Community Wellness

Moving From Am Externally Driven Process to One that Honours Our Values

CHAMPAGNE AND AISHIHIK FIRST NATIONS

Explorer Edward J. Glave entered our territory in 1890

Glave refers to his hosts as “people of magnificent physique,” “scrupulously honest”, and as “without exception the most peaceful people I have ever met in my life,” adding “…they appear to be living on the best of terms together…lively and genial and full of fun…they display affection and consideration for their wives and families."

The Federal Indian Agent came in 1940’s; Champagne Indian Band elected our first chief

Aishihik Indian Band was later amalgamated with Champagne; 1960’s

Primary function: band administration, social welfare, and housing

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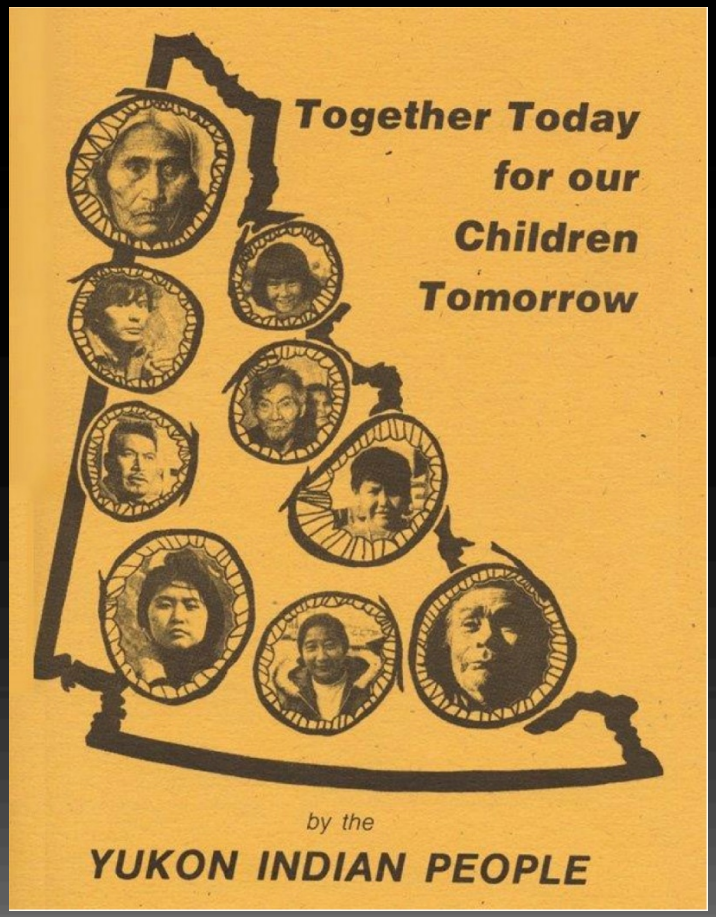

Chretien stated "The Indian Culture is worth preserving ……. We must help them retain their traditions and their own culture, because **in themselves they have good values**."

"In many cases the programs are the problem … **if the idea behind a program is wrong then no amount of money or people can make it work**."

"There must be a system set up where the Indian people have some control over the programs that affect us. This control must not be in just the Administration of the program – but in the planning. If the idea behind the program is wrong then we are wasting money …."

CHAMPAGNE AND AISHIHIK FIRST NATIONS

1993 signed; primary function is land, water, forestry, fish and wildlife ….

Heritage, Chapter 13 objective is to respect and foster the culture and heritage of Yukon Indian People and respect **Yukon Indian values, beliefs** and oral histories ….

SGA; law making authority, FTA for programs & services, yet ……

22 years later we have policy in Child & Family Services and Income Assistance that is Yukon Government based

CHAMPAGNE AND AISHIHIK FIRST NATIONS

CITIZEN SERVICES PROJECT

Objectives

- Change programs and services to foundation of Dän Ké
- Most effective services possible for CAFN citizens
- Holistic response to citizen needs

Process

- Founded on Dän Ké
- Effective community consultation process that encourages dialogue
- Consistent with CAFN Vision statement and Chief and Council priorities
- Utilize staff resource
- Review/consolidation of existing/relevant reports
- Complete required program and financial analysis
- Technical review, program design and evaluation framework

CHAMPAGNE AND AISHIHIK FIRST NATIONS

INTERNAL SCAN

- No indication on how to measure "cultural match"
- Alcohol & drug use number one issue; trauma and unresolved grief/poverty and basic needs underlying cause
- Traditional skills training not taught; LCA primary function is land based
- Lack of integration between traditional and contemporary knowledge
- Unclear level of authority for decision making
- "Unofficial" delivery of services for Child Welfare and Social Assistance

CHAMPAGNE AND AISHIHIK FIRST NATIONS

CYFN Health Commission; community based research
Canadian Institute Health Research
Dr. Tracey Galloway, A. Professor, University of Toronto

Access to federal health programs in Yukon First Nations communities

- Aboriginal Diabetes Initiative (ADI)
- Canadian Perinatal Nutrition Program (CPNP)
- Aboriginal Head Start (AHS)
- Children's Oral Health Initiative (COHI)

CHAMPAGNE AND AISHIHIK FIRST NATIONS

Factors in the community that affect adequate program access

-No relationship between community size and access
-Trust; perceptions about the ability for communities to do the programming, ie. Daycares but no Head Start
-Capacity; administrative roles, number of staff, levels of training

Self-governing FN receive programs through their FTA's

-off-loading of responsibility to deliver health program that address the particular needs of vulnerable communities
-vulnerability stems from historical processes for which the federal government has culpability; federal government has created these programs
-paternalistic consequences; deliver their way and whether your community is healthier or not is your problem
-in effect, small subsidies to support delivery of basic necessities, not specialized programs/services

CHAMPAGNE AND AISHIHIK FIRST NATIONS

INADEQUATE FUNDING; FTA too low to permit delivery of mandated program content

Program	Mandate	Actual program content
ADI	• youth- and family-based • diabetes in pregnancy • community-led food security and traditional food • training of health staff	• Elder assistance programs such as meals-on-wheels • luncheons, events
CPNP	• reduce low and high birthweight • improve maternal-child health • support initiation and duration of breastfeeding • increase community supports for pregnant women • create linkages between communities	• income support payments or vouchers for pregnant and new mothers

BURDEN OF FEDERAL HEALTH PROGRAMS ON COMMUNITIES

Aboriginal Head Start – lack of flexibility due to PHAC and YG requirements

- construction/renovations of facilities needed
- in some cases, merged with daycare, may be fees and only FN children
- staffed by ECE; remote Yukon College campus
- “in-kind” support

CHAMPAGNE AND AISHIHIK FIRST NATIONS

OUR RAINBOW

-Offering programs that best meet the needs of the community
-Statistical information
-Empowering community members
-Income Assistance Act
-One window approach; Navigator

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