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# A Resource Guide to Aboriginal Well-being in Canada

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## Acronyms

Aboriginal Health Reporting Framework (AHRF)  
Aboriginal Peoples Survey (APS)  
Adaptive-Phased Management (APM)  
Assembly of First Nations (AFN)  
Canadian Council on Learning (CCL)  
Canadian Index of Wellbeing (CIW)  
Canadian Community Health Survey (CCHS)  
Community Well-Being Index (CWB)  
Comparable Health Indicators (CHI)  
First Nations Information Governance Committee (FNIGC)  
First Nations and Inuit Health Branch (FNIHB)  
First Nations Regional Longitudinal Health Survey (RHS)  
Indian and Northern Affairs Canada (INAC)  
Registered Indian Human Development Index (HDI)  
Métis National Council (MNC)  
National Aboriginal Health Organization (NAHO)  
Nuclear Fuel Waste Act (NFWA)  
Nuclear Waste Management Organization (NWMO)  
Ownership, Control, Access and Possession (OCAP)  
Youth in Transition Survey (YITS)

## 1.0 Part 1-Introduction

In 2002, the federal government passed the Nuclear Fuel Waste Act (NFWA) requiring Canadian nuclear energy corporations to establish the Nuclear Waste Management Organization (NWMO).<sup>1</sup> In 2007, the NWMO's recommendation of Adaptive Phased Management (APM), its preferred approach to long-term management of nuclear fuel waste, was accepted. Since then, as part of designing a site selection process, the NWMO has extended an invitation to learn more about their siting process through a recent initiative described in a document entitled *Moving Forward Together*, which was released in May 2009. As part of this initiative, the NWMO launched the *Learn More Program*, which is in keeping with their commitment to help all communities, including Aboriginal communities, understand the concept of community well-being, and to think through their interests in a deep geologic repository.

This resource guide contributes to the NWMO's *Learn More Program* by providing an overview of available information including research initiatives and publications about Aboriginal well-being in Canada. Its purpose is not to define what constitutes Aboriginal well-being, nor to define the concept of well-being as such, or even to prescribe which approaches to assessing well-being Aboriginal communities should adopt. Rather, the purpose of this work is to provide a reference guide with two main questions in mind. First, what type of information regarding Canadian Aboriginal well-being has been produced? Second, where is this information available?

The materials presented in this work are described, compiled and presented in two main parts: 1) a description of available resources; and 2) a select annotated bibliography describing the most important and pertinent publications. Part 1 presents a brief discussion of the dimensions of Aboriginal well-being, relevant data sources, relevant research initiatives and resources, and an overview of available literature for each of Canada's three Aboriginal peoples, First Nations, Métis and Inuit. The organization of this work reflects the importance of acknowledging that research pertaining to one Aboriginal people does not necessarily represent all Aboriginal groups and communities. Having said that, it is equally important to recognize that many current research strategies and initiatives take a national approach that deals with Pan-Aboriginal issues and that represent the broader positioning of Aboriginal communities in a national and international context. With these caveats in mind, a brief overview of pan-Aboriginal resources dealing with well-being is provided before more detailed and specific resources are described. Part 2 consists of a select annotated bibliography that is connected to Part 1 in the following ways. First, works that are referred to in Part 1 are described in more detail in the following section and/or in the Annotated Bibliography. Second, the literature on Aboriginal well-being reflects the challenges of researching a diverse population whose concepts of well-being differ from the non-Aboriginal population. Third, given these different perspectives, the bibliography provides a brief overview of how the concept of well-being is being developed and applied in researching the well-being of Canadian Aboriginal peoples.

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<sup>1</sup> These corporations include Hydro-Québec, Ontario Power Generation, and New Brunswick Power.

## 2.0 Dimensions of Aboriginal Wellbeing

Although there are many different definitions of what constitutes ‘well-being’, it is generally accepted that the well-being of individuals and communities cannot be defined and represented solely by economic growth. Since the Brundtland Commission in the late 1980s and 1990s, the concept of well-being has been developed using three broader dimensions namely, social, economic, and environmental.<sup>2</sup> Each of these dimensions has been defined in various ways by different interested parties, from a local scale to an international scale. For example, The World Health Organization’s 1967 and 1984 definitions of health suggest a holistic interpretation of health linking the complex interrelationships between social, spiritual, economic, political and cultural health determinants with the natural environment. This more comprehensive definition, or something similar, seems to be the one adopted by many Aboriginal communities in terms of developing their own tools for measuring well-being, since it is more in keeping with their own holistic views on well-being. A plethora of measurement tools and many different types of indicators have been developed to measure community well-being in non-Aboriginal communities according to these dimensions. However, measuring the well-being of Canadian Aboriginal individuals and communities is still being developed.

Aboriginal worldviews and concepts of well-being emphasize a holistic view of health and wellness, often articulated by a balance of physical, mental, emotional, and spiritual dimensions. These dimensions are not easily assessed and represented using conventional measurement tools and analytical methods rooted in socio-economic approaches informed by empirical data, and quantitative measures. Given this view, and the diversity of Aboriginal populations, many different approaches have been developed to assess the well-being of Aboriginal individuals and communities, some of which combine qualitative and quantitative research methods. The research examined in this paper provides an overview of the different approaches that have been developed to date.

Developing culturally-appropriate measurement tools and indicators, the focus of much recent and current research, has involved a collaborative effort between Aboriginal organizations and government agencies. By pooling their efforts, significant work has been completed in addressing both the issue of collecting reliable and comprehensive data, and in developing new ways of analyzing those data. A few of these data sources deserve mention here since they provide the basis for much of the research discussed in the literature review that follows.

## 3.0 Relevant Data Sources

The majority of data informing research on Aboriginal well-being for First Nations and Inuit are drawn from two sources: 2001 Census of Population from Statistics Canada and the 2002-03 First Nations Regional Longitudinal Health Survey (RHS), which is under the direction of the First Nations Information Governance Committee (FNIGC). National RHS data are housed at the

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<sup>2</sup> Brundtland, Gro, *Report of the World Commission on Environment and Development: Our Common Future*, 1987, <http://www.un-documents.net/wced-ocf.htm>

AFN. Other data sources that are often used include the Aboriginal Peoples Survey (APS), the Canadian Community Health Survey (CCHS) and the Youth in Transition Survey (YITS). The most relevant of these to the published literature on Aboriginal well-being are discussed in more detail below.

### 3.1 Aboriginal Peoples Survey (APS)<sup>3</sup>

The Aboriginal Peoples Survey (APS) is used to gather data on the social and economic conditions of Aboriginal peoples in Canada. It was conducted in 1991, 2001, and 2006. The 2006 survey uses the 2001 questionnaire as a base. The survey collects information on all three Aboriginal peoples, First Nations, Inuit and Métis 6 years of age and older, who are living in Canada. The method of collection is a combination of telephone and in-person interviews. A separate survey, The Aboriginal Children's Survey is more recent, collecting information for children under the age of 6.<sup>4</sup>

The type of data available through the APS varies depending on the age group and Aboriginal identity. Data on health and health care use, daily living activities and medical conditions, physical injuries, dental care, nutrition, education, social activities and relationships, language and general household information are collected for children and youth aged 6 to 14. The data collected for adults aged 15 and over include education, language, labour activity, health, communication technology, and mobility and housing. For Inuit people, additional data on household and harvesting activities, personal wellness, community wellness and social participation are also being collected. Additional data for Métis includes family background, child welfare, social interaction and health.

The questionnaire used in the APS is developed with significant Aboriginal participation from each of the five national Aboriginal organizations, who are represented on the survey's Implementation Committee. They are involved in all aspects from content development to dissemination. Finally, Aboriginal people are also hired and trained as interviewers.

### 3.2 First Nations Regional Longitudinal Health Survey (RHS)<sup>5</sup>

The First Nations Regional Longitudinal Health Survey is the only Canadian national health survey governed by First Nations people. It collects information on both Western and traditional understandings of health and well-being. Implemented in 1997, the RHS was developed specifically to provide dependable information on the health and well-being of First Nations and Inuit due to their exclusion from major national health surveys. The RHS also wanted to

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<sup>3</sup> Detailed information on the 1991 Survey is available at: <http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SurvId=3250&SurvVer=1&InstaId=16692&InstaVer=1&SDDS=3250&lang=en&db=imdb&adm=8&dis=2>.

Information on the 2001 Survey is available at: <http://hdl.handle.net/10573/41589>.

The 2006 APS is available at: <http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3250&lang=en&db=imdb&adm=8&dis=2>.

<sup>4</sup> Information on the Aboriginal Children's Survey is available at: <http://www.statcan.gc.ca/aboriginal/acs/5801793-eng.htm>.

<sup>5</sup> Available at: <http://www.rhs-ers.ca/english/>.

acknowledge the need for First Nations and Inuit to control their own information. The 1997 pilot project was followed by RHS Phase 1, which was completed in 2003. This phase is based on a longitudinal design and is intended to provide a baseline. The Survey is planned to be administered every four years, with Phase 2 in 2007/08, Phase 3 in 2011, and Phase 4 in 2015. The survey does not report on regional level statistics, and uses data from the Indian and Northern Affairs Canada (INAC) Indian Register of those living on-reserve or Crown Land as its sampling source. National RHS data are housed at the Assembly of First Nations (AFN).

In the accompanying document (*RHS Cultural Framework*), the following definition of how well-being is understood and perceived from a First Nations perspective is offered.<sup>6</sup>

The meaning of First Nations health and well-being is understood, in its broadest cultural perception, as: “*The total (First Nations) health of the total (First Nations) person within the total (First Nations) environment*”. *Total Health* is all aspects and components of health and well-being seen as integrally interconnected with one another within an inclusive and inter-related and interactive web of life and living. *Total Person* is inclusive of all levels of personhood – understood to be body, mind, heart and spirit:

- physical health, mental health, emotional health, spiritual health;
- healthy behaviour and life style, healthy mental function, cultural continuity with the past, as well as future opportunity;
- healthy connection to culture, healthy home life, community life, extended family connection, and, a healthy spirituality as an First Nations person.

