



The Alberta First Nations
Information Governance Centre

Indigenous Health Indicators

A participatory approach to co-designing indicators to
monitor and measure First Nations health

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Executive Summary

Indigenous communities have been collecting health observations (indicators) over millennia of life on the land; these observations are shared through stories and teachings with future generations. This process of knowledge collection, transmission, and storage enforces the understanding that all beings and nature are interconnected entities. There is no division between human beings and nature. Therefore, the wellness of a community is dependent on the wellness of the environment in which the community lives. We refer to this holistic approach as biocultural diversity where factors such as spirituality and emotion are included alongside scientific analysis thus underscoring its difference to the typical western approach.

Utilizing the Treaty 6, 7, and 8 Elders' Declaration as a foundational document, the Alberta First Nations Information Governance Centre (AFNIGC) initiated the development of First Nations indicators in partnership with First Nations communities. AFNIGC developed the Sacred Fire Community Health Profile Guide to initiate work on indicator development. Three sessions were held with focus on working with communities to identify linkages between language, environment, and culture. "Environment is Life" as noted in the Elders' Declaration and is included as a key concept in discussion when articulating and contextualizing the wellbeing of First Nation people.

Approximately 20 First Nation communities from across Alberta participated in the indicator working sessions where they provided their input, guidance, and advice. AFNIGC and their partners would like to acknowledge and thank each community member for sharing and providing their knowledge and wisdom. It is the beginning of a new path and together we are strengthened. The following document shares the journey of participation and co-design to foster better understandings and generate shared outcomes to promote healthy communities.

Introduction

There are 47 First Nations in Alberta spanning across three Treaty areas. Blackfoot, Cree, Chipewyan, Dene, Tsuu T'ina (Sarcee), and Stoney Nakoda are among the common languages spoken. Overlapping territories and intersecting uses of traditional plants, medicines, harvesting sites, sacred, and ceremonial sites all contribute to the complexity and diversity of First Nations people in the province. Recognizing and respecting the distinct heritage and unique environment of each community is critical to the development of health indications with First Nations.

Health indicators are measures designed to summarize the state of a given topic(s) in population health. Such measures are comparable across different geographical and organizational boundaries. They also utilize metrics and system performance to determine trends and directions. Biocultural design approaches (Davidson-Hunt, et al, 2012) recognize that protecting the voice of indigenous peoples, whose culture is founded upon traditional lands and wildlife, results in the preservation of the entire social and ecological landscape upon which all people depend. In the context of health indicators, biocultural indicator development considers the relationship between linguistics, culture, and ecosystems recognizing that synergies between this triad create resiliency and adaptability (Pretty, et al 2009)

Background – Indigenous Information Repatriation

Repatriation of indigenous information empowers communities to establish their own research parameters. Data governance and information sovereignty enables communities to make informed decisions regarding policies, plans, and programs. AFNIGC recognized the importance of information repatriation and sovereignty and began work in partnership to incorporate culture, language, and land as key elements of indigenous knowledge and science-based health indicators.

The AFNIGC repatriation process unfolded through several programs, including the Sacred Fire Community Wellness Profile Guide (Appendix A), Treaty 6, 7, and 8 Elder’s Declaration (Appendix B), and related initiatives which are currently under way. A significant amount of health surveillance data and related information will begin flowing to First Nations. Communities are readying themselves to receive data and find ways to meaningfully employ this information. The objective of this report is to assist the development of indigenous health indicators and provide a common platform to inform and assist First Nation communities in Alberta by sharing methodologies, outcomes, and providing recommendations.



FIGURE 1. FIRST NATION RESEARCH

First Nation Health And Wellness Indicators

WHAT IS AN INDICATOR?

As the word suggests, indicators “point out to something” which can be trends or facts. In the context of this report, indicators summarize the trends that a community or group identifies through priority setting, brainstorming, and research. Metrics are quantifiable and reported as a number that could be put to multiple uses but cannot be compared. Indicators put measurements into context and are designed to ensure comparability. For example, if our objective is to enhance cultural connections we may measure the number of cultural events (aka: the metric) and compare level of participation over time (aka: indicator) to demonstrated increases or decreases of occurrences (aka: system performance indicator).

INDICATOR MEASUREMENT AND EVIDENCE BASED DECISION MAKING

Indicators provide multiple benefits for communities including:

- Policy enhancement
- Understanding impact and outcomes from current programs and policies
- Building community engagement
- Provided evidence-based results
- Mobilizing and asserting actions that minimize risk

The Alberta First Nations Community Profile Initiative (AFNIGC, 2018) supports community selection of indicators to identify areas of success and where improvements can be made to decrease community vulnerabilities. Used in a positive way, indications can assist in creating better conditions that increase the health and well-being of a community. This approach must be based on evidence and have qualitative or quantitative metrics associated to it in or to be effectively shared across organizations.

STANDARD HEALTH INDICATORS VS BIOCULTURAL BASED INTERPRETATIONS

Biocultural design approached to measuring wellness resonate with First Nations. In First Nations culture the land, its language, wildlife, and communities are all part of the same conversation. Species or spaces cannot live or be saved in isolation; associated indigenous cultures and languages must also be intact (Pretty, et al, 2009, Pungetti, 2012). First Nations led research along with community participation, can capture core values and beliefs that are often present in the unique languages and cultures of indigenous peoples (Abrell, et al, 2009)

Taken by themselves, standard health indicators only offer a limited interpretation of wider phenomena. For example, “disease stats and the utilization of disease data don’t tell us much about ‘health’ in a holistic and positive sense” (Rudderham, 2014). The key difference between scientific indicators and indigenous indicators is not the metrics and techniques used to define them. It is the principles that guide their development and the focus and perspectives included in their interpretation. Communities need to choose their own indicators to contextualize their data sources and become their own storytellers.

The following case study was shared with participants as an example of biocultural diversity design. The case study shows us that language supports sustainability in alignment with cultural and ecological contexts. The linnii Initiative, a partnership between Blackfeet Community College and the Montana State University, fosters student lead research and internships, while providing a sustainable approach to incorporating metrics over the long term.

CASE STUDY:

THE IINNII INITIATIVE - THE BUFFALO TREATY

One local example of Biocultural Diversity is the efforts of many tribes working together to bring iinnii (buffalo) back into their lives. The linnii Initiative is a grassroots movement strongly supported by tribal leadership through local band council resolutions and an international agreement known as the Buffalo Treaty (Appendix C).

“The linnii Initiative healed us” is how on leader expressed the impact to their nation. It began in 2009 with the Blackfoot Language Buffalo Dialogues among Elders, youth, and community technicians. It was and continues to be supported by non-government agencies and partnerships with institutions and governments.

Originally signed in 2014 the Buffalo Treaty is celebrated annually and coordinated through the linnii Initiative that continues to grow in support each year. Tribes and First Nations throughout Canada, the United States, and the international indigenous community gather in ceremony and become formal signatories. The linnii Initiative is about healing the land and the people. As one leader expressed, “for so long iinnii took care of us, it is time to take care of iinnii”.

The incredible relationship that is at the heart of indigenous peoples’ cultures and languages can help to inform innovative and creative solutions towards healthier communities. Tribes and First Nations that are part of the Buffalo Treaty include: Maskwacis, Stoney Nakoda Nation, Tsuu T’ina Nation, Siksika, Piikani, Kainai, several Montana and Saskatchewan communities including interest from northern Alberta First Nations. The linnii Initiative is an example of ways in which communities that are distinct in cultures and languages can “be of one mind” when it comes to working together.

The number of dialects and linguistic groups are part of the strength of the movement and overarching unification. The learning that come from the Buffalo Dialogues have much to do with the Blackfoot Language in which it originated but do not end there; each tribe has their own stories, songs, and teachings about survival as buffalo nations.

In an article from the Alberta Wildlands Advocate, contributor Andrew Waddington writes about the linnii Initiative:

“Closer to home here in Alberta, members of the Blackfoot Nation are leading a project called the linnii Initiative and focuses on the return of bison to the traditional Blackfoot lands of Alberta and Montana. Early observations on this effort are inspiring from both conservation and health perspectives. They suggest an important link between conservation and enhancing the social determinants of health to the benefit of the health of First Nations communities.

While many of the conservations efforts afoot in Alberta may not directly focus on enhancing population health they have the potential to do so. While First Nations may at first be the obvious benefactors of these conservation movements (from a health perspective), I believe a focus on conservation and spending time in nature will extend beyond the First Nations of this country. It may have a positive health impact for us all.”

Methods: Indigenous Indicator Design

FIRST NATION LED RESEARCH FRAMEWORKS

How can communities reclaim and reconcile their own stories and storytellers? Ownership, Control, Access, and Possession (OCAP®) alongside free, prior, and informed consent can provide a basis for indigenous-led research and logic models. As a complementary approach, biocultural design utilizes cross-disciplinary research approached to develop holistic indicators of health and wellness.

The key to establishing successful indicators is designing approached and interpretations that make sense for communities. Leaders, elders, knowledge keepers, hunters, and harvesters do this as a matter of everyday life. We may hear that the fish and game have blisters; that waters have a smell and are not safe to drink from the river or the tap; or that our children don't speak our language at home or in school. We cite these "indicators" at our kitchen tables. Trends, information, and monitoring of the environment and of its health, including humans, is part of everyday life and lore. How do we move from the kitchen table to research design and data analysis?

