

# **A Synthesis: Indigenous Wellness Indicators Day**

**A collaboration of the CIHR Institute of Aboriginal Peoples' Health, the  
First Nations Health Authority of British Columbia and the International  
Group on Indigenous Health Measurement**



**Unceded Coast Salish Territory  
(Vancouver, British Columbia, Canada)**

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## Executive Summary

Comprehensive, practical and culturally appropriate indicators are needed to gain an accurate and wholistic picture of the health and wellness of Indigenous populations. If researchers and health service providers are to aid and support Indigenous peoples in their journey towards healing and wellness, these indicators must be integrated across the continuum of health policy and program development, implementation and evaluation. On 3 October 2014, experts from several countries were brought together to share their knowledge and unique insights with respect to Indigenous Wellness.

This document is a synthesis of nine Indigenous presentations from the Wellness Indicators Day. In creating and applying wellness indicators, it will be critically important to have a detailed understanding of how health, quality of life and wellness are viewed from various Indigenous perspectives. Health can be seen as a *resource* for wellbeing and asks the question: do I have the capacity to live well? A person's quality of life incorporates one's ability to achieve a personally satisfactory level of wellness within their own unique health context. However, the ultimate goal is wellness, which extends even further into the social, family, community and spiritual domains of one's existence. Perceptions of wellness involve the balance of health in the physical, mental, emotional and spiritual dimensions of the individual and community. Moreover, wellness is viewed as a journey. It is an active and continuous process - not merely a destination or an endpoint to be reached.

Several broad categories of mediating factors that act on and interact with wellness emerged from thematic analysis of the presentations from the Wellness Indicators Day. These factors can be viewed as processes that mediate the ability of an individual or community to attain or regain wellness. They affect not only how many people in a community are experiencing wellness, but also to what extent health, quality of life and wellness are positively influencing their lives. These factors are: Cultural Connectivity, Relationships, the Life Course and Indigenous Determinants of Health.

Cultural Connectivity provides us with a sense of belonging, purpose and with a connection to each other and to the Creator. Components of cultural connectivity include language, ceremony, cultural identity, traditional knowledge and connection to the land, environment and spirit world. Relationships between the individual, family, community, Nation help to sustain us. They involve mutual accountability and reciprocity and must be maintained both within oneself and by those around us. The stage at which the individual is located within the life course is another important mediating factor of wellness (children and youth, adult, Elder). The last key category of mediating factors that emerged from the presentations are the Indigenous determinants of health. These are the overarching political, social, cultural, environmental and economic determinants of wellness which include resilience, self-governance, self-determination and colonization.

In order to measure levels of perceived wellness within and across Indigenous individuals and communities, these mediating factors must be translated into tangible indicators of wellness. The next pivotal step is asking the question: **"How do we measure the mediators?"** In working towards this goal, our approach must involve the application of the diverse knowledge and wisdom discussed by the presenters at the Wellness Indicators meeting. Furthermore, it is important that our approach to creating wellness indicators be grounded in and supported by community involvement, guidance and ownership. Communities themselves must define the indicators they believe most relevant for measuring wellness within their own unique context. This document will serve as a platform for exploring future research directions regarding the measurement of wellness within Indigenous individuals, communities and beyond.

### Background on conference:

The International Group on Indigenous Health Measurement (IGIHM) Meeting on Mortality Measurement and Wellness Indicators was held in Vancouver, British Columbia (BC), Coast Salish Territory, on 1–4 October 2014. IGIHM, in collaboration with the Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health (IAPH) and the British Columbia First Nations Health Authority (FNHA), hosted a day focused on Indigenous Wellness Indicators (3 October). Experts and academics from several countries were brought together to share their knowledge and unique insights with regard Indigenous Wellness.

Four main objectives were outlined for the Wellness Indicators component of the conference:

- ✓ Through presentations and group discourse, create a collective understanding of wellness indicators and health indicators, and what the differences mean to Indigenous health.
- ✓ Have the group contribute to the collective understanding of health and wellness and potential measurement strategies.
- ✓ Encourage a positive change in how participants use indicators of health and/or wellness to inform their professional practice.
- ✓ Consider the impact of incorporating wellness indicators in health systems, from a perspective of redesign and change management to one of blue-sky development.

The Wellness Indicators day consisted of nine invited Indigenous presentations (listed alphabetically):

1. **Ann Broderstad (Norway):** The SAMINOR Study: Indicators and Resilience
2. **Gail Garvey (Australia):** Quality of Life and Wellness: Aboriginal and Torres Strait Islander Cancer Survivors
3. **Felicia Hodge (United States):** Wellness and "Un-wellness" in American Indian Communities: Predictors and Perceptions
4. **Georgia Kyba (Canada):** the First Nations Perspective on Wellness
5. **Ted Mala (United States):** Journey of Wellness
6. **Gwen Phillips (Canada):** Wellness from a First Nations Perspective: Moving from a Sickness System to a Wellness System
7. **John Waldon (New Zealand):** Indigenous Health Indicator Frameworks and Measurement in New Zealand
8. **Renee Williams (Australia):** The National Aboriginal Community Controlled Health Organisation (NACCHO): a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination
9. **Asia Youngman and Gabriella Emery (Canada):** the *Cuystwi* Online Youth Wellness Program

## Beginning the day with culture...

Before commencement of the wellness presentations, the day began with a cultural activity that was undertaken as a group. This involved singing, dancing and drumming with *Lax Xkeen*, a traditional Tsimshian dance group.

By starting the day with a cultural activity, it helped set the stage for collectively experiencing wellness. It was a way to unite all who attended - as well as to bring in the knowledge, wisdom and spirit of the ancestors. With the *Lax Xkeen* dancers, the group participated in different clan dances, which involved dancing as various animals important to the Tsimshian and many other west coast First Nations. This not only promoted physical wellness, but also invoked each clan's spirit and unique qualities, thereby promoting spiritual and emotional wellness. The collective activity also promoted harmony and social wellness.

