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2002

AJUNNGINIQ CENTRE

REGIONAL HEALTH WORKSHOPS

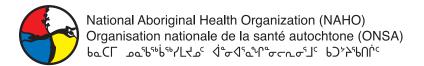




TABLE OF CONTENTS $\Delta \rightarrow C^{\circ}$ (D'6D7')

Introduction /aDσປ (/ንኖቴ)
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BACKGROUND

The National Aboriginal Health Organization (NAHO) is an Aboriginal-designed and controlled body intended to influence and advance the health and well-being of Aboriginal Peoples through carrying out knowledge-based strategies. Its objectives are to:

- improve and promote health through knowledge-based activities;
- promote understanding of health issues affecting Aboriginal Peoples;
- facilitate and promote research and develop research partnerships;
- foster participation of Aboriginal Peoples in the delivery of health care; and
- affirm and protect Aboriginal traditional healing practices.

NAHO and the Inuit Centre, now known formally as the Ajunnginiq Centre, were created with the vision and input of the national Aboriginal organizations in Canada. The Inuit Tapirisat of Canada, now known as Inuit Tapiriit Kanatami (ITK), was very active in the design of the Ajunnginiq Centre. ITK struck an Inuit Planning Committee with representatives from ITK, the regions and Pauktuutit Inuit Women's Association to consult with Inuit nationally on the objectives, structure and governance of an Inuit-specific component for this new national Aboriginal organization.

A joint questionnaire was developed, with a list of over 30 potential activities for this new health institute. The five priorities identified by Inuit respondents were:

- encouraging Aboriginal youth to consider health careers:
- focusing on research to advance the health of Aboriginal Peoples;





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- providing information on health careers and training;
- addressing health issues faced by remote and northern communities;
- promoting a holistic approach to health and well-being; and
- focusing research on prevention.

Responses to questions about potential working relationships with other organizations indicated that people felt this new organization should focus on playing an advisory/support and information-sharing role with governments, regional health boards, Inuit organizations, research institutes and universities, and community-based health organizations.

Reasons given for the creation of an Inuit-specific centre within this new national Aboriginal organization included differences related to:

- the history, culture, geography and specific health issues and priorities of Inuit;
- language, world view and approaches to problem-solving;
- diet, values, living conditions, and environmental health concerns;
- · links to Inuit in the circumpolar world; and
- Inuit perceptions of health. 1

As a result of these consultations, the Ajunnginiq Centre was created with the mandate to promote practices to restore a healthy lifestyle and improve the health status of Inuit.

¹ Inuit Tapirisat of Canada, Creating an Aboriginal Health Institute: Inuit Report and Recommendations (Ottawa: 1999) p. 15



¹ ΔΔΔ CΛιά baCΓ, (ሷቴዮዮሪσቴ ፚልቴቴቴቴኒሊቲሪ በΓህበቴኒዮ ሷቄσፈናልነቦ σεασίμε) Creating an Aboriginal Health Institute: ΔΔΔ ጋኒኒቴኒኮርኖር ፈኒ ፈጋርቴርኮህ (Inuit Report and Recommendations) (ሷጋንፈ: 1999) ኒቴኒኒቴኒቴ



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REGIONAL WORKSHOPS

As part of its Inuit-specific approach to health, the Ajunnginiq Centre held a series of workshops with Inuit in different regions of the Arctic in 2002. The purpose of these workshops was to meet with people from each community to gather ideas and input directly from community residents about their perceptions of health and health needs. Participants also provided the Ajunnginiq Centre with recommendations on how it can best work with the regions to facilitate Inuit health. Each community was invited to send three representatives: one person representing the community health system, an Elder and a youth.

The Inuvialuit Region workshop was held in Inuvik, Northwest Territories, February 25 to 28, 2002, with six communities participating. Fourteen communities sent representatives to the Kuujjuaq, Nunavik workshop, March 25 to 29, 2002. Eight Labrador communities participated in the workshop held in Nain, April 8 to 12, 2002. Two workshops were held in Nunavut because of its vast size, the number of communities (21 communities participated), and the substantial population of Inuit. The first was held in Iqaluit for the Qikiqtani (formerly Baffin) region, May 6 to 10, 2002; the second was in Rankin Inlet for the Kivalliq (formerly Keewatin) and Kitikmeot regions, November 25 to 29, 2002.

The workshops and conversations were designed to provide participants with the opportunity to share what is happening in their communities, their areas of concern and need, and their views about how the Ajunnginiq Centre can help. The general discussion items included:

- 1. Community health reports: what is our community's situation now?
- 2. Inuit traditional knowledge and health practices





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- Factors that promote health: what leads to healthy communities and individuals
- 4. Best practices in health: what works
- 5. Health research and development: what do we need to know and have?
- 6. Recommendations.

SUMMARY OF WORKSHOP DISCUSSIONS

Community Health Concerns

General

Concerns that cut across all groups included:

- Health delivery: lack of doctors and sufficient other health staff in communities; lack of services/programs; waiting for services and test results; poor communication and explanations; lack of interpreters; lack of cultural knowledge/ insensitivity in health providers; transportation.
- Specific health issues: the addictive behaviours (drugs/alcohol/smoking/gambling) and a need for specific information and counselling; mental health issues; nutrition and food quality/expense; a need for more health information, including information in Inuktitut; more counselling; homecare; information and knowledge.
- Personal/social issues: better communication; individual, family and community involvement and responsibility; family finances;



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- Socio-economic issues that relate to health: poverty and lack of employment; lack of education; overcrowded housing;
- Culture loss/culture change: loss of Inuit language, values, skills, food.

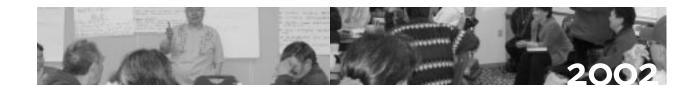
Labrador especially noted political and management issues as well: expectations; financial issues; poor management; lack of community control and input to government; Non-Insured Health Benefits information; and lack of training.

Children and youth

Common concerns related to the health and wellness of infants, children and youth were:

- poor nutrition;
- overcrowded housing;
- parental neglect, need for parenting skills and need for family involvement;
- early childhood development (pre- and post-natal classes for mothers and babies and daycares);
- loss of language, culture and contact with Elders;
- Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE);
- · tobacco/drug/alcohol use and information;
- · abuse (physical, emotional, sexual);
- teenage pregnancy and lack of information/knowledge related to high-risk sexual behaviour (sexually transmitted diseases, HIV);
- lack of services and activities for youth, including opportunities to express feelings;
- lack of self-esteem life skills, coping skills (anger, communication) in youth;
- · school dropout rates; and,
- · need for positive role models.