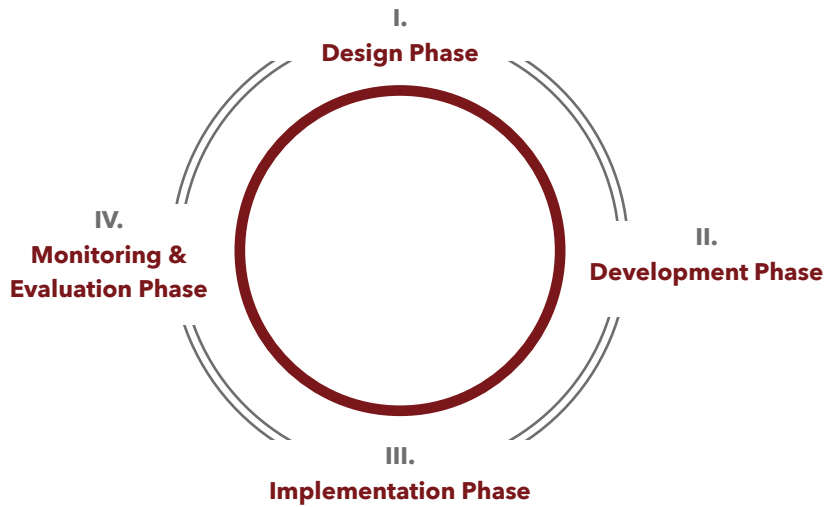
The development of indicators starts with community participation and is built from the ground up with the help of knowledgeable researchers. AFNIGC has developed the Sacred Fire approach to capture a common feature among all First Nation communities; that each has a main camp fire that provides a place to share stories, food, and celebrations. Involving participants and gathering information must be a carefully constructed process to ensure that information is collected without bias and is consistent across organizations and communities.

To illustrate this, Figure 2, outlines a general approach to research planning, as shared with workshop participants.

First Nation Community Participation: Engagement Approaches

Engagement approaches ought to be respectful and work towards reconciliation through consensus. First Nations people at one time were not allowed to speak their languages, so relationship building must be gentle and trusting. Agreeing to work together on common ground (see Appendix C) and sharing common ground rules (see Appendix D) helps move discussion forward by consensus, rather than challenging processes. It is important that community members feel heard and listen deeply to one another.

"One participant noted her challenged surrounding community participation. She commented that there are certain members of her community that often repeat their concerns. She went on with more details. After listening, the facilitator said: "it sounds like you are frustrated and that sometimes you cannot accomplish your tasks at meetings because the same people keep repeating what they said..." the participant nodded and said, "yes" She felt heard. Therefore, it is important that at the community level, health leads provide guidance and leadership to local members who may not feel heard. Sometimes, by reframing and stating, "what am I hearing", or "it sounds like" and providing a recap of what they heard can lead to deeper discussions."



Design Phase	→	<ol style="list-style-type: none"> 1. Establishing common ground and ground rules with participants; 2. Clarifying overall intent (scope) of project (short-medium-long term); and 3. Outreach, Awareness & Education (pamphlets, newsletters, social and on-line media)
Development Phase	→	<ol style="list-style-type: none"> 4. Building a Vision Statement & Guiding Principles (Exercise-1); 5. Creating logic Models (Exercise-2); 6. Clarifying Broad Determinants of Health (Exercise-3); and
Implementation Phase	→	<ol style="list-style-type: none"> 7. Framing Objectives (Exercise-4) 8. Developing & Selecting Indicators (Exercise-5); 9. Designing Surveys and Questionnaires; and 10. Data Collection, management, analysis and reporting;
Monitoring & Evaluation Phase	→	<ol style="list-style-type: none"> 11. Establishing Baselines, Thresholds and Targets; 12. Monitoring; 13. Evaluating Overall Effectiveness; and 14. Reporting (Leadership, community members, health professionals, other communities - success stories).

FIGURE 2 RESEARCH PLANNING - DEVELOPMENT OF INDIGENOUS INDICATORS

AFNIGC worked with approximately 20 First Nations in Alberta. Three workshops were held where health practitioners, language speakers, and knowledge keepers were invited to co-design the process and assisting in the development of a baseline set of indicators. Session I for Treaty 6 was held in Edmonton, AB; Session II for Treaty 7 was held in Canmore, AB; and Session III for Treaty 8 was held in Slave Lake, AB.

The Sacred Fire - Sacred Space framework (Figure 3) demonstrates the consensus driven engagement approach utilized by the AFNIGC for these sessions. This framework was intended to guide conversations in a manner different from meetings typically driven by agendas. Nations can establish their own frameworks or borrow elements that suit their needs. The key is that community members agree to how they will share the space so that everyone is heard.

Appendix A and B outline the Seven Grandfather Teachings and Four Agreements establishing an ethical space to generate knowledge and information that will be shared broadly.

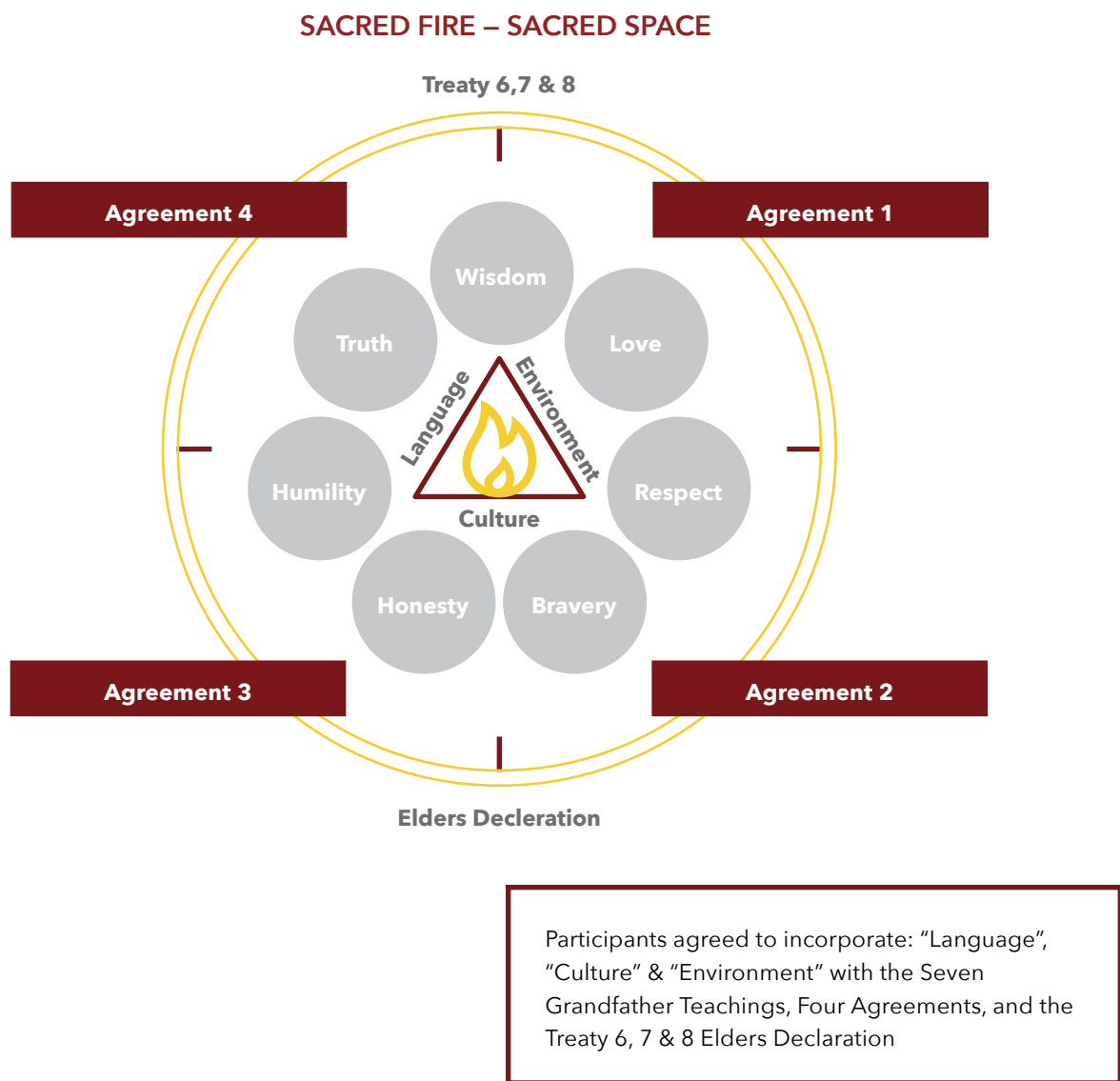


FIGURE 3. SACRED FIRE - SACRED SPACE FOR STORIES AND STORYTELLERS

The five “W’s” were also used to frame conversations. The following questions were presented to participants at each workshop as starting points for dialogue:

What is an indicator?
Why measure indicators?
Who will measure indicators?
When to measure indicators?
How to measure indicators.
Where to measure indicators.

Community champions can identify who needs to be involved at the various levels of planning, design, development, and implementation. A champion is one who leads and can establish a team of committed individuals to carry out the process. As a team everyone contributes but champions often ensure that the tasks are complete on time and on budget.

SOME EXAMPLES OF INDICATORS

The Atlantic Aboriginal Economic Development Integrated Research Program (AAEDIRP, 2010) has produced a report entitled, “Baseline Data for Aboriginal Economic Development: An informed approach for measuring progress and change” The report had grouped indicators into the following categories:

Economic	Social
Environmental	Cultural/Spiritual

All of which had included underlying, broadly categorized health determinants and social capital. The Harvard Project incorporated 15 census indicators relating to four different measures (see Appendix E)

INDICATOR SELECTION

Selected indicators will reflect nation values and principles relative to health and well-being in the context of broad determinants of health. Some of these determinants include themes of employment, income, educational attainment, dependency on government transfer payments, transparency of government, democracy, gender equity, and ecological impact.