### **The Killer Whale**

The Killer Whale is known to help people in need, whether they are helpless or wounded. The whale symbolizes kindness, intelligence and compassion.

The Killer Whale is known as the guardian of the sea and guardian of travel. Killer Whales can also be a symbol for unity and goodness. Killer Whales often travel in family groups known as pods and hunt in packs like the wolf. As such, they are often referred to as sea wolves. The Whale is a popular symbol for romance as they mate for life. It is because of this nature that they are known for their strong sense of family values and unity in numbers. Killer Whales are the most admired of all the Whales and are used as a powerful crest by many clans.



(The group dances as the Killer Whale)

## The Wolf

The Wolf is known to be a great team player and symbolizes perseverance, intuition and success. He is also known to have strength in relationships. The teacher of new ideas and wisdom, the Wolf shows intense loyalty with a balance of independence. Also representing family and communication, the Wolf is a teacher of cooperation, protectiveness and communication both within and outside the family clan.



(The group dances as the Wolf)

## The Eagle

The Eagle is the ruler of the sky and has the ability to transform itself. The eagle also has a connection with our creator. It symbolizes grace, power and has great intellectual abilities. The Eagle is a sacred, wise and noble creature representing power and prestige to the First Nations People of the Northwest Coast. The gift the eagle shares is the ability of foresight, and an indication of good times to come. Eagles mate for life and are accepted as signs of lasting spousal dedication. Eagle "down" is revered as sacred and is sprinkled on the ground in ceremonies to welcome an important person in formality. Eagle feathers are used while smudging along with praying. The feathers were also given as symbolic gift to impart respect for accomplishment and display of courage and wisdom.



(The group dances as the Eagle)

## The Raven

The Raven is a key part of many Northwest Coast legends and stories. In many stories the Raven teaches us about life and right from wrong. Often misbehaving, the raven is never boring. He symbolizes change in life, creativity and humour. A key figure in Northwest Coast legends, the Raven is involved in many creation stories and is also recognized as the bringer of light, as it is said that the Raven released the sun and moon. The Raven is known as a trickster or a catalyst for change. Raven is quick to take action, extremely curious and at times greedy. Raven is motivated by self-indulgence, though there is often a price that Raven will pay. In the course of this, beneficial things may happen at his cost. The Raven is taken as a symbol of the Coastal Peoples' view that the world has many faces, is a place full of surprises, is neither good nor bad, and is often unpredictable.



(The group dances as the Raven)

## The Drum

The drum symbolizes our heartbeat, our mother's heartbeat, which we would have heard in her womb. The beat of the drum also symbolizes the heartbeat of Mother Earth and helps send messages to the Creator. This connects us to family, ancestors and the land. Singing and drumming is a powerful means of expression for many First Nations peoples. Drum songs reflect certain core beliefs, as well as valuable morals and lessons for the life of both the individual and community. The drums being played by members of *Lax X'keen* are Hand Drums (shown below). Hand Drums are used in many community gatherings and for other ceremonial purposes.



(Lax X'keen Drummers)

### Lax Xkeen Biography:

*Lax Xkeen* is the Tsimshian word for the description of the foam at the Butze Rapids, near Prince Rupert, BC. The dance group has been in existence since 1998. All members of the dance group originate from the community of Lax kw'alaams (Port Simpson, BC) of the Tsimshian-speaking people.

Today, the *Lax Xkeen* dance group proudly represents the Tsimshian Nation through song, dance and cultural teachings. The group varies in size ranging from as small as 7-8 members to as large as 70 members. The *Lax Xkeen* strive to teach traditional Tsimshian ways and groom their leadership from a very young age.

The youngest member of the group is often a newborn baby and the eldest member is in her 70's. Each member of the group plays an integral role in sharing Tsimshian culture. The group never performs their culture; they share it for the world to see that Tsimshian culture and way of life are alive and well today.

The group is led by Christine Martin of Lax Kw'alaams, who has written and choreographed the majority of the group's songs and dances, many of which honour her parents and grandparents for all their teachings. *Lax Xkeen* are based out of Vancouver, BC and have been sharing their culture through song and dance for many years.



(Members of Lax Xkeen)

### Methodology:

To construct this synthesis document, nine summaries were created from the presentations provided. Upon completion, the summaries were sent to each presenter to be verified for accuracy of their content.

The summaries and PowerPoint slides were then imported into the qualitative data analysis software, NVivo 10©, for thematic analysis. Next, assisted by the functions within the software, such as word frequency queries, text queries, word clouds and word cluster analysis, the imported text was coded using an "open coding" method.

From the summaries, various themes related to the Indigenous conceptualizations of wellness were then systematically mapped out. Specific attention was placed on coding the text for factors that mediated these Indigenous conceptualizations of wellness. Next, the codes were organized and collapsed, whereby overarching themes and sub-themes emerged. This process was completed twice by two independent coders. For validation purposes, the two coders compared their emergent codes, later assessing for convergence and divergence. Upon comparative analysis, it was found that the emergent codes from both independent coders were similar. This step provided additional confidence in the validity of the emergent themes and codes, which would later form the structure and content of the synthesis document.

Group meetings were also held in which the themes and codes were collectively discussed and clarified in relation to their applicability to wellness. Guided by the themes from the qualitative analysis, the synthesis document was then created. Multiple iterations of the synthesis were edited and revised by key informants and research team members.

### Introduction:

Comprehensive, practical and culturally appropriate indicators are needed to gain an accurate and wholistic picture of the health and wellness of Indigenous populations. If health and social service providers are to aid Indigenous peoples in their journey towards healing and wellness, these indicators must be integrated across the continuum of health policy and program development, implementation and evaluation.

This document will provide a synthesis of the presentations from the Indigenous Wellness Indicators Day that was held on 03 October 2014. It will begin with a summary of how wellbeing and wellness are viewed from the various Indigenous perspectives described by the conference presenters. Next, the indicators that mediate these conceptualizations of wellness will be explored. The document will then conclude with a discussion of future research directions and how these indicators may be measured and applied to inform health practice.

