



Many Hands One Dream

Principles for a new perspective for the health of
First Nations, Inuit and Métis children and youth



Many Hands, One Dream: Principles for a new perspective on the health of First Nations, Inuit and Métis children and youth

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Introduction

This document attempts to capture the wisdom shared by over 160 Aboriginal¹ and non-Aboriginal leaders in health who were so warmly welcomed to the traditional territory of the Esquimalt, Songhees and Saanich First Nations on December 3-5, 2005.

Many Hands, One Dream: New perspectives on the health of First Nations, Inuit and Métis children and youth was a gathering that marked the collaborative efforts of 11 national organizations engaging a wider community to help define child health, acknowledge the barriers and strengths of the current health system, and to articulate what a desirable future may hold to lay the foundation to better support the health of Aboriginal children and youth in Canada.

The summit was a beginning—a line in the sand separating the status quo from the future we collectively wish for. It acknowledges shared responsibility for challenges and a commitment to responsibly and cooperatively work together for real change, to ensure that the health landscape for Aboriginal children and youth in 2026 looks much better than it does in 2006.



¹ Throughout this document, the term “Aboriginal” is used to refer to First Nations, Inuit and Métis people.

Why a New Perspective on Aboriginal Child and Youth Health?

A child is sacred. And when that child comes into the home, the family must welcome it. And if the child is happy and feels the want, he will come into this world very, very strong. And not to know this is to know nothing.

-Blackfeet saying

After hundreds of years of colonial policies that intentionally eroded Aboriginal health care systems, First Nations, Inuit and Métis children and youth lag behind their non-Aboriginal peers on virtually every measure of health status. A sincere wish to eliminate this disparity sparked the *Many Hands* movement.

The sacredness and resilience of the Aboriginal child—so much a part of previous generations—needs to be strengthened, along with a focus on the context and fundamental understanding of life itself. Aboriginal peoples have lived in North America for over 20,000 years, and during that time diverse medical traditions evolved, as did customs guiding the care of children and young people. These traditions, teachings and customs were rooted in the deep respect for that which came before, that which is, and what would come after. From a non-Aboriginal perspective, the written word is often seen as the gold standard of communication today, diminishing the significance of oral communication as an equally important means to validate knowledge.

Aboriginal people understand that health care is not just to be considered for this generation of children and youth, and not even just for the next generation. Rather, all decisions are to be evaluated for their short-term impact and the impact for seven generations to come. This necessarily means defining health in broader terms, in the context of systems, with a responsibility to the past, present and future. Health means caring for the environment, water, air, preserving cultural knowledge, language and traditions, promoting respectful relationships among cultures and religions, and promoting well-being so that generations to follow inherit the essentials of life, a strong identity and peace.

Defining Aboriginal Child Health

Child health is something on first instinct we think we understand. Yet any definition of health must be multifaceted. While health is subject to many influences, our understanding of it has become limited by the current and recent practices that mainstream society has adopted and perpetuated.

For many, “health” means Canada’s health care system, but that view is incomplete and often refers simply to the absence of disease. If one considers the health care system as a cultural actor, alive with its own language, norms, values and beliefs, then too often that system operates with only a limited scope, a limited understanding of other languages, rituals, teachings and traditions of those it serves. So many people involved in health and health care may not understand why interventions do not necessarily result in the best outcomes for Aboriginal children. This may be because these children and their families often have different concepts of health than the system that serves them.

Child health may be defined as a state of being, involving multiple perspectives and dynamic mechanisms that systematically promote well-being. One view is a state where all children are able to reach their potential. On a very basic level, health may be defined as involving loving caregivers, a nurturing and safe environment, and opportunities to explore, play and develop. It may also involve tangible things to promote health and prevent illness, such as good nutrition and immunization or timely access to appropriate health professionals and treatment. These many definitions were echoed throughout the summit.

To capture these multiple facets of health, and a sense of the uniqueness that policy makers and health care providers may adopt, participants were asked to create a vision of a healthy child. Words like laughter, comfort, safety, belonging, hope, identity and learning helped shape this view of health. Culture, among other influences, was cited as an essential and central element of health.

The Dream for First Nations, Inuit and Métis Children and Youth: Hope for the Future

Of course it was not I who cured. It was the power from the outer world, and the visions and ceremonies had only made me like a hole through which the power could come to the two-leggeds. If I thought that I was doing it myself, the hole would close up and no power could come through.

-Black Elk

Despite the rich diversity of Inuit, Métis and First Nations peoples in Canada, delegates to *Many Hands, One Dream* shared a similar vision of a healthy child—physical, emotional, spiritual and cognitive health interacting with family, community, nation, world and spirit. Viewed from this perspective, health problems should be approached not just physically but emotionally, spiritually and cognitively as well. Interventions would involve not only the child, but also their family and community to ensure everyone had the knowledge, wellness and strength to support the child in achieving and maintaining holistic health.