*Total Environment* means a healthy connection and relationship with the living environment – this being constituted of the land, natural environment, cultural environment, context of activity, community, family, and the everyday living environment.<sup>7</sup>

### 3.3 Statistics Canada<sup>8</sup>

Statistics Canada provides many different types of information and resources under the subheading “Aboriginal Peoples” organized by the following subtopics: 1) Aboriginal peoples (general); 2) Aboriginal society and community; 3) Business and finance; 4) Education, literacy; 5) Health and well-being; 6) Households, housing and environment; 7) Justice issues; 8) Languages and culture; 9) Population characteristics; and 10) Work, income and spending. Under no. 5, “Health and well-being,” information on the health of Aboriginal people and communities in Canada, includes self-rated health, chronic conditions, well-being, health expectancy, accessibility to health providers and services, traditional healers, and environmental health.

<sup>6</sup>More details on the RHS cultural framework are available at, <http://www.rhs-ers.ca/english/pdf/rhs2002-03reports/developing-a-cultural-framework.pdf>.

<sup>7</sup>Dumont 2005: 8.

<sup>8</sup>[http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm?Lang=E&SP\\_Action=Theme&SP\\_ID=10000&SP\\_Mode=2](http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm?Lang=E&SP_Action=Theme&SP_ID=10000&SP_Mode=2)

Also available on the Statistics Canada site is CANSIM, Statistics Canada's key socioeconomic database. This database is updated daily, and provides fast and easy access to a large range of the latest statistics available in Canada. Further, Statistics Canada disseminates and hosts “The Canadian Census of Population”, which is the most complete source of data available for most Canadian communities, including First Nations and Inuit communities. Because the census is conducted every five years, the data can be compared across time to reveal the evolution of socio-economic well-being. Canadian Census data serve as the basis for many studies on the well-being of Canadian Aboriginal peoples and the development of culturally-specific measurement tools.

### 3.4 Human Resources and Social Development Canada (HRSDC)<sup>9</sup>

Among the most important websites providing information related to Canadian well-being is the “Indicators of Well-Being in Canada” site, which is currently being developed by Human Resources and Skills Development Canada (HRSDC). Its purpose is to develop a range and depth of indicators using feedback from its users and interested parties. The site also provides information about how indicators are selected, which sources of data are available, and future developments. As well as providing an overview of many areas of well-being, the site includes some basic demographic information about Canada’s Aboriginal population, and links to other government departments and private agencies working on different aspects of well-being.

To date, an overview of the following areas of well-being and its indicators are available: work; housing; family; social participation; leisure; health; security; environment; financial security; and learning. Special Reports, custom charts, and information about general trends in Canadian well-being are also available.

The “Canadians in Context” link provides some basic information about Canada’s Aboriginal Population including: national Aboriginal populations; regional Aboriginal populations; Aboriginal population growth; and Aboriginal population age. A number of links to other government departments and private agencies working on different aspects of well-being is also provided on the homepage under “About this site.”

## 4.0 Pan-Aboriginal Resources

In recent years, the literature on Aboriginal well-being in Canada has grown substantially and is already extensive and varied. However, it cannot be easily categorized given that there is much overlap in terms of which dimensions are represented and which indicators are used to assess them. For example, in terms of socio-economic well-being, two main methods of measuring Canadian Aboriginal community well-being have been developed. The first of these is the Registered Indian Human Development Index (HDI), and the second approach is called the Community Well-being Index (CWB). Both are adaptations of the United Nations Human Development Index (HDI). These were developed by the Strategic Research and Analysis Directorate of Indian and Northern Affairs Canada in collaboration with various researchers and

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<sup>9</sup> <http://www4.hrsdc.gc.ca/h.4m.2@-eng.jsp>



Aboriginal communities, and are discussed in more detail below. Other studies combine quantitative methods with qualitative methods including ethnography to reflect Aboriginal views of what they consider to be the determinants of their well-being. Some directions in research also focus on particular segments of the Aboriginal population such as gender, age, place, and so on.

## 4.1 Health Reporting Initiatives and Resources

In 2000, the Canadian federal, provincial, and territorial governments agreed to report on health care service delivery and population health using Comparable Health Indicators (CHI). However, some of the indicators in the framework were found to be not relevant, not culturally appropriate or simply unavailable for various Aboriginal populations in Canada. Some problems with the CHI framework included fragmented administrative data among different levels of government; indicators that did not consider issues such as geography, and concepts of self-determination and self-governance. In 2003, the First Ministers agreed to develop a comparable yet meaningful framework for Aboriginal peoples. In 2004, federal, provincial, and territorial governments with major Aboriginal organizations including the Métis National Council began developing an Aboriginal Health Reporting Framework (AHRF), and the fundamentals were completed by 2005. Many of the health research projects discussed below use data and/or methods that were the result of this reporting strategy.

### 4.1.1 National Aboriginal Health Organization (NAHO)<sup>10</sup>

The National Aboriginal Health Organization (NAHO) was incorporated in 2000 as a not-for-profit organization focused on Aboriginal communities. Their slogan is “Advancing the Well-being of First Nations, Inuit and Métis.” The organization is funded by Health Canada, but adheres to the Aboriginal principles of Ownership, Control, Access, and Possession (OCAP). Their perception of well-being also follows The World Health Organization’s constitution which defines health holistically as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

The NAHO provides many publications on various studies and topics including aging, determinants of health, environmental health, health policy and current initiatives. The NAHO’s work is guided by five primary objectives: 1) to improve and promote Aboriginal health through knowledge-based activities; 2) to promote an understanding of the health issues affecting Aboriginal Peoples; 3) to facilitate and promote research on Aboriginal health and develop research partnerships; 4) to foster the participation of Aboriginal Peoples in delivery of health care; and 5) to affirm and protect Aboriginal traditional healing practices.<sup>11</sup>

In terms of resources for Aboriginal communities needing more information about health and well-being, the First Nations Centre has published a useful guide called *Understanding Health Indicators* (2007). This guide explains how indicators are developed and used for analysis, and also includes some instructions on how First Nations communities can develop their own set of indicators to pursue research at the community level.

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<sup>10</sup> <http://www.naho.ca/english/index.php>

<sup>11</sup> Ibid.

### 4.1.2 Health Canada<sup>12</sup>

Health Canada is responsible for informing and guiding First Nations and Inuit people on health issues. In keeping with that mandate, they make available many reports and publications on a variety of health topics, which are grouped according to the following categories:

- Aboriginal Health
- Diseases and Health Conditions
- Family Health
- Funding
- Health Care Services
- Health Promotion
- Non-Insured Health Benefits
- Substance Use and Treatment of Addictions

Health Canada also offers guides, fact sheets, videos and information kits.

As a result of the 2003 First Ministers Accord on Health Care Renewal, 70 indicators have been developed by Health Canada to report on the Canadian population. The First Nations and Inuit Health Branch (FNIHB), a unit within Health Canada, has reported on 10 of these indicators in the report *Healthy Canadians: A Federal Report on Comparable Health Indicators 2006*.<sup>13</sup>

Significant publications related to Aboriginal health and well-being produced by Health Canada and the FNIHB include, *A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003* (2009); *A Statistical Profile on the Health of First Nations in Canada: Self-rated Health and Selected Conditions, 2002 to 2005* (2009); *First Nations and Inuit Health-Program Compendium* (2007); and *First Nations Comparable Health Indicators* (2005).

## 4.2 Socio-Economic Initiatives and Resources

### 4.2.1 Indian and Northern Affairs Canada (INAC)<sup>14</sup>

Indian and Northern Affairs Canada (INAC) is the federal government department that deals with First Nations, Inuit and Métis in terms of meeting the government's commitments and responsibilities towards Canada's Aboriginal peoples. As such, INAC provides information on many aspects of Aboriginal communities, and their well-being, either directly or indirectly.

Specifically, the "Health and Well-Being" link on the INAC site deals with subjects such as contaminants, food and nutrition, safe water, social programs, and lists available publications

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<sup>12</sup> <http://www.hc-sc.gc.ca/index-eng.php>

<sup>13</sup> [http://www.hc-sc.gc.ca/hcs-sss/alt\\_formats/hpb-dgps/pdf/pubs/2006-fed-comp-indicat/2006-fed-comp-indicat-eng.pdf](http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2006-fed-comp-indicat/2006-fed-comp-indicat-eng.pdf)

<sup>14</sup> <http://www.ainc-inac.gc.ca/index-eng.asp>

about Aboriginal health and well-being. This link is also connected to Health Canada, which is discussed above. Eighty-four publications are listed in the health and well-being category. Most of these works present summaries of INAC projects and initiatives conducted in particular communities. Many works also deal with reports on particular research subjects such as environmental contaminants and food quality.

A number of documents on the INAC website deal specifically with the concept of well-being as it is currently being applied by INAC. These are worth briefly reviewing here since they discuss the development of measurement tools and indicators that are currently being applied by much research on Canadian Aboriginal well-being. Over the last ten years or so, INAC and its various research affiliates have focused on developing measurement tools of Aboriginal well-being for the specific purpose of developing more effective policies. With that aim in mind, INAC has developed two main research tools that are currently used to measure the socio-economic well-being of Aboriginal communities in Canada. These two tools are: 1) The Registered Indian Human Index (HDI); and 2) The Community Well-being Index (CWB). Each of these are discussed in more detail below since much of the literature surrounding Aboriginal well-being is related to the application of these indices.

