

National Aboriginal Diabetes Association

Promoting Healthy Living among Aboriginal girls and young women







<u>Acknowledgment</u>

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Introduction

This project was undertaken to increase knowledge of community-based projects and approaches for improving and promoting the health and well-being of Aboriginal girls and young women. Based on recent evidence that weight gain in young females is a modifiable risk factor for gestational diabetes, the project was commissioned by The Aboriginal Diabetes Initiative (ADI) to generate knowledge relevant to the prevention of diabetes in pre-pregnancy and pregnancy among Aboriginal women. Through a review of selected community-based initiatives, the aim of this project is to provide communities with ideas and recommendations for effective interventions and activities to promote healthy living and healthy weights for young females. In keeping with a holistic understanding of health and its determinants, healthy living is viewed broadly and for the purposes of this project was considered to include good nutrition, physical activity, empowerment/building self-esteem, the provision of age-appropriate health information, and other elements that might be identified through the review of community-based projects.

This report provides a summary of the findings based on a review of 10 community-based initiatives that focus on healthy living for Aboriginal girls and young women. It is hoped that the findings and recommendations may help to guide the development of effective healthy living projects and programs for girls and young women in other Aboriginal communities.

Methodology

Identifying promising projects

Examples of promising/successful community healthy living projects for First Nations, Inuit or Aboriginal girls and women, age 10-25 years, were sought through the following means:

- Request sent to FNIHB national office ADI, Maternal Child Health (MCH) and Mental Health and Addictions (MHA) program staff;
- Request sent to FNIHB regional ADI and MCH program staff;
- Some regions circulated the request to networks of community health workers;
- Request sent through an email list-serve to 80 community-based ADI workers;
- Internet search.

Criteria to select projects for inclusion were:

• Substantial (not necessarily exclusive) focus on the target group:

- Evidence that the project aims to promote elements of healthy living including good nutrition, physical activity, empowerment/building selfesteem, the provision of age-appropriate health information, and other elements as may be considered to influence health and wellness.
- Evidence of effectiveness or success (such as a formal evaluation and/or anecdotal evidence, showing consistent participation of target group and achievement of projects objectives related to healthy living).

From an initial list of 20 projects, 10 were selected based on best fit with the criteria, representation of regions, and a balance of urban and rural projects.

Data gathering

Project information was collected through the initial submission of projects by email, information available on the web, and telephone interviews with project key informants. Key informants were community or organizational health staff with a thorough knowledge of the project.

The following information was collected for each project profile:

- Project name and host organization
- Region/community, urban/rural
- Duration
- Project objectives
- Project description and activities
- Target and number of participants

The following interview questions were used to gather qualitative data from key informants:

- Why do you think it is important to have healthy living activities in your community that target girls/young women?
- How did you plan the program or decide on the activities? (E.g. involved community members, talked to target group, etc.)
- How successful is this project/program at getting girls/young women to participate?
- What aspects of the project/program have contributed to its success in attracting girls/young women to participate? (E.g. activities, location, outreach, advertising, etc.)
- What do you think participants like most about the project/program?
- What are the outcomes/benefits of this project/program for participants?
- How do you measure or assess the effectiveness of the project/program?
- Is there anything about the project/program that you would like to change or improve?
- In general, what do you think are the key features of successful healthy living activities for girls/young women?

We thank the key informants for their cooperation and commitment, as this report would not be possible without the rich discussion and information shared through the interviews.

<u>Analysis</u>

Project information and interview transcripts were analyzed to determine key approaches, activities and factors that contribute to successful healthy living programming for Aboriginal girls and young women.

Open coding of the text generated a preliminary list of success factors. Based on prevalence and on the significance attached to them by key informants, a list of key success factors was identified. These are discussed on page 12.

Limitations

It is important to note that because this is not a statistically representative sample of community projects, findings should not be generalized beyond the projects that are included in this study.

Overview of Projects

The following 10 projects were profiled and reviewed:

- Tobacco Control Strategy Active Participant Drummers and Dancers,
 Elsipogtog Health & Wellness Centre, Atlantic region
- You Go...Girl!!, The Aboriginal Sport and Recreation Circle of Newfoundland and Labrador, Newfoundland and Labrador
- Girl Power! Healthy Living Challenge, Eskasoni Health Centre, Eskasoni, Nova Scotia
- Cree Women of Eeyou Istchee Association (CWEIA) Fitness and Wellness Program, Eeyou Itschee (James Bay), Quebec
- Community Kitchens for Mothers, Marie-Paule-Sioui-Vincent Health Centre, Wendake, Quebec
- Fast and Female: Cross-Country Skiing in Kuujjuaq, Society Kuujjuamiut Inc. and the municipality of Kuujjuaq, Quebec
- Jingle Dress Regalia Making Project, Sault Ste Marie Indian Friendship Centre, Sault Ste Marie, Ontario
- Aboriginal Women Reclaiming Our Power, Ka Ni Kanichihk Inc., Winnipeg, Manitoba
- Journey to Wellness, Battlefords Tribal Council Indian Health Services, Saskatchewan

• Girls Night, Beaver First Nation, Beaver First Nation, Alberta

<u>Urban / Rural</u>¹

Six projects identified their communities as rural (Tobacco Control Strategy Drummers and Dancers; You Go Girl; Girl Power; Girls Night; Fast and Female; Journey to Wellness).

Three projects identified their communities as urban (Jingle Dress Making Project; Aboriginal Women Reclaiming Our Power; Community Kitchens for Mothers).

One project took place in both urban and rural communities (CWEIA Fitness and Wellness Program).

Target Participants

The age range of participants in all projects was 4 years to 30 years, with the exception of CWEIA Fitness and Wellness Program and Aboriginal Women Reclaiming our Power, which included women of all ages. These projects were included because key informants confirmed that a substantial proportion of participants were in the target age group (10-25 years). Target participants were female, except for two mixed gender projects (Tobacco Strategy Drummers and Dancers; Journey to Wellness).

Six projects identified their target participants as First Nations (Tobacco Control Strategy Drummers and Dancers; Girl Power; CWEIA Fitness and Wellness Program; Community Kitchens for Mothers; Girls Night; Journey to Wellness), while three identified participants as Aboriginal (You Go Girl; Jingle Dress Making Project; Aboriginal Women Reclaiming our Power). The Fast and Female project in Kuujjuaq included both Inuit and non-Aboriginal participants.

Table 1, below, provides an overview of all projects including location, duration, objectives, activities and healthy living elements.

¹ The definition of rural used for this project is: "rural and small town…the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. centres with a population of 10,000 or more)". Du Plessis et. al., *Definitions of Rural, Agriculture and Rural Working Paper Series*, No. 61. Ottawa, ON: Statistics Canada, 2002.

Table 1

The table below displays selected criteria for all projects. More detailed information on each project can be found in project profiles, Appendix 1 of the report.

