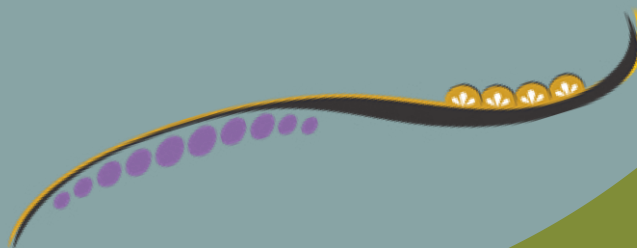


Wholistic health, wellness and wellbeing from Indigenous and Haudenosaunee perspectives:

A literature review of conceptual models, frameworks, tools and indicators

A companion report to the 2024-2032 Kahnawà:ke Community Wellness Plan



Onkwata'karitáhtshera
Onerahtókha (April) 2025



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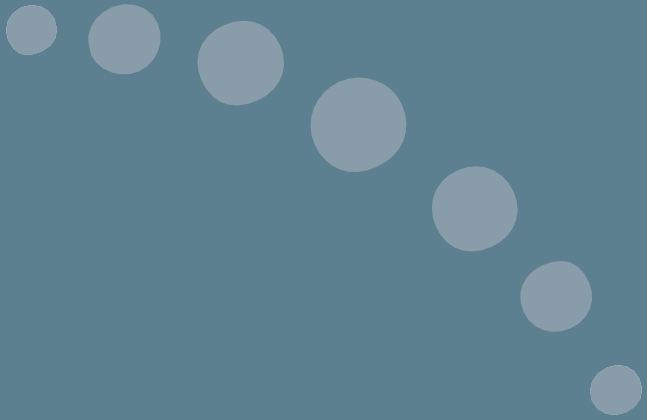


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Abstract



Abstract

The Haudenosaunee community of Kahnawà:ke has a rich history of participatory community health needs assessment and planning, demonstrated by the development of three Community Health Plans (CHPs) since 1998. The 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) framework signifies a paradigm shift towards a more wholistic approach to community health and wellness, deeply rooted in Haudenosaunee and Kanien'kehá:ka history, philosophies, values, and scholarship.

To support the CWP, this literature review aims to provide a comprehensive synthesis of Onkwehón:we (North American Indigenous) conceptual models, frameworks, assessment tools, and indicators related to wholistic health, wellness, and wellbeing, with a particular focus on the Haudenosaunee and Kanien'kehá:ka Nations.

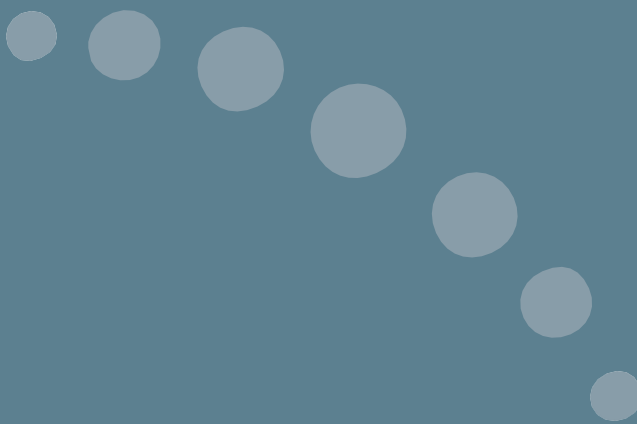
The literature review leveraged a thorough search of scientific databases including MEDLINE, Embase, PsychINFO, CINAHL, and Web of Science, as well as an extensive grey literature search using Google, OpenGrey, and the iPortal Indigenous Studies portal. The inclusion criteria were broad, encompassing various Indigenous-specific contexts and prioritizing resources aligned with the CWP's focus areas. The review identified 202 references, making it the most comprehensive review on this topic to date.

Key findings from the literature underscore the importance of a wholistic understanding of health that integrates physical, mental, emotional, and spiritual dimensions. This wholistic approach is operationalized through various models, frameworks, and tools developed by Indigenous communities. The literature emphasizes the need for upstream interventions, prevention, and early intervention to address root causes of health disparities and inequities, taking into account a life course perspective. Furthermore, it highlights the critical role of family and community-oriented wellness strategies, leveraging Indigenous languages, cultural strengths, values, and traditional knowledge systems.

The literature also calls for inclusive and participatory approaches that respect Indigenous sovereignty and self-determination, promoting capacity building and empowerment. Addressing the Social Determinants of Indigenous Health (SDIH), such as the impacts of colonization, loss of land, language, and culture, is essential for community wellness and achieving health equity. Structural determinants like poverty and housing require policies that address these socioeconomic disparities through inclusive, culturally informed approaches. The review also highlights the profound mental health challenges faced by Indigenous populations due to historical and ongoing traumas and the importance of trauma-informed, culturally relevant care.

Additionally, the review identifies a growing interest in the connections between land, environment, food, and health, emphasizing the need for Indigenous-led environmental stewardship and food security initiatives. The literature consistently recommends ongoing research to address data gaps and enhance understanding of the complex health impacts experienced by Indigenous peoples, advocating for strategies centered on empowerment and self-determination.

Overall, this literature review provides a rich evidence base for the development and implementation of the 2024-2032 Kahnawà:ke Community Wellness Plan. It offers comprehensive insights and resources that can support other Indigenous Nations in their wellness planning initiatives – promoting solidarity, cross-learning, and collaboration.



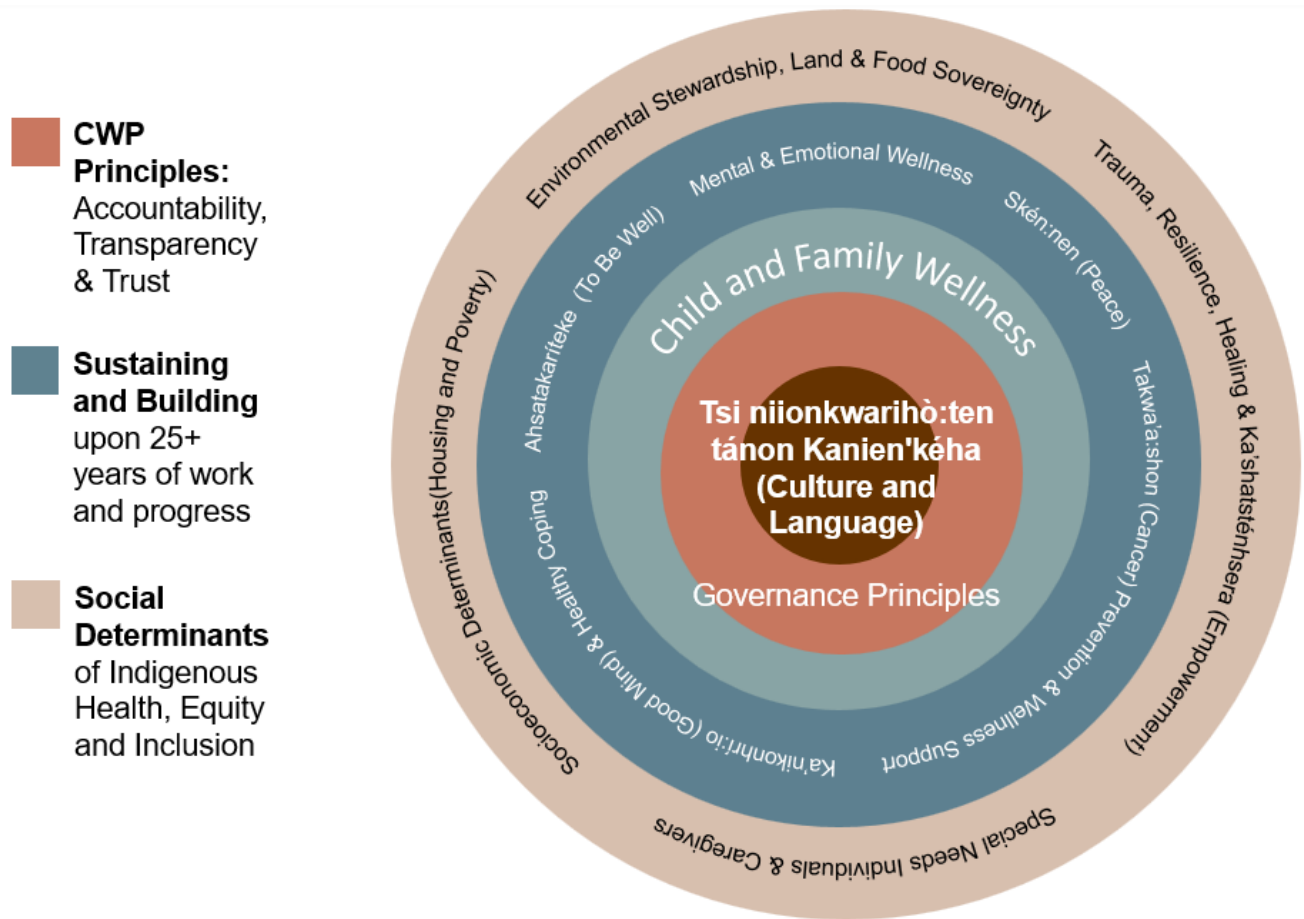
Introduction



Introduction

The Haudenosaunee community of 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 documents have been instrumental in guiding and aligning the strategic planning and implementation of health and social services in the community. The development of the current 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) framework (Figure 1) represents a paradigm shift in the approach to community health and wellness planning, providing a robust framework for wholistic wellness that is deeply grounded in Haudenosaunee and Kanien'kehá:ka history, philosophies, values and scholarship.

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



The objective of the literature review is to provide a comprehensive review of Onkwehón:we (North American Indigenous) conceptual models, frameworks, assessment tools and indicators related to wholistic health, wellness and wellbeing – with a particular emphasis and focus on Haudenosaunee and Kanien'kehá:ka Nations. The literature review thereby provides a comprehensive knowledge and evidence base to support the operationalization, implementation, evaluation, and sustainability of the CWP.

The literature review was conducted using a comprehensive search of scientific databases, as well as a thorough Grey literature search. Findings from the literature review were pivotal in helping inform the development of the CWP framework. The key questions of the literature review are:

- How do Onkwehón:we (North American Indigenous Peoples) - particularly Haudenosaunee and Kanien'kehá:ka Nations - conceptualize and understand health, wellness, and wellbeing?
- How are these concepts operationalized into conceptual models, frameworks, assessment tools and indicators?

This literature review reflects robust and rapid advances in the wholistic conceptualization, measurement and assessment of health, wellness and wellbeing by Indigenous communities. Within the literature, a paradigm shift towards wholistic health and wellness is evident, integrating physical, mental, emotional, and spiritual dimensions (B.C. First Nations Health Authority and Office of the Provincial Health Officer 2021; Thiessen et al. 2020; Assembly of First Nations 2007; Ontario's Aboriginal Health Access Centres 2015). This comprehensive approach to conceptualizing health and wellness is essential and is supported by numerous assessment tools and indicators developed by Indigenous communities and researchers (Donatuto, Campbell, and Gregory 2016; SGIG Data Project Steering Committee 2020; Marsden, Namaste et al. 2021; Marks, Elisabeth, Cargo, Margaret D., and Daniel, Mark 2007; Jeffrey, B. et al. 2006; Fox, Paulette 2018; Donatuto, Campbell, and Gregory 2016).

The literature also underscores the importance of upstream interventions, prioritizing wholistic prevention and early intervention to address root causes of health disparities and inequities. Prevention and early intervention must take into account a life course perspective, to properly understand how early life experiences and contexts influence health trajectories (Kim 2019; Reading, C. and Wien, F. 2009; Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015).

A growing body of literature reaffirms that community wellness strategies should be family and community oriented, leveraging Indigenous languages, cultural strengths, values, and traditional knowledge systems (Devanathan, R. 2023; Stacey, K. 2016; Snowshoe et al. 2017; National Collaborating Centre for Indigenous Health 2016). This is supported by the fact that Indigenous child and family wellness is shaped by a complex interplay of socio-economic, cultural, and systemic factors. Culture and language are clearly shown to be critical and foundational determinants of family and community health and wellness, which necessitates the integration of Indigenous cultural frameworks and languages within health and wellness initiatives (Greenwood, M. and de Leeuw, S. 2012; Ullrich 2019; Rountree and Smith 2016; National Collaborating Centre for Indigenous Health 2016).

Furthermore, the literature clearly highlights the need for inclusive and participatory approaches that respect Indigenous sovereignty and self-determination, promoting capacity building and empowerment. A robust and growing evidence base emphasizes the need to recognize and address the Social Determinants of Indigenous Health (SDIH), including the effects of colonization, loss of land, language, and culture (National Collaborating Centre for Indigenous Health 2016; Kim 2019; Josewski, Leeuw, and Greenwood 2023; Freeman 2015; Bellamy, S. and Hardy, C. 2015).

Indeed, there is clear evidence supporting the need to address broader structural, economic and social structures influencing Indigenous health, advocating for systemic changes to support health equity. For example, poverty and housing are widely recognized as significant structural determinants of health, requiring policies that address these socioeconomic disparities through inclusive, culturally informed approaches (Macdonald, D. and Wilson, D. 2013; Wien, Fred 2017; National Collaborating Centre for Indigenous Health 2020; 2017). Additionally, the importance of addressing the SDIH is especially clear for individuals with special needs and their respective caregivers and families, who face unique and significant challenges. Key documents advocate for systemic reforms and community-specific interventions to support individuals with disabilities and their caregivers and highlight the importance of culturally appropriate support models (Nutton, J. and Milne, L. 2014; Dion, J. 2017; The First Nations Child & Family Caring Society of Canada in partnership and with the Wabanaki Council on Disability and Mawita'mk Society 2021).

Within this review, a large body of evidence reflects the profound mental health challenges faced by Indigenous populations due to historical and ongoing traumas (Milligan, K. et al. 2022; Aguiar, W. et al. and Halseth, R. 2015; Centre for Suicide Prevention 2021; Chandler and Lalonde 1998). Strategic models such as the First Nations Mental Wellness Continuum and Honouring our Strengths frameworks highlight the importance of trauma-informed and culturally relevant mental health support and care, as well as wholistic approaches to substance use and addictions across the continuum of care (Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015; Thunderbird Partnership Foundation 2020). A growing evidence base also emphasizes the importance of violence prevention within Indigenous communities, providing insights into the complex dynamics of family

violence, lateral violence, and racism (Holmes, C. and Hunt, S. 2017; 2017). Key documents provide strategic frameworks and recommendations to prevent violence through culturally relevant, wholistic approaches (National Collaborating Centre for Indigenous Health 2010; Holmes, C. and Hunt, S. 2017; 2017; Loppie, S. et. al 2019).

The review also provides insights into the complex and multifaceted nature of trauma stemming from the impacts of colonialism and colonization, and highlights the importance of self-determination and empowerment, as well as the interconnectedness of individual, family, and community healing. Key models and tools emphasize culturally informed, trauma-responsive care that fosters recovery, resilience and community cohesion (Kyoon Achan et al. 2022; Phillips 2010; Milligan, K. et al. 2022; Hill 2008; Gomez Cardona et al. 2022; Holmes, C. and Hunt, S. 2017; Aguiar, W. et al. and Halseth, R. 2015)

There is also growing interest and evidence relating to the deep connections between land, environment, food, and health, which are critical for the wellness and wellbeing of Indigenous communities. Significant literature now exists to help enable and promote Indigenous led environmental stewardship and food security initiatives (Landry, Asselin, and Lévesque 2019; Galway, Esquega, and Jones-Casey 2022; Delormier and Marquis 2019).

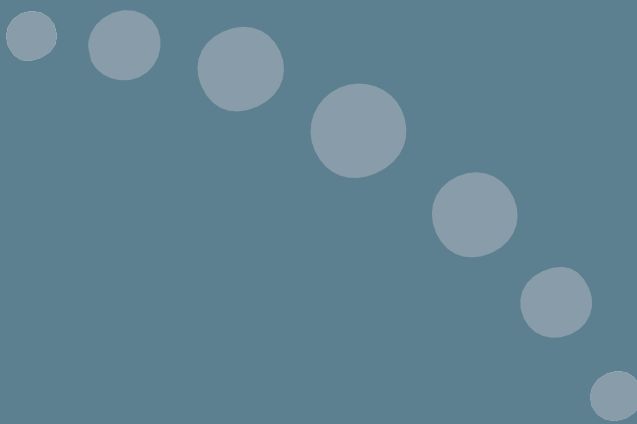
This extensive literature review provided a rich foundation of evidence and knowledge to help inform the development of the 2024-2032 Kahnawà:ke Community Wellness Plan (CWP). It also provides a comprehensive synthesis of Indigenous conceptual models, frameworks, tools and indicators that can support its implementation over the next eight years. Furthermore, the CWP framework was developed in the spirit of promoting and supporting Onkwehón:we (North American Indigenous) solidarity and wellness – recognizing that the wellness of Kahnawa'kehró:non is directly tied to that of the Haudenosaunee Confederacy and all Onkwehón:we Nations and communities across Turtle Island. It is therefore hoped that this literature review provides useful guidance for wellness planning initiatives of Onkwehón:we communities, and a common framework for respectful and effective cross-learning and collaboration.

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Methods



Methods

The objective of the literature review is to provide a comprehensive review of Onkwehón:we (North American Indigenous) conceptual models, frameworks, assessment tools and indicators related to wholistic health, wellness and wellbeing – with a particular emphasis and focus on Haudenosaunee and Kanien’kehá:ka Nations. This is the largest and most comprehensive literature review conducted relating to this topic, to date.

The key questions of the literature review are:

- How do Onkwehón:we (North American Indigenous Peoples) - particularly Haudenosaunee and Kanien’kehá:ka Nations - conceptualize and understand health, wellness, and wellbeing?
- 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 North American Indigenous conceptual models, frameworks, assessment tools, and indicators related to health, wellness and wellbeing. The databases queried included: MEDLINE, Embase, PsychINFO, CINAHL, and the Web of Science.

Table 1: Database search strategy criteria

Eligibility criteria		
Criteria	In-Scope	Out-of-Scope / Exclusion criteria
Population	<ul style="list-style-type: none"> • North American Indigenous communities and peoples 	<ul style="list-style-type: none"> • Non-Indigenous communities
Intervention or Topic	<ul style="list-style-type: none"> • Indigenous models, frameworks, tools, or indicators related to health, wellness or well-being 	<ul style="list-style-type: none"> • Indigenous perspectives and experiences of health, wellness or well-being without an explicit objective of developing, discussing, using or testing a conceptual model, framework, tool or indicator
Comparison	None	None
Outcomes	<ul style="list-style-type: none"> • Indigenous, models, frameworks, indicators and tools related to health, wellness and/or well-being 	<ul style="list-style-type: none"> • Indigenous concepts or conceptualizations of health, wellness, or well-being • Models, frameworks, indicators and tools not related to health, wellness and/or well-being

Criteria	In-Scope	Out-of-Scope / Exclusion criteria
Article Types	<ul style="list-style-type: none"> Primary or second empirical articles using qualitative, quantitative or mixed methods study design Commentaries, editorials, abstracts, poster presentations or dissertations Systematic reviews or other evidence syntheses 	

Table 2: Ovid MEDLINE keywords/search strategy

Eligibility criteria	
1	Indigenous people/ or First Nation/ or American Indian/ or Metis/ or Eskimo/ or Inuit/
2	(Algonquin or Anishina* or Anishna* or Athapaskan or Athabaskan or Atikamekweet or Blackfoot or Cayuga or Chipewyan or Cree or Dene or Dakelh or Dunne-za or Gitskan or Gitsxan or Gwich\$in or Haida or Haisla or Haudenosaunee or Heiltsuk or Huron or Iroquois or Kaska or Ktunaxa or Kwakwaka\$wakw or Malis or Mi\$kmaq or Micmac or Mohawk or Nakoda or Nipissing or Nisga\$a or Nlaka\$pamux or Nuu chah nulth or Nuxalk or Ojibw* or Oji-Cree or Okanagan or Oneida or Onondaga or Oweenkeno or Passamaquoddy or Potawatomi or Salish or Sec wepmc or Seneca or Six Nation* or Saukteaux or Sekani or Stl\$atlimc or Tagish or Tahltan or Tastine or Tlingit or Tsilhqot\$in or Tsimshian or Tsuu T\$inia or Tuscarora or Tutchone or Wakashan or Wet\$suwet\$en or Wyandot).ti,ab,kf.
3	(Aboriginal* or Indigenous or Metis or First Nation or First Nations or Amerindian* or on reserve or off-reserve or Autochtone* or Inuit* or Innu or Montagnais or Inuk or Inuvialuit* or Inuktitut or Eskimo*).ti,ab,kf.
4	(urban adj3 (Indian* or Native* or Aboriginal*)).ti,ab,kf.
5	(Native* adj2 (American or man or men or women or woman or mother* or grandmother* or father* or grandfather* or elder* or child* or baby or babies or infant or infants or boy* or girl* or adolescent* or youth or youths or teen* or person* or adult* or people* or Indian* or Nation or tribe* or tribal or band or bands)).ti,ab,kf.
Eligibility criteria	
6	1 or 2 or 3 or 4 or 5
7	Canadian Aboriginal/
8	Canad* adj2 (Native* or Indian*).ti,ab,kf.
9	7 or 8
10	Exp Canada/

11	(Canad* or British Columbia or Columbie Britannique or Alberta or Saskatchewan or Manitoba or Ontario or Quebec or Nova Scotia or Nouvelle Ecosse or New Brunswick or Nouveau Brunswick or Newfoundland or Terre Neuve or Labrador or Prince Edward Island or Yukon or NWT or Northwest Territories or Yellowknife or Whitehorse or Nunavut or Nunavummiut or Nunavik or Nunatsiavut or NunatuKavut OR Nunangat OR Nunatsiavut OR Nitassinan or Inuvialuit OR Kuujjuaq OR Qaujigiartit or Kitikmeot or Kivalliq or Qikiqtaaluk or Qikiqtani).ti,ab,kf.
12	10 or 11
13	6 and 12
14	9 or 13
15	wellbeing/ or physical well-being/ or psychological well-being/
16	(well-being or well being or wellbeing or wellness).ti,ab,kf.
17	(heal or healing* or healer* or resilien* or holistic or wholistic or wholeness or balance or harmony).ti,ab,kf.
18	15 or 16 or 17
19	14 and 18
20	(ways of knowing).ti,ab,kf.
21	traditional medicine/ or traditional healer/
22	Health* adj6 (perspective* or meaning or meanings or concept* or perception* or belief* or knowledge or knowing or worldview* or view* or value* or epistemolog* or paradigm* or lens or seeing or teaching*).ti,ab,kf.
23	20 or 21 or 22
24	14 and 23
25	19 or 24

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 and consultations, the inclusion criteria for the grey literature search was broad and inclusive. The inclusion criteria for the grey literature search was purposefully kept relatively flexible and open-ended. Grey literature was deemed eligible for inclusion based on the following:

- Focused on Indigenous models, frameworks, tools, conceptualizations, and indicators related to health, wellness and well-being in North America (although documents outside of North America were considered if they were closely aligned with the context of the CWP)

- Focus on Kanien'kehá:ka concepts of health, wellness and wellbeing
- Content aligned closely with the CWP priority areas
- Provided models, tools, frameworks, resources to inform the development, implementation and operationalization of the CWP through resources that focused on community health and wellness planning, including strategic planning, governance, change management, performance assessment and evaluation. Although all documents related to community-based wellness planning were included, priority was given to those that were Indigenous-specific in context.

Similar to the database search, the grey literature search was systematically conducted using keyword combinations that encapsulate various aspects of health, wellness, and wellbeing in Indigenous-specific contexts (e.g., family wellness, culture and language, mental health, environment, wholistic health, integrative care, social determinants of Indigenous health, etc).

Table 3: Grey literature search keywords

Eligibility criteria	
<ul style="list-style-type: none"> ▪ Addictions ▪ Ageing (including ageing caregivers, social inclusion/isolation, supporting healthy ageing at home, intermediate care models, elder adoption) ▪ Change management ▪ Climate change ▪ Community engagement, development ▪ Community resilience, growth, empowerment ▪ Cultural competency, cultural humility ▪ Culture, language and identity ▪ Emotional health and wellbeing ▪ Environmental health ▪ Equity, accessibility ▪ Expanding upon “developmental disabilities” to encompass broader special needs (i.e. expanding beyond conditions such as attention deficit disorder, autism, Asperger’s and Down syndrome) ▪ Family wellness ▪ Family wellness and healing ▪ Gambling, addictions ▪ Governance ▪ Happiness ▪ Harm reduction ▪ Health management 	<ul style="list-style-type: none"> ▪ Indigenous community health planning ▪ Injuries ▪ Isolation ▪ Key performance indicators ▪ Mental health ▪ Mental health and wellbeing ▪ Multiple support priority ▪ Obesity ▪ Operationalization ▪ Performance assessment (e.g., measures of health and well-being) ▪ Primary care (with a focus on access and quality of care) ▪ Primary health ▪ Protective and promotive factors of wellbeing ▪ Spiritual health ▪ Staff health, wellness and wellbeing ▪ Strategic planning ▪ Strategic planning frameworks ▪ Substance use, abuse ▪ Teen/youth health and wellbeing (including behavioural, mental and sexual health) ▪ Traditional healing practices ▪ Traditional medicine

Eligibility criteria	
<ul style="list-style-type: none"> ▪ Health policy ▪ Wholistic health ▪ Health policy ▪ Home and community care ▪ Indicators ▪ Indigenous and Kanien'kehá:ka concepts of health and wellness 	<ul style="list-style-type: none"> ▪ Trauma, intergenerational trauma, multi-generational trauma ▪ Violence (including family violence, intimate partner violence, elder abuse, lateral violence, bullying, racism, social media, shelters) ▪ Well-being ▪ Wellness

Furthermore, the search was continued throughout the Community Wellness Plan development process, to identify resources related to Community Wellness Plan domains identified by Kahnawà:kehró:non during the engagement process (e.g. frameworks, tools and indicators, as well as other relevant data and evidence).

Screening and data extraction

The identified literature from the scientific database search was systematically screened in three key stages, adhering strictly to the pre-defined 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: Subsequently, 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 our 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:

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 project team. Generative Artificial Intelligence programs were used to support the development of this literature review (ChatGPT, Fireflies.ai). All citations that were included in the review were also integrated into a Kahnawà:ke Community Wellness Plan (CWP) Zotero bibliographic reference library.

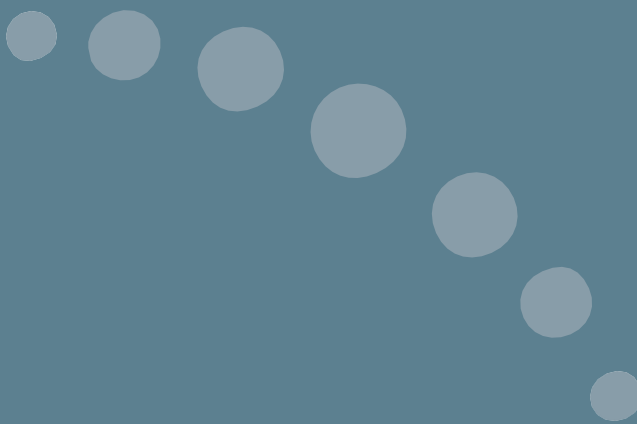
Screening and data extraction

Findings synthesized from the literature review helped inform the development of the 2024-2032 Kahnawà:ke Community Wellness Plan (CWP) framework, which is conceptualized using a series of concentric circles (Figure 1):

- Central circle: Haudenosaunee and Kanien'kehá:ka culture and the Kanien'kéha language, and CWP Core Principles of transparency, accountability and trust.
- Inner Concentric Circle: Child and family wellness
- Middle Concentric Circle: Encompasses five long-standing Kahnawà:ke community health and wellness priorities, including 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 Takwa'a:shon (cancer prevention and wellness support).
- Outer Concentric Circle: Focuses on the SDIH, Equity and Inclusion. This includes domains such as socioeconomic determinants (housing, poverty, and income insecurity), environmental stewardship, land and food sovereignty, trauma, resilience, healing and empowerment, and the wellness of individuals with special needs and their caregivers.

The literature review findings are therefore presented in alignment with this model, providing a rich evidence base for the wholistic and strengths-based approach to community-led Indigenous health, wellness, and wellbeing strategies. The findings are presented in the following thirteen Results chapters:

- Cross-cutting Indigenous health, wellness and wellbeing models, indicator frameworks and policy documents
- Social Determinants of Indigenous Health (SDIH) and Equity
- Culture and language
- Child and family wellness
- Mental and emotional wellness
- Good mind and healthy coping: Substance use and addictions
- Takwa'a:shon (Cancer)
- Ahsatakaríteke (To Be Well): Chronic illness and disease
- Building Peace and Wellness by Addressing Violence
- Environmental Stewardship, Land and Food Sovereignty
- Trauma, Resilience, Healing and Empowerment Domain
- Wellness of Individuals with Special Needs and Their Caregivers
- Socioeconomic Determinants of Health (Special Focus: Poverty and Housing)



Results





Cross-cutting Indigenous Health and Wellness Models and Frameworks



Cross-cutting Indigenous Health and Wellness Models and Frameworks

The cross-cutting health, wellness, and well-being models and frameworks included in the literature review emphasize the necessity of wholistic and culturally grounded approaches to improve the health and wellness of Indigenous communities. A total of thirteen health and wellness frameworks, tools and resources met the inclusion criteria (Table 4). The complete reference list for this chapter is provided on page 56 of this report. Collectively, this literature underscores a commitment to addressing the Social Determinants of Indigenous Health (SDIH) and achieving health equity for Indigenous communities through wholistic strategies, initiatives and health plans (The First Nations Managers Association and Lori, K. 2018; B.C. First Nations Health Authority and Office of the Provincial Health Officer 2021). The documents include detailed guides and toolkits for health and wellness planning, serving as valuable resources for Indigenous communities to develop tailored health and wellness strategies. By addressing the SDIH and promoting self-determination, these models and frameworks aim to foster resilient, healthy, and self-determining Indigenous communities.

A key document is titled *The Wellness of our Nations - Perspectives of First Peoples from Here and Abroad: Summary of the Collective Discussion Underway* (Fiset, Caroline 2022). This document presents findings from the literature and a collective discussion coordinated by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) to define what wellness means for First Nations in Quebec. This report presents and details a *Framework of Wellness for First Nations in Quebec*, which includes six components of wellness: land, culture and cultural identity, inner peace, empowerment, social network, and safety. This useful resource that could be leveraged to help inform the development of health and wellness frameworks, plans, and indicators within Indigenous contexts.

The second key document, titled *First Nations Population Health and Wellness Agenda* is published by the British Columbia (BC) First Nations Health Authority and Office of the Provincial Health Officer (B.C. First Nations Health Authority and Office of the Provincial Health Officer 2021). This document outlines how the Chief Medical Officer and Provincial Health Officer in BC are fulfilling reporting commitments made within the *Transformative Change Accord: First Nations Health Plan*. The framework presented in this document outlines three priority areas for First Nations health and wellness in BC (healthy, self-determining Nations and communities, supportive systems, healthy, vibrant, children and families), along with associated priority areas for action. For each priority area, a number of associated indicators and targets are identified. Although the information presented is specific to Indigenous peoples in BC, it could be used as a tool to inform health priorities, indicators and targets within other contexts.

The third key document is titled *Developing Health and Wellness Plans: A Guide for First Nations* (The First Nations Managers Association and Lori, K. 2018). Published by the First Nations Health Managers Association, this document is a guide for First Nations health and wellness planning, developed to honour and respect the experiences and inherent wisdom of First Nations health managers. Grounded in four dynamic values (culture, community, strength, and quality), the health planning process is detailed within seven steps focused on wise planning practices that can be adapted for diverse communities and organizations.

The fourth key document is *Health and Wellness Planning: A Toolkit for BC First Nations*, published by the First Nations Health Authority (First Nations Health Authority 2019). Specifically, this document was developed as a toolkit to guide health and wellness planning. Organized into four sections, this toolkit provides resources, tools, templates, checklists, regional stories grounded in wise practices for the purpose of supporting First Nations at the community, Nation and regional levels develop health and wellness plans.

An outstanding example of a comprehensive and inclusive community plan is the *Our Healing Journey: Pikangikum First Nation's Comprehensive Community Health Plan* (Pikangikum First Nation and Beringia Community Planning Inc 2014). This plan maps out a vision and strategic action plan to address the needs identified from a Community Health Needs Assessment, with a special focus on addressing inequalities and community-specific health needs. Specifically, this plan includes a vision framework comprised of eight directions and twelve paths, to identify top priorities for action, focused on honouring the community's Anishinaabe culture, and building community skills and capacity.

Table 4: Cross-cutting Indigenous health, wellness and wellbeing models and frameworks

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Our Healing Journey: Pikangikum First Nation's Comprehensive Community Health Plan</p> <p>(Pikangikum First Nations and Beringia Community Planning Inc.)</p>	<p>(Pikangikum First Nation and Beringia Community Planning Inc. 2014)</p>	<p>This document is the second phase of Pikangikum First Nation's Comprehensive Community Plan. This plan, developed in 2014, maps out a vision and strategic action plan to address needs identified from the Community Health Needs Assessment in 2013, with a focus on addressing inequalities and addressing community-specific health needs. The objectives of the plan are:</p> <ul style="list-style-type: none"> ▪ To give voice to the community's vision for a healthy community ▪ Determine health priorities (directions and paths) ▪ Identify principles and a set of strategic actions ▪ Build commitment and capacity to carry out the plan ▪ Evaluate how the plan is doing <p><i>Our Healing Journey: Pikangikum First Nation's Comprehensive Community Health Plan</i> honours the community's Anishinaabe culture, and builds community skills and capacity.</p>	<p>Our Healing Journey: Pikangikum First Nation's Comprehensive Community Health Plan's includes a vision framework, comprised of 8 directions and 12 paths, to identify top priorities for action, as follows:</p> <p>Directions:</p> <ol style="list-style-type: none"> 1. Strengthen health governance 2. Expand community infrastructure 3. Reclaim culture and land based healing 4. Invest in families, heal child and youth 5. Improve health services 6. Reduce addictions and restore mental health 7. Support healthy, active, livelihoods and education 8. Build community, safety, pride and belonging <p>The priority planning framework includes 25 priority actions, organized into 5 clusters of action, as follows:</p> <ol style="list-style-type: none"> 1. Healing 2. Health system 3. Families 4. Youth 5. Culture

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Developing Health and Wellness Plans: A Guide for First Nations</p>	<p>(The First Nations Managers Association and Lori, K. 2018)</p>	<p>This document is a guide for health and wellness planning for First Nations, developed by a First Nation health organization (FNHMA), developed to honour and respect the experiences and inherent wisdom of First Nations health managers. This document outlines a process for developing First Nations health and wellness plans that is comprised of seven steps, rooted in wise planning practices that can be adapted to diverse communities and organizations.</p> <p>These steps are grounded in four dynamic values that guide the work that represent action, empowerment, and inclusion: culture-based, community-based, strength-based, and quality-based.</p> <p>Additionally, the importance of quality improvement is recognized, as a dynamic value and a lens in which programs and services are developed and delivered.</p>	<p>This guide recognizes that it does not use a conceptual framework for health and wellness planning, but instead focuses on the key stages that an organization goes through as it develops wellness plans. These stages form the structure for planning action, as follows:</p> <ol style="list-style-type: none"> 1. Discuss the process: looking at the readiness elements of health planning, including preparing leadership, creating a planning group, and communication 2. Design the workplan: the process to create your Health and Wellness Plan, essentially your plan to create a plan. 3. Discover the current situation: a guide to the assessment of the community, including assets and what it needs related to health and wellness. 4. Define priorities: building on the Community Assessment to identify priorities. 5. Develop the draft Health and Wellness Plan for the next five to ten years. 6. Deliver the plan: moving the draft forward for review and approval, so it is ready for implementation. 7. Do the work: create the Annual Plan that will bring the Strategic Plan to life. <p>These stages are grounded in 4 dynamic values as follows:</p> <ul style="list-style-type: none"> ▪ Culture ▪ Community ▪ Strength ▪ Quality

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Health and Wellness Planning: A Toolkit for BC First Nations	(First Nations Health Authority 2019)	<p>This toolkit, developed by the First Nations Health Authority, guided by the wisdom of British Columbia (BC) First Nations was created for individuals and groups working on health and wellness planning functions. The purpose of the toolkit is to: 1) support the development of Health and Wellness Plans; 2) to introduce planning, reporting and evaluation standards; 3) to share planning tools, templates, resources and stories; and 4) to support First Nations health and wellness through planning collaboration, co-ordination and quality of services.</p> <p>This toolkit provides direct supports and wise practices including regional stories, templates and checklists to support First Nations at the community, Nation and regional levels develop health and wellness plans.</p>	<p>The planning framework presented in this toolkit is comprised of 4 sections, each with associated tools, worksheets and templates:</p> <p>Section 1: what is a health and wellness plan?</p> <p>Section 2: health and wellness planning foundations (Shared Vision for B.C., 7 Directives, First Nations planning approach and the BC First Nations perspective on health and wellness)</p> <p>Section 3: Planning, Reporting, Evaluation Standards</p> <p>Section 4: Health and wellness plan content</p> <ul style="list-style-type: none"> ▪ Sample planning process ▪ Mentorship and champions ▪ Celebrating culture ▪ Engagement and communications planning ▪ Health and wellness profits ▪ Strength, Weakness, Opportunity, Challenges (SWOC) template ▪ Survey considerations ▪ Integrating appreciative inquiry ▪ Data privacy ▪ Enhancing health care safety standards ▪ Communicable disease emergency planning considerations ▪ Mental health and wellness considerations ▪ Linking the health and wellness plan to other plans ▪ Monitoring, evaluation and sharing results

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Aboriginal Health: The Way Forward	(Fraser Health 2014)	<p><i>Aboriginal Health: The Way Forward</i> is a Strategic Plan for The Fraser Aboriginal Health Program, Fraser Salish Region of British Columbia for 2019-2024. This plan follows the Fraser Health's Aboriginal Health Plan 2007-2010 and the 2015 Regional Health and Wellness Plans. Guided by consultation with local First Nations, Métis communities, and the FNHA, outlines a vision and mission aimed at continued program growth and innovation in service delivery.</p> <p>This document includes the identification of key milestones rooted in the values of respect, trust, partnership, innovation, and accountability. Additionally, this plan is grounded in the principles outlined in the United Nations Declaration on the Rights of Indigenous Peoples, the findings of the Truth and Reconciliation Commission, and partnerships with Métis Nation British Columbia, which underscore a commitment to decolonizing health care and advancing reconciliation.</p>	<p>The 2019-2024 plan focuses on improving health and wellness outcomes for Indigenous individuals, families and communities through four high-level strategies and associated actions, as follows:</p> <p>Strategy 1: create opportunities for Indigenous peoples to improve their health and wellness by increasing access to services</p> <p>Strategy 2: Support partnerships within Fraser health to develop sustainable programming and services</p> <p>Strategy 3: Uphold Fraser Health's ongoing organizational commitment to embed cultural safety and cultural humility throughout the organization</p> <p>Strategy 4: Build collaborative relationships with external partners to strengthen the Indigenous landscape</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
First Nations Population Health and Wellness Agenda	(B.C. First Nations Health Authority and Office of the Provincial Health Officer 2021)	<p>The First Nations Population Health and Wellness Agenda is a partnership initiative between the offices of the Chief Medical Officer (CMO) and the Provincial Health Officer (PHO) at the Ministry of Health, outlining how the CMO and PHO are fulfilling reporting commitments made within the Transformative Change Accord: First Nations Health Plan.</p> <p>This document represents a strengths-based, culturally grounded overarching view of the health and wellness landscape of First Nations in B.C., and outlines 3 priority areas for future action for the next 10 years: 1) Healthy, self-determining Nations and Communities; 2) Supportive Systems; 3) Healthy, Vibrant Children and Families – Physical, Mental, Spiritual, and Emotional Wellness. For each of these priorities, areas of action are identified, along with indicators and targets for the next 10 years.</p>	<p>This framework outlines three priorities for First Nations health and wellness in B.C., along with associated priority areas for action, as follows:</p> <p>Healthy, self-determining Nations and Communities:</p> <ul style="list-style-type: none"> ▪ Self-determination ▪ Connection to land ▪ Cultural wellness <p>Supportive Systems:</p> <ul style="list-style-type: none"> ▪ Food insecurity ▪ Acceptable housing ▪ Education ▪ Avoidable hospitalizations ▪ Cultural and humility in receiving health services ▪ First Nations health care providers <p>Healthy, Vibrant Children and Families – Physical, Mental, Spiritual, and Emotional Wellness</p> <ul style="list-style-type: none"> ▪ Infants born at a healthy weight ▪ Infant mortality rate ▪ Children with healthy teeth ▪ Children with healthy body mass index ▪ Youth/young adult death by suicide ▪ Mental and emotional well-being ▪ Physical activity ▪ Diabetes incidence ▪ Smoking rates of commercial tobacco