#### **4.2.2 Registered Indian Human Development Index (HDI)**

The Registered Indian Human Development Index is an adaptation of the Human Development Index, which was developed by the United Nations Development Programme in 1990. The initial index was designed to capture three dimensions of well-being: income, health, and knowledge. Using available data on registered Indians in Canada, Cooke and Beavon have applied this method to examine how the health, educational attainment, and income of the Registered Indian population have changed during the period of 1981-2001. Their work is reviewed in more detail in the literature review below and the accompanying Annotated Bibliography.

#### **4.2.3 Community Wellbeing Index (CWB)<sup>15</sup>**

The community well-being (CWB) index was developed by INAC to compare the socio-economic well-being of First Nations communities to other Canadian communities. The CWB uses data from the 2001 Census and is based on four indicators: education, labour force activity, income, and housing. These data are then used to produce ‘well-being’ scores for individual Canadian communities which are measured on a scale from 0 to 1. These data were used to assess 541 First Nations and 4,144 non-First Nations Canadian communities. In the last ten years or so, the CWB has been used by governments as the main measurement tool for assessing the socio-economic well-being of Canadian Aboriginal communities. It has been used to assess First Nations, Inuit, and is currently being adapted to assess Métis communities.

### **4.3 Education and Aboriginal Well-Being Initiatives**

One of the most significant recent initiatives on developing new approaches to measuring Aboriginal education and well-being is called *Redefining how Success is Measured in Aboriginal*

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<sup>15</sup> <http://www.ainc-inac.gc.ca/ai/rs/pubs/cwb/index-eng.asp>

*Learning.* This ongoing initiative is a joint effort by the Canadian Council on Learning (CCL) and its Aboriginal Learning Knowledge Centre, and First Nations, Métis, and Inuit organizations. Their approach is intended to foster a collaborative research process to better understand the holistic view of lifelong learning in Aboriginal communities, and to find new ways of measuring and reporting progress on community well-being.

According to the CCL research, the key attributes of an Aboriginal view of learning is holistic (emotional, physical, spiritual, and intellectual), lifelong (before birth, through old age, and intergenerational), experiential, rooted in Aboriginal languages and cultures, spiritually oriented, a communal activity, and is an adaptive process (integrating Aboriginal and Western knowledge). This all-encompassing view of Aboriginal learning serves as the vision that guides their development of Lifelong Holistic Learning Models, online tools aimed at providing more appropriate and effective measurement of success in Aboriginal learning, and community well-being.

Three learning models were developed through the CCL initiative, one for each of Canada's Aboriginal peoples, First Nations, Métis and Inuit.<sup>16</sup> Each of these is designed to reflect their differing world views, and is discussed in more detail below in the appropriate section.

## 5.0 First Nations Well-being

In this section, the literature on First Nations well-being is reviewed according to the two main models that have been developed for measuring and assessing First Nations well-being. First, the *First Nations Holistic Lifelong Learning Model* is described. This is followed by a review of some literature that is related to the dimensions identified in this model. Second, literature that draws on the First Nations HDI and CWB is discussed.

### 5.1 First Nations Holistic Lifelong Learning Model<sup>17</sup>

The *First Nations Holistic Lifelong Learning Model* is a representation of how lifelong learning and well-being are interconnected in a First Nations worldview. It is intended for use as a framework for measuring success in lifelong learning. Through the use of a stylized graphic of a living tree, cycles of learning, and the organic and self-regenerative nature of First Nations learning is depicted. The model seeks to honor First Nations understandings and modes of learning which are circular, holistic, experiential, and cumulative. First Nations lifelong learning is also ground in both indigenous and Western knowledge traditions which are represented in the tree's root system, "Source and Domains of Knowledge." As the tree is nourished from its roots,

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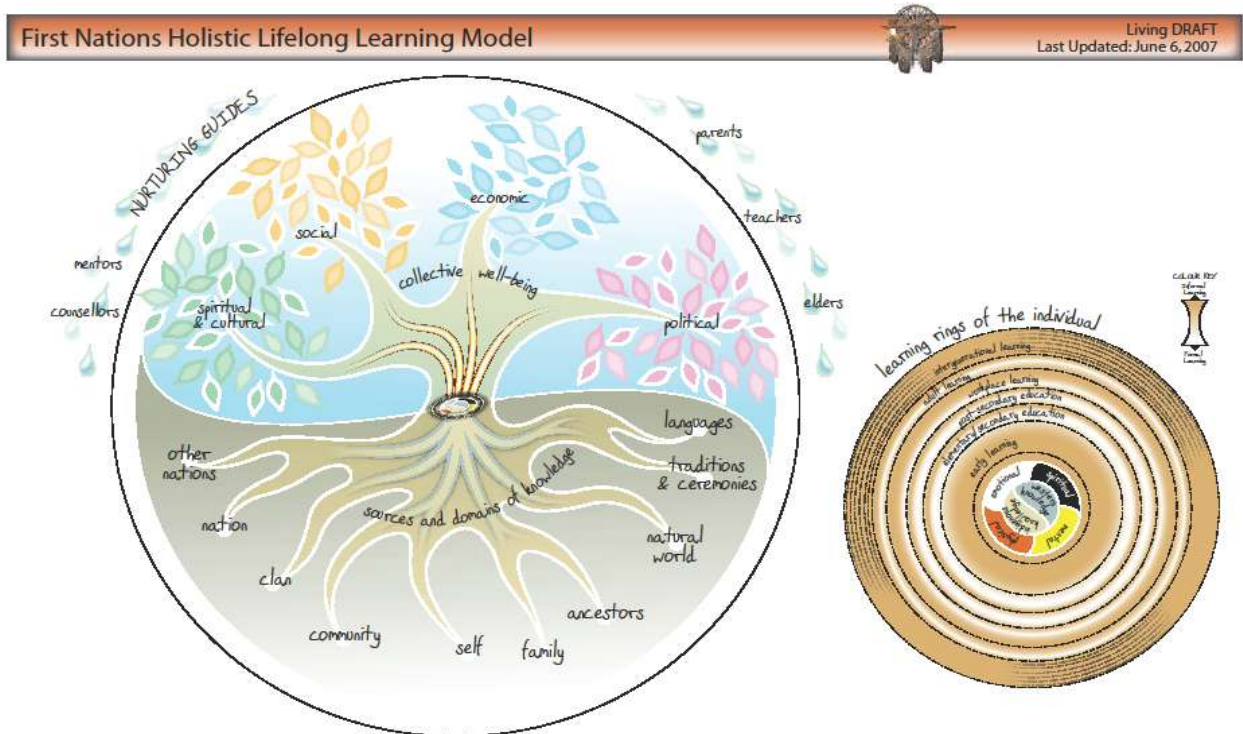
<sup>16</sup> [http://www.ccl-](http://www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessModels.htm?Language=EN)

[cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessModels.htm?Language=EN](http://www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessModels.htm?Language=EN)

<sup>17</sup> This learning model has been developed by the Canadian Council on Learning (CCL) with the University of Saskatchewan's Aboriginal Education Research Centre and the First Nations Adult Higher Education Consortium (co-leads of CCL's Aboriginal Learning Knowledge Centre) in partnership with Aboriginal learning experts and the National Aboriginal Organizations in Canada, as identified at [www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm](http://www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm), and is reproduced with permission.

First Nations people learn from and through the natural world, language, traditions and ceremonies, and the world of people including self, family, ancestors, clan, community, nation, and other nations.

The cross-sectional view of the trunk depicts individual learning rings with the four dimensions of personal development (spiritual, emotional, physical, and mental) at its core. The rings portray the lifelong process of learning, from birth to adulthood. The tree's extended branches represent individual harmony and well-being with collective well-being through the cultural, social, political, and economic dimensions, which are represented by the four clusters of leaves. The model reflects the relationship of individual well-being and its effects on collective well-being.



The *First Nations Holistic Lifelong Learning Model* is presented online as an interactive tool. Each dimension is further explained suggesting possible indicators for communities to examine in considering and assessing their individual and community well-being. Its effectiveness as research tool and model for measuring First Nations well-being has yet to be assessed in the literature. However, some individual studies can be related to some of the dimensions presented in the model. For example, as noted below, much research on First Nations collective well-being

to date has emphasized the social and economic dimensions as they have been measured, assessed and represented by the HDI and CWB.

There are also a number of isolated studies that offer some multi-dimensional and cross- and inter-disciplinary approaches to research on First Nations well-being that are in keeping with the holistic model suggested above. For example, recent research addresses the spiritual and cultural dimensions through the impacts of language and religion on individual and collective well-being for on-reserve First Nations (Fonda 2009; Schiff 2006); gender issues (Bourassa 2004; Thurston 2004); children and youth (Mussel et. al. 2004) and politics and the environment (Mascarenhas 2007; Richmond 2005).

## 5.2 First Nations HDI and CWB

By far, most of the published literature surrounding First Nations well-being is related to the measurement tools developed by INAC on the socio-economic status of these communities. The aim of these measurement tools has been to assess the well-being of First Nations communities in relation to other Canadian communities and in comparison to other First Nations communities. Significantly, much of the available literature on this aspect of First Nations well-being in Canada reports on the development of these tools (Cooke et. al. 2004; McHardy 2004; O'Sullivan 2006; White 2007) and their various applications (Guimond 2008). As previously mentioned, a number of publications regarding data sources (INAC 2004); methodology and current uses of the HDI and CWB by INAC and other government departments are available through the INAC website.