### Defining wellness: What does "wellness" look like from various Indigenous perspectives?

An overarching theme from the conference presentations was that health service providers, researchers and communities cannot construct indicators to measure wellness without first having a comprehensive understanding of how health and wellness are conceptualized within an Indigenous context and worldview. **Therefore, before we can measure wellness, we must define it. What does it mean have wellness in my life? Alternatively, what does it mean to "live well?"**

In asking these questions, three inter-related themes emerged from the analysis of the discourse and content of the conference presentations:

1. Health
2. Quality of life
3. Wellbeing/wellness itself

These themes show varying degrees of interconnection and all display strong connotations of family, community, cultural connectivity and a balance of health in the physical, mental, emotional, and spiritual dimensions.

#### **Health**

The construct of "health" is foundational to wellness. In her presentation, Ann Broderstad noted that the World Health Organization (WHO, 1948) definition of health is well known, being "the state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity." Yet, she emphasized that when looking only at this definition, it is not likely that many can say they have good health. At varying levels, all people experience pain, disease and disparities in their health status.

Conversely, Ann Borderstad proposed an alternative definition of health as a *resource* for wellbeing. **Health asks the question: do I have the capacity to live well?** According to Ann Broderstad, good health equals possibilities, and the capacity to manage all of the inevitable problems, accidents and diseases that every one of us will experience at some point during our lives. Health allows us to cope with the experiences of daily life and manage life as it happens.

Renee Williams also acknowledged health as a capacity for wellbeing in her presentation and cited the *1989 National Aboriginal Health Strategy* definition of health. She asserted that health can be viewed as "not just the physical wellbeing of an individual, but also the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being."

## Quality of Life

The concept of "quality of life" is another important theme related to wellness and was one of the main topics of Gail Garvey's presentation. **Quality of life asks the question: within my own unique health context, am I able to achieve a personally satisfactory level of wellness?** Gail Garvey described quality of life as:

*A multi-dimensional construct that incorporates the extent to which a person perceives their physical and psychological functioning, social well-being and physical symptoms of the disease, its treatment and related side effects.*

In her presentation she also illustrated that, while similar to health, quality of life is less abstract in its definition and better able to be measured using standardized and psychometrically validated assessment tools. To illustrate this, Gail described the AQoL-4D assessment tool, a twelve-item instrument that incorporates four quality of life dimensions (independent living, relationships, mental health and senses). Each dimension in this assessment contains three items and each item has four response levels. Scores in each dimension are then combined to give an overall quality of life score for the individual. Quality of life is particularly salient within the context of cancer survivors and those undergoing treatment for cancer. Increasingly, clinicians are recognizing that while traditional medical endpoints are critical factors for cancer patients, their overall quality of life is fundamental to their wellbeing.

## Wellbeing and Wellness

The third, and most important, theme emphasized by the conference presenters was "wellness" or "wellbeing" (for the purposes of this document the two terms will be interchangeable). Wellness extends beyond mere health and quality of life into the social, family, community and spiritual domains of one's existence.

**Wellbeing and wellness ask questions such as:**

- **Between myself and the community, is there a balance of health in the physical, mental, emotional and spiritual dimensions?**
- **Am I actively engaged on a journey toward attaining or regaining my sense of "living well"?**
- **Is there balance in the reciprocal relationships between myself, my family, my community, the environment and the spirit world?**

Wellness can be seen as both an individual perception and a relational phenomenon. Gail Garvey described the focus of wellness as being both on the family and community's influence on the individual, as well as the individual's influence on the community. Many presenters also described wellness as a dynamic process in which an individual or community must be actively participating. From this perspective, wellness is viewed as a journey - not merely a destination or an endpoint to be reached.

Wellness can also be perceived as a whole-of-life view and includes the cyclical concept of life-death-life. In the same manner, Gwen Phillips's presentation described the *First Nations Perspective on Wellness* as not a closed circle, but as a spiral and cyclical in nature. Therefore, in order to plan forward in achieving wellness, she emphasized that we must look back to where we have been - evaluation, accountability,

planning. These concepts are not new to Indigenous Nations and by reaching back into one's history and language, they can be identified and operationalized in modern expressions through self-governance.

Furthermore, Ted Mala eloquently affirmed an Indigenous conceptualization of wellness in his quote, "Wellness is knowing who you are, why you were born, and doing something about it."

He went on to say that the journey towards wellness involves trying to bring balance into your life. In order to achieve wellness you must "speak from your heart, come back with your third eye, and learn to listen to your gut." He stressed that everyone has what they need within themselves to make their best decisions and that everyone has to find their own way. Thus, wellness is within everyone, but it needs to be found and cultivated.

### Dimensions of wellness

Many presenters from Canada discussed the four dimensions of health which lie within the medicine wheel. These are the mental, emotional, spiritual and physical aspects of wellness. A key theme of wellness that was echoed by many of the presenters was balance. Felicia Hodge's presentation outlined the concept of wellness as a balance of the body, mind and environment that, when combined together, lead to good health. As such, illness is seen as a breach of wellness and a disruption of living in balance. In her presentation on the *First Nations Perspective on Wellness*, Georgia Kyba also emphasized that it is important for the mental, emotional, spiritual and physical aspects to be in balance and nurtured alongside one another.

John Waldon began his presentation by describing two important Maori wellness concepts relating to balance. The first was *Te Whare Tapa Whā*, a concept where the four aspects of health comprise the four walls of a house: the family, spiritual, mental and physical aspects which must be mutually supported in order to achieve wellbeing.

