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First Nations' Wholistic Approach to Indicators

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Assembly of First Nations
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I. First Nations Wholistic Approach to Policy Development

Many of the factors influencing well-being lie in the complex social, economic and ecological environments (i.e., determinants) in which people live. Sustainable development, as well, is only possible through the creation and maintenance of these environments in a prosperous state. Over the last ten years, a series of case studies have demonstrated the tight connection between resilience (capacity and adaptation to change), diversity and sustainability of socio-ecological systems (Folke et al, 2002). Negative human action, including the lack of understanding of ecosystems that incorporate traditional and local knowledge, can result in a loss of resilience.

In 1996, the Royal Commission on Aboriginal Peoples (RCAP) recommended that increases in spending on human resource and institutional development, improvement in economic and living conditions, and structural changes to land claims and treaty processes would lead to long-term benefits for Aboriginal communities and, ultimately, to reduced public costs (Cooke et al, 2004: 1). The Commission further identified three domains of community health as particularly important to the health status and well-being of Aboriginal peoples:

1. Poverty and social assistance;
2. Adequacy of the built environment, primarily in reference to shelter, water and sanitation facilities, but extending to community infrastructure more broadly; and,
3. Environmental conditions, including all forms of pollution and land and habitat degradation.

Similarly, Chandler and Lalonde (1998) have focused on defining factors intrinsic to the notion of cultural continuity, found in their research to be a significant determinant of youth suicide in First Nations communities located in British Columbia. At the time of their research, Chandler and Lalonde identified the following factors as having an impact on suicide: self-government, land claims, education, health, cultural practices and police/firefighting infrastructure. More recently, further measures of cultural continuity have been suggested, including use of traditional language, participation in traditional forms of spirituality or ritual, traditional use of lands and resources (Lalonde 2005).

Sixty-three percent (63%) of First Nations respondents to a 2002 public opinion poll identified the loss of land and culture as significant contributors to poorer health status. First Nations respondents in another recent survey thought that revival of Aboriginal culture and traditions, increased use of Aboriginal languages, return to traditional healing practices, and Aboriginal control of

health services were all potential initiatives to improve their health (NAHO 2003).

The First Nations Regional Longitudinal Health Survey (RHS) recently completed the development of a Cultural Framework to guide the interpretation of its results. The RHS is the largest national First Nations research initiative, including 22,462 surveys completed among adults, children and youth living on reserve. Its framework is based on the concepts of Total Health, Total Person and Total Environment. The Total Person model has the four components of Body, Spirit, Mind and Heart (extended family environment, social harmony, emotional stability, etc.).

As noted in these various research initiatives, a wholistic approach to sustainable development must be implemented in accordance with the values, attitudes and aspirations of First Nations people. According to Folke et al, indigenous populations adopt a “learning by doing” approach that relies on multi-generational knowledge accumulation and responds to environmental feedback. For this reason, these populations are better adapted to long term survival and should guide policy frameworks relating to sustainable development.

While traditional practices vary greatly across the diversity of First Nations in Canada, many are based on the belief that each individual has his/her own constitution and social circumstances that result in different reactions to the “cause of diseases” and “treatment”. As noted by Marie Battiste and Sakej Henderson:

> *The traditional ecological knowledge of Indigenous people is scientific, in the sense that it is empirical, experimental, and systematic. It differs in two important respects from western science, however; traditional ecological knowledge is highly localized and it is social. Its focus is the web of relationships between humans, animals, plants, natural forces, spirits, and the land forms in a particular locality, as opposed to the discovery of universal laws.*

II. Building on AFN Policy Development

First Nations leadership has aimed to elaborate a comprehensive, rights-based and wholistic approach to its political platform. In 2003, the National Chief of the Assembly of First Nations (AFN) announced the Getting Results Strategy whose policy development cycle and priorities emphasized the following key determinants to First Nations' well-being:

- First Nations Governance;
- Housing;
- Education;
- Economic Partnerships;
- Jobs for Youth;
- Language & Culture;
- Land Claims;
- Revenue Sharing;
- Building Institutions;
- Environment.

