

Wellness Symposium Iqaluit, February 13 – 15, 2002

The following are notes taken by Don Ellis, supplemented by notes taken by Luc Brisebois. They are not intended to be an official record but are the hosts' effort to record the discussion. Actual tape recordings of the whole proceedings are in the possession of Health and Social Services.

The Symposium was to have started on Tuesday, February 12, however a blizzard, which started on February 11, caused the entire proceedings to be re-arranged. The group began on Wednesday, February 13, with participants arriving through the course of the day. Many participants from the Kitikmeot and Kivalliq returned home, having been unable to reach Iqaluit.

The official Symposium ran through until Friday evening. A follow-up group met all day Saturday – their discussion is captured in the attached "follow-up table."

2002.02.13

Ester Leck

Nunavut Inuit Childcare Association

Sees daycare as hub for wellness programs in communities.

In Pond Inlet, we now meet with those involved in

- Family violence
- Prenatal nutrition
- Early childhood
- Health safety and fire prevention
- Elder classes
- Aboriginal Head start

Childcare expanded to beyond children of working and student parents; the NICA can offer an administrative core, while others have the specific skills required to work with kids, elders, men who need healing etc....

What is community wellness? - It isn't something you teach, it's something you experience.

Critical that we know who we are, what exactly we are trying to achieve and what our role is.

Funding from HRDC and GN Dept of Education, but administrative reporting cycles are different. We're trying to get them together.

Want to expand to

- Respite care
- Traditional parenting

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Mary Alaing

Communications required with our people (& other programs) about the programs we're involved in

NICA advocates on behalf of licensed daycare in Nunavut; 20 have been licensed in the past 3 years. Our priorities are still working with those communities that do not have daycare.

See NICA and each daycare as guardians of Inuit culture. See NICA helping those communities who don't have the administrative strength with administrative development.

Annie Quirke

Inuktitut word for "health" comes from "hospital" – important we move beyond illness to health

Ester Leck: all our programs are grounded in proposals – smoking cessation, pre-natal nutrition, healing, etc.... We may be able to offer our services around administration – proposal-writing, board development, introductory budgeting, accounting, evaluation, childhood development (traditional and certified), CPR, etc....

We can assist with the practical aspects of program development, operation and evaluation...and extracting money from Government.

Kristiina Alariaq: Is the Pond Inlet Board voluntary or paid (it is voluntary)? I believe the spirit of these projects is from the heart. Volunteerism is critical.

Ester Leck: That's a really good question. We believe the Board members need to have a really good understanding of their roles and responsibilities – the more they understand, the more committed they are.

"Maximizing childhood development" – a publication which NICA is getting translated and published. All 31 daycare centers will be receiving copies.

Charlie Adams:

Can you tell us about the frustrations of getting money.

Ester Leck: There is skill involved in getting money. Each Dept has its own language, its own hot buttons, so do hamlets, Coops etc....

Mary Alaing: when I was coordinating Brighter Futures for the Baffin, all kinds of money lapsed, so we'd bring people in from the communities. I'd get all the program fund holders – Kakivak, NWMB, depts.; we taught people how to build partnerships. Suggest there ought to be a presentation on its own – on cost-sharing and partnerships.

1:30 p.m.

Rural Secretariat presentation

- Communications
- Research
- Outreach

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Mary Alaing: Materials were not available in Inuktitut – this is not respectful

Jacobie Iqalukjuak: Further to meeting in Rankin Inlet, I would like to speak about disabilities. For example, there are so many people who can't work full time but who could make really valuable contributions.

Mary Alaing: there have been reports over the past 5 years – housing needs, community wellness needs, education needs, communication and networking needs. Will the feds be developing all new needs assessments – why not use what you have? Does the federal government realize the amount of education, training and development required to build the capacity at the community level to use the programs the **RS** is communicating? Will you visit all the communities to insure that they have capacity to use the compendium. Does this project address the difficulty that communities have to access “capital funding”. Also complicated Latin terms like “compendium” is not the best language to reach most of the Inuit community, a greater effort should be made to use simple clear language.

Annie Amituq: Program information, and associated forms need to be Inuktitut – this is a **big** obstacle to access.

Minnie Nungaq: when community wellness first came about, there were competitions for Community Wellness Coordinators – but in most communities, these were half time jobs. These need to be full time or good people will seek other, full time jobs. I also suggest funding should not go to hamlets.

Pauloosie Muckpa: I was a hamlet councilor; we had things like a 5 year plan; some of these had to be delayed. How can we emphasize more on the needs of the communities? If we need to emphasize our needs, we go through the hamlet council. When funds are delayed, projects are delayed and this happens all the time.

Charlie Adams: it's very hard to start anything right now because you need prerequisites – the criteria are often limiting.

Frank Pearce: the Secretariat is starting out to create a directory, but over time, we may be able to influence program criteria where they make more sense.

Kristiina Alariaq: if Committee of Council, good idea if they're healthy and there's a balance of men and women. There's a history of hamlets turning down proposals for victims of violence, for sexual abuse. Hamlets tend to operate like qallunaq governments – they don't operate from Inuit values. Real community development comes from committed individuals.

Ester Leck: The key is communication (translation), our job is to tell the governments what we need, their job is to give it to us in our language and understanding, support and straight answers can go a long way.

Kristiina Alariaq: (lists priorities)

- Capacity
- Inuit have traditional skill and the desire to help
- Having regional people to bridge the gap

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- Help write proposals and reports learn how to review and assess

Many times the Hamlet councils are formed of men and wellness is seen as soft and women's concerns, also the councils are elected every two years and it is very difficult to get any continuity or long term well trained people there

...there was a short time here when both note-takers were away from the table....

Jacobie Iqalukjuaq: we have often been turned down for funding by hamlet; anyone who is a social worker, who gets called out in the middle of the night etc...these people need to be paid. There's some more thought required about boundaries between volunteerism and compensation. **Annie Quirke** reinforces Jacobie's comments.