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᠘ᡄᡥᠨᡴ᠋ᢗᠪᢛ ᠬᠮ᠐ᢅᢣᢗ᠂ᢧᠲᠪ᠈ᡩᡌᢗᡄ᠐ᢛ᠑ᡕ᠘ᡓᡈᡕ ᠘ᡟ᠕ᡥᢣ᠐ᢣ᠘ᠿᢑ᠑ᢖᢛ᠂ᡩᠣ᠋᠘ᡱ᠑ᢖᢛ᠐ᡶᡆᡥᠾ, ᡣᠮᠲᡗ ᠈ᡌᠲ᠘ᡩᢛᡟ᠈᠘ᠮᢐᡥ᠘ᢋᢡᢛ, ᠔ᡟ᠘ᡤᡥᡎᡳ᠑ᡬ᠂ᡩᡶᡲ, ᡎ᠘ᠣ᠘ᡩᢛ, ᠐ᠼᡥᡣᠬ᠋ᡆᡥᠨ᠘ᡥᢉᢪᢐᢛ, ᢧᡰ᠘ᡣᠫᢐᢛ, ᡆᡟ᠘ᡏᠫᢐᢛ, ᠘ᡶ᠈ᢞᢐᢛ᠈ᠻᡟᢛᡭᢐᢛ, ᡧ᠘᠂ᡏᢣᡆ᠘ᠻ᠃ᡣᠲᡝ᠘ᠰᡀᠳ᠘.

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Youth suicide was a major concern in Nunavik, Labrador and Nunavut. The Nunavik workshop also addressed concerns regarding accidents and injuries due to lack of safety knowledge and skills. Children's dental health and hearing problems were also concerns in most areas, as was vandalism and a lack of spirituality among youth.

Women

Common concerns about women's health and wellness were:

- · lack of employment and education;
- limited programs and services, e.g., support groups, recovery programs, family abuse programs, parenting skills;
- need for more health information;
- · smoking, alcohol, gambling;
- pregnant women having to leave their home community to give birth;
- lack of positive recreational and social activities;
- · lack of traditional and cultural supports;
- many stresses and expectations;
- · abuse and violence; and,
- · marriage breakdown and single parenthood.

Some groups also mentioned specific health problems such as diabetes, various cancers, obesity, respiratory and cardiovascular conditions, arthritis, depression and menopause.

Men

Common issues about men's health and wellness were:

- · lack of education and employment;
- mental health issues: difficulties with and a lack of opportunities to express their thoughts and feelings; low self-esteem; stress; depression; lack of motivation; jealousy; experiences of verbal, mental and physical abuse;





- ረ°፞፞፞፞፞፞፞፞፞፞፞፞፞፞፟፟ፚኇ[፞]፟፟፟; ላጋጐረLኇጐ ▷ኄ▷ረነፅና Δረ-ና/ነበር▷ኇና፫ኑ, በ፫ነፅና ጳኮኇኈበጐር▷ረLኇጐ
- Δ৮ረ%ርኦሂብ%ኒልና ፈ୮ሁንታዮና, ኦቴቴስቴክስጐታህና Δ৮ረ%በ%ኒዮታናታ, ፈተ Δ৮ረ%ርኦል%ኒየኤዮኃፈናታፈ ፈንብሶና:
- ረ>ነጋጋላ'๑ነ, ΔΓላጋ'๑ነ, ἐΔΡγΔρ'ᢎ৬'‹՚ህላ'ᢑነ;
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- ሷ'ኇ'ነበ'ጜ'ር▷በペ'ኇ'ነ ላ'L ኇ\ሀ▷Lペ'ኇ'ነሪ'
 ΔЬጚ'ጐር▷ንሊላ'ቴኇ'ነ; ላ'L
- ▷⁰Λ⁵σ³⁰²√⟨⟨12° և Δ⁵σ⁵⁰.

᠘ᡃᠮᡠᡃ᠍᠖ᡃᢗ᠖ᢐ᠂ᡏᢉ᠘᠂᠘ᡆ᠆ᡱ᠘᠘ᡰ᠋ᡥᢣ᠐᠊᠘ᢪ᠘᠂᠘ᡰ ᡏᠰᡎᡳ᠂ᡆ᠋ᡆ᠘ᡥ᠘ᡶᡤᢛ᠑᠂᠘᠘ᡰ᠋ᡥᢣ᠐ᡸ᠕ᡟ,᠐ᡩ᠒ᠵᠳᡕ ᠙᠆ᢄᠮᠣᡥ,᠌ᡖᢥᠰ,ᠺ᠋ᠫᢉᠻᠣᢛ,ᡏ᠘ᡰ᠘ᠪᠣᠴᢗᠮᡖᡥ.

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 $^{\circ}$ ላል፥ጋ%/Lፊ∿ቦJ $^{\circ}$ $^{$

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- ᢧᠲᡄᡶᠲᢗ᠐ᡣᠳᠳᢗ᠘ᡰᠸᢝᠬᡥᡳᠲᡳ᠋᠘ᡓ᠘ᢆᡟᠵᠲᢛᡅᠫ᠋ ᠘ᡰᡶ᠘ᡶ᠘ᡶ᠘ᡶ᠘᠘ᡶ
- bLቦታውናረሳጭኖር, Δລጏ፞ጔላጐጜ ላዜ የለህታጜ;
- ▷ኄ▷ፖ냉ሩ, ΔለĽሄሩ, በ୮ህሩ, ዮፌ▷ኑበህጐ ለኇጐኄር▷ኇኄ;
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 Δ¹L / ¹L (¹⁶) ¹⁶;
- \\dj_\(^{\sigma_{\text{5}}}\);

- few services, counselling and supports for men:
- insufficient knowledge and awareness of sexually transmitted diseases including HIV/AIDS;
- · smoking, alcohol use, gambling;
- lack of traditional skills, knowledge and equipment;
- · lack of physical activity;
- changing roles of men and women unsure what it now means to be a good husband/father;
- · violence and anger management; and,
- · lack of interest in spirituality.

Suicide was a concern in a number of communities. Specific physical problems like ulcers, cancers, accidents, and obesity were also noted.

Elders

Concerns related to the health and wellness of Elders in the regions included:

- lack of community housing, facilities, programs and activities;
- need for more accurate information and better explanation/understanding of prescribed medications, disabilities and illnesses; inadequate follow-up;
- · homecare and assistance with needs;
- · lack of counselling for grief and depression;
- · neglect, isolation and loneliness;
- verbal, emotional, physical, and financial abuse;
- · alcohol use and smoking;
- lack of value for the traditional knowledge and opinions of Elders and lack of Elder/youth interaction;
- poverty;
- worries about suicides, marriage breakdowns and other social issues; and,
- · culture shock/changes/loss.





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- LPC^c/d^c>በ^c, ^c/b_aΔ^c/c^c/d^c>η^c Δ_c^c

Inuit Traditional Knowledge and Health Practices
In each workshop, participants shared knowledge
about traditional treatments for illnesses and
injuries. Discussions included information about
use of plants, animals and other natural products,
as well as traditional first aid and emergency
practices. It was strongly felt in all regions that
traditional knowledge and medicine has a role
to play along with western medical approaches.