The second wellness concept he described was *Te Wheke* (the Octopus), where the facets of wellbeing are seen as the eight arms and one eye of the octopus:

*Taha wairua* – spiritual wellbeing

*Taha tinana* – physical wellbeing

*Hinengaro* – mind and mental wellbeing

*Whānaungatanga* – family wellbeing, respect for the individual and the family

*Mana ake* – respect for the individual and their family and a positive identity

*Mauri ora* – the life sustaining force

*Te Ha a koro mā a kuia mā* – the breath of life that comes from our parents and theirs

*Whātumanawa* – open and healthy expressions of emotion

*Waiora* – total wellbeing for the family and the individual (the eye of the octopus)

Within *Te Wheke*, the relationship that the arms of the octopus have with each other and the body is synonymous with the relationship between wellbeing and its indicators –they are intertwined and their connection is dynamic and ever changing.

Similarly, Ted Mala asserted that traditional healing seeks to maintain wellness and balance based on values that have been sustained for thousands of years. He goes on to say that "The road to wellness is not easy, but it is attainable. The journey towards wellness involves trying to bring balance into your life."

Interconnectedness was another cross-cutting theme related to wellness that came out of the presentations. In describing the *First Nations Perspective on Wellness* (shown below), Georgia Kyba illustrated that it is important to acknowledge that all of the wellness components in each circle are interconnected with each other, and with the components of other circles. Further, all the circles themselves are connected and responsible for each other.

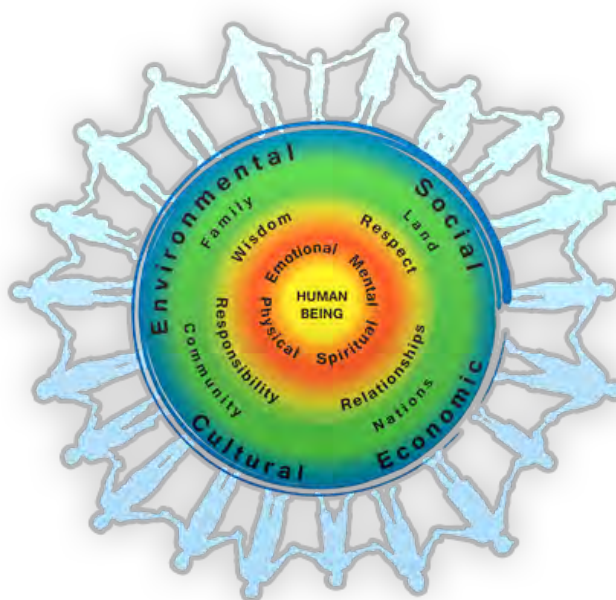


Figure 1: The First Nations Health Authority Perspective on Wellness

Clearly, the conceptualizations of wellness described by presenters at the conference are complex, multi-dimensional and extend beyond the health of the individual. Gail Garvey referenced the WHO's (2006) wholistic definition of wellness in her presentation:

*The optimal state of health of individuals and groups; the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings.*

Moreover, there is a need to understand the difference between wellness and health status when engaging in health care relationships with communities. Creating a collective understanding of wellness is a powerful objective and there is a need for discussion on how to bring individuals and communities into wellness. In the words of Gwen Phillips, "We need to identify what we are trying to achieve, the overall objectives, then, as individual Indigenous Nations, define ourselves and tell our stories - differently if we want to achieve different outcomes."

Gwen went on to say that, in Ktunaxa, everyone introduces themselves by rooting themselves back in their territories, or "*?a:kukpukam*." A Ktunaxa word, "*?a:kukpukam*" means "roots - how a tree takes its life from the earth."

By adding the suffix “*nam*”, “*?a:kukpukamnam*”, the meaning shifts to “one’s grandchildren..., or descendants - the human connection.” The connection of those two words, their relationship, means, “my wellbeing and my grandchildren’s wellbeing - my future’s wellbeing - is dependent on the wellbeing of my roots, my land. Not just my memories of the roots, but my literal and continual connection to them; familial and territorial.”

Thus, wellness is a broader connection than one’s mere health status - it speaks to language, culture and relationships and to the past, present and future.

### What factors mediate wellness?

Thematic qualitative analysis identified several broad categories of mediating factors that **act on** and **interact with** wellness. These factors can be viewed as processes that mediate the ability of an individual or community to attain or regain wellness. They affect not only *how many* people in a community are experiencing wellness, but also *to what extent* health, quality of life and wellness are positively influencing their lives. Measurement and analysis of these factors may help health service providers in creating a “snapshot” of the level of wellness in an individual or community at a particular point in time. This, in turn, can help to influence the optimal distribution of health services and health resources. More concisely, examining these mediators can help us determine where we need to focus our resources in order to improve our wellness.

### **Cultural Connectivity**

For many Indigenous peoples, culture and one’s connection to it, are synonymous with wellness. Culture provides us with a sense of belonging, purpose and with a connection to each other and to the Creator. Furthermore, culture promotes community bonds and a common understanding of the roles we play within the community and the world. All of these things have the potential to promote wellness.

In relation to cultural connectivity as a mediator of wellness, several important components were discussed:

- language and storytelling
- ceremony, traditional practices and values
- cultural identity and identification with one’s culture
- traditional knowledge and wisdom
- connection to land, environment and the spirit world

Felicia Hodge emphasized that cultural connectivity was found to be associated with perceptions of “good wellness.” In her study on American Indian Communities, individuals who reported high levels of self-perceived wellness had strong cultural connectivity; they spoke their languages, engaged in traditional practices and felt connected to their community. Gail Garvey reiterated this notion and described how, in her research on Indigenous Australian cancer survivors, those who reported excellent quality of life were able to speak their own dialect and more likely to report positive social relationships in the community. In her presentation, Gwen Phillips described language as “an interpretive gift, allowing the Elders to understand the gifts of the land, which is our key to self-sufficiency.” Similarly, Ted Mala emphasized the power of story in supporting generational healing and that the sharing of stories is a cultural activity that ties into wellness.