Lootie Toomasie: In 1964 I was taken from my family and put into an English school, while I did not understand English I was immediately asked to read.... There continues to be an assumption that Inuit can – and even want to – work in English. It is important for access (to these programs) that all key materials be available in Inuktitut.

Ester Leck: Can the Rural Team lobby and advocate for Nunavut? Can you help us take advantage of the existing funds that will be identified in the "Directory". Maybe listen to our needs and see what matches with Rural Team Nunavut goals.

Facilitated (Lee, from Rural Secretariat) discussion – re. what should we do to move forward, based on discussions held today?

- What have you done that succeeded, that you would like to share with others?
- What **doesn't** work, that you would like to share?
- What priority recommendations would you want to make?

Break for drum dance and dinner.

After dinner, Iglulik video and presentation

1995

- one third of children not attending kindergarten
- concerned because we found kids not attending kindergarten didn't do very well afterwards
- we at the school (Program Support Teacher) tried to make it possible to come up with a program for every 4 year old child
- we called Ottawa, they said no, we're not doing anything for NWT that year (1995)
- in 1996, we got Aboriginal Head Start funding
- we got funding to do a teen parenting program
- we got Nobody's Perfect parenting program & translated the whole thing – we've since reworked the materials & through the Literacy Council we're getting Inuktitut materials printed
- we approached Education to get the portable that was going to be replaced
- we have just secured funding from CAP-C, and we'll have the home visiting, ages & stages program in Iglulik
- so we just tried to build as we went, listening to what people said Iglulik needed – "listen and do"

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- we have a very good relationship with the school – we work with teens (parenting and pre-parenting); we have access to a bank of computers; all our staff will be doing an on-line nutrition program;
- we have visiting pediatricians, and health fairs
- we work directly with some families referred to us by Social Services
- NAC had a carpentry course & needed something build – we said, if we get you the lumber, will you build us a kitchen – so the dads of the kids in our center built the kitchen
- We needed a new roof & we took a risk – the Coop flew in a whole roofing package – and the College had a roofing course; the next year, we needed a porch and lo, there was a framing course.
- We use the Iglulik Research Centre – if we want to have elders discuss some things, we go to the center and find out which elders contributed to various kinds of traditional knowledge; the NRI also helps us with some transportation needs
- **BIGGEST STRENGTH** – we work as a team; every Monday, we discuss what happened the previous week, if there are any bumps we figure out how we can compensate (e.g., if someone's sick and can't come in)
- We try always to gain more strength
- We value our volunteers – if someone wants to work, we say if you come in, you will learn things, and when a job comes up, maybe you'll get it (first step to a job)
- We have grandparents come in to assist
- We have older kids
- Jeela Allarut and Caroline MacDonald have Bachelors of Education (B.Ed.) degrees; one staff has social worker diploma; some have been substitute teachers or special needs assistants; we have no one with an early childhood diploma, though we'd like to
- We listen to what people say they need, we try to follow the interests of children
- **We try to be happy with what we have and do the things we can do** – we know there are some things we can't do; focus on the good.
- We talk to others (like this group).
- We shut down when the situation calls for it (e.g. RSV outbreak in the community).
- We have to be flexible.
- We have to support each other, be open with each other.
- Reflect on what we do – at the end of the year, we do a big evaluation of all our programs
- In August we do our annual planning – will we do the same programs, do we have the same people, do we need to adjust
- We do mid-year evaluation
- Our main focus is the program for 4 year olds – we have about 40 kids
- Infant and toddler program
- Ages and stages screening tool – we use it as a teaching tool with parents
- We don't have a home special needs person for 5 & 6 year olds – no money, no persons – but we'll get back to it next year
- We work with students from the high school – esp. teen parenting and relationships
- We have a babysitting courses with elementary school kids
- Monday evening is our sewing circle with elders
- Monday also programs for children and parents
- Tuesday evening – pre/post-natal nutrition (17 participants)
- Wednesday – parenting (Nobody's Perfect) issues – elders often involved

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- Thursday – traditional play with children – traditional play and traditional songs (kids 0 – 6)

Conclusion

2002 02 Jacopie Iqalukjuaq

Lighting of Qulliq – Okee Kunuk

Introductions

Minister's address

- Admires the people who are involved in wellness – it's very stressful
- Wellness workers bring hope
- Refers to many in the room with whom he has worked
- Notes this is first ever meeting of community workers heading the agenda
- Refers to Departmental budget overrun in 1999/2000 and 2000/01, in context of *Pinasuaqtavut, Inuit Qaujimagatuqangit* – think communities and people first
- Repeatedly mentions how pleased he is to see someone from Nunavik (Charlie Adams) – hopefully next time we'll see Inuit from Labrador too
- Very interested in hearing recommendations about what government can do to enhance access to funds
- Acknowledges very impressive work of groups like Iliasaqsivik
- Need to make federal politicians understand Nunavut needs
- When Health gets more money, Housing gets less, or Education etc....
- Government is limited in what it can do in the face of issues like suicide – the most direct answers come from families and community groups
- Make sure when you go back to your communities that you *tell* people what happened here, what you talked about, what the recommendations were
- Communication is the key
- Community responsibility, sustainability and resourcing
- People from outside Iqaluit were surprised to hear that the thing that locals were most proud of was the “breakwater” because people are tied to the outdoors, people go out fishing and boating it was a necessary improvement, and an improvement to the quality of life here in Iqaluit – “communities know what they need.”

