Embracing the Healing Journey

In November 2007, several Health Canada officials embarked on a journey, through the First Nation Communities in Crisis Initiative (FNCICI), to better understand what contributes to crisis situations in First Nation communities and how best to address these situations. That journey is expected to lead to the development of an evidence-based framework and action strategies to guide responses to future crisis situations.

With the support of the First Nation and Inuit Health Branch (FNIHB) of Health Canada, the National Aboriginal Health Organization (NAHO) commissioned a series of multi-disciplinary research papers that explore various dimensions of First Nation crisis. This edition of the Journal of Aboriginal Health presents the results of that work, which aims to provoke an informed debate that will support positive change.

Guiding Principles to support First Nations Communities in Crisis

The research identifies several key principles to guide those seeking to support First Nation communities at risk of, or recovering from, crisis:

Holistic Approach: The Aboriginal concept of health is holistic as reflected in the medicine wheel with its four dimensions: mental, physical, spiritual, and emotional. These four dimensions correspond to what "western" authors refer to as the social determinants of health. The path to healing and wellness requires that each of the four dimensions be addressed.

Strengths-based Approach – Evidence supports approaches to Aboriginal healing based on an assessment of a community's strengths, not just its weaknesses, gaps, or poorer health outcomes. Building on and leveraging existing strengths is an effective method to moving forward.

Community-centred: A community must "own" its problem and be willing to take charge of its approach to healing. The role of government in these situations is to provide support through fiscal resources and expertise. Governments must avoid being prescriptive in their approach and recognize that healing will happen when the community wants it to happen.

Community Resilience: Perceiving crisis as a static issue of capacity equates to victimization. However, when viewed as transformational it can lead to the development and deployment of strategies that enable the community to move beyond vulnerability to being resilient, resistant and, ultimately, thriving.

Horizontality: Given that multiple federal government department mandates address the social determinants of First Nation community health, there is a need to work together effectively in a manner that promotes cooperation at all levels.

There is an overwhelmingly consistent finding in the research that confirms colonization contributed significantly to the imbalance of social determinants of health in First Nation communities evident today. Nevertheless, evidence demonstrates that many communities are healthy despite this history and the FNCICI is intent on learning and understanding more about the strengths of these communities, to better assist communities that are struggling.

Furthermore, the forces that contribute to crises in First Nation communities are multi-dimensional, inter-generational and complex. For this reason, an indigenous world-view in deconstructing crisis is essential to knowing how to move forward.

Going Forward

There are a number of obvious next steps to move this initiative from theory to practice. First and foremost, more discussion is required with First Nations and their organizations, non-governmental organizations (NGOs), the private sector, and within government to solidify the evidence base which will support the framework being developed, encourage buy-in to the direction being proposed and identify pilot projects to test the theoretical underpinnings.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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In addition, we need to focus on:

- Learning from past experiences of communities that have both succumbed to, and successfully resisted crisis.
- Creating cross-departmental structures to facilitate cooperation.
- Advocating for a whole-of-government approach that addresses the social determinants of health, which are the underlying causes of crisis.
- Identifying criteria that will enable us to proactively identify communities in crisis and those at-risk of crisis.

In closing, we are encouraged by the positive reception these research findings have received from government officials, researchers and practitioners. Working hand-in-hand with willing First Nation partners, we are moving forward to test the strategies identified in our work through a series of pilot projects. As we learn from these experiences, and from further exploration of the key concepts, we are confident useful strategies will emerge that will enable First Nations to build resilience and successfully move along their healing paths.

Finally, we would like to acknowledge and thank the National Aboriginal Health Organization for partnering with us to commission an impressive array of research. In particular we acknowledge the strong support provided by Andrea Aiabens, Research Coordinator, Mark Buell, Director, Communications and Research Unit, and especially Paulette Tremblay, Chief Executive Officer, for her enthusiastic willingness to work with us to gather a solid body of evidence to support the First Nation Communities in Crisis Initiative.

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