Factors and Activities that Promote Health

All of the groups talked of many things that are necessary for personal, family and community health. The health determinants that everybody agreed on fit into the following general themes:

- reliable and sufficient health and wellness services (medical, support, counselling);
- spirituality, including religion and things like being on the land;
- · good community role models of all ages;
- positive personal attitudes (love, humour, sharing, caring, responsibility and motivation);
- maintaining healthy lifestyles: physically (exercise, healthy nutrition, rest); spiritually (activities that refresh the soul); and mentally and emotionally (activities that build self-respect and self-esteem, learning to deal with emotions);
- · education, staying in school;
- knowledge and awareness (health information, public health programs and parenting);
- good interpersonal communication and opportunities for expressing feelings and needs;
- strong and involved happy, healthy families;
- community support and responsibility;
- · involvement and cooperation;
- · community activities (fun, helping);





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- Δε²σ⁴σ⁵ ⁴L Δε²σ⁴Dελσ⁵ (λ⁵), Δε⁴δ⁶,
 Δυσ⁵, Δε²σ⁶Dσ⁶ Δυτ⁶σ⁵, ΔωΔ⁶ Δε⁵υτ⁶υτ⁶
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- · retention of cultural values, language and activities; and,
- employment in order to support self and family adequately.

All groups outlined a wide range of current activities that promote health and wellness in their communities, and stressed the need for more. All communities had at least some programs or activities related to specific groups or needs:

- support systems (Alcoholics Anonymous, healing groups, parenting groups, child care facilities);
- religion/spirituality (church/prayer meetings, choirs, being out on the land);
- recreational activities and hobbies (sports, sewing groups);
- community unity and involvement (community justice groups, Elders parties, volunteers);
- children and youth activities (Brownies, Cadets, youth groups and centres, issues-awareness groups, sports);
- traditional activities (camping, drum dancing and throat-singing, hunting);
- social activities (community feasts and games, dances, visiting);
- learning and education (school, cooking, tutoring, traditional skills, parenting);
- health programs and prevention (prenatal classes, health radio shows, smoke-free events, counselling/wellness centres);
- employment/financial assistance (income support, job skills workshops); and,
- health services (community health centres, public health services and visiting specialists – Labrador and Nunavik both have a regional alcohol/drug treatment centre).





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ቴρργ_ε», ጋυγοσιαντο CD», γετορος σιτ Δητιγρος ρασ Γείνος:

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Questions and Recommendations

Participants outlined their suggestions for research and action that is needed, and their ideas regarding the work the Ajunnginiq Centre and communities could do together. Each region had both general questions/suggestions and ideas specific to their own areas. The common workshops recommendations, however, can be summarized as follows:

Research, information-sharing and ideas about:

- resources and strategies for specific physical, social, environmental, and mental health issues (e.g., alcohol abuse, school dropouts, housing);
- rates and causes of specific problems (e.g., cancer);
- policies and procedures (governments, agencies, medical services, etc.);
- traditional: strategies for including traditional skills and practices into healthrelated services, research/information about nutritional values of traditional foods, and medicinal values of traditional plants and practices;
- how to get and keep health-related staff in communities (ranging from doctors to RCMP);
- how to involve and motivate people at the community level;
- strategies and processes for communitybased research, as well as Inuit participation in health careers;
- accessing funds for programs;
- improving communication and relationships among health-care providers, agencies and communities;
- strategies for emphasizing the important role of family in health responsibility;
- developing activities for community ownership and action.



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᠘ᡃᠮᡠᡃᢐ᠋ᠿ᠋ᢡᢐ,᠈ᢪᠨᡃᡳᠨ᠐ᡭᢐᡰᢑ᠂ᠳ᠋ᠸ᠘ᡏᢗᢐᠾᡖᡆ,᠘ᡏᡆᠴᡃ᠘ᡃ᠆ ᠿᡫᠨᢆᠮᢎᢐ᠌ᠫᡊ᠘ᡎᡄᡆ᠘ᡕ᠘ᢋᡳ᠘ᠸᢛᡃ,᠙ᡆᠺᢣ᠘ᢣᡖᡟᠦ Summary of recommendations for regional action:

- develop networks and partnerships among regions: governments, agencies, institutions, health-care workers, health committees, health boards, municipal councils and youth groups;
- use effective information dissemination through community health representatives, personal contact, radio, local TV, and newsletters;
- translate information into Inuktitut;
- take Inuit ownership of health promotion and prevention.

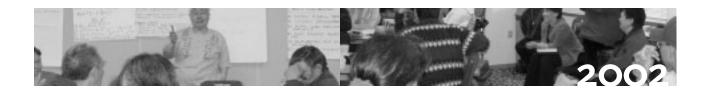
Recommendations for NAHO's Ajunnginiq Centre:

- · follow-up activities;
- translate health information into Inuktitut don't only provide English;
- pay attention to and make known the needs of all four regions;
- ensure ongoing contact and sharing of information and activities;
- stay non-political.

CONCLUSION

There were a number of common concerns and issues in all regions, and common examples of what works and what's necessary. There were also some differences, which underline the Ajunnginiq Centre's belief that in order to develop healthy Inuit communities and effectively promote health, efforts must be based at the community level.

Suicide, poor child/youth nutrition, tobacco/ alcohol/drug use, gambling, lack of activities, support and facilities for both youth and Elders, loss of language and culture, school dropouts and unemployment were concerns in all regions.



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Furthermore, all regions stated that better health required:

- · continuity in health care staff;
- community services (especially for birthing, Elders, and counselling) and attention to adequate explanations and interpretation;
- more and better health education/ information (parenting, sexual health, effects of alcohol and drug use);
- positive family and social interactions;
- maintaining Inuktitut and traditional knowledge/activities;
- individual and community responsibility;
- increased services especially for men and youth, whose needs have not been met.

From the Ajunnginiq Centre's perspective, the regional workshop approach was essential to provide opportunities for:

- input to the development of the Ajunnginiq Centre's priorities and activities;
- discussion of specific community and regional health concerns and needs;
- sharing community and regional best practices;
- 4. capacity building;
- discussing participants' specific traditional health knowledge and practices;
- 6. participants to identify their research priorities;
- NAHO and the regional organizations to build positive relationships.





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SUMMARY OF INUVIK WORKSHOP DISCUSSIONS

Community Health Concerns

The focus of this workshop was on identifying the health concerns experienced in the communities. The focus question for this workshop was:

"What are the health concerns in your community?"

Participants were asked to identify health concerns in the following areas:

- physical health concerns including chronic illnesses, acute illnesses and accidents;
- · mental health concerns;
- social health concerns, including concerns related to relationships within and among families;
- spiritual health concerns, including issues such as self-image and identity.

Participants were also asked to consider the following groups in their community:

- infants
- · children and youth
- women
- men
- · Elders.

The representatives from each community met as a group to make a list of their concerns, which were recorded on flip chart pages. Each community then reported its findings to the whole group. After each report, the following topics were discussed:

- concerns that caught your attention;
- questions to help you understand the situation in this community;
- issues or implications that are raised by this report.





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After all of the reports, the group discussed them using the following topics as a guide:

- the most interesting aspects of the reports;
- · issues that were raised for you;
- · implications for the communities;
- · implications for health care providers.

Common concerns related to the health and wellness of infants, children and youth were:

- nutrition;
- housing;
- · parenting;
- supporting early childhood development, including pre- and post-natal classes for mothers and babies;
- enhancing and integrating traditional knowledge, values and practices;
- . FAS/FAE;
- · tobacco use and second-hand smoke;
- sexual abuse;
- neglect;
- · loss of language;
- teenage pregnancy;
- lack of community recreation activities for youth.

