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Promoting Reconciliation through Research Collaboration between Xaaynangaa Naay and Northern Health Authority: Beginning the Dialogue

Position Paper

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A previous Planning and Dissemination Grant from the CIHR enabled the project plan to be developed, which formed the basis of the proposal for this project.

Executive Summary

This project was supported by the Government of Canada through a SSHRC Connection Grant, and builds on a previous project supported by a CIHR Planning and Dissemination Grant. The first project was focused on developing Indigenous leadership through facilitating collaboration between First Nations and Indigenous peoples and regional health authorities in British Columbia. A detailed report is available ([Hartney, 2018](#)).

Through the previous project, and earlier work conducted by members of the project team in Haida Gwaii, this project was conceived. A series of Elders dinners had been held in the community, to facilitate the leadership of Elders in mental health services in the Skidegate community. This project expands on the successful approach used previously, by bringing together Elders from the ten clans of the Haida Nation, with leadership from Northern Health Authority, with the intention to build trusting relationships.

The project will support Indigenous talent and research careers by employing a knowledge keeper from within the community, and engaging with Elders as project participants, thereby demonstrating their strengths as advisors to the health authority. The data collection method used will be talking circles. The work will further develop the Indigenous research career of the Health Director, Lauren Brown, building on her masters research developing a model of Haida governance for the health centre.

The project is focused on engaging Indigenous knowledge through involving Elders in talking circles. The activities of the project will directly address the barriers which exist for Elders to have input into the health system, specifically, the remoteness of Haida Gwaii, and the lack of opportunity for relationship building at the senior leadership level. It will directly address the perceived lack of engagement from the health authority in the lives of the Haida people, though engaging in relationship building in a culturally appropriate way.

We are mobilizing knowledge and partnerships for reconciliation through building on the past relationships between the Haida Nation and Royal Roads University, and developing and strengthening the partnership between the Health Centre, known as *Xaaynangaa Naay* (House of Life), in Skidegate, Haida Gwaii, with the Northern Health Authority. This will be facilitated by the First Nations Health Authority, who have strong relationships with all partners.

The central concept of the project is to foster mutually respectful relationships, particularly between senior leadership in Northern Health Authority, and the Skidegate Elders. Using our own collaborative partnerships between Indigenous leaders and non-Indigenous allies, we are creating a safe, trauma-informed space for the leadership of Elders to be recognized and respected.

As an Ownership, Control, Access and Possession (OCAP)-compliant project, knowledge will be generated, gathered, analyzed, and retained in the Skidegate community in Haida Gwaii.

The Story of How this Project was Conceived

This project was conceived through the intersection of several seemingly unrelated events that led to engagement between the key partners, relationship building, and focused work, which culminated in the SSHRC reconciliation grant application. This is in keeping with the Haida law, *Gina 'waadluuxan gud ad kwagid* (everything depends upon everything else): All things are interconnected, including relationships.

The bold move to decolonize the Health Centre, known as *Xaaynangaa Naay* (House of Life), in Skidegate, Haida Gwaii, was made under the direction of Lauren Brown. This gave our community control of our own healthcare services, for the health of our community, and to honour our ancestors. We needed to empower the community to have a partnership in their own health and wellness, by following our Haida system of governance, which was later explored through Lauren's MA project, under the supervision of Elizabeth Hartney (Brown, 2017). Through the First Nations Health Authority, *Xaay daga Dlaang* Society was formed, and healthcare services were separated from the Band; the Society has completed the Accreditation Primer Award with Canada. We now have a board with representation from clans, including non-Haida married in.

It was during the initial development of the First Nations Health Authority's Health Hubs, that an Elders' Wellness Council was created. At that time, we were in the process of building a fire ceremony house, and we required the direction of the Elders on where to build it. The Mental Health and Substance Use Team, Susan Gladstone and Janet Rigg, obtained funding to hold Elders Dinners for the Elders Wellness Council. The dinners were designed to allow the Elders Wellness Council to re-assert itself as a valuable source of wisdom and grounding, as we developed programs for the wellness of the people of Skidegate. They provided a non-threatening venue in which we could uncover what Haida Traditional healing was in the past, and could be in the future. Holistic healing includes the spiritual realm, however, at that time there was a certain amount of controversy in the community over what constitutes true Haida Traditional healing, particularly as the influence of the church has undermined many Haidas' beliefs in our own medicine people and healers. By holding these dinners with our Elders, we had hoped to show that we honour them, as well as to gently provide a venue for these difficult questions to be discussed. Time is running out to rediscover what our Elders know of how traditional healing was practiced in the past and how traditional healers were identified in the community. This knowledge is imperative if we are to move forward with the strength of our ancestors behind us.

