Community Perspectives of Wellness in Manawan, an Atikamekw First Nation Community in Quebec, Canada: A Community-Based Participatory Research

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Abstract

Background: In 2018, the First Nation Atikamekw community of Manawan, in Quebec, participated in a Community Mobilization Training for the promotion of healthy lifestyles. Enhancement of community wellness was chosen as one of the measures to determine the impact of the community mobilization process. Wellness assessments tools tend to focus on measuring wellness at individual levels. Indigenous Peoples understand wellness wholistically and centered on social and natural relationships, and on community, thus wellness assessment should also be centered around these dimensions.

Objectives: This research aimed to characterize concepts of wellness from youth, intervention workers, and Elders that could serve for community-specific wellness assessment.

Methods: This community-based participatory research project employed concept mapping of wellness statements, which were generated through Photovoice with youth (n=6) and talking circles with intervention workers (n=9) and Elders (n=10). A final set of 84 wellness statements was selected and refined. Participants sorted each statement into thematic groups and rated them based on the priority of addressing the statement and the feasibility of implementing it. Concept maps were created using Concept Systems Global Max software based on sorting proximity and ratings calculations. Participants discussed the results at in-person interpretation sessions and named the wellness concept thematic groups.

Findings: Ten thematic groups of statements describe what contributes to community-wellness in Manawan. These are, in priority order: Youth, Community, Infrastructures, Healthy environment, Mobilization, Lifestyles, Culture & traditions, Well-being & identity, Activities on the land, and Community activities. As expected, the perspective of wellness in Manawan is highly wholistic and relational, and the themes obtained are community-specific. Findings are being shared with the community for developing strategies that promote wellness.

Résumé

Mise en contexte: En 2018, la communauté de Manawan de la Première Nation Atikamekw, Québec, a participé à une formation de mobilisation communautaire pour la promotion des saines habitudes de vie. L'amélioration du mieux-être communautaire a été déterminée comme l'une des mesures pour déterminer l'impact du processus de mobilisation communautaire. L'évaluation du mieux-être a tendance à mettre l'emphase sur les niveaux individuels. Les Peuples autochtones perçoivent le mieux-être de façon holistique et centrée sur les relations sociales et naturelles, et sur la communauté, en conséquent l'évaluation du mieux-être doit également être centrée autour de ces dimensions.

Objectifs: Cette recherche avait pour objectif de caractériser les concepts de mieux-être pour les jeunes, les intervenants et les aînés de Manawan qui pourraient servir pour une évaluation du mieux-être spécifique à la communauté.

Méthodes: Ce projet de recherche participative centrée sur la communauté a employé la schématisation conceptuelle d'énoncés sur le mieux-être, qui avaient été générés à travers Photovoice avec des jeunes (n=6) et des cercles de discussion avec des intervenants (n=9) et des aînés (n=10). Au final, 84 énoncés ont été sélectionnés et affinés. Les participants les ont classés en groupes thématiques, puis notés selon la priorité d'adresser cet énoncé et la faisabilité de le mettre en place. Des schémas de concepts ont été générés à l'aide du logiciel Concept Systems Global Max en fonction de la proximité de la classification et les calculs des notes. Les participants ont discuté des résultats à des séances d'interprétation en personne et ont nommé les groupes de concepts thématiques du mieux-être.

Résultats: Dix groupes thématiques d'énoncés décrivent ce qui contribue au mieux-être communautaire à Manawan. Ceux-ci sont, en ordre de priorité: Jeunes, Communauté, Infrastructures, Environnement sain, Mobilisation, Habitudes de vie, Culture & traditions, Bien-être & identité, Activités en territoire, et Activités communautaires. Tel qu'anticipé, les perspectives de mieux-être à Manawan sont très holistiques et relationnelles, et les thèmes obtenus sont spécifiques à la communauté. Les résultats sont maintenant partagés avec la communauté pour le développement de stratégies faisant la promotion du mieux-être.

Table of Contents

Index of tables

Index of figures

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Contribution of Authors

Sonia Périllat-Amédée

Sonia is the thesis candidate. Sonia performed the literature review, wrote the research proposal, co-developed the study design and methodology, and wrote the informed consent and assent forms, Photovoice training plan, talking circles questionnaire guides, and other study related documents. Sonia wrote research agreement amendment for community approval, submitted documentation to the institutional research ethics board, transcribed and analyzed talking circles, co-coordinated research meetings and activities in the community, and wrote this thesis.

Dr. Treena Delormier

Dr. Delormier is the thesis supervisor. Dr. Delormier provided guidance and support for all aspects of manuscript and thesis, co-developed the study design and methodology, and provided in-depth revision of this thesis.

Dr. Mylène Riva

Dr. Riva is a member of the thesis committee. Dr. Riva contributed to the methodology development and participated in the revision of this thesis.

Glossary

Indigenous Peoples: a collective group of Indigenous individuals

Indigenous people: Indigenous individuals

List of abbreviations

CAAL	Centre d'amitié autochtone de Lanaudière (Lanaudière Indigenous Friendship Centre)
CBPR	Community-Based Participatory Research
CMT	Community Mobilization Training
CRA	Community Research Assistant
CSGM	Concept System® Global Max Software
KSDPP	Kahnawá:ke Schools Diabetes Prevention Project
YRA	Youth Research Assistant

Chapter 1. Introduction

1.1 Positionality

Before anything else, it is important that I position myself relative to this project. When I started working on this project, I did not have any established relationship with Indigenous communities and did not know much about the current realities of Indigenous Peoples. As I was learning and gaining a better understanding of the context of this project, I reflected on my own position with regards to this project and on ways to collaboratively develop the study that would be inclusive and respectful of the Manawan community and of their culture. Constant reflexivity through this project led me to continuously question and reflect on my approach, and adapt when it seemed necessary.

I am a white immigrant who grew up for the first half of my life in France and the next half in Quebec, Canada. My whole life, I have benefited from lots of privileges which, as a child, I did not quite realize were privileges due to my position in this world, and not because it was the norm for everyone. While I am extremely grateful for all the opportunities I have had in my life and for the paths these led me on, it is extremely unfair that so many people struggle harder than others simply because our history and current society was and still is filled with injustices. Everyone should have access to the opportunities I have enjoyed, and still enjoy, and these should be the norm. Everyone should be able to obtain the education and training they want without stressing about how to pay for it or how to pay their rent; everyone should have access to health care whenever they need it; and of course, everyone should have access to safe drinking water. Many of us take these opportunities for granted, without always realizing that many people do not have these. We need to work together towards a brighter future and for our society to be more just and equitable, and I want to contribute to this process. I am particularly interested in food sovereignty and food choices, and want to work with populations in Quebec who are doing their best to protect and reclaim their food sovereignty: Indigenous communities.

Initially, my knowledge and understanding of the realities of Indigenous Peoples was mostly limited to what was taught in high school, which remains quite limited and misleading compared to what I learned from reading various articles, books, or documentaries that I had consulted in my free time. I had a lot to learn, which I did through various readings, but mostly by listening to community partners, community members, Indigenous researchers, and other

researchers with experience working with Indigenous Peoples. However, learning about Indigenous Peoples is one thing, but developing relationships upon which to do research is just as important, if not more. I have progressively built a meaningful relationship with Manawan, the community I am working with. I ended up taking part in, and contributing to, various activities and events happening there, such as *Motetan Mamo*, a 200km walk from the *Centre d'amitié autochtone de Lanaudière*, in Joliette, to Manawan to raise awareness and funds to support community members who need to live outside of the community to receive healthcare, as many of the related costs are not insured. Participants in this walk are from diverse Indigenous Nations, mainly Atikamekw, and non-Indigenous. I attended the pow wows in Manawan and Wemotaci, another Atikamekw community, which gave me a deeper insight in the Atikamekw culture and the *Nitaskinan*, the Atikamekw territory. I helped to prepare food for events and being of service at the Mihawoso Social Pediatric Centre, walked with the youth at their climate march, had meaningful conversations during social gatherings around a campfire or while on the lake, and took 22 hours of Atikamekw language courses. While these are not part of the typical steps to complete a master's research in nutrition, they are an essential part of my journey through this project as it helped me build strong relationships with community members, build trust, understand better the strength of the culture that is in this community, and develop lasting friendships.

It is important to keep in mind that despite the connections I have built with the community and all the knowledge they have shared with me, I only have a snapshot of what was happening in the community, and am still an outsider researcher. The methodology was thus adapted through the project. For example, I had planned on using qualitative inductive coding as the main analysis method for the data. However, I realized that it was contradictory for me as the lead on the data analysis to determine codes for the main concepts generated from all those ideas held and shared by participants. I could not reconcile the fact that I, as an outsider to this community and a non-Indigenous person, could best determine how to represent the perspectives of the community. It was clear to me, from my discomfort, that this coding method initially planned would risk imposing my point of view, and undervaluing and potentially colonizing their views of wellness. I was trying to gain an understanding of the unique worldview of the Manawan community and the meaning of wellness in that particular worldview, one that I do not share with them given that I do not have the same experiences, history, and privileges. After discussions with various partners, we changed the analysis method to include the participants in the analysis process. Thanks to the

high involvement of participants in the data collection and analysis, and of the community partners and research assistants in all the steps, from planning to dissemination, I am now confident in the quality of the results, using concept mapping, Photovoice, and talking circles techniques to ensure the rigor and validity of the methods, and the respect of the project towards the community.

1.2 Objectives

As efforts and resources are being put into the promotion of healthy eating habits and active lifestyles to enhance the wellness of Indigenous communities in Canada, particular attention needs to be given to environmental and social factors influencing food choices and nutrition and to communities' understandings of the dimensions of wellness. Tools are needed to identify key elements of community wellness that are being impacted and to assess progress in improving wellness. Assessment tools can be useful for communities to evaluate which programs are the most successful, where improvements can be made, and where resources should be allocated. Community wellness assessment needs to be approached differently and be specific to each community. The purpose of this masters' thesis was to identify concepts of wellness from the perspective of Indigenous community members from Manawan, Quebec. The project has three objectives:

1. To understand perceptions of the current dimensions of community wellness and vision for the future of the community wellness;
2. To explore perspectives of wellness across generations by including youth, working-age adults, and Elders as participants;
3. To provide tools, informed by Indigenous community perspectives and knowledge, to identify the community's priorities to enhance wellness and promote healthy lifestyles.

Chapter 2. Literature review

2.1 The diversity and history of Indigenous Peoples in Canada

2.1.1 Who is Indigenous?

Considering that all Indigenous people have the right to define themselves, there is no universal definition for the term *Indigenous people.* However, Martínez Cobo, who was a Special Rapporteur for the United Nations (UN), developed a working definition, which is now used by the UN in its Indigenous-related work (Secretariat of the United Nations Permanent Forum on Indigenous Issues, 2004). This definition is:

> *"Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system.*
>
> *"This historical continuity may consist of the continuation, for an extended period reaching into the present of one or more of the following factors:*
>
> *a) Occupation of ancestral lands, or at least of part of them;*
>
> *b) Common ancestry with the original occupants of these lands;*
>
> *c) Culture in general, or in specific manifestations (such as religion, living under a tribal system, membership of an indigenous community, dress, means of livelihood, lifestyle, etc.);*
>
> *d) Language (whether used as the only language, as mother-tongue, as the habitual means of communication at home or in the family, or as the main, preferred, habitual, general or normal language);*
>
> *e) Residence on certain parts of the country, or in certain regions of the world;*
>
> *f) Other relevant factors.*
>
> *On an individual basis, an indigenous person is one who belongs to these indigenous populations through self-identification as indigenous (group consciousness) and is recognized and accepted by these populations as one of its members (acceptance by the group).*

This preserves for these communities the sovereign right and power to decide who belongs to them, without external interference" (Martínez Cobo, 1986).

This definition highlights the distinctiveness of Indigenous Peoples' culture and identity, and the importance for them to protect the land and culture in order to transmit it to their children.

2.1.2 Indigenous People According to the Canadian Government

Indigenous people represent approximately 4% of the total population of Canada (Statistics Canada, 2015). While Indigenous Peoples differ in many aspects from the rest of the Canadian population, there is also a lot of differences between them. The government of Canada recognizes three groups of Indigenous people in Canada; First Nations people, Métis, and Inuit that represent 61%, 32%, and 4% of Indigenous people, respectively. However, these categories are imposed by the colonial system and are used to control Indigenous people through various regulations, such as the Indian Act, which contains an extensive set of rules concerning First Nations people in Canada. The Canadian government's criteria to determine who is considered Indigenous, or an "*Indian",* has changed through the years (Mathias & Yabsley, 1991; Ladner & McCrossan, 2007). Initially, all non-settlers were considered as Indigenous. With the expressed objective of assimilating First Nations people, the Department of Indian Affairs amended the Indian Act in 1880 which would remove the status of Indian and give the status of Canadian to First Nations individuals becoming a priest, minister, lawyer, or completing a university degree (Mathias et al., 1991). According to the government at this time, obtaining such recognition meant they were now "*educated"* and thus not "*savage"* anymore. In other words, becoming enfranchised meant being forced to renounce their Indigenous identity, community and culture. Similarly, any Indigenous person who wanted to vote in an election had to renounce their Indian status (Ladner et al., 2007). For women, their Indian status depended on who they married: an Indigenous woman marrying a non-Indigenous man would lose her Indian status, while a non-Indigenous woman marrying an Indigenous man would become an "*Indian"* in the eyes of the law. Individuals who do not have Indian status given that their mother married a non-status individual can now reclaim their status (Indigenous Services Canada, 2019a). Now, First Nations people can usually obtain the status if one of their parents or grandparents have Indian status. Depending on the community they belong to, the community may make the decision on recognizing and approving their status. Métis and Inuit people do not have Indian status, and thus are not subject to the Indian Act. Métis people are people with mixed ancestry, with both Indigenous and European origins, who formed new communities, shared

culture and traditions, thus developing a new identity of their own (INAC, 2016). The governmental recognition for determining the identity of who is Inuit is less complicated, as it is based on self-identification and recognition which is determined by the Inuit communities' governance systems.

2.1.3 Indigenous Peoples: Diversity of Groups and Nations

The Canadian government's categorizations (First Nations, Métis and Inuit) do not represent the ways in which Indigenous Peoples identify themselves, their Nations nor their communities. Indigenous Peoples prefer to identify themselves and their territories in their own languages rather than using English or French names. The Indigenous languages in Canada are numerous, with 12 language families, which are composed of about 60 languages that are still used today, many of which have several dialects (Walker, 2017).

Each Indigenous community expresses rich diversity. Indigenous and Northern Affairs Canada (INAC) recognizes 619 First Nations groups, each one having its distinct culture (INAC, 2019). While Indigenous Peoples have some similarities in terms of worldview, culture, and spiritual beliefs, they are each very distinct. In terms of social organization, these societies have sophisticated forms of governance and social structures that are specific to each of the societies (Joseph, 2014).

The specific geographical location of each Nation and community determines their food systems. In terms of food economies, First Nations rely on access to traditional territories to harvest wild foods from hunting, trapping, fishing and gathering of plants, or for cultivating crops, like the Haudenosaunee people who planted the "Three Sisters": corn, beans and squash, and complemented those with wild foods (INAC, 2017). Indigenous food systems were also developed based on the subsistence economy that existed within communities, and between communities and Nations. Sharing and trading of food strongly contributed to the individuals' health due to higher dietary diversity, as well as contributing to the communities' relations and food security (Desmarais, 2014). In addition, the methods used for hunting and fishing varies from one community to another. Each Nation differed, and still differs, in the methods used to sustain themselves, because they developed knowledge, technologies and strategies that were adapted to their specific environment, which allow them to be sustainable (INAC, 2017). By having close relationships with the ecosystem of which they are part and by carefully observing their

surrounding environment, they learned, adapted to changes, and created new technologies and strategies which were passed on inter-generationally. Dwelling construction reflects these adaptations and technological developments by Indigenous Peoples to the harsh and highly variable environmental conditions and resources available, which highlight the close relationship they had with the land. It varied, for example, from longhouses in Haudenosaunee communities, to tipis in Woodlands, Plains, and Mackenzie and Yukon River Basins communities, to pit houses in Plateau communities. First Nations ways of livings adapted in response to variations in their surrounding environment, as did Métis and Inuit communities.

2.1.4 Colonization's impact on Indigenous Peoples

Since the arrival of European settlers in Canada, the way of life of Indigenous Peoples has been strongly affected by colonialism. Indigenous social structures suffered from imposed changes in governance due to establishment of the Indian Act by the Canadian Government in 1876. The Indian Act regulated all aspects of Indigenous people's lives, and is still regulating many facets of their lives. The purpose of the Indian Act was to erase the Indigenous culture and practices, and to assimilate them by forbidding the practice of cultural rituals, such as dances and ceremonies (Holmes, 2002; Adelson, 2000; Anderson, Smylie, & Ian, 2006). Settler governments deprived those with the status of *Indian* from rights, such as having ownership or control over a given land and having access to the court or to a lawyer, but also by making many of the Indigenous traditions and religious practices illegal (Mathias et al., 1991).

In 1927, the Indian Act was amended to further restrict the practice of Indigenous cultures. Taking part in, or attending, any traditional celebration and ceremony, such as dances and sweat lodges was forbidden and punished by two to six months of imprisonment (Mathias et al., 1991). Political power was denied to Indigenous Peoples by imposing on them the system of band councils, which do not correspond to their traditional ways of making political and community decisions, but also by denying them the right to vote in Canadian and provincial elections. Depending on the category of status (e.g., First Nation, Inuit, or Métis; men or women; World War combatant; living on or off reserve), and depending on their province, Indigenous people obtained voting rights between 1885 (Nova Scotia) and 1969 (Quebec) (Ladner et al., 2007). In the federal elections, it was only in 1960 that unconditional voting rights were given to Indigenous people.

The Indian Act Law imposed a double injustice: Indigenous people were not allowed to be independent and live within their culture and traditions, as well as not allowed to fully participate in the settler society due to all the restrictions on their rights and power (Ladner et al., 2007). The Indian Act legislation also created the system of reserves that restrained, and still restrains, the rights of Indigenous Peoples to access their territory, to travel freely, and to practice their culture. Through these reserves, Indigenous Peoples are tied to specific locations imposed upon them, meaning they were often displaced to go live in those designated reserves (Egan & Place, 2013). The size of the reserves is often only a tiny fraction of the land they were living on and using prior to colonization. This land was essential to maintain their economic and social systems, through for example hunting and fishing, or trading and exchanges with other Nations. The reserve system is still present today, which means that Indigenous people living on reserve cannot own the land, as it is Crown property, thus belonging to the Canadian government. Their voice and values are often given low importance when facing projects said to benefit the economy and large industries, such as development projects (e.g., construction of a dam or pipeline, deforestation, or presence of a mine) (McIvor & McCarty, 2017).

Since the time of Confederation, settler political decisions were made in hopes to assimilate Indigenous people and erase their culture, as they believed that Indigenous people needed to be civilized (Armitage, 1995). The residential schools and the 1960s scoop were imposed by the governments with the expressed objectives to assimilate children. The residential school systems separated children at a young age from their family and community. They were sent to residential schools, where Christian missionaries, priests, and nuns took charge of their education (Truth and Reconciliation Commission of Canada, 2015). Those schools were created in the 1880s and existed until 1996, meaning several generations passed through this schooling system. Presented as a way to improve their education level, those schools were in reality used to prevent children from learning their own culture and history, and teaching them Western culture instead. During the years that children spent in residential schools, they had few, if any, contact with their parents and community. They were taught to practice Christianity and forbidden to practice spiritual Indigenous rituals. Speaking their own language was not allowed and punished. For several generations, children were denied their own culture while they were enrolled in residential schools. This left a large gap in knowledge transmission: children were not learning traditional practices such as hunting, fishing, participating in spiritual practices and ceremonies, or their roles and

responsibilities as part of their families and clans, and siblings were separated. The loss of cultural knowledge and of family and community bonds impacted their identity.

Residential schools were sites of trauma. Following the closure of the last residential school in 1996, a truth telling process of the abuses that occurred in these schools was started by the Truth and Reconciliation Commission (TRC) (TRC, 2015). The numerous stories that were collected created a body of evidence to hold Canada accountable and to move forward from the atrocities that happened: children were often abused, either psychologically, physically, or sexually, by the people in charge of their education and care. Such experiences, of course, caused trauma to the children who were victims or witnesses. This type of trauma, rather than dissipating from one generation to another, tends to evolve and become larger (Goodleaf, 2018). These children grew up deprived of parental love and affection, and several children were affected by additional traumatic experiences. The consequences of the combinations of traumas experienced become a source of struggle as they grow up. It can have effects similar to post-traumatic stress disorder; in this case, it is referred to as the residential school syndrome. Once these people returned to their communities, they experienced disconnection with those who had stayed in their community, including their family (TRC, 2015). Since they had been disconnected from their parents during their youth, they were not properly prepared to start a family themselves. They often suffered from alcoholism and addictions in attempt to cope with the traumas. First Nations people are six and three times more at risk of dying from alcohol-related and drug-related causes, respectively. In Quebec, a study conducted among 358 Indigenous people found that those who attended residential schools were 3.4 times more at risk of having alcohol abuse problems than other Indigenous people, and those who faced child abuse were 3.1 times more at risk of developing drug abuse problems (Ross et al., 2015). Between struggling to raise a family and suffering from alcoholism and addictions, the traumas experienced in the residential system are often passed down to their children. In 2015, the TRC published their report, concluding that the residential schools system was no less than a cultural genocide (TRC, 2015).

Colonialism has therefore strongly impacted Indigenous people in terms of land and territory, self-determination, knowledge transmission, cultural practices, language, identity, and more. The historical context of Indigenous Peoples' created the conditions that reflect in current everyday life, health, and wellness today. Nowadays, First Nations people have diverse lifestyles, which are strongly influenced by their origins and culture, but also by whether they live off-reserve

(47%) or on-reserve or on Crown land (52%) (Statistics Canada, 2015), whether or not their Indian status is recognized, or whether they live in a remote, rural, or urban community, which often determines the degree of access they have to services and to the land. Considering the broad diversity among Indigenous people, it is important to consider the history and current context of each community when an intervention program or research project is being developed. Given the long history of colonization undermining the self-determination of First Nation people, communities themselves should have self-determination on the research being done today by being involved, having ownership, and being leaders to help guide research and programs in the various development stages.

2.1.5 Moving forward

While Indigenous communities still live with the consequences from the historical and current injustices and inequities, they are also a model of resilience, as they continue to fight for the revitalization of their culture and their right to self-determination. Movements across the country are trying to regain control over Indigenous people's territories, as seen recently with the case of the Trans Mountain pipeline (Dillon, 2016). Many efforts are also invested in revitalizing the languages and cultures, and in transmitting the knowledge to the younger generations to ensure continuity of the culture and traditions (McIvor et al., 2017; Neeganagwedgin, 2020; Islam et al., 2017).

2.2 Health inequity for Indigenous people in Canada

Although Canada acts as, and is perceived worldwide as, a leader in global health equity, there still exist important health disparities within the country, particularly between Indigenous people and the general Canadian population (Nixon et al., 2018). Today, Indigenous people in Canada still face discrimination and social exclusion, as well as legislations that restrain their rights. This impacts their health and access to health care, as reflected by the lower life expectancy and higher infant mortality rates.

In 2011, the life expectancy gap between Indigenous and non-Indigenous people was estimated to be between 4.5 for Métis males, to 11.4 for Inuit males, years younger for Indigenous people (Statistics Canada, 2019). For First Nations, the gap was of 8.9 years for males and 9.6 years for females. Infant mortality is more than two times higher for Indigenous people, with a rate

of 9.6 death per 1000 live births, versus 4.4 death in the non-Indigenous population (Statistics Canada, 2017a). Type 2 diabetes is also an important health disparity to discuss, with the age-standardized risk factors being three times higher (17.2%) among First Nations living on-reserve, twice as high (10.3%) among First Nations people living off-reserve, and around 50% higher (7.3%) among Métis people compared to non-Indigenous Canadians (5.0%) (Public Health Agency of Canada, 2011). As declared during the Commission on Social Determinants of Health that was held by the World Health Organization, solutions and remedies to health disparities should be social as they are caused by social factors (Commission on Social Determinants of Health, 2008).

2.3 Indigenous perspectives of wellness

2.3.1 Wholistic wellness

Indigenous Peoples' concepts explain wellness, health, and well-being wholistically and relationally (Graham & Stamler, 2010; Hovey, Delormier, & McComber, 2014). This is when various aspects of life are considered to be important and need to be balanced in order for one to be well, with a relational perspective at the core of the concept. This wholistic approach is represented in the medicine wheel used by many Indigenous groups (Graham et al., 2010; Lavallée, 2007). The medicine wheel has four quadrants, depicting the four directions: the East, the South, the West and the North. Each direction represents different stages of life and dimensions of wellness. While the dimensions depend on the community and the context, four recurrent well-being aspects are the emotional, mental, physical, and spiritual dimensions.

2.3.2 Relationships are central to wellness

Indigenous understandings of wellness also give specific importance to collective wellness, involving relationships one has with other people and with the surrounding environment. Be it with family, friends, colleagues, or the people in the community, having healthy relationships is key for wellness (Hovey et al., 2014). If someone does not have conflicting or stressful relationships with others, this person will tend to feel peaceful and have more positive emotions. Therefore, this person is more likely to adopt healthy and beneficial habits that are important to contributing to either prevent or treat chronic diseases, such as diabetes. Indigenous communities

also have strong support and sharing systems embedded within their traditions. For example, if a member is facing difficult times, members of the community will offer support by visiting, bringing food, or offering help. Similarly, successful hunters share their meat not only with their extended family, but also with unsuccessful hunters, with those who do not have hunters in their family, or with Elders (Adelson, 2000; Skinner et al., 2013). Family, friends, and the larger community are thus an important support system contributing to everyone's wellness.

To be well, one needs not only to have healthy relationships with the people they are surrounded by, but also with the ancestors, animals and their spirits, culture, ideas, the land, and the cosmos (Adelson, 2000; Hovey et al., 2014). According to Elder Onaubinisay (or Jim Dumont), "*[w]ellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of body, mind, emotion and spirit. Central to wellness is belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment*" (Dumont & Canadian Institutes of Health Research, 2014). Nurturing relationships with their ancestors and loved ones who passed away is an important connection with the spiritual world (Adelson, 2000).

Wellness includes relationships with the wildlife and the land, which must both be respected and cared for, as a community cannot be well if the land and wildlife it nurtures are not well (Adelson, 2000; Kingsley, 2013; Parlee, Berkes, & Teetl'it Gwich'in, 2005). This important connection with the land is developed through food practices including the collection of wild food, either via hunting, fishing, or gathering, or, for other communities, through cultivation of food, such as via farming or planting backyard and community gardens (Parlee et al., 2005; Adelson, 2000; Mundel & Chapman, 2010). Spending time on the land, caring for it, and respecting it all contribute to this relationship (Kingsley, 2013). Relationships with animals are nurtured through the protection of their habitat, such as only hunting or trapping animals when necessary for sustenance. Respecting wildlife also includes respecting the spirit of the animals through example like, not wasting food, using all parts of the animal, and tanning and decorating the animal's skins (Adelson, 2000).

2.3.3 Wellness through food and the land

Various projects have highlighted important dimensions of wellness based on Indigenous perspectives. One of these is the connection to the land, which is not part of Western wellness

concepts. Relations with the land are important for spiritual, emotional and mental balance, but also physical as the land provides the food Indigenous people eat and opportunities for physical activity.

Rates of food insecurity are higher in Indigenous communities than in the general Canadian population (Health Canada, 2017). One explanation is the fact that access to market foods is constrained by higher food prices and high levels of poverty in most Indigenous communities, in particular in remote and Northern communities (Fieldhouse & Thompson, 2012; Reading & Wien, 2006). This is especially true for fresh products and nutrient dense foods. However, we know that food insecurity in these communities is caused by the dependence on market foods resulting from the tentative destruction of the traditional food systems and food sovereignty, rather than market prices.

Food sovereignty is defined as: "the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems" (Declaration, 2007). It is often considered to be based on six pillars: (1) food is for the people, rather than being seen as just another commodity; (2) recognition of the importance of the people providing food; (3) food is produced locally, such as with the "100 miles diet"; (4) food is controlled locally, rather than being controlled by multinational companies; (5) food is used as a way to pass on knowledge and develop skills; and (6) the procurement of food is done in collaboration with nature.

