“We need to train our own people and the North will speak for itself.”

Spring School participant

YUKON FIRST NATIONS
HEALTH PROMOTION SPRING SCHOOL 2007
Report and DVD
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J o d y  B u t l e r  W a l k e r
N o r m a  K a s s i
S u z a n n e  J a c k s o n
L o r i  D u n c a n
K a t h e r i n e  M i n i c h
D e b b i e  A b b o t t
S h a n n o n  D u k e
Welcome from Chief Ruth Massie, Chiefs’ Committee on Health

It is my pleasure to welcome you to this report of the Yukon First Nations’ Health Promotion Spring School 2007. I attended the group presentations made by the participants of the Spring School, and was impressed by the work they had done together on such important health issues in our communities.

The Chiefs’ Committee on Health for Yukon First Nations works to provide opportunities to further develop relevant and effective health programs and services that will improve health outcomes and enhance the health status of our peoples.

The importance of fully respecting community level wisdom in understanding health needs and priorities can’t be overstated. Developing capacity at the community level is essential to strengthening community, family and individual health, and to providing a stronger foundation for effective governance for our future.

I am very pleased to have been part of the Yukon First Nations’ Health Promotion Spring School 2007, which I believe is an important step to enhancing community capacity, and recommend that more training courses like this be funded. I commend the collaborative efforts of CYFN Health & Social department, the University of Toronto, Yukon College and the Arctic Health Research Network-Yukon.

Congratulations to the participants at ‘Spring School 2007’ for their dedication and hard work!

Sincerely,

Chief Ruth Massie
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Executive Summary

The Yukon First Nations Health Promotion Spring School 2007 (May 28-June 1) brought together community-based First Nations health resource workers from across the Yukon to develop ways of promoting health on issues of importance to their communities. Participants selected one of the following five priority issues to focus on during the course: diabetes, depression, substance use, food security and residential school.

Working through a 6 step planning process, participants identified key individuals and agencies, background information, goals, objectives, strategies, activities and indicators for each issue. These results are visually presented to be of interest to a range of audiences, both in the video of Spring School 07 (included inside the front cover) and in the main part of this document. Results are also available in report format in the appendix to provide additional details.

This document and the DVD were developed to allow future updates as additional ideas and information become available. The strategies and activities for each issue are searchable by key words on the interactive DVD. For example, the importance of traditional foods was highlighted in all issues. This searchable feature will help readers to work through the document material and identify common themes.

Spring School 2007 participants recommended that more training courses like this be developed to contribute to capacity building at the community level.
From May 28 to June 1 2007, the Arctic Health Research Network-Yukon co-hosted the **Yukon First Nations Health Promotion Spring School 2007** with the Council of Yukon First Nations (CYFN), Yukon College, and the University of Toronto.

**Spring School 2007** training resulted from a recommendation by the CYFN Health & Social Commission in the fall of 2006. The recommendation followed a presentation about the course by Dr. Suzanne Jackson, the Director of Health Promotion at the University of Toronto, who is a member of Dr. Kue Young’s CIHR Team Grant called “Averting Chronic Diseases in Northern Populations”, as are CYFN Health and AHRN-YT.

Participants were First Nations health resource workers who came from across the Yukon to discuss ways of promoting health. They focused on diabetes, depression, substance use, food security and residential school. These issues were identified as priority issues in communities by the CYFN Health and Social Commission.

This document summarizes the results developed for each issue by the participants as they worked through the health promotion program planning and evaluation training, facilitated by Suzanne Jackson. Participants chose an issue and stayed with that issue throughout all six steps of the planning process. Their results form the basis for developing proposals and partnerships that originate from the grassroots community level to address community issues of concern.

**The results are not intended to be inclusive of all agencies, groups, ideas and actions that may contribute to improvements in these issues in communities. However, they are intended to provide common ground to continue discussions and actions.**

The health promotion planning process includes the following steps:

- Identify key individuals and groups, both within and outside communities, who have a role in contributing to a specific issue.

- Conduct a situational analysis to determine ‘what we know’. This includes considering the health needs of the community, political and environmental circumstances and reviewing some key literature.
Identify the goals and objectives of the program. There was considerable time spent developing goals and objectives during the workshop as they set an important foundation for the next steps.

Identify strategies and activities that build on the goals and objectives and are culturally relevant and meaningful to community members.

Develop indicators to be able to evaluate the progress of community programs and activities.

Review the program plan.

In reading this document, we invite you to consider Elders in the broadest context to include people who have the ability to share ancient wisdom.

The DVD included in the front cover has 2 files: the first file is a keyword-searchable pdf of this report. It can be printed, viewed on a computer or projected on a screen. The second file is a video of Spring School 2007. The DVD may be viewed using your TV and DVD player or by using the DVD reader on your computer.

The strategies and activities for each issue are summarized by the following key themes: traditional food, Elders, youth, Elders and youth working together, community gatherings, and identified research needs. We encourage you to share this document by printing display materials and using the files for workshop presentations.

We welcome your feedback and comments (www.arctichealth.ca).
HEALTH PROMOTION PLANNING PROCESS

Concern

Who?

What do we know about this concern?

What do we want our community to look like?

What do we have to do?

How are we doing?

Let’s put all these steps together and create our plan that we can do!

What does our plan look like?

Issue

Pre-planning and project management

• find the core group
• determine who else may be involved

Situational Analysis

• review data and literature
• listen to people in the community
• determine which organizations may be partners
• identify data gaps

Goals and Objectives

• develop desired outcomes and results

Strategies and activities

• develop approaches and specific actions

Indicators

• ask questions and measure results (not always easy)

Review Program Plan

• feel what it is like to make a plan and to create action and intervention in the community
Goal:
Identify financial and human resource needs.

Develop objectives, strategies and activities—then write proposals.

Deliver the project in the community.

Evaluate the project. Is it working? How can we improve?

Continue long-term implementation, ongoing programming and community involvement.

Developed by Norma Kassi
START HERE
I can begin a project in my community by following these steps.

Identify and develop an action plan to improve community health.

Create a core group of concerned individuals in the community.

Identify the health issue/concern in the community and assess the situation.