Project Overview (name, organization, location, duration)	Project/Program Objectives	Target and Number of Participants	Project activities and healthy living elements
Tobacco Control Strategy Active Participant Drummers and Dancers Elsipogtog Health & Wellness Centre Elsipogtog, NB Rural 2009 - 2012	To train youth in traditional drumming and dancing. Youth are also educated and trained to spread the message on the dangers of smoking, chewing and exposure to second-hand smoke, and on traditional uses of tobacco.	First Nations boys and girls, age 7-12 years 40 participants	Dance and drum groups meet 2-3 times per week with to train and learn about tobacco prevention and healthy living. Elders participate in the sessions. The groups perform at pow wows, Veterans' days and visit schools to drum and dance. They also perform skits and poems, and share information about tobacco and drug prevention. Healthy living elements: - Physical activity - Tobacco/drug prevention - Community engagement - Cultural knowledge and practices - Mentorship / role modeling - Self-esteem

You GoGirl!! The Aboriginal Sport and Recreation Circle of Newfoundland and Labrador 6 communities in NL (on and offreserve) Rural Since 2008; ongoing, dependent on funding	To encourage young girls to participate in activities (particularly physical) in their communities that increase young girls' activity levels, increase their level of self-esteem, and to assist in the maintenance of healthy and active lifestyles.	Aboriginal girls, age 8-12 years Over 200 participants over the duration of the program	Activities are planned over 8 week sessions (2 hrs per week), up to 4 sessions per year. Participating communities receive a small funding grant for activities. The program is volunteer-based. Volunteers and program facilitators receive training from partner organizations. Community partnerships are encouraged, and schools usually provide the venue for activities. Activities are chosen by the participants and have included a variety of fitness and sports, health information, preparation of healthy food, and sharing circles. Healthy living elements: Physical activity Health and nutrition education Cultural teachings Self esteem
Girl Power: Healthy Living Challenge Eskasoni Health Centre Eskasoni, NS Rural Since 2010; ongoing	To promote healthy eating, physical activity and a positive self-image among teen girls and, overall, to guide the girls on a path toward becoming healthy, vibrant young adults.	First Nations girls, age 13-15 years 8 participants per session	Participants stay in a rural setting for 4 days and 3 nights in July. Presentations by a variety of health professionals on the following topics: making positive choices, how to deal with stress, positive body image, self-acceptance and sexuality, nutrition. Other activities included yoga, healthy meal preparation, Zumba, spa treatments, swimming, hiking and social activities. Healthy living elements: - Physical activity - Self-esteem - Healthy sexuality - Nutrition

Cree Women of Eeyou Istchee Association Fitness and Wellness Program Cree Women of Eeyou Istchee Association, Lemon Cree Fitness 10 communities in Eeyou Istchee Urban/rural Since August 2010; ongoing	To combat diabetes by establishing sustainable fitness programs for women in Eeyou Istchee; to build self-confidence, promote health and wellness and support disease prevention among women in Eeyou Istchee.	Aboriginal women, age 15- 60 years 10-15 participants per session (average) 1-2 group fitness instructors trained in 8 communities	Three day fitness training sessions take place in each community, led by a certified fitness instructor from Lemon Cree Fitness. The sessions incorporate a variety of activities including stability balls, resistance bands, pilates, yoga, meditation and dance. In some communities a regional nutritionist provides education on healthy eating. The goal is to train group fitness instructors in each community to develop and continue community fitness programs. Fitness equipment is purchased for each community, and there are plans for the future to host regional fitness and wellness forums where community instructors can participate in refresher training. Healthy living elements: Physical activity Nutrition Self-esteem Capacity building
Community Kitchens for Mothers Wendake Health Centre Wendake, QC Urban Since 2011; ongoing	To help mothers prepare healthy, affordable meals; reduce the incidence of food insecurity; promote networking between participants; develop parenting skills, and; link participants with local and external resources.	Huron Wendat and other First Nations women; pregnant, or mothers of young children; emphasis on low- income families Majority of participants age 19-30 years 8 participants per session	Community kitchens take place over six sessions per season (each session is 2 Fridays). Participants are taught healthy food preparation techniques, and they prepare two dishes to bring home. A nutritionist and psychologist attend, and informally discuss various topics related to the health and well-being of children, health promotion and disease prevention. The project is promoted through various events, services and media in the community. Partner organizations include the community food bank, training centre, and early childhood development centre. The health centre refers some participants. Child care is provided onsite. Healthy living elements: - Nutrition / healthy cooking - Food security - Parenting - Health education

Fast and Female: Cross-Country Skiing in Kuujjuaq Society Kuujuamiut Inc. and the municipality of Kuujjuaq, Quebec Kuujjuaq, QC Rural Jan – April 2012	To create an opportunity for young girls from Kuujjuaq to exercise in a group; to promote healthy living; to develop leadership, commitment, self-confidence and self-esteem.	Non-Aboriginal and Inuit Girls, age 9 to 17 years 8-12 participants per session	The group meets 3 times per week (two evenings and late morning on Saturday) to train and ski. The project is supported by local leadership, the school and the recreation coordinator. The school allows the group to use ski equipment (skis, boots, poles, hat, mittens, thermal underwear, socks, etc.). Healthy living topics are discussed informally during activities. Parents are encouraged to join the Saturday practice. Participants travelled to Quebec City to attend a cross-country ski event hosted by a national organization dedicated to empowering girls through sport. Healthy living elements: Physical activity Self-esteem Health education
Jingle Dress Regalia Making Project Sault Ste Marie Friendship Centre Sault Ste Marie, ON Urban Since 2009; ongoing	To encourage women and girls in leadership and decision-making roles; to increase awareness of violence against women and support services; to combat drug use and its impact on parenting skills and families.	At-risk Aboriginal girls and young women, age 4 – 22 25 participants	Participants meet weekly to make a traditional jingle dress and learn the healing dance. Elders give teachings about the origin of the dance and its spiritual power. Information is shared to promote awareness and decrease drug/alcohol abuse and domestic violence (support services). Participants are encouraged to build support systems with each other, community members and service providers. When the dresses are completed, a feast is held to celebrate participants' new role as community leaders. Elders perform spiritual ceremonies, and the dancers perform for the first time. Subsequently, dancers are called upon to perform at community events (e.g. pow-wows), healing ceremonies, and at local schools. Healthy living elements: - Leadership - Self-esteem - Community engagement - Cultural teachings and practices - Addictions, violence prevention - Physical activity

Aboriginal Women Reclaiming Our Power Ka Ni Kanichihk Inc. Winnipeg, MB Urban 2009 – 2012	To develop leadership and life skills and knowledge as well as a deeper understanding of the barriers that impact their participation in their families, schools, community and neighbourhoods.	Aboriginal women and girls 150 participants	Weekly sessions provide culturally based programming to develop awareness, leadership skills and self-confidence through such activities as sharing circles, Elder teachings, and training workshops. Some participants were trained as peer facilitators for the curriculum. A number of community events were held in partnership with other organizations, providing opportunities for project participants to put their public speaking, leadership and organizational skills into practice. Healthy living elements: - Leadership - Self-esteem - Community engagement - Cultural teachings and practices - Violence prevention
Journey to Wellness Battlefords Tribal Council Indian Health Services Six communities near North Battleford, SK Rural 2007 - 2011	To promote wellness and decrease youth suicide risk factors of social isolation, poor selfesteem and lack of information of suicide risk factors and community resources.	First Nations youth, age 12 to 18 years 358 participants over a 3-year period	Journey to Wellness is an eight week school-based health promotion program that involves a facilitator working with youth aged 12-18. A sequenced set of sessions provide information on healthy lifestyles, and risk factors and support services related to suicide prevention. The sessions are activity-oriented and designed to engage youth. The sessions include: relationship building, problem solving, self-esteem building, facts and myths of suicide, networking within each community, life planning, emergency planning and finally, a celebratory event to close out the sessions. Sessions are divided by gender and age to promote comfort and safety. Although the content and objectives of this program are primarily related to mental health promotion and suicide prevention, the program model could be adapted to incorporate other healthy living elements. Healthy living elements: Self-esteem Social support Community engagement Drug/alcohol prevention Suicide prevention

Girls Night	To promote healthy lifestyles, self-esteem and	First Nations girls, age 7-9	Two age groups meet every 2-3 months for a variety of teaching and activities related to healthy living. Topics include body image, dental care, healthy
Beaver First Nation	motivation among girls and young women.	years and 10-16 years	sexuality, healthy eating, and drug/alcohol abuse. Health centre staff participate and strengthen relationships with girls in the community. Positive role models
Beaver First Nation, AB		Average 15	are brought in to share experiences and motivation. Physical activity is planned during the summer months.
Ab		participants per	during the summer months.
Rural		session	Sessions are informal and relaxed to create a safe environment where participants can ask questions and talk freely. A variety of fun and social
Since 2010; ongoing			activities are incorporated, including movies, crafts, manicures, food and prizes.
j engemig			Healthy living elements:
			Health education and preventionSocial support
			- Self-esteem
			- Physical activity

Factors for Success

The factors for success were identified based on an analysis of project information and key informant interviews. Factors for success are listed below in roughly descending order of frequency/importance, but it should be noted that many of these factors were considered of equal importance by key informants, or or were very important for certain projects.