In the case of Indigenous people, a seventh pillar must be taken into consideration: (7) food is foundational. Food is therefore sacred and must be respected all the way through its collection (cultivating, harvesting, hunting, gathering, etc.), distribution, preparation, and consumption (Desmarais et al., 2014). As stated by Kneen, "Mother Earth cannot be enslaved and forced to produce what we want, when and where we want it, through our technological tools" (Kneen, 2011). When food is distributed, it should be through offering, sharing, or trading, rather than through selling as is done with other goods (Desmarais et al., 2014).

Dawn Morrison is Secwepemc and has dedicated her career to study Indigenous food systems, food sovereignty, and environmental protection and restoration (Morrison, 2011a). She described Indigenous food sovereignty to be based on four principles: (a) food is sacred, a gift from the Creator, thus it cannot be controlled or regulated by the settler colonial system; (b) participation in the food system is necessary to protect food sovereignty; (c) Indigenous people

must have self-determination over their food system, be able to make decisions about their foods without interference from non-Indigenous systems; and (d) policies and laws must be modified to restore the ability and freedom of Indigenous people to be in charge of their food systems (Morrison, 2011b). Food sovereignty is not only an important political statement of self-determination, land protection and cultural identity, as it is also a key element to reach long-term and stable food security for all Indigenous people.

While it is important for nutrition and the economy, food sovereignty is also primordial to identity. The identity of Indigenous people in North America has been damaged in many ways through colonization, and reclaiming food sovereignty is part of the process of revitalizing Indigenous identities.

Traditional food systems and connections to the land have been impacted for a long time by dispossession of the lands and damages done to the territory through development projects such as dams, forestry, or mining, and are now further threatened by the environmental changes resulting from climate disruption (Neufeld & Richmond, 2020; Richmond & Ross, 2009). Fritze et al. (2008) were the first to include climate in the dimensions required to reach wellness. Climate change is increasing and an urgent issue that impacts other dimensions of individual wellness such as physical and mental health. This is especially true among youth, who fear for their future, as demonstrated recently with the school strikes for climate all around the world. Indigenous communities around the world are amongst the most affected by the effects of climate change, with for example, the temperature increase in some Northern communities in Canada having already reached 1.5 to 2.5 °C in 2014 (United Nation, 2008; Environment and Climate Change Canada, 2016). While it is clear that land exploitation and climate change affect the way of life of Indigenous people, there is also a growing global recognition that Indigenous traditional knowledge is key to understand, to find ways to fight climate change and to mitigate its impacts (Richards et al., 2019; Nyong, Adesina, & Osman, 2007; Alexander et al., 2011). Indigenous people hold extensive knowledge about the environment; thus governments and activists must work with Indigenous people to mutually share knowledge and collaborate in order to protect the planet's environment for the generations to come.

2.4 Western perspectives of health and wellness

Western perspectives of health and wellness most often center on an individual's level of well-being. As such, they do not consider health as embedded in social relationships and relationships with traditional territories which is characteristic of Indigenous concepts. According to the World Health Organization (WHO), health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948). This definition was updated to be more functional and context-oriented, adding that to be healthy, "an individual or a group must be able to realize aspirations and satisfy needs, and to change or cope with the environment" (WHO, 1986, p.2). But what are well-being and wellness? Well-being is generally associated with quality of life, mostly focusing on physical and mental health, or to the socio-economic dimension, and it is considered as being part of health (Miller & Foster, 2010).

Wellness however, is seen as a concept broader than health. In Western cultures, the concept of "wellness" was mainly developed after the Second World War, when more focus was put not only on the prevention of diseases, but also on life satisfaction (Miller et al., 2010). As lifestyle diseases started to increase, people realized that improving wellness could help prevent risk factors such as stress and anxiety, which are contributing to several chronic diseases. Since then, experts have tried to define and explain wellness, without reaching to any agreement on a single definition. Some consider that health and wellness are interchangeable, some others think that wellness is the thriving and positive part of health, and some consider it as a way of being, while health is a state (Jonas, 2005; Miller et al., 2010; Reardon, 1998). However, all seem to agree that wellness is a multidimensional concept, where the various dimensions are related to one another. This very nature of wellness explains the lack of agreement: it is a wholistic and dynamic concept, which evolves with time and is culturally specific (Miller et al., 2010). Wellness is understood as a wholistic concept by both Western and Indigenous people, but Indigenous perspectives on wellness consider the relational perspective connecting people to those around them and to the natural environment as the core of their wellness (Corbin & Pangrazi, 2001; Miller et al., 2010). Indigenous notions of wellness are centered around the social environment, the community, and the land, rather than on an individual state. Despite many similar key components, the Western and Indigenous notions of wellness differ in their overall approach, the former being based on the individual while the latter is based on relationships.

In conclusion, if we want to assess Indigenous community wellness, we must not simply look at the general outcomes of wellness and its social determinants, but also ensure that Indigenous-specific dimensions of wellness are part of the assessment. We need to better understand how Indigenous concepts of wellness are connected to land relationships, inter-generational relationships, cultural practices and identity, and how the relationships and balance between all spheres of human life are essential. Therefore, we must consider the Indigenous perspectives while being mindful of how colonization undermined the elements that made Indigenous Peoples strong, healthy, and resilient societies (Kirmayer et al., 2011).

In this study, the focus was on the wholistic perspectives of how a community is well, rather than on the quality of life or socioeconomic factors. Thus, for the rest of this manuscript, I will be using the term *wellness*, which should be understood wholistically. Considering the distinction between wellness and well-being is not always clear, I will mention in some sections the term *well-being* when the literature I am referring to is using such term.

2.5 Tools for assessment of Indigenous community health and wellness

Assessment of health and wellness is a way to evaluate the state of health and wellness at a given time and in a given context. Assessments can be used by a community to determine where resource allocations are the most needed, or to evaluate the impact of a program or intervention through time.

Over the past century, health surveys and research projects have been conducted among Indigenous communities, and unfortunately, many of them did not consult, include, nor benefit the communities. Too often, the studies were deficit-oriented, and data were collected but the results and interpretations were rarely presented back to the community or participants (Walter & Suina, 2019; Díaz Ríos, Dion, & Leonard, 2020; Interagency Advisory Panel on Research Ethics, 2019). Despite all the research done in Indigenous communities, the Indigenous population most often did not benefit from the results of the studies and the health disparities between Indigenous and non-Indigenous people in Canada remained. Just as food sovereignty is needed to reclaim Indigenous food systems, research sovereignty is needed to support Indigenous knowledge translation and respond to communities' interests in research. This means that when Indigenous

people lead their own research and assessments, it is more likely that the research projects related to them involve and benefit them. This is often described as research that is conducted *with* the community and *for* the community.

Researchers, either Indigenous or working closely with Indigenous Peoples, have made recommendations on how to develop tools to assess wellness or health: health assessment tools should be community-specific, adopt wholistic dimensions of wellness based on Indigenous values, and be strength-based. Below is a discussion of each of these dimensions.

2.5.1 Developing community-specific assessment tools

While the past decades have seen lots of work trying to better identify and characterize the dimensions of wellness (Gomez, Reed, & Chae, 2013; Miller et al., 2010), a lot more work is needed on developing ways to measure it. When it comes to deciding on a health or wellness assessment tool, not everyone agrees on the criteria to determine which is better or more appropriate. Some argue that the assessment tools should be global to allow for comparison between communities, regions, or even countries (Dronavalli & Thompson, 2015). Others make the case that assessment tools should be community specific to ensure their relevance and meaningfulness to the community or to the group of people for which it is used (Geddes, 2015; Jeffery, Abonyi, Labonte, & Duncan, 2006). Universal tools can be helpful for governments or large organizations to have a standard set of indicators to determine where to focus efforts, for example. However, such tools tend to lack specificity and thus are far from ideal for communities to track their own progress and the success of their programs. The objective when doing wellness assessment is not only for policy makers to set priorities and monitor health by way of comparing communities. The objective is also for them to be relevant for communities who require reliable evidence and knowledge for the ways they want to learn, increase their knowledge, support their empowerment, and help identify the areas they should work on or build upon (Hancock, 1999; LaFrance, Consulting, & Nichols, 2010; McKenzie, 1997). It is also important for communities to be able to assess their specific needs and to track the impact of their programs, as these data can be used as evidence when applying for financial support, reporting to partners and shareholders, or raising political or media attention on a challenge they face.

Thus, it may not be the best approach to only use standardized sets of wellness indicators for all communities. Communities and their partners could rather develop indicators specific to

each community and to the community objectives, so that they can take ownership of the evaluations of their wellness and of the resulting data (LaFrance et al., 2010). According to Jeffery et al., (2006), for assessments to be relevant to Indigenous communities, indicators should take into account the specific characteristics of the communities such as language and values. They should also be adaptable to the objectives of each community, while allowing some comparisons between Indigenous communities in Canada (2006). This could be achieved by developing a set of indicators covering all relevant fields of wellness, from which communities and organizations can select the indicators that correspond to their interests and values. In order to allow for comparison, some indicators identified as being key by the communities could be used across all communities.

In most instances, when community level wellness is assessed, it is based on aggregation of data from wellness assessment of individual-level indicators (Kryzanowski & McIntyre, 2011). However, a community is more than an aggregation of individuals, as it has specific dimensions that cannot be assessed at the individual level. There is limited development for evaluating community-level indicators of wellness dimensions. More work is needed in this area.

For wellness assessments to be community-sensitive and culturally relevant to Indigenous Peoples, Jeffrey et al. recommend involving the community in the development of the tools (Jeffery et al., 2006). Many wellness assessments have not been adapted to Indigenous perspectives, as they are developed neither by, nor in collaboration with, Indigenous peoples. Jeffrey et al. also recommend that the development of the indicators and tools as well as their use should involve the community members and include both youth and Elders. This kind of participation provides opportunities for these diverse perspectives to explain how best to represent the values, needs, and priorities of the community (Hancock, 1999; Jeffery et al., 2006). Community members should also take part in the interpretation of the results. Thus, community-based participatory research is key.

2.5.2 Assessing wellness wholistically

Most Western tools assess community wellness using indicators of socioeconomic well-being, such as education level (by measuring the rate of literacy or the number of years spent in school), employment rate, housing and income level, and indicators of health status by measuring the rates of diseases or the life expectancy (Dronavalli et al., 2015; ISC, 2019b). For example, the

Canadian government has used the *Community Well-Being Index* as assessment tool for the general Canadian population, and First Nations and Inuit communities. This index is comprised of four dimensions: education, labour force activity, income, and housing (ISC, 2019b). The Office of the Auditor General of Canada recognized in a 2018 report that perspectives of well-being vary between communities or groups of people, especially for Indigenous Peoples, and that other dimensions could have been relevant, but this index was developed using routinely collected socioeconomic data from the Canadian census (Office of the Auditor General of Canada, 2018). The Auditor General recommended the Department of Indigenous Services Canada to use more wholistic tools by including factors that Indigenous communities have identified as specific priorities, such as culture and language (Office of the Auditor General of Canada, 2018).

Leech et al. suggest that community wellness assessment should include the determinants of health that are upstream from the downstream manifestation of diseases and symptoms, in order for communities to be able to identify social condition and risks, and focus on taking preventive measures instead of treating diseases once they occur (2002). Disease-focused assessments fail to take into account the wholistic views of wellness and well-being where we assess the strengths and characteristics of healthy populations. Moreover, it is important to include aspects of wellness that are expressed by Indigenous communities.

Assessing wellness of Indigenous communities and populations wholistically requires using dimensions of wellness from Indigenous understandings and experiences. The dimension of Indigenous culture is strongly shaping wellness for Indigenous communities, but is often ignored in Western models despite the important role culture plays in identity and community belonging (Geddes, 2015). Culture is a set of shared meanings, attitudes, and practices among a collective of people who share some aspects of their identity such as history, place of birth or residency, beliefs, or language, and that is transmitted through generations (Spencer-Oatey, 2012). Geddes has worked extensively on integrating culture in community planning that is both community-driven and community-owned, and has published guidelines for First Nations who are interested in developing their own indicators and survey items to use for health assessment (Geddes, 2013; Geddes 2015). Geddes states that culture should thus be assessed, through indicators such as procurement and consumption of traditional foods, spending time on the land, or speaking the language (2015).

2.5.3 Focusing on community strengths

Community wellness assessment should be beneficial to the community and its members, and thus should contribute to community capacity building (Chouinard & Cousins, 2007). One way to do so, is to use wellness indicators that emphasize the strengths of the community, rather than needs and deficits (Chouinard et al., 2007; Geddes, 2015; Jeffery et al., 2006). Negative research and media representation of Indigenous Peoples has stigmatized communities by focusing on the high prevalence of poor health outcomes, negative health and social issues and on deficiencies (LaFrance et al., 2010; Leech, Lickers & Haas, 2002). Wellness indicators should be "reflecting people's positive view of themselves in their self-defined state of well-being" (Geddes, 2015). By having a strength-based approach, research and assessment can strengthen communities' self-esteem, and motivate people to build on their forces, rather than pathologize communities. Tamati Kruger, a distinguished Māori advocate, chief negotiator for the Tūhoe-Te Urewera Treaty of Waitangi Settlement, and social and political analyst, stated that "[l]earning should never have the objective of knowledge, learning is meant to lead to action" (IUHPE, 2019; Kruger, 2019). Thus, when assessing wellness in a community, we should 'seek out the "best of what is" to help ignite the collective imagination of "what might be" (Geddes, 2015). In conclusion, in terms of creating wellness indicators for Indigenous Peoples and communities, it is key to consider three things, Indigenous-specificity, wholistic perspectives, and strength-based approaches.

2.5.4 Review of existing community-level wellness / well-being assessment tools

Table 1 presents tools used to assess either wellness or well-being. In the table, they are categorized based on whether they: (1) are Indigenous specific; (2) are wholistic; and (3) use a strength-based approach. Dimensions of wellness/well-being considered are also listed. Wellness and well-being are most often assessed at the individual level, and then reported for the community level by aggregating results from individuals. However, a community is more than an aggregation of individuals, as it has specific dimensions that are not found at the individual level (Kryzanowski et al., 2011). Thus, only tools developed specifically for the community level are included here.

Table 1: Wellness or well-being assessment tools and their dimensions

Assessment tool (Author)	Assessment type			Dimensions or themes
	Indigenous-specific	Wholistic	Strength-based	
Mamow Ki-ken-da-ma-win: Social Determinants of Health (Finlay et al., 2010)	X	X		(1) Colonization (2) Globalization (3) Migration (4) Cultural continuity (5) Access (6) Territory (7) Poverty (8) Self-determination
Community Well-being Self-Monitoring in the context of mining: the Naskapi Nation (Klinck et al., 2015)	X	X	X	(1) Opportunity (2) Family (3) Culture (4) Environment (5) Social life (6) Communication (7) Health (8) Housing and community upkeep (9) Governance (10) Education (11) Aboriginal rights (12) Language (13) Safety
Community Wellbeing Index (A) (Forjaz et al., 2011)			X	(1) Social services (2) Leisure (3) Support to families (4) Health services (5) Belonging (6) Trust in people (7) Security (8) Environment (9) Social conditions (10) Economic situation
Holistic Model for the Selection of Indigenous Environmental Assessment Indicators (Kryzanowski et al., 2011)	X	X		(1) Cultural- environmental attachments (2) Educational systems (3) Self-determination (4) Social resources (5) Material resources and environmental stewardship
Community Health Indicators Wheel (Leech et al., 2002)	X	X	X	(1) Politics (2) Responsibility (3) Economics (4) Values (5) Environment (6) Morale (7) Religion (8) Spirituality
Ecological model of Indigenous well-being based on Hawaiian culture (McGregor et al., 2003)	X	X		(1) Integrity of Ahupua'a (watershed) Moku (district) Moku'aina (island) (2) Informal networking & sharing for support & interest

				(3) Cultural, spiritual, & social places to gather/provide services/hold activities (4) Economic development (5) Leadership & organization (formal)
Community Well-being Index (B) (Senécal & O'Sullivan, 2006)				(1) Income (2) Education (3) Housing (4) Labour force

The Mamow Ki-ken-da-ma-win tool is developed for a collective of 30 remote communities in Northern Ontario to assess the effect of eight determinants on health and well-being concerns that are specific to each community (Finlay, Hardy, Morris, & Nagy, 2010). *Mamow Ki-ken-da-ma-win* means "everyone searching for the answers together". Because it is focused on community concerns and some of the determinants are negative (eg. poverty), this tool does not follow a full strength-based approach, but is of great use for the communities to identify challenges to wellness that are of utmost importance. However, these indicators could be adapted to focus on strengths.

The Community Well-being Self-Monitoring tool used by the Naskapi Nation respects the three guideline criteria. However, while it is presented as a community assessment tool, it is actually based on household-level questions for which the answers are then aggregated to the community level (Klinck et al., 2015). The tool was developed through a highly participatory process, with meaningful collaborations with the community in every step of the project and involvement of community members in the design and coordination of the process. To identify the community values, hopes, and concerns, they consulted youth, adults, Elders, teacher, and decision makers (Naskapi Band Office and Chief & Council, and Naskapi Development Corporation). The ideas mentioned by the participants were then analyzed by a committee formed by six community members. This process resulted in wellness indicators that are highly specific to this community, in the context of mining development on their territory. This tool is meant to be used to assess who the mining impacts the wellness of the Naskapi Nation of Kawawachikamach. This is an example of community-specific assessment tools developed by and for the community.

The Community Wellbeing Index (A) by Forjaz et al. uses a strength-based approach, but it is neither adapted for Indigenous Peoples nor wholistic, as the dimensions are based on life satisfaction only (Forjaz et al., 2011). This Community Wellbeing Index was developed for assessment among older adults in Spain. This tool was developed in order to fill the gap between

two other existing tools: the Personal Wellbeing Index (PWI), and the National Wellbeing Index (NWI), and is meant to be used in combination with them. Both were developed by the International Wellbeing Group with the aim to allow comparison of wellbeing across countries. The PWI assesses life satisfaction in different domains at the individual level, while the NWI assessed satisfaction individuals have regarding their country's social, political, and environmental situation., with some variations based on the country. The Community Wellbeing Index assesses satisfaction with the immediate surrounding community, such as town, neighborhood or, in the case of institutionalized older adults for example, satisfaction with their institution. While the tool assess satisfaction regarding community dimensions, it is once again based on aggregation of individuals' satisfaction responses.

The Holistic Model for the Selection of Indigenous Environmental Assessment Indicators has identified and categorized both individual and community dimensions of well-being. The individual level determinants are similar to the four quarters from the medicine wheel: (1) physical, (2) emotional, (3) mental, (4) spiritual, with the addition of (5) life-control (Kryzanowski et al., 2011). However, the researchers only developed the set of indicators, but not the assessment items for these indicators. They also did not mention if they aimed for the assessment tool to have a strength-based approach. Further work would be needed for this model to be used for assessment of wellness.

Of all the assessment tools presented here, the Community Health Indicators Wheel corresponds best to the three criteria explained above. First, several First Nations were involved in its development (Leech et al., 2002). Not only the authors proposed a model of a wheel that meets with the three criteria used, they also give concrete examples of how to measure the balance and interactions between the different dimensions. Leech et al. stated that they were undergoing the second part of their project to test the tool with the partner communities to see which indicators should be kept or adapted. However, no publication was found about this step of the process.

The Ecological model of Indigenous well-being based on Native Hawaiian concepts of culture proposes a multi-level approach: (a) 'Ohana (extended family) & individual, (b) community, (c) Nation, and (d) 'Aina (land and natural resources) (McGregor, Morelli, Matsuoka, & Minerbi, 2003). The dimensions for each level have been developed specifically to assess wellness for Native Hawaiians, and represent a wholistic approach. However, many of the items proposed for community assessment focus on the issues rather than the strengths of the

communities. For example, some of the items are: (1) “increase in rate, type and severity of crimes with indigenous perpetrators”, (2) “increase in rate of substance abuse and type of substance; its influence on behaviour and related problems (such as crime)”, or (3) “change in rate, patterns and severity of domestic violence; family and community response” (McGregor et al., 2003, p. 121).

Senécal and O’Sullivan’s Community Well-being Index (B) does not fit in any of the selected criteria. This index is meant to be used in both Indigenous and non-Indigenous communities, and to be able to quantitatively compare between groups (Senécal & O’Sullivan, 2006). It is far from a wholistic approach, looking only at socio-economic factors, without a specific strength-based approach. A tool like this may be useful for individual communities’ wellness assessment in some specific circumstances, for example in combination with the assessment of other wellness dimensions, or complemented with qualitative data on the socio-economic context and experiences of communities, which would deepen and understanding of a given community’s well-being index. Limitations in it being an appropriate tool by itself to assess well-being, be it either in Indigenous or non-Indigenous communities, rests in it considering only the socio-economic dimension.

In conclusion, there are a few wellness assessment tools available, many of which are used in Indigenous communities despite not being designed based on local community culture, values, and concepts of wellness. Some tools, such as the Mamow Ki-ken-da-ma-win and the Community Health Indicators Wheel, have involved the communities in their development, and contain elements that are specific to the communities. Such tools are examples of appropriate wellness assessment approaches within the Indigenous context. Wellness assessment tools that are either developed or adapted specifically for each community are essential for the assessments to be accurate and relevant to each community. However, as mentioned earlier, Indigenous communities each have their own history, culture, values, strengths, and challenges. In order to assess community-level wellness in a way that is culturally appropriate, empowering for the community, and being representative of the community’s perspectives, the assessment should be community-specific, strength-based, and wholistic.

Chapter 3. Contextualization of the project and community

3.1 Background of the project

3.1.1 Kahnawá:ke Schools' Diabetes Prevention Project

In 1994, the community of Kahnawá:ke and academic researchers created the Kahnawá:ke Schools' Diabetes Prevention Project (KSDPP) after finding out from community-based research and chart review that the rates of type 2 diabetes (T2D) were high (12 to 15%) in the community, which was twice the Canadian rates (Macaulay, Montour, & Adelson, 1988). The researchers were initially interested in further studying T2D complications. When presented with the findings of the research, the community expressed the desire to do research on diabetes prevention for children and for the health and survival of the seven future generations. The seven generations model is an Indigenous development planning model that is based on the fact that most individuals are likely to know seven generations through their life (Jojola, 2013). We learn from our parents, grand-parents, and great-grand-parents, and we then pass along this knowledge to our children, grand-children, and great-grand-children. In the context of KSDPP, the project follows the Kanien'kehá:ka value of caring for those seven future generations (Delormier, 2003; Macaulay, 2006). KSDPP has now been active for 25 years. It uses a health promotion and socioecological approach to organize various activities in the community to promote healthy lifestyles and prevent diabetes. An important characteristic of the project is that it mobilizes members of the community to become active promoters of healthy lifestyles and links this to the cultural responsibility of caring for future generations.

3.1.2 KSDPP Community Mobilization Training

In 2001, the Community Mobilization Training (CMT) program was developed by KSDPP to respond to the request from other Indigenous communities to use the KSDPP model in their own community. The training aims to help members of the community to develop a diabetes prevention and/or health promotion strategy by mobilizing the community. The training is based on the best-practice KSDPP intervention model. Community members working in a health- or

well-being-related field, usually education and recreation, are invited to participate in the training. The CMT contains both theoretical components and interactive activities for participants to develop better strategies to mobilize other members of the community and organize successful activities to promote healthy lifestyles. The training is offered to participants, often in their communities, over the course of 5 to 6 days.

The CMT has been offered in 17 communities in Canada over the past 19 years. In 2017, a research project on the CMT was developed. The *Community Mobilization Training for Diabetes Prevention: Implementation and scale-up of a best practice training model for diverse Indigenous communities* research project aims to evaluate the efficiency and impact of the CMT on the development of health promotion strategies and on the wellness of the community. The research is funded by the Pathways 2 to Health Equity for Aboriginal Peoples program (CIHR # PI3-151327) from the Canadian Institutes of Health Research (CIHR), Institute of Indigenous Peoples' Health. The implementation of the training program is partially financed by the R. Howard Webster Foundation, and in-kind support is provided by a number of institutional and organizational partners. The CMT Pathways project is realizing the intervention in six Indigenous communities representing a diversity of identities, geographical regions, and Indigenous governance structures.

Among the six communities participating in the project, two of them are in Quebec. The CMT team worked with provincial partners to identify Indigenous communities in Quebec that would have high capacity and interest in preventing diabetes through the mobilization of the community. Our partners, the *Regroupement des centres d'amitié autochtone du Québec* (RCAAQ), and the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) identified and suggested the Atikamekw First Nation community of Manawan and the *Centre d'amitié autochtone de Lanaudière* (CAAL) in Joliette to receive the CMT. These communities were recommended because they have at heart the promotion of wellness and wish to mobilize themselves to reduce the incidence of diabetes. From August 28th to August 30th, 2018, participants from the community of Manawan and from the CAAL gathered in Manawan to receive the first part of the training over three days. They then participated in the second part of the training in Joliette for three more days, from November 13th to November 15th, 2018. The CMT integrated five research activities, one of which was about perspectives of wellness. These activities were: (1) participants demographic survey and community readiness; (2) talking circles on perspectives

of community wellness; (3) environmental scan through Strengths, Weaknesses, Opportunities, and Threats (SWOT); (4) social networking questionnaire; and (5) talking circles about cultural grounding of the training and of healthy lifestyles promotion. This research project focused on the wellness perspectives in the Manawan community.

3.2 Manawan: context of the community

Manawan, which means “the place where we collect gull eggs” (Projet de dictionnaires algonquiens & Atikamekw Sipi, 2019a), is a remote Atikamekw First Nation community situated in Quebec, 210km North of Joliette. It is separated from the closest village by an 80km gravel road, which is for many a barrier to access health care and other services, as well as grocery stores and shops. The population of Manawan was of 2,060 in 2016, and over half of the population is under 25 years of age (Statistics Canada, 2017b). Three communities compose the Atikamekw Nation: Manawan, Wemotaci and Opitciwan. Members of this Nation describe their identity as Atikamekw Nehirowisiw. *Nehirowisiw* represents many concepts, including a state of being in harmony, and being in respect with nature and the environment (Awashish, 2017). In September 2014, Constant Awashish, the Grand Chief of the Atikamekw Nation Council, declared the sovereignty of the Atikamekw Nehirowisiw Nation on the *Nitaskinan*, the territory they use and take care of, and which was never ceded (*Figure 1*) (Gill, 2015). To this day, they are still negotiating for their sovereignty to be recognized, and no agreement has been signed (Awashish, 2017; Awashish & Atikamekw Sipi, 2017).