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Comprehensive Community Planning: Finding Bimadizowin (The Good Life)</p> <p>(Nishnawbe Aski Development Fund [NAFD])</p>	<p>(Nishnawbe Aski Development Fund (NAFD) 2018)</p>	<p>This document is a toolkit created to support First Nation communities in northern Ontario in their efforts to build a better future through Comprehensive Community Planning (CCP) (with applicability to First Nations across Canada).</p> <p>The toolkit was specifically written for CCP project coordinators, project managers, and community planners and partners. The goal of this toolkit is to provide a phase-by-phase process for planning, organized into 5 phases, each with accompanying tools, worksheets, tips, examples and case studies from other communities.</p>	<p>This document outlines a framework for community planning, using a 5 phased process, depicted as a continuous journey around a circle. The 5 planning phases are as follows:</p> <ol style="list-style-type: none"> 1. Where have we been? (community history and root causes) 2. Where are we now? (community statistics, inventory, analysis) 3. Where do we want to go? (vision and objectives) 4. How will we get there? (action ideas, action evaluation, implementation plan) 5. Have we arrived? (action and impact monitoring plan) <p>Each phase of the plan is described, and is accompanied by worksheets, tools, and examples.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>The Wellness of our Nations - Perspectives of First Peoples from Here and Abroad: Summary of the Collective Discussion Underway</p>	<p>(Fiset, Caroline 2022)</p>	<p>This document is the result of the collective discussion coordinated by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) to define what wellness means for First Nations in Quebec. Initiated in the summer of 2019, with the collective goal of improving wellness among First Nations, these collective discussions allow for specific indicators to be developed by and for First Nations to measure wellness. The goal of this document is to present the themes that emerged from a literature review that examined wellness among First Nations Peoples around the world and parallels found among First Nations people in Quebec. From these exercises, 6 overarching components of wellness for First Nations people were identified, which are outlined and detailed in this document.</p>	<p>This document presents a framework of Wellness for First Nations in Quebec, which includes 6 components of wellness, as follows:</p> <ol style="list-style-type: none"> 1. Land: being in contact with nature and benefiting from its resources 2. Culture and cultural identity: having a sense of attachment to your culture and being able to practice traditional cultural activities 3. Inner Peace: living in the present and being grateful for your experiences 4. Empowerment: feeling free to make your own decisions, being able to assert yourself and being in control of your life 5. Social network: having a family and friends you can count on and spend meaningful time with; living in a community with a strong sense of solidarity 6. Safety: feeling safe in every respect (physically, psychologically and in terms of your diet)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Centering First Nations Concepts of Wellbeing: Towards a GDP-Alternative Index in British Columbia	(Podlasly, M. et al. 2020)	<p>This is a discussion paper that explores the ways in which The official measures of economic value in British Columbia are inadequate and fail to reflect the values of First Nations governments and individuals to the overall wellbeing of the province. Countries around the world are increasingly adopting new and more comprehensive indices of wellbeing that measure economic income, including a full suite of indicators such as the environment, culture, safety, leisure time, health, education, which are similar to the values held by BC Indigenous peoples. Since Indigenous peoples in BC already have a sophisticated concept of what constitutes a “good life” (a conception and way of living that has been refined over millennia and that varies within each culture, place, and language), this paper argues that there is an opportunity for BC to develop a wellbeing index that considers Indigenous knowledge of environmental, health, education, community and cultural outcomes in order to improve the livelihoods of all British Columbians</p>	<p>This paper outlines a conceptual model and rationale for an Indigenous-centric wellbeing index, organized into four parts, as follows:</p> <p>Part one: introduction to GDP and how this contrasts with Indigenous worldviews of what is important to living a good life.</p> <p>Part two: discusses current wellbeing indices by first highlighting the most notable present-day GDP-alternative indicator: New Zealand’s 2019 Wellbeing Budget, its associated Living Standards Framework, and the relevant Indigenous Māori wellbeing outcomes.</p> <p>Part three: outlines 6 global wellbeing and economic indicator frameworks that involve Indigenous peoples.</p> <p>Part four: outlines the rationale for BC to create and adopt a wellbeing index that is more comprehensive and Indigenous-centric than GDP, particularly as the province works to overcome the economic and social impacts of the COVID-19 pandemic.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Resiliency of a People: A Haudenosaunee Concept of Helping	(Freeman, Marie Bonnie 2004)	<p>This thesis explores the enduring effects of colonialism, including government-enforced policies, genocide, racism, discrimination, and the legacy of residential schools on Aboriginal peoples. These historical traumas are shown as having led to compounded layers of grief and loss, leaving communities in states of deprivation and despair, contributing to issues like suicide, alcoholism, violence, and poverty. This paper argues that there is a lack of opportunities for Aboriginal peoples to process their grief and heal, which perpetuates cycles of suffering across generations. Additionally, this paper emphasizes the critical role of cultural knowledge, practices, and connections to the land in the healing process. Specifically, it focuses on the Six Nations Iroquois/ Haudenosaunee communities of the Grand River, exploring how their cultural teachings are being integrated into social work and counseling practices, aimed at aiding recovery from generational trauma.</p>	<p>In her thesis, Freeman presents a cultural model for social work with Aboriginal people for the purpose of providing practitioners with a foundation to support healing and recovery from trauma, pain, and loss. This model, titled "A Haudenosaunee Approach to Social Work" is represented by a series of 4 circles (from inner to outer)</p> <ul style="list-style-type: none"> ▪ Individual ▪ Family ▪ Community/Nation ▪ Creation <p>These circles represent the interconnectedness of roles and responsibilities and relationships, and emphasize the need for practitioners to involve the family and community in collective healing processes, leading to the survival and unity of the whole.</p> <p>Additionally, 4 outer connecting circles are illustrated as follows:</p> <ul style="list-style-type: none"> ▪ Haudenosaunee Knowledge ▪ Cultural Resiliency ▪ Vision ▪ Self Determination <p>These outer circles form the foundations of the model and are connected to show that they should be considered in healing processes.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Indigenous approaches to health and wellness leadership: A BC First Nations perspective	(Gallagher, J. 2019)	<p>This article outlines the 2011 unified decision of First Nations in British Columbia to take control over their health and wellness, leading to the creation of the First Nations Health Authority (FNHA). This decision is presented as a major step towards self-determination, supported by a governance partnership with federal and provincial governments.</p> <p>This paper describes the current functions of the FNHA as working to promote a vision of health that is wholistic and integrates physical, mental, emotional, and spiritual wellness.</p>	<p>This paper presents the FNHA as a model of health leadership that blends of traditional knowledge with modern health governance, aiming for culturally safe services and the empowerment of First Nations communities through the following:</p> <ul style="list-style-type: none"> ▪ An emphasis on self-determination in health governance ▪ Personal responsibility in health (“change starts with me”) ▪ The building of leadership teams based on traditional teachings ▪ Recognizing the importance of reconciliation and partnership to improve health services and outcomes for First Nations people
Indigenous Wholistic Theory: A Knowledge Set for Practice	(Absolon, K. 2019)	<p>This article outlines a knowledge set for Indigenous social work practice that is based on wholistic theory. The required knowledge set is presented as a circular framework that uses the four directions aligned with spiritual, emotional, mental and physical elements, and includes linkages to Indigenous teachings and specific theoretical factors that warrant consideration. The center of the circle is represented by fire where all elements of healing intersect. Understanding all elements within this framework is deemed as necessary to develop a wholistic knowledge set for Indigenous healing practices.</p>	<p>The framework for applying Indigenous theory in practice is comprised of the following elements represented in a circle:</p> <p>North - economical context (physical, methods, action): collective healing work, methodologies of practice, diversity, socio-economic analysis</p> <p>East - historical context (spiritual: beginning, history, vision): Indigenous identity, cultural history, epistemology, knowledge, worldview, philosophy, genealogy of knowledge</p> <p>South - sociological context (emotional and relationships): relationships, kinship systems, community, Elders and protocols, socio-political</p> <p>West – political context (mental, respect, reason): critiques of mechanism of colonialism, anti-colonial, assert Indigenous knowing, knowledge of political contexts in practice</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Indigenous perspectives on wellness and health in Canada: study protocol for a scoping review</p>	<p>(Thiessen et al. 2020)</p>	<p>This article details a scoping review following the Arksey and O'Malley framework of all types of literature that described or reflected Indigenous perspectives, concepts, or constructs related to well-being and wellness in Canada.</p> <p>The results of the review will be summarized with descriptive analysis (quantitative) and synthesis of the relevant information (context, concepts, constructs).</p>	<p>Key descriptive variables that will be extracted for each study that will form the framework for this scoping review include:</p> <ul style="list-style-type: none"> ▪ Authors (Indigenous/non-Indigenous) ▪ Year of publication ▪ Jurisdictions or geographic location ▪ Nation ▪ Type of literature ▪ Language ▪ Concept(s) identified ▪ Construct(s) identified ▪ Articles acknowledged/considered the OCAP principles ▪ Key findings on perspectives of well-being ▪ Key terminology used ▪ Source of perspectives (i.e. male, female, two-spirited, personal, community, reserve, rural, urban setting).

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Shining the Spotlight: Native Women's Association of Canada Newsletter</p>	<p>(Native Women's Association of Canada (NWAC) 2024)</p>	<p>This issue of the Native Women's Association of Canada newsletter discusses the results of a literature review focused on Indigenous-led healing and wellness initiatives. The literature explored 6 core principles found across the academic literature related to Indigenous-led healing and wellness. The review highlighted two key findings: 1) the limitation of representing Indigenous WG2STGD+ people's perspectives in the literature, and 2) the transformative power of integrating Indigenous perspectives into mainstream health care.</p> <p>Additionally, the literature highlighted the importance of including Indigenous-led practices in health programming and spoke to the critical role of Indigenous knowledge systems in approaching healing initiatives.</p>	<p>The literature review explored six core principles found across academic literature related to Indigenous-led healing and wellness, as follows:</p> <ul style="list-style-type: none"> ▪ trauma-informed care ▪ strengths-based empowerment ▪ Elder-led wisdom ▪ culturally safe practices ▪ community-led services ▪ land- and arts-based approaches <p>By adopting these six principles, it is deemed that health care systems can move towards providing culturally competent and empowering care for Indigenous Peoples.</p>



Cross-cutting Indigenous Health and Wellness Indicators



Cross-cutting Indigenous Health and Wellness Indicators

Indicators of health and wellness are essential tools for informing health planning and assessing the progress of health interventions within Indigenous contexts. This section reviews thirteen key documents that provide a comprehensive overview of wholistic indicators tailored and contextualized to Indigenous health and wellness (Table 5). The complete reference list for this chapter is provided on page 56 of this report. These indicators encompass a wide range of domains, reflecting the diverse and interconnected aspects of health that are vital for Indigenous communities. By integrating these culturally grounded indicators, communities can better understand and address their unique health needs and track progress over time.

Specifically, five key indicator documents of high relevance and importance are highlighted here. The first two key documents are from Kahnawà:ke, titled *Onkwana'ta Our Community, Ionkwata'karí:te Our Health (Volume 1 and 2)*, published by Onkwata'karitáhtshera, the community of Kahnawà:ke's health and social service agency (Onkwata'karitáhtshera 2018; 2023). These documents report data from various sources including the Regional Health Survey, Quebec medical care databases, and community based program and service data, to provide a detailed population level health analysis of the health and wellbeing of the community. Within each report, areas of focus have been identified, each associated with a set of indicator domains and specific indicators. These reports are intended to provide the community of Kahnawà:ke with a fulsome picture of health and social service gaps and needs, provide a detailed understanding of the underlying determinants of community well-being, and provide a baseline portrait to serve as a comparison point against which to measure progress over time.

The third key document is titled *Community Health Indicators Toolkit* (Jeffrey, B. et al. 2006). This toolkit was developed as a First Nations Health Development Project to assist with the identification and collection of data based on a number of domains and indicator categories for measuring and improving community health. This tool presents First Nations health indicators through an evaluative framework that organizes the concepts of community health into six key domain areas (economic viability, identity and culture, food security, services and infrastructure, and health lifestyle), each with proposed indicators. Additionally, two cross-cutting domain categories were identified, including health issues, and addiction issues.

The fourth key document is titled *Indicators of First Nations Health and Wellness. First Nations Well Being Fund: Measuring Wellness Developing Indicators for Community Priorities* (Marsden, Namaste et al. 2021). This presentation, developed by the First Nations Health Authority BC, advocates for the development of culturally grounded indicators, along with data that is community-driven, Nation-based and reflective of First Nations priorities. Specifically, a number of community-driven, culturally specific indicator domains for First Nations health and wellness are identified that could be used to develop First Nations-specific indicator frameworks. These indicators include culture, kinship, land community, territory, respect, ceremony, connection and transformation.

The fifth and final document within this domain is titled *Developing Responsive Indicators of Indigenous Community Health* (Donatuto, Campbell, and Gregory 2016). This article outlines a set of Indigenous Health Indicators (IHI) developed and pilot-tested by Native Coast Salish communities that reflect non-physiological aspects of health. This paper argues that the that incorporation of IHIs into health assessments will provide a more comprehensive understanding of Indigenous health concerns and assist Indigenous peoples to control their own health evaluations. Specifically, the IHI framework presented in this article includes six non-physiological indicators of health including: community connection, natural resources security, cultural use, education, self-determination, and resilience. For each IHI, a number of associated attributes are identified.

The reviewed documents underscore the importance of developing and utilizing comprehensive, culturally grounded health and wellness indicators for Indigenous communities. The documents highlight useful frameworks providing practical methodologies for capturing the wholistic nature of health and wellness in Indigenous contexts. These indicators, which include domains such as culture, kinship, and self-determination, are crucial for enabling Indigenous communities to monitor their wellness and health outcomes effectively, and to advocate for necessary resources and support. Ultimately, these indicators empower Indigenous communities to take control of their health evaluations, fostering a more inclusive and accurate representation of their well-being.

Table 5: Cross-cutting Indigenous health and wellness indicator frameworks

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Onkwaná:ta Our Community, Onkwata'karí:te Our Health, Volume 1	(Onkwata'karitáhtshera 2018)	This report was published by Onkwata'karitáhtshera, the community of Kahnawà:ke's health and social service agency. Based on data from the 2015 Regional Health Survey, Quebec medical care databases, and community based programs and services data, this report provides a detailed population level health analysis of the health and wellbeing of the community.	<p>Within this report, 4 distinct areas of focus are identified, each associated with a set of indicator domains and specific indicator data:</p> <ul style="list-style-type: none"> ▪ Diabetes and diabetes prevention ▪ Cancer and cancer prevention ▪ Tobacco use and smoke exposure ▪ Substance use and addictions
Onkwaná:ta Our Community, Onkwata'karí:te Our Health, Volume 2	(Onkwata'karitáhtshera 2023)	This report builds upon the work of Onkwaná:ta Our Community, Onkwata'karí:te Our Health, Volume 1. The purpose of this report is to provide the community of Kahnawà:ke a fulsome picture of health and social service gaps and needs, in addition to providing a detailed understanding of the underlying determinants of community well-being, as well as being utilized by the community as a baseline portrait to serve as a comparison point against which to measure progress over time.	<p>Within this report, 3 distinct areas of focus are identified, each associated with a set of indicator domains and specific indicator data:</p> <ul style="list-style-type: none"> ▪ Early Childhood and Family Wellness ▪ Injuries and injury prevention ▪ Mental wellness and mental illness

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Community Health Indicators Toolkit (First Nations Health Development Project)	(Jeffrey, B. et al. 2006)	<p>This toolkit was a project that was built upon the 2002 evaluation of transferred health services from First Nations and Inuit Health Branch (FNIHB) to the Prince Albert Grand Council (PAGC) in Saskatchewan. PAGC managers were interested in collecting information that could be used to track and monitor progress in the area of community health outcomes, as well as to better understand the health effects of other human services on community health and wellness.</p> <p>The Community Health Indicators Toolkit was thus created to assist with the identification and collection of data based on a number of domains and indicator categories for measuring and improving community health.</p>	<p>This tool is an evaluative framework that organizes the concepts of community health into key areas (domains) with proposed measurements (indicators).</p> <p>Key domains (6) and associated indicator categories include:</p> <ul style="list-style-type: none"> ▪ Economic viability: employment, cost of living, health benefit coverage, funding for community projects. ▪ Environment: respect for environment, impact of development, resource protection, human health ▪ Identity and Culture: community identity, Elders, traditional practices, community knowledge, sharing ▪ Food security: cost of food, availability and quality of food, availability and quality of food ▪ Services and Infrastructure: community infrastructure, service delivery, housing, recreation, technology, service sustainability ▪ Healthy Lifestyles: self care, participation, motivation <p>By adopting these six principles, it is deemed that health care systems can move towards providing culturally competent and empowering care for Indigenous Peoples.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>Two additional cross-cutting domain categories were identified as follows:</p> <ul style="list-style-type: none"> ▪ Health issues: diabetes, cancer, respiratory problems, tuberculosis, obesity, FASD, teen pregnancy, mental health and stress, terminal illness issues ▪ Addiction issues: alcohol use, solvent use, illegal and prescription drug use, gambling, smoking, suicide, youth boredom
<p>Indicators of First Nations Health and Wellness. First Nations Well Being Fund: Measuring Wellness Developing Indicators for Community Priorities</p>	<p>(Marsden, Namaste et al. 2021)</p>	<p>This presentation, developed by the First Nations Health Authority B.C. and advocate for the development of data that is community-driven, nation-based and reflective of First Nations priorities. The authors present an overview of First Nations that are developing culturally grounded indicators of health and wellness, as well as highlight programs that offer opportunity for evaluation design or creation of systems for ongoing data collection. The lack of land based health and healing indicators identified by FNHA/ PHO's Public Health and Wellness Agenda is highlighted, and the need for a collaborative, Two-Eyed seeing approach to population health reporting is identified.</p>	<p>Community-driven, culturally specific indicator domains of First Nations health and wellness that could be used to develop First Nations-specific indicator frameworks include:</p> <ul style="list-style-type: none"> ▪ Culture ▪ Kinship ▪ Land ▪ Community ▪ Territory ▪ Respect ▪ Ceremony ▪ Connection ▪ Transformation

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Constructing a Health and Social Indicator Framework for Indigenous Community Health Research</p>	<p>(Marks, Elisabeth, Cargo, Margaret D., and Daniel, Mark 2007)</p>	<p>This document explores the critical role of social and health indicators in community-based health initiatives, particularly in the context of Indigenous communities in Canada, Australia, and New Zealand. It discusses the challenges of using conventional indicators that may not capture the diverse and unique needs of cultural, social, and health needs of Indigenous populations. A new framework for cataloging community-level indicators that are culturally relevant and sensitive to Indigenous contexts called the Indigenous Indicator Framework is introduced and described.</p> <p>Informed by the literature and developed in consultation with academic researchers and Indigenous community stakeholders this, it was developed for us by Indigenous communities, public health researchers, and funding agencies as a way to compare and select indicators that meaningfully capture and reflect the circumstances and priorities of Indigenous communities.</p>	<p>The Indigenous Indicator Framework presented in this document provides a four level structure by which indicators from diverse sources can be systematically classified according to the domains that they are intended to measure. Domains in the <i>Indigenous Indicator Framework</i> include:</p> <ul style="list-style-type: none"> ▪ Community Economic Resources ▪ Community Well-Being ▪ Consumption and Supply ▪ Education ▪ The Environment ▪ Health ▪ Housing ▪ Income and Income Distribution ▪ Indigenous Language ▪ Indigenous Self-Government and Autonomy ▪ Indigenous Visibility and Representation ▪ Individual Well-Being ▪ The Labour Market and Working Conditions ▪ Leisure and Media Consumption ▪ Participation ▪ Population ▪ Public Safety and Crime ▪ Social Welfare ▪ Socioeconomic Status and Subjective Class Identification ▪ Traditional Activities and Cultural Responsibilities ▪ Transportation

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Indigenous Health Indicators. A participatory approach to co-designing indicators to monitor and measure First Nations Health</p> <p>(Alberta First Nations Governance Centre)</p>	<p>(Fox, Paulette and Harmony Walkers Inc. 2018)</p>	<p>This document is the result from the participation of approximately 20 First Nation communities across Alberta to provide guidance, input and advice on the development of First Nations Indicators. Using the Treaty 6,7, and 8 Elders Declaration as a foundational document, the Sacred Fire Community Health Profile Guide was developed to initiate work on indicator development. The focus of this work was to identify linkages between language, environment, and culture.</p> <p>The objective of this report is to assist the development of indigenous health indicators and provide a common platform to inform and assist First Nation communities in Alberta by sharing methodologies, outcomes, and providing recommendations.</p>	<p>A base set of Indigenous health indicators is presented as a framework from which Indigenous communities would use to refine their own community-based indicator list. Each indicator theme is developed to link with language, environment and culture:</p> <p>Indicators:</p> <ul style="list-style-type: none"> ▪ Living in balance and oneness with the environment ▪ Physical, emotional, spiritual, mental aspects of medicine wheel ▪ Collectiveness - everyone working together to help one another ▪ Knowledge translation - passing down knowledge from generation to generation ▪ Connectivity - reciprocal relationships ▪ Children and families - support for families, including supports for breakdowns ▪ Governance - including self-determination in healthcare ▪ Cultural identity - pride in culture ▪ Environment - relationship to and responsibility for earth ▪ Treaties - self-sufficiency and food sovereignty

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Measuring Wellness: An Indicator Development Guide for First Nations</p> <p>(First Nations of British Columbia)</p>	<p>(Geddes, B. 2015)</p>	<p>This document provides an approach and detailed process for communities to determine what wellness means in their community, and to understand and develop successful and meaningful indicators to track and measure progress related to health and wellness. Grounded in the principles of Comprehensive Community Planning (governance, land and resources, health, infrastructure development, culture, social, economy), the Social Determinants of Health, and culture and language considerations, this document uses a 5 stage approach to indicator development.</p> <p>Additionally, a number of resources and references are provided related to the following: creating surveys, managing data, sample indicators of wellness, selection of community vision statements.</p>	<p>A planning framework for the development of community-based indicators is outlined using a 5-stage process, as follows:</p> <p>Stage 1: learning about indicators (successful, meaningful, etc.)</p> <p>Stage 2: background research (current indicators being collected, data sources, priorities, identify needs moving forward)</p> <p>Stage 3: Engaging community (to develop a set of shared values/priority areas and relevant indicators)</p> <p>Stage 4: finalizing indicators (to ensure they will meet community needs)</p> <p>Stage 5: develop baseline (of available current sources of data as a starting point)</p>
<p>Conceptualization and operationalization of a holistic indicator of health for older Inuit: results of a sequential mixed methods project</p>	<p>(Baron, M. et al. 2021)</p>	<p>This paper describes a study that investigates conceptualizations of Inuit health within an aging population. Using a mixed methods approach with 21 Inuit in two communities in Nunavik, wholistic health indicators were developed to capture the multifaceted nature of health as defined by the Inuit–encompassing physical, mental, spiritual, and social dimensions. The key findings of this study found eight themes critical to Inuit health, which were operationalized into a wholistic indicator that measures the multidimensionality of Inuit health. using Latent Class Analysis, which was then validated through association with related health and social measures.</p>	<p>This article presented and operationalized a model of Inuit health in aging that defines health wholistically drawing from physical, emotional, spiritual, and interpersonal components. In this model, the wholistic indicator integrated the following key dimensions:</p> <ol style="list-style-type: none"> 1. General health balance 2. Mental health 3. Spirituality 4. Not experiencing many activity limitations 5. Being loved 6. Having positive relationships 7. Speaking Inuktitut 8. Being free of addiction

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Indigenous Wellness Indicators:</p> <p>Including Urban Indigenous Wellness Indicators in the Healthy City Strategy</p>	<p>(Marks, Elisabeth, Cargo, Margaret D., and Daniel, Mark 2007)</p>	<p>This report was produced from a partnership between the City of Vancouver and the University of British Columbia. Recognizing the growing need for indicators that reflect indigenous notions of wellness, the purpose of this report is to provide the City of Vancouver with resources and tools to support the inclusion of meaningful Indigenous wellness indicators into its second <i>Healthy City Strategy</i>.</p> <p>The results of a literature review, the identification of case studies, and information garnered through conversations with knowledge holders was used to inform and support the guiding principles and a recommended process for developing Indigenous indicators for the City of Vancouver's <i>Healthy City Strategy</i> in collaboration with the urban Indigenous population.</p> <p>Additionally, a number of resources, tools and wise practices (including sample indicators) were identified as a starting point to support collaboration and guide the work moving forward.</p>	<p>The framework for developing Indigenous-specific wellness indicators with Indigenous populations in the City of Vancouver is based on 5 guiding principles as follows:</p> <ol style="list-style-type: none"> 1. Indigenous Leadership: informed and led by the urban Indigenous community 2. Respectful Relationships: building and maintaining trust 3. Culturally Appropriate: based on Indigenous perspectives and worldviews and inclusive of all of the various backgrounds of urban Indigenous Vancouverites 4. Strengths-Based: focusing on positives instead of deficits 5. Capacity Building: valuing and contributing to Indigenous peoples' capacity to define and monitor their own health and wellbeing. <p>The process for developing Indigenous indicators includes the following 7 steps (while engaging community through all steps):</p> <ol style="list-style-type: none"> 1. Convene project leads and set project scope 2. Clarify what is being measured 3. Identify logistical partners 4. Define "Indigenous Wellness" 5. Decide of extent of measurement 6. Develop Indicators 7. Monitor indicators and report back to community

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>First Nations' Wholistic Approach to Indicators (United Nations Meeting on Indigenous Peoples and Indicators of Well-Being)</p>	<p>(Assembly of First Nations and Canada 2006)</p>	<p>This document provides a brief history of First Nations wholistic approaches to health policy development. It outlines the National Chief of the Assembly of First Nations (AFN) Getting Results Strategy (2003) policy development cycle and priorities and the following First Nations Wholistic Planning and Policy Model (2005).</p> <p>The First Nations Wholistic Planning and Policy Model is outlined as a structure for policy interventions and associated performance indicators. This model emphasizes the importance of traditional knowledge, self-government, and cultural continuity in addressing health disparities.</p> <p>Additionally, a proposed First Nations Health Reporting Framework is outlined, along with a list of potential indicators linked to each core issue/determinant included in the Wholistic Policy and Planning Model. This framework will continue to serve as a foundation for negotiating a consensus-based performance measurement framework to be adopted by all FPT and First Nations governments in Canada</p>	<p>The First Nations Wholistic Policy & Planning Model is comprised of the following characteristics:</p> <ul style="list-style-type: none"> ▪ Wholistic focus on determinants of well-being ▪ Community at its core ▪ Governance as its underpinning (self government, jurisdiction, fiscal relationships/ accountability, collective and individual rights, capacity/negotiations) ▪ Premised on the components of the Medicine Wheel Inclusive of the four cycles of the lifespan (child, youth, adult, elder) ▪ Inclusive of the three components of social capital (bonding, bridging, linkage) <p>The proposed First Nations Health Reporting Framework includes the following indicator domains, which also include a number of associated indicators)</p> <ol style="list-style-type: none"> 1. Health care (individual health, health determinants, community health, health services) 2. Education/lifelong learning (First Nations Education Index, Capacity Index, Language and Cultural Index, Achievement Index) 3. Housing (adequate, centralized water treatment, overcrowding, long term base of serviceable land) 4. Relationships-based (community control, collective decision making)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ol style="list-style-type: none"> 5. Economic development (income level, First Nations Business Activity, access to communications/Information Technology, Labour Force Participation) 6. Environmental Stewardship: (drinking water quality) 7. Social Services: (proportion of FN children on-reserve daycare) 8. Justice: (rate of alternative measure, correctional services admission, personal experiences of racism) 9. Lands and resource (traditional use of land) 10. Language, culture, heritage (language use, impact of Residential Schools) 11. Employment (rate, social assistance benefits, unemployment rate) 12. Gender (shelter cost to income ratio, income level differences between FN men and women living away from reserves) 13. On/Away from reserve (income level differences) 14. Urban/Rural (access to health care)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Engaging Numbers: Developing Health Indicators that Matter for First Nations and Inuit People</p>	<p>(Jeffery et al. 2006)</p>	<p>This article is a critical analysis of the current methodologies used for Indigenous health impact assessments. Specifically, this article states that they are too narrowly focused on physical health, neglecting the broader, culturally relevant dimensions of health valued by Indigenous communities (e.g., social, cultural, and environmental well-being). This article underscores the need for a values-focused approach in developing health indicators that are both comprehensive and culturally sensitive, advocating for the integration of decision sciences to identify health impacts more effectively.</p> <p>Using specific examples from Canada, New Zealand, and the United States, these initiatives are used to demonstrate how Indigenous perspectives can be meaningfully incorporated into health assessments to develop measures that are understood and accepted by both Indigenous communities and associated regulatory bodies.</p>	<p>A number of selected domains of identified issues requiring Indigenous specific indicators are outlined in this document, which could be used to inform the development of an Indigenous-specific indicator framework. For each domain, a description and example of issue to be measured is outlined, as follows:</p> <p>Sustainability:</p> <ul style="list-style-type: none"> ▪ Our use of the land is such that the land will still be useful to future generations <p>Viability: Issue</p> <ul style="list-style-type: none"> ▪ The land, its plants and its animals are in good health and are not threatened with extinction or habitat loss <p>Community Caring:</p> <ul style="list-style-type: none"> ▪ Our communities provide supports to people in need. People take care of each other (family life indicators) <p>Prosperity:</p> <ul style="list-style-type: none"> ▪ Our communities generate enough wealth to take care of our needs (non-income measures of wealth) <p>Equity:</p> <ul style="list-style-type: none"> ▪ Resources in our community are generated by our economic activities and are distributed in ways that more people think are fair

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Values-Based Measures of Impacts to Indigenous Health: Perspective	(Gregory et al. 2016)	<p>This article is a critical analysis of the current methodologies used for Indigenous health impact assessments. Specifically, this article states that they are too narrowly focused on physical health, neglecting the broader, culturally relevant dimensions of health valued by Indigenous communities (e.g., social, cultural, and environmental well-being). This article underscores the need for a values-focused approach in developing health indicators that are both comprehensive and culturally sensitive, advocating for the integration of decision sciences to identify health impacts more effectively.</p> <p>Using specific examples from Canada, New Zealand, and the United States, these initiatives are used to demonstrate how Indigenous perspectives can be meaningfully incorporated into health assessments to develop measures that are understood and accepted by both Indigenous communities and associated regulatory bodies.</p>	<p>Through the examples of current health assessment initiatives that have successfully incorporated Indigenous perspectives, a number of key indicators of Indigenous health (in Canada) have been identified, as follows:</p> <p>Indicators of Native Health Losses (Southwestern British Columbia)</p> <ul style="list-style-type: none"> ▪ Physical health ▪ Ceremonial health (availability, ceremonies) ▪ Psychological health ▪ Emotional health (absence of embarrassment, shame) ▪ Fairness/equity ▪ Trust ▪ Economic cost ▪ Cultural and traditional opportunities ▪ Social and community togetherness (prospering as a group) <p>Coast Salish Indicators of Indigenous Health</p> <ul style="list-style-type: none"> ▪ Community connection ▪ Natural resources security ▪ Cultural use (respect, stewardship, practice) ▪ Education (knowledge, values, and beliefs are actively passed from elders to youth) ▪ Self-determination ▪ Balance



Indigenous Health and Wellness Policy Documents



Indigenous Health and Wellness Policy Documents

Indigenous health and wellness policies at international, regional and local levels are crucial in shaping strategies and actions aimed at improving the wellness of Indigenous populations. This section examines six key documents that focus on developing policies to enhance the health and well-being of Indigenous peoples (Table 6). These documents highlight comprehensive policy plans and frameworks that address a wide range of health determinants, from mental health and disease prevention to socioeconomic conditions and cultural continuity. By emphasizing collaborative, government-to-government relationships and culturally informed approaches, these policies aim to reduce health disparities and promote equitable health services for Indigenous communities.

One key document is the “*First Nations Health and Well-being Final Update (Transformative Change Accord)*”, which outlines a comprehensive 10-year plan (2005-2015) aimed at addressing health disparities between Indigenous and non-Indigenous populations in British Columbia, Canada. Key areas of focus include mental health, disease prevention, integrated health services, and increasing First Nations health professionals. The Accord emphasizes the importance of addressing broader social determinants such as poverty, education, and employment, and highlights the need for collaborative, government-to-government relationships. Specific actions and indicators have been established to measure progress, emphasizing systemic change and mutual respect to close the health gaps and improve overall well-being for First Nations communities.

The document entitled *Together for future generations: 2022-2027 Government Action Plan for the social and cultural wellness of the First Nations and Inuit* outlines a plan to ensure Quebec’s First Nations and Inuit people have the opportunity to thrive economically, socially, and culturally (Government of Quebec 2022). Specifically, it outlines a framework for action consisting of 6 broad fields of action and 52 associated measures (indicators) focused on long term investment, program development, public policies and legislative and regulatory initiatives. The six fields of action include culture, language and reconciliation, issues and challenges facing Indigenous women, child and family development, socio-economic conditions and social exclusion, Indigenous people’s health and wellness, and justice and public security.

At a national level, the *Truth and Reconciliation Commission of Canada: Calls to Action* is a foundational document that outlines 94 recommendations aimed at redressing the legacy of residential schools and advancing the process of Canadian reconciliation (Truth and Reconciliation of Canada 2015). The Calls to Action are directed at governments, educational and religious institutions, civil society groups, and all Canadians. They address the ongoing challenges facing Indigenous communities, including disparities in health, education, and economic opportunities, and to lay the foundation for a renewed relationship based on mutual respect and recognition of rights, respect, cooperation, and partnership across Canada.

A particularly important international document is the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, a resolution adopted by the United Nations General Assembly in 2017 (United Nations 2021). This document presents a framework for governments to use when making laws and policies that impact Indigenous people and communities, which outlines 46 articles covering a wide range of aspects of Indigenous rights such as culture, identity, religion, language, health, education, and employment. Additionally, it emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures, and traditions and to pursue their development in keeping with their own needs and aspirations.

The reviewed Indigenous health and wellness policy documents underscore the necessity for comprehensive, multi-faceted strategies to address health disparities among Indigenous populations. These policies advocate for wholistic and culturally grounded approaches, emphasizing the importance of addressing SDIH. By fostering collaborative efforts and reciprocal accountability among federal, provincial, and First Nations governments, these frameworks seek to create sustainable and effective health interventions. The inclusion of specific action plans and measurable indicators ensures that progress can be tracked and evaluated, ultimately aiming to achieve health equity and improve overall well-being for Indigenous peoples.

Table 6: Indigenous health and wellness policy documents

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
First Nations Health and Well-being Final Update (Transformative Change Accord)	(British Columbia Office of the Provincial Health Officer and First Nations Health Authority 2018)	<p>This document outlines the establishment of the <i>Transformative Change Accord</i> between the Province of British Columbia, First Nations Leadership Council, and the Government of Canada. It details a comprehensive 10-year First Nations Health Plan (2005-2015) that prioritizes comprehensive and wholistic priority actions in a number of areas, including: mental health, disease prevention, integrated health services, and increasing the number of First Nations health professionals.</p> <p>Additionally, this plan outlines the need to address broader social determinants of health such as poverty, education, and employment to close the health gap and health disparities among Indigenous people in B.C. compared to non-Indigenous people in B.C.. It emphasizes collaborative efforts and reciprocal accountability among federal, provincial, and First Nations governments to achieve these goals, highlighting the challenges faced by First Nations in accessing equitable health services and the urgent need for systemic change.</p>	<p>The <i>Transformative Change Accord</i> recognizes the need to strengthen relationships on a government-to-government basis.</p> <p>To accomplish this, First Nations and the Province of B.C. have identified four key areas for action, each with an associated action plan:</p> <ol style="list-style-type: none"> 1. Establish mental health programs to address substance abuse and youth suicide 2. Integrate ActNow BC strategy with First Nations health programs to reduce incidences of preventable diseases like diabetes 3. Establish tripartite pilot programs in the Northern Health Authority and utilizing an integrated approach to health and community programs 4. Increase the number of trained First Nations health care professionals <p>The following indicators have been identified to measure progress of the actions identified in the <i>Transformative Change Accord</i>:</p> <ul style="list-style-type: none"> • Life expectancy at birth • Mortality rates (deaths due to all causes) • Status Indian youth suicide rates • Infant mortality rates • Diabetes rates • Childhood obesity • Practicing, certified First Nations health care professionals

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Together for future generations: 2022-2027 Government Action Plan for the social and cultural wellness of the First Nations and Inuit</p> <p>(Government of Quebec)</p>	<p>(Government of Quebec 2022)</p>	<p>This is a Quebec Government action plan for the 5 year period of 2022-2027 for the social and cultural wellness of the First Nations and Inuit. This plan, titled Together for Future Generations was developed based on consultations during the winter of 2022 with political leaders, various Indigenous Peoples, public services, and the National Inquiry into Missing and Murdered Indigenous Women and Girls (the NIMMIWG).</p> <p>It is comprised of 6 fields of action with 52 associated measures focused on long term investments respond to the identified needs of First Nation and Inuit people in the province with a focus on developing programs, public policies, and legislative and regulatory initiatives with the goal of ensuring Quebec's First Nations and Inuit people have the opportunity to thrive economically, socially, and culturally.</p>	<p>The plan's framework for action is organized into 6 key fields of action, each with associated measures and identified issues:</p> <ol style="list-style-type: none"> 1. Culture, Indigenous languages and reconciliation (8 measures). Issues: Indigenous languages, Indigenous cultures and arts, reconciliation, fight against racism and discrimination 2. Issues and challenges facing Indigenous women (10 measures). Issues: conjugal, family and sexual violence, mobilization and leadership 3. Overall development of children and families (9 measures) Issues: educational success in elementary and secondary schools, support for children and families) 4. Socioeconomic conditions and social inclusion (12 measures). Issues: educational success, social inclusion, employment and professionalization, citizen employment and community action 5. Indigenous peoples' health and wellness (5 measures). Issues: homelessness, public health, mental health and suicide prevention, cultural safety in the health and social services network 6. Justice and public security (8 measures). Issues: correctional services, access to justice, emergency services

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
The Quebec First Nations Health and Social Services Governance Process	(First Nations of Quebec and Labrador Health Services Commission 2019)	<p>This is a document that defines and describes the concept of First Nations governance and why there is a need for a health and social services governance process by and for the First Nations in Quebec, and the process coordinated by the Assembly of First Nations Chiefs of Quebec and Labrador and the First Nations of Quebec and Labrador Health and Social Services Commission beginning in 2013 and going until March 2020.</p> <p>The goals of this process are to redefine the current governance structure, develop a new model of governance and significantly improve individual and collective health and wellness.</p>	<p>The model of First Nations governance in Quebec that is described is based on the principle of co-construction and consists of three phases:</p> <p>Phase one: reflection (2013-2016): analysis of current governance process (Indigenous and non-Indigenous) and development of a health and social services governance framework model.</p> <p>Phase two: appropriation (2016-2017): focused on moving from a framework model (theoretical design) to a more practical design</p> <p>Phase three: realization (2018-2020): identification of the model's components, definition of governance structures, validation and adoption of the model.</p>
United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)	(United Nations 2021)	<p>The <i>United Nations Declaration on the Rights of Indigenous Peoples</i> (UNDRIP) was a resolution adopted by the United Nations General Assembly on September 13, 2007.</p> <p>It is a comprehensive international document that outlines the rights of Indigenous people around the world. Specifically, UNDRIP emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures, and traditions and to pursue their development in keeping with their own needs and aspirations.</p> <p>This tool provides a framework for governments to use when making laws and policies that impact Indigenous people and communities.</p>	<p>UNDRIP is comprised of a framework that outlines 46 articles covering a wide range of aspects of Indigenous rights, including:</p> <ul style="list-style-type: none"> ▪ culture ▪ identity ▪ religion ▪ language ▪ health ▪ education ▪ employment <p>Additionally, it provides a framework for self-determination of Indigenous people and sets out principles for the protection of land, territories and resources</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Truth and Reconciliation Commission of Canada: Calls to Action	(Truth and Reconciliation of Canada 2015)	<p>This commission was established in 2008 as a response to the Indian Residential School system and to facilitate reconciliation among former students, their families and their communities. The final TRC report was released in 2015 which is centered around the “Calls to Action”, which outlines 94 recommendations aimed at redressing the legacy of residential schools and advancing the process of Canadian reconciliation.</p> <p>These calls to action are directed at governments, educational and religious institutions, civil society groups, and all Canadians. The aim of the Calls to Action is to address the ongoing challenges facing Indigenous communities, including disparities in health, education, and economic opportunities, and to lay the foundation for a renewed relationship based on mutual respect and recognition of rights, respect, cooperation, and partnership.</p>	<p>The Calls to Action address the following areas:</p> <p>Legacy:</p> <ul style="list-style-type: none"> ▪ Child welfare ▪ Education ▪ Language and culture ▪ Health ▪ Justice <p>Reconciliation:</p> <ul style="list-style-type: none"> ▪ Canadian Government and UN Declaration on the Rights of Indigenous People ▪ Royal Proclamation and covenant of reconciliation ▪ Settlement agreement parties and the UN ▪ Equity for Aboriginal people in the legal system ▪ National Council for Reconciliation ▪ Professional development and training for public servants ▪ Church apologies and reconciliation ▪ Education for reconciliation ▪ Youth programs ▪ Museums and archives ▪ Missing children and burial information ▪ National Centre for Truth and Reconciliation ▪ Commemoration ▪ Media and reconciliation ▪ Sports and reconciliation ▪ Business and reconciliation ▪ Newcomers to Canada

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
The First Nations Information Governance Centre	(First Nations Information Governance Centre 2024)	The First Nations Governance Centre's Online Library is the most complete resource for First Nations produced data and data-related information from the First Nations Information Governance Centre. Focused on data sovereignty in alignment with Indigenous values and worldviews, this webpage provides resources and tools associated with the First Nations Governance Strategy (e.g., principles of OCAP [ownership, control, access, possession], knowledge translation, and includes an online library)	<p>Indigenous-specific data from the First Nations Information Governance Centre is based on data from 634 First Nations reserve and Northern communities across the country, including the following:</p> <p>Data surveys:</p> <ul style="list-style-type: none"> ▪ First Nations Regional Health Survey (FNRHS) ▪ First Nations Regional Early Childhood, Education and Employment Survey (FNREEES) <p>Categories:</p> <ul style="list-style-type: none"> ▪ Community wellness ▪ Demographics ▪ Early childhood ▪ Education ▪ Employment and income ▪ Health and wellbeing ▪ Housing ▪ Indian Residential School ▪ Language and culture ▪ Nutrition and food security ▪ Substance use and misuse

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Social Determinants of Indigenous Health (SDIH) and Equity



Social Determinants of Indigenous Health (SDIH) and Equity

Conceptual models, frameworks and strategies

The social determinants of health 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 factors, to achieve community wellness, equity and empowerment.