## 6.0 Métis Wellbeing

In 2007, the Métis Centre of the National Aboriginal Health Organization (NAHO) hosted a think tank called *Métis Health: Culture, Identity, History*. The event identified major themes or priorities for Métis health including the following:

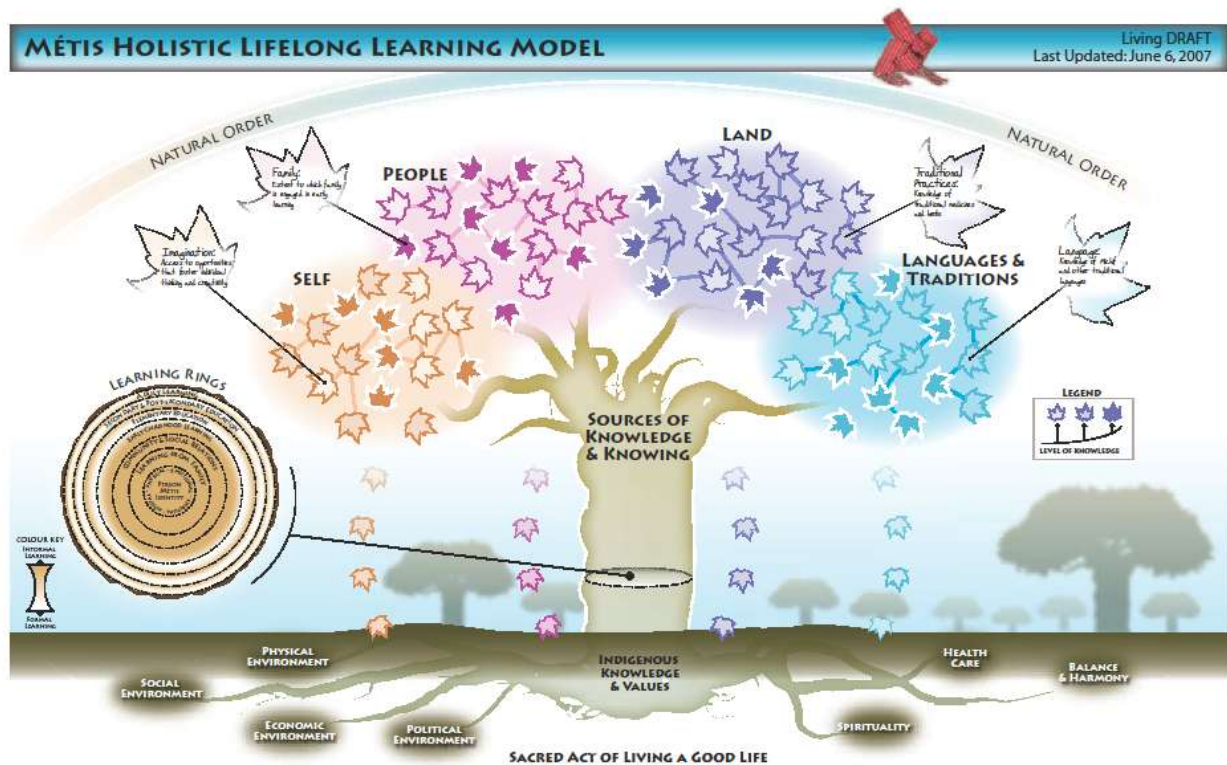
- Impacts of colonialism and dispossession on Métis health and identity
- Importance of emphasizing strength of Métis communities and healing that has occurred
- Education as means of improving Métis health
- Need for Métis-specific data, research and programming
- Concerns over the potential loss of historic Métis knowledge
- How lack of Métis rights has impacted the well-being of Métis

Diversity within the Métis population means it is impossible to create a framework of well-being or health that is relevant and meaningful to every Métis. But, the lessons learned from the literature and identified Métis priorities help to understand which determinants will be important within Métis concepts of well-being.

## 6.1 Métis Holistic Learning Model<sup>18</sup>

The *Métis Holistic Lifelong Learning Model* follows similar principles to the *First Nations Holistic Lifelong Learning Model* discussed above, although they are represented slightly differently by the living tree model. According to this model, the Métis understand learning in the context of the “Sacred Act of Living a Good Life.” This perspective incorporates learning as it is experienced in the physical world and acquired by “doing.” A distinct form of knowledge that comes from the Creator is portrayed by the sacred laws governing relationships within the community and the world at large. To symbolize these forms of knowledge and their dynamic processes, the Métis Holistic Lifelong Learning Model uses a stylistic graphic of a living tree.

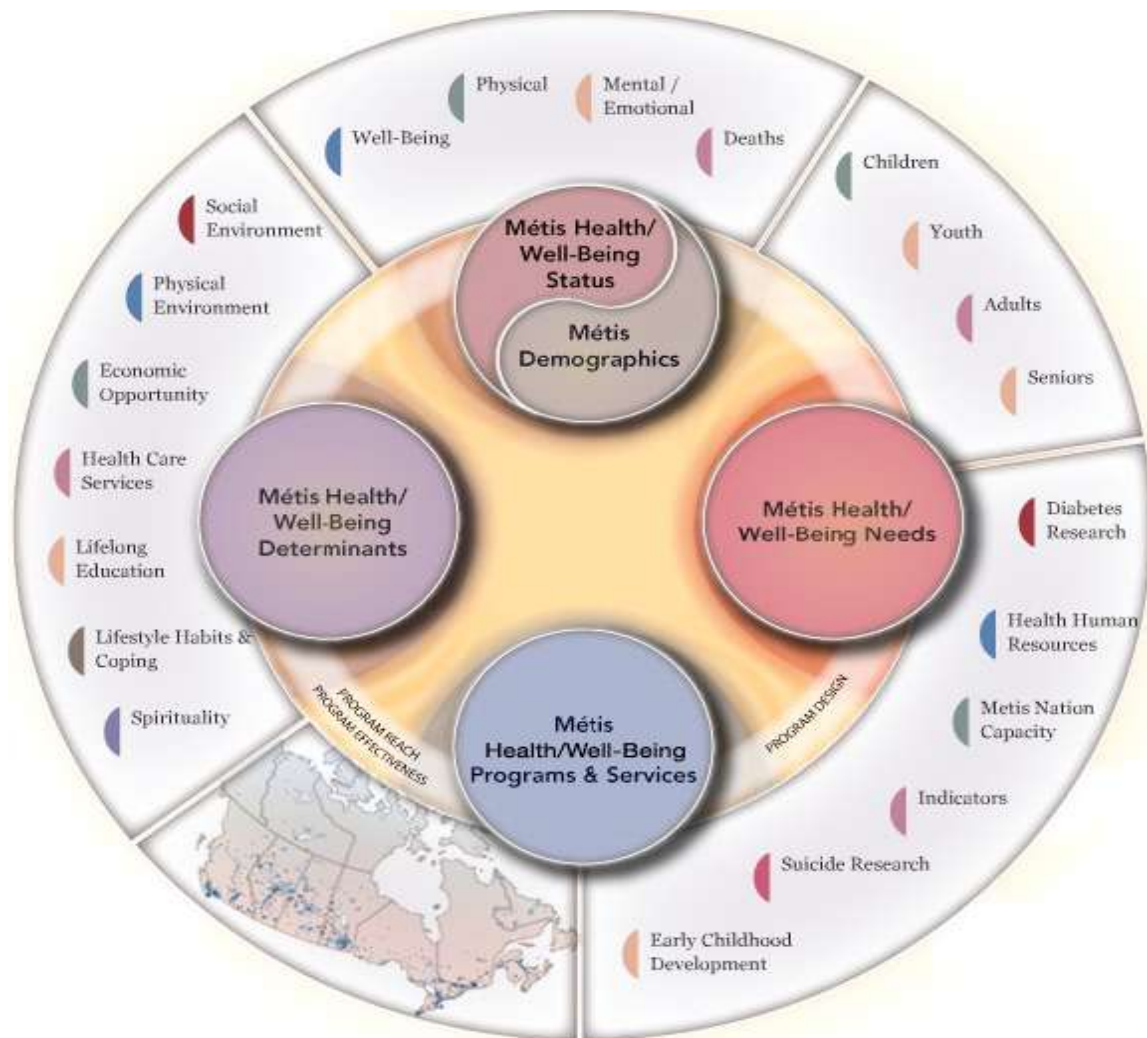
Similar to the First Nations model, the Métis model represents the dimensions of individual well-being according to many dimensions including physical, economic, spiritual, etc. The Métis model also depicts learning as a multi-dimensional, experiential, cyclical, and lifelong process.



<sup>18</sup> This learning model has been developed by the Canadian Council on Learning (CCL) with the University of Saskatchewan's Aboriginal Education Research Centre and the First Nations Adult Higher Education Consortium (co-leads of CCL's Aboriginal Learning Knowledge Centre) in partnership with Aboriginal learning experts and the National Aboriginal Organizations in Canada, as identified at [www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm](http://www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm), and is reproduced with permission.

## 6.2 Metis Nation Health/Well-Being Research Portal<sup>19</sup>

Another holistic and multi-dimensional online tool for the study of Métis well-being is provided by the Métis Nation Health/Well-Being Research Portal. This site provides information on the health and well-being status of the Métis population; health determinants that influence Métis health and well-being; demographics to help determine the scope of needs; and programs to address those needs. The portal is organized according to the following holistic model, but is still under development, which means that many of the links do not provide information about the dimensions they represent as of yet.



The site was developed through the MNC's Aboriginal Health Blueprint Initiative, a current project focused on measuring Métis population health/well-being determinants and status. The

<sup>19</sup>Used by permission of the Métis National Council, <http://healthportal.metisnation.ca/home.html>.



project includes research on the nature and scope of indicators pertaining to health/well being determinants and indicators for Métis population including options for capturing data on those indicators. It also seeks to determine the capacity requirements at Métis Nation national and regional levels to participate in monitoring Métis health/well-being.