Comments and questions to Minister

Dora Pudluk, Resolute Bay

- Don't understand why Boards were eliminated – and now we have no H&SS committee. Minister explains
 - consolidation of boards everywhere in Canada
 - training and funding for community committees (note 23 members active at Cambridge Bay)
 - need to create Nunavut standards and to coordinate at territorial level
 - With creation of the territory the regions needed to have the same rules, regulations and accountabilities
 - Committees were funded for each communities at \$5000 each – some now have more

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- Mother at elders facility, but no one helps her exercise – now she can't walk – need [therapists]
 - We finally got a physiotherapist in Baffin – they're very hard to hire and we're trying our best
- People not being given right medications sometimes
 - Very serious issue; if you have a reaction, tell nurses/physicians immediately – if need be, tell your MLA.
- At health center, nurses just tell me I'm getting old, don't help me
 - There are channels to pursue – and you should, if you believe you're not getting good services. Document things that concern you.
- Need professional nurses in communities
 - Similar story – we're trying very, very hard to recruit – we've gone to Australia

Question about client travel

The escort policy has been reviewed and a new appeals process is in place.

Ester Leck, Pond Inlet

Supporting proposal development

- Will H&SS support the establishment of appropriate supports to help community individuals and groups – all wellness programs are proposal-based, yet that's where the skill deficit is
- Would the Department of Health & Social Services be willing to develop proposals for the communities
- Often when people aren't comfortable with what they're hearing from nurses, they go to an elder. Elders play a really important role and they do have the ability to help people – can H&SS acknowledge and somehow certify people that have traditional knowledge
 - Minister suggests it might be possible to fund a proposal writer at NSD or QIA and the KIAs

Evelyn Thordarson, Rankin Inlet

- Family violence – before division, there was family violence section; Nunavut has nothing. Need a dedicated position
- When shelters try to apply for Brighter Futures for family violence workers, they are always turned down. Budgets haven't changed since 1992.
- What will H&SS do to help?
 - It is a priority for me and in our budget process, I am making sure the department enhances support – although I can't tell you at this point exactly what's in the budget because of due process.

Mary Alainga, Iqaluit

Question 1

- My mother was being given 4 different medications, which contradicted each other.
- Are Nunavut doctors required to get on-going training to remain current?
 - When there's a problem with medications or any other element of care and you think there's a problem – write it down, document it
 - Physicians are certified and have to receive continuing education.

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Question 2

- Can you invite Anne McLellan to Grise Fiord, to give her a first hand sense – which she could relate to her Cabinet colleagues
 - Anne McLellan has been here before and has indicated that she would like to come back.

Jayko Simonie, Hall Beach

- I've always been told it should be "up to the community" to do things; a lot of communities, especially small communities, don't have facilities to do things.
- Regarding education, we shouldn't just be educating children
- Regarding housing, poverty ... there are families that never have enough food, but they don't go to government now because they know full well that government won't give them anything.
- Inuit have to help each other. Qallunaq may say they will save money for when they retire, but that's almost impossible in communities.
- It's almost impossible to make a better life – it's almost like we're just being given bandages to bind our wounds.
- Poverty is at the root of so much grief
 - Minister Kilabuk is working hard to improve the Income Support program, but governments are like people, we must make choices – sometimes we don't have enough money to do what we want to do.

Kristiina Alariaq, Cape Dorset

- We used to have birthing in our communities. When a child comes into the world, it's new life, it's like a light to all those who receive the child. That's gone now – instead, we're being asked to look after the people who are dying.
- I can't understand why we can't have our babies in our own communities.
- Cape Dorset has 40 women a year who get sent out to give birth. Money alone, that's 40 times x days, times room and board.
- We're telling women right from the get go that they're not able to give birth to their own babies. We have this problem with dependency, but we entrench it
- Is there going to be a change in the way we bring our babies into the world?
- The midwife develops a special bond that lasts a whole lifetime with the children that she delivers it is an important social support that is now absent from our community and from our young peoples lives.

<Applause>

- I always get these questions in communities – and communities clearly want to go this way and yet
- Younger women are having babies; almost all mothers are smokers, many, many babies are not born healthy; mothers are bleeding more.
- We are responsible to give the best possible care to the mothers and the babies such as blood transfusions and professionally trained doctors to assure a safe and successful child delivery
- I have to balance the regulatory and safety issues with the desire to give birth closer to home. We're trying very hard to keep the program in Rankin going and we'd like to do more. I agree completely that it would be better if we could do these things.
- This is going to take time – it's like smoking.

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Beverly Illauq, Clyde River

- When we spoke about Inuit medicines and practices – it is true that these things are all there.
- Is it possible that the Ministry could put some money into researching these traditional practices and implementing these practices?
- I would also encourage the department to investigate alternative forms of care – tai chi, homeopathy, etc....
 - Traditional medicine: last month, Arctic College put out a great book on Inuit medicine in Iglulik, Kivalliq, Kitikmeot. We're looking at this.
 - We're moving with a major home care program – when we're hiring Inuit home care workers, we're talking about hiring people who probably already know something about traditional practice.

Annie Amitook, Sanikiluaq

- First want to thank the Minister for making funds available for training of Community Health Representatives. These people are really important to communities.
- Is H&SS looking at providing more training for people working in addictions – and are you looking at a place where people with addictions can go for help?
 - The BRHSS Board closed down the only drug and alcohol center in Nunavut, because they thought it wasn't working.
 - At the same time, all the boards in the north were closed – some have since reopened.
 - The treatment center model is designed to help people with a physical addiction get a time without that drug. What makes more sense to me is to train people at the local level to help those with addictions with their underlying problems – to help their families.
 - I need the help – and demands – of community people to secure funds to “get upstream.”

Annie Quirke, Iqaluit

- Would you support the transfer of the Community Wellness Administrator position to NSDC? We already have an Aboriginal Healing Foundation-funded position to assist communities with proposal writing. If we put these two positions together, it could create a little scale.
 - I'd be prepared to look at a proposal – so we can look at the upside and downside of it.

