Exploring a Strength-Based Approach to Health Research with First Nation Youth

by

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Abstract

Ideally, research approaches to Indigenous health would be holistically balanced, multi-knowledge sourced, and solution- or strength-based. Many researchers recognize the importance of strength-based approaches for effective, empowering, and change-oriented health research with Indigenous populations. Nonetheless, while strength-based approaches have been extensively investigated in the business, psycho-social and education fields, these approaches have not been widely studied as a research approach or in Indigenous health. When strength-based approaches are taken up in Indigenous health research, the descriptors of "strength" are vaguely defined with scant examples of strength-based research in application.

In my dissertation, I filled this literature gap by exploring, designing, and implementing a strength-based health research approach with Indigenous populations in four manuscripts. I utilized an Indigenous methodology grounded in the values, culture, worldview, and ways of being and knowing of my Dene community where I was raised.

In my first manuscript, I explored strength-based approaches in health research and connected researchers' environments with molding their worldviews and ways of conducting research, which may be inconsistent with non-Western research populations. I recommended critical self-reflection on a researcher's approach, bias, and worldview and increasing educational opportunities to understanding various epistemological health concepts. One avenue that may appropriately engage non-Western epistemologies and ways of researching is understanding definitions and applications of strength-based approaches.

In exploring, designing, and implementing strength-based research approaches, I drew examples from two health risk communication research projects. The projects were conducted alongside a community partner, the Yellowknives Dene First Nation (YKDFN).

The first project that informed my next two manuscripts involved participatory health risk communication, where youth participants created and delivered messages about wellness and ideas of health. In my second manuscript, I explored youths' perspectives on health and highlighted potential advantages of research based on strengths. From this project, a research approach localized in YKDFN strengths surfaced. In addition to identifying specific social and structural determinants of health to include in future research design, the youth pinpointed potential roles and agency for youth in future health research and community initiatives. The youth encouraged the use of specific cultural and community strengths to be utilized in future research and to increase positive health outcomes. These developments encouraged subsequent research, explained in my third manuscript, where I co-researched with YKDFN youth to create a 360-degree video illustrating the youths' perspectives of the YKDFN's strengths. The strengths focused on sharing lessons about being healthy (health risk communication). Based on this process, youth focused subsequent research on "living a good life" (a YKDFN interpretation of healthy) and I created a four-component framework for a strength-based research approach, corresponding with research activity examples. The four components included (1) identifying strengths; (2) prioritizing and creating descriptions of strengths; (3) refining strengths by gathering contextual examples; and (4) depicting strengths to plan future research. I asserted that utilizing a strength-based approach in research is more than trying new methods or vocabulary – it involves reframing or shifting one's outlook and readiness to authentically work in partnership based on reciprocity, respect, and trust.

In my fourth manuscript, I connected my strength-based research approach framework with another project (Indigenized Forum Theatre) co-conducted with three First Nations (including the YKDFN). Together, we implemented an Indigenous strength-based approach that

shared unique solutions, based on Indigenous worldviews in mental health. We based this approach on relational strengths of the participants, including their relations and communities. Applying an Indigenous strength-based approach assisted in the indigenization of the intervention, and reinforced community resurgence efforts. I recommend an Indigenous strength-based approach to be developed in concert with Indigenous Peoples from the population of interest, who readily identify relevant strengths for the research goals, understand the complexities of relational strengths, and direct implementation appropriately.

Throughout my dissertation, I shared my journey of exploring a strength-based approach, developed and designed its components as a research approach, and provided examples in application. My dissertation offers stimulus for researchers contemplating how to tackle their research, and practical tools and examples for conducting strength-based research. When used appropriately, strength-based approaches hold promise to find new solutions in research, particularly with populations and topics where strengths may be undermined or underutilized. My research provides traction for future strength-based research in Indigenous health, consequently, moving towards more decolonized research.

Preface

      This dissertation is an original work by Laurie-Ann Lines and involved data collection under two research projects. The first research project (Pro00065750) received ethical approval from the University of Alberta Research Ethics Board 1 on the 14th day of July 2016 under the project name, "Health Perceptions of Dene First Nations Youth in a Community Context." A related ethical approval (Pro00094727) was received from the University of Alberta Research Ethics Board 1 on the 22nd day of November 2019 under the project name, "Exploring a Strength-Based Approach to Dene First Nations Youth-Led Health Research." The ethical approval (Pro00082707) for the second project was received from the University of Alberta Research Ethics Board 1 on the 12th day of July 2019 under the project name, "Promoting Resilience and Positive Development in Indigenous Youth through Theatre - Forum Theatre Training." Multiple amendments were made and approved. Renewals were approved each year for all three research studies. Currently, the research projects, "Health Perceptions of Dene First Nations Youth in a Community Context" and "Exploring a Strength-Based Approach to Dene First Nations Youth-Led Health Research" are renewed. The last renewal for the research project, "Promoting Resilience and Positive Development in Indigenous Youth through Theatre - Forum Theatre Training" was on the 26th day of June 2023 (as this ethical approval is being transferred to the University of the Fraser Valley). These projects also received a Scientific Research License (#15935) and (#16760) from the Aurora Research Institute for projects taking place in the Northwest Territories under the project names, "Health Perceptions of Dene First Nations Youth in a Community Context" for 2016 and "Developing YKDFN Youth-Led Health Messaging Programs with Communities" between 2017 and 2020.

This dissertation is a collection of four manuscripts and a video manuscript. These manuscripts have been or will be submitted for peer-reviewed publication. Some of the research conducted as part of this dissertation was the result of project collaborations. Below, I share the details of these manuscripts including authors' names and contributions.

In Chapter Two, a version of Section 2.2 was published as the article *Reflecting on Environment to Understand Diversifying Health Perspectives: My Journey to Researching Strength-Based Approaches* (Lines, 2020) in *Health Science Inquiry*, a student peer-reviewed journal. This was the original work of Laurie-Ann Lines with advice from Dr. Cindy Jardine.

In Chapter Three, a version of Section 3.1 was published in *BMC Public Health* as a peer-reviewed article entitled, *Connection to the Land as a Youth-Identified Social Determinant of Indigenous Peoples' Health* (Lines et al., 2019). The authors, Laurie-Ann Lines, the Yellowknives Dene First Nation (YKDFN) Wellness Division, and Dr. Cindy Jardine conceived the research. Laurie-Ann Lines designed and carried out the research in partnership with the YKDFN Wellness. Laurie-Ann Lines analyzed and interpreted the data with the YKDFN Wellness, youth, and community participants. Laurie-Ann Lines wrote the majority of the manuscript and Dr. Jardine contributed to the introduction and editing. YKDFN Wellness provided input and direction in discussions with Laurie-Ann Lines. All authors (with YKDFN Wellness represented by director Jennifer Drygeese) read and approved the final manuscript.

In Chapter Four, Section 4.1 is a manuscript, *Identifying and Applying a Strength-Based Research Approach in Indigenous Health*, submitted to the International Journal of Qualitative Methods. Laurie-Ann Lines conducted this research alongside members of the YKDFN. Laurie-Ann Lines interpreted the data and theorized the presented components and steps. Laurie-Ann Lines wrote each section of the paper. This paper arose from numerous conversations between

Laurie-Ann Lines and Dr. Cindy Jardine about the current state of strength-based literature. Dr. Jardine contributed to the editing.

In Chapter Five, a version of Section 5.1 was published as the article, *Indigenizing Forum Theatre through a strength-based approach* in *AlterNative: An International Journal of Indigenous Peoples* (Lines et al., 2021*).* The research was conceived in partnership with organizations in the Yellowknives Dene First Nation, Heart Lake Cree Nation, Frog Lake Cree Nation, Dr. Cindy Jardine, and Laurie-Ann Lines. Dr. Jardine and Laurie-Ann Lines carried out the research alongside these community organizations and with community facilitators, who were selected by the participating communities. Laurie-Ann Lines analyzed and interpreted the data alongside community co-researchers and community facilitators Casadaya Marty, Shaun Anderson, Philip Stanley, and Kelly Stanley, and from numerous conversations between them, the concepts of this manuscript surfaced. Laurie-Ann Lines wrote the majority of the manuscript, with Casadaya Marty contributing to Forum Theatre explanations and Dr. Jardine contributing to the Forum Theatre explanations and editing. Laurie-Ann Lines discussed the manuscript with Casadaya Marty, Shaun Anderson, Philip Stanley, Kelly Stanley, and Dr. Jardine for input and direction. All authors read and approved the final manuscript.

In Chapter Five, I referred to a video article, *Learning, Adapting, and Delivering Forum Theatre Activities in Indigenous Communities: Reflections of Community Facilitators* (Lines et al., 2024), published by the *First Peoples Child and Family Review*. The video concept was created by Laurie-Ann Lines. The video was edited by Shaun Anderson and Laurie-Ann Lines. Contributing edits were received from Casadaya Marty, Dr. Cindy Jardine, and Ethan Black.

Dedication

Mahsi Nǫ̀htsı̨ (the Creator), and all my ancestors who came before me and to my relations who will come after me. Età, weza tsı̨, yedàıyeh nezı̨ı̨ tsı̨, wı̨zì t'à, hotıè kǫǫt'e nı̨dè. Gotà yak'e wheneda. Ekòt'a nı̨zì degaı ts'edı nı̨dè, nı̨zǫ k'àı̨wo anet'e ne. Yak'e nets'eèhkw'ǫ, eyi k'ę̀ę̀ dıı nèk'e tsı̨ nets'eèhkw'ǫ nı̨dè. Wet'à dzę taàt'e ts'eedaa gha dıı̨dzę̀ę̀ k'e goghànı̨dı. T'a gok'èch'a nàhoehdèe sìı gıghǫ nahoı̨le. Eyı k'ę̀ę̀ nek'èch'a nàhots'eehdè nı̨dè goghǫ nahonele. Hoełı̨ı̨ ts'ı̨ı̨wǫ ch'à goxoneehdı. Weełı̨ı̨ gots'ǫ̀ nıwà anele. Dıı̨ gots'ǫ ı̨daà welǫ whìle ts'ǫ̀ nı̨zǫ k'àı̨wo, nı̨zǫ nànetso, nı̨zǫ neghǫ sìghà ats'edı ha ne. Hotıè kǫǫt'e nı̨dè.

Beyond any assistance I have received in writing, understanding university processes, or motivating influences, I would not have been able to complete my dissertation without the unwavering support, wisdom, and love from my mom, Margaret Erasmus. Mahsi cho Mom, your strength, values, and work ethic proved to me this was possible. All of your sacrifices and hard work raising us has paid off in my interactions in research, writing, and ethical conduction of research. Mahsi Mom.

In preparing to write my last dissertation chapter, my personal journey had a life lesson for me. I unexpectedly wrote my last chapter alongside my dad's final chapter in life. I loved discussing different research ideas with you dad and seeing your philosophical, innovative, and practical side. Mahsi for being so proud of my work and your input.

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

CBPR   Community-based participatory research

OCAP®   Ownership, Control, Access, and Possession of data collection processes

PhD   Doctor of Philosophy

PYD   Positive Youth Development

YKDFN   Yellowknives Dene First Nation

Chapter 1: Introduction

In my dissertation, I explore strength-based approaches in Indigenous health, centering around four research papers. In my papers, I discuss how I set up my research to understand strength-based research approaches with Indigenous populations, how these were applicable in finding health solutions in a participatory risk communication project, what a strength-based research approach in public health resembled, and how a strength-based research approach was applied with Indigenous community members. My aim in this chapter is to introduce pertinent terminology, concepts, and research projects that I use throughout my doctoral work. In the following sections, I explore related literature on strength-based approaches to research, Indigenous health in Canada, youth involvement in strength-based approaches, and participatory health risk communication to provide further clarification to readers about my research topic. The relevant literature documented below is in addition to the topic-specific background information in each of my individual dissertation chapters. These areas form the basis of my research for exploring the process of Indigenous youth-led strength-based health research approaches within the participatory health risk communication field. Following this background information, I share my research goals and objectives, describe the two research projects that were a part of my dissertation, and close with an overview of my remaining dissertation chapters.

1.1 Clarification of Terms

Terminology is important in research, but even more so for specific research areas where misrepresentations and misunderstandings commonly occur. For Indigenous Peoples, terminology can contribute to an equitable and just representation in the literature (Younging, 2018). Terminology clarification assists the reader in understanding the information

appropriately and ensures the writer is explicit in their description and use of that terminology. Throughout my dissertation, I suggest researching with and writing about Indigenous groups in an 'appropriate' way. I am referring to a way that is culturally appropriate and "involves showing respect for Indigenous cultural Protocols and values, both in the work process and on the page" (Younging, 2018, p. 30). Globally, Indigenous Peoples are very diverse, which is reflected in the abundance of classifying terms in the research literature (Chilisa, 2012; Vowel, 2016; Younging, 2018). In this section, I define terms I feel comfortable using in my research and provide precise, consistent meanings for each term. I use *Indigenous* or *Indigenous Peoples*, with a capital *I*, to refer to nations of people and their culture in their native land collectively. *Indigenous* will also be used as an adjective to describe a common element shared by many Indigenous Peoples or cultures worldwide (Younging, 2018; Wilson, 2008). I capitalize the *P* in *Indigenous Peoples* to signify that the pluralization includes multiple nations and is not just one group of people. I use a lowercase *p* with the term *Indigenous people* to refer to a collective group of people who are Indigenous. Additionally, as recognized by de Leeuw and colleagues (2015), I acknowledge that by generalizing the terms *Indigenous* and *non-Indigenous*, there are certain risks associated with oversimplifying "extraordinarily heterogenous, complex, varied, and dynamic" ways of being and knowing (p.xxvii). However, I also understand that although Indigenous and non-Indigenous are packed terms (Vowel, 2016), they are helpful and necessary to use, similar to non-Western and Western, to ease discussion. I usually use *Western* to describe a worldview that stems from European culture and paradigms that diffused into another nation, like Australia or North America (Ermine et al., 2004).

As my research is in Canada, I use the term *Aboriginal* for statistics and information referring to First Nations, Inuit, and Métis groups in Canada as defined in the Canadian

Constitution and Royal Commission on Aboriginal Peoples (RCAP) (RCAP, 1996; Chartrand & Congress on Aboriginal Peoples, 2002). I use *First Nations,* as defined in the Canadian Indian Act (1985), to refer to the Canadian Status Indian population. I only use the terms *Indian* or *Status Indian* to refer to any of the Government of Canada policies, such as the Canadian Indian Act (1985) or the Indian residential school system, where the Canadian Government continued to use *Indian* from the explorer tradition from the 1400s to the 1600s (Younging, 2018). The term *First Nations* also honours my oral history that we were the first nation of people on Turtle Island, or what many people refer to as North America today. In reference to the many First Nations in the Northwest Territories that the Dene Nation represents, I use the term *Dene* (with a respectful acknowledgement of our Dene cousins in other parts of Canada and Diné tribes in the United States). When referring to my tribe or "band," as described in the Indian Act (1985), I use the terms Yellowknives Dene First Nation, YKDFN, Yellowknives Dene or Wıı̀lı̀ıdeh Dene.

I acknowledge that the term 'strength-based approaches' often refers to asset-based, assets-based, and strengths-based approaches. Towards the end of my dissertation (as strength-based research became more popular in the literature), 'strengths-based' seemed to be the more commonly used term, and I struggled with which term to use. In the literature, 'strengths' is often used to emphasize that there is more than one strength to utilize in an approach. However, I continue to use 'strength-based' instead of 'strengths-based' because my dissertation research focuses on the lens used in a research approach and not necessarily solely the terminology used in the research instruments, implementation, or results. Sometimes, an overemphasis on strengths can have the opposite effect, where the focus becomes centred on changing the terminology to strengths or 'positive language' and overlooks changing the paradigm associated with the approach. In these cases, strengths may be mentioned, but the approach may come from a deficit

paradigm. Therefore, my research centers on utilizing a strength-based lens, defining what that approach may look like and applying that approach.