Common concerns about women's health and wellness were:

- · lack of education;
- limited programs and services; i.e., support groups, recovery programs, family abuse programs;
- · substance abuse;
- gambling;
- physical and mental health problems, such as diabetes, various cancers, obesity, respiratory and cardiovascular conditions, arthritis, depression;
- · environmental contaminants in foods;





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- lack of healthy and positive recreational and social activities;
- · lack of traditional and cultural supports.

Common issues specific to men's health and wellness were identified as including:

- insufficient knowledge and awareness of sexually transmitted diseases, including HIV/AIDS;
- difficulties for men to express their thoughts and feelings;
- substance abuse;
- · gambling;
- · low self-esteem;
- difficulty adapting to contemporary society;
- the need to maintain traditional activities and practices, and the lack of "traditional
- knowledge of the land and sea";
- physical ailments, such as digestive problems and ulcers, back problems, obesity, hearing problems, hunting accidents, cancer, diabetes, respiratory and cardiovascular conditions;
- · lack of physical activity;
- changing roles of men and women; i.e., men are not always the "breadwinners" as more women are working in the wage economy;
- · depression, apathy, lack of motivation;
- experiences of verbal, mental and physical abuse;
- · lack of interest in spirituality.

Concerns related to the health and wellness of Elders in the region were identified as including:

- not enough interaction with youth;
- · inadequate follow-up with Elders;
- lack of community programs and initiatives to promote the well-being of Elders;
- Elders are not included in teaching Native Studies programs in the schools;





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- physical health concerns, including more accurate information and better under standing of prescribed medications, diabetes 1 and 2, arthritis, cancer, respiratory and cardiovascular problems;
- · home care for all Elders;
- assistance with personal hygiene;
- assistance dealing with grieving and loss;
- · isolation and being alone;
- verbal, emotional, physical and financial abuse;
- substance abuse;
- lack of value for the traditional knowledge held by Elders.

Inuit Traditional Knowledge and Health Practices

The focus of this session was to initiate conversation among participants related to traditional Inuit ways of approaching health and wellness.

To initiate the discussion, Robert Watt, Director of the Ajunnginiq Centre, made a presentation that covered a variety of practices related to illness prevention and treatment of common illnesses. The information was very clear and each group was able to make meaningful connections between the presentation and its members' experience.

After the presentation, the following topics guided discussions:

- examples of traditional knowledge and practice in your community;
- how traditional knowledge and practice are valuable today;
- ways traditional knowledge can be kept as a living practice.





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The participants enjoyed the presentation on traditional knowledge and practices from other regions, but indicated that they felt that the application of traditional knowledge related to health was lacking in the Western Arctic. Comments related to traditional knowledge and practices are contained in the feedback on factors that enable people to be healthy.

Health and the Annual Cycle

The focus of this session was to enable participants to make the relationship between community activities throughout the year and specific health concerns.

The focus question for this workshop was:

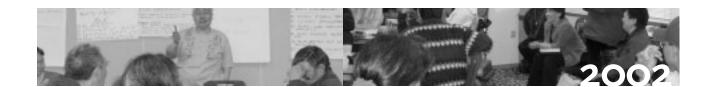
"What community activities and health issues appear in the various seasons of the year?"

Small groups brainstormed community activities and health issues for each season. Each group made a brief presentation of its discussions.

Winter activities discussed included hunting, trapping and ice fishing, snow removal and hauling ice, wood and gravel. Community health concerns during the winter were identified as physical impacts, such as injuries and accidents, frostbite and hypothermia, but also included depression, getting lost and ice safety.

Spring activities included hunting, camping, fishing, skidooing and other land-based activities. Health issues at that time of year included the need for gun safety, snow blindness, accidents due to ice breakup, water quality concerns and an increase in crime.





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Summer activities included plant harvesting, festivals, making dry meat and trading traditional foods, fishing, hunting, and camping. Related health and injury concerns were boating accidents, flu, dust pollution and allergies, heat rash, sunstroke, bites and food poisoning.

Fall activities revolved around berry picking, hunting, trapping, camping, fishing and skidooing. Related health concerns included hypothermia, flu and colds, vehicle safety, food poisoning and again an increase in criminal activity.

After the reports, the conversation focused on the following topics:

- highlights of the reports you found interesting;
- discoveries about the annual cycle, traditional knowledge and our health;
- things that enable people to be healthy.

Factors That Promote Health

The focus of this session was to examine the factors that enable people in these communities to be healthy. The intent was to enable people to see things that are going on in their own communities that are promoting health and well-being.

The focus question for this workshop was:

"What are the factors that enable people in your community to be healthy?"

Participants were encouraged to think of real people, real situations and people they know. They were then given a few minutes in silence to brainstorm their own ideas. They then gathered in community groups to brainstorm and record each unique idea on a file card.





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Guided by the facilitator the participants sorted the ideas into clusters that revealed the major factors that promote health in their communities. The participants gave each cluster a title to express the idea.

The major clusters were:

- reliable wellness services;
- strong spirituality;
- physical wellness;
- · community role models of all ages;
- · healthy nutrition;
- · maintaining healthy lifestyles;
- · education, awareness and involvement;
- · communication and self-motivation;
- family and community support;
- personal choices and learning.

Each of these clusters contained a number of related factors such as counselling, practising your traditional and religious beliefs, eating healthy foods, getting involved with Elders and youth, attending workshops and conferences, and so on.

The participants then reflected on the major factors that promote health in their communities and considered the question:

"What activities can we do in our communities that will promote wellness?"

Examples of the responses to this question included:

- orientation for outside health care workers;
- encouraging social and mental health workers to have a better connection with the community;
- education in promoting healthy eating habits;





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- home visits to the Elders and persons with disabilities:
- educational workshops on traditional foods, survival skills, language;
- · AA groups and meetings;
- justice outpost camps;
- · healing circles for men, women and youth;
- assisting young mothers with learning positive parenting skills;
- making Aboriginal seats mandatory for a range of community boards.

Best Practices in Health

The focus of this workshop was to identify what is working in enabling people in Inuit communities to be healthy. The focus question for this workshop was:

"What activities and systems are helping people to be healthy?"

Participants were encouraged to look at formal systems and structures, informal, family or community-based practices, traditional Inuit approaches and western medical approaches.

The representatives from each community met as a group to make the list of activities that promote health in their community. They recorded their ideas on flip chart pages. Examples of current activities included:

- · medical services;
- on-the-land programs;
- preserving language and traditional practices;
- church activities;
- · food and nutrition programs;
- · alcohol and drug programs;
- sports and recreation;
- community social activities and special events;





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- income support and special care structures;
- learning resources;
- craft workshops;
- activities for women, Elders and other groups of people in the community;
- · community social development activities.

Each community reported its findings to the whole group. Following each report, the subsequent discussions included:

- concerns that caught your attention;
- questions to help you understand the activities described;
- helpful or creative approaches to health;
- the most interesting aspects of the reports;
- · major activities that could be advanced;
- · implications for the communities;
- · implications for health care systems.

Health Research and Development

The focus of this workshop was to identify questions for research and development that will enable improved health and wellness in Inuit communities. The emphasis was on finding questions that will lead to new knowledge development, improved systems and structures, and the promotion of wellness. The intent was to develop the foundation for an Inuit-specific research and development agenda, based on needs identified by Inuit rather than outside researchers.