BREAK

Agreed that we will meet till 5 pm Friday as a full group; Saturday will be small group meetings.

Rural Secretariat

Small group reporting

Rural Secretariat contact:

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Partnership Consultant, Executive Secretariat
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Charlie Adams played and sang for us while we waited for the delegates to reenter. He writes songs re wellness and social issues for people to be inspired.

Objective of this next session: to hear what delegates think about programs that are running well in the north and which programs we are having problems with.

Group 1

Greg Sim, Pulaarvik Kablu Friendship Centre in Rankin Inlet, is putting together a binder with all the programs.

- 10 or 11 full time programs and writing weekly proposals for these for next year.
- Major concerns of the group were time frame of receiving funding.
- Friendship Centre has own proposal writer and staff puts proposals together and wants to share skills of workers at the Centres with other communities.
- Communities that do not have Internet are at a disadvantage.
- Offering assistance to write proposals.
- Pamphlet is overview of what will appear in the binder.

Grise Fiord has cooking classes, coordinated by CHR. Sewing classes held also with Anglican ladies group. Community Justice teaching young people to make tents.

Internet access for all the communities should be a priority, a network of help

Group 2

Group 2 and 3 combined. **Annie Quirke** reported. Successful programs – Grise Fiord is teaching people to make qamaq, sod houses. Proposal to Dept of Sustainable Development (SD) so Elders can teach Inuit culture and traditions. Community members helped put the proposal together. Hamlet Council office staff assisted in the wording and contents of the proposal that they were writing. Faxed proposal to Dept of SD and awaiting response.

The programs that are successful are definitely needed and there is a need for someone to write proposals. If there is someone to write the proposals then funding is usually obtained and it has to come from the people of the community. The program that is accessed is as a result of need in the community.

If a meeting will be scheduled, then interested people are invited. The coordinator tries to make it interesting to others. **Stirling Firlotte**: if program is to be successful, there

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has to be a contact person in the community or someone who can help. Workshops are useful and community people have to show that they want to do it willingly.

Proposal-writing training is taking place in Gjoa Haven.

Charlie Adams: have seen \$10,000 of Brighter Futures funds used to hold a feast for one day and it doesn't go far. If \$10K would be used towards youth workshops, it would benefit more people in the long run whereas the feast is only for one day.

Annie Quirke

For Iqaluit – Brighter Futures – Classroom support assistance funds this. They were not happy to see funding from BF but should come from Education. Committee of Wellness reviews the proposal and then submitted to Health and Social Services or federal government.

What is not working – Process: sometimes, the Committee of Council approves a proposal and then it is not approved by H&SS. The committee members in the communities are not aware of criteria that have to be followed under certain proposals or programs. There has to be good communication and good understanding, especially for those who are at the top who do the approval of proposals and also the Committee members need to be fully informed of what is expected re the criteria.

Group 4 - Mary Alainga

Success of programs – If you come with something from your heart, you have to be willing to work to support what you say - and you and the community have to want that program in the community.

All people should be involved in the community - women's group, men's group, church groups, and young people. The *funders have to trust the coordinators*, and respect them to make sure the money is being utilized as it states in the proposal.

What doesn't work:

Problem is that what is not approved is put aside and a new proposal is written on a project people think will attract money. All the thinking about what is needed and the work on the initial proposal is lost

We talked about improvements – housing, or facilities for meeting. Too many people in one house, there are more suicides. *One year funding does not work* – we need more multi-year projects. Funding could flow one year at a time, but multi year projects are necessary. There is a lack of housing and a lack of facilities in order to have many of the approved projects work.

Funding must be made available in April, communities are not concerned with agreements and administration, they are concerned with projects getting their resources in order to function at all.

Capacity Building – there should be a person making sure the funding is used for what is applied for.

When a proposal is not approved in many cases it could just be reworked and upgraded instead of shelving it and losing the work that has already been done.

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Schools accessing money from BF for student support in Iqaluit, these students have mental and emotional health issue and they are unable to function in a regular classroom.

Kristiina Alariaq: need facilities and office equipment for Justice Committees. *Need for capital dollars in FNIHB programs*

Ester Leck – there is a need for federal government to provide facilities, not just rely on there already being infrastructure. DEA says they are trying to preserve schools for children's learning. Frustration that there are no facilities to run programs.

Need more effective ways to profile the responsibility for, the accountability for, and the need for wellness. Lack of recognition for wellness in the communities. Misunderstanding between different departments and community groups. Need to look at strategy where wellness is recognized and wellness programs need to be defined. This group needs to make a presentation to the right intergovernmental structure and talk about the need to have facilities to conduct programs and that wellness development is important in every community.

Luc Brisebois: the *Rural Team Nunavut* is intended to be a good intergovernmental forum to develop solutions to these issues.

Ester Leck: suggests that the *Children First Secretariat* would also be a group to present report to.

Jayko Simonie: his community has been praised for how well his community has run justice programs. There are volunteers and Elders support them, but there can be problems if JP wants to have a meeting at the Hamlet and they need to meet in evenings, but if they want to use the Board Room, it is difficult to use during the day time, because of confidentiality issues, especially for the young people involved. Peoples feelings are involved and want to express themselves in private. Would like to have more time to deal with Family Violence and Suicide Prevention issues and would like their own building for the Health Centre. Wishes that the Symposium was longer to address more specific issues at length, suicide, family violence.

Mary Alainga – echo what Jayko said and talk about federal programs, GN programs and the fact that there is no capital funding. Once a building is available in the community, then a lot can be done. A presentation of the recommendations of this symposium should be made, including DEA, Housing Corporation and Ed Picco (Health and Social Services and CLEY). Also have another meeting with this group to follow up and keep the momentum going.

