre instead of in Longueuil or Chateauguay).

Referrals to Appropriate Clinical Settings and/or Specialists Outside of the Community

Referrals outside are challenging due to the language barriers (i.e., services only in French) as well as issues related to cultural safety. There are significant challenges in accessing health and social services outside the community due to language barriers and attitudes. Most health agencies in Quebec operate primarily in French, posing a substantial obstacle for many Kahnawa'kehró:non in terms of health service delivery. Language barriers can be a major problem for patients who go to an emergency department or have to go to French-speaking (only) specialists outside of the community. Often there can be significant language barriers even in scheduling specialists' appointment, with receptionists at external clinics or the Centre de répartition des demandes de service (CRDS, the centralized regional referral entity) either unable or unwilling to communicate with Kahnawa'kehró:non in their language of choice. These are systemic issues that are linked to provincial laws that invoke the notwithstanding clause to override certain aspects of the Canadian Charter of Rights and Freedoms. Unfortunately, at present, the province refuses to recognize these substantial impacts of its ongoing political choices.

Privacy and Anonymity Concerns

Some community members are hesitant to seek local care due to concerns over privacy or anonymity. Even with excellent institutional and health professional practices, some people prefer not to encounter so many people they know in a waiting room or to personally know the staff member who may be examining them. While familiarity with staff can be of benefit to care in many instances, there are others where it is preferred to have greater distance and anonymity to feel comfortable. Enhancing privacy measures and diversifying how a service can be offered might lead to increased utilization of available services.

Medical Transportation

It is important to address challenges/limitations in medical transportation for people with special needs, including younger, vulnerable individuals (e.g., with social vulnerabilities).

Self-determination in Programming and Policy Development

KMHC's PHC team faces significant challenges related to Quebec's provincial policies, which often do not align with its unique health and social care needs of Kahnawà:ke. This misalignment underscores

the critical need for Kahnawà:ke to advocate for policy exceptions and greater autonomy in its decision-making processes. The one-size-fits-all approach of provincial policies falls short in addressing the specific circumstances and requirements of the community. Therefore, there is a pressing need for empowerment and the ability to negotiate and push back against these overarching policies. By securing more flexibility and the right to policy exceptions, Kahnawà:ke seeks to ensure that its health and social care systems are not only more responsive and tailored to its needs but also underscore the community's right to self-determination and autonomy. This approach not only respects the unique context of Kahnawà:ke but also paves the way for self-determination in PHC programming.

Scope of Services

It is important to continually reassess the community's needs and to determine whether improvements need to be made in areas such as offering mental health supports for individuals and families dealing with chronic illness, supporting caregivers, as well as providing sexual health services, which are important for screening and prevention of some chronic diseases. This means systematic evaluation to ensure services continue to meet the needs of the community.

An Example from Manitoba First Nations Communities of a Collaborative and Systems Approach to Transforming Primary Health Care

Similar issues were also found in a 2021 study entitled "Collaborative and Systems Approach to Transforming Primary Health Care in Manitoba First Nations Communities," highlighting some findings and recommendations that may be relevant to Kahnawà:ke's PHC context (Indigenous Primary Health Care Council (IPHCC) 2022).

These include "*key setbacks to community-based primary health care, including differing models of care, jurisdictional complexities, funding that creates isolated programs within the same community, lack of promotion of cooperation among health care services, and a general acute approach to health care service delivery in the community*." The study highlights the need for a transformative approach to First Nations PHC, advocating for systems that are community-driven, wholistically integrated and flexible enough to navigate the complexities of jurisdictional and funding structures. Here are some key points:

- **Current PHC models' limitations:** The study indicates that existing PHC models, alongside federal and provincial jurisdictional and funding misalignments, significantly hinder effective PHC in First Nations communities. Policies historically have not aimed to provide comprehensive health services to First Nations peoples, necessitating a shift towards a "borderless health care system" that overcomes jurisdictional, funding and informational barriers for seamless care access.
- **Desire for community-driven funding allocation:** First Nations express a preference for allocating health budget based on community needs rather than adhering strictly to FNIHB mandates. The shift towards non-prescriptive funding is seen as a positive development, enhancing local control over health services and reflecting community priorities, which has been linked to improved health care access and administration.
- **Advocacy for an integrated and wholistic PHC approach:** The research

advocates for PHC care models that emphasize wholistic and integrated care, suggesting that funding and policies should support collaborative, multidisciplinary health teams that include a wide range of health professionals and traditional health workers. Respectful information sharing and the development of data-sharing agreements controlled by First Nations are crucial for effective collaboration and planning.

- **Access to services and professional development:** There's an identified need to improve access to specialized health care services and to ensure health care professionals working in First Nations communities possess cultural understanding and competency.

Frameworks to Support Strengthening the Primary Health Care System in Kahnawà:ke

This section highlights three key strategic frameworks that may be helpful for strengthening PHC in Kahnawà:ke that leverage Indigenous-specific models and principles to evaluate and improve health service delivery:

- Characteristics of Indigenous Primary Health Care Service Delivery Models: A Systematic Scoping Review
- Ontario's Aboriginal Community Health Centre (AHAC) Model of Wholistic Health and Wellbeing
- Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model with five key dimensions:
    - Indigenous health in Indigenous hands
    - Culturally safe care
    - Wholistic health
    - Collaborative decision-making and reciprocal agreements
    - Better health outcomes

Central to these frameworks is culturally safe, effective health care that integrates cultural values, community participation, empowerment and self-determination into its design and delivery. Together, these frameworks support a comprehensive strategy for evaluating and enhancing PHC in Kahnawà:ke to reduce health inequities and improve access to care. This approach is vital for addressing chronic illnesses and managing diseases in Kahnawà:ke.

Characteristics of Indigenous Primary Health Care Service Delivery Models: A Systematic Scoping Review

A seminal systematic scoping review by Harfield et al. in 2018 identified seven interrelated – yet distinct – characteristics that contribute to the success of Indigenous PHC models. These aspects are seen as critical to the development of comprehensive primary health care service delivery models in Indigenous communities (Harfield, S., et al. 2018).

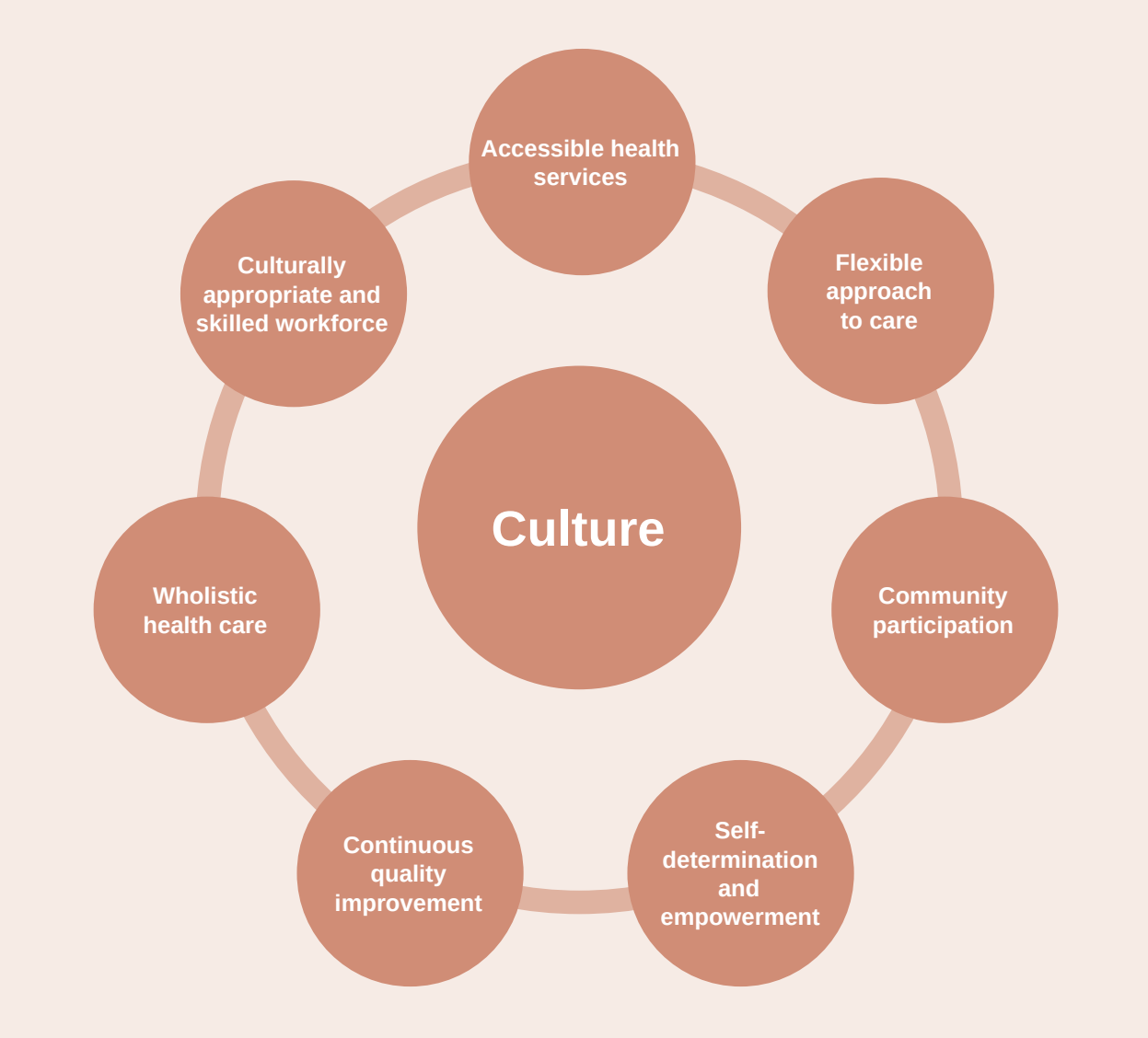


Figure 40: An adaptation of Characteristics of Indigenous Primary Health Care Service Delivery Models (Harfield, S., et al. 2018)

Accessible health services: Indigenous PHC models emphasize providing affordable or free health care, ensuring a wide range of services across various locations. These services focus on building trust within communities, respecting privacy and embodying cultural respect.

Community participation: Central to these models is the engagement of the Indigenous community in ownership and governance. This includes having community members on governing boards and fostering community involvement in service planning and delivery, ensuring accountability and responsiveness to local needs.

Continuous quality improvement: Indigenous PHC services commit to ongoing improvement through data collection, program evaluation and quality initiatives. They aim to adapt and evolve in response to community feedback and health outcomes, with a significant focus on cultural considerations.

Culturally anchored and skilled workforce: A diverse and skilled workforce that includes Indigenous health professionals is essential. Training and capacity building, particularly among Indigenous staff, support the delivery of culturally anchored care.

Flexible approach to care: Tailoring health services to meet the specific needs of the community characterizes Indigenous PHC. This includes integrating services, adopting a multidisciplinary team approach and ensuring continuity of care.

Wholistic health care: These models provide comprehensive care that addresses the mental, emotional, spiritual and physical aspects of health. Services span from preventive care to management of chronic conditions, including traditional healing practices, and are designed to support the overall well-being of individuals and their communities.

Self-determination and empowerment: Indigenous PHC models foster self-determination and empowerment by enabling communities to control their health services. This includes leadership opportunities, community development initiatives, and programs that build resilience and engage community members in their health and well being.

Note: **Culture** was the most prominent characteristic underpinning all seven characteristics that were identified. This underscores the importance of culture in all aspects of a successful primary health care model for Kahnawà:ke.

Ontario's Aboriginal Health Access Centres (AHAC) Model of Wholistic Health and Wellbeing

The characteristics highlighted above align with Ontario's Aboriginal Health Access Centre (AHAC) Model of Wholistic Health and Wellbeing, which addresses inequities and barriers that limit access to comprehensive PHC for Indigenous people (Ontario's Aboriginal Health Access Centres 2015). Grounded in a wholistic approach to health, AHAC's Model of Wholistic Health and Wellbeing recognizes the interconnectedness of physical, mental, emotional and spiritual wellness and the importance of integrating Indigenous people's values, beliefs and cultures into care.

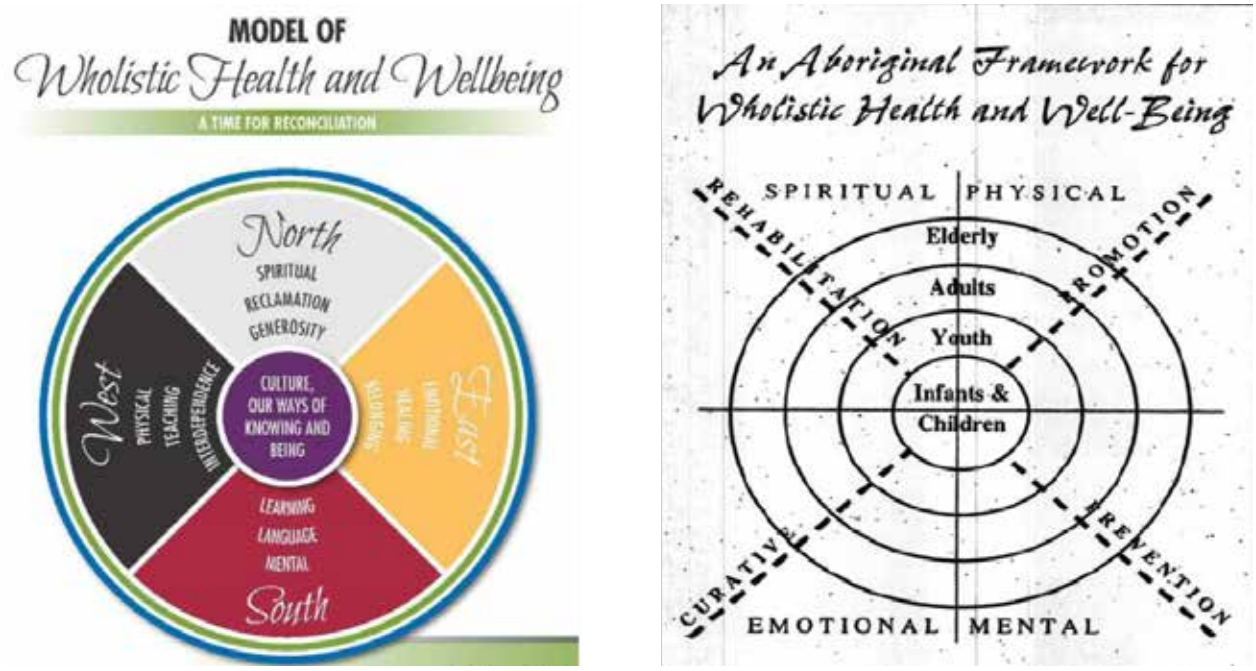


Figure 41: Ontario's Aboriginal Community Health Centre (AHAC) Model of Wholistic Health and Wellbeing (Ontario's Aboriginal Health Access Centres 2015)

Echoing the findings of the scoping review discussed above (Characteristics of Indigenous primary health care service delivery models), the AHAC model identifies several key elements essential for successful health and well-being outcomes. These include offering comprehensive, wholistic and integrated services that are community-focused, empower individuals, promote self-determination and are culturally tailored to meet the specific needs of Indigenous communities.

Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model

The seven Indigenous PHC characteristics identified by the scoping review, as well as the AHAC's Model of Wholistic Health and Wellbeing, are strongly aligned with the **Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model**, Indigenous Health in Indigenous Hands, which focuses on five key dimensions (Indigenous Primary Health Care Council (IPHCC) 2022):

- Culturally safe care
- Wholistic health
- Collaborative decision-making and reciprocal agreements
- Better health outcomes

Figure 42: Indigenous Primary Health Care Council (IPHCC) Health System Transformation Model (Indigenous Primary Health Care Council (IPHCC) 2022)

> *First Nations health transformation is a collaborative process between First Nations partners, the federal government, and provinces and territories. The intent is to create a more coordinated health system in which First Nations led health organizations assume greater control of the design, administration, management and delivery of health services and programs that support community wellness and address their health needs and priorities.*
>
> Indigenous Primary Healthcare Council (Indigenous Primary Health Care Council (IPHCC) 2022)

The IPHCC is part of broader efforts across Canada to address health inequities and improve health outcomes for Indigenous peoples through systemic changes to health care. This means respecting Indigenous self-determination, integrating traditional knowledge and healing practices, and restoring Indigenous health systems and practices. It is a response to the long-standing health disparities faced by Indigenous peoples due to colonial legacies, systemic racism and social determinants of health. The IPHCC Health System Transformation Model represents a shift towards a more equitable, respectful and effective health care system that is co-designed with Indigenous communities to meet their unique health and wellness needs and thus improve health and wellness outcomes.

Ahsatakaríteke Indicators

Within Kahnawà:ke, several indicators related to chronic illness and disease are available, which could be used to help further understand and address this CWP priority. Specifically, examples of key indicator domains that are identified in the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portraits (Volumes 1 and 2) andin data from KMHC are listed below. Other community-based organizations may have additional information, such as descriptive program statistics that may help inform future work towards Ahsatakaríteke and thus should also be explored.

Examples of key indicators directly related to chronic illness and disease that are available are highlighted below. In addition, many indicators related to social determinants of health and demographics are available in the Health Portraits that are related to this domain.

These key indicators can tell us about various aspects of chronic illness and disease. They can be updated to reflect the current epidemiological profile of the community and track trends over time.



Indicators from Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health, brief update (2024):

Diabetes

- Number of new diagnoses per year (2000-2001 and 2021-2022, age 20 years and more)
- Age-adjusted incidence rates (per 1,000 people)
- Number of people with ongoing diabetes (age-adjusted prevalence)
- Prevalence comparison (incidence rates in Kahnawà:ke compared to Montérégie and Quebec)

Indicators from Health Portrait, Volume 1

Diabetes

- Average age of diagnosis of diabetes among adults living with diabetes in Kahnawà:ke
- Health conditions associated with diabetes (Regional Health Survey)
    - % adults living with diabetes reporting high blood pressure, obesity, high cholesterol, heart disease, vision problems or blindness, kidney problems, effects of stroke
- Process of care and impact of care outcomes for people living with diabetes
    - % of adults living with diabetes who had been to the KMHC clinic at least once in the last year
    - % of adults living with diabetes who had their hemoglobin A1c (a longer-term blood sugar measure) measured at least once in the prior year
    - % of adults living with diabetes who reported doing at least 2 home measurements of their blood sugar levels in the last two weeks
    - % of people with target levels of hemoglobin A1c
    - % of people living with diabetes reporting using treatments being used to control blood sugar levels (e.g., broken down by diet adjustments, exercise, medication)
    - % of people reporting using physical activity and nutrition-based treatments to control their diabetes
- Perceptions of the importance of diet and exercise for good health

Indicators from Health Portrait, Volume 1, continues…

Indicators from Health Portrait, Volume 1, continued…

- **Gestational diabetes**
  - Number and % of pregnancies where the mother was affected by gestational diabetes
  - Proportion of newborns of large birth weight in Kahnawà:ke, compared to Montérégie and Quebec

Indicators related to other chronic illnesses and disease:

- Chronic obstructive pulmonary disorder (COPD) prevalence
- Hypertension prevalence
- Cardiovascular diseases (e.g., heart disease, stroke)
- Tobacco use

Indicators from the Kateri Memorial Hospital Centre (KMHC)

Diabetes

- Number of patients with diabetes receiving care at KMHC

Primary Health Care

- Analysis of semi-urgent and regular appointments for medical care
- Number of Kahnawa'kehró:non registered with a family doctor

Ahsatakaríteke: Towards Community Wellness

Over the past three decades, the community's efforts highlight the shift towards designing health promotion and disease prevention activities using frameworks that incorporate Haudenosaunee and Kanien'kehá:ka worldviews while addressing the social determinants of Indigenous health. This approach not only addresses the physical manifestations of chronic diseases but also attends to mental, emotional and spiritual wellness, thereby acknowledging the complex interplay of factors contributing to health outcomes.

Key resources and frameworks such as the NCCIH Evidence Synthesis, Indigenous Services Canada's guidance framework, and Cancer Care Ontario's *Path to Prevention* report further reinforce the necessity of adopting a wholistic, community-driven approach that integrates traditional practices and addresses the broader SDIH.

Furthermore, this chapter highlights the essential role of primary health care services in delivering culturally safe, effective health care – stressing the integration of cultural values, community participation, empowerment and self-determination into service models to enhance health outcomes.

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10. Peace Domain: Building Peace and Wellness by Addressing Violence

10. Peace Domain: Building Peace and Wellness by Addressing Violence

Note

The content of this section might cause triggering of some difficult or uncomfortable emotions and memories for some readers. If you find yourself in this situation, please reach out to someone you trust for support. If you find you need immediate crisis support, we encourage you to consider calling one of the following resources:

- Hope for Wellness Help Line: 1-855-242-3310; Live chat: www.hopeforwellness.ca
- Centre de prévention du suicide de Québec: 1-866-277-3553
- Kids Help Phone: 1-800-668-6868 or by text at 686868
- KSCS Intake Services: 450-632-6880 (8:30-4:30 weekdays)
    - 450-632-6505 (after hours or holidays): Ask for the After-Hours Response Worker
- If you are worried or believe that someone is in immediate danger, please contact emergency services: Peacekeepers (in Kahnawà:ke): 450-632-6505; Ambulance (in Kahnawà:ke): 450-632-2010 or use 9-1-1 in other areas

Other resources:

- iHEAL app: A free, private and secure app to help Canadian women who have experienced abuse from a current or past partner to find personalized ways to stay safe and be well.
- Crime Victims Assistance Centres: 1-866-532-2822
- Elder Mistreatment Helpline: 1-888-489-2287
- Helpline for Victims of Sexual Assault: 1-888-933-9007

Highlights

- Addressing violence has been recognized as an important priority for our community since the inception of the first Community Health Plan (CHP) in 1998.
- *Integrated Life Course and Social Determinants Model of Aboriginal Health* highlights that violence is an important social determinant of Indigenous health (SDIH). It conceptualizes how violence experienced in childhood can lead to a cycle of violence, impacting social, psychological and behavioural outcomes across generations. It emphasizes the role of colonial policies, systemic racism and deliberate violations of Indigenous rights in perpetuating violence and trauma within communities. This contributes to intergenerational trauma and higher rates of violence.
- A significant limitation to fully understanding and addressing this issue is the lack of accurate, updated and comprehensive data relating to the various types and impacts of violence. Some useful information related to violence was accessed from *Onkwaná:ta, Our Community Ionkwata'karí:te, Our Health,* Health Portrait Volume 2, and from community organizations that address issues of violence, including the Kahnawà:ke Fire Brigade and Ambulance Service, the Peacekeepers, and Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS) service programs, including the Whitehouse. Qualitative information from community consultation also informed this chapter.
- Within the Community Wellness Plan (CWP) engagement process, several subdomains related to addressing violence were clearly identified:
    - Addressing family violence
        - Including intergenerational abuse, intimate partner violence and gender-based violence
    - Addressing lateral violence
        - Defined as "anger and rage directed towards members within a marginalised or oppressed community rather than towards the oppressors of the community – one's peers rather than adversaries" (Maone, G. 1999)
    - Addressing sexual violence
    - Addressing racism
- For each of these subdomains, the ongoing work that is being undertaken within Kahnawà:ke is highlighted, along with indicators and key frameworks that could be leveraged.
- The different types of violence outlined in this chapter are strongly interrelated with the other SDIH, indicating the need for wholistic, culturally anchored, family-oriented and community-driven approaches to preventing and addressing violence within Kahnawà:ke.
- Considerations for violence reduction strategies within Kahnawà:ke include the development of a violence data strategy, framing violence through a SDIH lens, and developing strategies that are multisectoral, collaborative and aligned with the community's cultural context and values.

Background and Context

The experience of violence has long been recognized as having detrimental effects on the health and wellness outcomes of everyone, including Indigenous people, families and Nations (Holmes, C. and Hunt, S. 2017; Statistics Canada 2022; 2019). Advocacy relating to recognizing and addressing violence – including its root causes related to colonization and colonialism – dramatically increased in the early to mid 1990s, largely through anti-violence organizing and research by Indigenous women (Chiefs of Ontario 2023).

According to Statistics Canada, First Nations people, Métis, and Inuit are more likely than non-Indigenous people to have experienced violence during their childhood, to have been sexually or physically assaulted, to have been victims of violence by an intimate partner, or to have been victims of homicide (Statistics Canada 2022). Furthermore, the literature has identified that a number of subgroups are at a higher risk of experiencing violence. First Nations Women, Two Spirit and gender-diverse people experience additional risk factors related to intimate partner violence (IPV), including adverse childhood experiences, poverty, experiences of homelessness or street involvement, living in a rural area and maladaptive coping (specifically substance use and abuse; Chiefs of Ontario 2023).

According to self-reported data from the 2019 General Social Survey on Canadians' Safety (Victimization), about 4 in 10 Indigenous people experienced sexual or physical violence by an adult before the age of 15.

In 2019, nearly 1 in 10 (8.4%) Indigenous people were victims of sexual assault, robbery or physical assault, about twice the proportion of non-Indigenous people (4.2%).

A little more than 1 in 10 (13%) Indigenous people with a current or ex-intimate partner experienced violence from their partner in the 5 years preceding the survey, a proportion twice as high as non-Indigenous people (5.7%).

For the period from 2015 to 2020, the average homicide rate involving Indigenous victims was six times higher than the homicide rate involving non-Indigenous victims.

According to both the National Inquiry into Missing and Murdered Indigenous Women and Girls and the Truth and Reconciliation Commission of Canada, several factors rooted in Indigenous peoples' context have contributed to these disproportionately higher rates of experiences of violence. Historical and ongoing colonialism and related policies, including experiences of Indian Residential and Day Schools, individual and systemic racism, and other persistent and deliberate human and Indigenous rights violations and abuses have resulted in the chain reaction of disruption of community and family structures, intergenerational trauma and higher rates of violence (Statistics Canada 2022; Truth and Reconciliation of Canada 2015; MMIWG 2016; 2019).

The impact of violence on communities and families has brought the issue to the forefront of policy and community attention. It has also focused academic and research attention into **properly defining and conceptualizing the various forms and types of violence within the context of the social determinants of Indigenous health**. This includes framing the various forms of violence using the Tree Metaphor, within the context of the root and core determinants related to colonization and colonialism, the Indian Act, Residential and Day School system, child welfare policies and systems, and the criminal justice system (Loppie, C. and Wien, F. 2022).

This helps us understand that violence is complex. Different forms of violence intersect with social determinants in different ways, depending on a person's individual and family context, resulting in widely varying manifestations of violence in the community (Loppie, C. and Wien, F. 2022; Holmes, C. and Hunt, S. 2017).

The **Integrated Life Course and Social Determinants Model of Aboriginal Health** clearly conceptualizes the life course effects of violence (Reading, C. and Wien, F. 2009). For example, children who witness domestic violence are at increased risk of experiencing social, psychological and behavioural problems that can subsequently lead to parenting behaviours later in life that perpetuate the intergenerational cycle of violence (Halselth and Greenwood 2019). Systematic discrimination and

structural racism built into the child welfare system compounds this cycle of trauma and violence for many families. According to the National Collaborating Centre for Indigenous Health report *Indigenous Early Childhood Development in Canada*, the child welfare system (foster care), in which systematic discrimination and racism are ingrained, exacerbates the cycle of trauma within families.

Exposure to family violence in the home is classified by many child welfare authorities as a form of maltreatment and grounds to remove children from their families. Thus, these children are at greater risk for being apprehended from their families and therefore at risk of continuing the cycle of violence through the trauma from being removed from their families (Halselth and Greenwood 2019).

> *"[Indigenous] children are born into a colonial legacy that results in low socioeconomic status, high rates of substance abuse and increased incidents of interaction with the criminal justice system. These are linked with intergenerational trauma associated with residential schooling and the extensive loss of language and culture. Colonial legacies are, thus, determinants impacting [Indigenous] children's lives and can only be accounted for by applying a social determinants of health lens that is inclusive of multiple realities and considerate of [Indigenous] peoples' distinct sociopolitical, historical and geographical contexts. [Indigenous] children's health continues to deteriorate after birth, influenced by distal, intermediate and proximal determinants. The basis of adult health and health inequity begin in early childhood."*
>
> (Greenwood, M. and de Leeuw, S. 2012)

The SDIH literature also highlights a many unique **protective factors** related to violence in Indigenous communities, such as mobility through education and employment, access to intimate partner violence (IPV) services, strong social connections, connection with cultural identity, sovereignty and tradition (Reading, C. and Wien, F. 2009; Loppie, C. and Wien, F. 2022).

Promoting Peace and Addressing Violence as a Priority Issue in Kahnawà:ke

Violence in all its forms – especially family violence – was clearly identified during the CWP community engagements a priority issue of concern for the community and for its health, social services and governing bodies. Addressing violence has been clearly identified as a health-related priority since Kahnawà:ke's first health needs assessment and Community Health Plan (CHP) in 1998. Violence was further reaffirmed as an important priority by the 2016 CHP Mid-Term Evaluation Report.

> *"I deal with abuse. There's a lot of violence, there's a lot of harm being done to individuals."*
>
> CWP engagement

There are a few different ways to understand the issue of addressing violence, including through stories, histories, observations or even art. Quantitative data like statistics can help us build this understanding by complementing other information we have and adding to our contextual knowledge. Sometimes, a limitation to understanding this issue is the **lack of accurate, updated and comprehensive data relating to the various types, forms and impacts of violence**. Some quantitative information related to violence can be accessed from various violence prevention and response community programs, services and supports such as the Fire Brigade and Ambulance Services, the Peacekeepers, and Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS). Additionally, the *Onkwaná:ta, Our Community Ionkwata'karí:te, Our Health* Portrait provides some information related to a number of violence domains. This information is outlined below.

Examples of key indicators related to violence in Kahnawà:ke from community organizations

Peacekeeper response data

- Types of assault (by year)
  - Bodily harm/weapon
  - Sexual
  - Simple assault

Kahnawà:ke Fire Brigade and Ambulance Service

- Weapon/firearm trauma
- Child abuse

KSCS

- Sexual violence/domestic violence (referral/intake report)

Data from 2015 from the Health Portrait Volume 2 indicate that there are important community concerns related to violence. Although the vast majority of people reported feeling safe in Kahnawà:ke (97%), almost half of survey respondents (47%) felt violence was an important challenge for Kahnawà:ke. Additionally, 36% of people surveyed felt that that violence was worsening in the community, while another 47% either thought there had been no progress or were unsure whether any

progress was being made in this area (Onkwata'karitáhtshera 2023).

One specific issue for people living in Kahnawà:ke highlighted by the Health Portrait is bullying: 33% of children 5-11 years old and 19% of youth who were surveyed stated that they experienced bullying in the last year. Cyberbullying was also seen as an issue for youth, with 19% of youth (12-17 years old) reported having experienced cyberbullying in the last year; experiences that are virtually the same as other First Nations across Canada (Onkwata'karitáhtshera 2023). Additionally, 1 in 4 adults said that they had experienced verbal aggression in the last 12 months, and 1 in 9 had experienced physical aggression in the last 12 months. Finally, 1 in 4 adults (25%) had a personal experience of racism in the last 12 months. Among those who experienced racism, 24% reported an experience within the community (24%) and 83% reported an experience outside Kahnawà:ke.

More anecdotally, in recent years our community has seen a growing movement around Pink Shirt Day, which is anti-bullying awareness day honoured at schools, in organizations and on social media. This day also speaks to the intersection between mental and emotional wellness and experiences of violence.

In 2020, a #MeToo movement took place in the community, with a series of disclosures around sexual violence, sexual abuse and lateral violence. This has had cascading effects and led to program adaptations: for example, work is ongoing to develop specialized skills around addressing trauma related to sexual abuse.

More recently, in 2022-2023, the topic of child and sex trafficking has been of increasing concern, with information sessions on the matter offered by the KSCS Prevention team.

In February 2024, the Mohawk Council of Kahnawà:ke Ionkwatahónhsate (We are all listening) Victims Services, in conjunction with First Nations Representatives Services, offered its second Symposium for the Victims of Crimes, which connected community members and provided resources for survivors and victims of crimes, including violence.

In recent years, peace and conflict resolution has also been a topic of community awareness and education campaigns, such as the KSCS-led Spirit of Wellness Month each November and KORLCC's Cultural Awareness Month's program in April.

We also share some recent examples of responses to structural violence, specifically systemic racism. These include recent responses to structural violence, such as the Indian Day Schools settlement process, research and information on forced sterilizations of Indigenous women, supporting residential school survivors and their families, learning on Orange Shirt Day, and dedicated supports offered through the FWC for Indian Residential/Day Schools and MMIWG survivors and families. Some of these include finding peace, healing or justice. These are just some examples.

This chapter describes the following key priority subdomains for building peace and addressing violence:

- Addressing family violence (including intergenerational abuse, intimate partner violence and gender-based violence)
- Addressing lateral violence
- Addressing sexual violence
- Addressing racism

These subdomains will be presented below, along with related data, frameworks and tools, and potential indicators, all of which could be leveraged to inform work in the Building Peace and Addressing Violence domain.

In the chapter, only the most pertinent and relevant high-level frameworks that could be used to inform work within each subdomain are highlighted. More details can be found in the appendix.

Addressing Family Violence

Family violence was defined by the Public Health Agency of Canada in 2016 as "any behavior by one individual against another within the sphere of relationships characterized by kinship, intimacy, dependence, and trust, posing a threat to the person's survival, security, or well-being" (Public Health Agency of Canada 2021; Holmes, C. and Hunt, S. 2017).

Intimate partner violence (IPV), also known as spousal violence or domestic violence, represents a form of gender-based violence. IPV is characterized by actual or threatened physical, sexual, psychological or economic violence between current or former legally married or common-law spouses or dating partners (Chiefs of Ontario 2023). It is well noted in the literature on Indigenous IPV that women, Two Spirit and gender-diverse people are at a much greater risk of IPV compared to non-Indigenous people (Chiefs of Ontario 2023; Holmes, C. and Hunt, S. 2017). Statistics Canada's Survey of Safety in Public and Private Spaces (SSPPS, 2018) confirms that 61% of First Nations women report experiences of physical or sexual violence committed by an intimate partner in their lifetime (Statistics Canada 2018).

Although family violence manifests in various forms, all types of family violence involve the misuse of power and a breach of trust and include diverse types of physical, emotional and sexual abuse as well as neglect. This violence may occur as a singular act or as a series of abusive actions (KSCS 2024; Public Health Agency of Canada 2021).

The negative impacts of family violence on health and well-being are often direct and extremely well documented within the literature. For example, research has shown that Indigenous families bear a disproportionate burden of family violence compared to other Canadian families, including higher rates of injuries, hospitalizations and deaths resulting from family violence and intentional injuries than non-Indigenous peoples, as well as other health issues such as trauma and mental health issues (Holmes, C. and Hunt, S. 2017). Additionally, family violence has been linked to a number of mental health impacts, including depression, substance use, post-traumatic stress disorder and suicide (Holmes, C. and Hunt, S. 2017).

Evidence also shows that family violence negatively affects vital family and community bonds and relationships. This is particularly important in the context of Indigenous communities, where kinship ties and family functioning play a pivotal role in health and well-being. This is especially true in small communities. Families serve as crucial sites for nurturing and supporting relationships essential for healthy child development, including building self-esteem and other personal attributes, which are instrumental in building resilience during times of struggle. However, when these kinship ties and family dynamics are disrupted by unhealthy levels of conflict, abuse and family violence, the resulting health impacts can be widespread, long-lasting and severe (Holmes, C. and Hunt, S. 2017).

> *"Family violence has serious and widespread consequences for health and wellbeing, including impacts on physical, mental, sexual, reproductive, spiritual and communal health. The health of communities impacts the health of families and vice versa."*
>
> National Collaborating Centre for Indigenous Health, Indigenous Communities and Family Violence: Changing the Conversation

The link between family violence and well-being was highlighted in the CWP community engagement process in 2023. For example, one individual in a focus group with an organization in the community spoke to the impact of violence on women, which is articulated below.

> *"I think maybe one of the problems that we have as a community is that some people have lost sight of that and have lost sight of the roles and responsibilities and the role of women because of whether it's physical violence or stuff that goes on in the community or has gone on against women."*
>
> *"Family breakdown from violence is still very apparent."*
>
> *"… it comes from prior generations, alcoholism and verbal abuse and women beaters or husbands that didn't treat their wives right. And the kids just grew up seeing that. So, it's just like, how can we fix that?"*
>
> CWP engagement

Violence against Children and Youth

The exposure of children and youth to any type of family violence or neglect can be considered grounds for child protection under provincial and territorial laws (Public Health Agency of Canada 2021; Holmes, C. and Hunt, S. 2017). Systemic discrimination against Indigenous families is well documented within child welfare systems. Child protection can involve apprehension or removal of children from their families. Together, these forces increase the rate at which Indigenous children are involved with the child welfare system, which puts them at risk of a further disconnection from their families and communities (see also the Child and Family Wellness domain chapter). A large body of literature that explores the intergenerational nature of abuse and trauma finds that children who experience family violence are also more likely to develop behaviours that may perpetuate an intergenerational cycle of violence (Holmes, C. and Hunt, S. 2017).

> *"The abuse that goes on in the community, which again I don't know firsthand, but you hear it. Like the sexual abuse, like incest or abusing children. I mean, I can't even just think about it."*
>
> CWP engagement

Strengthening family relationships is thus a key element in improving the health and well-being of young Indigenous children, with benefits extending into adulthood. This includes:

- Improving parenting knowledge and skills
- Encouraging caring and responsive parent-child relationships
- Teaching appropriate behaviour management strategies
- Addressing substance abuse and mental health issues to break the cycle of family violence in Indigenous communities

> *"Interventions must be culturally appropriate and targeted at healing individuals, families and communities, rather than focusing on the separation of families."*
>
> (Holmes, C. and Hunt, S. 2017)

Onkwata'karitáhtshera believes in strengthening this statement so that interventions are not only culturally appropriate – they must be **anchored** in Kanien'kehá:ka culture.

Family Violence-Related Programs and Services in Kahnawà:ke

In Kahnawà:ke, KSCS offers programming related to violence prevention through various community activities, events and resources. The Whitehouse (KSCS) also offers a comprehensive violence prevention program aimed at children 6 to 17 and their families. This program focuses on strengthening family bonds while also encompassing domains related to bullying, sexual violence, intimate partner violence, healthy relationships, consent, social media, gender diversity and other important and relevant topics. The Family Wellness Centre Traditional Counselling program also addresses family violence issues. Programs are constantly evolving to meet community needs, including family preservation.

The KSCS Prevention and Support Services Kahnawà:ke Child & Family Services (CFS) Plan 2020 focuses on family preservation and suggests initiatives to address violence using a family restoration and preservation-focused approach, such as the Homebuilders pilot project proposa. (see the Child and Family Wellness chapter in this report for more detailed information on this program).

Program Highlight: Homebuilders Pilot Project

The Homebuilders pilot project originated from the recognition that many families struggle to navigate crises and stressors effectively within their family units. Traditional child protection interventions often lack alignment with a family preservation approach to service delivery. In response, in 2018, KSCS identified an opportunity to pilot a Family Preservation Unit model, with the goal of keeping children with their families or within the community. Although this project did not come to fruition at the time due to human resources and fiscal constraints, as of 2024 it is in development.

Although these programs are providing a number of violence prevention programs, services and supports, there is room for the scope of this work to be strengthened, expanded and coordinated. To start, family violence is a highly complex issue that stems from multigenerational trauma (Holmes, C. and Hunt, S. 2017; Chiefs of Ontario 2023) and is a difficult and sensitive problem that our small community is often not comfortable talking about, often due to stigma and shame.

Due to the multifaceted nature of violence, and underreporting by victims, the current data on violence is predicted to be vastly underestimated and not representative of the true incidence. Thus, it is hard to fully understand this issue and its effects

(Statistics Canada 2019; 2022; Holmes, C. and Hunt, S. 2017). In Kahnawà:ke, there is limited statistical data on violence prevalence on a population level against which to validate the qualitative understanding that came out of the CWP engagement.

The Native Women's Shelter of Montreal

Although not located in Kahnawà:ke, the Native Women's Shelter of Montreal (NWSM) provides a safe environment, frontline services and support for First Nations, Inuit and Métis women and children in the greater Montreal area, including Kahnawà:ke. Programs and services are rooted in traditional and wholistic values, emphasizing culturally competent care, with a focus promoting women's empowerment and independence (website: Native Women's Shelter of Montreal 2024).

The NWSM is the only women's shelter in Montreal that provides services exclusively to Indigenous women and their children, offering up to a three-month stay. Recently, the NWSM completed Miyoskamin – a 23-unit, second-stage transitional housing program that provides affordable, accessible, safe housing to Indigenous women and their children. Women who live in *Miyoskamin* can stay for three to five years in their own subsidized apartment while having access to supports, services and community.

Part of these services provided to Miyoskamin residents is the Saralikitaaq Community Social Pediatric Centre. Saralikitaaq is housed at Miyoskamin and is built on the Dr. Julien Foundation principles that focuses on the needs, interests and fundamental rights of children in vulnerable circumstances. Based on empowerment and meaningful participation of the child and engagement of the family, Saralikitaaq provides a wholistic complement of culturally anchored programs, services and supports, including:

- Health assessment and regular monitoring of child's overall health
- Psychosocial and educational support related to developmental milestones
- Legal support and advocacy
- Coordination with other support systems (e.g., family, school, community organizations)
- Direct access and referrals to specialists (e.g., speech pathologists, occupational therapists, art and music therapists, lawyers and mediators, traditional and cultural healing)

More information about the Native Women's Shelter of Montreal can be found at https://www.nwsm.info.

The Akwesasne Family Wellness Program

Community members in need of emergency shelter due to situations of violence can access the services of the Akwesasne Family Wellness Program, which offers a six-week residential or non-residential program for women, men and children experiencing or exposed to different forms of violence, a 24/7 support line, referrals, education and advocacy. More information on the program can be found at http://www.akwesasne.ca/dcss/afwp.

Frameworks, Tools and Indicators to Address Family Violence

Within Kahnawà:ke, there are a number of organizations currently collecting program data descriptive statistics related to violence, which could be useful for future analysis of this subdomain and for a further understanding of family violence within the context of the community.

For example, aggregate service-based data could be used to track trends of sexual or domestic violence. Statistics related to call type are also collected by the Kahnawà:ke Fire Brigade and Ambulance related to assault. The Peacekeepers also keep statistics related to assault, with specific breakdowns in type of assault, including bodily harm/weapon, sexual assault and simple assault. Repeating the Regional Health Survey can also provide some updated information on the experience of some types of violence.

However, this data may only capture a limited view of the issue and do not facilitate understandings about the full context of family violence, such as the identification of risk factors or any kind of real-time analysis. Additionally, it is extremely important to note that collection of this type of data is sensitive and would require rigorous processes to ensure anonymity in data collection and dissemination. Thus, more work would need to be done to develop meaningful and useful indicators that accurately track pertinent information and indicators for this subdomain.