1.2 Strength-Based Approaches to Research

Many scholars are familiar with strength-based approaches; however, in health research, the term is often ill-defined and with no guidance for application. In health, the roots of strength-based approaches lay in the concept of salutogenesis. In 1978, medical sociologist Aaron Antonovsky first coined the term salutogenesis which captures factors that encourage wellness and health. Following this, strength-based ideas emerged in the literature in the 1980s on mental health, disabilities, and child and family welfare, which led to the development of strength-based practice in the social work field (McCashen, 2019). Askew and colleagues (2020) noted a growing body of literature since the early 2000s on strength-based approaches and numerous calls for strength-based approaches, particularly for work with Indigenous groups. Strength-based approaches appear useful for Indigenous Peoples in research as they are revered for being culturally safe, accepting multiple knowledge sources, and relatable to Indigenous values and worldviews of well-being (First Nations Information Governance Centre (FNIGC), 2020). In addition, research focusing on strengths can ascertain new indicators, solutions, and practices (FNIGC, 2020) and utilize and protect cultural strengths (Kennedy et al., 2022). However, as a guide for research, definitions of strength-based approaches are either undefined or vaguely defined. Fogarty and colleagues (2018) conducted a systematic review of strength-based approaches and found that the term "has multiple and sometimes paradoxical meanings" and is best understood as a conceptual framework (p.vii). Specifically, in the health literature, researchers found that the terms strengths and strengths-based approaches were regularly

unspecified (Bryant et al., 2021). Instead, strength-based approaches are commonly understood by what they are not – a deficit-based approach.

Deficit discourses frame Indigenous Peoples in a deficient, adverse, and failure lens (Forde et al., 2013) and are evidenced to be a barrier to positive health outcomes (Fogarty et al., 2018). Research in Indigenous communities is typically centred 'damaged' people and their issues and often portrays Indigenous communities as problematic and broken (Tuck, 2009). In Canada, for example, Anderson and Robertson (2011) provided extensive evidence of how the narrative of Indigenous people in Canada as inferior has been continually portrayed in newspapers since 1869. In health, the inferiority of Indigenous people is often characterized by framing Indigenous people as 'needing' a Western biomedicine health intervention (Bryant et al., 2021). Propagating a deficit discourse of Indigenous populations preserves a colonial mindset that continually narrates Indigenous people as 'less than' (Kana'iaupuni, 2005), disregarding their capacity and knowledge in finding and applying solutions. Strength-based approaches are recognized as a means of off-setting some of this deficit discourse (Brough et al., 2004; Fogarty et al., 2018) because they require researchers and practitioners to reframe situations and confront deficit paradigms.

However, because strength-based approaches are ill-defined, they can unintentionally perpetuate deficit discourses (Fogarty et al., 2018). In some instances, studies are disguised by superficial strength-based terminology and mask a paternalistic stance, such as the oppressed being empowered to "stay strong" (Askew et al., 2020, p. 105). Instances of strength-based research that perpetuates deficit discourse show the complexity of strength-based approaches and the consequences of inconsistently defining them. To curtail ill-defined strength-based research, there is a necessity for clearer examples of definitions and applications of strength-based

approaches in health research, particularly with Indigenous Peoples, where unintentional misrepresentations could contribute to the 'inferior' narrative. As researchers using strength-based approaches, we must shift the focus away from what strength-based approaches are not and towards what they are. The first step is to comprehend that strength-based approaches are about rethinking the roots, causes, and results of well-being (FNIGC, 2020) and how approaching research from a well-being lens can translate to research applications.

Although usually assumed, the concepts underpinning strength-based approaches are complex. Strength-based or strengths-based philosophy is founded on "competencies, capabilities, and expertise" (Kana'iaupuni, 2005, p. 36). Strength-based approaches promote resilience, wellness, change, and growth through personal, cultural, and social assets (Hammond & Zimmerman, 2012) for individuals, families, communities, and groups (McCashen, 2019). Many people have familiarity with concepts of strengths from the fields of social work, community development, health promotion, psychology, education, and business, where different strength-based practice tools are employed, including strength-based case management, solution-focused therapy, learner-centred approaches, and appreciative inquiry (Baron et al., 2019; Lopez & Louis, 2009; Shaked, 2014). Strength-based concepts became more widely recognized through these popular strength-based tools used in practice, but so did the common misunderstanding where people equate strength-based approaches primarily with a practice. Strength-based *practice* describes practitioners' work with individuals, groups, families, and communities designed to achieve the desired outcome. However, strength-based *approaches* differ in definition as they address power dynamics, self-determination, and social justice and are concerned with "respect, inclusion, collaboration and empowerment" (McCashen, 2019, p.33).

In addition to the variances between practice and approach, there are different ways to categorize strength-based approaches. Fogarty and colleagues (2018) explained the sizeable variation of strength-based approaches that are commonly considered in different typologies and themes, including asset-based, resilience, cultural appropriateness, social determinants of health and ecological theories, protective factors, empowerment, holistic approaches, wellness and well-being, positive psychology, decolonization methodology, and salutogenesis. Bryant and colleagues (2021) propose three main groups of strength-based approaches in health to simplify the vast literature: (1) "*resilience* approaches" that are concerned with an individual's skills and their environment; (2) "*social-ecological* approaches" that are concerned with multiple levels, i.e., the individual, their family, their community, and any structural facets; and (3) "*sociocultural* approaches" that are concerned with "strengths as the social relations, collective identities, and practices shared by peoples and communities" (p.1408). For Indigenous health, *sociocultural* approaches can more fully capture Indigenous health concepts and apply this knowledge in research interventions (Bryant et al., 2021).

Beyond appreciating strength-based terminology and concepts in published academic literature, Indigenous partnerships hold extensive strength-based experience and knowledge. In Indigenous communities, strength-based approaches are readily utilized (FNIGC, 2020); however, researching strengths from a non-Western perspective through metaphors, stories, or other linguistical terms is scant (Tse et al., 2016). Many community-driven Indigenous health programs are recognized for their holistic, strength-based lens and focus on community development rather than seeing the community as a problem (Askew et al., 2020). For example, the 2013 report on Aboriginal Youth Wellness in Canada's North uniquely focused on three case studies to promote designing and implementing programs for Indigenous youth wellness based

on strengths (Pulla, 2013). Although limited in defining strength-based approaches and mechanisms to achieve them, the report contained concrete examples and recommendations for strength-based approaches to challenging health inequities through youth action and leadership, finding life purpose, and shouldering community wellness responsibility (Pulla, 2013). While strength-based paradigms are prevalent in Indigenous circles, many of these projects and programs are likely unpublished or publicly unavailable (FNIGC, 2020).

The absence of Indigenous conceptions of strength-based approaches in academic literature is notable and speaks to the delicacy of labelling approaches as strength-based (Askew et al., 2020), particularly given the philosophical emphasis on social justice, power, and self-determination. This lack of Indigenous strength-based approaches in the literature highlights the need for qualitative research in collaboration with Indigenous communities who have traditionally practiced strength-based approaches (FNIGC, 2020), especially in Indigenous wellness (Anderson et al., 2011), where wellness is a holistic concept of relational balance between emotional, physical, mental, and spiritual health. In health interventions with Indigenous populations, utilizing a *sociocultural* strength-based approach builds on Indigenous knowledge and worldviews (Bryant et al., 2021). Further, when led by an Indigenous researcher and Indigenous community partner, a *sociocultural* strength-based approach can assist in developing culturally aligned and valuable interventions for Indigenous health (Askew et al., 2020). In my PhD research, I aim to answer the ongoing calls for strength-based research approaches in Indigenous health (Brough et al., 2004; Thurber, 2019) by providing explicit examples of defining and applying strength-based Indigenous health research to close these knowledge gaps.

1.3 Indigenous Health Approaches in Canada

It's really hard to create true transformational change and system change, when those overarching, colonialistic, racist pieces of legislation are still in place, that are meant to keep communities in that unhealthy state. — Bonnie Healy. (FNIGC, 2020).

Understanding the historical, structural, social, and cultural contexts and how these elements are intertwined with health outcomes is vital to conducting credible research with Indigenous populations. In Canada, and most colonized nations, history and health literature is dominated by a Western worldview; yet it is imperative to understand the worldviews, knowledge, and experience of Indigenous Peoples to find relevant health strategies and solutions for effectiveness and longevity. As noted by scholars studying Indigenous health, one of the most significant determinants of Indigenous Peoples' health is colonialism (de Leeuw et al., 2015). However, colonialism is not always considered social (de Leeuw et al., 2015) and is often excluded from the health literature on social determinants of health. "Exposing the truth of the past is about exploring the future of reconciliation" (Akhavan, 2016, p. 269). Therefore, embracing the history of colonialism from an Indigenous lens starts reconciliatory action in achieving health equity.

Each Indigenous culture has its history and understanding of health and wellness, and typically in First Nation culture, culturally grounded perspectives of health are expressed in oral histories. On Turtle Island, for thousands and thousands of years, First Nations have passed on their interconnected beliefs of wellness through teachings of interactions with relations, including people, environment, and spirit world. The majority of health ideologies only shifted on Turtle Island over the past 500 years as settlers arrived, and so did "the genocidal effects of colonization" and systematic "neocolonialism" (Duran & Duran, 1995, p. 1), despite Indigenous resistance. One central act of colonialism in Canada occurred in the devastation caused by the

Indian residential school system, which was recently recognized nationally as a genocide in the Canadian House of Commons (Lavery, 2022). Joseph (2018) shares a quotation from 1879 where Prime Minister John A. Macdonald explained the reasoning for creating Indian residential schools.

> When the school is on the reserve, the child lives with its parents, who are savages, and though he may learn to read and write, his habits and training mode of thought are Indian. He is simply a savage who can read and write. It has been strongly impressed upon myself, as head of the Department, that Indian children should be withdrawn as much as possible from parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men. (p. 169)

Indian residential schools functioned in Canada from 1892 to the mid-1990s, and every First Nations child was required to attend. Duncan Campbell Scott, the Indian Affairs Deputy Superintendent, famously was quoted explaining that the goal of Residential Schools was to "get rid of the Indian problem … until there is not a single Indian in Canada" (Aboriginal Healing Foundation, 2002, p. 3). Although the Government of Canada documented statements like this, Canada did not officially apologize for their part until 2008. Nevertheless, a year later, as pointed out by Joseph (2008), that same Prime Minister of Canada who made the apology was quoted as saying, "We also have no history of colonialism. So we have all of the things that many people admire about the great powers but none of the things that threaten or bother them" (Joseph, 2018, p.88). Despite the ignorance of some members of the Government of Canada about its history, the Truth and Reconciliation Commission documented 6750 stories residential school survivors over a period of six years (Akhavan, 2016) who not only survived horrific acts of abuse but also

bravely shared their stories. In 2015, the Truth and Reconciliation Commission finalized its multi-volume report and released 94 Calls to Action. Although many Calls to Action (2015) are applicable in my field of research, the two that I keep in mind throughout my research are as follows.

> 18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
>
> 20. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. (p. 2-3)

Following Call 18 and international rights to health, the World Health Organization (2022) underscores the importance of human rights and health, including meaningful participation that "goes well beyond consultation or a technical addition to project design; it should include explicit strategies to empower citizens, especially the most marginalized, so that their expectations are recognized by the State." In my research, I aim to answer these calls from Canada and globally to work with Indigenous Peoples in describing and applying an approach that will welcome, appreciate, and utilize the intelligence of Indigenous Peoples in health and wellness.

The genocide and colonialism in Canada affected both the colonizers and colonized. Through Canada's education system, the colonial tactic of "cognitive imperialism" privileged

Western knowledge over Indigenous knowledge (Battiste, 2000, p. xvi). Colonial tactics continue today. "Colonial approaches are often unnoticeable, unchallenged and routine fallback" (Lines & Jardine, 2018, p.1). Unfortunately, cognitive imperialism also exists in health education and research in most Canadian universities (Lines, 2020). In Canada, Western ideas of health are often viewed as superior and Indigenous ideas of health are viewed as inferior. Western health ideas as superior often translate to the type of research being conducted. In public health, research is based primarily on a Western worldview of health (King et al., 2009), where the markers of a healthy person stem from Western biomedicine standards. Although utilizing Western health strategies, concepts, and standards has aided in many health accomplishments, using a monocle lens with one worldview can ignore the resilience, resistance and progress accepted in non-Western health strategies, concepts, and markers. Recognizing non-Western successes and achievements requires a paradigm shift.

In the past decade, Indigenous health research has favoured more Indigenous-led research. Since the start of my program in 2015, I have seen changes in funding calls and an openness and acknowledgement of Indigenous health concepts, which is timely for my research to showcase the strengths of Indigenous communities in research. For example, a scoping review of Indigenous health in Atlantic Canada from 2001 to 2020 found, despite no change in community engagement, there was an increase in diversifying Indigenous health topics and seeking ethics approvals from Indigenous communities (White et al., 2021). Welcoming Indigenous perspectives in health research "interrupts the perpetuating colonial intention that 'Indigenous problems need solving' and challenges the position that the 'solution' is the colonizer and colonial structures" (Lines & Jardine, 2018, p.1). For many years in health, there was friction in trying to move past this paradigm shift. However, today, the benefits of

acknowledging and utilizing Indigenous knowledge outweigh the discomfort society may feel in the decolonizing of thinking, policies, and practices. For example, Indigenous scholars writing on the determinants of Indigenous health voiced the power of Indigenous Traditional Knowledge of healing concepts and practices in finding innovative, decolonized solutions and wellness (Greenwood et al., 2015). Additionally, by welcoming more knowledge bases, federal and provincial governments have expanded their definitions of health to include Aboriginal health concepts such as holistic health frameworks (Waldram et al., 2006). As Canada moves towards reconciliation efforts, a space is open for reconsidering standardized colonial approaches to health research and revisioning an approach that values Indigenous knowledge and experience. To envision such an approach, we must explore the differences between researching public health from a Western lens and that of an Indigenous research lens must be explored.

Researching from a Western vs Indigenous Research Lens in Public Health

Public health research approaches have evolved and, more recently, have acknowledged Indigenous approaches to health and wellness. Typically, in public health, 'acceptable' research approaches stemmed from a Western epistemology and any research based on an Indigenous epistemology was disregarded as unsuitable (Saini, 2012). However, over time, the dominating Western biomedical lens shifted. Public health approaches were challenged by the models of the 'social determinants of health' that were based on non-medical factors (Mikkonen & Raphael, 2010). Ethical guidelines were developed for doing research with Indigenous Peoples (Canadian Institutes of Health Research, 2008; Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences, and Humanities Research Council of Canada, 2014; FNIGC, 2014; RCAP, 1996); and, explicit recommendations for

culturally-grounded interventions and research were made (Betancourt et al., 2003; King et al., 2009; Lehti et al., 2009; Maar et al., 2011; Okamoto et al.; 2014).

Although Indigenous approaches to health research have gained recognition, strategies for improving Indigenous Peoples' well-being differ significantly between Western and Indigenous worldviews. Leroy Little Bear (2000) described the vast differences between Indigenous collective philosophies (based on interrelationships of all entities and values of wholeness, strength, and sharing) and Western Eurocentric individualistic values (based on staticity, linearity, systematicity, and objectivity) as "jagged worldviews colliding" (p.85). A researcher's positionality and worldview will influence what one believes exists and how one understands that belief (Hart, 2010). A Western paradigm looks at the individual and observational evidence (Little Bear, 2000), which is the dominant view of academic institutions (Smith, 2012). An Indigenous worldview emphasizes relationality with living and non-living things in past, present, and future connections (Cram et al., 2013), which governs a different way of conducting research. Many health scholars have acknowledged the value inherent to both Western and Indigenous research approaches and have recommended navigating through existing tensions to use both approaches to benefit the health and well-being of the public (Hyett et al., 2018; Wexler & Gone, 2012; Walker & Behn-Smith, 2015). For instance, in Indigenous health research, the two-eyed seeing framework has gained traction in trying to balance a Western lens and an Indigenous lens in an equal manner (Marshall et al., 2015; Martin, 2012; Martin et al., 2017). To coordinate Western and Indigenous research approaches, the first step is understanding how Western and Indigenous worldviews vary in health definitions and processes leading to health outcomes.