Some factors were more strongly associated with project in urban or rural settings, an important distinction which will be noted below. Also, as one informant pointed out, Aboriginal communities vary greatly in terms of size, remoteness, resources and culture – so what works in one community, may not work in another. Therefore the factors for success should not be considered as prescriptive, but rather a 'menu' of success factors.

Excerpts from project key informant interviews are included as examples of how informants characterized the various factors.

Key factors that were identified as contributing to the success of healthy living projects for Aboriginal girls and young women are:

- I. Social interaction and support
- II. Community resources and partnerships
- III. Participant input into project design
- IV. Role models
- V. Culture
- VI. Elders
- VII. New knowledge and skills
- VIII. Safe place
- IX. Community engagement
- X. Project promotion
- XI. School-based
- XII. Other Success factors
 - i. Provision of food or meals
 - ii. Childcare options
 - iii. Parental involvement

I. Social interaction and support

The opportunity for social interaction and support was cited by a majority as a key factor in the success of activities. This included social interaction with peers, as well as forming positive relationships with project staff and facilitators. In some cases, the social aspect reinforced key objectives of the project; for example, by reinforcing learning and skill development or forming relationships with community health staff. In other cases, the social nature of the activities

simply made them more enjoyable and was identified as 'favourite' part of the activities that contributed to consistent participation.

Respondents stated:

- "Building friendships within the group, they want to come back, they return back for each group."
- "[We] give them advice, and the girls give each other advice."
- "It gives them an opportunity to be social. You get a sense of community and everyone knows everyone."
- "When women gather in a circle to learn from one another...every woman in the circle carries knowledge and contributes to everybody's learning."
- "It's the relationship they build with the facilitator. They develop a great rapport with her...and respect and learn from her."

II. Community resources and partnerships

All projects capitalized on resources and developed partnerships in their respective communities. Projects in urban centres were able to develop strong partnerships with other organizations that enhanced the scope and variety of activities they were able to offer. In smaller communities, partnerships were most often formed with the school. One project was made possible through community volunteers. The involvement of community health and social services providers was a successful approach that linked participants to supportive community resources. Community and regional health staff were also used as key sources of credible health information, supporting the key objective of increasing participant's knowledge and skills relative to healthy living practices. Elders were another important community resource for reinforcing cultural teachings, health knowledge and healthy living practices.

Key informants stated:

- "[You] need partnerships. The more partners, the stronger [the project will be] and the more people it will be able to reach."
- "[The project] developed links and facilitated participants' access to internal and external resources (e.g. community organizations, health centre)."
- "Tying into other programs is important."
- "Presenters included a recreation therapist, community health nurse, early interventionist, nutritionist and estheticians."

III. Participant input into project design

Inviting input of target participants into the design of projects or selection of activities was identified as an approach that contributed to the success of most projects. Aboriginal girls and women know what their needs are relative to health and wellness, and can best articulate what types of activities will be effective to

meet healthy living goals. This approach also ensures that activities will be enjoyable and interesting for participants, who will therefore be more likely to attend the activities on a regular basis. Also, allowing participants to choose activities gave them a sense of empowerment (in itself a goal of most projects).

Interviewees stated:

- "Give youth ownership of the programs that they participate in by letting them decide on the activities."
- "Listening to the kids. Giving them the power to influence the program.
 Give them the opportunity to choose activities then it becomes 'our group.'"
- "We had surveyed 200 kids beforehand, and they wanted to get more involved in cultural activities."

IV. Role Models

Having role models participate was cited by informants as an effective way to inspire and provide girls and young women with concrete examples of successful, healthy lifestyles. Role models can be peers, adults and Elders. Some of the projects encouraged participants themselves to be role models for healthy living in their communities.

Interviewees stated:

- "We had a visit from a young girl who won several bursaries and who is committed to abstinence. They want to see a girl who is successful and happy. Need to find a relating factor."
- "In our program the facilitator is a healthy role model. It's important for participants to develop healthy relationships with people they can look up to and trust and to have consistency in the relationship."
- [Participants] liked going into the schools to talk to their peers, the fact that they were promoting their culture and helping others."

V. Culture

Incorporating cultural activities is considered a key factor in the success of numerous projects. In one community, before initiating a project, staff surveyed over 200 children and found that they showed a strong interest in learning about cultural activities. Project informants stated that the cultural components engaged the participants and helped to build a stronger sense of identity as well as pride in themselves and their heritage. It also gave them a stronger connection to their communities.

• "[Compared to] all the other outcomes, in terms of cultural components enhancing their cultural knowledge, stronger relationships with Elders – the intervention itself has a more profound effect than the information.

- Our data shows that being involved in the drumming and dancing, the effectiveness of what they did was more profound."
- "The urban aboriginal families are not as fortunate as the on-reserve natives in terms of culture. In an urban setting, it's not right there. They have to seek it. When they find it, they are enthralled."

One interviewee cautioned that culture should be incorporated in the design of the approach rather than added in as an afterthought.

 "One of the biggest frustrations for me is there are good programs but they are western-based and culture is added in and it won't work in the community. This program is a clear indicator, if you approach things differently, the success will be beyond your expectations."

VI. Elders

For those projects that involved Elders, informants attested to the importance of this aspect. Elders were involved in a variety of ways, and their teachings and mentorship were considered of crucial importance to the projects. Elders were generally considered one of the most well-liked aspects of the projects by participants. Project informants believe that Elders reinforce a sense of resiliency with their personal stories, and provides a vital connection to teachings and cultural practices.

- "[Participants] really like the Elders [when] they are a significant part of the activity. We have one Elder who has become very close."
- "The Elders spoke to the girls, counseled them individually regarding domestic abuse, drugs and alcohol."

In one instance, Elder involvement was mentioned as a feature that the coordinator would like incorporate into future activities.

VII. New knowledge and skills

The opportunity to learn new things was often cited as an effective or 'favourite' aspect of the project that made it interesting and attractive to participants. A variety of new skills, knowledge and activities were mentioned, all related to the promotion of healthy living, including: healthy cooking skills, new recipes, new sports or fitness activities and general health knowledge (related to a wide variety of topics such as parenting, nutrition, sexuality, mental wellness, etc.).

- "All the girls reported they had a positive experience; they learned a lot, forged new friendships and were excited about...putting their newfound knowledge into practice."
- "Access to new and refreshing ideas."
- "The opportunity to learn a new sport."

VIII. Safe Place

Some project informants referred to the importance of having a safe space where participants could speak their minds freely or ask questions without fear of judgment or repercussions. For some projects, creating a safe environment for participants to ask questions and receive information related to health and wellness (e.g. nutrition, parenting, sexuality) was a key objective. Some projects were responding to a need for female-specific fitness activities, because women and girls may feel self-conscious participating in activities that are run by and predominantly for males.