## 7.0 Inuit Wellbeing

The literature surrounding Inuit well-being reflects the particular circumstances affecting their well-being including environmental research projects (Kwiatkowski 2009), and their views on what constitutes well-being. As noted in the bibliography, much current research on Inuit well-being is centred on health issues and contaminants (Tyrell 2006). Alternatively, many publications are related to the application of the HDI and CWB socio-economic models discussed previously (INAC 2006). Some more recent research is emerging in terms of economic and cultural views with the question of measuring well-being (Lauster 2010; Usher 2003).

### 7.1 Inuit Holistic Lifelong Learning Model<sup>20</sup>

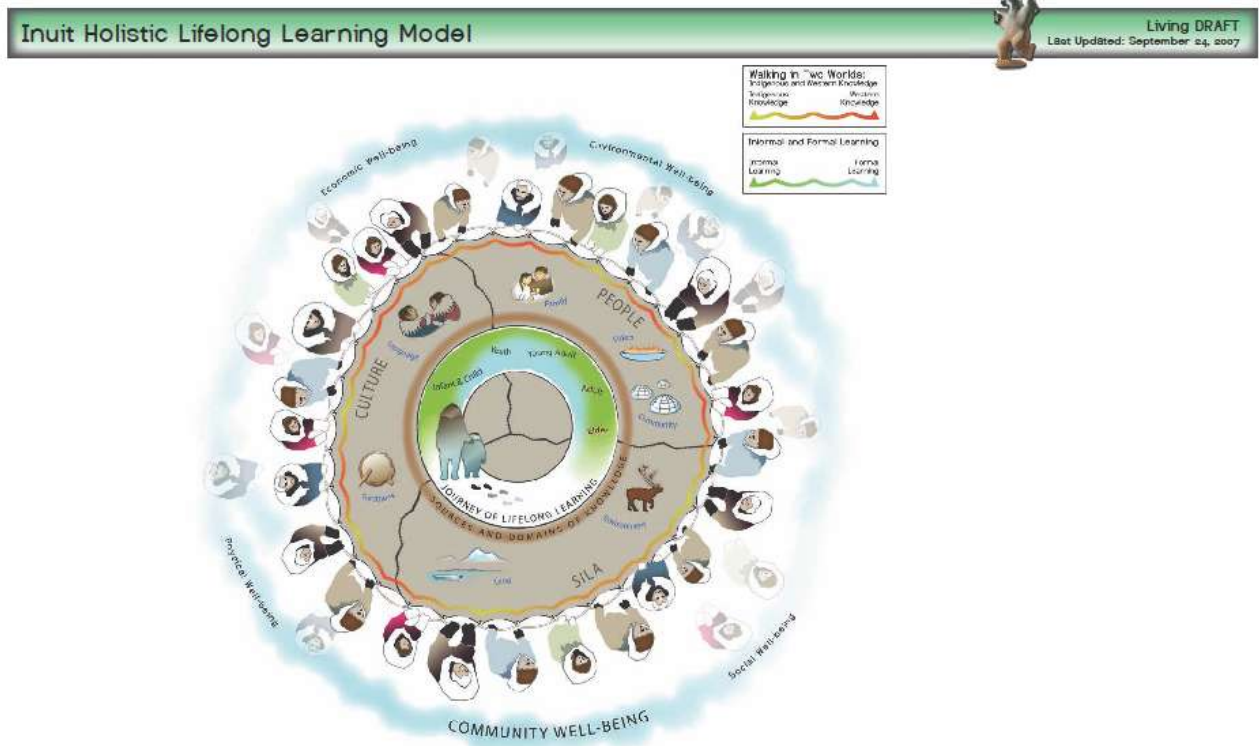
The *Inuit Holistic Lifelong Learning Model* uses a different image than the First Nations and Metis models, specifically, a stylized graphic of an Inuit blanket toss (a game often played at Inuit celebrations) and a circular path (the “Journey of Lifelong Learning”). This framework for measuring success in lifelong learning is grounded in *Inuit Qaujimaqatuqangit* (IQ), meaning traditional “Inuit Values and Beliefs.” As a symbol of the strength of IQ, this model portrays 38 family and community members “holding up” a learning blanket, each representing an IQ value and belief. Also represented is the inclusion of ancestors acknowledging the important role of “naming,” a sacred Inuit tradition which fosters Inuk identity, kinship relations, and the transmission of intergenerational knowledge.

The “Sources and Domains of Knowledge” (culture, people and *sila* (life force or essential energy), and their sub-domains (languages, traditions, family, community, Elders, land and environment) are included within the learning blanket. As with the other holistic Aboriginal models of learning discussed above, the Inuk lifelong learning journey is also cyclical. This aspect is represented by a revolving path within the centre of the learning blanket. Each life stage of the learning journey is presented with a range of learning opportunities. Further, the Inuk learning journey is characterized by learning experiences in both informal settings such as the home or the land, and in formal settings such as the classroom of the community. And, the Inuk is also exposed to both Indigenous and Western knowledge and learning practices, represented by two different colors used in the stitching along the rim of the blanket. Inuk determinants of

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<sup>20</sup> This learning model has been developed by the Canadian Council on Learning (CCL) with the University of Saskatchewan’s Aboriginal Education Research Centre and the First Nations Adult Higher Education Consortium (co-leads of CCL’s Aboriginal Learning Knowledge Centre) in partnership with Aboriginal learning experts and the National Aboriginal Organizations in Canada, as identified at [www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm](http://www.ccl-cca.ca/CCL/Reports/RedefiningSuccessInAboriginalLearning/RedefiningSuccessPartners.htm), and is reproduced with permission.

“Community Well-Being” are identified as physical, economic, social and environmental well-being.



## 7.2 Inuit HDI and CWB

The Inuit HDI was also developed by INAC to measure the well-being of Inuit in comparison to other Canadians. It is a composite index used by the United Nations Development Program (UNDP) to measure quality of life in 170 countries. The UNDP measures three dimensions of well-being: 1) a long and healthy life; 2) knowledge; and 3) a decent standard of living. The Inuit HDI is based on data from Statistics Canada and life expectancy. When applied to areas with significant Inuit inhabitants the results provide a life expectancy index, an education index and a combined human development index. Measures are currently available for the 1991-2001 Census years divided into four main regions with Inuit land claims, and gender.

The Inuit HDI is complemented by the Inuit CWB to measure well-being at the community level. The CWB is used to compare well-being in Inuit communities compared to other Canadian communities. Its purpose is to identify prosperous communities that can serve as examples of best practices and the communities who are in the greatest need. The 2001 Census serves as the source of data for calculating the CWB. Four indicators are combined to score each community's well-being from 0 to the highest score of 1. The indicators include education, labour force activity, income and housing.

The CWB score was calculated for 4,685 Canadian communities that participated in the 2001 Census. Only communities that had at least 65 inhabitants and where there were not issues around the quality of data were analyzed. INAC has calculated scores for 51 Inuit communities from this group. The calculations showed that there are significant differences between Inuit communities and other Canadian communities, but also among Inuit communities.

## 8.0 Part 2-Annotated Bibliography

### 8.1 Pan-Aboriginal Literature

Abele, Frances. 2004. "Urgent Need, Serious Opportunity: Towards a New Social Model for Canada's Aboriginal Peoples." *CPRN Social Architecture Papers Research Report F/39 Family Network*, Canadian Policy Research Networks Inc. Available at: <http://www.cprn.org/en/network.cfm?network=1>).

In this report, an analysis of policy models examines new approaches that are being developed to address Aboriginal needs while recognizing their diversity. The author's analysis of existing policies and programs is followed by suggestions on designing new models that are more effective. This study is based on the four sources of well-being for citizens: market income, non-market care and support within the family, state-sponsored services and income transfers, and community services and supports. Throughout the paper, current policy models are described, their rationales are identified, and priority need areas are highlighted.

Anderson, Marcia, Janet Smylie, Ian Anderson, Raven Sinclair and Sue Crengle. 2006. *Discussion Paper no. 18 First Nations, Inuit and Métis Health Indicators in Canada*. Onemda VicHealth Koori Health Unit, December, 2006. Available at [www.onemda.unimelb.edu.au](http://www.onemda.unimelb.edu.au)

This paper is a background document for the project 'Action-oriented indicators of health and health systems development for Indigenous peoples in Australia, Canada and New Zealand'. Individual papers in the series summarise current work and debate on key issues in Indigenous health, discuss aspects of Indigenous health research practice and process, or review interim findings of larger research projects. The goal of the study is to conceptualise and pilot a health indicator development cycle that will contribute to effective health information, surveillance and monitoring systems.

Findings in this paper are based on a review of the published and unpublished literature, expert consultation and key informant interview data. The paper includes a brief history of Indigenous health care in Canada, existing resources, what type of Indigenous-specific data is available, and includes a Compendium of Indigenous Health Indicators that identifies for which of Canada's Indigenous peoples information is available. Finally, the work also includes a number of 'best practices' examples of community-based collaborative health indicator or health measurement systems that were identified through

an extensive literature review. It is often cited as a source of information in current Canadian research.

Beavon, Dan and Daniel Jetté. 2009. *Journeys of a Generation: Broadening the Aboriginal Well-being Policy Research Agenda*. *Canadian Issues*, Winter, 2009.

This is a special issue of the quarterly journal published by the Association for Canadian Studies. This particular issue provides a broad overview of current research approaches with regards to Aboriginal well-being in Canada. The articles also represent a broad range of topics such as the use of the CWB in measuring well-being in Metis communities, and exploring the concept of 'lifecourse' in assessing Aboriginal well-being. Some of the articles are discussed in more detail in other sections of this bibliography.

Canadian Council on Learning. 2007. *Redefining How Success is Measured in First Nations, Inuit and Métis*. Canadian Council on Learning. Available at: [www.ccl-cca.ca](http://www.ccl-cca.ca)

This research was produced by the Canadian Council on Learning (CCL) in partnership with Aboriginal learning professionals, community practitioners, researchers and governments. Its purpose is to define what is meant by learning success and wellbeing, and to identify indicators required to capture a holistic view of lifelong learning that reflects Aboriginal needs and aspirations. To do that, workshops with First Nations, Métis and Inuit leaders were held to develop a more holistic approach to education resulting in three lifelong learning holistic models.