The work that Susan was leading with Janet intersected with a project being led by Elizabeth Hartney. This CIHR funded planning and dissemination project was focused on building relationships between Indigenous peoples and health authorities in BC. Haida Gwaii was chosen as the location for the meeting of Northern Health Authority with the Elders and community of Skidegate, due to the strong relationship that had developed between Lauren Brown, Director of *Xaaynangaa Naay*, with Elizabeth Hartney, during completion of Lauren's MA Project, and Lauren's support and localized leadership of the project.

Susan Gladstone had first met Elizabeth Hartney at a Narrative Therapy workshop that both had attended in Vancouver in 2015. We were drawn together and made a strong connection that left us both with the sense that this encounter was just meant to be, which lasted until we reconnected, two years later, when Elizabeth arrived on Haida Gwaii to conduct the dialogue for the CIHR planning and dissemination project. Susan and Elizabeth had not seen each other, nor had contact, but it was through having met Susan years before that Lauren's invitation to Elizabeth to visit Haida Gwaii was pursued. Elizabeth and Susan, both initially surprised to be working together, have had the opportunity to deepen our relationship and shared goals towards reconciliation, supported by the leadership of Lauren in the local community.

The community's desire to resume the Elders' dinners and engage with Northern Health Authority in reconciliation emerged from the dialogue sessions facilitated by Elizabeth (Hartney, 2018), and a strong allyship has been established to take this work forward; as a Haida Elder said; "Meeting together as a people. Writing about it and doing what the people want is very powerful. Sharing a meal and sharing knowledge" (Hartney, 2018).

Supporting Indigenous Talent and Research Careers

The traditional way of education was by example, experience, and storytelling. The first principle involved was total respect and acceptance of the one to be taught, and that learning was a continuous process from birth to death. It was total continuity without interruption. Its nature was like a fountain that gives many colors and flavors of water and that whoever chose, could drink as much or as little as they wanted to whenever they wished. The teaching strictly adhered to the sacredness of life, whether of human, animals, or plants. Art Solomon, Anishinaabe Elder
(<https://4nishart.wordpress.com/native-quotes-and-teachings/>)

This project supports the continuation and further development of the research of one of Principal Investigator's recent Indigenous graduates of the Master of Arts Leadership (Health Specialization) program, Lauren Brown. Lauren is the Director of Xaaynangaa Naay, the Skidegate Health Centre. Lauren's masters research focused on implementing a Haida healthcare model of practice reflective of a Haida health governance model (Brown, 2017). Lauren's vision was for the Indigenous people of Skidegate to ground their healthcare delivery in Haida culture, and in particular, the Haida laws.

Indigenous Elders and knowledge-holders are represented on the research team, and were central to conceiving the project through a Planning and Dissemination project funding by the CIHR. An additional ten Elders from ten clans are the key participants in the research. Susan Gladstone is an Indigenous knowledge-holder, and this opportunity builds on her past experience organizing, facilitating, and documenting similar work with Elders, in the expanded capacity of reconciliation with the health authority. Furthermore, Indigenous Elders are the focus and are involved at every stage of the research.

Nation-specific barriers have been identified through the initial Planning and Dissemination project, specifically, that the remoteness of the Skidegate community has created a barrier to relationship building with Northern Health Authority, and impeded collaboration to enable greater autonomy and self-determination of the Skidegate community within the Haida Nation. Haida Nation is disadvantaged by its remoteness; Skidegate can only be reached by air and ferry, and travel off the island typically requires days of travelling and waiting for departure times. The inaccessibility of Haida Gwaii is a barrier for participation of the Haida people in health events that could be accessed more easily by almost any other location in the province. In addition, it has been a barrier to building relationships with the health authority, due to the travel distance required, therefore, Haida health leaders and Elders are limited in their opportunities to meet and get to know health authority staff. Yet, such in-person meetings are crucial to relationship building in Haida culture.

There is value in involving Elders and their knowledge in all areas of education. They have lived experience regarding the process of learning, their stories can offer support, as well as examples of how to navigate life on life's terms. Susan Gladstone describes Elders as: *the blanket I can wrap myself in when I need guidance, connection, comfort, and understanding*. This project provides an opportunity to explore the potential role for Elders and Knowledge Keeper in the health system. By providing funding for honoraria and wages, the project will enable us to demonstrate the value of Elders to the health authority, which could potentially lead to developing Indigenous talent further, through direct employment as advisors for the health authority.