Interviewees stated:

- "It's important to create a safe environment where they feel safe to express themselves openly."
- "[The project provides] a safe, supervised environment where health professionals could provide accurate health information and offer strategies to help the girls cope with common teenage issues."

IX. Community Engagement

Projects were successful when activities fostered community engagement and recognition for participants, such as performing at pow-wows and other community events, or having participants share healthy living messages at school and other community venues. Community engagement fostered confidence and self-esteem among participants. Integrating healthy living activities into existing community events created a higher profile for the project and enhanced awareness and engagement of the wider community in the promotion of healthy living. One project reported reaching over 1000 community members with healthy living messages.

Interviewees stated:

- "They wanted to participate in the pow wows...cultural activities enhanced connectedness to community and the school."
- "Gives them a sense of purpose and leadership and importance; we call
 upon the girls [to perform]...They know that their presence is important
 and valued. Engaging them in the community as honoured members."

X. Project promotion

Projects in larger, urban communities or that spanned multiple communities were more likely to mention the importance of promoting their project to recruit participants, through a variety of means. This may suggest that in urban/off-reserve settings or larger regions, more effort is required to publicize the project and attract the target audience. On-reserve projects in smaller communities were more likely to report that participants found out about the project through 'word of mouth'. Promotion through the school was also cited as effective.

Projects informants reported promotion of their activities through means such as:

- Information booth at school, pamphlets distributed at health centres and to households, health and social service providers encouraged to refer participants
- Promotion through community radio and posters
- Promotion through Facebook
- A promotional 'tour' at local schools
- Promoting the activity through the Friendship Centre

XI. School-based

Particularly in smaller, rural communities, key informants reiterated the need to have schools involved with projects. Schools are often central to these communities – sometimes it is the only place with a gym, kitchen and spaces to meet. One project was made possible because the school made sports equipment available. Also, activities were often promoted or participants recruited through the school.

As one respondent stated:

 "There is an absolute need to tie into the school – that's your way of guaranteeing an audience. Rather than just putting it out there, get the recruitment through the teachers."

XII. Other Success Factors

These factors were mentioned only by one or two projects, but were felt to be important for those projects so are included for consideration.

Provision of Food or Meals

Offering snacks or meals was mentioned by project informants as a way to attract participants. Preparing and providing healthy food is an opportunity to role model healthy eating habits. In some cases, it was noted that participants may not be eating well at home, so the provision of nutritious food was appreciated. For one project, providing 'food aid' to participants and families was an explicit goal.

ii. Parental Involvement

Depending on the nature of the program and activities, parental involvement can be an important source of encouragement or positive reinforcement, perhaps especially for younger girls. It can also be an opportunity to strengthen families, and promote healthy living practices in the home. • "Involve parents as much as possible in the activity...when they are there, it really makes a difference."

iii. Childcare

This is particularly important when the programs are directed towards young Aboriginal women who may have children, and those programs that specifically target young mothers.

Areas for Improvement

Key informants were asked the question: What, if anything, about the project/program would you like to change or improve?

Most responded that their projects had undergone necessary modifications based on participation feedback and experience. Most were satisfied with the end result or their current model of delivery, but were able to identify some areas for improvement.

One respondent expressed the need for constant change to remain relevant to youth.

 "Overall it's important to roll with the times...be responsive to the youth...remain flexible, so it's not a stagnant program. You have to make it work for whomever you are working with. [Different] age groups for instance."

Virtually all interviewees expressed a desire to expand the amount and frequency of activities and enable more girls and young women to participate. Sometimes this was linked to a need for enhanced funding. One stated that training could build capacity in the community in order to make the program less dependent on external resources.

- "Yes, we would like to expand our program to include more outdoor activities and some cultural activities. We would like to have the program run for 5 days and to offer it [more frequently] so more girls can partake in it. To do this, we need a funding source."
- "Deliver activities in better / more appropriate space. [Participants] would like the frequency of activities to increase."

Respondents also noted that they would like to be able to do more formal and comprehensive evaluations of their programs.

Conclusion

All of the key informants acknowledged the critical importance of having activities for Aboriginal girls and young women. It was observed that this is an underserved population, and that there is a general lack of programming for girls and young women in both rural and urban environments. Particularly for girls and young women who may be at increased risk for unhealthy behaviours, programming to promote healthy living is vital:

 "If they don't have the benefit of the program, they will organize their own peer events which aren't necessarily positive that could involve drugs and alcohol or unhealthy behaviour."

Others pointed to the challenges facing young girls and women such as the increasing prevalence of obesity and diabetes, high rates of teenage pregnancy and drug and alcohol abuse:

- "Because in our area, young Aboriginal girls, young women are at high risk for school dropout, teenage pregnancy, long-term unemployment, and substance abuse."
- "[A community health survey revealed that] teenage girls were more overweight/obese, less physically active, ate more junk food, smoked more and were more sexually active and at an earlier age compared to teenage boys."

Finally, all projects referred in some way to the underlying, or explicit goal of increasing empowerment and self-esteem among Aboriginal girls and young women:

"The young women don't have a strong voice, [they] don't follow that they
once were the matriarchs. The program gives them the opportunity to
increase their self-esteem, and focus on their own wellness."

We hope that the projects profiled and findings from this study will provide new ideas and approaches for effective projects to promote health and wellness of Aboriginal girls and women now, and for future generations.

Appendix 1 Project Profiles

Project name: Tobacco Control Strategy Active Participant Drummers and

Dancers

Host organization: Elsipogtog Health & Wellness Centre **Region/community**: Elsipogtog, New Brunswick; rural

Duration: 2009-2012

Project objectives: To educate and train First Nations youth in traditional drumming and dancing; traditional uses of tobacco; the dangers of smoking, chewing and second-hand smoke; and to spread the message of [non-traditional] tobacco prevention.

Target participants: First Nations boys and girls, age 7-12 years

Number of participants: 40

Project contact: Beverly Smith, Elsipogtog Health & Wellness Centre

Project description: This community project focuses on tobacco prevention, through involvement of children and youth in traditional drumming and dancing. The youth are trained and educated to spread the message on the dangers of smoking, chewing and exposure to second-hand smoke. They also learn about traditional uses of tobacco. Dance and drum groups meet 2-3 times per week to train and learn about tobacco prevention and healthy living. The youth perform traditional drumming and dancing at events both in and outside the community such as pow-wows, Veteran's Day celebrations and fundraisers, and use these opportunities to share information about tobacco and drug prevention through skits and poems. They also share their message through the community radio and newspaper, and go into the schools to perform and talk to their peers.

The project was designed to combat high rates of youth smoking in the community. A review of research and literature showed that health messaging for youth is most effective when delivered through peers. Studies also confirmed that health interventions are most effective when grounded in culture, and that culture is very important for Aboriginal youth in building positive identity and self-esteem. Project coordinators also wanted to incorporate physical activity, as well as activities that children and youth could continue to practice throughout their lives. A community survey of 200 children confirmed that they had a strong interest in learning more about their culture.

What are the outcomes of the project?

The traditional teachings shared through the project are significant and meaningful for participants. The youth have developed a sense of pride around their traditional songs and dances. Through the involvement of Elders, participants enhanced their cultural knowledge and strengthened their relationships with Elders. The project data that was gathered from participants

shows that the involvement in cultural activities has had a profound effect on the participants. The program also fostered a sense of personal dedication and commitment to an important cause. Participants have learned valuable information and tools that allow them to teach and share positive messages to their community. Participants have acquired knowledge and become involved with activities that contribute to their own healthy lifestyles.

Surveys conducted at four main community events showed that health messaging has reached over 1000 community members through this project, and appears to be contributing to fewer young people starting to smoke and a decrease in current smokers.