The paper describes the development of the three Holistic Lifelong Learning Models, each reflecting First Nations, Métis and Inuit perspectives on learning. The learning models illustrate the place of learning, its sources, how people learn and the connection between learning and community wellbeing. Most importantly, the models help to identify what learning success means for Aboriginal communities and provide a framework of indicators to track progress. A brief overview of current research approaches in Canada and problems with data sources is also provided.

Curtis, Lori J. SEDAP Research Paper No. 191. *Health Status of On and Off-reserve Aboriginal Peoples: Analysis of the Aboriginal Peoples Survey*. Available at: <http://site.ebrary.com/remote.libproxy.wlu.ca/lib/oculwlu/docDetail.action?docID=10195161>

This paper is issued from McMaster University as part of their Program for Research on Social and Economic Dimensions of an Aging Population (SEDAP). It is an interdisciplinary research program with co-investigators at seventeen other universities in Canada and abroad. The paper examines the Aboriginal Peoples Survey as a source of information about on- and off-reserve populations. Health determinants such as socio-economic status, use of health care services and health behaviours are documented. The study specifically examines differences between on-reserve and off-reserve First Nations people, and changes over time, by comparing data from the 1991 APS with the 2001

APS. A literature review on recent quantitative studies in the medical and social sciences literature is included in the first section.

Graham, Katherine A. H. and Evelyn Peters. 2002. *Aboriginal Communities and Urban Sustainability*. Canadian Policy Research Networks Inc.

This report was commissioned by the Canadian Policy Research Network to examine socio-economic issues pertaining to urban Aboriginal populations. The authors explore the relationship between Aboriginal people, communities, and cities. They further examine the policy implications of that relationship. The paper provides a summary of literature and suggests possible government actions, among them a restructuring of governing bodies within the federal government.

O'Donnell, Vivian, and Heather Tait. 2003. *Aboriginal Peoples Survey 2001-initial findings: Well-being of the non-reserve Aboriginal Population*. Minister of Industry. Available at: <http://www.statcan.ca/cgi-bin/downpub/freepub.cgi>.

Uses data from the Aboriginal Peoples Survey (APS) 2001 to apply an Aboriginal view of well-being that is complex and highlights the inter-related view of health as a balance of physical, mental, emotional and spiritual dimensions. These four elements constitute “whole health” for many Aboriginal communities. This report uses several indicators to report on the well-being of non-reserve Aboriginal population with regards to the physical, mental/intellectual, emotional and spiritual facets of well-being. The study includes all three Canadian Aboriginal groups, Inuit Métis and North American Indian. Aspects that are analysed include: self-rated health status; schooling; housing and water quality; and Aboriginal languages.

Strategic Research and Analysis Directorate, INAC. 2010. *First Nation and Inuit Community Well-Being: Describing Historical Trends (1981-2006)*.

This report provides an overview of the Community Well-Being (CWB) Index and its applications in measuring the quality of life in First Nations and Inuit Communities. These measurement tools produce well-being scores for individual communities based on four indicators: 1) Education (High School Plus; University); 2) Labour Force (Participation, Employment); 3) Income (Total per Capita); and 4) Housing (Quantity and Quality). The data are drawn from Statistics Canada Census information. The CWB does not look at urban Aboriginal well-being. This new release is different from the 2004 CWB. Changes include different methods of calculation which lead to revised scores based on changes in Education questions on the 2006 census. This revised methodology will be the basis for all future CWB analyses produced by INAC.

Van Hoorn, André. 2007. *A Short Introduction to Subjective Well-Being: Its Measurement*,

*Correlates and Policy Uses*. Prepared for the international conference, “Is happiness measurable and what do those measures mean for policy?”. 2-3 April 2007, University of Rome ‘Tor Vergata’. Available at: <http://www.oecd.org/dataoecd/16/39/38331839.pdf>

A review of how the concept of subjective well-being was developed and the many different scales that are currently used to measure various aspects of subjective well-being. Outlined in five sections, the paper provides a basic introduction to the field, a discussion of measurement, some underlying factors of observed differences, an exploration of some policy uses, especially in cost-benefit analyses and national statistics, and summarizing remarks in the last section.

White, Jerry P., Dan Beavon, and Nicholas Spence. 2007. *Aboriginal Well-Being: Canada’s Continuing Challenge*. Toronto: Thompson Educational Publishing, Inc.

This book is devoted to discussing the development of measurement tools for Aboriginal wellbeing in Canada. It is divided into three sections. The first section looks at conceptual and methodological issues surrounding the measurement of Aboriginal wellbeing focusing on the Registered Indian Human Development Indices (HDI). In Part Two, the authors look more closely at how the Human Development Index (HDI) can be adapted for measurement of Aboriginal wellbeing. Finally, Part Three is focused on the application of the Community Well-being Index (CWB) to First Nations and Inuit communities. The authors indicate that there is a need for more and better data for effective policy development, and participation of Aboriginal peoples in developing more effective and appropriate indicators of wellbeing.

The Allen Consulting Group. 2006. *Well-Being—A Framework for Aboriginal Cultural Activities*. Sydney, Australia: The Allen Consulting Group, May 2006. Available at: [www.allenconsult.com.au](http://www.allenconsult.com.au)

The report was presented to the Ministry of Environment and Conservation and included the participation of Indigenous organizations and people wherever possible. It presents a compilation of government policies, strategies and planning documents that address Aboriginal people’s wellbeing in Australia and New South Wales. Its purpose is to inform both governments and communities about how policy interventions address Indigenous disadvantages. The report analyses the aims of related government policies, the ways in which they are connected to Aboriginal culture and heritage, and the philosophical frameworks that underpin them. In this work, Aboriginal wellbeing is presented as complex, multidimensional, and interrelated. Seven strategic areas for action are identified: 1) health; 2) culture and heritage; 3) social; 4) environment; 5) education; 6) economic; and 7) justice. Relevant policies are first identified and listed. Second, their practical effects are addressed in accompanying appendices.

On the basis of the analysis described above, the report recommends the most effective opportunities for Aboriginal culture and heritage activities to gain the highest status in government approaches to policy development, thereby providing the greatest benefit to

Aboriginal communities. The framework emphasizes the need for prevention given the long lead times of policy interventions aimed at improving the wellbeing of Aboriginal communities. The report also points to the importance of partnerships between governments and Indigenous people in developing effective policies.

## 8.2 First Nations Literature

Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003*. Available at: <http://www.hc-sc.gc.ca/fnih-spnia/pubs/aborig-autoch/2009-stats-profil/index-eng.php>

This report is sponsored by First Nations and Inuit Health Branch (FNIHB) of Health Canada. It provides a national description of non-medical determinants of health among on-reserve First Nations people in Canada including: education, income, labour force characteristics, personal health practices, culture and physical environment. The majority of data are drawn from two main sources namely the 2001 Census of Population from Statistics Canada and the 2002-03 First Nations Regional Longitudinal Health Survey (RHS).

Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Self-rated Health and Selected Conditions, 2002 to 2005*. Published under the authority of the Minister of Health. Available at: <http://www.hc-sc.gc.ca/fnih-spnia/pubs/aborig-autoch/index-eng.php>

This publication represents the combined effort of the First Nations and Inuit Health Branch (FNIHB), Assembly of First Nations (AFN), Public Health Agency of Canada, and the Health Data Technical Working Group. It reports on the health status of on-reserve First Nations people and uses these indicators: 1) self-rated health and mental health and well-being; 2) prevalence of disability; and 3) prevalence and/or incidence of selected health conditions including diabetes, tuberculosis, human immunodeficiency virus, tuberculosis-human immunodeficiency virus co-infection, hepatitis C virus, and sexually transmitted infections. The statistical profile is based on the data collected by the 2002-03 First Nations Regional Longitudinal Health Survey (RHS), which is the only national Canadian health survey governed by First Nations people.

Choudhury, Masudul Alam. 1997. "The concept and measurement of social wellbeing: The case of Canadian Native Indians." *International Journal of Social Economics*. Vol. 24 No. 11: 1256-1289.

This study serves as an early example of trying to develop an alternative way of measuring well-being using a socio-economic approach. The author attempts to construct a theory of social wellbeing using the Mi'kmaq and Nisga'a people as case studies. Data is drawn from Statistics Canada's survey of Aboriginal people.

Cooke, Martin, Daniel Beavon and Mindy McHardy. 2004. *Measuring the Well-Being of Aboriginal People: An Application of the United Nations' Human Development Index to Registered Indians in Canada, 1981–2001* Ottawa: Strategic Research and Analysis Directorate Indian and Northern Affairs Canada.

A modification of the United Nations' Human Development Index (HDI) is used to compare the educational attainment, average annual income, and life expectancy of Registered Indians and other Canadians. This report uses 1981–2001 Census data.

Dumont, Jim. 2005. (RHS) Developing a Cultural Framework. Available at: <http://www.rhs-ers.ca/english/pdf/rhs2002-03reports/developing-a-cultural-framework.pdf>.

This paper provides details of how the RHS has been used to develop a cultural framework for research on Aboriginal well-being that is in keeping with Aboriginal views of holistic aspects of health.

First Nations Centre. (2007). *Understanding Health Indicators*. Ottawa: National Aboriginal Health Organization. Available at: [http://www.naho.ca/firstnations/english/documents/toolkits/FNC\\_HealthIndicatorsInformationResource.pdf](http://www.naho.ca/firstnations/english/documents/toolkits/FNC_HealthIndicatorsInformationResource.pdf)

This guide explains how indicators are developed and used for analysis, and also includes some instructions on how First Nations communities can develop their own set of indicators to pursue research at the community level.