First Nations Wholistic Policy & Planning Model

In July 2005, the National Chief of the AFN, representing all 750,000 First Nations citizens in Canada, proposed that all governments within Canada work collaboratively towards "Closing the Gap" among First Nations and Canadians in health and well-being over the next 10 years. Accordingly, the AFN tabled a *First Nations Wholistic Policy & Planning Model*[1] (see page 5) to structure policy interventions and associated performance indicators.

The model is unique to the extent that it emphasizes the significance of self-government as the underpinning framework for First Nations' well-being determinants. This is consistent with research undertaken by Chandler and Lalonde, as well as the Harvard Project on American Indian Economic Development (1998). With respect to the latter, Cornell and Kalt have asserted that:

> *A decade of Harvard Project research has been unable to uncover a single case of sustained development that did not involve the recognition and effective exercise of tribal sovereignty: the practical assertion by tribes of their right and capacity to govern themselves. There is a major policy lesson here. (…) The reinforcement of tribal sovereignty should be the central thrust of public policy.* (210)

[1] It is necessary to recognize that many First Nations have developed their own wholistic health models. The model proposed by AFN is not intended to usurp this work, but only to complement and guide initiatives, nationally and internationally, towards a more comprehensive, planning approach.

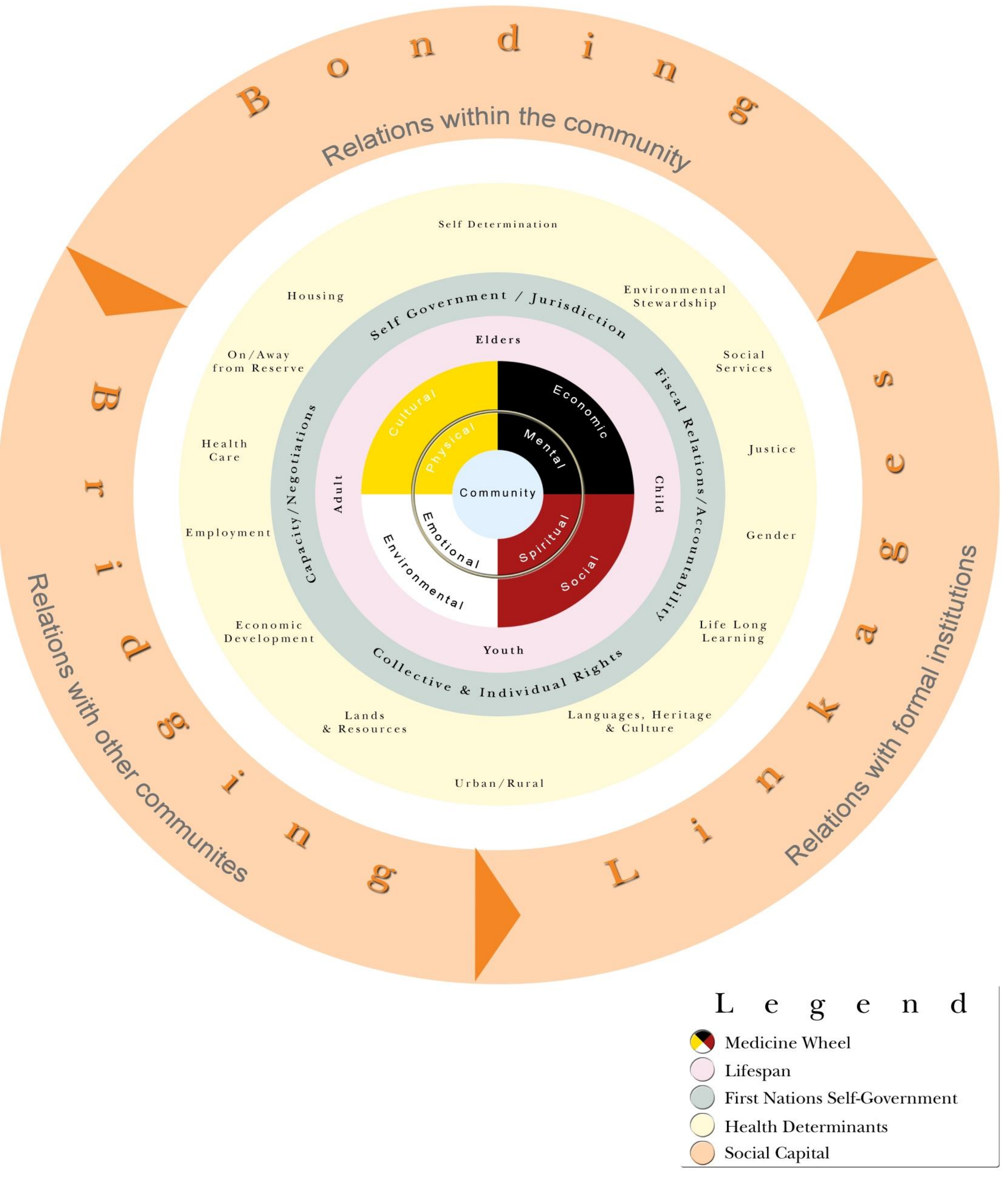
The model places Community at its core. In a study of various healing modalities utilized by First Nations, a common thread was pinpointed as the positioning of the individual in the context of the community, with all modalities evolving from this premise (McCormick, 1995).