Nations can host workshops that help to identify unique values or principles while considering existing plans and priorities.

As a regional approach, AFNIGC utilized existing information to streamline the process. The Elders Declaration, previously developed with extensive community input, was incorporated as the foundation to build the vision, principles, themes, and broad determinants of health (see Table 1). The table is meant to inform the way in which objectives were filtered from the declaration and intended to illustrate that existing information can be used.

In this case, Elders have a unique authority and that is recognized and affirmed through the process we’ve utilized.

1. When developing indicators, participants were presented with the following questions:
2. Please discuss how language, culture, and the environment support the development of health indicators;
3. Please discuss holistic health
 - a. What does it mean to your First Nation language, culture, and environment?
 - b. What areas would you include to define a healthy community?
4. Using language, please identify indicators that define holistic health and a health First Nation community.
5. Using language, what would you measure and how would you measure it?

The diversity of language dialects at each session enriched conversations and cultural exchanges, where responses varied from each Treaty area. Information was collected, and a summary of selected sample indicators are shared in the outcomes section. These sessions also provided First Nation people with an opportunity to network and share experiences as well as develop partnerships for potential future collaborators.

FILTER	SUMMARY
Vision	<p>We are connected to and responsible for those who are here, those who are yet to come next, and those who have been. We are connected with our Creator. Our authority flows from these sources. They set the nature, direction, and pace of action.</p> <p>We acknowledge that we hold different belief systems. A common sense of history binds us.</p> <p>Stories and songs; oral traditions and natural laws; lived experiences, inherited knowledge, and wisdom build bridges among us.</p> <p>Our hearts and spirits rest on our kinship with one another and with all beings of the earth, the universe, and the cosmos.</p>
Values	<p>Food sovereignty is central to the original spirit and intent of our Treaties and the continued survival of our peoples. If Environment is life, then we are a part of it.</p> <p>The critical situation of climate change and the ongoing desecration of Mother Earth through industrial and extractive developments cannot continue.</p> <p>We must conserve Mother Earth for future generations.</p>
Principles	<ol style="list-style-type: none"> 1. The Earth is our Mother, "care for her" 2. Honour all your relations 3. Open your heart and soul to our Creator 4. All life is sacred, treat all beings with respect 5. Take only what is needed from Mother Earth, not more 6. Do what needs to be done for only the good of all 7. Give constant thanks to the Great Spirit for each day 8. Speak the truth 9. Follow the rhythms of nature 10. Enjoy life's journey and leave no tracks
High Level Themes	<p>Treaties 6, 7, and 8; the Truth and Reconciliation Commission; the United Nations Declaration on the Rights of Indigenous Peoples; the Seven Grandfather Teachings; the Four Agreements; Self-determination in health care; and Jordan's Principle.</p>
Categories	<p>North - Physical East - Spiritual South - Emotional West - Mental</p>

FILTER	SUMMARY
Biocultural Diversity	Synergistic and inextricable linkages between language, culture, and environment.
Broad Determinants (sample indicators)	Health, Social, & Environmental Security: may include housing, sanitation, violence & discrimination.
	Health, Socio-cultural, & Environmental Services Access: including access to Elders, police, environmental/natural disaster rapid response/emergency preparedness, emergency services.
	Self-determination: including self-governance, (unresolved) land claims, income-poverty, employment, entrepreneurship, education, & training.
	Holistic health: cultural safety, cultural identity, indigenous knowledge, language transmission, individual/community balance, relationships, & connectedness.
	Food Sovereignty: self-sufficiency, food security/insecurity, hunting, fishing, trapping, harvesting, access/permitting.
	Climate & Water Security: TEK, source water protection including surface & groundwater, baseline monitoring, water security, droughts, flood mapping.
	Environment & Energy Stewardship: ecosystem health, riparian habitats, wetlands, forests, grasslands, air-sheds, watersheds, fish health, game health, herds, migration, corridors, sacred sites, sacred species, industry and cumulative effects monitoring (contaminants, trajectories).
System Performance Criteria	<p>Develop indicators that are based on “balance” and “connectedness” with “meaningful results”.</p> <p>Develop indicators that are inclusive and provide a sense of unity.</p> <p>Develop indicators that are based on community vision and pride.</p> <p>Develop indicators with knowledge and wisdom keepers.</p>
Objectives	See Table 2 - language speakers provided high-level terms and groups workshopped objective framework.
Indicators	See Table 3 - participants framed objectives to become measurable and utilized a consensus approach.

Participants noted that similar values and principles could be extracted from different languages. During each session, some responses were framed into objectives and indicators as examples on how to develop metrics or measurements. An example of this is the concept of “collectiveness” which could not be framed within an English equivalent. This concept is share amongst the five dialects.

TABLE 2 SAMPLE LANGUAGE BASED INDICATOR

Statement	DeneSutine	Seaulteaux	Cree	Stoney	Blackfoot
Collectiveness	Ett's'ets'edi	Minnewecheetowin	Miiyowicitowin	Pare adocaxami	Aispomotsiyoap

TABLE 3 SAMPLE THEME METRIC INDICATOR

Theme-Objective	Ind-1 (Language)	IND - 2 (Culture)	IND - 3 (Environment)
Collectiveness - everyone working together to help one another.	Communication - to have open conversations in our language and share knowledge and wisdom.	Ceremonies - participation by everyone, especially our young people.	Community Events - picking medicines, helping each other to learn when and where to pick.

By understanding and incorporating its different meanings, collectiveness can simultaneously become a shared goal. A qualitative metric, and an indicator of system performance; that is to say, more collectiveness vs. less collectiveness. Such common "statements" were used to frame objectives as well as a foundation for metric development and system performance measurement.

INDICATOR CRITERION

Once a complete sample set of indicators is selected, community researchers will further refine their sample sets through additional filters. The model designed and expressed by the National Aboriginal Health Organization (First Nations Centre, Ottawa, ON 2009) may be familiar to health planners. Here are some examples of established criteria

TABLE 4 EXAMPLES OF ESTABLISHED CRITERIA

AAEDIRP (2010)	AFN (2006)
Meaningful and relevant; Measurable; Rigorous and reliable; Comparable; No cost to obtain; Secondary data only; Culturally appropriate; and Stand alone indicators.	Valid: measure what they are trying to measure Reliable: easy to repeat measurements and get same results Specific: measure only what they are meant to measure Measurable: based on available and easy to obtain data Relevant: provide clean information for key policy issues Cost-effective: benefits of having data must outweigh costs of collecting information

Community input stemming from planning exercises resulted in the establishment of additional criteria to measure system performance:

- Develop indicators that are based on "balance" and "connectedness" with "meaningful results";
- Develop indicators that are inclusive and provide a sense of unity;
- Develop indicators that are based on community vision and pride; and
- Develop indicators with knowledge and wisdom keepers.

Criteria can be visualized as "filters" whose measure can be either qualitative (balance, connectedness, etc.) or quantitative (above or below a certain value). The following flow diagram depicts a summary to help communities capture the various concepts introduced. The flow diagram attempts to visualize a process of the development of objectives towards indicator selection.