Whether using quantitative, qualitative, or mixed methods, public health research is still primarily based on a Western Eurocentric worldview of health (King et al., 2009). A Western worldview underlies every discipline in the Western academy (Ermine et al., 2004) and is based on a positivist/postpositivist research paradigm that centres principles of objectivity, empirical evidence, and minimizing bias and values in research to produce predictable results (Williams & Shipley, 2023). The World Health Organization expanded its health principles in 1948 to include "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (2023). However, in public health, these approaches are often still based on the bio-medical model, where the absence of disease equates to health (Public Health Agency of Canada (PHAC), 2015). In a Western approach, the individual researcher's advancement and ownership are prized (Kana'iaupuni, 2005). Although there are exceptions, particularly in community-based research, usually it is the researcher alone who develops the research question, methods, and dissemination process (Kovach, 2005). Western approaches tend to be delineated and stepwise (Loppie, 2007) to produce research that can be systematically classified and replicated. Specifically, public health research is dominated by a biomedical model of health and evidence-based research, despite recommendations and recommendations that public health research includes behavioural and social health determinants (McGuire, 2005). Although Western definitions of health and research approaches are the norm, minimizing this cultural restriction and expanding the scope of and paths to wellness could provide insight to achieving health equity, the persistent challenge of health and public health research.

"The ways of Indigenous research are as old as the hills and the valleys, the mountains and the seas, and the deserts and the lakes that Indigenous people bind themselves to as their places of belonging" (Cram et al., 2013, p.11). Although Indigenous research has existed for

millennia, it has only been recognized by Western academia in the last few decades. A pivotal point occurred when Linda Tuhiwai Smith's (1999) book *Decolonizing Methodologies* challenged dominant research approaches to consider their impact on Indigenous Peoples, followed by a growth of literature on Indigenous research approaches (Chilisa, 2012; Kovach, 2009; Steinhauer, 2002; Wilson, 2001; & Weber-Pillwax, 1999). Although some Indigenous research tenets are similar to critical and emancipatory research tenets (power- and social justice-informed Western research lenses), Indigenous research methodologies do not fit into a Western category of research (Kovach, 2005; Wilson, 2001). Rather than owning knowledge individually, an Indigenous paradigm stresses that knowledge is relational and shared with all creation (Wilson, 2001). Whereas Western research aims to separate relations to be as unbiased as possible, Indigenous research methodologies are built on interconnectedness and holistic concepts that extend beyond the boundaries of cognition (Loppie, 2007). Indigenous health emphasizes holistic spiritual, mental, physical, and emotional wellness and interconnections of the individual, family, community, and environment (PHAC, 2015; RCAP, 1996). Addressing Indigenous health must occur collectively, including Traditional Knowledge (Chandler & Dunlop, 2015) and all community relations (Napoleon et al., 2008). Indigenous research approaches, which highlight Indigenous knowledge and community relations, are a priority for effective Indigenous health research solutions based on Indigenous health concepts.

Although the incongruences between customary Western public health and Indigenous research approaches are often at odds, a new research paradigm could be designed. A new approach must be receptive to multiple knowledge sources and experiences, such as a strength-based approach. However, the new approach must also come with a new way of thinking without colonial constructs. Denzin and Lincoln (2008) describe a new era of research that steps away

from the rigid boundaries of Eurocentrism. This new era will be influenced by marginalized voices, including Indigenous epistemologies, that consider more ways of knowing.

1.4 Youth Involvement in Strength-Based Approaches

Research conducted alongside Indigenous youth is one avenue to understand and apply strength-based research approaches with Indigenous populations. Indigenous youth participation is integral to research because they represent both current issues and future priorities as they become the next community leaders (Alfred, 2009). Many national organizations have called for Indigenous youth participation as leaders in decision-making at all levels and fields (Chalifoux & Johnson, 2003; RCAP, 1996; Truth and Reconciliation Commission, 2015). Traditionally in many First Nations, youth were trained as leaders to share their views in decision-making, positively influence the next generation through modelling, bear community responsibilities, and find solutions for health, justice, and food security issues (Alfred, 2009; Anderson, 2011). Blanchet-Cohen, McMillan, and Greenwood (2011) explain that Indigenous youth are asking to be acknowledged for their strengths and connections rather than being perceived as a source of a problem that needs to be fixed (Standing Senate Committee on Human Rights, 2007).

Although there are strong examples of successful youth-led Indigenous projects (Bird-Naytowhow et al., 2017; Genuis et al., 2015; Lines et al., 2019; Monchalin et al., 2016), globally, Indigenous youth have only sometimes been valued or included as potential co-conductors in research (Bird-Naytowhow et al., 2017). For the most part, Indigenous youth participation remains tokenistic and often only includes attendance (Liebenberg et al., 2017; Monchalin et al., 2016; Paterson & Panessa, 2008). Tokenistic youth engagement is ethically unacceptable as a process that diminishes self-determination (Brant-Castellano, 2004; Bull, 2010). In combatting

the history of dismissive arrogance of Indigenous youth research involvement, Indigenous Peoples must prioritize their cultural traditions to repossess holistic wellness balance (Marshall et al., 2015), including recognizing that Indigenous youth have inherent strengths (Pulla, 2013).

Because of their unique perspectives and qualities, youth are essential to defining and solidifying a strength-based approach in Indigenous health research. Indigenous youth want to contribute regularly, have their expertise and culture recognized, and create and implement realistic, appropriate solutions (Blanchet-Cohen et al., 2011; RCAP, 1996). Youth speak in stark, clear terms that more efficiently source problems and solutions (Irby et al., 2001; Matthew, 2009). Indigenous youth can readily describe current health situations, meaningful issues, and locally-based solutions (Lines et al., 2019). As co-researchers, youth can access hard-to-reach peers and assist in capturing their perspectives (Alderson, 2001). Indigenous youth are an asset to research; they bring creative, culturally appropriate insights and can be agents of change (Bird-Naytowhow et al., 2017; Genuis et al., 2015; Liebenberg et al., 2017). However, the scholarly literature lacks operationally defining 'strengths' with youth (Rawana & Brownlee, 2009). Co-conducting research with youth, such as in my research, can help to close this gap.

Co-investigating strength-based approaches with youth is appropriate for Indigenous research and wellness, particularly in communities where youth are valued and supported for their action in those areas. In a systematic review of Indigenous youth participation in research, investigators found that Indigenous youth involvement in research coupled with strength-based approaches was a key factor for enhancing Indigenous youth health and wellness (Okpalauwaekwe et al., 2022). Youth participation is a viable strategy to strengthen research, organizations, policy, and community life (Irby et al., 2001; Meucci & Schwab, 1997). Indigenous youth can co-conduct research to find innovative, relevant, distinct approaches,

methods, partnerships, and solutions (Alderson, 2001; Bird-Naytowhow et al., 2017; Blanchet-Cohen et al., 2011). Youth-led research can tailor health programs to meet youths' needs, increase youth health knowledge, and influence healthy decisions more effectively (Suleiman et al., 2006). Indigenous youth are regarded as influential in changing health behaviours and stimulating health actions with their peers, families, and communities (Okpalauwaekwe et al., 2022).

Four essential components of successful strength-based wellness approaches with northern Indigenous youth are cultural continuity, mentoring and leadership, creative educational programs, and community resilience (Pulla, 2013). When Indigenous youth gain adequate research skills, such as by coupling simultaneous programming based on those four essential components with research, they then can direct their involvement and necessary supportive structures, such as needing an audio recorder or more training in interviewing (Maar et al., 2011; Matthew, 2009; Reich et al., 2017). Working alongside a community partner can ensure that youth have the proper support and a research environment conducive to contributing fully to the research. In my research, I plan alongside youth to have built-in supports, such as those outlined by Pulla (2013), in the research project with the community partner so that youth have the tools to interpret and lead the research.

1.5 Participatory Health Risk Communication

Within the field of risk communication, scholars are studying effective methods for public participants' involvement in informing and influencing the public's response to risk (Besley & McComas, 2014). One promising application with youth is 'participatory risk communication,' where participants create and convey messages about a risk topic (Jardine et al.,

2014). In participatory risk communication, researchers utilize participatory elements, and value participant's opinions, experiences, and knowledge, which can consequently lead to more culturally aligned risk communication messages (Boyd & Furgal, 2022). Within participatory risk communication projects, youths' expertise, knowledge, direction and leadership have been incorporated and appreciated (Jardine et al., 2014). In particular, I saw firsthand how participatory risk communication projects were successful, with First Nations youth taking a lead role in several studies in my home in the Yellowknives Dene First Nation communities (Genuis et al., 2013; Genuis et al., 2015; Tang, 2014). Researchers who implemented participatory risk communication projects effectively utilized and built on community strengths (Genuis et al., 2013; Genuis et al., 2015; Tang, 2014), offering promise for co-constructing strength-based research within participatory risk communication.

Risk communication researchers must account for the complexities of creating and interpreting risk messages dependent on real-life contextual and sociological factors (Boholm, 2009). In research and practice, practitioners must consider the participants' experiences, roles, knowledge, expertise, reasonings behind risk, motivations, and outlets for receiving information (Boholm, 2009). The researcher's consideration of participants in risk communication as partners can also create opportunities for the researcher to explicitly acknowledge participants' knowledge, values, and experiences as valid. When studying strength-based research, the first premise must be to consider participants' knowledge and perspectives as valid and a strength.

Similar to strength-based approaches, the participatory component of participatory risk communication can empower community participants. Empowerment can occur when opportunities are given to participants for full access and comprehension of information, making

informed decisions, providing feedback and ideas for consideration, and acting to reduce the risk (Jardine & Driedger, 2014).

A participatory risk communication application incorporating Indigenous worldviews and approaches can offer unique solutions to existing adverse colonial health effects (Howell et al., 2016). Indigenous communities have particular ways of communicating health, risks, medicine, and knowledge, even if their ideas are not formally captured in Western ways of knowing, such as in books and scientific peer-reviewed publications (Walker & Behn-Smith, 2015). For instance, First Nation Peoples consider regular outings on-the-land and practicing cultural activities as central to health and identity (Richmond & Ross, 2009; Wilson, 2003). Each community member is responsible for upholding a positive balance between family, community, and land (Lavoie et al., 2008). Any issues one cohort feels, such as youth, are recognized as legitimate and realized by the rest of the community (Alfred, 2009). In risk communication, youth have identified relevant health risk issues, added unique perspectives to message creation, and tailored health communication (Markus, 2012; Ho et al., 2006). Co-conducting participatory risk communication research alongside Indigenous youth opens the door for youth to utilize their community's strengths in implementing strategic health messages.

1.6 Research Goals & Objectives

Research Goals

The primary goal of my research is to investigate the definition and application of strength-based approaches to participatory risk communication youth research projects in Indigenous health. The secondary goal is to promote the youths' well-being, voice, resilience,

leadership, and research skills through their involvement and leadership in research. The following objectives guide this work.

Research Objectives

My research objectives (below) are designed to understand, create, and apply a foundation for designing a strength-based approach to youth-led health research.

The objectives are to (1) understand the potential and necessary elements of Indigenous strength-based approaches; (2) develop a basis for designing youth-led research built on strengths that are relevant and appropriate to the Yellowknives Dene First Nation community; and (3) examine the potential transferability of knowledge gained to applying strength-based approaches with another group of Indigenous Peoples.

1.7 Drawing from Two Research Projects

To meet my research objectives, I draw from two strength-based Indigenous participatory health risk communication projects, where youth will create and deliver health information messages. Both projects explore and apply strength-based approaches with Indigenous youth and community members. The projects are in partnership with the Yellowknives Dene First Nation (YKDFN) who have informally identified strength-based approaches as incorporating culture and language, building upon Elder-youth relations, and youth leadership. Working with youth and community partners, our research will provide a detailed definition and basis for conducting strength-based research in Indigenous health.

Participatory Risk Communication Project

This first research project explores youths' involvement in creating risk communication messages for community wellness. This project is part of a more extensive three-case study also

involving Métis and Inuit youth, where, as a team of researchers and community organizations, we investigate the impact of youth-led risk communication messages for promoting community health and wellness (Canadian Institutes for Health Research (CIHR) FRN 148890).

Initially, I worked with youth in the summer of 2016 to investigate YKDFN youth health issues, priorities, and solutions to plan future participatory risk communication interventions. The youth explained their health perspectives through PhotoVoice, surveys, sharing circles, and murals, including concerning issues, visions for a healthy future, priorities in the community, and community strengths. The health solutions the youth identified, including youth holding co-researcher roles, were a basis for the next research project on these strengths. With additional funding, our team of researchers could extend our work so youth could generate and deliver health information through various communication methods, such as participatory videos. To implement a research program based on strengths, as the youth intended, the youth, community partners, and I had to understand a strength-based approach more fully, however, the literature on Indigenous strength-based approaches was scant.

To create a strength-based approach, youth used a 360-degree participatory video to identify and depict the strengths of their First Nation. Depicting the strengths would aid in outlining the necessary components for co-conducting subsequent research projects in participatory risk communication. Thus, the youth created a 360-degree video using a participatory video format to highlight the YKDFN strengths to be incorporated into research planning. This study component received ethical approval from the Research Ethics Board at the University of Alberta (Pro00065750 & Pro00094727) as found in Appendix A.

Forum Theatre Project

The second research project uses a practice of Theatre of the Oppressed (Boal, 2000) called Forum Theatre as a medium to identify and explore health risks and potential mitigating actions in a community context. Forum Theatre involves community members building trust and communication through games; identifying common concerns; recognizing current conditions, players, and causes of a situation; and collectively exploring solutions for change. This approach is distinguishable by the interactive participation of the audience, who function as 'spectactors' in exploring alternative outcomes to the play.

In this project, community members, including youth, from different communities (including the YKDFN) were coached as community facilitators in several different Forum Theatre training sessions. Following the training, the community facilitators delivered Forum Theatre activities in the participating communities. The community partner organizations and community facilitators (handpicked by the community partners) took a strength-based approach to indigenize the process and implement the intervention. This research was part of a larger project investigating Forum Theatre as a tool to explore issues and promote well-being in five partnering Indigenous communities, including the YKDFN (CIHR FRN 151322). This study component received ethical approval from the University of Alberta (Pro00082707) as found in Appendix A.

1.8 Overview of Dissertation Chapters

My dissertation is paper-based and consists of four manuscripts comprising my results chapters and the introductory and concluding chapters. Three of my four research papers are published in peer-reviewed journals and the fourth has been submitted to a peer-reviewed journal. In this first chapter, I introduce my dissertation research, including clarifying research

terms, reviewing subject-specific literature, declaring my research goals, objectives, and questions, and summarizing the two larger research projects under which I conduct my research. In my second chapter, I discuss how the environment I was raised in contrasted with the environment I experienced in graduate studies and played a significant role in motivating me to explore strength-based approaches. I also discuss how I will use an Indigenous methodology and strength-based framework to conduct my research with Indigenous youth. In my third chapter, I conduct my first dissertation research project with YKDFN youth using a strength-based lens and through the youths' guidance I recognize the potential of strength-based approaches in finding health solutions with Indigenous partners. In my fourth chapter, I explore a strength-based research approach with YKDFN youth and provide a guiding framework with examples to assist researchers in creating a strength-based research approach with their partnering community. In my fifth chapter, I present an example of applying a strength-based research approach to indigenize Forum Theatre for mental wellness in a project that partnered with the YKDFN, Frog Lake First Nation, and Heart Lake First Nation. I also share my reflections on using an Indigenous strength-based approach. In my final chapter, I close with an overview of my findings, contributions to research, strengths and limitations, and final reflections.