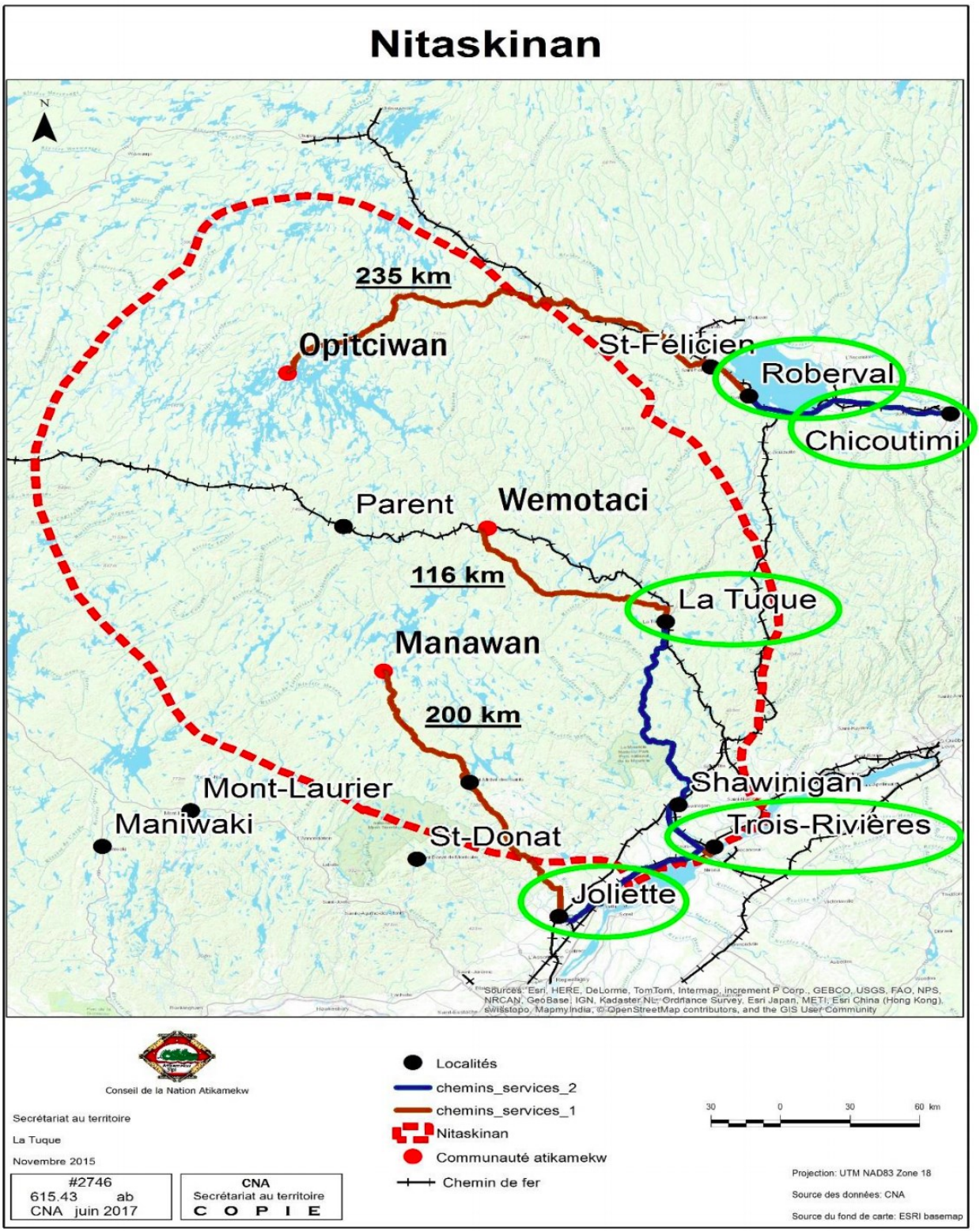

Figure 1: Nitaskinan: Atikamekw sovereign territory (Awashish et al., 2017)

3.2.1 Historical traditional Atikamekw food system

Traditional foods are central to the Atikamekw culture. Each period of the year was characterized by the harvest of some specific foods. These seasonal foods are reflected in the Atikamekw names given to the months when the Western calendar was adopted (Flamand et al., 2006). Several months are named based on the species that are harvested at these times of the year. June is called *otehimin pisimw*, meaning strawberry month or sun; July is called *mikomin pisimw*, meaning raspberry month; September is called *kakone pisimw*, meaning the month where the ducks learn to fly; October is called *namegouss pisimw*, meaning the month where grey trout spawn; and November is called *atikamekw pisimw*, meaning month where whitefish spawn (Clermont, 1977; Chachai, 2018).

The traditional Atikamekw diet is mostly based on meat from hunting and trapping, and on fish. *Table 2* shows an example of the traditional diet Atikamekw people were consuming before being forced to adapt their diet due to colonization impacts.

Table 2: Example of historical Atikamekw traditional winter diet for a family of five (adapted from Clermont, 1977, p.52)

Traditional winter foods		Number of animals per winter	Number of meals provided
tikamekw name	**English name**		
Wapoc	Hare	>500	1000
Mos	Moose	2	400
Names	Fish	Variable	300
Pirew	Partridge	150	160
Amiskw	Beaver	20	160
Otcockw	Muskrat	100	100
Piciw	Lynx	10	100
Masko	Bear	1	70

Since all parts of the animals are consumed, the animals provide a large variety of nutrients. In the warmer months, Atikamekw people pick various berries, primarily blueberries, that can be preserved using maple sugar, bear fat, or drying.

3.2.2 Changes in the land and food system since colonization

As previously reviewed, the traditional Atikamekw food system has been negatively impacted by a number of factors. There were many changes for which the community had little control over. Among other things, there was the Transcontinental railway construction between La Tuque and Parent that ended in 1906, the forestry industry, and dam constructions in the 1900s and 1910s to regulate the flow of the *Tapiskwan Sipi* (St-Maurice river) to facilitate the transport of wood on the river (Flamand et al., 2006; Thiffault, 2001; Société d'histoire atikamekw, 2014). These changed to the territory brought forest fires, deforestation, and flooding at the beginning of the 20th century (Flamand et al., 2006). The development projects changed the ecology of the land and disrupted the habitat and lifecycle of the animals, which fled. With more and more unsuccessful hunting and trapping, the Atikamekw struggled to obtain food, putting them in a survival position. Some families started to settle around Manawan, and in an attempt to escape this precarious survival position, they asked the government to create another reserve, south from the already existing reserve of Wemotaci. Their objective was not to settle permanently, but to have a place where they would be able to receive services from the government. The government proclaimed the initial settlement a reserve in 1906, at a site called Metapeckeka, which means "swamp exiting from a bay". The village had to be displaced not long after due to the construction of three dams that flooded Metapeckeka. They relocated at the actual site of Manawan. In the following decades, settling the community in one location created challenges affecting the ability to move their camps on the territory through the seasons based on the seasonal sources of food. They had been living this way since time immemorial, meaning that it started long before colonization but no historical dating is available. Atikamekw are guided by a cycle of six seasons. For each season, they would travel on the land and move to a different camp to go where the food sources would be. With the transformations of the land, the changes in the fauna, and settlement, Atikamekw had to travel longer distances to hunt and trap, thus traditional foods became harder to obtain, creating a dependence on market foods that were provided by the Hudson Bay company. The Hudson Bay company started to sell foods such as flour, corn, molasses, sugar, salt and tea early in the 1800s to Atikamekw, but these foods only represented a minor portion of the diet (Clermont, 1977; Flamand, 2006). Between 1910 and 1920, Atikamekw became more reliant on market foods due to the scarcity of their traditional foods (Flamand, 2006). In order to be able to pay for market food items, Atikamekw had to sell furs to the Hudson Bay company, which was

the only company trading with the Atikamekw and thus had the monopoly and control of the prices. Furs were bought at a very low price, giving small amounts of money to the Atikamekw, who would then trade this money back to the Hudson Bay company to buy food items at high cost.

The restriction of their territorial rights and access was also highly detrimental. Not only the size of the territory they could use was reduced, but at the end of the 19th century, they were also forbidden to fish due to the monopoly of fishing right being given by the government to settlers' fishing industries (Flamand et al., 2006). This impacted their diet and food sovereignty, but also the transmission of knowledge and traditions related to fishing. Moreover, deforestation impacted, and still impacts, the habitat of animals they rely on, as the animals lack some of the plants that are part of their diet or, in the case of birds for example, lose the trees they would nest in. Deforestation also affects directly the Atikamekw way of living. For example, Atikamekw canoes are made from birch bark, thus, if the birch trees which provide the bark are not large and healthy enough, canoes cannot be easily constructed, which are necessary to travel on the territory for fishing and hunting. Birch bark is also a key element of Atikamekw art, and thus of their identity.

3.2.3 Disruption of the traditional knowledge transmission and of families

Another constraint to using the traditional food system are policies that disrupted inter-generational knowledge sharing. The residential schools system and the 1960s scoop created a large gap in the transmission of traditional knowledge. From the end of the 1950s to the end of the 1980s, many youth from Manawan were sent to residential schools, and were actively denied the opportunity to learn from their families and Elders their cultural practices such as hunting, and food preparation methods. The 1960s scoop refers to the time from the end of the 1950s to the 1970s where Indigenous children were forcibly removed from their family and community and often adopted by settler families, sometimes even sent to Europe to be adopted by European families (Engel, Phillips, & DellaCava, 2012; Austen, 2017). During this period, around 45 Atikamekw babies or young children were scooped and no trace was left for families to know where their child had gone. As families describe it, their children disappeared. The families were barely given any information about what happened to their children. In Manawan, at least 18 families are affected (Lebel, 2019; Sioui, 2020). In several cases, the children were taken away from their family and brought to a hospital to treat some disease. The families were not allowed to

go with their child. Not long after, the government, church, or hospital often announced to the families that their child had died from the disease complications. Most often, the families were not allowed to see the body of their child, and in the few cases where they did, it was the body of another baby. As was declared by the Echaquan family during the National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIW), some children were exchanged (Enquête nationale sur les femmes et les filles autochtones disparues et assassinées, 2018). After learning that their two-months-old daughter was dead, they were presented the body of a nine-month old baby. Since 2017, 43 Atikamekw families having doubts about the death of their children are trying to uncover the truth (Lebel, 2019). Most were not able to find any death certificate and found out that some children had been baptized after their hospitalization and been adopted by settler families (Josselin, 2019). Grieving for the loss of their children has left many families with traumas, to which angst was added in learning the truth behind the lies they had been told. While the Quebec government announced in January 2020 that families will now have access to the medical files of the lost children to make light of what happened, they will not have access to the files from the religious congregations, which had lots of power at that time in terms of record keeping and so would have information about some of the children (Sioui, 2020). This tragedy affected and disrupted many families in Manawan, but the movement and the actions currently taken to uncover the truth are an example of the proactive role the community of Manawan and the Atikamekw Nation are taking to heal. Since 2017, the families are working together and supporting each other through healing ceremonies, archives research, and political action. While the community of Manawan has its set of challenges, the community is very active to heal and improve the wellness for all community members.

3.2.4 Current food systems in Manawan

Nowadays, the diet in Manawan is a diet composed of both foods from the industrialized food system, which are often highly processed, and traditional foods. In 1999, to represent the specificity of this diet, the *Services de santé Atikamekw* adapted 1992 Canada's Food Guide (Health Canada, 2007) to incorporate the traditional food system and the principles of the medicine wheel, as seen in *Figure 2* (Roy, n.d.). The adapted guide depicts the medicine wheel, with the four directions and seasons, corresponding to the four food groups. At the time of redaction of this thesis, the *Services de santé Atikamekw*, in partnership with the *Conseil de la Nation Atikamekw*,

nutritionists, and community intervention workers, are undergoing consultations to make adjustments to this guide according to the 2019 revised Canada's Food Guide.

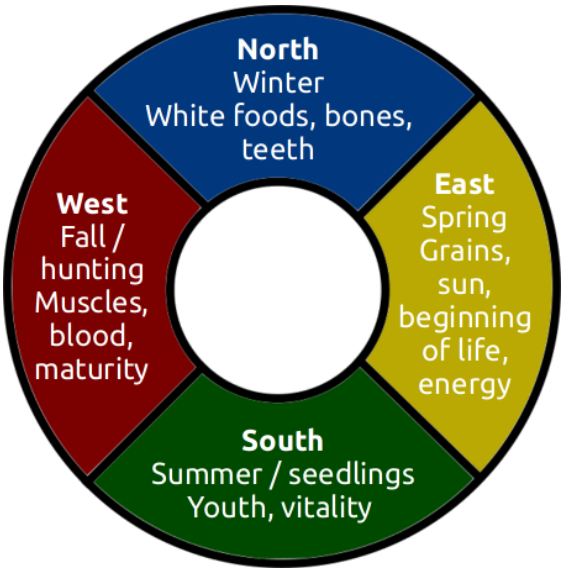

Figure 2: Atikamekw food wheel (Adapted from the Atikamekw Food Guide, Services de santé Atikamekw, 2009)

Market food options are quite limited in the community, with one small grocery store, one corner store, and two fast food restaurants. Prices for fresh foods are usually quite reasonable, but still higher than average prices in other Quebec towns, including in St-Michel-des-Saints, the closest village from Manawan. This greatly affects families with low income, many of which face some level of food insecurity.

According to community partners, hunting and fishing are important activities today. It contributes important food sources to the diet and is a high source of pride. A study from Borduas found that in 2007, half of the respondents from the three Atikamekw communities were consuming more than 57 traditional meals per year (Borduas, 2008). In the fall, there is a cultural week, during which schools are closed and most employed people can take a break from their jobs to go at their camp to hunt moose. This is an exciting moment for the whole community, as even those without a hunter in their family often receive meat from successful hunters as is customary. Sharing food is a key value for the Atikamekw which continues today. However, there are still challenges to using the traditional food system regarding the use of their land and discrimination.

For example, over the past decade, several moose have been shot on the Atikamekw territory, and found with the head removed and the rest of the animal left behind to decompose.

Since the Atikamekw have high respect for the animals they hunt, they ensure not to waste any part of it, including organs, fur, and bones. It is assumed that these moose had been shot by non-Indigenous hunters who took the head as trophy. It is not only illegal for non-Indigenous to hunt on the Atikamekw territory, but it can be dangerous due to risks of unexpected proximity of two different groups of hunters and accidental shots. Several Atikamekw families have installed signs at the road entrance of their territory to inform settler hunters who may be tempted to enter their territory. In October 2019, one family found a death threat on one such sign (*Figure 3*). Needless to say, such acts affect not only their hunting process, but also their mental health.

Figure 3: Death threat to an Atikamekw family on their territory (Photo courtesy of Michaël Chilton)

Chapter 4. Methodology

4.1 Participatory design of the research

4.1.1 Community-based participatory research approach

Considering the central role of relationships and community for wellness, we understood that these concepts should also be central to the methodology of this project. In order to decolonize research, we recognize that research must be done *for* and *with* the communities, and that we must eliminate the dichotomy between the community and the researchers. Building non-hierarchical relationships and partnerships between the community and the academic members is needed to conduct community-based participatory research (CBPR) projects.

Israel et al. identified nine guiding principles for CBPR, which may not all apply depending on the specific project (Israel et al., 2005). These principles are: "(1) CBPR acknowledges community as a unit of identity [...]; (2) CBPR builds on strengths and resources within the community [...]; (3) CBPR facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities [...]; (4) CBPR fosters co-learning and capacity building among all partners [...]; (5) CBPR integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners [...]; (6) CBPR focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health [...]; (7) CBPR involves systems development using a cyclical and iterative process [...]; (8) CBPR disseminates results to all partners and involves them in the wider dissemination of results [...]; and (9) CBPR involves a long-term process and commitment to sustainability" (Israel et al., 2005).

This research used a mixed-methods approach that was strength-based and drawn from CBPR principles. Following the KSDPP Code of Research Ethics and CMT guidelines, and respecting the will of the community, the research was done in collaboration with the community, thus I worked on including the community in all steps of the project.

The methodology was developed with constant input from the Community Research Assistants (CRA) and local Youth Research Assistant (YRA) who were hired for this project, as well as from community partners, to ensure the methodology is culturally grounded and provides

opportunities for community members to guide the research. The data were collected and analyzed using participatory methods, by using concept mapping and adapting it to include Photovoice and photo-elicited talking circles (for the youth only), and talking circles (for the intervention workers and the Elders).

4.1.2 Building relationships

Building relationships between the community and the researcher(s) is a core part of the Tri-Council Policy Statement 2 (TCPS2) Chapter 9 *Research Involving the First Nations, Inuit and Métis Peoples of Canada* (Interagency Advisory Panel on Research Ethics, 2019), and part of the KSDPP Code of Research Ethics (KSDPP, 2007).

Prior to beginning this project, I did not have any relationship with the Manawan community nor its members. It was important that I got to know the community to understand the context of this project, but also as a sign of respect. It was equally important for the community and the participants to get to know and trust me. For example, at first, I was hesitant about having some participants as Facebook friends, unsure on whether this would be perceived as crossing the line of being an objective researcher. I quickly realized that I *needed* to cross this line to build true relationships, and that this line was something I had constructed from my training as a scientist and professional. I felt welcomed by the community members when I visited their community. I was included not just as a researcher, but as a fellow human being and I became friends with a number of the participants as we worked together on the research objectives. These relationships and friendships developed through my frequent stays in the community, giving me the opportunity to participate and be involved in events such as a community lunch at the Mihawoso Social Pediatric Centre, the community Climate March, sewing workshops, and the pow wow. I also started taking Atikamekw courses to learn the language, which is the main language of the vast majority of the Manawan population, and used in most households and workplaces. In July 2019, I participated in *Motetan Mamo*, which means "Walking together", and is a week-long 200 km walk from the *Centre d'amitié autochtone de Lanaudière* in Joliette to Manawan. These relationships were key to the success of this project.

4.1.3 Local research assistants

Before starting the Community Mobilization Training (CMT) in Manawan, a Community Research Assistant (CRA) was recruited by the CMT team. The CRA was identified by the Manawan Health Director and is a community member who works on community interventions and health-promotion, and has good knowledge of the community members and of the Atikamekw culture. The CRA was involved in the recruitment of CMT and research participants, in the development of culturally appropriate ways to conduct the CMT and the research activities, and in the coordination of the research activities.

A Youth Research Assistant (YRA) from Manawan was also recruited. During the first meeting with the participants from the youth group, the role was explained, and she expressed her interest. She was in charge of helping with the collection of data, communicating with youth participants, and translating between French and Atikamekw as needed. The first language of most participants is Atikamekw, and while most of them also speak French, they are not all fluent or comfortable in French, especially older adults. To limit the language barrier and to respect their will to speak their own language, participants were given the choice to communicate either in French or Atikamekw and either the YRA or CRA would translate from one language to another for myself to understand when participants were speaking Atikamekw, and for the participants not understanding French to understand me. The CRA and YRA roles extend to the dissemination of the results of this project, both inside and outside of the community.

4.2 Wording decisions: wellness and well-being in the French language

Considering this project was conducted with a community in Quebec, with most participants speaking Atikamekw and/or French, but not English, translation of the concepts in French was important. Concepts of wellness and well-being in French add another layer of complexity, as the context of the language and of the community influence the meaning associated to these terms. Well-being literally translates to *bien-être*, which tends to maintain the same meaning in French. However, wellness does not have such direct translation. The Government of Canada translates it as *mieux-être*, but the most common translation is *bien-être* (TERMIUM Canada, 2009; Linguee, 2019a). *Mieux-être* is a term that is emerging, but is still not commonly

used, as shown in *Table 3*. Translated literally, it means "better-being", or "betterment", but is often simply translated as well-being (Linguee, 2019b). While wellness is considered as a term that is broader than well-being, *mieux-être* represents the sense of improvement, either in order to reach *bien-être* or to increase it. The Larousse dictionnary defines *mieux-être* as "Superior well-being; progress in the material life; better situation"[2] (Larousse, 2019). Thus, while the scientific literature and some institutions consider *mieux-être* as the equivalent of wellness, in the common language it is often seen not as a term broader than well-being, but rather as its dynamic form, while *bien-être* is its static form. The differences between the meanings of wellness and *mieux-être* must be kept in mind when reading the following pages, as participants may understand *mieux-être* from the betterment perspective.

Table 3: Bibliometric analysis of the use of the words bien-être and mieux-être[3]

Scientific database	**Number of results**	
	Bien-être	***Mieux-être***
Web of Science	88	3
PubMed	110	5
PubMed Central	1220	81
NLM Catalog	190	8
ScienceDirect	8824	839
Wiley Online Library	1361	29
WorldCat	46868	2350
Cairn Info	32708	6290
OpenEdition	33727	3255
BASE: Bielefeld Academic Search Engine	17341	572
Gallica	100748	491
Isidore	61341	4270
Europeana	357	0
Google scholar	515000	37900
Scopus	660	25
SUDOC: Système universitaire de documentation	6441	116
Non-scientific research tools		
Google	171000000	7050000
Ecosia	19100000	3170000

While the word "wellness" was considered as more representative of what this research was exploring, its translation "*mieux-être*" is not commonly used, thus we initially decided to use

2. Translation from the author. Original definition: "Bien-être supérieur ; progrès dans la vie matérielle ; situation meilleure."

3. Results from the Érudit database were not included due to issues in the search tool, not allowing to search for "bien-être" or "mieux-être" and instead searching for "bien AND être" or "mieux AND être"

the word "*bien-être"*, which can mean either well-being or wellness. However, after the first interactions with participants, some of them were confused by the use of "*bien-être"* since they thought that we were talking about the Quebec social welfare program, which is called "*bien-être social"* in French, but is often referred to simply as "*bien-être*". Thus, for the rest of the project, the meaning was clarified and *bien-être* and *mieux-être* were used interchangeably.

In Atikamekw, the words used were *mirowatisiwin* and *mirerimowin*. *Mirowatisiwin* translates as *mieux-être* and healing, thus aligning with the betterment perspective of the term in French (Projet de dictionnaires algonquiens & Atikamekw Sipi, 2019b). *Mirerimowin* translates as *bien-être*, relaxation, peace, and serenity (Projet de dictionnaires algonquiens & Atikamekw Sipi, 2019c).

4.3 Recruitment of multi-generations participants

Participants were recruited in the community of Manawan by convenience sampling. Youth and Elders were recruited among the general population, while the intervention workers were recruited among participants from the Community Mobilization Training (*Figure 4*).

The Community Research Assistant, who is an intervention worker herself, was in charge of recruiting five to ten intervention workers whose work was related to wellness or health. To be eligible, intervention workers had to be working in Manawan, but not necessarily to live there. When invited to attend the training, they were informed by the CRA that some research activities would take place during the training, but that participation in these would be voluntary. The first part of the data collection with the intervention workers took place during the training in Manawan, at the end of August 2018. On the second day of the training, a recruitment script was read to the participants, explaining the first activity and its purpose. Participants were given time to ask questions about the activity before it started and asked to move to a given room if they wanted to participate. All nine CMT participants from Manawan participated in the research project.

While it is important to consult workers from wellness- or health-related fields, we also wanted to take into account the perspectives of the general public and of various generations, thus we decided to invite youth and Elders to participate in the project. After discussion with the CRA and community partners, the eligible age range for youth was set to be 12 to 18 years of age. Participants had to self-identify as Indigenous and to live in Manawan at the time of the study. Similarly to the intervention workers, we were aiming for five to eight participants. The CRA and

YRA identified some eligible youth and invited them to an informative session after school where I presented the activities they would participate in and we discussed the project. I explained the assent form for them to sign as well as the consent form for their parents to sign. We had a first information session (See *Appendix 1*) with six youth, who invited some more youth for a second information session a few days later, where eight additional youth participated, for a total of 14 youth for the information sessions. Six of them participated in the project. Among the youth who did not participate, two were not interested, two agreed to participate but had to remove themselves from the study due to personal reasons, and four did not indicate why they did not participate in the study.

Elders from the community were also invited to take part in the project. In Indigenous communities, Elders transmit knowledge and wisdom to the younger generations. Their insight helped obtain important information on their perspectives of wellness from the past to the future. In addition, by compiling their input with the talking circles from youth and from intervention workers, this provided data from various generations, therefore representing a broader variety of views. The CRA contacted the community's Elders' Circle committee and invited them to participate in a talking circle about wellness. Eligibility was not based on a specific minimum age, but on self-identification as Elder, and self-identification as Indigenous. Eligible participants had to be living mainly in Manawan at the time of the study. We had planned for five to eight participants, as the CRA indicated it would probably be difficult to recruit more than eight Elders. Invitations were passed along by word-of-mouth, and 10 Elders agreed to participate.

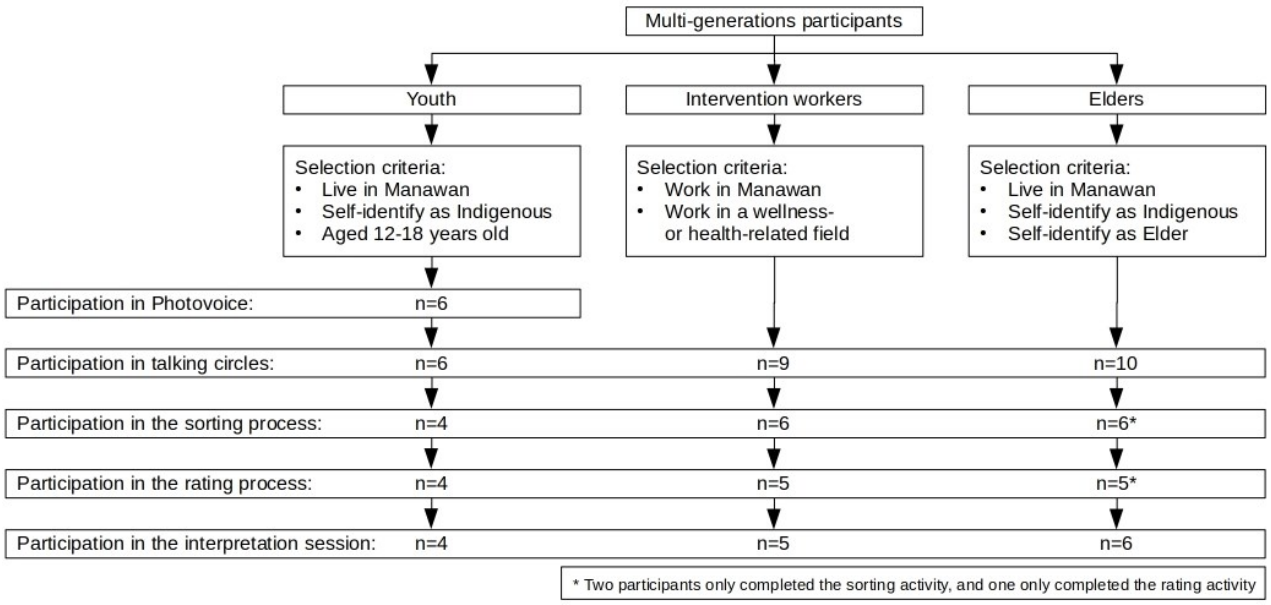

Figure 4: Selection criteria and number of participants per activity

4.4 Concept mapping

Concept mapping is a participatory method developed by Trochim (1989) that involves participants in the identification of key aspects on a topic, and visual representation of the links between them. Participants are also asked to evaluate the concepts and their ideas based on determined criteria such as whether bringing community change on those concepts is a priority and is feasible. This method includes members from a given community not only in the data collection, but also in the analysis and interpretation of the findings. Constant member checking contributes to the rigor of the method.

The concept mapping process is based on six main steps. In Step 1, participants brainstorm and generate statements about a given topic, in our case, about wellness (Trochim, 1989). In this study, the brainstorming was done through talking circles for the intervention workers and the Elders, and through a Photovoice activity followed by photo-elicited talking circles with the youth. In Step 2, I extracted statements about wellness from the talking circles transcripts, and merged similar statements. In Step 3, participants sorted the statements into thematic groups, and then, in Step 4, rated them based on priority and feasibility. In Step 5, the concept maps were created using Concept System® Global Max (CSGM). The maps are a visual representation where each

statement is represented by a point, and the distance between two points is determined by the number of times participants sorted these statements together (Trochim, 1989). Statements proximity is used to determine thematic groups. Rating results can then be represented on the maps. Finally, in Step 6, participants came for an interpretation session where I presented the maps to the participants and we discussed about the findings. *Figure 5* shows the timeline of this project.

For this project, and more generally for projects aiming to identify key concepts of a topic according to Indigenous Peoples' perspectives, concept mapping is particularly valuable as it allows to analyze data and explore concepts that are grounded in the perspectives of the participating community members, retaining the language used by the participants, and resulting in useful tools for the community (Firestone et al., 2014). In addition, the maps are a way to clearly and visually represent the results for participants and the community to easily understand the concepts identified and the links between them (Trochim, 1989; Firestone et al., 2014. This answers our community partners' request to communicate the results in a visual, easy to interpret way).

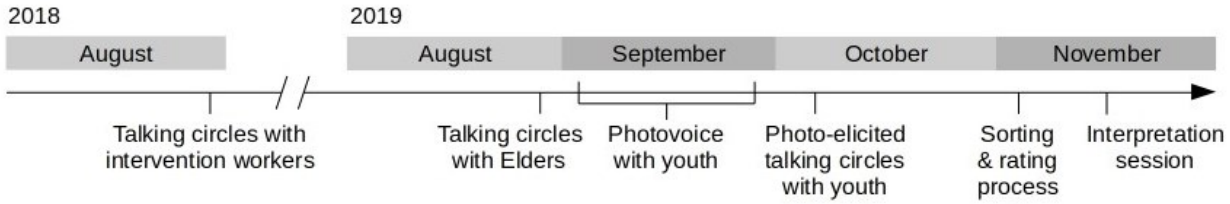

Figure 5: Timeline of the project

4.4.1 Concept mapping brainstorming sessions

4.4.1.1 Talking circles with intervention workers

Talking circles are a form of group discussion that aim to give each participant the same opportunity to talk and share. A talking stick or other cultural object is often used, allowing the person holding it to talk, or to pass it along. The talking stick can be passed around the circle several times for as long as participants decide to talk. This method is commonly used in Indigenous communities to share their thoughts (Wilson, 2008). The activity with intervention workers took place during the CMT event, and participants were grouped in two talking circles. The first talking circle (TCI-1) lasted 50 minutes, while the second one (TCI-2) lasted 61 minutes. All talking circles were audio-recorded and transcribed.