Delegates acknowledged that this is not the current reality for most First Nations, Inuit and Métis children and youth in Canada. The approach to health and health care for these children is fundamentally flawed. For the most part, decisions about child health are not community-driven and do not reflect the ways of knowing and being of Aboriginal peoples. Still, delegates expressed a sense of hope that the present can be changed, that Aboriginal peoples could reclaim a state of health and well-being for their children and youth.

They spoke of the critical need for healthy communities: access to healthy foods; clean water; safe roads; appropriate housing; an engaged citizenry (people with positive attitudes who are prepared to take responsibility for creating these safe and healthy environments); appropriate and accessible services for all children and youth; strong community ties that reinforce culture and traditions; and spirituality. They stressed the need to leverage assets and maximize strengths that already exist within communities. They also looked to the summit organizers for national leadership to balance and complement their contributions at the local level.

Participants cited the critical importance of identity, pride, and self-esteem for children and youth. Essential to good health, these qualities must be nurtured and supported in family, community and societal contexts. Equipped with a healthy sense of self, Aboriginal children and youth will be better able to manage adversity and maximize their own success and well-being. Strong families play a key role in developing children's resilience. Engaging youth to be involved at all levels was cited as critical to success.

Above all, delegates were clear about the need for immediate action on all fronts—national, regional, provincial/territorial and community. The status quo, they agreed, can and should no longer be tolerated.

The Journey Toward the Dream

The *Many Hands* summit began with delegates envisioning a healthy future for Aboriginal children and youth. They then worked through several steps to identify what they, as individuals, could do to help move toward that future.

To effect widespread, sustained improvements to the health of Aboriginal children and youth, this process must be applied at an even broader level. It involves Aboriginal and non-Aboriginal people working together to:

- **Mutually acknowledge the truth:** Exploring in an honest and respectful way the influences that have shaped First Nations, Inuit and Métis child health in Canada.
- **Validate different realities:** Respecting the different perspectives of Aboriginal and non-Aboriginal people on the past, present and future, and understanding that recognizing these differences is critical to reframing Aboriginal child health in Canada.
- **Renew/redefine the relationship:** Building a new relationship that puts Aboriginal decision-making at the centre of a new approach to Aboriginal children's health.
- **Implement the dream:** Working together to make meaningful change that results in sustained improvements to the health of Aboriginal children and youth.

Aboriginal peoples have given many gifts of health to non-Aboriginal Canadians. Many medicines and treatments are derived from Aboriginal peoples of the Americas. The creation of spaces for the respectful sharing of Aboriginal health care knowledge and intellectual property holds the promise for improved health for all children and young people in Canada – and around the world.



Ways of Being to Guide the Dream: Principles for a New Perspective

Hand in hand, heart by heart. Together we can do our part.

Fairview Middle School, Swift Current, Saskatchewan²

Inspired by the dream, *Many Hands, One Dream* delegates identified the key principles upon which a new approach to Aboriginal children's health must be based. The following elements were viewed as being equal in importance and interdependent:

Self-determination: Whose community is it?

It really does take a community to raise a child, but whose community? Since colonization, Aboriginal concepts of health were pushed aside by mainstream ideas, which were presumed to be better ways of caring for Aboriginal children. For many years non-Aboriginal ways have been imposed on the care of Aboriginal children.

- Aboriginal peoples are in the best position to make decisions that affect the health of their children, youth, families and communities.
- The ability of families to define their own cultural identities must be respected and not imposed on them by others.
- Aboriginal children and young people need to be actively engaged in conversations about child and youth health.

Intergenerational: A healthy world across the generations

We have inherited the world as our ancestors left it to us. Their decisions, actions and beliefs have had a direct impact on our lived experience just as our decisions will affect generations to come. Before colonization, preserving the environmental balance and sense of holistic health were vital teachings passed from one generation to another. Aboriginal peoples embraced a responsibility for ensuring the survival of their peoples in perpetuity.

- Decisions about child health must look to the past for wisdom and to the future to ensure that the needs of generations to come are also considered.
- Traditional health practices should be integrated into the health of Aboriginal children and youth, respected as an asset rather than seen as a barrier.
- Children learn healthy behaviours through role models, including family members and other adults in their communities, elders, and even other children. All community members have a responsibility to help children learn to live in ways that promote their health.