The Medicine Wheel's influence is also prominent in the model, with the four directions clearly articulated as spiritual & social, cultural & physical, emotional & environmental, and economic & mental. These directions constitute domains from which the identification of appropriate sub-components can be increasingly operationalized (i.e., increasingly able to measure and/or influence determinants through indicators). Governance, for example, may be one component of the social domain, itself sub-divided into Self-government, Fiscal Relations, Collective and Individual Rights and Capacity.

As well, the importance of relationships within, between and outside the community is reflected in the three components of social capital: bonding, bridging and linkages respectively. The University of Manitoba's Centre for Aboriginal Health Research has shown how the concept of "social capital" can be used as a means of characterizing First Nations communities according to the degree to which resources are socially invested. Social capital is measured using a combined scale that incorporates the concepts of bonding (relations within the community), bridging (relations with other communities), and linkage (relations with formal institutions).

In summary, the model has the following key characteristics:

- Wholistic focus on determinants of well-being;
- Community at its core;
- Governance as its underpinning (self-government/jurisdiction, fiscal relationships/accountability, collective and individual rights, capacity/negotiations);
- Premised on the components of the Medicine Wheel;
- Inclusive of the four cycles of the lifespan (child, youth, adult, elder); and
- Inclusive of the three components of social capital (bonding, bridging, linkage).


Bonding
Relations within the community
Bridging
Relations with other communites
Linkages
Relations with formal institutions
Self Determination
Housing
Environmental Stewardship
On/Away from Reserve
Social Services
Health Care
Justice
Employment
Gender
Economic Development
Life Long Learning
Lands & Resources
Languages, Heritage & Culture
Urban/Rural
Self Government / Jurisdiction
Fiscal Relations/Accountability
Collective & Individual Rights
Capacity/Negotiations
Elders
Child
Youth
Adult
Cultural
Economic
Social
Environmental
Physical
Mental
Spiritual
Emotional
Community
Legend
Medicine Wheel
Lifespan
First Nations Self-Government
Health Determinants
Social Capital

III. Indicators Applied to First Nations

RCAP has criticized "individual-level" analyses of socioeconomic variables (such as income and employment) found in most population health studies. It argued that these analyses do not capture the complexity and impact of community-level factors, thereby elevating the importance of ecological (or contextual) level data for Canada's Aboriginal Peoples (Mignone, 2003).