The SDIH are now recognized by key international frameworks such as UN 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. Seven key documents emphasizing the importance and necessity of addressing the SDIH and equity were included in this literature review (Table 7). These resources acknowledge and address the unique structural and systemic determinants that have resulted in inequities and health disparities among Indigenous populations (First Nations Health Council 2022; Lachance, N. et al. 2009; Kolahdooz et al. 2015; Reading, C. and Wien, F. 2009).

One of the most comprehensive and robust SDIH resources is the report entitled *Understanding Indigenous Health Inequalities Through a Social Determinants Model* (Loppie, C. and Wien, F. 2022). This document, published by the National Collaborating Centre for Indigenous Health (NCCIH), provides an update to the prior NCCIH report *Health Inequalities and Social Determinants of Indigenous Peoples' Health* (2009) (Reading, C. and Wien, F. 2009). Grounded in recent literature and data, this report presents a conceptual model called The Tree Metaphor, which symbolizes and explores the complex, interrelated structures, systems and process that determinants that shape diverse Indigenous Peoples' health. The Tree Metaphor is comprised of root (structural determinants), core (systems and infrastructure with a focus on inequity) and stem (directly impacting health and wellness) determinants of health, along with the identification of potential indicators.

The Tree Metaphor was developed building upon the "*Integrated Life Course and Social Determinants Model of Aboriginal Health*", which emerged as a fundamental and foundational SDIH model (Loppie, C. and Wien, F. 2022). It is significant as it recognizes the unique and complex interplay of factors affecting Indigenous health, which cannot be fully understood through conventional social determinants of health models. This underlines the necessity of an integrated approach to health and wellness policies and interventions, that consider these determinants collectively and holistically. The model uses a life course approach that emphasizes that health outcomes are not only the result of recent behaviors 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 (Greenwood, M. and de Leeuw, S. 2012; Loppie, C. and Wien, F. 2022).

The second key document is titled *10-Year Strategy on the Social Determinants of Health: A Framework for the Future*, published by the First Nations Health Council in British Columbia (First Nations Health Council 2022). This document presents a 10 year strategy representing a whole-of-government approach to accelerate progress on the social determinants of health with the collaborative goal of restoring the wellness that First Nations enjoyed prior to colonialism. Grounded in the Social Determinants of Indigenous Health (SDIH), this report presents a Tripartite strategy focused on four priorities: healing approaches, cultural infrastructure, nation-based governance, and sustainable funding. Additionally, three themes for future action have been identified (children, family, community) each with associated outcome statements, and common indicators.

The third key document in this sub-domain titled *Health Determinants for First Nations in Alberta 2010* (Lachance, N. et al. 2009). Published by Health Canada, this report presents a holistic overview of the health determinants of First Nations peoples in Alberta, providing a baseline that can be used for health planning. Specifically, it identifies 29 indicators for 9 areas of First Nations health, including First Nations population, vital statistics, health indicators and conditions, education, income, labour force activity, housing, and an overview of the Community Well-Being Index. Although the data presented in this document is specific to Alberta First Nations, it could be used as a tool to inform the development of indicators within other Indigenous populations.

The literature on Social Determinants of Indigenous Health (SDIH) underscores the critical need to address the deeply entrenched historical, social, and systemic inequities that impact Indigenous health and wellness. Key documents highlight the importance of integrated, wholistic approaches that recognize the unique and complex interplay of factors influencing Indigenous health and wellness. Models such as The Tree Metaphor and the Integrated Life Course and Social Determinants Model of Aboriginal Health emphasize the cumulative effects of experiences across the life course and the need for culturally grounded, community-driven interventions. Strategies like the First Nations Health Council's 10-Year Strategy on the Social Determinants of Health advocate for collaborative, nation-based governance and sustainable funding to restore wellness in Indigenous communities. These comprehensive frameworks and indicators are essential for developing effective policies and interventions that promote health equity, empowerment, and self-determination among Indigenous peoples.

Table 7: Social Determinants of Indigenous Health (SDIH) and Equity

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>10-Year Strategy on the Social Determinants of Health: A Framework for the Future</p> <p>Reclaiming our Wellness. Remembering our Future</p> <p>(First Nations Health Council)</p>	<p>(First Nations Health Council 2022)</p>	<p>Developed by the First Nations Health Council (FNHC) in British Columbia, this document is the final draft of a Consensus Paper that summarizes engagements at Regional and Subregional Caucus Meetings since Gathering Wisdom X, held in January 2020, and fall 2022. The 10-year strategy presented represents a whole-of-government approach to accelerate progress on the social determinants of health with the collaborative goal of restoring the wellness that First Nations enjoyed prior to colonialism. The proposed Tripartite strategy sets the foundation for future agreements that work to advance the following four specific priorities within BC First Nations for healthy, self-determining and vibrant children, families and communities:</p> <ul style="list-style-type: none"> ▪ Healing approaches ▪ Cultural infrastructure ▪ Nation-based governance ▪ Sustainable funding <p>This framework is grounded in the following:</p> <ul style="list-style-type: none"> ▪ The Social Determinants of Health (SDH) ▪ The 7 Directives (the fundamental standards and instructions for First Nations health governance in British Columbia) ▪ United Nations Declaration on the Rights of Indigenous Peoples ▪ The Truth and Reconciliation Commission’s Calls to Action That Support FNHC’s Work on the SDH 	<p>Themes, outcome statements, and common indicators have been identified for three groups. Each theme is associated with an outcome statement and indicators, as follows:</p> <p>Children:</p> <ul style="list-style-type: none"> ▪ Physical health: Well-nourished and physically active children (3 indicators) ▪ Emotional health: Children with positive social relationships and high self-esteem and confidence (3 indicators) ▪ Tradition and culture: child has a sense of belonging and pride in family and culture (2 indicators) ▪ Education: Child draws from blend of traditional and form education (3 indicators) <p>Family:</p> <ul style="list-style-type: none"> ▪ Economic stability: families have their base environmental, economic and social needs met, with access to social services (6 indicators) ▪ Tradition and culture: thriving and active in traditional knowledge and practices (4 indicators) ▪ Family relations: proud, health conscious family units positively involved in community affairs and activities (3 indicators) <p>Community:</p> <ul style="list-style-type: none"> ▪ Economic stability: families have their base environmental, economic and social needs met, with access to social services (6 indicators)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Environment (to live and thrive through a safe and healthy environment) ▪ Economic stability and sustainability: economic security and control over means of economic growth (2 indicators) ▪ Community health and wellbeing: meet all the base needs of the community and create physical spaces for recreational and cultural activities (3 indicators)
Health Determinants for First Nations in Alberta 2010	(Lachance, N. et al. 2009)	This report, published by Health Canada, presents the health determinants for First Nations in Alberta that represents a baseline that can be used for health planning in Alberta. Using a population health approach, this document provides information on First Nations health in Alberta using indicator data from Statistics Canada, Indian and Northern Affairs Canada, and the Assembly of First Nations. Focused on a wholistic view of health, this document uses a social determinants of health approach and includes a wide range of indicators, including several socio-economic factors.	<p>In total, 29 indicators for 9 areas of First Nations health are identified. For each indicator, detailed information and data is presented. Indicator areas include:</p> <ul style="list-style-type: none"> ▪ First Nations Population ▪ Vital Statistics ▪ Health Indicators and Conditions ▪ Social factors ▪ Education ▪ Income ▪ Labour Force Activity ▪ Housing ▪ Community Well-Being Index

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Understanding the social determinants of health among Indigenous Canadians: priorities for health promotion policies and actions	(Kolahdooz et al. 2015)	<p>This journal article presents the results of a series of systematic review of 24 sources focusing on four major social determinants of health among Indigenous peoples in Alberta. A review of these sources found that there are disparities in SDH and health and well-being among Indigenous people in Alberta with respect to four SDH: income, education, employment and housing. Additionally, the review highlighted gaps in knowledge related to:</p> <ul style="list-style-type: none"> ▪ the relationships and interactions among income, personal and social circumstances and health outcomes ▪ the factors contributing to current housing status and its impacts on health outcomes ▪ the barriers to, and opportunities for, education <p>This study also found that there is a need to identify practical strategies for promoting resiliency against residual effects of trauma and incorporating Indigenous culture and contextual factors affecting Indigenous health plans, policies and initiatives.</p>	<p>The following metrics were used to measure the disparities in SDH and wellbeing for Indigenous people in Alberta:</p> <ul style="list-style-type: none"> ▪ Income: Indigenous people in Alberta have lower income levels, higher poverty rates, higher dependency on financial aids from governments, median household income ▪ Employment: lower participation in labour market, lower employment rates, work by market type (e.g., food server, house cleaner, child and youth care worker, etc.) ▪ Housing: inappropriate housing conditions and private spaces, living in dwellings requiring major repairs, dwellings without smoke detectors or fire extinguishers ▪ Education: educational attainment (high school, and post secondary education), length of time in school
Creating conditions for Canadian aboriginal health equity: the promise of healthy public policy	(Richmond, C. and Cook, C. 2016)	<p>This paper highlights the need for healthy public policy that recognizes and prioritizes the rights of Canadian Aboriginal people to achieve health equity. Through a critique of the Indian Act and colonial practices on modern Aboriginal health disparities and the systemic racism ingrained in Canada's policy framework, it examines the historical and current structural challenges that exist, and the impacts on health and well-being.</p>	<p>Structural domains identified which have an impact on Indigenous health equity include:</p> <ul style="list-style-type: none"> ▪ Unequal access to healthcare and other services (e.g., health, education, justice, economic development) ▪ Infant mortality rates ▪ Overall mortality due to injury or poisoning, circulatory disease, cancer, respiratory disease)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>This paper also identifies community self-determination in health care and the role of community-led research as advocacy for political reform as having the ability to positively impact health policy and drive policy reform. Additionally, it emphasizes the significance of the Truth and Reconciliation Commission of Canada's Report and the concept of reconciliation as essential to addressing health inequities.</p>	<ul style="list-style-type: none"> ▪ Prevalence of chronic disease ▪ Rates of suicide and self injury ▪ Workforce participation ▪ Income ▪ Sub-standard living conditions ▪ Welfare dependency ▪ Educational attainment ▪ Drinking water quality ▪ Provision and management of Aboriginal health care (e.g., timely record keeping, community consultation) ▪ Cultural competency training
<p>Health Inequalities and Social Determinants of Aboriginal People's Health (NCCAH)</p>	<p>(Reading, C. and Wien, F. 2009)</p>	<p>This report utilizes the available data to describe health inequalities experienced by diverse Aboriginal people in Canada. The data is organized around the social determinants of health (SDH) across the life course, taking into consideration the socio-political context. This document provides evidence that demonstrates important health disparities within Aboriginal groups and compared to non-Aboriginal groups and links social determinants at proximal, intermediate, and distal level to health inequalities. Additionally, context specific factors such as the history of colonization that has led to impacts on Aboriginal culture, language, land rights and self-determination are explored. A promising conceptual framework titled <i>The Integrated Life Course and Social Determinants Model of Aboriginal Health</i> is presented as a way to understand the complex interactions between social determinants and various health dimensions.</p>	<p><i>The Integrated Life Course and Social Determinants Model of Aboriginal Health (LCSDAH)</i> is a conceptual framework that is used to understand the relationship between SDH and various health dimensions. It depicts life stages, socio-political context and social determinants as nested spheres or origin, influence and impact, with each affecting the others in complex ways. This model also incorporates the physical, spiritual, emotional, and mental dimensions of health.</p> <p>SDH are broken down into proximal, immediate and distal determinants of health and recognized as having a direct impact on health but also interacting with one another and the contexts in which they occur to create vulnerabilities and capacities for health. SDH identified at each level are as follows:</p> <p>Proximal Determinants of Health:</p> <ul style="list-style-type: none"> ▪ Health behaviours

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>This document is followed by an update titled <i>Understanding Indigenous health inequalities through a social determinants model (2022)</i></p>	<ul style="list-style-type: none"> ▪ Physical environments ▪ Employment and income ▪ Education ▪ Food insecurity <p>Immediate Determinants of Health:</p> <ul style="list-style-type: none"> ▪ Health care systems ▪ Educational systems ▪ Community Infrastructure, Resources, Capacities ▪ Environmental Stewardship ▪ Cultural continuity <p>Distal Determinants of Health:</p> <ul style="list-style-type: none"> ▪ Colonialism ▪ Racism and social exclusion ▪ Self-determination
<p>Understanding Indigenous health inequalities through a social determinants model</p> <p>(National Collaborating Centre for Indigenous Health)</p>	<p>(Loppie, C. and Wien, F. 2022)</p>	<p>This report, published by the National Collaborating Centre for Indigenous Health (NCCIH) provides an update to the prior NCCIH report titled Health Inequalities and Social Determinants of Indigenous Peoples' Health (2009). Grounded in recent literature, research and data, this report utilizes a tree metaphor as a model to understand the underlying causes of Indigenous Peoples' health inequalities. This document provides a brief overview of Indigenous health inequalities, a description of social determinants across the life course, and provide a detailed explanation of the tree metaphor as a model for understanding health inequities. Additionally, the importance of Indigenous self-determination and cultural resurgence as vital pathways to wellness is identified.</p>	<p>A conceptual model, titled The Tree Metaphor is presented to symbolize and explore the complex, interrelated structures, systems and process that determinants that shape diverse Indigenous Peoples' health. The Tree Metaphor is comprised of root, core and stem determinants of health, along with the identification of potential indicators.</p> <p>Root Determinants of Health (structural determinants that are deeply embedded ideological and political foundations which shape all other determinants)</p> <ul style="list-style-type: none"> ▪ Colonization and colonialism (including Indian Residential School System, Colonial ideologies, colonial governance)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>Core Determinants of Health: (represent systems and infrastructure, with a focus on equity and barriers)</p> <ul style="list-style-type: none"> ▪ Child welfare policies and systems ▪ Criminal justice system ▪ Health care system ▪ Educational system ▪ Community infrastructure, resources and capacities ▪ Environmental stewardship <p>Stem Determinants of Health: (have more of a direct impact on the health of individuals. These are easily observed and are often the primary focus of health promotion policies and interventions)</p> <ul style="list-style-type: none"> ▪ Health activities ▪ Geophysical environments ▪ Employment and income ▪ Education ▪ Food Insecurity <p>Resistance and resurgence: identified as positively impacting the health of Indigenous people and essential to achieve equity, including the following domains:</p> <ul style="list-style-type: none"> ▪ Indigenous self-determination ▪ Cultural resurgence <p>Common indicators of health outcomes across all levels include:</p> <ul style="list-style-type: none"> ▪ Life expectancy in years for persons of one year of age ▪ Self-reported general health/mental health % of population who had experienced one or more chronic health conditions

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System</p>	<p>(Kim 2019)</p>	<p>This article outlines the historical and ongoing health inequities faced by Indigenous people in Canada, largely as a result of colonialism and assimilation policies. Specific health disparities among Indigenous Canadians are highlighted, including higher rates of chronic diseases, mental health issues, and reduced life expectancy, and are highlighted as deeply rooted in social determinants of health (SDOH) that intersect with colonial legacies (e.g., the residential school system as a significant source of intergenerational trauma that continues to impact Indigenous people today). This article acknowledges the need for culturally sensitive health policies and practices that recognize and address the intergenerational and cumulative effects of colonialism on Indigenous health, and the importance of understanding the unique SDH affecting Indigenous Canadians.</p>	<p>Health domains explored in this article in which Indigenous people are disproportionately affected include:</p> <ul style="list-style-type: none"> ▪ Increases in diabetes, hypertension, substance abuse, mental health concerns ▪ Overall morbidity ▪ Life expectancy ▪ Access to quality education (with caring instructors, support networks and ample resources to maintain a rich learning environment) ▪ Family disruption ▪ Cultural identity ▪ Economic development opportunities ▪ Socio-economic status (employment rates, access to basic goods and services, access to medical support)

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Culture and Language



Culture and Language

Conceptual models and frameworks

Within this domain, a total of fourteen journal articles, reports and documents met the inclusion criteria, emphasizing the critical importance of culture and language on the health and wellness of Indigenous populations, and their vital role as social determinants of Indigenous health (Table 8). Through a detailed exploration of key documents, the literature review highlights the intersections between cultural identity, wellness and health outcomes, providing insights into how cultural frameworks can be integrated into broader health and social policies to foster wholistic wellness models.

Specifically, three key documents were identified, providing a comprehensive overview of the intersections between culture, language, identity, and health. The first key document is a report published by the National Collaborating Centre for Indigenous Health (NCCIH) titled *Culture and Language as Social Determinants of First Nations, Inuit and Métis Health* (National Collaborating Centre for Indigenous Health 2016). In this document, culture and language are acknowledged as social determinants of First Nations, Inuit, and Métis health and highlighted as the foundation of individual and collective identity. Improved health outcomes through culture and language initiatives are explored, with a focus on 4 key areas: early childhood, youth, land-based activities, and health and healing.

The second key document is a thesis titled *Culture and Identity in Relation to Mental Wellness for the Haudenosaunee Community* (Devanathan, R. 2023). This thesis explores the relationships between culture, identity, and mental wellness within the Haudenosaunee community within the context of historical and contemporary challenges due to colonization and systemic discrimination. Utilizing a qualitative inquiry approach with participants from a Firekeepers cultural program, this paper highlights the value of cultural reconnection and continuous cultural learning. Based on this research, the author calls for a shift towards recognizing and integrating wholistic healing practices inherent in Indigenous cultures into mental wellness programs and interventions.

The third key document identified within this domain is titled *The Culture is Prevention Project: measuring cultural connectedness and providing evidence that culture is a social determinant of health for Native Americans*, which presents the findings from a study exploring the connection between Native American/Indigenous cultural connectedness and health outcomes among urban Native Americans (Masotti, P. et al. 2023). Using the Cultural Connectedness Scale-California (CCS-CA) (discussed in further detail below), the results of this research found that there is a significant positive correlation between cultural connectedness and mental well-being, and physical health, suggesting that Indigenous culture is a crucial social determinant of health.

The final key document within this domain is a thesis titled, *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: Second Language Speakers and Language Revitalization in Kahnawà:ke* (Stacey, K. 2016). This thesis is focused on the revitalization of the Kanien'kéha language in Kahnawà:ke, highlighting the pivotal role that Elders and adult second language speakers have in transmitting the language to future generations, preserving the community's language, culture and identity. Four high level recommended areas of action are highlighted by the author, including promotion of intergenerational language use, cultivating a community of speakers, and encouraging speakers with a strong focus on ceremony.

Overall, the literature within this domain calls for the integration of Indigenous cultural frameworks into broader health and educational policies, advocating for a paradigm shift towards wholistic health models that recognize culture as both a preventative measure and therapeutic intervention essential for the comprehensive well-being of Indigenous populations (Masotti, P. et al. 2023; Devanathan, R. 2023; National Collaborating Centre for Indigenous Health 2016).

Tools and indicators

From the literature, three key tools have been identified with respect to culture and language. The first tool, titled *The Cultural Connectedness Scale (CCS)* is a conceptual model and validated tool developed to measure the extent to which a First Nations youth is integrated within their culture, and promote understandings of the resiliency mechanisms underlying cultural connectedness (Snowshoe et al. 2015). *The Cultural Connectedness Scale (CCS)* consists of a 29 item inventory consisting of three dimensions including identity, traditions, and spirituality – all of which have been shown to be correlated with other youth well-being indicators.

The second key tool within this domain is the Language Nest Toolkit Handbook for B.C. First Nations Communities (First Peoples' Cultural Council 2014). This toolkit provides an overview of the language nest model, along with strategies for overcoming common challenges. The principles of language immersion are explored, essentials of a Language Nest are detailed, and considerations for planning for a Language Nest are outlined.

The third key tool identified within this domain is the NETŪLNEW One People, One Mind Language Learning Assessment Tool, 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 (McIvor, O. and Jacobs, P. 2016). This tool is intended for beginner and intermediate Indigenous language learners and their mentors, and consists of 21 fields of language assessments, organized into two categories: speaking and understanding.

With respect to indicators, the *Onkwata'karitáhtshera, Onkwaná:ta Our Community, lonkwata'karí:te Our Health Portrait, Volume 2* from Kahnawà:ke, Quebec has identified a number of community specific indicators related to culture and language (Onkwata'karitáhtshera 2023). Examples of key indicators include number of children who speak and understand the Kanien'kéha (Mohawk) language, languages spoke at home (e.g., English, Kanien'kéha), and fluency rates of Kanien'kéha among children.

In summary, the reviewed literature emphasizes the essential role of culture and language in promoting the health and wellness of Indigenous populations. The key documents underscore the necessity of integrating Indigenous cultural frameworks into health and social policies to achieve wholistic wellness models. The identified tools and indicators provide practical approaches for measuring concepts such as cultural connectedness and language proficiency, reinforcing the fact that cultural identity is a crucial determinant of health. Overall, these findings advocate for a paradigm shift towards recognizing culture as both a preventative measure and therapeutic intervention, essential for the comprehensive wellness and wellbeing of Indigenous communities.

Table 8: Culture and language

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>The Culture is Prevention Project: measuring cultural connectedness and providing evidence that culture is a social determinant of health for Native Americans</p>	<p>(Masotti, P. et al. 2023)</p>	<p>This article presents the findings from a study exploring the connection between Native American/Indigenous cultural connectedness and health outcomes among urban Native Americans in California from 2018 to 2021.</p> <p>This study used the Cultural Connectedness Scale-California (CCS-CA) to measure the degree of cultural connectedness among participants (300 adults identifying as Indigenous) and assessed its relationship with mental and physical health indicators.</p> <p>The results found that there is a significant positive correlation between cultural connectedness and mental well-being, as well as physical health, suggesting that Native/Indigenous culture is a crucial social determinant of health. Additionally, this article discusses the importance of culture-based interventions and the need for a paradigm shift towards integrating Indigenous understandings of health, healing practices, and evaluation tools into healthcare systems to promote health equity and social justice.</p>	<p>This article presents the framework for the CCS-CA, which includes 3 subscales (identity, spirituality, traditions) with the potential to screen for strengths/risks associated with health (e.g., mental, physical, domestic health)</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Culture and Identity in Relation to Mental Wellness for the Haudenosaunee Community	(Devanathan, R. 2023)	This thesis document explores the relationships between culture, identity, and mental wellness within the Haudenosaunee community within the context of historical and contemporary challenges due to colonization and systemic discrimination. Specifically, this paper explores how culture and identity impact the mental wellness of Haudenosaunee people by interviewing 19 participants from the Firekeepers cultural program. The results found that cultural identity is a significant protective factor for mental wellness for the Haudenosaunee people. This paper highlights the value of cultural reconnection and continuous cultural learning, and the need for a shift towards recognizing and integrating wholistic healing practices inherent in Indigenous cultures into mental wellness programs and interventions.	This thesis presents a summary of a study of 19 participants to determine how culture and identity results in helps with mental health. In total, the following 6 themes emerged: <ol style="list-style-type: none"> 1. Culture gives my life purpose and meaning that fosters mental well-being 2. Knowing who I am as an Indigenous person gives me a feeling of safety and a sense of belonging 3. Practicing my culture makes me want to learn more and give back to my community 4. Spiritual connectedness is fundamental to my wholistic healing and wellbeing 5. In learn something new that helps me understand myself better every time I receive a teaching 6. Pride in my culture gives me strength because I know there is so much wisdom to draw from
lentsitewate'nikonhraié:ra'te Tsi Nonkwá:ti Ne Á:se Tahatikohsontóntie: We Will Turn Our Minds There Once Again, To the Faces Yet To Come. Second Language Speakers and Language Revitalization in Kahnawà:ke	(Stacey, K. 2016)	This document is a thesis that focuses on the revitalization of the Kanien'kéha language in Kahnawà:ke, highlighting the pivotal role that Elders and adult second language speakers have in preserving and transmitting the language to future generations and preserve the community's language, culture and identity. Within this thesis, the successes and challenges faced by the Kahnawà:ke community in its effort to revive the language amidst historical and contemporary adversaries is described, and the significant strides made over the past 4 decades is detailed through various community examples.	Specific recommendations highlighted in this thesis document outline recommended areas for action in the context of language and culture revitalization, as follows: <ul style="list-style-type: none"> ▪ Promoting intergenerational language use in the home, and encouraging Kanien'kéha speaking families <ul style="list-style-type: none"> – Family oriented gatherings to provide opportunities for intergenerational actions in the language – Adapting methodologies similar to the One Parent One Language Method (each parent speak to child only in one language [e.g., Kanien'kéha/English])

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Activities to cultivate a community of speakers ▪ 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
<p>Re-establishing Inter-generational Transmission in Kanien'kéha through "Authentic" L2 Speakers: A Case Study on Idiomatic Expressions. Toronto Working Papers in Linguistics.</p>	<p>(Renard, M. 2022)</p>	<p>This article is a case study that explores the loss of the Kanien'kéha language and outlines the necessity for revitalization efforts to re-establish intergenerational transmission. Through this case study, the Kanien'kéha language decline is attributed to a breakdown in the natural transfer of language and cultural knowledge across generations, largely due to historical factors like colonialism, colonization and the suppression of the Kanien'kéha language. This 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 challenge of bridging the language gap in adults to ensure that they have the skills to raise their children as authentic Kanien'kéha speakers.</p> <p>This thesis concludes that adult immersion programs are critical element for language revitalization, highlighted by their success in creating new second-language speakers who are in turn, raising first-language speakers. However, despite their success, these programs face challenges ensuring "authentic" language is acquired.</p>	<p>This case study presents a theoretical framework for language revitalization that includes the following elements that must be present to ensure "authentic" Kanien'kéha speakers:</p> <ul style="list-style-type: none"> ▪ The presence of linguistic idioms for humor and expressive ability ▪ Create new second language speakers of child-bearing age and have them raise first language speakers, thereby restoring inter-generational transmission ▪ Second language speakers must acquire and transmit an "authentic" form of the language

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Cultural Connectedness and Its Relation to Mental Wellness for First Nations Youth	(Snowshoe et al. 2017)	<p>This is a study that investigated the impact of cultural connectedness on First Nations youth mental health with 290 participants from urban and rural schools in Saskatchewan and Southwestern Ontario.</p> <p>Using the Cultural Connectedness Scale-Short Version (CCS-S), this research confirmed the importance of identity, traditions, and spirituality in positively influencing mental health outcomes. Cultural connectedness was found to significantly correlate with mental health indicators, demonstrating its value beyond other social determinants of health. The study highlights cultural connectedness as a vital component of positive youth development and mental wellness, advocating for the integration of cultural elements into mental health models for First Nations youth.</p>	<p>Correlations between mental health indicators and the Cultural Connectedness Scale-Short Version (CCS-S) 10 indicators were found, using the following measures:</p> <ul style="list-style-type: none"> ▪ Cultural connectedness ▪ Demographics ▪ Stressful life events ▪ Self-efficacy ▪ Sense of self in the present and future ▪ School connectedness ▪ Life satisfaction
NEȪOLŃEW One People, One Mind Language Learning Assessment Tool	(McIvor, O. and Jacobs, P. 2016)	<p>Developed through a partnership between the University of Victoria and the Social Science and Humanities Research Council of Canada, 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.</p> <p>This assessment tool is also applicable to formal mentor-apprentice programs. Individuals self-report on their language skills using the assessment tools for: beginning (speaking, understanding) and intermediate (speaking, understanding)</p>	<p>The NEȪOLŃEW One People, One Mind Language Learning Assessment Tool assessment tool includes a scale for beginner and intermediate language learners, to self-rank using the following scale: not yet, sometimes, mostly, always for various ‘fields’ or aspects of language learning as follows:</p> <p>Beginner:</p> <ul style="list-style-type: none"> ▪ Speaking: 21 fields of language assessment ▪ Understanding: 21 fields of language assessment <p>Intermediate:</p> <ul style="list-style-type: none"> ▪ Speaking: 21 fields of language assessment ▪ Understanding: 21 fields of language assessment

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>What does Indigenous Participatory Democracy Look Like? Kahnawà:ke's Community Decision-Making Process</p>	<p>(Horn-Miller 2013)</p>	<p>This paper details the unique experience of participating in a consensus-based decision-making process, specifically within the Haudenosaunee and Kahnawà:ke communities. The process is described as deeply rooted in Haudenosaunee and Kanien'kehá:ka traditions where theory becomes practice.</p> <p>This document underscores the significant role of cultural identity and community involvement in this decision-making, highlighting the importance of collaborative decision making in historical and modern political contexts within the Kahnawà:ke Community. This document also outlines the challenges and adaptations involved in implementing this process in the contemporary political, social, and spiritual landscape, emphasizing its contribution to the body of literature on practical applications of Indigenous philosophy.</p>	<p>The Community Decision Making model is described for the following types of decision as follows:</p> <p>Type 1 Law: (affecting all population)</p> <ul style="list-style-type: none"> ▪ Preparation and research conducted ▪ Information dissemination (community approves mandate, scope, purpose, intent, 3 community representatives chosen) ▪ Drafting/planning/development (three hearings resulting in impact/operational/ financial requirements developed and Certification of Process signed) ▪ Enactment (published, distributed) <p>Type 2 Law: (affecting portion of the population or specific interest group)</p> <ul style="list-style-type: none"> ▪ Preparation and research conducted ▪ Information dissemination (Mohawk Council of Kahnawà:ke determines mandate and purpose/scope/intent community notification, daft prepared) ▪ Drafting/planning/development (community feedback on the law through 2 hearings) ▪ Enactment
<p>Culture and Language as Social Determinants of First Nations, Inuit and Métis Health</p>	<p>(National Collaborating Centre for Indigenous Health 2016)</p>	<p>This document, prepared by the National Collaborating Centre for Indigenous Health, culture and language are described as social determinants of First Nations, Inuit, and Métis health. Specifically, culture is highlighted as the foundation for individual and collective identity, expressed and maintained through language.</p>	<p>In this paper, improving health outcomes are seen as potentially being enhanced through culture and language initiatives via several pathways, as outlined below:</p> <ul style="list-style-type: none"> ▪ Investment in early childhood development programs that incorporate language and culture ▪ Culture and language programming for Youth

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Current trends in language use and cultural practices among Indigenous people in Canada are explored. The ways that culture and language can influence Indigenous perceptions and experiences of health and illness are highlighted (e.g., the erosion of culture and language is explored as negatively affecting mental health well-being among Indigenous people).</p> <p>A number of promising initiatives related to the revitalization of Indigenous language and culture are highlighted, and how culture and language can be integrated into clinical practices to improve health outcomes is briefly discussed.</p>	<ul style="list-style-type: none"> ▪ Connecting culture and language to traditional lands and environments (land-based activities) ▪ Integrating language and culture within clinical settings <ul style="list-style-type: none"> – culturally appropriate health care – principles of wholistic health framed around the three pillars of healing: reclaiming history, cultural interventions, and therapeutic healing
<p>The Spirit of Haudenosaunee Youth: The Transformation of Identity and Well-being Through Culture-based Activism</p>	<p>(Freeman 2015)</p>	<p>This is a dissertation that examines the connection between Indigenous knowledge and culture-based action, highlighting how this connection facilitates a sense of identity and wellbeing for Haudenosaunee youth. This was examined through the experiences of 15 Haudenosaunee youth and 5 parents/ adults running the Unity Run each summer from 2005-2008 (a Youth led spiritual journey through Haudenosaunee traditional territory carrying a message of peace, unity and social justice). The findings from this research suggest that culture-based activism among Native youth is not only a means towards social justice but it also acts to reconnect them with the cultural knowledge, skills and pride of their people. This reconnection resulted in healing, contributed to the positive transformations in their identity, and promoted health wellbeing as they transitioned into Haudenosaunee young adults.</p>	<p>Through this research, a theoretical model representing the interconnectivity of the spiritual and cultural foundations of the Unity Rides and Runs is presented. Titled <i>the Indigenous-based resilience theoretical model</i>, developed from a series of concentric circles are used to explain the growth, learning and transformation of the youth.</p> <p>In this model, the Journey is depicted as Spiritual, Mental/Intellectual, Physical and Emotional.</p> <p>Collectively, the Youth's collective experiences were seen to result in growth, learning and transformation in the following interconnected areas through the programs pathways:</p> <ul style="list-style-type: none"> ▪ Indigenous spirituality and traditional practices (healing and transformation

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Agency and Mobilization (caring and helping) ▪ Experiential learning (developing competency and skills with cultural knowledge) ▪ Relationship building (connection to place, nature and people)
<p>A Participatory Approach to Developing a Culture-Based School Health Promotion Model for Elementary Students in Kahnawà:ke</p>	<p>(Phillips, Morgan Kahenttonni 2018)</p>	<p>Guided by community based participatory research (CBPR), this thesis study applies an Indigenous research framework to explore a process for the develop of a culture-based health promotion model for elementary schools in Kahnawà:ke. Building on the literature, and a case study evaluating the Kateri Memorial Hospital Centre’s (KMHC) Health Education Program for Diabetes Prevention in Kahnawà:ke, qualitative data were collected in Kahnawake (i.e., 13 individual interviews with community stakeholders involved in health and education, elementary student PhotoVoice project, and a Talking Circle with the schools’ wellness committee).</p> <p>Findings from this research indicate that KMHC Health Education Program for Diabetes Prevention is an effective tool for providing baseline information and context as a research starting point for additional health promotion activities in Kahnawà:ke (i.e., applying Indigenous research frameworks and Indigenous research methodologies grounded in Indigenous ways of knowing).</p>	<p>Through this research, several factors were identified as critical to the development of a culture-based school health promotion model in Kahnawake, including:</p> <ol style="list-style-type: none"> 1. administrative and management support 2. dedicated time and resources 3. stakeholder ownership and participation 4. voice of the youth 5. champions and leaders at all levels 6. community readiness 7. understanding that change comes with challenges

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Cultural Connectedness Scale-Short Version (CCS-S) for First Nations (Canada)	(Snowshoe et al. 2015)	<p>The Cultural Connectedness Scale (CCS) is a conceptual model and validated tool developed to measure the extent to which a First Nations youth is integrated within their culture, leading to an understanding of the resiliency mechanisms underlying cultural connectedness and health for FN youth.</p> <p>Developed from a sample of 319 FN, Métis, and Inuit Youths enrolled in grades 8-12 from reserve and urban areas in Saskatchewan and Southwestern Ontario, this tool consists of a 29 item inventory consisting of 3 dimensions: identity, traditions, and spirituality, which have been shown to be correlated with other youth well-being indicators.</p>	<p>The <i>Cultural Connectedness Scale</i> is a validated tool and model that consists of three scales with 29 associated items, as follows:</p> <ol style="list-style-type: none"> 1. Identity (11 items) 2. Traditions (11 items) 3. Spirituality (7 items))
Assessment of Awareness of Connectedness as a Culturally based Protective Factor for Alaska Native Youth	(Mohatt, N. et al. 2011)	<p>This paper describes the development of the Awareness of Connectedness Scale (ACS) as a tool to quantify culturally based protective factors against substance abuse and suicide among Alaska Native youth.</p> <p>The ASC development took place within a larger CBPR project seeking to identify Alaska Native pathways to sobriety and strengthen culturally-based protective factors.</p> <p>Through quantitative assessment with 284 participants and a factor analysis, a <i>12-item Awareness of Connectedness Scale (ACS)</i> scale was revised from the initial 18. This revised scale demonstrates positive correlations with other protective factors for health.</p>	<p>The Awareness of Connectedness Scale (ACS) consists of 4 areas, as follows:</p> <p>Awareness - Individual</p> <p>Awareness-Family</p> <p>Awareness-Community</p> <p>Awareness-Natural Environment</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Language Nest Toolkit Handbook for B.C. First Nations Communities</p>	<p>(First Peoples' Cultural Council 2014)</p>	<p>The <i>Language Nest Toolkit Handbook for B.C. First Nations Communities</i> is a toolkit that provides an overview of the language nest model, along with strategies for overcoming common challenges. The principles of language immersion are explored, essentials of a Language Nest are detailed, and considerations for planning for a Language Nest are outlined.</p>	<p>The Language Nest model presented in this toolkit are as follows:</p> <ul style="list-style-type: none"> ▪ Language immersion, using non-verbal language to assist with comprehension ▪ Promotion and encouragement of language development in young children

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Child and Family Wellness



Child and Family Wellness

Conceptual models and frameworks

Thirteen scholarly articles, reports and policy documents met the literature review's inclusion criteria, providing a comprehensive overview of Indigenous child and family health and wellness (Table 9). The literature clearly reflects the fact that the wellbeing of Indigenous children and families is intricately linked to broader societal, cultural, and systemic factors, and the need for wholistic, culturally grounded approaches to health and wellness.

Specifically, three key documents were identified as highly relevant and important within this domain. The first document is titled *Social Determinants of Health and the Future Well-Being of Aboriginal Children in Canada* (Greenwood, M. and de Leeuw, S. 2012). Published by the National Collaborating Centre for Indigenous Health, this paper highlights the importance of addressing the health inequities experienced by Aboriginal children as the origin of adult health and health inequity. This paper emphasizes the need for a wholistic understanding of health and well-being that extends beyond the biomedical, western factors to include the broader social determinants of health and presents the *Web of Being: Social Determinants and Aboriginal Peoples' Health framework*. This conceptual framework is modelled as a web, with three interrelated dimensions of the health of children, families, and communities, as well as identifies proximal determinants, intermediate determinants, and distal determinants of health.

The second key document is titled *Indigenous Early Childhood Development in Canada: Current state of knowledge and future directions*, published by the National Collaborating Centre for Aboriginal Health (Halseith and Greenwood 2019). This paper explores young Indigenous children's health as influenced by a complex interplay of family, community, and societal factors, including socio-economic status, culture, language, and systemic issues, and advocates for intersectoral interventions for Indigenous child health. Within this document, a model titled *A Holistic Perspective of Indigenous Children's Health and Well-Being* is presented. This model comprised of a series of concentric circles demonstrates the relationship between Indigenous health inequalities and the social determinants of health, and includes the following domains: wholistic indicators of children's well-being, indicators of family well-being, indicators of community well-being, and systematic and structural enablers.

The third key document is titled *Exploring the Data Landscapes of First Nations, Inuit, and Métis Children's Early Learning and Child Care (ELCC)* by the National Collaborating Centre for Indigenous Health (NCCIH) (Greenwood, Larstone, and Lindsay 2020). This document is comprised of three appendices and is a companion document to the NCCIH report *Exploring the Data Landscapes of First Nations, Inuit, and Métis Children's ELCC (NCCIH)* (Greenwood, M. et al. 2020). The first appendix, *Appendix A* provides an overview of the data related to Indigenous child health and well-being organized into four components: frameworks for Indigenous children's health and well-being in Canada, frameworks for Indigenous health and well-being-all ages, frameworks for call children and youth in Canada, and international frameworks for child health and well-being. Within *Appendix B and C*, (Greenwood, M. et al. 2020), indicators from the Aboriginal Children's Survey are extracted along with associated indicator themes, providing an overview of the dimensions of Indigenous health and well-being being measured.

Within the literature, three key frameworks were also identified with respect to child and family health and wellness. The first framework is the foundation of a comprehensive report titled *Measuring to Thrive: Funding First Nations child and family services (FNCFS): A performance budget approach to well-being* (Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020). This document provides a detailed funding approach and performance measurement framework for First Nations child and family services. The approach is organized into four parts (i.e., expenditure analysis and funding impacts, performance framework, funding approaches, and transition plan). Additionally, the *Measuring to Thrive* performance framework is comprised of three interconnected components for thriving First Nation children: family well-being, community well-being, and child-well-being. Each domain is associated with identified performance areas and indicators, discussed in more detail below.

The second key framework is titled the *Indigenous Early Learning Child Care Framework* (Government of Canada 2018). Co-developed with the government of Canada and Indigenous, this national document outlines

the shared vision, principles and a path forward in establishing high-quality, well-funded, and culturally grounded early childhood education programs across Canada for Indigenous children aged 0-6. Within this document, the *Indigenous Early Learning Child Care Framework* is presented as a distinctions based framework focused on a number of cross-cutting principles for First Nations, Inuit and Métis communities.

Finally, the document titled *For the love of our children: the Indigenous Connectedness Framework*, presents a third key conceptual framework, focused on connectedness as a central concept of Indigenous child well-being (Ullrich 2019). The *Indigenous Connectedness Framework* depicts the intersecting mechanisms of connectedness and the reciprocity that exists between child and collective well-being. Four domains of child well-being are identified (environmental connectedness, community connectedness, intergenerational connectedness and family connectedness, and within each domain a number of connectivity (connectedness) mechanisms are identified as contributing to a synergistic outcomes of collective well-being.