The focus question for this workshop was:

"What questions need to be considered to help us better understand Inuit health and be more effective in enabling Inuit to be healthy?"





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Participants were encouraged to think about:

- using Inuit traditional knowledge and practices;
- integrating tradition with western approaches;
- preventing illness;
- promoting health and wellness;
- · health care delivery systems.

The representatives from each community met as a group to make the list of questions. They recorded their ideas on flip chart pages. Each community reported its findings to the whole group.

With the help of the facilitator, the group discussed the reports and identified several major themes that indicate high-priority research questions. Priority research areas included:

- involving and motivating people at the local level;
- addressing serious personal issues that people are reluctant to discuss, such as addictions, physical and emotional abuse, suicide, lack of motivation, and reliance on social assistance;
- improving relations with health care providers;
- · increased funding for community-based programs.

Research questions that were identified included:

- What studies are being done on cancer in our region?
- · Are suicide prevention programs working?
- Why are cases of tuberculosis and diabetes increasing?
- · How do we generate community support for drug and alcohol programs?
- How can we access professional human resources?





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- How can health services utilize traditional medicine?
- How do we get the public's attention on research that is needed?
- How can we get more authorities in our communities like the RCMP?

After the presentation of small group reports the larger group reflected on their work, discussing the following topics:

- key things we want to learn about our health;
- the difference this kind of research can make in our communities;
- culturally appropriate ways to approach this research.

Recommendations

This session reflected on the conversations held during the workshop and created a set of recommendations for the future. The focus question for the workshop was:

"What recommendations would you make for the future?"

Participants were encouraged to think about recommendations for the community, the region and the Ajunnginiq Centre. Representatives from each community met as a group to make a list of recommendations. They recorded their ideas on flip chart pages and then reported their findings back to the whole group.

The group reflected on its work and discussed recommendations that it considers to be high priorities. Recommendations for the Ajunnginiq Centre included:

- mentioning the needs in the Western Arctic in national discussions;
- · listening to everyone;





عمد ۱۹۵۵ کالم ۱۹۵۰ محرح ۱۹۵۸ کالم ۱۹۵۰ محد ۱۹۵۸ کالم ۱۹۵۱ کام

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- connecting with Elders who are midwives in the Western Arctic:
- that "We would like to work with the same people over time so we can get to know them";
- remembering that the Western Arctic has advantages that could benefit the Ajunnginiq Centre, such as resources, linkages and partnerships, that can be built on;
- that the Ajunnginiq Centre should remain non-political.

Regional and community recommendations included:

- networking that could take place through Community Health Representatives;
- keeping networking and interchanges constant and ongoing;
- a regional newsletter between the communities, which would be helpful, and perhaps done through the community corporations;
- that health concerns must be brought to the attention of the chairpersons of the community corporations;
- that stores like the Co-op and the Northern can sponsor nutritional education;
- · that materials for the Elders be translated;
- that health issues be integrated with self-government discussions and negotiations;
- · a partnership with Aurora College;
- getting more input from teenagers and youth;
- putting health information into newsletters such as IRC's, local newspapers like The Drum, and on local radio and television stations;
- linking with schools to get health prevention and education programs to children on issues like smoking;
- sharing local approaches and best practices between the regions.





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SUMMARY OF NUNAVIK WORKSHOP DISCUSSIONS

Community Health Concerns

The focus of this workshop was on identifying the health concerns experienced in the communities. The focus question for this workshop was:

"What are the health concerns in your community?"

Participants were asked to identify health concerns in the following areas:

- physical health concerns, including chronic illnesses, acute illnesses and accidents;
- · mental health concerns;
- social health concerns, including concerns related to relationships within and among families;
- spiritual health concerns, including issues such as self-image and identity.

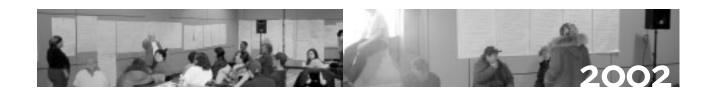
Participants were also asked to consider the following groups in their community:

- infants
- · children and youth
- women
- men
- . Elders

The representatives from each community met as a group to make a list of their concerns that were recorded on flip chart pages. Each community then reported its findings to the whole group. After each report the following topics were discussed:

- concerns that caught your attention;
- questions to help you understand the situation in this community;
- issues or implications that are raised by this report.





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After all of the reports, the group discussed them using the following topics as a guide:

- the most interesting aspects of the reports;
- · issues that were raised for you;
- · implications for the communities;
- · implications for health care providers.

Common concerns related to the health and wellness of infants, children and youth were:

- nutrition/lack of food;
- overcrowded housing;
- poverty;
- · suicide;
- parenting, including conflicts between parents, separation of parents and adoption;
- supporting early childhood development, including pre-and post-natal classes for mothers and babies;
- accidents and injuries due to lack of environmental and safety knowledge and skills/life skills;
- . FAS/FAE;
- · dental health;
- hearing problems;
- · tobacco use and second-hand smoke;
- · drug, alcohol and solvent abuse;
- · mental, emotional and sexual abuse;
- neglect, including inadequate sleep/rest;
- exposure to violence on television and in video games;
- teenage pregnancy;
- high-risk sexual behaviours/lack of knowledge about STDs, HIV/AIDS;
- lack of community recreation activities for youth;
- issues related to cultural identity, pressure from both cultures;
- dropping out of school;
- peer pressure/low self-esteem/lack of self-respect;





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- · lack of positive role models;
- · lack of anger management/communication skills.

Common concerns about women's health and wellness were:

- · lack of education;
- poverty/lack of employment opportunities;
- · marriage breakdown, marital problems;
- · starting families at a very young age;
- caring for others but not themselves/expected to care for or adopt their grandchildren;
- substance abuse;
- gambling;
- stress, overwork, too many expectations from the community;
- physical and mental health problems, such as various cancers, obesity, stress and depression;
- low self-esteem: "they're treated as if they are nothing";
- · "misuse and abuse of single mothers";
- · abuse and violence;
- lack of healthy and positive recreational and social activities;
- · lack of traditional and cultural supports.

Common issues specific to men's health and wellness were identified as including:

- poverty/unemployment/lack of jobs;
- · lack of education;
- insufficient knowledge and awareness of sexually transmitted diseases, including HIV/AIDS;
- "Need to know how to be a man, a good husband and father";
- mental health issues related to jealousy and emotional pain, stress, low selfesteem, inability to express emotions or manage anger, marital breakdown;
- · lack of positive role models;





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- personal hygiene/caring for oneself;
- · substance abuse;
- gambling;
- · violence;
- smoking;
- difficulty adapting to contemporary society, changing roles of men and women;
- lack of traditional knowledge, hunting skills and equipment;
- · few supports or services for men;
- physical ailments related to lack of physical activity;
- · lack of interest in spirituality.

Concerns related to the health and wellness of Elders in the region were identified as including:

- not enough interaction with youth;
- inadequate care/sent for medical care "too late";
- lack of community activities to promote the well-being of Elders;
- physical health concerns include arthritis, muscle aches, lung cancer, heart disease, eye damage, loss of hearing and other senses, Parkinson's disease;
- verbal, emotional, physical and financial abuse;
- "Traumatized by drugs and alcohol in the community";
- substance abuse;
- smoking;
- lack of value for the traditional knowledge, concerns and opinions held by Elders;
- culture shock/loss of culture and cultural practices;
- inactivity;
- . stress
- expected to do too much: "They are slaves to their children and grandchildren";
- poverty;
- overcrowded housing;





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 concerns about suicide and social issues in the community, including the breakdown of marriages and family structures.