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Chapter 2: Setting-up My Research

2.1 Getting Started: Situating my Research Intentions

In this chapter, I follow an Indigenous methodology as I introduce myself and my relations, explain how I came to research, and describe my research methodology and frameworks. To begin, I locate my research positionality and situate my research intentions. The establishment of trust is essential in research with Indigenous communities, and this approach starts with researchers locating themselves in their positionality to establish accountability (Abosolon & Willett, 2005). In sharing their positionality, researchers consider their location, family history, socialized experience, culture, impactful experiences, and intentions (Burnam & Leigh, 2018). Indigenous ways of locating oneself can also include describing an ancestral place, territory, or community; connection with land, nation or tribe; family, mother and father lineage; traditional waterways; clan; and personal information or stories (Abosolon & Willett, 2005; Burnam & Leigh, 2018; Nelson, 2018; Steinhauer, 2002). In this way, communities and participants understand the reference point a researcher comes from and the knowledge a researcher does and does not have regarding social, political, spiritual, and cultural arenas (Abosolon & Willett, 2005). In following an Indigenous methodology, researchers articulate their intentions for doing research through sharing stories and self-reflections (Windchief & Ryan, 2019), which I incorporated throughout my dissertation. I first share how my intentions informed my research journey; in the next section, I discuss my reasoning for choosing my research topic, and I close with my intentions behind employing an Indigenous methodology and aligned frameworks.

It is not easy to pinpoint exactly when my research journey began, and it is easier to find a logical place to start writing by picturing to whom I am writing my stories and reflections. I picture writing for future Indigenous researchers who were like me when I started graduate

school. I started my research by exploring my intentions and understanding what I meant by research. To me, research incorporates systematically gathering information to reach new knowledge through our relations with that knowledge. My relations with knowledge come from what I learned about Dene interactions with acquiring new knowledge, which started from an early age.

I was born in Denendeh (the Northwest Territories) and raised in my home community of Ndilǫ. Ndilǫ means the end of the island in Wıìlıìdeh, a dialect of Tłı̨chǫ from the Athapaskan language group. Ndilǫ is one of two Yellowknives Dene First Nations (YKDFN) communities situated on the Chief Drygeese Territory. Many of my interactions with learning came from my environment. I grew up seeing the lake start to freeze, with ice forming against the Precambrian shore rocks during the first snowfall of a soon-to-be snowy white blanket covering the ground. I experienced dark winters in harsh temperatures reaching below fifty degrees. My face would light up as I watched dog-teams race over the warm spring sun shining on a frozen lake. Shortly after the ice break-up, we would see the ducks and geese return. Before we knew it, the never-ending summer light would arrive and energize the land, animals, and people simultaneously. Then the beautiful short, crisp fall would remind us to prepare for winter. I feel very strongly connected to the land where I grew up, as it was part of what shaped my ideas of wellness.

While growing up, my parents and grandparents instilled in me traditional values and a connection to the land. My dad was of French and Scottish ancestry, but had an appreciation, passed on to him from his dad, for the efficiency and resourcefulness of the Dene with the land. My dad lived in the Northwest Territories as a young boy and his dad, my grandpa Terrance Lines, was a Fish and Wildlife Officer and learned a lot from working with the Dene on the land. My parents met at university and later moved back up north and had four children, of which I

was the eldest. My dad respected my mom's family and community's Dene traditions and protocols, such as providing food to Elders and helping in different ways he could. My mom raised us with a Dene traditional parenting style that centred us children as the most important, surrounded by unconditional love, kindness, and opportunities to grow into the best people we could be. My mom would challenge us intellectually and creatively, so from a very young age we grew our natural talents, learned to problem solve, and helped others as much as we could. My mom learned our traditional ways from her mom and dad, both of whom were Dene and born and raised in Behchokǫ̀, Denendeh. They moved to Somba K'e (Yellowknife) so their kids would not have to attend residential school. My mom's dad, my grandpa, attended residential school but found a way to escape with the help of his dad. My granny was kept home from residential school and was one of few children left in the community at the time. She grew up embraced in the love of many Elders and community members, learning the beauty of Dene education and living our Dene values. Although my grandparents moved to the Northwest Territories' capital city, they maintained their traditional lifestyle as much as possible and spoke their native tongue.

My grandparents imparted Dene values of honesty, respect, kindness, and helping others to their grandchildren and taught them pride in their heritage. Thinking back, my grandparents helped me to understand the larger picture of life and how we are all connected, which reflects a Dene holistic concept of wellness or nezı̨ ts'edee (living a good life). Our actions, or lack of actions, can affect our system of connections, including our larger environment and ecosystems. From my young eyes, I saw how my grandpa carefully understood environmental balance and how different factors could have a major impact on other factors, such as conservation and the caribou herds. My granny showed me the importance of community and thinking beyond

yourself, such as being a member of the community by helping and sharing with others, including utilizing your unique talents for the good of the community. My granny was a natural teacher, as she had never attended residential school and her dad taught her to read and write, which she continued to improve on her own. I always wanted to follow in her footsteps because I saw the number of students who appreciated her teaching in both English and Tłı̨chǫ languages. My grandparents learned their ways of life from their parents and grandparents. My granny's parents were Celine and Pascal Smith. My great-grandpa was appreciated as a translator in Behchokǫ̀, and my granny also a translator. My great-grandmother's grandmother was Catherine Beaulieu, a strong Dene woman, known for driving her own dogteam to deliver frozen milk to her grandchildren over 100 miles away. She was known as Etsu Naatsi, which means grandmother of the winds. My grandpa's dad Robert Erasmus was of Cree descent, but lived amongst the Dene. My great-grandpa used to deliver mail by dogteam to Edmonton, Alberta, where he was recognized in one newspaper for taking one week to deliver the mail. My great-grandpa's dad was Peter Erasmus, who is most well-known for the Palliser Expedition, where he was the guide and interpreter for the expedition. In 1876, he was also asked by the Cree Chiefs to interpret for Chief Mistawasis and Chief Atahkakoop at the signing of Treaty 6, because he was recognized for his integrity, accuracy, and honesty in translating. To me, all of my grandparents exemplified using our natural gifts to help people to ensure a holistic notion of wellness not only for our current community but for generations to come. Although I never knew any of my great-grandparents, their actions led me to grow up in the Northwest Territories with grandparents who provided me with unconditional love and a worldview that linked wellness with our strengths.

For most of my first year of life, I lived out at our cabin on-the-land and before I was one, we moved into a house in the heart of Ndilǫ, where I was raised for most of my life. One of my best

memories was receiving an unexpected gift on my birthday when I was around nine. I was

having a birthday party and having lots of fun playing party games with my friends. While

playing, my mom took me aside and let me know that my dad had just returned home from a

hunt with my grampa. My mom was excitingly going to prepare the caribou with my dad. I was

so excited and wanted to join, but my mom reminded me that some of my uptown friends may

have never seen people skinning caribou. She told me to enjoy having fun with my friends and

that I could help later. I think that was the first time I realized the difference in worldviews.

Some little girls may have been uncomfortable by seeing a caribou skinned and cut up. However,

for me, I was so grateful and thought the successful hunt was one of the best gifts a girl could get

on her birthday because that meant we would have mbògǫ̀ (dry meat) and ekwǫ̀ tiiwo (caribou

soup) again soon. Then, and now, many families, including mine, were very grateful to get fresh

wild meat.

    We travelled when I was younger, so my mom could complete her education, but we always

returned home. From this, I learned the importance of education in strengthening our

community. Growing up, I was very close to my granny, mom, and godmother, who played a

significant role in framing a very high standard of ethics and methodological procedures from a

First Nations perspective. My most precious memories are with my granny, especially sewing

and beading together. While we were visiting my granny, she would create sewing or beading

activities that met our skill level but helped us learn something new. I remember working beside

my sister as we both beaded differently but both made little decorations. We always felt so loved

and happy sitting right beside her and proud of our little creations. My granny was the

kindergarten teacher for many years in our community and prepared many children for grade one

and taught the basics in our native language. My mom followed in her footsteps by setting up

educational programs in our community, such as Aboriginal Head Start, a preschool, and an afterschool program, which led to foundational work for our local school. She continued to work alongside local community members to create language nests in the NWT (early childhood language learning), NWT language tablet applications, and Indigenous post-secondary programming. My mom made creating innovative programs that fit government funding requirements but retained our Dene values and culture look easy. She showed me the value of hard work, perseverance, honesty, and creativity as I saw the success of the programs that she created and the significant positive differences in our community. I grew up seeing first-hand the strength of the Dene and the difference that one person could make. I kept these values and goals in mind as I returned from university with two undergraduate degrees to work in my community as an education program coordinator and teacher.

While working in a community youth education program, I was contacted by my former manager from the YKDFN Community Wellness Department, Alí Abel, who wanted me to meet someone. She introduced me to a researcher, Dr. Cindy Jardine. Dr. Jardine was conducting community-based participatory research in our local school and was interested in expanding the research project into our community programming for the summer. I understood from these projects that Western research could be different from the top-down approach I heard about while at university. After a few years of assisting with research projects, I was inspired and imagined different ways to help my community by becoming a researcher. In 2015, I applied for my Master of Science in Health Promotion with Dr. Jardine as my supervisor. In 2016, while finishing my master's project, we received a substantial grant for our research project, and I applied to transition to a PhD program to continue our work. As I moved into a PhD program, a new youth research program within the YKDFN education arm, Dechįta Nàowo, was being

formed. Coming full circle, my former mentor and manager at the Community Wellness, Alí Abel, was the new YKDFN Dechı̨ta Nàowo Youth Research Coordinator and became one of my community research partners in the last half of my research project. I still work with the YKDFN today, in the area of post-secondary partnership programming.

Graduate school opened my eyes to how differently some of my fellow student researchers and professors viewed the process of acquiring new knowledge in research. In the next section, I share how my school environment was a catalyst for me to search for a different research approach that was more in line with how I was raised. A version of Section 2.2 was published in the student peer-reviewed journal *Health Science Inquiry* as my article *Reflecting on Environment to Understand Diversifying Health Perspectives: My Journey to Researching Strength-Based Approaches* (Lines, 2020). Connecting my experiences from my described journey helped me to solidify the personal importance of my PhD topic in health research.

2.2 Reflecting on Environment to Understand Diversifying Health Perspectives: My Journey to Researching Strength-Based Approaches

Before entering post-secondary and studying health science, students hold conceptions of health that are shaped by their environments. Generally, in Canada these ideas are developed further through academic training that focuses on Western worldviews of health, which stem from Eurocentric values. In turn, students are inspired to similarly model these worldviews in their research approaches. My journey through academia however, led me to question this process: would things positively change if academic environments were purposively organized for students to reflect on their own health constructs and share and consider diverse approaches to health?

Environments Shaping our Health Perspectives

Most would agree that our health conceptions are constructed through our environments and experiences from an early age. In Canada, we typically learn about health through our family, school, communal, recreational, and work environments. We take these environments of experiential learning for granted. When we enter post-secondary institutions to study in our various health silos to become 'experts' in different knowledge areas, we find ourselves as students 'jumping into the work'. We may not question our perspectives or may not be encouraged to seek alternative health perspectives unless we are indisputably confronted with contrasting viewpoints.

Before I entered a Master of Science program in public health, I was working in a holistic health and education program for youth within my northern Canadian First Nation community. I returned home after completing my undergraduate degrees and gained a new appreciation for the way wellness and education programs were delivered for community members. While working in my community, I worked with visiting health researchers, which sparked my reflection on practitioners, researchers, and graduate students that I had worked with in the health field. I became cognizant that most of my former non-Indigenous colleagues were very excited to learn from our community, because – as they expressed – there were few opportunities to learn about Indigenous health approaches during their schooling.

I felt that the lack of articulation of Indigenous health worldviews in a system designed to teach about health was peculiar. For me, Indigenous wellness approaches were the norm for our homeland. Preceding colonization, Indigenous Peoples had a highly effective tradition of practicing holistic medicine and public health that intertwined with the environment (Walker & Behn-Smith, 2015). For example, Indigenous health approaches emphasize a balance of spiritual,

mental, physical, and emotional wellbeing of the individual, family, community, and environment (Public Health Agency of Canada (PHAC), 2015; Royal Commission on Aboriginal Peoples, 1996). Indigenous approaches tend to utilize existing resources and be solution oriented. Through my first-hand experiences, I saw multiple examples of the validity of these approaches, such as smoking cessation, increased physical activity, increased prenatal care, and injury prevention. I was puzzled as to why the highest level of learning would not adequately teach Indigenous health perspectives and wondered how this translated into approaches to health research.

Current Public Health Perspectives and Practices

Differentiating Western and Indigenous Health Approaches. Attending classes as a new graduate student in Public Health, I was excited to hear about foundational ideas that led to promising health research. I was somewhat discouraged however, to learn that most best practices, particularly in Indigenous health, were largely driven by Western concepts of health. The European arrival privileged a major shift in health ideology to a Western illness-orientated, individualistic approach (PHAC, 2015). Today, despite efforts to promote reconciliation, Western approaches dominate in research – including public health (Saini, 2012) – allowing little room for the recognition of "other" health approaches (Walker & Behn-Smith, 2015; Martin, 2003), particularly Indigenous approaches (PHAC, 2015; Saini, 2012). For example, a review of mental health interventions in Arctic Indigenous groups, concluded that although many studies described the Indigenous populations and living environments related to their health interventions, they failed to apply any of that information in their methods (Lehti et al., 2009).

Western public health approaches stem from the bio-medical model, where health equates to absence of physical or mental disease, (PHAC, 2015) and has expanded to include health as a

state of well-being (World Health Organization 8 Fit Team, 2020). A Western worldview is based on linearity and hierarchy, singularity concepts, static thinking, and objectivity that are secured through physical measurement and observation (Little Bear, 2000). In research, these approaches are revered for eliminating personal opinions and relationships (Loppie, 2007) and are usually top-down in terms of community engagement (Bird-Naytowhow et al., 2017). Western approaches value individual ownership and progression (Kana'iaupuni, 2005), wherein patients or communities are the problem and researchers are the solution.

Although rooted in the bio-medical model, most health scholars have recognized a socio-ecological perspective by utilizing the "social determinants of health model" in the last few decades. This model identifies the social circumstances and contexts that play a role in health inequities and inequalities between populations (Mikkonen & Raphael, 2010). For example, it is widely noted that Indigenous populations uphold cultural and social identities distinct from other societies (World Health Organization, 2020). The traditional "social determinants of health" model considers individuals' living and working conditions, income, disability, education level, race, and food security (Mikkonen & Raphael, 2010; Dahlgren & Whitehead, 1991). Scholars that use the social determinants of health acknowledge the influence of cultural components. However, Western systems have little recognition of broader Indigenous holistic models that incorporate not only social determinants, but also determinants beyond the social (de Leeuw et al., 2015). Indigenous scholars recognize determinants of Indigenous health and well-being that do "not typically… fall under the category of 'social' – for example, spirituality, relationship to the land, geography, history, culture, language, and knowledge systems" (de Leeuw et al., 2015, p.xii). Underlying all the determinants is a history of colonialism and persisting neocolonialism (Loppie Reading & Wein, 2009). An Indigenous

healing perspective considers the structural determinants and underlying causes related to the historical, political, cultural, and societal factors (Reading, 2015; King et al., 2009). In contrast the "social determinants of health" are largely based on quantitative epidemiological evidence that endorse implicit associations and suggestive interventions, which lacks considerations for intervention appropriateness and effectiveness (Bambra et al., 2010), such as accounting for colonialism or Indigenous perspectives (de Leeuw et al., 2015). Differences in worldviews of health lead to variances in defining and approaching health goals.

Differentiating Deficit-Based and Solutions-Based Health Discourses. From what we were taught in graduate school, Western health models are the building blocks for most health research in First-World countries. Common public health research is expert driven, top-down, and deficit-oriented, while Indigenous health research approaches regard more than physical health and use a holistically balanced, solutions-based approach (King et al., 2009). Deficit discourse is defined as an approach "that frames and represents Aboriginal identity in a narrative of negativity, deficiency, and disempowerment" (Gorringe, 2015, p.1). Western health research typically uses a pathologizing lens, with a focus on pathos and deficiencies (Indigenous Peoples' Health Research Centre, 2004) as a rationale for interventions, resource redistribution, and systematic reorganization (Kana'iaupuni, 2005). Typically, research on Indigenous Peoples is "damage-centered," using harm and pain as means to convince an outside entity or government funding agency that something has to be "fixed" and compensated (Tuck & Yang, 2014). However, this often leads to the stereotyping of Indigenous Peoples in society (Hyett et al., 2018), and underlying perceptions of "native problems" (Gorringe, 2015; Smith, 2012) that disseminate a false Indigenous health history and reproduces inequities (Kana'iaupuni, 2005). Researchers using this approach often miss the opportunity to engage locals as

knowledgeable sources; expertise is only accepted by outside help to "fix" the problem (Kana'iaupuni, 2005).