Tools and indicators

From within the literature, four key documents highlighting tools and indicators for child and family wellness are identified. The first is a tool, titled *The Aaniish Naa Gejii Child Health and Well-being Measure (ACHWM)*, is a scientifically validated tablet-based wellness assessment designed for Indigenous children aged 8-18 (Wabano, M. 2011). Utilizing a 62-question survey, the ACHWM assesses wellness across 4 domains (spiritual, emotional, physical, and mental wellness), with an emphasis on capturing children's perspectives and empowering them to have a voice in their health assessment.

Discussed above, the *Measuring to Thrive* performance framework was also highlighted as a key indicator tool (Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020). This framework presents three interconnected domains (family well-being, community well-being, child well-being), each with associated performance areas and indicators. The family well-being domain identifies wellness and social engagement as performance areas, with 6 associated indicators. Community well-being includes the performance areas of basic needs, community services and engagement, wellness and education, with 27 indicators. Finally, child well-being includes safety, cognitive development, social relationships, emotional culture and spiritual well-being, and physical health and well-being as performance areas, with 42 associated indicators.

The third key indicator tool is titled *The National Child Welfare Outcomes Indicator Matrix (NOM)* (Trocmé et al. 2009). The NOM provides a foundational framework for tracking outcomes for children and families receiving child welfare services that can be used as a common set of indicators across jurisdictions, designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection, long-term requirement for a nurturing and stable home, the family's potential for growth, and the community's capacity to meet a child's needs. Child welfare outcomes are conceptualized into four domains (safety, well-being, permanence, family and community), each with associated indicators.

The fourth and final key indicator tool is titled *Reclaiming our Connections* (First Nations Health Council 2022) (discussed in more detail in the section of this document titled *Indigenous Health, Wellness, and Well-being*). This document presents a set of wholistic indicators for children, family and communities, each with associated outcome statements and common indicators. Indicator themes for children include physical health, emotional health, tradition and culture, and education. Family indicator themes include economic stability, tradition and culture, and family relations, and community indicator themes include tradition and culture, environment, economic stability and sustainability and community health and well-being.

The literature on Indigenous child and family wellness underscores the critical need for integrating culturally responsive frameworks into health, social and educational policies. The key documents and frameworks reviewed highlight the importance of addressing social determinants of Indigenous health, advocating for wholistic approaches that consider the interconnectedness of individual, family, and community well-being. The identified tools and indicators provide valuable methodologies for assessing and enhancing the health outcomes of Indigenous children and families. Collectively, these findings advocate for a paradigm shift towards more inclusive, culturally sensitive health models that honor Indigenous knowledge and practices, ultimately fostering healthier and more resilient communities.

Table 9: Child and family wellness

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Measuring to Thrive: Funding First Nations child and family services (FNCFS): A performance budget approach to well-being</p>	<p>(Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020)</p>	<p>With endorsement of the National Advisory Committee (NAC), this document was developed by the Institute of Fiscal Studies and Democracy (IFSD) at the University of Ottawa. The purpose of this document is to define and detail a funding approach and performance measurement framework for First Nations child and family services, with funding support from Indigenous Services Canada. This document provides stakeholders with a funding structure, a means of developing evidence to understand the well-being of children, families and communities; and a range of scenarios to cost the proposed approach. This approach is organized into four parts:</p> <ol style="list-style-type: none"> 1. Expenditure analysis and funding impacts: Defining the existing baseline of FNCFS program allocations, expenditures and their impacts, including CHRT-mandated funding. 2. Performance framework: Defining a measurable future state from which to build a funding approach for thriving children. 3. Funding approaches: Identifying and analyzing approaches to funding that support improved outcomes for children. 4. Transition plan: Defining approaches and considerations in moving to a new system of performance and funding focused on thriving children 	<p>The <i>Measuring to Thrive</i> performance framework is comprised of three interconnected components for Thriving First Nation children, each with associated performance areas and indicators, as follows:</p> <p>Family Well-being (6 indicators)</p> <p>Performance areas:</p> <ul style="list-style-type: none"> ▪ Wellness and social engagement ▪ Community Well-being: (27 indicators) <p>Performance areas:</p> <ul style="list-style-type: none"> ▪ Basic needs ▪ Community services and engagement ▪ Wellness ▪ Education <p>Child Well-being: (42 indicators)</p> <ul style="list-style-type: none"> ▪ Safety ▪ Cognitive development ▪ Social relationships ▪ Emotional, cultural, and spiritual well-being ▪ Physical health and well-being

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Through this approach, prevention is emphasized, and funding is shifted to a needs-based block funding model controlled by First Nations. This document also highlights the challenges of adopting this new approach, necessitating new governance, data management, and analysis capabilities to better meet the unique needs of First Nations communities.</p>	
<p>Indigenous Early Learning Child Care Framework</p>	<p>(Government of Canada 2018)</p>	<p>This document outlines the Indigenous Early Learning Childcare framework, co-developed with the government of Canada Indigenous partners following a comprehensive national engagement process. Released in 2018, this framework represents a shared vision, principles and a path forward to establish high-quality, well-funded, and culturally grounded early childhood education programs across Canada for Indigenous children aged 0-6.</p> <p>Centered around a wholistic approach, the framework is focused on the development of community-led, culturally relevant programs and initiatives that support the developmental, well-being, and cultural and linguistic revitalization needs of Indigenous children, while advocating for accessible and inclusive programs.</p>	<p>The <i>Indigenous Early Learning Child Care Framework</i> is a distinctions based framework focused on a number of cross-cutting principles, including:</p> <ol style="list-style-type: none"> 1. Indigenous Knowledges, Languages and Cultures 2. First Nations, Inuit and Métis Determination 3. Quality Programs and Services 4. Child and Family-Centered 5. Inclusive 6. Flexible and Adaptable 7. Accessible 8. Transparent and Accountable 9. Respect, Collaboration and Partnerships <p>Additionally, principles and goals for First Nations, Inuit and Métis ELCC systems are outlined, grounded in their values.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Social Determinants of Health and the Future Well-Being of Aboriginal Children in Canada (NCCIH)</p>	<p>(Greenwood, M. and de Leeuw, S. 2012)</p>	<p>This article highlights the importance of addressing the health inequities experienced by Aboriginal children in Canada, as the basis of adult health and health inequity begins in early childhood. This paper emphasizes the need for a wholistic understanding of health and well-being that extends beyond the biomedical, western factors to include the broader social determinants of health.</p> <p>The authors highlight the need for comprehensive data on Indigenous children's health, and advocate for interventions that recognize the complex interplay of colonial legacies, socioeconomic status, and loss of culture and language, urging a shift towards approaches that embrace the social, spiritual, and emotional dimensions of health.</p>	<p>This article presents the <i>Web of Being: Social Determinants and Aboriginal Peoples' Health</i> framework. This conceptual framework is modelled as a web, with three interrelated dimensions of the health of children, families, and communities (at the center of the web), as follows:</p> <p>Proximal determinants have a direct impact on the physical, emotional, mental and or spiritual health of an individual:</p> <ul style="list-style-type: none"> ▪ Employment ▪ Income ▪ Education <p>Intermediate determinants the origin of proximal determinants:</p> <ul style="list-style-type: none"> ▪ Community infrastructure ▪ Cultural continuity ▪ Health care systems <p>Distal determinants the context in which intermediate and proximal determinants are constructed and are the most difficult to change. However, if transformed, distal determinants may yield the greatest health impacts and, thus, long-term change to Aboriginal child health inequities</p> <ul style="list-style-type: none"> ▪ Colonialism ▪ Racism ▪ Social exclusion ▪ Self-determination

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Exploring the Data Landscapes of First Nations, Inuit, and Métis Children's ELCC (NCCIH)	(Greenwood, M. et al. 2020)	<p>Building on the Indigenous Early Learning and Childcare Framework, this document summarizes a comprehensive exploration of the academic and grey literature for the purpose of providing an overview of information sources that focus on the health and well-being of youth Indigenous children and their families.</p> <p>The purpose of this document is to inform a national research and data strategy that will support the implementation of the IELCC Framework.</p> <p>Specifically, this document identifies relevant conceptual frameworks, indicator frameworks, and information resources related to IELCC. The findings of this work are reviewed, with the conclusion that although the information sources are extensive, significant gaps in the knowledge and data landscape for First Nations, Inuit and Métis ELCC exist, which need to be addressed.</p>	<p>This document presents a framework to inform the development of a national research and data strategy for IELCC implementation. This framework identifies a summary of indicator themes for Indigenous children and families, and provides associated available information and data sources. Indicator themes are as follows:</p> <p>Child-level themes:</p> <ul style="list-style-type: none"> ▪ Health status ▪ Health care utilization ▪ Dental care ▪ Personal information ▪ Food and nutrition ▪ Sleep ▪ Developmental milestones ▪ School/child care attendance/education ▪ Strengths and difficulties ▪ Social activities and relationships ▪ Education ▪ Physical activity ▪ Emotional and social wellbeing <p>Family level themes:</p> <ul style="list-style-type: none"> ▪ Food and nutrition ▪ Developmental milestones ▪ Nurturing ▪ Language ▪ Learning and activities ▪ Parent profile

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Childcare arrangements ▪ Health care access ▪ Household and living environment ▪ Residential school experiences <p>Community level themes:</p> <ul style="list-style-type: none"> ▪ Migration ▪ Racism
<p>Appendices: Exploring the Data Landscapes of First Nations, Inuit, and Métis Children’s Early Learning and Child Care (ELCC)</p>	<p>(Greenwood, Larstone, and Lindsay 2020)</p>	<p>This document is the Appendix for the NCCIH document titled <i>Exploring the Data Landscapes of First Nations, Inuit, and Métis Children’s ELCC</i>. The purpose of this document is to summarize the frameworks presented in the main document and describe the dimensions of health and wellbeing being evaluated in each framework. Additionally, the extent to which the framework has relevance for youth Indigenous children is described.</p>	<p>The frameworks for the data landscape related to youth Indigenous children health and wellbeing are organized into four components as follows:</p> <ul style="list-style-type: none"> ▪ Frameworks for Indigenous children’s health and wellbeing in Canada ▪ Frameworks for Indigenous health and wellbeing in Canada – all ages ▪ Frameworks for all children and youth in Canada ▪ International frameworks for child health and wellbeing <p>(Appendix B) Indicators from the Aboriginal Children’s Survey are extracted into the following domains, each with associated indicator themes, and selected indicators, as follows:</p> <ul style="list-style-type: none"> ▪ Healthy living (5 themes) ▪ Family and community (3 themes) ▪ Language (1 theme) ▪ Strengths and difficulties (1 theme) ▪ Learning and activities (1 theme) ▪ Parent profile (1 theme)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>(Appendix C) indicators from the Aboriginal People's Survey are extracted into indicator themes with selected indicators, as follows:</p> <ul style="list-style-type: none"> ▪ Personal information ▪ General health ▪ Health care utilization ▪ Activities of daily living and medical conditions ▪ Physical injuries ▪ Dental care ▪ Nutrition ▪ Education ▪ Social activities ▪ Language ▪ Childcare arrangements ▪ Household data
<p>Caregiver Infant Attachment for Aboriginal Families (NCCIH)</p>	<p>(Hardy and Bellamy 2013)</p>	<p>This factsheet discusses the importance of infant attachment for health and wellbeing and health outcomes. It explores the impact that colonization and residential schools have had on relationships in Aboriginal families and provides strategies for helping infants and young children feel comfort and cared for. Additionally, signs to help identify when families may require assistance in restoring health attachment relationships is explored, and a list of online resources for parents/ caregivers is provided.</p>	<p>This document provides a number of strategies for Aboriginal parents/caregivers to strengthen and support healthy attachment relationships:</p> <ul style="list-style-type: none"> ▪ Comfort infants/children when distressed ▪ Respond to infants and children ▪ Attempt to be predictable ▪ Express love, joy, and other positive feelings towards infants and children ▪ Allow children to explore the world around them

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System	(Kim 2019)	<p>This document explores the health disparities of Indigenous Canadians compared to the general population, largely due to the impact of the social determinants of health. The legacy of colonial policies is explored as disrupting Indigenous cultural and spiritual cohesion, contributing to ongoing health inequities.</p> <p>The author concludes that effective health policies must be culturally sensitive and integrate Indigenous definitions and meanings of health to address the cumulative disadvantages and trauma from colonial legacies.</p>	<p>The health disparities of Indigenous Canadians compared to the general population are described as rooted in a <i>Social Determinants of Health Model</i>. This model describes proximal (direct health behaviors and socioeconomic status), intermediate (healthcare and education systems, community), and distal (colonialism, racism, self-determination) SDOH, along with colonialism as key factors that produce intergenerational inequities among indigenous Canadians.</p>
National Child Welfare Outcomes Indicator Matrix (NOM)	(Trocmé et al. 2009)	<p>The <i>National Child Welfare Outcomes Indicator Matrix (NOM)</i> provides a framework for tracking outcomes for children and families receiving child welfare services that can be used as a common set of indicators across jurisdictions.</p> <p>Developed in consultation with provincial, territorial, and First Nations service providers as an initiative of the provincial and territorial Directors of Child Welfare (DCW) and Human Resources Development Canada, it is designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection; a child's long-term requirement for a nurturing and stable home; a family's potential for growth, and; the community's capacity to meet a child's needs.</p> <p>The NOM includes four nested domains: child safety, child well-being, permanence, and family and community support</p>	<p>The <i>National Child Welfare Outcomes Indicator Matrix (NOM)</i> is a foundational framework that conceptualizes child welfare outcomes in four domains with associated indicators:</p> <p>Safety:</p> <ul style="list-style-type: none"> ▪ Recurrence of maltreatment ▪ Series injuries and deaths <p>Well-being:</p> <ul style="list-style-type: none"> ▪ Child behaviour ▪ School performance <p>Permanence:</p> <ul style="list-style-type: none"> ▪ Out of home placement ▪ Moves in care ▪ Permanency status <p>Family and Community Support</p> <ul style="list-style-type: none"> ▪ Parenting ▪ Family moves ▪ Ethno-cultural placement matching

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Aaniish Naa Gejii Child Health and Wellbeing Measure (ACHWM)	(Wabano, M. 2011)	<p>The <i>Aaniish Naa Gejii Child Health and Wellbeing Measure (ACHWM)</i> is a tablet-based wellness tool that has been scientifically validated and specifically designed for Indigenous communities, focusing on children aged 8 to 18. 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.</p> <p>The ACHWM assesses the Spiritual, Emotional, Physical, and Mental wellness of Indigenous children through a 62-question survey with an emphasis on capturing children's perspectives and empowering them to have a voice in their health assessment. The data is meant to be used for the following three purposes: 1) Population health assessment; 2) health screening; 3) clinical screening</p>	<p>The ACHWM provides an assessment of children health and wellbeing using 62 questions centered around the following domains:</p> <ul style="list-style-type: none"> ▪ Spiritual wellness ▪ Emotional wellness ▪ Physical wellness ▪ Mental wellness
Assessing the Canadian Aboriginal Children's Health and Well-Being Measure (ACHWM)	(Young et al. 2013)	<p>This study explores health inequities among Canadian Aboriginal children and youth, particularly those living off-reserve compared to the general population. Guided by the Medicine Wheel model, the research aimed to develop a culturally appropriate health and well-being measure Aboriginal Children's Health and Well-being Measure (ACHWM) based on Aboriginal perspectives.</p> <p>Through mixed methods and community-university collaboration, 38 participants (ages 8-17) contributed to identifying 206 health concepts (representing the 4 quadrants of the Medicine Wheel), later refined to 60.</p>	<p>In this study, the Medicine Wheel was used as a conceptual framework from which concepts of health and wellness that were identified as important to Aboriginal children and youth were mapped and used to develop the <i>Aboriginal Children's Health and Well-Being Measure (ACHWM)</i></p> <p>Medicine Wheel domains:</p> <ul style="list-style-type: none"> ▪ Mental health and wellbeing ▪ Physical health and wellbeing ▪ Spiritual health and wellbeing ▪ Emotional health and wellbeing

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>This process underscored the unique health conceptualizations within Aboriginal communities and the need for culturally relevant health measures to guide effective health promotion and service delivery.</p>	
<p>Indigenous Early Childhood Development in Canada: Current state of knowledge and future directions (NCCA)</p>	<p>(Halselth and Greenwood 2019)</p>	<p>This paper provides a brief overview of the current state of knowledge and knowledge gaps related to the health and well-being of First Nations, Inuit and Métis young children and highlights future directions for Indigenous Early childhood development (ECD) programs and policies.</p> <p>It explores young Indigenous children's health as influenced by a complex interplay of family, community, and societal factors, including socio-economic status, culture, language, and systemic issues, and advocates for intersectoral interventions for Indigenous child health. Future programming is described as requiring wholistic, culturally relevant ECD programs, greater community control over program design and delivery, and targeted actions to improve the socio-economic conditions of Indigenous families.</p>	<p>The health and wellbeing of young Indigenous children is presented in this document through a model titled <i>A Holistic Perspective of Indigenous Children's Health and Well-Being</i>. This model, comprised of a series of concentric circles demonstrates the relationship between Indigenous health inequalities and the social determinants of health, and includes the following domains:</p> <ul style="list-style-type: none"> ▪ Indicators of individual children's wellbeing: social/emotional, physical, cognitive, spiritual ▪ Indicators of family wellbeing ▪ Indicators of community wellbeing ▪ Systemic enablers of well-being (e.g., legislation, policy, agreements) ▪ Structural enablers of well-being (e.g., organizations, programs, systems)
<p>Strength-based well-being indicators for Indigenous children and families: A literature review of Indigenous communities' identified well-being indicators</p>	<p>(Rountree and Smith 2016)</p>	<p>This article presents a review of the literature of Indigenous communities' self-identified strength-based indicators of child and family well-being from across the world (opposed to traditional indicators that focused on health, economic, and social deficits).</p>	<p>The strengths-based indicators garnered from the literature review were framed within a Relational Worldview (RWV) Model based on traditional medicine wheel teachings, using the following domains, each associated with indicators. The four quadrants making up the wheel or circle represent four sets of elements that impact well-being, which, together, must come into balance, which are:</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Findings of the literature review found that indicators of health and well-being in Indigenous communities commonly emphasize a wholistic and balanced approach that includes physical, mental, contextual, and spiritual aspects. The review advocates for incorporating these strength-based indicators alongside mainstream measures to provide a more accurate representation of Indigenous child and family well-being.</p>	<ul style="list-style-type: none"> ▪ Context (family, culture, community, environment, history) ▪ Mind (cognition, emotion, identity) ▪ Body (physical needs and genetic makeup, practical needs including financial needs) ▪ Spirit (spiritual practices and teachings, dreams, stories)
<p>For the love of our children: the Indigenous Connectedness Framework</p>	<p>(Ullrich 2019)</p>	<p>Drawing on Indigenous literature, this article introduces a conceptual framework for Indigenous child wellbeing. The Indigenous Connectedness Framework is result of a qualitative content analysis that explored core concepts and mechanisms of Indigenous wellbeing, with connectedness as the central concept in the framework. Specifically, the authors suggest that enhanced understandings of Indigenous connectedness can assist with the restoration of knowledge and practices that promote child wellbeing. This is based on the idea that when children are able to engage in environmental, community, family, intergenerational and spiritual connectedness, this contributes to a synergistic outcome of collective wellbeing.</p>	<p>The <i>Indigenous Connectedness Framework</i> is a circular illustration depicting connectedness concepts, mechanisms of connectedness and the reciprocity that exists between child and collective wellbeing. In this model, four domains for child wellbeing are identified: Environmental Connectedness, Community Connectedness, Intergenerational Connectedness and Family Connectedness. For each, a number of nested circles represent connectivity (connectedness) mechanisms, which include:</p> <ul style="list-style-type: none"> ▪ Family ▪ Community ▪ Land/Place ▪ Intergenerational ▪ Spirit

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Mental and Emotional Wellness



Mental and Emotional Wellness

Conceptual models and frameworks

The literature related to mental health and wellness included within in this domain is comprised of 24 scholarly articles, reports and policy documents which address mental health among various populations, with a significant focus within Canadian Indigenous contexts (Table 10). Collectively, this literature provides a comprehensive understanding of the current mental health landscape and explores potential pathways for enhanced support and intervention through a number of mental health and wellness frameworks and models (Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015; Grande et al. 2022; Josewski, Viviane 2023; First Nations & Inuit Mental Wellness Advisory Committee 2007). The literature highlights various mental health frameworks and models that emphasize culturally relevant, trauma-informed care, and the need to decolonize existing mental health services. This examination underscores the importance of integrating traditional Indigenous knowledge with contemporary health practices to develop effective mental health interventions.

Within this literature, a number of key reports provide a comprehensive analysis and discussion of mental health within Indigenous populations, and outline recommendations and strategies for future action. Notable reports include the First Nations and Inuit Mental Wellness Strategic Action Plan published by the First Nations and Inuit Mental Wellness Advisory Committee's (MWAC) the National Collaborating Centre for Indigenous Health policy document titled *Improving Access to Mental Health and Addictions Services and Supports for Older Indigenous Adults Using a Cultural Safety and Equity Lens*. These reports advocate for contextually tailored, trauma-informed, culturally relevant Indigenous mental health care models that accurately acknowledge and reflect the need for appropriate care, which is systematically identified in the literature as a gap in mental health service delivery for Indigenous communities. (First Nations & Inuit Mental Wellness Advisory Committee 2007; Josewski, Viviane 2023).

Additionally, a critical theme and focus identified across several documents within the literature is the need to decolonize mental health frameworks. For example, in the policy document *Pathologize the Systems and Not the People: Decolonizing BC's Mental Health Law* written by Health Justice, existing mental health laws and policies are critiqued for their colonial roots, and the need for legal reforms that align with Indigenous wholistic wellness approaches is emphasized. This underscores a broader call across the literature for mental health services that are not only culturally appropriate but also empowering and supportive of Indigenous self-determination and resiliency (Clark, Natalie 2023).

Specifically, within this domain, three sub-domains including suicide, fetal alcohol spectrum disorder (FASD) and attention deficit hyperactivity disorder (ADHD) were routinely identified within the mental health literature as issues that need to be recognized and adequately addressed, particularly within Indigenous populations, and therefore included within this review (Centre for Suicide Prevention 2021; Crawford and Hicks 2018; Fitzpatrick-Lewis and Thomas 2010; Franke et al. 2018; Grande et al. 2022; Palmeter, Probert, and Lagacé 2021; PHAC 2019).

Overall, the literature highlights the profound mental health challenges faced by Indigenous populations in Canada, largely attributed to historical traumas, and emphasizes the need for wholistic, culturally sensitive mental health strategies that integrate traditional Indigenous knowledge and contemporary health practices (Chandler and Lalonde 1998; Crawford and Hicks 2018). There is a strong call for reforms that support Indigenous self-determination and empowerment, along with recommendations for community centered, trauma-informed care models that foster resilience and cultural continuity, as well as specific focus on priorities related to suicide, FASD, and ADHD in Indigenous populations (Fitzpatrick-Lewis and Thomas 2010; Grande et al. 2022; Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015; Josewski, Viviane 2023).

Within the literature, two key frameworks have been widely recognized and cited as foundational in the development of Indigenous mental wellness interventions. The first model is the *First Nations Mental Wellness Continuum Framework* (FNMWC), published by Thunderbird (Assembly of First Nations, Health Canada's First

Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015). This framework outlines a strengths-based, life course approach to mental wellness that is grounded in culture and identifies supporting elements and partners for mental health and wellness, while accounting for the Social Determinants of Indigenous Health (SDIH) and specific population needs. Grounded in four mental health outcomes including hope, belonging, meaning, and purpose, this framework was developed to guide Indigenous communities to optimize and align their mental wellness continuum of care using culture as the foundation.

A companion document to the FNMWC, the *First Nations Mental Wellness Continuum (FNMWC) Framework Implementation Guide* is intended to assist in the operationalization of the *FNMWC framework* for mental wellness planning and implementation (Hopkins and Fournier 2018).

Tools and indicators

Two key tools from the literature have also been identified as having great potential for the assessment of mental wellness among Indigenous populations. The *Native Wellness Assessment Tool (NWA)* is a holistic measure of wellness across time, and has been shown to be reliable in its ability to measure the impact of cultural interventions (Thunderbird Partnership Foundation 2015). Consisting of 66 independent statements and 52 cultural intervention practices, wellness descriptors are categorized into 4 indicator domains that align with the *First Nations Mental Wellness Continuum Framework*: hope, purpose, meaning, belonging.

Additionally, the Youth Personal Balance Tool is a strengths-based, youth-friendly tool comprised of sixteen self-reported assessment questions. This tool was developed to provide a framework and theoretical orientation for assessing and teaching wellness in tribal communities (Barraza and Bartgis 2016).

With respect to mental health indicators, the *Mental Health Commission of Canada* is a key organization leading the way in the development of national, Indigenous-specific mental health indicators. Currently, a number of potential indicator domains are being explored for inclusion within the *Mental Health Indicator Framework for Canada*, including access and treatment, incidence and prevalence, caregiving, mental health promotion, recovery focused program accreditation, mental health first aid training, and suicide rates (Mental Health Commission of Canada 2015).

Additionally, a number of indicator domains for mental wellness and mental illness have been identified within Kahnawà:ke's *Onkwaná:ta Our Community, Ionkwata'kari:te Our Health Portrait, Volume 2* (Onkwata'karitáhtshera 2023), for the community of Kahnawà:ke, Quebec. Specifically, seventeen comprehensive and holistic indicators have been identified within this document, measuring key indicator domains such as mental health incidence and prevalence rates, mental health status, suicide, medical treatment for mental health, and the social determinants of mental health.

The literature on mental health and wellness for Indigenous populations reveals significant challenges rooted in historical trauma and systemic inequities. The key frameworks and tools identified, such as the First Nations Mental Wellness Continuum Framework and the Native Wellness Assessment Tool, advocate for culturally grounded, holistic approaches to mental health care. There is a strong emphasis on decolonizing mental health services and supporting Indigenous self-determination and resilience. The insights gained from these documents call for reforms in mental health policies and practices that honor Indigenous cultural practices and knowledge, ultimately aiming to improve mental wellness and health outcomes for Indigenous communities.

Table 10: Mental and emotional wellness

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Lesbian, Gay, Bisexual, Trans & Queer Identified People and Mental Health	(CAMH 2024)	This web-page provides information about the diversity of lesbian, gay, bisexual, trans and queer identified (LGBTQ) people’s experiences with mental health and well-being. It explores reasons why this population group(s) has a higher risk for some mental health issues due to the effects of discrimination and the social determinants of health. Available data is explored, and additional resources are provided.	Disparities among mental health in the Lesbian, Gay, Bisexual, Trans & Queer are explored using the Intersectionality Approach, by which intersecting experiences of marginalization and the needs of the whole person are considered. This includes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.
Indigenous People, Trauma, and Suicide Prevention	(Centre for Suicide Prevention 2021)	This toolkit is one of a suite of three focused on trauma. The full suite includes Trauma and suicide, Trauma and suicide in children and Trauma and suicide in Indigenous people. This toolkit explores the high rates of suicide in Indigenous people in Canada, attributed to historical trauma and colonialism. It also highlights the resilience and effectiveness of life promotion practices rooted in culture, tradition, and autonomy. Indigenous children and youth are identified as central to community resilience, with strong cultural connections, language, and spirituality acting as protective factors.	Although not explicitly, this toolkit provides a framework for the development of culturally appropriate, trauma-informed care that respects Indigenous knowledge and promotes healing through cultural practices, including the following elements: <ul style="list-style-type: none"> ▪ Culturally based life-promotion, developed and implemented by Indigenous communities ▪ The promotion of life through hope, belonging, meaning and purpose ▪ Building resilience through culture ▪ Treatment and healing from trauma (trauma-informed care) ▪ Culturally appropriate care ▪ Collaborative practices: “Two-Eyed Seeing” ▪ Restorative justice

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Cultural Continuity as a Hedge against Suicide in Canada's First Nations	(Chandler and Lalonde 1998)	<p>This is a research report that identifies and examines self-continuity and cultural identity and its role as a protective factor against suicide in Canada's First Nations. The significant variability in suicide rates across British Columbia's Aboriginal communities is explained as being closely linked to the extent of cultural continuity practices.</p> <p>Communities engaged in preserving their culture—through a number of mechanisms such as land claims, self-governance, and control over local services - show notably lower youth suicide rates, underscoring the protective role of cultural continuity for suicide in First Nations in B.C. The report concludes that understanding and mitigating youth suicide in First Nations communities requires focusing on the intersection of personal and cultural continuity (i.e., personal persistence, cultural identity).</p>	<p>The theoretical idea presented in this paper discusses markers of cultural continuity. Communities exhibiting a higher number of these protective factors had significantly lower rates of youth suicide. These include:</p> <ul style="list-style-type: none"> ▪ Efforts made to secure land claims ▪ Self-governance ▪ Control over education, policing, fire services, healthcare ▪ The establishment of cultural facilities
Early Childhood Adversity as a Key Mechanism by Which Colonialism Is Mediated into Suicidal Behaviour	(Crawford and Hicks 2018)	<p>This paper proposes that early childhood adversity, stemming from colonization and intergenerational trauma, significantly increases the risk of youth suicide in Indigenous communities.</p> <p>The authors explore how understanding and addressing these early adversities through targeted interventions can potentially lower suicide rates. Emphasizing the need for strategies that focus on early-life improvements and the reduction of socioeconomic inequities, this paper advocates for community-led initiatives and interventions to foster healthy childhood development and diminish adversity.</p>	<p>This document introduces a model outlining <i>Proposed pathways through which factors related to colonization increase youth suicide behaviour</i> that seeks to address the complexity of the distal (background) life events as risk factors for later suicidal behaviour within Indigenous contexts. This model illustrates the interconnectedness of factors leading to increased risk of suicide behaviour:</p> <ul style="list-style-type: none"> ▪ Colonization (residential schooling, relocation) ▪ Cultural disruption (language loss, damage to natural support and healing systems, impact on meaning and identity)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Parenting risk factors (substance misuse, mental health issues, physical health issues, victim of domestic violence, perpetrator of domestic violence, history of foster care, few social supports) ▪ Increased risk of childhood adversity (exposure of family violence, maltreatment, impacts of development and mental wellness, lack of access to interventions) ▪ Unresolved trauma and loss ▪ Socio-economic inequity
First Nations Mental Wellness Continuum Framework	(Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015)	<p>Building upon the <i>'Honouring Our Strengths'</i> national framework, the <i>First Nations Mental Wellness Continuum (FNMWC)</i> is a foundational framework for mental wellness among First Nations people in Canada. It outlines a strengths-based, life course approach to mental wellness that is grounded in culture and identifies supporting elements and partners for mental health and wellness, while accounting for the Social Determinants of Indigenous Health (SDIH) and specific population needs.</p> <p>The <i>First Nations Mental Wellness Continuum (FNMWC)</i> framework conceptualizes mental health through interconnections between mental, physical, spiritual, and emotional well-being, highlighting the importance of purpose, hope, meaning, and a sense of belonging (defined as outcomes). Achieving a harmonious balance among these aspects is crucial for attaining optimal mental wellness.</p>	<p>The FNMWC framework uses a systems approach, conceptualizing inclusive care along a <i>Continuum of Essential Services</i>, including:</p> <ul style="list-style-type: none"> ▪ 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 <p>Additionally, the FNMWC framework highlights five key themes, each with associated recommended actions.</p> <ul style="list-style-type: none"> ▪ Culture as foundation ▪ Community development, ownership, and capacity building ▪ Quality care system and competent service delivery ▪ Collaboration with partners ▪ Enhanced flexible funding

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Systematic Review of Community-Based Interventions for Children and Adolescents with ADHD and Their Families	(Fitzpatrick-Lewis and Thomas 2010)	<p>This document, published by the National Collaborating Centre for Indigenous Health (NCCIH) summarized the results of an earlier literature review conducted by the Effective Public Health Practice Project (EPHPP), which reviewed effective community-based interventions to reduce the negative outcomes of children and youth with Fetal Alcohol Spectrum Disorder (FASD).</p> <p>The purpose of this paper was to gather the relevant principles and community-based strategies of programs developed for children and youth with ADHD and their families that could be adopted and may be effective for Aboriginal children diagnosed with FASD. The most promising literature focused on interventions that incorporated a multi-component community based programs (i.e., home, school, and community based interventions)</p>	<p>The most promising nonpharmacological interventions for ADHD and their families that provided short term positive effects on the symptomology of ADHD included multi-component treatment modules, inclusive of the following components:</p> <ul style="list-style-type: none"> ▪ Behavioural parent training ▪ Self-instructional training ▪ School-based contingency training
Live Fast, Die Young? A Review on the Developmental Trajectories of ADHD across the Lifespan	(Franke et al. 2018)	<p>This article describes ADHD as a neurodevelopmental disorder and provides as overview the associated characteristics. This article presents evidence that suggests the need for a lifespan perspective on ADHD, recognizing that it presents differently in people of different ages.</p> <p>Current knowledge highlights a need for additional longitudinal studies to better understand the clinical, cognitive and biological trajectories, as well as understand the outcomes of different treatments over time. However, due to significant gaps in data, there is limited understanding of ADHD from a life course perspective.</p>	<p>The following metrics for studies of treatment efficacy for ADHD from the meta-analysis included:</p> <ul style="list-style-type: none"> ▪ Childhood: pharmacological treatment ▪ Childhood: non-pharmacological (diet, neurofeedback, multimodal psychosocial, working memory training, behaviour modification, parent training, self-monitoring, school-based) ▪ Adult: pharmacological treatment ▪ Adult: non-pharmacological treatment (cognitive behavioural therapy, mindfulness-based therapies)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Mental Health Interventions for Suicide Prevention among Indigenous Adolescents: A Systematic Review	(Grande et al. 2022)	This document outlines a research protocol for a systematic review of studies that evaluate the effectiveness of suicide interventions targeting Indigenous adolescents (aged 10-19 years) using comparator/control group study methodology. The findings will be used to inform policy actors and practitioners about feasible interventions to prevent suicide among Indigenous adolescents.	<p>Outcome measures of interest that have been identified for the purpose of this study are as follows:</p> <p>Primary outcomes:</p> <ul style="list-style-type: none"> ▪ Self-injury acts ▪ Suicidal ideation ▪ Suicide attempts ▪ Death by suicide <p>Secondary outcomes:</p> <ul style="list-style-type: none"> ▪ Well-being/Quality of life ▪ Social Functioning including
Pathologize the Systems and Not the People: Decolonizing BC's Mental Health Law	(Health Justice 2023)	This document is the second in a series of publications launched by Health Justice that will set out a path for BC to improve its mental health and substance use law and policy to better support human rights. Specifically, the report calls for the reform of British Columbia's mental health laws, criticizing their colonial roots and the trauma inflicted on Indigenous communities. It advocates for a mental health framework that respects Indigenous wholistic wellness approaches that reflect the social determinants of mental health and align with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). It highlights the need for the BC government to integrate Indigenous-led health determinants and practices, supporting Indigenous healing methods, promoting self-determination and autonomy, and decolonizing mental health services.	<p>This document uses the UN Declaration on the Rights of Indigenous Peoples as a framework from which to inform/imagine how Indigenous rights can be incorporated into the law in B.C. alongside other human rights-based guiding principles, including:</p> <ul style="list-style-type: none"> ▪ Equality and freedom from discrimination ▪ Community self-determination ▪ Health practices (traditional) ▪ Cultural, spirituality, and language practices ▪ Land ▪ Economic security ▪ Ensure minimum standards for the survival, dignity, and well-being of the indigenous peoples of the world.