The core group develops a plan.

Identify others within and outside the community to work with the core group.

Engage the community by having community meetings, workshops with students, Elders and others including home visits.
WHO IS INVOLVED

Core:
- you/me, Elder
- FN/aboriginal community worker, health frontline worker, youth worker

Involved:
- Health educator, schools, families, hunters/gatherers
- policy makers, children/youth, community nurse

Supportive:
- FN/aboriginal organizations, FN Governments, Health Canada, recreation parks association for the Yukon
- Aboriginal organizations, FN Governments, Health Canada, recreation parks association for the Yukon

Peripheral:
- Chief and Council, other Governments (Territorial, Federal, other First Nations, Municipal), Diabetes Education Centre, Diabetes Reference Group, Arctic Health Research Network - Yukon

Diabetes
WHAT WE KNOW

RESEARCH AND DATA:
- Elders have the highest diabetes rates—Yukon Regional Health Survey (RHS).
- Many First Nations are eating traditional foods and living actively (RHS).
- Eating traditional foods improves health indicators.
- Aboriginal rates for Type 2 diabetes are 3 to 5 times greater than the general population and this trend is now being observed in aboriginal children (RHS).

COMMUNITY EXPERIENCE:
- Prenatal cooking classes are of great benefit.
- One community has a community freezer that supplies traditional meat for single moms and Elders.
- For example, Porter Creek Secondary school teaches students to cook healthy foods for the cafeteria and has removed pop machines.
- Community members want a survey in each community to learn how much traditional food people are currently eating, how they get it, store it, share it, etc.
- Community members want to know what the barriers to healthy traditional eating are.
- Diabetes and health are not seen as a priority.

GOAL
All community members are eating traditional and other healthy foods.

OBJECTIVES
- All members harvest, preserve and store traditional foods.
- Traditional food is harvested and available to all community members in daycares, schools, homes and events.
- Yukon First Nations trade and share traditional foods with one another.
EDUCATION STRATEGIES

COMMUNITY BASED
- Diabetes education to learn about traditional food value in preventing and treating diabetes involving healthy, knowledgeable and strong Elders
- Youth ‘on the land’ experience providing physical activity and traditional food
- Community kitchens to learn how to prepare traditional foods
- High school curriculum about traditional foods
- Youth harvesting program
- Develop diabetes education for young women and mothers
- Educational kids puppet play

FAMILY BASED
- Traditional parenting involving Elders
- Adult and youth harvesting program
- Diabetes education to learn about traditional and market food value in preventing and treating diabetes
- Keep education projects on the forefront and sustainable
COMMUNITY LED ACTIVITIES

- Community cookbook with traditional foods
- Community freezers for traditional foods
- Harvest potluck
- Financial support
- Provide traditional and other nutritious food in daycares, schools, homes and events
- Community encourages physical activities

COMMUNITY POLICIES

- Community makes health issues a priority
- Implement traditional food strategies in each community
- Time off to hunt, harvest and share traditional food knowledge
- Trade a harvester program
- Share and trade traditional food with other First Nations
- Work with other First Nations
- Create community gardens, greenhouses and agriculture for long term use
- Re-establish ancient laws regarding traditional food as spirit food

EXAMPLES OF INDICATORS:

- Number of community members harvesting, preserving and storing traditional foods.
- Number of daycares, schools, homes and events serving traditional foods.
- Number of First Nations that share and trade traditional food with each other.
- Number of policies in place for a healthy community.
- Number of people with diabetes.
WHO IS INVOLVED

Core:
Municipality, interested community members including hunters, farmers, providers and mothers, Renewable Resource Councils, FN Health Programs, agriculture association, grocery store, restaurants, big game outfitters, traditional knowledgeable people

Supportive:
grocery store managers, Health Centre, Yukon Government, Peripheral:
Regions, First Nations linguistic groups, other First Nations Governments, Yukon Government Health, CYFN Health and Social Department, Federal governments, agricultural community

Involved:
greenhouse projects, schools, First Nations Government

Peripheral:
Municipality, interested community members including hunters, farmers, providers and mothers, Renewable Resource Councils, FN Health Programs, agriculture association, grocery store, restaurants, big game outfitters, traditional knowledgeable people

Supportive:
grocery store managers, Health Centre, Yukon Government

Involved:
greenhouse projects, schools, First Nations Government

Peripheral:
Regions, First Nations linguistic groups, other First Nations Governments, Yukon Government Health, CYFN Health and Social Department, Federal governments, agricultural community

Core:
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Supportive:
grocery store managers, Health Centre, Yukon Government

Involved:
greenhouse projects, schools, First Nations Government
RESEARCH AND DATA
- Food security is linked to how often someone shares traditional food with your household, eating a balanced diet, the frequency of traditional food consumption, diabetes, and the level of physical activity (RHS).
- Need to conduct dietary studies towards developing food security strategies for each First Nation for sustainable access to and consumption of traditional foods.
- Need to look at trends in weather/climate change.
- Need to find out what projects and findings exist in our communities.
- Need to study the consumption and benefits of eating traditional/local foods while respecting the culture and traditions of Yukon First Nations.
- Need to review literature about contaminants in water and harvested wildlife related to development activities.

COMMUNITY EXPERIENCE
- Grocery stores want to make a profit: they don’t care what they sell and they have a monopoly in small communities.
- Local farmers/providers/hunters have sustainable practices and respect for the land/water/environment. They want to provide for the community because that is their family and they have a vested interest.
- Locally harvested products reduces environmental pollution.
- Community members want fresh, nutritious and affordable food.
- Community members want information about nutritious food.
- Some people have no choice but to shop at the grocery store.
- There are no long-term traditional food strategies.
- There are no community gardens in some communities.
- Community members may show resistance to changes in what is available in the grocery store.
- Do we have enough traditional food to eat?
- How often does the community get fresh food?
- How often do you get fresh food to eat?
- Need to research traditional knowledge — how did our people survive in times of famine?
- Need to re-establish and apply those ancient laws.

GOAL
All northern residents
- have long-term access to fresh, nutritious affordable foods (store-bought and traditional),
- have access to safe drinking water, and
- exist in a healthy environment for all living things.