In addition to data collected within Kahnawà:ke, a number of national frameworks have been developed that could inform CWP work related to family violence. For example, the Raising Canada report from the O'Brien Institute for Public Health, University of Calgary (Children First Canada 2020), reported on family violence, suggesting a number of key indicators that could be used to better understand the state of this issue, including:

- Children who are victims of abuse by a family member
- Hospitalizations of children due to assault
- Exposure to intimate partner violence

Additionally, the National Collaborating Centre for Indigenous Health (NCCIH) published a discussion paper titled "**Communities and Family Violence: Changing the Conversation**," that provides an analysis of Indigenous family violence discourses over the years from Canadian literature on family violence in Indigenous communities between 2000-2015. Although this paper does not identify indicators, it does provide a fulsome framework rooted in evidence that can be used to define, frame and contextualize

violence – work from which indicators can be developed for the community. For example, the document discussed how Indigenous family violence is currently framed in the literature, its causes, the implications of silence and hiding violence, and the effects on family; it provides a number of suggested strategies (Holmes, C. and Hunt, S. 2017).

Suggested strategies for addressing violence, from the NCCIH's Communities and Family Violence: Changing the Conversation Report

This discussion paper explores a number of strategies specific to Indigenous contexts. In particular, it outlines the need for solutions that emphasize community leadership, land-based cultural practices, individual and collective healing, fostering resiliency, and individual agency. It also identifies the importance of the revitalization of Indigenous gender roles and a fundamental element of strategies aimed at violence prevention. Finally, a number of community intervention and response models are outlined that identify the important role of Elders and the benefit of extended family involvement in therapy. (Holmes, C. and Hunt, S. 2017)

Since intimate partner violence (IPV) is a different type of family violence with unique characteristics, a number of evidence-based risk assessment instruments have been developed to aid in determining the best course of action by estimating, identifying, qualifying or quantifying risk in this area. Some of the most-used risk assessment instruments used in Canada to predict IPV and lethality include:

- Spousal Assault Risk Assessment (SARA)
- Violence Risk Appraisal Guide (VRAG)
- Danger Assessment (DA)

However, there are **no validated IPV risk instruments that reflect the unique life and cultural experiences of First Nations people currently in use in Canada.** Thus, there is a need to develop risk assessment and danger assessment tools that are culturally safe and relevant and that are normed upon the experiences and voices of people and experts in the field (Chiefs of Ontario 2023). While this work may be in its infancy, it is extremely important to be able to fully understand and address this priority issue.

Addressing Lateral Violence

Lateral violence is violence that is directed towards other people in the same group that have historically been oppressed. Also referred to as internalized colonialism or horizontal violence, lateral violence in Indigenous communities has been described in the literature as a part of a larger cycle of hurt that has roots in colonization, trauma, racism and discrimination (We r native 2012; Native Women's Association of Canada (NWAC) 2011; First Nations Health Authority 2021).

Lateral violence can be expressed in many ways, including verbal and physical assaults, bullying, threatening or intimidating behaviour, passive aggressive behaviours, blaming, shaming, attempts to socially isolate others, demeaning activities and gossip (First Nations Health Authority 2021; Native Women's Association of Canada (NWAC) 2011).

The effects of lateral violence are seen to have numerous impacts on the health and well-being of Kahnawa'kehró:non. Lateral violence has been linked to decreased mental health well-being, decreased self-confidence, decreased motivation, and decreased desire to contribute to the community (Native Women's Association of Canada (NWAC) 2011; Public Health Agency of Canada 2021).

"... in high school, I got bullied. I went through a depression, you know what I mean? It got really bad and eventually I got out of it. I'm good now, but when I was in there, I was scared that those guys were always bullying me. And you know, they bullied other kids, too, in the school as well."

CWP engagement in a youth focus group

"Well, basically, as you can see, there's a lot of lateral violence with our people."

CWP public focus group

Many community focus groups and interviews throughout the CWP engagement process in 2023 identified lateral violence as a prominent issue having negative effects on the health and well-being of the community. For example, one respondent spoke to the magnitude of bullying over social media, referring to it as "the attack on social media," while another in a different focus group echoed, "social media is tearing people apart."

Physical bullying was also identified as a type of lateral violence in Kahnawà:ke. As one individual in a focus group stated, "some of the bullying that you're seeing, some of the impacts on young girls and boys is unacceptable." Another participant stated, "My son played on a higher-level hockey team and he was bullied by three boys." In a separate focus group, a participant also pointed to the fact that bullying is happening not just among

children and youth, but also among adults: “there is some bullying and it’s happening. It’s not just schoolchildren.”

In Kahnawà:ke, responses to lateral violence have been or are currently addressed through various program and services, including within the KSCS Violence Prevention Project, The Whitehouse’s violence prevention programming, the Community Violence Prevention Task Force/Working Group, and psychological services offered by the Family Wellness Centre. However, there is a notable absence of organizations dedicated exclusively to formal initiatives targeting lateral violence.

Feedback from CWP community engagement also underscores the need for improvement in the area of violence prevention. Thus, enhancing and expanding existing programs and services to specifically address lateral violence initiatives could be a valuable endeavour in response to community needs.

Frameworks, Tools and Indicators for Addressing Lateral Violence

In Kahnawà:ke, there are a number of indicators that could be used to better understand some aspects of lateral violence. For example, *Onkwaná Our Health, Onkwaná Our Community* Portrait 2023 provides comprehensive data that could be used as indicators to better understand lateral violence within the community, such as:

- % of children and youths who experienced bullying in the last year
- % of adults who experienced verbal aggression in the last 12 months
- % of adults who have experienced physical aggression in the last 12 months at home, work or school
- % of youths and adults who reported experiencing cyberbullying in the last year

Currently, there are **no national frameworks that focus specifically on lateral violence**; however, some of the literature related to violence within Indigenous communities could be leveraged to inform further work in this area for the CWP.

Addressing Sexual Violence

Sexual violence is another type of violence characterized by forced sexual activity, attempted forced sexual activity, unwanted sexual touching, grabbing, kissing or fondling, or sexual relations without being able to give consent (Statistics Canada 2019). This may be perpetrated by either intimate partners or those other than intimate partners, such as acquaintances, friends, family members, coworkers, strangers, people in positions of authority or power, and others (Statistics Canada 2019).

Sexual violence is a serious problem in Canada. According to data from the Survey of Safety in Public and Private Spaces 2018 (SSPPS), Indigenous women are overrepresented as victims of violence, with more than 6 in 10 (63%) Indigenous women having experienced physical or sexual violence in their lifetime compared with non-Indigenous women (45%) (Statistics Canada 2018).

Unfortunately, this is also an issue in Kahnawà:ke. For example, an individual during a CWP focus group spoke about an incident of sexual assault in school (the quotes have not been included here, due to the highly sensitive and difficult nature of what was disclosed). Although this incident was reported, it should be noted that many times, incidences of sexual violence and other types of violence are not reported – contributing to the lack of data. Thus, this highlights the fact that violence statistics do not take into consideration that a large proportion is not reported to authorities.

For Indigenous women, the issue of reporting is complex and may be largely impacted by the lack of trustworthiness of and mistrust in police and criminal justice systems (Statistics Canada 2019). In particular, a history of colonialization and ongoing structural and systemic racism negatively impacts trust in and relations with authorities in Canada. In addition, Indigenous women may face unique barriers to reporting experiences of violence or seeking help, including a lack of access to culturally anchored resources, inaccessibility of support services, a general distrust of law enforcement, and perceived lack of confidentiality in the justice system (Truth and Reconciliation Commission of Canada 2015).

Thus, there are many interrelated factors that must be considered in the development of CWP initiatives that focus on sexual violence. As with other types of violence, this subdomain must be more fulsomely understood within the context of Kahnawà:ke to ensure initiatives are carefully developed. This topic has many sensitivities, so particular attention must be given to ensure the needs of the community are met.

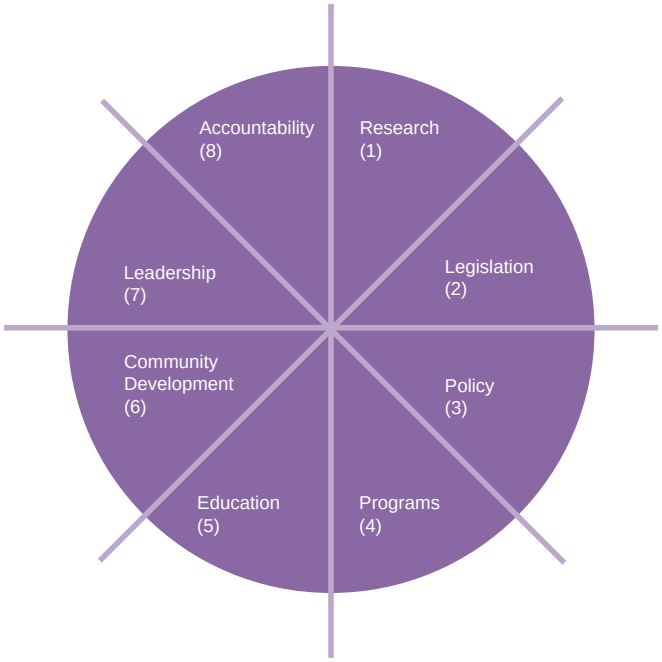
Frameworks, Tools and Indicators for Addressing Sexual Violence

In Kahnawà:ke, there is work to be done to further develop programs and services that address the issue of sexual assault. While some organizations may address some aspects, currently there are no formal indicators to measure the incidence or impact of sexual violence within Kahnawà:ke. However, these initiatives could be built upon; for example, the Kahnawà:ke Sexual Assault Plan. This plan, which entailed developing a multidisciplinary sexual assault committee and terms of reference that acknowledges all those affected by sexual violence, could be used to inform further work within this subdomain.

Nationally, the Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres developed a **Strategic Framework to End Violence Against Aboriginal Women**. Published in 2007, it outlines a number of foundational principles and a flexible framework to guide strategies across a continuum of interventions and approaches to end violence (Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007).

Developed to include strategic directions, goals and actions, this framework could be used to guide work in this area within Kahnawà:ke. Additionally, due to the interrelated nature of the subdomains within the Building Peace by Addressing Violence domain, sexual assault could be addressed within organizations that are involved in violence prevention and peace-building work.

A Strategic Framework to End Violence Against Aboriginal Women *(Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007)*



A Strategic Framework to End Violence Against Aboriginal Women *(Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007)*	
Areas for Change: Issues Framework	**Foundational Principles (in summary)** 1. Violence against Aboriginal women must end. 2. All people affected by violence need specific supports. 3. Violence should be addressed in context-specific ways 4. Violence against Aboriginal women is rooted in systemic discrimination and should be viewed within this lens. 5. A social/health determinants model must be applied. 6. Flexible, evolving and ongoing efforts must ensure government and Aboriginal community co-ordination and collaboration. 7. All activities must be directed, designed, implemented and controlled by Aboriginal women. 8. Recognition and implementation of a framework will involve changes in research, legislation, policy, programs, education, community development, leadership, and accountability. 9. Gender-based analysis must underlie all work involved with this strategy. 10. The capacity of Aboriginal communities and governments to respond to violent crimes committed against Aboriginal women must be strengthened. 11. All perpetrators of violence must be held accountable and are offered culturally based healing programmes to prevent future incidents.

Addressing Racism

Racism is a social injustice based on falsely constructed but deeply embedded assumptions about people and leads to discrimination against certain people or groups. This could be based on socially constructed categories of gender, disability, ability, sexual orientation, class and age (Loppie, S. et. al 2019; Loppie, S. and Reading, C. 2019). Racism can be experienced on an individual level but also includes structural racism, which can be found in justice, school and health care systems, among others.

First Nations people and communities experience racism and exclusion both on a systemic level and on an individual level. Systemic racism are the mechanisms for many colonialist practices and policies: among them exclusion, forced relocation, restrictions on following a traditional way of life, human rights violations, forced confinement, the partnership between the Church and Canada to create and maintain residential and day school systems, and present-day legislation that underfunds and violates the human rights of First Nations peoples. The experience of colonialism is a fundamental determinant to consider when understanding a complex issue such as racism. This is discussed in further detail in the Social Determinants of Indigenous Health, Equity and Inclusion chapter.

Within Kahnawà:ke, racism was identified as a priority issue that needs to be addressed as indicated by community-level data, as well as through the CWP community consultation process. The Regional Health Survey data show that there are important community concerns about violence and racism and that a considerable number of people experienced racism both in and outside of the community. Specifically, 25% of Kahnawa'kehró:non adults reporting having had a personal experience of racism within the last year, which is similar for First Nations across Canada (24.2%). Among adults who had experienced racism in the last year, more than 8 out of 10 (83%) experienced it outside of Kahnawà:ke (Onkwata'karitáhtshera 2023).

Within the literature, the link between racism and health and wellness is well documented. Experiences of racism can include direct lack of access and poor service provision or can lead to negative psychologic reactions, reduction in personal self-esteem, feelings of victimization, and stress levels that link both directly and indirectly to someone's state of mental wellness and mental illness. Thus, it is an important determinant to consider as having an impact on health, wellness and well-being in the context of Kahnawà:ke.

Frameworks, Tools and Indicators

Within Kahnawà:ke, community organizations are consistently addressing the issue of racism through their core work, whether is it providing cultural safety training to their own staff or dispelling stereotypes and prejudices by representing the community to external agencies. However, it is clear that far more is needed to address racism outside of the community at various levels. It is of critical importance for each organization and level of government to acknowledge systemic or structural racism, take responsibility for stopping perpetuating racism, and addressing racism by staff and through organizational policies and practices. This is an issue that has been identified as a subdomain for the CWP; it could be developed in collaboration with organizations that are currently involved in peace-building and violence prevention work. Addressing racism cannot be done only by community members – all parties with power or a role in the health and social services systems need to participate.

A growing body of literature is exploring racism and its effects, particularly on health and well-being. For example, the NCCIH has released a series of three fact sheets that discuss racism against Indigenous people and its impacts (Loppie, S. and Reading, C. 2019).

Figure 43: National Collaborating Centre for Indigenous Health: Racism Fact Sheets (Loppie, S. and Reading, C. 2019.

Considerations for Strategies to Build Peace and Address Violence

The complexity of violence – its various types, forms and causes, along with the interrelationships with the various SDIH – highlights the need for wholistic, culturally anchored, community-driven approaches to preventing and addressing violence within Kahnawà:ke.

While additional data will be useful to help fully understand and address violence in the community, there are challenges related to privacy, security and cultural safety in collecting accurate, wholistic and comprehensive data in this domain.

Existing literature highlights some features of violence strategies considered as promising practices or “wise practices” (Holmes, C. and Hunt, S. 2017):

- **Culturally relevant/anchored and community-based:** Indigenous communities must be involved in defining the problem and context, determining how best to address the issue and devising interventions, which also is critical because it builds community skills and capacity
- **Flexible and wholistic:** strategies need to address the broad SDIH factors through a strengths-based approach with a focus on lifting the collective morale of Indigenous people
- **Multisectoral involvement:** partnerships can help capitalize on the strengths, resources and capacity of multiple organizations and sectors. Partnerships should be founded on honesty, reciprocity, respect, trust and commitment to social justice
- **Life course perspective:** recognizing the impacts of family violence can accumulate over time, efforts must also be made to reduce child maltreatment and its negative effects, as well as resolve manifestations of trauma and loss of self-worth and identity
- **Multifaceted and multidimensional:** a wide array of intervention and prevention initiatives at multiple levels should be done

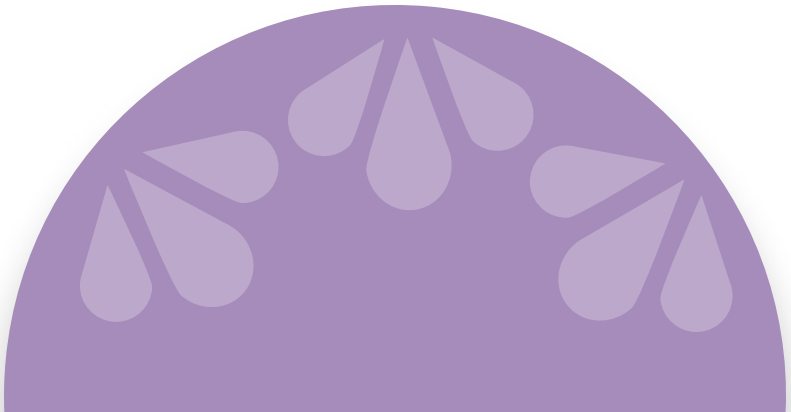
Violence-reduction strategies should be informed and guided by the six key principles to inform future Indigenous family violence initiatives outlined in the National Collaborating Centre for Indigenous Health report *Indigenous Communities and Family Violence: Changing the Conversation* (Holmes, C. and Hunt, S. 2017). These key principles have been identified as foundational to the work being done in both formal anti-violence literature and at the grassroots level as essential to bring about meaningful change in the way family violence is understood and addressed in Indigenous communities.

NCCIH six principles to inform future Indigenous family violence initiatives, emphasizing self-determination and decolonization

1. Recognition of ongoing colonialism and dispossession
2. Locating risk within colonial systems
3. Fostering self-determination of individuals, families and communities
4. Indigenous gender-based analysis
5. Localized solutions
6. Kinship systems as integral to Indigenous law

Source: (Holmes, C. and Hunt, S. 2017)

Future strategies to address violence in Kahnawà:ke should focus on enhancing and expanding existing programs while ensuring they are firmly rooted in the community's cultural context. Strategies to reduce violence must acknowledge historical impacts and consider not only individuals but also the familial and communal context of the community. This type of work must involve multisectoral, interagency collaboration in order to be effective. Finally, the systematic collection and analysis of data will be useful in monitoring progress, identifying trends, and informing ongoing and future interventions.



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11. Introduction to the Social Determinants of Indigenous Health, Equity and Inclusion Domains

11. Introduction to the Social Determinants of Indigenous Health, Equity and Inclusion Domains

Highlights

- **The Social Determinants of Health (SDH)** are recognized as key factors that go beyond individual lifestyle choices and genetic predispositions to encompass broader social, economic, cultural and environmental influences. However, research has shown that Indigenous people's health and wellness are strongly affected by a much broader range of factors, which relate to deeply entrenched historical, social and systemic injustices and inequities.
- **The Social Determinants of Health (SDH)** highlight the importance of acknowledging and addressing these social factors to achieve community wellness, equity and empowerment. The SDIH are now recognized by key international frameworks such as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and national reconciliation efforts such as the Truth and Reconciliation Commission of Canada's Calls to Action.
- The Kahnawà:ke Community Wellness Plan (CWP) explicitly integrates four important **SDIH, Equity and Inclusion**–related domains. These domains form a foundational frame of reference from which the entire CWP framework should be operationalized.
- Key SDIH models, conceptual frameworks, strategies and indicators are comprehensively described, including The Integrated Life Course and Social Determinants Model of Aboriginal Health, the Seven Directions Indigenous Social Determinants of Health (ISDOH) framework, and the 10-Year First Nations Health Council's (FNHC) Social Determinants of Health Strategy.
- This Social Determinants of Indigenous Health, Equity and Inclusion section of the CWP report is comprised of five chapters, providing a comprehensive overview, frameworks, indicators and tools for the following domains:
    - Environmental Stewardship, Land and Food Sovereignty
    - Trauma, Resilience, Healing and Empowerment
    - Wellness of Individuals with Special Needs and Caregivers
- Socioeconomic Determinants: Housing, Poverty and Income Insecurity

“Discourse about the social determinants of Indigenous health is not new. In fact, among Indigenous Peoples, it is centuries old. Since the early days of colonialism, Indigenous Peoples have been proclaiming the health harming effects of oppressive political, economic, and social structures and systems. During the past 25 years, national and international initiatives such as the Royal Commission on Aboriginal Peoples (Canadian Institute for Health Information [CIHI], 2004), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations, 2018), and the Truth and Reconciliation Commission (TRC) of Canada (TRC, 2015a) have confirmed these assertions and espoused Indigenous self-determination and equity as vital pathways to wellness.”

Understanding Indigenous Health Inequalities through a Social Determinants Model, National Collaborating Centre for Indigenous Health. p. 10 (Loppie, C. and Wien, F. 2022)

Background and Context

The World Health Organization (WHO) defines social determinants of health as follows:

"The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. Examples of the social determinants of health, which can influence health equity in positive and negative ways [include]: income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable health services of decent quality" (World Health Organization (World Health Organization 2024).

Indigenous peoples' health is clearly influenced and differentially impacted by a much broader range of environments, circumstances, mechanisms and relationships than those stated above by the WHO (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009). The social determinants of Indigenous health are factors and conditions that shape the health, wellness and well-being of Indigenous populations that go beyond individual lifestyle choices and genetic predispositions to encompass broader social, economic, cultural and environmental influences (Figure 17, pg. 79). Specifically, the wholistic physical, emotional, mental and spiritual health dimensions of Indigenous people are strongly affected by deeply entrenched historical systemic injustices and inequities (Reading, C. and Wien, F. 2009). This can be imagined as a "web of being," a spider's web of different influences that are closer to the family and individual, and further away, but are connected and create a structure together.

The social determinants of health, of inequities and of inclusion are strongly interconnected. Determinants like socioeconomic status, education, employment and access to health care influence the distribution of resources and opportunities, leading to health inequities among different population groups. Addressing the social determinants of health through inclusive policies and practices can lead to more equitable health outcomes by reducing systemic barriers that contribute to health disparities. Thus, this approach recognizes that attained equity requires actions and initiatives that extend beyond the health care system to include social, economic and environmental barriers (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009; Greenwood, M. and de Leeuw, S. 2012). This understanding shows us that the social determinants of Indigenous health are complex; therefore, comprehensive approaches to address these multifaceted issues are needed to improve health outcomes and achieve health equity for Indigenous populations.

The CWP's wholistic view of health and wellness, which encompasses physical, mental, emotional, cultural and spiritual domains, uses an SDIH framework. By recognizing and integrating SDIH in the CWP framework, our health and social policies and initiatives become more effective and sustainable.

Social Determinants of Indigenous Health, Equity and Inclusion Domains in the CWP Framework

This CWP framework therefore integrates a group of four social determinants of Indigenous health, equity and inclusion domains. These domains form a fundamental frame of reference through which the entire CWP framework must be understood, assessed and addressed. It aligns with, reaffirms and supports existing SDIH, equity and inclusion–related work and initiatives in the community.

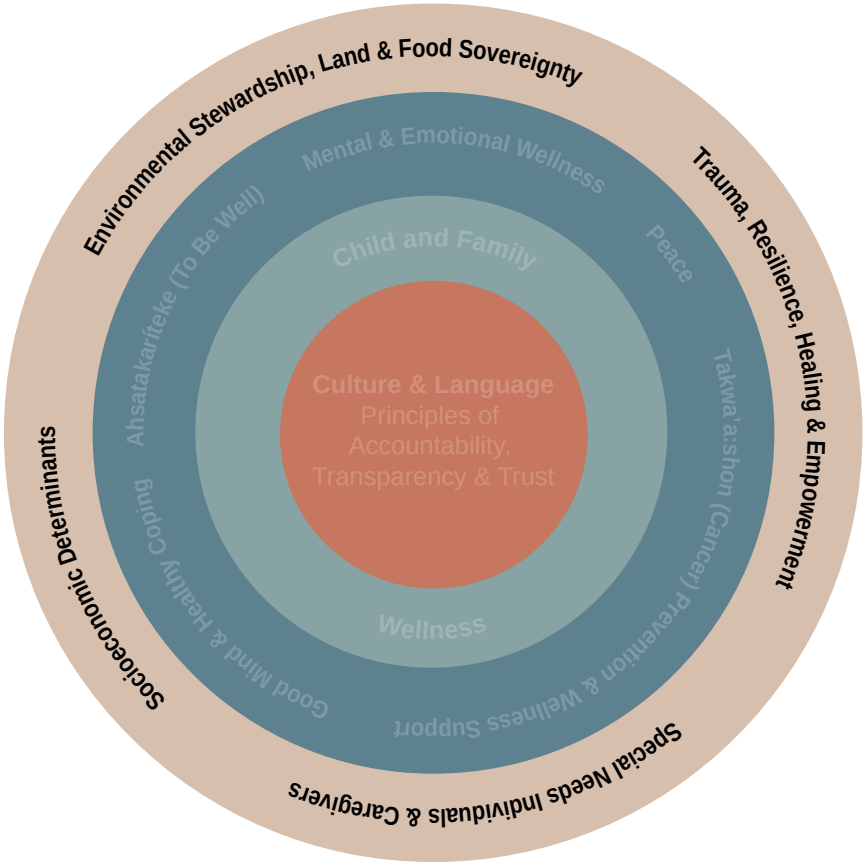

Figure 44: CWP Framework with Social Determinants of Indigenous Health, Equity and Inclusion highlighted

The relevance of the SDIH extends beyond identifying the causes of health disparities; it is also about recognizing the strengths, resilience and agency of the community. By leveraging traditional knowledge, practices and systems of support within the community, health and wellness–related programs and initiatives become more empowering and effective.

The concept of SDIH is therefore not only a framework for understanding health disparities and illness and disease burden, but also a pathway to achieving health equity and enabling community wellness. It emphasizes the importance of a wholistic, culturally anchored, community-driven approach to health and wellness in Indigenous communities.

> *"It's not just financial literacy that will get you out of poverty … you cannot buy the home. Adding to that difficulty finding housing, we don't have much of a rental market here. It's pretty expensive, like 150% of a mortgage to rent. You won't be able to afford to build or to buy at that rate … so how much of that is public policy? How much of that is targeted support? How much of that is education and training, with the thought that maybe you just need to learn how to do something [different] to make things a little bit better? But we need to work towards identifying what those barriers are and removing them or whatever supports them."*
>
> CWP engagement

The Historical and Policy Context of Social Determinants of Indigenous Health

The historical and policy context surrounding the SDIH can be further understood through the devastating impacts of colonization and colonialism. This is acknowledged in various key frameworks aimed at addressing these impacts through an SDIH lens. Most notably, the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations 2021) and national reconciliation efforts for the Indian Residential Schools system, such as the Truth and Reconciliation Commission of Canada's Calls to Action (Truth and Reconciliation of Canada 2015), play a pivotal role in acknowledging injustices and recognizing and addressing the SDIH.

Understanding the context of SDIH in Canadian Indigenous peoples requires examining the injustice and deleterious impact of colonization and colonialism and unjust laws such as the 1867 Indian Act (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009

> *"As a powerful root determinant of health, the colonization of what is now known as Canada cannot be overstated. The imposition of foreign cultures, governance structures, and ideologies profoundly reshaped the lives of Indigenous Peoples. It is important to note that colonization is not a singular, historical event, but a persistent and complex constellation of intersecting environments, systems, and processes intended to entrench social, political, and economic determinants that benefit white settler societies, often to the detriment of Indigenous lands, waters, cultures, communities, families, and individuals."*
>
> Understanding Indigenous Health Inequities through a Social Determinants Model (Loppie, C. and Wien, F. 2022)

Health Inequalities and Social Determinants of Aboriginal People's Health (NCCAH. Colonization and colonialism disrupted Indigenous ways of life, leading to significant social and economic disadvantages that have strongly impacted Indigenous communities' health and wellness. The imposition of colonial systems resulted in the loss of land, erosion of cultural identities and languages, and breakdown of traditional social structures, which are fundamental determinants of health. In the chapter of this report that introduced the CWP Framework, we referred to the roots, core and stems of the tree of social determinants of Indigenous peoples' health created by Dr. Charlotte Loppie and Dr. Fred Wien at the NCCIH. They frame the

following aspects related to colonization and colonialism's ideologies as root determinants of SDIH (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009).

- Indian residential school system
- White supremacy
- Religion
- Patriarchy
- Individualism
- Colonial governance, state laws, policies, and legislation (e.g., 1867 Indian Act)
- Reserves and settlements
- Capitalism

To bring us closer to the Haudenosaunee-specific social determinants of health, we refer to a webinar entitled "A Haudenosaunee Perspective on Historical Trauma: A Journey Through the History – From Creation to Residential Schools to Missing and Murdered Indigenous Women and Girls." Michelle D. Schenandoah described the systematic dismantling of Indigenous families and the historical and ongoing impact of that on communities today (Schenandoah, M. and Barnes, A. 2021).

The webinar provided detailed insights into the impact of colonization and cultural disruption on Indigenous communities, with a particular focus on the Haudenosaunee's matrilineal society. It highlighted how European colonization, wars and the residential school system have led to significant loss and trauma, disrupting traditional governance and societal structures. A connection between this historical trauma and contemporary issues, such as the high rates of violence against Indigenous women and girls, underlines the ongoing challenges due to past injustices. It emphasized the need for awareness, recognition of Indigenous rights and histories, and actions to address these enduring issues. Short quotes are provided below to illustrate:

Short excerpts from the webinar **"A Haudenosaunee Perspective on Historical Trauma: A Journey Through the History – From Creation to Residential Schools to Missing and Murdered Indigenous Women and Girls"** (Schenandoah, M. and Barnes, A. 2021)

- *"As Haudenosaunee people we share a collective story."*
- *"This is about the elimination of Indigenous culture and lifeways."*
- *"Women are in charge of the lands and we have a relationship to water, the conduit for bringing life."*
- *"The Indian Act ... sought to assimilate Indian people into settler society."*
- *"We are all given a number. One on the Canadian side and one on the American side."*

Social Determinants of Indigenous Health within the International Policy Landscape

The SDIH are also recognized and addressed in international frameworks like UNDRIP, and national reconciliation efforts such as the Truth and Reconciliation Commission of Canada's Calls to Action (Truth and Reconciliation of Canada 2015; United Nations 2021).

UN Declaration on the Rights of Indigenous Peoples

UNDRIP, adopted in 2007 by the United Nations General Assembly, stands as a crucial international instrument that upholds the individual and collective rights of Indigenous peoples, encompassing aspects like culture, identity, language, employment, health and education (United Nations 2021). The report underscores UNDRIP's significant role in affirming the rights of Indigenous communities to fortify their distinct political, legal, economic, social and cultural institutions, thereby emphasizing their right to self-determination and autonomy (United Nations 2021).

This emphasis is particularly pertinent to the social determinants of Indigenous health, as it advocates for the integration of traditional knowledge and practices into health and social policies, thereby empowering Indigenous communities to manage their own health systems, programs and services. Aligning health policies with UNDRIP principles represents a concerted effort to address the social determinants of Indigenous health effectively, highlighting the importance of Indigenous governance, land rights and cultural preservation. These factors are pivotal in enhancing health outcomes and ensuring that the development of Indigenous communities is in accordance with their own needs and aspirations.

Truth and Reconciliation Commission of Canada Calls to Action and the Indian Residential Schools Settlement Agreement

> *"Indigenous populations in Canada have experienced social, economic, and political disadvantages through colonialism. The policies implemented to assimilate Aboriginal peoples have dissolved cultural continuity and unfavorably shaped their health outcomes. As a result, indigenous Canadians face health inequities such as chronic illness, food insecurity, and mental health crises.*
>
> *In 2015, the Canadian government affirmed their responsibility for indigenous inequalities following a historic report by the Truth and Reconciliation Commission of Canada. It has outlined intergenerational trauma imposed upon Aboriginals through decades of systemic discrimination in the form of the Residential School System and the Indian Act. As these policies have crossed multiple lifespans and generations, societal conceptualization of indigenous health inequities must include social determinants of health intersecting with the life course approach to health development to fully capture the causes of intergenerational maintenance of poor health outcomes."*
>
> Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System (Kim 2019)

The TRC Calls to Action and SDIH

The social determinants of Indigenous health have emerged as a major priority for national policy following the **Truth and Reconciliation Commission (TRC)'s Final Report and Calls to Action** (Truth and Reconciliation Commission of Canada 2015). These developments require increased investment in Indigenous children and families, as well as a focus on reducing inequities (Truth and Reconciliation Commission of Canada 2015). As part of the Indian Residential Schools Settlement Agreement in 2007, the TRC was set up. The Commission documented residential school experiences and worked towards reconciliation among former students, their families, their communities and all Canadians.

The TRC 94 Calls to Action and their connection to the social determinants of Indigenous health represent a pivotal shift in acknowledging and addressing the historical and ongoing impacts of colonialism on Indigenous health and well-being. For example, the Calls to Action highlighted below emphasize the importance of language and culture and health in the journey towards healing and reconciliation.

- **Language and Culture (TRC Calls 13 and 14):** These Calls highlight the importance and value of Indigenous languages, urging the preservation of these languages as a right under Treaties. It calls for a federal Aboriginal Languages Act and funding for language revitalization, emphasizing that Indigenous communities should lead their language and cultural preservation efforts, which are vital for Indigenous health, wellness and identity.
- **Health (TRC Calls 18-24):** Calls 18 to 24 focus directly on health, urging federal, provincial, territorial and Indigenous governments to acknowledge the current state of Indigenous health as a direct result of past government policies, including residential schools. They call for the recognition and implementation of [Indigenous] health care rights as per international law, constitutional law and Treaties. These Calls to Action demand the establishment of measurable goals to close health outcome gaps between Indigenous and non-Indigenous communities, with a focus on a wide range of health indicators. They call for sustainable funding for Indigenous healing centres to address the harms caused by residential schools. Recognizing the value of Indigenous healing practices and integrating them with conventional treatments, increasing the number of Indigenous health care professionals, and ensuring cultural competency training for all health care providers are further aspects that are key to these Calls to Action. Additionally, the inclusion of courses on Indigenous health issues in medical and nursing schools is advocated, focusing on Indian residential schools history, UNDRIP, Treaties and Indigenous rights.

These policies emphasize the importance of models and approaches reflecting values and principles that Indigenous people deem essential for nurturing healthy, happy and resilient Onkwehón:we families across the lifespan. They also emphasize that interventions in Indigenous child and family wellness should be comprehensive and cross-sectoral, guided and governed by the community to reflect their values and lived realities. These efforts should encompass Indigenous approaches to health and well-being and should aim to address all the SDIH, incorporating culture, traditions, language, values, and ways of knowing and learning.

Social Determinants of Indigenous Health Conceptual Models and Frameworks

The concept of social environments, systems, stressors and processes affecting our health is not new. For centuries, Indigenous peoples have been fighting the injustices and deleterious effects of colonization, colonialism and oppression. Over the past two decades, the academic and research fields have started to acknowledge this, and now several helpful models and frameworks of SDIH have been developed. They enable a deeper understanding of the complex mechanisms by which SDIH differentially influence and impact the physical, emotional, mental and spiritual dimensions of health among Indigenous children, youth and adults – and Indigenous communities at large. In the next section, we will revisit the **Integrated Life Course and Social Determinants Model of Indigenous Health** that was introduced in the Framework chapter.

The Integrated Life Course and Social Determinants Model of Indigenous Health

The **Integrated Life Course and Social Determinants Model of Indigenous Health** (Loppie, C. and Wien, F. 2022) is significant as it recognizes the unique and complex interplay of factors affecting Indigenous health, which conventional SDH models do not include. This model is also called the Social Determinants of Indigenous Peoples' Health model, or the Tree Metaphor. It helps us take an integrated approach to health and wellness policies and interventions that consider these determinants collectively and wholistically.

The model uses a life course approach that emphasizes that health outcomes are not only the result of recent behaviours or exposures but also reflect the cumulative effects of experiences and exposures throughout one's life. This approach recognizes that early life experiences can have a profound and lasting impact on health in later years. This model therefore offers particularly important insights into the impact of SDIH on children.

This model has been revised over the years and is the work of many collaborators. It was originally called the Integrated Life Course and Social Determinants Model of Aboriginal Health and was adapted by Dr. Margo Greenwood at the NCCIH from work by Gracey and King in 2009. The model conceptualizes three levels of determinants – proximal, intermediate and distal (Greenwood, M. and de Leeuw, S. 2012) adapted from (Gracey and King 2009) – which are described below.

- **Proximal determinants** include health behaviours, physical environments, employment and income, education and food security. These determinants have a more direct impact on physical, emotional, mental or spiritual health.
- **Intermediate determinants** include health care systems, educational systems, community infrastructure/resources/capacities, environmental stewardship and cultural continuity. Intermediate

determinants strongly influence and shape proximal determinants.
- **Distal determinants** include colonialism, racism and social exclusion, and self-determination. These have the most profound influence and impact on the health and wellness of populations, since they form the socioeconomic and political contexts shaping both the intermediate and proximal determinants.

The model was updated in a seminal 2022 report entitled *Understanding Indigenous Health Inequalities Through a Social Determinants Model.* The model's content and structure were updated using a **Tree Metaphor** (see figure 17, pg. 79) that provides a framework integrating diverse aspects of Indigenous health determinants, visualizing the complex interplay between various factors influencing health and wellness of Indigenous Peoples (Loppie, C. and Wien, F. 2022).

The Tree Metaphor acknowledges the rich diversity across Indigenous nations, cultures and traditions. The metaphor, inspired by the natural connection Indigenous cultures have with land and water, uses the familiar image of a tree to represent the complex, interrelated structures influencing health. Trees, symbolizing life and growth cycles, mirror how resources flow from foundational roots (ideological and political structures) through the trunk (core systems like education, health and social welfare) to the branches (stem determinants like education, employment and social supports). This flow illustrates the distribution of resources through various social, political and economic structures to individuals and communities.

The Tree Metaphor and Its Alignment with CWP Framework Domains

The 2023 CWP engagements and consultations, organizational documents and statistics validate the importance of recognizing and addressing the SDIH. Recall from the Framework chapter that the following SDIH domains were clearly identified as of particularly high priority to the community, mapped against the Tree Metaphor's conceptual model, below:

Level of Social Determinant of Indigenous Peoples' Health	Community Wellness Plan Domain
Stem Determinants	Socioeconomic (Housing, Employment, Income and Poverty) Domain
Core Determinants	Environmental, Land and Food Sovereignty Domain Culture and Language Domain
Root Determinants	Trauma, Resilience, Healing and Empowerment Domain
Equity and Inclusion focus	Special Needs Individuals and Caregivers Domain

A focus on **equity and inclusion** is at the heart of the SDIH model; therefore, the Special Needs Individuals and Caregivers domain is considered as an integral domain that must be understood within the context of SDIH. This particular domain also aligns with the 2023 CHP Evaluation Report's recommendation that the new CWP should "expand upon 'Developmental Disabilities', to encompass broader special needs (i.e. beyond Attention Deficit Disorder, Autism, Asperger's and Down Syndrome)."

The SDIH domains of the CWP provide critical considerations through which all the domains need to be understood and addressed. The SDIH domains are the lens through which each of the CWP framework's domains should be viewed, understood, assessed and addressed. In other words, the SDIH, including language and culture, is the CWP's fundamental frame of reference.

Each of the above five CWP domains will be further described in the following chapters of the report, including relevant frameworks, indicators and assessment tools.

Potential SDIH Indicator Domains

The Tree Metaphor model provides insights into the development of SDIH indicators that reflect the various determinants and factors influencing Indigenous health and wellness (Loppie, C. and Wien, F. 2022). These indicators will be important to develop and validate, to be able to measure and assess progress relating to CWP activities and initiatives related to addressing SDIH throughout Kahnawà:ke. This will help Onkwata'karitáhtshera and the community plan and discuss which indicators are most helpful and possible to measure, and their governance (who would be responsible for measuring them and for those activities in general). See the Onkwata'karitáhtshera and Community Wellness Plan Governance chapter.

Key indicator domain examples aligned with NCCIH tree metaphor dimensions (Source: Loppie, C. and Wien, F. 2022)	
NCCIH Tree Metaphor dimensions	**Key indicator domain examples – NCCIH Tree Metaphor**
Health activities	• Prevalence of activities related to increased mortality and morbidity (e.g., smoking, lack of exercise, poor diet)
Geophysical environments	• Housing (e.g., % of people living in dwellings in need of major repairs, % people living in crowded housing) • Food insecurity • Unsafe water (e.g., contamination of water systems, drinking water advisories)
Employment and income	• Income disparities (e.g., annual earnings from employment, income characteristics) • Labour force status (e.g., employment rates)
Education	• Level of school completed (e.g., percentage of population [by Indigenous identity group] with a high school diploma)
Food insecurity	• % of population experiences moderate to severe food insecurity
Systems	• Child welfare system (e.g., children involved in the system) • Criminal justice system (e.g., overrepresentation of Indigenous people as victims and offenders) • Health care system (e.g., access and use of health care services, self-reported barriers to care) • School system (e.g., preschool program accessibility)
Community infrastructure, resources and capacities	• National Indigenous Economic Development Board (NIEDB) index (measure of economic success through the amalgamation of 12 indicators) • Natural resources (e.g., harvesting and land use) • Community infrastructure (e.g., buildings, schools, roads, amenities, water, waste management, safety [fire, ambulance])
Environmental stewardship	• Rights to traditional lands and land-based resources • Indigenous authority over ancestral lands and waters

Key indicator domain examples aligned with NCCIH tree metaphor dimensions (Source: Loppie, C. and Wien, F. 2022)	
Cultural resurgence	• Cultural revitalization • Intergenerational connectedness • Language revitalization
Colonial ideologies	• Systemic racism • Dispossession of lands • Loss of cultural practices (e.g., fishing and hunting) • Erosion of communal practices • Imposition of patriarchal norms
Colonial governance	• Assimilation and enfranchisement • Suppression of Indigenous governance • Barriers to political participation (political oppression) • Land appropriation
Indigenous self-determination	• Control over land and resources (e.g., land claim agreements, self-governance) • Revitalization of culture and language

Additional SDIH frameworks to Support the CWP

In addition to the key frameworks listed above, two additional key frameworks have been identified as particularly relevant and could be leveraged to inform and support future work in this CWP domain. These resources can be found in the Literature Review document that accompanies the CWP.

The Seven Directions draft Indigenous Social Determinants of Health (ISDOH) Framework: this draft framework represents a community-centred approach that reimagines public health through the lens of Indigenous values, knowledge and perspectives. The wholistic framework is designed not just as a theoretical model but to be used as a practical tool actively integrated into community work and health practices. It intertwines physical, mental, social and spiritual aspects of health and wellness, deeply rooted in Indigenous knowledge systems and values. At its core, the ISDOH Framework recognizes and seeks to address the unique challenges and strengths of Indigenous communities, offering a culturally grounded path to health and wellness (Seven Directions: A Centre for Indigenous Public Health 2019).

10-Year First Nations Health Council's (FNHC) Social Determinants of Health Strategy: this SDIH strategy provides direction on fostering healthy, self-determining communities through a shared vision and seven guiding directives with a focus on systemic changes in healing, cultural infrastructure, governance and funding. The FNHC proposes evaluation frameworks to track progress and implement strength-based health indicators and performance assessment (First Nations Health Council 2022).

Community Wellness Plan Social Determinants of Indigenous Health, Equity and Inclusion Domain Chapters

The CWP framework's integration of SDIH, equity and inclusion related domains represents a paradigm shift in the way Onkwata'karitáhtshera approaches community health and wellness planning. The CWP framework thereby strongly aligns with and builds upon key SDIH models and frameworks, such as the Integrated Life Course and Social Determinants Model of Indigenous Health and the SDIH Tree Metaphor.

It reaffirms and supports widespread existing community-based initiatives and work in Kahnawà:ke with a strong focus and emphasis on SDIH, equity and inclusion. Key examples of organizations and programs within Kahnawà:ke that have comprehensively integrated SDIH, equity and inclusion considerations into their programs and services include Step by Step Child and Family Centre, Kahnawà:ke Collective Impact, Jordan's Principle and Connecting Horizons, among others. Additionally, KMCH and KSCS work to address the complexities of these considerations into their service delivery models.