In contrast to a deficit-based approach, the relationality tenet in Indigenous health research involves researchers interpreting participants' talents and experiences as valid and being solutions-focused (Crooks et al., 2009). One recognized form of a solutions-orientated practice is a strength-based approach built on the salutogenic theory that recognizes elements that contribute to and prolong health (Bengal et al., 1999). Employing strength-based approaches entails working directly with members in a study and supporting their "voice" and power in research decisions (Smith et al., 2012). A strength- or asset-based approach emphasizes relevant and appropriate ideas for the future that are constructed on what is working and has worked well within a community (Tsey et al., 2007). Strength-based approaches empower those involved and promote social change (Anderson et al., 2011). Utilizing these approaches does not minimize or disregard issues (Sasakamoose et al., 2017) but rather identifies the multilayered strengths of individuals, families, and communities, and engages those strengths to prevent and overcome challenges (Kana'iaupuni, 2005).

I was familiar with using a strength-based lens for wellness from my community experiences. I had seen multiple examples in action; the most eminent example being our original community afterschool program: the Chekoa Program for children and youth. This program was created to address education and health issues holistically from a First Nations lens. As a child, I attended and later volunteered at the Chekoa Program and learned in practice the intricacies of strength-based approaches to wellness. This program tackled a multitude of issues by building on our community strengths: the involvement of parents and grandparents, the pedagogy of older youth with younger youth, and existing educational resources in our culture

and language. This successful community health program helped shape my health perspective. During graduate school however, I was unsettled by my observation that Indigenous perspectives appeared to be minimally present in public health training.

Where do we go from Here? Building an Environment to Appreciate Diverse Health Perspectives

As I stumbled through graduate school and my rolodex of outside resources increase from learning opportunities in different countries, conferences, and communities, I was impressed by the different perceptions on health and health-related research approaches. While navigating public health courses, I kept searching for health perspectives outside of a Western worldview. Within my limited required course load in Canada, these never emerged. That led me to consider how I could contribute, and what recommendations I could support to foster academic environments that promote diversifying health perspectives and approaches.

Following my experiences with university classes, I knew that a deficit-based, individualistic research approach was unethical for me to conduct in a First Nations community. I immersed myself in Indigenous research literature and decided to bring Indigenous approaches to the forefront, including strength-based approaches, within my health research. Although strength-based concepts are common in the fields of socio-psychology, education, and business, calls for strength-based research approaches in Indigenous health continue. In the last few decades, "health promotion" research has emerged in public health and in theory, aligns with a strength-based approach (World Health Organization, 1986). Although this lens moves away from a pathogenic approach and towards a salutogenic model that stresses constructive factors to endorse people's health (Becker et al., 2010; Canadian Public Health Association, 1996), in practice, there remains a tendency for solutions to come from "outside experts" and researchers

to use culture and cultural assets superficially (Brough et al., 2004). Health promotion, although with limitations, holds promise for future collaboration with Indigenous approaches to health. Mechanisms for defining, applying, and evaluating strength-based Indigenous health research approaches, however, are limited and understudied. There is a lack of research utilizing the strength of Indigenous knowledge and Indigenous wellness approaches, despite many Indigenous communities incorporating strategies that build on their assets in health programming. Understanding concepts of strengths from a non-Western perspective is under-researched (Tse et al., 2016). Furthermore, there is insufficient empirical research on the effectiveness of strength-based research approaches (Tse et al., 2016). I hope to address these knowledge gaps in my research.

Future Directions

Beyond my own research, I look forward to supporting environments that promote multiple definitions and applications of health research. When given the opportunity to learn about them, future scholars may become more amenable to using non-Western health approaches, such as pursuing strength-based approaches. Ultimately, a research approach should not only be dictated by the researcher, but also by what is most effective for a population. Aligning an approach with a population can only happen when learning environments that foster teaching diverse approaches exist. My recommendation is to begin with the establishment of health classroom environments built on multi-epistemological concepts of health. This process can occur through current and future professors encouraging student reflection on experiences that shaped their health perspectives, biases, and approaches. I acknowledge that my view is limited by my experiences based on a handful of health programs in North America, and this limitation may be

the norm in some health classrooms. However, only when we critically reflect on and share our own experiences, can we consider and hopefully appreciate alternative perspectives to our own.

This standpoint coincides with part of an Indigenous research agenda to not dismiss Western knowledge, but to rewrite and "re-right" the collaboration between Indigenous and Western ways of knowledge in research (Smith, 2012). There is value in welcoming public health Indigenous approaches (Howell et al., 2016) as supported by various scholarly allies (Public Health Agency of Canada, 2015; Saini, 2012; Hyett et al., 2018). Indigenous strength-based approaches may serve as one method to be adopted in health research. Willie Ermine (2007) describes this ethical space as "…a cooperative spirit between Indigenous peoples and Western institutions [that] will create new currents of thought that flow in different directions and overrun the old ways of thinking" (p.203). I hope my research journey reflections encourage others to reflect on their research approaches, perhaps including lack of perspectives, and ways to create a space where "new currents of thought" can flow in the field of health.

2.3 Epilogue: Applying an Indigenous Methodology to Research Strength-Based Approaches

Indigenous Research Paradigm

"Indigenous research methodologies are those that enable and permit Indigenous researchers to be who they are while engaged actively as participants in research processes that create new knowledge and transform who they are and where they are" (Weber-Pillwax, 2001, p. 174). To accentuate community strengths and Indigenous knowledge, I used an Indigenous research paradigm based on how I was raised in my home YKDFN community. Although many researchers represent an Indigenous methodology, under their affiliated Indigenous community, I

labelled my methodology as Indigenous and not Dene. My primary reason for this terminology

choice is that I am drawing from two research projects, one of which I worked with Indigenous

people who were not Dene. Working with a different nation changes my relations, which is the

key to an Indigenous methodology. My relations change, such as with the people I am working

with or the land I conduct research on, and bring about different principles, values, and protocols

to the Indigenous knowledge being shared and created. For example, in my research with Frog

Lake First Nation, from my community partners, I learned traditions and protocols for asking

people to join our research that were different than those that I would use in my Dene

community. Throughout my Indigenous methodology, I refer to many tenets of a Dene

worldview, as that was and is my first reference point of an Indigenous worldview. Additionally,

the primary place I conducted research was with the YKDFN, so it was important for me to

explore this before conducting research. However, I do not feel comfortable stating I used a

Dene methodology throughout my dissertation research as it was not solely on Dene land and

with Dene people. I used an Indigenous research paradigm, which has many shared values and

tenets to my Dene community, and I specified Dene principles, values, and protocols where

appropriate.

I utilized an Indigenous research paradigm because I am not separate from my research. I

come with relationality and need to honour my relations. As a community member, I reflected on

my research positionality as I closely followed cultural protocols and advice of community

Elders and knowledge holders while researching. Indigenous perspectives recognize relational

knowledge and involve the researcher's reflexivity of their contributions (Hart, 2010; Lavallée,

2009; Wilson, 2001). The Indigenous methodology I used included Dene ways of knowing and

being and permitted me to honour my integrity as a community member while engaging in

research, generating new knowledge, and transforming as a person (Weber-Pillwax, 2001). In the following paragraphs, I describe the four elements that structured my Indigenous research paradigm: ontology, epistemology, methodology, and axiology. An Indigenous paradigm accounts for relationality in ontology or what people believe is 'real' in the world, epistemology or how one thinks about that reality, methodology or how one gains more knowledge about ways of thinking, and axiology or morals and ethics guiding that thinking (Wilson, 2008).

Ontology

An Indigenous ontology is the relationships the researcher shares with reality (Wilson, 2001); it is a process of relationships (Wilson, 2008). For example, it is not a human participant that is important in research; instead, the researcher's many relationships with that human are most meaningful (Wilson, 2001). An Indigenous ontological perspective recognizes relational knowledge and involves the researcher's reflexivity on their contributions throughout the research process (Hart, 2010; Lavallée, 2009; Wilson, 2001). Unlike a Western ontological view that only considers the mental and physical worlds (Matsaw, 2018), an Indigenous paradigm is founded on genuine relationships with people, the environment, plants, animals, the cosmos, and ancestors (Wilson, 2008). In other words, most Western worldviews are limited to a mind awareness of knowledge, whereas an Indigenous worldview also considers a heart awareness of knowledge (Duran, 2018). An Indigenous paradigm looks beyond the individual and considers the collective (Hart, 2010). This paradigm is in line with some Dene principles that have been shared publicly (Dehcho First Nations, 2023), most notably, that "we recognize our equality with this land and all living creatures" and "the survival of the whole group (family, community) is more important than the accumulation of individual wealth or status."

Epistemology

An Indigenous epistemology prioritizes relationships over reality as our knowledge systems are always in context or relationship (Wilson, 2008). We see these qualities reflected in many Indigenous languages where nouns cannot exist without a pronoun and descriptor of the relationship. For example, in my Wíílíídeh language, we have no word for "brother" – only words for "my older brother" or "his younger brother." In other words, the brother must belong to someone with a defined relationship and cannot exist alone. Therefore, in an Indigenous paradigm, epistemologies differ because the researcher holds different connections in different Indigenous communities (Lambert, 2014). An Indigenous epistemology is based on respect, interrelationships with the collective, experiential Indigenous Traditional Knowledge teachings, intuition, and reciprocity (Kovach, 2005; Wilson, 2001). In my research, I regularly had discussions with Elders and Traditional knowledge holders who guided me in our ways of thinking as they simultaneously passed down Traditional Knowledge and teachings. Because these intricate relationships were continuously growing and changing as new knowledge was acquired, I was rigid in my ethical principles and axiology to ensure I did not compromise my relations.

Axiology

Like many Indigenous researchers before me (Indigenous Peoples' Health Research Centre, 2004), my axiology centred on my communities' values and ethical research standards. My axiology was upheld in my research by following the university ethics and Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institute of Health Research et al., 2018), which governs the conduct of academic research in Canada. Precisely, many of the tenets in *Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples*

of Canada (2018) aligned with my axiology. The policy is offered as a framework to guide the researcher based on the core principles of "Respect for Persons," "Concern for Welfare," and "Justice" (p. 6). As explained in Chapter 9, these principles extrapolate in Indigenous settings to include Indigenous worldviews, codes of research practice, communities, collective welfare, connections to the natural world, and past and future generations. In Chapter 9, explicit examples of applying the Tri-Council Policy in Indigenous contexts include engaging the community in Indigenous research, respecting Indigenous governing authorities, and ensuring mutual benefits in research. The explicit considerations of Research with Indigenous Peoples in the Tri-Council Policy are vital. Unless the research is considered ethical by Indigenous standards, the study will not be sanctioned in an Indigenous community (Abosolon & Willett, 2005).

In addition to the ethics within an Indigenous axiology, one central value is that the research must benefit all relations involved (Weber-Pillwax, 2001). The axiology builds from the importance of relationality in that it makes people accountable to their relations (Wilson, 2008). For example, although I am a PhD candidate from the University of Alberta, any Indigenous communities would primarily identify me by my First Nation (Yellowknives Dene), location (raised mainly in the YKDFN community of Ndilǫ in the Northwest Territories), and family (my grandparents the late Fred and Florence Erasmus, my mother Margaret Erasmus and my father the late Dale Lines). Community participants hold people to a different ethical standard depending on our connections. People who knew my family expected me to uphold my family's legacy, such as being a hard worker and educator. People who recognized my Dene ancestry expected me to live by the Dene values of being honest or helping one another (YKDFN, 2018). This relational accountability assisted me in continually creating a variety of beneficial opportunities such as assisting people with forms or errands and volunteering to instruct or

facilitate workshops. This is an Indigenous paradigm of authentic relationship building to foster accountability as a precursor to an ethical research approach (Bull, 2010).

In ethical research application, active self-reflection is critical to meeting community protocols and values (Kovach, 2009) within a Western institution of research. Specifically, for Indigenous 'insider' researchers, methods must be built into their research to foster thinking critically about their relationships to increase the richness of data (Smith, 2012). Examples of these methods could be discussing research processes with Elders or "participating in cultural catalyst activities (dream, ceremony, prayer)" (Kovach, 2009, p.50). Throughout my research, I actively self-reflected and discussed with youth, community partners, and Elders, such as in deciding my methods, co-authorship, ethical accountability techniques, and knowledge translation. Additionally, the recommendations of First Nations principles of OCAP®, which stands for ownership, control, access, and possession of data collection processes (First Nations Information Governance Centre (FNIGC), 2014), foster critical thinking about how information is gathered, stored and shared. From these principles, I ensured that any data collected was shared to benefit all involved parties of the participating First Nations, including youth, Elders, community members, and community programmers. Through the entirety of my research, my community partners regularly advised me and held me accountable through our long-standing relationships to ensure I met the community's ethical standards.

Indigenous researchers must practice self-determination in positionality to minimize ethical dilemmas from a community standpoint (Brant Castellano, 2004) and, thus, benefit all relations in future research. I practiced self-determination in positionality using the Spider Conceptual Model (explained in more detail in the next section), which helped me understand the web of interconnected relationships that affected my research. When using an Indigenous

axiology, a researcher must affirm their positionality through regular accounts of relational

accountability. To foster healthy relationships, Kirkness and Barnes (1991) introduced the "Four

Rs – Respect, Relevance, Reciprocity, and Responsibility" for higher education. This has grown

into a "6R" framework that also includes "Relationship" and "Representation" for use within

Indigenous research (Tsosie et al., 2022, p.1). A 7th R, introduced by Jo-ann Archibald (2008) as

part of an Indigenous storywork pedagogy, is "[Reverence] for Elders, for story, and for

Aboriginal knowledge" (p. 148), which was applicable because my research included multiple

forms of story work. These principles were met throughout my projects. I also recognize an 8th

R, "Refusal" (Tuck & Yang, 2014) as a means of refusing participation in research, framing of

research activities, conversations, and dissemination, and sharing parts of Indigenous research,

was an option I could explore, if necessary.

During each research step, I acted respectfully towards others, fulfilled my

responsibilities, established and maintained my relationships, ensured the project was relevant to

the communities, secured community representation in research steps, contributed to a continual

reciprocal process, and revered the stories shared with me, storytellers, and knowledge within

those stories. For example, after completing one section of the research project, I would draft a

summary for the community's newsletter to celebrate the youths' accomplishments. Often, I

would update and share the youths' contributions to the research directly with the youths' parents

and family members. Another part of relational accountability is maintaining positive

relationships and neutral stances in the community (Weber-Pillwax, 2001). Maintaining good

relationships was my priority throughout my research, which I did by being inclusive of multiple

family lineages, working from the advice of Elders, and working alongside community members.

In a small community, relationships are magnified and can affect the decision-making of

potential participants, support, and policies, whether intentional or not. Indigenous research goes beyond answering research questions because, during the development of relationships, contextual understanding adds to the information being received (Steinhauer, 2002). In other words, I strongly considered my axiology as it was the basis for good relations and their connections to knowledge, and thus, vital for Indigenous research.

To ensure that my community interpreted research activities as ethical and respectful, I followed a local axiological compass of the cultural protocols encapsulated in the Dene Laws (Appendix B). As part of an Indigenous framework, cultural protocols promote appropriate interactions with the knowledge holders of an Indigenous group (Kovach, 2009). I was guided by shared Dene values of honesty, respect, and reciprocity; recommendations from the YKDFN Dechı̨ta Nàowo Youth Research Coordinator, Research Protocol Working Group, Chiefs and Council, Elders; and my personal cultural knowledge and experiences. Research protocols began before my dissertation proposal was even formalized. I discussed future research project ideas with YKDFN family, friends, and members to gain informal advice and direction. While crafting my dissertation proposal, I worked with the YKDFN Dechı̨ta Nàowo Youth Research Coordinator to align my project with the YKDFN scheduled activities and objectives. The Youth Research Coordinator provided input, approved proposed activities, and regularly participated in all research projects.