OBJECTIVES
- Northern stores provide and promote affordable, healthy and nutritious local foods.
- Northern residents know what food is healthy and how to prepare it.
- Northern community members care about access to healthy food for all.
**EDUCATION STRATEGIES**

**COMMUNITY BASED**
- Culture and harvest camps
- Nutrition classes
- Cooking classes
- Education about poverty and food insecurity among the public, Chief and politicians
- In school nutrition programs (breakfast and lunch programs)
- Develop and implement food security strategies

**COMMUNITY LED ACTIVITIES**
- Change the way stores price food and advocate for healthier foods
- Ask the stores to make positive changes
- Health tax on junk food
- Remove pop machines
- Farmers market
- Stores sell local produce
- Community freezers
- Car pooling to shop
- Community greenhouse project
- Community gardens
- “Meals on wheels”/soup kitchens
- Enhance sense of community by acknowledging community successes (students going to school, volunteers, quitting smoking, etc.)
- Community events which offer healthier food choices (BBQ’s, gatherings, potlucks)
- Stream keepers program to monitor freshwater
EXAMPLES OF INDICATORS

- Number of stores providing affordable, healthy, nutritious and local foods.
- Percentage of food in stores that is not junk.
- Comparison of prices for maintaining an adequate healthy diet.
- Percentage of change in store food prices.
- Number of people asking for stores to change.
- Number of responses to the junk food tax idea and is the junk food tax implemented.
- Number of community events offering healthy food choices.
- Number of people harvesting traditional foods/local produce.
- Number of cooking and nutrition classes offered and number of participants.
- Number of in-school nutrition programs (elementary and secondary).
- Number of soup kitchens.
- Number of animals harvested.
- Number of community programs that address access to food (culture and harvest camps, community freezers, car pooling) and number of participants.
- Number of people volunteering to help others with food.
- Formation of a community committee to address food security.
- Number of community meetings about poverty and food security, number of participants and number of programs.
- Number of First Nations Chiefs who are moving the food security issue forward at the political level.
- Number of young women, mothers and children who have access to traditional foods.
WHO IS INVOLVED

Core: FN Health and Social Department, community members, nursing staff, RCMP, Doctors, community counsellors, Yukon Health & Social Services, Child Development Centre, mental health worker, counsellor

Involved: Elders Council, Chief and Council, Justice, families, school.

Supportive: Child and family services, community groups – conferencing

Peripheral: Psychologist, other government agencies and First Nations, Treatment options,
WHAT WE KNOW

RESEARCH AND DATA
- Loss of connection with elders leads to depression (RHS).
- Shame and death of someone close to us leads to depression (why bother living?) (RHS).
- There is a range of types of depression from discouraged to not able to get out of it (RHS).
- Maybe just about everyone has been depressed at one time (RHS).
- The literature gives us ideas of projects and we must consider culture.

COMMUNITY EXPERIENCE
- Individuals might not know they are depressed.
- Maybe our whole community is depressed and not aware of it.
- People may not want to admit depression to themselves or anyone else.
- Some people may want to stay depressed as a reason not to engage in the community.
- There may be fear about becoming healthy because it is unfamiliar.
- Health resource workers may be depressed.
- Health resource workers are very busy and may not be aware of others who are depressed.
- If the rest of the family is depressed, a person who becomes healthier may become an outsider and ridiculed.
- In most cases, women and men may have very little understanding about menopause.

GOAL

All community members become holistically healthy and active contributors in their community.

OBJECTIVES
- Community members know about depression and where to get help.
- The community provides ways to help individuals with their troubles.
- The community provides ways to give members a purpose in life.
EDUCATION STRATEGIES

COMMUNITY BASED

- Depression workshops
- Upgrade education
- Mentoring goals with Elders
- Health and Social Programs to create a presentation including a wide range of community members
- Respect traditional values and old ways while allowing modern life (e.g. vehicles and cooking)
- Outdoor cultural events
- Learn about self-esteem and bullying at school
- Conduct personality test (Myers Briggs)
- Fact sheet about depression
- Workshops to refine talents (e.g. hide tanning, drum making, song writing, crafts).
- Youth worker talks to schools
- Teach traditional food preparation

FAMILY BASED

- Support sessions for individual families
- Youth worker talks to family

COMMUNITY LED ACTIVITIES

- Sharing and prayer circles
- Consistent programs
- Create a counsellor position in each community
- Community events, feasts and dances (specifically invite people)
- Fun and leisure activities (exercise, games, group walk, spa night, carving, sewing, hunting, fishing)
- Community dinners with Elders, family and friends (at least 1/month)
- Positive support from Chief and Council to all community members
- Better housing
- Financial support
- Potlatches to honour people — youth
- Welcome home ceremonies
- First Nations gatherings by linguistic group
- Treatment programs
- Visit someone who you think may be depressed
EXAMPLES OF INDICATORS

- Number of community dinners hosted.
- Number of people who were encouraged to come out to activities.
- Number of people who reached out for help for themselves or a struggling family member.
- Number of new clients for the counsellor.
- Number of booklets and pamphlets given out.
- Suggestion boxes located at the community office.
- Number of clients who returned to school.
- Number of attempted suicides, homicides and intentional injuries.
- Number of people “very alone”.

WHO IS INVOLVED

Core: First Nation Health and Social Services, Leadership, clients, concerned individuals, Elders, families, traditional healers, health resource workers (including counsellors)

Supportive: FN Government leadership, Community ADS counsellor, Elders, youth, men’s groups, treatment centre, family, medical doctor, child welfare workers, Alcohol & Drug Services (ADS) government sector, community nursing, AA and Al-Anon, adult care worker, schools

Involved: whole community discussions, FN Health & Social departments, finance departments, Elders councils

Peripheral: First Nation, social worker, Judge, community, Elders, RCMP, schools, Yukon Territorial Government - Departments of Justice, Health & Social Services, funders, other Yukon First Nations
**WHAT WE KNOW**

**RESEARCH AND DATA**

- Currently there are no First Nation culturally relevant treatment centres in Yukon.
- There is a lack of resources and capacity to deal with this growing problem of alcohol and drug abuse.
- Males are 3 times more likely to drink daily (RHS).
- Males and females are equally as likely to drink 2 – 3 times/week (RHS).
- Drinking is statistically related to suicide, suicidal thoughts, depression, etc. (RHS).
- Heavy drinking once per week is equally common with both youth and adults (RHS).