Kristiina Alariaq – one of the groups that support the community is Elders. Traditional and modern ways belong together and everyone can learn new tools to help with social issues faced today. Networking with different community workers is very important

Group 5 – Evelyn Thordarson

What works is

- Have a good Board who understands their roles and responsibilities and have good staff who also understand their roles and responsibilities
- Elder involvement in programs that are going to be offered

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- Land programs, reaffirming your culture
- Exposure in the media (radio and print) which raises the awareness of the programs and keeps you in the spotlight
- Training programs that are relevant to the community
- Listening to the people and putting their thoughts into action
- Announce meetings to have full representation
- Sharing country foods, and
- Remembering your spirit.

What doesn't work is

- ignorance, racism
- inconsistency in program direction
- start and stop funding
- Hamlet involved in the Community Wellness Committee and the powers of the Hamlet councils
- confinement (pre-natal), no mid-wife in the community and
- no full time hours for community home care workers.

Beverly Illauq - stop and start funding is the most difficult issue in communities, with workers and boards and community organizations. Communities have no banking in place with no financial support in place. Her community has an overdraft on the credit card and this is how the funding is managed and payroll cannot be done. Morale diminishes when this happens. Fault lies with the system when the community does not get funding until the last couple of months of the fiscal year. Bridge funding can be done, but very difficult.

Group 6 – Minnie Nungaq

What works (what exists?)

Hamlet council
Community wellness
Alternative measures for young people (Justice)
Counselors
Daycare center
Drug and alcohol counselors
Community Justice Committee
Elders group
AA groups
Many groups don't have their own buildings

Church groups – e.g. Anglican women's' group
Homecare
Ladies groups – e.g., sewing classes,
Daycare
social workers' committees
drug and alcohol workers
community wellness committee members
health committees

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Clyde River:

They have a facility they use –
8 person Board of Directors guides the facility
Coordinator-Director administers the programs
Healthy Children's and parents program
After School Program
Prenatal program
Library
Daycare center – separate in the community
Women's Sewing and family center
Men's groups
Youth committee
Wellness Counsellor
Administrative trainees
Community Internet site being opened
Family Counsellor works half time – home visits too
North Baffin Personal Development Project
Counsellor Training Project
Elders' room for counselling and traditional information
CHR
RCMP
Social Worker
Volunteers
Committee members
Youth committee facilitators
Hamlet council works with committee members' programs are successful

Resolute Bay

Anglican ladies group
Wellness worker
Drug and alcohol committee – no counselor
Youth committee
Community justice committee
Justice of the Peace
Daycare (under hamlet council)

Iqaluit

Many volunteers
RCMP
AA group
School counselors
City councilors

Annie Amitook

Elders groups
Community justice committees
Youth justice committees
Health committees

No by-law officers in some communities

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No CHRs in some communities
No facilitators for pre-natal classes in some communities
Some communities lack facilities
No bylaws in some communities
No counselor who would deal with Inuit culture and traditions
No nutritionist
In Iqaluit no facility to carry out cultural counseling work
No one who ensures Inuktitut language is being taught or carried on younger generations
Kids are expelled from school, but it's not good for the community
Insufficient training for by-law officers
Insufficient equipment for recreation
Insufficient support for people addicted to things like cigarettes
Well have a wellness center, but it froze up.

Emily Beardsall (Coral Harbour)

It would be very good to include youth in the youth justice committee
We have 10 community wellness committee members
Very good to keep people updated through the community radio station. We request proposals through the radio.

We try to discourage very young people from getting together (married) like spouses too early – when things go wrong, they don't know how to handle it, and often bad things happen, like suicide

Youth Justice committee has a building outside of town – very useful; heated – very useful, where people can go away if they need healing

Pauloosie Muckpah (elder, Arctic Bay)

We don't always know where to turn
We wanted to get more members, we wanted to build a larger church, but we weren't even sure whom to approach
When we wrote to the hamlet about a morgue, they came up with the money to build a one.
We need a secretary with the knowledge – where to go, recording of meetings, how to go about things administratively – and someone who can communicate in English

It would be a big support to the community if there were someone who could assist all these groups mentioned because *much of what we are discussing is being lost as it is not being properly recorded. Language is experienced as a barrier.*

Schools are expelling students instead of disciplining them and these young people are turned away and that hurts the whole community.

Okee Kunuk, Iqaluit

In our group there was no one else from Iqaluit – I wanted to ask, are we going to be supported in what we want to see in our communities?
The by-law officers don't seem to be doing a lot – there are things they might be able to do (even just patrolling) to prevent vandalism
Expelling students who misbehave isn't a solution; they used to discipline students, but now they send them home. There are children who have difficulty at home – it's not

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necessarily their fault – they get embarrassed in front of their kids, they act out at school, they get expelled. They should be kept in school, calmed down – have counselors work with them right in the schools.

Kanayuk Salamonie, Cape Dorset

There used to be someone who would come and take kids home if they got in trouble – these people don't exist anymore.

Dora Pudluk, Resolute Bay

- Agrees with Okee Kunuk – when kids are kicked out of schools, it hurts the community
- We have a good hamlet council, but maybe sometimes we don't work closely enough with other community groups or other communities. We have all new councilors and we can't find help to orient or train them. We have a problem with our mayor around funding.
- We lost our MLA too.
- We have a good A&D committee, but no counselor, which makes it really hard to function.
- We have no social worker – no one has been appointed.
- We feel like crying sometimes...
- Minnie is running healing circle in our building put up in 1970 – moved, now drafty.
- It's been years since any new buildings in Resolute Bay.
- JPs don't necessarily understand all the rules, and sometimes they have favorites – someone has to come to our community and look at these problems.

Jacobie Iqalukjuaq, Clyde River

In Clyde River, we have a good health committee, but we don't have a secretary, which is very limiting. The hamlet council appoints our health committee members...we think if our chairperson were not from the hamlet council, it would be a lot better. I think the health committees were running a lot better when the regional health board existed. Do we have to be under the umbrella of the hamlet to be a health committee?