In the middle of my research, the YKDFN Dechı̨ta Nàowo Youth Research Coordinator brought together a Research Protocol Working Group that included YKDFN Elders, Traditional Knowledge holders, and youth to develop research protocols specific to the YKDFN culture and communities. I discussed my research projects with the working group and promptly implemented any feedback. Throughout all my self-reflection and guidance, it was clear that an

on-the-land component was imperative in my research projects. The YKDFN culture, language, and identity are embedded in and connected to the land, and land-based activities that promote culture and language were recognized as a priority for any YKDFN programs. In an Indigenous research protocol, knowledge is connected to the land or environment surrounding a population (Wilson, 2008). To represent the YKDFN youths' perspectives, the project connected with the Chief Drygeese Territory by incorporating traditional land stewardship, environmental traditional conservation and protection, language learning, and preserving cultural YKDFN land practices within the research.

In summary, my research followed an Indigenous axiology by prioritizing the maintenance and growth of relationships with my community, research partners, and participants through respectful words and actions; benefiting participants with transferable research skills and cultural skill practice as new knowledge was added to the literature; and fulfilling my responsibilities as a community member in mentoring youth, helping Elders, and using my talents for the good of the community.

Methodology

Following the work of Indigenous scholars before me who developed an Indigenous methodology based on an epistemology specific to their tribe or community (Kovach, 2009; Lambert, 2014; Meyer, 2001; Wilson, 2001), I used an epistemology stemming from the Yellowknives Dene First Nation, where I grew up and remain an active member. Indigenous research requires the researcher to consider context consciously and incorporate it purposefully (Weber-Pillwax, 2001). Indigenous methodologies are based on values of wholeness, strength, and sharing (Little Bear, 2000) and emphasize the interrelationships with living and non-living things in past, present, and future connections (Cram et al., 2013). To uphold relationality most

effectively, Indigenous methodologies are best conducted by Indigenous researchers who carry

forward existing relationships, which are central to knowledge creation (Wilson, 2008).

Researchers are committed to relational accountability and reciprocity in their work with not

only the Indigenous population directly involved in the research but also with the relations of

that population (Kovach, 2005; Reich et al., 2017; Wilson, 2008). Likewise, the research benefits

must be of practical use for the population and its relations. Indigenous researchers cannot

remove themselves from the research because they bring all their relations to their work and are

held accountable by these relations in research (Wilson, 2008). I am accountable to my family,

alive and deceased; the land where I was from and where I currently am; the spirit world;

YKDFN community; Denendeh (Northwest Territories); and First Nations, Aboriginal Peoples

in Canada, and Indigenous nations of the world that are outside of my community. I am

inextricably linked to the land and, thus, grounded my research to the Chief Drygeese Territory,

Akaitcho Territory, and Denendeh. The foundation of my methodology was a Dene philosophy

based on a Dene's "sacred relationships with the spiritual world, the land, one another, and

themselves" (Government of the Northwest Territories, 2002, p.13). Through this paradigm, I

embraced my relations in synthesizing and analyzing knowledge.

Chilisa (2012) describes Indigenous methodologies as informed by Indigenous

knowledge systems, which challenge former colonial descriptions by promoting knowledge

reconstruction and social change. Similarly, my research challenged colonial acts by

reconstructing health research approaches to include YKDFN Traditional Knowledge.

Decolonizing research methodologies are also understood through the localized critical theory.

Localized critical theory is connected to the confrontation and disembodiment of oppressive

measures within a particular time and place of politics, history, and circumstances (Denzin &

Lincoln, 2008). One such theory is Freire's critical pedagogy (2000), which highlights education, including research, as a platform for social justice. Freire's critical pedagogy is useful for cultures experiencing a reality of oppressive incongruities, such as those experienced by Indigenous Peoples (Yellow Bird, 2005). The union of localized critical theory and Indigenous methodologies through Freire's pedagogy of the oppressed (2000) is coined "critical Indigenous pedagogy" (Denzin & Lincoln, 2008, p. 2). This pedagogy promotes the transfer of Indigenous knowledge through prioritizing inquiry to empower people and promote social justice (Denzin & Lincoln, 2008). Interpreting academic research using a *critical Indigenous pedagogy* requires a researcher working with an Indigenous population to answer Smith's (2000, p. 239) eight questions:

(1) What research do we want done? (2) Whom is it for? (3) What difference will it make? (4) Who will carry it out? (5) How do we want the research done? (6) How will we know it is worthwhile? (7) Who will own the research? (8) Who will benefit?

To be consistent with Indigenous methodologies, these questions must be answered to benefit the Indigenous groups involved (Denzin & Lincoln, 2008). In framing how I understood an Indigenous Dene research methodology, I reflected on and discussed my research with Elders and Traditional Knowledge Holders to clarify my approach and form my eight answers below.

Ultimately, my research project was formed to meet the requirements of a PhD at the University of Alberta School of Public Health: However, I also worked in tandem with the YKDFN community organization and participants. Therefore, to benefit all involved parties, my research was moulded to focus on filling literature gaps of First Nations strength-based approaches in health, meeting community research programming objectives, and providing opportunities for youth wellness. To make a difference to the YKDFN, the research had to be,

first and foremost, a priority of the YKDFN membership. Meeting the priorities of the YKDFN through my research meant the research was not solely about answering the research questions but also included opportunities for youth to learn Traditional Knowledge, history, and language, practice cultural skills, interact with the Elders, and research project planning and leadership. In my heart, this research was intended for the people of the YKDFN and the generations that come after them and after them. A Dene value that was reinforced growing up was to help one another, and the best way to help my community was to use my natural gifts or strengths, which I continued as a researcher working within my community. On top of the research activities, I purposefully organized programming within the scope of the research project that had educational, wellness, and cultural benefits. The research also contributed to the academic community by adding to the academic literature, which may translate to more culturally derived health programming and research that welcomes Indigenous knowledge and participation. Additionally, capturing the youths' ideas in designing and applying a strength-based approach in research may open further dialogues in the community and research circles about youth involvement in health research. To honour my responsibilities to my community and university, I conducted the project as a YKDFN member and as a researcher and navigated the research path to benefit the participants and community.

The research was foremost conducted ethically and respectfully for the YKDFN. To achieve the level of respect anticipated in my community, I took extra precautions to ensure that community members understood the project and that the project was set up to understand the community. Youth researched alongside me, and it was vital that I taught them ethical and respectful ways of researching. So, I purposefully included community knowledge holders to ground us in our traditions and practice relational accountability. My Indigenous methodology

centred on incorporating Dene values and beliefs, shared in my community, within the Western instrument of 'research.' It is difficult to express the complexity of maintaining positive relationships to an 'outsider' who has never been an 'insider' conducting research within their community. As an 'insider,' there were many things out of my control that affected how I was judged and received and, consequently, my research. For example, judgement extended to how my family or other researchers I invited into the community conducted themselves. Weber-Pillwax (2001) describes how the complexity of kinship and relations fits with the researcher's sense of integrity:

> Any research that I do must not destroy or in any way negatively implicate or compromise my own personal integrity as a person, as a human being. This integrity is based on how I contextualize myself in my community, with my family and my people, and eventually how I contextualize myself in the planet, with the rest of all living systems and things. Without personal integrity, I would be outside of the system. If I am outside the system, I don't survive. I destroy myself. I am isolated. All these are important aspects connected to research in general and would almost certainly be an important consideration of anything I would be claiming as Indigenous research. (p. 168)

In line with Weber-Pillwax's description, every part of my research project was intentionally based on my integrity and the person I was raised to be in my community. Fortunately, I was accustomed to maintaining a positive character and professional boundaries in the community to uphold my status as a teacher and role model. However, I consciously increased my efforts to remain neutral in political arenas for my research success. Since I lived where I conducted research, it was essential that I maintained good relationships with all

community members and continued to uphold my cultural responsibilities as a community member.

Indigenous methodologies allow Indigenous researchers to honour their integrity as a member of their community while engaging in the research process and generating new knowledge (Weber-Pillwax, 2001). In upholding integrity, a researcher must continually sustain a spirit of relationality and accountability to the community they work with and not limit their participatory involvement (Weber-Pillwax, 2001). Following this line of thinking, I intentionally created opportunities for fellow community members, as I usually have in projects in my community, by building capacity, assisting with program support, and offering short-term employment and honorariums through our team's research grants. Respecting the integrity of a First Nations culture involves the university research reaching past the literate knowledge to recognize Indigenous skills and knowledge as valid (Kirkness & Barnhardt, 1991). The Dene have expertly used and passed down their logical methods and analysis of situations for millennia in successful endeavours such as navigating vast, harsh terrain; communicating collective risks and solutions; living in harmony with the environment; and managing animal populations and ecosystems. Dene Traditional Knowledge was shared by Dene resource workers during cultural skill development in the camp, by youth in their projects and discussions, and by community members and Elders in storytelling interviews and sharing circles. Honouring the First Nations principles of ownership, control, access, and possession (OCAP®) of research data (FNIGC, 2014), any Traditional Knowledge shared within the research is the property of the YKDFN, with permission granted to the University of Alberta for use in my dissertation and accompanying published documents. Throughout my research, I consciously discerned if knowledge was being shared with me as a community member or for the project and clarified

with knowledge holders when needed. I had added responsibility to ensure this Traditional Knowledge was being protected and shared to the public through my research so that it left little room for misunderstanding or misrepresentation. For example, as a member of my community, I met my responsibilities by setting up activities and opportunities where the Elders or knowledge holders and youth could exchange knowledge, with the understanding that some of these activities would not be captured in my research. Through an Indigenous methodology, I accounted for how my existing and developing relationships affected the knowledge built, so this research was appropriate and worthwhile.

Research under an Indigenous paradigm should benefit the whole community (Wilson, 2008). My research aimed to increase our understanding of Indigenous strength-based design and application, which benefited the communities, as discussed earlier. In addition to the main aim, I also purposefully incorporated additional activities to benefit the communities. Throughout my research, I crafted and integrated activities to address community priorities, including language acquisition, strengthening Elder-youth relations, passing on community traditions and culture, and following our ways on the land. We also shared our results with the entire community to inform of different benefits such as: how the youth were planning to tackle health issues, the Traditional Knowledge and language that the youth had learned, and future plans for youth advisement in programs. The project benefited more than the participants directly involved, as there were short-term and long-term benefits to their families, peers, and community, such as employment, research assistant training, establishment of a youth group to advise on community programming, building transferable skills for employment, earning high school credits for involvement in the project, planning for health research with youth leadership, and addressing of health issues and emphasis of health solutions brought to light by the youth.

Smith's (2000) eight questions challenge key disparities of academics, democracy, and community to advance decolonization (Denzin & Lincoln, 2008). Recovering from the effects of colonization by recognizing Indigenous Traditional Knowledge in designing and applying strength-based health research offers avenues for positive wellness impacts in these communities.

2.4 Using Theories Aligned with a Strength-Based Approach

Theoretical Frameworks

My research methods are based on three main theoretical frameworks to meet the research project goals. As restated from Chapter One for easy reference, my project goals were to (1) investigate the definition and application of strength-based approaches to participatory risk communication youth research projects in Indigenous health; and (2) promote youths' well-being, voice, resilience, leadership, and research skills through their involvement and leadership in research. Capturing elements of strength-based approaches (Goal 1) was based on the Spider Conceptual Model (Figure 2.1). The Positive Youth Development (PYD) constructs (Figure 2.2) promoted YKDFN youths' well-being (Goal 2), and the Guiding Principles for Engaging and Empowering Aboriginal Youth (Figure 2.3) accounted for historical context and built on universal and culturally specific protective factors (Goal 2).

Figure 2.1. Indigenous Research Paradigm: A Conceptual Model (Lambert, 2014)

The Spider Conceptual Model framework is accepted across many Indigenous nations worldwide as culturally appropriate for community research partnerships (Lambert, 2014). Researchers must bring to their consciousness their thoughts, biases, personal beliefs, and preconceptions (Jootun et al., 2009) and critically examine how these factors relate to their work

(Finlay, 2003). This framework fosters incorporating a web of factors into an Indigenous research paradigm, which assisted me in methodically examining how the factors related to my projects. As depicted in Figure 2.1, the Spider Conceptual Model framework includes community interest and need; community empowerment and self-determination; community collaboration and permission; survival and recovery of historical trauma; community-appropriate dissemination of data; ownership and sharing of knowledge; tribal protocols, Elders, and band council; ethics and respect; and community Indigenous epistemology and ontology. This web of factors assisted me in understanding my positionality as a researcher and reviewing how that related to all the 'moving parts' of research. Although there are many different theories on determining the quality of qualitative research, scholars agree that the researcher, and their positionality, influence the research and its value (O'Reilly & Kiyimba, 2015a). One's positionality must be transparent when starting, conducting, and/or disseminating research (O'Reilly & Kiyimba, 2015b). The fundamental tenet of the Spider Conceptual Model, at the centre of the web of factors, is the Indigenous researcher who has connections or relations to each factor. Those relations influence the researcher's place or positionality, which affects the researcher's reasonings for doing research and their voice in research. "Research is never undirected" (p.138), and the researcher must understand what factors make up their positionality and role in research (Mayan, 2009).

By using the Spider Conceptual Model, I understood I needed methods that fostered my relationships, allowed for the growth of relationships, prioritized Indigenous knowledge, and highlighted youths' ideas in building and applying a strength-based approach together with my relations. Finally, the Spider Conceptual Model was appropriate because I used an Indigenous methodology and researched with community members who also had relations. The following

chapters explain these methods in more detail, including mural art, storytelling interviews, research sharing circles, Forum Theatre, inner reflections, and participatory videos. The underlying foundation of all the methods was that they were flexible to promote natural conversation about the research topic, occur on-the-land and in settings comfortable to the participants, and embrace Indigenous knowledge within a Western framework of researching to allow for authentic knowledge building.
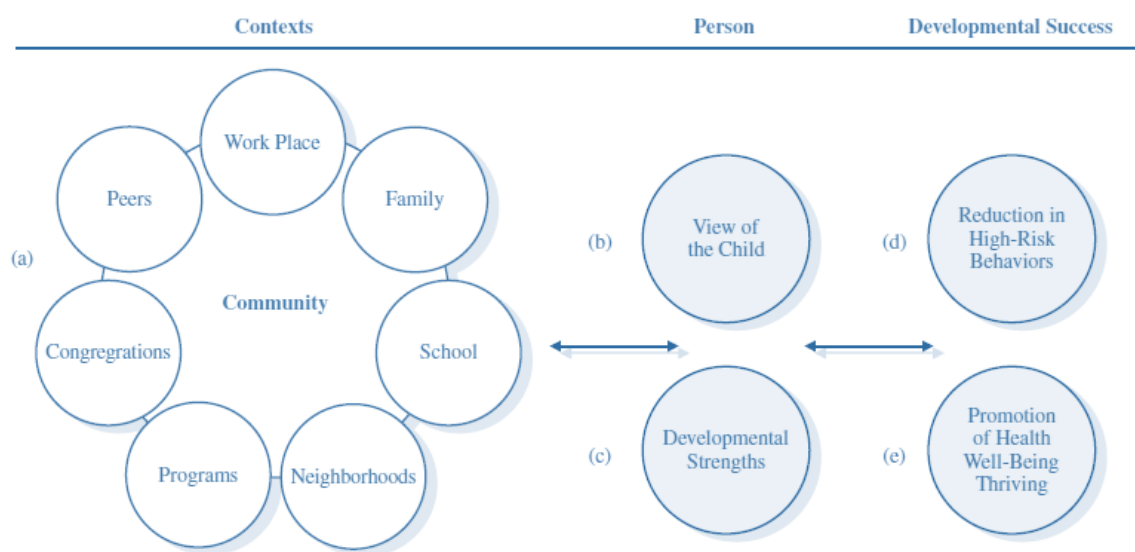
Figure 2.2. Core Positive Youth Development Constructs (Benson et al., 2006)

To promote the youths' well-being, I utilized the Positive Youth Development (PYD) framework, as depicted in Figure 2.2, which is based on centring youth as community assets by promoting their skill development and capacity (Damon, 2004). Despite the limitations of the PYD framework in incorporating character and spirituality, non-Western contexts, and being versus doing constructs (Shek et al., 2019), the tenets of PYD were useful as guiding parameters for my conducting youth research. There are various developed models with different definitions, measurements, and applications of PYD concepts (Benson et al., 2006; Catalano et al., 2004; Geldhof et al., 2014; Lerner et al., 2015), but the foundation of PYD remains the same. Using

PYD begins with the premise that all youth have strengths, and that can be built upon with constructive activities, resources, and opportunities in their environment (Zarrett & Lerner, 2008). PYD highlights youths' full potential within their context (Damon, 2004). PYD involves three main components: 1) settings promoting developmental growth through appropriate supports, opportunities, and resources; 2) roles for youth to mature and engage; and 3) encouraging youths' skills, competencies, and strengths (Benson et al., 2006). A youth's time outside of school hours, including in extra-curricular activities, such as regularly occurring research activities, is one of the most important factors for predicting PYD (Zarrett & Lerner, 2008). Therefore, it was critical that we had opportunities for youth to develop positively throughout my research. We created supportive environments and opportunities for youth to grow, including specific co-researching roles and skill development practice and training. To increase Indigenous cultural relevance and identity inclusion in the PYD framework, Farella and colleagues (2021) propose including the Peoplehood Model elements of language, territory, sacred history, and ceremonial cycle. Like most of the programs within the First Nation, the elements of the Peoplehood Model were fundamentally included in our youth research program. I also enhanced PYD and confronted issues of using PYD in non-Western contexts (Shek et al., 2019), by adopting a framework specific to Indigenous youth in programming.