These sentiments, and the connection between wellness and culture, can be found in the Ktunaxa Vision (described by Gwen Phillips):

*Strong, healthy citizens and communities, speaking our languages and celebrating who we are and our history in our ancestral homelands, working together, managing our lands and resources as a self-sufficient, self-governing Nation.*

Moreover, as described by Georgia Kyba, wellness and its connection to culture are based on elements of respect. This means honouring where we come from - our cultures, our traditions and ourselves. Respect is also intergenerational, passed on through families and is the driving force of community.

Connection to the land is another important component of cultural connectivity and of wellness. Georgia Kyba explained that the "land is what sustains us physically, emotionally, spiritually and mentally. The land is where we come from and defines our identity. Land and health are closely intertwined because land is the ultimate nurturer of the people." In a similar manner, Gwen Phillips stated "the land is the most important - without it there are no future generations."

Land also ties into personal identity and cultural identity, which are both important parts of cultural connectivity. In the *Cuystwi* Youth Wellness presentation, identity was described as "building on the interconnections of family, community and the land." Gwen Phillips also asserted this in her presentation and went on to explain that the land base is about a person's identity and where they are from. Further, orientation to place and the relationship to land can be told through creation stories which describe responsibilities to the land that bring privileges (instead of rights) that can lead to wellness.

Many presenters emphasized ceremony, traditional practices and values, as well as traditional healing as important components of cultural connectivity. The *Cuystwi* presenters described how, in the program, youth are taught that "culture is food, art, song, respecting the land, living in balance." In Ted Mala's presentation, he asserted that the experience of traditional healing comes from "knowing who you are, as everyone is unique." He also explained that traditional healing and western medicine can complement each other. However, he noted that the "journey of wellness is difficult because you need to survive in both worlds if you are going to make a change with one spirit." Traditional healing seeks to cultivate that one spirit. Finally, the importance of wisdom as an integral part of cultural connectivity was discussed. Wisdom includes knowledge of language, traditions, culture and medicine. Like respect, wisdom is an understanding that is intergenerational, existing since time immemorial. According to Ted Mala, central to wisdom is "knowing how much you don't know."

Cultural connectivity is an important mediator of wellness. Many presenters emphasized that culture enables healing. For Indigenous peoples, improving one's connection to culture has the potential to aid a person on their journey towards wellness. This view was eloquently expressed by Gwen Phillips, when she explained that "by honouring each other in our histories (recognition and reconciliation) and having a common understanding to provide services from the basis of people's own culture (community development and nation rebuilding), improved health outcomes and wellness can be achieved."

## **Relationships**

The relationships between the individual, family, community and nation are also important mediators of wellness.

Within the presentations, several important relationship-based mediators of wellness were discussed:

- individual (i.e. relationship with and within the self)
- family
- community
- nation
- roles and responsibilities
- social support networks
- health service/health provider
- community/researcher
- past and future generations

From the wellness perspective explained by Georgia Kyba, it is these relationships that help to sustain us. Furthermore, relationships go hand in hand with the concept of responsibility. This includes both to whom we are responsible and for what we are responsible. Like responsibility, relationships involve mutual accountability and reciprocity and must be maintained both within oneself and by those around us. According to Gwen Phillips, when we engage in discussions on wellness, we first need to understand that relationships have to be transformed before systems can be transformed.

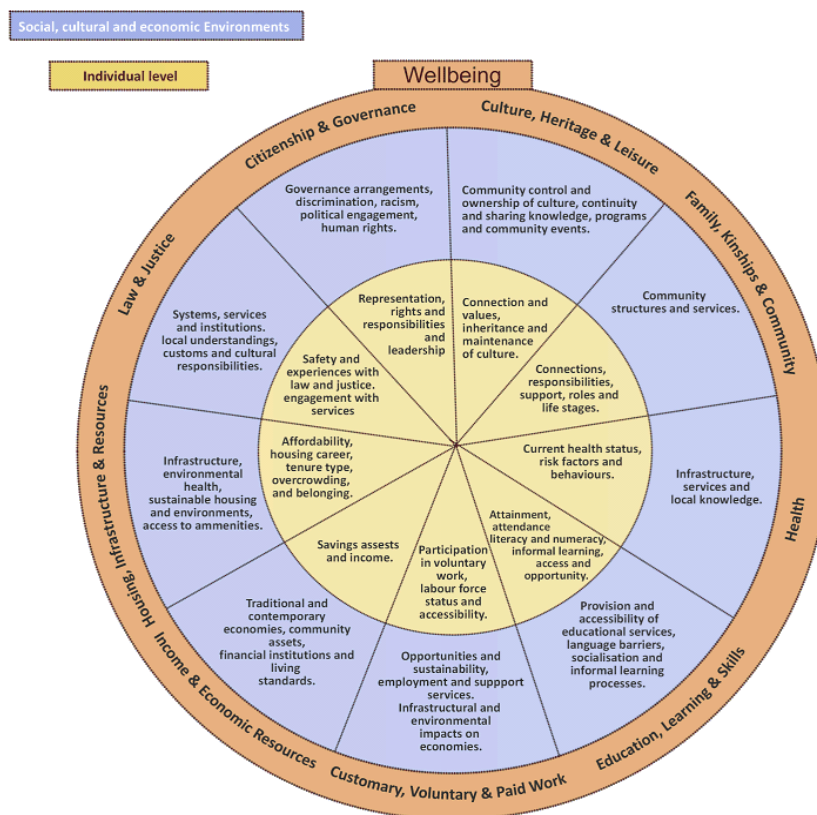


Figure 2: Indigenous Wellbeing Concept – Australian Bureau of Statistics

Within the *Indigenous Wellness Concept* model described by Gail Garvey (shown above), at the "individual level," the components that interact with wellness focus on the individual characteristics of a person. This

relates to a wide range of areas which include: roles and responsibilities, health status, beliefs, history, educational attainment and participation in governance arrangements. Similarly, in the *First Nations Perspective on Wellness*, individual wellness is represented by the center circle, as wellness starts with individuals taking responsibility for their own health and wellbeing.