A further barrier that was identified during the Planning and Dissemination project relates to the health authority staff's lack of understanding of the importance of relationship building to the Haida people. It is important to the Haida people to build trust through sitting together, through sharing personal stories and one's heritage, and sharing food. As these important steps have not yet been taken, there is a perception of distance and indifference from the health authority among the Haida Elders, which needs to be addressed in order to move forward with developing a shared vision of reconciliation.

Engaging Indigenous Knowledge

A central focus of the project is engaging Indigenous knowledge, through Elders and knowledge keepers as the key participants and leaders of the work. Our research will build on previous Indigenous research conducted in the Skidegate community, exploring the wisdom and guidance of Haida Elders (Rigg & Gladstone, 2016), Haida governance (Brown, 2017), and reconciliation between X̱aaynangaa Naay (House of Life), and Northern Health Authority (Hartney, 2018). As previously indicated, the approach of holding talking circles over dinner is an Indigenous methodology, intended to enhance and develop shared understandings of reconciliation.

Indigenous Elders have traditionally played an important role in maintaining social cohesion within their communities. Although this role has been taken over by government social and healthcare services, the social and health challenges facing Indigenous communities are not being adequately addressed. Facilitating Elders' social participation and intergenerational solidarity can foster community development and benefit young people, families, communities and the Elders themselves (Viscogliosi et al, 2017). Within the healthcare context, evidence is emerging that Indigenous patients require the support of Elders, alongside medical treatment (de Leeuw, 2017; Hadjipavlou, 2017). As stated by Grayshield, Rutherford, Salazar, Mihecoby, & Luna (2015), "Anyone wishing to work with Indigenous people and in Native communities ought to spend time consulting the local elders [sic] to determine the most effective avenues to help community residents reach wellness" (p. 305). In addition, to develop research that demonstrates the effectiveness of approaches to Indigenous wellness, research must be led by the community (Singer, Bennett-Levy, & Rotumah, 2015).

There was a consensus among the Haida Elders participating in the Planning and Dissemination project that the Indigenous knowledge system, based on the four Haida laws, oral tradition, and the Haida language, is central to developing culturally appropriate approaches to mental wellness research with the Haida people. The talking circle method held over dinner was identified as culturally appropriate, and evaluated as effective by participants in a previous pilot project in this community (Rigg & Gladstone, 2016).

A central piece of Indigenous knowledge to guide this project is the four Haida laws. The laws are beautiful in their simplicity, and in our language. The Laws are a guidepost and also challenging; a lot of self-reflecting is needed on one's own actions and behavior. As a Haida woman, Susan consistently asks the question of herself, "Am I living my life according to our laws?" The four Haida laws are:

Yahguudang (respect) – all acts must be done with respect: "Am I being respectful?"

Ad kyanang tlaagang (to ask first) – all acts must be done with consent: "Have I asked permission?"

Tlyyahda (make it right)-if an act is not done with respect or consent, or is witnessed, you must make it right: "If upon reflecting I think that I need to apologize for my actions, word, behavior. "I am responsible to make that right."

Gina 'waadluuxan gud ad kwagid (everything depends upon everything else): All things are interconnected, including relationships.

Mobilize Knowledge and Partnerships for Reconciliation

"We need to teach people what we are talking about and the direction we are going. How we present around mental health is really important." Haida Gwaii Elder (Hartney, 2018).

The Canadian healthcare system reflects colonial perspectives and practices that are unsafe and unwelcoming to Indigenous peoples (Howell, Auger, Gomes, Brown, & Leon, 2016). As health services do not serve the needs of Indigenous patients, these patients remain unwilling to utilize mainstream healthcare services (King, Smith, & Gracey, 2009; Kirmayer, Tait, & Simpson, 2009), resulting in dependence on the limited resources of the

Xaaynangaa Naay (health centre), and challenges with accessing healthcare services which go beyond the capacity of the healthcare centre, such as access to culturally appropriate detoxification and urgent mental health medical care. This exacerbates the ongoing health disparities in Indigenous populations. Elevated rates of mental health and substance use problems among Indigenous peoples have been well documented since the 1990s (Noe, Fleming, & Manson, 2004), and more recent research has confirmed these health disparities are still a major issue (Callaghan, Cull, Vettese, & Taylor, 2006; Ryan, Cooke, & Leatherdale, 2016), particularly among Indigenous women (de Leeuw, Greenwood, & Cameron, 2010). In Haida Gwaii, several members of the research team were leaders in beginning the decolonizing process, through creation of Xaaynangaa Naay as a Society, to manage on-reserve outpatient health services. However, the mainstream health services provided by the local hospital remain culturally inappropriate, and many institutional practices are re-traumatizing for the Haida people.