UNDERSTANDING AND INTEGRATING CULTURAL IDENTITY The loss of cultural identity and values is a major risk faced by Aboriginal youth. It is critical to address this loss in programming for youth.	**INCREASING YOUTH ENGAGEMENT** Youth engagement is both a process and a desired outcome. Youth engagement means providing a range of roles for youth who become involved and providing them with opportunities to become leaders in addition to participants.
FOSTERING YOUTH EMPOWERMENT Empowerment is an extension of youth engagement. Empowerment includes supporting youth in the development of skills, competence, and identity and also supporting them in using these skills for social change.	**ESTABLISHING AND MAINTAINING EFFECTIVE PARTNERSHIPS** Effective and appropriate partnerships are an important foundation to any prevention programming, but the importance of these relationships is amplified when working with Aboriginal youth and their communities.

PRINCIPLES

Figure 2.3. Principles for Successful Programming for Aboriginal Youth (Crooks et al., 2010)

As shown in Figure 2.3, the Engaging and Empowering Aboriginal Youth framework is based on four overarching principles for successful programming with Indigenous youth (Crooks et al., 2010, pp. 12-13). I comprehended from the first principle, *Understanding and Integrating Cultural Identity,* that cultural loss from the history of genocide in Canada must be countered with opportunities to strengthen cultural identity and practices integrated into programming.

Throughout my research, we specifically had opportunities for youth and Elder interactions, cultural on-the-land activities, and fulfillment of traditional youth responsibilities. I followed the second principle *Increasing Youth Engagement,* by providing different social and cultural roles and activities where the youth had more occasions for engaging as participants and leaders in co-researching. From the third principle *Fostering Youth Empowerment*, I understood the importance of supporting both personal and social empowerment for youth, including developing opportunities and skills for meeting individual goals and social action in the community. We incorporated youth learning research skills that were transferable to increase employability and activities that promoted social action, such as assisting with food security for Elders. In the fourth principle *Establishing and Maintaining Effective Partnerships*, I understood the role a partner can have in connecting participants to the larger community social networks, including extended family, which is traditionally valued. I worked alongside the YKDFN Dechı̨ta Nàowo Post-Secondary Education youth research coordinator and staff, who advocated for community priorities and anchored programs in Traditional Knowledge. Research has demonstrated that integrating components that promote cultural activities and Traditional Knowledge acquisition are protective factors for Indigenous youth in the north (MacDonald et al., 2013). Using the Engaging and Empowering Aboriginal Youth framework not only promoted universal protective factors through engagement and interaction with youth but was also specific in accounting for history, community, culture, and relations, which was vital for youth wellness and success in our research activities.

In summary, the tenets in these theoretical frameworks helped me meet the project goals and cultivate a research environment conducive to strength-based ideologies and promoting positive youth wellness. I used the Spider Conceptual Model in asserting my positionality to

produce ethically sound Indigenous research exploring where Indigenous strength-based

approach definitions and applications. My researcher positionality determined how I formed the

research topics; chose and involved the participants; the methodology I used; the methods I

employed; the analysis conducted; and how I disseminated the research (Finlay, 2002). The role

of the 'researcher as instrument' in qualitative research is to "prompt, probe, and encourage

participants' views of their experiences" (Jootun et al., 2009, p.42) and through the use of the

Spider Conceptual Model, the researcher as an instrument also benefited the web of relations.

This model assisted me in considering my relations in research and worked as a guide to ensure

my relations' strengths were accounted for in each step of the research process. The PYD and

Engaging and Empowering Aboriginal Youth frameworks assisted in meeting the secondary goal

of promoting youths' well-being, voice, resilience, leadership, and research skills in various

ways. From the PYD framework, I focused on incorporating environments, roles, and training

that assisted youth in growing transferable research skills, competence, and position in the

community. I used the Engaging and Empowering Aboriginal Youth Framework to ensure

wellness was central for the youth throughout the research by including elements of cultural

context, history, traditional roles and cultural identity, and community and relations. These three

frameworks were essential for me to logically contemplate the multiple parts of this research.

This focus was especially important when working with youth, permitting me to prioritize my

relations with my community and the youth ahead of achieving answers to my research

questions. The youth, other participants, and wellness of the community came first, and my

research plans formed around that priority. These frameworks assisted me in using a strength-

based lens by valuing the roles of youth and community members in research, understanding

how our relations added to finding new knowledge, and planning for opportunities to build youth

skills to lead research sections.

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Chapter 3: Recognizing Strength-Based Approaches in Finding Health Solutions with Indigenous Populations

Before entering grad school, I had a choice between two universities, and ultimately, I picked my current program and supervisor because I was excited to work with my community. My supervisor researched within my community for many years. I saw firsthand the youths' fun as they participated in her research projects, where they created messages about various health topics using photo books, videos with scripted scenes, and PhotoVoice. I knew that if I chose the University of Alberta, I would work with my supervisor and hence, my community. My supervisor was in the beginning stages of leading a multi-case study participatory risk communication project that involved First Nation youth from the Yellowknives Dene First Nation (YKDFN), Métis youth from Manitoba and Inuit youth from Nunatsiavut. I would assist in leading the project in my First Nation for my dissertation research. In each case study, we aimed to explore the youths' perspectives on health and wellness issues and priorities. This could guide the project's next stage, where the youth would create participatory risk communication interventions.

We set up our project based on the tenets of a strength-based approach, using community-based participatory research tools through an Indigenous research lens to foster participants using their strengths. As I prepared to research, I found very few examples of strength-based research methods and had to structure a strength-based approach intentionally into our methods and research. In addition to identifying and prioritizing issues initially included in our research plan, I purposefully added research questions and methods to incorporate the youths' perspectives of community assets and solutions. Some examples include murals depicting their ideal healthy community, PhotoVoice to show ideas of priorities, and sharing circle discussions on youth

involvement. The youth then extrapolated on this by including more on-the-land priorities. I, along with my co-authors, published the results of the initial stage of our research in a peer-reviewed article in *BMC Public Health* (Lines et al., 2019)*,* which has been modified for my dissertation in Section 3.1. As a team, the YKDFN Wellness Division, Dr. Cindy Jardine, and I conceived the research. I designed and carried out the research in partnership with the YKDFN Wellness Division. I analyzed and interpreted the data with the YKDFN Wellness Division, youth, and community participants. I wrote most of the manuscript, with Dr. Jardine contributing to the introduction and editing, and I discussed the manuscript for input and direction from the YKDFN Wellness Division. All authors (with YKDFN Wellness Division represented by director Jennifer Drygeese) read and approved the final manuscript. In this article, I described the results of the project where the youth identified *connection to the land* as a determinant of Dene health and also demonstrated the potential of strength-based approaches in finding unique health solutions.

3.1 Connection to the Land as a Youth-Identified Social Determinant of Indigenous Peoples' Health

In recent years there has been growing recognition that 'health' is more than an individualistic, biomedical concept - it is also determined by social circumstances and contexts. These 'social determinants of health' involve the conditions under which people live and work, and include diverse factors such as income, education, stress, social marginalization, racism and food security (Wilkinson et al., 2003). Because they influence the health status of individuals and groups, deficits in the social determinants of health are considered the major underlying reasons for health inequities and inequalities between populations (World Health Organization, 2008).

Although this is considered a relatively 'new' approach to health and wellbeing in the Western world, Indigenous Peoples in Canada and elsewhere have always known that health is a holistic concept that extends beyond individual behaviours and genetics (de Leeuw et al., 2015). Social determinants of health in an Indigenous context also include unique structural (or foundational) determinants such as history, political climate, economics and social contexts. Relationships, interconnectivity, and community are fundamental to these determinants (Reading, 2015).

Yet, ironically, simply being Indigenous is considered a significant social determinant of health in Canada (Mikkonen & Raphael, 2010). Indigenous people in Canada rank lower in almost every determinant of health than do non-Indigenous Canadians. In 2011, 29% of Indigenous adults aged 25 to 64 had less than a high school education (with the most alarming rates of almost 50% being in First Nations on reserve and Inuit populations), compared to nearly 12% of the non-Indigenous population (Statistics Canada, 2015) (in Canada, Indigenous Peoples refers to First Nations, Métis and Inuit Peoples). Indigenous Canadians are almost three times more likely to experience food insecurity than their non-Indigenous counterparts, with more than 230,000 Indigenous youth aged 12–17 estimated to live in households with moderate to severe food insecurity (Health Canada, 2020). These deficits are reflected in multiple adverse health outcomes, including, but not limited to, elevated rates of: infant and young child mortality, infectious diseases, malnutrition, tobacco use, accidents, interpersonal violence, homicide, suicide, obesity, cardiovascular disease, diabetes, and diseases caused by environmental contamination (Gracey & King, 2009). For example, the age-standardized rate for diabetes is 17.2% for First Nations individuals living on-reserve, compared to 5.0% for other Canadians; diagnosis usually occurs at a younger age than non-Indigenous individuals (Government of

Canada, 2017). Smoking for youth aged 12 to 24 is two times more likely in an Indigenous population, excluding reserves, than within the non-Indigenous population (Statistics Canada, 2015). The prognosis for those who suffer ill-health is also worse; First Nations people with cancer have a significantly poorer 5-year survival than their non-Indigenous peers (Withrow et al., 2017).

The continued effects of colonialism are considered to be the most important determinant of health for Indigenous Canadians (Richmond & Ross, 2009). Although colonialism has been adapted into many present forms, the symptoms of colonialism largely stem from the devastations of "Indian Residential School systems" occurring in Canada from 1892 to the mid 1990s to fulfill the Indian Affairs Deputy Superintendent's goal to "… get rid of the Indian problem … until there is not a single Indian in Canada…" (Aboriginal Healing Foundation, 2002, p. 3). The residential schools were a deliberate system of forced assimilation that often started with forcible removal of children from their homes, and ended in many cases of physical, emotional, and sexual abuse including slavery, spread of infectious diseases, violent punishment for speaking an Indigenous language, and death (Aboriginal Healing Foundation, 2002). Many students battled the destruction of their culture, language, and identity. They were denied cultural opportunities to develop parenting skills, speak their language, take part in spiritual ceremonies, or practice cultural activities such as harvesting off the land (Aboriginal Healing Foundation, 2002). The intergenerational consequences of trauma from the attempted cultural genocide are still manifested in the health status of Canadian Indigenous populations. Despite narrowing disparities in mental and physical health status, Indigenous Peoples continue to suffer an increased burden of illness, and to be disadvantaged relative to non-Indigenous people in Canada on numerous markers of morbidity and mortality, including socioeconomic deprivations,

inequalities entrenched in education and healthcare systems, and experiences of violent victimization (Beavon & Cooke, 2003; Royal Commission on Aboriginal Peoples, 1996). Health issues faced by Indigenous Peoples are a multiplicative product, rather than additive sum, of cultural wounds affecting the entire community and ways of life (Chandler & Dunlop, 2015). The social determinants of health related to these historical contexts have largely been accepted as one of the key etiologic factors underlying high rates of illness, disease, and mortality in Indigenous populations (King et al., 2009).

Addressing inequities resulting from shortfalls in the social determinants of health is an ongoing problem, particularly for Indigenous Peoples. A research approach that has gained support is changing the focus to community strengths ("what has worked in the past and what is the most appropriate community vision for future success") as opposed to the more traditional focus on problems ("why and where the community has failed") (Anderson et al., 2011, p. 44). Strength-based research is premised on empowering everyone involved in the research (community members, academic researchers, policy-makers, etc.) to create social change (Kana'iaupuni, 2005). This is consistent with viewing social determinants of health as 'health promoting' factors that are influenced by political ideologies, public policies, societal recognition and outrage, and the ability of individuals and communities to effect change (World Health Organization, 2011). Using a health promotion lens shifts the focus from a pathogenic approach that emphasizes factors related to disease and illness to a salutogenic model that stresses positive, salutary factors that support people's health and well-being (Antonovsky, 1996; Becker et al., 2010).

Exploring determinants of health from the perspective of Indigenous youth is critical to identifying and changing the conditions underlying inequities that impact individuals,

communities and nations in the next generation (Greenwood & de Leeuw, 2012). With almost half (46%) of Canadian Indigenous people being under the age of 25 (Statistics Canada, 2015), Indigenous youth are the key to future change. They also hold a special place in their communities and collectives: "they embody the past through our teachings, they experience the present, and they hold our dreams for the future. Their individual identities ensure collective continuity" (Greenwood & Jones, 2015, p. 65). Identifying the social and structural determinants of health from the perspective of Indigenous youth is important because it is a "contemporary re-articulation of traditional egalitarian practices that recognized the central role of youth in the health and vitality of the community" (Kirmayer et al., 2003, p. S21). As Indigenous youth are known to "espouse a broader approach to health that considers the linkages between culture, identity and health" (Blanchet-Cohen et al., 2011, p. 87), their contributions are potentially extremely valuable in shaping Indigenous health programs in Canada.

Many Indigenous scholars emphasize the importance of including youths' health perspectives when capturing a community's holistic health perspective (Alfred, 2009; Anderson, 2011; Markus, 2012; Monchalin et al., 2016). However, in North America, Indigenous youths' abilities are typically underestimated or underutilized by the 'Western' public and research community, where adults usually practice 'adultism' or hold power over youth (Tate & Copas, 2003). This colonial view denies youths' agency to create change (Monchalin et al., 2016), such as influence and affect health services, and opposes an Indigenous perspective. In First Nations communities, youth were traditionally called on as leaders to voice opinions in decision making, act as role models to increase positive outcomes for the next generation, shelter responsibilities for the community, and act on behalf of the community in addressing issues such as health, communication, justice, and food security (Alfred, 2009; Anderson, 2011).

In this section, we discuss an asset or strength-based approach to exploring concepts of health and healthy communities through the eyes of Indigenous youth in northern Canada as a precursor to awareness of and change in social and structural determinants of Indigenous health. The research questions that informed our investigation were:

- What are the perspectives of Yellowknives Dene First Nation (YKDFN) youth on health, health issues and health priorities?

- How do YKDFN youth understand the factors that determine their 'health' or 'being healthy' within their community? What factors do they think are important?

- What are the perspectives of YKDFN youth on their role in future health research?