Family is another important relationship component of wellness. Georgia Kyba explained that the family is our support base and is from where we originate. She went on to assert that there are many different kinds of families that surround us, including our immediate and extended families which are often interchangeable. Families may also include those for whom we care, as well as support systems and traditional systems (e.g. matrilineal). In explaining concepts of wellbeing, John Waldon stated that the "four posts of wellbeing are interconnected through family relationships, the gifts from our ancestors, the wellbeing of the world we live in, and a place to call home."

Gwen Phillips expressed a similar emphasis on family affecting wellness when she discussed how appreciative inquiry into the strengths of families and communities is a different approach to creating supportive relationships that lead to wellness and excitement about what the future may hold, rather than anxiety. According to Gwen, this involves "developing and implementing a strategic framework for the Nation alongside community development" and "building of strong, healthy families—not just getting rid of problems." Lastly, Renee Williams described the "family-centered approach" of the National Aboriginal Community Controlled Health Organization (NACCHO), where health and wellness services are focused not only on the individual, but also on families as part of the broader community. Thus, NACCHO works *for* the families and the community at large.

Central to wellness are community relationships. According to Georgia Kyba, community represents the people where we live, come from and work. Moreover, there are various communities—of place, knowledge, interests, experiences and values. These all have a role in affecting health and wellbeing. In a similar manner, John Waldon illustrated the Maori concept of Ngā Pou Mana, which connects human wellbeing with how we interact with each other and the environment. In this conceptualization, there are four posts: family, cultural heritage, environment, and land base. The land base is about a person's identity and where they are from. The environment is paying tribute to place. Cultural heritage are the laws and roles that we engage in, and family is a mechanism of how we engage. These four posts of wellbeing are interconnected through family relationships, the gifts from our ancestors, the wellbeing of the world we live in, and a place to call home. Balance is also important here, as compromise in any of these creates imbalance that is unsupportive of wellbeing. How these factors are related is especially salient to understanding wellbeing; it is the understanding of this inter-relationship that can be assessed in terms of health needs, and what they present as priorities in order to support wellbeing.

Renee Williams also described the importance of community relationships. This is evidenced within the Heart of the Apunipima Way wellness model (shown below) that is used by NACCHO to examine ways in which to "create safe, healthy, smart, culturally secure, sustainable and employed communities, and how to flip the [indicators] and make it about wellness for our communities."



Figure 3: The Heart of the Apunipima Way wellness model

Further, extending beyond community relationships are nations. In Georgia Kyba's presentation, nations were described as broader communities outside of our immediate and extended families and communities. It is an inclusive term representing the various nations that comprise one's world. Ann Broderstad emphasized that it was important for researchers and health providers to be engaged in Indigenous communities, working alongside community members and forming connections as a way to get feedback on how well the needs of the community are being met. She stated "how are we supposed to know if we are doing our job well if we are not a part of the community?"

Our relationships with others act as mediators of wellness, as do our roles within the family, community and beyond. However, relationships from our cultural place of understanding are not just about the roles we carry, they are also about the responsibilities within those roles and the honour in fulfilling them. A person's links to the broader community through their social and formal networks (otherwise known as social capital) will also impact on their wellbeing. Social capital was integral to all domains in the wellness framework described by Gail Garvey. Felicia Hodge explained that social support networks also strengthened wellness perceptions, whereby poor general health status, low participation in cultural practices, and suicidal ideation were significant predictors of adverse health events.

In line with this, Georgia Kyba described the overarching values that support and uphold wellness: respect, wisdom, responsibility and relationships. She went on to explain that responsibility is something we all have to ourselves, our families, our communities and the land. It entails mutual accountability and reciprocity and extends not just to those with whom we come into contact or to whom we relate.

Community-based participatory research, community-driven health services and reciprocal capacity building strengthen relationships and can therefore strengthen wellness. For instance, Ann Broderstad explained that ethical acceptability, scientific acceptability and benefit to the community must be fulfilled for research to be done. No matter the area of research, it is important to know that the research will benefit the community. Further, Felicia Hodge described how, through key interviews and focus groups done

during the initial phase of her research, communities themselves identified their strengths and wellness factors as further areas of inquiry. These community descriptions of *their* approach to wellness were then incorporated into her research proposal. Relationships with health providers are also important. Gwen Phillips asserted that the people that drive the system and the foundations behind it – the values and teachings – have to be honoured.

Similarly, Gwen Phillips also expressed that the First Nations Health Authority is in the process of considering a “local indicators, global outcomes” strategy where communities choose their own indicators of wellness, which are then rolled up into global outcomes for reporting purposes. She highlighted the ongoing conversation on how to engage communities for feedback on what wellness indicators should be incorporated, and how. Likewise, Renee Williams described how the NACHHO health strategy is centered on what Aboriginal health means to Aboriginal people. She stated that it is:

*[...] not just about individual wellbeing, but about all of us—who we are, where we are, our social, emotional, cultural wellbeing and us as a people, as an individual, a family, and inside the community. It is the whole life cycle, not just where we are today.*

Ted Mala's description of the Nuka system of care aligned with the above statement. He explained that the Nuka system of care is designed and owned by the population receiving its services. With community input, the whole Indigenous health system in Alaska was transformed into one that prioritizes relationship-based care, resulting in improved end-user health outcomes. Undoubtedly, as discussed by the presenters, our relationships with others, with the community and with the world around us, are important mediators of wellness. Strengthening and enriching these relationships has the potential to improve wellness perceptions at all levels - in the individual, community and beyond.

## **Life Course**

The stage at which the individual is located within the life course is another mediating factor of wellness.

As a mediator of wellness, several important stages of the life course, as well as events within the life course, were discussed:

- children and youth
- adult
- elder
- adverse life events

Renee Williams discussed that, for all life spans, it is important that communities are able to determine how programs are delivered, what is culturally appropriate for them, and what measures are in place to revise the programs specific to the needs of their communities. Gwen Phillips expressed a similar line of thought, stating that “children are an investment in the future, and become what they are given.”