Why is the project considered promising/successful?

There was strong interest from children and youth to participate in the project. The initial target number was 25 participants, and the group currently includes 40 drummers and dancers.

Participants and community members were surveyed at various points throughout the project (baseline, pre and post-project) to assess impacts. Preliminary data showed that the project has been successful in meeting its key objectives. Health messages promoted by participants have reached over 1000 community members. Data acquired through surveys and questionnaires showed that the project appears to be contributing to a decrease in new smokers, and an increase in cessation of tobacco smoking and chewing, including twelve parents of the drummers and dancers who have quit smoking. There has been a significant increase in the number of community members who are accessing the smoking cessation services at the Health and Wellness Center. A survey of 331 people at a community event showed that 95% of them agreed that the messaging given by the youth has been well received, helped to better understand the traditional use of tobacco and the dangers of commercial use of tobacco, and 100% agreed that it was an effective way to deliver health messages.

The impact on participants has been very positive. This was the first opportunity for many to drum or dance, and it has been a great experience for them. The group has received numerous requests to perform, and the project has enhanced their connectedness to the community and the school, as well as pride in cultural knowledge and practices. Participants enjoy being recognized by their peers and community members for their involvement in cultural and health-promoting activities. Data collected has revealed that the active participants have more self-esteem, and are more committed to staying smoke-free (include smokeless tobacco) compared to their classmates. They also feel more empowered in resisting negative peer pressure. The active participant drummers and dancers know more about the probability that smoking will lead to future illness. Comparative data has revealed that 83% of the drummers and dancers are happy in their community, and 87% feel like role models to the other youth. Their

classmates reported that only 40% of them are happy in their community and that 57% of them feel like role models to the other community youth. Project coordinators are confident that the impact that drumming and dancing has had on the participants has resulted in a more empowered group of youth, with a stronger commitment to leading a healthier lifestyle.

Project name: You Go...Girl!!!

Host organization: Aboriginal Sport and Recreation Circle of Newfoundland and Labrador

Region/community: 6 communities in Newfoundland and Labrador: rural

Duration: Since 2008; ongoing, dependent on funding

Project objectives: To provide opportunities for Aboriginal girls to maintain

healthy and active lifestyles.

Target participants: Aboriginal girls, age 8-12 years

Number of participants: Over 200 participants over the duration of the program

Project contact: Todd Winters, Executive Director, ASRCNL

Project description²: You Go...Girl!!! is a community-based program designed to provide Aboriginal girls with opportunities to participate in healthy community activities. The program was designed to address a perceived gap in programming for Aboriginal girls in this age group (8-12 years). The objectives of You Go...Girl!!! are to increase young girls' physical activity levels, increase selfesteem, and assist in the maintenance of healthy and active lifestyles. Specific activities for each eight-week session (8 x 2 hours per week, 4 sessions per year) are chosen by participants. Physical activities have included volleyball. badminton, soccer, softball, snowshoeing, skating, archery, wrestling, judo, and canoeing. Health related topics discussed during the sessions have included heart health, smoking, drugs, diabetes, alcoholism, healthy eating, and puberty. Guests such as Elders, personal trainers and dietitians are brought in to speak on various topics. Sharing circles and the preparation and eating of healthy snacks are also incorporated into activities.

Each community hosting You Go...Girl!!! has developed its own partnerships and agreements with local facilities and organizations. In most communities, schools provide the venue for activities. Communities receive a small funding grant for activities. You Go...Girl!!! is designed as a community-based program where volunteers are an essential part. The program has had many volunteer coaches. parents, youth and Elders. For a single 8-week session, there have been as many as 20 volunteers. The six communities that participated in the You Go...Girl!!! program were off-reserve with the exception of Conne River, NL.

² Information has also been adapted from the report, "Physical Activity Approaches at the Ground-Level: Promising Practices Targeting Aboriginal Children and Youth", Johnston Research Inc, 2010. Prepared for the Federal/Provincial/Territorial Physical Activity and Recreation Committee and Healthy Living Issues Group.

You Go...Girl!!! is hosted by the Aboriginal Sport and Recreation Circle of Newfoundland and Labrador (ASRCNL), a non-profit organization. Other organizations contribute to the project including Active Circle, Motivate Canada and Canadian Association for the Advancement of Women in Sport and Physical Activity (CAAWS). All community volunteers and program facilitators have received leadership skills training through CAAWS or Motivate Canada. The program was advertised in local media, schools and booths at community events. Presentations were also made to schools and Aboriginal community groups.

What are the outcomes of the project?

You Go...Girl!!! has provided new opportunities and engaged Aboriginal girls to be active and learn about healthy lifestyles. Participants have shown enthusiasm to explore new interests and activities, and their role in choosing activities creates a sense of ownership. The projects provide an environment for Aboriginal girls to learn from a variety of healthy role models, including Elders, health and fitness professionals.

Community volunteers and facilitators have benefited from leadership training offered through the project. The community projects have created a sense of accomplishment among community members and participants. Strong partnerships with community organizations and facilities, particularly schools, have been developed as a result of the project.

Why is the project considered promising/successful?

The project is considered to be successful based on positive feedback from participants, collected through evaluations at the end of each session. As well, the consistently high numbers of participants attests to its success, with over 200 girls reached over the duration of the program. Community members who received training to run the projects reported development of their leadership skills in post-training evaluations. The consistent participation of dedicated community volunteers is also noteworthy.

The keen participation of girls in selecting project activities, as evidenced by their diverse input and suggestions, is considered a marker of the program's success in engaging participants to explore new, healthy pastimes and learn skills and knowledge to promote healthy lifestyles.

Project name: Girl Power! Healthy Living Challenge

Host organization: Eskasoni Health Centre

Region/community: Eskasoni, Nova Scotia; rural

Duration: Since 2010; ongoing

Project objectives: To promote healthy eating, physical activity and a positive

self-image among teen girls

Target participants: First Nations girls, age 13-15 years **Number of participants**: 8 participants per session

Project contact: Anita MacKinnon, Dietitian

Project description: An average of 8 participants each year take part in the Girl Power Healthy Living Challenge. The project is coordinated by the CHR, dietitian, and office administrator at the Eskasoni Health Centre. Participants stay in a farmhouse in a rural setting for 4 days and 3 nights in July, taking part in activities that will guide them on the path toward becoming healthy, vibrant young adults. Community and regional health professionals lead discussions on topics such as making positive choices, how to deal with stress, positive body image and self-acceptance, sexuality and nutrition. Participants take part in a variety of physical and social activities including yoga, healthy meal preparation, Zumba, spa treatments, swimming, hiking, beachcombing, and sharing circles. Everyone helps out with chores, and in the evening there is time for relaxing and laughing around the campfire.

Programming to support healthy living for teenage girls was identified as a priority through the Eskasoni Youth Health Survey (2007), which found that teenage girls were more overweight/obese, less physically active, ate more junk food, smoked more and were more sexually active and at an earlier age compared to teenage boys. A planning group, that included health staff from the community who were familiar with the target group, designed the program based on what they could do that was fun and educational to address these concerns, but required minimal funding.

Project partners and contributors include the Cape Breton District Health Authority, Health Canada, Eskasoni schools, the local grocery store, estheticians and families. Community capacity building is an important aspect of the program, so it maximizes the involvement of local resources. In future, there are plans to seek funding in order to expand the session to 5 days and to offer it 2 or 3 times during the summer so more girls can partake in it. Project coordinators would also like to include Elders as bearers of traditional knowledge to enhance the cultural component of the program.

What are the outcomes of the project?