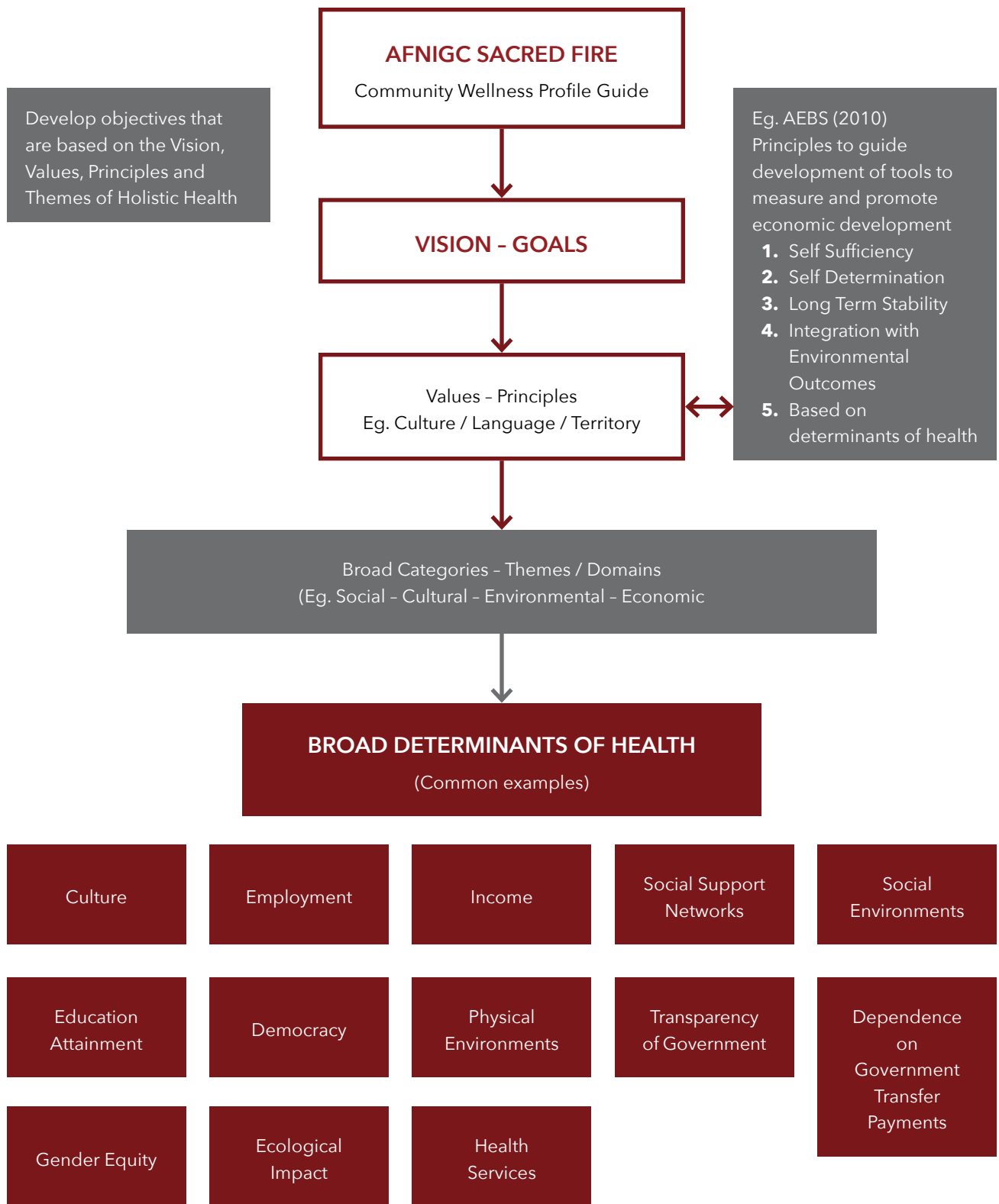


FIGURE 4 VISION, VALUES, THEMES, AND OBJECTIVES

TABLE 5 POTENTIAL DATA SOURCES

Alberta Health Administrative Data	INAC Program Data	Health Canada/FNIHB	AFNIGC
<ul style="list-style-type: none"> • AH Care Insurance Plan • Hospital In-Patient • Ambulance • Pharmaceutical Information Network 	<ul style="list-style-type: none"> • Indian Registry System • Band Governance Management System • Indian Government Support System • Statistics Canada • Grants & Contributions Information Management System • Indian Land Registration System • Integrated Capital Management System • Specific Claims Branch Database • National Additions to Reserve Tracking System • Education Information System • First Nations Child and Family Services Information Management System, • Integrated Environmental Management System • Income Assistance Data 	<ul style="list-style-type: none"> • Non-Insured Health Benefits • Utilization rates in dental prescriptions • Mental health crisis counselling • MS&E • Vision Care • Medical Transportation • NNADAP • Environmental Health (Microbial Water Testing) • Injury Prevention Data • Notifiable Infectious Diseases (STI's) • Immunization Data 	<ul style="list-style-type: none"> • Regional Health Survey – Phase 2 and 3 • First Nations Regional Early Childhood, Education, and Employment Survey • Canadian Partnership Against Cancer Project • First Nation Cancer Prevention and Screening Practices Project • Alberta Health/AFNIGC Health Trends

GATHERING EXISTING DATA SETS

Once indicators have been selected communities will request for data transfer. Existing data are available, but Nations may begin to collect new local data for themselves. Using data that already exist can support informed decision making, target priorities for community health improvement, guide new programs, build upon existing successful programs, and enhance analysis of local data.

Table 5 outlines some common datasets that may house indigenous information. Nations may also have a repository of traditional land use studies, along with existing environmental reports, which can provide additional insight. Alberta Learning and other educational authorities may also house language and other related information datasets.

QUALITATIVE & QUANTITATIVE ANALYSIS

Community research and data analysis provide a way for First Nations to articulate their needs, successes, and challenges to drive meaningful and appropriate policy and program development. Key to this is keeping up with the growth of technology and advancements in data. In short, working to combat information poverty at the Nation level. AFNIGC and community health leads accomplish analysis together.

Generally, we can group indicators into qualitative and quantitative analysis. Qualitative indicators are those features of a population that can be measured and interpreted with numbers. Typically, quantitative data is somewhat easier to track and compare. Qualitative information is more detailed.

Communities can consider their objectives and outcomes stemming from community health plans to discover how to group information and at what level and scale. Qualitative data may emerge from questionnaires that may be costly and difficult to track. With careful planning and oversight, it can be accomplished.

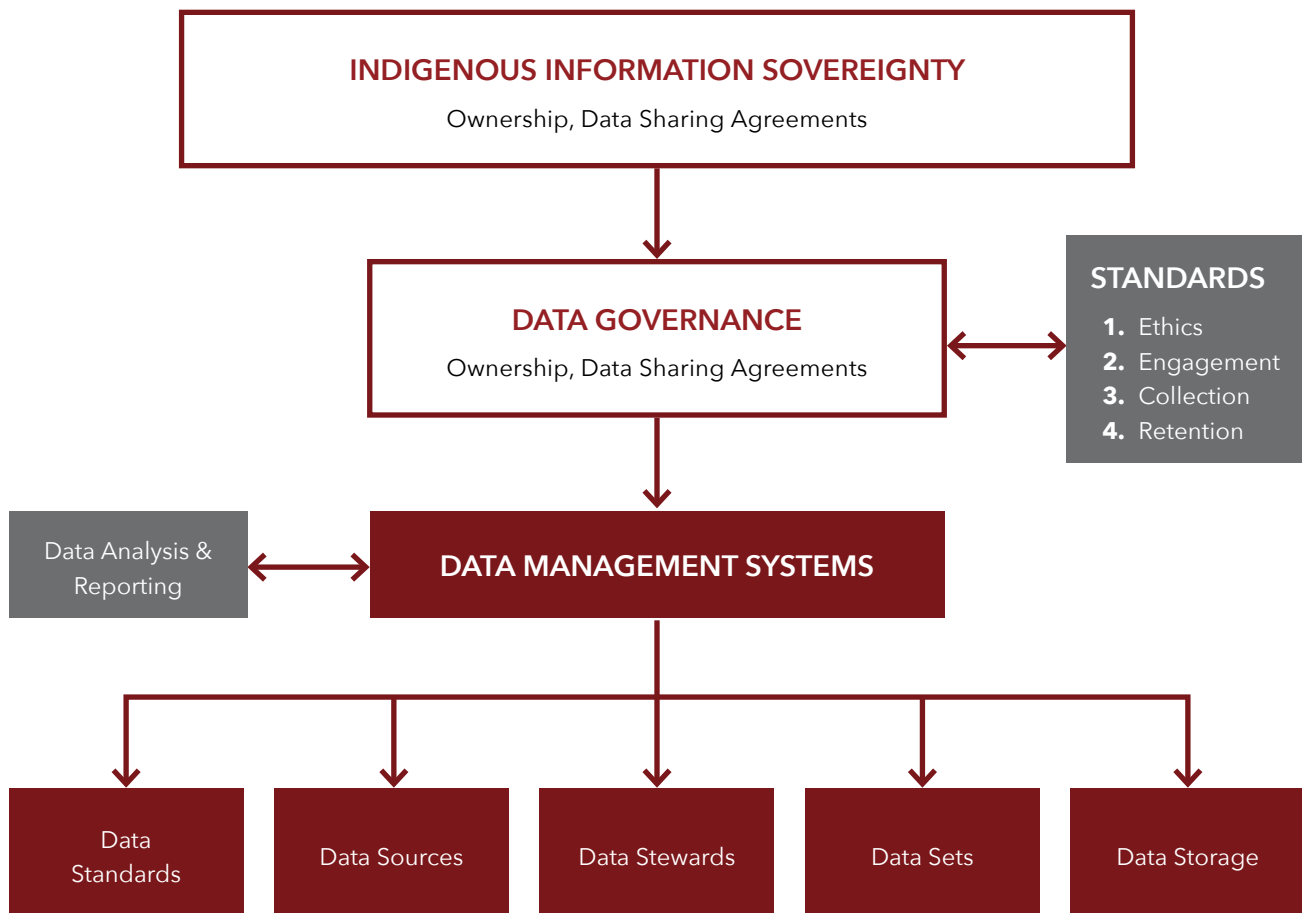


FIGURE 5. INDIGENOUS INFORMATION MANAGEMENT SYSTEMS

Community members may be interested to know how their information will be stored, who will have access, and for how long. It is meaningful to know in advance if partnerships and agreements are in place and what that means in terms of data collection and management. Indigenous information repatriation ought to benefit communities, not overwhelm them. Similar to cultural artifacts that are returned and put into practise, information must be put into use and create actionable results. It is not intended for data and reports to sit on a shelf.

OUTCOMES - LANGUAGE BASED INDICATORS

During one of the sessions, it was noted that there is a difference between classroom language lessons and lessons that come from our creation stories told in the locations in which they originate. The conversation carried on suggesting that we need to bring back our origin stories and our storytellers through place-based learning.

Throughout each session, language was contextualized as humorous and part of our connection; that visiting one another is about remembering our stories, our language memory. Engagements sessions were also about visiting and laughing a lot which was the intended outcome.

The following chart (Table 6) outlines how community input was framed from statements in their language, to themes under holistic health. This is not intended to be a final comprehensive list. Rather, it is an opportunity for Nations to integrate the broader aspects of their community profiles along with other initiatives. As a base set of indicators, the next step would be to create additional filters to assist in refining what indicators communities will move forward with.