**COMMUNITY EXPERIENCE**

- Yukon is making progress. There is a lot of good in our communities.
- Crack/cocaine is the emerging drug.
- To seek treatment is considered a weakness and admitting a problem.
- People seek treatment when they hit rock bottom.
- People take more drugs to try to re-experience the original high.
- Drug dealers target communities when they know cheques are being issued.
- Some dry communities are not effective in preventing substance abuse as people seek other methods to intoxicate themselves.
- Community specific numbers and information are needed.
- People who want treatment are more likely to take part in and complete inpatient detoxification programs.
- In some communities, dealing with alcohol and drug abuse is not seen as a priority.

**GOAL**

Current substance users live a healthy substance free lifestyle and youth grow up in a substance free environment.

**OBJECTIVES**

- Former users and affected families attain the means, resources and supports to foster healthy and happy home environments.
- The community accepts, supports and respects former users and their families as they move towards a substance free life.
- Parents are skilled in traditional parenting, have strong and healthy communication with youth and have enhanced life skills.
- Healthy role models exist for youth.
- Youth are confident with their rights to be children and to learn to be responsible in a secure and loving environment.
- Youth have a strong sense of self and they play an active role in the community.
- Youth are excited to attend and complete school.
EDUCATION

COMMUNITY BASED
- Life skills camp
- Community kitchen to learn food safety practices in a culturally sensitive environment
- Youth life skills programs: conflict resolution and Elders teaching traditional wilderness survival
- Youth leaders run after school culturally sensitive school/work support
- Former users mentor youth or community members
- Regard Elders and others as role models for healthy substance free lifestyles
- Culture camps for treatment

FAMILY BASED
- Teach, support and implement traditional and healthy parenting practices
- Parent retreat for youth and parents, with Elders
- Family retreats
- Separate mothers and fathers support groups teaching traditional parenting and nutrition safety
- Family counselling
- Family circles

COMMUNITY LED ACTIVITIES
- Develop community activities, cultural events and programs to reach out and include former users
- Workshops for alcohol and drug addictions
- Create a Detoxification and Treatment Centre to be shared by all Yukon First Nations
- Counselling services should be mandatory in every community
- Leadership support
- Employment program
- Block parenting
- Meals on wheels
EXAMPLES OF INDICATORS

- Number of former users who stay clean.
- Level of community acceptance and support for former users and their families as they move towards a substance free life.
- Level of contact and information exchange between Elders and former users.
- Number of former users regularly participating in community programs.
- Number of former users attending public and cultural events.
- Number of youth involved in the mentorship program.
- Number and level of involvement of educators and community members in various programs.
WHO IS INVOLVED

Core: survivors, Elders, youth, (intergenerational), counsellor, buddy

Supportive: Other survivors, data researchers (community-based researchers), lawyers, FN Health and Social Services, families

Involved: Other Survivors, community members, men, Women’s Directorate, Non-profits, Friendship Centre, FN departments (Finance, Health & Social), Chief and Council, extended family, Elders, RCMP, teachers

Peripheral: Other Survivors, community members, Men, Women’s Directorate, Non-profits, Friendship Centre, Health Canada, Health Researchers, Yukon Government, CYFN, Aboriginal Healing Foundation, Assembly of First Nations
RESEARCH AND DATA
Data is needed to determine the links between residential school experience and substance use, diabetes, depression, after effects of infectious disease, FASD, cancer, dental problems, hearing problems, eye problems, suicide, smoking, Hepatitis C, AIDS/HIV, stress and heart problems, cultural deprivation, unemployment and education.

COMMUNITY EXPERIENCE
Survivors...
- feel it is time to do something,
- believe residential school is the reason why many people are not well,
- can’t hold a job,
- want to deliver programs,
- need trauma treatment,
- want a sense of belonging,
- have trust issues,
- have experiences carried from childhood into adulthood which continues the cycle including violence, loss of culture and traditions.

Intergenerational Observations
- Patterns of anger, communication and loneliness from trauma are passed on between generations.
- Youth need to understand the history of residential school and how parents and grandparents were raised and affected.
- There are feelings of guilt, helplessness and mixed messages.
- There is racism and sexism.
- There are cultural and language breakdowns.
- There are family and relationship breakdowns.
- Relations between Elders and youth breakdown.

First Nations Health and Social Department
- Some health and social workers don’t understand residential school experiences; therefore, they cannot help as effectively.
- There are little or no funds for treatment or programming.
- Health workers are caught between peoples’ expectations and the department.
- There are not enough health resource workers.
- Existing workers are overworked.
- There is too much dependency on the health workers by community members.
- Timing — it is long past the time to deal with residential school issues at the community level.

GOAL
All survivors and families have the freedom to be involved in and have access to healing processes that involve traditional values, beliefs and culture.

OBJECTIVES
- Healing processes endorsed by Elders exist and can be used in communities.
- Survivors and families acknowledge the legacies of residential schools and are committed to moving forward.
EDUCATION STRATEGIES

COMMUNITY BASED
- Schools for survivors
- Building community capacity (training community members)
- Counselling to survivors
- Cultural mentoring (e.g. moose hunting)
- Culture camps so survivors can return to cultural ways
- Contact all survivors to tell them about available resources and healing
- Do research with Elders on healing processes (especially for men)
- Each First Nation to hold a residential school conference
- Develop an education process for everyone about history, impacts and healing that is required
- Elders share traditional knowledge and experience

FAMILY BASED
- Involve survivors and their families in traditional and cultural land based practices
- Attend family culture camps
- Learn how to manage compensation money
- Invest in family camps
- Invite applications for travel funds to family camps
- Sponsor hunting camps for “green horns”
- Provide First Nation healing funds and provide staff days for traditional pursuits