The questionnaire guide (See *Appendix 2*) was developed in collaboration with partners from the CMT in Manawan and Joliette and with partners from communities previously involved in the CMT. The questionnaire guide was adapted from previous work about community wellness that was done with another Indigenous community in the context of the CMT. The revised questionnaire started by asking participants to reflect individually on what wellness means to them, and then to describe it in a few sentences. The purpose of this question was to understand wellness from the perspective of the participants, rather than imposing them the perspective of the researchers.

The second question was about the relations between individual and community wellness. These two levels of wellness are often considered as two different entities and tend to be assessed separately. Based on discussion with our community partners and from preliminary analysis of previously-gathered data, individual and community wellness were found to be very closely related and thus should be considered interrelated. The aim of this question was to better understand the relations between these two levels of wellness.

The third question asked participants about elements that indicate wellness around them. They were encouraged to talk about either elements they currently witness or elements they hope to see in the future that would support wellness.

4.4.1.2 Talking circles with Elders

A dinner with traditional foods was provided to the participants before starting the activity. This dinner was a way for me to show my appreciation of them taking time to participate in the project. It was also an opportunity for me to know a bit more about the participants, and for them to know me before starting the activity, which contributed to establish confidence between the Elders as participants and myself as a researcher. A tobacco tie was also offered to each Elder. Tobacco is a sacred medicine for many Indigenous communities, including the Atikamekw Nation (Wilson & Restoule, 2010). The tobacco helps connecting with the Earth and the spirits, and establishing a relationship between the person offering tobacco and the receiver. It is offered to Elders or knowledge holders by those who seek to learn from them, including in the context of research. The talking circle with the Elders took place in August 2019.

Some of the Elders did not speak French, and some preferred speaking in Atikamekw even if they understood French. We had initially planned for the CRA to translate the consent form and

the talking circle questions to them, but one participant from the group of Elders volunteered to translate the consent form and the questions in Atikamekw, and summarized their answers in French. The YRA then transcribed and translated the sections from the recording in Atikamekw into French. The Elders' talking circle (TCE) lasted two hours and nine minutes.

The questionnaire guide for the Elders (See *Appendix 3*) contained three parts. First, I asked participants to discuss the positive aspects and strengths of their community regarding wellness. Then they talked about the domains where improvements could contribute to enhance wellness. Finally, they discussed their vision for the future of the community, and what they would change if they could change anything.

Since this activity was set as a talking circle, participants initially followed the plan we had set out; Elders started by taking turns sharing their thought going around the circle. However, this dynamic shifted, and participants started sharing their thoughts more freely and not following the order. Since the conversation was still unfolding well, and everyone was contributing, we continued this way.

4.4.1.3 Photovoice and photo-elicited talking circles with youth

Photovoice is a participatory data collection method that makes use of images as a way to facilitate discussion on a given topic (Wang & Burris, 1997). This method is particularly used for projects involving marginalized populations or community members, or for sensitive topics that can be difficult to verbalize and discuss freely (Wang et al., 1997; Catalani & Minkler, 2010). Participants were asked to take pictures of situations representing the topic of interest – in this case, wellness - in the community. Each participant's pictures were then printed, and used during a photo-elicited group discussion, where each participant presented his or her pictures and discussed how each picture is related to wellness (Wang, 1997; Catalani et al., 2010). Pictures are generally used after for an exhibition in the community to promote open discussion on the topic with community leaders and decision makers.

When initially designing the research project, Photovoice was not part of the methodology. We had planned for youth participants to directly participate in a talking circle, as for intervention workers and Elders. However, considering that wellness can feel as a quite abstract concept, it can be difficult to put into words what we perceive as wellness, especially for youth. After discussion

with various partners and other researchers, we decided to start with a Photovoice activity in order to make the wellness concept more tangible through the visual representations.

I met with the participating youth for a Photovoice training session. I asked them to take pictures of what represents wellness in the community, what makes them feel happy, or proud of Manawan, and what contributes to their wellness and health. While most of the time, researchers using Photovoice methodology provide cameras to the participants (Wang et al., 1997; Catalani, 2010), I instead asked them to use their own cell phone. We wanted youth to be able to take pictures on the spot, in their everyday life. Since they tend to carry their cell phone on them almost all the time, it was more convenient to use than a provided camera, that they would probably not have carried with them as often, or forgot at home, and thus not have it on them when they witnessed a situation demonstrating wellness.

Initially, we had planned for the participants to do the photo-taking activity during three months over the 2019 summer. Catalani et al. (2010) published a literature review on the use of Photovoice for 37 health and public health projects, 10 of them including youth. Based on the analysis of 26 of these projects, the total median length of Photovoice projects was three months, from consultation with the community and recruitment to interpretation of the findings. They found that the longer the projects, the higher the project quality seemed to be, but that the participation level depended mostly on the level of involvement and interaction from the researchers. After discussing with the CRA and the CMT team, we decided to shorten the photo-taking activity to three weeks, so that youth would stay engaged with the project, as we were afraid they would lose interest or lack time if the activity lasted too long. The Photovoice part of the project was delayed due to waiting time to obtain university ethical approval, thus the photo-taking activity only started in early September 2019. The CRA felt it would be difficult to ensure strong participation until November, as the youth would start having midterm examinations in October, and sport practices, mostly hockey, would be keeping many youth busy in the evenings. Considering that the timeline of this activity only covered a small portion of the year, participants were encouraged to look through pictures they had taken over the past two years and see if they wanted to use some that would represent a range of seasonal activities they perceived to be related to their wellness.

During the Photovoice training (See *Appendix 4*), I animated a discussion around ethics of photography: when is it appropriate to take pictures, how to ask permission to take pictures when

you're in someone's home or at school, and how to obtain consent if someone is figuring in the picture. Copies of photo authorization forms were explained and provided. I also gave a short photography workshop on image composition, how to work with lighting to obtain a good quality image, and tricks to represent a situation figuratively if someone refuses to be photographed.

Participants were encouraged to start thinking about how these pictures represent wellness as they took the photos. At the end of the three weeks, each participant selected five photos they considered to be the most representative of community wellness. The YRA collected the pictures' electronic file and gave them to me to print them. The pictures were then used for the photo-elicited talking circles (See *Appendix 5*). Two talking circles took place, one with four participants and one with two participants, to accommodate their availability. Participants were asked to take turns to present their pictures and describe why they think it demonstrates wellness. Each participant was given the chance to comment about the topics raised by the pictures taken by others in order to promote a discussion around the different aspects of wellness presented. Once all pictures were presented, they were also asked to discuss any aspects of wellness that may not have been photographed by any of them but that they still thought are important. Finally, they discussed what they would like to change in the community if they could change anything that they wanted. Talking circles with the youth took place in October 2019. The youth's first talking circle (TCY-1), with four participants, lasted one hour and 54 minutes, while the second one (TCY-2), with two participants, lasted 36 minutes. All talking circles were audio-recorded and transcribed verbatim. The YRA translated sections that were in Atikamekw.

In addition to the photo-elicited talking circles, the pictures from the Photovoice activity will be used in the coming months for an exhibition in the community where the youth will be encouraged to discuss about their perspectives of wellness. Community members, and particularly community leaders and decision makers, will be invited to listen to their stories and perspectives in order to promote dialogue on this topic between the generations.

4.4.2 Identification of the wellness statements

In concept mapping, statements are ideas, opinions, or perspectives generated by the participants through the brainstorming sessions. To identify the wellness statements that the participants would analyze through the concept mapping process, I did a preliminary analysis of the data. I imported the transcripts in R Qualitative Data Analysis (RQDA) package (version 0.3-

1, R software version 3.4.4). Using RQDA, I identified all statements about wellness by coding them as "Original statement". Since the discussions were centered around wellness, almost every sentence from the text was identified as "Original statement", except when the discussion was off-topic. A total of 853 original statements were identified. Through RQDA, a matrix was generated with all selected statements and corresponding identification code, which contained the talking circle identification, the demographic group, and the location of the statement in the talking circle for tracking purposes, so that the statements can easily be located in the talking circles in case more context is needed during the analysis. The matrix was imported on a spreadsheet in Excel. All statements containing information that may have revealed the identity of the participants or of other community members were modified or removed.

To facilitate the analysis by participants, it is preferable for all statements to be written in a similar format (Trochim, 1989). I slightly modified the statements so that they would all be in the same format, each starting with "Wellness is…", while keeping the wording used by the participants as intact as possible. Some statements had to be more thoroughly reformulated, such as when the original statement was a combination of a question and answer, as in the following example:

"*Researcher: Do you want to learn to hunt, or you're not interested?*

Youth participant: I want to"[4]

This statement was reformulated as follow:

"*Wellness is the youth wanting to learn to hunt*"[5]

When large sets of statements are generated through the brainstorming, Trochim recommends to reduce their number to less than one hundred statements, in order to have enough variety of topics while keeping the number of statements manageable for participants to analyze, to obtain results that are easy to use and interpret, and to avoid participant fatigue (Trochim, 1989). To do so, we can either select a randomized sample of statements, or use a keyword approach (Trochim, 1989). In our case, many statements had very similar meanings, while others where

4. Translation from the author. Original statement in French: "Chercheur: Est-ce que t'as envie d'apprendre à chasser, ou ça te tente pas? Jeune participante: J'ai envie."

5. Translation from the author. Statement in French: "Le mieux-être c'est les jeunes ayant envie d'apprendre à chasser."

quite distinct. A keyword approach was used, as a random selection might have resulted in losing some key, distinct, statements, and in having many similar statements.

For the keyword approach, I identified the ideas from each statement and translated them into keywords. For the example statement above, I associated the keywords "youth", "knowledge transmission", and "hunting". Many statements were very similar from each other, either coming from participants discussing extensively about an idea, or because the exact same topic was discussed in several talking circles. For example, the keywords "youth", "knowledge transmission", and "hunting" were also associated with the following statements:

"*Wellness is showing our children how to hunt"*[6] (Intervention worker)

"*Wellness is learning to shoot for hunting*"[7] (Youth)

"*Wellness is having youth in the community who have a passion for hunting*"[8] (Elder)

I combined these four statements together. I went through several rounds to carefully combine similar statements, sometimes needing to make the statement more extensive or a bit more general. For example, one of the final statements is "Feeling well at work (or at school) and with our colleagues (or classmates)." It is a combination from an intervention worker's statement who said that it is important to feel well at work and with colleagues, and from youth who expressed similar ideas regarding school and their classmates. The process took several days of work to reduce the number of statements as much as possible while trying to retain all ideas discussed by the participants. I stopped combining statements when I felt that further combinations would lead to too much loss of meaning or precision from the statements. At the conclusion of this step, the 853 original statements were reduced to 84 final statements.

While I had planned on involving the research assistants in the identification and merging of the wellness statements, they ended up not being involved with this step of the process due to time limitations regarding the project timeline and their limited availability at this specific moment.

6. Translation from the author. Statement in French: " Le mieux-être c'est montrer à nos enfants comment chasser."
7. Translation from the author. Statement in French: " Le mieux-être c'est apprendre à tirer pour la chasse."
8. Translation from the author. Statement in French: " Le mieux-être c'est avoir des jeunes dans la communauté qui sont passionnés par la chasse."

4.4.3 Sorting and rating process

Participants from all the talking circles were contacted and invited to participate in the sorting and rating process. While we were aiming for all participants from the talking circles to participate in the analysis, only 17 out of the 25 participants took part in the sorting and/or rating process. Some participants were difficult to reach, some were not available to meet with me during the two weeks I was in the community for this process, and one participant was not living nor working in Manawan anymore. For the sorting process, six intervention workers, six Elders, two of which only did the sorting process, and four youth participated, for a total of 16 participants. For the rating process, there was only five intervention workers, as the other participant did not have time to do the rating, five Elders, one of which only did the rating activity, and four youth, for a total of 14 participants.

I worked with the research assistants and participants to organize multiple meetings that would accommodate as many participants as possible to take part in the process. Participants were asked to read all the statements, each written on a separate piece of paper, and to group together the ones they considered belonging to the same category. There was no lower or upper limit of the number of categories that could be created during sorting. They were asked not to create a "miscellaneous" category, and to place statements that they considered as miscellaneous in groups of one statement if needed.

For the rating activity, they were asked to first evaluate each statement based on a) the priority of the wellness statement, and b) the feasibility of addressing it, on a scale from 1 to 4, shown in *Table 4*. Here, feasibility refers to the perceived probability for the community to successfully improve the situation represented in the statement.

Table 4: Priority and feasibility rating scales

Rating value	Priority scale	Feasibility scale
1	Not a priority	Not feasible
2	Somewhat a priority	Somewhat feasible
3	A priority	Feasible
4	A major priority	Highly feasible or already happening

While the CSGM software is set up for participants to do the sorting and rating process online, we did it in person and on paper for two main reasons. First, except for intervention workers, most participants did not have easily access to a computer. Second, the software is in English, and while I had the possibility of entering my questions and statements in French, the software instructions and navigation tools could not be changed to French. Since none of the participants were fluent in English, they would have had difficulties to understand what they had to do. Since the activities were done in person, it also allowed participants to ask me questions during the process if needed. It took between one hour to two hours for participants to complete both processes. Some participants felt like it was quite long and tiresome to sort and rate all these statements, especially for some Elders. The participants' sorting and rating analysis data were then manually entered in CSGM by myself. It took approximately half an hour to input in CSGM the data set of one participant.

The intervention workers did the sorting and rating during their work time. The youth were invited to meet me at the Mihawoso Social Pediatric Centre after school, and the Elders were invited to come in one of the two evening sessions proposed at the Masko-Siwin Health Centre. At the first sorting and rating session with Elders, one of the participants volunteered to translate the instructions and statements to another participant. For the second session, the YRA was present to translate for participants who did not speak French.

4.4.4 Generation of concept maps and rating figures

The data from the sorting and rating process was entered into Concept System® Global Max (CSGM) to create various concept maps. The software generated a point map (*Figure 6*), where each point represents one of the statements and proximity in relation to the others. The proximity of two points is based on the frequency at which participants sorted these two statements together into the same group. The closer together the two points are, the more participants sorted them in the same group. Thematic groups are then created based on the proximity of the points. Maps with various numbers of thematic groups can be generated (*Figure 7; Figure 8*), ranging from 2 to n-1 groups, where n is the number of statements.

Using CSGM, the priority and feasibility ratings were also analyzed. The rating data from each participant was compiled to calculate the average rating value of each statement. A Go-zone graph was generated (*Figure 12*), representing the priority vs. feasibility of each statement based

on their average rating. The graph is divided into four quadrants based on the median rating for each criterion. The upper right zone is called the "go-zone"; it contains the statements that rated the highest for both priority and feasibility and are thus considered the statements with the highest potential for wellness enhancement.

The ratings of all the statements in a given thematic group were compiled to calculate the average priority and feasibility ratings associated with each group. The thematic groups' calculated ratings were represented on a graph showing both the priority and feasibility ratings for all participants (*Figure 9*), and on graphs showing the priority and feasibility ratings based on the category of participants (intervention workers, youth, and Elders) (*Figure 10; Figure 11*).

4.4.5 Interpretation sessions

Participants were invited to an interpretation session, taking place at the Mihawoso Social Pediatric Centre, to discuss the results. The initial interpretation session was preceded by a dinner to thank the participants for their involvement in this project; 12 participants were present. The point map and concept maps were presented, and we discussed of the location of the points representing the statements to understand how the statements were related to each other. We then discussed the numbers of concepts, or thematic groups, that would be most useful to retain on the map, based on which map they felt best represents wellness and how it could be best used for community plans. The Go-zone graph and thematic group ratings were also presented. We discussed about how each tool may be used, and what data they would like to use. This interpretation session lasted approximately two hours.

Considering that several of the intervention workers were not able to attend the meeting, we had another interpretation session the following day, with three additional intervention workers from the Mihawoso Social Pediatric Centre. They named the thematic groups of their concept map in both Atikamekw and French.

4.5 Ethical considerations

4.5.1 Research ethics approvals

Careful considerations were taken to ensure this project was conducted ethically. In addition to consultations with the CRA and community partners, I had numerous discussions with

the CMT research team, which has extensive research experience with Indigenous communities. Regional partners were also consulted for their insight on the research approach. The development of the project was guided by the KSDPP Code of Research Ethics (KSDPP, 2007), and by the TCPS Chapter 9 *Research Involving the First Nations, Inuit and Métis Peoples of Canada* (Interagency Advisory Panel on Research Ethics, 2019),

The project was approved by the KSDPP Community Advisory Board. Ethics approval for the research activities with intervention workers during the CMT was obtained from Queen's University General Research Ethics Board (Ref #: GSKHS-261-17; TRAQ # 6021180) and from McGill Faculty of Agricultural and Environmental Sciences Research Ethics Board (REB 4 File #: 130-0818) as part of the project titled *Community Mobilization Training for Diabetes Prevention: Implementation and scale-up of a best practice training model for diverse Indigenous communities*. Ethics approval for the research activities with the youth and Elders was obtained from McGill University Research Ethics Board 3 (REB 3 File #: 476-0419) for the project titled *Wellness in Indigenous communities: community perception of the current state of well-being and vision for the future of well-being in two Indigenous communities in Quebec, Canada*.

A research agreement was signed between the KSDPP Community Advisory Board and the *Conseil des Atikamekw de Manawan* for the CMT research project (See *Appendix 6*). This research agreement was amended to add in the participation of youth and Elders, and the hiring of a youth research assistant (See *Appendix 7*).

4.5.2 Consent

For the talking circles, intervention workers who agreed to participate were asked to sign a consent form that included all research activities that were part of the Community Mobilization Training. The Elders were presented the consent form in French for the talking circle, and it was translated orally in Atikamekw to ensure that they understand it. It was not translated in Atikamekw on paper because not all participants are comfortable with reading, and because the partners we consulted and the CRA estimated it would be simpler to translate orally than written. The youth were asked to sign an assent form for the Photovoice participation and the photo-elicited talking circle, and their parent or guardian a consent form.

For the analysis sorting and rating process, and the interpretation session, participants were asked to sign either another consent form, or another assent form and parental consent form for participants under 18 years of age.

4.5.3 Risks and benefits

There was no particular risk associated with the participation in this research. This project was strength-based, so the focus was on the positive aspects contributing to the wellness of the community. While some less positive concepts or events, and even some quite deep issues, were brought up by some participants during the talking circles, they were free to change topic at any time, to not answer questions, or to leave the talking circle if desired. A list of support resources was available in the event a participant needed it.

The activities were an opportunity for participants to reflect on their own wellness and community wellness, and on what they consider as important contributors for wellness. In addition, the findings of this project will hopefully contribute to the community wellness, thus benefiting to the entire community.

Participants from the CMT received an incentive of $10 for each of the six days they attended the training to thank them for their collaboration with the research, whether or not they participated in all research activities. For the talking circles with the Elders and the youth, the incentive amount was determined with the Community Research Assistant to ensure the amount would be considered as appropriate. Supper was provided for the youth information session and for the first talking circle. Snacks and beverages were provided for the other meetings with them. The youth received $25 for their participation in the Photovoice activities and $25 for their participation in the talking circle, for a total of $50. The talking circle with the Elders was preceded by a supper with traditional foods (moose heart soup, moose meat, walleye, bannock, and bannock cooked in moose stock) and other foods highly appreciated or commonly eaten by the Elders. All traditional ingredients were kindly provided by community members and prepared with intervention workers from the Mihawoso Social Pediatric Centre. The Elders were also offered tobacco ties and $50 for their participation in the talking circle. The incentive for the intervention workers' talking circle may seem low compared to the other participants, but the activity took place during the CMT training, and thus during their work hours for which they were remunerated by their employer, while for the other participants, it was on their own time.

For the sorting and rating process and the interpretation session, the intervention workers and the youth received $20. Considering the activity demanded more efforts and took longer for the Elders, in part due to language barrier, they received $40. I also cooked dinner for all the participants who came to the interpretation session as a way to show my appreciation for their contribution and to thank them.

Chapter 5. Research findings

5.1 Talking circle elicited wellness statements

The wellness statements were generated by a total of 25 participants through five talking circles, two of which were photo-elicited based on Photovoice pictures. The participants' views of wellness as identified from the transcripts were varied, but with many recurring topics. For the intervention workers, 116 statements were obtained from talking circle 1 (TCI-1), with four participants, and 174 from circle 2 (TCI-2), with five participants. For the youth group, there were 230 statements extracted from talking circle 1 (TCY-1), with four participants, and 44 statements from talking circle 2 (TCY-2), with two participants. For the Elders, 283 statements were obtained from their talking circle (TCE), with 10 participants. In total, 853 original statements were extracted. Using the keyword approach, similar statements were merged together, resulting in 84 final statements, presented in *Table 5* (For French version of the statements used in the analysis, see *Appendix 8*). The statements cover a wide variety of topics, showing that the participants' perspectives of wellness are highly wholistic.

Table 5: Final wellness statements

#	**Wellness is...**
1	Helping people feeling isolated to break from isolation.
2	Going hunting or fishing, and teaching the youth so that they can hunt and fish as well.
3	Going to the pow wows and dancing or singing, starting from a young age.
4	Learning to speak our language properly, its etymology, and being proud to speak Atikamekw.
5	Learning to identify and use medicinal plants, knowing their benefits.
6	Learning traditional arts such as sewing, beading, and making moccasins or regalias.
7	Learning about nutrition, doing workshops, radio spots, and showing people how to easily cook healthy at low cost.
8	Reaching and motivating people to participate in the organized activities.
9	Having enough houses for everyone so that it will not affect family relations.
10	Having a lot of mutual aid and support in the community, having a closely-knit community.

11	Having lots of traditional ceremonies and involving children in them to teach them our Indigenous spirituality; being able to find strength in both Catholicism and Indigenous spirituality; practicing both without them conflicting.
12	Having strong collaborations between the various services and centres from the community, and with Joliette.
13	Having continuity in the projects; having activities and funding renewing every year.
14	Having Elders taking the role as natural helpers when someone is facing difficulties.
15	Having ambassadors who represent us outside of the community and make us proud, like the Black Bear Singers and César Newashish.
16	Having friends we can count on, who support us, and with who we can have fun and spend good times.
17	Having good relationships with our family, close and extended; spending a lot of time together; having grandparents and grandchildren being close from each other and having transmission between them.
18	Having adequate and adapted locations and equipment to practice various sports (gym, basketball court, running track, trails, the lake, etc.).
19	Having programs helping people to take care of their mental health and preventing depression and suicide, such as helping boys and men learning not to keep their emotions to themselves, to verbalize it and talk about it.
20	Having various healing paths available, such as living the pow wow route, *Tapiskwan Sipi*, or through helping others in order to heal from traumas or overcoming addictions.
21	Having or being a model who shows the example and inspires people to be strong and do something good, and having a healthy lifestyle.
22	Having more camps, and camps with a larger hosting capacity for the youth.
23	Having more structure for radio broadcasting and using it to do radio spots about mental and physical health and promoting events rather than personal messages.
24	Having an environment that allows people to break the silence and file complaints when they are victim or witness of something.
25	Having a tied community, that supports and mobilizes when facing issues, because individual and community wellness are interlinked.
26	Having a youth centre.
27	Having a variety of sports and cultural activities offered at school.
28	Changing our own eating habits and of our family, taking the time to cook, and eating more vegetables and less fast food or frozen meals.
29	Knowing our genealogy and who we are parent with to limit problems linked to physical or mental handicaps caused by consanguinity.
30	Cooking traditional meals and learning to cook from a young age.
31	Reducing car circulation so that children can play outside safely.

32	Reducing school dropout rates and helping those dropping out to find their way and find motivation, for example by initiating them to manual work.
33	Giving place to the youth, including them in consultation tables, listening to their opinions.
34	Giving more place to traditional education at school, favouring practice rather than theory, and taking into account the culture in our way to teach.
35	Exchanging with, and getting to know people from the other Atikamekw communities, other Nations, and non-Indigenous.
36	Listening to legends from the Elders, letting them grow within us, and learning various lessons from these as we grow older.
37	Eliminating childhood traumas, such as sexual aggression, abuse, and incest, and working on complaint files for justice to be.
38	Bringing children from various ages at the camps during summer vacation to camp, canoe, and fish, during the fall to learn to hunt, during winter to snowshoe, place traps, and cook, and during the spring for the sugar tent.
39	Finding equilibrium in all directions of our life: mental, spiritual, physical, and mental; at work, at home, in the community, and within ourselves.
40	Being proud of our cultural identity and transmitting the culture to the youth so that the traditions stay alive.
41	Facilitating the healing from traumas so that it does not circle into inter-generational traumas and create more social problems such as abuse or dependence.
42	Doing sport, being active, walking, and feeling the physical and mental benefits of sport on our body.
43	Getting young children to eat vegetables and not making them eat *poutine* or fast food so that they can discover the tastes of healthy foods.
44	Humour, laughing with people around us.
45	The large sharing attitude of our community, such as people sharing hunted meat with Elders and families who do not have a hunter.
46	The youth spending little time in front of screens and lots of time outside.
47	Eating wild meat and fish from our lakes rather than meat from the grocery store that comes from intensive farming, because wild meat is medicine, it is healthy, tastes better, and is part of our culture.
48	Eating less *poutine* and being conscious of the impact it has on our health.
49	Walking instead of taking the car because it is healthier and less polluting.
50	Not having any corruption problems.
51	Not getting intoxicated by alcohol or drugs, not developing any dependency, not letting alcohol or drugs pulling youth away from their future projects or demotivating them.
52	Offering to the youth the resources and support needed to reach their objectives, such as having classes with a higher level for those who want to pursue their studies.

53	Organizing sport activities and cultural workshops for the youth and all the community in the evenings and during vacations.
54	Organizing varied recurring activities for the children, teenagers, and families.
55	Organizing sport teams of all ages to have fun, stay active, and develop team spirit and peer help between the teammates.
56	Organizing community gatherings several times a year.
57	Organizing dance and music evenings and competitions.
58	Opening the youth to the world through cultural exchanges.
59	Participating in expeditions such as *Tapiskwan Sipi* or long activities on the land, occupying the land, because it is a physical and mental challenge that makes participants proud.
60	Spending time alone to relax, reflect on ourselves, take care of ourselves and of our individual wellness.
61	Spending less time indoors, going outdoors more often, at all ages.
62	Spending more time in the woods, on the land, on the lakes to unwind with nature, being aware of the richness of the nature around us and taking time to appreciate it.
63	Spending more time on the land with family, having children playing in the woods, running, discovering.
64	Preventing diabetes, including gestational diabetes, by mobilizing the community to adopt a healthy lifestyle.
65	Preventing chronic diseases by taking care of our body, and not waiting the red alarm to act.
66	Protecting the environment and especially the forest around us by limiting forestry cuts and replanting deciduous trees rather than only coniferous trees, otherwise the ecosystem is unbalanced and animals get sick.
67	Having no vandalism.
68	Having parents present for their children and accompanying and supporting them in their sports or cultural activities.
69	For the Band Council to take position on cannabis and install a regulation.
70	Children not growing in violence.
71	People being aware of the importance to have adults present to look after the children playing or swimming, and having a developed and monitored beach, with limitations and a lifeguard.
72	Youth thinking of their future and being confident and motivated to either pursue their studies or start manual work.
73	Having youth well surrounded by family and teachers who believe in them, encourage them, and help them to find their path.
74	Parents encouraging their children to participate to the cultural days' camps.

75	When no one in the community has financial difficulties, and having a second person taking care of salaries so that everyone receives their salary on time.
76	All employees having schedules allowing them to go on the land regularly and spending time with their family to find an equilibrium between the sedentary and traditional lifestyles.
77	Having the whole community feeling included, consulted, and participating in the political life and decision making; having leaders who defend the rights of the community members and fight to improve the services.
78	Picking up rubbishes that are in the community.
79	Regulating or limiting the *poutine* sales so that there are not fundraisers every weekend; diversifying fundraising activities, and limiting the use of credit for *poutine* sales.
80	Remediating to the dog overpopulation.
81	Feeling well at work (or at school) and with our colleagues (or classmates).
82	Feeling connected to nature, to Mother Earth.
83	Transmitting the culture and traditions to the youth for them to become holders of the traditions, and organizing culture transmission projects between the Elders and the youth.
84	Using Facebook to spread kind thoughts, promoting healthy lifestyles, and sharing events, rather than spreading negative attitudes and pictures of fast food.