Marie Kringuk, Repulse Bay

Biggest problem we have is not having a place to work out of. Even our sewing group had a place, but it was taken away and given to a group learning how to carve. Sometimes groups have to take turns using an office. Some of the Brighter Futures projects need to share.

We found out late how much money there was available and proposals had already been put together even though we didn't know how much money we had. The hamlet went ahead with the projects they thought would be most helpful.

Another problem is that funding is not available in April only 3-4 months later and then only 50% of the funding is given.

We know who has to go out of the community to have their baby, we know who is poor, we know which families are struggling and the pregnant mother is taken away from the family for 1 month for a mere "checkup".

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When there isn't enough money a lot of other things tend to go wrong, like abuse, depression....

We need staff who understand Inuktitut at the health center: miscommunication leads to things like wrong prescriptions, misdiagnoses

The unnecessary frustrations that flow from poor resources....

Rebecca Iqalukjuaq, Clyde River

Re wellness committees – if the council chooses someone who doesn't understand their role, the committee is not very effective. Does the chairperson have to be a hamlet councilor? (Don Ellis: no – it's up to each hamlet council to decide that.)

It is really important that people put into these positions are not people who are addicted to things like gambling.

Lottie Toomasie, Qikiqtarjuaq

I hear the issue raised by the people from Clyde River, and I am aware this is an important issue. When the hamlet is asked to help, it is important that they do that.

Presentation by Planned Parenthood

Steve Carroll – Director of National Programs steve@ppfc.ca

Erin Connell – Project Officer econnell@ppfc.ca

Website: www.ppfc.ca

tel: 613 241 4474

see also Aboriginal Nurses Association of Canada: 1 800 599 9066

Please refer to the PPFC hand-outs

Ester Leck: Here in Nunavut we have a small population which means that these horrible statistics have names, and we have to do something to address some of the highest rates of all kinds of illness in the Nation.

Don Ellis: Pauktutiit and the Department of Health & Social Services worked together with some youth for a safe sex component at the Arctic Winter Games, but the officials from the games had misgivings about promoting sex as many of the participants are very young and it is a contentious issue.

Ester Leck: It is a silent epidemic, where are the parents?

Rebecca Iqalukjuaq: Children are having children and these young people then have nothing to look forward to and they end up losing their childhood.

Ester Leck – we have the incredible rates of teenage pregnancy and of STDs, and PPFC has all this information and the ability to speak to young people in a language they are comfortable with. The GN *has* to invite this group into Nunavut.

“Information is not enough” – this is a basic human right. Services need to be available. We need to speak at home, in schools, on the street. Give them the tools.

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Rebecca Iqalukjuak – when I was young, it was shameful to talk about sexuality. People now don't know how to talk about it. I am glad this was brought up here because it is under wellness.

Evelyn Thordarson – when I was a child, no one talked to me about sexuality; not much has changed. What I see is that many girls and families see it as a status symbol, having a child – the sooner the better.

Steve Carroll:

This is a health issue, not a values issue. There are objective outcomes we know about here. It is wrong to withhold services.

PPFC is anxious to be relevant and responsive to Nunavut – would love to hear from communities.

Presentation by Ilisaqsivik

Beverly Illauq

Jacobie Iqalukjuaq

Rebecca Iqalukjuaq

Ilisaqsivik's story:

In 1986 a petition went around the community – wanting a library, where we could maintain cultural traditions

By 1995, we realized we needed a daycare center if Clyde River was to develop economically. Well, that led us to how, if you're going to have kids who are physically, emotionally, mentally and spiritually, you need to have programs for parents. We realized, we needed a building. The new health center was built, meaning the existing building might be available. At the same time, two people got training in suicide prevention and suicide prevention became a high priority throughout the region.

So daycare, library, suicide prevention and wellness came together. We met regularly dreaming about what we needed. The daycare group broke off, saying they needed their own space. We were devastated at first, but it turned out to be a good thing, because now they have a wonderful stand-alone facility.

In May of 1997, we succeeded in having the old health center turned over to the Hamlet. We accomplished this by writing to all kinds of people, again and again. Once the building was turned over, the hamlet, which at the time was all men and in denial. The Hamlet offered the building to anyone who wanted to start a business. We immediately went after the Hamlet and in the end, they sold us the building for nothing. We were about seven groups.

We heard that Justice had some money for renovation, so we got about \$60K. We got furnishings on sealift, had murals done by a couple of local women artists. When we came to a name, we called it Ilisaqsivik – the place of recognition – where we recognize ourselves, our families, our neighbors, and our community.

When we started out, it seemed like a big empty hall. Now we're bursting. We have over 20 projects. There is lots of money – what you need is vision and a willingness to change. Because people's needs change all the time.

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How do we know if Ilisaqsivik is successful? It doesn't make things perfect. We've had 4 suicides this year – and 2 were in my own family. But suicides are not the only indicators – there are many. Police stats, sexual abuse, babies born healthy or unhealthy. What we noticed this summer that whereas it almost never used to happen, now we see families out together all the time. We hear from the school that kids who attended our preschool program are doing way better in school now than kids who didn't. We have prenatal classes for pregnant women six nights a week, and we average 11-15 women a night.

We find it's easy to find funds for children, but it's really hard to find funds for youth – we need governments to develop programs for youth.

With the establishment of various groups, we are thinking through the needs of special populations.

Last year, we had 83 T4s, we have 10 full time and about 23 including part time workers. Others bring in traditional toys and get a little money for it. It's a place where people connect, where they find things they need.

Where we have parenting classes, we sometimes have babysitters to look after their kids. Lots of people are involved as volunteers.

Why do people come to see us?