The Girl Power program promotes healthy living for First Nations girls in a fun, safe, supervised environment where health professionals can provide accurate health information and offer strategies to help the girls cope with common teenage issues such as peer pressure, body image, smoking and substance use.

The discussions and activities benefit participants by increasing knowledge and skills that support healthy living, and strengthening social support among participants (including relationships with health centre staff).

Why is the project considered promising/successful?

Strong interest and consistent participation has confirmed that the format and activities are appealing to the target group. Thus far, an informal evaluation process has been used to gather feedback from participants at the end of the session using a series of questions to assess impact and satisfaction. All the girls have reported a positive experience: they learned a lot, forged new friendships and were excited about returning home and putting new knowledge into practice. For upcoming sessions, a formal evaluation is planned with follow-up at intervals of 3 months, 6 months and a year.

Project name: Cree Women of Eeyou Istchee Association Fitness and Wellness Program

Host organization: Cree Women of Eeyou Istchee Association (CWEIA) **Region/community**: 10 communities in Eeyou Istchee region, Quebec;

urban/rural

Duration: Since 2010; ongoing

Project objectives: To combat diabetes and promote active living and well-being

through fitness, nutrition and self-development. **Target participants**: Cree women, all ages

Number of participants: Average of 10-15 participants per community

Project contact: Holly Danyluk, Regional Coordinator, CWEIA

Project description³: The project is a collaboration between CWEIA and Lemon Cree Fitness (an Aboriginal fitness company based in Montreal). Its aim is to combat diabetes and promote overall health and wellness by establishing sustainable fitness and recreation programs for women in Eeyou Istchee. The project provides training and support for group fitness instructors to develop and continue their own community-based fitness programs. The need for the project was identified because of high rates of diabetes and obesity among women in Eeyou Istchee, as well as a lack of physical activity programming for women.

Three-day training sessions take place in communities, led by a certified fitness instructor from Lemon Cree Fitness. The number of participants in each session has ranged from 10-15, and 1-2 from each group have received certification from Lemon Cree Fitness as group fitness instructors. Participants have ranged from 15-60 years of age, the majority between 18-30 years. The sessions feature training and activities using stability balls and resistance bands, and have also

 3 Some information adapted from "Cree Women Embrace a Healthier Lifestyle", Kelly O'Connor, First Nations Drum, 2011. Accessed 18/05/12 at http://firstnationsdrum.com/2011/01/cree-women-embrace-a-healthier-lifestyle/

incorporated pilates, yoga, meditation and dance. Equipment needed for the activities is purchased for each community. Training sessions can be adapted to meet the interests and priorities of each community, and in several communities a regional nutritionist has provided education about healthy eating and portion control.

Pilot projects were launched in Chisasibi and Mistissini in August 2010, and the project has now been implemented in Eastmain, Nemaska, Ouje Bougoumou, Waskaganish, Waswanipi and Wemindji. Sessions are planned for the fall in Whapmagoostui and Senneterre. The goal is to have 1 or 2 trained instructors in each community. The project has been promoted through various means including Facebook, posters, community radio and word-of-mouth. In the future, there are plans to host regional annual or bi-annual fitness and wellness forums where community instructors can participate in refresher training.

What are the outcomes of the project?

Women who are involved in the project are becoming more active and aware of the importance of healthy lifestyles. Because the group sessions are fun and social, women are getting active in an enjoyable way and learning about the role of fitness and nutrition in preventing diabetes and other chronic diseases. There is anecdotal evidence that women are losing weight through their participation in the classes. As well, the project promotes mental wellness. Besides the well-known positive impact that exercise has on overall sense of well-being, participants experience an increase in motivation and self-confidence to effect changes in their lives and communities.

Newly trained fitness instructors have gone on to run their own fitness classes in 8 communities. The project informant observed that 'everyone knows about the classes' in communities, and some men have asked to participate. This indicates a growing awareness of fitness and healthy lifestyles in the community at large.

Why is the project considered promising/successful?

The project is considered to be successful because it is building community awareness, capacity and motivation for diabetes prevention and healthy living among women in Eeyou Istchee communities. The impacts of the Lemon Cree fitness training sessions are proving to be sustainable, as newly trained instructors are following through by running ongoing classes in their communities. Overall there has been strong interest and participation from women in the fitness classes.

The project key informant believes that women enjoy being able to exercise together in an activity that is run by and for women. The classes provide a fun, safe, non-judgmental environment. The stability ball training is a new way of exercising, and is something that women of all fitness levels can do. She also

speculates that women connect with the Lemon Cree fitness instructor because she is Aboriginal.

Project name: Community Kitchens for Mothers

Host organization: Marie-Paule-Sioui-Vincent Health Centre

Region/community: Wendake, Quebec; urban

Duration: Since 2011; ongoing

Project objectives: To promote the adoption of healthy eating habits and provide food aid to families of participants; promote networking between participants; develop parenting skills and link participants with local and external resources.

Target participants: Huron-Wendat/First Nations women who are pregnant or

mothers of young children

Number of participants: Average of 8 per session

Project contact: Alexandra Picard, Marie-Paule-Sioui-Vincent Health Centre

Project description: Community kitchens are held in the fall and winter. Each session consists of 2 x Fridays, and there are six sessions held each season. Target participants are Huron-Wendat community members and other First Nations women who are pregnant or mothers of young children, with an emphasis on low-income families. The majority of participants are between 19 and 30 years of age. Participants are taught healthy food preparation techniques, as well as ways to shop for healthy food on a budget. They prepare two main dishes and a healthy dessert to bring home. Recipes that include traditional foods have been featured.

A nutritionist and psychologist run the community kitchens, and discuss various topics related to the health and well-being of children, health promotion and disease prevention. If necessary, they can refer participants to the health centre (e.g. for services of psychologist, nurse, addictions worker) or other community agencies (e.g. food bank).

The project is promoted through various community events and organizations such as the health centre, school, day care centre, adult education centre and food bank. Health providers and other community staff are encouraged to refer participants that meet the criteria and would benefit from the project. Pamphlets and registration forms are also circulated to community members. Child care is provided onsite so that mothers can cook without the kids.

What are the outcomes of the project?

Mothers who participate in the community kitchens learn healthy cooking techniques, receive affordable meal ideas, and prepare nutritious meals for their families. Participants also build social networks with each other, get to know

health centre staff, and are linked with a variety of health and community services.

Besides learning healthy cooking skills, women who attend the community kitchens are learning a variety of important information related to health and well-being including diabetes and chronic disease prevention and parenting. They have the opportunity to interact with health professionals in a relaxed setting, ask questions, and receive useful information, documentation and resources. The skills, information and networks that results from this project support healthy parenting, healthy lifestyles, and chronic disease prevention.

Why is the project considered promising/successful?

There are approximately 7 women participating continuously in the community kitchens (i.e. have registered for consecutive sessions). Participants complete an evaluation form during the last session. These evaluations show that they are enthusiastic to learn about healthy eating. They feel comfortable asking for health information and healthy eating tips that they can apply in their homes. Participants have asked for the frequency of activities to increase because they want to continue learning and sharing new healthy meals with their families. The number of meals distributed is increasing.

Project name: Fast and Female Kuujjuaq

Host organization: Kuujuamiut Society Inc and village of Kuujjuaq

Region/community: Kuujjuaq, Québec; rural

Duration: January to April 2012

Project objectives: To create an opportunity for young girls from Kuujjuaq to exercise in a group; to promote healthy living; to develop leadership, commitment, self-confidence and self-esteem.