This SDIH, Equity and Inclusion section of the CWP report is comprised of the following four chapters:

- **Environmental Stewardship, Land and Food Sovereignty Domain**
- **Trauma, Resilience, Healing and Empowerment Domain**
- **Wellness of Individuals with Special Needs and Caregivers Domain** (Equity and Inclusion focus)
- **Socioeconomic Determinants Domain** (Housing, Poverty and Income Insecurity focus)

Each chapter provides comprehensive information and descriptions relating to CWP engagement findings, existing data, relevant conceptual models and frameworks, indicators and assessment tools.

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12. Environmental Stewardship, Land and Food Sovereignty Domain

12. Environmental Stewardship, Land and Food Sovereignty Domain

Highlights

- Environmental stewardship, land and food sovereignty are central to the health, wellness and sustainability of Kahnawà:ke, deeply embedded within the community's cultural heritage and worldview. This is clearly reflected through the Creation Story, the Great Law of Peace, the Thanksgiving Address and the Seven Generations Principle, forming a philosophical foundation for environmental stewardship.
- Environmental stewardship, land and food sovereignty are key social determinants of Indigenous health (SDIH) that have a fundamental role in the health and well-being of the community. These elements are conceptualized by the Integrated Life Course and Social Determinants Model of Aboriginal Health and the Seven Directions draft Indigenous Social Determinants of Health Framework.
- An "environmental stewardship-health nexus" is described, demonstrating a dynamic and positive relationship between environmental stewardship and positive health outcomes. This model highlights the intrinsic link between the health of the environment and the wellness of Indigenous communities, advocating for a wholistic, traditional and integrative approach to health promotion and sustainability practices.
- Climate change poses significant risks to Kahnawà:ke, with identified hazards including increased temperatures, altered precipitation patterns and extreme weather events – necessitating community-specific mitigation and adaptation actions.
- Kahnawà:ke's initiatives in environmental stewardship and climate change mitigation are highlighted, including global advocacy at forums like COP15 and local projects such as the Tekakwitha Island and Bay restoration, demonstrating a commitment to sustainable practices and traditional ecological knowledge.
- Land-Based Experiential Learning is both an innovative and a traditional approach that bridges culture, tradition, environmental stewardship and community wellness.
- Food sovereignty is pivotal for Kahnawà:ke's cultural integrity, health and environmental stewardship, with initiatives like community gardens, greenhouses, hydroponics, maple syrup and the Kahnawà:ke Food Forest project aiming to rejuvenate traditional agricultural and harvesting practices and deepen the community's connection to the land.

- The challenges of food security are framed within the context of food sovereignty initiatives in Kahnawà:ke. There is a need for increased local food production, traditional food practices and access to resources to ensure community health and well-being.
- Proposed food sovereignty indicators include access to resources, food production, trade, consumption, policy, community involvement and culture. These offer a framework for assessing and enhancing the community's food systems.
- Strengthening food sovereignty in Kahnawà:ke involves actions such as land reclamation, youth engagement, community collaborations, policy advocacy, and developing a shared vision for a sustainable and culturally vibrant food system.

Background and Context

> *"The link between cultural continuity and the mental health and wellbeing of Indigenous peoples demonstrates that ownership and management of environmental stewardship by Indigenous communities is central to achieving health and wellbeing benefits."*
>
> (Nikolakis, Gay, and Nygaard 2023)

Environmental stewardship, connection to the land and food sovereignty were identified in the Community Wellness Plan (CWP) engagement process as important priorities that are foundational to the health, wellness and sustainability of Kahnawà:ke.

Concepts related to the natural environment and land are deeply embedded within our worldviews and cultural heritage as Kahnawa'kehró:non (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020). At the heart of this interconnectedness lies a profound respect for the natural environment that is rooted in traditional teachings and embodied in daily practices. This wholistic approach recognizes the intimate relationship between people and the land, understanding that preserving the health of the environment is essential for ensuring food sovereignty, cultural continuity, and overall well-being for present and future generations.

Dancing in the PowWow was an opening. So I do not lose everything that I grew up with, with my traditional ways and teachings. Everything that we do is because we give thanks to all of Nature. So when we do PowWow, we dance for ourselves – we make sure we heal ourselves. If you're ill, we dance to heal ourselves. Then we dance for the family. We dance for people that are in a wheelchair, people that are sick – we try to heal them.

When you listen to the power of the drum, it's like your heartbeat. If you stand on the ground, it goes through you, it heals you. And then you dance for Nature, make sure you give thanks to Nature, because Nature is still doing its duties. The trees are still working as the Creator intended. Our Brother the Sun. Everything goes in a circle. It goes clockwise. And you dance for the people that have passed on, because life keeps going on. You give thanks to all of Nature. To water, to trees, to brother Sun, Grandmother Moon, the Stars, the Earth. Make sure everything continues.

But now, I do not like this, when they say it's climate change. It's not climate change. I'll give you a lesson. Nature is repairing itself. Why do you think all of these things are happening all over the world? Now look at what they're doing. The water is starting to get warm. Water temperatures are getting warm, they're going up. The water is healing itself, because the water is sick. There is mercury in the water - it doesn't sound like much, but why is there is a high incidence of cancer? Because of the water that we're drinking, the air that we're breathing. People just don't realize what they're doing. If you talk to your Elders, they'll tell you the same thing. Nature is healing itself, because we have done too much damage. We have damaged ourselves.

I feel bad for the babies born today: what do they have to live for? They don't know what's going on … The future generations, the young babies that are born today, they may be the ones that will promote peace in the world. The young ones don't listen to us Elders. They say, "Your ways are old." I say one day you will be sitting in our situation, and you will have to explain to your grandchildren what your roles and responsibilities are on this earth. If we don't have trees or water, we die. Everything has a purpose. Always honour them, the best way you know how."

CWP engagement with a Kahnawà:ke Elder, 2023

Environmental stewardship, land and food sovereignty are now widely recognized and defined as key **social determinants of Indigenous health** – as conceptualized by the **Integrated Life Course and Social Determinants Model of Aboriginal Health**, which is described in detail in the CWP Social Determinants of Indigenous Health chapter (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009).

A systematic review of the health and environmental stewardship literature, published in 2023, clearly demonstrated a positive and dynamic relationship between stewardship and health and provided compelling evidence regarding an "environmental stewardship-health nexus" (Nikolakis, Gay, and Nygaard 2023).

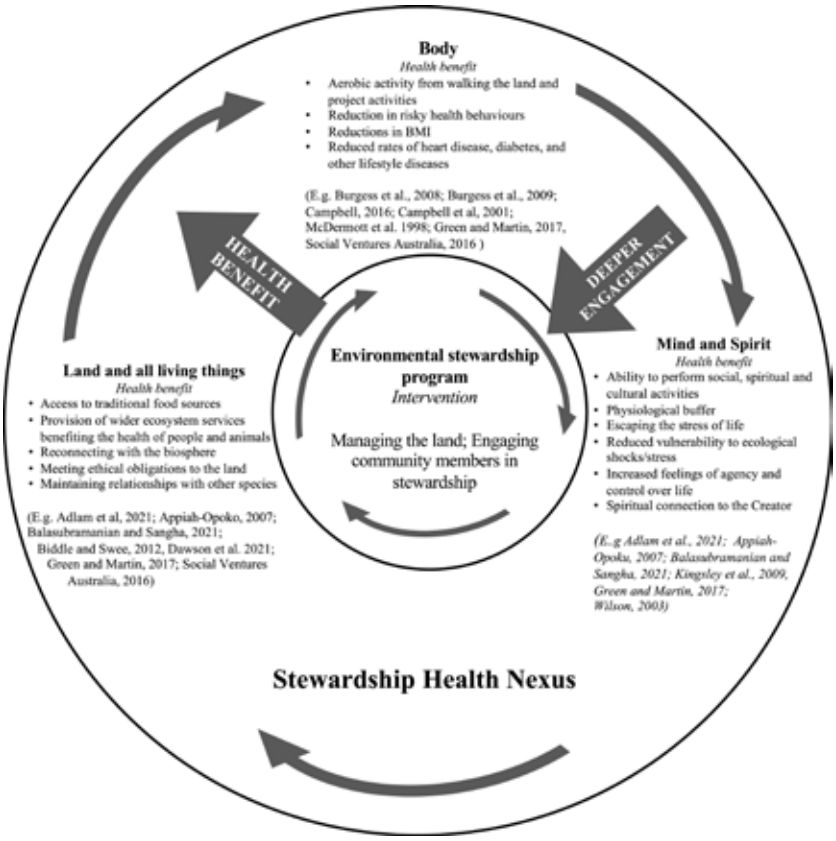

Figure 45: Environmental stewardship-health nexus cycle (Nikolakis, Gay, and Nygaard 2023)

> *"Environmental stewardship programs generate health benefits to the body, mind and spirit, and land and all living things. These broad health and wellbeing benefits are interrelated and strengthen each other in a virtuous cycle, reflecting an 'environmental stewardship-health nexus' among Indigenous peoples that generates positive health and wellbeing outcomes from the individual to collective scales, building resilient landscapes and communities that enable and deepen stewardship activities."*
>
> (Nikolakis, Gay, and Nygaard 2023)

The National Collaborating Centre for Indigenous Health also provides compelling evidence regarding the close links between connection to the land and the health and wellness of Indigenous communities, particularly from the strength of culture that grows from this connectivity (Parkes, M. 2011). The SDIH model enables an understanding that Indigenous health and wellness is "an embodiment of interrelationships that include land, water, culture and identity" (Greenwood, M. and de Leeuw, S. 2012). Therefore, it is important to rediscover the Ottawa Charter for Health Promotion's socioecological contextualization of health and to support Indigenous wholistic, traditional and integrative approaches to health, wellness and well-being that "view the ecosystem as a life source" rather than as a "natural resource to be exploited" (Parkes, M. 2011).

The CWP engagements in 2023 reaffirmed and validated the relevance and importance of the following subdomains:

- Environmental stewardship and climate change
- Connection to the land (with a focus on land-based experiential learning)
- Food sovereignty and food insecurity

Connections Between Kahnawa'kehró:non and the Natural Environment

Environmental stewardship is a policy priority of the Mohawk Council of Kahnawà:ke (MCK) that is defined in terms of "a responsibility as Kanien'kehá:ka to protect and preserve Mother Earth, to the best of our abilities to ensure that we have a clean and healthy environment for future generations."[17]

This policy priority reflects Kahnawà:ke's rich history and tradition in relation to environmental stewardship and connection to the natural environment, deeply rooted in the community's cultural heritage and worldview. The Creation Story, the Kaianerehkó:wa, the Seven Generations Principle and the Ohèn:ton Karihwatéhkwen are core principles of Kanien'kehá:ka philosophy and our approach towards environmental stewardship, especially in the face of climate change.

The Creation Story

Central to our worldview is the Creation Story. This narrative offers profound insight into Kahnawa'kehró:non beliefs, history and relationships with nature, reflecting deep interconnections with all living elements of the Earth. This story teaches that humans are not separate from nature but are an integral part of it, responsible for maintaining the balance and harmony of the natural world. This embodies a philosophy of life where each element supports and sustains the other, reflecting our community's reciprocal relationship with nature.

The Kaianerehkó:wa (Great Law of Peace): A Framework for Harmony

The Great Law of Peace (Kaianerehkó:wa) is an integral part of Kanien'kehá:ka philosophy, deeply influencing our approach to life and governance. It underscores principles of peace, respect and a good mind, fostering harmonious relationships not only among individuals but also between humanity and the natural world. This law serves as a comprehensive framework, guiding social, ceremonial, political and spiritual aspects of the community and advocating for a balanced coexistence with nature. Central to both personal and communal conduct, it instills a commitment to living in a manner that safeguards the land and water, thereby ensuring their preservation and respect for future generations.

17 http://www.Kahnawà:ke.com/org/docs/2021-11-19-COC-Political%20Priorities%202021-24.pdf

The Seven Generations Principle: Sustainable Decision-Making

The Seven Generations principle is based on a Haudenosaunee philosophy that decisions made today should result in a sustainable world seven generations into the future. This principle stands as a guide that profoundly influences decision-making, reflecting the community's commitment to sustainability and environmental stewardship, which are particularly important within the context of climate change. It instills a sense of responsibility towards future generations, ensuring that today's actions contribute to a world that is not only sustainable but thriving for those who will inherit it.

Within the context of environmental stewardship and climate change, the Seven Generations Principle takes on heightened significance, advocating for sustainable approaches. This principle shapes policies and community initiatives, steering towards eco-friendly infrastructure, renewable energy investments and conservation projects. It is woven into our cultural fabric, taught from a young age; it embeds a long-term perspective into our worldview. This principle underscores wholistic environmental stewardship, recognizing the far-reaching impact of current decisions on the ecosystem and the well-being of future inhabitants of the Earth. It encapsulates a legacy of respect, care and proactive guardianship of the planet, ensuring a sustainable and balanced coexistence with nature for generations to come.

The Ohèn:ton Karihwatéhkwen (Thanksgiving Address): Gratitude, Alignment and Connection with the Natural World

The Ohèn:ton Karihwatéhkwen, or Thanksgiving Address, revered as "The Words That Come Before All Else," is a vital daily practice for many of us, where gratitude is expressed for every aspect of the natural world. This address plays a crucial role in aligning our community's minds and hearts with nature and each other, recognizing the intricate interconnectedness and significance of all life forms within the ecosystem. In facing the challenges of climate change, this tradition serves as a poignant reminder of their responsibility to maintain and uphold the continuity of life cycles, ensuring the resilience and balance of the environment amid the rapid changes impacting the Earth. We also open this Community Wellness Plan with these words.

An Example of the Negative Impacts of Colonialism: The St. Lawrence Seaway

The development of the St. Lawrence Seaway has had major negative impacts for Kahnawa'kehró:non, as it severed our community's physical access to the river and caused damage to the cultural connection to the waters and the foods that sustained our community for generations. This resulted in Kahnawà:ke being cut off from traditional gathering places and resulted in lost access to fishing spots (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020).

> *"Kahnawà:ke means "the place on the rapids". A village of proud Kanien'kehá:ka (Mohawk) fishermen and skilled navigators of the rapids adjacent to our territory. Our skills on the water were highly sought after by both the French and English colonists. We knew how to read the currents, the wind, and the fishing spots."*
>
> Kahnawà:ke Environmental Protection Office Webpage

Many people in the community regarded fishing as a cultural activity of the past, but were afraid of eating fish from the river due to contamination concerns. Although several families still hold the knowledge of the river and keep the community's traditional fishing practices alive, the sociocultural impacts of the seaway were passed through the generations, and the effects can still be felt today. These changes have disrupted traditional practices and connections to the water, illustrating the profound effects that environmental alterations can have on cultural identity and practices (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020).

The development of the St. Lawrence Seaway also negatively impacted the land in Kahnawà:ke. Clay and riprap material from the seaway construction was placed onto the land, and the once beautiful islands were merged into one, resulting in a rocky and inhospitable environment, today known as Tekakwitha Island (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020). However, the community's commitment to maintaining its cultural connection to the water was exemplified through the establishment of the Onà:ke Paddling Club as a way for families to maintain some traditional activities on the water (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020).

Connection to Nature and Environmental Stewardship: A Framework for Wellness

Environmental stewardship and connection to nature in Kahnawà:ke are therefore deeply embedded in the history, philosophies, culture and traditions of our people. They form a cohesive framework through which we view and interact with our environment, emphasizing respect, empathy and sustainability. The challenges posed by climate change and environmental destruction due to colonization and colonialism have only reinforced the importance of these principles, guiding Kahnawa'kehró:non in efforts to continue stewardship of nature and its resources for future generations.

The "environmental stewardship-health nexus" model described earlier aligns with these findings and reaffirms the validity of environmental stewardship and land as important social determinants of Indigenous health (Nikolakis, Gay, and Nygaard 2023).

Climate Change within the Context of Kahnawà:ke: Hazards, Impacts and Vulnerabilities

A major focus of environmental stewardship activities in the community relates to climate change. The **Kahnawà:ke Climate Change Plan**, developed by the Kahnawà:ke Environment Protection Office (KEPO), provides a comprehensive view of the anticipated climate hazards, impacts and vulnerabilities faced by the Kahnawà:ke community (Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020). These insights help us understand how climate change uniquely affects our community, since the environment is deeply interwoven with the social, economic and cultural fabric of the community.

The identified climate hazards reflect broader global patterns; however, they have specific implications in the local context of Kahnawà:ke. **Key climate hazards** identified by the report related to increased temperatures, altered precipitation patterns, and extreme weather events and flooding.

KEPO's *Climate Change Action Plan* report emphasizes that the community's vulnerabilities to the effects of climate change are not evenly distributed. Certain groups, such as the elderly, children and those with lower socioeconomic status, are more susceptible to the adverse effects of climate change. Health conditions such as lung disease and asthma can be directly exacerbated by climate change–induced environmental stressors.

The cultural practices and traditional ways of life of Kahnawa'kehró:non are also at risk, particularly those practices that are closely connected to the land and natural resources. The community's infrastructure and built environment, much of which may not have been designed to withstand the emerging climate realities, present another layer of vulnerability. This includes the potential for increased strain on energy systems, water treatment facilities, health care and emergency services.

Despite these vulnerabilities, the report also highlighted the intrinsic strengths and resiliency factors within Kahnawà:ke, such as our cultural heritage, community solidarity, effective governance, youth engagement and traditional knowledge, all of which contribute significantly to our resilience and capacity for climate change action. These are restated from the KEPO Action Plan below:

- *Cultural Heritage and Traditional Knowledge:* A fundamental strength of the Kahnawà:ke community is its rich cultural heritage and the depth of traditional ecological knowledge. This ancestral wisdom, passed down through generations, provides invaluable insights into sustainable living and natural resource stewardship. The community's growing motivation to return to or strengthen traditional ways, such as land-based living, gardening, foraging and fishing, reflects a deep-seated respect for the environment. These practices are not just survival skills but also a means to maintain a connection with Mother Earth, aligning with the values of environmental protection and climate action.
- *Community Cohesion and Solidarity:* The report underscores the strong sense of community and solidarity among Kahnawa'kehró:non, which is a pivotal resilience factor. This cohesion

manifests in the community's ability to unite and support each other, especially in times of crisis. Examples include the proactive response during the COVID-19 pandemic and the community's history of dealing with environmental emergencies, demonstrating an innate capacity to mobilize effectively, share resources and provide mutual aid.

- *Local Governance and Leadership:* Local governance and leadership in Kahnawà:ke are also key strengths. The ability to self-govern allows for localized, relevant and timely decision-making, particularly crucial in environmental management and climate action. This is evident in the effective functioning of the Mohawk Council of Kahnawà:ke (MCK) Public Safety Unit and Kahnawà:ke 911, which play crucial roles in emergency response and weather-related crisis management.
- *Engaged Youth and Educational Initiatives:* The engagement of Kahnawà:ke's youth, coupled with educational initiatives that merge traditional knowledge with modern environmental science, forms an essential part of the community's resilience. This approach ensures the intergenerational transfer of knowledge and the cultivation of future leaders who are equipped to address the challenges posed by climate change. By fostering a generation that is both aware of and skilled in sustainable practices, the community strengthens its capacity for long-term climate resilience.

Kahnawà:ke Climate Change Mitigation and Adaptation Actions

Leveraging and integrating Kahnawà:ke's strengths creates a robust and adaptive framework for climate change mitigation and adaptation that ensures the preservation and nurturing of the community's unique cultural heritage and environmental stewardship for future generations. The KEPO Climate Change Plan also emphasized specific areas and actions that warrant attention, such as:

- *Sustainable Resource Management:* This approach involves maintaining the balance of natural ecosystems, such as forests and wetlands, which play critical roles in providing habitats, water filtration, air purification and natural flood control.
- *Infrastructure Resilience Building:* The report identifies the need for adapting the infrastructure to withstand extreme weather events and other climate-related hazards. This includes upgrading roads, bridges and buildings to be more climate-resilient, considering the community's vulnerability to events such as heat waves, freeze-thaw cycles and storms.
- *Renewable Energy and Energy Efficiency:* Transitioning towards renewable energy sources and implementing energy efficiency measures is a pivotal mitigation action. These steps are crucial for reducing greenhouse gas emissions and promoting energy sovereignty, aligning with the community's commitment to sustainability and environmental stewardship.
- *Community Education and Engagement:* Ongoing education and community engagement are vital for raising awareness about climate change. The report highlights the importance

of integrating traditional knowledge with scientific understanding to foster a community-wide ethic of environmental stewardship.
- *Health and Well-being Programs:* Recognizing the health impacts of climate change, especially among vulnerable populations, the report advocates for programs that address the heightened health risks posed by environmental stressors to individuals with chronic conditions like diabetes, cancer, hypertension, lung disease and asthma.
- *Collaboration and Partnerships:* The report recommends strengthening partnerships with other Indigenous communities, governmental bodies and environmental organizations. These collaborations are essential for sharing knowledge, resources and best practices in climate change mitigation and adaptation.

Examples of Kahnawà:ke's Environmental Stewardship Initiatives

Many community members from Kahnawà:ke are prominent advocates for environmental stewardship and climate change mitigation, participating in various events and global forums such as the Conference of Parties (i.e. COP27 and COP15), where Indigenous voices have been pivotal in shaping discussions around biodiversity, sustainable development and climate action.

Global Advocacy

At the United Nations Biodiversity Conference of Parties in 2022 (COP27 in Sharm El Sheikh, Egypt) and 2023 (COP15 in Montreal), representatives from Kahnawà:ke underscored the critical role of Indigenous knowledge and practices in conserving biodiversity and tackling the global climate crisis. At COP27, seven youth from Kahnawà:ke (representatives of the Kahnawake Youth Climate Collective, also known as Iakwatonhontsanonstats, meaning "we are protecting/safeguarding the earth") participated in a panel at the Indigenous Peoples Pavilion. They spoke of the urgency to take action, highlighting their connection to land, the importance of Elders and protecting the next seven generations (Brant 2023).

> *"Our youth is our future: our actions affect the next generation and the ones not born yet. It's not just us; it's time we listen to Indigenous youth."*
>
> Iotshatenawi Reed at COP27 (Brant 2023)

At COP15, MCK and KEPO took centre stage to present the Tekakwitha Island and Bay Restoration project, which aims to improve the community's biodiversity, further described below. MCK Chief Ross Montour and KEPO Director Ben Green-Stacey presented the challenges and successes encountered during the Tekakwitha Island and Bay Resto-

ration project (Lalonde 2022; Stevenson 2023). Furthermore, Kahnawà:ke Tourism hosted a kiosk in the conference's Indigenous pavilion complete with a replica Longhouse.

> *"I had the opportunity to meet with a lot of young people, both from inside the community and outside the community, and there is a lot of passion there for the cause, which is for us to be the guardians and stewards of Turtle Island."*
>
> MCK Chief Ross Montour at COP15 (Lalonde 2022)

The advocacy for environmental stewardship is not just about raising awareness but actively influencing policy to ensure that Indigenous rights and wisdom are integral to global environmental strategies. Kahnawà:ke's involvement in such high-level discussions underscores our commitment to not only safeguard ancestral lands but also to contribute to the global fight against climate change.

Local Initiatives and Actions on Environmental Stewardship

Within Kahnawà:ke, a range of initiatives reflects our community's dedication to environmental stewardship. These initiatives are rooted in the principle of respecting and preserving the natural world for future generations. Listed below are some examples in the community.

Tekakwitha Island and Bay Restoration

Tekakwitha Island, created in the 1950s by the St. Lawrence Seaway construction, has struggled ecologically due to its formation from blasted rock and clay, resulting in a harsh environment for wildlife and a haven for invasive species. This construction also led to the creation of a bay, initially embraced for recreation but later suffering from ecological degradation, impacting its use for both the community and wildlife. KEPO has actively worked on restoring Tekakwitha Island and Bay since 2010 to combat these effects. A collective restoration effort is underway, aiming to rekindle the community's ancestral connection to the river and ensure that future generations inherit a tradition of reverence and stewardship for their natural surroundings. Some of the ongoing habitat restoration projects include invasive species removal, dredging and aquatic plant removal, marsh and linear pond construction, Bank Swallow Habitat construction and Turtle nesting construction. Further information can be found at https://kahnawakeenvironment.com/project/tekakwithabayandislandrestoration.

Aquatic Stewardship Program

Recognizing the critical role of its waterways, KEPO initiated the Aquatic Stewardship Program (ASP) in 2021 to safeguard aquatic habitats. In a significant expansion of these efforts, KEPO launched the

Entewahnekahserón:ni' project in 2023, aiming to revitalize the habitat of three creeks and Recreation Bay (North Creek, Little Suzanne River and Suzanne River) over four years. This project, reflecting a deep engagement with community history and desires for ecological restoration, comprises comprehensive planning and action phases, including community consultation, restoration design and ongoing ecological monitoring. Current activities aim to restore ecological function through initiatives like the North Creek Community Visioning Project and enhanced aquatic monitoring efforts. Further information can be found at https://kahnawakeenvironment.com/project/aquaticstewardshipprogram.

Kahnawà:ke Climate Change Adaptation and Mitigation Projects

KEPO is working to implement adaptation and mitigation activities to tackle climate change, raise awareness and prepare the community to make it resilient and strong. In 2019, KEPO initiated the Kahnawà:ke Climate Change Plan to confront climate change by encouraging the community to lessen their environmental impact and enhance their ability to adapt. The Plan highlights the importance of adaptation actions, rooted in the belief that, despite the outcomes of mitigation efforts, the impact of climate change will persist. This approach is deeply aligned with the community's foundational values, underscoring the commitment to both mitigate climate change effects and improve resilience against its inevitable impacts. Further information can be found at https://kahnawakeenvironment.com/project/climate-change-project.

Contaminated Sites

Historically, Kahnawà:ke faced significant environmental challenges due to the dumping of urban waste from larger cities, without the community's full awareness, particularly between the 1960s and 1980s. KEPO has since identified six former dumpsites posing ongoing public risks, where cleanup efforts are hindered by their extensive size. Efforts to manage these risks have included extensive monitoring and analysis activities, such as installing wells, testing water samples, examining waste through test pits and assessing contamination levels. Despite these efforts, including environmental site assessments and groundwater monitoring, the challenge of contamination remains, compounded by ongoing illegal dumping. Further information can be found at https://kahnawakeenvironment.com/project/contaminated-sites.

Enhanced Maritime Situational Awareness Program (EMSA)

The Enhanced Maritime Situational Awareness (EMSA) system project aims to enhance maritime safety and environmental protection by providing detailed information on vessel traffic, weather and ecological data relevant to coastlines and Indigenous communities. KEPO is using this system to collect data on the local environment and help coordinate the various projects the team is working on. The system supports local environmental efforts, maritime activities and research by offering access to Canada's open data library. To foster community involvement and feedback, public access stations have been set up, and personal EMSA accounts are offered to encourage regular use and participation in the system's development. Further information can be found at https://kahnawakeenvironment.com/project/enhanced-maritime-situational-awareness-emsa.

Food Forest

KEPO is in the process of creating a food forest on Tekakwitha Island. The project commenced in mid-October 2023. Prior to this, a survey was conducted in July 2023 to gather community input on preferred plant species for inclusion. Discussions are ongoing with interested community members to finalize the design and plant selection for the food forest's initial phase. A food forest, or forest garden, is designed to emulate a natural forest's edge, incorporating seven layers of vegetation ranging from the overstory to vines. This arrangement allows for a dense yet harmonious coexistence of edible plants, optimizing space and minimizing competition. The aim of the forest is to mitigate and adapt to the impacts of climate change, as well as be a source of food and medicine and a place for Kahnawa'kehró:non to connect and enjoy. The project will also address food sovereignty and biodiversity protection and create seed-saving opportunities. Further information can be found at https://kahnawakeenvironment.com/project/tekakwithabayandislandrestoration.

Environmental Stewardship and Climate Change Indicators

Based on the insights from the KEPO Kahnawà:ke Climate Change Plan, as well as an assessment of the main environmental stewardship initiatives in the community, the following indicator domains may be useful to support our community's efforts related to environmental stewardship and to climate change adaptation and mitigation. The indicators were developed to highlight the synergy of modern strategies and traditional practices in fostering a sustainable and resilient community.

Potential environmental stewardship indicators

Sustainable development

- Increase in land areas under sustainable management, including community gardens and reforestation

Environmental monitoring

- Air and water quality index
- Number of days with hazardous air quality
- Number of extremely high temperature days
- Frequency of heavy precipitation events
- Frequency of flooding
- Improvements in local water bodies' quality indicators.
- Biodiversity and ecosystem health monitoring (e.g., changes in local biodiversity, ecosystem health, and presence of indicator species)

Environmental health programs and services

- Number of environmental health services available in the community
- Community engagement related to environment protection (e.g., participation rates in environmental education and climate action initiatives [particularly focused on vulnerable/marginalized populations])

Potential environmental stewardship indicators, continues…

Climate change mitigation strategies

- Number of trees planted in the community each year
- Renewable energy use trends (e.g., % increase in energy generated from renewable sources, efficiency measures)
- Reduction in greenhouse gas emissions
- Improvements in resource efficiency, including water usage, waste reduction and recycling rates

Emergency preparedness

- Availability of emergency shelters, capacity to respond
- Upgrades and improvements in infrastructure resilience against climate hazards
- Effectiveness and timeliness of community response to environmental emergencies and climate event

Food sovereignty

- Number of people growing and harvesting traditional foods

Health and well-being

- Health outcomes related to respiratory diseases, heat-related illnesses and climate-aggravated conditions

Cultural Engagement in Environmental Practices

- Participation in cultural activities that promote environmental stewardship, including traditional practices
- Transmission and preservation of traditional environmental knowledge through educational programs and cultural events
- Implementation of traditional practices in contemporary environmental planning and strategies

Land-Based Experiential Learning: Bridging Culture, Tradition, Environmental Stewardship and Community Wellness

Land-based learning is an experiential process that bridges culture, tradition, environmental stewardship and wellness. It's both a return to traditional ways of learning and an innovative approach to programming. Land-based and experiential learning is a deeply rooted approach that emphasizes the interconnectedness of community, culture, traditions and the natural environment, enabling healing and growth (Wildcat et al. 2014; Clarke 2015; Sanderson, Mirza, and Correale 2020). This form of learning is not only a means of education but also a pathway to enhancing community health and wellness, preserving and nurturing culture and tradition, as well as fostering environmental stewardship.

> *"Another project that we're planning, hopefully in collaboration with another group in the community, is to start a land camp for young adults where they're getting on the land, they're learning about the environments that we have here. They're learning traditional knowledge about the land from our Elders, from different community members. Just to understand the changes that are happening on the land, how they're connecting to it, how their identity connects to it."*
>
> CWP engagement

The outdoor environment, which is central to land-based learning and healing, is shown to offer significant mental and emotional health benefits. By moving the learning experience outside traditional classroom settings, students, particularly youth, gain an improved understanding of their subjects, develop a profound connection to the land and become more environmentally aware. This form of learning serves as an active engagement strategy that re-energizes our youth, encourages community connectedness and aids in the revitalization of Kanien'kéha and cultural practices.

Elders play an important role in the facilitation of intergenerational knowledge transfer through ceremonies, medicinal practices, land histories, and stewardship principles. This ensures the survival of invaluable cultural heritage and the fostering of respect and care for the environment.

Land-based education is also inherently linked to climate action and environmental stewardship. It addresses the disconnection from the land exacerbated by contemporary environmental crises and colonial impacts. By increasing the understanding of land history and its significance, such education empowers youth to become stewards of their environment. This includes practical skills like hunting, fishing, foraging and land monitoring, as well as a deeper respect for the land.

The nature of land-based learning therefore emphasizes wholistic physical, mental, social and spiritual well-being. The connection to land is seen not only as a part of physical sustenance but also as a core

component of spiritual and mental health. Through the revitalization of traditional ceremonies, languages and cultural practices, Onkwehón:we find pathways to healing and resilience, countering the legacies of colonialism and promoting wellness across generations. Given this, initiatives centred on land-based experiential learning and healing offer unique opportunities for service-delivery programs to pursue.

The importance of land-based learning is also now reflected in policy and educational frameworks, including the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP) (United Nations 2021) and the *Truth and Reconciliation Commission's Calls to Action* in Canada. These documents underscore the right to education that respects Indigenous cultures, languages, styles and methods of teaching and learning (Truth and Reconciliation of Canada 2015).

Food Sovereignty

Food sovereignty in Kahnawà:ke transcends mere access to food, intertwining deeply with traditional teachings, culture, worldviews and values intrinsic to the community's identity (Delormier et al. 2018). It is critical in defining our community's health, wellness, sustainability and collective prosperity. It is considered vital to uphold the community's cultural integrity, health and environmental stewardship.

Various studies and initiatives from our community have highlighted the significance of food sovereignty (Delormier et al. 2018; Kahnawà:ke Environment Protection Office and Mohawk Council of Kahnawà:ke 2020). Our community's pursuit of food sovereignty is a reflection of our enduring resilience and a testament to our deep-rooted connection to the land.

Central to the concept of food sovereignty are the principles and philosophies of **Ka'nikonhri:io** (Good mind) and **Ohèn:ton Karihwatéhkwen** (Words before all else), fostering a culture of gratitude, balance and responsibility towards all of creation. Food sovereignty is not only a rich expression of Haudenosaunee culture but also serves as a crucial framework for community health and environmental stewardship.

Integral to our food sovereignty is also the **Dish with One Spoon Wampum**, a covenant symbolizing peace and shared stewardship. It emphasizes mutual respect, shared resources and collective responsibility, advocating for a communal approach to resource consumption and sustainability. This principle, along with the **Cycle of Ceremonies**, deeply ingrained in the community's annual calendar, underscores the interconnectedness of food sovereignty with cultural practices, health and community well-being.

Food sovereignty in Kahnawà:ke is pivotal for our community wellness: not only for physical health but also for mental well-being and social cohesion. Traditional food systems provide a framework for teaching and practising cultural values. Food sovereignty empowers our community to manage our resources, strengthen local economies, reduce dependence on external food systems and sustain cultural practices, thereby ensuring that our community food system is sustainable and capable of providing nutritious food to all Kahnawa'kehró:non.

It is important to recognize that the historical disruption of traditional food systems due to colonization has led to significant cultural and health challenges, highlighting the need for a revival of food sovereignty as a pathway to community wellness (Delormier et al. 2018). Colonial policies largely severed the community's ties to our traditional food systems, leading to a loss of both cultural knowledge and access to ancestral lands that are essential for food production. This disruption is not only a cultural loss but also hampers the community's ability to sustain ourselves with traditional foods.

Additionally, Kahnawà:ke faces significant health and socioeconomic disparities, with significant rates of **food insecurity and chronic diseases** (e.g., type 2 diabetes) as notable examples (Delormier et al. 2018). These issues are partly attributed to loss of land base (e.g., Seaway, Seigneury) and policies that marginalized Kahnawa'kehró:non socioeconomically and directly restricted activities, such as the Indian Act. The community's disconnection from traditional foods, which are often more nutritious and suited to its needs, exacerbates these health problems. As outlined by the National Collaborating Centre for Aboriginal Health report *Traditional Aboriginal Diets and Health*, Indigenous people in Canada have undergone a significant nutritional transition in which traditional diets and activities (e.g., hunting, gathering, harvesting) have been replaced with patterns of consumption of food that is higher in fat and sugar, combined with a more sedentary lifestyle. These complex and interconnected metabolic and behavioural mechanisms increase the risk of developing certain chronic illnesses (Earle, L. 2013).

Furthermore, the sustainability of local ecosystems, crucial for traditional food sources, is threatened by modern agricultural practices and environmental degradation. This environmental concern is critical as it impacts the availability and quality of resources needed for traditional food production and gathering.

Eating traditional foods was understood by one participant in the CWP engagement in 2023 to be healthier over other foods, because it suits the digestive systems of Onkwehón:we.

> *"...food sovereignty is important because the food that's around does not work with our digestive systems. Historically, that's not something that we ate. So it's nice to see the community want to get back to having our traditional foods..."*
>
> CWP engagement

These challenges collectively underscore the need for a revitalized approach to food sovereignty in Kahnawà:ke, focusing on reclaiming traditional food systems and practices and a deeper connection with the land for the community's overall well-being.

Food Sovereignty Initiatives in Kahnawà:ke

In Kahnawà:ke, food sovereignty initiatives are multifaceted, encompassing community gardens, greenhouses, hydroponics, maple syrup harvesting, educational programs and environmental stewardship. These projects collectively aim to rejuvenate traditional agricultural practices and deepen the community's connection with the land.

The *Kahnawà:ke Food Forest project*, spearheaded by the Kahnawà:ke Environment Protection Office (KEPO), is an example of an initiative that is integrating sustainable harvesting strategies, culture and environmental stewardship activities. Set on Tekakwitha Island, this initiative is a testament to ecological ingenuity and educational foresight. It employs a seven-layer vegetation strategy, integrating various types of native edible plants, from towering canopy trees to ground-level shrubs and herbs. This forest garden is more than a food source; it's an educational platform for the community, a living lesson in biodiversity and a proactive step in climate change mitigation.

Since 2021, the annual *Kahnawà:ke Seed Conference* further underscores the community's commitment to agricultural sustainability and traditional practices. Organized by the Food Sovereignty Action Team of Kahnawake Collective Impact – a community organization that works to engage, facilitate and support community project – the Seed Conference brings together community members for in-depth discussions on topics such as permaculture, integrated pest management and traditional seed keeping. This initiative not only preserves agricultural knowledge but also fosters community resilience and self-sufficiency in food production.

Additionally, KCI has identified food sovereignty as one of its six priority areas. KCI's *Three Sisters Garden* initiative is a cultural and sustainable agricultural endeavour. It involves creating up to 30 home gardens across the community, focusing on the traditional and symbiotic planting of corn, beans and squash. The initiative also includes the establishment of a communal harvest garden. These gardens, apart from providing nourishment, serve as educational sites, particularly for youth, to connect with Kanien'kehá:ka agricultural traditions. The project symbolizes a collective approach to sustainable agriculture and embodies the ethos of food sovereignty, blending ancestral wisdom with contemporary sustainability practices.

These initiatives, taken together, represent a wholistic approach to food sovereignty in our community, combining traditional knowledge, community engagement and ecological sustainability to forge a self-reliant and resilient future.

Food Security within the Food Sovereignty Framework in Kahnawà:ke

Food security (and insecurity) is understood and addressed through a food sovereignty framework within Kahnawà:ke, through initiatives that work to empower the community to develop sustainable, resilient agricultural practices and food systems that ensure equitable access to resources (Delormier et al. 2018; Delormier and Marquis 2019) In 2013, the *Kahnawà:ke Schools Diabetes Prevention Program (KSDPP)* conducted an environmental scan to evaluate Kahnawà:ke's programs, policies and practices supporting food security. This assessment revealed that food security resources in Kahnawà:ke are mainly incorporated within social service programs, focusing on gardening to revive traditional cultural foods rather than mass food production (Delormier et al. 2018; Delormier and Marquis 2019).

The scan also generated a **set of questions to direct future discussions on food security** (Delormier et al. 2018). The questions raised by the scan, highlighted below, are relevant and important to address within the community's food sovereignty framework and related initiatives.

Key questions from KSDPP's 2013 environmental scan relating specifically to food security

- How many Kahnawà:ke families experience food insecurity, what are their characteristics, and how do they meet their food needs?
- What are Kahnawà:ke family perspectives on how they meet their food needs?
- How well do existing local efforts meet food and nutrition security?
- How can Kahnawà:ke learn from its recent past when the community produced and traded much of its food to promote food security?
- Is food production in Kahnawà:ke a feasible and viable economic activity?
- Should Kahnawà:ke develop a land policy that addresses our ability to produce food?
- How has Kahnawà:ke changed in terms of the social and family relationships that supported food security?
- Does Kahnawà:ke need a community food policy to ensure long-term food security and crisis management?
- What opportunities exist to increase transportation access to food resources?
- Is Kahnawà:ke prepared to discuss food sovereignty and the issues that are involved with this?

Food Sovereignty Indicators

Although there is no universal definition of food sovereignty, an insightful August 2021 article entitled “Food Sovereignty Indicators for Indigenous Community Capacity Building and Health” presented **seven key indicator domains** that underscore the multifaceted nature of food sovereignty and its potential to catalyze positive change within Indigenous communities (Jernigan, V. et al. 2021).

By grounding the indicators in the specific cultural, geographic and social contexts of Indigenous communities, the article emphasizes the importance of a tailored approach to community capacity building and food systems. This approach not only addresses immediate food needs but also supports long-term sustainability, cultural revitalization and health improvement. The seven indicator domains are:

1. **Access to Resources:** includes both physical resources (such as land and water) and knowledge resources within the community, access to farmable land, natural resources, and traditional knowledge for cultivating and harvesting food in culturally anchored ways.
2. **Production:** Focused on the food supply chain, this indicator domain underlines local food production and the proportion of food producers within the community. It advocates for community control over food production processes to ensure sustainability and self sufficiency.
3. **Trade:** the exchange and pricing of food products within and outside the community, and the balance between making food affordable for community members and ensuring the profitability of food markets for long-term success.
4. **Food Consumption:** the dietary health of the community, and access to affordable, healthy and culturally anchored foods compared to processed and fast-food consumption. It’s an indicator of food security for all community members.
5. **Policy:** Policies play a crucial role in safeguarding food resources and supporting food producers. This indicator domain includes policies that ensure sustainability, protect natural resources, and support local farms and food production.

6. **Community Involvement:** The engagement of the community, including the transfer of knowledge, support for women's rights and equality, educational programs and activities that promote traditional food practices and knowledge sharing.
7. **Culture:** The final indicator domain underscores the centrality of culture in food sovereignty, and measures for policies and practices that reconnect community members to culturally significant foods, practices and lands, and policies or practices for preserving and revitalizing traditional ecological knowledge and food practices.

These food sovereignty indicator domains can be useful tools for enhancing community capacity and health. By addressing access, production, trade, consumption, policy, community involvement and culture, it's a wholistic framework to reclaim and revitalize food systems. This approach has the potential not only to improve health outcomes and food security but also to strengthen cultural ties, community resilience and self-determination.

Strengthening Food Sovereignty in Kahnawà:ke: Recommended Areas of Action

To further strengthen food sovereignty in Kahnawà:ke, the following areas of action have been suggested and highlighted by community organizations and members:

- **Land Reclamation and Access:** Advocacy for increased access to traditional lands is vital. This involves not only legal and political efforts but also community mobilization to reclaim lands for agricultural use, ensuring they can be used for traditional food production and cultural practices.
- **Youth Engagement:** Developing educational and hands-on programs to engage youth in food sovereignty is crucial. These initiatives should focus on transmitting traditional agricultural knowledge, fostering a connection to ancestral practices, and instilling a sense of responsibility and pride in their cultural heritage.
- **Community Collaborations:** Strengthening ties with local organizations, educational institutions and health services is key. Collaborative projects can integrate food sovereignty into broader community initiatives, ensuring a wholistic approach to health, education and cultural preservation.
- **Policy Advocacy:** Advocating for policy changes at various governmental levels is necessary to support and protect our Onkwehón:we food systems and land rights. This includes lobbying for policies that recognize and support traditional farming practices as well as those that secure land rights.
- **Developing a Shared Vision:** Organizing inclusive community workshops and discussions to further develop a shared vision for Kahnawà:ke's food system is important. These forums should encourage diverse community participation, blending traditional teachings with contemporary needs and aspirations.
- **Enhancing Community Capacity:** Expanding skill-building workshops focused on traditional agricultural practices, food preparation and ecological stewardship. Mentorship programs that pair Elders and Knowledge Holders with younger community members can facilitate the preservation and continuation of invaluable traditional knowledge.
- **Fostering Stakeholder Collaboration:** Regular stakeholder roundtables can bring together various community members, including local farmers, educators, health professionals and environmental advocates, to share resources and expertise for collaborative food sovereignty planning.