Many presenters emphasized the importance of implementing programs that nurture children and youth, as well as programs that function to prevent and address adverse childhood events and abuse. Felicia Hodge discussed that in her study participants, those who reported childhood abuse were significantly more likely to also report suicidal ideation, poor general health status and low participation in cultural activities. She stressed the need to identify childhood trauma and increase awareness and understanding in communities

of the association between adverse childhood events and adult health. Of particular note were her findings around adverse childhood events (ACE). An ACE is defined as physical, verbal, sexual, mental and emotional abuse experienced during childhood and adolescence. Having an ACE history, particularly recurrent or multiple ACE was suggested by Felicia Hodge to be a major risk factor for chronic illness later in life.

Ted Mala described a program called the Family Wellness Warriors Initiative (FWWI), which aims to end domestic violence, child sexual abuse and child neglect in the state of Alaska in this generation. FWWI trainings focus on the root issues of violence and abuse in communities (the source) and not just the symptoms. To break the cycle of abuse, the FWWI works with those who have been harmed, and those who have caused or are at risk of causing harm to others.

The *Cuystwi* online youth wellness program is another upstream wellness initiative. The *Cuystwi* presenters explained that the *Cuystwi* project evolved from conversations with First Nations in Northern BC regarding youth suicide. It was suggested that if youth could have a platform to explore their identities and cultures as Indigenous peoples, as well as understand colonization and how the on-going cumulative impacts affect Indigenous people and families, that they may have a stronger foundation to depend on when encountering difficult periods in their lives. Phase One of the *Cuystwi* program is currently being run in partnership communities for youth aged 10-12 years old. In the program, youth are invited to go on a quest that takes them through a series of online wellness activities and videos that are meant to be paired with activities in their existing community-based youth groups.

John Waldon discussed how no social group can remain cohesive and distinct if it is restricted by preventable and inequitable burden to nurture its children. Ted Mala acknowledged the need for youth to have mentorship. He discussed the importance of youth seeking out different mentors that have gone through challenges – recognizing that a mentor is not someone who has all of the answers, but is a source of support and encouragement.

The adult and elder stages also mediate wellness in unique ways, particularly in supporting the wellness of the younger generation. Georgia Kyba showed that this perspective is depicted in the *First Nations Perspective on Wellness*, which shows people holding hands on the outer edges of the largest circle. This represents the First Nations' vision of strong children, families, elders and people in communities demonstrating unity, relationships and respect – in the words of one BC Elder, "one heart, one mind."

Gwen Phillips explained that, on the journey of healing, more will be accomplished by letting the process organically unfold. The planning process, in the early stages of development, is more important than the product. Furthermore, the very process of a person asking themselves what a strong, healthy citizen is, as they work together to develop their community metrics, entails a phenomenon of healing. This concept is also exemplified by the people holding hands on the outside of the *First Nations Perspective on Wellness* circle, which symbolizes our interconnectedness and the cyclical nature of wellness. Combined, both relationships and the life course affect our ability to work together and harness our collective strengths as Indigenous peoples. They act as important mediating factors in our journey towards wellness and must be considered together in wellness indicator frameworks.

## Indigenous Determinants of Health

The last key category of wellness mediating factors that emerged from the wellness presentations are the overarching political, social, cultural, environmental and economic determinants of wellness.

This category includes:

- resilience
- self-governance and self-determination
- colonization and intergenerational effects

In the wellness model described by Gail Garvey, she outlined the "social, cultural, physical and economic environment" domains that surround individuals and communities. These domains work together to affect wellness and include such factors as employment, sustainability, education, community infrastructure, maintenance of culture, social justice and traditional and contemporary economies. Gail went on to discuss that the Aboriginal Torres Strait Islanders who had cancer faced additional impediments to health care, such as poverty, language and cultural barriers, and a lack of culturally appropriate information in accessible formats.

These large-scale determinants are shown in the fifth circle of the *First Nations Perspective on Wellness*, as described by Georgia Kyba. The fifth, outermost, circle represents the determinants of wellness affecting the larger population. These are the environmental, social, cultural and economic determinants of wellness. It is our responsibility to ensure that they are available and protected. Further, we have a responsibility to manage, share and sustain these for future generations. There is a need to create balance in how we use our resources and a need for responsible leadership to help us create this balance.

Likewise, John Waldon explained that these high-level health determinants act in concert with each other and are shaped by the policies of the government. Gwen Phillips discussed ways in which these determinants can be addressed by government actions to positively affect the wellness of communities, such as "having ecosystem-based land use planning in the community – not just resource development" and "managing an economy – not just managing economic development."

Resilience is another key factor that mediates and affects wellness. Felicia Hodge emphasized that studies on wellness and strengths of American Indian communities should incorporate resiliency factors. By doing so, strong communities can reach out to those who are marginalized to support them on the path back into wellness. Similarly, the *Cuystwi* presenters discussed how the online youth wellness program seeks to address issues related to colonization and racism. Within the modules of the program, youth learn skills and tools to deal with racism. The program also introduces the concept of colonization, its historical context, major elements and the ongoing cumulative effects on Indigenous peoples. Youth become aware of colonization, how it affects them and how they may overcome its present day manifestations. The focus of *Cuystwi* is on strengths-based themes - wellness is looked at from the perspective of Indigenous determinants of health because the traditional social determinants of health fail to address colonization or Indigenous-specific racism.

Lastly, many presenters stressed the importance of good health care, as well as Indigenous self-governance and self-determination as mediating factors that can positively affect the wellness of communities. This involves Indigenous communities having direct involvement and control over the process

of health service planning, implementation and evaluation, research and health policy.