Target participants: Non-Aboriginal and Inuit Girls, age 9 to 17 years

Number of participants: 8-12 per session **Project contact**: Veronique Dion Roy, trainer

Project description: Fast and Female is a national not-for-profit organization with a mandate to promote the empowerment of young women through sport, with an emphasis on cross-country skiing. A Fast and Female cross-country skiing group was created in Kuujjuaq for girls aged 9-17 years old. The project was proposed to address a lack of activities for girls, as well as to diversify opportunities for physical activity in Kuujjuaq. Participants included both non-Aboriginal and Inuit.

The group met 3 times per week (two evenings and late morning on Saturday) to train and ski during the winter season. Eight to twelve girls participated on a regular basis. The trainer is a kinesiology intern from the University of Sherbrooke who was employed to provide services at the local gym and be the trainer for this project. Most girls were not experienced skiers when the project

began, so the training was geared to a beginner level. The project was supported by local leadership, the school and the recreation coordinator. The school allowed the group to use ski equipment (skis, boots, poles, hat, mittens, etc.). Healthy living topics were discussed informally during activities. The group provided an opportunity for non-Aboriginal and Inuit girls to socialize. Parents were encouraged to join the Saturday practice.

The project was promoted through visits to the school to explain the project to prospective participants. In March 2012, the group travelled to Quebec City to participate in a cross-country skiing event hosted by the national Fast and Female organization. The girls had an opportunity to meet World Cup and Olympic ski medalists, Alex Harvey and Chandra Crawford. The girls asked many questions and looked to the athletes as role models. They also participated in a day of workshops with the other participants from Québec City.

The season ended with a special weekend in April. Participants had a sleep over at the youth center. Workshops were held with smaller groups, chosen by their capacity and the level that they reached during the season. A friendly race was held, and the coach recognized all participants for their progress during the season. After a motivational discussion on self-esteem, they experienced a "gumboots" (dance) session and the week-end finished with a family potluck.

What are the outcomes of the project?

This project allowed girls to discover a new winter sport that can be practiced outdoors. It increased their physical activity level, and promoted an awareness and enjoyment of the benefits of an active lifestyle. The group provided an opportunity for non-Aboriginal and Inuit girls to socialize. The project promoted positive values such as respect, sharing, enjoyment of exercise and the value of discipline and achievement. The girls felt a sense of pride in being part of an exclusive group.

Why the project is considered promising/successful?

This project elicited strong interest and a positive response from the target group of participants. It addresses an identified gap in available activities for girls. It is supported by key community partners, and benefits from the involvement of a visiting student with expertise in physical activity. The project also takes advantage of resources that are available in the community (i.e. ski equipment from the school).

An evaluation of the project is planned. Participants will be surveyed on their experience and impacts of the activity, and the trainer will assess outcomes for participants' physical fitness, behaviour and attitudes. Parents will also be asked to evaluate the activity. Informal feedback thus far has confirmed that parents and participants were pleased with the activity, and would like it to continue.

Project name: Jingle Dress Regalia-Making Project Host organization: Sault Ste Marie Friendship Centre Region/community: Sault Ste Marie, Ontario; urban

Duration: Since 2009; ongoing

Project objectives: To encourage women and girls in leadership and decision-making roles; to increase awareness of violence against women and support services; to combat drug use and its impact on parenting skills and families.

Target participants: At-risk Aboriginal girls and young women

Number of participants: 25 (total number who completed and continue to be

active dancers)

Project contact: Cathy Syrette, Sault Ste Marie Friendship Centre

Project description: This project has involved Aboriginal girls and women between the ages of 4 – 22 years. Through the traditional teachings of the Jingle Dress, women and girls gain cultural knowledge, self-respect, and are encouraged to become healthy role models. Participants attend a series of 12 workshops to make a traditional Jingle Dress and learn the healing dance. Elders give teachings about the origin of the dance and it spiritual power. When participants commit to the project, they are encouraged to abstain from drug and alcohol use to respect the spiritual nature of the activities. Elders also counsel participants individually regarding domestic abuse, drugs and alcohol. Information is shared to promote awareness and prevention of drug/alcohol abuse and domestic violence, and increase familiarity and access to support services. Participants are encouraged to build support systems with each other, community members and service providers. Healthy meals are provided.

When the dresses are completed, a feast is held to celebrate participants' achievements and new role as community leaders. Elders perform traditional spiritual ceremonies, and the dancers put on their dresses to perform for the first time. Subsequently, dancers are called upon to perform and share the teachings of the dance at community events (e.g. pow-wows), healing ceremonies, and at local schools. There are currently 25 girls and women who have completed the workshops and continue to perform with the group.

The project was designed in response to drug abuse and domestic violence in the Aboriginal community, which negatively impacts parenting and families. Youth workers at the friendship centre identified a need for programming to support girls and young women.

What are the outcomes of the project?

The Jingle Dress project provides at-risk girls and young women with the opportunity to heal and learn meaningful cultural and spiritual teachings. As well, participants are becoming more physically active and are exposed to healthy, traditional foods (served at the workshops, and the feast). Their involvement in the project gives them a sense of purpose, leadership and importance. The dancers are called upon to perform at community events, engaging them in the

community as honoured members and fostering self-esteem and self-respect. The project has sparked a lot of interest in the cultural teachings and practices related to the Jingle Dress and healing dance.

Why is the project considered promising/successful?

There has been lots of interest from the target audience for the project. There has been good turnout at past sessions, and youth workers at the friendship centre get many inquiries about the next session. The project combines a number of valuable aspects, including mentorship between Elders and youth, pride in cultural knowledge and practices, physical activity, and the promotion of positive values such as responsibility and self-respect that build resilience and leadership among participants. The project has also been well-received by the community, and has increased interest and pride in First Nations culture.

Project name: Aboriginal Women Reclaiming Our Power

Host organization: Ka Ni Kanichihk Inc. **Region/community**: Winnipeg, MB; urban

Duration: 2009-2012

Project objectives: To strengthen Aboriginal women and girls' ability to identify barriers and implement strategies that will support their full participation in families, schools and communities; to strengthen cultural identify and leadership skills; to support violence prevention.

Target participants: Aboriginal women and girls, all ages

Number of participants: 150 registered participants (as of January, 2012)

Project contact: Shannon Cormier, Ka Ni Kanichihk Inc.

Project description: This project included Aboriginal women and girls of all ages. The youngest participant was 12 years old, and a substantial proportion were young women under 30 years of age.

This three-year project included a variety of activities to fulfill project objectives. During the 13-week leadership sessions, participants met weekly for culturally based programming to develop awareness, leadership skills and self-confidence through such activities as sharing circles, Elder teachings, and training workshops. Once they 'graduated' from these sessions, participants could become peer mentors for the next group and collaborate on the design of subsequent sessions. They also participated in monthly ceremonial and cultural activities (e.g. full moon ceremony, pipe ceremony, medicine picking, spring feast). Participants were also involved in a variety of activities to increase self-confidence and "reclaim their voice", including digital storytelling, "taking over" a local radio station and broadcasting their stories, and speaking at community events and conferences. In conjunction with the leadership sessions, curriculum development specialists were engaged to develop the culturally-based Reclaiming our Sacredness curriculum, focusing on women as leaders and building healthy relationships. The curriculum can be delivered in whole, or in

part. Program participants have been trained as peer facilitators for the curriculum, thus widening and sustaining the impacts of the project.

Project staff hosted a two-day women's leadership forum in March 2010: Gathering Stones for the Medicine Wheel. The forum was an opportunity for dialogue and the development of strategies to promote empowerment and community leadership among Aboriginal women. Moon Voices in ACTion Indigenous Women's Knowledge Exchange was held in March 2012, in partnership with the Institute for Women's and Gender Studies at the University of Manitoba. The event featured learning on such topics as colonization and Indigenous women, story-telling, Grandmothers' teachings, and cultural roots of violence prevention. Project participants were involved in planning the event, as well as contributing artwork and facilitating workshops and presentations. These events have provided opportunities for project participants to put their public speaking, leadership and organizational skills into practice.