COMMUNITY LED ACTIVITIES
- Communities to welcome home the survivors in a special way
- Get a public apology from government and churches
- Build an Aboriginal treatment centre that deals with trauma in a culturally relevant way
- Develop multi-year core funding for programs and training
- Bring people together to form a core group (host first dinner, provide newsletters)
- Conduct a survey of survivors
- Collect information about the number of survivors
- Do archival research for names of students who attended residential school
- Elders endorse the healing process
- Elders lead and participate in the healing process
- Update Elders at Elders meetings and visit them in their homes
- Create a commemorative plaque or monument for residential school students
EXAMPLES OF INDICATORS

- Number of communities with Elder endorsed healing strategies.
- Number of survivors that have started their healing process.
- Greater attendance by survivors at community activities.
- Survivors have healthier babies and children.
- Survivors are participating and communicating.
- A core group is formed. Number of members.
- Database of survivors is created with contact information.
- Number of traditional family cultural land based events. Number of families attending.
- Bank account for multiyear core funding exists. Number of funders.
- Video and package of materials exist for education about history, impacts and required healing.
- Number of survivors welcomed back home.
- Communities have ceremonies to welcome home survivors. Number of survivors welcomed home.
- Who made apologies and when.
ELDERS AND YOUTH WORKING TOGETHER
STRATEGIES AND ACTIVITIES

Substance Use
- Elders are role models for healthy, substance free lifestyles
- Offer parenting workshops
- Elders teach traditional wilderness survival to youth
- Elders and youth prepare traditional food meals in community kitchens and provide meals on wheels for Elders
- Organize family retreats and family circles
- Consider that a child is the communities’ child — Block parenting
- Offer life skills and cultural camps
- Attend community activities, cultural events and programs including former users

Food Security
- Increase the numbers of Elders and youth who are eating healthy foods
- Offer culture and harvest camps
- Host community events offering healthier food choices
- Attend cooking and nutrition classes
- Offer education about poverty and food insecurity
- Have community freezers
- Organize community gardens and a greenhouse project
- Elders share knowledge of how to survive if there was no food

Residential School
- Offer family culture camps with survivors and their families
- Invest in family camps
- Offer education through family based programs about the history of residential school and how parents and grandparents were raised and affected
- Welcome home survivors in a special way

Depression
- Provide community dinners at least once per month with Elders, family and friends (fun events)
- Provide mentoring and goals work with the Elders
- Offer outdoor cultural events, workshops to refine talents and fun and leisure activities
- Specifically invite people to community events
- Prepare traditional foods
- Attend sharing and prayer circles
- Provide meals on wheels

Diabetes
- Elders assist with traditional parenting training
- Attend harvest potlucks
- Offer youth harvesting programs
- Prepare traditional food in community kitchens
- Attend diabetes education to learn about traditional food value in preventing and treating diabetes
- Create a community cookbook with traditional foods
- Have community freezers
- Elders teach about the nutritious parts of animals and plants and their medicinal uses
ELDERS
STRATEGIES AND ACTIVITIES

Food Security
- Receive food from community freezers
- Receive meals on wheels
- Attend community events (BBQ’s, gatherings, potlucks) offering healthier foods
- Use car pooling to shop
- Attend cooking and nutrition classes
- Offer education about poverty and food insecurity
- Have community freezers
- Organize community gardens and greenhouse projects
- Share traditional food with younger mothers and children

Substance Use
- Be role models for healthy, substance free lifestyles
- Share information and interact with former users
- Teach and support healthy parenting practices
- Teach at retreats for youth, parents, at separate mothers and fathers support groups and at life skills camps
- Teach on the land traditional wilderness survival to youth
- Provide block parenting
- Attend addiction workshops
- Attend community activities, cultural events and programs to reach out and include former users

Depression
- Provide mentoring and goals work
- Teach traditional food preparation
- Attend community dinners at least once per month with family and friends.
- Attend sharing and prayer circles, community events, fun and leisure activities, outdoor cultural events and workshops to refine talents
- Read fact sheet about depression
- Honour the youth

Diabetes
- Involve healthy, knowledgeable and strong Elders in solutions
- Provide community freezers
- Assist with traditional parenting training
- Preserve Elders knowledge about traditional foods
- Use traditional languages in teaching
- Attend harvest potlucks
- Offer youth harvesting program
- Prepare traditional food in community kitchens
- Attend diabetes education to learn about traditional food value in preventing and treating diabetes
- Create a community cookbook with traditional foods

Residential School
(Elders who attended and did not attend Residential School)
- Endorse, lead and participate in the healing process
- Share traditional knowledge and experience and provide cultural mentoring
- Endorse and participate in the core group
- Participate in research on healing processes (especially for men)
- Be updated at Elders meetings or home visits
- Have a residential school conference for each First Nation, schools and counselling for survivors, and an aboriginal treatment centre that Elders and the community can attend
- Have communities welcome home survivors
- Attend family culture camps and culture camps so survivors can return to cultural ways
- Invest in family camps
- Learn to manage compensation money
- Conduct survey of survivors
- Share ancestral knowledge consistently with the community

- Attend family circles and family retreats
- Receive meals on wheels from community kitchens
- Create a community detoxification and treatment centre to be shared by all Yukon First Nations
- Share ancestral spirituality
Food Security
- Attend school nutrition programs (breakfast and lunch programs)
- Increase the number of youth and Elders eating healthy foods
- Attend community events (BBQ’s, gatherings, potlucks) offering healthier foods
- Offer culture and harvest camps
- Attend cooking and nutrition classes
- Offer education about poverty and food insecurity
- Have community freezers
- Provide meals on wheels
- Organize community gardens and greenhouse projects
- Learn how to hunt and harvest traditionally

Substance Use
- Youth parents attend parent retreat with Elders
- Learn traditional wilderness survival from Elders
- Regard Elders and others as role models for healthy, substance free lifestyles
- Attend life skills camp and conflict resolution training
- Youth leaders run after school culturally sensitive school/work support
- Participate in block parenting program
- Youth attend family retreats, family counselling and family circles
- Participate in community kitchens
- Provide meals on wheels
- Attend community activities, cultural events and programs including former users
- Be mentored by former users
- Attend addictions workshops
- Provide employment program
- Create a community detoxification and treatment centre
- Create a youth coalition in the community
- Attend and participate in General Assemblies, other meetings and workshops