Examples of this include the Nuka system of care in Alaska, which is designed and owned by Alaska Native people. This system engages the communities it provides health services to through its governing board, advisory committees, Elders council, focus groups, annual gathering, 24-hour hotline, community gatherings, personal interaction with employees, and satisfaction and comment cards. Ann Broderstad also discussed the importance of enabling self-determination in Indigenous communities:

*The focus must be on how we communicate with communities and how we understand their perspectives and priorities. That is the difference between good and bad research. Good feedback, communication, educational systems, and good healthcare—this is one picture of wellness.*

The NACCHO system in Australia is operates with a similar vision. Within this health system, all communities have a health action team that is led by the local Aboriginal community who determine which health programs are made priority in their communities. For all life spans, they determine how programs are delivered, what is culturally appropriate for them, and measures to revise the programs specific to the needs of their communities. Thus, achieving wellness is made possible through empowering communities by supporting health literacy and ensuring their autonomy in health service decisions.

## Conclusion

If researchers and health service providers are to aid and empower Indigenous communities in their journey towards wellness, they will first need a comprehensive set of indicators that can be used to measure wellness. In creating and applying these indicators, it will be critically important to have a wholistic understanding of how health, quality of life and, ultimately, wellness, are viewed from various Indigenous perspectives. Furthermore, detailed knowledge of the factors and mechanisms that mediate wellness, such as cultural connectivity, relationships with others, life course and Indigenous Determinants of Health, will be crucial.

In order to measure levels of perceived wellness within and across Indigenous individuals and communities, these mediating factors must be translated into tangible indicators of wellness. The next pivotal step is asking ourselves the question: **“How do we measure the mediators?”**

How do we construct new frameworks containing practical wellness indicators that can be taken up by communities and health organizations and applied to help achieve their wellness goals? Equally important, how do we do this in a way that honours and incorporates traditional Indigenous values and ways of knowing?

In working towards this goal, our approach must involve the application of the diverse knowledge and wisdom discussed by the presenters at the Wellness Indicators conference. Furthermore, it is important that our approach to creating wellness indicators be grounded on and supported by community involvement, consultation and ownership. Communities themselves must define the indicators they believe most relevant for measuring wellness within their own unique context. Moreover, wellness indicators must incorporate the goals and vision of the community. Lastly, as discussed by many presenters, an emphasis must be placed on ensuring these indicators are adaptable and have a strengths-based focus.

We must also be mindful of not just solely focusing on the measurement of wellness indicators. How these indicators relate to outcomes is equally as important. In doing this, we need to ask ourselves: **What are we going to do with these indicators? How will they be used to affect change?** Will they be used to inform health policy? Allocate health resources? Evaluate how well community health services are doing in relation to promoting and upholding wellness?

Wellness is not merely an endpoint or destination - it is a journey. Wellness must be *achieved*. This process is both *active* and *continuous*. It is a process of empowerment. If indicators are to truly measure wellness, they must reflect this and be active - not passive. Therefore, to get a true “snapshot” of wellness, we must be able to measure and document the ways in which individuals and communities are actively engaging on journeys toward achieving wellness.

The synthesis of the themes from the presentations of the Wellness Indicators Day underscores the need for an international body to come together once again to further engage in discussions on creating active wellness indicators based on the concept of “wellness as a journey”. This document should serve as an important foundation for future research directions regarding the measurement of wellness within Indigenous individuals, communities and beyond.

## Appendix 1: Meeting Agenda

<b>DAY 3</b> <b>FRIDAY, OCTOBER 3, 2014</b> Simon Fraser University, Segal Building, Vancouver Campus	
<b>Wellness Indicators</b>	
<b>09:00 - 09:45</b>	<b>Welcome</b> <ul style="list-style-type: none"> <li>• <i>Seqwalia</i>, Elder</li> </ul> <b>Opening and Introduction</b> <ul style="list-style-type: none"> <li>• Michael Smith Foundation for Health Research (MSFHR), CIHR-IAPH, and First Nations Health Authority (FNHA)</li> </ul> <b>Drum Group</b> <ul style="list-style-type: none"> <li>• Lax Kxeen Tsimshian Traditional Dancers</li> </ul>
<b>09:45 - 10:15</b>	<b>What is Wellness from a First Nations Perspective?</b> <ul style="list-style-type: none"> <li>• <i>Gwen Phillips</i>, FNHC</li> </ul>
<b>10:15 - 10:30</b>	<b>Health Break</b>
<b>10:30 - 12:00</b>	<b>Indigenous Health Indicator Frameworks and Measurement: What must we consider in measuring Wellness with an Indigenous lens?</b> <ul style="list-style-type: none"> <li>• CA: <i>Georgia Kyba</i>, FNHA</li> <li>• US: <i>Ted Mala</i>, Southcentral Foundation</li> <li>• NZ: <i>John Waldon</i>, 2Tama Ltd</li> <li>• AU: <i>Lisa Jackson-Pulver</i>, UNSW</li> </ul>
<b>12:00 - 13:00</b>	<b>Lunch Break</b>

<b>DAY 3 (cont'd)</b>	
<b>Wellness Indicators (cont'd)</b>	
<b>13:00 - 14:30</b>	<b>How can wellness indicators link to resilience for Indigenous individuals, families and communities?</b> <ul style="list-style-type: none"> <li>• US: <i>Felicia Schanche Hodge</i>, UCLA</li> <li>• AU: <i>Lisa Briggs</i>, NACCHO</li> <li>• NO: <i>Ann Ragnhild Broderstad</i>, UiT</li> <li>• AU: <i>Gail Garvey</i>, Menzies</li> </ul>
<b>14:30 - 15:00</b>	<b>Health Break</b>
<b>15:00 - 16:45</b>	<b>Health and wellness in clinical practice in the context of culture and racism.</b> Interactive, participatory discussion <ul style="list-style-type: none"> <li>• <i>Alexandra King &amp; John Waldon</i></li> </ul>
<b>16:45 - 17:00</b>	<b>Closing</b>



A big thank you to all conference participants for an enriching and engaging session!