TABLE 6: BIOCULTURAL-BASED INDIGENOUS HEALTH INDICATORS

HOLISTIC HEALTH	OBJ-1 LANGUAGE	OBJ-2 CULTURE	OBJ-3 ENVIRONMENT
HOLISTIC HEALTH - LIVING IN BALANCE AND ONENESS WITH THE ENVIRONMENT	A Healthy community is when everyone speaks the language	Positive community interactions / lack of interaction; identifying barriers to participation	"Environment is life". First Nations health is adversely impacted when there is a lack of connection to the environment.
Sample (metric, indicator, system performance measurement)	# of speakers; ratio of speakers to total population; increase or decrease in speakers over time	# of identified barriers; rate of participation with and without barrier; increase or decrease in participation	# community members who feel connected to environment; increase in connection vs decrease, or lack of connection
BALANCE - POSITIVE LIVING INCORPORATING PHYSICAL, SPIRITUAL, MENTAL & EMOTIONAL ASPECTS OF MEDICINE WHEEL	Language is spiritual and wholistic and a gift from Creator. Spiritual element of language is enhanced when utilized. (Current emphasis on English language out of balance more focus on mental)	Gender relationships are out of balance; need to re-empower the roles and responsibilities of men and women, children, elders, leaders	Living in balance with environment & utilizing resources is an indicator of wholistic health
Sample (metric, indicator, system performance measurement)	Number/type of Places (school, home, church, ceremony) where language is used; rate of First Nation language use to English (at school, home, church, ceremony); increase vs decrease in language utilization	# of men/women/children/ elders in FN community; ratio of available programs and participation rates; increase/decrease in single parent homes	resource inventory; ratio of land use to resource availability; increase or decrease in land use and/ or resource availability

HOLISTIC HEALTH	OBJ-1 LANGUAGE	OBJ-2 CULTURE	OBJ-3 ENVIRONMENT
COLLECTIVENESS - EVERYONE WORKING TOGETHER TO HELP ONE ANOTHER	COMMUNICATION - to have open conversations in our language and Share knowledge and wisdom	CEREMONIES - participation by everyone especially our young people (eg. Naming ceremony for youth)	COMMUNITY EVENTS - picking medicines helping each other to learn when and where to pick
Sample (metric, indicator, system performance measurement)	# of available programs aimed at youth participating in conversations with knowledge and wisdom keepers; participation rates	# youth present, # male/female, # youth getting a name, # with a name, etc.; participation rates; increase or decrease over time	# knowledge keepers sharing, # participants, location (sacred site/harvest site), # of events
KNOWLEDGE TRANSLATION/ TRANSFERENCE - PASSING DOWN KNOWLEDGE FROM GENERATION TO GENERATION	COMMUNICATION - Enhance Knowledge and teach young people about our medicines	Turning to our Elders. Passing down knowledge from generation to generation.	COMMUNITY EVENTS - picking medicines helping each other to learn when and where to pick
Sample (metric, indicator, system performance measurement)	# of speakers, # of youth participating in conversations with knowledge and wisdom keepers	# of Elders who have transferred knowledge; # of elders participating in conversations with youth	# knowledge keepers sharing, # participants, location (sacred site/harvest site), # of events
CONNECTIVITY - RECIPROCAL RELATIONSHIPS	Language connects individuals and community. Humorous element of language connects people and releases endorphins. Technology can be utilized to promote healthy relationships such as on-line dictionaries and Apps.	Community events connect people and enhance nationhood. Sharing among community members promotes love for each other. Grief is natural along with celebrations of life.	Healthy relationship with power & technology. Modern technology destroyed some of the medicines on the landscape (terrains) need to reconnect with land and restore reciprocal relations.
Sample (metric, indicator, system performance measurement)	# on dictionaries; # of students utilizing technology; increase or decrease in language speakers who utilize on-line resources	# of people grieving the loss of someone to opioids crisis; supports and resources available; # of community members utilizing resources	# of sites for harvesting; GPS locations and attribute Information; protection of sites; improve/not improve overtime
LANGUAGE -Language makes each culture different; (diversity). All nations are equal "teaching from older elders". "Take language away and First Nations cultures are the same";	Every sound in our language has essence and is supernatural - provide opportunities for everyone to learn about origins of language; use of sign language	Laughter provides a strong sense of community. Humour is an indicator of physical well-being.	Humorous element of language follows natural laws. Use of language promotes cultural connections to natural elements of earth

HOLISTIC HEALTH	OBJ-1 LANGUAGE	OBJ-2 CULTURE	OBJ-3 ENVIRONMENT
Sample (metric, indicator, system performance measurement)	# of people who can use traditional sign language; # of speakers compared to # of speakers who can sign; # of programs available to learn about origins of language	# of speakers; # of Community events that present opportunities for laughter and incorporate language; increase/decrease in # of speakers over time	# of sites available to connect with; # of community members visiting sites; increase/decrease overtime.
CHILDREN & FAMILIES - SUPPORTS FOR FAMILIES INCLUDING SUPPORTS FOR BREAKDOWNS; Traditional teachings are important for parents. Children are raised in a balanced way.	Provide opportunities for children to learn our culture and spirituality; "Parents adhered to what the Creator administered" is a literal translation of the origin of "children" in the Cree language.	Supports are available for children and families to minimize & mitigate family breakdowns. resources are available for social workers and teachers, students along with every individual in community, have access to material and resource personnel (elders, etc.)	Community members, especially children, have access to teachings and knowledge in the community and resources available to facilitate
Sample (metric, indicator, system performance measurement)	# Language lessons to provide parents with cultural understandings.	# families who are given teachings, # of community members accessing support (effectiveness of program)	# resources available and being utilized,
GOVERNANCE - INCLUDING SELF-DETERMINATION IN HEALTH CARE	Dependence on Chief and Council is an indicator of a lack of health	Women Elderly/Disabled	dependency on prescription medication is an indicator of sickness
CONNECTIVITY - RECIPROCAL RELATIONSHIPS	Language connects individuals and community. Humorous element of language connects people and releases endorphins. Technology can be utilized to promote healthy relationships such as on-line dictionaries and Apps.	Community events connect people and enhance nationhood. Sharing among community members promotes love for each other. Grief is natural along with celebrations of life.	Healthy relationship with power & technology. Modern technology destroyed some of the medicines on the landscape (terrains) need to reconnect with land and restore reciprocal relations.
Sample (metric, indicator, system performance measurement)	# of community members dependent on government payments compared to # of individuals who speak language (correlations)	# of women in leadership; # elders who participate with Chief and Council; # of disabled individuals serving on leadership positions; # of speakers who serve in leadership positions; increase/decrease overtime	# of individuals who are seeking treatment; # available spaces/waiting lists at treatment facilities; # of language programs at existing treatment facilities; increase/decrease in use/availability over time

HOLISTIC HEALTH	OBJ-1 LANGUAGE	OBJ-2 CULTURE	OBJ-3 ENVIRONMENT
<p>CULTURAL IDENTITY</p> <p>- Pride in culture corresponds with health and well-being of physical, spiritual, mental and emotional aspects</p>	<p>COMMUNICATION - Teach parents and children about importance of names</p>	<p>Culturally appropriate approaches that incorporate best available therapies to help individuals, groups and communities heal from Emotional traumas (grief, forgiveness, addictions)</p>	<p>TRADITIONAL NAMES - often refer to elements in nature;</p>
<p>Sample (metric, indicator, system performance measurement)</p>	<p># of language resources available (elder, on-line, hard copy) that teach about traditional names. Trends over time</p>	<p># of individuals who identify as experiencing emotional trauma; # of culturally appropriate programs to incorporate therapies that aren't based on prescription medication</p>	<p>#of youth who have a traditional name; #of individuals who can pronounce their name; #of individuals whose name includes environmental reference; increase/decrease in connectivity over time</p>
<p>ENVIRONMENT - RELATIONSHIP TO AND RESPONSIBILITY FOR EARTH IS IMPORTANT.</p>	<p>terms used in language to identify sacred species & sacred sites. Our land is our school, where we learn. Imperative that we bring back our origin stories, and learning from land</p>	<p>Culture teaches how to live within the natural laws. Earth is source of life and we work hard for our survival.</p>	<p>Environment includes tangible and intangible elements of the earth including feelings & energies surrounding people. Language dialect plays a role in identifying nation borders (rather than INAC borders).</p>
<p>Sample (metric, indicator, system performance measurement)</p>	<p># of language resources available (elder, on-line, hard copy) that teach about Sacred species and sites. Trends over time</p>	<p>Culture and Bush Camps; # of participants; increase/decrease in knowledge overtime</p>	<p>REGIONAL: # of dialects and overlapping knowledge; integration to broader non-Indigenous community....</p>
<p>TREATIES - SELF SUFFICIENCY & FOOD SOVEREIGNTY</p>	<p>Medicines come from the land and language is embedded in the earth. Knowing the terms for each plant.</p>	<p>Knowing and understanding medicinal uses of plants for everyday natural remedies (eg. Headaches)</p>	<p>Cultural teachings about medicinal plants in the language also describe landscapes (terrains) where they can be found.</p>
<p>Sample (metric, indicator, system performance measurement)</p>	<p># of language resources available (elder, on-line, hard copy) that teach about land including terms for plants.</p>	<p># of knowledge keepers willing to share knowledge; access rates for individuals who would like to learn; increase/decrease in knowledge overtime</p>	<p># of site visits to learn about land; # of programs that teach about land; increase/decrease in site visits overtime</p>

COAST SALISH INDICATORS OF INDIGENOUS HEALTH

Community Connection: Members actively participate in community functions and help each other, particularly in connection with the harvest, preparation, storage, and sharing of natural resources (work, sharing, family)

Natural Resources Security: local natural resources (air, water, land, plants, and animals) are abundant, accessible, and support a healthy ecosystem(s) and healthy human community (quality, access, safety)

Cultural Use: the community is able to perform its cultural traditions in a respectful and fulfilling way using the local natural resources (respect/stewardship, practise)

Education: Knowledge, values, and beliefs are actively passed from elders to youth (knowledge, elders, youth)

Self-determination: communities develop and enact their own healing, development, and restoration programs; the community trusts and supports its government (healing/restoration, development, trust)

Balance: community members maintain connections to meaningful locations, confident that their health and the health of the next seven generations can voluntarily adapt to changes, temporary or permanent, and strongly connect with who they are in positive ways (sense of place, identity, resilience)

Note: all indicators are shown using constructed scales, e.g., poor to excellent

Source: <http://www.swinomish-nsn.gov/ih/>

FIGURE 6. EXCERPT: VALUES-BASED INDIGENOUS HEALTH INDICATORS

CONCLUSIONS AND RECOMMENDATIONS

In a similar approach, the report “Values based measure of impacts to Indigenous health” (Gregory et al., 2016) captures a similar aspect of biocultural design. The authors recognize that “a critical component of health for Indigenous populations is the interconnectedness of community members with the natural environment”.