5.2 Photovoice

The youth who participated in this project were all 14 years of age; four of them identified as girls, and two of them identified as boys. Most youth presented the five pictures they had taken. One participant presented only three pictures, but then discussed about other aspects she would have liked to be able to represent but did not got the chance to photograph. A total of 28 pictures were used. One youth was hoping to present one photo that was depicting a family member, but did not had the photo authorization form signed by this person. Thus, the youth orally described what was happening in the photo without showing it. Another youth had initially only provided two pictures, but used his cellphone to show additional pictures taken over the past year that he considered to be related to wellness.

The 28 pictures represented a variety of locations and activities, as shown in *Table 6*. The majority of the pictures (n=16) were taken on the land, only four were taken indoors. Among these four pictures, three were taken by two participants in the Agora of the secondary school, where birch bark Atikamekw art is displayed, including a canoe built by César Newashish, a famous canoe maker from Manawan. The participants discussed about the pride of having such canoe in

their school, the importance of Atikamekw art, and their hope to see traditional ways of learning better included in the education system. The other indoor picture was taken in an arena, representing hockey. The participant discussed of the importance of this sport and other team sports not only for the physical health benefits, but also for mental health, as it helps reducing stress and is a source of pride. He also discussed of the social aspect of sports, highlighting the role of a good team spirit and support between his teammates, who became like a family.

While some pictures taken outside were very similar (eg. several participants took pictures of trees or sunsets), participants often had quite different stories to tell about these pictures and associated different meanings to these images. For example, one participant showed a picture of trees, described the tree species that was represented, and talked about her interest in learning about the trees and protecting the forest. Another participant showed a picture that was also focused on trees, and described the fall colors starting to appear on the leaves, which lead to an explanation about why fall is her favourite season:

> "*Researcher: What did you want to represent in this picture?*
> *Youth participant: The colours of the fall arriving. Fall is my favourite season. For us, fall is the hunting season. It's my dad who teaches me. It's like a legacy I have. My dad was taught to hunt by his grand-father, by his dad too. And now it's my turn."*[9]

At several instances, participants explained that they took the pictures primarily for the aesthetic, as they enjoy simply contemplating the environment and nature around them while relaxing, especially when they are on the land, which suggests that the connection with nature is strong. When presenting pictures taken on the land, participants also often discussed about spending time with their family, since they often go on the land with their parents, siblings, and other relatives or family friends during the weekends. They cherish those moments, and all wished they could go on the land more often.

Physical activity was represented in five pictures, through hockey, walking, dancing, and canoeing. One participant talked about walking in the community rather than using a car, as it is better for our bodies and the environment; another one talked about walking in the forest, as a way

9. Translation from the author. Original conversation in French: "Chercheur: C'est quoi que tu voulais représenter dans cette photo? Jeune participante: Les couleurs de l'automne qui s'en viennent. L'automne c'est ma saison préférée. Pour nous l'automne c'est la saison de la chasse. Mon père m'apprend. C'est comme un héritage que j'ai. Mon père s'est fait apprendre la chasse par son grand-père, par son père aussi. Puis là c'est à mon tour."

to relax and learn about the plants and the land. One picture represented the pow wow. Participants discussed about dancing and learning to dance at their first pow wows, and about their first regalia. Finally, one participant discussed his experience during the two-week canoe expedition he had taken part in that summer.

Each of these discussions branched towards other topics, where the different participants would share insights, side stories, or their own interpretation of a topic. The discussions were really rich, and all participants strongly contributed to the discussion about all the pictures from their talking circle.

Table 6: Location and main activities represented in the pictures

Location of the picture	**Number of pictures corresponding**
On the land, territory, or lake	17
Outdoors, in the community	6
Indoors, at the secondary school	3
Outdoors, at a pow wow	1
Indoors, at an arena	1
Main activity(ies) represented[10]	**Number of pictures corresponding**
Relaxing in nature, connecting with nature	12
Spending time with family	9
Physical activity	5
Fishing or hunting	4
Spending time with friends	3

5.3 Sorting and rating of the statements

Time constraints from myself and from the participants limited the number of participants I was able to meet with to complete the sorting and rating process. This step was completed without any specific challenge with the youth and intervention workers, but was challenging with the Elders due to language barriers for some, and fatigue. The process by itself took up to two hours which many found long, even for Elders who spoke and read French fluently. For one Elder, sorting was particularly difficult as she did not speak French, so another Elder assisted by

10. Some pictures represented more than one activity.

translating each statement into Atikamekw, and the participant sorted the statements. Additionally, it was challenging for the participant to try to remember what each category was about by reading the statements already grouped to identify the theme. Sorting was highly time-consuming and tiring for this particular participant, and demanded lots of effort from the person translating. Thus, this participant chose not to continue with the rating process. For another Elder who did not speak French neither, we skipped the sorting process as she was already tired before starting the activity and after trying to sort a few statements, she was confused, and it was obvious that this would be too challenging. For the rating, the YRA translated the statements to this participant. Considering the large amount of statements, the YRA randomly selected approximately half of the statements so that it would not take too long.

Despite the great work and efforts from the people translating, it was not feasible to expect participants who did not speak French to complete both the sorting and rating processes. We had considered translating the forms and statements into Atikamekw, but this would still have been a challenge since those participants were also not comfortable with reading, even in Atikamekw.

5.4 Concept maps and interpretation sessions

The number of thematic groups individually created by the participants varied a lot, ranging from 4 to 24 groups. Combining all the participants' sorting data, Concept System® Global Max was used to generate the point map (*Figure 6*) where proximity of two points represents the similarity of the corresponding statements, and concept maps where the statements are grouped based on their proximity on the map. Maps with different numbers of thematic groups were generated. The various grouping options were presented to the participants during the interpretation session. Due to time limitations, I started by showing them only the maps ranging from 4 to 12 thematic groups, and offered to show more options if they wanted. They were pleased with the maps that had been generated, and discussed which one they would prefer to use. While all participants contributed to the discussion, the intervention workers and some Elders working or being involved in one of the community organization contributed the most as they had many questions about the tools and comments about how this could be applied in their work. The participants decided to retain two concept maps. In the first one, the statements are clustered into five thematic groups (*Figure 7*), while in the second one, they are clustered into 10 groups (*Figure*

8). Groups from the 5-cluster map are represented as one to three distinct groups in the 10-cluster maps, thus the concepts of the second map are more specific.

The intervention workers concluded that they would like to use the map with 10 thematic groups in their work at the Mihawoso Social Pediatric centre. During the second interpretation session, with only intervention workers, they looked at the statements in each group, identified characteristics for each of them, and discussed a title for each group. For most groups, they gave it a name in both French (here translated in English) and Atikamekw. There are a few groups for which they were unsure how to call this concept in Atikamekw and decided to leave it blank for now until they could find the appropriate words. The thematic group titles were Youth / *Awacak*, Community / *Ki otenaminak*, Infrastructures, Healthy environment, Mobilization / *Mawotcihitonaniwok*, Lifestyles / *Mirokiwin*, Culture & traditions, Well-being & identity / *Mirerimowin & Nehirowisiw*, Activities on the land, and Community activities. The thematic group titled "Youth" is about ensuring youth have the proper conditions and support to grow well and have a good future. The "Community" group is about having a tight knit community and making decisions for the wellness of the community. The "Infrastructures" group is about both social and political infrastructures that help creating an environment for the community to thrive. The "Healthy environment" group is about helping and supporting each other, and protecting *Kikawino Aski*, our Mother Earth. The "Mobilization" group is about obtaining the necessary resources and inciting the whole community to take actions for a safe and active community. The "Lifestyles" group is about healthy eating and taking care of our health. The "Culture & traditions" group is about practicing and transmitting the Atikamekw culture to the youth, and being proud of it. The "Well-being & identity" group is about knowing who they are as individuals and as a Nation. The "Activities on the land" group is about organizing activities on the territory for the youth. Finally, the "Community activities" group is about having sports and cultural activities available for everyone in the community, especially for the youth. The statements in each thematic group are presented in *Table 7*.

Some of the Elders who participated in the project are also involved at the Masko-Siwin Health Centre of Manawan. They chose to use the 5-group map for this centre. The thematics from the 5-groups map will be identified during a subsequent meeting with more employees from the Health Centre, during which we will discuss about how they can use and apply these tools. While the concepts from the 5-group map have not yet been named by the community members, the main

topic for each group can be inferred from the 10 thematic groups' names and on the statements each of the 5 groups contains (*Table 8*).

Table 7: List of statements in the 10 thematic groups

Group 1: Youth / *Awacak*	
32.	Reducing school dropout rates and helping those dropping out to find their way and find motivation, for example by initiating them to manual work.
33.	Giving place to the youth, including them in consultation tables, listening to their opinions.
37.	Eliminating childhood traumas, such as sexual aggression, abuse, and incest, and working on complaint files for justice to be.
51.	Not getting intoxicated by alcohol or drugs, not developing any dependency, not letting alcohol or drugs pulling youth away from their future projects or demotivating them.
52.	Offering to the youth the resources and support needed to reach their objectives, such as having classes with a higher level for those who want to pursue their studies.
70.	Children not growing in violence.
72.	Youth thinking of their future and being confident and motivated to either pursue their studies or start manual work.
73.	Having youth well surrounded by family and teachers who believe in them, encourage them, and help them to find their path.
Group 2: Community / *Ki otenaminak*	
10.	Having a lot of mutual aid and support in the community, having a closely-knit community.
20.	Having various healing paths available, such as living the pow wow route, *Tapiskwan Sipi*, or through helping others in order to heal from traumas or overcoming addictions.
77.	Having the whole community feeling included, consulted, and participating in the political life and decision making; having leaders who defend the rights of the community members and fight to improve the services.
Group 3: Infrastructures	
9.	Having enough houses for everyone so that it will not affect family relations.
12.	Having strong collaborations between the various services and centres from the community, and with Joliette.
19.	Having programs helping people to take care of their mental health and preventing depression and suicide, such as helping boys and men learning not to keep their emotions to themselves, to verbalize it and talk about it.
23.	Having more structure for the radio broadcasting and using it to do radio spots about mental and physical health and promoting events rather than personal messages.
24.	Having an environment that allows people to break the silence and file complaints when they are victim or witness of something.
41.	Facilitating the healing from traumas so that it does not circle into inter-generational traumas and create more social problems such as abuse or dependence.
50.	Not having any corruption problems.
69.	For the Band Council to take position on cannabis and install a regulation.
75.	When no one in the community has financial difficulties, and having a second person taking care of salaries so that everyone receives their salary on time.

80.	Remediating to the dog overpopulation.
81.	Feeling well at work (or at school) and with our colleagues (or classmates).
Group 4: Healthy environment	
1.	Helping people feeling isolated to break from isolation.
14.	Having Elders taking the role as natural helpers when someone is facing difficulties.
16.	Having friends we can count on, who support us, and with who we can have fun and spend good times.
21.	Having or being a model who shows the example and inspires people to be strong and do something good, and having a healthy lifestyle.
25.	Having a tied community, that supports and mobilizes when facing issues, because individual and community wellness are interlinked.
44.	Humour, laughing with people around us.
66.	Protecting the environment and especially the forest around us by limiting forestry cuts and replanting deciduous trees rather than only coniferous trees, otherwise the ecosystem is unbalanced and animals get sick.
67.	Having no vandalism.
78.	Picking up rubbishes that are in the community.
Group 5: Mobilization / *Mawotcihitonaniwok*	
8.	Reaching and motivating people to participate in the organized activities.
13.	Having continuity in the projects; having activities and funding renewing every year.
18.	Having adequate and adapted locations and equipment to practice various sports (gym, basketball court, running track, trails, the lake, etc.).
26.	Having a youth centre.
31.	Reducing car circulation so that children can play outside safely.
56.	Organizing community gatherings several times a year.
68.	Having parents present for their children and accompanying and supporting them in their sports or cultural activities.
71.	People being aware of the importance to have adults present to look after the children playing or swimming, and having a developed and monitored beach, with limitations and a lifeguard.
Group 6: Lifestyles / *Mirokiwin*	
7.	Learning about nutrition, doing workshops, radio spots, and showing people how to easily cook healthy at low cost.
28.	Changing our own eating habits and of our family, taking the time to cook, and eating more vegetables and less fast food or frozen meals.
43.	Getting young children to eat vegetables and not making them eat *poutine* or fast food so that they can discover the tastes of healthy foods.
45.	The large sharing attitude of our community, such as people sharing hunted meat with Elders and families who do not have a hunter.
48.	Eating less *poutine* and being conscious of the impact it has on our health.
49.	Walking instead of taking the car because it is healthier and less polluting.
64.	Preventing diabetes, including gestational diabetes, by mobilizing the community to adopt a healthy lifestyle.
65.	Preventing chronic diseases by taking care of our body, and not waiting the red alarm to act.

79.	Regulating or limiting the *poutine* sales so that there are not fundraisers every weekend; diversifying fundraising activities, and limiting the use of credit for *poutine* sales.
84.	Using Facebook to spread kind thoughts, promoting healthy lifestyles, and sharing events, rather than spreading negative attitudes and pictures of fast food.
Group 7: Culture & traditions	
2.	Going hunting or fishing, and teaching the youth so that they can hunt and fish as well.
3.	Going to the pow wows and dancing or singing, starting from a young age.
4.	Learning to speak our language properly, its etymology, and being proud to speak Atikamekw.
5.	Learning to identify and use medicinal plants, knowing their benefits.
6.	Learning traditional arts such as sewing, beading, and making moccasins or regalias.
11.	Having lots of traditional ceremonies and involving children in them to teach them our Indigenous spirituality; being able to find strength in both Catholicism and Indigenous spirituality; practicing both without them conflicting.
15.	Having ambassadors who represent us outside of the community and make us proud, like the Black Bear Singers and César Newashish.
17.	Having good relationships with our family, close and extended; spending a lot of time together; having grandparents and grandchildren being close from each other and having transmission between them.
34.	Giving more place to traditional education at school, favouring practice rather than theory, and taking into account the culture in our way to teach.
35.	Exchanging with, and getting to know people from the other Atikamekw communities, other Nations, and non-Indigenous
36.	Listening to legends from the Elders, letting them grow within us, and learning various lessons from these as we grow older.
40.	Being proud of our cultural identity and transmitting the culture to the youth so that the traditions stay alive.
62.	Spending more time in the woods, on the land, on the lakes to unwind with nature, being aware of the richness of the nature around us and taking time to appreciate it.
63.	Spending more time on the land with family, having children playing in the woods, running, discovering.
76.	All employees having schedules allowing them to go on the land regularly and spending time with their family to find an equilibrium between the sedentary and traditional lifestyles.
83.	Transmitting the culture and traditions to the youth for them to become holders of the traditions, and organizing culture transmission projects between the Elders and the youth.
Group 8: Well-being & identity / *Mirerimowin & Nehirowisiw*	
29.	Knowing our genealogy and who we are parent with to limit problems linked to physical or mental handicaps caused by consanguinity.
30.	Cooking traditional meals and learning to cook from a young age.
39.	Finding equilibrium in all directions of our life: mental, spiritual, physical, and mental; at work, at home, in the community, and within ourselves.
47.	Eating wild meat and fish from our lakes rather than meat from the grocery store that comes from intensive farming, because wild meat is medicine, it is healthy, tastes better, and is part of our culture.
60.	Spending time alone to relax, reflect on ourselves, take care of ourselves and of our individual wellness.
82.	Feeling connected to nature, to Mother Earth.
Group 9: Activities on the land	

22.	Having more camps, and camps with a larger hosting capacity for the youth.
38.	Bringing children from various ages at the camps during summer vacation to camp, canoe, and fish, during the fall to learn to hunt, during winter to snowshoe, place traps, and cook, and during the spring for the sugar tent.
59.	Participating in expeditions such as *Tapiskwan Sipi* or long activities on the land, occupying the land, because it is a physical and mental challenge that makes participants proud.
61.	Spending less time indoors, going outdoors more often, at all ages.
74.	Parents encouraging their children to participate to the cultural days' camps.
Group 10: Community activities	
27.	Having a variety of sports and cultural activities offered at school.
42.	Doing sport, being active, walking, and feeling the physical and mental benefits of sport on our body.
46.	The youth spending little time in front of screens and lots of time outside.
53.	Organizing sport activities and cultural workshops for the youth and all the community in the evenings and during vacations.
54.	Organizing varied recurring activities for the children, teenagers, and families.
55.	Organizing sport teams of all ages to have fun, stay active, and develop team spirit and peer help between the teammates.
57.	Organizing dance and music evenings and competitions.
58.	Opening the youth to the world through cultural exchanges.

Table 8: Concepts of wellness for the community

10-group map	**5-group map**
Name of the group determined by participants	**Main thematic of the group**
Lifestyles	Healthy lifestyles & environment
Healthy environment	
Well-being & identity	Atikamekw culture
Culture & traditions	
Activities on the land	Activities for the youth
Community activities	
Mobilization	Community mobilization for the youth
Youth	
Community	
Infrastructures	Infrastructures

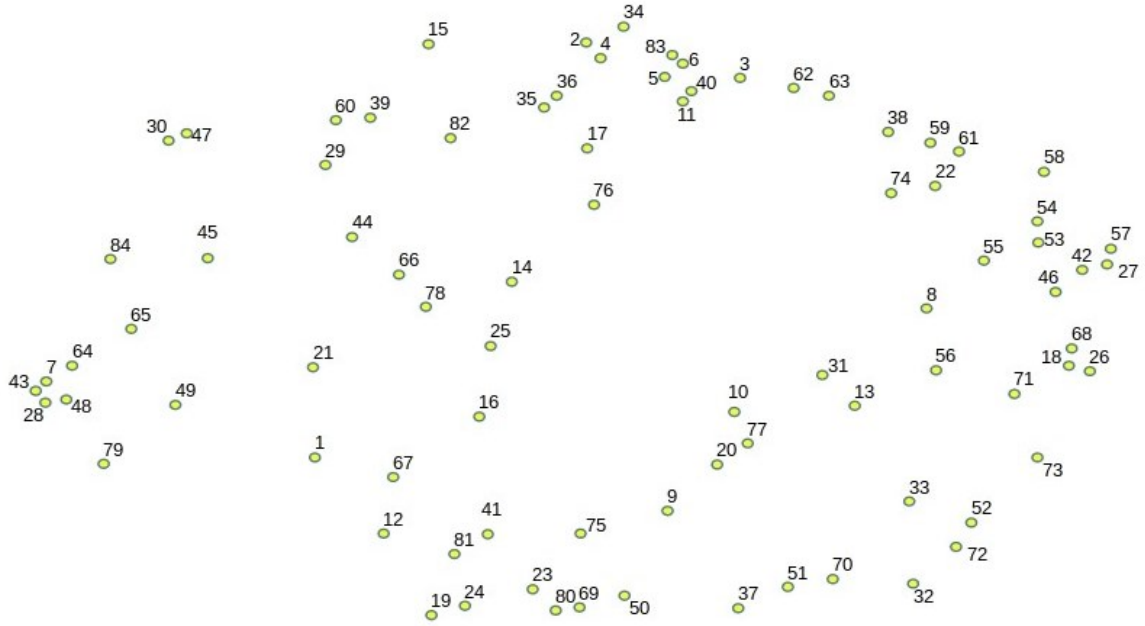

Figure 6: Point map of the wellness statements

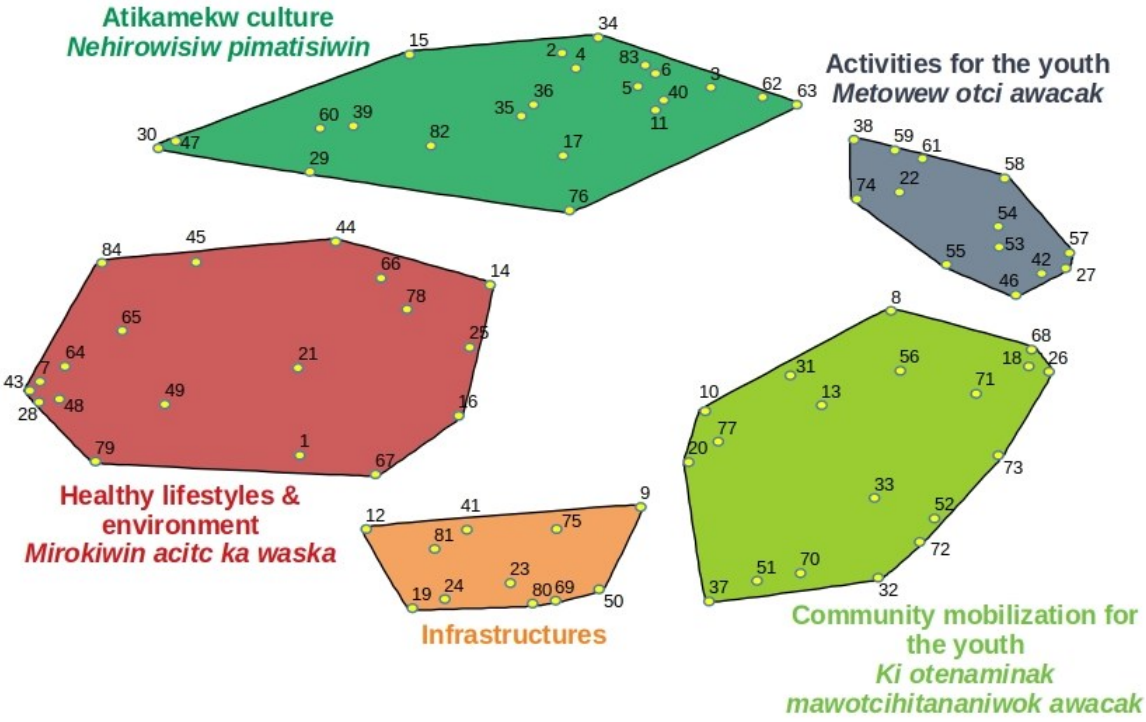

Figure 7: 5-Groups Concept Map

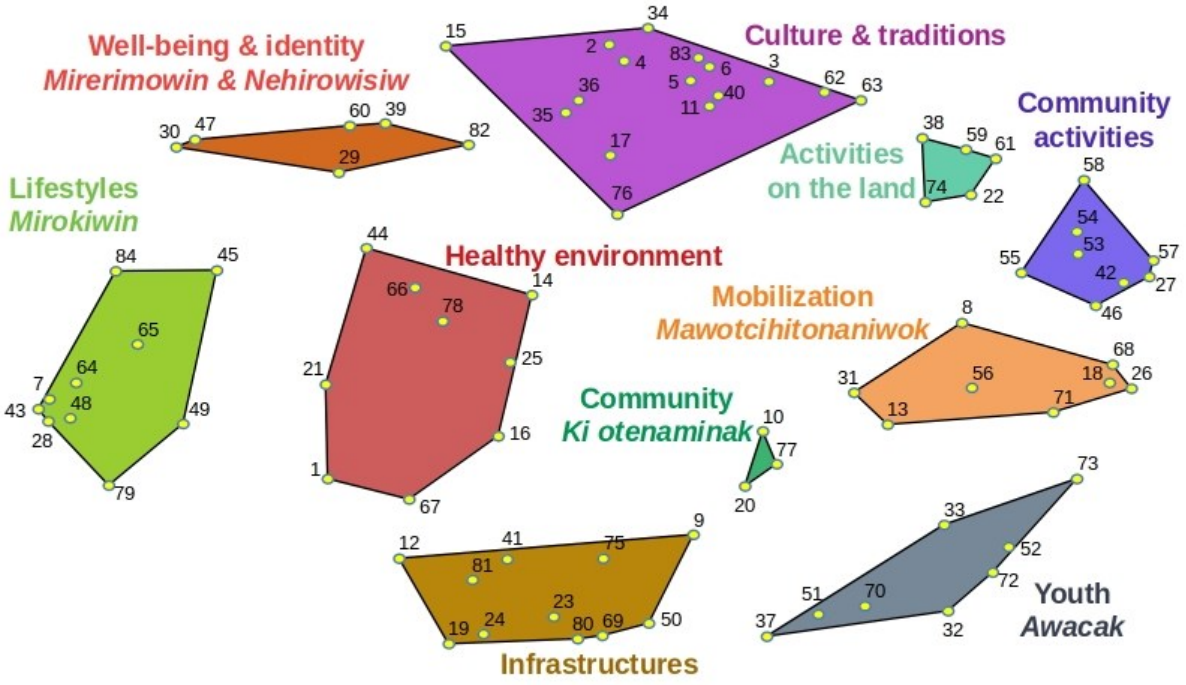

Figure 8: 10-Groups Concept Map

5.5 Priority and feasibility rating of wellness statements

5.5.1 Thematic groups ratings

Figure 10 presents the results from the rating of the wellness statements in each thematic group based on its priority for the wellness of the community, on a Likert-type scale from 1 to 4, and the feasibility of bringing about the change required to achieve the wellness statement, also rated on a Likert-type scale of 1 to 4 (See *Table 4*). These ratings are meant to guide intervention workers and decision makers to identify the items they should focus on when developing programs or allocating resources in order to have the highest impact. For each statement, ratings from all participants were computed through CSGM to obtain the average rating. None of the priority statements got ranked as "not a priority", and none of the feasibility statements got ranked as "Not feasible", by any of the participants. This means that all participants considered that each statement was at least "Somewhat important" and "Somewhat feasible". For priority, statement 57 "Organizing dance and music evenings and competitions" had the lowest average rating, with a low of 2.54 on the 1 to 4 Likert-type priority scale, thus this statement would be positioned halfway

between “Somewhat feasible” and “Feasible”. The statement that was consider the most important was statement 70 “Children not growing in violence”, with an average rating of 4.00 on a scale of 4.00, as every single participant rated it as a major priority.

In terms of feasibility of obtaining the aspect of wellness captured in the statements, the statement 23 “Having more structure for radio broadcasting and using it to do radio spots about mental and physical health and promoting events rather than personal messages” was considered the least feasible, with a rating of 2.38, a bit higher than “Somewhat feasible” on the scale. Statement 59 “Participating in expeditions such as *Tapiskwan Sipi* or long activities on the land, occupying the land, because it is a physical and mental challenge that makes participants proud” had the highest feasibility rating, with 3.71, not far from the maximal value of 4.00 “Highly feasible or already happening”. Participants consider this last statement high in feasibility, because there are already a variety of programs and opportunities for community members to spend extensive amounts of time on the land. For example, *Tapiskwan Sipi* is an annual two-week canoe expedition for the youth across the Atikamekw territory, passing by the three communities from this nation: Opitciwan, Wemotaci, and Manawan. This expedition has many purposes, including: (a) reappropriation of the territory and connection with *Kikawino Aski*, Mother Earth, (b) transmitting the culture to the youth through the discovery of the territory and various workshops with Elders across the land, (c) helping people dealing with mental struggles such as alcohol or drug dependency, and (d) building friendships with Atikamekw from the other communities.

By compiling the ratings from all statements in a given thematic group, we obtain the average rating for this group. The thematic groups’ ratings are shown in *Figure 9*. We can see here that Youth is the main priority. However, this thematic group was rated quite low in feasibility, suggesting that there are significant barriers to the implementation of the potential solutions. On the other hand, Culture & traditions was placed 7th in order of priority, but was rated the highest on the feasibility scale. This feasibility rating is not surprising considering culture and traditions are already a recognized and practiced strength of the community, the Atikamekw culture and language being very present in their everyday life.

As we see in *Figure 9*, all thematic groups rated quite high in terms of priority, with values ranging from 3.03 to 3.68. Feasibility, however, tended to be rated much lower, with values between 2.90 and 3.31. This indicates that participants tended to consider most statements as high in importance, but generally lower in feasibility.

For thematic groups' ratings based on the 5-groups map, see *Appendix 9*.