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
First Nations Mental Wellness Continuum (FNMWC) Framework Implementation Guide	(Hopkins and Fournier 2018)	<p>This guiding document is designed to provide implementation support for the <i>First Nations Mental Wellness Continuum (FNMWC) Framework</i> through efforts focused on strengthening mental wellness programming and building a system of care for Indigenous mental wellness. Using the <i>FNMWC Framework Model</i>, this guide offers a common understanding of mental wellness and is intended to assist in the development of mental wellness planning and implementation by locating relationships, links, and contributions of others across the social determinants of health sectors and across governments (internal and external to First Nations). Each layer of the <i>FNMWC Framework Model</i> is described and key questions to facilitate the development of application and implementation is detailed.</p>	<p>The <i>First Nations Mental Wellness Continuum (FNMWC) Framework</i> is based upon four outcomes, with 13 associated wellness indicators, as follows:</p> <ol style="list-style-type: none"> 1. Hope: 3 indicators (values, belief, identity) 2. Belonging: 4 indicators (relationships, family, community, attitude towards life) 3. Meaning: 3 indicators (rational thought, intuitive thought, understanding that comes from integrating rational and intuitive knowing) 4. Purpose: 3 indicators (unique way of doing, unique way of being, wholeness) <p>Additionally, the model's other layers include:</p> <ul style="list-style-type: none"> • Community • Populations • Specific population needs • Continuum of essential services • Supporting elements • Partners in implementation • Indigenous Social Determinants of Health • Key themes for mental wellness • Culture as foundation

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Improving Access to Mental Health and Addictions Services and Supports for Older Indigenous Adults, Using a Cultural Safety and Equity Lens (NCCIH)	(Josewski, Viviane 2023)	This policy document, prepared by NCCIH, discusses the unique and complex challenges that older Indigenous people (45 years and older) residing in off-reserve population centers face in accessing mental health and addictions support services. It identifies critical gaps in accessibility, availability, and acceptability of services and presents three main recommendations for policy changes: 1) transition from short-term, competitive funding models to flexible, stable, and integrated funding approaches; 2) support and enhance Indigenous-led mental wellness and substance; 3) 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 document provides a model, adapted from <i>Browne et. al (2015)</i> for <i>Equity-oriented mental health and addictions care for Older Indigenous adults</i> which outlines three interrelated domains, as follows: <ul style="list-style-type: none"> ▪ Contextually tailored care: builds upon the concept of patient-centered care, tailors care to the contexts of Indigenous older adults' lives ▪ Culturally safe care: Seeks to address inequitable power relationships, racism and discrimination in mental health and addictions care, and creates access to Indigenous approaches to mental health and healing ▪ Trauma and violence informed care: Recognizes the effects of multiple forms of trauma and violence on Indigenous older adults' experiences of mental health and wellness, and accounts for the linkages that exist between trauma, violence, mental health and substance abuse issues
First Nations and Inuit Mental Wellness Strategic Action Plan	(Langlois 2008)	This document is the product of the First Nations and Inuit Mental Wellness Advisory Committee's (MWAC) expert consultation for the purpose of developing a <i>First Nations and Inuit Mental Wellness Strategy Action Plan (2007)</i> . The purpose of this plan is to address the mental health, mental illness and addiction needs of First Nation and Inuit people in Canada in ways that build on their core strengths, experiences, and abilities to take and apply the best of their culture to attain individual, family and community wellness. Two frameworks were adopted by MWCA which form the foundation of the <i>Mental Wellness Strategic Action Plan</i> :	A number of values and principles have been identified as touchstones used to guide the development of the First Nations and Inuit Mental Wellness Strategy Action Plan (2007), which are depicted in a circle model, with individual, family, community and society at the center. The outside rings of the circle represent the values and principles of the plan, summarized as follows: <ul style="list-style-type: none"> ▪ Focus on collaborative decision making processes based on engagement, openness, mutual respect

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<ul style="list-style-type: none"> ▪ Mental Wellness Framework (2002) ▪ Health Canada’s National Native Alcohol and Drug Strategic Action Plan Renewal Framework (2000) <p>The Mental Wellness Strategic Action Plan for First Nations and Inuit is focused on the following elements:</p> <ul style="list-style-type: none"> ▪ Community leadership ▪ Traditional healing ▪ Improved communication ▪ Facilitating access to a coordinated continuum of services <p>The plan consists of 5 priority goals, each with identified objectives, activities, phases, cost, and key stakeholders</p>	<ul style="list-style-type: none"> ▪ Active participation and engagement with a shared, complementary responsibility and accountability and by clarifying the roles of the federal, provincial/territorial and First Nations and Inuit organizations ▪ Communities are the foundation of First Nations peoples and Inuit and there is a need to build on their strengths and recognize their wisdom while building the capacity of youth and communities ▪ Appropriate evaluations will be conducted, and an effort to adjust the programs and services in response to the evaluations ▪ The framework recognizes the diversity found in Canada’s Aboriginal population. It respects all First Nations and Inuit and their spirituality, and has adopted a distinctions-based approach inclusive of self-governing and Northern First Nations, the Inuit and transferred communities.
Working Together to Prevent Suicide in Canada. The Federal Framework for Suicide Prevention	(PHAC 2019)	<p>This document is the second report on progress on the Federal Framework for Suicide Prevention by the Government of Canada. This framework is part of the requirement of government legislation in 2012, requiring the government to work with partners on the development of a suicide prevention framework. This document is an update on the progress of initiatives underway across federal government departments. Additionally, it explores recent suicide data, and highlights an increased emphasis on life promotion, increased emphasis on holistic approaches, stronger partnerships with Indigenous leadership, and increased engagement of people with lived experience.</p>	<p>The Federal Framework for Suicide Prevention 2016 is comprised of a vision, mission, purpose, legislated elements of federal suicide prevention programming, strategic objectives, and guiding principles (below):</p> <ul style="list-style-type: none"> ▪ Build hope and resiliency ▪ Promote mental health and wellbeing ▪ Complement current initiatives in suicide prevention. ▪ Be informed by current research and best available evidence ▪ Apply a public health approach ▪ Leverage partnerships

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Activities from November 2016-2018 are highlighted aligned to the following strategic objectives:</p> <ul style="list-style-type: none"> ▪ promote mental health ▪ reduce stigma and raise public awareness ▪ connect Canadians to resources and information ▪ accelerate research and innovation in suicide prevention 	<p>Data metric used to describe the landscape of suicide in Canada are from the Canadian Community Health Survey (CCHS) and Canadian Institute for Health Information. Discharge Abstract Database (DAD) 2016 including:</p> <ul style="list-style-type: none"> ▪ Suicide-related behaviours (thoughts, plans, attempts) ▪ Deaths by suicide
Complicated Grief in Aboriginal Populations	(Spiwak et al. 2012)	<p>This article examines the health impacts of complicated grief in Aboriginal populations in Canada, and highlights the significant impact of historical traumas, such as colonization and forced assimilation, on the elevated risks of suicide and other serious issues related to complicated grief (e.g., PTSD, anxiety disorders). The author advocates for the development of culturally sensitive grief strategies that acknowledge grief as a collective experience, aligned with the worldviews of many Indigenous cultures. Cultural continuity and community support are identified as a critical protective factors against suicide that should be part of suicide prevention and grief healing processes.</p>	<p>This article presents a <i>Metaphorical model of healing in Aboriginal populations</i> (adapted from Kirmayer, L.J. 2004) that can be used to help understand grief and bereavement in diverse Aboriginal populations. This framework outlines meanings, metaphors and mechanisms of healing, as follows:</p> <p>Mode of healing:</p> <ul style="list-style-type: none"> ▪ Care for environment (political, religious, spiritual activism) ▪ Community and religious ritual ▪ Social network interventions ▪ Family ritual or therapy ▪ Insight-oriented psychotherapy relationships ▪ Shamanic, incarnations, hypnotherapy, cognitive behavioural therapy <p>Level of organization</p> <ul style="list-style-type: none"> ▪ Environment, society, culture ▪ Community (meaning and morale) ▪ Family ▪ Individual

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>Mediating Process:</p> <ul style="list-style-type: none"> ▪ Changing relationship to environment, political, religious, spiritual order ▪ Creating and restoring order of community and collective identity ▪ Change in structure or rules of interaction ▪ Insight, cognitive restructuring, metaphoric, transformation, disassociation ▪ Catharsis ▪ Bonding, social support
Native Wellness Assessment Tool (NWA)	(Thunderbird Partnership Foundation 2015)	<ul style="list-style-type: none"> ▪ This is a strengths-based instrument that was developed as a key outcome of the <i>Honouring Our Strengths</i> initiative, which brought together a diverse group of Indigenous and non-Indigenous researchers, Elders, and cultural practitioners across Canada. This tool 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 shown to be a reliable way to measure the impact of cultural interventions as a therapeutic intervention. This tool also provides culturally relevant information to guide treatment services for Indigenous peoples. 	<p>The <i>Native Wellness Assessment</i> includes four fundamental wellness indicators, with 66 independent statements and 52 cultural intervention practices. These statements are categorized into 13 wellness descriptors as components of the 4 wellness indicators, as follows:</p> <ul style="list-style-type: none"> ▪ Hope: spiritual wellness creates hope (values, beliefs, identity) ▪ Purpose: physical wellness creates purpose (way of being, way of doing, wholeness) ▪ Meaning: mental wellness creates meaning (rational, intuition, understanding) ▪ Belonging: emotional wellness creates belonging (family, community, relationship, attitude)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Collaborative Action on Fetal Alcohol Spectrum Disorder Prevention: Principles for Enacting the Truth and Reconciliation Commission Call to Action #33	(Wolfson et al. 2019)	The article discusses the significance of addressing fetal alcohol spectrum disorder (FASD) in Indigenous communities in Canada, aligning with the Truth and Reconciliation Commission's Call to Action #33. This call to action focused on collaboratively developing FASD prevention programs in Indigenous communities, and the subsequent consensus statement (co-developed in May 2017 using a Two-Eyed seeing approach) with 8 tenets for enacting Call to Action #33. This paper uses the consensus statement and eight exemplary FASD prevention programs from Indigenous communities and organizations across Canada to highlight identity, culture, and relationships as central elements of FASD prevention in Indigenous communities.	The model for FASD prevention programs presented in this paper depicts the eight tenets of the Consensus Statement as interrelated and directly respond to Call to Action #33 by providing a foundation for interdisciplinary and reconciliatory research action and program planning. The eight tenets, illustrated in a circle, are as follows: Changing relationship to environment, political, religious, spiritual order <ol style="list-style-type: none"> 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

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Mental Health Commission of Canada: Mental Health Indicators for Canada	(Mental Health Commission of Canada 2015)	<p>This webpage describes the <i>Mental Health Commission of Canada's</i> (MHCC) framework to enhance understandings of the mental health landscape in Canada with a focus on children and youth, adults, and seniors. This framework encompasses 55 indicators covering a wide range of mental health and wellness topics, including various settings in which mental health issues are addressed, as well data about the services and supports utilized by individuals experiencing mental health challenges.</p> <p>Currently, the MHCC is engaging with representatives from First Nations, Inuit, and Métis communities to address their respective mental health needs and data gaps and develop 8 additional indicators under development specifically for First Nations, Inuit, and Métis mental wellness.</p>	<p>Examples of potential indicator domains that are being explored for inclusion, specifically with respect to First Nations, Inuit, and Métis mental wellness include:</p> <ul style="list-style-type: none"> ▪ Access and treatment (hospital admission and readmission rates, unmet needs for people with mental health illness) ▪ Incidence and prevalence of mental health disorders, developmental disorders ▪ Caregiving (stress associated with family caregiving, caring for a family member with mental illness) ▪ Mental Health Promotion (school based mental health promotion, mental illness related disability claims) ▪ Recovery focused program accreditation ▪ Mental health first aid training ▪ Suicide rates
Indigenous Youth-Developed Self-Assessment: the Youth Personal Balance Tool	(Barraza and Bartgis 2016)	<p>The <i>Youth Personal Balance Tool</i> is the result of the Fresno American Indian Health Project (FAIHP) Youth Council, which developed, and pilot tested a strength-based, holistic, and youth-friendly self-assessment tool based on the GONA (Gathering of Native Americans [an adult intervention tool developed for substance use prevention]). Grounded in the Medicine Wheel and created using a community-based participatory evaluation model, the Youth Personal Balance Tool provides a framework and theoretical orientation for teaching wellness in tribal communities.</p>	<p>The <i>Youth Personal Balance Tool</i> is comprised of 16 self-reported assessment questions related to wellness. IN the tool, the four directions of the Medicine Wheel represent the lifespan, area of health, and themes from the GONA tool, as follows:</p> <p>East: Yellow</p> <ul style="list-style-type: none"> ▪ Spiritual: Sense of Belonging: Personal pride, respect, connectedness, faith, prayer, purpose, vision, love. Infancy <p>South: Red</p> <ul style="list-style-type: none"> ▪ Emotional: Mastery of Skills/Gifts: self-esteem, accomplishments, happiness and enjoyment, impulse/emotional control, sensitivity, forgiveness, attitude. Childhood

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>West: Black</p> <ul style="list-style-type: none"> ▪ Physical: Interdependence: Humility and accepting responsibility, practice and reaching your potential, power/control, physical health, having vision/reaching goal. Adulthood. <p>North: Blue</p> <ul style="list-style-type: none"> ▪ Mental: Generosity: Problem solving; wisdom; freedom from fear, hate, jealousy, etc., commitment to lifelong learning and service; doing things in moderation; truth. Elder
The Wicozani Instrument	(Peters and Peterson 2019)	<p>This article describes the <i>Wicozani Instrument</i>, a valid and reliable 9-item self report measure created by a Dakota community. Using an Indigenous paradigm, the Wicozani Instrument assesses overall health and wellbeing through measures of mental, physical, and spiritual health and the importance to an individual's quality of life. Due to its Wicozani instrument works to disrupt the Cycle of <i>Native Health Disparities</i> by changing the perception that Native identity is a risk factor for poor health and disrupting the cycle of prescriptive stereotypes, external locus of control, learned helplessness and the self-fulfilling prophecy which perpetuates health disparities between Natives and the broader U.S. population</p>	<p>The Wicozani Instrument is focused on overall health using three domains: mind, body, spirit. It is based on the Cycle of Native Health Disparities, which identifies and illustrates the complexities of interconnected variables contributing to and/or as a result of native health disparities, as follows:</p> <ul style="list-style-type: none"> ▪ Colonization ▪ Historical trauma ▪ Prescriptive stereotypes ▪ Unhealthy behaviours ▪ Learned helplessness ▪ External locus of control ▪ Ineffective Western measurement and tools ▪ Native Identity perceived as a risk factor for poor health

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Depression or resilience? A participatory study to identify an appropriate assessment tool with Kanien'kéha (Mohawk) and Inuit in Quebec	(Gomez Cardona et al. 2021)	<p>This article explores the integration of Indigenous perspectives into mental health assessments (with a focus on depression) in Quebec, emphasizing the cultural and historical factors affecting mental health among Indigenous communities.</p> <p>Specifically, it provides a critique of conventional psychometric tools for not aligning with Indigenous cultural practices and advocates for methods that emphasize empowerment, resilience, and cultural safety. The authors advocate for the development of mental health assessment tools that facilitate interaction and communication, incorporating traditional knowledge and focusing on positive elements to improve cultural relevance and effectiveness.</p>	<p>Within this article, a number of themes were identified as critical elements to include in the development of mental health assessment tools, as follows:</p> <ul style="list-style-type: none"> ▪ Cultural adaption of scales (revision of linguistic equivalence, standard translation) ▪ Moving away from a scale to measure psychiatric symptoms to an instrument which can facilitate communication between the patient and health care provider ▪ Contain elements of cultural safety (e.g., view of individual within community context) ▪ Strengthen supportive factors (e.g., resilience, positive emotions) ▪ Flexibility in content and use
Beyond Care: Validating a First Nations Mental Wellness Framework	(Kyoon-Achan et al. 2021)	<p>This article explores mental wellness in First Nations communities, expanding the development of a mental wellness framework developed with Manitoba First Nations Elders and Knowledge Keepers (reported on in a previous publication). Specifically, this article explores the results of wider community consultation in 8 First Nations communities that explored themes believed to negatively impact mental wellbeing in First Nations Communities, as well as themes seen to facilitate mental wellbeing. Based on the results, the authors conclude that mental wellbeing is the result of multiple and complex determinants of health, with traditional health knowledge seen as having a significant role in supporting the wellbeing of individuals and communities.</p>	<p>Themes related to mental health for First Nations in Canada confirmed the following themes, forming the basis for a refined</p> <ul style="list-style-type: none"> ▪ Complex health determinants and resources are important for securing and promoting FN health and well-being ▪ Balance and connection reflected by the medicine wheel teachings ▪ Increase access to quality and affordable food ▪ Reconnect generations through FN languages revitalization ▪ Strengthening FN cultures to heal residential school experiences ▪ Increase cultural resource awareness

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Grounding Wellness: Coloniality, Placeism, Land, and a Critique of “Social” Determinants of Indigenous Mental Health in the Canadian Context</p>	<p>(Josewski, Leeuw, and Greenwood 2023)</p>	<p>This paper is a critical analysis of the social determinants of Indigenous mental health and wellness conceptual framework. The authors argue that the SDH framework risks re-entrenching deeply colonial ways of thinking about and providing health services for Indigenous people as they do not fully consider the ecological, environmental, place-based, or geographic determinants of health. The authors conclude that future research, policy, and health practice actions need to move beyond the current SDOH model of Indigenous health to account for and address the grounded, land-based, and ecologically self-determining nature of Indigenous mental health and wellness.</p>	<p>This article highlights land-based and land-informed healing for promoting the mental health and wellbeing of Indigenous children, youth, families and communities, including:</p> <ul style="list-style-type: none"> ▪ interweaving of the mental with the physical, social/emotional, and spiritual dimensions of health and healing ▪ importance of land as an interrelated key determinant of Indigenous health (land-based healing practices/relationships) ▪ importance of self-determination, spirituality, cultural identity, family, culture and community ▪ recognition of land as a place and source of healing, spiritual regeneration, and resurgences against ongoing settler colonialism

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Good Mind and Healthy Coping: Substance Use and Addictions



Good Mind and Healthy Coping: Substance Use and Addictions

Conceptual models and frameworks

Within this domain, a total of nine documents were identified that explore wholistic approaches to substance use and addictions interventions, with a particular emphasis on literature specific to Indigenous contexts (Table 11). Overall, the literature collectively emphasizes the need to acknowledge substance use and addictions from a broader context that extends beyond the issue to also address wellness in several life domains to achieve full recovery, specifically recognizing the intersections between mental health and substance use and addictions (Bunaciu et al. 2023; Thunderbird Partnership Foundation 2020; Marsh et al. 2022). Addressing substance use and addictions within Indigenous contexts requires a comprehensive, culturally informed approach that extends beyond the immediate issues to encompass broader aspects of wellness. By recognizing the intersections between mental health and substance use, the literature advocates for integrated care models that promote recovery through culturally relevant, trauma-informed practices. These insights are crucial for developing effective substance use and addiction strategies that honor Indigenous knowledge and cultural practices.

One key framework that has been widely acknowledged and cited in the literature is the *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (Thunderbird Partnership Foundation 2020). This framework aligns with and further informs the *First Nations Mental Wellness Continuum Framework's (FNMWC) Continuum of Care approach*, supporting strengthened responses to substance use issues at national, regional and community levels. It examines and addresses substance use and addictions within Indigenous contexts across a continuum of care, including a number of elements such as health promotion early identification and intervention, crisis response, care coordination, detox, trauma-informed treatment and support and aftercare.

Additionally, the *National Native Alcohol and Drug Use Program (NNADAP)* was identified as an important national network and hub of information that is specifically focused on culturally appropriate substance use interventions within Indigenous communities (Government of Canada 2019). The National Native Alcohol and Drug Use Program (NNADAP) is Canada's national funding strategy and network comprised of 49 NNADAP alcohol and drug abuse treatment centers, and more than 550 community-based prevention services, as well as 9 residential treatment centers for Youth Solvent Abuse.

Tools and indicators

Two tools were identified within that were found to be particularly relevant to this domain. The first tool, titled *The Indigenous Risk Impact Screen (IRIS)*, is a screening tool that was developed to determine the presence of alcohol and drugs as well as screening for concurrent mental health risk in Indigenous adult Australians (Schlesinger et al. 2018). This tool consists of thirteen items divided into two sections: assessing risk for alcohol and other drug risk and assessing mental health and emotional wellbeing. Additionally, the Recovery Capital Index (RCI) is a valid and reliable tool that evaluates addiction and addiction wellness (recovery) using a multi-dimensional framework consisting of three domains (personal capital, social capital, and cultural capital) and 22 associated components that correlate strongly with addiction wellness (Bunaciu et al. 2023). This tool was developed to provide a comprehensive baseline and assessment of intervention effectiveness, to allow for the tracking of client progress and to tailor support.

Additionally, the *Centre for Mental Health and Addictions* is currently working on the development of a number of *Trauma-informed Substance Use Screening and Assessment Tools for First Nations and Inuit Peoples* (National Collaborating Centre for Indigenous Health 2017). These tools, being developed with nine project partners across 5 sites in two phases (2015-2016), with the goal of creating meaningful, trauma informed assessment and screening tools to be used for evaluation, treatment planning and referrals.

Overall, these tools emphasize a shift towards more wholistic and culturally informed responses to substance use and addictions, emphasizing the importance of interventions and treatment that fully consider the complexities of social and health determinants, including recovery capital (Thunderbird Partnership Foundation 2020; Marsh et al. 2022; Bunaciu et al. 2023). This includes a comprehensive understanding of an individual's life and environment, reinforcing the need for adaptation and integration of cultural and personal contexts into interventions.

With respect to indicators, the community of Kahnawà:ke, Quebec, has identified a number of indicators that are being used to measure substance use and addictions, within their *Onkwaná:ta Our Community, Onkwata'karí:te Our Health Portraits*, Volume 1 and 2 (Onkwata'karitáhtshera 2018; 2023). This document provides key indicator domains including alcohol, drug use and gambling, each associated with a comprehensive set of indicators.

The reviewed literature underscores the necessity of adopting wholistic, culturally sensitive approaches to substance use and addiction interventions within Indigenous communities. Key frameworks like the Honouring Our Strengths framework and the National Native Alcohol and Drug Use Program emphasize the importance of integrating culturally appropriate care across a continuum of services. Tools such as the Indigenous Risk Impact Screen and the Recovery Capital Index further support the development of tailored interventions that consider the multifaceted determinants of health and recovery. Overall, these findings highlight the need for comprehensive, culturally grounded strategies to effectively address substance use and addictions, fostering recovery and well-being in Indigenous populations.

Table 11: Good mind and healthy coping: Substance use and addictions

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Measuring Recovery Capital for People Recovering from Alcohol and Drug Addiction: A Systematic Review</p>	<p>(Bunaciu et al. 2023)</p>	<p>This is a systematic review that analyzed and synthesized all quantitative approaches that have measured recovery capital between the years 2016-2023 (i.e., 69 eligible studies from 3 databases). Recovery capital is used to assess the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery</p> <p>This study concluded that recovery capital questionnaires developed for adult populations across clinical and community recovery settings are seen as generally reliable and valid measures of recovery capital. These questionnaires are a significant advance in the field of addiction recovery, in alignment with the emerging recovery-oriented approach to addiction recovery care.</p>	<p>Recovery capital uses a biopsychosocial framework for identifying and measuring strengths and barriers that can be used to support recovery from alcohol and/or drug addiction. In total, 41 separate recovery capital constructs were identified, capturing a variety of individual and social determinant of health domains, for example:</p> <ul style="list-style-type: none"> ▪ Education ▪ Belonging ▪ Social support ▪ Health ▪ Housing ▪ Motivation ▪ Self-worth ▪ Social mobility ▪ Confidence ▪ Positive attitude ▪ Life satisfaction ▪ Cognitive abilities ▪ Recovery experience ▪ Knowledge/skills ▪ Personal values ▪ Life functioning ▪ Recovery routines ▪ Justice/crime ▪ Safety and comfort

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Validating a Survey for Addiction Wellness: The Recovery Capital Index</p>	<p>(Kyoon-Achan et al. 2021)</p>	<p>This paper validates the Recovery Capital Index (RCI) that was developed by Face It TOGETHER (FIT) as a measure of addiction wellness through a retrospective cohort study of 154 FIT client intake records with the disease of addiction to alcohol and/or other drugs.</p> <p>The RCI evaluates addiction using more than sobriety, measuring addiction wellness using three domains and 22 associated components to provide a comprehensive baseline and assessment of intervention effectiveness, to allow for the tracking of client progress and to tailor support. The validation process also verified the design of the RCI domains (i.e., personal, social, and cultural capital). Variables significantly related to addiction wellness, based on the RCI, are primary addiction, addiction identification, employment, and income. The RCI also was found to accurately describe the individual’s current state of recovery.</p>	<p>The RCI is presented as a wholistic, person centered metric, incorporating the following 3 domain and 22 associated components, as follows:</p> <p>Personal capital:</p> <ul style="list-style-type: none"> ▪ General health ▪ Mental and emotional wellbeing ▪ Nutrition ▪ Employment ▪ Education ▪ Financial wellbeing ▪ Housing and living situation ▪ Transportation ▪ Clothing <p>Social Capital:</p> <ul style="list-style-type: none"> ▪ Family support ▪ Significant other ▪ Social support ▪ Social mobility ▪ Healthy lifestyle ▪ Access to healthcare ▪ Safety <p>Cultural Capital:</p> <ul style="list-style-type: none"> ▪ Beliefs ▪ Wellness ▪ Values ▪ Spirituality ▪ Sense of purpose ▪ Cultural relevancy ▪ Sense of community

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada	(Thunderbird Partnership Foundation 2020)	This framework was developed to address substance use issues among First Nations people in Canada. The framework aligns with and further informs the <i>First Nations Mental Wellness Continuum Framework's (FNMWC) Continuum of Care</i> approach, supporting strengthened responses to substance use issues at national, regional and community levels. It is specifically designed to enable and guide the design, coordination, and delivery of services at all levels of substance use and addictions systems. The <i>Honouring our Strengths</i> outlines a comprehensive vision and strategies to address substance use and addictions within Indigenous specific contexts, specifically with respect to culture as an intervention.	The Honouring our Strengths Framework outlines the following elements of care for substance use and addictions (aligned with the FNMWC Continuum of Care approach): <ul style="list-style-type: none"> ▪ 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
National Native Alcohol and Drug Abuse Program (NNADAP)	(Government of Canada 2019)	<p>The National Native Alcohol and Drug Use Program (NNADAP) is a Health Canada program that is the primary network in place in Canada to respond to First Nations substance use issues. It is informed by an Indigenous-specific continuum of care approach, in which funding is based on local need.</p> <p>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 9 residential treatment centres for Youth Solvent Abuse (through the National Youth Solvent Abuse Program [NYSAP]).</p>	This is a national approach to funding for Native Alcohol and Drug Use Programming, including programs and initiatives across the continuum of care, including: <ul style="list-style-type: none"> ▪ Prevention ▪ Intervention ▪ Aftercare

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Indigenous Risk Impact Screen (IRIS)	(Schlesinger et al. 2018)	<p>This article assesses the validity of the Indigenous Risk Impact Screen (IRIS) as a screening tool to determine the presence of alcohol and drug and mental health risk in Indigenous adult Australians (Aboriginal and Torres Strait Islanders [ATSI]).</p> <p>Additionally, the psychometric properties of the constructs of the tool were explored for validity and internal reliability across a number of well-established alcohol and drug and mental health measures. The results of this study found that the IRIS is a reliable and valid measure for two dimensions: 1) alcohol and drug use; 2) mental health symptomatology in ATSI.</p>	<p>The IRIS screening tool consists of 13 items, divided into two sets of questions, as follows:</p> <p>Items 1-7: form the alcohol and other drug risk component, with a focus on:</p> <ul style="list-style-type: none"> ▪ Current alcohol/drug use, patterns, effects ▪ Previous (6 months prior) alcohol and drug use <p>Items 8-13: form the <i>mental health and emotional wellbeing</i> component, with a focus on:</p> <ul style="list-style-type: none"> ▪ Symptoms of anxiety ▪ Symptoms of depression

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
The Drug Use Screening Inventory: Its applications in the evaluation and treatment of alcohol and other drug abuse	(Tarter and Hegedus 1991)	<p>This study reviewed the revised Drug Use Screening Inventory (DUSI-R) (a valid and reliable self-report questionnaire used for quantifying problems that frequently precede and co-occur with substance abuse) and determined whether the DUSI-R's items could be aggregated into scales that help identify current and future mental health issues (without substance use). Scales were derived to screen for the following: ADHD, conduct, antisocial, anxiety, depression, and substance use disorders in a longitudinal study of 328 boys.</p> <p>The study concluded that the DUSI-R revised tool was accurate in identifying boys who met the criteria for mental health disorders according to the DSM-IV, and good to excellent at predicting future mental health issues. Based on these results, specific score thresholds were set for each tool to help identify young people who need a detailed mental health evaluation, and the authors presented this tool as a cost-efficient tool for screening youths for mental disorders.</p>	<p>The DUSI-R was aggregated into scales to screen for the following psychiatric disorders:</p> <ul style="list-style-type: none"> ▪ Attention Deficit Hyperactivity Disorder ▪ Conduct Disorder ▪ Depression ▪ Anxiety Spectrum ▪ Substance use disorder
Addiction Severity Index (ASI)	(Carise, D., United Nations Office on Drugs and Crime, and Treatnet International Network of Drug Dependence Treatment and Rehabilitation Resource Centres 2009)	<p>The Addiction Severity Index (ASI) is an assessment tool for use by psychologists, psychiatrists, and therapists to gauge the severity of an individual's substance abuse. The ASI is meant for use with adult populations and provides a comprehensive overview of an individual's addiction-related issues to assess their condition in 7 key problem areas typically affected by substance abuse. The purpose of the ASI is to assist practitioners in assessing clients to determine the types of addiction treatments that may be most beneficial and develop a plan to move forward.</p>	<p>The ASI tool assesses the following domains of an individual's behaviour and environment, as follows:</p> <ul style="list-style-type: none"> ▪ Medical status. ▪ Employment and support. ▪ Drug use. ▪ Alcohol use. ▪ Legal status. ▪ Family/social status. ▪ Psychiatric status.

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Trauma-informed substance use screening and assessment tools for First Nations and Inuit Peoples Centre for Addiction and Mental Health (CAMH)</p>	<p>(Centre for Addiction and Mental Health (CAMH) 2023)</p>	<p>This is a webinar that provides an overview of the development of trauma informed substance use screening and assessment tools for First Nations and Inuit people in Canada. Funded by <i>Health Canada's Drug Treatment Funding Program (DTFP)</i> as part of the Treatment Action Plan under the National Anti-Drug Strategy, the goal of the program is to support efforts to strengthen evidence-informed substance use treatment systems; and address critical gaps in substance abuse treatment services, particularly for at-risk youth. As part of this project, trauma informed substance use screening and assessment tools were being developed with nine project partners across 5 sites in two phases (2015-2016), with the goal of creating meaningful, trauma informed assessment and screening tool to be used for evaluation, treatment planning and referrals.</p>	<p>Preliminary constructs identified as important in the tool development process include:</p> <ul style="list-style-type: none"> ▪ Recognition of diversity within First Nations, Inuit and Métis populations ▪ Balance of Western/Indigenous approaches to care ▪ Need for strengths-based, wholistic tool ▪ Inclusion of storytelling, narratives and visuals
<p>Implementation and evaluation of a two-eyed seeing approach using traditional healing and seeking safety in an indigenous residential treatment program in Northern Ontario</p>	<p>(Marsh et al. 2022)</p>	<p>This article evaluates the effectiveness of a Two-Eyed seeing approach in a four-week harm reduction residential treatment program for 157 Indigenous clients with a history of substance use disorders (SUD) and intergenerational trauma (IGT) from 2018-2020. The treatment approach blended Indigenous Healing practices with Seeking Safety based on Dr. Teresa Marsh's research work known as Indigenous Healing and Seeking Safety (IHSS).</p> <p>Building on a larger trial, this study confirmed that cultural elements are highly valued, and the impact of a harm reduction approach coupled with traditional healing methods further enhanced outcomes.</p>	<p>This study evaluated the results of the IHSS harm reduction intervention against three primary outcomes:</p> <ol style="list-style-type: none"> 1. Patient perspective: measured by appropriateness and satisfaction 2. Program perspective: measured by program completion 3. Community perspective: (to be discussed in a separate paper) <p>Feedback from the Client Quality Assurance Survey was used to evaluate the program and develop four key themes that the authors used to develop a conceptualized descriptive framework depicted in the medicine wheel, summarized as follows:</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Inner circle: self, family, children, worker, community <p>North: Mind/Mental:</p> <ul style="list-style-type: none"> ▪ Key themes from evaluation situation here as follows: 1) motivation to attend treatment, 2) treatment program and needs met; 3) satisfaction with all interventions; 4) moving forward ▪ Examples of prospective results identified by participants: learning, changed thinking, dreaming, self-care, work on trauma, etc. <p>East: Spiritual:</p> <ul style="list-style-type: none"> ▪ Examples of prospective results identified by participants: ceremony, self-love, family, identity, love myself, live a good live, native teachings, etc. <p>South: Emotional</p> <ul style="list-style-type: none"> ▪ Examples of prospective results identified by participants: balance, integrity, self-love, understanding, insight, clarity, peace, etc. <p>West: Physical</p> <ul style="list-style-type: none"> ▪ Examples of prospective results identified by participants: deal with trauma, be active, good food, safe place structure, good coping skills, sobriety, health, etc.

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Takwa'a:shon (Cancer)



Takwa'a:shon (Cancer)

Conceptual models and frameworks

Cancer prevention, management, and palliative care within Indigenous contexts require culturally sensitive approaches that honor their unique needs and perspectives. This section reviews eight key documents that focus on improving the cancer care journey and health outcomes for Indigenous populations in Canada (Table 12). These documents highlight the importance of integrating Indigenous perspectives across the cancer care continuum and emphasize the need for strategic frameworks that address health equity, system navigation, and culturally informed care. Specifically, three key documents were found as particularly relevant, as they focus on improving the cancer care journey, experiences, and health and wellness outcomes specifically within Indigenous contexts (Cancer Care Ontario 2023; First Nations Health Authority 2017; Canadian Partnership Against Cancer 2024a).

The first two documents, although specific to the province of Ontario, provide broad-based recommendations that could be adapted to various contexts. The first document, titled *The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 – 2023* (Cancer Care Ontario) focuses on the development of coordinated strategies to improve health equity and reduce the unique burden of cancer among Indigenous people in Ontario (Cancer Care Ontario 2023). This document presents a *First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy* framework, which is comprised of 7 strategic priorities centered around the empowerment of supportive and healthy environments that build on the strengths of Indigenous individuals, families, communities and organizations and honour Indigenous concepts of wellbeing.

Additionally, the second document titled *Improving Indigenous Cancer Journeys in BC: A Roadmap* is a strategic document designed to enhance cancer care and support for all Indigenous peoples in British Columbia centered around improving collaboration in the province with respect to Indigenous cancer care (First Nations Health Authority 2017). Similar to the Cancer Care Ontario, British Columbia's Indigenous cancer care strategy is structured around 7 key strategy areas, including partnerships, prevention, screening, cultural safety, survivorship, end-of-life, and knowledge development.

The third key document from the literature is a report titled *Beginning the Journey into the Spirit World: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada* (Canadian Partnership Against Cancer 2024a). Funded by the Canadian Partnership Against Cancer, this document was written in response to recommendations from First Nations, Inuit and Métis Elders, Knowledge Carriers, and community health professionals and provides an overview of factors contributing to First Nations, Inuit and Métis palliative and end-of-life care experiences, identifies for action in palliative and end-of-life care, and details a number of constructs that are important to incorporate into Indigenous end of life models of care.

Common key elements central to these resources is the recognition of the critical importance of culturally informed models of cancer care that respect and integrate Indigenous perspectives across the care continuum, a gap identified in the literature. These key strategic documents and provincial cancer strategies further emphasize the need to enhance health system navigation, respect data sovereignty, improve screening participation, and address systemic issues to ensure equitable access to healthcare services and improve cancer care outcomes among Indigenous people (Canadian Partnership Against Cancer 2024a; 2024b; Cancer Care Ontario 2016; Gifford, W. et al 2021).

Tools and indicators

Within the literature, the Canadian Strategy for Cancer Control's First Nations, Inuit and Métis-Specific, Self-determined Priorities for Cancer Care was identified as leading the way with respect to developing Indigenous-specific cancer care priorities and indicators (Canadian Partnership Against Cancer 2023). Based on extensive consultation, three priorities have been developed that aim to improve cancer care experiences and outcomes for First Nations, Inuit, and Métis peoples, including: culturally appropriate care closer to home, people-specific, self-determined care, and First Nations-government research and data systems. Additionally, 8 indicator concepts (domains) have been identified as requiring further development.

Additionally, the previous edition of Cancer Care Ontario's Strategy Report (2015-2019) provides a set of cancer related indicators, related to smoking and secondhand smoke, and cancer screening (i.e., colorectal, mammogram, pap test). Finally, the Onkwana'ta Our Community, Onkwata'karite Our Health Portrait Volume 1 from Kahnawà:ke, Quebec, provides a comprehensive set of indicator domains related to cancer and cancer prevention in Kahnawà:ke, including cancer incidence and prevalence of specific cancers (breast, colon, rectal, lung, cervical, prostate). Each domain is associated with comprehensive indicators (Onkwata'karitáhtshera 2018).

The literature on cancer care within Indigenous populations underscores the necessity for culturally informed models that respect and integrate Indigenous perspectives throughout the care continuum. The findings emphasize the need for strategic partnerships, improved screening, and culturally safe care. The identified tools and indicators, such as those from the Canadian Strategy for Cancer Control, provide a framework for developing Indigenous-specific cancer care priorities. Overall, these findings advocate for enhanced collaboration, respect for data sovereignty, and equitable access to healthcare services to improve cancer care outcomes for Indigenous peoples.

Table 12: Takwa'a:shon (Cancer)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Beginning the Journey into the Spirit World: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada</p>	<p>(Canadian Partnership Against Cancer 2024a)</p>	<p>In response to recommendations from First Nations, Inuit and Métis Elders, Knowledge Carriers, community health professionals and with expertise in Indigenous approaches to palliative and end-of-life care, the document titled <i>Beginning the Journey into the Spirit World: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada</i> was developed, funded by the Canadian Partnership Against Cancer.</p> <p>This resource summarizes factors contributing to First Nations, Inuit and Métis palliative and end-of-life care experiences, identifies areas for action in palliative and end-of-life care based on priorities, gaps, challenges and needs expressed by First Nations, Inuit and Métis Peoples and communities, and identifies innovative and Indigenous community-based models of care and person-centered approaches to palliative and end-of-life care.</p>	<p>This resource identifies a number of constructs that are important to incorporate into end of life model of care for First Nations, Inuit and Métis people and populations, including:</p> <ul style="list-style-type: none"> ▪ Perspectives of death and dying as a transition to the spirit world ▪ Using culture as medicine (land and place as important dimensions of cultural health, Indigenous healers, relational healing ▪ Etuaptmumk/two-eyed seeing ▪ Trauma-informed care ▪ Care across the generations ▪ Resilience-informed care ▪ Gender- and 2SLGBTQQIA+ -informed care ▪ Relationship and allyship ▪ Healthcare providers with palliative care and cultural safety foundational training
<p>First Nations Inuit and Métis: Working Together to Improve Access to Culturally Appropriate Cancer Care</p>	<p>(Canadian Partnership Against Cancer 2024b)</p>	<p>This is a website developed by the Canadian Partnership Against Cancer to advance action on the cancer care priorities and improve the cancer experience of First Nations, Inuit and Métis throughout the continuum of care.</p>	<p>The Canadian Partnership Against Cancer’s plan (2011-2017) is comprised of the following four strategic areas of focus, associated goals, as follows:</p> <ol style="list-style-type: none"> 1. Community-based health human resource skills and capacity, and community awareness.

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ol style="list-style-type: none"> 2. Culturally responsive resources and services (Goal: Provide access to existing resources and education across the spectrum of cancer control) 3. Access to programs and services in remote and rural communities (Goal: Identify new models of care that could be adapted to rural and remote First Nations, Inuit and Métis communities. 4. Patient identification systems (Goal: Identify existing systems of patient identification specific to First Nations, Inuit and Métis ethnicity. Analyze the barriers to developing common standards for data collection, access and reporting) <p>Cross cutting: Leadership: (Goal: Focus attention on the determinants of health and the potential roles for leaders in all sectors. Create momentum for change and strengthen collaboration among sectors.</p>
<p>Report: Path to Prevention Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis</p>	<p>(Cancer Care Ontario 2016)</p>	<p>The Path to Prevention is a report developed by Cancer Care Ontario with the goal of reducing chronic diseases among First Nations, Inuit, and Métis populations in Ontario. Part of the Aboriginal Cancer Strategy and a companion report to <i>Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario</i>, this document provides evidence-based policy recommendations to help prevent and/or reduce the risk of risk factors for First Nations, Inuit and Métis communities in four key areas: 1) commercial tobacco use; 2) alcohol consumption; 3) physical inactivity; 4) unhealthy eating.</p>	<p>This report 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 <i>Community-Centered First Nations, Inuit and Métis Health and Wellness Model</i>, identifying the following key concepts for health as wellness:</p> <ul style="list-style-type: none"> ▪ Health and wellness are seen as continuous ▪ First Nations, Inuit and Métis individuals, families and communities are central

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Additionally, equity and collaboration are identified as a required part of chronic disease prevention strategies.</p> <p>Policy recommendations were developed through extensive engagement with First Nations, Inuit and Métis communities, the Government of Ontario and non-government organizations.</p>	<ul style="list-style-type: none"> ▪ First Nations, Inuit and Métis individuals, families and communities 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 in early life affecting health and wellness later in life ▪ Good health is dependent on key determinants of health, with includes First Nations, Inuit and Métis determinants of health such as colonialism, racism, social exclusion, and self-determination
The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 – 2023	(Cancer Care Ontario 2023)	<p>The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 – 2023 builds upon the work of previous multi-year provincial Indigenous cancer strategies in Ontario. The <i>First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 – 2023</i> provides a road map for the Ontario Health (Cancer Care Ontario), Indigenous communities, and health system partners to work together to improve health equity and reduce the unique burden of cancer and other chronic diseases on Indigenous people.</p> <p>This plan focuses on the empowerment of supportive and healthy environments that build on the strengths of Indigenous individuals, families, communities and organizations and honours Indigenous concepts of wellbeing. Specific actions to address cancer care gaps from a wholistic perspective are identified, grouped into 7 Strategic Priorities.</p>	<ul style="list-style-type: none"> ▪ The framework is comprised of 7 Strategic Priorities, each with associated objectives. ▪ Strategic Priority 1: Building Productive Relationships (build and promote relationships with Indigenous partners based on trust and mutual respect) ▪ Strategic Priority 2: Measurement, Monitoring and Evaluation (compile and develop information to improve the quality of the cancer experience for patients, families and healthcare providers) ▪ Strategic Priority 4: Screening (increase participation in cancer screening among Indigenous people across the province) ▪ Strategic Priority 5: Palliative and End of Life Care (help take care of palliative and end of life needs of Indigenous people with cancer)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Additionally, equity and collaboration are identified as a required part of chronic disease prevention strategies.</p> <p>Policy recommendations were developed through extensive engagement with First Nations, Inuit and Métis communities, the Government of Ontario and non-government organizations.</p>	<ul style="list-style-type: none"> ▪ Strategic Priority 6: Education: increase the knowledge and awareness among Indigenous people about cancer and other chronic diseases and increase cultural safety among healthcare providers) ▪ Strategic Priority 7: Equitable Access (reduce barriers in the health system and service delivery)
Improving Indigenous Cancer Journeys in BC: A Roadmap	(First Nations Health Authority 2017)	<p>The <i>Roadmap to Improve Indigenous Cancer Journeys in BC</i> is a strategic document designed to enhance cancer care and support for all Indigenous peoples in British Columbia. Developed as part of a partnership between the First Nations Health Authority, Métis Nation BC, the BC Association of Aboriginal Friendship Centres and BC Cancer, the strategy is centered around improving collaboration in the province with respect to Indigenous cancer care.</p> <p>Specifically, this strategy identifies the need to address cultural safety, prevention, screening, survivorship, end-of-life care, and knowledge development throughout the healthcare system to ensure that Indigenous peoples receive high-quality and respectful cancer care. This involves recognizing and addressing the ongoing impacts of colonization and oppression within health services and making system-wide changes to support cultural safety.</p>	<p>B.C.'s Indigenous cancer care strategy is structured around the following 7 key areas, each with specific goals, objectives, and actions:</p> <ul style="list-style-type: none"> ▪ Partnerships ▪ Prevention ▪ Screening ▪ Cultural safety ▪ Survivorship ▪ End-of-life ▪ Knowledge development

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Interventions to Improve Cancer Survivorship among Indigenous Peoples and Communities: A Systematic Review with a Narrative Synthesis	(Gifford, W. et al 2021)	<p>The purpose of this paper was to synthesize the evidence available on the types of interventions that have been utilized by Indigenous Peoples living with cancer, and report on their relevance to Indigenous communities and how they align with wholistic wellness.</p> <p>In total, 27 studies evaluating 20 interventions were included in this study. This study concluded that there no studies that addressed all four dimensions of wholistic wellness (physical, mental, social, and spiritual) that are central to Indigenous health in many communities, and there is limited evidence (not meeting relevance standards) on cancer interventions within Indigenous communities. Thus, to improve the cancer survivorship journey, interventions that are relevant, culturally safe, and honoring the diverse conceptualizations of health and wellness among Indigenous Peoples around the world are needed.</p>	<p>Of the evidence explored in this study, wholistic wellness outcomes and response to the intervention identified in the literature were conceptualized into a Medicine Wheel Framework as follows:</p> <p>Physical - West (52% of studies): Cultural appropriateness of Intervention</p> <ul style="list-style-type: none"> ▪ Access to healthcare ▪ Self-management <p>Spiritual - North (4% of studies):</p> <ul style="list-style-type: none"> ▪ n/a\ <p>Mental - East (30% of studies): Satisfaction and acceptability of intervention</p> <ul style="list-style-type: none"> ▪ knowledge ▪ Intent to change <p>Emotional – South (33% of studies): Approaches to implementation</p> <ul style="list-style-type: none"> ▪ Speak about cancer ▪ Emotional state ▪ Family/Social support
Widening the Circle of Care: Digital Stories of Community Based Caregiving in a Mohawk First Nation	(Hammond, C., Rice. C., and Thomas, R. 2022)	<p>This article a project that was conducted by The Kateri Memorial Hospital Centre in Kahnawà:ke that explores the personal journey of 6 caregivers experiences caring for people with cancer in Kahnawà:ke. This presentation highlights the critical role of cultural spirituality, traditional beliefs, ceremonies, and medicines in supporting individuals facing cancer and their caregivers. This study found the presence of often-overlooked aspects of caregiving (e.g., emotional, spiritual, and physical demands)</p>	<p>From the results of this project, recommendations for strengthening and sustaining caregiving in Kahnawà:ke is presented within three domains:</p> <ol style="list-style-type: none"> 1. Offer compassion 2. Share responsibilities 3. Support spirituality

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>and identified broader themes such as navigating healthcare systems, dealing with systemic racism, and the universal need for compassionate support at the end of life. The following themes of caregiving emerged from community responses: 1) gifts and teachings; 2) being there, being present; 3) circle(s) of care.</p>	
<p>Canadian Partnership Against Cancer: Developing the Peoples-specific, self-determined priorities and indicator</p>	<p>(Canadian Partnership Against Cancer 2023)</p>	<p>This webpage describes the Canadian <i>Strategy for Cancer Control's First Nations, Inuit and Métis-Specific, Self-determined Priorities for Cancer Care</i>. Based on extensive consultation with First Nations, Inuit and Métis Elders, governments and Advisors, Knowledge Holders, families, cancer survivors, community leaders and National Indigenous organizations, three priorities have been developed that aim to improve cancer care experiences and outcomes for First Nations, Inuit, and Métis peoples through:</p> <ul style="list-style-type: none"> ▪ Culturally Appropriate Care Closer to Home ▪ Peoples-Specific, Self-Determined Care ▪ First Nations-Governed Research and Data Systems <p>To effectively monitor progress wards these priorities, a set of indicator concepts has been identified, with plans to further develop and utilize these indicators. Data collection began in Spring 2023.</p>	<p>Indicator concepts/domains that will be used to further develop the <i>First Nations, Inuit and Métis-Specific, Self-determined Priorities for Cancer Care</i> include:</p> <ul style="list-style-type: none"> ▪ Accessibility and proximity ▪ Cultural sensitivity and respect ▪ Environmental health awareness ▪ Data sovereignty and identification ▪ Support systems and language accessibility ▪ Palliative and end of life care ▪ Research ethics and opportunities ▪ Engagement and collaboration

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Ahsatakaríteke (To Be Well): Chronic Illness and Disease



Ahsatakaríteke (To Be Well): Chronic Illness and Disease

Conceptual models and frameworks

Chronic illness and disease represent significant health challenges for Indigenous populations, necessitating culturally tailored approaches that address broader social determinants of health. This section reviews twelve key documents that emphasize the importance of integrating traditional knowledge and community-specific needs into chronic disease prevention and primary health care strategies (Table 13). The documents underscore the critical need for adopting culturally tailored approaches within a broader social determinants of health framework (Kyoon Achan et al. 2022; Indigenous Services Canada 2018; Earle, L. 2019; Hill 2009).