Once the indicators were identified it was critical that the process did not end there. It took a series of workshops for community members to further refine the health indicators and to form a baseline health and well-being snapshot of their Nation. In addition, participants ranked the relative importance of the different health indicator components. Lastly, it was identified which indicators were considered most important to the protection of community health in light of specific threats.

Therefore, the indicators identified through the AFNIGC engagement sessions are a first step in moving forward. First Nations in Alberta will continue to be involved as well as informed. It does not end here but is a good beginning to continue to build and refine. The following diagram builds on the sacred space (shown in Figure 3) to illustrate the overall concept of capturing language towards design and development of Indigenous Health Indicators.

As one community member shared: “we must take baby steps towards reinstalling our ways of thinking”; the process will take time and it will have a ripple effect.

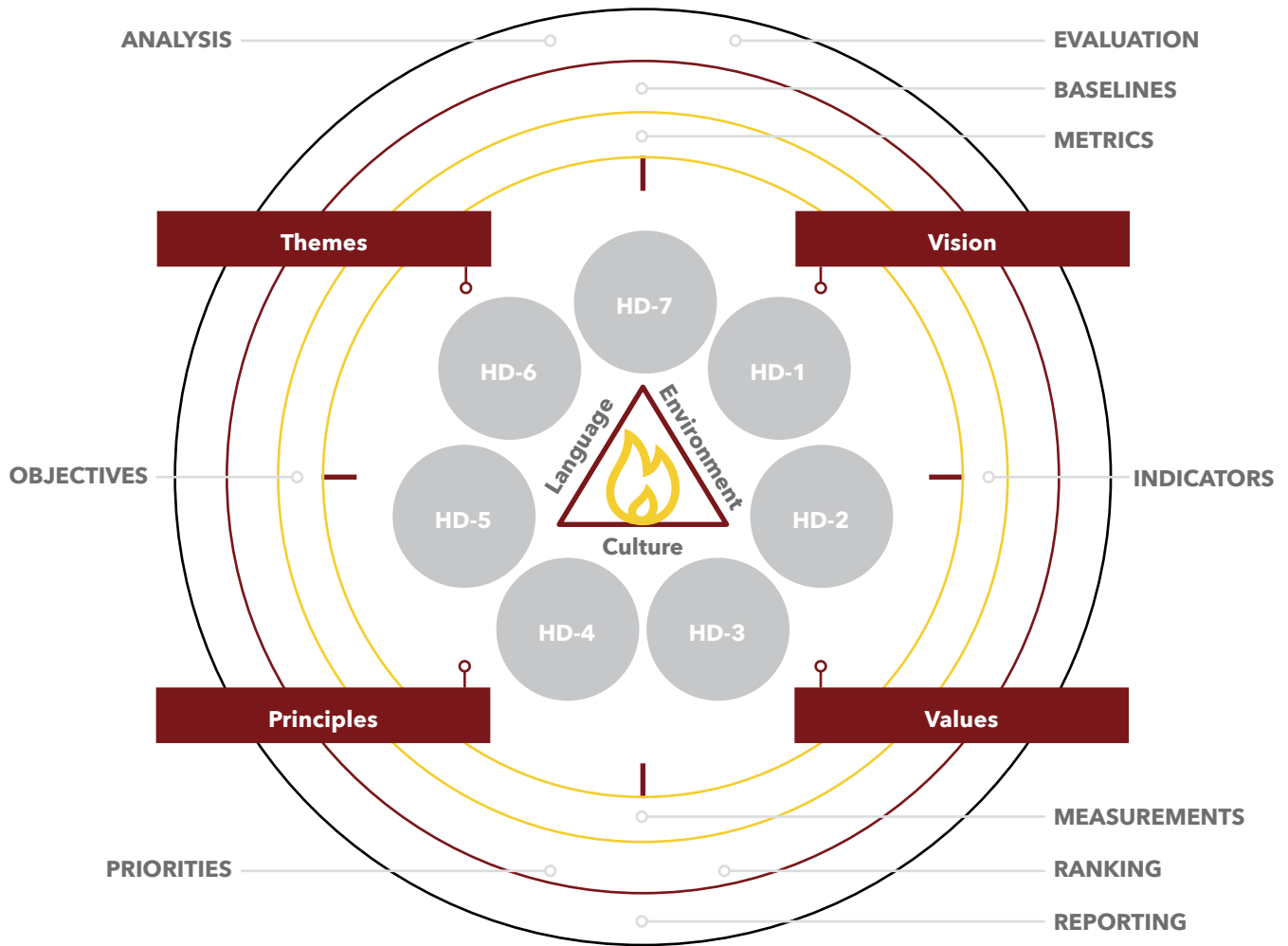


FIGURE 7. CONCEPTUAL LOGIC MODEL: INDIGENOUS HEALTH INDICATORS

*HD-n refers to health determinants corresponding with table 1.

1. Health, social, & environmental security
2. Health, socio-cultural, & environmental services access
3. Self-determination
4. Holistic health
5. Food sovereignty
6. Climate & water security
7. Environment & energy stewardship

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Appendix A – Sacred Fire Community Profile Initiative

SACRED FIRE COMMUNITY WELLNESS PROFILE GUIDE

2-3-5 Year Plan

This section may be linked to future aspirations of the youth, the elders and the leadership. This will support evaluation over time.

What we have, what we need

This section covers the assets and strengths of the community as well as what is needed.

Community & external services

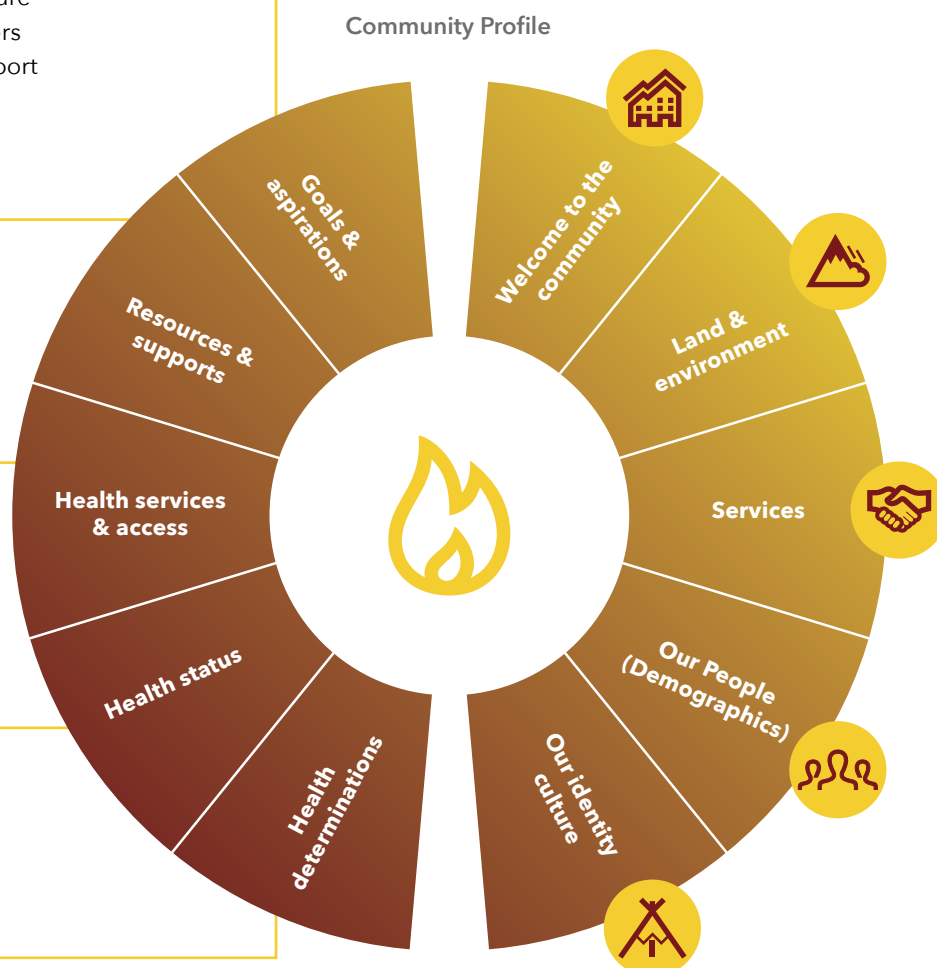
This section covers the services within the community, utilization & challenges, screenings etc.