In 2004, Indian and Northern Affairs Canada (INAC) applied 1981-2001 Census data to an adapted Human Development Index (United Nations) to determine how the "gap" in life expectancy, income and education levels among Registered Indians and Canadians had evolved. INAC further created a Community Well-Being (CWB) index to measure disparities between First Nations and Canadian communities using indicators in four sectors (education, labour force activity, income and housing) and applying 2001 Census data.[2]

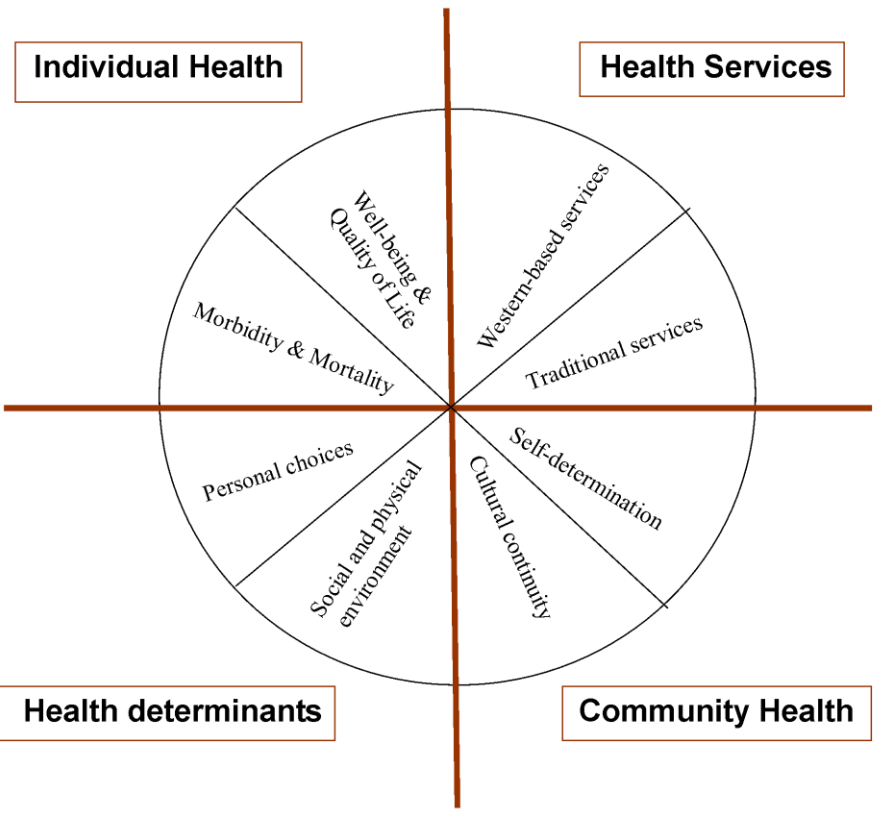
The AFN has initiated the development of a *Closing the Gap Reporting Framework* with indicators that measure progress towards achieving a 10-year goal of eliminating poverty and other significant disparities among First Nations and other Canadians. These indicators draw on the HDI, but also other indicators, to enable alignment with a broader set of determinants of well-being.

In addition to the *Closing the Gap Reporting Framework*, and as a response to the 2003 First Ministers Health Accord, the AFN elaborated a *First Nations Health Reporting Framework* (FNHRF) aimed at identifying key indicators on which federal/provincial/territorial (FPT) and First Nations governments would report to measure their performance with respect to First Nations health more specifically. The FNHRF defines four health domains (Individual Health, Health Services, Health Determinants, and Community Health) and a sub-set of twenty indicators.

While this framework is currently undergoing revision by the AFN based on focus group feedback, it will continue to serve as a foundation for negotiating a consensus-based performance measurement framework to be adopted by all FPT and First Nations governments in Canada.

[2] INAC applied the CWI to 4,685 communities in Canada. Although First Nations communities made up approximately 13% of all Canadian communities, 92% of the "bottom 100" Canadian communities in 2001 were First Nations. Only 1 First Nation ranked among the "top 100" Canadian communities.