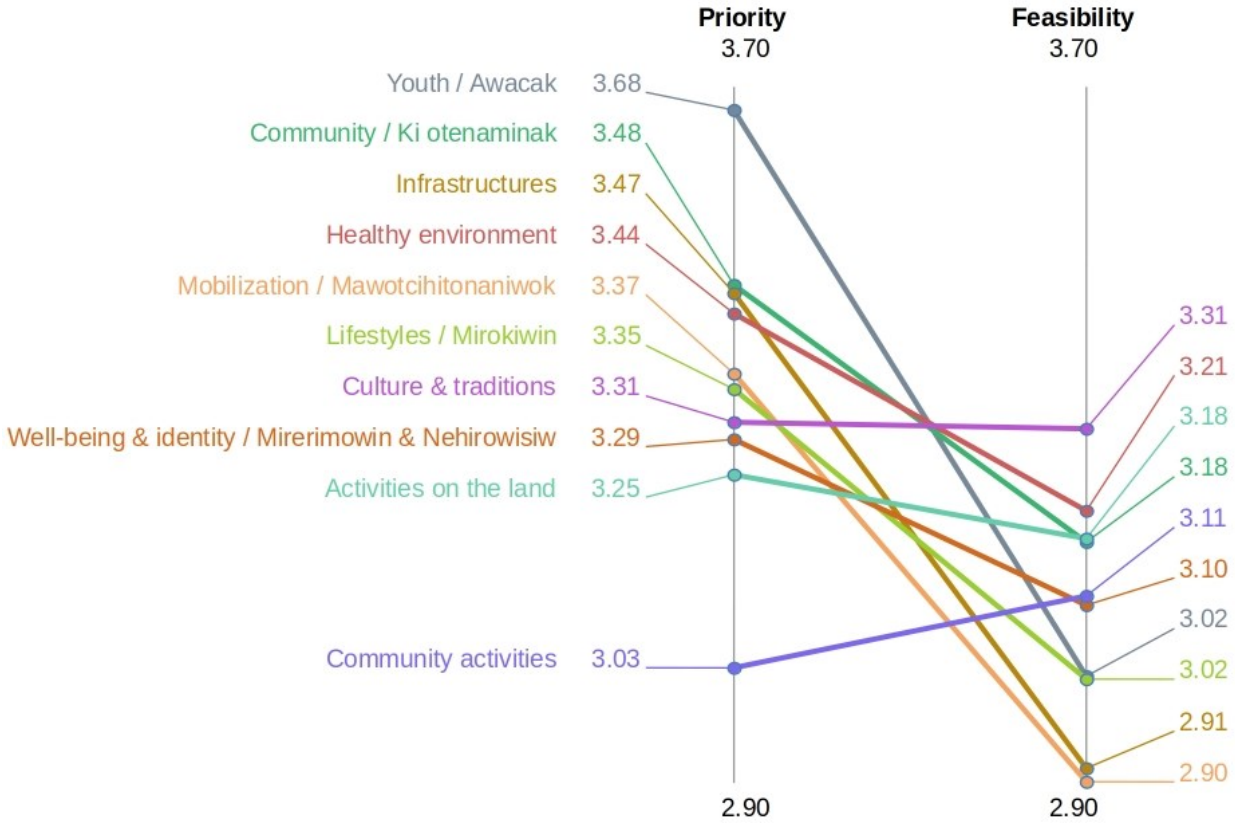

Figure 9: Priority and feasibility rating of the concepts from the 10-group map, based on a scale from 1 to 4

5.5.2 Generational rating patterns

One of the objectives of this project was to explore the perceptions across the three demographic groups: intervention workers, youth, and Elders. In *Figure 10*, we can see that the three participants' generational groups agreed on the priority of some groups such as the Youth thematic group, which was considered as one of the top two priorities by all groups. The generational groups had highly different ratings for some other thematic groups, like the Community group, which was rated as least important for the intervention workers, but rated the most important for the youth and second most important by the Elders. We also note that the youth tended to use a larger range of rating, with their compiled priority rating ranging from 2.69 to 3.75, and from 2.77 to 3.41 for feasibility, while the Elders had more tendency to rate the statements as major priorities. For intervention workers and Elders, the lowest priority values obtained by

thematic groups were 3.13 and 3.15 respectively, thus all concepts were considered as, at least, a priority.

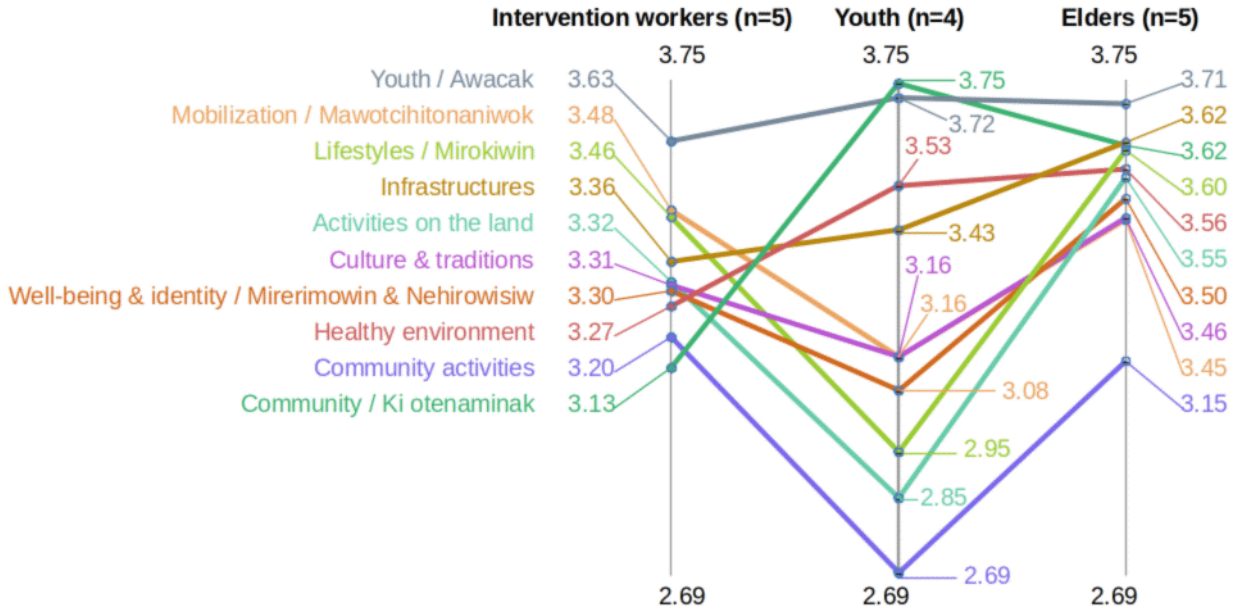

Figure 10: Concepts' priority by intervention workers, youth, and Elders, based on a scale from 1 to 4

We can also notice differences between the groups for the feasibility rating, as shown in *Figure 11*. Elders tended to rate statements higher than the other groups, with the feasibility of all the thematic groups being considered at least as "Feasible". Community workers, on the other hand, gave quite low ratings, which may be explained by the fact that they are working on a daily basis on many of the ideas and concepts present in the statements, and thus may be more aware of the various obstacles to implement such ideas.

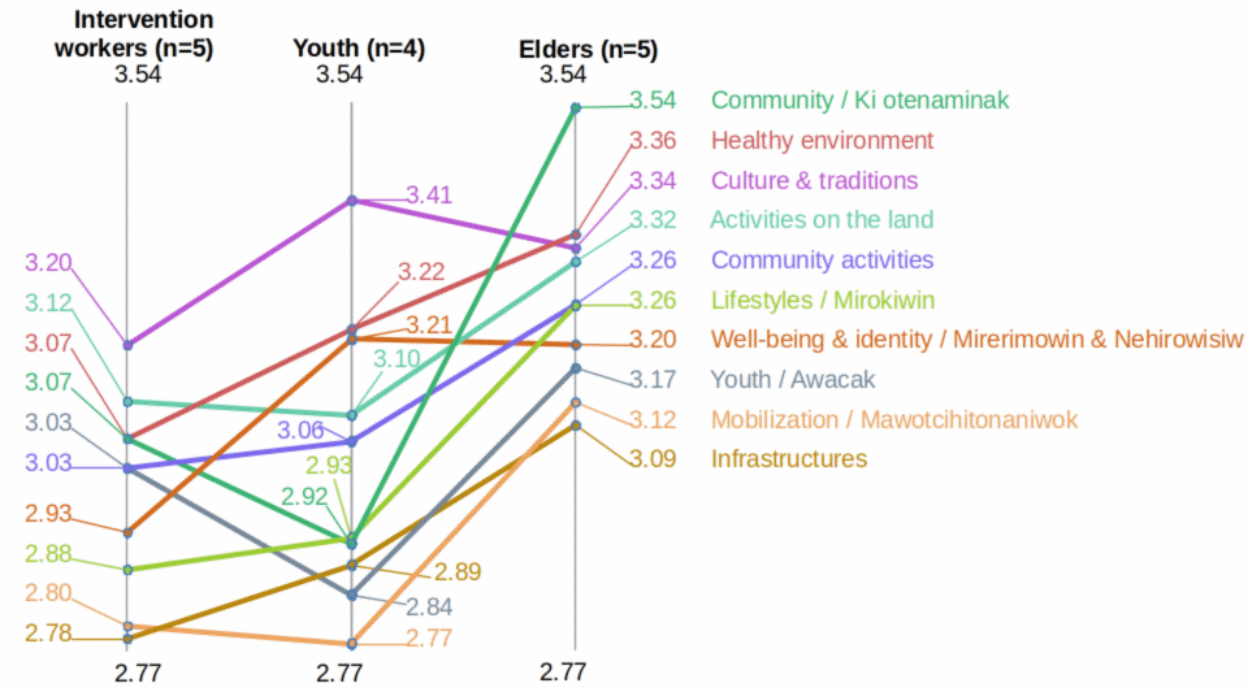

Figure 11: Concepts' feasibility according to intervention workers, youth, and Elders, based on a scale from 1 to 4

5.5.3 Statement-specific ratings

In *Figure 12*, we see the priority and feasibility of each statement in a graph called a Go-zone graph. The Go-zone graph is separated in four quadrants based on the average rating value for each criterion. At the top right, the green zone contains the statements that rated the highest for both priority and feasibility. Statements from the green quadrant are listed in *Table 9*. These statements are considered to be key for the wellness of the community. They are also considered to be either easy to reach, in which case low amount of resources should be required to enhance the objective described in the statement, or already attained, in which case, intervention workers and community leaders can build on these strengths to re-enforce them and to improve related statements. For this reason, the go-zone is considered the area intervention workers should consider focusing on to obtain concrete results. However, this does not mean they should not work on other sections, particularly the yellow section of the bottom right quadrant, containing statements high in importance but low in feasibility. However, to work on statements from this section, they would need to clearly identify the obstacles before tackling such issue.

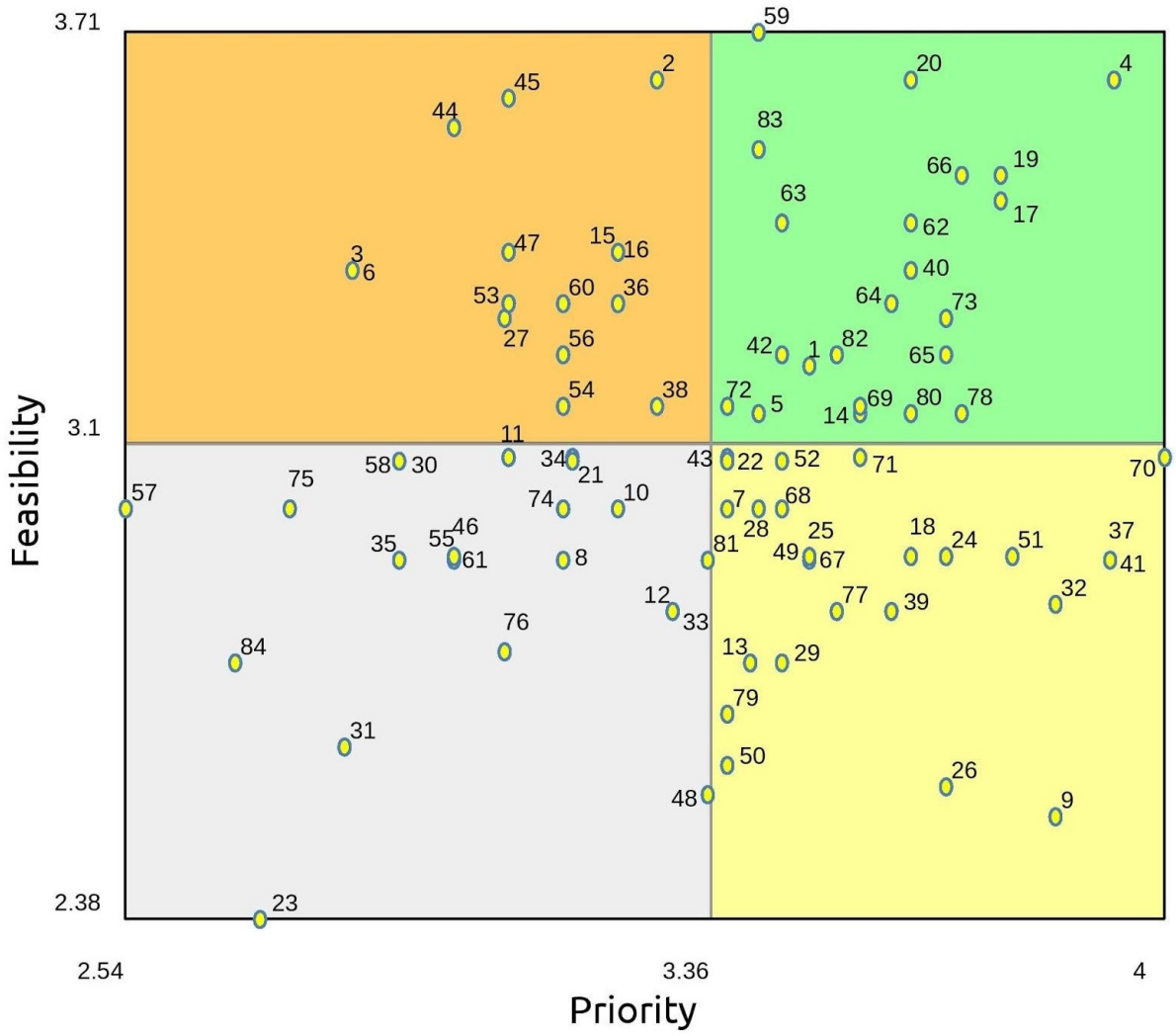

Figure 12: Go-zone graph - Feasibility and priority of the statements, based on a scale from 1 to 4

Table 9: Go-zone statements, with high importance and high feasibility

#	Go-zone wellness statement
1.	Helping people feeling isolated to break from isolation.
4.	Learning to speak our language properly, its etymology, and being proud to speak Atikamekw.
5.	Learning to identify and use medicinal plants, knowing their benefits.
14.	Having Elders taking the role as natural helpers when someone is facing difficulties.
17.	Having good relationships with our family, close and extended; spending a lot of time together; having grandparents and grandchildren being close from each other and having transmission between them.
19.	Having programs helping people to take care of their mental health and preventing depression and suicide, such as helping boys and men learning not to keep their emotions to themselves, to verbalize it and talk about it.
20.	Having various healing paths available, such as living the pow wow route, *Tapiskwan Sipi*, or through helping others in order to heal from traumas or overcoming addictions.
40.	Being proud of our cultural identity and transmitting the culture to the youth so that the traditions stay alive.
42.	Doing sport, being active, walking, and feeling the physical and mental benefits of sport on our body.
59.	Participating in expeditions such as Tapiskwan Sipi or long activities on the land, occupying the land, because it is a physical and mental challenge that makes participants proud.
62.	Spending more time in the woods, on the land, on the lakes to unwind with nature, being aware of the richness of the nature around us and taking time to appreciate it.
63.	Spending more time on the land with family, having children playing in the woods, running, discovering.
64.	Preventing diabetes, including gestational diabetes, by mobilizing the community to adopt a healthy lifestyle.
65.	Preventing chronic diseases by taking care of our body, and not waiting the red alarm to act.
66.	Protecting the environment and especially the forest around us by limiting forestry cuts and replanting deciduous trees rather than only coniferous trees, otherwise the ecosystem is unbalanced and animals get sick.
69.	For the Band Council to take position on cannabis and install a regulation.
72.	Youth thinking of their future and being confident and motivated to either pursue their studies or start manual work.
73.	Having youth well surrounded by family and teachers who believe in them, encourage them, and help them to find their path.
78.	Picking up rubbishes that are in the community.
80.	Remediating to the dog overpopulation.
82.	Feeling connected to nature, to Mother Earth.
83.	Transmitting the culture and traditions to the youth for them to become holders of the traditions, and organizing culture transmission projects between the Elders and the youth.

Chapter 6. Discussion

The overall purpose of this work was to identify strength-based, wholistic concepts of wellness from the perspective of Indigenous community members, to be used to inform the development of wellness indicators. The objectives of this study were 1) to understand perceptions of the current dimensions of wellness in the community of Manawan, and the vision for the future of the community wellness; 2) to explore perspectives across generations by including youth, working-age adults, and Elders as participants; and 3) to provide tools, informed by Indigenous community perspectives and knowledge, to identify the community's priorities to enhance wellness and promote healthy lifestyles. There are limited studies on community wellness indicators that are Indigenous-specific, wholistic, and strength-based. Moreover, most community wellness assessments are based on aggregated data from individual-level wellness indicators, rather than on community-level indicators. To respond to these gaps, I adopted a highly participatory and tailored approach to work with participants from three generational groups on a concept mapping process to identify key concepts of wellness that are specific to their community.

In an effort to contribute to decolonization of research, on-going discussions with the research assistants, the participants, and the community partners guided me on how best to respect self-determination and Indigenous knowledge in the research process, by adapting the research approach to best meet the identified needs. One needed example of adapting the approach was having the participants determine the importance of the statements about wellness that they generated. This was especially important when the number of participants who raised a given topic, or the extent to which that topic was discussed by participants did not necessarily reflect the importance given to the topic. For example, the statement (number 70) "Children not growing in violence" was rated as a major priority by all participants, even though this topic was identified by one participant and discussed for only a very short time during one talking circle. It is clearly something that is highly important for the community, but it is also a very sensitive topic that perhaps many people do not feel comfortable raising up, especially in the presence of someone who is not from the community. While the participant who mentioned it did not discuss this as something with high occurrence in the community or not, the ranking demonstrated that any child facing violence at home is unacceptable Regardless of how many children are affected by this issue, the participants considered it of major importance for action.

6.1 Discussion of the results

The set of 84 wellness statements is by itself a rich source of knowledge about Manawan perspectives of wellness. The articulation and development of these statements required extensive amounts of time and effort from the participants, the research assistants, and myself. The participants were interested in this project and thus did not seem to hesitate sharing their thoughts on wellness. These rich and extensive, often longer than planned, talking circles contributed to the high quality of their participation and of the statements. This resulted in a set of wellness statements that is highly wholistic, covering a large diversity of wellness concepts, while being precise and very specific to this community. Some statements, such as statement 81 "Feeling well at work (or at school) and with our colleagues (or classmates)", could probably be relevant to most communities, but some other statements are characteristic of the community of Manawan, and would be missing if community had not been actively participating in this study. For example, statements 79 "Regulating or limiting the *poutine* sales so that there are not fundraisers every weekend; diversifying fundraising activities, and limiting the use of credit for *poutine* sales" and 23 "Having more structure for radio broadcasting and using it to do radio spots about mental and physical health and promoting events rather than personal messages" represent situations that are specific to this community, and would probably not be applicable to most other communities.

Participants were also free to determine which final representation of the results they would select. Participants who are involved in health promotion for their respective professions decided to retain two different thematic group maps. Participants working at the Masko-Siwin Health Center, which serves patients needing health care, decided that their organization would be best served with a 5-theme groups map so that for any given program they offer at the centre, they can choose to focus on one broad group. For example, a team of workers working on a program aiming at improving the concept of Healthy lifestyles & environment would explore the statements in this thematic group and identify the ones they can target for each activity of the program. If they want to organize and activity around statement 64 "Preventing diabetes, including gestational diabetes, by mobilizing the community to adopt a healthy lifestyle", they can then use the map to consider related statements from other themes that could be useful for this program. They might want to consider the close-by statement 47 "Eating wild meat and fish from our lakes rather than meat from the grocery store that comes from intensive farming, because wild meat is medicine, it

is healthy, tastes better, and is part of our culture", from the Atikamekw culture theme, as a way to promote healthy lifestyles.

Some other participants worked at the Mihawoso Social Pediatric Centre, which has a mandate to work with youth from 0 to 18 years old through a social and family approach. Those participants preferred to have a 10-theme group map, with more precise groups so that each intervention worker can target a different group for their activities or programs. Considering that most of the Mihawoso Centre work is based on interventions for youth and families' wellness, they expect that a map with more precise themes will help them ensure that they organize activities and programs contributing to each of these wellness aspects. The concept maps can thus be used to evaluate how wholistic their program of activities is, and if there are any gaps to address.

While both maps are composed from the same dataset, different groups of participants representing two service centres had different perspectives on how to use it and which format would be more useful for them. In both instances however, the concept maps and the graphs will serve for knowledge translation, in order to translate the knowledge generated by the participants during this study into practical guidance for community wellness interventions. Community partners reported that they would like to use the concept maps and the Go-zone graph in community planning. For example, the community currently has a health plan describing their objectives and actions to be taken. In a discussion with community partners about potential applications for the results of this study, one partner discussed about using the identified themes and statements' priority and feasibility to inform the next revision of the health plan. In addition, I suggest using the thematic groups and statements for services across the community to ensure that each of them is considered by at least one service or centre. For example, the Mihawoso Social Pediatric Centre may decide not to focus efforts on statement 50 "Not having any corruption problems", but the *Conseil des Atikamekw de Manawan* might make it a priority in their own work.

The maps developed are subject to change in the upcoming year(s), as the community services start using them for their programs. The community and the community services may decide to do further knowledge translation and adjust the maps as needed. Considering that not all employees from the Masko-Siwin Health Centre and Mihawoso Social Pediatric Centre were participants in this project, the number of thematic groups and their names may change. After using these tools for a bit, they may feel like some groups are too broad or too narrow for example. Thus, the other maps and graphs, with any number of thematic groups ranging from 2 to 83, will

be provided to the community so that they can use them later on. Following the CMT training, the community created a consultation table with representatives from each community service to join in the efforts to mobilize the community around the identified community priorities and to enhance wellness. I propose to work with a member of this table, such as the CRA, who would be trained to manage the maps and data. They are also free to change the names of the groups as they see fit. Moreover, this tool is also available for other services and organizations from the community, and, theoretically, they may opt for a different number of thematic groups for the map they will use for their respective programs.

The Go-zone graph can be a useful tool for the community to prioritize areas where it would be effective to put in efforts and resources. Once a service centre has identified the theme to work on for a given program, they can then use the Go-zone graph to identify specific strategies. By developing programs and activities focusing on statements of high importance and high feasibility, there is a greater likelihood for those programs to be successful and have positive impacts on the community. This map can also be used to work on elements with lower feasibility by identifying related high-feasibility elements that could increase the feasibility of the lower elements. For example, statement 70 "Children not growing in violence" was rated as "A major priority" by all participants, but in terms of feasibility, it was rated at 3.08, so just above "Feasible". This means that there are ways to improve this situation, but that they should identify how this statement can be elevated closer to the highly feasible category. To identify potential solutions and strategies, we can explore the statements in the green category. The statements do not stand alone, they are a network, whereby all the statements are related and influencing each other in one way or another. Identifying these connections can help to develop strategies to enhance a given statement. In this case, working on statement 19 "Having programs helping people to take care of their mental health and preventing depression and suicide, such as helping boys and men learning not to keep their emotions to themselves, to verbalize it and talk about it" and on statement 20 "Having various healing paths available, such as living the pow wow route, *Tapiskwan Sipi*, or through helping others in order to heal from traumas or overcoming addictions" could contribute to decreasing domestic violence.

Similarly, statement 48 "Eating less *poutine* and being conscious of the impact it has on our health" was rated at only 2.57 in terms of feasibility, thus having the third lowest feasibility rating. *Poutine* is a popular specialty dish from Quebec made with French fries, cheese curds, and

gravy. It is often found in restaurants, particularly in fast-food restaurants, or it can be made at home. Over consumption of *poutine* in the context of Manawan was extensively discussed during the talking circles. Not only do most people in Manawan highly enjoy eating it, but it is also one of the few options available in the two restaurants of the community, making it an easy meal option when people choose to eat in these establishments. Moreover, it is common for people to organize fundraisers to finance events such as weddings, as it is part of the culture to have the whole community contributing to the celebration. *Poutine* sales have become a main fundraising activity since *poutine* is a popular meal, is quite easy to prepare, and it appears to provide a good profit margin. For a couple dollars more, people also offer delivery or the option to pay with credit. Since people want to contribute to the fundraiser, they are incited to buy the offered *poutine*, even if this is not the meal they had planned for the day, or despite having to put it on credit due to lack of available funds. Participants explained that *poutine* sales tend to happen every weekend or every other-weekend, thus contributing to the frequent consumption of *poutine*. In addition, it has become trendy to post pictures of food on social media, which can be observed by some members of the community uploading pictures of their *poutine* online. Meanwhile, for the community members that decide to adopt healthy eating habits through a balanced and nutritious diet, they try to limit the frequency that they eat *poutine.* However, they see the easily available non-nutritious meal as a temptation that contributes to an environmental condition that makes it difficult to choose and eat a healthy diet. The omnipresence of *poutine* in the community thus makes it difficult for individuals to find enough motivation to eat less of it. However, statement 48 could be brought higher on the feasibility scale by working on statement 64 “Preventing diabetes, including gestational diabetes, by mobilizing the community to adopt a healthy lifestyle”, where reduction of *poutine* omnipresence and consumption would be a group mobilization effort rather than individual. This could be done, for example, by promoting other types of fundraising activities, such as healthier food sales, or a community sport tournament. Some participants suggested fundraising ideas such as movies nights at the schools, or selling Atikamekw traditional art, such as beading. It is a complex problem, as the alternatives can require a bigger input of time from the organizers, may not be as popular, or may not generate as much profit. For example, when discussing about health promotion strategies with some intervention workers from the community, they raised to my attention that when organizing community breakfasts, they notice lower attendance rates when they prepare a healthy breakfast such as oatmeal, compared to when they

prepare breakfasts with bacon and eggs as options. Moreover, given the cost of fresh produce, some healthy meal options can be expensive and thus not generate good profits to the fundraiser organizers. We also discussed about the possibility of developing a policy to regulate *poutine* and fast food sales. While they think it would be difficult to regulate personal fundraisers, they are considering proposing a policy for public events. Without forbidding fast food, the policy could require from each vendor to offer at least one healthy meal option so that alternatives are available, which is currently rarely the case. Such policy would require careful consultation and work to establish guidelines determining which foods are considered to be healthy options.

In brief, the strategy development tools developed through this project can now be used by the various services and organizations in the community to identify the priorities they can work on to enhance the wellness level of the community and its members. This is expected to be a useful tool for the intervention workers and decision makers, as they can use it to develop strategic plans for the service centres. Community partners have manifested interest in using these tools and said they are looking forward to use them to inform their work, which would thus benefit all participants and the whole community by contributing to promote wellness factors.

6.2 Development of community-specific wellness indicators to assess community mobilization for healthy lifestyles

This project is now informing the ongoing development of community-specific wellness indicators. In order to assess progress, I am working with the CMT team and the community of Manawan to develop an activity report form in which the 10 thematic groups on wellness are integrated. This form would allow us to track the activities and programs organized across the community and to assess which wellness concepts are being addressed. This form would also inform us on which organizations are leading each activity, what is the outreach, and what is the frequency of such activities. This form would be used by the CMT to assess the impact of the training on the community mobilization. It would also be used by the community to report on their health promotion and wellness activities, and to ensure that all concepts of wellness are covered by such activities.

To measure the impact of those activities on the community wellness, one proposed option is to use the current feasibility ratings as a baseline, and to recruit youth, intervention workers, and

Elders to repeat the feasibility rating process once every year. By comparing the ratings across the years, we would see if the statements ratings are increasing, which would mean that the statements are approaching the rating of 4.00 “Highly feasible or already happening” and thus that this aspect of wellness is improving. This would also allow the community to identify which programs were successful, and which ones had less results, so that they could consequently adjust their programs.