Health issues

This section covers all health issues the community wishes to profile.

12 Health determinants

This section can cover the specific health determinants status: where strength exists and where work is needed.



Appendix B – Treaty 6, 7, and 8 Elders Declaration

Elders Declaration

Presented, Ratified, and Validated at the Treaties 6, 7, & 8

Elders Advisory Meeting Held in Morley, AB

September 22-23, 2016

Elders from Treaties 6, 7, & 8 have participated in the Elders Advisory to reflect on the effect of historical trauma and the path towards holistic healing for Indigenous Peoples across the Treaty territories of the province of Alberta.

While we acknowledge that we hold different belief systems, a common sense of history binds us while stories and songs, oral traditions, natural laws, lived experiences, inherited knowledge and wisdom build bridges among us.

Our hearts and spirits rest on our kinship with one another and with all beings of the earth, the universe, and the cosmos.

Food sovereignty is central to the original spirit and intent of our Treaties and the continued survival of our peoples.

If Environment is Life, then we are a part of it. The critical situation of climate change and the ongoing desecration of Mother Earth through industrial and extractive developments cannot continue. We must conserve Mother Earth for future generations.

We are connected to and responsible for those who are here, those who are yet to come, and those who have been. We are connected with our Creator. Our authority flows from these sources. They set the nature, direction, and pace of action.

As Elder Advisors, we will set our priorities, move it forward and monitor and measure its progress. Our collective minds and hearts hereby declare the following:

We, the Elders Advisory, believe in self-determination in health care and we honour traditional wisdoms and practices. We will work to provide the inclusion and availability of traditional practise within all communities including mainstream health care systems while strongly advocating for and safeguarding cultural practices and intellectual property shared at the table.

We note that culture is one of the underlying pillars of the United Nations Declaration on the Rights of Indigenous Peoples, which both the federal and provincial governments of Canada and Alberta have endorsed.

Article 3 of the UN Declaration states that by virtue of their right to self-determination, Indigenous Peoples may freely pursue their cultural development. The UN Declaration addresses the tangible heritage, traditions, and customs (Art.11); the spiritual and religious traditions and customs of Indigenous cultures (Art.12); their tangible heritage (Art.13); and their right to uphold the dignity and diversity of their cultures and language, in relation to education and public information (Arts. 14 and 15). Article 31 of the UN Declaration states that:

Indigenous peoples have the right to maintain, control, protect, and develop their cultural heritage, traditional knowledge, and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. Indigenous peoples also have the right to maintain, control, protect, and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.

We commit to ensure cultural competency for both Indigenous Peoples and non-Indigenous health care providers and will uphold traditional values of mutual respect & honor, harmony, kindness & caring, wisdom, knowledge sharing, generosity, loyalty, trust and humility.

The Elders Advisory intends to operate in accordance with the customs, protocols, and our natural laws in parallel with western principles of law in carrying out such responsibilities, deliberations, meetings, and communications in order to achieve culturally appropriate outcomes.

The Elders Advisory will work towards achieving an ethical space for cultural safety and cultural competency. We understand the challenges we face in the process of reconciliation between written cultures and oral cultures, and we will address the challenge of cultural translation both in theory and through our oral practices, ceremonies, songs and stories.

We will promote a culturally safe healthcare framework and publicly recognize the rights of our peoples, inter alia, those included in the following articles of the UN Declaration on the Rights of Indigenous Peoples:

ARTICLE 21

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.
2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children, and persons with disabilities.

ARTICLE 22

1. Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.
2. States shall take measure, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

ARTICLE 23

Indigenous Peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing, and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

ARTICLE 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have the right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

We understand that provision of culturally safe care is in alignment with the Treaties; the Canadian Constitution; the Truth and Reconciliation Commission of Canada Calls to Action; human rights; the United Nations Declaration on the Rights of the Child, and other relevant international instruments.

Treaties are understood as international agreements within the United Nations system. They have been affirmed throughout UN standard setting instruments described above. Our Treaties were preceded by the Royal Proclamation of 1763, which recognized our rights, sovereignty, and lands. Entering into Treaty with the Crown affirmed our principles and natural laws as they governed the Treaty making process and negotiations, as well as informing the true spirit and intent of the Treaty – as long as the sun shines, the grass grows, and rivers flow, in accordance with the medicine chest clause and the famine and pestilence clause, we call on Health Canada to be the payer of first resort.

We recall the Truth and Reconciliation Commission of Canada 94 Calls to Action, setting out a roadmap for reconciliation in Canada and in the regions of Treaties 6, 7, & 8 and understand that this informs our work as we move forward. We understand the 94 Calls to Action as a whole, representing not just Calls to Action on Health, but also Calls to Action on Health Determinants. In this regard, we urge all First Nations, and all levels of government in Canada and the province of Alberta to implement all the Calls to Action. We call on all levels of government to focus on human resources development to support this implementation. We also urge the promotion of education as a tool and a solution from both the traditional and mainstream/western perspective.

We understand that many of the crises we face as First Nations stems from poverty in all its forms – economic, social, and cultural. The work and contributions we provide as an Elders Advisory, will acknowledge and mitigate poverty, in all its forms both in our First Nations communities as well as in towns and cities. In that regard, we emphasize that in order to achieve the highest attainable standard of health for First Nations and overcome poverty, the Canadian and Alberta governments must be bound to fully implement our treaties, the TRC Calls to Action and the UN Declaration on the Rights of Indigenous Peoples.

We recognize the sensory perception of each individual that triggers past trauma and its effect, including abuse in all its forms, power, and control, loss of you from years of trauma and intergenerational impacts.

We emphasize the central role of forgiveness and healing in our path forward as First Nations and commit to reviving our cultural, spiritual, and healing practices, with particular consideration of the important role of spiritual first aid from trauma and its effects.

We the Elders believe strongly that the First Nations children and you from the main pillar of our work and our contributions. As such, we call on all governments to fully implement Jordan's Principle for the benefit of our families, children, grandchildren, and great-grandchildren.

Finally, we the Elders state the following principles as a pillar of this Declaration:

1. The Earth is our Mother, "Care for Her";
2. Honour all your relations;
3. Open your heart and soul to our Creator;
4. All life is sacred, treat all beings with respect;
5. Take only what is needed from Mother Earth, not more;
6. Do what needs to be done for only the good of all;
7. Give constant thanks to the Great Spirit for each day;
8. Speak the truth;
9. Follow the rhythms of nature;
10. Enjoy life's journey and leave no tracks.

Nanaskomon, Mussi Cho, Isniyes, liyini tsip, Thank you!

This Elders Declaration was developed under the auspices of the Mental Health & Addictions Sub-Committee, with technical support provided by Maskwacis Health Services (Randy Littlechild, Bonita Saddleback, Eunice Louis, Danika Littlechild, Lavern Buffalo, Nina Cattleman)

The following Elders/Knowledge Keepers contributed through Indigenous knowledge and protocols to the content of this Declaration.

Treaty 6

Richard Lightning
Victoria Arcand
Sylvia McDonald
James Rain
Clifford James
Francis Alexis
Jeramie Houle
Julian White

Treaty 7

Reggie Crowshoe
Charlies Powderface
Clarence Wolfleg
Shirley Meguinis
Margaret Runner - Dixon (late)
Shirlee Crowshoe
Warner Many Bears
Tom Two Youngman
John Chief Moon
Charlie Rabbit
Wallace Bear Chief

Treaty 8

Dustin Twin
Dorothy Jobin
David Janvier
Joe Whitehead Sr. (Muskwa) (late)
Doris Courtorielle
Mike Beaver
Albert Kasoney
Pat Gray

Special acknowledgement to the Elders that left for the Spirit World and in recognizing their contribution to the Elders' Advisory and thanking their families and loved ones.

Joe Whitehead Sr. - Muskwa

Margaret Runner - Dixon

Appendix C – Inni Initiative – Buffalo Treaty

THE BUFFALO: A TREATY OF COOPERATION, RENEWAL, AND REPATRIATION

RELATIONSHIP TO BUFFALO

Since time immemorial, hundreds of generations of the first peoples of the FIRST NATIONS of North America have come and gone since before and after the melting of the glaciers that covered North America. For all those generations BUFFALO has been our relative. BUFFALO is part of us and WE are part of BUFFALO culturally, materially, and spiritually. Our on-going relationship is so close and so embodied in us that BUFFALO is the essence of our holistic eco-cultural life-ways.

PURPOSE AND OBJECTIVE OF THE TREATY

To honor, recognize, and revitalize the time immemorial relationship we have with BUFFALO, it is the collective intention of WE, the undersigned NATIONS, to welcome BUFFALO to once again live among us as CREATOR intended by doing everything within our means so WE and BUFFALO will once again live together to nurture each other culturally and spiritually. It is our collective intention to recognize BUFFALO as a wild free-ranging animal and as an important part of the ecological system; to provide a safe space and environment across our historic homelands, on both sides of the United States – Canada border, so together WE can have our brother, the BUFFALO, lead us in nurturing our land, plants and other animals to once again realize THE BUFFALO WAYS for our future generations.

PARTIES TO THE TREATY

WE, the undersigned, include but not limited to BLACKFEET NATION, BLOOD TRIBE, SIKSIKA NATION, PIIKANI NATION, THE ASSINIBOINE AND GROS VENRE TRIBES OF FORT BELNAP INDIAN RESERVATION, THE ASSINIBIONE AND SIOUX TRIBES OF FORT PECK INDIAN RESERVATION, THE SALISH AND KOOTENAI TRIBES OF THE CONFEDERATED SALISH AND KOOTENAI INDIAN RESERVATION, TSUU T'INA NATION, and the NAKODA NATION.