Specifically, two sub-domains were identified: 1) chronic disease prevention, and 2) strengthening primary health care (Earle, L. 2019; Harfield, S., et al. 2018; Indigenous Primary Health Care Council (IPHCC) 2022; Indigenous Services Canada 2018; Kyoon Achan et al. 2022). By exploring sub-domains such as chronic disease prevention and the strengthening of primary health care, the literature highlights frameworks and models that promote health equity, cultural safety, and systemic change to improve health outcomes for Indigenous communities.

The first sub-domain identified through the literature is chronic disease prevention. A key document within this sub-domain is titled *Path to Prevention Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* (Cancer Care Ontario 2016). This document provides evidence-based policy recommendations to help prevent and/or reduce the risk of risk factors for First Nations, Inuit and Métis communities through 22 comprehensive, evidence-based recommendations in four key areas: 1) commercial tobacco use; 2) alcohol consumption; 3) physical inactivity, and 4) unhealthy eating. These recommendations are framed by a *Community-Centered First Nations, Inuit and Métis Health and Wellness Model* which identifies a number of key concepts integral to Indigenous health and wellness, with a focus on wholistic, culturally relevant elements that address the social determinants of Indigenous health (Cancer Care Ontario 2016).

Another key report within this sub-domain is titled *Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework*, developed by Indigenous Services Canada (Indigenous Services Canada 2018). This document provides broad direction to improve access to appropriate, culturally relevant services and supports along the care continuum. This report also presents a chronic disease prevention and management framework developed through extensive collaboration and engagement with Indigenous groups and experts. The *First Nations Chronic Disease Prevention and Management Framework* consists of a vision, nine guiding principles, four focus areas, and associated objectives and activities for improved wellness and chronic disease outcomes for First Nations.

The second sub-domain identified through the literature is strengthening primary health care. One key report within this domain is titled *Indigenous Health System Transformation: Foundations for IPHCC's OHT Provincial Framework* is a policy document that outlines the foundational concepts required to transform Indigenous health systems in Ontario based on extensive engagement and collaboration (Indigenous Primary Health Care Council (IPHCC) 2022). It presents the *IPHCC Indigenous Health Systems Transformation Model* which places family, patient, and caregiver at the centre of care, surrounded by elements such as self-determination, culturally safe care, wholistic health, collaborative and reciprocal care, and improved health outcomes through robust data governance and performance management

Another document that was deemed to be particularly relevant is a report titled *Canada First Nations Strengths in Community-Based Primary Healthcare* (Kyoon Achan et al. 2022). This paper reports on a study consisting of 183 interviews with key informants (e.g., community-based health providers and users of primary healthcare services) to determine the key constructs that have supported First Nations communities develop community-based primary healthcare (CBPHC). This study found nine interrelated themes that add strength to primary healthcare transformation, including activities that address care across the continuum, prioritize culture, and address the social determinants of health.

A third key document is a scoping review by Harfield et al. titled *Characteristics of Indigenous Primary Health Care Service Delivery Models: A Systematic Scoping Review* (Harfield, S., et al. 2018). This scoping review identified the core characteristics of Indigenous health care, which informed the development of the Indigenous

Primary Health Care Service Delivery Model. This model, illustrated as a hub and spoke model, places culture at the centre, and emphasizes the interconnectivity of culturally appropriate services, accessible health services, flexibility in care, community participation, self-determination, continuous quality improvement, and wholistic health care.

Overall, the literature included in the chronic illness and disease domain recognize the need for multifaceted approaches that honour traditional knowledge, adapt to community-specific needs, and foster systemic change with respect to health equity and cultural safety. The models and frameworks presented recommend approaches to the management and prevention of chronic diseases that are not only focused on healthcare delivery, but also work to promote empowerment and self-determination among Indigenous populations, thereby contributing to better health and wellness outcomes (Barnabe 2021; Kyoon Achan et al. 2022; Indigenous Primary Health Care Council (IPHCC) 2022; Indigenous Services Canada 2018).

Tools and indicators

The report titled *Path to Prevention: Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* is a key document that has identified a number of indicators related to chronic illness and disease within Indigenous contexts. Within this report, critical indicator domains have been identified and measured, including health status, chronic disease prevalence, mortality rates due to chronic disease, and risk and protective factors (e.g., commercial tobacco use, alcohol consumption, physical activity, healthy eating) (Cancer Care Ontario 2016).

Additionally, the *Onkwaná:ta Our Community, Onkwata'karí:te Our Health Portraits, Volume 1 and 2* (Onkwata'karitáhtshera 2018; 2023) reports from Kahnawà:ke, Quebec, include a comprehensive set of chronic disease and illness indicators. Examples of key indicator domains highlighted in this report include diabetes (e.g., incidence, prevalence, management, prevention, etc.), and indicators related to other chronic illnesses (e.g., Chronic Obstructive Pulmonary Disorder (COPD), Asthma, Hypertension, Cardiovascular diseases [heart disease, stroke]).

The literature on chronic illness and disease within Indigenous contexts reveals the critical need for multifaceted, culturally informed approaches to health care. The key documents described above provide comprehensive strategies for preventing and managing chronic diseases, and emphasize the importance of culturally safe, wholistic care. The identified tools and indicators support the development of tailored interventions that promote empowerment and self-determination. Overall, these findings advocate for systemic changes that honor traditional knowledge and address health equity to improve chronic disease outcomes for Indigenous populations.

Table 13: Ahsatakaríteke (To Be Well): Chronic illness and disease

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Understanding Chronic Disease and the Role for Traditional Approaches in Aboriginal Communities (NCCIH)	(Earle, L. 2019)	This review examines the impact of chronic disease (specifically diabetes, cardiovascular disease, cancer, and chronic respiratory disease) on Aboriginal people in Canada, based on the results from peer-reviewed and grey literature searches. Specifically, this paper explores the risk factors that underlie chronic diseases in Aboriginal Canadians and provides a brief overview of traditional and wholistic approaches to chronic disease prevention.	<p>Elements of traditional and wholistic approaches to health is viewed through social determinants of health framework that includes:</p> <ul style="list-style-type: none"> ▪ Targeting modifiable risk factors (e.g., diet, traditional activities) ▪ Influencing determinants of health for prevention of chronic diseases (e.g., tradition and culture incorporation into programs as part of the decolonization process)
Characteristics of Indigenous Primary Health Care Service Delivery Models: A Systematic Scoping Review	(Harfield, S., et al. 2018)	This systematic scoping review aims to identify and describe the characteristics of Indigenous primary health care service delivery models. The scoping review included 62 published studies and grey literature documents from 1978-2015, in which data was extracted and thematically analyzed. The study concluded that culture was the most prominent characteristic underpinning all other characteristics which were identified. Additionally, the interconnectivity of all characteristics was highlighted. The findings of this study were used to develop the <i>Indigenous Service Delivery Model</i> .	<p>Characteristics of the <i>Indigenous Primary Health Care Service Delivery Model</i> is illustrated as a hub and spoke model with culture at the centre of the model. Outside the model the interconnected spokes are identified as follows:</p> <ul style="list-style-type: none"> ▪ Culturally appropriate and skilled workforce ▪ Accessible health services ▪ Flexible approach to care ▪ Community participation ▪ Self-determination and empowerment ▪ Continuous quality improvement ▪ Wholistic health care

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Indigenous Health System Transformation: Foundations for IPHCC's OHT Provincial Framework</p>	<p>(Indigenous Primary Health Care Council (IPHCC) 2022)</p>	<p>This policy document outlines the foundational components for Indigenous Health Systems Transformation and the underlying concepts that help inform the development of the <i>Indigenous Primary Health Care Council (IPHCC) Ontario Health Team (OHT) Provincial Framework</i>. The purpose of this document is to:</p> <ul style="list-style-type: none"> ▪ define terms from an Indigenous lens and relevance to the work of IPHCC and its members ▪ support the application of equity perspectives as referenced in the Model of Wholistic Health and Wellbeing ▪ Bring clarity and a consistent understanding of the terms defined by government and non-Indigenous providers as they apply to Indigenous settings. 	<p><i>The IPHCC Indigenous Health Systems Transformation Model</i> is depicted in a circle with family, patient, caregiver and community at the centre, surrounded by the following elements of care, identified and defined as:</p> <ul style="list-style-type: none"> ▪ Indigenous health in Indigenous hands: self-determination, equity, governance ▪ Culturally safe care: (structured and systematic) racism, cultural competency, and safety, anti-racism ▪ Wholistic health: population health, population health management, integrated care, continuum of care ▪ Collaborative and Reciprocal: collaborative decision making, collaborative and supportive agreements ▪ Better Health Outcomes: data governance and information, performance management
<p>Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework</p>	<p>(Indigenous Services Canada 2018)</p>	<p>This framework, developed by Indigenous Services Canada provides a broad direction and identifies opportunities to improve the access to appropriate, culturally relevant services and supports based on their needs at any point along the health continuum. The <i>Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework</i> was developed through extensive collaboration and engagement with several individuals and groups across Canada. This framework is built on the pivotal objective of the <i>2012 First Nations and Inuit Health Strategic Plan: A Shared Path to Improved Health</i>.</p>	<p>The <i>First Nations Chronic Disease Prevention and Management Framework</i> is depicted through a dreamcatcher visual, which includes the following:</p> <p>Principles: (inside dreamcatcher)</p> <ul style="list-style-type: none"> ▪ Quality based and evidence informed ▪ Community driven and focused ▪ Person/client and family centered ▪ Culturally relevant and safe ▪ Sustainable ▪ Collaborative and coordinated

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		Specifically, the Framework consists of a vision, nine guiding principles, four focus areas, and associated objectives and activities for improved wellness and chronic disease outcomes for First Nations.	<p>Focus Ares (inside bottom of dreamcatcher)</p> <ul style="list-style-type: none"> ▪ Collaboration and coordination ▪ Safe and supportive environments ▪ Personal and professional skills ▪ Information systems and data sharing <p>Objectives (within 4 feathers at bottom of dreamcatcher)</p> <ul style="list-style-type: none"> ▪ Committed leadership ▪ Determinants of health ▪ Traditional knowledge ▪ Sustainable environments ▪ Existing strengths and resources ▪ Self-management of health/wellness goals ▪ Education/skill building ▪ Capacity for quality, culturally safe services ▪ Trusting, respectful relationships ▪ Capture local health and social needs ▪ Community-based data ▪ Data sharing standards/policies/guidelines
Canada First Nations Strengths in Community-Based Primary Healthcare.	(Kyoon Achan et al. 2022)	This paper reports on the cultural, community, and family strengths that have supported First Nations communities in developing community-based primary healthcare (CBPHC) strategies to support health and wellbeing. Driven by a partnership by The First Nations Health and Social Secretariat of Manitoba, eight First Nation communities	Based on the results of this study, 9 inter-related central themes emerged, including: <ol style="list-style-type: none"> 1. having a cooperative and engaged community 2. committed and responsive leadership to oversee and inspire healthcare sectors

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>in Manitoba, and university-based researchers, a total of 183 in-depth interviews with key informants (e.g., community-based health providers and users of primary healthcare services) was conducted within First Nations communities between 2014-2016. The study concluded that locally led, self-determined care adds strength in FN communities, and is poised to create long-lasting primary healthcare transformation.</p>	<ol style="list-style-type: none"> 3. activities that support social connection and wellbeing in the communities 4. ensuring patients have positive experiences with an accessible healthcare system, including provision of timely care, medical transportation, and compassionate care 5. homecare for Elders and others who may be immobile 6. ensuring a connection with the land 7. spirituality 8. culture 9. economic development to address the social determinants of health
Acute Psychological Stress Results in the Rapid Development of Insulin Resistance	(Li et al. 2013)	<p>This study explores the connection between acute psychological stress, particularly through inescapable foot shock (a ‘stressor’), and insulin resistance (precursor to type 2 diabetes). The study demonstrates the potential mechanism of linking stress to diabetes onset.</p>	<p>Proposed pathophysiological mechanisms for association between chronic stress or depression and insulin resistance and diabetes include the following:</p> <ul style="list-style-type: none"> ▪ hyperstimulation of the hypothalamic-pituitary-adrenal ▪ increased proinflammatory cytokines (i.e., inflammatory diseases) ▪ stress interfering with carbohydrate metabolism
Stress-Induced Diabetes: A Review	(Sharma et al., n.d.)	<p>This paper examines stress in daily life as a pathway to Type 2 Diabetes. Chronic stress induced hyperglycemia along with other mechanisms, causes tissue-level insulin resistance, thus leading to type II diabetes in patients with chronic stress states, and other various complications. This paper provides</p>	<p>Lifestyle modifications to prevent and manage Type 2 Diabetes presented in this article includes:</p> <ul style="list-style-type: none"> ▪ increased intake of fibre, ▪ less calorie and fat intake

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		clinical advice for the prevention and management of Type 2 Diabetes through stress management therapies and lifestyle modification.	<ul style="list-style-type: none"> ▪ stress management therapies (e.g., music, exercise and healthy diet, following hobby, meditation and yoga, laughing and enjoying nature)
Stress and Diabetes Mellitus	(Surwit, Schneider, and Feinglos 1992)	<p>This paper examines how stress has been recognized as a significant factor influencing chronic hyperglycemia and metabolic activities, especially in the context of diabetes, through a process similar to the ‘fight or flight’ response. This is detrimental in diabetes due to impaired glucose metabolism.</p> <p>While the effects of stress on Type I diabetes remain contradictory (studies show varied outcomes) there is more consistent evidence linking stress to the exacerbation of Type 2 diabetes. In animal studies, stress has been seen to reliably cause higher blood sugar, providing evidence that the body’s automatic nerve system plays a role in how Type 2 Diabetes develops and functions.</p>	<ul style="list-style-type: none"> ▪ This paper presents a theoretical framework that suggests that individuals with Type 2 Diabetes have altered adrenergic sensitivity in the pancreas (and possibly other sites as well) which could make them particularly sensitive to stressful environmental stimulation, although more longitudinal research is needed in this area.
What Core Primary Health Care Services Should Be Available to Australians Living in Rural and Remote Communities?	(Thomas, Wakerman, and Humphreys 2014)	This study uses a Delphi method to research to identify an evidence-based list of core primary health care services all Australians should have access to. Experts in rural and remote and/or Indigenous PHC, including policy-makers, academics, clinicians and consumers were invited to consider a list of core services derived from the literature. In total, 39 experts participated, and a basket of services were identified that were deemed necessary for all Australians was developed.	<p>The following core primary health care services that should be available to Australians living in rural and remote areas identified included:</p> <ul style="list-style-type: none"> ▪ Care of sick and injured: 24 hour care, treatment of injury and poisoning, pathology, radiology, provision of essential drugs, patient advocacy ▪ Mental health and social and emotional wellbeing: counselling, drug and alcohol treatment ▪ Maternal and Child Health: ante/post natal care, child development checks, immunization

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Allied Health Services: audiology, dietetics, occupational therapy, optometry, physiotherapy, social work/family violence, aged care, palliative care ▪ Sexual and reproductive health: STI, family planning ▪ Rehabilitation: after trauma, post-stroke, alcohol and other drug rehabilitation ▪ Public Health/Illness Prevention: immunization, communicable disease control, health promotion programs, screening programs, youth programs, well men and women programs, advocacy <p>Health care support functions for primary care deemed necessary included:</p> <ul style="list-style-type: none"> ▪ Management/Governance/Leadership ▪ Coordination (or care and between and within services) ▪ Health Infrastructure ▪ Quality systems (e.g., evidence based practice, CQI) ▪ Data systems ▪ Professional development ▪ Community participation
Traditional Medicine and Restoration of Wellness Strategies	(Hill 2009)	This paper reviews the existing literature on traditional medicine and Indigenous knowledge as protective factors for at risk Aboriginal populations and communities in Canada. This document advocates for the adoption of new strategies for intervention and prevention with an emphasis on learning from historical wrongs to ensure future	<p>Based on the literature reviewed, a number of themes were identified as negatively impacting the health of Aboriginal Canadians, including:</p> <ul style="list-style-type: none"> ▪ Colonialism as the root cause of communities in crisis ▪ Education as a Tool for Assimilation

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>This data is being used to assist policy makers in the allocation of resources to improve health outcomes of residents in rural and remote areas.</p>	<ul style="list-style-type: none"> ▪ The Loss of Value and Support for Woman ▪ Youth Suicide Prevalence in Communities in Crisis <p>Additionally, a number of protective health factors were identified, situated within an indigenous knowledge framework that emphasizes wholistic and inclusive approaches that seek balance between the spiritual, emotional, physical, and social spheres of life contextualized within a decolonization or self-determination model. This model includes the following elements:</p> <ul style="list-style-type: none"> ▪ Traditional knowledge ▪ Traditional medicine ▪ Indigenous Knowledge and Traditional Healing as Key to Empowerment and Prevention
<p>Towards attainment of Indigenous health through empowerment: resetting health systems, services and provider approaches</p>	<p>(Barnabe 2021)</p>	<p>This article explores how current health system structures and approaches are insufficient to resolve health inequities experienced by Indigenous populations in commonwealth countries. The author argues that prioritizing the involvement, collaboration and empowerment of Indigenous communities and leadership are critical to successful transformation of healthcare in Indigenous communities. Healthcare transformation must also ensure that Indigenous rights to health and regaining self determination over all aspects of decision-making and service delivery are prioritized.</p>	<p>This paper presents a framework for meaningful community engagement, which consists of the following principles:</p> <p>Involve and Collaborate: represent increasing meaningful community engagement by committing to the inclusion of those affected by the decision and initiative</p> <p>Empower: secures community ownership of the process and ensures power for setting direction and leading initiatives</p>

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Building Peace and Wellness by Addressing Violence



Building Peace and Wellness by Addressing Violence

Conceptual models and frameworks

This section reviews key documents that explore family violence, lateral violence, and racism, highlighting the need for wholistic, community-centered approaches. These documents provide insights into the complexities of violence and offer strategic frameworks to address the systemic and cultural factors contributing to violence against Indigenous peoples, emphasizing the importance of integrating Indigenous perspectives and rights into prevention and intervention efforts. Within the domain of violence prevention, a total of thirteen documents met the criteria for inclusion (Table 14). Within this literature, three sub-domains were clearly identified as follows: 1) family violence (including intergenerational abuse, intimate partner violence and gender based violence); 2) lateral violence; and 3) racism (National Collaborating Centre for Indigenous Health 2010; Native Women's Association of Canada (NWAC) 2011; Chiefs of Ontario 2023; Holmes, C. and Hunt, S. 2017).

Within the first sub-domain of family violence, four key documents were identified. The first two outlined in this document provide a comprehensive understanding of the complexities of factors related to violence, and provide broad, comprehensive recommendations for future action. The second two present wholistic frameworks from which family violence can be understood and addressed.

The first document is a discussion paper by the National Collaborating Centre for *Indigenous Health* titled *Indigenous Communities and Family Violence: Changing the Conversation* (Holmes, C. and Hunt, S. 2017). This document provides an analysis of family violence discourses from Canadian literature in Indigenous communities and explores a number of suggested strategies to address family violence specific to Indigenous contexts centered around a number of key principles, framed within a broader decolonization lens.

The second key report is a document titled *A Review of the Literature on the Risk Indicators of Intimate Partner Violence against First Nations Women, Two Spirit and Gender-Diverse People* (Chiefs of Ontario 2023). Conducted by the Chiefs of Ontario as a first step in a larger project titled the *Risk Assessment and Danger Assessment Tools (RADAT) project*, this document provides a summary of the available literature on intimate partner violence against First Nations women, two spirit and gender diverse people, and identifies risks (e.g., adverse childhood experiences, poverty, and substance abuse,) as well as protective factors (e.g., economic mobility, strong social connections) related to intimate partner violence.

The third key report is titled *A Strategic Framework to End Violence Against Aboriginal Women*, published by the Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres (Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007). This document outlines a comprehensive strategy and framework to end violence against Aboriginal women in Ontario. Illustrated as a medicine wheel, the framework includes 11 foundational principles and 8 areas for strategic direction, each with association goals and actions.

The final key report within the sub-domain of family violence is a report titled *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (MMIWG 2016). Grounded in extensive consultation, this document is based on a Canadian national inquiry established to address the systemic violence against Indigenous women, girls, and LGBTQ+ community members in Canada. Comprised of testimonies, evidence, and analyses, the report identifies numerous recommendations, this report emphasizes the need for a new framework to transform the systemic structures and societal norms that contribute to the violence experienced by Indigenous women, girls, and LGBTQ+ people, consisting of the following 7 elements: legal and policy reform, cultural safety, the adoption of a Human and Indigenous Rights Framework, creation of plans for action, data collection and research, support for families and communities and partnerships. This document is accompanied by a companion report titled *Reclaiming Power and Place: A Supplementary Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (Québec), which provides additional key areas of focus for Quebec (MMIWG 2019).

The second sub-theme identified in the literature is lateral violence. Key documents within this sub-domain include 2 fact sheets titled *Aboriginal Lateral Violence, and From Lateral Violence to Lateral Kindness*, developed

by the by the Native Women' Association of Canada and B.C, respectively (Native Women's Association of Canada (NWAC) 2011; First Nations Health Authority 2021). First Nations Health Authority, respectively. These fact sheets provide an overview of the concept of lateral violence, and present lateral kindness as a counter to a counter to lateral violence rooted in respect and fairness according to Indigenous values.

The final sub-domain identified in the literature is racism. Within this domain, two publications from the National Collaborating Centre of Health titled *Indigenous Experiences with Racism and Its Impacts and Policies, Programs, and Strategies to Address Anti-Indigenous Racism* have been identified as key documents within this sub-domain (Loppie, S. et. al 2019; Reading, C. 2014). These documents focus on the systematic and structural racism experienced by Indigenous peoples in Canada and explore complex efforts underway to address this issue through approaches that recognize the need for strategies that address historical and systematic oppression, stigma, discrimination and inequities.

Overall, the literature within this domain reflects a consensus on the need for systematic frameworks to address different types of violence within Indigenous contexts, prioritizing the need for collaborative efforts that respect and integrate Indigenous perspectives and rights. The literature highlights the need for immediate action coupled with ongoing research to fill pervasive gaps in data and foster greater understanding of this issue faced by Indigenous people, including the impacts on health and wellness (Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007; National Collaborating Centre for Indigenous Health 2010; Holmes, C. and Hunt, S. 2017).

Tools and indicators

Within the literature, one tool that was identified as useful in the develop development of domestic violence risk assessment, risk management, and safety planning with Indigenous families is a briefing document titled *Domestic Violence Risk Assessment, Risk Management and Safety Planning with Indigenous Populations*, developed by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) (Peters, O. et al. 2018). This document reviews the current literature and promising practices, as well as outlines and describes 6 principles that should be used to inform Indigenous family violence initiatives.

Finally, a key tool that has been identified with respect to violence and violence prevention indicators is the data sets available from the Statistics Canada data portal. Specifically, the *Survey of Safety in Public and Private Spaces (SSPPS)*, *the General Social Survey (GSS) on Victimization*, police-reported data from the *2018 Uniform Crime Reporting Survey*, and *court data from the Adult Criminal Court Survey* (Statistics Canada 2022; 2018; 2019) These national data sets provide statistical indicator data, organized into themes including crime and justice, community safety, victims and victimization, age and gender vulnerability, victim reporting reluctance, and victim confidence in criminal justice systems.

The literature on violence prevention in Indigenous contexts underscores the critical need for systemic frameworks that address various forms of violence, including family violence, lateral violence, and racism. Key documents provide comprehensive strategies and recommendations to combat violence through culturally relevant, wholistic approaches. Overall, the findings advocate for collaborative efforts that respect Indigenous perspectives and prioritize ongoing research to address gaps in data, ultimately aiming to enhance the health and wellness of Indigenous communities.

Table 14: Building Peace and Wellness by Addressing Violence

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
A Review of the Literature on the Risk Indicators of Intimate Partner Violence against First Nations Women, Two Spirit and Gender-Diverse People	(Chiefs of Ontario 2023)	<p>This literature review, conducted by the Chiefs of Ontario, examined the available literature on intimate partner violence against First Nations women, Two-Spirit, and gender-diverse people published after 2005 in Canada. As a first step in a larger project titled the Risk Assessment and Danger Assessment Tools (RADAT) project, which aims to develop IPV risk assessment and danger assessment tools reflective of the unique risk indicators of First Nations people.</p> <p>Based on the results of the literature review, this paper identifies a number of risk factors for IPV within First Nations populations, as well as protective factors. Through this research, the authors identified a need for additional distinction-based approaches to research that explores the unique experiences of First Nations women. Additionally, more Two Spirit-specific research is identified as needed to better understand how to prevent IPV again this group.</p>	<p>Risk indicators identified in the literature:</p> <ul style="list-style-type: none"> ▪ Adverse childhood experiences ▪ Being under the legal responsibility of the government ▪ Poverty ▪ Experiences of homelessness or street involvement ▪ Living in a rural area ▪ Maladaptive coping (specifically substance use and abuse) <p>Protective factors identified in the literature:</p> <ul style="list-style-type: none"> ▪ Economic mobility through education and employment ▪ Access to existing IPV services ▪ Strong social connections ▪ Connection with cultural identity, sovereignty, and tradition
Raising Canada: Top 10 Threats to Childhood in Canada and the Impact of COVID-19	(Children First Canada 2020)	<p>This report, developed by Children First Canada (a national charitable organization serving as an independent voice for children in Canada), is the fourth in an annual series of reports. The purpose of this report is to provide an overview of the current data and research related to the state of childhood in Canada, and provide recommendations for addressing each threat, indicating the various ways that government leaders and stakeholders can take action. The report includes data related to each of the 10 threats,</p>	<p>This report outlines a child rights framework (CRC) that is intended to be used to assist with interpretation of data and provide guidance to implement the recommendations. The CRC is fundamentally based on four guiding principles:</p> <ul style="list-style-type: none"> ▪ Non discrimination ▪ Best interests of the child ▪ The right to survival and development ▪ The views of the child

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>expertise from a variety of stakeholders.</p> <p>The top 10 threats to childhood in Canada were identified as follows:</p> <ol style="list-style-type: none"> 1. Unintentional and preventable injuries 2. Poor mental health 3. Systemic racism and discrimination 4. Child abuse 5. Vaccine-preventable illnesses 6. Poverty 7. Food and nutritional insecurity 8. Infant mortality 9. Bullying 10. Limited physical activity and play <p>Four cross-cutting themes that were evident from the literature identified include:</p> <ul style="list-style-type: none"> ▪ Access to education and child care ▪ Access to health and social services ▪ Inequity and inequality ▪ Climate change 	<p>Applying a child rights framework to the analysis of the top 10 threats is deemed as critical, as it underscores the legal responsibility of governments and decision makers to uphold the rights of children.</p>
From Lateral Violence to Lateral Kindness	(First Nations Health Authority 2021)	<p>Developed by the First Nations Health Authority in B.C., this fact sheet provides an overview of the concept of lateral kindness as a counter approach to lateral violence. Based on Indigenous values that promote social harmony, and healthy relationships, this document explores the concept of lateral kindness using First Nations teachings and examines how it can positively affect health outcomes.</p>	<p>The lateral kindness framework is centred around the First Nations teachings of respect, fairness, and the importance of relationships to create an environment built on a foundation of kindness, and the Bill of Rights adopted from the from the <i>Victoria Family Violence Program</i>, which outlines 14 rights of respectful relationships.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Indigenous Communities and Family Violence: Changing the Conversation (NCCIH)	(Holmes, C. and Hunt, S. 2017)	<p>Published by the NCCIH, this discussion paper provides an analysis of Indigenous family violence discourses over the years from Canadian literature on family violence in Indigenous communities between 2000-2015, using a decolonial lens. Specifically, this document discusses how Indigenous family violence is currently framed in the literature, its causes, the implications of silence and hiding violence, and the effects on family.</p> <p>Additionally, this paper provides a number of suggested strategies to address family violence specific to Indigenous contexts, including solutions that emphasize community leadership, land-based cultural practices, individual and collective healing, fostering resiliency, and individual agency. It 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, which identify the important role of Elders, and the benefit of extended family involvement in therapy.</p>	<p>This paper presents 6 key principles to inform future Indigenous family violence initiatives, identified as themes foundational to the current anti-violence literature and work that is being doing at the grassroots level:</p> <ol style="list-style-type: none"> 1. Recognition of ongoing colonialism and dispossession 2. Locate risk within colonial systems 3. Foster self-determination of individuals, families and communities 4. Indigenous gender-based analysis 5. Localized solutions 6. Kindship systems as integral to Indigenous law
Indigenous Experiences with Racism and Its Impacts	(Loppie, S. et. al 2019)	<p>This fact sheet focuses on the lived and structural forms of racism. It provides a brief overview of racism, explores intersections with other forms of discrimination, and examines racism within government policies, healthcare, and judicial systems. Finally the unique ways that racism is experienced by Indigenous people, and how it impacts their health and wellbeing is explored.</p>	<p>This fact sheet presents a framework from which violence should be understood as impacting individuals and institutions, as follows:</p> <p>Individual: expressions of racism, racialized stereotypes and stigma, violent racism</p> <p>Structural: federal policies, racism in institutions, justice and health care systems.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Policies, Programs, and Strategies to Address Anti-Indigenous Racism	(Reading, C. 2014)	This is the third and final fact sheet in a series of three fact sheets focuses on racism experienced by Indigenous peoples in Canada. This document explores the complex efforts underway to address racism in Canada. It describes several anti-racism interventions, including those focused on the media, in anti-oppressive education and cultural competency, in the health care system, and in federal policy through anti-discrimination legislation. The author concludes that racism is so pervasively and deeply embedded in the ideological, political, economic and social structures of Canada that it will require continued collaborative efforts by allies, Indigenous and non-Indigenous people to make change.	This fact sheet presents 4 key strategies for addressing racism, as follows: <ol style="list-style-type: none"> 1. Respectful representation of Indigenous people in media 2. Anti-oppressive education and cultural competency 3. Humility, cultural competency and compassion in health care 4. Equitable partnerships with government leaders
Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls	(MMIWG 2016)	This is a comprehensive document released in June 2019 by a Canadian national inquiry established to address the systemic violence against Indigenous women, girls, and LGBTQ+ community members in Canada, a crisis that has resulted in significant numbers of disappearances and murders within these communities. This report highlights the deep-rooted historical and intergenerational causes of this violence, including colonialism, state policies, and social practices that have marginalized Indigenous peoples and perpetuated cycles of violence. Comprised of testimonies, evidence, and analyses, the report identifies numerous recommendations to address these injustices, calling for transformative legal and social changes to end the systemic racism, discrimination, and violence faced by Indigenous communities.	In this paper, the need for an establishment for a new framework to transform the systemic structures and societal norms that contribute to the violence experienced by Indigenous women, girls, and LGBTQ+ people are outlined, consisting of the following elements: <ul style="list-style-type: none"> ▪ Legal and policy reforms ▪ Cultural safety ▪ Human and Indigenous Rights Framework ▪ Action Plans ▪ Data collection and research ▪ Support for families and community ▪ Partnerships

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Reclaiming Power and Place: A Supplementary Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (Québec)</p>	<p>(MMIWG 2019)</p>	<p>This supplementary report, released alongside the main document, National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). This supplementary report addresses the unique context and challenges faced by Indigenous women, girls, and LGBTQ+ individuals in Quebec, examining factors such as provincial laws, social practices, and specific incidents of violence and discrimination within the province.</p> <p>Specially, this report provides a more detailed understanding of the systemic issues and barriers that contribute to the high rates of violence against Indigenous peoples in Quebec. Additionally, it provides recommendations intended to guide both provincial and federal actions to better protect and support Indigenous women, girls, and LGBTQ+ individuals living in Quebec, emphasizing the importance of culturally sensitive and inclusive approaches.</p>	<p>In addition to the key areas of focus outlined in the main document, this supplement identifies additional key focus areas that require attention specifically for Quebec, including:</p> <ul style="list-style-type: none"> ▪ Addressing language barriers ▪ Indifference and normalization of violence in communities ▪ Institutional violence ▪ The justice system ▪ Police service (lack of resources, jurisdictional disputes, etc.) ▪ Lack of training
<p>Aboriginal Lateral Violence</p>	<p>(Native Women's Association of Canada (NWAC) 2011)</p>	<p>This fact sheet, developed by the Native Women's Association of Canada, describes the concept of lateral violence, and explores how it has impacted Aboriginal people in different contexts (i.e., individuals, in organizations). It identifies the behavioural signs of lateral violence and provides links to additional resources.</p>	<p>Lateral violence is explored through a framework that recognizes oppression, colonialism and patriarchal methods of governing and trauma as contributing to this phenomenon.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
A Strategic Framework to End Violence Against Aboriginal Women	(Ontario Native Women's Association and Ontario Federation of Indian Friendship Centres 2007)	This document outlines a comprehensive strategy to end violence against Aboriginal women in Ontario, highlighting the disproportionately high rates of violence they face compared to non-Aboriginal women. It details the need for reliable, evidence-based statistics and describes how systemic discrimination, historical factors like colonialism, and lack of targeted support services contribute to these high rates of violence. The strategy emphasizes an integrated approach, involving Aboriginal communities, organizations, and Aboriginal women in the development and implementation of comprehensive solutions.	The <i>Strategic Framework to end Violence Against Aboriginal Women</i> identifies a continuum of approaches to address the issue at many levels through community-based, cultural and wholistic healing approaches, with multi-level government and policy support. Based on 11 foundational principles, the framework is with depicted on a medicine wheel design and includes the following 8 areas strategic direction, each with associated goals and actions. Strategic directions are as follows: <ol style="list-style-type: none"> 1. Comprehensive research 2. Legal reform and legislative change 3. Creation of comprehensive policy 4. Creation of a sustained program infrastructure 5. An educational campaign 6. Building and sustaining capacity 7. Building community leadership 8. Ensuring accountability
Survey of Safety in Public and Private Spaces (SSPPS)	(Statistics Canada 2018)	This is a Statistics Canada voluntary, cross-sectional survey that collects information every 5 years on the Canadian's experiences elated to their safety in public and private spaces (i.e., at home, in the workplace, in public spaces and online). The data available from this survey is intended to provide more complete and inclusive picture of the realities of gender-based violence in Canada. Data from the survey is used to inform the federal government's Strategy to Prevent and Address Gender-Based Violence.	Questions and data analysis derived from the SSPPS survey is organized into the following themes: <ul style="list-style-type: none"> ▪ Crime and justice ▪ Society and community (safety) ▪ Victims and victimization

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Sexual Violence (Statistics Canada)	(Statistics Canada 2019)	Developed by the Department of Justice, Government of Canada, this fact sheet is primarily based on self-reported data from the 2014 General Social Survey (GSS) on Victimization, police-reported data from the 2018 Uniform Crime Reporting Survey, and court data from the 2016/2017 Adult Criminal Court Survey. It provides a summary of findings on sexual assault in Canada which highlights the fact that that victims are predominantly young women acquainted with their assailant, and a significant majority of assaults go unreported due to reasons like shame and fear of disbelief. Additionally, fewer than half of the cases in adult criminal courts result in a guilty verdict, reflecting challenges in the legal process and a general lack of confidence in the criminal justice system among survivors.	This document highlights a number of themes related to sexual violence related to sexual violence in Canada: <ul style="list-style-type: none"> ▪ Age and gender vulnerability ▪ Reporting reluctance ▪ Low confidence in criminal justice system
Domestic Violence Risk Assessment, Risk Management and Safety Planning with Indigenous Populations	(Peters, O. et al. 2018)	This is a briefing document for domestic homicide, and the fifth brief in the series developed by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP). This brief discusses the historical injustices of Indigenous peoples such as colonization, residential schools, and the 'sixties scoop' as well as the ongoing injustices and discrimination that Indigenous peoples currently face that puts Indigenous women at greater risk of experiencing domestic violence or homicide.	This document outlines the following principles to inform Indigenous family violence initiatives: <ol style="list-style-type: none"> 1. Recognition of ongoing colonialism and dispossession 2. Locate risk within colonial systems 3. Foster self-determination of individuals, families and communities 4. Indigenous gender-based analysis 5. Localized solutions 6. Kinship systems as integral to Indigenous law

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Environmental Stewardship, Land and Food Sovereignty



Environmental Stewardship, Land and Food Sovereignty

Conceptual models and frameworks

This section reviews eleven key documents that explore these intersections, emphasizing the profound connections between environmental stewardship, cultural identity, and community health (Table 15). Collectively, the literature explores the intersections between land, environment, food and health, and emphasizes the deep ties between environmental stewardship, cultural identity, and community well-being within Indigenous contexts (Landry, Asselin, and Lévesque 2019; 2019; Nikolakis, Gay, and Nygaard 2023). The literature highlights the importance of land-based initiatives and programs that promote food sovereignty, cultural continuity, and resilience. These insights are essential for understanding how traditional practices and environmental stewardship contribute to wholistic wellness for Indigenous peoples.

Specifically, five notable reports were identified that provide a comprehensive overview of the interconnections between land, environment, and health. The first document is a global systematic literature review titled *The Environmental Stewardship-Health Nexus among Indigenous Peoples: A Global Systematic Literature Review* (Nikolakis, Gay, and Nygaard 2023). Based on this review, three main themes of health benefits resulting from environmental stewardship among Indigenous people were identified, including body, mind and spirit, and land and all living things. These three themes form the basis of the *Stewardship Health Nexus* conceptual model presented by the authors, in which virtuous stewardship-health cycles reinforce and strengthen one another, leading to healthier land and better health outcomes.

A second key report identified within the literature is titled *Link to the Land and Mino-Pimatisiwin* (Comprehensive Health) of Indigenous People Living in Urban Areas in Eastern Canada. This article presents the concept of mino-pimatisiwin (living a good life) as a central model and health philosophy shared by several Indigenous peoples in North America (Landry, Asselin, and Lévesque 2019). Mino-pimatisiwin is grounded in a three-way equilibrium between three elements as a pathway to wellness, namely relationships, cultural identity, and connection to the land. The article underscores the need for culturally safe urban spaces to support Indigenous practices, identity, and the balanced life of mino-pimatisiwin in urban settings.

The third key document within the domain of environment, land and food security is an article titled *Reclaiming Food Security in the Mohawk Community of Kahnawà:ke through Haudenosaunee Responsibilities* (Delormier et al. 2018). This study explores how the Mohawk community of Kahnawà:ke are addressing food insecurity and enhancing food security through the revitalization of traditional food systems. This study presents a conceptual framework titled *Sustainable Self-Determination*, which focuses on revitalizing Indigenous traditional practices through food systems and security as a mechanism to foster resilience, self-determination, cultural continuity and well-being.

The last two key documents within this domain consist of two reports published by the National Collaborating Centre for Indigenous Health, titled *Traditional Aboriginal Diets and Health and Ecohealth and Aboriginal Health* (Earle, L. 2013). These reports recognize and explore connections to the land and traditional foods as key pathways to health and wellness within Indigenous populations. Specifically, they emphasize the positive outcomes of relationships between Indigenous peoples and the land, including themes related to culture, social connection, physical activity, and access to resources.