Fonda, Marc. 2009 "Towards Cultural Well-Being: Implications of Revitalising Traditional Aboriginal Religions." *Canadian Issues* (Winter): 73-78.

In this article, the author argues that revitalizing Aboriginal spiritual practices can have beneficial effects on individual and community well-being. To demonstrate, the author draws an analogy with Aboriginal languages, and concludes that language and religion are not only closely interconnected but that revitalization has demonstrable positive impacts on well-being. These preliminary observations are based on Census Canada and RHS data.

Green, Tom L. 2007. "Improving Human Wellbeing and Ecosystem Health on BC's Coast: The Challenge Posed by Historic Resource Extraction." *Journal of Bioeconomics* 9: 245-263.

In this study of the Haida Gwaii and the Great Bear Rainforest, the author argues that the Ecosystem Based Management approach for logging has not resulted in the expected improved socio-economic outcomes. By applying conventional economic indicators to logging data the author concludes that economic benefits must be retained locally to support human wellbeing, especially for First Nations.



Guimond, Eric, and Martin Cooke. 2008. "The Current Well-Being of Registered Indian Youth, Concerns for the Future?" *Horizons* Vol. 10 no. 1: 26-30.

This policy brief presents an age-specific index of the Registered Indian HDI. The index is used to compare the well-being of Registered Indians and other Canadians in the 15-29 year range based on the 1981-2001 Census data. This age-specific HDI uses the same three dimensions of well-being as the HDI: 1) a long and healthy life; 2) knowledge; and 3) a decent standard of living. The article also discusses the Registered Indian youth HDI which uses income, education, and life expectancy. All are composite indices and the HDI for those aged 15-19 uses different educational attainment indicators than those used for older youth. More complete information including references and details of methodology is available at [www.ainc-inac.gc.ca/pr/ra/pub4\\_e.html](http://www.ainc-inac.gc.ca/pr/ra/pub4_e.html) .

INAC. 2004. *Basic Departmental Data -2003*. Department of Indian Affairs and Northern Development. Available at: [http://www.collectionscanada.gc.ca/webarchives/20071126042416/http://www.ainc-inac.gc.ca/pr/sts/bdd03/bdd03\\_e.pdf](http://www.collectionscanada.gc.ca/webarchives/20071126042416/http://www.ainc-inac.gc.ca/pr/sts/bdd03/bdd03_e.pdf)

This reference report produced by INAC focuses on the demographic, social and economic conditions of Registered Indians, and Canadians living north of 60. The subjects covered include demographics, health, education, social conditions, housing, economic conditions, labour force activity, and self-government. The information is presented in three different ways: 1) text; 2) graphs; and 3) tables. The report is 112 pages long. Most of the data are drawn from administrative databases. The document does not include bibliographic references, but does provide a useful glossary of definitions including census definitions.

McHardy, Mindy and Erin O'Sullivan. 2004. *First Nations Community Well-Being in Canada: The Community Well-Being Index (CWB), 2001*. Ottawa: Strategic Research and Analysis Directorate Indian and Northern Affairs Canada, October, 2004. Available at: [www.ainc-inac.gc.ca](http://www.ainc-inac.gc.ca)

This work describes the development of the Community Well-Being (CWB) index, a research tool used to evaluate the living conditions of First Nations people. The CWB index combines the socio-economic concepts developed by Robin Armstrong with the methodology used by the Human Development Index (HDI). The CWB index has four purposes: 1) identify prosperous First Nations communities to serve as role models and sources of best practices; 2) identify communities in need of immediate attention; 3) to use the system of scores in other research projects for assessing the determinants and correlates of well-being in First Nations communities; and 4) allow an examination of First Nations well-being in comparison to other Canadian communities. Data are drawn from the 2001 Census.

Mussel, Bill, Karen Cardiff, and Jennifer White. 2004. *The Mental Health and Well-Being of*

*Aboriginal Children and Youth: Guidance for New Approaches and Services*. British Columbia Ministry of Children and Family Development. Available at: [http://www.childhealthpolicy.sfu.ca/research\\_reports\\_08/rr\\_pdf/RR-8-04-full-report.pdf](http://www.childhealthpolicy.sfu.ca/research_reports_08/rr_pdf/RR-8-04-full-report.pdf)

In this report, a summary of research and literature related to the mental health needs of Aboriginal children and youth is combined with semi-structured interviews towards developing a better approach for developing policy and providing health services. The report was prepared specifically for the British Columbia Ministry of Children and Family Development with the aim of implementing a broad strategy to improve the mental health and well-being of Aboriginal children and youth. The literature review spans the past ten years and indicates four main themes: the profound impact of residential schools; multi-generational losses among First Nations people; an emphasis on collectivist perspectives; and the relevance of community-based healing initiatives. The literature also revealed the lack of information about a number of issues surrounding mental health due to a paucity of evaluation and analysis. The research concludes that any efforts for improving the well-being of youth in First Nations communities must be grounded in an Aboriginal worldview, and that radical changes can only be made meaningful and effective if communities are involved from the beginning.

O'Sullivan, Erin. 2006. *The community well-being (CWB) index: well-being in First Nations communities, 1981-2001 and into the future*. Ottawa: Strategic Research and Analysis Directorate, Indian and Northern Affairs Canada.

CWB Index uses indicators of educational attainment, income, housing conditions, and labour force activity from the Census of Canada to produce well-being scores for individual Canadian communities. It was developed to measure the socio-economic conditions in First Nations communities over time. The Strategic Research and Analysis Directorate (SRAD) of INAC released two reports on the CWB. The first, released in 2001 McHardy and O'Sullivan (2004) confirmed poorer socio-economic conditions in First Nations communities compared to other Canadian communities. The second report Martin, Beavon and McHardy (2004) made similar comparisons between 1981 and 2001. This more recent report builds on previous analyses by extending the time series, including scores from 1981, and uses these data to generate projections of how well-being in First Nations communities may evolve in the future.

Policy Research Initiative. 2008 "Hope or Heartbreak-Aboriginal Youth and Canada's Future". *Horizons* Vol. 10, March 2008. Available at <http://pse-esd.ainc-inac.gc.ca/pubcbw/moreinfo-eng.asp?seq=5455>

*Horizons* This special issue of *Horizons* offers many insights into the emerging trends, opportunities and policy implications related to a rapidly growing Aboriginal youth population. It includes a review of the current state of well-being of registered Indian youth.

Richmond, C., S.J. Elliot, R. Matthews, and B. Elliot. 2005. "The ecology of health: perceptions

of environment, health and well-being among ‘Namgis First Nation’. *Health and Place* 11: 349-365.

This article is a case study of Namgis First Nation in British Columbia which examines the connections between environment, economy and health and well-being. The authors use salmon aquaculture to study the effects of reduced access to environmental resources, and marginal participation in the economy to assess declining levels of community health and well-being. The results suggest that decreasing access to aquaculture restricts the economic, social and cultural activities that determine the community’s good health and well-being.

Samson, Colin, and Jules Pretty. 2006. “Environmental and health benefits of hunting lifestyles and diets for the Innu of Labrador.” *Food Policy* 31: 528–553.

Drawing on ethnographic fieldwork, empirical data on nutrition and activity, interviews with older Innu, and the experiences of other indigenous peoples, this article identifies biological and environmental transitions that currently affect Innu health and well-being. In this article, the authors demonstrate how recent changes from nomadic hunting and gathering and trapping to a more sedentary life are associated with a decline in physical and mental health. They demonstrate that these transitions in nutrition and physical activity have had major negative impacts on individuals and communities. According to this study, a shift back to country-based activities would address these negative impacts. The authors also suggest four new policy areas to help restore a more country-based lifestyle: a food policy for country food; an outpost programme; ecotourism; and an amended school calendar.

Schiff, Jeanette Wagemakers and Kerrie Moore. “The Impact of Sweat Lodge Ceremony on Dimensions of Well-Being.” *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*; v13 n3 p48-69 2006.

One of the authors, Kerrie Moore is Métis. This article describes the researchers’ attempts to measure the benefits of sweat lodge ceremonies to Aboriginal well-being. The project design was developed by investigators and elders. Since no single instrument exists to measure the four dimensions of Aboriginal healing (physical, mental, emotional, and spiritual) the researchers used a combination of two questionnaires: the SF-36® (Ware et al., 1998)<sup>21</sup> and The Heroic Myth Index (Pearson, 1991).<sup>22</sup> The results of this pilot study indicated that the participants experienced an increase in spiritual and emotional well-being due to the ceremony. The intent of this study was to demonstrate that the sweat lodge ceremony produces positive change in participants that can be measured along one or more dimensions of physical, mental, emotional, and spiritual well-being.

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<sup>21</sup> Ware, J. & Kosinski, M. (2004), SF-36® Physical & Mental Health Summary Scales: A Manual for Users of Version 1, Second Edition. Rhode Island. QualityMetric Incorporated.

<sup>22</sup> Pearson, C. (1991). *Awakening the heroes within: Twelve archetypes to help us find ourselves and transform our world*. New York: HarperCollins Publishers.

Thurston, Wilfreda E., Lynn M. Meadows, and Laura E. Lagendyk. 2004. "Aboriginal Women at Midlife: Grandmothers as Agents of Change." *Canadian Women Studies* Vol. 24 (1): 159.

This study is qualitative in its approach using some ethnographic methods to explore Aboriginal women's experiences and perceptions of health and well-being. The authors suggest that women who focus on the future, for themselves and/or their grandchildren, provide improved health for themselves, their families, and their communities.