- **Community-Based Participatory Research (CBPR):** Employing CBPR methodologies can help identify specific food sovereignty challenges and opportunities within the community, ensuring that action plans are deeply rooted in lived experiences and aspirations.
- **Sustainable Funding Models:** Developing sustainable funding models like community-supported agriculture programs and partnerships with philanthropic organizations can provide the necessary financial support for these initiatives.

Addressing these areas will help guide our community towards a future where our food system not only is sustainable and healthy but also a vibrant expression of our cultural heritage and values and will enhance the community's well-being for generations.

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13. Trauma, Resilience, Healing and Empowerment Domain

13. Trauma, Resilience, Healing and Empowerment Domain

Notice

The content of this section might cause triggering of some difficult or uncomfortable emotions and memories for some readers. If you find yourself in this situation, please reach out to someone you trust for support. If you find you need immediate crisis support, we encourage you to consider calling one of the following resources:

- Hope for Wellness Help Line: 1-855-242-3310; Live chat: www.hopeforwellness.ca
- Indian Residential Schools Crisis Line: 1-866-925-4419 (English, French, Inuktitut)
- Centre de prévention du suicide de Québec: 1-866 277-3553
- Kids Help Phone: 1-800-668-6868 or by text at 686868
- KSCS Intake Services: 450-632-6880 (8:30-4:30 weekdays)
    - 450-632-6505 (after hours or holidays) Ask for the After-Hours Response Worker
- If you are worried or believe that someone is in immediate danger, please contact emergency services:
    - Peacekeepers (in Kahnawà:ke): 450-632-6505
    - Ambulance (in Kahnawà:ke): 450-632-2010
    - or use 9-1-1 in other areas

Highlights

- The Haudenosaunee Confederacy reflects profound resilience and strength, surviving and overcoming historical and generational traumas through a deep commitment to self-governance, language and cultural revitalization, and self-determination.
- Kahnawà:ke's self-determination and resilience are highlighted through cultural events like the Echoes of a Proud Nation Pow Wow, legislative milestones such as the Kahnawà:ke Language Law and Education Responsibility Act, and self-determination in health and social care programming, as reflected by Onkwata'karitáhtshera's work.
- CWP community engagements clearly identified addressing trauma and healing as fundamentally important for the next 10 years, as a part of the social determinants of Indigenous health, equity and inclusion domain lenses through which to view the other CWP domains.
- Insights from the CWP's community engagements stressed the importance of addressing intergenerational trauma through sensitive dialogue and collective efforts, rooted in the rich cultural foundation and principles of the Haudenosaunee, thereby advocating for individualized and collective healing mechanisms. Because trauma and healing are deeply personal, diverse and complex in nature, there is a need for Kahnawa'kehró:non to come together to collectively acknowledge, address and discuss trauma and healing as an important step in the community's healing journey.
- Within the literature, self-determination is highlighted as fundamental to the healing process from trauma in Indigenous communities because it empowers individuals, families and the community to reclaim their autonomy, revitalize culture practices and address the structural determinants of health and wellness.
- Trauma-informed care should continue to be recognized as a fundamental component of service delivery, with trauma-informed approaches integrated wholistically into health, social and education sectors and organizations across the community. Various organizational strategic plans highlight the community's commitment to safely and effectively address trauma and culturally anchored care.
- Key literature and tools, such as Roots of Resilience and the Kanien'kehá:ka Growth and Empowerment Measure (K-GEM), provide valuable insights for guiding future healing efforts in Kahnawà:ke. These resources highlight the important role of intergenerational knowledge, cultural continuity and collective action and support advocacy for a collective journey towards healing that integrates empowerment, self-determination and cultural identity as pivotal components.

Background and Context

> *"We're still here ... The government has made us resilient ... Yeah, they tried hard, but all it did was make us stronger … They tried to assimilate us, like with residential schools, and then it just backfired on them because it only made us more resilient ... it made our skin tougher."*
>
> *Roots of Resilience: Stories of Resilience, Healing and Transformation in Kahnawà:ke* (Phillips, M. et al. 2012)

Certain experiences in life cannot be properly described or articulated through words and cannot be accurately captured or understood through analysis. Experiences of pain, grief, loss and trauma caused by colonization and colonialism are deep wounds that are impossible to really fathom, except by the person, family and community affected. It is with this understanding and respect that the content of this chapter has been drafted.

Historically, Haudenosaunee people have experienced cumulative wounds inflicted over generations, including the loss of land, culture and identity, alongside the devastating effects of residential and day schools, colonization, colonialism and systemic discrimination. These traumas have not only affected the physical, mental, emotional and spiritual health of individuals but have also disrupted the traditional social and family structures, affecting the community and Nation at large (Phillips, M. et al. 2012; Aguiar, W. et al. and Halseth, R. 2015).

In the face of these injustices, the Haudenosaunee people have shown immense strength, resistance and resilience, as exemplified by the reclaiming and revitalization of our heritage, language, identity, land rights and political sovereignty (Phillips, M. et al 2012).

> *"[Resiliency] can be seen as a process of adapting well to a difficult experience by 'bouncing back' or, like bamboo, returning to its original form after being bent or compressed. The concept of resilience recognizes that many individuals and communities do well despite enduring severe hardships, trauma and deprivation."*
>
> *Roots of Resilience: Stories of Resilience, Healing and Transformation in Kahnawà:ke* (Phillips, M. et al. 2012)

This incredible strength is further seen within Kahnawà:ke through our self-governance, language and culture revitalization, and self-determination in all aspects of community life, including health, social, environmental, economic and educational policymaking and programming.

“We the people of Kahnawà:ke, as part of the Rotinonhsón:ni (Five Nations) Confederacy; We are, and have always been a sovereign people; we have our own laws, government, culture and spirituality; Our lives are governed by the principles of the Kaianere’kó:wa (Great Law of Peace), a covenant made in ancient times; We respect the covenant, for it describes our right and responsibility to govern our own affairs in our own way; We consider this covenant to be a precious inheritance of our children, and of future generations, with which no one can interfere.”

Kahnawà:ke Decision Making Process Preamble. The statement and preamble was developed by Kahnawa’kehró:non (people of Kahnawà:ke) at a Community Decision Process Information Session and was accepted through Mohawk Council Executive Decision 34-2008/09 (Horn-Miller 2013)

Self-Determination as a Key Determinant of Healing, Empowerment and Wellness

The links between trauma, healing and self-determination are complex and multifaceted. However, a growing body of research and evidence clearly show that **self-determination** is a foundation for healing, growth, empowerment, resilience and wellness (Loppie, C. and Wien, F. 2022).

In this sense, self-determination can be seen as playing a fundamental role in countering colonialism, whereby individuals, communities and nations reclaim power and autonomy over their rights and make their own decisions (Aguiar, W. et al. and Halseth, R. 2015).

Self-determination serves as a pivotal mechanism in the healing process from trauma, particularly within Indigenous communities that have been impacted by historical and intergenerational trauma (Aguiar, W. et al. and Halseth, R. 2015). Within the literature, self-determination is defined as having control over one’s own life and decisions that influence health well-being (Aguiar, W. et al. and Halseth, R. 2015). At an individual level, this control is essential for those recovering from trauma, as it empowers them to identify and fulfill their needs through culturally anchored and self-defined healing practices. Thus, the act of reclaiming autonomy through self-determination is a profound step towards healing and growth. For example, self-determination enables the revival of traditional cultural practices that are often fundamental to resilience and wellness.

At a community level, self-determination enables communities to effectively address the structural determinants of health that perpetuate trauma, such as racism and economic, social and political marginalization. By fostering an environment where healing is led by the community’s own values and priorities, self-determination acknowledges that recovery from trauma is not uniform but deeply personal and interconnected with the collective identity and sovereignty of the community (Phillips, M. et al 2012; Freeman Bonnie 2004).

Through this lens, self-determination is not just a right but a crucial pathway to healing, offering both individuals and communities the framework to navigate their journey towards recovery, wellness and resilience (Aguiar, W. et al. and Halseth, R. 2015; Phillips, M. et al 2012; Freeman 2004).

The strong influence of self-determination on wellness is reaffirmed by the current literature, which highlights how self-determination and empowerment are important for health and wellness outcomes. For example, the National Collaborating Centre for Indigenous Health (NCCIH) cites self-determination as the **most important determinant of health for Indigenous people**. Considered a Root Determinant of the Social Determinants of Indigenous Health (SDIH) Tree Metaphor model, self-determination is seen to shape and influence all other determinants of health. Not surprisingly, researchers have discovered multiple links between self-determination at the Nation and community level, and positive health outcomes (Loppie, C. and Wien, F. 2022). See figure 17 on page 79.

Kahnawà:ke demonstrates strength in asserting the community's self-determination. This is reflected by the Echoes of a Proud Nation Pow Wow, which was first held in 1991 (only a year after the Oka siege by the Canadian Armed Forces) and continues strong to this day. Over the past decades, the community has taken considerable steps to maintain and revitalize traditional Kanien'kehá:ka culture and language through numerous initiatives, programs and supports. The Kahnawà:ke Language Law ("Kahnawà:ke Language Law" 2006), enacted by MCR # 65/1999-2000 on 20 Tsothóhrha/December 1999, as well as the Kahnawà:ke Education Responsibility Act (KERA; Kahnawà:ke Combined Schools Committee 2020) are fundamental pieces of legislation that marked a watershed moment in the community's self-determination. Additionally, Kahnawà:ke has a strong history of control over its community health and social services, as reflected by the work of Onkwata'karitáhtshera, KMHC and KSCS, as well as control over educational programming and curricula through the Kahnawà:ke Education Center.

Addressing Trauma and Healing in Kahnawà:ke

Kahnawà:ke continues to move forward on a bright path to health and wellness with the development of the Community Wellness Plan (CWP); however, the critical importance of acknowledging and addressing historical trauma to foster healing and resilience should not be overlooked.

Throughout the CWP engagement process, trauma was clearly identified by many individuals as a priority issue in the community. Trauma, healing and empowerment were identified as cross-cutting issues that profoundly impact all the other domains within the Community Wellness Plan. Therefore, there is a need to consider them when addressing the other CWP domains, since they are fundamental determinants that influence health, wellness and well-being in the community.

It is important to recognize that due to the deeply personal and pervasive impacts of trauma, individuals must find and develop their own ways of healing, which can incorporate a variety of personalized supports from community-based services. However, the community engagements brought to light the opportunity to develop mechanisms for collective healing. An important step in this process is to bring the community together to acknowledge and further understand these complex issues.

Within the context of our community, it is particularly important to develop and implement sensitive approaches to engage with individuals and families that are highly impacted by various forms of trauma. This includes (but is not limited to) trauma relating to the impact of multigenerational trauma, physical abuse, sexual abuse, various forms of violence, bullying, intimate partner trauma and grief (for more detailed information, see the Peace Domain chapter in this report).

Within the various CWP engagements, **numerous voices, stories and experiences** were heard with respect to trauma and healing that could be used to inform and facilitate conversations on trauma and healing. Examples of some of the profound insights from these engagements are highlighted below.

Trauma and Healing: Insights from Community CWP Engagements

Insights on trauma

"And that's what [it is] in my situation: my father has trauma that he does not know how to be a father. So now it works down the generation[s]. Thankfully, some of us can make that change, but I think a lot are going through that, where they're just going by what their parents did and what they know, and then it's kind of detrimental to our future generations."

"And the intergenerational trauma, I think, is heavy in the community."

"A lot of intergenerational trauma is still left inside the hearts, minds and souls of many residents, and is left unresolved."

Insights on healing

"I think there's a lot of trauma – you see it in the way people carry themselves. You see a lot of issues with families. But I think one of the areas that is maybe very minimal is [trauma]. Who has this approach? To address trauma within the existing services and the delivery mechanisms that the organizations provide."

"Two things that we are working on is language and culture [in relation to] trauma. Two huge, massive things. But they are so interconnected."

"People are hanging on to so much grief and so much trauma and pain and sadness and there's no outlet to share it. So I think that if we're going to get to that path to wellness, the first thing is that people need to start talking. And I think it's starting slowly. It's starting because that's literally the first thing: you have to address the issues first before you could heal from it."

Collective Effort as Healing

The CWP engagements clearly highlighted the importance of the community coming together to continue the conversation relating to experiences of trauma and healing. It cannot be overstated – as listening and sharing are a part of the process of healing, in and of itself. Collective effort and solidarity are foundational within Haudenosaunee culture, emphasizing the importance of community cohesion, mutual support and shared responsibility in ensuring the well-being of the entire community.

This is supported and reflected by the Seven Generations Principle, as well as The Great Law of Peace (Kaianerehkó:wa), which emphasizes collective decision-making by ensuring all voices are heard and considered equally. Furthermore, it emphasizes dialogue and consensus as mechanisms to promote social cohesion and mental health. The Thanksgiving Address (Ohèn:ton Karihwatéhkwen) and Concept of Oneness[18] acknowledge the interconnectedness of all living things and the understanding that the health of one is linked to the health of all (Freeman 2004; Haudenosaunee Confederacy website 2024; Smithsonian 2009).

> *"... we weren't victims. That is why we have such strong women ... because we did not teach our children to be victims. We were such a strong ... and happy people. And even in our teachings it says that ... the Creator put us here to be happy. Where does it come in where we are not happy? It comes in at contact period. All the things that we had ... clashed, we did not know how to deal with [them] ... because we never existed without love ... we always had 'Ganohkra Sra' .... 'love amongst us.'"*
>
> *Resiliency of a People: A Haudenosaunee Concept of Healing* (Freeman 2004)

18 This also links to teachings about reciprocity ("All My Relations").

The Importance of Trauma-informed Care

In Kahnawà:ke, trauma-informed care is formally recognized by numerous organizations as a core component of service delivery and key strategic priority. For example, specific actions related to trauma are highlighted in the KSCS Strategic Plan 2023-2028, tied to Goal #2: "Weave Kanien'kehá:ka culture into the standard practices of our services, in a manner that aligns to KSCS's core vision by creating opportunities to empower our employees to activity engage in Kanien'kehá:ka cultural and language teachings and practices through partnership." Under this goal, two actions are directly related to trauma, including reimplementing the Kanien'kehá:ka Growth and Empowerment Measure (K-GEM) Assessment Tool and developing trauma-informed cultural safety training (Shakotiia'takehnhas Community Services (KSCS) 2023).

Such initiatives are important in addressing trauma, healing, resilience and empowerment. Intergenerational trauma and its effects have been identified in the literature as resulting in higher rates of suicide, mental health concerns (like anxiety, depression and post-traumatic stress disorder) and addictions. This further reaffirms the need for all organizations to be informed to recognize and understand the effects of trauma through a trauma-informed approach (Phillips 2010; Aguiar, W. et al. and Halseth, R. 2015).

According to the Native Women's Association of Canada, a trauma-informed approach in an Indigenous context must take a culturally anchored approach. This means knowing, understanding, acknowledging and validating that a person has suffered trauma from their lived experiences, including intergenerational trauma (Martin, Roseann 2019).

This is echoed by the National Collaborating Centre's webinar "What Is New Is Really Old: Trauma Informed Health Practices through an Understanding of Historic Trauma" (National Collaborating Centre for Indigenous Health 2017). This webinar identifies the critical importance of trauma-informed care because "people who have experienced trauma are at risk of being retraumatized in every social service and health care setting." To mitigate the effects, several core trauma-informed principles are outlined, including acknowledgment, safety, trust, choice and control, compassion, collaboration and the utilization of a strengths-based approach. Trauma-informed service providers, systems and organizations are defined as those who:

- Realize the widespread impact of trauma and understand potential paths for healing
- Recognize the signs and symptoms of trauma in staff, clients, patients, residents and others involved
- Responds by fully integrating knowledge about trauma into policies, procedures, practices and settings

This underscores the importance of integrative, inclusive and wholistic approaches across all health, social and education sectors (National Collaborating Centre for Indigenous Health 2017).

In the context of this CWP, a trauma-informed approach goes beyond cultural appropriateness. A trauma-informed approach is anchored in Kanien'kehá:ka culture.

Building on Kahnawà:ke's Strong Foundations to Support Resilience, Healing and Empowerment

> *"First, we need to revive and be strong in our Kanien'kehá:ka thinking. We need to dialogue with each other so that we can all move forward together to remember who we are. We need to develop our own cultural and traditional ways of healing in the face of the trauma that has affected us greatly, ways that restore the harmony in the family without relying only on punitive ways."*
>
> CWP engagement

Within Kahnawà:ke, there is considerable work that is being done with respect to trauma, healing, growth and resilience, representing a strong foundation to continue supporting and from which additional collective work could be done. Numerous community organizations have embedded trauma and healing elements into their programs. Key high-level examples include Step by Step's trauma-informed attachment-based training for staff, the Family and Wellness Centre's addictions and trauma programming, and programs such as Ase:sasatonhet: Starting a New Life Grief Support Group. KSCS Mental Wellness and Addictions Services Tsi Ionteska'tanonhnha Educational Workshops (discussed below) offer special training related to intergenerational trauma; many other community organizations, including the Executive Directors Committee organizations, are increasingly enhancing their service-delivery design to include trauma-informed approaches to care.

Program Highlight: Tsi Ionteska'tanonhnha Educational Workshops

Developmental Issues Related to Multigenerational Trauma and the Impacts on Attachment and Bonding

This ongoing workshop, open to all Kahnawa'kehró:non, is run through KSCS and is focused on understanding how experiencing trauma at different developmental stages can create different obstacles for current relationships. Objectives of the workshop include identifying practical tools to handle difficult behaviour, discussing and reviewing ideas related to Trauma-Informed Care, discussing the importance of and strategies for developing strong bonds and attachments with children, and exploring trauma and attachment, especially as it relates to children.

Grounded in a family-centred approach, this training identifies trauma as a core determinant of health and wellness that needs to be addressed through culturally anchored, wholistic and comprehensive strategies.

Useful Frameworks, Resources and Tools

Within the literature, several key frameworks, resources and tools were identified as being potentially valuable to guide and inform future work in Kahnawà:ke with respect to trauma and healing, including:

- *Roots of Resilience: Stories of Resilience, Healing, and Transformation in Kahnawà:ke*
- *Resiliency of a People: A Haudenosaunee Concept of Healing*
- *A Haudenosaunee Perspective on Historical Trauma: A Journey Through the History – From Creation to Residential Schools to Missing and Murdered Indigenous Women and Girls*
- Kanien'kehá:ka Growth and Empowerment Measure (K-GEM)

Roots of Resilience: Stories of Resilience, Healing, and Transformation in Kahnawà:ke

Roots of Resilience: Stories of Resilience, Healing, and Transformation in Kahnawà:ke is a community research project by Morgan Kahentonni Phillips, Stépane Dandeneau and Laurence J. Kirmayer (Phillips, M. et al. 2012). This project, carried out in Kahnawà:ke from 2007 to 2012, explores the views, experiences and communication of resilience across different generations of Kahnawa'kehró:non. Using a participatory, community-based approach, narratives from 70 individuals related to resilience, overcoming challenges and maintaining cultural identity and pride amid adversity were collected.

Based on these narratives, four main themes of resilience in Kahnawà:ke emerged:

- **Resilience across generations:** each generation noted and discussed unique and distinct perspectives of resilience which were shaped by their specific historical and cultural contexts.
- **Commonalities of resilience across generations:** despite generational differences, there were common threads of resilience, including a strong sense of identity, community cohesion, and the importance of language and cultural preservation.
- **Concerns of culture and language loss as protective factors for resiliency:** many individuals expressed concerns about the erosion of traditional values by modern societal influences, which were seen as threatening the sense of community, cultural identity and collectiveness that were viewed as protective factors supporting resiliency.
- **Reconnection to one-mindedness, or Onkwe'nikón:ra:** the process of building consensus and collective decision-making as a foundational element of resilience and community strength.

The key findings of this report highlight the critical role that intergenerational transmission of knowledge and community cohesion plays in fostering and supporting resilience in Kahnawà:ke. Moreover, Kahnawà:ke's community efforts related to culture and language revitalization are explored as critical elements that have fostered the resilience of all Kahnawa'kehró:non. Thus, this research underscores the importance of understanding resilience from an Indigenous perspective while offering valuable lessons on the power of community, culture and collective action as key to overcoming adversity.

Resiliency of a People: A Haudenosaunee Concept of Healing

Resiliency of a People: A Haudenosaunee Concept of Healing is a thesis by Bonnie Marie Freeman that explores the historical trauma and its intergenerational impacts on the Haudenosaunee people (Freeman, Bonnie 2004). Through a comprehensive literature review and interviews with Six Nations health and social services practitioners, this paper outlines the traumatic experiences of Haudenosaunee people and discusses the individual, collective and cumulative impacts over generations, resulting in negative health and wellness outcomes. This work was introduced in the CWP Framework chapter and will be described further below.

Most importantly, Freeman's thesis highlights the significant growth, healing and resilience demonstrated by the Haudenosaunee people through these extreme adversities. Specifically, the concept of resilience is redefined through a cultural lens, underscoring the Haudenosaunee's enduring strength, adaptability and the proactive reclaiming of heritage, culture and language as acts of resistance against ongoing colonial impacts. Her paper demonstrates that resilience among Haudenosaunee is deeply intertwined with cultural continuity, community solidarity and the collective effort to nurture future generations in the face of adversity.

Freeman presents a Haudenosaunee approach to social work, which could be adapted to other contexts. This framework emphasizes the interconnectedness of the individual, the family, the community/Nation and Creation. This interconnectedness is seen as critical for the survival and unity of the community. Healing from grief, pain and loss due to historical trauma must involve

family and community. Collective healing and the rebuilding of relationships are needed for communal survival and unity.

Within this model, healing is seen as comprised of four key areas. **Haudenosaunee Knowledge** encapsulates the Haudenosaunee cultural and traditional philosophies. **Cultural Resiliency** represents the enduring cultural strength of the Haudenosaunee people through traumatic experiences and the significance of "blood memory" in maintaining cultural and spiritual connections. **Self-Determination** is focused on actions highlighting the Haudenosaunee's democratic foundations and the pursuit of peace, harmony and justice within and beyond their community. **Vision** emphasizes the importance of considering the impact of current actions and behaviours on future generations while remembering past generations. It underlines the significance of cultural knowledge in overcoming grief and maintaining hope for the future.

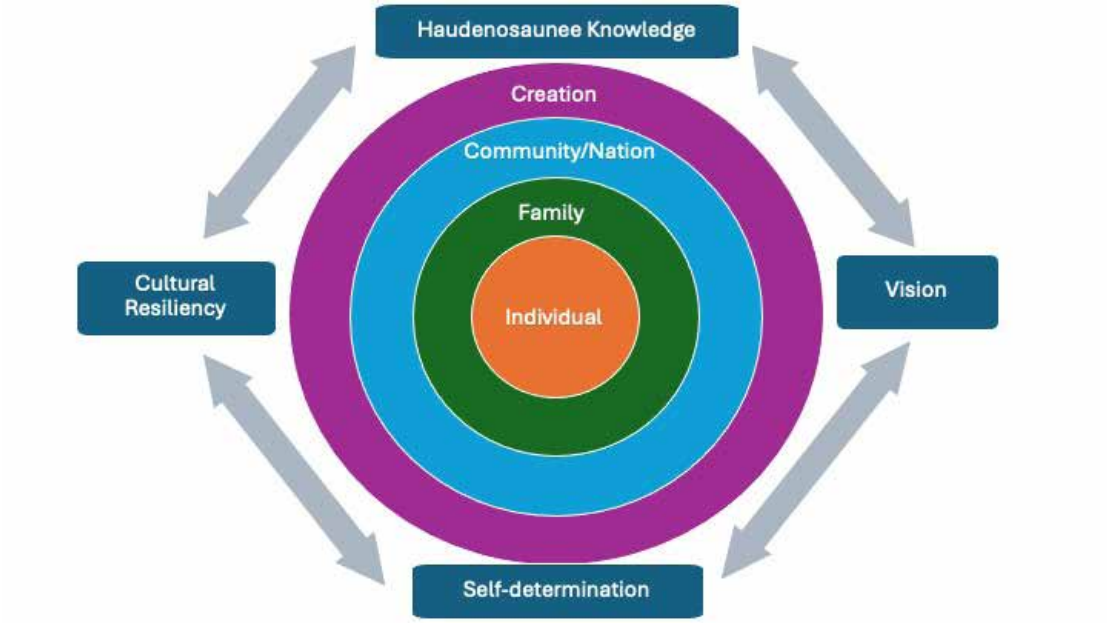


Figure 46: A Haudenosaunee approach to social work (Freeman, Bonnie 2004, p. 90)

Through this model, Freeman also emphasizes the importance of acknowledging and addressing historical trauma to foster healing and resilience within Haudenosaunee communities. Through an in-depth exploration of trauma, growth, healing and resilience, Freeman highlights the fundamental power of cultural revival and self-determination in trauma and healing initiatives. She also calls for widespread, systemic changes to health, social, education and other sectors to better support Indigenous healing and resilience-building efforts. These changes include fulsome integration of Indigenous knowledge and practices into wholistic healing interventions that respect and uplift Indigenous worldviews and pathways to wellness.

A Haudenosaunee Perspective on Historical Trauma: A Journey Through the History – From Creation to Residential Schools to Missing and Murdered Indigenous Women and Girls

This is a session from the New York State Coalition Against Domestic Violence with Michelle D. Schenandoah of Indigenous Concepts Consulting and Amie Barnes of the Seven Dancers Coalition, focusing on a Haudenosaunee perspective on historical trauma (Schenandoah, M. and Barnes, A. 2021).

This session first explored Indigenous history with an emphasis on the systematic dismantling of Indigenous families, experiences with residential schools, current issues surrounding missing and murdered Indigenous women and girls (MMIWG), and the most recent discoveries of unmarked graves of Indigenous children at residential school sites. These events have resulted in devasting effects and ongoing trauma and grief experienced by Indigenous communities.

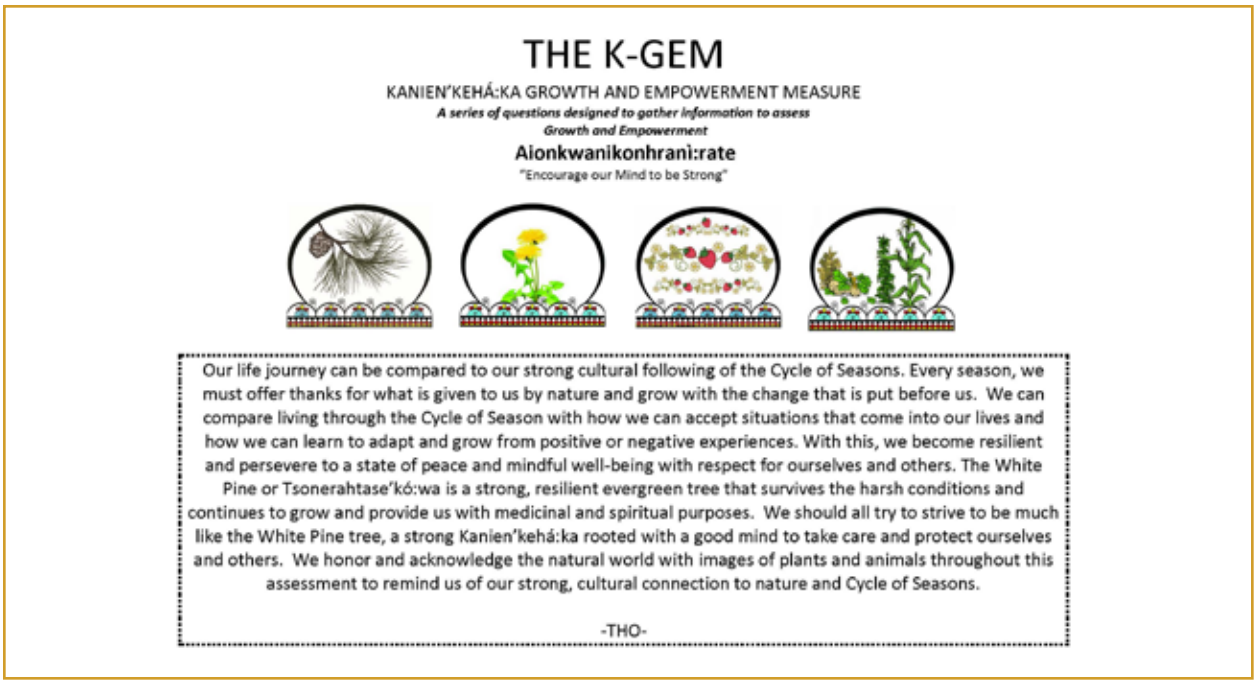
The session highlighted the importance of interconnected social structures within the Haudenosaunee community, including individual, family and community roles and responsibilities and their relationship with the natural world. These structures are crucial elements necessary for the survival, unity and cultural resilience of the Haudenosaunee people. Additionally, a key priority identified is the importance of collective healing and cultural practices as a mechanism to reduce the effects of trauma.

The need for greater awareness, education and action from non-Indigenous communities and allies was emphasized. Specifically, the need for systemic change, the dismantling of racist ideologies and policies, and the importance of supporting Indigenous-led healing and justice initiatives were highlighted.

The Kanien'kehá:ka Growth and Empowerment Measure (K-GEM)

The Kanien'kehá:ka Growth and Empowerment Measure (K-GEM), adapted from the Growth and Empowerment measure for Indigenous Australians, is a socioculturally specific tool used to gather information to assess empowerment and growth within the individual, family and broader community (Gomez Cardona et al. 2022). The K-GEM was developed in collaboration between our community, researchers from the Douglas Mental Health University Institute and McGill University, and staff from KSCS, KMHC and KSDPP. The K-GEM underscores the importance of empowerment in the context of healing, growth and resilience.

The K-GEM is positioned not only as an assessment and conversational tool but as a tool that could be used to encourage personal reflection to support individuals in becoming agents of change in their lives, families and communities, fostering resilience and growth through empowerment. Thus, the K-GEM underscores the importance of self-determination as a key influencer of health outcomes as well as its influence on all other social determinants of Indigenous health.



THE K-GEM

KANIEN'KEHÁ:KA GROWTH AND EMPOWERMENT MEASURE

A series of questions designed to gather information to assess Growth and Empowerment

Aionkwanikonhrani:rate

"Encourage our Mind to be Strong"

Our life journey can be compared to our strong cultural following of the Cycle of Seasons. Every season, we must offer thanks for what is given to us by nature and grow with the change that is put before us. We can compare living through the Cycle of Season with how we can accept situations that come into our lives and how we can learn to adapt and grow from positive or negative experiences. With this, we become resilient and persevere to a state of peace and mindful well-being with respect for ourselves and others. The White Pine or Tsonerahtase'kó:wa is a strong, resilient evergreen tree that survives the harsh conditions and continues to grow and provide us with medicinal and spiritual purposes. We should all try to strive to be much like the White Pine tree, a strong Kanien'kehá:ka rooted with a good mind to take care and protect ourselves and others. We honor and acknowledge the natural world with images of plants and animals throughout this assessment to remind us of our strong, cultural connection to nature and Cycle of Seasons.

-THO-

Figure 47: Excerpt of the information sheet for the K-GEM Kanien'kehá:ka Growth and Empowerment Measure (Gomez Carona et al. 2022)

Excerpt from The Growth and Empowerment Measure

"The word 'Empowerment' has been adopted by Indigenous people as a way to heal from past wounds, develop strength and skills to live in a peaceful way, have respect for other, and to work together to make communities a beer place. As one young Indigenous woman commented, 'Empowerment … It's like a tree … there is a foundation (seeds, roots), then the energy and self-esteem to look after yourself (trunk), so you can grow – the more you grow the bigger it gets … on the branches (of the tree) are education, job opportunities, housing.'"

Source: (Gomez Cardona et al. 2022)

The Collective Healing Journey Towards Self-Determination and Wellness

This chapter provides compelling evidence that identifies the critical importance of **self-determination** as a foundational element for healing from trauma. Additionally, the **revitalization of language, culture and collective identity** has been acknowledged as a vital component of cultural resilience and collective healing. Moreover, trauma and healing are seen as profoundly impacting all the other determinants of health and are therefore **a fundamental frame of reference** from which all other CWP priorities must be viewed and addressed.

Most importantly, within the context of Kahnawà:ke, the first step in trauma and healing initiatives should be the development of mechanisms by which the community can collectively acknowledge and discuss address trauma and healing. Given the complexity of trauma and the deeply personal and diverse experiences resulting from it, this is something that should be collectively led by the community, working together towards an effective and meaningful healing process.

> *"As Kanien'kehá:ka, we are a community of families, parents, brothers, sisters, aunts, uncles, cousins, grandparents and great-grandparents. In other words, all of our family live together and we are all related. When I look at a person in the community, I see her or his whole family, her husband, his wife, their children, mother, father, aunts, uncles and all of the ancestors. First, we need to revive and be strong and confident in our Kanien'kehá:ka thinking. We need to dialogue with each other so that we can all move forward together to remember who we are."*
>
> CWP engagement

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14. Wellness of Individuals with Special Needs and their Caregivers Domain

14. Wellness of Individuals with Special Needs and their Caregivers Domain

Highlights

- The conceptualization of disability is undergoing a paradigm shift, transitioning from a paternalistic, charity-based, medical perspective to one anchored in human rights and empowerment.
- This is reflected by the global move towards the Social Model of Disability, which focuses on social determinants of health (SDH). This model is more closely aligned with wholistic Indigenous and Haudenosaunee conceptualizations of disability, which further emphasize inclusion, equity, collective responsibility, and the unique value and gifts of all community members.
- The previous iteration of the CHP defined and addressed disability mainly through a focus on specific conditions, with a commitment to improved care. In this CWP we are expanding the scope, with a focus on developing approaches and strategies that are person- and family-oriented, rather than service- or provider- oriented.
- Updated, accurate and comprehensive data and statistics related to special needs and disabilities are limited in Kahnawà:ke. **As we work towards indicators to be able to proactively identify, assess and address needs,** this chapter provides some examples of indicators.
- Evidence highlights the importance of special consideration for the needs of specific sub-groups and individuals who may be particularly vulnerable – especially children, women and Elders.
- In Kahnawà:ke, it is important to continue to resource and support programs and services dedicated to supporting special needs individuals, caregivers and families – with a focus on ensuring sustainability and filling service-delivery gaps.
- **It is crucial to conduct an updated and comprehensive needs assessment and to subsequently develop a wholistic strategy to ensure that the needs of individuals with special needs, their caregivers and families are met.** Both the needs assessment and the strategy should be wholistic, family-oriented and inclusive – aligning with the Social Model of Disability and Haudenosaunee understandings of disability and wellness.

Background and Context

This chapter does not aim to categorize individuals or families based on labels such as disabilities or special needs. Rather, it intends to uphold the rights of individuals and their families within the Kahnawà:ke community to self-identify, according to their own understanding of their circumstances and requirements. This includes recognizing that some may identify themselves or their loved ones as having a disability or special needs, while others may choose to describe their situation without attaching specific labels.

It is also important to recognize that the value of a medical or psychological diagnosis will vary among families and individuals. In this document, terms like "individuals with disabilities or special needs" encompass those with physical, intellectual, developmental, cognitive and/or psychosocial challenges. This includes a wide range of conditions. Examples include, but are not limited to, cerebral palsy, spina bifida, muscular dystrophy, developmental conditions, amputations, brain or other injuries, hearing or vision loss, genetic conditions such as Down syndrome, intellectual, cognitive or sensory challenges, autism spectrum disorder, fetal alcohol spectrum disorder, and mental health issues.

Community members may have different or special needs at any age; these can be from birth, due to a sudden event, or progressively changing during their life. This chapter is inclusive of babies, children, adults, Elders and Kahnawa'kehró:non at all stages of life. It's important to recognize the diversity and uniqueness of each individual's experience and needs: the language throughout this report is chosen with the utmost respect and sensitivity towards all members of the community.

To appropriately understand and assess special needs and disabilities within Kahnawà:ke, it is important to also recognize the broader context of other Indigenous communities in Canada. A significant limiting factor is the lack of reliable, population-level data relating to special needs and disabilities – particularly among children. This absence of data is more than an administrative oversight; it reflects the ongoing health disparities and marginalization faced by these individuals and communities.

Wellness of Indigenous Peoples with Special Needs across Canada

The limited data that are available reveal a significant disparity in disability prevalence within Indigenous communities compared to the wider Canadian population (Dion, J. 2017). According to Statistics Canada data from 2017, approximately a third of Indigenous peoples in Canada lived with a disability, which is notably higher than the 22% rate observed in the overall Canadian population (Hahmann, Badets, and Hughes 2019). More concerning is that these numbers indicate that over 500,000 Indigenous individuals of all ages lived with disabilities (BCANDS 2021).

Indigenous peoples with disabilities face not only the direct challenges of their special needs but also a complex interplay of

socioeconomic challenges. This includes include higher rates of living in poverty, higher unemployment rates, lower educational achievements and increased incarceration rates (BCANDS 2021; Dion, J. 2017). Indigenous women experiencing poverty and income instability are significantly more likely to have a disability, another layer of complexity to an already challenging situation (Dion, J. 2017; Durst, D. and Bluechardt, M. 2001). Discrimination and racism in accessing services only serve to intensify these issues. Unfortunately, these critical concerns often receive insufficient attention from both governmental bodies and, at times, within Indigenous communities themselves (Dion, J. 2017; Durst, D. 2006).

Indigenous Children with Special Needs and Their Families

The situation is particularly challenging for Indigenous children with disabilities, who experience a disability rate approximately twice that of the general child population in Canada (Dion, J. 2017). They experience what Damas et al. describe as the "Triple Jeopardy": they have a disability, they are part of a vulnerable population and they often experience compounding socioeconomic disadvantages (Durst, D. and Bluechardt, M. 2001). It is also important to remember that these children will grow up to be adults in the community as well.

Recognizing this reality emphasizes the need for comprehensive, wholistic and accurate statistics regarding children and families in Kahnawà:ke. Some limited data exists relating to disabilities and special needs from various community sources, such as Step by Step Child and Family Center (e.g., data from the Kahnawà:ke ELCC framework, such as children with an individualized education plan (IEP)), Jordan's Principle, Volume 2 of *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait, and organizational statistics from KMHC and KSCS. This data mainly pertains to learning and behavioural concerns in Kahnawà:ke – such as learning disorders, speech or language disorders, attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD), and autism spectrum disorder (Onkwata'karitáhtshera 2023). Collecting and analyzing data to complement the existing information can help paint a more precise portrait of special needs in Kahnawà:ke. It can also validate and support the strong qualitative and contextual knowledge held by many individuals and organizations in Kahnawà:ke.

Indigenous Adults with Special Needs in an Urban Context

These disparities are further highlighted in the study "Urban First Nations People with Disabilities Speak Out" by Durst et al., which explored the challenges faced by urban Indigenous people with disabilities (Durst, D. et al. 2006). Specifically, Durst et al. found that many urban Indigenous people with disabilities are not living independently and face significant barriers to participating in community life. They confront obstacles in accessing transportation, employment, education, quality housing and essential personal supports.

"Like, how are we creating expectation in our community of what a safety net looks like in the community … but some people don't have family to call. Some people are dependent on care, or they're in adult living services or they're on disability, you know, there are different factors where they can't afford to buy the food at the corner store, but it's the only place they can actually access because grocery stores are too far. So where's the safety net for that? Say we have a truck coming around with groceries. Or are you putting an order in and it gets delivered once you e-transfer? Or is it a bus that brings them [where they need to go] – they need those supports, you know?"

CWP community engagement

Indigenous and Haudenosaunee Conceptualizations of Disability

The conceptualization of disability in Western medicine and public health has seen a significant paradigm shift over the last hundred years or so, from one that focused on disability from a medical perspective to one that is rooted in a more wholistic perspective, as defined by the biopsychosocial model of health (Puszka, S. et al. 2022; Dion, J. 2017). The biopsychosocial model proposes that biological, psychological (including emotions and behaviours), social, economic and cultural factors all play significant roles in health and disease (Engel 1977). This model underscores the interaction between an individual's bodily functions, capacities and social environments. However, when juxtaposed with Indigenous perspectives, an even richer and more nuanced understanding of disability emerges (Ineese-Nash, N. 2020; Puszka, S. et al. 2022).

In many Indigenous communities, the Western concept of disability is often absent, with no direct language equivalent for "disability" – differences being seen as part of nature's diversity (Ineese-Nash, N. 2020). This perspective emphasizes the unique abilities and gifts of individuals, focusing on what they can contribute rather than on their limitations. This is translated into programs that support skills-building, self-confidence, independence, employment, enjoyment and other meaningful contributions to community. It's also linked to strong relationships, integration in the community and a safe, supportive living environment with adequate help to support individuals based on their needs – somewhere to call home.

However, contemporary challenges arise in reconciling these traditional perspectives with the prevalent societal views that often frame disability through a lens of deficiency. This conflict can lead to stigma and discrimination, sometimes causing hesitancy in seeking support (Ineese-Nash, N. 2020).

In many Indigenous traditions, including Haudenosaunee culture, disability is also seen as part of the natural diversity of human existence, reflecting a wholistic approach that integrates physical, mental, emotional and spiritual dimensions (Puszka, S. et al. 2022; Ineese-Nash, N. 2020; Dion, J. 2017). This view contrasts with models that often focus on limitations and individual impairments. Indigenous perspectives emphasize collective responsibility and interdependency rather than the emphasis on independence and individualism. Disabilities within Indigenous communities are often not seen as limitations but as unique attributes or gifts, imbued with spiritual significance.

> *"She has all the support at school. And then our daughter runs in a community race, and the kids are all chanting her name at the end of the race because they all know her, and my son gets financial support. He gets extra support. They tell us how to educate him properly and how to work with him at home. Stuff we never thought would exist … so yeah, we haven't seen the negative with our children with disabilities."*
>
> CWP community engagement

Highlight: Step by Step Child and Family Center

An example of the Haudenosaunee worldview with regards to disability is demonstrated by Step by Step Child and Family Center in Kahnawà:ke. Step by Step is a prime example of inclusive education and care rooted in Mohawk community values. The Center champions inclusivity and respect for children with disabilities, advocating for their full participation in community life. At Step by Step, the unique potential of each child is acknowledged and celebrated. The Centre recognizes that children who are "differently abled" bring invaluable perspectives and strengths to their community, which is in line with Mohawk tradition's emphasis on dignity and respect for all.

The Center adopts a wholistic, child-centric approach, utilizing developmental screens, assessments, parent questionnaires and in-class observations to tailor personalized programs that nurture each child's potential. With carefully managed teacher-child ratios to meet individual needs, inclusion transcends policy, integrating children with varying abilities into all activities, fostering a community that values differences as an integral societal component.