Non-discrimination: Equitable access for all children

Aboriginal children and youth face serious discrepancies in their experience of health and health care. The reasons are varied, and include racism, which affects so many aspects of Aboriginal people's lives. Discrimination is embedded in the health system to such an extent that it may not even be recognizable. It exists both at the individual (practitioner-patient/client) and societal levels. Universal programs do not address the fundamental inequalities faced by Aboriginal children and youth, and so are inadequate to address the gaps in health status.

² United Nations (1998) *The Peace Poem*. United Nations Department of Public Information, New York. P.36

- There is a need to acknowledge discrimination in health care and to articulate the tangible expressions of racism in the system so as to actively work to counter race-based practice.
- There is a need to recognize the validity of Aboriginal health care knowledge and intellectual property.
- Aboriginal children and youth are entitled to equitable access to health and health care services that are responsive to their needs.
- Health care services that are based on distinct Aboriginal cultures should be the preferred option in caring for Aboriginal children and young people.

Holism: The whole child

The health of Aboriginal children is a balance between the physical, spiritual, emotional and cognitive senses of self and how these interrelate with family, community, world and the environment, in the past, present and future. The mainstream health system often takes a piecemeal approach to the health of Aboriginal children, defining them by their problems rather than in this broader context.

- There is a need to consider the impact of health care decisions on the child, their family, and community.
- Health care for Aboriginal children and young people should focus equally on meeting their emotional, physical, cognitive and spiritual needs.
- Health care decisions should consider the impact of health care decisions across the life transitions of a child/young person.
- Health care providers must work actively to support the earth, which is the caretaker of us all, and ensure that it is restored to its natural balance by practicing in an environmentally friendly manner and taking full account of environmental impacts on child health.

Respect for culture and language

Culture shapes concepts of health and health care, defining what is considered legitimate health care knowledge and practice and what is not. It also shapes the availability, quality and delivery of services. The health care system that currently serves Aboriginal children and youth is assumed to be culturally neutral when in fact it is infused with mainstream culture that does not necessarily make room for the worldview of Aboriginal peoples.

- There is a need to recognize and acknowledge the legitimate health care that has been practiced by Aboriginal peoples for centuries.
- There is a need to acknowledge that mainstream health is culturally shaped, and thus it is not culturally neutral when interacting with peoples of different cultures.
- Because culture and language are ways of seeing and understanding the world, the health care system will be most effective when it can relate to Aboriginal children and youth and their families in that context.

Shared responsibility for health: The best of both worlds

Aboriginal children need the best that Aboriginal and non-Aboriginal systems have to offer. For that to happen, the mainstream system needs to make space for Aboriginal concepts of health. It needs to improve its capacity to work with Aboriginal children and families. One way is to improve the links between professionals working in child and youth health and communities, increasing their understanding of Aboriginal perspectives of health. Another is to encourage and support Aboriginal students to enter into the health or social services professions, whether through community health, medicine, nursing, or other fields. Still another is to promote continuity of care in Aboriginal communities.

Social exclusion has served to disrupt relationships between Aboriginal and non-Aboriginal health care organizations and health care practitioners. Aboriginal organizations have often been excluded from important processes, or involved too late in the process to allow for a meaningful contribution. Participants envisioned a new relationship where Aboriginal people take a lead role in addressing health issues and establishing relationships with non-Aboriginal healthcare providers and organizations. These new relationships would be characterized by reciprocity, respect and a balance of power.



Many Hands, One Dream: Breathing Action into Words

When the wind is blowing in your face, you may not be going in the wrong direction.

Delegates were very clear in saying the time for action is now, that together we can make a difference for this generation of Aboriginal children and young people. Action must be taken in keeping with the above principles and must be long-term in scope. *Many Hands, One Dream* is not an event, or even a campaign. It is an initiative to spark fundamental shifts in the way we look at Aboriginal child health and the way systems work and serve children and families, to better define who is providing the health care, and to focus on the experience of children in the health care system.

This initiative is long-term, dynamic, and will require sustained resources. Participants from the *Many Hands, One Dream* organizing group continue to work together to develop a vision and an outreach strategy to broaden this movement for change.

All of this must happen with an eye to the future—what the future will look like in the absence of this effort, and what we must do to make that vision a reality. Our task involves looking not only at the health care system, but the many systems that affect the well-being of children and youth. This broad-based approach must be coupled with tangible outcomes by participants involved in planning and executing steps along the way.

Evaluation will inform the decision-making process. An evaluation tool to obtain regular updates on the progress of commitments defined by delegates of the summit will contribute directly to the process and capture sustained interest over the course of change.

As we embark on this journey to improve the health of First Nations, Inuit and Métis children and youth, we also reach out to others who are trying to effect similar changes in other disciplines. To be successful in improving health outcomes, we must be part of a broader societal movement that fundamentally changes the relationship between Aboriginal and non-Aboriginal peoples with regard to the health and well-being of children.