ARTICLE I - CONSERVATION

Recognizing Buffalo as a practitioner of conservation, We, collectively agree to:

perpetuate conservation by respecting the interrelationships between us and 'all our relations' including animals, plants, and mother earth;

perpetuate and continue our spiritual ceremonies, sacred societies, and sacred objects and bundles as a means to bring about ecological balance; and

perpetuate and practice our sacred languages as a means to embody the thoughts and beliefs of ecological balance.

ARTICLE II - CULTURE

Realizing Buffalo Ways as a foundation of our ways of life, We, collectively, agree to perpetuate all aspects of our respective cultures related to BUFFALO including customs, practices, harvesting, beliefs, songs, and ceremonies.

ARTICLE III - ECONOMICS

Recognizing Buffalo as the centrepiece of our traditional and modern economies, We, collectively, agree to perpetuate economic development revolving around BUFFALO in an environmentally responsible manner including food, crafts, eco-tourism, and other beneficial by-products arising out of BUFFALO's gifts to us.

ARTICLE IV - HEALTH

Taking into consideration all the social and health benefits of a Buffalo ecology, We, collectively, agree to perpetuate the health benefits of BUFFALO.

ARTICLE V - EDUCATION

Recognizing and continuing to embody all the teachings we have received from Buffalo, We, collectively, agree to develop programs revolving around BUFFALO as a means of transferring intergenerational knowledge to the younger and future generations and sharing knowledge amongst our respective NATIONS.

ARTICLE VI - RESEARCH

Realizing that learning is a life-long process, We, collectively, agree to perpetuate knowledge-gathering and knowledge-sharing according to our customs and inherent authorities revolving around BUFFALO that do not violate our traditional ethical standards as a means to expend our knowledge base regarding the environment, wildlife, plant life, water, and the role BUFFALO played in the history, spiritual, economic, and social life of our NATIONS.

ARTICLE VII - ADHESIONS

North American Tribes and First Nations, and NATIONS, STATES, AND PROVINCES may become signatories to this treaty providing they agree to the terms of this treaty.

ARTICLE VIII - PARTNERSHIPS AND SUPPORTERS

WE, collectively, invited Non-Governmental organizations, Corporations and others of the business and commercial community, to form partnerships with the signatories to being about the manifestation of the intent of this treaty.

Organizations and Individuals may become signatories to this treaty as partners and supporters providing they perpetuate the spirit and intent of this treaty.

ARTICLE VIII - AMENDMENTS

This treaty may be amended from time-to-time by a simple majority of the signatories.

Appendix D – Seven Grandfather Teachings

WISDOM

Wisdom is the lesson we gain through life experiences: learning from our mistakes or misfortunes. There are many teachers in our lives that we can learn from including the Elders and children.

LOVE

Be at peace with yourself. Express love to your family, friends, and community through your actions & words.

RESPECT

Accept everyone as they are without judgement. Listen openly to other people, opinions, and be sensitive to their feelings.

BRAVERY

(Courage) Do things that are difficult but need to be done or said.

HONESTY

Say and act in an honest way, with no hidden agenda.

HUMILITY

Be modest (not showing or bragging of one's own importance).

TRUTH

Know and believe in the Seven Grandfather Teachings and live by them

Appendix E – The Four Agreements

The Four Agreements

Don Miguel Ruiz & Son Jose Ruiz

AGREEMENT 1

Be impeccable with your word – speak with integrity. Say only what you mean. Avoid using your words to speak against yourself or to gossip about others. Use the power of your words in the direction of truth and love.

AGREEMENT 2

Don't take anything personally – nothing others do is because of you. What others say and do is a projection of their own reality, their own dream. When you are immune to the opinions and actions of other, you won't be the victim of needless suffering.

AGREEMENT 3

Don't make assumptions – find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness, and drama. With just this one agreement you can completely transform your life.

AGREEMENT 4

Always do your best – your best is going to change from moment to moment; it will be different when you are health as opposed to sick. Under any circumstance, simply do your best, and you will avoid self-judgement, self-abuse, and regret.

Appendix F – Examples Of Indicators In Other Regions

The Harvard Project

Incorporated 15 census indicators relating to four different measures. They are summarized here:

- a. Income: real per capita income, real median household income, family poverty, child poverty, deep poverty, public assistance;
- b. Employment: unemployment, labour force participation, government and non-profit sector;
- c. Housing: overcrowded housing, homes lacking complete plumbing, homes lacking complete kitchen;
- d. Education: college graduates, high school or equivalency only, less than 9th grade education.

An Urban Aboriginal Life: the 2005 Indicators Report on the Quality of life of Aboriginal People in Greater Vancouver Region.

This report used 33 indicators divided into 12 categories arranged across the four directions: Culture – East; Social – South; Economic – West; Environment – North.

- a. Culture and Family: people speaking traditional languages, participation in traditional activities, Aboriginal children in care, childcare access;
- b. Health: infant mortality rate, life expectancy, rates of diabetes, rates of cancer, rates of HIV/AIDS;
- c. Education: high school graduation rate, number graduating from post-secondary programs, percentage in special needs/alternative programs;
- d. Crime and Safety: incarceration rates, rates of violent crime;
- e. Employment: employment rates, percentage with a managerial position;
- f. Income: percentage living below the poverty line, average household incomes, shelter cost-to-income ratio, social assistance rates;
- g. Entrepreneurship: percentage of the workforce that is self-employed
- h. Youth: unemployment rates and income levels;
- i. Resources and Land: amount of green space, amount of protected areas, Aboriginal salmon harvest in the lower Fraser River;
- j. Air: air quality for certain pollutants, air emission for certain pollutants;
- k. Rivers and Oceans: water quality for certain water bodies, number of water bodies reporting salmon escapement;
- l. Homes: percentage of Aboriginal households in housing units requiring repairs, average number of persons in Aboriginal households, number of Aboriginal low-income housing units, number of Aboriginal homeless people.

Developing a Sustainability Indicator System to Measure the Well-being of Winnipeg's First Nations Community

- a. Environmental security: number of First Nation police officer, number of First Nations people in jail, number of crimes against First Nations people;
- b. Housing: number of First Nations people who own their own home, number of First Nations people who rent, number of First Nations who live in low-income housing, number of First Nations who lack affordable housing/ are homeless;
- c. Economic Governance: number of First Nations who are eligible to vote, number of First Nations who actually vote, number of programs teaching First Nations Governance, number of First Nations students studying Governance, number of First Nations in leadership or Governance roles;
- d. Employment: number of First Nations owned business, number of First Nations run business, length of

- employment, sectors of employment, number of First Nations considered working poor;
- e. Social Health: number of First Nations receiving home care, number of First Nations in personal care homes, number of First Nations with a disability, number of First Nations with chronic health conditions; number of First Nations children in recreational sports;
 - f. Education: number of First Nations teachers, number of First Nations children/youth registered and at the beginning of the year and those completing the year's studies, number of First Nations attending post-secondary, number of First Nations people graduating from post-secondary school;
 - g. Cultural Identity: number of First Nations people speaking native languages. Number of schools with First Nation curriculum, number of First Nations cultural events, number of First Nations people accessing/consuming traditional foods, number of First Nations Elders invited to teach traditional ways in schools;
 - h. Community Services: number of community service organizations serving First Nations people, number of First Nations people volunteering, distribution of services for First Nations in the city.

Measuring Wellness: An Indicator Development Guide for First Nations 2015.

Provides the following sample indicators and broad categories.

- a. Ancestry/Culture/Tradition: number of drums in the community, numbers of drumming occasions per year, percentage that speak (and/or understand) language, appropriate care for, use, and profile of elders, number of community members with traditional name, types of games, gatherings and ceremonies organized, availability and use of traditional healers and medicines, percent of adults consuming traditional foods (and medicines) – game fish, berries, and other vegetables, bannock, etc., number of religious spaces (e.g. churches, sweat lodges) in community, number of community or group celebrations, net rates of return to indigenous lands;
- b. Health/Wellbeing: types of activities promoting healthy eating habits, percent receiving pre-natal screenings, number of smoke-free homes, level of access to health professionals – general practitioner, nurse, optometrist, dentist, clinics, etc., percent of children and adults participating in physical activity every day, homes are safe and secure (e.g. present of homes with working smoke alarms), percent of people using seat belts and child car seats;
- c. Education: percent who attend and participate fully in school, early learning opportunities for children, percent of children achieving learning expectations, highest level of schooling attained by members (age 15+), community efforts to encourage learning and formal education;
- d. Employment: employment rate, participation rate, percent who participate or are employed in traditional and subsistence activities;
- e. Housing/Infrastructure: number of houses with types of repairs needed (major, minor, or regular maintenance), percent of homes served by centralized water treatment plants and community sewage disposal systems, frequency of household overcrowding (>1 person per room), percent of rent collected, number of homes owned;
- f. Government: percent of women in decision making roles (Chiefs, councillors, board members, Directors, etc.), stable leadership (number of Chiefs over the past two decades), solid local administration (degree to which community meets standards of the First Nations Financial Management Board);
- g. Environment: number of hunters in the community, catch rate of ungulates, ungulate population, size of forest areas, extent and types of forest usage, percent of homes with potable water, number of active fishers (i.e. fish more than 10 times per year), water quality in lakes and rivers;
- h. Social: number of community or group celebrations, attendance at Bingo, access to communication and information technology (telephone service, computers in home, internet access, etc.), community website updated regularly.