Depression
- Youth worker talks with the family and works with the teachers/school
- Learn about self-esteem and bullying at school
- Attend community dinners at least once a month with Elders, family and friends
- Take Myers Briggs personality test
- Attend fun and leisure activities, outdoor cultural events and workshops to refine talents
- Upgrade education
- Provide mentoring and goals work with Elders
- Specifically invite people to community events
- Learn about traditional food preparation
- Read fact sheet about depression
- Attend sharing and prayer circles
- Attend community gatherings, workshops and meetings
- Set life’s goals and strive to achieve dreams

Residential School
- Attend family culture camps
- Invest in family camps
- Offer education through family based programs about the history of residential school and how parents and grandparents were raised and affected
- Attend celebrations to welcome home survivors
- Ask questions about residential schools and seek to understand

Diabetes
- Attend youth harvesting program
- Take part in high school curriculum regarding traditional foods
- Take part in ‘on the land’ experience providing physical activity and traditional foods
- Attend traditional parenting training with Elders
- Develop or listen to puppet play about Diabetes
- Attend harvest pot lucks
- Attend diabetes education to learn about traditional food value in preventing and treating diabetes
- Prepare traditional food in community kitchens
- Create a community cookbook with traditional foods
- Have community freezers
- Be active in sports, etc.
**Traditional Foods Strategies and Activities**

**Food Security**
- Encourage and increase traditional food use by young women, mothers and children in the community
- Teach nutrition/cooking classes
- Offer culture and harvest camps to learn about harvesting traditional foods
- Organize community events with healthy food choices
- Have community freezers
- Provide meals on wheels
- Understand that traditional food is safe, healthy, and spiritual
- Learn how to harvest and hunt with traditional methods
- Communities develop traditional food security strategies for the long-term

**Substance Use**
- Organize community kitchens for former users, youth and community members to learn food safety practices in a culturally sensitive environment
- Prepare ‘meals on wheels’ for Elders
- Teach nutrition safety at mothers and fathers support groups
- Eat healthy healing foods
- Go on hunting, fishing, and trapping trips with others

**Depression**
- Teach traditional food preparation
- Organize community dinners
- Organize leisure activities to include hunting and fishing
- Offer outdoor cultural events
- Respect traditional values while allowing modern life (cooking)
- Look at traditional food as healing, spirit food

**Residential School**
- Host a dinner to establish a core group
- Offer culture camps and cultural mentoring so survivors can return to cultural ways – e.g. moose hunting camps for greenhorns
- Involve survivors and their families in traditional and cultural land-based practices
- Offer family culture camps
- Invest in family camps
- Provide staff days for traditional pursuits

**Diabetes**
- Create a community cookbook with traditional foods
- Develop community freezers for traditional foods
- Host a harvest potluck
- Teach youth about traditional food through ‘on the land’ experiences
- Teach about traditional foods in the high school curriculum
- Teach about the value of traditional foods related to diabetes education
- Organize youth harvesting programs
- Offer a ‘trade a harvester’ program between First Nations
- Provide time off to hunt, harvest, and share traditional food knowledge
- Share and trade traditional food with other First Nations
- Provide traditional food in daycares, schools, homes, and events
- Organize community kitchens to learn how to prepare traditional foods
- View traditional foods as medicinal foods which strengthen the spirit
The Community Coming Together
Strategies and Activities

Food Security
- Research and develop long-term traditional food strategies for the community
- Host community events (BBQ’s, gatherings, potlucks) to acknowledge/recognize community successes
- Create community gardens and greenhouse projects
- Organize culture and harvest camps
- Offer nutrition/cooking classes
- Organize soup kitchens and meals on wheels
- Organize farmers market
- Offer in school nutrition programs
- Offer carpooling to shop
- Organize community events which offer healthier food choices
- Attend cooking and nutrition classes
- Offer education about poverty and food insecurity
- Have community freezers
- Provide meals on wheels

Residential School
- Communities welcome home the survivors in a special way (ceremonies)
- Create a core group
- Create an Aboriginal treatment centre that deals with trauma in a culturally relevant way
- Each First Nation hosts a residential school conference
- Offer culture camps
- Organize cultural mentoring/hunting camps (e.g. Moose hunting)
- Organize family cultural camps
- Invest in family camps
- Make counselling services readily available
- Update Elders at Elders meetings
- Attend schools for survivors
- Offer education through family based programs about the history of residential school and how parents and grandparents were raised and affected
- Build community capacity (train community members)

Substance Use
- Create a detoxification and treatment centre
- Implement a community kitchen
- Organize a youth parent retreat with Elders
- Organize family retreats and family circles
- Offer mothers and fathers support groups and a life skills camp
- Elders teach youth on the land
- Organize workshops for Addictions
- Develop a mentorship program for former users and youth
- Organize community activities, cultural events and programs to reach out and include former users
- Provide meals on wheels
- Encourage and support ‘on the land’ activities

Depression
- Host community dinners
- Create sharing and prayer circles
- Offer mentoring and goals work with Elders
- Organize community events and specifically invite people
- Offer fun and leisure activities (exercise, games, group walk, spa night, carving, hunting, fishing) and provide consistent programs
- Offer depression workshops
- Teach about traditional food preparation
- Offer outdoor cultural events
- Health and Social Programs prepare a presentation involving citizens, youth, Elders, all First Nation staff, Chief and Council and Executive Director
- Offer workshops to refine talents (e.g. Hide tanning, drum making, song writing, and crafts
- Make counselling services mandatory in all communities

Diabetes
- Host a harvest potluck
- Create a youth ‘on the land’ experience
- Organize community kitchens
- Offer youth harvesting programs
- Teach diabetes education and the value of traditional foods
- Offer traditional parenting programs involving the Elders
- Organize exchanges with other First Nations
- Provide time off to hunt, harvest and share traditional food knowledge
- Create a community cookbook with traditional foods
- Have community freezers
- Hold dietary workshops
IDENTIFIED RESEARCH NEEDS

Food Security
- Develop long term food security strategies for the community
- Review literature about contaminants in the water and harvested wildlife
- Study the risks and benefits of eating traditional/local foods while respecting the culture and traditions of Yukon First Nations and looking out for environmental contaminants
- Study trends in weather and climate change
- Find out what projects and findings exist in our communities
- Involve the Arctic Health Research Networks
- Research traditional knowledge — How did our people survive in times of famine? How do we re-establish and apply those ancient laws?
- Answer the following questions:
  - Do you have enough traditional food to eat?
  - How often does the community get fresh food?
  - How often do you get fresh food?