Inuit Traditional Knowledge and Health Practices

The focus of this session was to initiate conversation among participants related to traditional Inuit ways of approaching health and wellness.

To initiate the discussion, Robert Watt, the director of the Ajunnginiq Centre, made a presentation that covered a variety of practices related to illness prevention and treatment of common illnesses. The information was very clear and each group was able to make meaningful connections between the presentation and its members' own experience.

After the presentation, the following topics guided discussions:

- examples of traditional knowledge and practice examples in your community;
- how traditional knowledge and practice are valuable today;
- ways traditional knowledge can be kept as a living practice.

The participants enjoyed a full discussion of traditional medicine and traditional practices. Discussions addressed the uses of a variety of plant and animal materials, such as seal oil, berries and barks, as well as traditional practices related to various illnesses, resuscitation from drowning and treatment of frostbite.

Participants felt strongly that traditional knowledge and medicine have a role to play along with western medical approaches, as "Inuit have survived for 4,000 years with our own traditional medicine."





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Holistic Determinants of Health

The focus of this session was to examine the factors that are important to people's health and well-being in the communities.

The focus question for this workshop was:

"What are the factors that enable people in your community to be healthy?"

Participants were encouraged to think of real people, real situations and people they know. They were then given a few minutes in silence to brainstorm their own ideas. They then gathered in community groups to brainstorm and record each unique idea on a file card.

Guided by the facilitator, the participants sorted the ideas into clusters that revealed the major factors that promote health in their communities.

The major clusters were:

- to become comfortable with oneself;
- boosting self-esteem;
- physical wellness;
- not taking things for granted;
- · role models;
- · positive family relations.

Each of these clusters contained a number of related factors, such as good communication between people, helping each other, eating well and eating country foods, peace and happiness at home, being well-dressed for the weather conditions, being good citizens and having respect for others.





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The participants then reflected on activities that promote health in their communities and considered the question:

"What activities do we do in our communities that promote wellness?"

Responses to this question fell within the following broad themes:

- support for Elders;
- religion/spirituality;
- extracurricular activities;
- collaboration/co-operation;
- life skills;
- · language;
- hunting;
- social interactions;
- sewing;
- prevention.

Specific activities that were identified included:

- transportation for Elders;
- · festivals and Inuit games;
- · community feasts and visiting people;
- community services such as child care, shelters, alcohol treatment centres;
- teaching traditional skills such as iglu building;
- health promotion programs on radio;
- cooking lessons for youth;
- AA meetings, men's groups, suicide prevention groups;
- smoke-free environments;
- · keeping the Inuktitut language strong.





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Supports for Healthy Living

During this session, participants considered:

"What connections do we need to make and what do we need to do to extend the work we've begun here to promote health? What support do we need from each other?"

Participants said that even though they are seeing greater co-operation between various regional agencies such as the police and the health care system, there are still problems related to lack of support and co-operation.

Existing bodies such as the regional health board, municipal councils and health committees, should be better utilized. There is also a need to build bridges between regions and communities.

Participants were appreciative of the opportunity to attend this workshop, and particularly appreciative of the youth perspective. One participant said, "The youth participation in this meeting was an eye-opener."

Participants identified the need for increased Inuit ownership of health promotion. Suggestions included community responses to individuals who may be missing out on the land, and the need for Elders, youth and all community organizations to work together on health and wellness activities.

They raised a concern regarding regional development and the impacts on individuals and lifestyles, although they saw improvements for youth's educational attainment and overall health as possible, in conjunction with more employment opportunities in the communities and region.

Participants identified communication as being very important to improving health. They suggested that people could communicate with each other directly more often, rather than relying on local FM radio for announcements. They also saw newsletters as a good communications tool.





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SUMMARY OF LABRADOR WORKSHOP DISCUSSIONS

Community Health Concerns

The main focus was on identifying the health concerns experienced in the communities. The focus question for this workshop was:

"What are the issues and concerns that are preventing people from being healthy in your community?"

Participants were asked to identify health concerns in the following areas:

- physical health concerns, including chronic illnesses, acute illnesses and accidents;
- · mental health concerns;
- social health concerns, including concerns related to relationships within and among families;
- spiritual health concerns, including issues such as self-image and identity.

Participants were also asked to consider the following groups in their community:

- infants
- · children and youth
- · women
- men
- . Elders

The representatives from each community met as a group to make a list of their concerns, which were recorded on flip chart pages. Each community then reported its findings to the whole group. After each report, the following topics were discussed:

- concerns that caught your attention;
- questions to help you understand the situation in this community;
- issues or implications that are raised by this report.





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After all of the reports, the group discussed them using the following topics as a guide:

- the most interesting aspects of the reports;
- · issues that were raised for you;
- · implications for the communities;
- · implications for health care providers.

Groups' Concerns:

General concerns relevant to all age groups that were similar across the communities included:

- · Health delivery (this raised the most concerns): lack of services/programs and accountability; poor service; waiting for services and results; poor communication and explanations; lack of interpreters; pregnant women having to go away; lack of cultural knowledge/insensitivity in health providers; transportation
- Specific health issues: the addictive behaviours (drugs/alcohol/smoking/gambling) and a need for specific counselling; nutrition and food quality/expense; family finances; lack of youth programs and involvement; lack of Elders' facilities and services; lack of parenting programs; a need for more health information, including in Inuktitut; cancer rates; more counselling; home care
- Political and management issues: Labrador Inuit Health Commission (LIHC) expectations; financial issues; lack of community control and input to government; Non-Insured Health Benefits information; lack of training





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- Personal/social issues: fear/embarrassment/ shame (having a problem, making mistakes, etc.); fear of accepting responsibility; lack of motivation for change; not willing to do share of work; lack of communication with each other; not teaching children from early on; unwillingness to take community ownership of problems
- Culture loss/culture change: loss of Inuit language, values, skills, food.

Age-specific concerns are noted below. This overview notes issues that were mentioned more than once.

Common concerns related to the health and wellness of children included:

- · loss of language and culture;
- lack of services such as daycares and after-school programs;
 (*The above issues were the most frequently mentioned.)
- · ear infections;
- · emotional and home issues.

Youth issues yielded the highest number of concerns, including:

- loss of language, culture and connection to Elders:
- teen pregnancy, single parenthood, and lack of parenting skills;
- · lack of programs, facilities and activities;
- · STDs;
- alcohol/drug/solvent abuse;
- · suicide and suicidal feelings;
- · lack of health information;
- emotional issues and lack of opportunities to be listened to;
- negative peer pressure;
- · lack of self-esteem and self-respect.





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Common concerns about women's health and wellness were:

- · lack of employment, financial problems;
- pressures of young and single parenthood;
- need for support systems;
- necessity of leaving home for births;
- lack of health information (for example, menopause.)