Below are a number of potential strategies showing how the principles of a new approach to Aboriginal child and youth health can be reflected in action. This is not intended to be an exhaustive list, rather it is meant to encourage discussion by communities and organizations that want to make a difference.

| Principles | Related Strategies |
|---|--|
| Mutually acknowledge the truth | <ul style="list-style-type: none"> • Explore influences of health and systematically communicate these in academic, political, private and public domains • Establish plans that respect recent historical influences, promote ownership and active participation and reward evaluation • Focus on children and youth |
| Validate different realities | <ul style="list-style-type: none"> • Communicate the best of both worlds in cultural development • Focus on language and literacy and listening as key to learning and navigating in current system; rejuvenating ancient traditions • Foster mutual understanding and empathy to maintain cultural respect |
| Renew and redefine the relationship | <ul style="list-style-type: none"> • Teach younger generation the strengths and weaknesses of current government systems. Encourage them to participate in political process to effect change • Create an atmosphere of reciprocal responsibility between citizens and bureaucracy for programs and policies that foster improved Aboriginal child health |
| Self-determination | <ul style="list-style-type: none"> • Promote youth and elder participation in all processes • Develop a mechanism to encourage and support communities, which must be involved in defining and reshaping the future |
| Intergenerational | <ul style="list-style-type: none"> • Provide mechanisms of engagement that encourage listening and learning from all perspectives • Maintain working group that incorporates input from all stakeholders • Plan for future based on respect for past |
| Implement the dream: Community-driven models | <ul style="list-style-type: none"> • Support community initiatives through national leadership • Insist on local, regional and national government change that supports evaluation of policies and programs that will meet desired outcomes of the dream |
| Implement the dream: National leadership | <ul style="list-style-type: none"> • Develop resources that are general to the Aboriginal communities but specific enough to tailor to needs • Engage multiple stakeholders at all levels, local, regional, national for sweeping effort to create a new reality for Aboriginal children • Sustain this national movement and connect with similar processes |
| Language and culture | <ul style="list-style-type: none"> • Maintain and promote Aboriginal culture through all levels of the educational system and in the broader society • Create environments for learning outside of current models • Re-establish sense of identity through preservation of traditions, oral and written language • Focus on individual worth with shared, cooperative support in all activities geared to children and youth |
| Non-discrimination: Equitable access for all children | <ul style="list-style-type: none"> • Articulate equality with respect to intellectual property and respect for tradition • Address discrepancies in health by first acknowledging processes and practices that are discriminatory • Identify and minimize discriminatory practices affecting the health and health care of children and youth |

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| <p>Holism</p> | <ul style="list-style-type: none"> • View health as in physical, social, emotional, cognitive/mental and spiritual modes • Support life span perspective in planning • Create models of thinking that value Aboriginal culture, nature, life cycles, intergenerational connection, environment |
| <p>Implement the dream: Communication</p> | <ul style="list-style-type: none"> • Develop a communications/outreach strategy to engage stakeholders who influence health, to help create a movement for change based on a broad systems approach • Systematically organize a written strategic plan for the movement • Engage stakeholders in short, mid- and long-term strategies |
| <p>Implement the dream: Evaluation</p> | <ul style="list-style-type: none"> • Develop an evaluation tool for the Summit to continue to engage participants and promote inclusion upfront and ongoing • Develop outcome measures for yearly progression in tandem with strategic plan that addresses multiple systems (eg. political, educational, social, economic, private and public spheres) |
| <p>Implement the dream: Administration and planning</p> | <ul style="list-style-type: none"> • Establish realistic short-, mid- and long-term goals • Maintain ideal and realistic working models to sustain and implement change over time • Maintain a core working group to provide the administrative support • Develop a terms of reference for inclusion of stakeholders at the national level • Identify and canvass traditional and non-traditional resources for cooperative ownership of process • Consider a national directorate as a central reference for stakeholders to communicate with, for policy makers to identify with and as a focal point for sustained longevity • Create and maintain a recognizable, productive entity • Core working group to engage in futuristic planning to articulate outcomes in a world that will be different than today • Learn how change is influenced by policy and identify barriers to change by engaging expertise of external sources • Change current policies and maintain those that are working |
| <p>Shared responsibility for health: The best of both worlds</p> | <ul style="list-style-type: none"> • Acknowledge power and capabilities of individuals, communities and nations of both Aboriginal and non-Aboriginal people • Encourage and foster accessibility to education and learning, strength of relationships, exposure to alternatives, for improved respect and balance of power |
| | |

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