In spite of the challenges we have already described, we have a fairly good working relationship with colleagues in the mental health system employed by Northern Health Authority. The areas that need improvement are working relationships on location, at the health centre clinic, hospital, and in meeting with our people in the community, and being able to influence policy. Our Elders are highly motivated to reconcile past challenges with the Northern Health Authority and to build a foundation of trusting relationships with appropriate health care service providers. Therefore, they have chosen to use talking circles and dinners to co-develop and share best practices for working with individuals.

Hospital Day, on June 24, 2018, was a major event on Haida Gwaii. The Skidegate Health Centre administration and staff took the lead organizing the raising of a monumental pole in front of the hospital in the Village of Queen Charlotte. This has not happened for 200 years. The Village of Queen Charlotte is located on previous village sites and is known as *Daajing Giids Inagaay*. The pole is a symbol representing healing, unity and the joining of traditional and Western practices, and embodies a commitment for island communities to learn from the past, heal, and work together towards a better future.

We have reflected on what reconciliation really means. We have the beautiful pole and its representation of reconciliation, so if reconciliation means the restoration of friendly relations, this to the Elders and Skidegate community was the beginning. Haida culture has a relationship to the land, sea, animals, plants, and environment, which has been interrupted through the process of colonization, and this disruption to our relationship with the environment is ongoing; not only has this happened, but it is still happening.

Haida Elders wish to reconcile past challenges with Northern Health Authority and build trusting relationships on which to build a foundation of evidence to support appropriate healthcare policy and services. The First Nations Health Authority and the Skidegate Health Centre are community driven. If we are to have true reconciliation, and what is now a partnership conducted at the political level between the Health Authority, Federal Government, Provincial Government and First Nations Health Authority, where do our Elders have the opportunity to speak?

The problem that arises is that in Haida society, there is no separation, all things are interconnected, and the goal is to ensure personal growth and then to develop professional expertise. Our culture has not been lost, it is fragmented and has elements of the old ways, which can be found in family; even those badly shattered families preserve enough elements of kinship so that whatever the experiences, there is still a sense that life has some unifying principles that can be discerned through experience that guide behaviour. This is consistent with the principles and practices of family-centred care (Provincial Family Mental Health and Substance Use Taskforce, 2016).

The old ways of educating affirmed the basic principle that human personality was derived from accepting the responsibility to be a contributing member of society. The idea of kinship and clan was based on the idea that each individual contributed to the wellbeing of the whole. That their contribution is necessary, to maintain harmony within. Since we are all related in some ways, by giving to others, we ensure that a person receives what was necessary to survive and prosper.

There is a commitment of our Haida Elders and Health care leaders to contribute to closing the gaps in Health care between Indigenous and non-Indigenous Canadians. This has a focus on mental wellness in the context of Haida culture, and can be accomplished by the development of meaningful relationships, where like a family, we sit down

at the dinner table, and while sharing a meal, we discuss and share our difficulties as well as our gratitude. This is building meaningful relationships, this is at the heart of reconciliation, sitting down and having meaningful conversation that will benefit the health and well being of “all our relations.”

As a Haida Elder once said, “We used to have strong minds, now we have weak minds.” In consultation with Janet Rigg, the mental health team honoured this Elder who has passed on, by naming our mental health program, “Strong Minds.”

Foster Mutually Respectful Relationships

The first thing to gain is trust. We had a man come who showed up with a film about the disease of small pox, but we never really talked about it as a community. It is still in our DNA. We still have the residential schools in our history. It is hard for us to talk about our pain. Until we have trust from the institutions, then we will open up. Haida Gwaii Elder (Hartney, 2018, p. 17).