Step by Step's philosophy embodies Mohawk teachings on equality and respect, applying these principles to ensure that mainstream inclusion is a reality for every child. This commitment not only benefits children with disabilities but also enriches the entire community, setting a new standard for inclusive education and challenging conventional disability approaches. Step by Step exemplifies the integration of Indigenous values into contemporary educational practices, ensuring that all children have the chance to thrive and contribute to their community.

Current Policy Context: Indigenous People with Disabilities

Presently, Indigenous people with disabilities, caregivers and families face significant jurisdictional barriers, restrictive policies and discrimination when seeking support for their specific needs (Dion, J. 2017; Durst, D. 2006). This contributes significantly to their exclusion and marginalization as equal members of society.

Although considerable progress still needs to be made with respect to policy development for Indigenous people with disabilities, several significant improvements have occurred. For example, the conceptualization of disability within the Canadian policy landscape has experienced a profound paradigm shift, transitioning from a paternalistic, charity-based, medical perspective to one anchored in human rights and empowerment (Dion, J. 2017). This evolution is critical for understanding disability within the human rights context. The traditional view of disability, primarily focused on individual impairments, has been reimagined – with a shift towards the more wholistic social model of disability (Puszka, S. et al 2022; Dion, J. 2017).

As promoted by the Convention on the Rights of Persons with Disabilities (CRPD), the social model conceptualizes disability as an outcome of the interaction between individuals with impairments and their environment – placing emphasis on societal responsibility to foster inclusive environments (United Nations 2006). This shift in perspective, increasingly adopted by Canada, marks a move from viewing persons with disabilities as mere recipients of charity to recognizing them as active subjects with rights. It underscores the understanding that disability arises not inherently from the individual's impairment but from the failure of the environment to accommodate and empower individuals, affirming the need for systemic change towards inclusivity and equal participation for all.

The shift in disability policy provides a foundation for examining key human rights frameworks that aim to acknowledge the rights of Indigenous people with disabilities with a focus on equity and inclusivity. Key frameworks that will be discussed in this chapter include the United Nations Declaration on the Rights of Indigenous People (UNDRIP) (United Nations 2021), the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations 2006), the UN Convention on the Rights of the Child (CRC) (World Health Organization 1989), the Truth and Reconciliation Commission of Canada (TRC) Calls to Action (Truth and Reconciliation Commission of Canada 2015), and Jordan's Principle (The First Nations Child & Family Caring Society of Canada in partnership with the Wabanaki Council on Disability and Mawita'mk Society 2021).

These documents are pivotal in shaping policies and practices for Indigenous peoples with disabilities and blending principles of inclusivity and empowerment with actionable measures. Their exploration is crucial to understanding how these principles are implemented in the context of Canada's evolving approach to disability and Indigenous rights.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

Canada's commitment to UNDRIP is an important step in acknowledging the rights of Indigenous persons with disabilities. The Action Plan released by the Canadian government in June 2023, under UNDRIP, includes measures to ensure the equal rights of Indigenous persons with disabilities in government program designs and service-delivery models. However, the Mohawk Council of Kahnawà:ke (MCK) has identified significant gaps in this Action Plan: Grand Chief Kahsennenhawe Sky Deer raised concerns about Canada's approach to implementing UNDRIP, emphasizing the need for direct dialogue with Indigenous rights holders and criticizing reliance on established national bilateral mechanisms, which often fail to represent the diversity of Indigenous experiences and approaches to self-determination and rights (Mohawk Council of Kahnawà:ke 2023).

Convention on the Rights of Persons with Disabilities and UN Convention on the Rights of the Child

The Convention on the Rights of Persons with Disabilities (CRPD) aims to protect the rights and dignity of people with disabilities through the provision of a human rights framework that focuses on the removal of barriers and realization of rights (United Nations 2006). Specifically, it addresses exclusion and lack of access to a multitude of crucially important services that people with disabilities encounter. This convention shifts the focus from viewing people with special needs from the medical model of needing treatment to recognizing them as full and equal members of society.

The UN Convention on the Rights of the Child (CRC) (World Health Organization 1989) complements the CRPD by specifically recognizing the rights of children with disabilities. It advocates for their protection, equality and access to services like education, health care and rehabilitation. Article 23 of the CRC emphasizes that disabled children should enjoy a full and decent life, ensuring dignity, promoting self-reliance and facilitating active community participation. Despite Canada being a signatory to both CRC and CRPD, the implementation of these conventions has not significantly changed the situation for Indigenous communities, highlighting a lack of compliance to the intersection of these conventions.

Fetal Alcohol Spectrum Disorder and the Truth and Reconciliation Commission Calls to Action

The TRC Calls to Action address disability in Indigenous populations through calls for reform in health care, justice and education that would benefit individuals with disabilities. Its Call to Action #33, focusing on fetal alcohol spectrum disorders (FASD), calls for the development of preventive programs in collaboration with Aboriginal communities (Truth and Reconciliation Commission of Canada 2017). This Call to Action reflects the Principles of Reconciliation outlined by the TRC, emphasizing self-determination, healing, recognition of past harms, and the need for collaboration and systemic change. The Dialogue to Action on the Prevention of FASD in 2017, involving experts across Canada, developed Eight Tenets for Enacting Call to Action #33, grounded in these principles (Truth and Reconciliation Commission of Canada 2017).

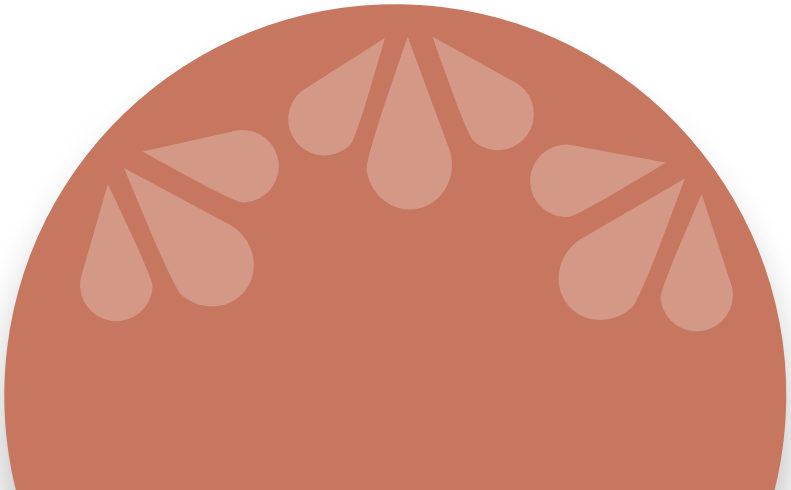
Eight Tenets for Enacting Call to Action #33

1. Centering Prevention around Indigenous Knowledge and Wellness
2. Using a Social and Structural Determinants of Health Lens
3. Highlighting Relationships
4. Community-Based and Community-Driven
5. Provision of Wraparound Support and Wholistic Services
6. Adopting a Life Course Approach
7. Models Supporting Resiliency for Women, Families, and Communities
8. Ensuring Long-Term Sustainable Funding and Research

Jordan's Principle and Its Implementation

Jordan's Principle is a cornerstone policy aimed at ensuring First Nations children receive the same services as other Canadian children in a timely way, regardless of jurisdictional disputes. However, the implementation of Jordan's Principle has been fraught with challenges. Jurisdictional disputes and funding problems often lead to Indigenous children being caught in a no-win situation, where they end up without necessary services (The First Nations Child & Family Caring Society of Canada in partnership with the Wabanaki Council on Disability and Mawita'mk Society 2021).

The Canadian Human Rights Tribunal's rulings in 2016 and subsequent compliance orders have highlighted the Canadian government's failure to fully implement Jordan's Principle. Despite these rulings, issues persist, as evidenced by the First Nations Child and Family Caring Society's ongoing concerns about Canada's handling of Jordan's Principle requests (The First Nations Child & Family Caring Society of Canada in partnership with the Wabanaki Council on Disability and Mawita'mk Society 2021).



The Context of Special Needs and Disabilities in Kahnawà:ke

Despite the existence of these conventions and principles, the realities for individuals with special needs and disabilities in Kahnawà:ke and other communities remain challenging (Nutton, J. and Milne, L. 2014; Dion, J. 2017). The lack of an intersectional approach in applying these laws and conventions, jurisdictional disputes and the inadequate implementation of policies like the Non-Insured Health Benefits (NIHB) and Jordan's Principle exacerbate these challenges. The Canadian Human Rights Tribunal's decisions have highlighted discriminatory practices and the need for immediate action. However, the advocacy for individuals with special needs and disabilities – and their caregivers and families – continues, with jurisdictional disputes and poor policy implementation hindering access to necessary services and supports.

2012 Kahnawà:ke Community Health Plan (CHP): A focus on developmental disabilities

The 2012 Community Health Plan (CHP) largely defined and addressed disability through a focus on specific conditions, including developmental disabilities, and targeted interventions. Although this is a narrower view compared to the wholistic Haudenosaunee worldview, the previous CHP included several objectives and initiatives specifically targeting developmental disabilities and reflected a commitment to improve care and support for affected individuals and their families.

Some key objectives highlighted in the previous CHP's logic model regarding developmental disabilities related to:

- **Collaborative Community Approach:** The plan aimed to address developmental disabilities through the collaboration of community organizations, emphasizing the importance of a unified and integrated approach.
- **Residential Care Services:** A significant focus was on closing service gaps and ensuring Kahnawa'kehró:non living with developmental delays, special needs and disabilities have a place to call home. This objective pointed to a need for more comprehensive and accessible care options within the community, including intermediate-level care.
- **Community Needs Assessment:** Assessing community needs and developing strategic responses were central objectives, highlighting the importance of understanding the specific requirements of the Kahnawà:ke community.
- Focus on Fetal Alcohol Spectrum Disorder **(FASD):** The plan prioritized reducing the incidence of FASD and offering support to those affected. This included promoting education and awareness, developing a community-based FASD diagnostic and assessment team, and implementing targeted support services.

- **Exploration of Residential Care Facility:** The CHP considered the efficacy of establishing a residential care facility for those who could not be maintained within their family setting, reflecting a need for diverse residential care solutions.
- **Support for High-risk Groups:** The development and implementation of services and programs for community members affected by FASD were also outlined, recognizing the need for early intervention and specialized support.

The 2012 Community Health Plan laid an important foundation by recognizing the needs of individuals with disabilities in Kahnawà:ke and taking steps to create a more inclusive environment. The 2024-2032 CWP points to the need for an expansion of this foundational work to more wholistically and comprehensively address the varied and complex challenges and needs faced by individuals with disabilities and their families in Kahnawà:ke.

The CWP also reframes the focus on the families of individuals with disabilities, shifting from a service-oriented to a person- and family-oriented perspective (Ward, A. et al. 2023). This ensures that health planning and service delivery are more empathetic and user-centred, focusing on the actual needs and experiences of individuals, their caregivers and families. For example, this could include services that considers the patient within the context of their family, with families seen as integral partners in the care process. Focusing on individual and family strengths, family-centred approaches also aim to empower families by providing them with information, resources and support to be active participants in the care process, which has been shown to increase quality of life for individuals with special needs, their caregivers and their families (Kokorelias et al. 2019).

Connecting Horizons Community Needs Assessment Report (2014)

The 2014 Community Needs Assessment, titled “Supporting Individuals with Special Needs and Their Families,” was conducted as a collaboration between Connecting Horizons and KSCS with the Centre for Research on Children and Families (CRCF) at McGill University (Nutton, J. and Milne, L. 2014)). The goal was to identify and address the specific needs and challenges faced by individuals with special needs and their families within Kahnawà:ke. This assessment was crucial in providing a comprehensive understanding of the existing service gaps, thereby guiding the development of more effective, inclusive, community-responsive support strategies and programs.

The assessment revealed several salient issues, thematically categorized under personal and professional support, awareness of services, service efficacy, service plan involvement and community involvement. These themes provided a structured understanding of the diverse experiences and needs within the community.

- **Personal Support Network:** Many participants identified their families, including immediate and extended family members, as primary sources of support. Friends, neighbours, other parents and family advocates were also part of this network. However, some participants experienced feelings of isolation due to limited family involvement or support.
- **Professional Support Network:** The experiences with professional support varied. While some participants felt supported by professionals like support workers, doctors and nursing staff, others expressed frustration over the lack of knowledge or resources among these professionals. The contrast in experiences highlighted the need for consistent and effective professional support within the community.
- **Awareness of Services:** Participants were generally aware of services like Assisted Living Services, the Young Adults Program and the Teen Social Club. However, there was a concern about insufficient dissemination of information regarding these services.
- **Service Strengths:** Positive feedback was given to programs like the Teen Social Club and the Young Adults Program for their quality programming and inclusive activities. The role of helpful support workers and services, such as homecare and hospital services, was also acknowledged.
- **Service Needs:** Participants identified several needs, including a lack of quality programming, limited service provider knowledge and skills, and challenges in finding suitable programs for individuals with special needs. The need for more service provider training and skills development was emphasized.
- **Understaffing and Accessibility:** Concerns about understaffing across services were prevalent, affecting the quality of care. Accessibility issues within the community, particularly for individuals with limited mobility, were also noted.
- **Service Plan Involvement and Community Involvement:** While many participants were involved in service planning, limitations were noted due to inadequate implementation and follow-through. Increasing community involvement and awareness was suggested, including using local media like the Kahnawà:ke radio talk show to raise awareness and share knowledge.

Given that this assessment was conducted 10 years ago at the time of this writing, it would be potentially useful to update the assessment and evaluate progress on addressing these issues.

2014 Connecting Horizons Needs Assessment Report Recommendations

The 2014 Connecting Horizons Community Needs Assessment strongly recommended enhancing the quality and variety of programs available for individuals with special needs in Kahnawà:ke. Participants expressed a need for programs that are more aligned with stimulating individual growth, whether it be in terms of gaining independence, integrating into the workforce or improving self-esteem.

There was a particular emphasis on diversifying activities in existing programs like the Teen Social Club and the Young Adults Program to cater to different age groups and interests. Additionally, the assessment highlighted the need for quality day programs that combine meaningful work, recreation and socialization, addressing the wholistic development of individuals with special needs and underpinning the following recommendations:

- **Professional Support and Training:** A critical recommendation from the assessment was the enhancement of service provider knowledge and skills. Participants noted that many support workers lacked the specific training required to address the intellectual and physical needs of individuals with special needs, including basic care and safety measures. The assessment suggested that ongoing training and education for support workers are essential, covering areas such as sign language, emergency response (e.g., CPR, handling seizures), and general sensitivity and attentiveness to client needs. Furthermore, the assessment emphasized the need for support workers to adopt a more respectful, friendly and warm approach, ensuring that individuals with special needs and their families are treated with dignity and compassion.
- **Family Involvement and Community Awareness:** The assessment underscored the importance of involving families more significantly in service planning and decision-making processes. Recognizing that caregivers are often the most knowledgeable about their children's needs, their insights and guidance should be valued and utilized in improving service provision. Additionally, there was a call for increasing community awareness about the needs of individuals with special needs and their families. Suggestions included using local media, such as the Kahnawà:ke radio talk show, to disseminate information and educate the community. This approach aims to foster a more inclusive and supportive environment within the community, ensuring that the needs of all its members are understood and adequately addressed.

Again, there is the opportunity in this next Community Wellness Plan to revisit these recommendations and refresh them.

Indicators for Wellness of Individuals with Special Needs and Their Families in Kahnawà:ke

From the Connecting Horizons needs assessment report, potential indicators for services for individuals with special needs and their families can be abstracted. These indicators can do the following:

- Act as a framework for ongoing improvement and community-focused care
- Provide a foundation to enable measurement and assessment of the progress and success of initiatives, programs and services for the special needs population in Kahnawà:ke
- Help assess whether current programs, services and initiatives meet needs in a culturally anchored and comprehensive manner

Potential indicators to measure progress and success of programs, services and initiatives for special needs populations and their families in Kahnawà:ke:

Program Participation Rate

- *Indicator:* Enrollment numbers in community programs for individuals with special needs.
- *Measurement:* Track enrollment statistics quarterly and compare year-over-year.

Client and Caregiver Satisfaction Levels

- *Indicator:* Satisfaction scores in post-service surveys from both clients with special needs and their caregivers.
- *Measurement:* Conduct annual surveys and analyze for trends in satisfaction levels.

Service Accessibility Improvement

- *Indicator:* Number of community facilities and programs meeting accessibility standards.
- *Measurement:* Perform yearly audits of facilities and program accessibility, comparing results to established accessibility standards.

Continues on the next page…

Professional Training Completion

- *Indicator:* Percentage of support workers and professionals completing specialized training in special needs care.
- *Measurement:* Track training completion records and report bi-annually.

Variety and Quality of Programs

- *Indicators:*
  - Quantity and range of programs
  - Feedback on program quality
- *Measurement:* Analyze program offerings and gather qualitative feedback through focus groups or feedback forms.

Family Involvement in Planning

- *Indicator:* Proportion of instances of family members participating in service planning sessions.
- *Measurement:* Record and report the number of family members attending planning meetings or contributing to service plans.

Community Awareness Metrics

- *Indicator:* Improved community understanding and support for special needs issues.
- *Measurement:* Conduct community surveys or public forums and analyze for changes in awareness and attitudes.

Reduction in Service Gaps

- *Indicator:* Number of identified service gaps for the special needs community.
- *Measurement:* Regularly review service provision reports and feedback to identify and monitor service gaps.

Emergency Response Efficiency

- *Indicator:* Response time and effectiveness in handling emergencies involving special needs individuals.
- *Measurement:* Monitor and review incident reports for response times and outcomes.

Responsiveness

- *Indicator:* Instances of timely and effective action taken in response to feedback from clients and caregivers.
- *Measurement:* Monitor the time taken to implement changes after receiving feedback and assess the impact of these changes on service quality and satisfaction.

Children with Special Needs, Their Caregivers and Families

> *"I see a huge need because I'm also part of a special needs parent group and I see through that group a huge need for respite care in the community. There's a lot of parents who are struggling who have nobody else either that they don't trust other people with their children, or they just don't want to put the burden on other people and there really is no respite whatsoever."*
>
> CWP community engagement

The unique challenges and needs of children with disabilities and their families in urban Indigenous communities are multifaceted and require attention and comprehensive support. Some of these may be similar for Kahnawa'kehró:non, given Kahnawà:ke's geographic context in proximity to several large municipalities and the urban centre of Montreal – in this sense, the community may be considered peri-urban. We are also a relatively large First Nations community in terms of population. However, it must be noted that Kahnawà:ke is a sovereign self-governing territory, not under provincial or territorial jurisdiction, as "urban" Indigenous peoples often are classed. Practically speaking, many areas of the community are remote and rural as well.

With this context in mind, the issues highlighted in *Falling Through the Cracks: Canadian Indigenous Children with Disabilities and Jordan's Principle and Children with Disabilities and Special Needs: A Resource Guide and Analysis of Canada's Implementation* shed light on areas requiring continuous monitoring and attention (Dion, J. 2017; The First Nations Child & Family Caring Society of Canada in partnership with the Wabanaki Council on Disability and Mawita'mk Society 2021).

1. **Service Availability:** The lack of essential support services such as respite care, financial assistance, training for parents and foster parents, community-based therapeutic services (speech therapy, occupational therapy, etc.), early diagnosis, intervention services and continuity of services into adulthood is a prominent issue. These services are vital for the wholistic support and development of children with disabilities and their transition into adulthood.
2. **Cultural Appropriateness:** There's a noted lack of culturally anchored services and support, crucial for ensuring that care and assistance resonate with the community's cultural values and practices.
3. **Recreation and Cultural Learning:** Emphasizing the importance of recreation, cultural learning and providing opportunities for fun is essential for the well-being and wholistic development of children with disabilities.
4. **Early Intervention and Education:** Early childhood development is vital, yet there are systemic barriers to accessing early intervention and educational supports. Accessibility is not just about service availability but also about physical infrastructure and cultural relevance.

5. **Support for Caregivers:** The well-being of children is closely tied to that of their caregivers. Challenges like intense parenting, harnessing resources and feeling marginalized are common. Providing caregivers with adequate information and support is crucial.
6. **Post-Majority Services:** The transition to adulthood is a significant challenge due to the lack of post-majority support, leaving young adults with disabilities without necessary services as they age out of child-specific programs.

Addressing these challenges requires a multisectoral approach that includes expanding service availability, anchored in culture, focused on early intervention and with ongoing support to caregivers and young adults. This comprehensive support is essential for the well-being and inclusion of children with special needs and their families in Kahnawà:ke. For an example of how this approach is applied in the community, the KEC Special Education Program Philosophy is described below.

Highlight: Kahnawà:ke Education Centre Special Education Program Philosophy (Assisted Living Services 2021)

Through its special education program, the Kahnawà:ke Education Center (KEC) works from an inclusive and wholistic approach to student learning for all children, including those with special needs or disability. KEC's special education philosophy recognizes the unique learning styles and strengths of children, emphasizing community enrichment through nurturing individual abilities. The KEC special education program philosophy, guided by the Kahnawà:ke Education Responsibility Act (KERA) and school committee by-laws, ensures equitable access to education and support for students with special needs. The Special Education Policy advocates for inclusive education within a culturally anchored framework, emphasizing assessment, development and delivery of services.

The guiding principles of KEC's special education program emphasize the inherent right of Kahnawà:ke children to a quality, inclusive education that meets their special needs, ensuring their ability to reach full potential. Education is tailored to each student's social and academic needs, with a focus on safety and personal development. Services, provided by qualified personnel, are designed to be student-centred and responsive to individual challenges, aiming for measurable success within the community's financial means.

KEC's special education program is comprised of an array of comprehensive services within a supportive community framework. It emphasizes the crucial role of parental collaboration in developing individualized education plans (IEP) and adapting education to meet each child's unique needs. Identification and intervention processes ensure that any challenges are addressed early, with assessments forming the basis of personalized education strategies. Various specialized services including resource teaching, speech and language therapy, psychological services, occupational therapy, social and school counselling, art therapy and home-school liaison cater to diverse needs, ensuring a wholistic development. Transition meetings facilitate smooth progress between educational stages, while the student support room provides additional behavioural and emotional support. This multifaceted approach ensures all students can achieve their full potential in a nurturing, inclusive environment.

Programs, Services, Supports and Initiatives for Individuals with Special Needs and Their Families

Connecting Horizons

Connecting Horizons is a non-profit organization in Kahnawà:ke dedicated to supporting individuals with special needs, encompassing both intellectual and physical disabilities. It aims to make a significant impact by advocating for, helping and supporting people with special needs within the community. Through a Community Initiatives Fund grant, the organization is currently enhancing its services, including exploring dedicated transportation solutions for individuals with special needs to facilitate their mobility within and beyond the community. An accessible bus was purchased through the grant.

Kahnawà:ke's Assisted Living Services (ALS)

The Assisted Living Services (ALS) program at KSCS in Kahnawà:ke offers services to individuals with special needs and severe mental health conditions, along with caregivers and families. It encompasses two main components: **Family Support and Resources Services (FSRS) and the Independent Living Center (ILC).** FSRS focuses on empowering individuals and families living with special needs through programs like the Teen Social Club and Young Adults Program. These initiatives foster life skills, enhance self-advocacy and promote social integration.

Family Support and Resources Services Programs

The Teen Social Club, catering to youth over 13, operates as an after-school program, offering a range of life skills and social supports. It focuses on wholistic development and social integration, providing activities ranging from daily living skills to community outings. The Young Adults Program, a day program for individuals aged 21 and above, extends these supports, helping participants integrate into the community.

The Independent Living Centre

The Independent Living Centre (ILC) is a 12-bed residential facility that addresses the needs of those with severe and persistent mental health conditions through a comprehensive care approach. This 12-bed residential facility provides a safe, structured environment where residents can access an interdisciplinary mental health team, including case workers, life skills workers and, when needed, mental health nursing, physicians, pharmacists and psychiatrists. The ILC's goal is to build upon individual assets, fostering autonomy and independence and integrating residents as active, engaged members of society.

Challenges Experienced by Assisted Living Services, and Needs from its Unique Perspective

The community engagement and document review in 2023, as part of this planning process, brought to light several challenges faced by staff and community members in Assisted Living. Despite the significant contributions of this program, it faces challenges that impact its effectiveness. A major issue is the **limited physical space** (in size and layout), especially in the ILC facility, which hinders the ability to expand and diversify services. The COVID-19 pandemic and social isolation measures further highlighted the urgent need for space-related improvements to safely cater to the community's increasing needs. Another challenge is the **misconception across the community and among health and social care services about the ILC's role**, often seen as a social placement rather than a specialized mental health facility.

Weekend services, particularly in terms of activities, also need expansion and improvement. Limited human resources availability affects services for clients who are at high risk of experiencing loneliness and isolation. Additionally, mental health and well-being, particularly within the context of special needs and disabilities, emerge as significant issues. There's also an intersecting **pressing need for strategic cross-sectoral plans to care for the aging and frail elderly population, especially those with disabilities and special needs, including aging caregivers.**

Effective cross-sectoral initiatives are essential to integrate Kahnawa'kehró:non with special needs and disabilities into the community. This includes promoting accessibility and community awareness and providing meaningful vocational opportunities. Such initiatives not only help individuals with special needs feel empowered and engaged but also reinforce their role as valuable members of the community and our larger society.

While the ALS program in Kahnawà:ke plays a crucial role in supporting these individuals and their families, strategic **enhancements in physical infrastructure, human resources and community understanding are needed to better meet community needs**. This comprehensive approach is vital to ensuring that all members of the community, regardless of their abilities, receive the support and opportunities they deserve.

Elders with special needs

Elders are very important members of Kahnawà:ke's community and are to be highly respected and revered. They embody language, wisdom, traditions and ancestral knowledge, making their well-being a priority. Their role in imparting knowledge and traditions and nurturing younger generations places them at the heart of the community's identity and sustainability. Elders are not only respected for their historical knowledge but are also seen as active contributors to community life, offering guidance and wisdom.

Therefore, wholistically supporting the wellness of Elders – including those with special needs and their caregivers and families – is essential to maintaining the cultural continuity and health of the

community. This responsibility involves ensuring that they live with dignity, have access to the care they need and remain integrated within the fabric of the community – thereby preserving their crucial roles as mentors, educators and custodians of culture.

While Elders in Kahnawà:ke are deeply revered and hold a central role in preserving cultural heritage and wisdom, their lived realities – especially for those with special needs – can be quite challenging. Despite their esteemed status, these Elders can be at increased risk for **isolation, neglect, abuse and marginalization**, underscoring a pressing need for robust support systems. There is a gap between the community's respect for Elders and the actual support they receive. Community engagement and document review as part of the CWP development in 2023 revealed the urgent need to address their multifaceted challenges comprehensively, including:

- **Elder Isolation and Loneliness:** Elders experience isolation, which impacts their mental and emotional well-being. This isolation can be due to mobility issues, loss of peers or living away from family. Programs focusing on social engagement and community integration are vital in mitigating this isolation.
- **Accessibility:** Accessibility concerns range from physical barriers in homes to limited access to community events and services. Ensuring homes are adapted to their needs and ensuring community spaces are Elder-friendly is crucial. This should be developed within a fulsome accessibility framework focused on removing barriers to ensure everyone, regardless of ability, has equal opportunities to access and benefit from full participation in community life. The RAPPH ramp program, administered by MCK, has limited funding, which the community's need surpasses.
- **Caregiver Distress:** The caregivers, often family members, face challenges balancing their personal lives with the demands of caregiving. This situation calls for support mechanisms like respite care, counselling and caregiver support groups.
- **Intermediate Care Gap:** There is an observable lack of intermediate care services for Elders who need more support than homecare but are not candidates for long-term care in a hospital setting. This gap can lead to premature institutionalization or inadequate care at home, as has been identified as a significant issue within Kahnawà:ke.
- **Elder Abuse:** Addressing and preventing elder abuse in all its forms is critical. This requires awareness campaigns, protective services and a supportive environment where Elders feel safe to report abuse.
- **Housing and Financial Challenges:** Many Elders live in homes that aren't adapted to their needs; coupled with financial constraints, these factors can lead to unsafe living conditions. Adequate, safe housing and financial support services are necessary.
- **Nutrition and Food Security:** Access to nutritious food is fundamental for Elder health. Community programs focusing on nutrition education and food accessibility are essential.
- **Transportation Services:** Dependable transportation is key to ensuring Elders can attend appointments, participate in community activities and maintain their independence.

Kahnawà:ke Home and Community Care Program needs assessment project (2024)

Kahnawà:ke's Home and Community Care (HCC) program, a collaborative effort between Kateri Memorial Hospital Centre (KMHC) and Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS), provides wholistic care to various age groups, including a significant focus on Elders. The program's comprehensive services encompass clinical, psychosocial and homecare, addressing a wide spectrum of needs – from chronic disease management to healthy lifestyle promotion. Its multidisciplinary team approach ensures a coordinated and effective care plan for each individual, aiming to enhance their quality of life while prioritizing safety and independence. One of the program's objectives is to assist Elders in remaining at home for as long as possible, which aligns with the community's value of respecting and honouring its Elders.

An **ongoing HCC needs assessment project – to be completed by summer 2024** – is a proactive step towards understanding and bridging gaps in Elder care, with special attention to those with special needs. This assessment will identify current service shortcomings, potential areas for collaborative improvement, and strategies to align the services more closely with the needs of Elders with special needs. The assessment will also explore the evolving needs at facilities like the Turtle Bay Elders Lodge, considering the increase in care requirements and the community's need for intermediate care models and infrastructure.

The Need for a Wholistic Needs Assessment and Strategy to Support Individuals with Special Needs, Caregivers and Their Families: A CWP Priority

> *"I think a lot of our elders are left out of the loop as well within the community. They're there, they exist. I mean, if we didn't have the hospital, if we didn't have an independent care facility or the elders lodge, where would these people be? And my concern right now, or my concern years ago, is what happens to the children that are here now, like my two children with ADHD, and my younger son has problems with addictions and different disabilities. What happens to them when I'm too old and I'm in the hospital? Who's going to be there to support them with their needs?"*
>
> CWP community engagement

To meaningfully and respectfully address the needs of individuals with special needs in Kahnawà:ke, as well as their caregivers and families, **an updated, wholistic and comprehensive needs assessment and subsequent strategy are needed**. The needs assessment and strategy should be family and community-oriented and aligned with Haudenosaunee wholistic concepts and understandings relating to disability and wellness. Furthermore, they should incorporate the principles of the social model of disability, focusing on societal barriers, universal accessibility and cultural contexts rather than individual impairments.

This process should take a **comprehensive approach that acknowledges the community's unique cultural context**. It can leverage a wholistic framework that addresses physical, emotional, mental, social, cultural and spiritual dimensions. It should aim to be inclusive and empowering, giving a voice and agency to those with special needs and their caregivers. It should be grounded in a strengths-based framework, drawing on the community's resources and assets to create sustainable solutions.

Throughout this process, **collaboration and partnership are central** to ensure a comprehensive and inclusive approach. This should involve health care providers, community organizations (e.g., Connecting Horizons) and – most importantly – it is crucial to fully involve both individuals with special needs and their families and caregivers.

Several priority areas for wellness of individuals with special needs and their families have already been identified throughout this chapter. They each warrant careful attention, further investigation and assessment:

1. First is the need for a significant **enhancement of support systems for caregivers**, who are known to face high levels of distress. This enhancement would encompass providing essential resources, respite services and extensive support mechanisms.
2. The second priority area relates to challenges in **service accessibility and navigation**, as well as the need

to **simplify and streamline support systems and processes**. These are essential to ensure that community members can more easily utilize available care services.

3. Third is the need to develop **wholistic and accessible intermediate care solutions**, catering to individuals whose care requirements are more complex than what HCC offers yet do not necessitate admission to long-term care facilities. This intermediate care model is a vital link in the continuum of care, filling a significant gap in current service provisions.
4. The fourth focal point is the cultivation of **culturally safe care systems and practices**, ensuring that care approaches are not only respectful but also deeply attuned to the unique cultural nuances of each person.
5. Fifth, to have robust **community engagement** and heightened awareness about disabilities and special needs. This involves active community participation in supportive initiatives and increasing the community's overall understanding of these issues.

Each of these areas needs to be further validated, refined and detailed through a needs assessment. Such a needs assessment would provide a comprehensive, nuanced understanding of the community's needs, ensuring that the strategy developed is well-informed and tailored to the specific needs of the community for the years to come.

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15. Socioeconomic Determinants Domain: Housing, Poverty and Income Insecurity

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Highlights

- **Socioeconomic determinants** are **proximal social determinants of Indigenous health (SDIH)** that strongly influence the community's health and wellness, as well as equity.
- Two high-priority socioeconomic determinants consistently identified as Community Wellness Plan (CWP) subdomains in Kahnawà:ke relate to **Housing** and **Poverty and Income Insecurity**.
- **Housing** has been deemed a CWP priority in Kahnawà:ke through community engagement and assessment activities, such as the 2022 Kahnawà:ke housing surveys and 2023 Kahnawà:ke housing review. These activities, including the CWP community engagement, underscored the **multifaceted nature of housing challenges**. The following key dimensions related to housing issues were identified: **accessibility, affordability, safety and cultural considerations**. Furthermore, the **shortage of housing and land in Kahnawà:ke** emerged as a key challenge, as well as issues related to present **housing policies and legal frameworks.**
- A number of **housing-related indicators** specific to Kahnawà:ke are available and could potentially guide CWP activities. These include affordable housing availability, housing quality improvement, housing satisfaction rate, cultural appropriateness of housing, emergency housing accessibility, home ownership rate, sustainable housing development and efficiency in housing service delivery.
- Certain subpopulations, such as women, children, lone-parent families and people with disabilities, have higher risks of experiencing poverty and income insecurity.
- Initiatives to address poverty in Kahnawà:ke should focus on **the development of strategies to address the lack of accurate, comprehensive and updated data related to poverty and income insecurity (with a special focus on equity)**. It is important to build upon existing community programs and services and to leverage and develop indicators highlighted and recommended in this chapter.

Introduction to Socioeconomic Determinants: Housing and Income

This chapter focuses on the **CWP's Socioeconomic Determinants domain**, which in the Tree Metaphor are proximal stem determinants that strongly influence the community's health and wellness, as well as equity.

The CWP development's extensive engagement and comprehensive review of organizational documents and statistics validated the importance of addressing **two strongly interrelated yet distinct Socioeconomic Determinant subdomains** for Kahnawà:ke:

- **Housing**
- **Poverty and Income Insecurity**

Although these two areas were highlighted by the community as the major subdomains, this does not mean other socioeconomic determinants should be forgotten, since they are all strongly interrelated factors that influence community health, wellness and equity. Food security and insecurity are discussed within the Environmental Stewardship, Land and Food Sovereignty domain chapter.

Housing as a Determinant of Community Wellness

> *"There is a lack of resources in our community. We live on a very small area, and there's not enough houses for the people that are here. So a lot of people are forced to leave and live in surrounding communities."*
>
> CWP engagement

Housing was consistently identified through the CWP community engagement process as a high-priority area for the community's wellness. According to the National Collaborating Centre for Indigenous Health, housing quality, affordability, location, appropriateness and accessibility are all important determinants of health (National Collaborating Centre for Indigenous Health 2020). Though housing has not been included in past community health plans, in response to the community engagement in 2023, we are including housing as a subdomain in the CWP. This means we are realigning the community's wellness to be bigger than just our previous definitions of health and social services. This also implicates federal, provincial and community partners beyond Onkwata'karitáhtshera, the provincial Ministry of Health and Social Services, the CISSSMO, and ISC/FNIHB, to include other departments.

Poor housing conditions have been associated with increased risk of infectious and respiratory illness, chronic disease, injuries, violence and mental disorders. On a mental and emotional level, housing conditions impact a person's sense of safety, belonging and control. A lack of affordable housing, homelessness and use of temporary shelters have been evidenced in the literature as significantly contributing to poor health outcomes and an increased risk of premature death (Government of Canada 2019; National Collaborating Centre for Indigenous Health 2020). Unsuitable and inadequate housing, including overcrowding, is associated with sleep deprivation, lower educational success among children, increased risk of housefires and increased threats of child apprehensions, all of which can lead to other health and well-being impacts (National Collaborating Centre for Indigenous Health 2017).

Minimum Standards for Acceptable Housing

The Canada Mortgage and Housing Corporation (CMHC) establishes the minimum standard for acceptable housing, which entails meeting the following requirements:

- *Adequate*: does not require any major repairs according to residents
- *Suitable*: has enough bedrooms for the size and makeup of resident households
- *Affordable*: housing costs less than 30% of before-tax household income

Housing falls into core housing need when one of these standards is not met.

Source: (Canadian Mortgage and Housing Corporation 2019)

Demographic and socioeconomic trends Kahnawà:ke, including those related to an aging population, are compounded by a lack of available land and a housing shortfall of several hundred homes. These issues are highlighted by the Mohawk Council of Canada Housing Review 2023, discussed later in this chapter (Daniel J. Brant & Associates 2023).

On-Reserve Housing as a National Policy Priority

> *"… access to safe and affordable housing is essential to developing healthier, more sustainable Indigenous communities, improving social wellbeing, and supporting full participation of Indigenous people in Canada's political, social and economic development to the benefit of all Canadians."*
>
> Indigenous and Northern Affairs Canada, 2016a

As the quote above illustrates, housing is an important determinant of wellness. In Canada, the federal government announced the National Housing Strategy (Government of Canada 2019) and introduced three new streams of funding for on-reserve housing in its 2016 budget:

1. On-Reserve Housing Immediate Needs Fund – for communities in immediate need of construction of multi-unit housing, renovations, and additions or lot servicing
2. On-Reserve Housing Capacity Development Fund – for projects that increase the abilities of people to govern, manage and maintain their housing portfolio
3. On-Reserve Housing Innovation Fund – for communities using innovative approaches to housing management and governance that benefit the entire community

This is in addition to the First Nation On-Reserve Housing Program, which supports First Nation communities to build affordable rental housing units on reserve through financial subsidies and loans to help purchase, rehabilitate and manage non-profit housing (Canadian Mortgage and Housing Corporation 2018).

Although housing is identified as a prominent priority within the Canadian national policy landscape, a number of challenges have been highlighted that demonstrate the need for housing to be understood and addressed in the context of the broader socioeconomic determinants of health (National Collaborating Centre for Indigenous Health 2017).

For example, the 1996 Royal Commission on Aboriginal Peoples identified three key problems with respect to Indigenous housing policy in Canada (Hurley, M. and Wherrett, J. 1999):

1. Lack of adequate incomes to support the acquisition of housing
2. Absence of a properly functioning housing market in many communities where Indigenous people live

3. Lack of clarity around agreement on the nature and extent of government responsibility to respond to the problem

On reserve, the housing policy is further complicated by the application of the Indian Act (1867) and collective systems of land tenure. In Kahnawà:ke, the Kahnawà:ke Residency Law represents one of the measures adopted by the community and the Mohawk Council of Kahnawà:ke to regulate residency in light of the limited resources in the community. This law determines who can and cannot live in Kahnawà:ke, including the Tioweró:ton Territory, and includes criteria for residency, land allotment entitlement and related policy. Thus, these policies and their impacts on housing must be fully considered by the community (Mohawk Council of Kahnawà:ke 2020).

Housing as a Priority in Kahnawà:ke

In recent years, various community engagement and assessment activities have been undertaken to better understand the current housing situation in Kahnawà:ke. This includes the 2022 Kahnawà:ke housing surveys and a 2023 Kahnawà:ke housing review. Findings from those engagements and assessments were validated by the CWP consultations and engagements, which **identified the following key issues related to housing:**

- Quality and maintenance
- Affordability
- Cultural preservation considerations
- Housing options
- Capacity building and governance
- Strategies to accommodate future housing needs

2022 Kahnawà:ke Housing Surveys

The Mohawk Council of Kahnawà:ke's (MCK) Housing Unit published the results of two recent surveys (January and February 2022, respectively – see http://www.kahnawake.com/org/sdu/housing). The surveys provide a rich and multidimensional view of the housing situation, challenges and aspirations within the community.

- **Quality and maintenance:** The reports consistently highlight concerns about the aging state of housing infrastructure and housing quality, types and ownership status. There is a focus on issues like overcrowding, maintenance and the need for renovations. Residents pointed out issues like leaky roofs and poor insulation. Quotes from the surveys underscore these concerns, with one respondent stating, "Our house is old and constantly needs repairs, which is financially draining."
- **Housing preferences:** The community's housing landscape is diverse, with a mix of single-family homes and modern apartments. There is a desire for more affordable housing options, better quality construction and specific amenities. The preference for single-family homes over apartments was noted, but there was also an emerging interest in more communal living arrangements, reflecting a shift towards fostering a closer-knit community.
- **Affordability:** A predominant theme in both reports is the struggle with housing affordability. The high cost of living in Kahnawà:ke has made finding affordable housing a significant challenge for many;

as one respondent put it, "The cost of living is high, and finding affordable housing is a challenge for many in our community." The financial burden of housing, alongside the limited availability of desired housing types, emerged as key barriers. The reports detail the challenges faced by community members, especially those with lower incomes, in accessing suitable housing.

- **Cultural considerations:** The community members expressed a strong desire for housing that reflects their cultural heritage. This includes incorporating traditional designs and materials in construction.

Between the two surveys, there is a discernible difference in housing preferences and perceptions. The second survey indicates a growing interest in community-led housing initiatives and sustainable living options. Survey respondents indicate that policy changes are needed to support affordable and culturally anchored housing while highlighting the need for streamlined housing approval processes and increased funding for community-based housing projects. A significant focus is on the potential of community-led initiatives to address housing challenges, with an emphasis on projects that are not only practical but culturally resonant.

2023 Kahnawà:ke Housing Review

In January 2023, a consulting company conducted a review of the housing situation in the Kahnawà:ke community, highlighting key challenges, needs and future directions (Daniel J. Brant & Associates 2023). Central to the findings were an array of challenges, based on the community's experiences. Staff shortages in housing services emerged as a critical issue, alongside the revelation of unmet and emerging client needs that pointed towards a latent housing demand. The review illuminated unregulated construction practices and a lack of effective enforcement as significant concerns. Moreover, inconsistencies in accountability mechanisms and the complexities of accessing funding for housing projects were highlighted as key hurdles.

The review identified **specific demographics with the most acute housing needs, including young parents, low- to medium-income households, seniors and the homeless**. It painted a picture of a community grappling with policy enforcement inconsistencies, financial literacy gaps, non-compliance with housing payments,and an ever-increasing demand for services.

Looking ahead, the **report projected a significant population increase within the community by 2031**, necessitating a strategic and forward-thinking approach to housing. It acknowledged the dynamic nature of construction costs, influenced by factors like inflation, design choices and materials used.

The recommendations and action plan highlighted governance and coordination as key areas of focus, with suggestions to clarify the mandate of MCK's Housing Unit and streamline roles and responsibilities. The report also emphasized the importance of community-wide planning, advocating for a shift towards data-driven policies and inclusive land use and urban planning.

Specific program and service enhancements were also recommended, including the development of emergency housing to address immediate needs, expansion of low-income housing in anticipation of demographic shifts, and revisions to financial assistance programs. The report

called for a focus on building and repair standards, incentivizing local contractors and implementing incentive programs for rent and loan payments. Additionally, it highlighted the need to substantiate the demand for student and senior housing and to advocate for the regulation of the private housing market.