Figure 1. PROPOSED FIRST NATIONS HEALTH REPORTING FRAMEWORK



Key Principles

The AFN *Closing the Gap Reporting Framework* was developed in accordance with the following principles:

- The reporting framework should respect the distinctiveness of First Nations. First Nations must not be lumped into a pan-aboriginal policy process, which will of necessity look for 'lowest common' solutions;
- The reporting framework will be based on the concept of reciprocal (mutual/shared) accountability. The federal government must demonstrate the extent to which it meets its fiduciary obligation to First Nations who possess Inherent Aboriginal and Treaty Rights;
- Indicators must flow from "expected results" which, in turn, flow from First Nations collective vision and objectives. The ten-year plan for Closing the Gap between First Nations and other Canadians has set the following vision:

  A ten-year plan for closing the gap in quality of life between First Nations and the Canadian population. This will be achieved by recognizing and exercising First Nations jurisdiction, creating

sustainable development opportunities, building institutional capacity, and through concentrated efforts on all of the determinants of health

- The framework will be a practical tool used for reporting to FPT and First Nations governments, but also for public education to raise awareness on the needs, issues and special relationship of First Nations to these governments;
- The framework will allow for comparison with the general Canadian population to measure progress in closing disparities in outcomes;
- Indicators development and implementation of a First Nations reporting framework must respect the principles of OCAP (Ownership, Control, Access and Possession -- see below);
- Data will be reported by gender and, wherever possible, by urban/rural and on/away from community locations of residence; and
- More in-depth work on First Nations indicators development regarding each determinant will be undertaken in the future. Implementation of reporting frameworks must prioritize new data collection, analysis, interpretation and dissemination infrastructure in First Nations communities, organizations and governments. (see recommendations in Section IV).

Recent successes of First Nations involvement in information management and research are shaping the manner in which this process is to be conducted in the future. First Nations governing bodies have recently endorsed the principles of OCAP with respect to First Nations data (Schnarch 2004). With the development of these principles, First Nations are extending their sovereignty over information and are decolonizing research relationships between First Nations, Canadian universities, researchers and governments.

Potential Indicators

As part of the initial development of its *Closing the Gap Reporting Framework*, the AFN has tabled a list of possible indicators linked to each core issue/determinant included in the AFN's *Wholistic Policy and Planning Model*. However, the AFN recognizes the need for in-depth work to be conducted towards developing/identifying indicators that meet the proposed principles, while ensuring further investment in required data sources and First Nations capacity.

1. Health Care
    - Individual Health – Morbidity and Mortality
        - Life expectancy
        - Infant mortality
        - Rate of diabetes

        - Rate of unintentional injuries
        - Suicide rates, suicide ideation, or suicide attempts
    - Individual Health – Well-Being and Quality of Life
        - Self-rated health and mental health
        - Impact of residential schools
    - Health Determinants – Personal Choices
        - Rate of alcohol/drug consumption
        - Immunization coverage
    - Community Health – Self-Determination
        - Community control of health services
    - Health Services – Traditional Services
        - Availability and use of traditional healers/medicines
    - Health Services – Western-Based Services
        - Access to primary or mental health care
        - Access to home care services
        - Satisfaction with health care services

2. Education/Lifelong Learning
    - First Nations Education Index:
        - Sovereignty Implementation Index: Number/percentage of First Nations restoring their full and complete jurisdiction over education;
        - Capacity Index:
            - First Nations allocations per Student, by level of education;
            - Sustainable First Nations allocations (i.e. not project-based funding) per Student, by level of education;
            - Number and scope of educational systems providing 2nd and 3rd level K-12 services to First Nations schools/learners;
        - Language and Cultural Index:
            - Fluency of First Nations learners in their local language;
            - Number/percentage of First Nations learners (and the degree to which they are) engaged in traditional practices;
            - Number/percentage of learners enrolled in First Nation Language Immersion Programs;
            - Percentage of qualified First Nations Language teachers;
        - Achievement Index:
            - Academic performance (including graduation rate) of First Nation schools by education program level and subject area;
            - Age-specific participation (including attendance) rates of First Nations Students by gender and level of education.