The common issues specific to men's health and wellness were:

- · unemployment and financial problems;
- inability and lack of opportunity to express emotions, and lack of support systems;
 (* The above issues were the concerns most often mentioned for men.)
- alcohol/drugs/gambling;
- self-esteem problems.

The common concerns across communities related to the health and wellness of Elders were:

- lack of seniors' facilities in their home communities;
- home care needs;
- issues of language/communication, loss of respect for and interest in traditions and traditional knowledge.

Inuit Traditional Knowledge and Health Practices

The focus of this session was to initiate conversation among participants related to traditional Inuit ways of approaching health and wellness.

To initiate the discussion, Robert Watt, the director of the Ajunnginiq Centre, made a presentation that covered a variety of practices related to illness prevention and treatment of common illnesses. The information was very clear and each group was able to make meaningful connections





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between the presentation and its members' own experience.

After the presentation, the following topics guided discussions:

- examples of traditional knowledge and practice in your community;
- how traditional knowledge and practice are valuable today;
- ways traditional knowledge can be kept as a living practice.

The participants enjoyed a full discussion of traditional medicine and traditional practices. Discussions addressed the uses of a variety of plant and animal materials, such as fish oil, berries and leaves/twigs/tree sap, as well as practices related to treatment of infections, wounds, digestive problems, and so on.

Participants felt strongly that traditional knowledge and medicine have a role to play along with western medical approaches. More research should be done on traditional medicines.

Holistic Determinants of Health

The focus of this session was to examine the factors that are important to people's health and well-being in the communities.

The focus question for this workshop was:

"What are the factors and activities that enable people in your community to be healthy?"

Participants were encouraged to think of real people, real situations and people they know, doing things that promote health in their communities.





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Health-promoting activities and resources fell into the general categories of:

- · culture and heritage;
- health services and resources;
- spirituality;
- healthy relationships and ties;
- active living;
- · learning;
- · healthy home;
- · community socializing.

From the concerns and health-promoting practices that were identified, it was possible to draw up a chart of health determinants that the community groups felt to be important. These can be categorized as follows:

- · adequate services, facilities and programs;
- · knowledge, education and information;
- maintenance of language and cultural identity;
- · self-determination and responsibility;
- physical activity;
- · social and family interaction;
- healthy personal choices;
- employment/money.

Questions, Issues and RecommendationsDuring this session participants discussed

"What information and research do you need in your community and region to help/keep people healthy?"





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Identified needs included:

- Information about: resources, policies and processes; sexual health; smoking/drugs/alcohol; healthy living; specific health problems; dental health; accessing resources and services
- Strategies for: improved Elders'/ children/youth services/programs; parenting programs and parental involvement; various counselling/support programs, services and use; maintaining language and traditional activities/skills; employment; decreasing teen problems (examples, pregnancies, school drop-outs); decreasing smoking/alcohol/drug use/gambling; community spirit, control and responsibility; increasing respect for Elders and youth; housing, food and water quality and safety; environmental and wildlife health and maintenance; increasing health awareness; training in health professions
- Research on: Elders' issues; youth issues (school drop-out, pregnancy, etc.); cancer; nutritional value of traditional food; fertility; housing; traditional medicines.

Participants see the need for more information about issues, and about processes and procedures, as very important. Related to this – and the largest category of need – are the "how do we..." questions, emphasizing the need for developing strategies that would improve individual, social/community and environmental health. Further research is also suggested in certain areas.

Finally, participants put together a list of action items and recommendations. This included action by communities and community members, regions and the Ajunnginiq Centre.





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Community action included:

- approaching town councils, health groups, LIHC for specific information sharing and action:
- activities for community ownership, action and involvement;
- developing bilingual health information and awareness strategies in the communities;
- · organizing own health workshops;
- taking an active role in teaching, including traditional information and skills.

Categories of regional action ideas were:

- follow-up meetings, information sharing, networking;
- development of needed facilities and services (e.g. Elders' and youth centres, health staffing, interpretation, etc.);
- · training.

Finally, suggestions were made as to follow-up activities that could be undertaken by NAHO and the Ajunnginiq Centre:

- information about, promotion of and visibility in our activities;
- follow-up activities (e.g. more workshops, conferences);
- · Inuktitut materials;
- · sharing of health information.

In the wrap-up, participants discussed areas of interest, surprises, and similarities/differences among community reports. For example, surprises ranged from learning that breast milk was used for ear infections, to information about health service inadequacies, and men's need for support services. The lack of discussion on suicide was noted. The issues of language/culture loss, and health service inadequacies, were the most common similarities across communities.





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SUMMARY OF NUNAVUT WORKSHOP DISCUSSIONS

Community Health Concerns

The main focus was on identifying the health concerns experienced in the communities. The focus question for this workshop was:

"What are the issues and concerns that are preventing people from being healthy in your community?"

Participants were asked to identify health concerns in the following areas:

- physical health concerns including chronic illnesses, acute illnesses and accidents:
- · mental health concerns;
- social health concerns, including concerns related to relationships within and among families;
- spiritual health concerns, including issues such as self-image and identity.

Participants were also asked to consider the following groups in their community:

- · infants
- · children and youth
- women
- . men
- Elders

The representatives from each community met as a group to make a list of their concerns, which were recorded on flip chart pages. Each community then reported its findings to the whole group.

After each report, the following topics were discussed:

- concerns that caught your attention;
- questions to help you understand the situation in this community;
- issues or implications that are raised by this report.





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Following all of the reports, the group discussed them using the following topics as a guide:

- the most interesting aspects of the reports;
- · issues that were raised for you;
- · implications for the communities;
- · implications for health care providers.

Groups' Concerns:

Overall, the most often mentioned concerns were:

- suicide;
- the addiction/abuse behaviours: smoking, alcohol/drug abuse, and gambling;
- not expressing, or not having the opportunity to express, feelings (seen as especially relevant to men and youth);
- poor nutrition (including not eating country food and not breastfeeding babies);
- Elder abuse and neglect;
- overcrowded housing;
- · lack of educational and information materials about health issues (parenting, sexual activity issues, alcohol/drug effects and risks ["... should have those posters like they have about smoking, about alcohol and drug effects"], medical problems, etc.);
- family, cultural and intergenerational breakdown.

General concerns that cut across all issues were: inadequate interpretation, and inadequate explanations of medical problems, instructions, terminology, side effects, and high health staff turnover.

Common concerns related to the health and wellness of children and youth were:

- poor nutrition;
- physical, emotional and sexual abuse;
- suicide;
- neglect;





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- inadequate sleep/rest because of noise/problems in the home;
- hearing problems/ear infections;
- not having opportunities to talk about feelings and problems;
- parenting problems, including conflicts between parents, separation of parents, poor discipline, inattention to the children;
- dropping out of school;
- . FAS/FAE;
- · cigarettes and chewing tobacco use;
- · drug, alcohol and solvent abuse;
- teenage pregnancy;
- high-risk sexual behaviours/lack of knowledge about STDs, HIV/AIDS;
- lack of community recreation activities for youth;
- intergenerational misunderstandings and youth's lack of interest in Elders;
- youth's lack of spiritual interests;
- · loss of language;
- · dental health;
- · peer pressure;
- · low self-esteem;
- · lack of positive role models;
- lack of anger management/ communication skills.