6.3 Situating this project within the literature

As described in Chapter 2, Western perspectives of wellness tend to give a lot of importance to socioeconomic factors. While I was expecting that such factors would probably not be among the most important ones for the community, I thought they would still play a significant role. There were only six statements about the socioeconomic factors of housing, education, and income or employment. While statements specific about education (Statements 32, 52, 72, and 73) tended to be given high priority ratings, they were not addressing completion of a high level of education, but rather about ensuring that youth have the resources, support and motivation required to attain their goals. The only statement that was specific about economics was statement 75, talking about reducing the number or people with financial difficulties. This statement obtained a priority rating of only 2.77, thus not even being considered as a priority. This might be explained by the fact that the community has a strong support network as demonstrated by statement 45 “The large sharing attitude of our community, such as people sharing hunted meat with Elders and families who do not have a hunter”, which was among the highest statements in feasibility rating (3.62). While financial difficulties do impact the wellness of the people concerned, the impacts may be mitigated by sharing and support between community members. For example, it is common practice in Manawan for successful hunters to share meat with the community, especially with families experiencing financial difficulties and with Elders who cannot go hunting.

Participants discussed extensively about youth, and this was considered as the highest priority for the community. For most Elders and intervention workers, youth appear to be the motivating factor for their efforts to enhance wellness. They want the community to offer the right conditions for youth development and for healthy future generations. The community wants to prevent violence and abuse that some of the youth are victims of, and want to provide a social environment that helps youth to reach their objectives and to stay motivated to achieve them.

Having strong relationships with their children or grand-children or other youth from the community is manifested through encouragement, support, and time listening and consulting them.

Based on literature (Adelson, 2000; Richmond & Ross, 2009; Kingsley, 2013) and on discussions I had with partners from Manawan and from other Indigenous communities, I was expecting land to be extensively discussed in terms of how it contributes to wellness in numerous ways. Participants indeed gave high priority ratings to many statements about land use, land protection, and transmission of knowledge related to the land. *Nitaskinan*, the territory, contributes to wellness through the healing power of time spent on the land, through time spent with family at their camps, and through the traditional foods it provides. The Manawan community and the Atikamekw Nation are being particularly proactive in their efforts to regain and reaffirm their land and food sovereignty. Given the provincial and federal political contexts, recognition of their sovereignty is being challenged, many activities, programs, and political decisions at the community level are contributing to this grassroot sovereignty affirmation.

Culture & traditions was another key aspect, and it is addressed through various activities about knowledge transmission. Elders are eager to meet with youth to pass along their knowledge and share their skills, and intervention workers enjoy promoting the culture are work by integrating it in their activities, and on a personal level, they also share their knowledge to their own children or grandchildren. Youth discussed extensively about how much they enjoy learning about their culture, and are proud that the Atikamekw culture and language are so alive. This aligns with the findings of Klinck et al. (2015), as culture and language were considered to be key dimensions of community wellness.

The set of thematic groups identified by the participants are specific to Manawan, but we can see that some similar dimensions are part of the wellness assessment tools presented in *Section 2.5.4: Review of existing community wellness / well-being assessment tools*, as shown in *Table 10*. The majority of the themes presented in *Table 10* were articulated in at least one of the 84 wellness statements generated by the Manawan participants. However, participants from Manawan did not necessarily considered them as a major theme. Of the 10 thematic groups developed by Manawan, four of them are also considered as a dimension or a theme in at least one of the presented assessment tools: Culture & traditions, Healthy environment, Lifestyles, and Activities on the land. The six other themes, however, were not directly represented as a dimension in the assessment tools presented. While some questions in the presented assessment tools do cover some aspects of

these distinct dimensions, these tools did not consider them as key aspects. Most importantly, Youth, which was considered as the main priority in Manawan, is barely present in the wellness assessment from the reviewed tools.

Table 10: Common dimensions between community wellness assessment tools and Manawan's concept map

Assessment tool (Author)	**Dimensions or themes**	**Presence in Manawan perspectives of wellness**	
		Concept was articulated in a statement	**Name of corresponding thematic group for Manawan, when applicable (based on the 10-groups map)**
Mamow Ki-ken-da-ma-win: Social Determinants of Health (Finlay et al., 2010)	(1) Colonization	X	
	(2) Globalization		
	(3) Migration		
	(4) Cultural continuity	X	Culture & traditions
	(5) Access	X	
	(6) Territory	X	Activities on the land
	(7) Poverty		
	(8) Self-determination	X	
Community Well-being Self-Monitoring in the context of mining: the Naskapi Nation (Klinck et al., 2015)	(1) Opportunity	X	
	(2) Family	X	
	(3) Culture	X	Culture & traditions
	(4) Environment	X	Healthy environment
	(5) Social life	X	
	(6) Communication	X	
	(7) Health	X	Lifestyles
	(8) Housing and community upkeep	X	
	(9) Governance	X	
	(10) Education	X	
	(11) Aboriginal rights	X	
	(12) Language	X	Culture & traditions
	(13) Safety	X	
Community Wellbeing Index (A) (Forjaz et al., 2011)	(1) Social services	X	
	(2) Leisure	X	
	(3) Support to families	X	
	(4) Health services		
	(5) Belonging	X	
	(6) Trust in people	X	
	(7) Security	X	
	(8) Environment	X	Healthy environment
	(9) Social conditions	X	
	(10) Economic situation		
Holistic Model for the Selection of Indigenous Environmental Assessment Indicators	(1) Cultural- environmental attachments	X	Culture & traditions; Activities on the land
	(2) Educational systems	X	
	(3) Self-determination	X	
	(4) Social resources	X	

(Kryzanowski et al., 2011)	(5) Material resources and environmental stewardship	X	
Community Health Indicators Wheel (Leech et al., 2002)	(1) Politics	X	
	(2) Responsibility	X	
	(3) Economics	X	
	(4) Values	X	
	(5) Environment	X	Healthy environment
	(6) Morale		
	(7) Religion	X	
	(8) Spirituality	X	
Ecological model of Indigenous well-being based on Hawaiian culture (McGregor et al., 2003)	(1) Integrity of Ahupua'a (watershed) Moku (district) Moku'aina (island)	X	Healthy environment
	(2) Informal networking & sharing for support & interest	X	
	(3) Cultural, spiritual, & social places to gather/provide services/hold activities	X	
	(4) Economic development		
	(5) Leadership & organization (formal)	X	
Community Well-being Index (B) (Senécal & O'Sullivan, 2006)	(1) Income		
	(2) Education	X	
	(3) Housing	X	
	(4) Labour force		

The themes identified in this study may appear to be highly different from the four directions of the medicine wheel, but by looking at the statements, we see that physical, mental, emotional, and spiritual wellness are all addressed in several statements. Moreover, within each of the thematic groups, the statements cover at least two of the medicine wheel dimensions, which demonstrates that these dimensions are strongly interrelated and influencing each other, thus the need of balance between the four of them.

Most assessments of community wellness are based on aggregated data from individual-level wellness assessments. Such assessments merely provide the average individual-level wellness status in a given community, rather than reflect a feature of the community at a community-level wellness status. For community programs and community mobilization, using community-level assessment is more relevant than individual-level assessment. The tools developed from concept mapping are strategic tools that can be used for the development of community programs and strategies. These tools will inform the development of a new assessment tool that will focus on the strengths of the community, so that intervention workers and decision makers can build on these and use them as steps to enhance community wellness. It is also a way

to support a positive mindset, rather than highlighting the challenges, issues, or diseases the community is facing, as is too often the case.

This project is contributing to the development of Indigenous-specific, strength-based, wholistic wellness indicators and assessment tools. We are currently working on the development of an assessment tool for the community of Manawan, in the form of an activity report to assess how health promotion planning activities reflect community wellness indicators. This tool is using wellness statements that are specific to this community, and thus not generalizable to other communities. Considering that a similar research project is being conducted in five other Indigenous communities, in Ontario and Manitoba, who have participated in the Community Mobilization Training, the findings of each project will be discussed, with the objective of identifying potential recurring concepts between the communities. Since it is challenging to obtain wellness indicators that are both community-specific and generalizable, I propose developing a comprehensive set of Indigenous-specific dimensions, from which communities could choose the ones relevant for them. They could then determine community-specific indicators for each chosen dimensions, and assess these indicators through the priority and feasibility rating process, or other evaluation process. While it could be valuable to any community to develop concept maps through a process similar to the one from this study, it is a very time-consuming process that not all communities can go through. However, having an extensive set of wellness dimensions to be used as a start step could simplify the process. This may allow communities to easily have access to a wellness assessment tool that is wholistic, Indigenous- and community-specific, and strength-based.

This study shows the interconnections between different aspects of wellness. I recommend that intervention workers and health professionals take these interconnections into consideration when working with communities, especially if they are working with a community they do not come from and if the community is part of a marginalized group. Concept mapping has been used successfully in the past by the Hawaii Department of Health to inform budget allocations and strategies for health promotion, tobacco use reduction, nutrition, and physical activity (Trochim et al., 2004). By using the concept mapping approach in other communities or at broader level has the power to inform policies and help health promotion professionals identify the adequate and relevant strategies. For example, after a discussion about this project with a physician working in

Manawan, the physician decided to propose to the nearby hospital to use concept mapping to improve the health care approach with patients from Manawan.

In the field of nutrition intervention or health promotion intervention with Indigenous communities, I recommend intervention workers to inform themselves to understand the context of the community. This will help them understand the characteristics of the food system and the factors influencing the food choices of the community members. As it is explained in the most recent Canada's Food Guide, the social aspect around food is an important factor in our eating habits (Health Canada, 2019). Similarly, the ecological, political, and economic environment are strong influences on people's diets (Delormier, 2009). Thus applied to Indigenous contexts means considering how forced disruption of the knowledge transmission, destruction and contamination of the land, and non-respect of territorial sovereignty are all a menace to the traditional food systems, but also how they create the structures of current food contexts and environments that reinforce patterns of food choices within the social systems of the community (Delomier 2009)

Culturally-appropriate health promotion in Indigenous communities requires taking concrete steps towards reconciliation so that Indigenous Peoples can regain their food sovereignty. Food insecurity and food-related chronic diseases cannot be solved through further recommendations and impositions of market processed foods. Promotion of healthy eating habits should be done through the promotion of traditional foods and efforts to increase knowledge transmission about the traditional food system. As researchers, one of those steps is to conduct respectful research, where Indigenous people are consulted, involved, and empowered in the process.

6.4 Strengths, challenges, and limitations

This project involved participants from different generations in order to include the voice of diverse groups from the community and to respect the particular importance given to youth and Elders in Indigenous cultures. The objective was not to do a comparison between the generations, but rather to be inclusive. Thus, while the overall number of participants is considered to be sufficient according to Trochim's guidelines (Trochim, 1989), comparison between the groups would be limited. However, it is still interesting to observe that there appears to be some trends in the ratings from the participants based on the age group.

The main strength of this research is the community-based approach. The community was engaged throughout every step of the project. In order to properly capture the perspectives of wellness in this community, it was important to invite and create the space for members participating as more than just interview subjects. By developing the methods and approach with them the community partners and research assistants, we worked to ensure that the setting and process would make participants feel comfortable sharing their opinions and experiences and feel that their participation was deeply valued by the team. By having the participants playing a significant role at a number of crucial points along the analysis and interpretation of the findings, it results in shaping the results that best represented the perspectives of wellness of the participants at this point in time. Moreover, through the participatory approach, the participants appeared to take ownership of the project and findings, as observed through questions they asked about how this research will be contributing back to the community, who will have access to the tools, how they can use them, what kind of information they can obtain from the data and how this can be interpreted in a given context. To this day, the results have been presented at the Mihawoso Social Pediatric Centre and at the *Conseil des Atikamekw de Manawan*. In both cases, people expressed high interest in using the findings from this study. Other services, such as the Masko-Siwin Health Centre, have requested for me to come present the results and provide the maps and data so that all intervention employees can use it in their work. We expect this ownership will increase their will to use the tools developed from the results as well as facilitate their use since they understand how it was created and know it is rooted in their specific community.

Participation resulted in the methodology being adapted so that it would be valid for the context of this project. For example, the Photovoice activity with youth was added after realizing that it was challenging at first even for the intervention workers to put words on what is wellness, as it is quite an abstract concept. Using photography to elicit the discussions made it more tangible. The analysis of the talking circles transcripts was also changed from qualitative coding, where the outside researcher would impose a coding structure on community concepts of wellness, to using concept mapping where participants are directly involved in the decision for making sense to the data through the process of analysis.

This project contributed to building local capacity. Having a strength-based approach allowed participants to focus their thoughts primarily about the strengths of their community, rather than insisting on issues. As some community partners stated, they are tired of people putting

all the attention towards the difficulties the community is facing rather than on the positive. It is by identifying the strengths that the community can then build on it to work towards resolving the challenges. Adopting a strength-based approach does not mean that the issues are ignored and that only positive aspects of the community are discussed. It rather means that the emphasis is on identifying and building on the strengths of the community to be able to improve the community wellness and overcome the various challenges present in the community. Through the talking circles, the discussions alternated between the strengths of the community, its challenges, and ways to use the strengths to implement solutions. For most of the topics that were discussed, participants brought up the strengths of the community regarding the given topic, as well as areas they through improvements could be made. The majority of the participants seemed to be optimistic about the future of the community, and when an issue was brought up, participants also brought up ideas for solutions and initiatives that could be implemented or that are already being implemented. For example, while the school dropout rate and drug and alcohol consumption were identified as challenges for the community youth, participants also discussed about different programs and approaches the community is working on to resolve these issues. The final set of statements that participants analyzed and on which the maps and ratings are based reflect this solution-based and are strength-based approach the participants had, as they describe a way that wellness is or ways to achieve or improve it.

After debriefing, the youth who participated said they enjoyed their experience and the process, and appreciated the fact that their voice was considered. They are looking forward to showing their Photovoice pictures to the community during the incoming exhibition. Two research assistants were trained during this research project, one of them being a high school student. They will keep being involved through the dissemination process. We are hoping that this experience will be useful for them in the future, and perhaps through research projects lead by the community itself. Finally, the maps and data obtained from this project can now be used by the community to guide them in identifying were resources and efforts could be invested to maximize the impact on community wellness.

However, this project was not without its challenges, the language barrier being among the main ones, especially during the sorting and rating activity. It was a lot of work for the research assistants to translate, and was overwhelming for some of the Elders, so some of them completed only the sorting or only the rating. Even for participants who do speak French, they were not

always sure how to properly express some of their thoughts, as some concepts do not have direct translation. In order to overcome this language barrier, we would have needed to have the whole project conducted in Atikamekw. This shows the importance of having more research entirely conducted by community members. This is especially true in communities where the native language is their first language. Even though I have taken Atikamekw language courses, I was, and am still, clearly far from being able to complete such research project in Atikamekw, and it would take years for an outsider researcher to become fluent enough. This is why we consider it was so important to hire and train local research assistants, so that in the future, they could be the ones leading the research activities.

However, there would still remain a barrier with the English language. Most software and literature are in English, and can be difficult to understand by participants or research assistants. For the analysis, the activities had to be done on paper rather than online to avoid this barrier. In terms of dissemination of the results, it can also prove difficult. A detailed written report will be presented to the community in French, with the most important sections translated in Atikamekw. However, we also want to involve the research assistants in dissemination of the results outside of the community. While they do speak some English, they are not fluent, thus presenting at any English-based conference will be an additional challenge for them.

The last challenge, but not the least, was the flexibility required by this project. A lot of the meetings and activities were delayed due to other events happening in the community. While we had our agenda for the research project, the community and the participants had their own agendas as well. For example, in Manawan, there is a cultural week in October, where schools are closed, and most people are off work so that they can go moose hunting. It would have been pointless to try meeting participants during this week as barely anyone would have been available. Sadly, the community also lost several highly respected members during the time of this project, and so we respected the time the community and participants needed to grieve for the loss of their loved ones. In addition, Manawan is very proactive in terms of healing from past and current traumas, tackling various obstacles the community is facing, and promoting their culture and traditions. Thus, there were many ceremonies, activities, events, or consultations held, sometimes at the same time as meetings we had planned, and thus we postponed several times so that participants could attend both.

Conclusion

The objective of this project was to identify key themes contributing to the wellness of the community of Manawan. The themes were identified using concept mapping, with groups of youth, intervention workers, and Elders contributing their valuables perspectives on community wellness. The identified themes are, in order of priority, Youth, Community, Infrastructures, Healthy environment, Mobilization, Lifestyles, Culture & traditions, Well-being & identity, Activities on the land, and Community activities. The findings can now be used by the Community Mobilization Training research team to assess what impact the CMT is having on the community wellness. The findings are also valuable to the community, as it contributes to their current understandings and identifies current strengths and obstacles regarding promoting and supporting wellness in the community, and what they are hoping to achieve in the future for today's youth and the coming generations. The findings can now be used as a tool for the community to guide them in identifying what are the priorities each service and organization can focus on to increase community wellness, and can be used to assess the impact of their efforts to promote healthy lifestyles.

The wellness themes identified by the community correspond to none of the existing wellness assessment tools, thus showing that more Indigenous-specific and community-specific assessment tools are needed. The themes identified in this project are specific to the community of Manawan, and cannot be generalized to other communities. However, various community-specific projects could be used to develop a modular assessment tool that can be easily modified so that each community can create and use their own assessment tool. I am hoping that this work will contribute to the improvement of wellness assessment and programming that would be led by the communities and specific to their context.

Finally, this project strongly impacted me, by giving me a better understanding of factors affecting wellness and the food systems in Manawan and a better understanding of Indigenous communities' strengths and challenges in general. It has truly opened my eyes to the importance of considering the community context in any nutrition or public health intervention. I truly value the strong relationships and friendships I developed with the community, and am looking forward to continue collaborating with Manawan on the follow-up of this project and potential future projects.

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Appendices

Appendix 1: Plan of the youth information session

Plan de la session d'information

Personnes présentes:

- Jeunes intéressés à participer au projet
- Parents des participants (optionnel; les parents peuvent signer le formulaire de consentement après la rencontre s'ils ne souhaitent pas ou ne peuvent pas être présents)
- Chercheuse (Sonia Périllat-Amédée)
- Assistante de recherche communautaire

1. Présentation du projet et de l'activité

- Le but du projet est de mieux comprendre comment les gens dans la communauté perçoivent le mieux-être communautaire. Qu'est-ce qui est important pour que la communauté aille bien?
- Les résultats de ce projet seront utilisés pour développer un outil pour mesurer le mieux-être dans la communauté, et voir comment ça change d'année en année.
- Les jeunes sont invités à participer car on veut que leurs opinions soient prises en considération.
- Activité "La voix par la photo": activité de photo qui s'étend sur environ deux semaines, suivi d'un cercle de discussion.
- Cette activité va vous permettre de réfléchir à ce qui est important pour le mieux-être de la communauté, et votre mieux-être personnel, et d'en parler avec d'autres jeunes. C'est aussi l'occasion pour vous de faire valoir votre point de vue aux leaders de la communauté.

2. Explication et signature du formulaire de consentement

- Lecture du formulaire de consentement et temps pour les questions
- Si l'un des participants de moins de 18 ans n'a pas de parent présent lors de la rencontre, le participant faire signer le formulaire par un parent avant la formation photovoice.

Appendix 2: Questionnaire guide for talking circles with intervention workers

Mobilisation des savoirs autochtones pour la promotion du bien-être par la communauté

Guide des cercles de discussion

Version en date du 8 août 2018

Date du cercle de discussion: _____

Animateur: _____

INTRODUCTION

Bienvenue à ce cercle de discussion du groupe de participants présents à la formation de mobilisation communautaire du PPDEK. Le principal objectif de ce cercle de discussion est de mieux comprendre les indicateurs de bien-être utilisés par les partenaires communautaires de la FMC et de développer des outils pour mesurer ces indicateurs de bien-être pour les futures évaluations de la formation FMC. Un autre objectif de ce cercle de discussion est de vous offrir l'opportunité de partager vos expériences. Il y a trois sujets principaux que je vais vous présenter pour ensuite obtenir vos commentaires et histoires à ce propos. En partant de ces sujets, il se pourrait que nous dérivions sur d'autres sujets intéressants et pertinents. Afin de s'assurer que chacun a l'opportunité de s'exprimer, ce bâton de parole (roche ou objet sacré) sera passé de l'un à l'autre dans le sens inverse des aiguilles d'une montre et donnera le droit de parole à la personne qui le tient.

Guide de questions

1. Tout d'abord, prenez quelques instants pour réfléchir à ce que le bien-être représente pour vous.

(Laisser une minute de réflexion aux participants)

En une ou deux phrases, expliquez ce qu'est le bien-être selon vous.

Suggestions :

- Les dimensions du bien-être
    - Modèle écologique
        - Individuel
        - Interpersonnel
        - Communautaire
        - Organisationnel
        - Politique
    - Dimensions de la roue médicinale
        - Émotionnel
        - Mental
        - Spirituel
        - Physique
- Traditions, décolonisation, connexion à la Terre, modes de vie sains

2. Comment est-ce que le bien-être individuel et le bien-être communautaire sont-ils reliés et comment s'influencent-ils?

Suggestions :

- Comment le bien-être ou le mal-être communautaire peuvent-ils influencer le bien-être individuel ? Comment le bien-être ou le mal-être individuel peuvent-ils influencer le bien-être communautaire ?
- Sont-ils liés au point de ne faire qu'un ?

3. Comment feriez-vous pour évaluer si le bien-être est présent dans votre communauté ? Quelles sont les éléments que vous pourriez observer ou mesurer qui vous permettrait de savoir qu'il y a peu, ou beaucoup, de bien-être dans la communauté ? Ça peut-être soit des

éléments que vous pouvez observer présentement, ou des éléments qui ne sont pas présents pour le moment dans votre communauté, mais que vous aimeriez observer dans le futur.

Suggestions :

- Au niveau communautaire
  - Environnement
  - Activités
- Au niveau de votre organisation
- Au niveau politique

- Les 4 coins de la roue médicinale :
  - Spirituel : notre esprit est notre essence – ce que nous sommes au cœur de nous-même.
  - Émotionnel : conscience non-seulement de nos propres émotions, mais aussi de comment nous nous connectons aux autres.
  - Mental : le cerveau continue à grandir tout au long de notre vie, mais tout comme notre corps, notre cœur, et notre esprit, nous devons l'alimenter de bonnes choses.
  - Physique : premièrement, il y a le besoin d'alimenter et nourrir notre corps afin qu'il ait tout ce dont il a besoin pour performer au maximum de ces capacités. Le corps a également besoin d'exercice. Comme toujours, l'équilibre est clé.
- Connexion avec la nature
- Interpersonnel : relations avec les autres
  - Famille
  - Amis
  - Animaux
  - Ancêtres
  - Collègues

Appendix 3: Questionnaire guide for talking circles with Elders

Mobilisation des savoirs autochtones pour la promotion du bien-être par la communauté

Guide des cercles de discussion avec des aînés de la communauté

Date du cercle de discussion: _____

Animateur: _____

Titre de la recherche: Mieux-être en milieu autochtone: perception du niveau de mieux-être actuel et vision future du mieux-être dans deux communautés autochtones du Québec

Chercheuse: Sonia Périllat-Amédée, étudiante à la maîtrise, Nutrition Humaine, McGill

Coordonnées: Tel: 514-XXX-XXXX; courriel: sonia.perillat-amedee@mail.mcgill.ca

Superviseure de l'étudiante: Dr. Treena Delormier; tel: 514-XXX-XXXX; courriel: treena.delormier@mcgill.ca

INTRODUCTION

Bienvenue à ce cercle de discussion de d'aînés de Manawan/Joliette. Le principal objectif de ce cercle de discussion est de mieux comprendre votre point de vue sur le mieux-être communautaire. Cette discussion sera utilisée pour développer des indicateurs de mieux-être qui serviront à évaluer l'impact de la Formation de mobilisation communautaire, et qui serviront également à la communauté pour mesurer l'impact de ses programmes et politiques. Un autre objectif de ce cercle de discussion est de vous offrir l'opportunité de partager vos expériences. Il y a quatre questions que je vais vous poser pour ensuite obtenir vos commentaires et histoires à ce propos. En partant de ces sujets, il se pourrait que nous dérivions sur d'autres sujets intéressants et pertinents. Afin de s'assurer que chacun a l'opportunité de s'exprimer, ce bâton de parole (roche ou autre objet) sera passé de l'un à l'autre dans le sens inverse des aiguilles d'une montre et donnera le droit de parole à la personne qui le tient.

Guide de questions

1. Quels sont les points positifs en termes de mieux-être dans votre communauté ? Dans quels milieux de votre communauté trouvez-vous que le mieux-être est présent en ce moment?

2. Quels sont les points à améliorer en termes de mieux-être dans votre communauté ? Dans quels milieux de votre communauté remarquez-vous que le bien-être a besoin d'être amélioré ?

3. À quoi ressemble votre vision du bien-être pour le futur? Qu'est-ce qui selon vous devrait être changé ou amélioré? Qu'est-ce qui devrait être conservé?

4. Comment sauriez-vous que le bien-être de la communauté s'est amélioré? Selon-vous, quels sont les indicateurs clés qui pourraient permettre d'évaluer le niveau de mieux-être et son évolution dans la communauté ?

Appendix 4: Plan of the Photovoice training session for the youth

Plan de la formation Photovoice

Personnes présentes:

- Participants à l'activité Photovoice
- Chercheuse (Sonia Périllat-Amédée)
- Jeune assistante de recherche

1. Explication de l'activité photo et du type de photos recherché

- Photos qui représentent le mieux-être dans la communauté
  - Ce qu'on entend par mieux-être, c'est:
    - Ce qui rend la communauté forte, en santé, en équilibre aux niveaux physique, mental, émotionnel, et spirituel;
    - Ce qui vous rend heureux d'habiter à Joliette/Manawan, ce qui vous rend fiers. Ce qui vous donne espoir pour l'avenir de la communauté.
  - On veut se concentrer sur des signes qui montrent le mieux-être dans la communauté, donc des choses positives.
- Ça peut être:
  - des photos lors d'événements particuliers
  - ou des photos d'événements de tous les jours
- Vous pouvez prendre autant de photos que vous voulez, puis vous sélectionnerez vos 5 meilleurs photos pour représenter le mieux-être dans la communauté.
- Vous pouvez aussi utiliser des photos que vous avez prises au cours des 2 dernières années.
- Vous prendrez les photos avec votre cellulaire.
- Présentation du guide de questions pour le cercle de discussion: explication des questions afin que les participants puissent commencer à penser à la signification de leurs photos avant le cercle de discussion
  - Il est recommandé de commencer à répondre aux questions sur papier avant le cercle de discussion pour vous aider à mettre vos idées au clair
- Après avoir procédé au cercle de discussion, on pourra faire une exposition dans la communauté, où vous pourrez exposer vos photos et en discuter avec les autres membres de la communauté, le Conseil de Bande, etc.

2. Discussion sur l'éthique de la prise de photos

- Toujours demander l'autorisation d'une personne pour la prendre en photo
- Prendre des photos uniquement quand c'est approprié: ne pas prendre de photos compromettantes, ou dans des contextes où la prise de photos n'est pas appropriée.
  - Discussion sur ce qui est adéquat et ce qui ne l'est pas
  - Est-ce que c'est adéquat de prendre des photos lors d'une cérémonie? Est-ce adéquat de prendre des photos à l'école? Si le contexte n'est pas adéquat, est-ce que vous pouvez représenter la même chose autrement, par exemple en prenant une photo par après?
- Afin d'utiliser les photos pour ce projet de recherche, les personnes sur les photos doivent signer un formulaire d'autorisation

- Vous n'avez pas besoin de faire signer le formulaire d'autorisation au moment où vous prenez la photo, vous pouvez le faire signer par après, quand vous aurez sélectionné les 5 photos que vous voulez utiliser
- Formulaire d'autorisation de photo: doit être signé par le sujet de la photo, mais aussi par les personnes apparaissant en arrière-plan, si elles sont reconnaissables
- Si une personne de moins de 18 ans apparaît dans une photo: faire signer le formulaire par le jeune, ET par l'un de ses parents
- Ne pas prendre de photo compromettante. Certaines personnes peuvent accepter d'être prises en photo, puis ne pas aimer la photo qui en résulte. Après avoir pris la photo, montrez-la à la personne. S'il/elle n'aime pas la photo, reprenez la photo.
- Lorsque vous demandez l'autorisation pour prendre quelqu'un en photo, soyez clairs sur l'utilisation possible des photos. Si la personne signe le formulaire, elle accepte que la photo soit utilisée dans le cadre de cette recherche. Expliquez-lui qu'il/elle doit également cocher sur le formulaire s'il/elle accepte ou non que cette photo soit utilisée dans la communauté (par exemple, lors de l'exposition), et dans des publications ou présentations à l'extérieur de la communauté (par exemple lors de ma présentation de thèse, ou pour promouvoir la Formation de Mobilisation Communautaire).
- Les personnes apparaissant sur la photo pourront cocher si elles souhaitent recevoir une copie digitale et/ou une copie imprimée de la photo
- En plus de demander l'autorisation aux personnes figurant dans votre photo, vous devez aussi dans certains cas demander aux personnes responsables du lieu où vous vous trouvez. Par exemple, si vous voulez prendre une photo au travail ou à l'école, vous devez demander à votre supérieur ou enseignant avant.