3. Housing
    - Proportion of adequate housing on reserve
    - Housing market on-reserve as an economic engine creating value
    - Prevalence of Social Capital advancements

- Proportion of First Nations communities with at least 90% of homes serviced by centralized water treatment plants and community sewage disposal systems
- Adequate long term base of serviceable land
- Frequency of household overcrowding (> 1 persons per room)

4. Relationships-Based
    - Community control over services: Assesses the efforts that a First Nation community has made towards self-government. Three other promising measures of community control include: Education, Child and Family services and Police and Fire Services. (Lalonde 2005)
    - Involvement of youth and elders in community decision-making: A measure of community engagement that measures the efforts to promote citizen involvement within the community.3 Another example of community engagement measures include: availability of recreation and employment programs within the community and participation in tribal council games or gatherings.

5. Economic Development
    - Income level
    - First Nations Business Activity: Economic diversity, Sector-based activity of the workforce, Regional economic activity, First Nations Procurement Activity (Mainstream/Federal/Provincial)
    - Access to communications and information technology: Telephone service, Computers in the home, Internet access
    - Labor Force Participation/Activities

6. Environmental Stewardship
    - Drinking water quality

7. Social Services
    - Proportion of First Nations children on-reserve in care
    - Number of First Nations children served by day care

8. Justice
    - Rate of Alternative Measures
    - Correctional Service Admissions
    - Personal experiences of racism

9. Lands and Resources
    - Traditional use of land

10. Language, Heritage and Culture
    - Participation in traditional spiritual ceremonies or rituals

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[3] ibid.

- Language knowledge and use
- Impact of Residential Schools

11. Employment
    - Employment Income
    - First Nations representation in employment
    - Proportion of social assistance beneficiaries
    - Unemployment rate

12. Gender
    - Income Level between First Nations men and women living away from reserves
    - Shelter Cost to Income Ratio

13. On/Away From Reserve
    - Income Level between First Nations living on and away from reserves

14. Urban/Rural
    - Access to health care between First Nations living in urban and rural areas

Key Existing Sources of Data

While there are several challenges to First Nations' data and access, the RHS has made a significant contribution to survey data for First Nations living in their communities.

Federal government data sources include Census (for First Nations living away from their communities), INAC data, Health Canada in-house statistics. Statistics Canada surveys are not currently an effective or appropriate tool for gathering or gauging information pertaining to First Nations communities.

Sources of data from other federal departments (Human Resources and Development Canada, Justice Canada) are most often not disaggregated to identify First Nations specifically. Administrative data available from provincial and territorial governments is largely inconsistent and incomparable.

IV. Recommendations for Future First Nations Indicators Development

The RHS and the *First Nations Health Reporting Framework*, both led by regional/Treaty and national First Nations leaders, have demonstrated the keen interest on the part of First Nations in indicators development, and associated data collection, analysis, interpretation and dissemination. First

Nations leaders see the unique value of utilizing data to inform policy development and decision-making.

A recent independent assessment of the RHS undertaken by Harvard University has concluded that First Nations-led initiatives are effective in decolonizing information and research towards greater availability, quality and translation of evidence and knowledge, of individual and collective benefit to First Nations. *(published report from the Harvard Project on American Indian Economic Development forthcoming)*

Self-government is an inherent aboriginal and treaty right, as well as the necessary foundation for First Nation socio-economic development. As such, achievement of self-government will be a primary consideration of any First Nation participation in indicators development, particularly when executed in collaboration with other governments.

From recent experiences in this domain; building on AFN's policy development approach; and suggested in the context of this meeting; the development of future First Nations indicators should involve:

1. An internal First Nation development process led by First Nations and supported by First Nation institutional and organizational expertise and thorough national and regional dialogues with all First Nations;
2. An internal process for other governments, providing them with a mandate for change in how they measure their performance towards services and resources they provide to First Nations;
3. A pilot project or case study mechanism to explore indicators development options in a non-prejudicial fashion; and,
4. A principled and objective driven national forum to discuss and ultimately implement policies entrenching proposed indicators, also agreed to by other governments.

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