Collectively, recommendations from the literature include the development and enhancement of land-based initiatives and programs. Specifically, land-based education programs were identified as successful in Indigenous contexts, particularly those that emphasize the interconnectedness of land, culture, and Indigenous knowledge systems through community-centered and culturally informed approaches, backed by strategic policy support and resource allocation (Landry, Asselin, and Lévesque 2019; Delormier and Marquis 2019; Nikolakis, Gay, and Nygaard 2023).

Tools and indicators

Two tools were identified within the literature as useful in their ability to help inform food sovereignty initiative within Indigenous communities. *The Food Sovereignty Assessment Tool (2nd Edition)* developed by the First Nations Development Institute, is a guide focused on data collection specific to local Indigenous food systems (First Nations Development Institute 2014). This document provides frameworks and tools to measure and assess food access, land use, and food policy within unique cultural, environmental and social contexts, and helps identify strategies to enhance food sovereignty. Additionally, this document identifies 8 community-based food sovereignty indicator domains that can be used to measure, and identify areas for improvement.

The second tool identified within this domain is titled *Food Sovereignty Indicators for Indigenous Community Capacity Building and Health* (Blue Bird Jernigan et al. 2021). This document highlights key indicators that may support community capacity building for food sovereignty and health based on a review of the scientific literature. In total, 7 indicators and 25 sub-indicators (with a focus on operationalization of the indicator) were identified. Indicator domains included access to resources, production, trade, food consumption, policy, community involvement, and culture.

The literature on environment, land, and food security underscores the vital role of culturally informed, land-based initiatives in promoting health and well-being within Indigenous communities. Key documents emphasize the interconnectedness of land, culture, and health, advocating for policies and programs that support environmental stewardship and food sovereignty. Various tools and indicator frameworks provide mechanisms to wholistically measure and assess food security and community capacity. Overall, these findings advocate for strategic policy support and resource allocation to develop sustainable, community-centered approaches that honor Indigenous knowledge and promote wholistic health and wellness.

Table 15: Environmental Stewardship, Land and Food Sovereignty

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Indigenizing Environmental Education: How Can Land-Based Practices Become an Educational Journey of Reconciliation</p>	<p>(Clarke 2015)</p>	<p>This paper is a partial thesis that explores how including an Indigenous perspective of Land into environmental education can aid non-Indigenous environmental education teacher candidates in widening their understanding of Land so that they are able to address the neo-colonialism that exists in the field while also participating in a journey of reconciliation. Specifically, this study included 2 land-based programs (a 1-day event and a 6-week experience) involving pre-service teachers and professional educators. The author concluded that the longer non-Indigenous educators can participate in Land-based activities with Indigenous youth and students, the greater the potential for deeper, more significant learning towards reconciliation-through-education.</p>	<p>This paper presents a model towards reconciliation of educator’s journeys through land-based activities. This model, depicted in a series of interconnected circles with reconciliation, with the following elements of reconciliation surrounding, as follows:</p> <ul style="list-style-type: none"> ▪ Awareness ▪ Relationship ▪ Restitution
<p>Reclaiming Food Security in the Mohawk Community of Kahnawà:ke through Haudenosaunee Responsibilities</p>	<p>(Delormier et al. 2018)</p>	<p>This study explores how Indigenous Peoples, specifically the Kanien’kehá:ka (Mohawk) community in Kahnawà:ke, Quebec, are addressing food insecurity and enhancing food security through the revitalization of traditional food systems and culture, livelihoods, and governance, which is rooted in sustainable self-determination and cultural responsibilities to land, and the natural world. Based on a qualitative study with 17 key informants, this article aims to understand Kahnawà:ke experiences and perspectives of food insecurity, and what this means to health and well-being, land management, and familial and gendered responsibilities in the context of one Kanien’kehá:ka (Mohawk) community.</p>	<p>This study was based on the conceptual framework of <i>Sustainable Self-Determination</i>, which focuses on revitalizing Indigenous ways of living and cultural practices to ensure these are maintained and transmitted to others.</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Despite challenges like colonial land policies and modern economic pressures, this article highlights strategies that are centered around community resilience and shared responsibilities, outlined in Haudenosaunee teachings and cultural practices, and concludes that Indigenous food systems are resilient sites of self-determination, food security, and well-being.</p>	
<p>Building Healthy Community Relationships Through Food Security and Food Sovereignty</p>	<p>(Delormier and Marquis 2019)</p>	<p>This article presents a grass-roots food security program <i>leiénthos Akotióhkwa</i> designed in Kahnawake, aimed at addressing food security through reconnection with Haudenosaunee cultural teachings and practices. The program, guided by the Great Law, Creation Story, and Ohèn:ton Karihwatéhkwén focused on enhancing social connections and relationships with the land through workshops on food production, preparation, and preservation, as well as planting food-bearing trees and creating a seed library. Challenges identified included funding and personnel capacity. Additionally, program strengths were discussed including the program’s culturally grounded approach, its ability to foster collaboration, and its promotion of Indigenous cultural identity and practices in food security. This article concludes that the <i>leiénthos Akotióhkwa</i> program exemplifies how Indigenous knowledge and values can inform food security initiatives, highlighting the importance of community, culture, and connection to the land.</p>	<p>Themes were identified as contributing to the success of the <i>leiénthos Akotióhkwa ‘Planting Group’</i> planting project including:</p> <ul style="list-style-type: none"> ▪ Building relationships for food security ▪ Strengthening organizational networks for health promotion

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Traditional Aboriginal Diets and Health (NCCAH)	(Earle, L. 2013)	This paper, developed by NCCIH, this review examines current food consumption patterns in Aboriginal communities and explores the health benefits of traditional diets. Based on a review of peer-reviewed and grey literature predominately in North America, it describes how traditional Aboriginal diets and physical activity have been replaced with patterns of consumption that increase the risk of developing chronic disease (e.g., cancer, cardiovascular, diabetes). Additionally, it explores the challenges of promoting traditional dietary practices, as well as the ways that these practices have been supported in Aboriginal communities by highlighting successful programs and initiatives.	<p>A number of key pathways were identified linking traditional food systems to health benefits beyond nutrition, which are conceptualized in a holistic manner, as follows:</p> <ul style="list-style-type: none"> ▪ Culture (activities involved in food production, value of food from a cultural, spiritual and health perspective) ▪ Economic and social pathways (e.g., non-cash economies, social connection/ community and collective) ▪ Physical activity (e.g., related to hunting, trapping, gathering) ▪ Nutritional benefits (e.g., omega-3 fatty acid profiles)
Food Sovereignty Indicators for Indigenous Community Capacity Building and Health	(Blue Bird Jernigan et al. 2021)	This article reviews the scientific literature and highlights key indicators that may support community capacity building for food sovereignty and health. Using a three-phased narrative review, 79 articles were used to identify 7 food sovereignty indicators that could be used as a guide to foster discussion, community engagement, and capacity building toward a more sovereign Indigenous food system. The indicators can also provide framing for health promotion initiatives within Indigenous communities, supporting initiatives such as gardening, farming, harvesting, and cooking, all of which are important vehicles for traditional Indigenous knowledge.	<p>Based on the literature review, 7 indicators were identified. Additionally, 25 sub-indicators are outlined to allow communities to understand how an indicator is operationalized as well as explore their own community's progress within each indicator. Indicators include:</p> <ul style="list-style-type: none"> ▪ Access to resources ▪ Production ▪ Trade ▪ Food consumption ▪ Policy ▪ Community involvement ▪ Culture

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
The 'Environmental Stewardship-Health Nexus' among Indigenous Peoples: A Global Systematic Literature Review	(Nikolakis, Gay, and Nygaard 2023)	This systematic review literature review synthesizes literature related to the relationships between environmental stewardship and the health and wellbeing of Indigenous peoples. In total, 24 articles from around the world were reviewed and a framework to organize the literature was developed, centered around three main themes of health benefits related to environmental stewardship: 1) body; 2) mind and spirit, and 3) land and all living things. These concepts, reflecting wholistic Indigenous concepts of health and wellbeing, are depicted and explained as working to strengthen one another in a virtuous stewardship-health cycle, defined by the authors as an <i>Environmental Stewardship-health nexus</i> .	<p>The <i>Stewardship Health Nexus</i> conceptual model depicts stewardship as both producing and strengthening each health and wellbeing dimension in a positive way. The model is illustrated as a series of two nested circles, with environmental stewardship program as the intervention at the centre of the circle. This generates the three interdependent health and wellbeing outcomes reflected in the outer circle in a positive feedback loop: body, mind and spirit, land and living things.</p> <p>The inner circle is seen to amplify each of the three health benefits over time, with healthier individuals and communities engaging more deeply in environmental stewardship, creating a positive cycle between stewardship and health.</p>
Ecohealth and Aboriginal Health (NCCIH)	(Parkes, M. 2011)	This is a review developed by the NCCIH that profiles the emerging field of eco-health as systemic development that has come from traditional concepts of environmental health and health promotion. Eco-health is presented as having the potential to innovations proposed by wholistic models of Aboriginal health. This paper explores newer research and practice that bridges environmental and social approaches to health, and suggests building on the strengths of both approaches as a platform for action to link ecosystems, equity and health.	<p>A number of key themes from projects combining work related to ecosystems, culture, community and Aboriginal health were identified as follows:</p> <ul style="list-style-type: none"> ▪ Knowledge and sense of responsibility for management of traditional lands ▪ Indigenous participation in interrelated activities to promote ecological and environmental health, wellbeing of health and land ▪ Environment-land relationships, eco-systems and health ▪ Child health as embedded in a web-of-being with direct relevance to ecosystem and climate change

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Walking the Path of the Peacemaker	(Rice, B. 2020)	This document by Dr. Brian Rice, is a narrative that describes the author's physical journey through traditional Rotinonshonni (Iroquois) territories, acquiring traditional knowledge a doctoral dissertation centered on the Rotinonshonni's oral traditions and the Great Law of Peace. This document discusses the crucial role of Indigenous philosophical knowledge in shaping programs and research related to Indigenous communities, and the importance of integrating Indigenous epistemology, perspectives and worldviews to ensure colonial structures are not perpetuated.	<p>The author's methodology is guided by a number key concepts that act to connect Indigenous philosophical knowledge, experiential learning, and traditional oral traditions as its foundation. Key components include:</p> <ul style="list-style-type: none"> ▪ Vision quest: traditional Indigenous practice used to seek guidance, wisdom, and deeper connect to cultural and spiritual elements ▪ Integration of Indigenous Epistemological and Ontological Concepts: Indigenous ways of knowing and understanding the nature of being ▪ Experiential learning: engagement with traditional practices, ceremonies, and the physical journey ▪ Oral Traditions: as primary sources of traditional knowledge] ▪ Interdisciplinary: the importance of bridging Indigenous knowledge with academic research methodologies
Learning from the Land: Indigenous Land Based Pedagogy and Decolonization	(Wildcat et al. 2014)	This paper is based on the idea that if colonization is fundamentally related to dispossessing Indigenous peoples from land, decolonization then must involve forms of education that reconnect Indigenous peoples to land and the social relations, knowledges and languages that arise from the land. This article emphasizes the critical role of land in the resurgence of Indigenous cultures.	<p>This article discusses a wholistic approach to Indigenous education and land management, which can be organized around a number of key themes/components, rooted in a decolonization lens:</p> <ul style="list-style-type: none"> ▪ Integration of traditional Indigenous knowledge with ecological decision-making ▪ Community and collective decision making ▪ Fostering ecological outcomes ▪ Prioritization of Indigenous perspectives/ pedagogy

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Food Sovereignty Assessment Tool (2nd Edition)	(First Nations Development Institute 2014)	Developed by the First Nations Development Institute, the purpose of the <i>Food Sovereignty Assessment Tool</i> is to assist Native communities in reclaiming their local food systems. Adaptable to different community settings, this tool aims to guide data collection on local food systems and provides tools and frameworks for Native communities to measure and access food access, land use, and food policy in their communities. It provides a structured method for assessment of food systems within unique cultural, environmental, and social contexts, and helps identify ways that local food systems could be improved to enhance food sovereignty.	<p>The following domains are identified as part of the community-based food sovereignty assessment outlined in this document:</p> <ul style="list-style-type: none"> ▪ Current food system inventory ▪ Control of native food systems ▪ Control of traditional foods ▪ Environment and impacts on food systems ▪ Food and local economy ▪ Health of community (focus on food) ▪ Wholistic approach to food systems ▪ Food policy
Link to the Land and Mino-Pimatisiwin (Comprehensive Health) of Indigenous People Living in Urban Areas in Eastern Canada	(Landry, Asselin, and Lévesque 2019)	This article explores the comprehensive health philosophy shared by several Indigenous peoples in North America called mino-pimatisiwin (living a good life). A key element of the philosophy is a link to the land as a pathway to wellness. This article explores the challenges and adaptations Indigenous peoples face reaching mino-pimatisiwin due to urban migration and governmental policies as well as highlights their resilience in maintaining cultural identity and land connections through urban therapeutic landscapes and community networks.	<p>Mino-pimatisiwin is presented in this article as a central model and comprehensive health philosophy that is grounded in a three-way equilibrium between three elements, which are identified as follows:</p> <ul style="list-style-type: none"> ▪ Relationships ▪ Cultural Identity ▪ Connection to the land

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Trauma, Resilience, Healing and Empowerment



Trauma, Resilience, Healing and Empowerment

Conceptual models and frameworks

Within this domain, a total of fourteen documents, reports, scholarly articles are resources were identified for inclusion (Table 16). The literature within this domain provides a comprehensive exploration of the complexities of experiences of Indigenous peoples in Canada resulting in trauma, and recognizes self-determination and empowerment as a key foundation and the most important social determinant for Indigenous people (Loppie, C. and Wien, F. 2022; Milligan, K. et al. 2022; National Collaborating Centre for Indigenous Health 2017). By examining culturally informed frameworks and practices, the literature emphasizes the importance of integrating traditional knowledge and community resilience in addressing trauma and fostering growth within Indigenous communities.

From the literature, five notable documents were identified within this domain that comprehensively explore the nuances of trauma and trauma pathways, and provide recommendations for addressing this issue. The first key document is titled *Roots of Resilience: Stories of Resilience, Healing, and Transformation in Kahnawake* (Phillips, M. et al 2012). This report outlines a community research project in Kahnawà:ke, Quebec that explored the views, experiences and communication of resilience across generations. From this study, a number of main themes were identified, which incorporated key elements related to culture, identity, and community cohesion.

The second key document is a thesis titled *The Resiliency of a People: A Haudenosaunee Concept Of Helping*, which explores the enduring effects of colonialism, chronic trauma, injustices, and oppression (Freeman, Marie Bonnie 2004). This thesis identifies elements of successful trauma-based initiatives predominately within the Six Nations Iroquois/Haudenosaunee communities of the Grand River, and identifies the critical role of cultural knowledge in healing and recovery from trauma, pain and loss. The author presents a cultural model titled *A Haudenosaunee Approach to Social Work*, which highlights the interconnectedness of four elements (individual, family, community/nation/creation) and their role in healing.

Another thesis that was identified as a key document within this domain is titled *Understanding Resilience Through Revitalizing Traditional Ways of Healing in a Kanien'kehá:ka Community*, which is focused on understanding of resilience through the revitalization of traditional ways of healing (Phillips 2010). Grounded in research with the community of Kahnawà:ke, Quebec, the author identifies four common themes as key elements critical to the revitalization of traditional ways of healing, including resilience, community, self-determination and integration of traditional healing.

The fourth key document identified is a practice paper titled *Incorporating Indigenous Perspectives Trauma and Resilience in Native Communities*, which explores Indigenous perspectives on trauma and resilience, trauma-informed care practices, predominately in California tribal communities (Milligan, K. et al. 2022). This paper presents a model that outlines *Constructs of Trauma*, illustrated as a nested circle model that describes the interconnections between individual trauma, community trauma and historical and structural trauma.

The final resource is a webinar developed by the National Collaborating Centre for Indigenous Health, titled *What's New Is Really Old: Trauma Informed Health Practices through an Understanding of Historic Trauma*, which discusses the critical importance of trauma informed care, and details key core principles of trauma-informed care within health and social sectors (National Collaborating Centre for Indigenous Health 2017).

Collectively, this body of literature highlights the complexities of trauma experienced by Indigenous peoples, and provides recommendations for healing and recovery through strategies that focus on empowerment and self-determination through culturally informed frameworks and practices.

Tools and indicators

One significant tool that was identified within the literature is titled the *Kahnawà:ke Growth and Empowerment Measure (K-GEM)*, culturally adapted for the Kanien'kehá:ka people of Quebec (Gomez Cardona et al. 2022). The K-GEM is a socio-culturally specific tool used to gather information to assess empowerment and growth within the individual, family, and the broader community within Kahnawà:ke. The K-GEM tool consists of a

questions related to that have been organized into three domains, including family, self-reflection and community. The K-GEM serves as a practical instrument for community health and social practitioners to facilitate a deeper understanding of how individuals and the community navigate challenges and leverage opportunities for growth and empowerment.

Additionally, a number of documents identified key indicators that could be used as proxy measures of trauma and healing. For example, two papers published by the National Collaborating Centre for Indigenous Health titled *Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research* and *Aboriginal People and Historical Trauma: The Processes of Intergenerational Trauma* outline the connections between trauma, mental health, and self-determination (Bellamy, S. and Hardy, C. 2015; Aguiar, W. et al. and Halseth, R. 2015).

Certain mental health indicators identified in the literature are good examples of proxy measures for trauma and healing. The first document from the literature is an indicator report from Kahnawà:ke, Quebec titled *Onkwaná:ta Our Community, Ionkwata'karí:te Our Health Portrait, Volume 2*, which includes indicators related to the social determinants of poor mental health (e.g., residential school, separation from immediate family, sense of safety), as well as mental illness (e.g., psychological distresses, anxiety, depression) (Onkwata'karitáhtshera 2023). Additionally, the report by the National Collaborating Center for Indigenous Health titled, *Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research* outlines indicators related to trauma, adversity and colonization, including post traumatic stress, depression, anxiety (Bellamy, S. and Hardy, C. 2015). Finally, the K-GEM could be used as an indicator tool to measure individual, family and community empowerment and growth (Gomez Cardona et al. 2022).

The literature on trauma, healing, growth, and empowerment within Indigenous contexts underscores the importance of culturally informed, trauma-responsive approaches to support recovery and resilience. Key documents provide insights into the multifaceted nature of trauma and present models that emphasize the interconnectedness of individual, family, and community healing. Tools and mental health indicators serve as valuable resources for assessing and facilitating empowerment and growth. Overall, these findings advocate for strategies that honor Indigenous knowledge, promote self-determination, and address the social determinants of health to enhance wellbeing and resilience among Indigenous peoples.

Table 16: Trauma, Resilience, Healing and Empowerment Domain

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Aboriginal People and Historical Trauma: The Processes of Intergenerational Trauma (NCCAH)	(Aguiar, W. et al. and Halseth, R. 2015)	This is the first paper in a two-part series exploring Aboriginal people's experiences as rooted in in multigenerational, cumulative, and chronic trauma, injustices, and oppression. This paper provides an overview of the existing knowledge of trauma, including how it is defined and conceptualized within the context of Aboriginal people in Canada. Additionally, it provides a brief discussion on the characteristics of intergenerational trauma, highlighting the interconnectedness of processes by which trauma can be transmitted across generations. It advocates for wholistic healing strategies that are implemented not only within the health domain, but across domains.	This paper presents three primary pathways by which trauma can be transmitted through generations: <ul style="list-style-type: none"> ▪ Psychological processes ▪ Physiological processes ▪ Social processes
The Resiliency of a People: A Haudenosaunee Concept Of Helping	(Freeman, Marie Bonnie 2004)	This thesis explores the enduring effects of colonialism, including government-enforced policies, genocide, racism, discrimination, and the legacy of residential schools on Aboriginal peoples. These historical traumas are shown as having led to compounded layers of grief and loss, leaving communities in states of deprivation and despair, contributing to issues like suicide, alcoholism, violence, and poverty. This paper argues that there is a lack of opportunities for Aboriginal peoples to process their grief and heal, which perpetuates cycles of suffering across generations. Additionally, this paper emphasizes the critical role of cultural knowledge, practices, and connections to the land in the healing process.	In her thesis, Freeman presents a cultural model for social work with Aboriginal people for the purpose of providing practitioners with a foundation to support healing and recovery from trauma, pain, and loss. This model, titled "A Haudenosaunee Approach to Social Work" is represented by a series of 4 circles (from inner to outer) <ul style="list-style-type: none"> ▪ Individual ▪ Family ▪ Community/Nation ▪ Creation These circles represent the interconnectedness of roles and responsibilities and relationships, and emphasize the need for practitioners to involve the family and community in collective healing processes, leading to the survival and unity of the whole.

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		<p>Specifically, it focuses on the Six Nations Iroquois/Haudenosaunee communities of the Grand River, exploring how their cultural teachings are being integrated into social work and counseling practices, aimed at aiding recovery from generational trauma.</p>	<p>Additionally, 4 outer connecting circles are illustrated as follows:</p> <ul style="list-style-type: none"> ▪ Haudenosaunee Knowledge ▪ Cultural Resiliency ▪ Vision ▪ Self Determination <p>These outer circles form the foundations of the model and are connected to show that they should be considered in healing processes.</p>
<p>Cultural Adaptation of an Appropriate Tool for Mental Health among Kanien'kehá:ka: A Participatory Action Project Based on the Growth and Empowerment Measure (the K-GEM tool)</p>	<p>(Gomez Cardona et al. 2022)</p>	<p>This paper explores the cultural adaptation and development of the development of the <i>Kahnawà:ke Growth and Empowerment Measure</i> (K-GEM) for the Kanien'kehá:ka people of Quebec . The K-GEM is a socio-culturally specific tool used to gather information to assess empowerment and growth within the individual, family, and the broader community within Kahnawà:ke. The adaption process consisted of a thematic analysis of data collected through an advisory group (12 adults from health and community services of Kahnawà:ke) to develop the K-GEM, reflecting local cultural and well-being factors. This paper also explores perspectives of local Indigenous people regarding mental health and empowerment and argues that the integration of psychological and traditional knowledge can create a beneficial program to improve emotional, mental, spiritual, and physical well-being for the local population.</p>	<p>The K-GEM tool consists of a questions related to that have been organized into three domains, as follows:</p> <ul style="list-style-type: none"> ▪ Family items ▪ Self-reflection items ▪ Community items

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Trauma Informed and Culturally Appropriate Approaches in the Workplace a Native Women's Association of Canada's Initiative	(Martin, Roseann 2019)	This report, developed by Elder Roseann Martin for the Native Women's Association of Canada, discusses trauma informed approaches to lateral violence in the workplace. Specifically, the author highlights the need for trauma informed approaches in Indigenous contexts to be culturally appropriate. This includes developing initiatives that seek to meaningfully understand, acknowledge and validate that an individual has suffered trauma from their life experiences, including intergenerational trauma.	This paper presents a model for developing culturally appropriate approaches to trauma-informed initiatives for workplace lateral violence, which includes the following four elements: <ul style="list-style-type: none"> ▪ Selecting an Elder - to provide culturally-based trauma informed approaches and provide spiritual and emotional support ▪ Elder Assessment - of the situation and build trust and a relationship with the individual ▪ Emotional Identification - of their experience ▪ Empowering Individuals – work with the individual to identify possible solutions to their emotional upset or distress
Webinar: What's New Is Really Old: Trauma Informed Health Practices through an Understanding of Historic Trauma	(National Collaborating Centre for Indigenous Health 2017)	This webinar, presented by the NCCIH discusses the critical importance of trauma informed care. The session reviews the strengths of Indigenous people amidst trauma in Canada, and reviews the colonial and historic trauma and its impact on Indigenous communities. The evolution of trauma-informed practice is explored, and a number of core trauma informed principles, and the characteristics of trauma informed service providers, systems and organizations are outlined and discussed.	This webinar presented a list of core trauma informed principles for health and social sectors, which included: <ul style="list-style-type: none"> ▪ Acknowledgement from a trauma perspective ▪ Safety ▪ Trust ▪ Choice and control ▪ Compassion ▪ Collaboration ▪ Utilization of a strengths based approach
Roots of Resilience: Stories of Resilience, Healing, and Transformation in Kahnawake	(Phillips, M. et al 2012)	This report outlines a community research project carried out by a team of local researchers in Kahnawà:ke from 2007-2012. This project explores the views, experiences and communication of resilience across different generations of Kahnawà'kehró:non.	<ul style="list-style-type: none"> ▪ This report presents our main themes of resilience in Kahnawà:ke that emerged from the narratives, as follows: ▪ Resilience across generations - shaped by historical and cultural contexts

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			<ul style="list-style-type: none"> ▪ Commonalities of resilience across generations -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 - concerns about the erosion of traditional values by modern societal influences ▪ 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
<p>Understanding Resilience Through Revitalizing Traditional Ways of Healing in a Kanien'kehá:ka Community</p>	<p>(Phillips 2010)</p>	<p>This is a thesis that is focused on understandings of resilience through the revitalization of traditional ways of healing. The goal of this study was to identify and explore factors and processes that contribute to resilience and wellbeing within Haudenosaunee communities. This study explored traditional healing practices in the Kanien'kehá:ka community of Kahnawà:ke through the narratives of 10 community members who are associated with healing and wellness.</p> <p>The author concluded that although contemporary research suggests that integrating traditional ways of healing with mainstream Western approaches creates better choice, the two systems (Indigenous and Western) are most effective if they are recognized as parallel systems complementing each other.</p>	<p>Based on the finding of his research, the author identifies the following common themes that were identified as factors to revitalize traditional ways of healing:</p> <ul style="list-style-type: none"> ▪ Resilience - healing the past ▪ Community ▪ Self-determination ▪ Integration of traditional healing

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Video: A Haudenosaunee Perspective on Historical Trauma: A Journey Through the History	(Schenandoah, M. and Barnes, A. 2021)	<p>This is a video 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. This session explores Indigenous history and outlines key systemic structures and events that has resulted in devastating effects and ongoing trauma and grief experienced by Indigenous communities. The importance of interconnected social structures, and collective healing and cultural practices are explored as mechanisms to reduce the effects of trauma. Additionally, the importance of supporting Indigenous-led healing and justice initiatives were highlighted.</p>	<p>This video presents a number of key elements necessary for the survival, unity, and cultural resilience of the Haudenosaunee people, as follows:</p> <ul style="list-style-type: none"> ▪ Individual, family, and community roles and responsibilities ▪ Relationship with the natural world ▪ Collective healing and cultural practices
A Systematic Review of Trauma Interventions in Native Communities	(Gameon and Skewes 2020)	<p>This is a systematic review on the literature on trauma interventions in Native communities in the United States, Canada, Australia, and New Zealand. In total 15 studies representing 10 interventions, which focused on various trauma interventions were identified and reviewed.</p> <p>Upon review of these resources, it was found that although there are effective trauma interventions available, few have been tested in Native communities. The authors concluded that there is a need for culturally appropriate, evidence-based trauma interventions in Native communities.</p>	<p>Based on the results of the systematic review trauma interventions for Native communities can be grouped into three intervention types, as follows:</p> <ul style="list-style-type: none"> ▪ Historical trauma interventions ▪ Current trauma interventions ▪ Early childhood trauma

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The Frontline of Revitalization: Influences Impacting Aboriginal Helpers	(Goodleaf and Gabriel 2009)	This article explores the experiences of front line helpers including elders, counsellors, social workers, police, teachers and faith keepers. Through the authors' experiences and observations with Aboriginal professionals and para-professionals (helpers) during their "Care for Caregivers" workshops, they discuss the various personal and political influences and challenges faced by these 'helpers', particularly when they are working in their home community. In light of this, the double-edge sword of caring that can lead a worker to vicarious trauma and burnout is examined.	This article presents a model of vicarious trauma within the helping profession (frontline workers) depicted in a circular model, with four interconnected rings outlining three factors of stress that influence workers as follows: <ul style="list-style-type: none"> ▪ Individual factors (individual stress of daily life, personal trauma or history, individual coping strategies and ability to manage stress) ▪ Life stress (present stress that is dealt with on an ongoing basis such as family difficulties, personal struggles, etc.) ▪ Organizational stressors (expectations, amount of support provided by the organization [time off, training, availability of resources])
Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research (NCCIH)	(Bellamy, S. and Hardy, C. 2015)	This paper is part of a mental health series produced by the NCCIH that provides an overview of current knowledge of PTSD in Aboriginal people in Canada. Specifically, this paper explores the risk factors that put Aboriginal people at greater risk of developing PTSD, the challenges in determining the prevalence rates of PTSD in Aboriginal communities, the impacts of PTSD on health and wellbeing, and the importance of culturally appropriate treatment strategies that have demonstrated success. Additionally, this paper explores the limitations of a PTSD diagnosis, and highlights the need to consider both risk and protective factors found in many Aboriginal communities.	This paper presents key risk factors for PTSD in Aboriginal populations, which have been organized into the following themes: <p>Risk factors:</p> <ul style="list-style-type: none"> ▪ Colonization ▪ Environment ▪ Adversity ▪ Trauma ▪ Personality ▪ Income ▪ Education ▪ Gender

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Understanding Indigenous Canadian Traditional Health and Healing	(Hill 2008)	This research study is part of a dissertation that seeks to gain an in-depth understanding of traditional healing from the perspectives of traditional healing practitioners. Based on a literature review and qualitative data from 16 Indigenous people who self-identified as traditional people who use the ceremonies, medicines, teachings and Elders from their cultures in their healing work, this paper identifies and explores themes that came from the research related to the principles, process, and characteristics of traditional health and healing, which are discussed in light of the literature. Finally, the implications that this work has in the field of social work research and practice are identified.	<p>Using the theoretical underpinnings of wholistic health and wellness, the themes that emerged from this research are grouped into 8 categories by the author, as following:</p> <ul style="list-style-type: none"> ▪ Defining health and healing ▪ The source of the problems ▪ The qualities of healers ▪ Guidelines for effective helping ▪ The process of healing ▪ Integrating traditional and western methods ▪ Self-government ▪ Strengths/limitations of traditional healing <p>The process of healing was the largest category of themes and it included groups of themes related to focusing on the self, giving back, using traditions, and sustaining wellness.</p>
Family Violence as a Social Determinant of First Nations, Inuit and Métis Health (NCCIH)	(National Collaborating Centre for Indigenous Health 2010)	This is a fact sheet that explores family violence as a determinant of health for First Nations, Inuit and Métis individuals, families and communities. It begins by providing an overview of the potential health and social impacts of family violence, and examines the prevalence, risk factors and context of family violence in Indigenous communities. It concludes with a discussion of barriers and promising approaches for prevention and intervention.	This fact sheet uses a <i>Social Determinants of Indigenous Health</i> framework from which to understand and address family violence. This includes addressing the intersections of race, gender, social class, and multiple dimension of power imbalances and inequities and fully understanding how the Social Determinants of Indigenous Health such as housing, mental health, poverty, oppression and other ill effects can contribute to family violence.

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Wellness of Individuals with Special Needs and Their Caregivers



Wellness of Individuals with Special Needs and Their Caregivers

Conceptual models and frameworks

Indigenous individuals with special needs and their caregivers face unique challenges and systemic barriers that require comprehensive and culturally appropriate solutions. The literature included within this subdomain consists of fifteen reports, documents, and scholarly articles focused on Indigenous individuals with special needs and their caregivers (Table 17). This literature explores the landscape of challenges and systemic issues for this population, as well as proposes multisectoral action to urgently recognize and address social determinants and disparities (BCANDS 2021; Ineese-Nash, N. 2020; Nutton, J. and Milne, L. 2014; The First Nations Child & Family Caring Society of Canada in partnership and with the Wabanaki Council on Disability and Mawita'mk Society 2021).

Within the literature, three specific populations were identified as having needs that require adequate recognition and to be properly addressed. These populations are children with special needs, aging populations and children with fetal alcohol spectrum disorder (FASD) (Durst, D. and Bluechardt, M. 2001; Nutton, J. and Milne, L. 2014). Additionally, a large part of the literature was also seen to focus the elements necessary for successful care models, including health care, family care, and support for caregivers (Ward, A. et al. 2023; Puszka, S. et al 2022; Nutton, J. and Milne, L. 2014).

Overall, four key documents focused on Indigenous people with disabilities and their caregivers were identified. The first document is a presentation by the *British Columbia Aboriginal Network on Disability Society* that outlines the significantly higher disability rate of Indigenous people in Canada, compared to the non-Indigenous population. It explores the multiple socio-economic disadvantages faced by Indigenous people with disabilities, such as higher rates of unemployment, lower educational attainment, higher likelihood of incarceration, and higher rates of discrimination and racism. This document highlights that these challenges are underpinned by historical under-prioritization and underfunding by governments and communities, and provides several broad recommendations for policy and government action.

The second paper, titled *Indigenous People with Disabilities in Canada: First Nations People Living off Reserve, Métis and Inuit Aged 15 Years and Older* (Hahmann, Badets, and Hughes 2019). This is a study that seeks to fill a knowledge gap in the current literature by providing a statistical profile of First Nations people (living off-reserve) Métis, and Inuit living with a disability. Although the authors concluded that current research is sparse and tends to generalize the diversities of individuals with special needs, current statistical data demonstrates higher disability rates among Indigenous women and a diverse range of chronic health conditions prevalent among these groups.

The third paper is titled *Disability as a Colonial Construct: The Missing Discourse of Culture in Conceptualizations of Disabled Indigenous Children* (Ineese-Nash, N. 2020), which examines Indigenous concepts of disability as a natural diversity of human existence, and critiques current frameworks that incorrectly pathologize, segregate and assimilate Indigenous children with disabilities. The author calls for the need to decolonize disability through strategies and initiatives that are implemented through mechanisms that respect and integrate Indigenous epistemologies and ontologies.

A fourth paper, titled *Supporting First Nations Family Caregivers and Providers: Family Caregivers', Health and Community Providers', and Leaders' Recommendations* (Ward, A. et al. 2023) reports on recommendations to support First Nations family caregivers and the health and community providers employed in First Nations. The authors conclude that improving the health of First Nations family caregivers requires a population-based public health approach that focuses on meaningful wholistic system change focused on providing adequate support through 8 recommendations.

The fifth paper is focused on exploring care models for individuals with special needs and their families. Titled *Community-Based Social Care Models for Indigenous People with Disability: A Scoping Review of Scholarly and Policy Literature* (Puszka, S. et al 2022), this paper presents the results of a scoping review of community-based care models (including family and kinship relationships) specific to Indigenous contexts. Based on the results of the scoping review, the authors presented a *Community-Based Social Care Models for Indigenous people with*

Disability, comprised of two core themes related to successful Indigenous care models, each with associated key characteristics. The themes identified were funding and governance arrangements, and service delivery design.

Overall, the literature within this domain collectively advocates for transformative changes across systems and policies, emphasizing the need for immediate strategies that the root causes of disparities experienced by Indigenous people with disabilities. Broad based recommendations within the literature focus on the development of culturally appropriate frameworks, community-specific interventions, and legal reforms to eradicate systemic racism and discrimination (BCANDS 2021; Ineese-Nash, N. 2020; Durst, D. and Bluehardt, M. 2001). Finally, the need for a more robust implementation of frameworks such as Jordan's Principle, which aims to ensure that Indigenous children can access all public services without delays or disruptions, is evident (The First Nations Child & Family Caring Society of Canada in partnership and with the Wabanaki Council on Disability and Mawita'mk Society 2021; Dion, J. 2017).

Tools and indicators

From the literature, two key tools that provide good examples of indicator domains were identified. These tools, titled *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* highlight key areas that require continuous monitoring and attention to ensure the needs of Indigenous children with disabilities are met (Dion, J. 2017; The First Nations Child & Family Caring Society of Canada in partnership and with the Wabanaki Council on Disability and Mawita'mk Society 2021). Within these documents, a number of domains are identified which could be used to inform indicators, including service availability, cultural appropriateness, recreation and cultural learning, early intervention and education, support for caregivers, and post-majority services.

Finally, the *Onkwana'ta Our Community, Onkwata'kari:te Our Health Portrait, Volume 2, from Kahnawà:ke, Quebec*, includes a number of indicators related to special needs of children related to learning and behavioural concerns. Specifically, indicators related to Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD) and Autism Spectrum Disorder are presented in this report (Onkwata'karitáhtshera 2023).

The literature on Indigenous individuals with special needs and their caregivers underscores the urgent need for systemic reforms and culturally appropriate care models. Key documents advocate for recognizing and addressing the higher disability rates and socio-economic disadvantages faced by Indigenous people with disabilities. Tools and indicator frameworks provide practical approaches to monitoring and improving services. Overall, these findings call for wholistic, community-centered strategies that honor Indigenous knowledge and address systemic disparities, ensuring better health and wellness for Indigenous individuals with special needs and their caregivers.

Table 17: Wellness of Individuals with Special Needs and Their Caregivers

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
British Columbia Aboriginal Network on Disability Society Presentation	(BCANDS 2021)	This is a presentation by the British Columbia Aboriginal Network on Disability Society that outlines the significantly higher disability rate of Indigenous people in Canada, compared to the non-Indigenous population. It explores the multiple socio-economic disadvantages faced by Indigenous people with disabilities, and highlights that these challenges are underpinned by historical under-prioritization and underfunding by governments and communities, a situation that has been further exacerbated by the COVID-19 pandemic. Several recommendations are presented, including creation of provincial/territorial disability and health advisory committees, timely implementation of the announced Canada Disability Benefit and the development of policies and legislation to eradicate racism and discrimination against Indigenous peoples, including those with disabilities.	This presentation highlights a number of themes related to challenges faced by Indigenous people with disabilities, including: <ul style="list-style-type: none"> ▪ Higher rates of unemployment ▪ Lower educational attainment ▪ Higher likelihood of incarceration ▪ Higher rates of discrimination ▪ Higher rates of racism
Falling Through the Cracks: Canadian Indigenous Children with Disabilities.” International Human Rights Internships Program - Working Paper Series	(Dion, J. 2017)	This paper is part of a Working Paper Series published by the Centre for Human Rights and Legal Pluralism that discusses Indigenous children with disabilities in Canada. It examines the rights and services for Indigenous children with disabilities in Canada, including the lack of a universal definition of “Indigenous”, and well as the challenges related to self-determination. Additionally, effects of the Canadian Human Rights Tribunal decision, and the recommendations of a recent independent Canadian research project are discussed. This paper concludes by providing recommendations to advance Jordan’s Principle in Canada as well as other alternatives to improve the situation of Indigenous children with disabilities.	This document highlights key potential areas that require continuous monitoring and attention to ensure the needs of Indigenous children with disabilities are met, including: <ul style="list-style-type: none"> ▪ Service availability ▪ Cultural appropriateness ▪ Recreation and cultural learning ▪ Early intervention and education ▪ Support for caregivers ▪ Post-majority services

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Urban First Nations People with Disabilities Speak Out</p>	<p>(Durst, D. 2006)</p>	<p>This article presents the findings of a two-year exploratory study that examined the challenges identified by 11 First Nations people with physical disabilities in Regina, Canada, using a traditional style of ‘sharing circles’ to collect data. Findings from this study suggest that urban First Nations people with disabilities are not living an independent lifestyle and are excluded from participating in community life. Additionally, this study found that many of the participants were living in poverty and isolation, and do not access many of the services and benefits to which they are entitled; however, they identified practical recommendations to eliminate or overcome some of the obstacles they were facing.</p> <p>The authors of this study conclude that there is a need for a thorough policy and program review of the conflicting jurisdictional issues and, to initiate change, there is a need for a strong and effective voice that includes Aboriginal persons.</p>	<p>From this qualitative research of the challenges identified by First Nations people with physical disabilities, a number of emerging themes were organized under the following categories:</p> <ul style="list-style-type: none"> ▪ Independent living ▪ Barriers to independent living ▪ Transportation ▪ Employment and income ▪ Education and training ▪ Housing ▪ Personal supports

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Urban Aboriginal Persons with Disabilities: Triple Jeopardy!	(Durst, D. and Bluehardt, M. 2001)	<p>This thesis is based on a two year study that examines the challenges identified by urban Aboriginal disabled persons, and determines practical solutions to eliminate or overcome these obstacles. The paper concludes that Aboriginal persons with disabilities often leave their reserves due to inadequate local services, facing loneliness and exclusion in urban settings.</p> <p>This study proposes four actionable steps to address these issues, which aim to enhance service access and inclusion, advocating for substantial, immediate change to improve the lives of Aboriginal people with disabilities, including: 1) establishing Provincial Advocate Offices; 2) implementing a National Jurisdictional Review Panel; 3) conducting a pilot project on Independent Living, and; 4) expanding research on disability-related issues among Aboriginal communities.</p>	<p>This paper explores the concepts of <i>Triple Jeopardy</i>, which is described by the authors as populations who:</p> <ul style="list-style-type: none"> ▪ have a disability ▪ are part of a vulnerable populations (e.g., Indigenous, women, children, etc.) ▪ often experience compounding socio-economic disadvantages <p>These people experience multiple disadvantages resulting from the interplay between overlapping forms on discrimination.</p>
The Need for a New Medical Model: A Challenge for Biomedicine	(Engel 1977)	<p>This paper discusses the limitations of the current biomedical model (for psychiatry and broader medicine), which leaves no room within its framework for the social, psychological, and behavioral dimensions of illness. Specifically, the author argues that psychiatry should consider a more inclusive approach, including potentially redefining the scope of what constitutes mental health and illness. He proposes a new and revised framework that recognizes the importance of psychosocial (e.g., social support, cultural norms, family dynamics, etc.) elements</p>	<p>The author proposes a <i>Biopsychosocial Framework</i> that provides a blueprint for research, a framework for teaching, and a design for action in the real world of health care, which consists of three core components:</p> <ul style="list-style-type: none"> ▪ Biological Factors: including genetic predispositions, neurochemical imbalances, physical health conditions, and other bodily processes that can influence mental and physical health

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		<p>alongside biological factors in patient care, called the <i>Biopsychosocial Framework</i> to better understand how complex and interrelated factors interact to affect health and well-being.</p>	<ul style="list-style-type: none"> ▪ Psychological Factors: mental health conditions, emotions, thoughts, behaviors, personality traits, coping styles, and mental processes. They also consider how individuals perceive and respond to their health and illness. ▪ Social Factors: Social determinants such as family relationships, cultural norms, socio-economic status, education, and community connections. These elements look at how social environments and interactions influence health outcomes.
<p>Indigenous People with Disabilities in Canada: First Nations People Living off Reserve, Métis and Inuit Aged 15 Years and Older</p>	<p>(Engel 1977)</p>	<p>his study seeks to fill a knowledge gap by providing a profile of First Nations people living off-reserve, Métis, and Inuit living with a disability using data from the 2017 Aboriginal Peoples Survey (APS). It provides an overview of disability prevalence among First Nations people living off reserve, Métis and Inuit by sex, age group and geography, followed by a discussion of disability characteristics, including disability severity and disability type. This research demonstrates higher disability rates among Indigenous women and a diverse range of chronic health conditions prevalent among these groups; however, research specifically focused on Indigenous peoples is sparse and tends to generalize this diverse population, overlooking their unique cultural and regional contexts.</p> <p>This research highlights significant disparity in disability prevalence and types among Indigenous populations compared to the non-Indigenous population.</p>	<p>Major themes that were presented in this report based on the data related to Indigenous people with disabilities include:</p> <ul style="list-style-type: none"> ▪ Rates of disability among First Nations people living off reserve and Métis were higher than for non Indigenous people ▪ Among all Indigenous groups, pain-related disabilities were most prevalent ▪ Disability rates were higher for women than for men. Disability rates increased with age for both men and women ▪ Of all severity levels, mild disabilities were most common among all three Indigenous groups and for both men and women ▪ Among First Nations people living off reserve and Métis, disability prevalence was higher in Nova Scotia, New Brunswick, Ontario, British Columbia and Alberta while among Inuit it was higher in Nunatsiavut.