Towards the end of the report, an ***Action Plan*** was presented, outlining specific steps for implementation, setting timelines and defining responsibilities. The plan underscored the necessity of collaboration among various stakeholders, including community leaders, housing authorities and residents. It painted a vision of a future where sustainable and culturally anchored housing solutions are realized through community engagement and support. The housing report presented a narrative of a community at a crossroads, facing pressing housing needs yet poised to embark on a transformative journey towards a more sustainable and inclusive housing future.

2023 CWP Community Engagement Findings

The CWP community engagement process validated the housing challenges identified in the previous housing community surveys and housing review, reflecting the multifaceted nature of housing challenges related to **accessibility, affordability, safety, and cultural considerations**.

The major issue identified within the CWP engagement process highlighted the shortage of housing and land for housing in Kahnawà:ke. This shortage was identified as pressing issue, particularly affecting vulnerable populations. Affordability concerns underscored the necessity for more accessible housing options; quality and safety standards were also identified as important areas of concern, signalling a need for improved maintenance and housing regulations to ensure residents' well-being.

> *"First of all, housing is a massive issue here, right? There's a huge discrepancy of income. Some people are very rich, and some people are very poor. ... There's not a whole lot of subsidized housing."*
>
> CWP engagement

Community members also identified **instances of discrimination with regards to housing (e.g., gender related), which highlights the potential need for further exploration into strategies to mitigate this concern, such as the development of inclusive housing policies**. Moreover, tailored resources for special needs populations, along with cultural integration in housing design, were identified by the community as essential elements to foster a sense of belonging and identity.

> *"They were saying they faced discrimination based on their gender and their identity in terms of housing. And there were inequities, and when they tried to address the discrimination the landlord basically kicked them out. And there's not a tenant board or a landlord board or anything in Kahnawá:ke."*
>
> CWP engagement

Economic factors, including poverty and unemployment, were also cited as concerns that intersect with housing stability. Finally, the need for sustainable housing solutions that meet the diverse needs of the community was seen as critical.

Housing-Related Indicators for Consideration

Based on the surveys and housing review reports, and informed by the CWP engagement data, the following housing-related indicator domains could be strategically focused on over the next decade. These indicators align with the key challenges, needs and objectives identified in the surveys and housing review.

- **Affordable housing availability**: Availability and overall proportion of affordable housing units.
- **Housing quality improvement**: Number of homes requiring major repairs.
- **Community satisfaction rate**: Annual survey results measuring community satisfaction with housing options.
- **Cultural appropriateness of housing**: Number of housing projects incorporating traditional Mohawk cultural elements.
- **Emergency housing accessibility**: Availability and turnaround time for emergency housing provisions.
- **Homeownership rate**: Rate of homeownership, especially among low- to medium-income households.
- **Sustainable housing development**: Number of housing units meeting sustainable building standards.
- **Efficiency in housing service delivery**: Processing time for housing applications and services.
- **Financial literacy and housing education**: Participation rates in housing-related financial education programs.
- **Seniors and special needs housing solutions**: Availability and overall proportion of housing tailored to seniors and individuals with special needs.

These indicators focus on improving both the quantity and quality of housing, ensuring cultural relevance, enhancing service efficiency and addressing the needs of special groups within the community.

Poverty and Income Insecurity as a Determinant of Wellness

Across Canada, statistics have shown that Indigenous people experience higher rates of poverty when compared to non-Indigenous populations. Poverty is defined by the National Collaborating Centre for Indigenous Health (NCCIH) as "having a lack of access to, or the skills to acquire, sufficient material and financial resources required to thrive." Additionally, research has shown that certain Indigenous community members are at a higher risk of experiencing poverty, including women, children, lone-parent families (particularly ones led by the mother), families with larger numbers of children under the age of 18, and people with disabilities (Poverty Action Research Project 2018; Beedie, N., Macdonald, D., and Wilson, D. 2016; National Collaborating Centre for Indigenous Health 2020). This inequity is largely due to the conditions created by colonization and ongoing systemic racism.

> *"I work six days a week, probably. And we're like, keeping our heads above water. I feel like I'm in a big, rapid current, and once in a while there's like a stick that I can grab onto, take a breath and then right back in under."*
>
> CWP engagement

Unfortunately, poverty rates have been steadily increasing in the last 20 years within Indigenous communities in Quebec, highlighting the need for immediate and dedicated action (Beedie, N., Macdonald, D., and Wilson, D. 2016). For example, in 2008, First Nations communities in Quebec had a social assistance rate of nearly 50%; this rose to nearly 60% in 2016 and is continuing to trend upward (Beedie, N., Macdonald, D., and Wilson, D. 2016).

For Indigenous people, poverty is rooted in historical contexts of colonization and colonialism. Historical injustices such as displacement, forced relocation, the Indian Act reserve system, disenfranchisement and the destruction of traditional economies, in addition to persistent and widespread racism and discrimination, have had a profound effect on the socioeconomic well-being of Indigenous people (National Collaborating Centre for Indigenous Health 2020; Beedie, N., Macdonald, D., and Wilson, D. 2016).

This situation is perpetuated through the historical and current underfunding of Indigenous programs and services related to education, training, and employment and economic development, among others. As a result of this inequity, Indigenous people are set up for a disadvantage in terms of educational and employment opportunities, which has made it difficult for Indigenous people to break the cycle of poverty and, in turn, improve health outcomes (Wien, Fred 2017; National Collaborating Centre for Indigenous Health 2020).

There is compelling evidence that poverty has a profound effect on several other root determinants of health. For example, research from the National Collaborating Centre for Indigenous Health has shown that individuals living in poverty tend to have reduced access to health services, are more likely to experience childhood neglect, have poorer

nutrition, have reduced access to formal physical activity, and are subject to increased stress and family conflict, including violence (National Collaborating Centre for Indigenous Health 2020). They are also more likely to have difficulty finding and keeping a job, to have experience with the criminal justice system, to live in a dwelling requiring major repairs, to experience food insecurity and to have their children placed into protective care.

Through these pathways, poverty also contributes to higher rates of mortality, disability and premature deaths. According to the National Collaborating Centre for Indigenous Health, Indigenous people living in poverty also experience higher rates of chronic conditions and mental health issues, suicide and injuries (National Collaborating Centre for Indigenous Health 2020).

> *"Living in conditions of low income have been linked to increase illness and disability, which in turn represents a social determinant, which is linked to diminished opportunities to engage in gainful employment, thereby aggregating poverty."*
>
> (National Collaborating Centre for Indigenous Health 2020)

Poverty among Indigenous Populations in Quebec

The disproportionate prevalence of poverty among First Nations communities compared to the broader Canadian population has been clearly articulated (Assembly of First Nations 2007). Specifically, there is a significant income disparity between Indigenous and non-Indigenous people within Quebec, with First Nations people often earning much less than the average Quebec resident, directly impacting their levels of poverty.

The economic struggle within Indigenous populations is further reflected in the Community Wellbeing Index scores, published by Indigenous Services Canada. The index assesses the socioeconomic well-being in Canadian communities through the measurement of four indicators – education, labour force activity, income and housing – which are derived from Statistics Canada Census data and combined to give each community a well-being "score" (Government of Canada 2021).

These scores are subsequently used to compare well-being within First Nations and Inuit communities to well-being in other Canadian communities. Data from the Index has found that First Nations communities lag considerably behind other Quebec communities in all areas of well-being. The comparison with the broader Canadian population reveals additional disparities, such as higher unemployment rates and lower educational attainment among Indigenous peoples in Quebec, highlighting deep-rooted systemic issues.

Poverty as an International and National Policy Priority

Within the national and international policy landscape, poverty has been identified as a priority that requires immediate attention as a fundamental determinant of health and well-being. For example, the Act to Combat Poverty and Social Exclusion (R.S.Q., c.L-7), enacted by the National Assembly of Quebec, was developed to guide both the government and Quebec society towards concerted efforts in combating poverty, preventing its causes, countering social exclusion and striving for a poverty-free Quebec (Government of Quebec 2002).

At a national level, in 2018, the Canadian government announced its first Poverty Reduction Plan (Government of Canada 2015). "Opportunity for All – Canada's First Poverty Reduction Strategy" is a comprehensive, wholistic, social determinants of health approach to tackling poverty, founded on three pillars upon which future government investments in poverty reduction should be built: dignity, opportunity and inclusion, and resilience (Government of Canada 2015). This strategy commits the government to work closely with national Indigenous organizations to identify and co-develop culturally anchored indicators of poverty and well-being.

Internationally, poverty is highlighted as a pivotal and necessary element of health and wellness. For example, the Universal Declaration on the Rights of Indigenous People (UNDRIP) highlights socioeconomic

determinants as fundamental human rights that all individuals are entitled to (United Nations 2021). Furthermore, the United Nations 2030 Agenda for Sustainable Development, implemented in 2015, is focused on actions that address the socioeconomic determinants of Indigenous health in a way that resonates with Indigenous peoples' worldviews and acknowledges the right to self-determination, including use of land and actions to sustainably strengthen Indigenous economies (United Nations 2015).

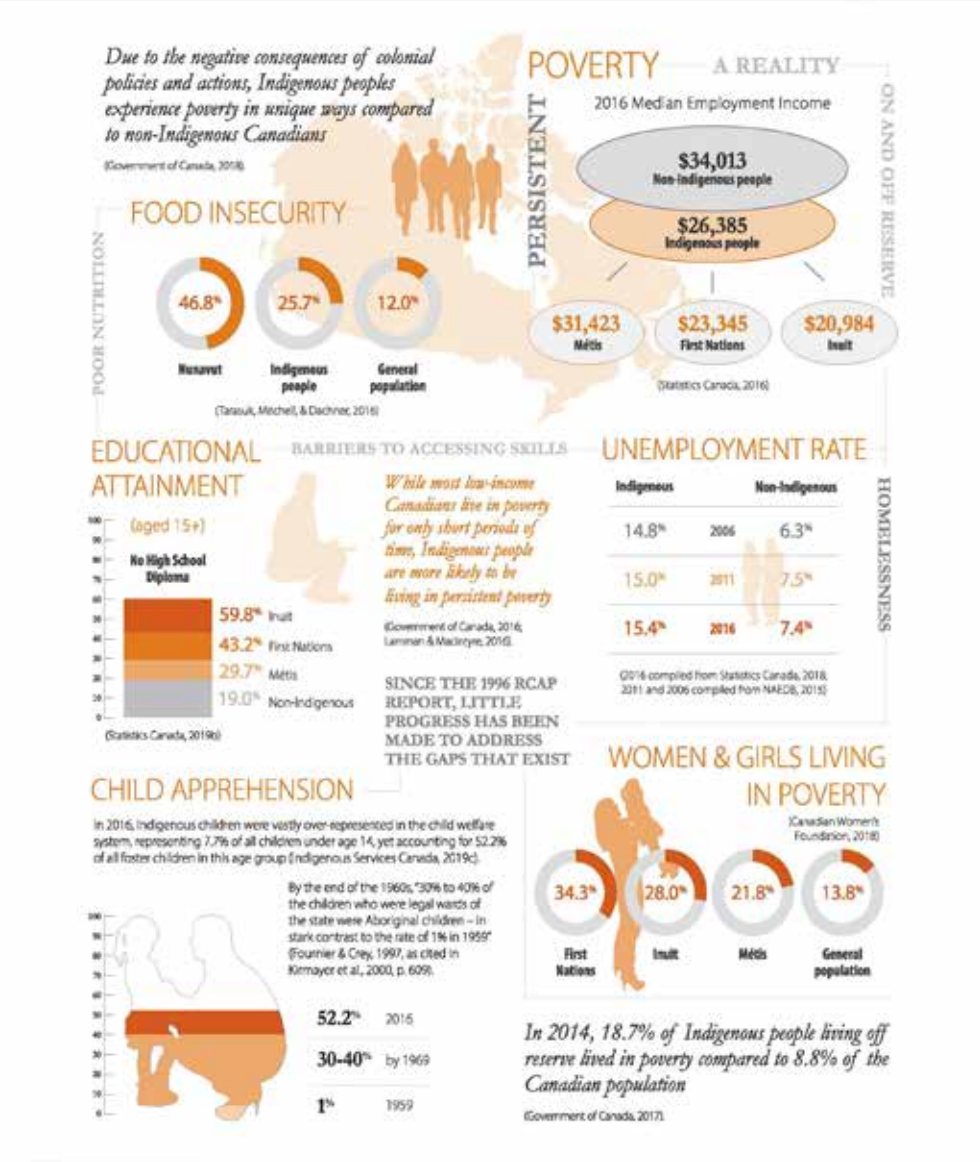

Figure 48: Overview of the negative consequences of historical colonial policies and actions on income security of Indigenous peoples in Canada (National Collaborating Centre for Indigenous Health 2020). Reproduced from: https://www.nccih.ca/495/Infographic__Poverty_as_a_social_determinant_of_First_Nations,_Inuit,_and_M%C3%A9tis_health.nccih?id=290

Poverty and Income Insecurity in Kahnawà:ke

Poverty is a concerning issue within Kahnawà:ke, evidenced by the available data. For example, statistics on poverty in **Kahnawà:ke's Child and Family Report (2020) found that 20.5% of households in Kahnawà:ke have a wage income below the poverty line, with earnings less than $15,000**. Additionally, **36% of households have a wage income below $30,000, which, when accounting for inflation, suggests that almost half of the community might be earning below a comfortable living wage**. Furthermore, 65.4% of Kahnawà:ke's households receive some form of government support (e.g., retirement pensions, social assistance, family allowance/child care benefits), potentially indicating a reliance on external financial assistance to meet basic needs for a significant portion of the population (KSCS Child and Family Report 2020).

Additionally, a 2012 report by Tewatohnhi'saktha highlighted a number of concerning trends indicating declining socioeconomic conditions within Kahnawà:ke, including an increase in unemployment, high school dropout rate increasing, social assistance recipients increasing, youth protection cases increasing, an increase in numerous various social issues, and the median household incomes declining. Given that this survey was published over 10 years ago, an updated survey would help us understand the more recent trends of the last 10 years and the current socioeconomic wellness picture of the community.

Programs and Services Focused on Poverty and Income in Kahnawà:ke

Within Kahnawà:ke, a number of key organizations are working towards initiatives intended to reduce poverty through targeted programs, services and supports aimed at helping individuals, families and the community at large. Some examples highlighted below are the Mohawk Council of Kahnawà:ke (MCK) Social Assistance Program, Tewatohnhi'saktha and the Orville Standup Memorial (Kateri) Food Basket. A full environmental scan of systems, programs and services addressing poverty and income insecurity is required as part of the CWP domain work.

MCK Social Assistance Program

Programs and services within Kahnawà:ke that provide income supports are delivered through the Mohawk Council of Kahnawà:ke Social Assistance Program. It provides financial supports to community members as a "last-resort income," making sure individuals and families have the minimum income amount per month to survive. In addition to administering the social assistance program, MCK's Client Based Services Unit delivers comprehensive and wholistic programs that include culture and language programs, referrals to other programs in the community, and various other supports and resources.

Tewatohnhi'saktha

Tewatohnhi'saktha is Kahnawá:ke's economic development commission, focused on helping people acquire the knowledge and skills to obtain gainful employment and providing local entrepreneurs with support to maintain and expand their business. Tewatohnhi'saktha initiatives include:

- From 2015-2024, supporting the *Kahnawà:ke Collective Impact* process as a response to the need for community-wide collaboration and support as vital to finding solutions to the socioeconomic challenges within the community, ensuring these approaches are well supported and effectively implemented to achieve positive outcomes
- Assuming leadership of the collective effort to promote and position Kahnawà:ke as a key destination for religious, cultural and leisure tourism, specifically through the Kahnawà:ke Welcome Centre and Kahnawà:ke Tourism
- Development and support of the Shop Kahnawà:ke First promotional campaign in an effort to encourage community members to purchase local products and services as a mechanism by which to support Kahnawà:ke businesses and help stimulate the local economy

Orville Standup Memorial (Kateri) Food Basket

The Orville Standup Memorial (Kateri) Food basket program provides fresh food delivered monthly to registered recipients. Driven by its mission, "Everybody deserves good food and dignity," the food basket also runs a donation program that provides clothing, baby items, school supplies, household items and other essentials for individuals and families at no cost.

> *"Some people in the community are too proud to reach out to the food basket or any of those resources."*
>
> CWP engagement

The 2009-2029 Shared Community Vision related to the CWP's Socioeconomic Domain

The 2029 Shared Community Vision for Kahnawà:ke (Appendix) provides a forward-thinking, promising and inspiring vision related to addressing the CWP's Socioeconomic Determinants domain, highlighted below.

Excerpt from the 2009-2029 Shared Community Vision Statement

"Kahnawà:ke is an independent self-governing community in control of our opportunities. All people are treated equally. The people are the government and have a voice in the direction of the future. We are an economically self-sufficient community with an expanded land base, where individuals are provided opportunities and encouraged to succeed. All Kahnawa'kehró:non are well and fully-educated in mainstream and Onkwehón:we philosophies, confident in who we are."

Indicators Related to Poverty and Income Insecurity

To properly address the issue of poverty within Kahnawà:ke, there is a need to further explore and understand poverty within the context of the community. Although data related to the economic and educational status of parents was attempted to be collected within the Regional Health Survey in 2015, many people did not answer survey questions about household income (Onkwata'karitáhtshera 2023).

Thus, a key step in addressing poverty within Kahnawà:ke is to better understand poverty and the interrelationships with other SDIH. This could be done by leveraging indicators related to poverty already available within the community, as well as the development of new, culturally anchored poverty and income insecurity–related indicators.

Quality data, collected using indicators related to poverty and intersection of poverty with other socioeconomic determinants, can help strategies promoting equity, supporting capacity building and self-determination, to address poverty and income insecurity in the community. Within Kahnawà:ke, several organizations collect indicators related to poverty that could be leveraged to inform the CWP work related to poverty. These indicators are summarized below.

Indicators Related to Poverty in Kahnawà:ke

Kahnawake Shakotiia'takehnhas Community Services Prevention & Support Services Kahnawà:ke Child & Family Services (CFS) Plan Enhanced Prevention – Focused Approach Action Plans (February 2020)

Educational attainment

- % of Kahnawa'kehró:non in different age groups with highest level of education
  - trade
  - undergraduate
  - post-graduate
- dropout rates
- student enrollment

Socioeconomic data

- Profile of Kahnawà:ke business environment
- Occupation and employment data (unemployment rates)
- Income (wages, income from employment insurance, government retirement pensions, social assistance, family allowance/child care benefits, etc.)

Mohawk Council of Kahnawà:ke (MCK) Social Assistance Program (KSAP)

- Individuals/families receiving financial support (employment insurance, government retirement pensions, social assistance, family allowance/child care benefits, etc.)
- Disability subsidy
- Other benefits (household heating benefits, moving benefits, etc.)

Other indicators that are potentially available in Kahnawà:ke:

- Number of people who need financial support in the community
- Percentage of the households who are below the poverty line
- Social assistance rate
- Employment assistance caseload

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16. Core Community Wellness Programs, Services and Organizations

16. Core Community Wellness Programs, Services and Organizations

Background and Context

An essential part of the work to maintain Kahnawà:ke's community wellness is carried by core health and social service programs. The organizations responsible for these programs are also represented at the Onkwata'karitáhtshera Table. They are the Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center, Shakotiia'takehnhas (KSCS), and the Tsi Ron'swahthà:ke Kahnawà:ke Fire Brigade and Ambulance Service. The Mohawk Council of Kahnawà:ke also supports and mandates each of these organizations. Each organization undertakes its own planning process; these have informed the Community Wellness Plan (CWP) and are summarized in this chapter. Future strategic planning processes will also be informed by this CWP.

This chapter first introduces the strategic and program plans and then provides a synthesis of plans for the delivery of the core health and social services.

Some of these services are also programs mandated by the First Nations and Inuit Health Branch (FNIHB) of Indigenous Services Canada (ISC) under its Health Transfer Agreement with Kahnawà:ke, or by Health Canada under its agreement with the Kahnawà:ke Fire Brigade. For detailed information regarding each of the programs, all the updated original documents are compiled in the Appendix for convenient reference. Summaries of key changes to the mandated programs are provided to help ensure partners stay informed about changes or advancements. The following mandated programs are summarized in this chapter:

1. Communicable Disease Control
    a. Community Health Unit
    b. Medical Officer of Health Services
2. Clinical and Client Care
3. Environmental Public Health
4. Home and Community Care
5. Health Emergency Plans

Organizational Strategic and Program Plans

This section offers a comprehensive look at the strategic planning framework for the Kahnawà:ke community, which is structured around four key documents. These documents outline the strategic goals for the community and include an action plan for achieving such goals:

- The Mohawk Council of Kahnawà:ke Strategic Plan 2023-2029
- The Kahnawà:ke Shakotiia'takéhnhas Community Services Strategic Plan & Action Plan 2023-2028
- The Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center Strategic Orientations 2020-2025
- The Tsi Ron'swahthà:ke Kahnawà:ke Fire Brigade and Ambulance Service Program Plan

The Mohawk Council of Kahnawà:ke Strategic Plan 2023-2029

In 2023, the Executive Office launched the MCK Strategic Plan for 2023-2029, which was officially endorsed by the Ratitsénhaienhs (Council of Chiefs) during the Council meeting on November 28, 2022. The plan aligns with the 2009 Shared Community Vision Statement and incorporates feedback from employees, community organizations and the Kahnawa'kehró:non community.

The development process, led by the Executive Office and supported by the Strategic Working Group along with the BDO Consultant Group, involved extensive engagement with various stakeholders, including the Council of Chiefs, directors, management, employees and community organizations. This collaborative effort focused on understanding and addressing the concerns, needs and direction of each stakeholder, leading to the establishment of seven strategic goals and related objectives.

The 2023-2029 Strategic Plan serves as a blueprint, targeting how the organization functions at various levels, from overall operations to individual departments and employees (please refer to the Appendix for further information). The plan, considered slightly ambitious, is set to be implemented over the next seven years. Its seven strategic goals include:

- Building and rolling out more effective communication and engagement processes
- Enhancing political/administrative functions to support collective interests
- Improving organizational accountability to achieve community outcomes
- Providing high-quality services that meet the community's evolving needs and priorities
- Enhancing capacity and operational effectiveness
- Creating a positive, open and strengths-based workforce environment
- Working towards socioeconomic independence and community sustainability

Kahnawà:ke Shakotiia'takéhnhas Community Services: Strategic Plan & Action Plan 2023-2028

The 2023-2028 KSCS Action Plan is a comprehensive framework, crafted to translate the strategic goals set forth in the Strategic Plan into tangible and actionable steps. This plan embodies KSCS's dedication to adaptability, transparency and continual improvement, catering to the evolving needs of the community it serves.

The Action Plan details specific actions and initial tasks for the Key Priority Areas (KPA) and goals identified in the Strategic Plan, focusing on the first two years (2023-2025). This clarity ensures a direct path towards achieving these strategic goals.

The plan also emphasizes the importance of community engagement, outlining strategies to enhance involvement and participation in the development and refinement of KSCS's services.

The plan establishes a framework for performance monitoring and regular reporting. Designed to be adaptive, this framework allows for adjustments in response to feedback and changing external conditions. Please refer to the Appendix for further information.

Tsi Tehsakotitsén:tha Kateri Memorial Hospital Center Strategic Orientations 2020-2025

The KMHC Strategic Orientations from 2020-2025 are quality and safety, staff wellness and engagement, structures and processes adapted to reflect changing needs, and enhanced partnership for community wellness. In 2022, one-year and five-year organizational objectives were created through an action planning exercise. The strategic orientations are summarized in the table below.

Quality and safety
Develop and enhance services in line with community needs
Implement quality improvement and innovation approaches throughout KMHC
Apply best use of systems and structures to provide safe and quality clinical care
Staff wellness & engagement
Enhance staff wellness
Implement partnership approach with staff and management
Implement key organizational development practices
Structures and processes adapted to reflect changing needs
Address clinical needs through strategic budget planning
Update administrative structures, systems and processes
Increase funding development options in line with community and organizational needs
Enhanced partnership for community wellness
Increase integration of services with KSCS
Provide a leadership role in community health
Solidify external relationships

Tsi Ron'swahthà:ke Kahnawà:ke Fire Brigade and Ambulance Service Program Plan

The Kahnawà:ke Fire Brigade provides a range of services to the community, including fire suppression, evacuation procedures, fire protection and prevention, fire inspections, managing alarm systems, testing emergency plans, ensuring building code compliance, and offering emergency medical response and ambulance services.

Their daily responsibilities encompass attending to both fire and medical emergency calls, carrying out fire safety inspections, training staff, educating community members on safety and assisting other agencies through mutual aid.

Additionally, the Kahnawà:ke Fire Brigade and Ambulance Service manage medical transport operations. This unique service facilitates the transportation of Kahnawà:ke community members to their medical appointments, adhering to Health Canada's guidelines and requirements.

For further information on the Kahnawà:ke Fire Brigade and Ambulance Service, please review the program in the Appendix.

Mandated Program and Service Plans

Communicable Disease Control

The Communicable Disease Control program consists of three major functions:

- Community Health Unit
- Medical Officer of Health Services
- Management and Delivery of Primary Healthcare

1.a. *Community Health Unit*

The Community Health Unit (CHU) of KMHC is responsible for management and delivery of communicable disease control (mandatory programs) as well as various community health programs of KMHC. Its mission is to provide primary health care to Kahnawa'kehró:non through culturally anchored public education, consultations, targeted clinics and awareness campaigns, in collaboration with other community organizations. Long-term goals of the CHU are:

- To continue to develop structures for prevention of disease and health promotion with a focus on the priority health issues identified in the Community Health Plan as per the CHU program areas (well baby, newborn home visiting, prenatal, reportable diseases surveillance, school health, adult prevention programs, preconceptional health, cancer care, breastfeeding support, diabetes prevention and promotion, occupational/ staff health, child injury prevention).
- To continue to develop strategies that foster empowerment of community members and groups to promote health and well-being in the community at large.
- To continue to develop and provide culturally anchored programs targeted to addressing the priority health issues identified in the Community Health Plan as per the CHU program areas.
- To continue to develop and provide interventions aimed at promoting the well-being of Kahnawa'kehró:non.
- To continue to collaborate with other community organizations with the purpose of improving the coordination of services targeted to addressing the priority health issues and delivery of mandatory programs.
- To continue to provide and maintain high-quality mandatory programs for immunization and reportable diseases.

Communicable diseases

The Community Health Unit of KMHC monitors all communicable diseases in Kahnawà:ke using the Maladies a Déclaration Obligatoire d'origine infectieuse (MADO) provincial guidelines and the Quebec Public Health Act (39 reportable diseases). Kahnawà:ke would intervene with a resident who puts others at risk of contracting a communicable disease by following the Quebec Public Health Act protocols and the recommendations of the Direction régionale de la santé publique – Montérégie (DRSP).

Sexually Transmitted Blood-borne Infections (STBBI)

In previous Evaluation Reports, trends were identified for sexually transmitted infections (STIs), specifically chlamydia and syphilis, which could impact the health of Kahnawà:ke. STBBIs are tested at two points of services: the outpatient clinic at KMHC and the youth wellness clinic at the Kahnawà:ke Survival School. STIs such as chlamydia, gonorrhea and syphilis are routinely tested with screening tests and annual physicals, if the client presents with risk factors, and with prenatal screening. Testing is also provided on request of the client whether they present with symptoms or not. Specimens (swabs, urine and/or blood) are sent to the laboratory services at the neighbouring community hospital, Centre Hospitalier Anna Laberge. Tests are ordered by the physicians, and appropriate treatment is prescribed. A MADO notification is sent to the DRSP. Counselling and support are provided by the physicians and the nurses, in collaboration with the DRSP. Forms are filed as requested by the DRSP and returned as soon as completed. Follow-up screening is provided as required.

In response to previous evaluations, community prevention activities were increased. The Community Health Unit of KMHC addresses STIs within its school health program for the high-school-aged population. The KSCS Prevention Team carries out STI awareness and prevention activities (i.e., campaigns) geared to the general population and at the Kahnawà:ke Survival School.

Tuberculosis

Tuberculosis screening occurs primarily for health care students and health care staff and for clients going into an institution requiring testing prior to admission (i.e., drug and alcohol treatment centres). General population screening is not done in Kahnawà:ke because our rates are at zero. If a physician suspected TB, the client would be sent to a tertiary care hospital for diagnosis and treatment. Active cases could be detected elsewhere (i.e., Montreal hospitals). KMHC would be alerted as needed and would work closely with the Direction Régionale de Santé Publique de la Montérégie to handle the situation according to their protocol (e.g., contact tracing, teaching, screening, prevention or spread).

Immunizations

Kahnawà:ke's immunization programming is part of the activities of the Well Baby Clinic and the two School Health Programs (Elementary Schools and Kahnawà:ke Survival School). The Community Health Unit follows the Protocole d'immunisation du Québec (PIQ) guidance for immunization schedules for all vaccines, including diphtheria, pertussis, tetanus and poliomyelitis (DPT-P); haemophilus influenza type b (Hib); hepatitis A&B; measles, mumps, rubella (MMR); varicella; influenza; rotavirus; human papilloma virus (HPV); meningitis; COVID-19; and pneumococcus. The BCG vaccine (against tuberculosis) is no longer recommended by the provincial guidelines and is not delivered routinely in the community.

KMHC is proud to say that we have very high rates of immunizations in the Well Baby Clinic and at school. Outreach is done to students and parents to overcome any barriers to immunizations such as fears or questions about safety, and families are invited to return to the clinic for follow-up for any missed vaccines as soon as possible to prevent any delays.

The annual flu vaccine campaign at KMHC is held every fall through various interventions throughout the community. Vaccines for COVID-19, pneumonia and shingles are available throughout the year and are also offered during these fall vaccine clinics for those at risk. Homecare nurses provide vaccines to all their clients in their home setting, and residents of long-term care and Turtle Bay Elder's Lodge are advised and offered vaccination in their respective settings.

Outbreaks

Community Health Unit staff support schools, daycares and other community organizations in prevention and control measures for outbreaks of various communicable diseases in their settings, including those that are not of mandatory declaration (such as chickenpox, scabies or lice). Provincial guidelines are used and adapted to the specific settings within Kahnawà:ke when necessary. Within the KMHC, an Infection Prevention and Control committee prevents and addresses any outbreaks in the hospital setting (e.g., influenza or gastroenteritis in an inpatient unit).

Pandemic Response / Emergency Response Planning

The Community Health Unit participated in many aspects of COVID-19 pandemic response, including mass testing, contact tracing, adapting provincial guidance to the reality of the community, and mass vaccination. Because of the many needs associated with pandemic response, CHU staff were frequently reassigned from other tasks to activities related to pandemic response.

Relationships with infectious disease experts in FNIHB and the Direction Régionale de Santé Publique de la Montérégie are maintained to ensure communication and collaboration. There are also ongoing relationships between the CHU and other organizations in the community, such as MCK Public Safety and provincially integrated aspects of KMHC clinical care services.

1.b. *Medical Officer of Health Services*

Medical Officer of Health Services are uniquely structured in Kahnawà:ke. The community does not have a formal public health unit, in the way that these units are typically organized in most provinces, regions and municipalities in Canada. Instead, mandatory activities that would typically occur under a Medical Officer of Health's authority are organized in a more distributed way, across a couple of community agencies, directed by Onkwata'karitáhtshera.

Health Protection: Communicable Diseases

In accordance with Quebec Public Health Regulations, KMHC monitors public health programs related to infectious diseases under Transfer, under the Community Health Unit. Collaboration of the CHU with the KMHC Council of Physicians, Pharmacists and Dentists is often done to support specific interventions. Further expertise support for control and prevention of infectious disease can be sought through the Direction Régionale de Santé Publique de la Montérégie and through FNHIB.

Health Protection: Environmental Hazards and Risks

Public Health programs under Transfer related to environmental health (e.g., well water quality and institutional air quality, hazard risk analysis) are administered through KSCS's

Environmental Health Services (EHS). Kahnawà:ke has hired a Certified Public Health Inspector (CPHI), employed through KSCS Environmental Health Services. The roles and responsibilities for this resource are well developed within the Mandatory Programs. They are detailed further in the *Environmental Health and Safety* section and are connected to external expertise in environmental health at FNIHB when needed.

Onkwata'karitáhtshera Public Health Officer

In October 2016, Onkwata'karitáhtshera engaged the public health services of a physician accredited by the Royal College of Physicians and Surgeons of Canada in Public Health and Preventive Medicine. The physician was hired to assist in building local public health capacity and to improve health surveillance, health promotion and disease prevention programming and services in Kahnawà:ke. The Public Health physician remains available to support the CHU and EHS in the application of health protection activities related to communicable diseases and environmental hazards and does so upon request. At present, no community public health law exists to explicitly define an authority of this role (as is found in provincial public health laws), so the functions are advisory and not hierarchical. The physician is accountable to Onkwata'karitáhtshera and has also been delegated the advisory role to community agencies from the regional Public Health Director from the Direction Régionale de Santé Publique de la Montérégie. This arrangement has been renewed yearly since 2016.

Health Surveillance and Data Mining

Health surveillance activities fall under Onkwata'karitáhtshera's Data Mining Subcommittee. In collaboration with local, regional and federal partners and the public health physician, the Subcommittee has worked to produce robust community health surveillance portraits for Kahnawà:ke since 2016. In 2018, *Onkwaná:ta, Our Community, Onkwata'karí:te, Our Health: Kahnawà:ke's Health Portrait Volume 1* was published. The second volume was released in 2023, and a data update was published in 2024.

Future volumes are being planned in the coming years. The aim is to enable Onkwata'karitáhtshera to evaluate the effectiveness of current programs and services, identify areas of need and priority, make more sound management decisions and plan for the future. The documents are also intended to empower the community and grassroots organizations with information they can use in their respective missions.

Clinical Client Care: Management and Delivery of Primary Health and Social Care

KMHC offers comprehensive primary health care services to the community, serving as the initial point of contact for most health care needs. The outpatient clinic operates Monday to Friday, with occasional evening and weekend sessions depending on physician availability. Services include laboratory tests, health education, nursing procedures, minor surgery, wound care, rehabilitation services and chronic diseases management.

The Community Health Unit closely collaborates with the Out-Patient Department (OPD) at KMHC, providing services such as prenatal care and referrals for specialized services. Prevention activities and health promotion efforts are primarily led by Community Health Nurses, who initiate campaigns based on identified trends or community needs. Additionally, Wellness Nurses play a vital role in managing chronic diseases like diabetes and hypertension through education, monitoring and medication management.

At KSCS, the Intake Worker serves as the initial point of contact for community members and non-community members seeking information, requiring social services or reporting child or family issues. The Intake Worker assesses requests, gathers information and directs individuals to the appropriate services or support, including counselling and addictions services.

Immediate assistance is provided for urgent cases through a designated Roster Worker, who handles emergencies as they arise. Reports of child risk are considered in collaboration with Youth Protection teams to plan appropriate interventions. Service coordination may involve liaising with other service providers at the Peacekeepers, hospitals, schools or other organizations.

Environmental Public Health

The mandatory components of environmental health and safety in Kahnawà:ke are overseen by Environmental Health Services (EHS) of KSCS. EHS benefits from having its own Environmental Health Officer (EHO) possessing a Certificate in Public Health Inspection, who is tasked with overseeing inspections, testing and sampling.

EHS has a range of responsibilities that are crucial for maintaining a healthy and safe environment for Kahnawa'kehró:non. Their work involves monitoring and managing water quality (potable water in public water system and private wells, and local recreational waters), monitoring wastewater disposal, and inspecting public, private and residential buildings and food service facilities. EHS is also involved in communicable disease prevention, occupational health and safety, and training activities.

Performance indicators are defined for many activities carried out by the EHS to ensure that progress and outcomes are aligned with the Environmental Public Health Standards.

Home and Community Care

In its entirety, the Home and Community Care Program is provided by two establishments, KMHC and KSCS, under the name Home and Community Care Services. The different types of services offered specifically by Homecare Nursing include end-of-life care, home hospital care and tertiary prevention care. These are funded by the province, the Home and Community Care program and Health Transfer dollars. The Homecare Nursing team also has specific program goals and objectives concerning training and education for the nurses to ensure they stay up to date with their skills.

In the previous 2012-2022 Community Health Plan, a separate Service Delivery Plan was submitted for Home and Community Care services (HCCS) to satisfy the block (annual) funding requirements. Since then, HCCS has transitioned to the Community Consolidated Health Transfer, resulting in an integrated Service Delivery Plan. Any required data such as daily statistics regarding services are uploaded monthly. A Human Resource profile is also uploaded annually.

A comprehensive description of the HCCS program can be found in the Final Evaluation Report of the 2012-2022 Kahnawà:ke Community Health Plan.

Home and Community Care Services in Kahnawà:ke is an extensive multidisciplinary program that provides comprehensive clinical and psychosocial homecare services. These services include homecare nursing, chronic disease management, palliative care and mental health nursing. Services are delivered in homes across the community and in various institutional settings. Home and Community Care Services consists of several major functional areas:

- End of Life / Palliative Care
- Tertiary Prevention Care (Long-term Care)
- Home Hospital (Short-term Admission)
- Homecare Services
- Mental Health Nursing
- 24/7 (Day Surgery–related)
- Activity Program

These service areas and programs are summarized in the section below. They are described in further detail in the logic models and narrative descriptions in the Appendix.

End of Life / Palliative Care

The End of Life Palliative Care program provides comprehensive care and support to patients during their final stages of life, as well as to their families and caregivers. The program focuses on managing symptoms, promoting comfort, coordinating care, and providing teaching and other supports to the patient and their caregivers. Our concept of end-of-life care has broadened in the last few years to include a wide spectrum of chronic conditions such as COPD, diabetes, muscular dystrophy, end-stage renal failure as well as a number of other chronic conditions.

This includes a wholistic approach to care, taking care of physical well-being and providing emotional and spiritual support. A key feature of the program is the provision of coordinated care within the home environment, utilizing a case management system. This system integrates a diverse team of caregivers, including the patient, their family, medical professionals such as nurses and doctors, home health aides, occupational therapists, physiotherapists, clergy and traditionalists, ensuring that all aspects of the patient's care are harmonized.

The program extends beyond just medical care. It involves teaching and providing essential support to both patients and their families, helping them navigate the complexities of end-of-life care. The team ensures that the patient is linked with the necessary resources and receives optimal pain management. Attention is also given to fundamental needs such as nutrition, respiratory and hydration status, elimination patterns, skin integrity, and balancing rest with activity and social interaction.

The program places a strong emphasis on continuous improvement, with specific indicators in place to monitor and enhance service quality. Please refer to the logic model in the Appendix for further information on service indicators. The service is highly effective, evident in the positive feedback received from the community.

Tertiary Prevention

Tertiary Prevention care is designed to help community members maintain or enhance their current health status through a client-centric approach. Its primary goal is to enable community members to maintain or improve their level of independence and stay at home for as long as possible. This approach is particularly focused on individuals who may be experiencing a loss of autonomy due to pre-existing conditions. The program supports autonomy by actively involving patients, families and caregivers in the care process.

Key activities include regular monitoring of the patient's health, health promotion, educational initiatives, health care management, coordination and networking with other providers. Care coordination is a critical aspect, and Therapeutic Care Plans (TCPs) and Integrated Service Plans (ISPs) play a vital role in seamless and efficient care. All patients in Tertiary Prevention Care are assigned a case manager (usually a nurse or case worker). One of the major impacts of Tertiary Prevention is the early identification of priority areas for each patient, allowing for timely intervention and service implementation.

This realm of care also extends to services addressing the needs of patients facing mental health challenges. The aim is to stabilize and improve mental health conditions and to maintain or enhance the level of functioning for individuals with learning or developmental disabilities.

The program is underpinned by a commitment to continuous improvement. Specific indicators aid in monitoring and enhancing the quality of service, supporting care that is effective and responsive to the evolving needs of the patients.

Home Hospital

The Home Hospital program aims to deliver safe and efficient care to patients on a short-term basis (usually 3 months or less), with a special focus on assisting community members who require acute care post-hospitalization. The program offers a comprehensive array of services, including global assessments, specialized wound care treatments like dressing changes and clip or suture removal, injections, IV therapy and management, blood tests, along with other nursing interventions. Additionally, it plays a role in reducing the incidence and spread of superbugs among Homecare patients.

Homecare Nursing receives referrals for these patients after they have surgery, a medical procedure or upon discharge from an acute care hospital that requires follow up. Nursing care is provided, and patients and caregivers are enabled to assist themselves or their family member in their homes.

At the core of the program is a client-centred approach that ensures timely care is provided, especially when there is a change in a client's health status. The overarching goal of the Home Hospital program is to facilitate patients in returning to their previous level of functioning after undergoing surgery, having a medical procedure or recovering from a short-term illness. Upon admission to Home Hospital, clients undergo an initial assessment using the short-term OMEC tool.

The Home Hospital program employs indicators for ongoing monitoring and continuous improvement, ensuring the quality and effectiveness of care provided.

Homecare Services

Homecare Services aim to provide essential in-home support to the community. This service is vital for assisting clients post-surgery or hospitalization, helping them with daily and instrumental activities such as washing, dressing, grooming, meal preparation, housekeeping, laundry, running errands and grocery shopping.

A key function of the program is to provide short-term assistance to new mothers dealing with challenges like caesarian sections, multiple births or high-risk pregnancies. Additionally, the program facilitates escort services to medical appointments for clients who do not have family members available to assist them.

Another important aspect of Homecare Services is its support for disabled and elderly individuals who have lost some degree of autonomy, helping them to remain in their homes comfortably and safely. It also provides much-needed respite for families of clients who require constant supervision.

Performance indicators have been established to track the effectiveness of the services offered and to foster continuous improvement in the program. This ensures that the care and support provided are not only of high quality but also evolve to meet the changing needs of the community.

Mental Health Nursing

Mental health is another element of Home and Community Care Services that falls under Tertiary Prevention, addressing the needs of

patients who are experiencing severe and persistent mental health issues or psycho-geriatric issues. The role of the Mental Health Nurse has broadened to include patients who may have mild to moderate mental health issues. Nursing Care for this patient population also focuses on activities geared towards prevention and maintenance. This includes promoting autonomy by assisting patients to maintain or improve independence, preventing deterioration and assisting to improve these patients' quality of life.

24/7 Day Surgery Service

The 24/7 service is for patients who have day surgery or a procedure at Centre hospitalier Anna-Laberge. The patient is provided with a phone call to check how they are after their operation. The phone call is provided by the Homecare Nurse Manager, the nurse in charge or the weekend nurse. Signs and symptoms that the patient should be looking for and the resources available to them are reviewed. On occasion, our 24/7 patients are admitted into Short-Term Care Program when they encounter any type of complications that require nursing follow-up.

HCCS Activity Program

The Activity Program at the Turtle Bay Elder's Lodge (TBEL) is a combination of the Adult Day Center of KMHC and the Activity Program at the TBEL, which amalgamated to create the HCCS Activity Program. This program conducts a day program where participants can participate in a variety of activities. A wide variety of clients attend the program, which runs from 8 a.m. to 4 p.m., Monday to Friday, as well as weekends and evenings for special activities. Participants include the residents of the TBEL, Homecare patients and clients of HCCS.