- 61% said they could speak Inuktitut freely
- % said they could laugh
- 49% said they could make new friends
- 49 said they could have fun
- 48 came to buy pampers and food
- 47% said they could come and talk about life

Explanation of the model (the wheel, the choice theory quadrant) – please refer to the materials from Ilisaqsivik.

Rebecca Iqalukjuak:

I do different things – sometimes I do things for elders when they're not feeling good, or I work on social issues (although sometimes it makes me feel like a garbage pail – it can be a really heavy burden); I do counseling. I think you *have* to have a building.

We need funding for the young people too, like Beverly said.

We need to focus more on some positive statistics, success indicators, families staying together and school attendance, not drop out rates or Suicides

Jacobie Iqalukjuaq:

Responsibilities

- Counseling clients
- Elders help
- Supervising
- Janitor

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I enjoy my job. We really enjoy ourselves at Ilisaqsivik.

I had hoped to speak with you when you weren't so tired.

In 1997 I was a minister of the church and I was kicked out for an offence. I felt like I was all alone; there was no one to help me anywhere. Beverly encouraged me to have a men's group. But I could only find one other man. Eventually we got three other men. We found that men's issues were normally sent to prison or treatment; young men who were abusive were more likely to be suicidal. I realized we needed a men's healing group, and we needed to help young people too.

In October 2001, after I spoke with my partner, we got together as men to sing. There were enough men – I asked if they wanted to become a committee. We formed a group of 8, and we tried to make programs useful for men. We made hunting tools for men, scraping tools for women. We started selling them for fund-raising – even if only to cover the costs of beverages for when we were meeting. We were aware of unsafe places where the ice was a problem and we were able to help others.

Every Monday and every second Wednesday we meet to have a healing circle and to sing songs. We've begun to grow, and to enjoy the fellowship. I started out being kicked out of the Anglican mission, kicked out of the young people committee – yet today, I have a really good job. I almost turned away from society, but this helped me. My wife was a great help. I encourage you woman, when you have a serious problem, please help your husband. My wife had training, and she really helped. Now I cherish you as a woman. I could not have done it without your support. I used to hate healing circles – because I was an angry man. When my wife went to Ilisaqsivik to go to a healing circle, I was angry – I suspected she was talking about me. When I went that evening, to tell her to stop going, I saw a totally different atmosphere – it was the opposite of my plan, but I really liked it. Now I will be chairing some healing meetings.

Since 1997 I have learned to change and appreciate good things, people are now asking me to help them. Lately we have started to make kamotiks at the men's group.

Crisis Line 1 800 265 3333 (Iqaluit: 979 3333)

Sheila Levey and the Crisis Line in Iqaluit have trained volunteers. The line is open from 7 to 12 every day of the year. Clients appreciate it and think that it is very useful, it is a starting point at getting better. Sheila left many posters for participants to take with them.

2002 02 15

Prayer by Beverly and Jacobie
Wellness reading from the prophet Isaiah 58

Presentation by Health Canada

Maureen Connors maureen_connors@hc-sc.gc.ca

Joanne Laskoski joanne_laskoski@hc-sc.gc.ca

Janet Gomboc janet_gomboc@hc-sc.gc.ca

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Please see handouts

Key messages:

- wants to further develop a single window approach
- streamline the process
- improve access to programs
- minimize the administrative burden on communities
- remain accountable to Canadians and respect the guidelines
- coordinate linkages of program activities

Presentation by Cathy Towntongie

President, Nunavut Tunngivik Incorporated

Cathy Towntongie encouraged the participants and advised that NTI is committed to working on social issues.

Presentation on land based healing

Iqaluk Siqiiniq

Ilisapi Taiviti

Kanayuk Salamonie

The value of land-based programs

- comfort
- self-value
- freeing, healing environment

Funding has come from Brighter Futures; proposals, timing etc...but we've done it. Even when there's no money from Brighter Futures, I've approached stores, like Northmart, and they have contributed. The GN helped also – we got wood from them (beds, tent poles), and the Legion has also contributed once. People have contributed foods, kids who have been in conflict end up being friends after going through these kinds of programs, and it really brings people together in a positive way.

Iqaluk Siqiiniq: My husband died in 1979 and I did nothing for a long time because I was mourning. After 7 years I was happy to learn that I could participate in the land program and it brought me back. In the city I feel stiff and heavy, when I go out on the land I am doing more work but I feel less tired and I don't feel my illness as much.

Discussion regarding Health Canada programs

Sterling Firlotte has programs he thinks won't fit under the Brighter Futures program. Can he have a transition period?

- Janet Gomboc explains that she had hoped to have these detailed discussions so we could identify appropriate funding sources where existing worthwhile programs don't fit BF criteria. Don Ellis asks Sterling and anyone else who thinks their activities may not fit, to please identify themselves so we can begin follow up immediately.

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Mary Alainga

- NIHB benefit or budget based?
 - Maureen Connors: Can't speak to that – there is a new manager for NIHB who should respond
- Presence in Nunavut
 - Maureen Connors: NWT has also asked this; no decisions as of now.
- Who is deciding what programs end?
 - Joanne Laskoski:
 - These are national programs, and need/continuation are based on evidence and priorities
 - The input of clients and programs is very important in shaping decisions
- Are FNIHB programs Inuit specific?
 - Janet Gomboc: Yes.
- The new travel policy did not involve consultation with NSDC or Inuit. This is contrary to NLCA article 32.

Zach Novalinga

When BF consultations first occurred, it was really clear that programs would be operated by community groups – it looks more like we'll be delivering through nurses and health centers now. Please consider this – I don't want an answer right away.

Ester Leck: We are like a round hole while you are like a square peg, how can we learn to work together to “shave the corners” and build capacity.

Maureen Connors: Community visits often help a lot but it is only one of the many things we have to do more of, together.

Evelyn Thordarson: What about accessing family violence funds, sounds like we are not going to get money next year.