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Disability as a Colonial Construct: The Missing Discourse of Culture in Conceptualizations of Disabled Indigenous Children	(Ineese-Nash, N. 2020)	<p>This paper examines the concept of disability from a critical disability studies perspective, focusing on how Indigenous ontologies are framed within Canada's prevailing disability discourse. It emphasizes the knowledge of Indigenous (mainly Anishinaabek) communities, integrating narratives and relational insights from Indigenous Elders, knowledge keepers, and community members. The analysis examines and compares Indigenous viewpoints with academic research to highlight the frequent categorization of Indigenous individuals—often children—as 'disabled' within mainstream settings, irrespective of their actual conditions. This categorization is critiqued as a colonial imposition that misaligns with Indigenous understandings of community inclusion, perpetuating assimilative practices that sustain colonial damage. In light of this, the author concludes that there is a need for social institutions to reconsider the frameworks they operate in, which currently are incorrectly pathologizing, segregating and assimilating Indigenous children with disabilities.</p>	<p>In this paper, the author suggests that the process of decolonizing disability requires the following elements:</p> <ul style="list-style-type: none"> ▪ Inclusion of Elders, parents, traditional healers and communities ▪ Reimagining of disability supports within policy, practice and ideology and decolonization of these systems (including awareness of colonial processes that contribute to and cause disablement) ▪ Land ownership and political control ▪ Development of wholistic approaches to foster development in all domains, recognizing the expertise and cultural values of Indigenous communities (i.e. culturally appropriate support)
Towards a Universal Model of Family Centered Care: A Scoping Review	(Kokorelias et al. 2019)	<p>This article is the result of a scoping review that examined family care models for diverse illness and age populations. In total, 55 articles published between 1990-2018 that described the development of a family-centered model were included.</p> <p>This review highlights the need for a move to family-centered care to improve the well-being of those with illness and/or disability and their family caregivers, and identified areas where further research is needed (e.g., models for decision making authority, impact of family care models on patient, family, health system outcomes).</p>	<p>Based on the results of the scoping review, the authors identified a number of key components to facilitate family-centered care with the understanding that some of these aspects are universal and some are illness specific. Key components include:</p> <ul style="list-style-type: none"> ▪ Collaboration between family members and health care providers ▪ Consideration of family contexts ▪ Patient, family, and health care professional education

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Supporting Individuals with Special Needs and Their Families: A Community Needs Assessment	(Nutton and Milne 2014)	<p>This report summarizes the results of a community needs assessment undertaken to examine ways to better support individuals with special needs living in Kahnawà:ke, Quebec. Based on the results of this project, a number of areas for improvement were identified including personal and professional support networks, service efficacy, and community involvement. Additionally, the need for better service quality, more accessible and inclusive programs, and improved training for service providers was highlighted.</p>	<p>This research project identified several key themes centred around the needs and services for individuals with special needs, as follows:</p> <ul style="list-style-type: none"> ▪ Personal and professional support networks ▪ Awareness of services ▪ Service efficacy ▪ Service plan involvement ▪ Community involvement
Community-Based Social Care Models for Indigenous People with Disability: A Scoping Review of Scholarly and Policy Literature	(Puszka, S. et al 2022)	<p>This paper presents the results of a scoping review of community-based models of social care designed to meet the needs of Indigenous peoples in Australia, Aotearoa New Zealand, Canada and the United States. In total, 25 articles representing 10 models of care were identified.</p> <p>This research highlighted the evidence of promising practices in contextually relevant place-based social activity programs, support and remuneration for family carers, and workforce strategies that integrate Indigenous staff roles with kinship relationships and social roles. The authors identify the need for more research and evaluation are needed, and explore how disability funding bodies and service systems that facilitate these areas of promising practice can play a role in improving the accessibility of social care for Indigenous peoples.</p>	<p>The results from this literature review identified two over-arching themes that encompass 9 key characteristics of the <i>Community-based Social Care Models</i> for Indigenous people with disability, as follows:</p> <p>Themes and Key Characteristics of models:</p> <ul style="list-style-type: none"> ▪ Funding and governance arrangements <ul style="list-style-type: none"> – Dedicated funding streams – Presence of community-controlled organizations – Development of models by Indigenous people – Flexible and streamlined funding arrangements

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<p>Service delivery design</p> <ul style="list-style-type: none"> – Placed based activities integrated with everyday life – Respect for social norms of personal care – Support for families – Inclusive and integrative approaches – workforce strategies to support relationships between staff and participants
<p>Jordan’s Principle and Children with Disabilities and Special Needs: A Resource Guide and Analysis of Canada’s Implementation</p>	<p>(The First Nations Child & Family Caring Society of Canada in partnership and with the Wabanaki Council on Disability and Mawita’mk Society 2021)</p>	<p>This resource guide was created by the First Nations Child & Family Caring Society of Canada (the Caring Society) at the request of the Wabanaki Council on Disability. The purpose of this resource guide is to provide families, community members, service providers, and policy makers with information about how Jordan’s Principle can support First Nations families of children with disabilities and special needs. This resource provides the following type of information:</p> <ul style="list-style-type: none"> ▪ history of Jordan’s Principle ▪ accessing the services/service inclusion criteria, etc. ▪ disability constructs as defined in the literature and an analysis of the need for systemic change within Jordan’s Principle ▪ gaps and challenges to accessing supports and services 	<p>This document highlights key potential areas that require continuous monitoring and attention to ensure the needs of Indigenous children with disabilities are met, including:</p> <ul style="list-style-type: none"> ▪ Service availability ▪ Cultural appropriateness ▪ Recreation and cultural learning ▪ Early intervention and education ▪ Support for caregivers ▪ Post-majority services

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Collaborative Action on Fetal Alcohol Spectrum Disorder Prevention: Principles for Enacting the Truth and Reconciliation Commission Call to Action #33</p>	<p>(Wolfson et al. 2019)</p>	<p>The article discusses the significance of addressing fetal alcohol spectrum disorder (FASD) in Indigenous communities in Canada, aligning with the Truth and Reconciliation Commission's Call to Action #33. This call to action focused on collaboratively developing FASD prevention programs in Indigenous communities, and the subsequent consensus statement (co-developed in May 2017 using a Two-Eyed seeing approach) with 8 tenets for enacting Call to Action #33. This paper uses the consensus statement and eight exemplary FASD prevention programs from Indigenous communities and organizations across Canada to highlight identity, culture, and relationships as central elements of FASD prevention in Indigenous communities.</p>	<p>The model for FASD prevention programs presented in this paper depicts the eight tenets of the Consensus Statement as interrelated and directly respond to Call to Action #33 by providing a foundation for interdisciplinary and reconciliatory research action and program planning. The eight tenets, illustrated in a circle, are as follows:</p> <ol style="list-style-type: none"> 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
<p>Supporting First Nations Family Caregivers and Providers: Family Caregivers', Health and Community Providers', and Leaders' Recommendations</p>	<p>(Ward, A. et al. 2023)</p>	<p>This article reports on family caregivers', providers', and leaders' recommendations to support First Nations family caregivers and the health and community providers employed in First Nations. Specifically, the study employed a participatory action research method with 26 participants (family caregivers, health and community providers, and healthcare and community leaders) in 2 First Nations communities in Alberta. This research was grounded in the concept of Etuaptmunk (the understanding that being in the world is the gift of multiple perspectives)</p>	<p>From this research, 4 types of support were identified as needed by family caregivers, as follows:</p> <ul style="list-style-type: none"> ▪ recognize the family caregivers' role and work ▪ enhance navigation and timely access to services ▪ improve home care support and respite ▪ provide culturally safe care

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Developing an Indigenous approach to FASD	(Canada FASD network, Thunderbird Partnership Foundation, and Centre of Excellence for Women's Health 2019)	<p>This document, co-authored by the Centre of Excellence for Women's Health, the Thunderbird Partnership Foundation, and the Canada FASD Research Network, is a Consensus Statement in 2017 on the Eight Tenets for Enacting the Truth and Reconciliation Commission's Call to Action #33 developed by 23 experts from across Canada working in areas of FASD, Indigenous health and wellness. Informed by the Principles of Reconciliation, the purpose of this Consensus Statement is to:</p> <ul style="list-style-type: none"> ▪ Inform: robust and culturally safer approaches to implementing TRC Call to Action #33 (to deliver better supports and services to mothers, families and communities) ▪ Affirm: a cross-disciplinary and cross-organizational approach with a priority for Indigenous knowledge while sharing perspectives and insights with agencies, individuals and stakeholders committed to this same goal. ▪ Promote: an ongoing and collaborative commitment to reconciliation. 	<p>The consensus statement that comprised 8 tenets for enacting the Truth and Reconciliation Commission's Call to Action #33, which focuses on the collaborative development and delivery of FASD prevention programs in a culturally appropriate manner, as follows:</p> <ol style="list-style-type: none"> 1. Centering Prevention around Indigenous Knowledge and Wellness 2. Using a Social and Structural Determinants of Health Lens 3. Highlighting Relationships 4. Community Based, 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

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Socioeconomic Determinants (Special Focus: Poverty and Housing)



Socioeconomic Determinants of Health (Special Focus: Poverty and Housing)

Conceptual models and frameworks

The socioeconomic determinants of health, particularly poverty and housing, play a significant role in the health disparities experienced by Indigenous populations in Canada. Within this domain, a total of fourteen documents were identified as relevant for inclusion (Table 18). These documents explore the landscape of socioeconomic disparities, highlight the interdependence of socioeconomic factors and health disparities, explore the intersections and underlying causes of disparities among Indigenous populations, and provides a number of recommendations to mitigate the identified inequities (Wien, Fred 2017; Assembly of First Nations 2007; National Collaborating Centre for Indigenous Health 2020). The literature emphasizes the importance of culturally informed, community-driven interventions and policies that recognize the unique needs and rights of Indigenous peoples.

Two socio-economic determinants emerged as key sub-domains within the literature as significantly impacting the health and wellbeing of Indigenous people: 1) poverty; and 2) housing (Wien, Fred 2017; National Collaborating Centre for Indigenous Health 2020; 2017).

The first sub-domain identified from the literature is poverty. Within this subdomain, three key reports were found to provide a comprehensive understanding of poverty within Indigenous populations in Canada. The first two reports were published by the National Collaborating Centre for Indigenous Health (NCCIH), titled *Tackling Poverty in Indigenous Communities in Canada and Poverty as a Social Determinant of First Nations, Inuit and Métis Health* (Wien, Fred 2017; National Collaborating Centre for Indigenous Health 2020). These reports provide a particularly comprehensive analysis of poverty among Indigenous people in Canada, underpinning poverty as a social determinant of Indigenous health. Each of these reports detail a number of Indigenous-specific poverty reduction strategies, as well as present broad, high level policy recommendations and national strategies.

The third report within the sub-domain of poverty is titled *Pursuing Well-Being: Lessons from the First Nations Poverty Action Research Project*. This report explores broader definitions of poverty from Indigenous perspectives, and presents the *Dimensions of Well-being Model*, in which poverty includes physical, spiritual, emotional and mental elements. Additionally, this report details 6 *Recommendations for Strategies for Program and Policy Change*, which are focused on outcomes such as balance and harmony (Poverty Action Research Project 2018)

Poverty among children is specifically focused on in the literature within this subdomain. Two reports titled *Poverty or Prosperity: Indigenous Children in Canada* and *Towards Justice: Tackling Indigenous Child Poverty in Canada* present the findings on child poverty in Canada and identify First Nations children are the most economically disadvantaged group in Canada, with poverty rates substantially higher than national averages (Macdonald, D. and Wilson, D. 2013; Beedie, N., Macdonald, D., and Wilson, D. 2016). The complexities of child poverty within Indigenous populations are also explored, and these reports emphasize the urgent and critical need for targeted policy interventions and government action to address the inequalities that contribute to this issue.

The second sub-domain identified within the literature is housing. Two key documents on housing were identified. The first is from the National Collaborative Centre for Indigenous Health. This report, titled *Housing as a Social Determinant of First Nations, Inuit, and Métis Health* provides a comprehensive overview of disparities in housing among Indigenous people, and discusses inadequate housing is a social determinant of Indigenous health (National Collaborating Centre for Indigenous Health 2017). The second is a journal article titled *Sekuwe (My House): building health equity through Dene First Nations housing designs* which explored articulations of healthy housing design elements with two Dene communities in Manitoba. Five themes were identified as important housing design elements, reflecting the importance of cultural design and long-term sustainability within housing (Larcombe et al. 2020).

Overall, the literature included within this domain emphasizes a need to develop strategies and interventions that recognize and address the multiple and intersecting root factors resulting in socio-economic disparities seen among Indigenous peoples. This includes strategies that are developed through meaningful consultation with Indigenous communities, respecting their sovereignty and cultural traditions (Poverty Action Research Project 2018; National Collaborating Centre for Indigenous Health 2020; Beedie, N., Macdonald, D., and Wilson, D. 2016; National Collaborating Centre for Indigenous Health 2017).

Within the literature, one key framework was identified that was deemed particularly useful for policy and planning initiatives that are aimed at reducing socio-economic disparities and improve the health and well-being of Indigenous peoples in Canada is the *First Nations Wholistic Policy and Planning Model: Discussion Paper for the World Health Organization Commission on Social Determinants of Health* (Assembly of First Nations 2007). Illustrated as a medicine wheel model, this framework highlights key principles that need to be addressed to successfully operationalize interventions that target the socio-economic determinants of health in Indigenous communities, such as the social determinants of Indigenous Health, community autonomy, self-determination, recognition of inherent rights, and the value of traditional knowledge systems and cultural practices.

Tools and indicators

A key tool to measure indicators identified within this domain is the Community Well-Being Index, which measures socio-economic well-being for communities across Canada over time using statistical data organized into four indicator domains, including education, housing, income and labour force activity. Additionally, a number of other documents provide detailed descriptions of standard economic indicators, such as the *Low Income Cut Off, the Market Basket Measure*, among others (Government of Canada 2018; 2021; National Collaborating Centre for Indigenous Health 2020; Macdonald, D. and Wilson, D. 2013).

The literature on socioeconomic determinants of health for Indigenous populations highlights the critical impact of poverty and housing on health outcomes. Key documents advocate for targeted policy interventions and culturally appropriate strategies to address these disparities. Meaningful consultation with Indigenous communities and the integration of traditional knowledge are critical to create sustainable solutions that promote health equity and well-being.

Table 18: Socioeconomic Determinants of Health (Special Focus: Poverty and Housing)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
First Nations Wholistic Policy and Planning Model: Discussion Paper for the World Health Organization Commission on Social Determinants of Health	(Assembly of First Nations and Canada 2006)	<p>This discussion paper, developed by the Assembly of First Nations of Canada, explores the historical, cultural, social, economic and political determinants that affected and create disparities in the health and wellbeing of First Nations people compared to mainstream populations. Specifically, it provides an overview of First Nations SDH and recommended interventions, identifies challenges to further enhancing knowledge of First Nations SDH, and provides a comprehensive and wholistic policy and planning models for First Nations health and wellbeing.</p> <p>Finally, this paper advocates for the recognition of respecting and integrating First Nations' cultures, traditions, and knowledge systems into health policy and research to improve the health of Indigenous people's health, highlighting key principles such as community autonomy, self-determination, recognition of inherent rights, and the value of traditional ways of knowing.</p>	<p>The <i>First Nations Wholistic Policy and Planning Model</i> developed by the Assembly of First Nations is illustrated using a medicine wheel and a series of nested circles around the centre, as follows (beginning with the inner circle):</p> <ul style="list-style-type: none"> ▪ The centre of the circle is community, representing community as the core (with the individual positioned in the context of the community) ▪ 4 directions of the medicine wheel include the components of health (Spiritual, Physical, Emotional and Mental) and represent 4 cycles of the lifespan (child, youth, adult, Elder) ▪ Four key dimensions of First Nations self-government (self-government/jurisdiction, fiscal relationships/accountability, collective and individual rights, capacity/negotiations) ▪ The Social Determinants of Health ▪ The final, outer ring of the circle is comprised of the three components of social capital (bonding, bridging, and linkage)
Towards Justice: Tackling Indigenous Child Poverty in Canada	(Beedie, N., Macdonald, D., and Wilson, D. 2016)	<p>This report is the third installment in a series of papers that track the gap between Indigenous children and other children in Canada, using the after-tax Low-Income Measure (LIM-AT). This report presents the findings of child poverty trends in Canada between Census 2006 and Census 2016, which has found that First Nations children are the most marginalized and economically disadvantaged population in Canada, based</p>	<p>The findings of this paper are grounded in the <i>Social Determinants of Health Framework</i>, which is used to explore a number of constructs of and impacts of child poverty including housing, childhood experiences, food insecurity, access to public services, etc.).</p>

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>on an analysis of a number of poverty indicators and constructs.</p> <p>The complexity of poverty within Indigenous populations is explored, recognizing the diversity and interconnected nature of identity, geography, and policies that impact and influence poverty rates.</p> <p>The report advocates for a national poverty strategy that recognizes the diverse experiences and needs of Indigenous children and outlines 4 strategies that should be included in the federal poverty reduction plan:</p> <ol style="list-style-type: none"> 1. Low income lines should be applied on reserves and in the territories 2. Reserves should be included in the annual income surveys 3. Government should commit to poverty reduction on reserves in line with national averages but evaluated separately 4. Federal government should commit to supporting Indigenous self-determination 	
On-Reserve Non-Profit Housing Program (Section 95)	(Canadian Mortgage and Housing Corporation 2018)	The On-Reserve Non-Profit Housing Program, commonly referred to as Section 95, is a housing initiative funded by the Canadian federal government through the Canada Mortgage and Housing Corporation (CMHC). This program is designed specifically to support the construction, purchase, and rehabilitation of affordable housing for First Nations communities on reserve lands.	<p>The <i>On-Reserve Non-Profit Housing Program model</i> is grounded in the following key elements:</p> <ul style="list-style-type: none"> ▪ Provision of long-term funding and subsidies (typically over a 25-year period) for First Nations of their housing authorities to reduce the costs of housing projects to affordable levels. ▪ Ownership and Management: of housing by First Nations band or a band-controlled non-profit housing authority.

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ Affordability: supporting the creation of housing that is affordable though set rent/ housing charges based on income or a formula that keeps housing costs affordable. ▪ Community Involvement: and management of housing
Opportunity for All – Canada’s First Poverty Reduction Strategy	(Government of Canada 2018)	<p>This report, published by the government of Canada, introduces and describes <i>Canada’s First Poverty Reduction Strategy</i>, a comprehensive plan launched in 2018 to address and reduce poverty across the country by 2030. This report outlines Canada’s vision for poverty reduction, describes the Canada’s newly developed official measure of poverty (Canada’s Official Poverty Line) and describes the poverty reduction strategies outlined in the strategy. Additionally, it describes the development of a National Advisory Council of Poverty and outlines the proposed Poverty Reduction Act. The strategy is described using a whole government approach that involves actions and investments across government sectors, emphasizes partnerships, and track poverty through evidence based and informed measures.</p>	<p><i>Canada’s First Poverty Reduction Strategy</i> includes the following elements, summarized as follows:</p> <ul style="list-style-type: none"> ▪ Development of official poverty line ▪ Development of indicator targets (reduce poverty by 20% by 2020 and 50% by 2030, reduce chronic homelessness by 50%, end all long-term drinking water advisories on public systems on reserve by 2021, housing needs eliminated for 530,000 households) ▪ Develop National Advisory Council of Canada (track and publicly report on progress, facilitate dialogue)
Canada’s National Housing Strategy A Place to Call Home	(Government of Canada 2019)	<p>This report outlines Canada’s National Housing Strategy. Tied to Canada’s Poverty Reduction Strategy, this national housing strategy is a 10 year plan (2018-2028), focused on developing strategies and providing investments to provide housing to more Canadians. The report outlines the range of complementary programs and initiatives that address diverse needs across the housing continuum, including, for</p>	<p>The National Housing Strategy is anchored in the National Housing Strategy Act which requires the Strategy to consider the key principles of a <i>human rights-based approach to housing</i>, which includes the following principles:</p> <ul style="list-style-type: none"> ▪ Non-discrimination ▪ Inclusion

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		example: new construction, repair, reduction of chronic homelessness, system changes to increase housing supply, support for community housing sector, improved home ownership options, data, innovation and research.	<ul style="list-style-type: none"> ▪ Participation ▪ Accountability
The Community Well-Being Index	(Government of Canada 2021)	The Community Well-Being (CWB) index measures socio-economic well-being for communities across Canada over time (1981-2021), providing a systematic and reliable way to track the socio-economic well-being of communities over time. For each community, an overall CWB score is derived from four components: education, income, housing, labour force activity, which can be used to gauge the quality of life in various dimensions within different areas for the purpose of helping to identify areas needing improvement and enhancements in community well-being. Within the CWB, the <i>First Nations Community Well-Being Index</i> specifically measures the well-being of First Nations communities in Canada. Developed by Indigenous Services Canada, this index provides a snapshot of the socio-economic conditions of First Nations communities relative to other Canadian communities (including non-First Nations ones).	<p><i>Canada's First Poverty Reduction Strategy</i> includes the following elements, summarized as follows:</p> <ul style="list-style-type: none"> ▪ Education ▪ Income ▪ Housing ▪ Labour Force Activity
The Report on the Royal Commission on Aboriginal Peoples	(Hurley, M. and Wherrett, J. 1999)	This is the final report of the Royal Commission on Aboriginal People's, which consisted of 5 volumes that covered a vast range of issues. This report consisted of 440 recommendations to improve the relationship between Aboriginal and non-Aboriginal Canadians, outlined in a 20 year change agenda. Key proposals included recognizing	<p>As a response to the RCAP report, in January 1998, the government released <i>Gathering Strength: Canada's Aboriginal Action Plan</i> which set out a policy framework for future government action based on four objectives, each encompassing a number of elements:</p> <ul style="list-style-type: none"> ▪ Renewing the partnership

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Aboriginal self-governance, reallocating land, and increasing investments in Aboriginal communities to facilitate self-determination and improve socio-economic conditions. Major recommendations were centered around recognition of Aboriginal rights and government, expansion of Aboriginal land and resource base, and initiatives to social, education, health and housing needs.</p>	<ul style="list-style-type: none"> ▪ Strengthening Aboriginal governance ▪ Developing a new fiscal relationship ▪ Supporting strong communities, people and economics
<p>Housing as a Social Determinant of First Nations, Inuit, and Métis Health</p>	<p>(National Collaborating Centre for Indigenous Health 2017)</p>	<p>This fact sheet, published by the NCCIH, provides an overview of the living and housing conditions of Indigenous households in Canada. It provides an overview of population growth data in the context of housing supply issues, and presents housing statistics (including homelessness) for Inuit, Métis, and on-reserve First Nations people. A brief overview of health impacts resulting from housing disparities is provided, and a small sample of innovative community-based housing initiatives and developments that are underway in Canada to improve the living conditions of Indigenous people in Canada will be explored. This document advocates for investments in sustainable housing and related infrastructure as essential to addressing housing issues and ultimately reducing Indigenous health disparities.</p>	<p>Indigenous housing indicator domains presented in this document include:</p> <ul style="list-style-type: none"> ▪ Indigenous population growth rates ▪ Housing availability on reserve ▪ Housing and housing conditions (e.g., proportion of housing defined as social housing/public housing, % of housing in need of minor/major repairs, % of homes with overcrowding, etc.) ▪ Homelessness
<p>Poverty as a Social Determinant of First Nations, Inuit and Métis Health</p>	<p>(National Collaborating Centre for Indigenous Health 2020)</p>	<p>Published by the NCCIH, this fact sheet explores poverty as a determinant of health for First Nations, Inuit and Métis individuals, families and communities, highlighting the fact that the burden of poverty falls most heavily on certain sub-groups such as women, children, and lone parent led families.</p>	<p>This document lists a number of tools that are used to measure poverty in Canada, including the following:</p> <ul style="list-style-type: none"> ▪ Low income Cut-off :20% of household income on basic necessities [food, shelter, clothing] compared to the national average)

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
		<p>Major recommendations were centered around recognition of Aboriginal rights and government, expansion of Aboriginal land and resource base, and initiatives to social, education, health and housing needs.</p>	<ul style="list-style-type: none"> ▪ Market Basket Measure: ability to pay for a specific set of goods and services locally ▪ Low income measure: 50% below the median household income ▪ Community Well-being Index: considers income, education, housing and activity (work)
<p>Pursuing Well-Being: Lessons from the First Nations Poverty Action Research Project</p>	<p>(Poverty Action Research Project 2018)</p>	<p>This document is a report on the findings of the Poverty Action Research Project (PARP), initiated by the Assembly of First Nations in 2008. Through engagement with five diverse First Nations across Canada, the concepts of poverty were explored. Based on the results of this project, it was found that Indigenous participants defined poverty from a broader perspective, incorporating dimensions such as spiritual, mental, emotional and physical health. Additionally, suggested strategies to reduce poverty focused on collective outcomes such as balance and harmony through mechanisms that promote community strength and self-determination were identified. This report concludes by providing <i>Six Recommendations for Strategies for Program and Policy Change</i> to address health and well-being determinants, directed at governments, granting councils and universities.</p>	<p>The Poverty Action Research Project was grounded in First Nations conceptions of wholistic wellness, balance and harmony, illustrated in a conceptualization of the medicine wheel. The <i>Dimensions of Wellbeing Model</i> includes the following elements:</p> <p>Physical - environment, economy Mental - governance, education Emotional - social support, safety/security Spiritual - culture, ceremonies, spirituality</p> <p>The <i>Six Recommendations for Strategies for Program and Policy Change</i> are as follows:</p> <ol style="list-style-type: none"> 1. Funding support for First Nation development 2. Reform of administrative structures and procedures 3. Support for leadership development 4. Multidimensional First Nation development 5. Community-based action research 6. Adapting to Indigenous research

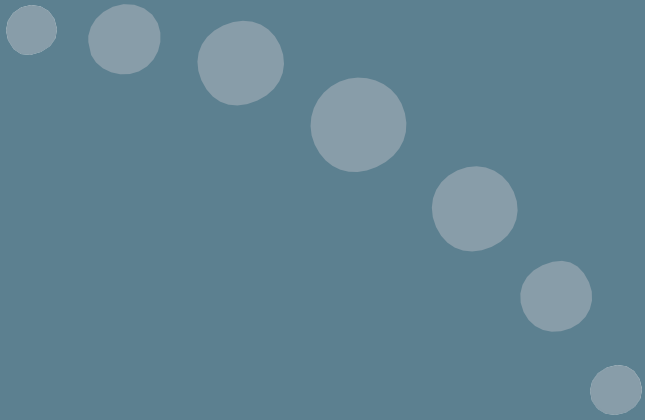
Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
Transforming Our World: The 2030 Agenda for Sustainable Development	(United Nations 2015)	<p>This plan is a global framework adopted by all United Nations Member States in 2015 for peace and prosperity for all people and the planet. Centered around 17 Sustainable Development Goals (SDGs), this plan advocates for urgent call for action by all countries in a global partnerships to end poverty and other deprivations. The SDGs build on the success of the Millennium Development Goals (MDGs) and aim to go further to end all forms of poverty through an integrated balance of three dimensions of sustainable development: economic, social, environment.</p> <p>Specifically, this plan identifies the need for comprehensive strategies that improve health and education, reduce inequality, and spur economic growth as well as tackling climate change and working to preserve our oceans and forests as the key to sustainable global development by 2030.</p>	<p>The 2030 Agenda for Sustainable Development is a global framework, centered around the following 17 sustainable development goals, with 169 associated targets. The SDG' domains are summarized as follows:</p> <ul style="list-style-type: none"> ▪ Poverty ▪ Hunger ▪ Health and wellbeing ▪ Education ▪ Gender equality ▪ Clean water/sanitation ▪ Clean energy ▪ Economic growth ▪ Industry, innovation, infrastructure ▪ Reduced inequalities ▪ Sustainable cities and community ▪ Responsible consumption and production ▪ Climate action ▪ Sustainable water resource development ▪ Sustainable land resource development ▪ Peace, justice, strong institutions ▪ Partnership development to reach goals
Tackling Poverty in Indigenous Communities in Canada (NCCIH)	(Wien, Fred 2017)	<p>This fact sheet explores poverty in Indigenous populations in Canada with a focus on the intersections between poverty and the disproportionate burden of illness in Indigenous communities.</p>	<p>Standard economic indicators of poverty in Indigenous communities that were identified in this document include:</p> <ul style="list-style-type: none"> ▪ % of households with income below \$10,000 annually

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
			<ul style="list-style-type: none"> ▪ % houses with income below \$20,000 ▪ Median annual household income ▪ % of individuals with low income after tax ▪ % of children under 6 years old, living with low income after tax ▪ Average community well-being scores ▪ Relationship between household income and daily smoking amongst First Nations adults living on reserve (2008-10) ▪ % of Aboriginal and non-Aboriginal populations in Canada with major depressive episodes (2000-01) ▪ Most frequently mentioned barriers to accessing healthcare services, First Nations adults in Nova Scotia (2008-09)
Poverty or Prosperity: Indigenous Children in Canada	(Macdonald, D. and Wilson, D. 2013)	<p>This is a policy report that provides a comprehensive analysis of child poverty in Canada, exploring the disproportionate burden of child poverty across different population groups. This paper highlights the higher poverty rates of Indigenous children, with status First Nations children experiencing the highest poverty rates. This paper stresses the urgent need for targeted policy interventions and a commitment from all levels of government to address the inequalities that contribute to child poverty. Additionally, it highlights the need for strategies that focus on improving the socioeconomic conditions of Indigenous children not only is a matter of rights but also brings potential economic benefits by enhancing their future productivity and contributions to society.</p>	<p>This paper presents a model of child poverty – the <i>Three Tiers of Child Poverty</i> based on their level of poverty severity, as follows:</p> <ul style="list-style-type: none"> ▪ Tier 1: Poverty 12% (i.e., 12% of children are living below the poverty line). Child poverty rate excluding Indigenous, racialized and immigrant children ▪ Tier 2: Poverty rate of 22%-33% including racialized children, first generation immigrant children, Métis and non-status First Nations ▪ Tier 3: Poverty rate of 50% Status First Nations children

Title	Citation	Descriptive Synthesis	Conceptual Models, Frameworks, Tools, Indicators
<p>Sekuwe (My House): building health equity through Dene First Nations housing designs</p>	<p>(Larcombe et al. 2020)</p>	<p>This article discusses the inadequate housing conditions associated health challenges (particularly tuberculosis due to overcrowding and inadequate ventilation) within two Dene First Nations communities, Manitoba and highlights the Dene Healthy Housing Project. This project, a partnership between the two Dene communities, a university, and a provincial First Nation non-governmental organization engaged university and senior high school students to create and articulate Dene healthy housing so that concepts/plans/designs would be available for future funding interventions. Through the co-development of methods and networks to reframe housing as a social determinant of health and important factor in social justice, this project emphasized the importance of Dene self-determination over their built environment, and the critical need for culturally sensitive and sustainable housing solutions that align with their social and environmental conditions.</p>	<p>Based on the healthy housing designs elements that were incorporated into the models created, five themes were identified as follows:</p> <ul style="list-style-type: none"> ▪ Material identity: materials that reflect a connection to their history, teachings and regional identity ▪ Cultural design integration: public and private spaces amenable to traditional Dene practices and take into consideration the lifestyle of the various family members living in the homes. Activities which help to transfer history, skills, traditional knowledge, and cultural identity should be strongly encouraged through flexible spaces and appropriate utilities and resources within the home ▪ Energy independence: energy efficiency and reliability, including back up energy sources due to the isolated location and cold weather ▪ Food Security: integrate/celebrate the needs of a proper space dedicated to butchering, cleaning, and meat preparation, vegetable production, etc. to reduce reliance on having to buy food ▪ Long-term maintenance and repair of housing: to ensure small problems were fixed before they compounded and became more significant, affecting the health and safety of families

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Synthesis



Synthesis

This literature review examined Onkwehón:we (North American Indigenous) conceptual models, frameworks, assessment tools and indicators of wholistic health, wellness, and wellbeing, focusing particularly on Haudenosaunee and Kanien'kehá:ka Nations. In total, 202 references met the inclusion criteria, making this the most comprehensive review on this topic to date.

The purpose of the review was to systematically identify and synthesize relevant literature to support the development of an evidence-based Community Wellness Plan (CWP) for Kahnawà:ke, Quebec. Specifically, this literature was used to inform and validate the development of the CWP framework and build a library of resources related to each of the eleven priority domains identified within the CWP. Within each priority domain, a variety of frameworks, models, assessment tools, and indicators were identified, which can be used to help inform and support CWP plan operationalization.

Overall, this body of literature emphasizes the importance of incorporating Indigenous conceptualizations of health, wellness, and well-being into community based planning, assessment, data collection, indicator development, and evaluation (Fox, Paulette and Harmony Walkers Inc. 2018; Marsden, Namaste et al. 2021; Donatuto, Campbell, and Gregory 2016; Jeffrey, B. et al. 2006; Marks, Elisabeth, Cargo, Margaret D., and Daniel, Mark 2007). To facilitate this integration, the literature underscores the critical need for inclusive and participatory approaches that respect and honour the sovereignty and self-determination of Indigenous communities. These approaches should promote capacity building and empowerment, while aligning closely with the principles of self-governance. Furthermore, the literature emphasizes the essential role of national and international policies that support Indigenous rights to design and manage their own health services. This includes the provision of sustainable and adequate resources that are flexible in design to meet the diverse needs of Indigenous communities (Gomez Cardona et al. 2021; Horn-Miller 2013; SGIG Data Project Steering Committee 2020; Barnabe 2021; First Nations Health Council 2022; Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020).

The literature included within this review was underpinned by a collective recognition of the importance and necessity of addressing the Social Determinants of Indigenous Health (SDIH). This includes acknowledging and addressing the unique structural and systemic determinants that have resulted in inequities and health disparities among Indigenous populations, such as the long-term effects of colonization, loss of land, language and culture, which have profound impacts on the health of Indigenous peoples (First Nations of Quebec and Labrador Health Services Commission 2016; National Collaborating Centre for Indigenous Health 2016; Landry, Asselin, and Lévesque 2019; Kim 2019; Crawford and Hicks 2018; Devanathan, R. 2023). To comprehensively address these determinants, the literature calls for strategies that are focused on the broader economic and social structures that influence Indigenous health outcomes, advocating for systematic and structural changes that support health equity (Kim 2019; First Nations Health Council 2022; Greenwood, M. et al. 2020; Halselth and Greenwood 2019).

A large number of models, frameworks and tools have been developed to design and operationalize initiatives aimed at addressing the SDIH and health equity. For instance, the conceptual frameworks and extensive literature on the SDIH developed by the National Collaborating Centre for Indigenous Health provide comprehensive evidence and guidance relating to the complex, intersections between structures, systems and processes and determinants that shape Indigenous health and wellness (National Collaborating Centre for Indigenous Health 2024).

Grounded in the SDIH, four central themes emerged from the compendium of literature within this review: the need to embrace a paradigm shift towards wholism, the reframing of focus from health and disease conditions to prioritize prevention and early intervention approaches, an emphasis on family and community orientation, and the importance of culture as a critical influence on health and wellness (Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020; Halselth and Greenwood 2019; Crawford and Hicks 2018; Absolon, K. 2019; First Nations Health Council 2022; Freeman, Marie Bonnie 2004).

Collectively, the literature identifies the need for a paradigm shift towards a more wholistic understanding of Indigenous health, wellness and wellbeing. This includes a view of health and well-being that extends

beyond biomedical, western factors to prioritize approaches that address the physical, mental, emotional and spiritual components of health (Absolon, K. 2019; Assembly of First Nations 2007; Hopkins and Fournier 2018; National Collaborating Centre for Indigenous Health 2016; Kyoon-Achan et al. 2018; Devanathan, R. 2023; Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the Thunderbird Partnership Foundation, the Native Mental Health Association 2015). Although many Indigenous peoples have defined and conceptualized health this way historically, the literature advocates for health to be more broadly defined, recognizing importance of balance between these elements as profoundly impacting health and wellness outcomes, particularly within Indigenous contexts. This approach has been advanced through the development of numerous assessment tools and Indigenous-specific indicator development efforts, which underpin the importance of developing meaningful and relevant conceptualization of health and wellness (First Nations Health Council 2022; Kolaheedooz et al. 2015; Reading, C. and Wien, F. 2009; Loppie, C. and Wien, F. 2022; First Nations Health Authority 2019).

In addition to a more wholistic understanding of health and well-being, the need to reframe the focus from health and disease conditions to prioritize prevention and early intervention approaches is identified throughout the literature. Specifically, it emphasizes the importance of upstream interventions, which are seen as essential for addressing the root causes of health inequities and disparities which disproportionately affect Indigenous peoples. The importance of a life course perspective was also emphasized within the literature as critical in understanding how early life experiences influence health trajectories (Reading, C. and Wien, F. 2009; Loppie, C. and Wien, F. 2022; Kim 2019; First Nations Health Council 2022).

The literature also demonstrates a strategic reorientation towards a focus on health and wellness from a family and community perspective. This includes an emphasis on wholistic, approaches that incorporate cultural strengths, values and traditional knowledge systems, and actively involving community members in co-creating solutions that are meaningful and relevant. This focus on family and community is operationalized through frameworks, models and tools that consider the health of the entire community, fostering an environment where wellness is seen as a collective responsibility, rather than an individual attribute (Institute of Fiscal Studies and Democracy and at the University of Ottawa 2020; Halsehth and Greenwood 2019; 2019).

The critical and foundational importance of culture and language on the health and wellness of Indigenous populations is also highlighted. The literature calls for the meaningful integration of Indigenous cultural frameworks within health and wellness initiatives, recognizing culture as both a preventative measure and therapeutic intervention essential for the comprehensive well-being of Indigenous populations. This includes recognizing determinants such as connection to land, cultural continuity, and community well-being as integral to health and wellness (Stacey, K. 2016; Snowshoe et al. 2017; National Collaborating Centre for Indigenous Health 2016; Phillips 2010). To support this work, a large body of literature, resources, assessment tools and indicators related to culture have been developed (Masotti, P. et al. 2023; Snowshoe et al. 2017; Gomez Cardona et al. 2022). These resources and tools can be used to facilitate the comprehensive incorporation of culture and language into health initiatives.

Based on this review, a number of broad-based recommendations were consistently identified within the literature as critical to advancing the development of wholistic, comprehensive Indigenous health, wellness and wellbeing initiatives and strategies (Truth and Reconciliation of Canada 2015; United Nations 2021; First Nations Health Council 2022; 2022; Kolaheedooz et al. 2015). Most importantly, there is a recognized need for ongoing research to address the significant data gaps and enhance understandings of the complex health impacts experienced by Indigenous peoples. This includes the need to further understand the multifaceted root causes of health and wellness disparities, as well as the intersections between the Social Determinants of Indigenous Health (Loppie, C. and Wien, F. 2022; Reading, C. and Wien, F. 2009). Strategies must be centered on empowerment and self-determination, utilizing culturally informed frameworks, tools and indicators to ensure health, wellness and wellbeing initiatives are meaningful, relevant, and successful.

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