3. Utilisation des photos

- Vous sélectionnerez les photos que vous trouvez qui représentent le plus le mieux-être.
- Tout au long de ce projet, et après ce projet, vous restez propriétaire des droits sur ces photos.
- Ces photos seront imprimées et utilisées lors du cercle de discussion. On discutera de ce qui apparaît dans ces photos, et pourquoi elles représentent le mieux-être de la communauté
- Ces photos peuvent aussi être utilisées lors d'une exposition dans la communauté. Pour cela, il faut que vous, en tant que photographe, et les personnes apparaissant dans ces photos, acceptent d'utiliser les photos lors de cette exposition.
- Suite à l'exposition, vous pourrez récupérer vos photos imprimées.
- Ces photos peuvent aussi être utilisées dans des publications, des présentations, ou pour la promotion du projet de Formation à la Mobilisation Communautaire. Pour cela, il faut que vous, en tant que photographe, et les personnes apparaissant dans ces photos, acceptent que ces photos soient publiées en dehors de la communauté.
- Si vos photos sont publiées, vous avez l'option d'être identifié comme étant le photographe, ou de rester anonyme.

4. Techniques de photographie

- Éviter d'être à contre-jour
- Si une personne refuse d'être prise en photo, demandez-vous: est-il possible de représenter cette scène sans qu'il y ait quelqu'un dans la photo? Par exemple, si vous

voulez prendre une photo de quelqu'un en train de pêcher, mais que le pêcheur refuse d'être photographié, vous pouvez simplement changer le cadrage pour uniquement prendre la cane à pêche et le lac, ou lui demander si vous pouvez prendre en photo les poissons qu'il a pêché.

- Vous pouvez aussi recadrer une photo après l'avoir prise pour faire en sorte que la personne n'apparaisse pas dessus.

Appendix 5: Questionnaire guide for photo-elicited talking circles with youth

Mobilisation des savoirs autochtones pour la promotion du bien-être par la communauté

Guide des cercles de discussion avec des jeunes de la communauté

Date du cercle de discussion: _____

Animateur: _____

Titre de la recherche: Mieux-être en milieu autochtone: perception du niveau de mieux-être actuel et vision future du mieux-être dans deux communautés autochtones du Québec

Chercheuse: Sonia Périllat-Amédée, étudiante à la maîtrise, Nutrition Humaine, McGill

Coordonnées: Tel: 514-XXX-XXXX; courriel:

Superviseure de l'étudiante: Dr. Treena Delormier; tel: 514-XXX-XXXX; courriel: treena.delormier@mcgill.ca

INTRODUCTION

Bienvenue à ce cercle de discussion de jeunes de Manawan/Joliette. Le principal objectif de ce cercle de discussion est de mieux comprendre votre point de vue sur le mieux-être communautaire. Cette discussion sera utilisée pour développer des indicateurs de mieux-être qui serviront à évaluer l'impact de la Formation de mobilisation communautaire, et qui serviront également à la communauté pour mesurer l'impact de ses programmes et politiques. Un autre objectif de ce cercle de discussion est de vous offrir l'opportunité de partager vos expériences. Au cours de cette discussion, je vais vous poser quelques questions au sujet des photos que vous avez prises pour obtenir vos commentaires et histoires à ce propos. Au cours de la discussion, il se pourrait que nous dérivions sur d'autres sujets intéressants et pertinents. Afin de s'assurer que chacun a l'opportunité de s'exprimer, ce bâton de parole (roche ou autre objet) sera passé de l'un à l'autre dans le sens inverse des aiguilles d'une montre et donnera le droit de parole à la personne qui le tient.

Guide de questions

1. Décrivez brièvement les photos que vous avez sélectionnées. Quand ont-elles été prises ? Où ont-elles été prises ? Qu'est-ce qui est présent dans la photo ? Que se passait-il au moment où la photo a été prise ?

2. Expliquez pourquoi vous trouvez que cette photo représente le mieux-être de la communauté.

3. Est-ce qu'il y a des éléments qui représentent le mieux-être que vous avez constaté dans la communauté mais que vous n'avez pas pris en photo ?

4. Est-ce qu'il y a des éléments représentant le mieux-être que vous aimeriez voir, ou aimeriez voir plus souvent, dans la communauté ?

5. Pour conclure, décrivez brièvement à quoi ressemble votre vision pour le futur de la communauté.

Appendix 6: Research agreement between Manawan and KSDPP

PROJET DE PRÉVENTION DU DIABÈTE DES ÉCOLES KAHNAWAKE
Centre de recherche et de formation en prévention du diabète
P.O. Case postale 989, territoire mohawk de Kahnawake
Québec, Canada J0L 1B0
Tél: (450) 635-4374
Télécopieur : (450) 635-7279

"Faire de l'activité physique quotidiennement, pratiquer des habitudes alimentaires saines et garder une attitude positive peut prévenir le diabète "

1er avril 2018

Protocole d'entente relatif à la formation à la mobilisation communautaire (FMC) du PPDEK pour la prévention du diabète : mise en œuvre et mise à l'échelle d'un modèle de formation sur les meilleures pratiques pour diverses communautés autochtones («Le Projet »).

Entre

PROJET DE PRÉVENTION DU DIABÈTE DES ÉCOLES KAHNAWAKE (PPDEK)
Centre de recherche et de formation en prévention du diabète
P.O. Boîte postale 989, Territoire Mohawk de Kahnawake Québec, J0L 1B0
Tél: (450) 635-4374
Télécopieur: (450) 635-7279

Conseil des Atikamekw de Manawan ("COMMUNAUTÉ")
135 rue Kicik, Manawan, Qc J0K1M0

Tél. : 819.971.8813

Le PPDEK et la COMMUNAUTÉ conviennent d'entreprendre Le Projet conformément aux lignes directrices et aux conditions décrites dans le présent document et dans le Code de déontologie de la recherche (annexe A).

Financement et durée : Le Projet est financé par une subvention (IRSC # PI3-151327) de l'Initiative des Voies de l'équité en santé pour les Autochtones - Institut de la santé des Autochtones des Instituts de recherche en santé du Canada (IRSC). La mise en œuvre de la FMC est commanditée, en partie, par le financement de la fondation. Un soutien en nature est fourni par un certain nombre de partenaires institutionnels et organisationnels. Le Projet est du 1er janvier 2017 au 31 décembre 2019.

But et description de l'événement de la FMC du PPDEK : La FMC est un atelier de six jours organisé en communauté avec des participants de diverses organisations. La date prévue de mise en œuvre de l'événement de la FMC en vertu de cet accord est à l'automne 2018. L'événement de la FMC sera hébergé par la COMMUNAUTÉ à Joliette pendant 3 jours et dans la communauté de Manawan, pendant 3 jours.

1

À la fin de la formation de six jours, l'objectif pour les participants est de :

- **Unité 1 :** Comprendre les antécédents d'une prévention réussie du diabète grâce aux expériences du projet de prévention du diabète dans les écoles de Kahnawake, en mettant l'accent sur les antécédents théoriques du projet. Cela inclut la théorie cognitive sociale (théorie de l'apprentissage de Bandura), la Charte d'Ottawa pour la promotion de la santé, les valeurs autochtones et la vision du monde.

- **Unité 2 :** Être capable d'identifier les valeurs de la communauté par rapport au bien-être et de créer une vision commune de la communauté pour des modes de vie sains / prévention du diabète.

- **Unité 3 :** Identifier les questions clés ou enjeux majeurs pour la promotion de la santé communautaire à développer à travers une analyse environnementale des forces de la communauté et des opportunités extérieures.

- **Unité 4 :** Comprendre l'importance du travail d'équipe, créer une coalition communautaire pour le mieux-être et comprendre la nature du bénévolat.

- **Unité 5 :** Identifier les buts, les objectifs et les stratégies de la communauté en termes de saines habitudes de vie, comprendre les différents types d'activités communautaires et développer un calendrier d'activités communautaires pour les activités liées au mode de vie sain.

- **Unité 6 :** Développer un programme de diffusion de l'information et de relations publiques pour promouvoir leur stratégie de prévention du diabète.

Le but de Projet est d'évaluer la mise en œuvre et l'impact de la FMC du PPDEK dans divers contextes. Les activités de recherche prévues sont décrites dans le Résumé de recherche (Annexe B - Sommaire de la recherche).

Pour la mise en œuvre du Projet, le PPDEK sera responsable de :

- Les frais de déplacement, d'hébergement et les frais de l'animateur de la FMC (_____), des étudiants du Projet (à déterminer), et du personnel de la PPDEK.

- Offrir la FMC et fournir tout matériel lié à la recherche.

- Fournir des incitatifs aux participants à la recherche (selon les protocoles de recherche approuvés).

- Mener Le Projet conformément au Code de déontologie de la recherche.

- Fournir un rapport à l'HÔTE de la FMC sur les activités de FMC.

- Fournir un financement de 5 000 $ à l'HÔTE de la FMC - pour le travail d'un assistant de recherche

communautaire (ARC) qui assistera et fera la promotion de l'événement de la FMC et de la recherche connexe (*voir Annexe C - Fonctions d'assistant de recherche communautaire*). Ce montant est payable à l'HÔTE de la FMC en deux versements égaux. 2 500 $ après la désignation d'un ARC et la réception d'une facture de la part de l'HÔTE de la FMC; et 2 500 $ après l'achèvement de la collecte et du suivi des données.

• Contribution d'un montant pouvant aller jusqu'à 1 000 $ à l'ORGANISATEUR de la FMC - pour les coûts d'hébergement de l'événement FMC (pour les déjeuners et les rafraîchissements). Ce montant est payable lors de la confirmation des dates d'accueil de l'événement de la FMC et de la réception d'une facture de la part de l'HÔTE de la FMC.

• Allouer un montant de 750 $ à l'aîné (3jours x 250 $) et fournir du tabac et des cadeaux pour les services durant l'activité de formation FMC et la recherche connexe.

Pour la mise en œuvre du Projet, la COMMUNAUTÉ, en tant qu'HÔTE de la FMC, sera responsable de :

• organiser la présence d'un aîné ou d'une personne traditionnelle pour ouvrir et fermer les réunions et fournir des conseils spirituels conformément au protocole local.

• organiser et fournir un lieu d'entraînement avec de l'espace, des tables et des chaises pour tous les participants.

• organisation et fourniture d'équipement audiovisuel : projecteur, écran, tableaux à feuilles mobiles, *chevalets et marqueurs*.

• organiser et fournir des collations et des boissons le matin et l'après-midi (menu à planifier avec l'animateur de la FMC)

• organiser des déjeuners quotidiens (facultatif)

• Participer à la planification d'événements FMC et aux téléconférences du Projet.

• Assurer la liaison avec les organisations locales participantes (LISTE DES EXEMPLES D'ORGANISATIONS ICI) concernant Le Projet.

• Fournir un temps de libération pour les participants COMMUNAUTAIRES et rembourser des frais de voyage pour les participants de la COMMUNAUTÉ (le cas échéant) à l'événement de la FMC.

• Mener Le Projet conformément au Code de déontologie de la recherche.

Amendements

Cet accord peut être modifié par accord écrit des deux parties.

Résiliation

Cet accord peut être résilié par la notification écrite de l'une ou l'autre partie. En cas de résiliation anticipée, la COMMUNAUTÉ a le droit d'exiger que toutes les données relatives à sa communauté soient détruites et ne soient pas utilisées dans de futures parties de la recherche. La résiliation de cet accord n'affectera pas la communauté avec le PPDEK.

Principes du partenariat

Les principes du partenariat et du Projet de recherche sont énoncés dans le Code de déontologie de la recherche ci-joint à l'annexe A. Les parties conviennent de travailler de bonne foi vers les objectifs du Projet, dans leurs rôles respectifs de chercheurs et de représentants, pour défendre et résoudre les problèmes de santé, sociaux ou autres qui pourraient découler de la recherche.

Terme:

Cet accord entrera en vigueur le 1er avril 2018 et prendra fin le 31 mars 2020.

Pour la COMMUNAUTÉ — Date: 18/05/18

Pour Le Projet de prévention du diabète de Kahnawake — Date: July 19 2018

Annexe A: Code d'éthique de la recherche du projet FMC
Annexe B: Résumé de la recherche sur la FMC
Annexe C: Fonctions d'adjoint à la recherche communautaire

Appendix 7: Amendment of the research agreement between Manawan and KSDPP

PRODE PRÉVENTION DU DIABÈTE DES ÉCOLES KAHNAWAKE
:ntre de recherche et de formation en prévention du diabète
P.O. Case postale 989, territoire mohawk de Kahnawake
Québec, Canada J0L 1B0
Tél: (450) 635-4374
Télécopieur : (450) 635-7279

"Ide l'activité physique quotidiennement, pratiquer des habitudes alimentaires saines et garder une attitude positive peut prévenir le diabète "

21 r2019

Amenent No. 1 au Protocole d'entente relatif à *la formation à la mobilisation communautaire (FM(PPDEK pour la prévention du diabète : mise en œuvre et mise à l'échelle d'un modèle de foion sur les meilleures pratiques pour diverses communautés autochtones («Le Projet»).*

Entre

ROJET DE PRÉVENTION DU DIABÈTE DES ÉCOLES KAHNAWAKE (PPDEK)
Centre de recherche et de formation en prévention du diabète
P.O. Boîte postale 989, Territoire Mohawk de Kahnawake Québec, J0L 1B0
Tél: (450) 635-4374
Télécopieur: (450) 635-7279

Conseil des Atikamekw de Manawan ("COMMUNAUTÉ")
135 rue Kicik, Manawan, Qc J0K1M0
Tél. : 819.971.8813

Cet Alement No. 1 daté du 21 mars 2019, amende le Protocole d'entente entre le PPDEK et la COJNAUTÉ en date du 30 mai 2019 2019. Il est écrit pour inclure des activités de recheıdditionnelles au projet de la FMC & Initiative des Voies de l'équité en santé pour les Autoes, tel que résumé dans l'annexe B amendé (Annexe B – Questions de la recherche révisé

Aprèsaragraphe « But et description de l'événement de la FMC du PPDEK», ajouter :

t et description du projet de recherche avec des jeunes et des Aînés de la communauté :
's de la FMC, l'une des activités de recherche consistait à discuter de la vision des ticipants sur le mieux-être dans la communauté. Afin de prendre en compte la vision de utres membres de la communauté, l'équipe de recherche souhaite étendre le projet et faire

1

activité de photographie avec des jeunes de la communauté suivi de cercles de discussion, si que des cercles de discussion avec des Aînés. Les sujets mentionnés lors des discussions c les participants de la FMC, les jeunes, et les aînés seront combinés et utilisés pour une vité de schématisation conceptuelle à laquelle tous les participants seront invités.

ctivité de photographie s'étendra sur environ 3 mois au printemps et été 2019. Les cercles liscussion avec les jeunes auront lieu à l'été 2019. Les cercles de discussion avec les aînés ont lieu au printemps 2019. L'activité de schématisation conceptuelle aura lieu à l'été 2019.

Danaragraphe «Pour la mise en œuvre du Projet, le PPDEK sera responsable de» :

- lifier le point « Offrir la FMC et fournir tout matériel lié à la recherche.» en ajoutant «Pour rise de photos, les téléphones cellulaires, iPods, ou iPads appartenant déjà aux jeunes seront risés. Si l'un des participants à l'activité de photographie ne possède pas d'appareil nettant de prendre des photos, un appareil lui sera prêté pour la durée de l'activité.»

- lifier le point «Fournir des incitatifs aux participants à la recherche (selon les protocoles de ierche approuvés).» en ajoutant «Chaque jeune et chaque aîné recevra 50$ pour leur icipation.»

- uter le point «Allouer un montant de 100 $ à un(e) aîné(e) pour les services durant la nation pour l'activité de photographie et 100 $ pour les services pendant le cercle de ussion avec les jeunes.»

- uter le point «Fournir un honorariat de 1 150 $ au jeune assistant de recherche (JAR) qui stera aux activités de recherche (voir Annexe D – Fonctions de jeune assistant de ierche). Ce montant est payable au JAR en deux versements égaux : 575 $ après la gnation d'un JAR; et 575 $ après l'achèvement de la collecte et du suivi des données.»

Dans ragraphe «Pour la mise en œuvre du Projet, la COMMUNAUTÉ sera respoie de» :

- lifier le point « Participer à la planification d'événements FMC et aux téléconférences du et.» de la façon suivante : « Participer à la planification d'événements FMC, des activités echerche, et aux téléconférences du Projet.»

Tout s termes du Protocole d'entente restent en vigueur.

Term

Cet acentrera en vigueur le _____ 2019 et prendra fin le 31 mars 2020.

30/05/19

Pour IMMUNAUTÉ Date

May 31, 2019

Pour Djet de prévention du diabète de Kahnawake Date

Annex Code d'éthique de la recherche du projet FMC
Annex Résumé de la recherche sur la FMC
Annex Fonctions d'adjoint à la recherche communautaire
Annex Fonctions du jeune assistant de recherche

Appendix 8: Énoncés sur le mieux-être

#	Le mieux-être, c'est...
1	Aider les personnes qui se sentent isolées à sortir de l'isolement.
2	Aller à la chasse ou à la pêche et apprendre aux jeunes pour qu'ils puissent chasser et pêcher à leur tour.
3	Aller aux pow wows et danser ou chanter dès notre plus jeune âge.
4	Apprendre à bien parler sa langue, étymologie, et être fier de parler Atikamekw.
5	Apprendre à identifier et utiliser les plantes médicinales, connaître leurs bienfaits.
6	Apprendre les arts traditionnels comme la couture et le perlage et faire ses mocassins ou regalias.
7	Apprendre sur la nutrition, faire des ateliers, des capsules radio, et montrer aux gens comment cuisiner santé facilement et pour pas cher.
8	Arriver à rejoindre et motiver les gens pour qu'ils participent aux activités organisées.
9	Avoir assez de maisons pour tout le monde pour ne pas que ça nuit aux relations des familles.
10	Avoir beaucoup d'entraide et de soutien dans la communauté, avoir une communauté qui est très liée.
11	Avoir beaucoup de cérémonies traditionnelles et y impliquer les enfants pour leur apprendre la spiritualité autochtone, pouvoir trouver de la force à la fois dans la religion catholique et dans la spiritualité autochtone, pratiquer les deux sans qu'elles soient en conflit.
12	Avoir de fortes collaborations entre les différents services et centres de la communauté et avec Joliette.
13	Avoir de la continuité dans les projets, que les activités et le financement se renouvellent tous les ans.
14	Avoir des aînés qui ont le rôle d'aidants naturels quand quelqu'un a des difficultés.
15	Avoir des ambassadeurs qui nous représentent à l'extérieur de la communauté et nous rendent fiers, comme les Black Bear Singers et César Newashish.
16	Avoir des amis sur qui compter, qui nous soutiennent, et avec qui s'amuser et passer du bon temps
17	Avoir des bonnes relations avec sa famille proche et élargie, passer beaucoup de temps ensembles, que les grands-parents et petits-enfants soient proches, passent beaucoup de temps ensembles, et qu'il y ait beaucoup de transmission
18	Avoir des endroits adéquats et aménagés et du matériel pour faire divers sports (gymnases, terrain de basket, piste de course, sentiers, le lac, etc.).
19	Avoir des programmes qui aident les gens à prendre soin de leur santé mentale et à prévenir la dépression et le suicide, entre autres en aidant les garçons et les hommes à apprendre à ne pas refouler leurs émotions, à les verbaliser, à en parler.
20	Avoir divers chemins de guérison disponibles, comme vivre la route des pow wows, Tapiskwan Sipi, ou en aidant les autres afin de guérir les traumatismes ou vaincre les dépendances.
21	Avoir ou être un modèle qui montre l'exemple et inspire les gens à être forts, à faire quelque chose de bien, et à avoir de saines habitudes de vie.
22	Avoir plus de camps et des camps avec une plus grande capacité pour accueillir plus de jeunes.
23	Avoir plus de structure au niveau des émissions de radio et l'utiliser pour faire des capsules sur la santé mentale et physique et promouvoir les événements plutôt que pour des messages personnels.
24	Avoir un environnement qui permet aux gens de ne pas avoir peur de briser le silence et de porter plainte quand ils sont victimes ou témoins de quelque chose.
25	Avoir une communauté liée, qui se soutien et se mobilise pour faire face aux problèmes, car le mieux-être individuel et communautaire sont interreliés.
26	Avoir une maison des jeunes.
27	Avoir une variété d'activités sportives et culturelles offertes à l'école.
28	Changer ses propres habitudes alimentaires et celles de sa famille, prendre le temps de cuisiner, et manger plus de légumes et moins de fast food ou surgelé.

29	Connaître notre généalogie et de qui on est parenté pour éviter les problèmes de santé mentale ou handicapes causés par la consanguinité.
30	Cuisiner des repas traditionnels et apprendre à cuisiner dès notre jeune âge.
31	Diminuer la circulation en auto pour que les enfants puissent jouer dehors en sécurité.
32	Diminuer le taux de décrochage scolaire et aider les jeunes décrocheurs à trouver leur voie et être motivés en les initiant aux travaux manuels par exemple.
33	Donner de la place aux jeunes, les inclure dans les tables de consultation, écouter leur opinion.
34	Donner plus de place à l'éducation traditionnelle à l'école, favoriser la pratique plutôt que la théorie, et tenir compte de la culture dans la manière d'enseigner.
35	Échanger et apprendre à connaître et passer du temps avec des gens des autre communautés Atikamekw, nations, et allochtones.
36	Écouter les légendes des aînés, les laisser grandir en nous, et en apprendre différentes leçons au fur et à mesure qu'on vieillit.
37	Éliminer les traumatismes de l'enfance comme les agressions sexuelles, les abus, l'inceste et travailler sur les dossiers d'abus sexuels et physique pour qu'il y ait justice.
38	Emmener les jeunes de différents groupes d'âge dans les camps pendant les vacances d'été pour faire du camping, du canot, et pêcher, pendant l'automne pour apprendre la chasse, en hiver faire de la raquette, mettre les collets, cuisiner, et au printemps pour la tente à sucre.
39	Être en équilibre dans toutes les directions de notre vie: mental, spirituel, physique et mental; au travail, à la maison, dans la communauté, et à l'intérieur de soi-même.
40	Être fier de son identité culturelle et transmettre la culture aux jeunes pour que la culture reste vivante.
41	Faciliter la guérison des traumatismes pour que ça ne s'enchaîne pas en traumas intergénérationnels et que ça ne crée pas plus de problèmes sociaux comme des abus ou la toxicomanie.
42	Faire du sport, être actif, marcher, et ressentir les bienfaits physiques et mentaux du sport sur notre corps.
43	Faire manger plus de légumes aux très jeunes enfants et ne pas leur faire manger de poutine ou fast food pour qu'ils découvrent les saveurs des aliments santé.
44	L'humour, rire avec son entourage.
45	Le grand sens du partage de la communauté, qui se manifeste entre autres par le partage de la viande de chasse avec les aînés et les familles qui n'ont pas de chasseurs.
46	Les jeunes qui passent peu de temps devant les écrans et plus de temps dehors.
47	Manger du gibier et du poisson de nos lacs plutôt que de la viande d'épicerie qui provient d'élevage intensif car le gibier c'est de la médecine, c'est plus santé, goûte meilleur, et fait partie de la culture.
48	Manger moins de poutine et prendre conscience de l'impact de la poutine sur la santé.
49	Marcher au lieu de prendre l'auto car c'est plus santé et moins polluant.
50	Ne pas avoir de problème de corruption.
51	Ne pas s'intoxiquer avec l'alcool ou la drogue, ne pas développer de dépendance, ne pas laisser l'alcool ou la drogue éloigner les jeunes de leurs projets d'avenir ou les démotiver.
52	Offrir aux jeunes les ressources et soutien nécessaires pour atteindre leurs objectifs, par exemple, avoir des classes avec un niveau plus avancé pour ceux qui veulent pousser dans leurs études.
53	Organiser des activités sportives et ateliers culturels pour les jeunes et toute la communauté le soir et pendant les vacances.
54	Organiser des activités variées et récurrentes pour les enfants, adolescents, et familles.
55	Organiser des équipes de sports de tous les âges pour s'amuser, rester actifs, et développer l'esprit d'équipe et l'entraide entre les coéquipiers.
56	Organiser des rassemblements communautaires plusieurs fois par année.
57	Organiser des soirées de danse et de musique, et des concours de danse ou musique.
58	Ouvrir les jeunes sur le monde en organisant des échanges culturels.

59	Participer à des expéditions comme Tapiskwan Sipi ou longues activités en territoire, occuper le territoire car c'est un défi physique et mental qui rend fiers les participants.
60	Passer du temps seuls pour relaxer, réfléchir sur nous-même, prendre soins de nous et de notre mieux-être individuel.
61	Passer moins de temps à l'intérieur, aller plus souvent dehors, à tous les âges.
62	Passer plus de temps dans le bois, en territoire, sur les lacs pour se ressourcer avec la nature, être conscients de la richesse de la nature autour de nous et prendre le temps de l'apprécier.
63	Passer plus de temps en famille dans le bois, que les enfants puissent jouer dans le bois, courir, découvrir.
64	Prévenir le diabète, incluant le diabète gestationnel, en mobilisant la communauté à adopter de saines habitudes de vie.
65	Prévenir les maladies chroniques en prenant soins de son corps et ne pas attendre l'alarme rouge pour réagir.
66	Protéger l'environnement et surtout la forêt autour de nous en limitant les coupes forestières et en replantant des feuillus plutôt qu'uniquement des résineux car sinon ça débalance l'écosystème et rend les animaux malades.
67	Qu'il n'y ait aucun vandalisme.
68	Quand les parents sont présents pour leurs enfants et les accompagnent et les soutiennent dans leurs activités culturelles ou sportives.
69	Que le Conseil de Bande prenne position sur le cannabis et mette en place une réglementation.
70	Que les enfants ne grandissent pas dans la violence.
71	Que les gens soient plus conscientisés sur l'importance de la présence d'un adulte pour surveiller les enfants qui jouent et la baignade, qu'il y ait une plage d'emménagée avec des bouées, des limitations et quelqu'un qui surveille.
72	Que les jeunes pensent à leur avenir et soient confiants, qu'ils soient motivés à soit poursuivre leurs études ou commencer un travail manuel.
73	Que les jeunes soient entourés de personnes (famille et profs) qui croient en eux, les encouragent, et les aident à trouver leur voie.
74	Que les parents encouragent leurs enfants à participer aux camps des journées culturelles.
75	Que personne dans la communauté n'ait trop de difficultés financières et avoir une deuxième personne qui s'occupe des payes pour que tout le monde reçoive leur paye à temps.
76	Que tous les employés aient des horaires qui leur permettent d'aller dans le bois régulièrement et de passer du temps avec leur famille pour trouver un équilibre entre le mode de vie sédentaire et les traditions.
77	Que toute la communauté se sente inclue, soit consultée et participe à la vie politique et prise de décisions et avoir des dirigeants qui défendent les droits des membres de la communauté et se battent pour améliorer les services.
78	Ramasser les déchets qui sont dans la communauté.
79	Réglementer ou limiter la vente de poutines pour ne pas qu'il y ait des ventes toutes les fins de semaine, varier les activités de financement, et limiter l'achat crédit pour les ventes de poutines.
80	Remédier à la surpopulation de chiens.
81	Se sentir bien au travail (ou à l'école) et avec ses collègues (ou sa classe).
82	Se sentir connecté à la nature, à la Terre Mère.
83	Transmettre la culture et les traditions aux jeunes pour qu'ils deviennent porteurs des traditions et faire des projets de transmission de la culture entre les aînés et les jeunes.
84	Utiliser Facebook pour répandre des bonnes pensées, promouvoir les saines habitudes de vie, et partager les activités organisées, plutôt que pour répandre des attitudes négatives et des photos de malbouffe.

Appendix 9: Priority and feasibility rating of the concepts from the 5-groups map