Residential School
- Data to determine the links between residential school experience and substance use, diabetes, depression, after effects of infectious disease, FASD, cancer, dental problems, hearing problems, eye problems, suicide, smoking, Hepatitis C, AIDS/HIV, stress and heart problems, cultural deprivation, unemployment and education.
- Survey of survivors
- Archival research for names of students who attended residential school, plus to collect information about the survivors
- Research with Elders on healing processes (especially for men)

Substance Use
- Community specific numbers and information
- Develop and implement a Yukon Treatment wellness Centre/Detoxification Centre in collaboration with all Yukon First Nations
- Culturally relevant programming, especially for youth
- Research the predispositions for drug and alcohol abuse
  - Long-term effects from drug and alcohol abuse

Diabetes
- How much traditional food people are eating and how they cook and store it
- Identify the barriers to healthy traditional eating (e.g. busy schedules, challenges of teaching a younger family)
- Gather data on a per community basis
- Create a survey
- Know the number of daycares, schools, homes and events serving traditional foods
- Know the number of First Nations that share and trade traditional foods with each other
- Find out what First Nations people are eating and drinking that so many people are getting diabetes and cancer

Depression
- Develop or clarify lines of communication between RCMP and social workers
- The RHS data shows that friends and family are the most important supports for adults and youth needing emotional support. Participants want to know how to be useful and helpful to those family and friends who are in that supportive role.
- Consider cultural relevancy in any projects
- Conduct the Myers Briggs assessments
- Organize a plain language symptoms oriented survey
Diabetes

Goal
All community members are eating traditional foods.

Objectives
- All community members harvest, preserve and store traditional food
- Traditional food is harvested and available to all community members in daycares, schools, homes, and events
- Yukon First Nations trade and share traditional foods with one another

Strategies
- Education and Skill Development
- Policy Development
- Creating supportive Environments

Activities
- Community kitchens where people learn how to prepare traditional foods (ie. frozen and canned fast traditional foods)
- Education for community members and workers on diabetes and the value of traditional foods in prevention and treatment (so they can guide programs and policy development).
- Youth Harvesting Program
- A Policy for First Nation Governments for time off to hunt, harvest, and share traditional food and knowledge
- A Policy around collaborating with other First Nation communities and organizations.
- Develop a traditional food cookbook.

Indicators
- number of community kitchens held
- number of members attending community kitchens
- number of community members who know one way to prepare traditional foods.
- number of educational interventions held.
- number of members attending education events.
- number of workers/community members who know two reasons why traditional food prevents and treats diabetes.
- The number of programs/outings/field trips where youth are doing traditional harvesting.
- number of youth attending harvesting/hunting programs.
- number of youth who are more physically active through hunting and harvesting traditional foods.
- number of people that use the traditional harvesting time off policy for hunting and harvesting.
- number of First Nations that have a policy allowing employees to hunt harvest and share relevant traditional knowledge.
- development of a policy that supports collaborating with other First Nations Communities and organizations for the purpose of sharing and trading traditional foods.
- number of communities sharing and trading traditional foods.
- The development of a traditional Yukon First Nations cookbook.
- The number of members who have and use the Yukon First Nations traditional food cookbook.

This appendix provides a summary overview of results by health topic.
FOOD SECURITY

Goal
All Northern residents have access to fresh, nutritious, affordable foods (store bought and traditional); clean safe drinking water; and exist in a healthy environment for all living things.

Objectives
• To advocate for more healthy, nutritious food in stores
• To increase number of people who are eating healthy foods
• To increase opportunities for the public learn about healthy eating/cooking/shopping
• To advocate for system-level change that addresses social inequality
• To enhance sense of community responsibility about food security

Strategies
• To change the way stores price food
• Promoting awareness/education about poverty and food security (public, Chiefs, etc.)
• Health tax on junk food

Activities
• Petition and ask campaigns
• Educate storeowners about food labels
• Ask stores to provide local food as much as possible
• Increase the price of junk food - put health tax on junk food
• Remove pop machines
• Target young parents or Elders or disabled/injured/those in need

Indicators
• Number of stores providing healthy foods
• Number of northern stores selling local foods
• Percent of food in stores that is not junk
• Comparison of prices for maintaining adequate healthy diet
• Percent change in prices for stores
• Number of people asking for stores to change
• Number of people harvesting traditional foods/local produce
• Number of community events offering healthy food choices
• Number of cooking/nutrition classes offered
• Number of participants in classes
• Number of in-school nutrition programs
• Number of animals reported harvested
• Number of community programs that address access to foods (car pooling, community freezers, etc.)
• Number of community culture and harvest camps
• Number of participants in community programs
• Formation of programs
• Number of participants in culture and harvest camps
• What people liked and didn’t like about the culture and harvest camps
• What topics were taught at the culture and harvest camps
• Number of community activities taking place
• Number of people volunteering to help others with food
• Formation of community groups to address food security
• Number of community participants
• Number of community meetings about poverty and food security
• Number of participants at community meetings
• Number of responses to idea of junk food tax
• Junk food tax implemented or not
• Number of programs that address poverty and security
• Number of First Nations Chiefs who are moving the issue forward on political level
• Number of soup kitchen programs; that address low-income food security
• Percent of primary and secondary schools with a school food policy

DEPRESSION

Goal
All community members become holistically healthy and active contributors in the community.