The program is open to any client who requires increased social interaction or daytime respite. Referrals to the activity program can come from a variety of sources; the same applies to any program within HCCS. Initial assessments are done by the Recreational Therapist, in collaboration with the participant's Case Manager as well as other members of the activity team. The Activity Program meets the different needs of our participants by providing stimulation of mind, body and spirit and providing social interaction. The program also provides respite to families who need assistance and support to care for their loved ones at home.

HCCS Activity Program Nurse

The Adult Day Center/Activity Department Nurse also falls under the umbrella of Homecare Nursing and the area of Tertiary Prevention. This role is to provide nursing care to the participants of Activity Program at the Turtle's Bay Elder's Lodge, with the same responsibilities as a Homecare nurse. The Activity Department Nurse also collaborates with the other members of the Activity Department, the staff at TBEL and many other health professionals, support services, departments and programs with KMHC and KSCS.

Health Emergency Plans

Every community, including Kahnawà:ke, needs to be prepared to handle emergencies or disasters within the resources and capabilities available. Within the community of Kahnawà:ke there exists a Kahnawà:ke Emergency Management Plan that is overseen by the Public Safety Division at MCK. The community established the Emergency Preparedness Planning Committee (EPPC), which has representation from both response and service sectors, including KSCS, KMHC and KFB. The Division's main objective is to take a proactive approach to risk and to mitigate hazards as much as possible. Kahnawà:ke has many hazards to consider and plan for due to the geographic location of the community in relation to the Honoré Mercier Bridge, St. Lawrence Seaway, Canadian Pacific Railroad and the Pierre Elliot Trudeau Airport.

Responsibilities include emergency evaluation, activation of contact procedures, mobilization of emergency personnel, public warnings, victim care, damage assessment, restoring public services, public information, record-keeping, recovery planning, hazard mitigation, preparedness and response planning, and coordinating community resources.

KMHC maintains an approved Emergency Response Plan (ERP) for both internal and external emergencies, with drills conducted quarterly. This plan includes evacuation procedures for residents, clients, visitors and staff of the hospital, and guidelines for managing emergency situations. The KMHC Shelter Coordinator manages the hospital's transition into a shelter during community emergencies. Emergency notifications are issued via the Emergency Preparedness Committee. KMHC updated its Emergency Procedure Manual in 2023. Together with KSCS, KMHC has developed a community influenza pandemic plan, partnering with other organizations, including the Kahnawà:ke Emergency Preparedness Planning Committee. This plan will be reviewed in the coming years to align with national and international frameworks.

KSCS regularly updates its emergency response plan for both internal and external emergencies. The plan includes evacuation procedures for all KSCS satellite buildings. Core elements of the plan are providing food, clothing and shelter to the community during an emergency. The KSCS coordinator or alternate designate implements the emergency process, which can involve staff mobilization, facility access, food preparation, clothing provision, registration, community outreach and crisis support. KSCS conducts annual unannounced drills. The KSCS Emergency Response Plan was last reviewed in 2022, with an upcoming review scheduled for November 2025 as part of the Provincial Certification renewal process.

The Kahnawà:ke Public Safety Unit and Public Safety Commission

Nó:nen Teka'niénhsken'ne Iakotiia'takéhnhas Tkaiatakwe'niiò:ke – the Public Safety Unit – includes the following departments responsible for public security:

- The Kahnawà:ke Mohawk Peacekeepers
- The Kahnawà:ke Fire Brigade and Ambulance Service
- Kahnawà:ke Conservation
- Safety and Health
- Animal Protection
- Emergency Planning and Preparedness

In 2017, the Kahnawà:ke Public Safety Commission (KSPC) was formed. Its mandate is to “establish an integrated approach to Public Safety to ensure that the safety and physical well-being of the public is achieved through the delivery of prevention strategies, advocacy/education and strategic planning of issues related to Public Safety within the Mohawk Territory of Kahnawà:ke including Tiowero:ton,” (Public Safety Commission 2017). The primary focus of the KPSC is to legislate and enforce community safety measures and to enhance emergency preparedness.

The Public Safety Commission consists of the following members:

- Commissioner of Public Safety
- Chief Peacekeeper of the Kahnawà:ke Peacekeepers
- Fire Chief of the Kahnawà:ke Fire Brigade
- Public Safety Corrections Services
- Director of Kahnawake Public Works Department
- Director of Kahnawake Shakotiia’takehnhas Community Services
- Manager of Emergency Preparedness and Planning
- Director of Public Safety
- Mohawk Council of Kahnawake Public Safety Portfolio Chief (non-voting)

The need for the Public Safety Commission to operate with independent focus and authority has been recognized as essential for driving legislation, enforcing safety measures and enhancing emergency management within Kahnawà:ke. The mandate of the Public Safety Commission is designed to provide this empowerment and establish the standards necessary to elevate the level of public safety services for the community.

KMHC Emergency Procedure Manual

The Kateri Memorial Hospital Centre Emergency Procedure Manual was developed to effectively address emergency situations. This manual identifies response protocols, outlines roles of key personnel in various emergencies, and facilitates quick and efficient responses to minimize the impact on facility operations and services. These response protocols are in place every day of the year, around the clock.

The manual includes specific response protocols for different types of emergencies, detailing general response requirements for KMHC employees and complemented by detailed plans for each department. It also encompasses a range of emergency codes, each signifying a distinct type of emergency. These are categorized into clinical, facility and infrastructure codes, among others. Each code is designed to facilitate a coordinated and effective response to the respective emergency.

KSCS Emergency Response Plan

The MCK, through Resolution #48 01-08-94/95, has assigned KSCS the responsibility of providing essential social services to those affected by emergencies or disasters.

This includes offering five key emergency social services:

1. Lodging: Providing temporary accommodation for evacuees
2. Clothing: Supplying clothing or emergency coverings until regular sources are accessible.
3. Feeding: Offering meals to evacuees who cannot feed themselves or procure food.
4. Personal Services: Supporting unattended children, dependent adults separated from their families, and other vulnerable groups.

5. Registration & Inquiry: Recording the locations of evacuees and handling requests for information about them.

KSCS has also developed a "KSCS Fan-Out List," which can be activated by the Executive Director or their alternate in the event of a declared State of Emergency. For more detailed information, see the KSCS Emergency Response Plan.

Local Influenza Pandemic Plan

The local Influenza Pandemic Plan is specifically designed to address the challenges of an influenza pandemic. This plan sets out a structured approach for assigning responsibilities and actions among regional stakeholders and organizations, in line with the stages of preparedness, response and recovery during a pandemic. It adheres to guidelines established by the World Health Organization (WHO) and Health Canada, ensuring international and federal compliance.

The Basic Framework of the plan outlines five primary goals:

Goal A: To restrict the transmission of the influenza virus

Goal B: To mitigate the morbidity and mortality rates associated with the pandemic

Goal C: To ensure the accessibility of essential services during the pandemic

Goal D: To prevent and limit societal disruption caused by the pandemic

Goal E: To prevent and minimize the psychosocial impacts of the pandemic, thereby ensuring the well-being of the population

In the event of an influenza pandemic, KMHC takes the lead as the primary medical organization in the community. KMHC will collaborate with other organizations, particularly KSCS and the Kahnawà:ke Emergency Planning Committee, to deliver necessary services. The overarching goal of the Influenza Pandemic Plan is to preserve the life, health and well-being of citizens.

It reflects a collective pool of knowledge and is informed by lessons learned from past crises and disasters, such as SARS (in 2003) and the 1998 ice storm. It incorporates best practices from various countries and follows approaches recommended by the Quebec Ministry of Health, particularly in terms of population-focused and results-driven strategies. The Influenza Pandemic Plan will be updated in the coming years.

Kahnawà:ke Emergency Management Plan

The Kahnawà:ke Emergency Management Plan is a comprehensive strategy designed to enhance the community's readiness for various emergencies and disasters. This plan is built around three main objectives: 1) to foster awareness among community members about potential disasters and how to prevent or mitigate their effects; 2) to assess the specific risks facing Kahnawà:ke and develop appropriate resources and action plans; and 3) to ensure all resources are primed for effective response through an annual program of training and exercises.

The primary purpose of the plan is to establish an effective and efficient emergency management operation in Kahnawà:ke. Its implementation aims to provide adequate protection for life and property, along with recovery assistance that meets the community's expectations. Emergency

management within this framework is a collective effort, focusing on protecting and educating the public about known hazards such as floods, ice storms and chemical spills.

The plan is structured around four key phases of emergency management: 1) Mitigation, 2) Preparedness, 3) Response, and 4) Recovery. Mitigation involves activities to eliminate or reduce the risk of disasters. Preparedness encompasses planning and resource allocation to effectively respond to emergencies. The Response phase includes immediate actions during and following a disaster to assist victims and minimize secondary damage. Finally, the Recovery phase, which can be short term or long term, focuses on restoring normalcy and redeveloping the affected area, potentially with new, less disaster-prone purposes. This structured approach ensures a comprehensive and systematic response to any emergency situation faced by the community.

The original documents and plans summarized above can all be found in the Appendix.

17. Implementation, Change Management and Evaluation

17. Implementation, Change Management and Evaluation

Highlights

- Successful implementation of the Community Wellness Plan (CWP) requires a strategic, wholistic, robust and transparent approach that is tailored to fit Kahnawà:ke's unique culture, values and context. The domain chapters are cited as valuable tools to be leveraged to inform planning and implementation of the CWP.
- Informed by numerous project management models, methods and tools from other Indigenous communities' successful practices, a five-step project management framework for the implementation of CWP is outlined:
    - Initiation
    - Planning
    - Implementation
    - Monitoring and Improvement
    - Closing, Transitioning and Sustainability
- Foundational functions related to the establishment of subcommittees are highlighted, including the development of terms of reference and mechanisms for conflict resolution and alignment, coordination and communication.
- The tools designed to guide and support the project management phases of the CWP include the project charter, action plan template, and risk management and communication plans. These tools support the need for flexibility and adaptability to effectively address dynamic community needs and challenges.
- Two specific resources for addressing issues or challenges, or enabling ongoing improvement, are the Plan, Do, Study, and Act (PDSA) framework and the Strengths, Weaknesses, Opportunities and Challenges (SWOC) framework.

- Three significant frameworks used to support partners in change management are the Theory of Engagement, Kotter's 8-Step Change Model, and ADKAR. The ADKAR model is recommended to be adapted and leveraged for CWP initiatives.
- Over the past 25+ years, Kahnawà:ke has enhanced its evaluation capacities and capabilities, highlighting a commitment to improving the quality and performance of health and social services.
- It is important to strengthen the organizational data infrastructure and to update key data sources to enable effective evaluation of the CWP. Investments in digitization and electronic record systems, such as Penelope and MYLE, are important for facilitating care and enabling robust evaluations. Furthermore, it is important to refresh important data sources like the Regional Health Survey (RHS).
- Leveraging Onkwehón:we-led evaluation frameworks would enable a wholistic and culturally anchored approach to evaluating the CWP. This would align with self-determination in evaluating community wellness by incorporating Indigenous ways of knowing and community involvement. Onkwehón:we-led evaluation resources, frameworks and tools that could be leveraged for the CWP are highlighted and described.

Enabling Successful Implementation of the CWP: Project and Change Management Approaches, Frameworks and Tools

To ensure the successful implementation of the Community Wellness Plan (CWP), it is essential that an inclusive, transparent, robust, wholistic and flexible approach is adopted. This approach should leverage proven strategies from administrative and management methodologies that are tailored to align with Kahnawà:ke's unique values, culture, worldviews, practices, resources and needs.

Implementing or doing the work of the Community Wellness Plan usually involves creating or supporting some kind of change. Many of the projects, initiatives and subcommittees within the CWP involve change or adapting to change. Here we briefly discuss change management to help frame our project management tools below. Project management tools help us to create changes.

There are often general misconceptions relating to change, particularly in complex organizational contexts. For instance, one common misperception is that change follows a linear path whereas, in reality, teams and groups need to establish dynamic processes to adapt to continuous change and improvement. Furthermore, it is critical to understand the **emotional effect of change** on individuals and teams, as high levels of uncertainty and change are strongly associated with stress, distress and burnout (see document in Appendix titled *Change Management: Theory of Engagement*).

Furthermore, **facing resistance** from various type of partners can pose a significant challenge when introducing new initiatives. It is crucial to foster collaborative efforts to gain insight into the root causes of this resistance and collectively address any concerns or questions raised by partners. While some subcommittee members may have had ample time to analyze and grasp the reasoning behind changes, others may not have had the same opportunity. This also applies to anyone involved with the CWP. It is essential to ensure that partners and community members are given the necessary time to fully comprehend changes and their impact on their lives and work.

> *"Change Management is all about people, and making sure they feel supported, heard, and involved in changes that impact their day-to-day life. These supports should be provided to everyone who is impacted by change – from change leaders to citizens. It is important to remember that change management processes should be introduced as soon as the need for change is identified. This will help people prepare for, introduce, and maintain the change."*
>
> Indigenous Data Toolkit (SGIG Data Project Steering Committee 2020)

There are numerous practices available to support partners while implementing complex and dynamic initiatives involving change. Most of these practices revolve around promoting active involvement and maintaining transparent and consistent communication to

effectively tackle any concerns or challenges. Later in this chapter, specific change management tools will be revisited in more detail. The guidance for CWP implementation and project management in this chapter draws upon robust approaches, frameworks and tools that have been successfully adapted and used within the context of various Indigenous communities and organizational settings. Notable examples of Indigenous project management, planning and operationalization resources that were used to inform this chapter include the following:

- Aboriginal Finance and Management Capacity Development Series Project Management Guide for Aboriginal Management
- First Nations and Aboriginal Communities Project Management Manual
- Health and Wellness Planning: A Toolkit for BC First Nations
- Indigenous Centered Conflict Resolution Processes in Canada
- Indigenous Data Governance and Management Toolkit
- Kahnawà:ke Collective Impact Framework
- First Nations Mental Wellness Continuum Framework Implementation Guide
- Funding First Nations Child and Family services (FNCFS) performance budget approach to well-being
- Indicator Development Guide for First Nations
- Thunderbird Foundation First Nations Mental Wellness Continuum Framework Implementation Guide

> *"Two questions often arise: 'Why use project management procedures at all?' or 'What benefits will project management bring to the community?' The answer to the above questions is simply that using project management principles works."*
>
> The Aboriginal Finance and Management Capacity Development Series: Project Management – A Practical Guide for Aboriginal Management (Aboriginal Financial Officers Association of Canada 2018)

Drawing from the insights gleaned from the sources listed above, one key recommendation consistently emerging from the literature is the significant value of adopting a customized project management approach. This approach, adopted by subcommittee members as well as CWP partners, would ensure initiatives are aligned with the distinct cultural values of the community while being tailored to existing resources and requirements.

The project management approaches, frameworks and tools identified in this document have been adapted to align with previous and ongoing community-based initiatives and customized to reflect Kahnawà:ke's unique context and values. They aim to enable and ensure that CWP initiatives are planned and executed effectively and efficiently, with a focus on achieving agreed-upon outcomes. This includes orchestrating the various stages of CWP-related projects and initiatives, with particular attention to ensuring alignment between various initiatives and partners.

The approaches, methodologies, frameworks and tools described in this document are intended to support and guide CWP project implementation. They are flexible and able to be adapted by project partners such as the subcommittees or Onkwata'karitáhtshera to reflect the unique context of each priority domain and respective partners to suit their specific needs. In some instances, it may be deemed necessary to adopt different frameworks or tools.

> *"Over the years, private enterprise and government organizations, at all levels, have found that when clear objectives are set and good project management procedures used, cost overruns, frustrating delays, and poor quality are either greatly reduced or eliminated. Perhaps even more important, the money which would otherwise go into cost overruns can be used to provide other needed services."*
>
> The First Nations and Aboriginal Communities Project Management Manual (Government of Canada 2000)

CWP Project Management Approach

The successful implementation of the Kahnawà:ke CWP is a vital step towards enhancing the health and well-being of the community. To ensure effectiveness and sustainability, leveraging a structured, clear, inclusive and transparent approach to project management is essential. The adoption of the five stages of project management described below provides a comprehensive framework that is crucial for the realization of the CWP's goals.

This project management framework is not just a procedural guide – it is a strategic tool that emphasizes cultural sensitivity, community engagement and adaptability, all of which are pivotal in addressing the unique needs of the CWP partners and the community at large. The five stages of project management used in this report include:

1. Initiation
2. Planning
3. Execution and Implementation
4. Monitoring and Improvement
5. Closing, Transitioning and Sustainability

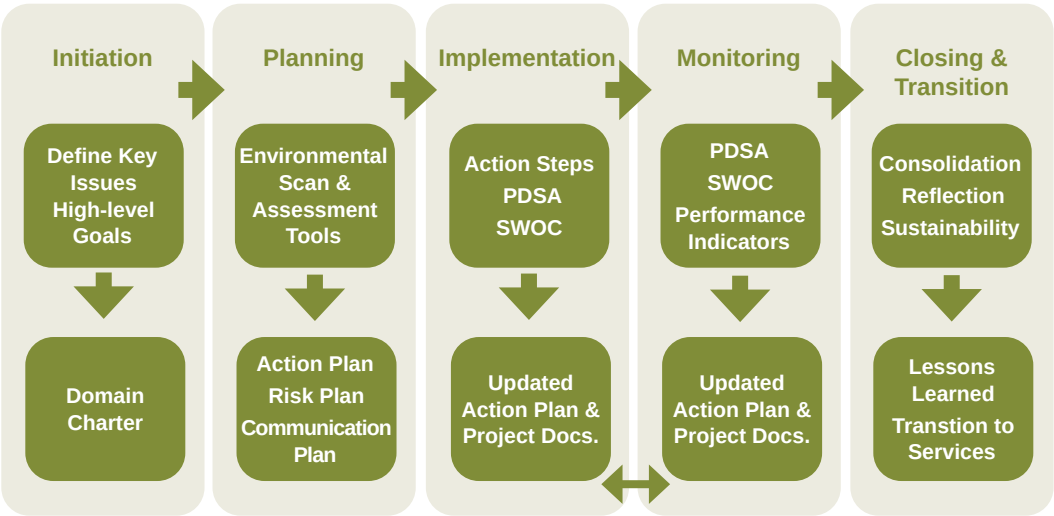

Figure 49: Five stages of project management framework applied to the CWP

The figure above depicts a five-phased project management approach, incorporating the respective functions and tools embedded within each phase (these will be further described in detail later in the document). The five stages of project management are not strictly sequential but are mutually constitutive. In reality, they often occur in parallel or iteratively to adapt to the dynamic realities and needs. This flexible approach ensures that each phase informs and

enhances the others, enabling continuous refinement and responsiveness throughout the project life cycle. Their iterative and overlapping nature also ensures adaptability, since the majority of CWP-related initiatives are dynamic and subject to evolving factors, requiring a flexible and responsive management approach.

Project Management Phases: An Overview

The following section provides an overview and describes the main functions of each project management phase. Detailed information, along with tools that could be leveraged to inform the work at each stage, are outlined in more detail later in this chapter.

Initiation Phase: This first stage sets the tone for the entire project, emphasizing the critical importance of active engagement with both community leaders and members. The goal here is to gain a deep understanding of the community's concerns and key issues, establishing a solid base of mutual trust and open communication from the outset. This phase ensures that the project's objectives are aligned with the community's needs and aspirations, laying the groundwork for a collaborative effort.

Planning Phase: Moving into planning, the focus shifts to conducting a comprehensive assessment that includes a culturally anchored environmental scan and meticulous resource allocation. This phase is vital for setting a robust foundation for the project's implementation. By taking into account cultural sensitivities and the specific dynamics of the community, the plan aims to address the unique challenges and opportunities present, ensuring that the resources are in place to support the project's success.

Execution and Implementation Phase: With a strong plan in place, the project progresses into the execution and implementation phase. This stage is characterized by the execution of planned activities, the facilitation of collaborative workshops, and the empowerment of the community. These efforts are designed to foster active participation and ownership among community members, ensuring that the initiatives undertaken are embraced and propelled by those they aim to benefit. The emphasis on community empowerment underscores the project's commitment to sustainable change.

Monitoring and Improvement Phase: As the project evolves, continuous monitoring and improvement are critical. This phase ensures an ongoing assessment and evaluation of progress and the effectiveness of initiatives. Feedback mechanisms enable real-time adjustments to be made in response to evolving community needs, ensuring that the project remains relevant and impactful. This adaptive approach facilitates the fine-tuning of strategies and activities to maximize benefits for the community.

Closing, Transitioning and Sustainability: Finally, the closing phase involves reflection, transition and sustainability planning, aiming to leave a lasting positive impact on the health and well-being of the community. It is during this phase that deep reflection on the achievements and lessons learned occurs, along with strong attention to systems development and strengthening by ensuring the successful long-term integration and transition of initiatives. This phase truly

represents actions ensuring the future sustainability of the CWP's projects and initiatives, with a focus on the Seven Generations Principle.

The wholistic framework and tools presented integrate cultural considerations, community collaboration, and adaptability to promote successful and sustainable CWP partnerships and initiatives. It would be of great value for all CWP partners to leverage them, as they aim to enable effective and efficient tools for key functions that are critical within the context of the CWP, such as communication, alignment, cooperation, reflection and continuous improvement.

To support and inform this work, the CWP domain chapters should be leveraged as they highlight main priority areas within each domain and provide information, resources, frameworks, tools and data relevant to each domain. This will provide the subcommittees with relevant information and context to further help inform project planning and implementation.

Each subcommittee should eventually have an Action Plan to track its progress.

The diagram below shows the layers of different Action Plan tools that will need to be developed for this CWP.

Layers of Action Planning Tools for the CWP

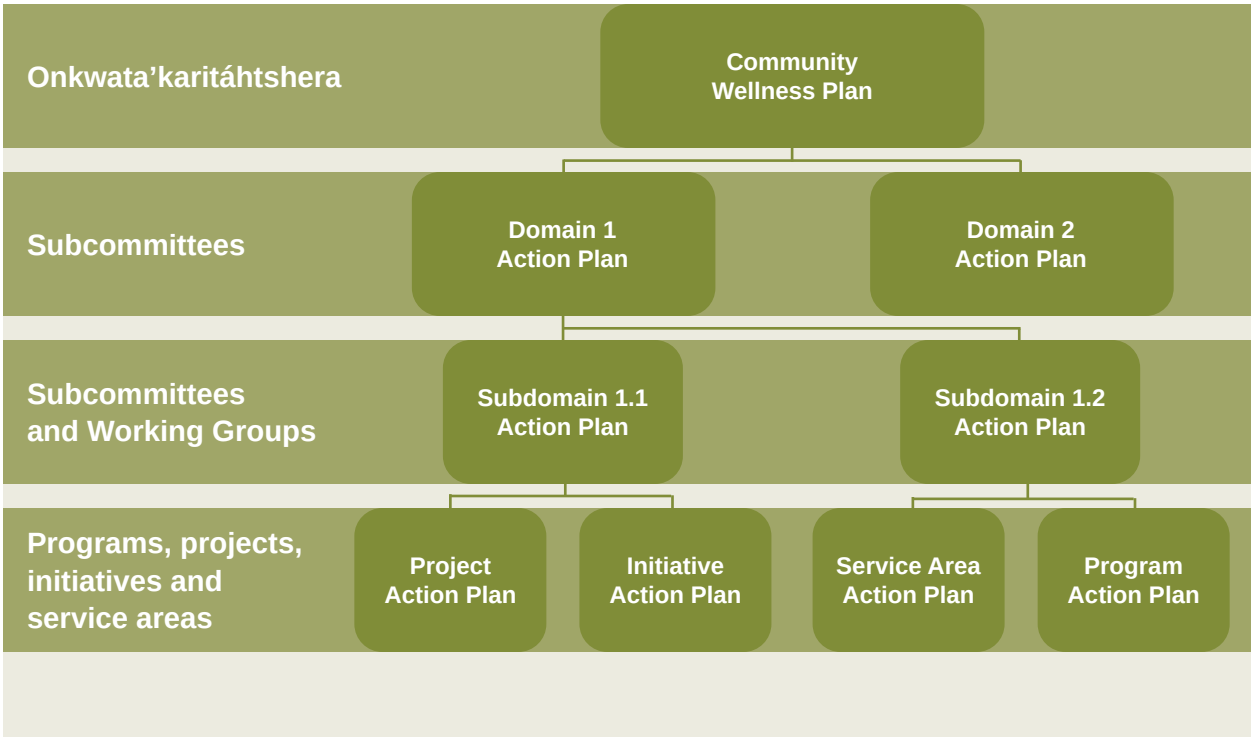

Figure 50: Levels of Action Planning during CWP Implementation

Programs, projects, initiatives and service areas will need to be clearly defined and distinguished.

The flow of key documents for the subcommittees is summarized in the diagram below.

Flow of Documents for CWP Implementation

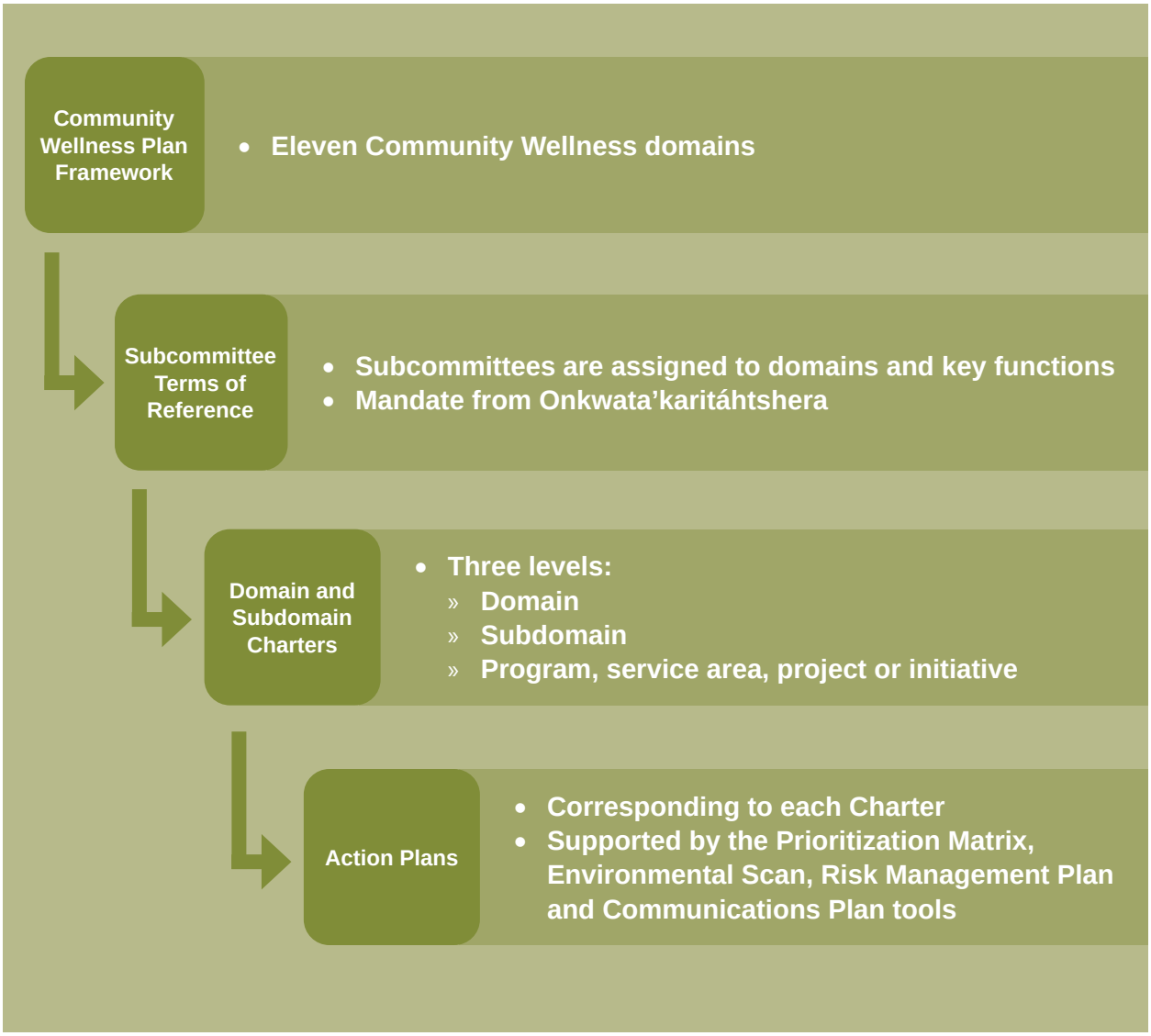

Figure 51: The flow of documents for CWP implementation

Foundational Work: Preparing for Project Launch

To lay a solid foundation for effective collaboration, inclusiveness and strategic project planning, it is imperative to undertake two foundational steps before beginning the project management approach outlined in this chapter, including establishing subcommittees and developing terms of reference for each subcommittee.

Establishing Subcommittees

The creation of Subcommittees for each CWP domain must be a purposeful, inclusive and strategic process. Subcommittees should be formed by leveraging the resources and structures already in place within the community, taking into consideration the complexity and significance of the specific domain. Significant work, progress and lessons exist in relation to previous Community Health Plan (CHP) subcommittees that should be built upon and leveraged.

Subcommittees are largely responsible for implementation, reviewing progress, making decisions, and overseeing the monitoring and improvement aspects. They are mandated by Onkwata'karitáhtshera. These roles adapt to the evolving requirements, ensuring that governance, oversight and decision-making remain effective, ultimately serving as valuable contributors to the project's success.

The structure and composition of subcommittees can vary widely depending on the respective domain's complexity and community requirements. Tradition, culture and Kanien'kéha language must be meaningfully integrated in all aspects of the subcommittee's work, as reflected through its members' identities, relationships, work and lived experiences.

> *"It's important for Subcommittees to adopt and apply a philosophy of inclusion and connection throughout their interactions and work. The Ahsatakariteke Subcommittee, for example, benefits from the combination of perspectives: the clinical to provide guidance and the community member to stay goal- oriented."*
>
> Subcommittee Evaluation, Onkwata'karitáhtshera (2022)

Familiarity with Tuckman's Stages of Group Development may be particularly useful, interesting and relevant to subcommittee members. These stages – encompassing forming, storming, norming, performing, outperforming, and adjourning – offer valuable insights into the evolution of team dynamics and their interconnectedness with a project or initiative's life cycle (Mindtools 2024b).

For example, in the initial forming stage, the subcommittees establish the groundwork for their respective initiatives. Progressing into the storming stage, they address conflicts and tensions, carving out clear roles and objectives. Advancing to the norming stage, subcommittees foster trust and

camaraderie among members, a vital element for effective collaboration during the performing stage when projects/initiatives are actively executed and sustained. As initiatives grow and evolve, they may enter the outperforming stage, expanding their horizons and integrating new members. Ultimately, the adjourning stage plays a pivotal role as the project draws to a close, necessitating reflection and closure.

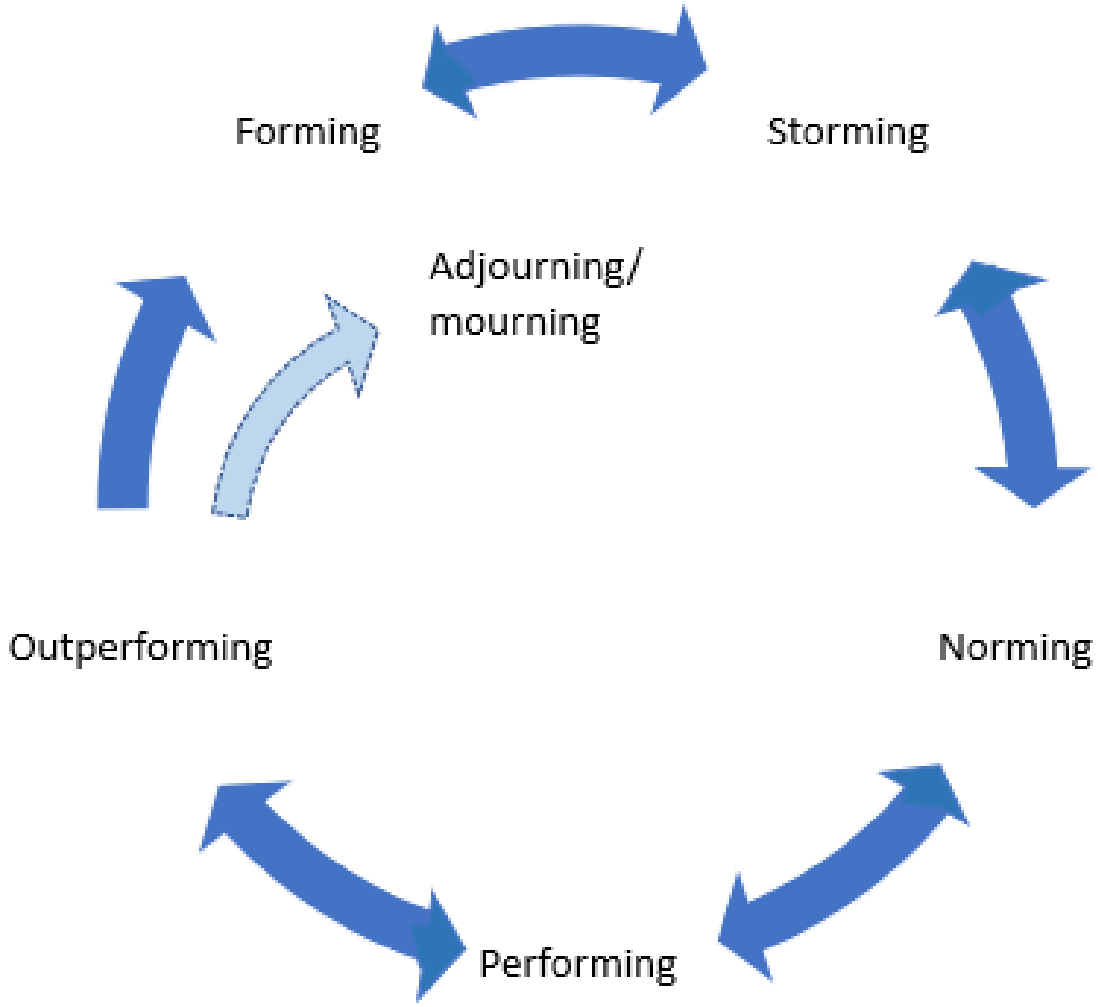

Figure 52: Tuckman's Stages of Group Development (Draft Subcommittees Project Report, Onkwata'karitáhtshera, 2022)

Teams may revisit these stages periodically throughout the project's life cycle, underscoring the dynamic nature of group development and its profound impact on the initiative's ultimate success.

Developing Terms of Reference

Terms of reference are developed to establish clear guidelines and expectations for the conduct and management of meetings, ensuring they are efficient, productive and aligned with the values of interconnectedness, trust and respect for diverse perspectives. Terms of reference may include information on member composition, roles and responsibilities, as well as the frequency of meetings. A quorum identifying the minimum number of members required to conduct a meeting is essential to ensure proper communication and authorization.

Additionally, an agenda should be prepared and circulated to all participants in advance of the meeting. The agenda could include items such as opening remarks, old business, new business, reports, discussions and any other relevant topics. Participants are encouraged to propose agenda items in advance.

The meeting conduct ensures that the Chairperson facilitates the meeting, maintains order and respect, and ensures all agenda items are addressed. Adhering to a specific schedule and timing, participants shall be respectful, actively engage in discussions and avoid disruptive behaviour.

As subcommittees are reformed according to this CWP, a collaborative approach to develop meeting norms, roles and guidelines will be taken, which may adapt the elements above.

Decision-making needs to be determined through consensus, by a majority vote, or using some other method. The Chairperson or meeting organizer shall ensure that decisions are clearly documented in meeting minutes. A designated individual should be responsible for taking minutes during the meeting. Minutes capture key discussion points, decisions, action items and deadlines and are circulated to participants for review and approval within a specific timeframe – for example, five business days after the meeting.

Action items arising from the meeting should be documented in the minutes. Responsible parties shall be assigned to each action item, along with deadlines for completion. Progress on action items shall be tracked and reported at a subsequent meeting.

Initiation

The initiation phase holds significant importance, as it serves as the foundation for defining key issues and assessing their potential impact and value to the well-being of the community. It is important to leverage these insights to gain the support and commitment of key CWP partners and to obtain approval and buy-in for project kickoff.

> *"The Initiation process begins with the recognition and the commitment to begin a project phase."*
>
> *The Aboriginal Finance and Management Capacity Development Series: Project Management – A Practical Guide for Aboriginal Management* (Aboriginal Financial Officers Association of Canada 2018)

The CWP report's domain chapters serve as a relatively comprehensive resource and guide to enable the domain subcommittees and other related partners to identify key issues, challenges and needs – as well as strengths and resiliency factors. Each chapter identifies key priorities within the domain and provides frameworks, tools, data and data sources. This information should be leveraged as the foundation for assessing and defining key issues.

Community engagement is also key to ensure awareness and buy-in from the community. Once key issues are defined, high-level goals and deliverables can be identified, along with the scope and constraints.

For prioritization, a prioritization matrix can be used to prioritize issues and/or goals based on importance and urgency. A sample prioritization matrix is provided in the appendix titled "Action Priority Matrix."

The next step is to develop a **Domain Charter**. A Domain Charter can be developed for providing a road map and establishing a high-level guide for developing the Action Plan. This charter outlines the main key issues identified by the domain subcommittee, as well as related partners, timelines and high-level goals. It serves as a guiding document that ensures alignment with the CWP, guiding the development of a transparent and accountable Action Plan. Further information relating to the Domain Charter is provided in the Appendix titled "Domain Charter."

A Charter may include the following key content:

- **Domain title**
- **Key issues:** Defines the main key issues the subcommittee members want to target.
- **Goals/deliverables:** Identifies the high-level goals and outcomes or products that will result from the initiatives chosen by the subcommittee.
- **Scope statement:** Outlines the boundaries of each key issue, defining what is included and excluded. This helps manage expectations and prevent scope creep.
- **Stakeholder identification:** Lists key partners involved in or affected, including members of the community, health professionals and other relevant parties.
- **Timeline:** Establishes a high-level expected timeline to address the key issues identified by the domain subcommittee.
- **Constraints:** Refers to the expected limitations that may impact the execution phase, such as time, budget, resources and scope.
- **Approvals and signatures:** Includes spaces for relevant authorities to provide formal approval and endorsement of the Charter, signifying commitment and support.
- **Lead:** Specifies the individual(s) who is/are tasked with addressing the key issue and planning, executing and monitoring an initiative/project, coordinating resources and efforts, timelines and activities to achieve goals efficiently and effectively.

Planning

> *"It is important to maintain flexibility going into the planning phase, so that when adjustments are needed, major changes or unpleasant surprises will not occur ... The planning phase involves devising and maintaining a workable scheme to accomplish the identified initiative and to meet the needs of the organization/community that the project was undertaken to address. This phase usually involves a written document, or work plan that has been appropriately authorized."*
>
> *The Aboriginal Finance and Management Capacity Development Series: Project Management – A Practical Guide for Aboriginal Management* (Aboriginal Financial Officers Association of Canada 2018)

The planning phase lays the groundwork for culturally anchored and effective interventions aligned to each priority domain, with particular attention to potential risks as well as impact on the critical dimension of equity. This phase involves a diligent process that includes conducting a thorough review (e.g., a comprehensive environmental scan) of similar projects and initiatives available in the community, as well as a comprehensive assessment of the key issues. A crucial and foundational source of information that should be leveraged extensively in this planning stage is the CWP priority domain chapters, which outline relevant research, data, frameworks and tools for each priority domain and subdomain.

The planning stage consists of the following activities:

- Environmental scan
- Action plan development (the key outcome of this phase)
- Risk management plan development
- Communication plan development

The environmental scan plays a pivotal role in understanding the community's current wellness landscape and existing resources for achieving the goals of a specific initiative. The scan helps identify potential challenges and opportunities, enabling goals to be tailored to the specific needs and realities of the community.

The subcommittee should collaborate closely with community members and organizational professionals to further refine the key issues outlined in the Domain Charter. Comprehensive community engagement takes place to ensure that planned actions and initiatives align with the unique cultural, social and environmental contexts of the community. This is key for effective communication and change management to ensure the desire to participate and buy-in from the community and related partners.

Building community engagement activities into the planning process is outlined in the *First Nations Health Authority Health and Wellness Planning: A Toolkit for B.C. First Nations*. Also included in this document are resources, tools, approaches and considerations (e.g., groups that could be engaged with, engagement actions) that could be adapted and used for the CWP in Kahnawà:ke (First Nations Health Authority 2019).

Action Plans

An **Action Plan** emerges as a key outcome of this phase, encompassing timelines, resource allocation, specific activities, and the assignment of responsibilities and accountabilities. This plan not only delineates the step-by-step approach for implementing initiatives aligned with the CWP but also integrates feedback from the community, promoting inclusivity and ownership. A sample Action Plan is provided in the Appendix, titled "Action Plan Template."

The planning phase is essential for fostering a collaborative and respectful approach, ensuring that the subsequent implementation stage is well-coordinated and tailored to the wholistic well-being of Kahnawà:ke.

An Action Plan may include the following key sections:

Section	Description
Subdomain	**Identifies the subdomain that the subcommittee will be working on.**
Key issues, challenges, needs, strengths, resiliency factors	Outlines the top issue selected as a priority to address.
Assessment findings	Outlines the top issue selected as a priority to address.
SMART goals	Outlines findings related to the assessment exercises conducted: for example, the environmental scan as well as other analysis tools such as the 5 Why's: Getting to the Root of the Problem Quickly (Mindtools 2024)[1].
Action steps / Activities	The action steps and/or activities are a group of related tasks or action items that must be executed to achieve the goal. These represent the "how" portion of the Action Plan. It is best to arrange activities chronologically by start dates, placing each activity in a separate row and adding as many rows as needed.
Resources	Includes all resources needed for each action step (examples: funding, staff time, space needs, supplies, technology, equipment and key partners).

1 Five whys (5 whys) is a problem-solving method that explores the underlying cause-and-effect of particular problems. The primary goal is to determine the root cause of a defect or a problem by successively asking the question "Why?" The number 5 here comes from the anecdotal observation that five iterations of asking why is usually sufficient to reveal the root cause (although it may take longer, depending on the complexity of the problem).

Section	Description
Responsibility	Identifies the individual responsible for ensuring that the action step is achieved. It also identifies the Lead, who is responsible for the overall management of the initiative.
Partners	Involves the partners involved in completing an activity or action step.
Progress notes	Tracks progress of activities. Also notes any unexpected outcomes, both positive and negative. If there are issues that need to be dealt with, subcommittee members can use the Plan-Do-Study-Act (PDSA) Cycle Framework or the Strength-Opportunity-Weakness-Challenges (SWOC) Framework. Major findings from these frameworks can be identified under the progress notes in the Action Plan. SWOC can also be used during the planning phase to support decision-making and uncover opportunities for success (further information is outlined below).
Timelines	Identifying timelines in an Action Plan involves specifying the start and completion date for each action step, providing a clear road map for the sequential and timely execution of project activities. There can be some action steps that occur during the same timeline, while others may depend on the completion of a former activity.
Performance Measures / Indicators	Identifies how you will know you are making progress, stating specifically what will be measured to determine whether changes have occurred. These maybe be qualitative and/or quantitative measures and should respect and integrate Tsi Niionkwarihó:ten, or Indigenous Ways of Knowing, ontologies and epistemologies (e.g., refer to *Measuring Wellness: An Indicator Development Guide for First Nations* (Geddes, B. 2015)).
Alignment	Identifies which other domain or activities under a different domain this initiative aligns with. This is very important as it may identify interdependencies, share insights and align strategies, which can help identify potential conflicts or overlapping efforts.
Risks	Identifies any risks related to a specific activity. A Risk Management Plan can also be developed as it is explained in detail below, based on the subcommittee needs and guidance.