What are the outcomes of the project?

This project provided Aboriginal girls and young women with opportunities to connect with their cultural identity, which may not otherwise be readily available in an urban area. The workshops and activities built connections with Grandmothers and traditional teachings, strengthened connections to each other and community, and increased awareness of community supports and services. Life skills training and leadership development strengthened resilience and self-esteem, ultimately supporting participants on the journey to lead healthier, violence free lives. Participants were recognized for, and had the opportunity to demonstrate their skills and knowledge by acting as peer mentors and collaborators in the program.

The key informant for the project emphasized that outcomes will vary among participants, depending on their individuals strengths, needs, goals and circumstances in life.

Why is the project considered promising/successful?

The project was evaluated twice, most recently in May 2012. Data sources for the evaluation included program documents, and interviews with program staff, partners and participants (16). The majority of participants reported a significant increase in their leadership abilities, public speaking abilities, and knowledge of Aboriginal culture through their involvement with the program. They also confirmed and provided examples of how the program achieved other key objectives related to violence awareness/prevention, enhanced self-esteem and community engagement.

The project was also considered successful because of strong and consistent participation in the leadership sessions, as well as high levels of broader community interest and participation in the special events. According to the project key informant, over 1500 people participated in the various public events

and conferences held in conjunction with the project (e.g. The Indigenous Women's Knowledge Exchange). The project also developed strong partnerships with other organizations, including the University of Winnipeg Institute of Women and Gender Studies, the Prairie Centre of Excellence for Women's Health, and the [Winnipeg] West Central Women's Resource Centre.

The cultural and strengths-based approach to designing the program is considered to be critical to its success. The belief that strength is gathered within communities informed the program. Many activities were designed to be conducted in a circle, because every woman in the circle carries knowledge and contributes to each other's learning.

Project name: Journey to Wellness

Host organization: Battlefords Tribal Council Indian Health Services Inc. **Region/community**: Six communities [Poundmaker, Little Pine, Sweet Grass, Moosomin, Mosquito, and Red Pheasant First Nations] near North Battleford, SK; rural

Duration: 2007 – 2011

Project objectives: To promote wellness and decrease youth suicide risk factors of social isolation, poor self-esteem; to increase knowledge of suicide risk factors and community resources.

Target participants: First Nations youth, age 12 to 18 years

Number of participants: 358 participants during a three year period (2007-

2010)

Project contact: José Pruden, BTC Indian Health Services Inc.

Project description⁴: Journey to Wellness is an eight week school-based health promotion program. A sequenced set of sessions (held once or twice a week) led by a facilitator provides information on healthy lifestyles, suicide risk factors, prevention and support services. The sessions are activity-oriented and designed to engage youth. The sessions include: relationship building, problem solving, self-esteem building, facts and myths of suicide, networking within each community, life planning, emergency planning and finally, a celebratory event to close out the sessions. Sessions are divided by gender and age (grades 5 to 9 and grades 10 to 12) to promote comfort and safety. Initially the program was delivered only to girls because it was assumed that boys would be harder to reach, and that girls needed a safe space where they could have a strong voice. However boys began to request the project, so separate sessions for boys were added after the first year.

⁴ Some information has been adapted from "National Aboriginal Youth Suicide Prevention Strategy – Multiple Case Study of Community Initiatives", Bradley Cousins et. al., 2010. University of Ottawa, Centre for Research on Educational and Community Services. Accessed 18/05/12 at http://www.socialsciences.uottawa.ca/ crecs/eng/documents/NAYSPSMulitpleCaseStudyofCommunityInitiatives-10-06.pdf

The project was funded as a pilot by the National Aboriginal Youth Suicide Prevention Strategy. Besides the explicit focus on suicide prevention, information and activities related to mental wellness and determinants of health promote overall health and wellness. It was designed based on best practices, and youth were consulted and provided input into the design of activities. The project is on hold for a year, because almost all participants in the target age group have taken it. There are plans to continue with a new cohort of students.

What are the outcomes of the project?

The sessions create an environment where youth can talk openly, ask questions, and receive accurate information about suicide prevention. This is particularly important because, according to youth participants, many people in their community are not willing to talk about suicide. The sessions also provide an opportunity for different age groups to come together, and learn with a new group of peers.

Through activities that explore the impacts of drug and alcohol abuse, participants become more aware of how this affects their own lives, and is associated with suicide. Participants learn problem-solving skills and ways to foster their own self-esteem. They also become familiar with suicide risk factors, and community services that are available to support suicide prevention. These skills and information enhance protective factors against suicide, and promote holistic health and wellness.

Why is the project considered promising/successful?

An evaluation of the first three years of the program was completed in 2010. It showed a high rate of participation and retention (95%) throughout the session. This is meaningful because although the sessions are school-based, attendance was not mandatory. Results also showed that participant satisfaction with the program was high, and there was strong evidence that participants acquired key skills and knowledge in line with the objectives of the program. There was also evidence of retention and transfer of skills and knowledge beyond the program.

The evaluation identified factors contributing to the success of the program including the importance of youth engagement in the design of hands-on activities, building of trusting relationships with the facilitator and among participants, organizational and community support. The project informant also noted that they are flexible and responsive to input from participants, and are willing to modify program activities to maintain interest and effectiveness of learning activities.

Project name: Girls Night

Host organization: Beaver First Nation

Region/community: Beaver First Nation, AB; rural

Duration: Since 2010; ongoing

Project objectives: To promote healthy lifestyles, self-esteem and motivation

among girls.

Target participants: First Nations girls age 7-9, 10-16 years (2 groups).

Number of participants: Average 15 per session

Project contact: Izabella Cwieklinski, CHN and Health Director;

icwieklinski@onehealth.ca

Project description: This project targets younger girls in an effort to address high teen pregnancy rates and unhealthy lifestyles. The need for the project was identified by community health staff. Two groups of girls meet every 2-3 months for a variety of teaching and activities related to healthy living. For the 7-9 year age group, topics include body image, self-esteem, dental care and information on the effects of smoking and drinking. For the 10-16 year age group, topics also include menstruation, safe sex, and smoking/alcohol/drug abuse. Promoting healthy eating and physical activity is emphasized for all ages. Health centre staff participate in the sessions and strengthen relationships with girls in the community. Positive role models are brought in to share their experiences, and show the girls someone they can relate to who is leading a successful, happy and healthy lifestyle. During the summer, the groups meet more frequently and more physical activities are planned.

Sessions are informal and relaxed to create a safe environment where participants can ask questions and talk freely. A variety of fun and social activities are incorporated, including movies, crafts, manicures, food and prizes. For future sessions, there are plans for a slumber party, and to invite an Elder to share traditional teachings.

What are the outcomes of the project?

This project is building better relationships between girls and health staff, with the aim of increasing comfort level of girls to come to the health centre and talk openly with staff. Through the activities, information and healthy role models, the project builds knowledge relative to health and wellness, increases self-esteem and motivation and encourages participants' to think about their future. Involvement in the group strengthens the sense of community among participants.

Why the project is considered promising/successful?

The project is considered successful because of consistent interest and participation from the target audience of girls in the community. Incentives like food and prizes increase participation. Through sharing circles, participants have become more comfortable to talk openly about personal issues and ask for

advice from health staff and each other, about any aspect of health and well-being including sexual health.

Positive feedback on the program has been received informally, through 'word of mouth' from community members.