Objectives
• Community members know about depression and where to get help
• Provide individuals with help and support for their troubles
• Community provides members with purpose and sense of belonging

Strategies
• Educate community members about depression
• Offer fun leisurely activities in the community every month
• Sharing circles and prayer circles

Activities
• Identify target audiences
• Identify what to communicate, ie. Signs, causes, where to get help, where to get support, post-partum depression
• Identify how to communicate, ie. newsletters, Yukon News, CHON-FM, websites, word of mouth, Chief and Council support, workshops, dinners, health fairs, schools
• Community dinner—ice breaker and opening thoughts on depression
• Bring in specialist for topic discussion
• Develop a plan for education process i.e. start with accessible plain language approaches
• Outdoor cultural activity to open up dialogue
• Put together support group for those working on depression activities (identify, build group, back up support (ie. Councillors) some core group and some support group)
• Meet with core group (see list)
• Doing school visits—focus on self-esteem/bullying
• Provide a consistent program with timing chosen by participants weekends included
• Exercise, games, group walk, traditional food preparation, spa nights, carving, tool making, hunting, fishing, sewing
• Designate a supportive staff to take on project (involve community, everyone)
• Debriefing sessions for staff
• Offer support sessions for individual families
• Financial support
• Network with other program services
• Conduct Myers Briggs assessment (personality test)
• Change environment (better housing/change location)
• Upgrade education
• Involve community members in events (specifically inviting people)
• Help Chief and Council be positive towards all family members
• Health and social programs to design presentation involving citizens, youth, Elders to all First Nation staff, Chief and Council, Executive Director
• Offer workshops to refine talents (hide tanning, drum making, song writing, crafts)
• Respecting traditional values and old ways while allowing modern life (vehicles, cooking etc.)
• Offer more computer training and other courses in community

**Indicators**

• number of people getting help
• number of community dinners hosted
• number who are aware of available services
• number of people encouraged to get out
• number of people who came out
• number of people who reached out about themselves and a struggling family member
• number of new clients gained by counsellors
• number of booklets and pamphlets given out
• comments in suggestion boxes at our office relevant to our programs
• number of topics covered
• number of clients who go back to school

**SUBSTANCE USE**

**Goal**

Current substance users live a healthy substance free lifestyle and youth grow up in a substance free environment.

**Objectives**

• Former users and affected families attain the means, resources and supports to foster healthy and happy home environments.
• The community accepts, supports and respects former users and their families as they move towards a substance free life.
• Parents are skilled in traditional parenting, have strong and healthy communication with youth and have enhanced life skills.
• Healthy role models exist for youth.
• Youth are confident with their rights to be children and to learn to be responsible in a secure and loving environment.
• Youth have a strong sense of self and they play an active role in the community.
• Youth are excited to attend and complete school.

**Strategies**

• To create a community detox/treatment centre for substance users shared by all First Nations
• To develop community activities, cultural events and programs that reach out and include former users
• To teach, support and implement traditional and healthy parenting practices
• To develop youth life skills programs

**Activities**

• Organize a community meeting locally with the support of Chief and Council, Elders and community members
• Organize collaboration with other First Nations
• Meet with non-insured, Health Canada, Alcohol and Drug Services, Justice and other agencies to collaborate on funding processes and policy
• Develop a mentorship program for former users to mentor youth or community members
• Implement a community kitchen program where former users, youth and community members are trained in food safety practices, in culturally sensitive environments
• Food with Meals on Wheels for Elders
• Develop a life skills course
• Parent retreat focusing on traditional parenting for youth parents and Elders
• Mothers and Fathers support group (separate or combined?)
• Family retreat focussed on traditional family values
• An Elder to teach a traditional wilderness survival course for youth
• Counsellors to facilitate an on-going conflict resolution group for youth
• Youth leader to run an after school, culturally sensitive school/work support program

**Indicators**

• number and which First Nations and agencies collaborate
• number of former users that participate in program and consistency of attendance
• number of youth involved in mentorship program
• number of former users who stay clean
• number of parents participating in retreat
• number of parents attending support groups and consistency of attendance
• number of youth who participate in wilderness course, conflict resolution groups, and after school programs
RESIDENTIAL SCHOOL

Goal
All survivors and families have the freedom to be involved and access healing processes that involves traditional values, beliefs and culture.

Objectives
• Healing processes endorsed by Elders exist and can be used in communities.
• Survivors and families acknowledge the legacies of residential schools and are committed to moving forward.

Strategies
• To bring people together to form a core group.
• To ensure all survivors are contacted about what resources and healing are available and to become part of the process.
• To involve survivors and their families in traditional cultural land-based practices.
• To develop multi-year core funding for programs and training.
• To develop an education process for everybody about history, impacts and healing that is required.
• To have communities welcome the survivors in a special ceremony.
• To get a public apology from governments and churches.

Activities
• Walk about visits to recruit the core.
• Host a potluck dinner for core group.
• Develop core goals.
• Set up and follow continuous meetings for core.
• Cultural camps so survivors can return to cultural ways.
• Cultural mentoring (eg. Moose hunting).
• Offer counselling to survivors.
• An aboriginal treatment centre that deals with trauma in a culturally relevant way.
• Building community capacity - human resources and training.

• Balance camps with hosts and participants.
• Recruit new participants to camps.
• Create approaches to planning for camps to increase participation and involvement.
• How to manage compensation money.
• Learn about options for money.
• Long-term multi-year funding mechanisms.
• Invest in family camps.
• Invite applications for travel funds to family camps.
• Sponsor hunting camps for “green horns.”
• Develop First Nations healing funds.
• Provide staff days for traditional pursuits.
• Subsidize tents to community.
• Collect information about number of survivors.
• Archival (mission) research — names of students who attended Residential School.
• Elders notarized documents.
• Schools for survivors that need to meet survivors needs (similarity to how schools adapt to FASD students).
• Create commemorative plaque for Residential School students.

Indicators
• Number of communities that have Elder endorsed healing strategies.
• Number of survivors who have started their healing process.
• Greater attendance by survivors in community activities.
• Survivors have healthier babies/children.
• Survivors are participating and communicating.
• The core group is formed.
• Number of members.
• Database of survivors and contact info. exists.
• Number of people in database.
• Number of events throughout the year.
• When they were held.
• Number of families who attended.
• Which communities held ceremonies.
• Number of survivors who have been welcomed home.
• Who gave apology and date.
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