Common concerns about women's health and wellness were:

- · lack of education;
- poverty/lack of employment opportunities;
- not talking about problems;
- · marriage breakdown, marital problems;
- · starting families at a very young age;
- substance abuse (tobacco, alcohol, drugs);
- · gambling;
- stress from many sources (financial, expectations, children, spouses, etc.);
- · lack of support for single mothers;
- · abuse and violence;
- lack of midwifery services for pregnancy and birth.





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Common issues specific to men's health and wellness were identified as including:

- poverty/unemployment/lack of jobs;
- · lack of education;
- inability and/or lack of opportunity to express emotions, talk about problems;
- · few supports or services for men;
- · substance abuse (alcohol, tobacco, drugs);
- stress;
- · gambling;
- · violence and anger management;
- difficulty adapting to contemporary society, changing roles of men and women;
- lack of traditional knowledge, hunting skills and equipment;
- · lack of physical activity;
- · lack of emotional supports.

Concerns related to the health and wellness of Elders were identified as including:

- verbal, emotional, physical and financial abuse; relatives expecting too much;
- inadequate care: misunderstanding, lack of explanation, neglect;
- lack of activities for mental and physical health;
- not enough interaction with youth;
- substance abuse (alcohol, tobacco);
- lack of value for the traditional knowledge, concerns and opinions held by Elders;
- culture shock/loss of culture and cultural practices;
- stress;
- poverty;
- concerns about suicide and social issues in the community, including the breakdown of marriages and family structures.





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Inuit Traditional Knowledge and Health Practices

The focus of this session was to initiate conversation among participants related to traditional Inuit ways of approaching health and wellness.

To initiate the discussion, Robert Watt, the director of Ajunnginiq Centre, made a presentation that covered a variety of practices related to illness prevention and treatment of common illnesses. The information was very clear and each group was able to make meaningful connections between the presentation and its members' own experience.

After the presentation, the following topics guided discussions:

- examples of traditional knowledge and practice in your community;
- how traditional knowledge and practice are valuable today;
- ways traditional knowledge can be kept as a living practice.

The participants enjoyed a full discussion of traditional medicine and traditional practices. Discussions addressed the uses of a variety of plant and animal materials, such as seal oil, berries and mushrooms, as well as traditional practices related to various illnesses, treatment of infections and wounds, resuscitation from drowning, and treatment of frostbite.

Participants felt strongly that traditional knowledge and medicine have a role to play along with western medical approaches.

Holistic Determinants of Health

The focus of this session was to examine the factors that are important to people's health and well-being in the communities.





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The focus question for this workshop was:

"What are the factors that enable people in your community to be healthy?"

Participants were encouraged to think of real people, real situations and people they know. They were then given a few minutes in silence to brainstorm their own ideas. They then gathered in community groups to brainstorm and record each unique idea on a file card.

Guided by the facilitator, the participants sorted the ideas into clusters that revealed the major factors that promote health in their communities. The participants gave each cluster a title to express the idea.

The major clusters developed by the Kivalliq/Kitikmeot group were:

- adequate rest;
- knowledge and education;
- physical health;
- balanced nutrition;
- respecting cultural values;
- healthy and happy home environment;
- spirituality;
- good community resources;
- healthy personal choices;
- financial security;
- self-expression.

Each of these clusters contained a number of related factors, such as daily exercise, country food and fruit and veggies, respect for traditional knowledge and values, love and communication, prayer and humour, good role models, substance-free lifestyle, jobs, and sharing emotions. From the concerns/needs, factors, and activities that were identified by the community groups, it was possible to draw up a chart of health determinants.





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The participants then reflected on activities that promote health in their communities and considered the question:

"What activities do we do in our communities that promote wellness?"

The Qikiqtani participants clustered their healthpromoting community activities into the following categories:

- community/harmony/being as one;
- youth initiatives;
- gathering together;
- hunting/camping/land;
- Brighter Futures (education/training);
- taking care of your body;
- health programs/medicines.

Responses to this question from both Nunavut workshops fell within the following broad themes (shown with specific examples from the groups):

- support systems (AA and healing groups, parenting groups, daycares);
- religion/spirituality (church/prayer meetings, choirs, on-the-land);
- recreational and hobby activities (sports, sewing groups, square-dance groups);
- community unity and involvement (community justice groups, Elders parties, volunteers);
- healthy young people (Brownies/ cadets etc., youth groups and centres, issues-awareness groups);
- traditional activities (camping, drum dancing and throat singing, hunting);
- social interactions (community feasts and games, dances, visiting);
- learning and education (school, cooking, tutoring, traditional skills);





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 health programs and prevention (Well Child programs, prenatal classes, health centres, counselling/wellness centres).

Questions, Issues and Recommendations

During this session, participants discussed:

"What health questions do you have that you need answers for?"

Requests for more information and research suggestions included:

"What" and "Why" questions:

- rates of cancer, diabetes, heart disease, teen pregnancy, ear infections, suicide, SIDS, respiratory illnesses, school drop-outs;
- various medications;
- causes of illnesses;
- · overcrowding as causing health problems;
- · health assessments used in health centres.

"How to" questions:

- stop alcohol/drug imports and deal with addictions;
- manage pain (without getting addicted to painkillers ... traditional pain management?);
- stop suicide;
- keep children in school;
- minimize health problems of crowded housing;
- stop Elder abuse;
- retain doctors/nurses;
- obtain proper treatment/care in time;
- improve communication among the regions, between individuals, between Elders and youth, between parents and children;





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- incorporate traditional knowledge into medicine, social services, workplaces;
- · get more counsellors.

"When will" questions:

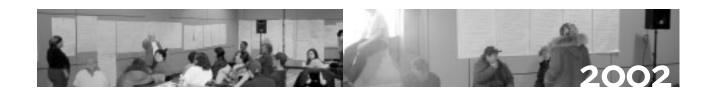
- Nunavut get a rehab centre;
- there be permanent doctors and nurses in the communities;
- Inuit remedies be scientifically researched, and traditional knowledge recognized;
- there be more information/education materials;
- all information packages be in Inuktitut, not just English;
- people stop smoking in public places;
- there be Inuktitut-speaking nutritionists who understand both traditional and modern food;
- there be enough funding;
- · we stop talking and start acting?

Participants discussed the crucial need for more information, as people are not always aware of health issues and dangers. Sharing information was also seen as important, as problems are similar in different areas and all can learn from each other. But participants emphasized that information must be made available in Inuktitut, as well as in English.

Action and research priorities were identified as:

- how to get Inuktitut speakers doing workshops and translating/interpreting information;
- how to improve communication within the region and among all regions;
- information/research about effects of crowded housing on health, and prevention.





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Recommendations for sharing information included:

- the best ways to disseminate information: television, written, CBC and community radio, Aboriginal People's Television Network, posters;
- develop resource materials for the Community Health Reps;
- passing it on to committees, hamlet councils, RCMP. (Participants suggested that there are some barriers to communicating with these groups. Robert Watt, Ajunnginiq Centre Director, suggested that NAHO might write an information letter to those groups.)

Finally, delegates noted the need for further discussion and action regarding:

- alcohol abuse in communities;
- drug abuse (including prescription drugs);
- the role of family in healthy communities, especially in preventing youth suicide and in providing support to women.