A user-friendly Action Plan template is a practical approach for streamlined administration and management of the CWP and its respective projects and initiatives. A sample Action Plan template is presented that can offer a wholistic view of the initiatives, goals, tasks, timelines and key components, making it easier for partners to comprehend and follow (see the Appendix document "ICME templates"). The Action Plan ensures that high-level project goals align seamlessly with detailed action items, promoting a cohesive and practical framework for successful project implementation. Other templates can also be used; for example, the Implementation Work Plan Template from the "Health and Wellness Planning: A Toolkit for BC First Nations" document (First Nations Health Authority 2019).

The Action Plan, initially developed during the planning stage, serves as a foundational road map for the implementation phase of an initiative. While comprehensive planning provides a structured framework, the dynamic nature of project execution necessitates ongoing development and updates to the Action Plan. As the community wellness initiatives progress, the implementation phase unveils valuable insights, unforeseen challenges and opportunities for refinement.

Risk Management Plan

Another important tool to consider developing is the **Risk Management Plan**. This is a structured framework for identifying, assessing and addressing potential risks that can impact the success of a project or initiative. A sample Risk Management Plan and template is provided in the Appendix (see Appendix document titled "ICME templates").

A Risk Management Plan's key components include risk identification, where potential risks are systematically identified and documented; risk impact, which evaluates the potential consequences of each identified risk; probability and impact assessment, which quantifies the likelihood of risks occurring and the severity of their impact; and risk response strategies, which outline how to mitigate or address these risks.

By thoroughly analyzing and planning for risks, organizations can make informed decisions, allocate resources effectively, and implement proactive measures to minimize or mitigate the negative impacts, ultimately enhancing the chances of achieving their objectives successfully.

Communication Management Plan

Developing a **Communication Management Plan** is also an important component in ensuring effective and efficient communication among the members of each subcommittee. This plan outlines the strategies, channels and frequency of communication to promote collaboration, understanding and transparency within the team. It typically includes details on team meetings, reporting mechanisms and mechanisms for sharing updates and project-related information. The plan also defines the roles and responsibilities of each member in the communication process, ensuring clarity and accountability.

Indigenous Knowledge *Context is Critical*	**People of a Place** *Respect Place-based Programs*	**Centrality of Community and Family** *Connect Evaluation to Community*	**Honoring our Gifts** *Consider the Whole Person when Assessing Merit*	**Sovereignty** *Create Ownership and Build Capacity*
• Evaluation is woven into the program and its implementation; it is not an add-on function. • Evaluation is holistic and attends to relationships between the program, its context and community. • Evaluation knowledge honors multiple ways of knowing. • Evaluation recognizes our moral responsibility to reflect on what we are learning and use knowledge to improve our programs and community.	• Honor the place-based nature of many of our programs. • In telling the evaluation story, consider the context, environment, history, community, and contemporary circumstances of the place. • Respect that what works in one setting may not be easily transferred to other situations or places.	• Engage community when planning and implementing an evaluation. • Use participatory practices that engage stakeholders. • Make evaluation processes transparent. • Understand that programs may not focus only on individual achievement, but also on restoring community health and wellbeing.	• Allow for creativity and self-expression. • Use multiple ways to measure accomplishment. • Recognize that people enter programs at different places and with different skills and experience. • Make connections between accomplishment and responsibility.	• Ensure tribal ownership and control of data. • Follow tribal Institutional Review Board processes. • Secure proper permission if future publishing is done. • Build evaluation capacity in the community. • Report in ways meaningful to tribal audiences as well as to funders.

Figure 53: Sample Communication Plan Template (see Appendix document "ICME templates")

Clear communication fosters a positive team dynamic, reduces misunderstandings and facilitates timely decision-making, ultimately enabling and enhancing overall effectiveness and success. A sample communication plan and template can be found in the Appendix.

Execution and Implementation

> *"All members should be aware of the project's timeframe and be clear as to the expectations of their role in the overall project. A fundamental key to the success of the project is that all members of the team are ready, willing, and able to participate and understand fully their role."*
>
> The Aboriginal Finance and Management Capacity Development Series: Project Management – A Practical Guide for Aboriginal Management (Aboriginal Financial Officers Association of Canada 2018)

The execution and implementation phase is a major stage where the Action Plan comes to life and the proposed initiatives are executed and put into action. This phase involves the practical implementation of the strategies outlined in the Action Plan, along with continuous monitoring, evaluation and communication of progress to partners and the community. Some key dimensions of this phase include the initiation of action steps, progress monitoring, issue and obstacle identification, and adjusting and adapting tasks and functions. These are further described below (Government of Canada 2000; SGIG Data Project Steering Committee 2020; Aboriginal Financial Officers Association of Canada 2018).

It begins with implementing the specific action steps outlined in the plan within the specified timeframe. Resources such as personnel, finances and materials should be allocated according to the plan's requirements for a smooth execution of activities.

Monitor Progress and Address Challenges: Involves regularly monitoring the progress of each action step to track whether activities are being completed as planned and identifies any challenges or deviations that may occur during implementation.

Identify Issues and Obstacles: During the implementation phase of a project, it's common for challenges and obstacles to surface. One effective approach to address these issues is by employing the SWOC Framework. This strategic tool is used to assess and evaluate the internal strengths and weaknesses, as well as external opportunities and challenges.

Area	Description
Strengths	This involves identifying the internal factors that contribute to the success of the initiative and/or the activity within the initiative. This could include community engagement, a strong network of local leaders, established trust with community members, access to cultural resources or the commitment of a dedicated project team.
Weaknesses	Examines the internal factors that might hinder the implementation phase. This could involve resource limitations, barriers, insufficient training or gaps in community participation. Identifying weaknesses helps in proactively addressing challenges.
Opportunities	Explores external factors that the project/initiative can leverage to its advantage. Opportunities may include partnerships with external organizations, funding opportunities, policy support or emerging trends that align with the goals of the wellness plan.
Challenges	Analyzes external factors that could pose challenges to the successful implementation of an initiative. Challenges might include socioeconomic challenges, resistance to certain interventions or external factors beyond the community's control.

Figure 54: SWOC Framework

The SWOC Framework is an adaptation of the original SWOT framework, designed to align with Indigenous resources and community cultural values. The "T" representing threats is replaced with "C" for challenges, reflecting a more positive terminology and perspective (First Nations Health Authority 2019).

Applying the SWOC analysis to the implementation phase allows leaders and partners to develop strategies that capitalize on strengths, minimize weaknesses, seize opportunities and proactively address challenges: for instance, leveraging community strengths in cultural practices for wellness initiatives, addressing weaknesses through targeted training programs, capitalizing on opportunities for funding or collaboration, and developing strategies to mitigate potential challenges to the plan's success.

Findings from the SWOC analysis can be documented under the progress notes in the Action Plan or under the activities column, if adding certain activities has been identified as a need during the analysis. Further information regarding SWOC analysis is provided in *Health and Wellness Planning: A Toolkit for BC First Nations* (First Nations Health Authority 2019).

Adapt and Adjust: Being flexible and ready to adapt strategies based on real-time feedback and unexpected developments is key to ensuring buy-in and successful and sustainable outcomes for any initiative or project. A fundamental framework and tool to enable this is the Plan-Do-Study-Act (PDSA) framework, which is a four-step framework to ensure continuous improvement within the project implementation and monitoring phases. Note that the PDSA is a tool that can be leveraged at any phase but is particularly relevant and useful when working on the Progress Notes section of the Action Plan.

The Plan steps involve thorough planning and goal setting, defining strategies and allocating resources. As the implementation unfolds in the "Do" phase, the planned activities are put into action. The "Check" step follows, where outcomes are carefully assessed through monitoring and key performance indicators. Insights gained from this assessment inform the crucial "Act" phase, in which adjustments, refinements and lessons learned are incorporated back into the planning process for the next cycle.

The cyclical and iterative PDSA approach ensures that the implementation process is not static but rather responsive to changing conditions, insights from experience, and the evolving and dynamic needs of the community.

Both the SWOC and PDSA frameworks can be leveraged during and throughout the implementation and monitoring phases. As stated earlier, these tools can be particularly useful to inform content related to the development of progress notes in the Action Plan template.

The PDSA framework underscores the importance of respectful collaboration, continuous learning and responsiveness to the unique cultural context. By incorporating community input, monitoring progress and adapting strategies, CWP initiatives can evolve iteratively to better serve the health and well-being of the Kahnawà:ke community. This iterative and wholistic approach aligns with the community's values of interconnectedness, inclusivity and respect for diverse perspectives and worldviews.

Monitoring and Improvement

The monitoring and improvement phase of CWP initiatives plays a pivotal role in ensuring the success and alignment of initiatives with the community's needs, context, culture and values. During this phase, performance measurement involves tracking key indicators and metrics that are strategically and tactically relevant and important to gauge the progress, effectiveness and success of CWP initiatives. The domain chapters comprehensively outline potential indicators, measures and respective tools that could be leveraged within each domain and thus should be consulted to help inform the work.

Note that in this subsection, a high-level overview of monitoring and improvement functions and tasks are described. Further guidance and details related to CWP evaluation concepts, frameworks and tools are provided in the Evaluation section.

> *"Quality management ensures the development of processes for every key activity, evaluating the process itself on a constant basis, and monitoring and correcting the deviations when necessary."*
>
> *First Nations Mental Wellness Continuum Framework: Implementation Guide* (Hopkins and Fournier 2018)

The PDSA's iterative approach is particularly useful during the monitoring stage – improving quality and ensuring that issues, challenges and gaps are identified and that appropriate and effective solutions are established. The process involves constant feedback loops with CWP partners, community members, Elders and leaders to adapt initiatives as needed, ensuring the ability to implement the initiative successfully by fostering a dynamic and community-driven approach to wellness. The steps taken to accomplish this will depend on the partners involved.

During monitoring and improvement, key project management documents such as the Action Plan, Risk Management Plan and Communication Plan are continuously updated and validated. Therefore, the monitoring and improvement phase often overlaps with the implementation phase in project management. In many projects, these two phases are not entirely distinct but rather interconnected and occur concurrently.

The interplay between the implementation and monitoring and improvement ensures that projects remain flexible, responsive to changes and aligned with the community's wellness goals. It enables CWP partners to make real-time adjustments, address issues promptly and maintain focus on achieving intended outcomes.

During both phases, it is also essential to celebrate achievements and milestones. These celebrations serve to boost morale, foster a sense of pride and ownership among teams and community members, and enhance overall community engagement. This can take various forms, such as community gatherings, ceremonies, cultural events or simply expressions of gratitude and recognition.

> *"Emphasizing positive aspects and celebrating successes are important for fostering connection and motivation."*
>
> Subcommittees evaluation, Onkwata'karitáhtshera (2022)

By celebrating achievements and milestones, the community reaffirms its commitment to the wellness plan and acknowledges the collective efforts and resilience of its members. This positive reinforcement can motivate community members to remain actively engaged in different initiatives and programs, inspire continued dedication and strengthen a sense of unity and purpose.

Closing, Transitioning and Sustainability

> *"When we look at time we say we are a blip, and only see a glimpse of time as human beings. Everything that we have, we hang onto for future generations. The air, water, trees, mountains, medicines, songs and ceremonies: everything we have is sacred. We only hold onto them a little while for the next generation. We must ensure that Seven Generations have the same thing."*
>
> Health and Wellness Planning: A Toolkit for BC First Nations (First Nations Health Authority 2019)

In the Closing, Transitioning and Sustainability phase, the focus shifts towards deep reflection, synthesis and consolidation. One crucial aspect is the creation of a **"lessons learned" document**, which captures valuable insights gained throughout the project's life cycle. These insights serve as a guidepost for future endeavours, enhancing the community's capacity to plan and implement initiatives more effectively. Such a document not only provides a record of what worked well and what challenges were encountered but also serves as a foundation for continuous improvement in future initiatives.

Transitioning and Sustainability take centre stage during this phase, as the community explores ways to ensure that the positive health and wellness outcomes achieved through the initiative are reinforced, sustained and endure over time. The **Seven Generations Principle** serves as an important foundation and guide for these functions (First Nations Health Authority 2019). This involves planning for the ongoing maintenance of practices, the transfer of responsibilities to different community organizations and members, and the integration of resources and functions into existing systems, ensuring a legacy that positively impacts generations to come. Ultimately, this is about developing robust, sustainable and resilient systems in the community.

> *"Seven Generations Planning for future generations involves understanding available resources and spending sustainably."*
>
> Health and Wellness Planning: A Toolkit for BC First Nations (First Nations Health Authority 2019)

Further Important Considerations for Project Management

Ohèn:ton Karihwatéhkwen

The **Ohèn:ton Karihwatéhkwen**, also known as the "Words Before All Else" or the "Thanksgiving Address," holds profound significance in the context of CWP-related meetings. This address serves as both an opening and closing framework for gatherings, grounding participants in a shared sense of gratitude and interconnectedness with the natural world. By acknowledging the roles and responsibilities of all living things, Ohèn:ton Karihwatéhkwen fosters a respectful and mindful atmosphere, setting a tone of harmony and mutual respect.

Its use in meetings emphasizes the importance of community, gratitude and the recognition of a collective relationship with the environment. This approach not only encourages participants to engage in thoughtful deliberation but also reminds them of the broader context of their discussions, potentially leading to more wholistic and considerate outcomes. In essence, Ohèn:ton Karihwatéhkwen shapes the conduct of meetings by instilling a spirit of unity and respect for all forms of life, guiding participants towards decisions that honour these principles.

Alignment, Coordination and Communication

Alignment and collaboration across subcommittees involved in implementing CWP initiatives are essential for success. Simple and effective methods of enhancing this alignment include sharing Action Plans on a common platform. These may include a common shared drive, cloud-based platforms or a document management system to centralize project or initiative information, thereby keeping members and partners informed and engaged. Developing an initiative registry would be valuable as a reference document for alignment and collaboration.

Organizing cross-subcommittee meetings to discuss interdependencies, share insights and align strategies can help identify potential conflicts or overlapping efforts. Additionally, publishing a community newsletter can serve as a powerful communication tool, keeping community members informed about progress, achievements and upcoming initiatives. These simple yet effective and practical approaches foster a sense of transparency and unity, streamline efforts, and maximize the collective impact of wellness projects within the community.

Conflict Resolution

Conflict resolution involves establishing a structured process through which parties or partners can reach a resolution in a structured, transparent and cooperative manner. Disagreements and conflicts are not uncommon, especially when multiple partners with diverse interests and worldviews are involved. The varying perspectives of different parties can naturally lead to differences of opinion and disputes. Effective conflict management and resolution strategies become essential in such situations to foster understanding and collaboration among partners.

Inadequate conflict management has the potential to disrupt teamwork; impede the progress of projects and initiatives; generate negative dynamics among members; decrease motivation, resulting in the inefficient use of time and resources and, ultimately, contributing to project failure. Conversely, when conflict is effectively managed, it can foster improved decision-making, generation of innovative ideas, the cultivation of stronger relationships among committee members, and the successful achievement of goals and initiatives.

In Kahnawà:ke, **The Creation Story**, as well as with **The Great Law of Peace**, **The Seven Generations Principle** and the **Two Row Wampum** can support the alignment, coordination and communication of subcommittees. The founding of the Haudenosaunee Confederacy further demonstrates the value of working together in a respectful and peaceful manner; the Great Law provides a democratic model for governing; the Creation Story explains how humans came to be on this earth and what our duties are as human beings; the Two Row Wampum instructs on how to interrelate with other governments and nations; and the concept of the Seven Generations reminds members to be respectful of future and past generations.

Together, they shape and inform the dynamics of all relationships within the community and are particularly relevant and foundational in relation to developing appropriate and effective conflict resolution mechanisms and policies, including Onkwata'karitáhtshera's Conflict Resolution Policy, as explained in its By-Laws. Hence, all the values reflected above can be potentially integrated into subcommittee conflict resolution and referred to during a situation of conflict.

This can all be formalized in a Subcommittee Conflict Resolution Policy. The specific details and procedures of any conflict resolution policy should be determined in consultation with Kahnawà:ke's community. The incorporation of cultural training (particularly for individuals who are not from the community) and incorporating traditional Indigenous conflict resolution practices can help ensure the proper implementation and effectiveness of such a policy.

In the Appendix, the document titled *Skén:nen A'onsón:ton, "To Become Peaceful Again" – Kahnawà:ke's Alternative Dispute Resolution Mechanism* provides a community example of a culturally anchored conflict resolution mechanism.

Another reference, *Indigenous Centered Conflict Resolution Processes in Canada*, shows how some foundational Indigenous laws, values and processes are reflected in stories and oral traditions and can be used in conflict resolution (Sikka, N., Wong, G., and Bell, C. 2016). This example demonstrates how conditions were established to enable harmony, respect differences and resolve disputes in ways that promote better relationships. Additionally, a draft conflict resolution policy can be found in the Appendix, titled "Conflict Resolution Policy for Subcommittee Meetings."

Change Management: The ADKAR Change Management Framework

The change management framework we have chosen to use in the CWP is the five-step ADKAR framework (Prosci Research Organization, n.d.; Mindtools, n.d.). This framework will help support all the partners working on the CWP while we carry out the complex and dynamic initiatives involving change. This means promoting active involvement and maintaining transparent and consistent communication to effectively tackle any concerns or challenges.

The ADKAR framework places emphasis on the manner in which information is shared to the project's partners – those individuals impacted by the change. The five sequential steps include:

1. **A**wareness (of the need for change)
2. **D**esire (to participate in and support the change)
3. **K**nowledge (of how to change)
4. **A**bility (to change)
5. **R**einforcement (to sustain the change)

Initially, it is important to make partners **aware** of the necessity for change. Subsequently, this awareness needs to be transformed into a **desire** to participate, motivating individuals to invest their efforts into designing projects and initiatives effectively.

Once the design has been approved, partners should then **know** what they need to do to make the change/project happen. Users need to be trained so they are **able** to apply the new skills and behaviours that will make the initiative a success. These skills and behaviours should then be **reinforced** so that the initiative becomes sustained, and success continues.

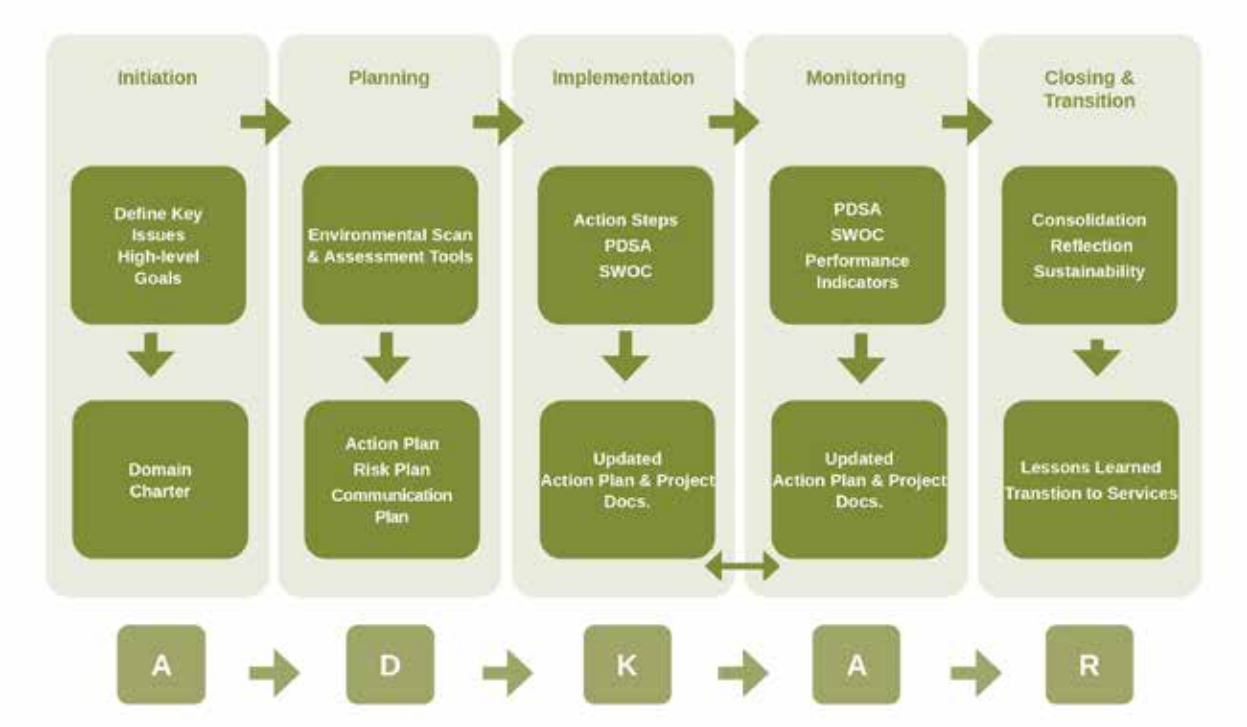

Figure 55: ADKAR Framework overlaid on the CWP Project Management Phases

The main advantage of using the ADKAR model is that it a simple framework that encourages focus on achieving clear, finite communication goals at every stage of the project. This is why it is recommended to leverage the ADKAR framework for CWP initiatives. The image above illustrates where each step of the ADKAR framework lies within the project management framework's phases.

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Evaluation, Improvement and Research

Since the first Kahnawà:ke Community Health Plan (CHP) in 1998, the community's health, social and educational organizations have progressively and substantially strengthened evaluation-related resources, functions and expertise. This is clearly reflected by evaluation functions and activities at all (system, organizational and service-delivery) levels. For example:

- Community Health Plan (CHP) evaluations, such as the 2016 mid-term and 2023 final CHP evaluation reports.
- Onkwata'karitáhtshera subcommittee logic models (e.g., the wholistic 2017 Mental Wellness and Addictions logic model)
- Comprehensive assessments (e.g., epidemiological and statistical analyses by the Data Mining Subcommittee and work related to the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portraits; Mohawk Council of Kahnawà:ke (MCK) housing assessments; Wellness Action Team [WAT] survey; Kahnawà:ke Collective Impact [KCI] assessments; Kahnawà:ke Environmental Protection Office [KEPO] assessments)
- Organizational evaluation and performance assessment tools (e.g., KMHC sub-unit level logic models, accreditation/quality assurance assessment tools and indicators, and MYLE EMR dashboards; KSCS program/service-level logic models and reports, data grids and Penelope dashboards)
- Grassroots and community-based funding initiatives (e.g., CHP Initiative [CHPI] and CFS evaluation frameworks and logic models)

The following sections delve into the critical enhancements and strategic investments in Kahnawà:ke's organizational data systems that are needed to effectively evaluate the Community Wellness Plan (CWP). Furthermore, the importance of upgrading existing data sources, streamlining and standardizing evaluation functions, and leveraging Indigenous-led evaluation frameworks and tools to ensure a comprehensive, culturally anchored approach to CWP evaluation is highlighted.

Strengthening Organizational Data Infrastructure

Kahnawà:ke's health and social services have made substantial investments into the development of a robust data infrastructure, which is critical to enable comprehensive and robust CWP evaluation functions. This is reflected by KSCS's and KMHC's substantial digitization and electronic record system upgrades in the last five years, with Penelope and MYLE (Make Your Life Easy) electronic records systems. The primary functions of these systems are to facilitate care and service provision. A secondary way these systems can be used is by examining key data outputs about such care and services.

In 2024, there is ongoing work to develop methods to leverage these tools to extract, synthesize and transform health and social services data into meaningful information. In conjunction with community knowledge, this data could be used for quality assessment and quality improvement in service organizations.

These advances, along with recommendations and guidance to further enhance these systems, are highlighted and discussed in a report entitled *Data Infrastructure and Business Intelligence Readiness Assessment*. The assessment was conducted by a business intelligence analyst consultant from Evaluation Studio between August and December 2023 as part of the community wellness planning process.

To conduct the assessment, the consultant completed the following activities:

- Reviewed the current state of the Data Infrastructure: Including documenting data sets for ETL and data warehousing considerations, determining extraction feasibility from source systems (MYLE Electronic Medical Record, Penelope Case Management System)
- Collected technical information on Data Source Documentation
- Assessed Business Intelligence (BI) and Report capabilities: Determining whether the data is normalized and an assessment of database schema. Determining what current reports/dashboards are being produced today, and scoping the time and effort required to modernize the data products in the new BI suite.

The consultant met with MEDFAR, the company that hosts MYLE, and Social Solutions, which hosts Penelope, to collect some of this information.

One of the findings of the assessment was that one area of improvement is the quality of inputs into these systems so that information is entered in the right place or so that the right fields exist to capture important information. The areas that were assessed and explored in the report are:

- Moving towards a Centralized Data Warehouse
- Upgrading Reporting and Dashboarding Capabilities

Specifically, the conclusion of this assessment indicates that with some investment in technical infrastructure and skilled human resources, Kahnawà:ke's CWP organizational partners will be able to better realize the potential of their data systems to enable robust evaluation functions. This extends beyond KSCS and KMHC to all CWP organizational partners (e.g., Kahnawà:ke Fire Brigade and Ambulance with data from

their Patient Care Record, and educational and early child-care organizations). By effectively utilizing the community's existing data, a comprehensive and accurate profile of community health and wellness can be achieved. This data can also facilitate the identification of unmet needs and areas of service delivery that are lacking or fragmented.

This assessment will be used by Onkwata'karitáhtshera in the future to develop a data strategy and inform discussions on data governance goals and processes, in the context of the function and purpose of our existing systems. Another area for discussion is the continuous quality improvement and capacity-building work underway at KMHC and KSCS, including the ongoing training, development of policies and change management to support the effective use of MYLE and Penelope. In the coming years, we expect to see iterative improvements in the quality of data available from these systems for the secondary purpose of monitoring and evaluating progress on the CWP domains. In addition to strengthening existing systems, integration or development of new systems or infrastructure will be a point of decision for Onkwata'karitáhtshera.

All data-related work must align with and support the OCAP© (Ownership, Control, Access, And Possession) Principles that were developed in 1998 by the First Nations Information Governance Center to reflect First Nations' commitments to use and share information in a way that benefits their communities while asserting First Nations jurisdiction over information (First Nations Information Governance Centre 2024). The Indigenous Data Governance and Management Toolkit can also be a useful resource in this process: https://indigenousdatatoolkit.ca/data-governance.

Updating and Refreshing Important Data Sources

It is important to update, refresh and strengthen key data sources, such as the Regional Health Survey (RHS), which provides essential community health–related data and statistics for the *Onkwaná:ta, Our Community, Ionkwata'karí:te, Our Health* Portrait reports. The last time the RHS was conducted in Kahnawà:ke (or in any community) was in 2015. Original plans made to repeat this were delayed due to the reorientation of efforts towards the pandemic response. Onkwata'karitáhtshera and collaborators at the FNQLHSSC and FNIGC are planning to repeat the RHS in 2024. Other useful data sources that can be accessed by Onkwata'karitáhtshera to continuously reassess community wellness include:

- Quebec provincial medical care databases (e.g., Quebec Integrated Chronic Disease Surveillance System, [Le Système Intégré de Surveillances des Maladies Chroniques du Québec; SISMACQ]; RAMQ registration [Fichier d'inscription des personnes assurées; FIPA); Vital Statistics – Canadian Birth Database and Canadian Mortality Database]; Registre Québécois du Cancer.
- Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)
- Dispensed Prescriptions covered by the Non-Insured Health Benefits (NIHB) program

Summary of key data sources included in Onkwaná:ta Our Community, Ionkwata'karí:te Our Health 2023, Volume 2, p. 146. (Onkwata'karitáhtshera 2023)

Figure 56: Reproduction of Figure 4.1 Summary of key data sources included in Volume 2 of Onkwaná:ta Our Community, Ionkwata'karí:te Our Health (2023)

Streamlining, Alignment and Standardization of Monitoring and Evaluation Functions

The Action Plan template described earlier in this chapter serves as a tool that can be adapted to enable ongoing monitoring of key indicators for community wellness-related initiatives and activities conducted by the CWP subcommittees. Indicators integrated into the Action Plan enable monitoring of progress; identification of successes, challenges, needs and gaps; and Continuous Quality Improvement (CQI).

In addition to ongoing monitoring using CWP Action Plan indicators, comprehensive and robust evaluations of the overall CWP need to be conducted frequently (at least every two years, if feasible) to enable proactive performance assessment and reflection and to inform the planning cycles of all CWP partners. These comprehensive evaluations must build upon – and inform the development of – the Action Plan monitoring indicators. Evaluation capacity within community health and social services organizations will also need to be strengthened for more regular evaluations to be carried out.

Evaluation Design, Approaches and Tools

Onkwata'karitáhtshera has developed strong guidance and tools to support CHP evaluation functions, as reflected by the Kahnawà:ke Community Health Plan Initiative (CHPI) and Child and Family Services (CFS) Funding evaluation framework, which is shown below.

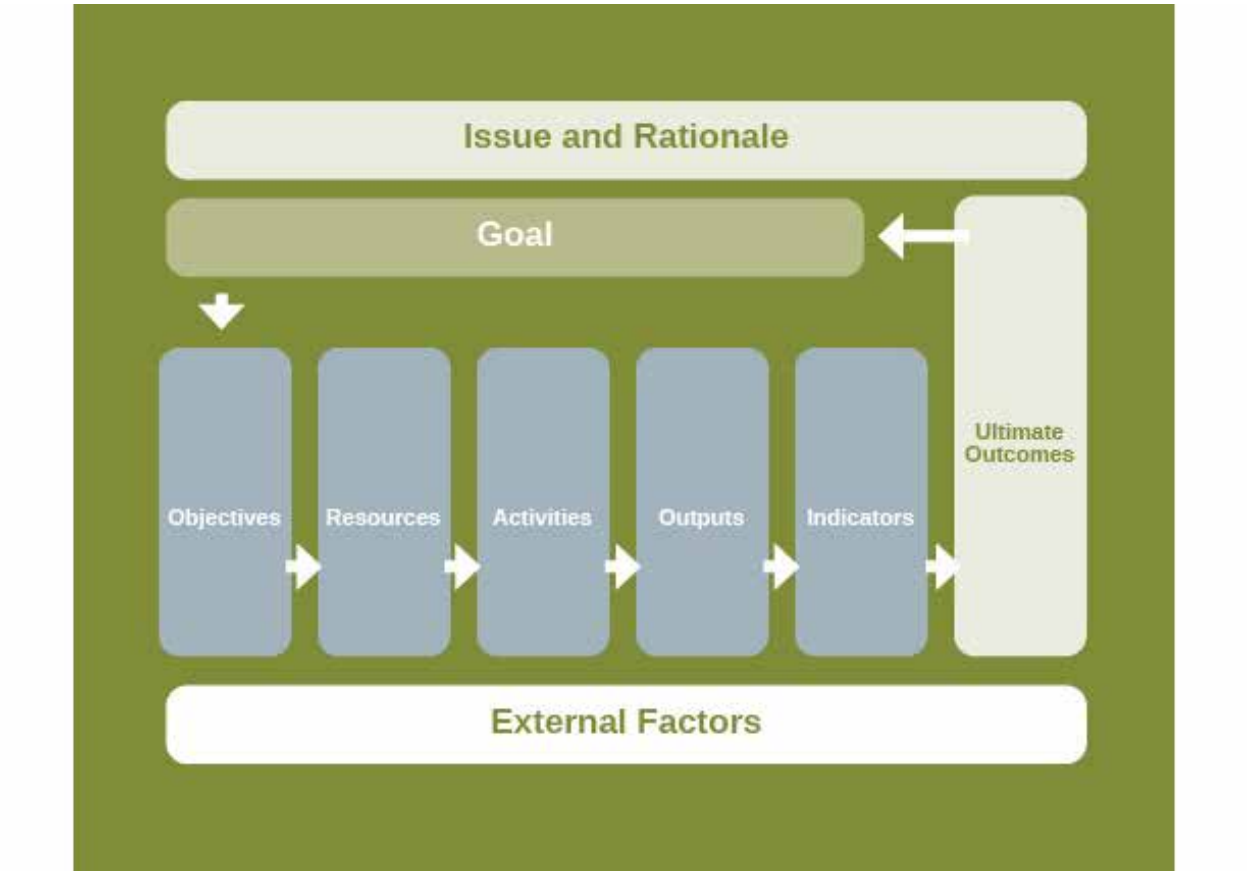

Figure 57: Kahnawà:ke Community Health Plan Initiative (CHPI) and Child and Family Services (CFS) Funding evaluation framework, 2023-2024

This template is a simple and effective tool that can be adapted by all CWP partners to help streamline and conduct robust evaluation functions and activities.

In addition to this valuable tool, the Health and Wellness Planning Toolkit for BC First Nations provides tips and resources to support Health and Wellness Plan monitoring, evaluation and the sharing of results (First Nations Health Authority 2019). For example, the BC Toolkit highlights 10 key steps of evaluation and provides an evaluation template (below) that can be used to identify indicators and make a plan for data collection. The 10 key steps of evaluation that are highlighted and described are:

- Review and clarify your plan's goals.
- Engage members and stakeholders to find out what their priorities are for the evaluation.
- Identify evaluation resources.
- Select evaluation questions based on stakeholder and member input and plan goals and objectives.
- Identify methods and indicators that will answer evaluation questions.
- Develop a work plan and timeline for the evaluation.
- Gather information/data.
- Process information and analyze results.
- Interpret and disseminate results.
- Take action: implement recommendations of the evaluation and adjust initiatives or your plan.

The evaluation template within the First Nations Health Authority *Health and Wellness Planning: A Toolkit for First Nations* is a valuable tool that could be leveraged and adapted for the CWP (First Nations Health Authority 2019). This tool provides sample evaluation questions, indicators and approaches, and provides a structure that ensures their alignment with Health and Wellness Plan objectives and the needs of the community, as well as addressing the evaluation and reporting needs of funders or partners.

Onkwehón:we-led evaluation frameworks and toolkits

A growing number of robust and comprehensive Onkwehón:we resources exist to guide and enable a wholistic and culturally anchored Indigenous approach to CWP evaluation design, planning and implementation.

Examples – particularly in relation to indicator development – include *Measuring Wellness: An Indicator Development Guide for First Nations*, and the *Indigenous Wellness Indicators* report by the City of Vancouver (Geddes, B. 2015). Further high-level guidance regarding the development of participatory Indigenous evaluation frameworks is provided in the National Collaborating Center for Indigenous Health (NCCIH) report entitled *Indigenous Approaches to Program Evaluation* (National Collaborating Centre for Indigenous Health 2013).

One of the most comprehensive recent evaluation resources available is the 2023 *Indigenous Evaluation Toolkit* by the Seven Directions Center for Indigenous Public Health (Seven Directions: A Centre for Indigenous Public Health 2023). Although the toolkit is specifically focused on organizations serving American Indian/Alaska Native communities through opioid prevention programming, much of its content is generalizable and applicable to leverage for CWP evaluation functions.

The *Indigenous Evaluation Framework*, developed by LaFrance & Nichols in 2009 for the American Indian Higher Education Consortium (AIHEC) serves as the conceptual basis for the Seven Directions Evaluation Toolkit, providing a robust conceptual foundation for all the tools provided (LaFrance, J. and Nichols, R. 2009). This conceptual underpinning enables generalizability of the content of the *Seven Directions Indigenous Evaluation Toolkit* for use in other settings, including Kahnawà:ke.

Figure 58: Indigenous Evaluation Model. Adapted from Joan LaFrance and Richard Nichols and Indigenous Evaluation Toolkit by the Seven Directions Center for Indigenous Public Health

"This Indigenous Evaluation Toolkit for Tribal Public Health Programs encourages Indigenous communities to tell their own stories and reclaim Indigenous ways-of-knowing, or epistemologies, as a basis for evaluation, with the goals of improved health and wellness through improved programs and services. Broadly speaking, 'Indigenous evaluation' refers to the use of Indigenous ways of knowing and meaning making and deep community involvement when evaluating an effort's effectiveness or community impact."

2023 Indigenous Evaluation Toolkit, by the Seven Directions Center for Indigenous Public Health (Seven Directions: A Centre for Indigenous Public Health 2023)

The *Seven Directions Indigenous Evaluation Toolkit* provides a strong evaluation approach that can be adapted for the Kahnawà:ke CWP, framing evaluation as a continuous learning process rather than a one-time reflection of a past state. The toolkit takes this iterative, reflective, continuous learning approach to operationalize the core tenets of Indigenous evaluation in four key phases. It then further breaks each of the four phases into 10 steps with detailed guides that programs can use to incorporate Indigenous ways of knowing into their programming and evaluation efforts, depicted below:

Phases and Steps in the Indigenous Evaluation Toolkit

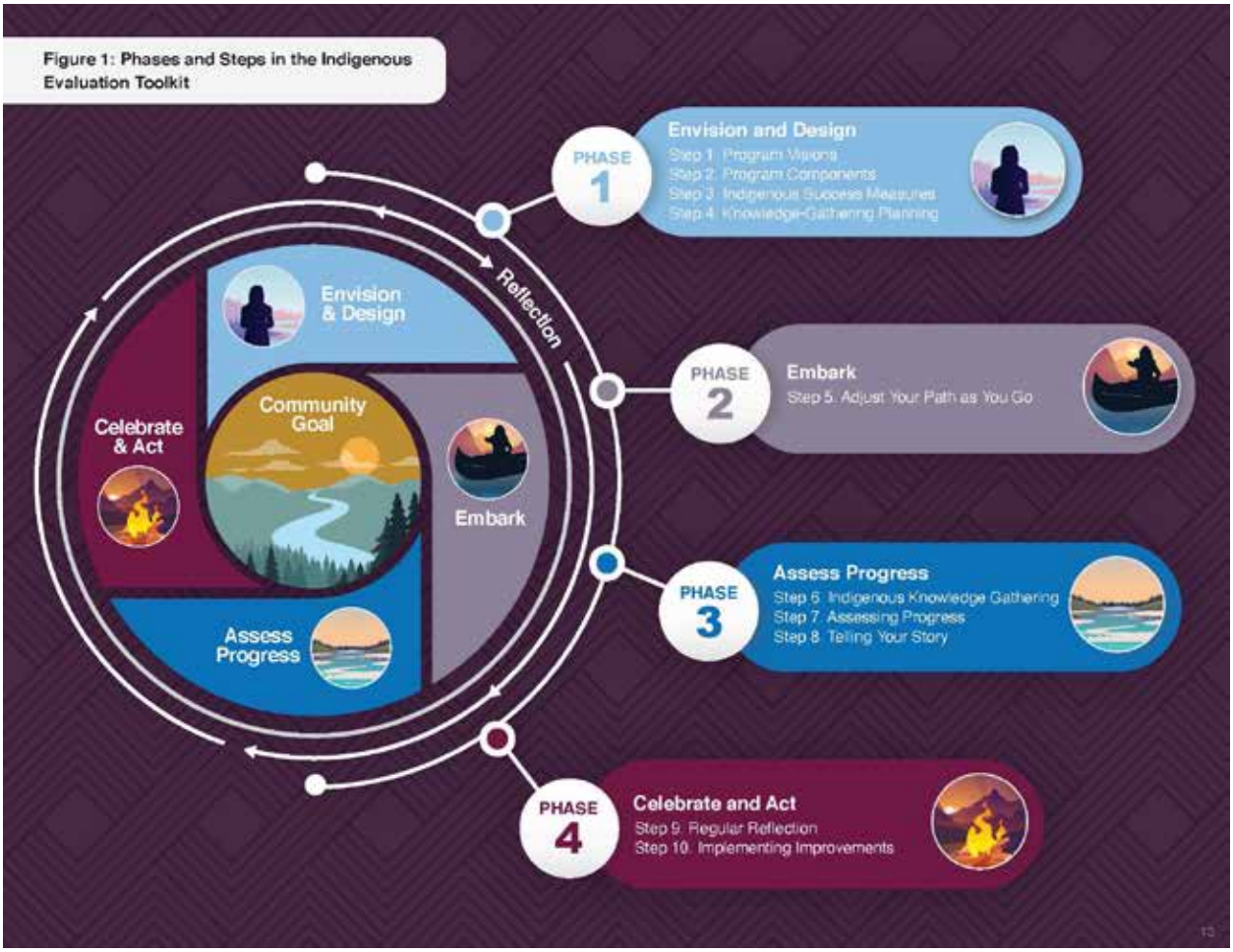

Figure 59: Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming (Seven Directions: A Centre for Indigenous Public Health 2023)

Indigenous Knowledge *Context is Critical*	**People of a Place** *Respect Place-based Programs*	**Centrality of Community and Family** *Connect Evaluation to Community*	**Honoring our Gifts** *Consider the Whole Person when Assessing Merit*	**Sovereignty** Create Ownership and Build Capacity
• Evaluation is woven into the program and its implementation; it is not an add-on function. • Evaluation is holistic and attends to relationships between the program, its context and community. • Evaluation knowledge honors multiple ways of knowing. • Evaluation recognizes our moral responsibility to reflect on what we are learning and use knowledge to improve our programs and community.	• Honor the place-based nature of many of our programs. • In telling the evaluation story, consider the context, environment, history, community, and contemporary circumstances of the place. • Respect that what works in one setting may not be easily transferred to other situations or places.	• Engage community when planning and implementing an evaluation. • Use participatory practices that engage stakeholders. • Make evaluation processes transparent. • Understand that programs may not focus only on individual achievement, but also on restoring community health and wellbeing.	• Allow for creativity and self-expression. • Use multiple ways to measure accomplishment. • Recognize that people enter programs at different places and with different skills and experience. • Make connections between accomplishment and responsibility.	• Ensure tribal ownership and control of data. • Follow tribal Institutional Review Board processes. • Secure proper permission if future publishing is done. • Build evaluation capacity in the community. • Report in ways meaningful to tribal audiences as well as to funders.

Figure 60: Indigenous Evaluation Model. Adapted from Joan LaFrance and Richard Nichols and Indigenous Evaluation Toolkit by the Seven Directions Center for Indigenous Public Health

Self-determination in Evaluation of Community Wellness in Kahnawà:ke

The 2024-2032 Kahnawà:ke CWP represents a significant step forward from previous Community Health Plans, reflecting a shift towards wholistic health, wellness and well-being that integrates the social determinants of Indigenous health. This reflects self-determination in the community's approach to recognizing, addressing and evaluating CWP priorities, strategies and activities.

Therefore, it is important to build upon the strong evaluation-related foundations and to integrate the Onkwehón:we-led frameworks and tools presented above to design, plan and implement robust and comprehensive evaluations of the CWP.

Appendix 6, Kahnawà:ke Community Wellness Plan (CWP) 2024-2032: A Participatory Evaluation Plan contains a detailed evaluation strategy, timeline and plan for formal comprehensive evaluations of the CWP.

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