Brighter Futures/Building Healthy Communities discussion

- Agreed that those who have concerns about the projects they currently operate fitting the criteria should contact Luc Brisebois

Break for Lunch

Structure of Wellness Delivery in Nunavut

Don Ellis: outlines the continuum of activities and services (from the draft Mental Health and Addictions Strategy) and the desire to provide more effective supports and services that help people to be born well, to stay well, or to intervene early so that problems are caught before they get really serious. This group – NGOs and community programs and activities are a critical part of wellness services, but so are core services, like CHRs, teachers, nurses, RCMP. The GN will be seeking ways to enable communities – both their informal and formal systems – to take stock of *all* community resources and manage them as a community.

Beverly Illauq: roles and responsibilities of various partners in community wellness delivery – see chart.

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Lissie Anaviapik (women's coordinator at QIA):

- Have to leave, but I want to say – and have recorded – that pregnancy prevention programs should be a priority
- Not so sure about lunch programs – I believe that they help kids in the short run, but I am concerned that some parents just let go of their responsibility

Dora Pudluk

- I would like to have some materials to help elders with healing. Many elders are still dealing with things from their childhood.
 - Beverly confirms that when they first wanted to develop a healing program, they thought the elders would be the main sources – but they found out that elders were often the ones most in need of healing.
 - Ilisaqsivik turned to the Aboriginal Healing Foundation and they held a workshop in Clyde River – it was a start.
 - Beverly recommends that Dora call Reeppeeka Iqalukjuak who is involved in elder healing activities, who has training, and who is making a difference in Clyde River.

Ragilee Attagootak (?) - sometimes elders are in a community that's not their home and they're lonely – sometimes they need some cash to go to their home community, to deal with their healing needs.

Lottie Toomasie mentioned that some elders were taken out to where their old camps were and it was a great help to them.

Jayko Simonie: I think we should be really proud of the elders. They grew up in Qaumaqs, and now they are dealing with forms and computers. They have been tremendously resilient. Discussion followed about some of the programs with elders – like traditional games, story telling – everyone has enjoyed them greatly.

Carolyn MacDonald: examples at Iglulik: kids were assigned an elder – if it snowed, they'd go over and shovel, pop in and sing a song, they'd bake cookies; we'd provide taxis and the elders would come to the school every Wednesday. We have special dinners and events, where classes are assigned specific tasks (cooking, setting the table, serving, entertaining) – elders get to take home some groceries or food. We weren't able to get funding to get elders in the school, so we found another way to do it! There's always a way.

Ester Leck: we're starting to deal with fallout of sexual abuse by a dental therapist, but does anyone here have a program for siblings or other relatives of the abused or of abusers?

Beverly Illauq: responds with information about Reality Therapy and Choice Theory and its application in the community. We researched and found out that 85% of our people, Inuit and qallunaat, had been sexually abused. We had a lot of community discussion, including confessions on the radio, but we have named it and have begun to travel the long haul.

We had a book about the cycle of abuse – it was translated; a man found it lying out and started to read it – he recognized his own experience and it suddenly got through to him what impact he himself was having on others. It was his beginning to healing, and he became quite active in creating open discussion about it.

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Gela Pitsiulak: I think something we really need is to have men like Jacobie come to our community and speak with men in Kimmirut.

Jayko Simonie: we have a traditional counseling process in Hall Beach – we get referrals from police, but people can refer themselves too. It works.

Marie Kringuk: we have a lot of funding sources, not only Brighter Futures. There's Aboriginal Healing Foundation, Healthy Children Initiative, CLEY, Justice etc....We have CLEY funding a 9 community, 60 person drum dancing workshop, we have square dancing and healing sessions and so on – there are many activities going on. We rely heavily on volunteerism and local supports.

Louise Haulli: this framework that we're developing here, it might be good if it is used, communicated to departments and partner organizations. Agreed that we should discuss next steps tomorrow.

As a wellness coordinator, one looks up to the hamlet, but what do they do? – nothing. I need help.

Beverly Illauq: who is responsible for the development of community wellness plans?

Jayko Simonie: I think hamlets have community empowerment officers who now how to generate plans; we should go to the hamlets and say, Why don't you get the Community Empowerment Officer to help the community develop a plan, because it will be better for the whole community. Beverly agrees – that the responsibility belongs with the community partners – the hamlet. But the responsibility to prod, poke, and make it happen belongs to people in the business – that's us.

Minnie Nungaq notes she and others have tried for a long time to provoke the hamlet – she doesn't know what else to do.

Frank Pearce relates that councilor orientation is something CG&T is responsible for. CG&T could make the importance of community wellness and listening to people a key part of the orientation.

Lootie Toomasie: hamlet is the people of the community. When we're elected we have to commit to serving our community, to serving our neighbours. You have to give yourself to accepting what people want.

Lootie intends to raise these issues at the Nunavut Association of Municipalities meeting in Cambridge Bay in late April.

Jayko Simonie: Jayko was a mayor before and was familiar with these issues. He hears well what Minnie is saying. Sometimes we don't seek out help when we're trying to move forward with wellness

Pauloosie Muckpa: explains about the choice theory training he received at Clyde River. It was really helpful to him. We realize we have terrible issues, like suicide, but we know we can start, we can make a difference.

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Gela Pitsiulak: themes – to help a community be well, we have to try to be well ourselves; no blaming. Humble oneself – seek help. Shares her story about the project she and her husband started out to do – but then he died. I went to a nine week healing course – they train you how to get to the root of problems and at the same time train you how to move forward. Many people – people I met at the healing course, First Air, the local store, churches outside, local people – pitched in to help us build a building. The in-kind support amounted to \$90K. I gained the confidence that we can move beyond being victims. It reminds me too that when people volunteer, you have to thank them, appreciate them.

Various closing remarks – thanks and appreciation.