A commitment by the health system is needed to address the situation, which “entails the responsibility to look after the well-being of others and to create a society that values and protects people’s rights and dignity” (Bordas, 2012, p. 155). This can only be accomplished through the development of relationships to promote reconciliation between Indigenous communities and leaders in the healthcare system. However, building these relationships is neither easy nor straightforward. The majority of people working in the healthcare system are non-Indigenous, and Wilson, Magarey, Jones, O'Donnell, and Kelly (2015) have shown that they tend to fall into four major categories: those who lack of practical knowledge, those who fear practice, and those who perceive working in Indigenous health too difficult, and those who learn to practice regardless of these challenges. Research has verified that these issues discourage public health professionals from working with Indigenous peoples in British Columbia (Hartney, van Hatten, & Antoine, 2017), and Northern Health Authority has remained passive in engaging in meaningful discussion regarding reconciliation beyond important but symbolic gestures, such as the raising of Xaana Kaahlii Ngaaysdll Naay GyaaGang, the Skidegate Inlet Health House Monumental Pole this year. Haida Laas (2008) stated that “Reconciliation is an ongoing process... the policies that sought to assimilate Aboriginal people, women and men, were not the way to build a strong country. We must instead continue to find ways in which Aboriginal people can participate fully in the economic, political, cultural, and social life of Canada in a manner which preserves and enhances the collective identities of Aboriginal communities.” In spite of the ten years since the Government of Canada’s apology, its health system agents have not yet engaged in dialogue regarding the meaning and actions of reconciliation in closing the health inequities gaps that still exist. Addressing this is central to our project.

For Elders to work alongside health leaders, trust must be established. Indigenous peoples in Canada have been deeply traumatized by the process of colonization, and many suffer from residential school syndrome, in addition to the effects of past intergenerational and ongoing trauma (Grayshield et al, 2015). As Elders are often older adults, many were abused within the Indian residential school system and Indian hospitals, and consequently, have an understandable mistrust for institutional authority figures. For trust to be established, authentic relationship building must take place, in locations and using approaches that are safe and culturally appropriate to Elders. This means that for trusting, mutually respectful relationships to be developed, we need to ensure any actions taken are not perceived as threatening in any way. Threats can be conveyed through many aspects of human interaction, including tone of voice, body language, and attitude, which can in turn trigger defensive reactions from Indigenous individuals.

In contrast, sharing dinner to build trusting and authentic relationships, and developing collaborative approaches to health and wellness is a beautiful way to connect, and as humans, we all share this in common. The sharing of food is recognized as an important cross-cultural facilitator of the building of reciprocal relationships (Ziker & Schnegg, 2005). We believe there is tremendous potential for depth and wisdom if we can come together over dinner and develop “Strong Minds.” We believe that the collaborative team we have created, which includes both Indigenous and non-Indigenous allies, provides a model for creating and maintaining mutually respectful relationships, centred around the wisdom and voices of Elders.

It will be of great benefit to all if we meet with the leadership of the Northern Health Authority and work together in developing culturally safe and respectful with a trauma informed workplace, practice and care. This is a focus that will help all persons who enter in to the health care system (BC Centre of Excellence for Women’s Health/BC Ministry of Health, 2013).

Much was discussed at our community consultation and planning meeting that was held at Xaaynangaa Naay on the 10th of August 2018. The key priorities for the Elders and community in developing mental health and substance use research focused on re-establishing leadership through the Elders council and improving relationships with the Northern Health Authority in addressing the stigma around mental health appropriate medical responses to mental illness and suicide, developing informed consent, increasing knowledge of approaches to mental health and substance use treatment and reconciliation (Hartney, 2018).

It is the need for improved engagement with Northern Health Authority that was the most prevalent theme of the dialogue. The distant and minimal communications have left the community with the overall perception that the Health Authority is not motivated to connect with them. As Northern Health Authority have not responded to numerous invitations to visit, and the community feels shut out of decisions. The Haida continue to extend an open invitation to Northern Health Authority to engage and work together on mental wellness and substance use initiatives.

From a mental health perspective, we believe that this “coming together” would be healing in itself. This will provide an opportunity to share, to learn from each other, to create services in health that reflect a culture that empowers individuals to collaborate with the health care giver, and to share in our successes and failures. Together we have the opportunity to develop and deliver safe, effective and appropriate services.

This is no small task, yet if this is what reconciliation means, then it is time for us to take action with the intention of understanding that one view or belief is not better than the other, but that they are compatible with each other. This will be for the benefit of “respect”; “to ask first”; “do a wrong, make it right”; and “all things are interconnected.”

As an Ownership, Control, Access and Possession (OCAP)-compliant project, knowledge will be generated, gathered, analyzed, and retained in the Skidegate community in Haida Gwaii.

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