Van Oostdam, J., A Gilman, E. Dewailly, P. Usher, B. Wheatley, H. Kuhnlein, S. Neve, J. Walker, B. Tracy, M. Feeley, V. Jerome, and B. Kwavnick. 1999. "Human health implications of environmental contaminants in Arctic Canada: a review." *The Science of the Total Environment* 230:1-82.

This research assesses the impact of environmental contaminants on human health, and identifies data gaps in health research with regards to the effects of exposure to environmental contaminants. It argues that since the concept of health in Aboriginal points of view includes social and cultural dimensions as well as physical, groups whose main subsistence is acquired through traditional activities are particularly at risk. The physical and social well-being of the Inuit has particularly been influenced by environmental contaminants.

Van Uchelen, Collin P., Sara Florence Davidson, Seanna V. A. Quressette, Charles Brasfield, and Lou H. Demerais. "What Makes Us Strong: Urban Aboriginal Perspectives on Wellness and Strength" *Canadian Journal of Community Mental Health* 16 (2): 37-50, Fall 1997.

This article proposes an alternative approach to promote Aboriginal well-being. The project focused on how Aboriginal people conceptualize wellness and describe their strengths instead of focusing on illness and needs assessments. To explore this approach, the authors interviewed 31 Aboriginal people in Vancouver's Downtown Eastside. One-hour interviews were conducted focusing on how the interviewees conceived of their sense of wellness and their strengths. The interviews were transcribed and analysed using a grounded-theory approach. Recurring individual responses and themes were organized into clusters of wellness and strengths. Six wellness clusters were identified: a) sense of community with other First Nations people; b) aboriginal identity; c) cultural traditions; d) contributing to others; e) spirituality; and f) living in a good way. Strength codes were organized into five clusters: a) sense of community with other First Nations people; b) aboriginal identity; c) cultural traditions; d) contributing to others; and e) coming through hardship. The authors argue that such an approach is more in keeping with Aboriginal views of well-being, and can provide an alternative approach to community-based research that recognizes the diverse views of Aboriginal peoples.

Wheatley, Margaret A. 1997. "Social and Cultural Impacts of Mercury Pollution on Aboriginal

Peoples in Canada.” *Water, Air and Soil Pollution* 97:85-90.

The author argues that the effects of mercury pollution go beyond the physical effects of exposure to social and cultural impacts on the health and wellbeing of Aboriginal peoples. It demonstrates how holistic concepts of the environment and health contributes to indirect impacts of mercury pollution. In the article, the author briefly examines Aboriginal holistic concepts of environment and health, aboriginal perceptions of the risk, and how this risk should be communicated. She also provides a brief description of how three communities that were exposed to mercury pollution were affected. These include the Grassy Narrows and Whitedog reserves in Northwestern Ontario, Salluit, an Inuit community in Northern Quebec, and Akwesasne on the St. Lawrence River.

White, Jerry P. and Paul S. Maxim. 2007. *Community Well-being: A Comparable Communities Analysis*. Strategic Research and Analysis Directorate, Indian and Northern Affairs Canada.

This report examines McHardy and O’Sullivan’s (2004) previous findings with regard to the negative relationship between reserve status and community well-being in non-reserve communities. The authors wanted to ascertain whether lower levels of on-reserve well-being were attributable to the fact that they are remotely situated and sparsely populated or the fact that they are reserves per se. They conclude that there are other factors that inhibit well-being compared to other Canadian communities, but do not identify or specify those factors.

### 8.3 Métis Literature

Bartlett, Judith G. 2003. “Conceptions and dimensions of health and well-being for Métis women in Manitoba.” *Circumpolar Health* (2003): 107-113.

This paper draws on the author’s Master’s thesis which focused on the questions of “what constitutes health” and “what constitutes well-being.” The author describes Métis women’s conceptions of health and well-being and which dimensions should be included in health survey research.

Dyck, Miranda. *Social Determinants of Métis Health*. Métis Centre @NAHO. Available at: [http://www.naho.ca/metiscentre/english/documents/Research\\_SocialDeterminantsofHealth.pdf](http://www.naho.ca/metiscentre/english/documents/Research_SocialDeterminantsofHealth.pdf)

In this work, the author uses a story from the Kelly Lake Métis Settlements to illustrate that Métis beliefs about health are primarily holistic, and are greater than physical health. She argues that Métis health is impacted by social, political and economic causes, and that Métis across Canada are very different from one another. The article provides a history of the development of Indigenous-specific social determinants of health/well-being, a concept embraced by Métis researchers because it mirrors common Métis beliefs about health.

Hanrahan, Maureen. 2000. "Industrialization and the Politicization of Health in Labrador Métis Society." *The Canadian Journal of Native Studies* XX (2): 231-250.

The author examines a Labrador Métis multi-dimensional concept of health as described by Métis elders. Although they do not express a systematic view of health such as physical, mental, emotional and spiritual, they do consider themselves as active agents of health in social, emotional and physical aspects. The elders especially consider food intake and safety practices in their geophysical environment. The author demonstrates that Métis health is politicized by their changing circumstances of class, work and power relations.

Janz, Teresa, Joyce Seto and Annie Turner. 2009. *Aboriginal Peoples Survey, 2006 An Overview of the Health of the Métis Population*. Minister of Industry. Available at: [www.statcan.gc.ca](http://www.statcan.gc.ca)

This report provides information on the health status, health care utilization by Métis, ways to improve health based on activity levels, and the possibilities for future research.

Métis National Council. 2006. *Proposals for Measuring Determinants and Population Health/Well-Being Status of Métis Peoples in Canada*. Ottawa.

This document is 38 pages long. The rationale for the project is lack of data, or fragmented data relating to Métis, that are available for developing policy related to health/well-being. According to the MNC, Métis represent 40% of total Aboriginal non-reserve population and is quickly increasing. Furthermore, 70% of Métis people live in cities. However, since there is no national registry of Métis, there are no records in provincial health systems.

Lapointe, Russell, Sacha Sénécal and Eric Guimond. 2009. "The Well-Being of Communities with Significant Métis Populations in Canada." *Canadian Issues* (Winter): 85-92.

This article uses data drawn from Census Subdivisions in Canada with significant Métis populations. Métis communities are identified based on size, geographic location, and changes in the 1991 to 2001 census years. These data are then used in an initial attempt to apply the CWB in similar ways to First Nations and Inuit communities to produce comparative scores.

## 8.4 Inuit Literature

INAC. 2006. *Measuring Inuit Well-Being*. Strategic Research and Analysis Directorate, Inuit Relations Secretariat. Available at <http://pse-esd.ainc-inac.gc.ca/pubcbw/moreinfo-eng.asp?seq=4825>

This is a one-page pamphlet that provides a synopsis of the Inuit HDI and CWB. A brief description of each measuring tool is provided. Measures are available for the 1991-2001 Census periods and are broken down by region and gender.

Kwiatkowski, Roy E, Constantine Tikhonov, Diane McClymont Peace and Carrie Bourassa. 2009. "Canadian Indigenous engagement and capacity building in health impact assessment." *Impact Assessment and Project Appraisal*, 27(1): 57–67. Available at: <http://www.ingentaconnect.com/content/beechn/iapa>

Since local projects can have negative impacts on local communities, this paper presents what the Environmental Health Research Division of the First Nations and Inuit Health Branch, Health Canada, is doing to help Indigenous communities with community-based research. Their goal is to improve health and well-being through capacity-building and helping communities in understanding and controlling the impacts of projects, programs, and policies in their territories.

Lauster, Nathanael, and Frank Tester. 2010. "Culture as a problem in linking material inequality to health: On Overcrowding in the Arctic." *Health and Place* 16:523-530.

The authors argue that there are two problems with measuring material inequality across cultural boundaries. The first of these is that comparative measurements that are used as the basis for defining policy do not necessarily alleviate the inequalities the policies are intended to relieve. Second, comparative measurements do not appropriately inform theories of how inequality influences health and well-being. These problems are discussed with reference to the measurement of overcrowding in Inuit communities and its effects on their health and well-being.

Tyrell, Martina. 2006. "Making Sense of Contaminants: A Case Study of Arviat, Nunavut." *Arctic* Vol. 59 No. 4: 370-380.

In this work, the Inuit community of Arviat serves as a case study to explore how understandings of health and well-being are framed from a scientific perspective and from local Inuit understandings. The authors demonstrate that the Inuit have turned the negative aspects of contamination to their advantage by harvesting samples for researchers. They also emphasize that even in a small community there are diverse interpretations of the local causes and effects of contamination.

Research on contaminants is extensive, for example, DIAND published a five-volume report on Arctic contaminants and the physical and biological environments and human health. (NCP, 2002,a, b) NCP (Northern Contaminants Program). 2002a. Canadian Arctic contaminants assessment report II: Highlights. Ottawa: Ministry of Indian and Northern Affairs. NCP (Northern Contaminants Program). 2002a. Canadian Arctic contaminants assessment report II: Human Health. Ottawa: Ministry of Indian and Northern Affairs.

Usher, Peter J. Gerard Duhaime and Edmund Searles. 2003. "The Household as an Economic

Unit in Arctic Aboriginal Communities, and its Measurement by Means of a Comprehensive Survey.” *Social Indicators Research* 61:175-202.

This article describes the development of a survey tool aimed at examining a contemporary mixed, subsistence-based economy in Northern communities including Inuit. The purpose of the research is to develop a more appropriate model to examine micro-economies at the household level. In order to do that, the researchers developed a combined survey based on the Survey of Living Conditions in the Circumpolar Arctic (SLiCA) and the 2001 Aboriginal Peoples Survey (APS). The core survey includes sections on aboriginal identity, health, aboriginal language use, education, access to information technology, labour activity, housing, mobility, and income. A simplified version of the questionnaire is included in the article; the full version is available at [www.arcticlivingconditions.org/](http://www.arcticlivingconditions.org/).