Methods

Methodology

An integral component of research partnerships and reciprocal knowledge exchange between communities and universities is a participatory approach with elements of trust and relationship building (Jardine & Furgal, 2010). To accentuate community strengths and Indigenous knowledge, we used a community-based participatory research (CBPR) methodology through an Indigenous research lens. CBPR is a collaboration between researchers and community participants through sharing knowledge and relevant lived experiences to promote social change (Hall, 1992; Viswanathan et al., 2004). An Indigenous methodology is based on relationality and is best carried out by an Indigenous researcher who carries forward these lifelong relationships (Wilson, 2008). An Indigenous methodology is informed by Indigenous knowledge systems and challenges former colonial descriptions in reconstructing knowledge to include an Indigenous perspective (Chilisa, 2012). Our project employed a decolonizing CBPR

approach (Stanton, 2014) that was grounded by Indigenous community relations to challenge the oppressive acts of colonization by reconstructing concepts of health to include Indigenous knowledge.

Relationships

While first author Laurie-Ann Lines was the academic researcher for this project, she is also a member of the YKDFN. She conducted the research as part of her graduate program dissertation, under the supervision and guidance of Dr. Cindy Jardine. Dr. Jardine, in her capacity as a university professor and researcher, has previously led many CBPR projects involving Indigenous youth and health promotion initiatives in the YKDFN. Over the past decade, Laurie-Ann has worked, volunteered, and partnered with various divisions in the YKDFN, serving YKDFN children, youth, adults, and Elders. The research was conducted in partnership with members of the YKDFN Wellness Division, who were active in the planning, implementation, and interpretation of the research, including assisting in workshop organization and participant recruitment, analysis of results and manuscript preparation. Additional research partners included two community research assistants, (who assisted the researchers in notetaking, observations, and monitoring research activities) and traditional knowledge and cultural resource workers (who assisted in running the on-the-land workshop, provided observations, and shared their knowledge with the youth). The YKDFN Wellness Division viewed this research as providing information for subsequent community health research programming, strategies, and policies.

Study Design and Participants

The research was based in the two YKDFN communities of Ndilǫ and Dettah, and at a YKDFN traditional on-the-land camp site, all located near Yellowknife in the Canadian

Northwest Territories. The First Nation has a population of approximately 1500 members, with about 600 currently living in Ndilǫ and Dettah, and the remainder primarily living in Yellowknife. Approximately 44% of members are under the age of 25 (Yellowknives Dene First Nation, 2017).

Over the period of a week (Monday through Friday) in August 2016, the exploration of youths' health perspectives was interwoven with leadership skill development and YKDFN cultural camp activities through the YKDFN Youth Health Leadership On-the-Land Workshop. On Monday, the youth conducted research activities in the communities. From Tuesday to Friday the youth completed remaining research activities at the on-the-land camp. The YKDFN Wellness Division organized the camp activities where youth practiced and further developed YKDFN cultural skills, such as traditional harvesting. The on-the-land camp was held at a location removed from city and community life, where the YKDFN Wellness Division holds an annual summer cultural camp for youth. The YKDFN Wellness Division recruited participants through their existing networks and selected youth based on their age, availability, and community recommendations (such as including a variety of family lineages and at-risk youth). The fifteen youth participants, aged 13–18 years, were all of YKDFN descent.

We (the researchers and community partner) sought to understand youths' perspectives on: 1) interest in health research; 2) health meaning, issues, and priorities; 3) tailoring healthy information and research to youth; 4) their role in future health research; and 5) their role in addressing health issues within their community. We used a mixed methods approach that consisted of two quantitative surveys (a short electronic 'clicker' polling survey and a longer iPad survey) (samples in Appendix D) and multiple types of qualitative data collection and analysis strategies including PhotoVoice, mural art, a modified 'nominal group' technique,

sharing circles (sample guide in Appendix D), observations and field notes, and personal reflections. Research projects with non-linguistic methods increase accessibility and illustration of further forms of understanding (Bagnoli, 2009). The two surveys were employed to better understand frequency of responses amongst study participants, realizing that the small sample size precludes any valid statistical analysis and that the results are not necessarily transferable to other populations.

The short survey captured interest in health research and used electronic 'clicker' polling equipment. The survey involved five multiple-choice questions and was conducted on the first day of the workshop. This was meant to engage youth in the research process anonymously and set the participatory tone. One question was designed to collect a general idea of youths' interest in being involved in research and learning research skills.

The PhotoVoice project also occurred on the first day. Youth were divided into two groups for each community of Ndilǫ and Dettah and each given a digital camera or videorecorder. Youth walked around their community to capture health issues and priorities in photos or videos. PhotoVoice projects have been appreciated by youth as a means of sharing their voice and opinions through photos they have taken, edited, and narrated (Brazg et al., 2011; McHugh et al., 2013). The PhotoVoice method developed by Wang and Burris (1997) presents a foundation for group participatory analysis in three stages: 1) selecting photographs that are most representative, 2) providing background for the photographs through stories, and 3) recognizing issues or themes. The group analysis allows for participants to voice their own distinct experiences jointly, so that participants' collective vision and voices can surface about a particular subject (Wang & Burris, 1997). Analysis was done in groups of 3–6 participants, and the discussions were facilitated by the researchers and research assistants. The collective analysis

was guided by the SHOWeD process (i.e. What do you **S**ee here? What is really **H**appening here? How does this relate to **O**ur lives? **W**hy does this concern or priority **e**xist? What can we **D**o about it?) (Wang et al., 2000, p. 84). The discussions were audio recorded and the selected photographs were saved during the discussion onto the researcher's computer to correspond to the youths' analysis.

The mural project was used to broaden and clarify youths' health perspectives through defining a healthy community. As two groups representing each YKDFN community, youth were asked to brainstorm what makes a community healthy. The discussions were led by the researchers and YKDFN research assistants. Youth had free reign to draw images, design the murals, and organize images. Youth sketched most of their images on the murals on Monday and finished painting and analyzing their murals at the on-the-land camp. Art methods have previously been used to direct the analysis process by presenting participants' perspectives in a metaphoric format (Bagnoli, 2009). The images in the mural project were jointly analyzed by youth using a consensus group format called the 'nominal group' technique, where participants form an idea, discuss in a group, then come to a consensus (Coreil, 1995). Led by the first author, youth reflected individually on the entire mural, wrote down elements of a healthy community the mural conveyed, and discussed their answers. To assist reaching consensus, youth were given the same number of stickers (approximately 10) to place beside the characteristic they believed was most representative of a healthy community (they could place it on more than one). The elements of a healthy community with the most votes were considered representative. This analysis process was audio recorded and recorded in writing on 'sticky pads' and flip chart paper.

A separate longer survey was conducted using iPads and created using Qualtrics® software. The survey was originally created by a partnering Inuit youth case-study research group led by Dr. Chris Furgal at Trent University. It was adapted for the YKDFN community context and included local issues such as arsenic contamination (from the former Giant Mine gold mining operation near Ndilǫ), activities such as Dene games, and community organizations. The survey consisted of Likert scale questions and some open-ended responses. The survey had nine demographic questions and 22 questions on health information, rating individual health, rating other youths' health, concern about health issues, pride in health, health related community programming, participating in future health research and surveys, and prioritizing health issues. Participant responses were anonymous. The questions in the survey were analyzed using Qualtrics® software, which categorically analyzed the data and created relative frequency statistics. The responses from the open-ended questions will be used by the YKDFN for future community programming and research.

The sharing circles were intended for youth to further discuss health issues and youth involvement in future health research and community health initiatives. Traditional sharing circles, varying by First Nation, are described generally as a method that offers time and space for each participant in the circle, including ancestors, to share their opinions and story in their own style (Kovach, 2009). Similar to Traditional First Nation talking circles, there was a shared expectation of non-judgmental active listening, respectful behavior, and non-interference (Wilson, 2008). The circle questions also incorporated kinesthetic movement and visuals, to try to stimulate further understanding and discussion of the health topic (Cueva, 2011). Three sharing circles of 4–6 youth took place on-the-land for about 45 minutes each. Participants wrote answers both on paper to show the group and discuss, and on 'sticky paper' to put up on a board

for everyone to see and discuss. Participants shared consecutively, so that their ideas built upon each other, similar to Wilson's 'talk circle' method (Wilson, 2008). The discussions were audio recorded and by a research assistant on flip chart paper.

Laurie-Ann Lines also used her own observations, daily personal reflections, field notes, and debriefing perspectives of research assistants involved to further nuance the understanding and interpretation of youths' perspectives. Indigenous researchers recognize inner knowledge as part of the knowledge continuum in constructing data and understanding relational referencing (Cueva, 2011). Throughout the research, Laurie-Ann was directed by: the community protocols set forth by the YKDFN Wellness Division; guidance and advice from her family, Elders, and traditional knowledge holders in the community; and primarily the Dene Laws. There are many Dene laws that hold shared Dene values, which are usually taught throughout a lifetime by Elders, knowledge holders, and the community through oral stories, observation, and experiential learning. Some Dene Laws, which have been translated into English, abbreviated, and written down are: Share what you have; Help each other; Love each other as much as possible; Be respectful of Elders and everything around you; Be polite and don't argue with anyone; Young girls and boys should behave respectfully; Pass on the teachings; Be happy at all times.

Results

The research results are presented as collective findings to recognize that the researchers could not have come to these conclusions without the participation of the YKDFN youth, YKDFN research assistants, YKDFN traditional knowledge camp resource workers, and YKDFN Wellness Division. However, although these people were collaboratively involved in the planning, data collection, and analysis stages of this research, any misrepresentations of the

YKDFN youths' perspectives or of the YKDFN community are of the lead author and researcher, Laurie-Ann Lines.

Youth Identifying the Importance of a Relationship to the Land

Youth-identified health issues in photos and videos included littering, pollution, smoking, alcohol and drugs, arsenic contamination, and unsafe areas (like unfinished construction sites or infrastructure). Identified health priorities were pathways, garden and greenhouse, youth involvement, sports (including Dene games), community gatherings, Elders and culture, and nature/the land.

However, after capturing images in the communities, the youth thought it was imperative to also have photos taken on-the-land depicting health priorities to fully express their concepts of health, even though this was not originally part of the PhotoVoice project. The youth emphasized the land-health relationship in photos and videos that showed: surviving off the land (Figure 3.1), learning and passing on traditional knowledge (Figure 3.2), cultural camp, practicing cultural skills, understanding YKDFN history, gathering and preparing food, being out on-the-land, and working together. Activities that promoted a connection to the land were considered health priorities by the youth.
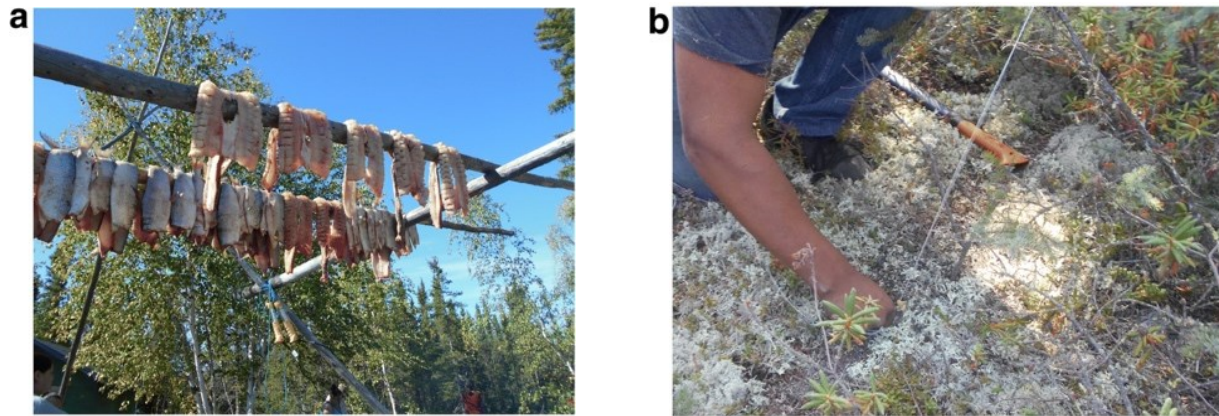
Figure 3.1a and 3.1b. Youths' PhotoVoice images denoted as "surviving off the land"

Figure 3.2. Youths' PhotoVoice image denoted as "traditional knowledge"

The youth were purposeful in taking the photos. For example, the youth took a photo immediately following a hunting trip to capture their excitement of being able to provide traditional food and survive off the land. The youth captured many photos of the traditional knowledge camp resource workers using Indigenous teaching methods to pass on traditional knowledge. They identified teaching and learning traditional knowledge on-the-land as a health priority. Figure 3.2 displays one photo of passing on traditional knowledge where the youth practiced preparing fish alongside the traditional knowledge holder, while other youth observed and assisted. The youth wanted to depict actively being connected to the land by being respectful

to animals and plants, traditionally harvesting and preparing foods, and practicing their cultural skills (Figures 3.1 and 3.2).

Youths' answers ($n = 9$) to questions on the iPad survey indicated pride in the health of youth in their community. The youth were proud of their culture (89%), practicing cultural activities (89%), and eating wild and traditional foods (78%) in relation to health. More than half of the total participants felt a positive link between culture (including on-the-land cultural activities) in relation to their health.

In the sharing circles, the youths' discussions of addressing issues were largely based on the use of cultural camps and building on community assets. They felt other YKDFN youth need to know "our culture" and that "their issues are actually issues." They also felt other youth "need to come [to culture camps] to remember the Dene laws." Their discussions were representative of community issues and solutions, as echoed in community feedback, and showed gaps in addressing issues. This was noted in one of Laurie-Ann's daily reflections, where she wrote from a community member's perspective:

> *I am surprised by how accurate the kids were in the issues they feel are facing them, because those are realistic issues facing the community. We [as adults] are the ones supposed to be facing them and dealing with them, so that the youth don't feel them as strongly.* (Self-reflection, August 18, 2016).

Youth Perspectives on Agency and Future Health Research

In the electronic polling 'clicker' survey we asked youth "How interested are you in receiving research training and being involved with projects as a researcher?" All 13 youth were at least 'somewhat interested' in receiving research training and being involved with projects as a researcher, with 46% of participants being very or extremely interested.

From the debriefing discussions with other researchers, we concluded that the clicker survey was a starting point to engage youth in research and distinctly set a tone for youth participation, as captured in Laurie-Ann's field notes:

The other research assistants also noticed youth seeing their involvement as valuable because they were excited to contribute [their perspective]. Youth mentioned they want to lead a clicker survey during the youths' family presentations. (Field notes, August 15, 2016).

When youth explained their images in the PhotoVoice discussion, they were often metaphoric of a story or perspective, including their perceived agency and role in addressing health. For instance, one youth explained her 'priority' photo that depicted another youth taking pictures with a camera:

Youth 7: *It's behind the scenes… [Youth should be involved in health], because the adults can't do this all by themselves. Because we're more active, [for example,] we took [these] pictures.*

In sharing circles of 3–5 participants, youth ($n = 12$) discussed health issues, communication of health information, and youths' involvement in research and addressing health issues. Through collective exercises in the sharing circles, youth started to discuss concepts more in depth as noted in the abbreviated excerpt below:

Laurie-Ann: *If you were planning a health research project, what topic would you pick?*

Youth 1: *Garbage in the water.*

Youth 2: *Suicide.*

Youth 3: *Bullying.*

Laurie-Ann: *What are you picturing?*

Youth 3: *A camp.*

Laurie-Ann: *Are you thinking on-the-land?*

Youth 3: *Yes.*

Laurie-Ann: *What activities would you like to be involved in to do that research?*

Youth 2: *A trust exercise.*

Laurie-Ann: *Do you want to come up with those exercises?*

Youth 2: *Yeah.*

Laurie-Ann: *What other activities would you like?*

Youth 5: *[To] be a worker.*

Youth 2: *Teach more [cultural skills].*

Youth envisioned the next health research initiatives as taking place on-the-land to provide opportunity to continue their cultural practice, leadership skill development, and healthy living. Youth started to picture many roles for themselves in future health research initiatives, from planning the camp to facilitating a camp as a worker. In another sharing circle, youth participants similarly expressed their interest in being involved in the next youth health research initiatives through helping to plan topics and activities (such as designing surveys), advertising, working as camp assistants, and putting together communication products such as slideshows and movies on health. The youth saw it necessary that any future health research projects or health programs must have an on-the-land component, suggesting a series of on-the-land cultural camps (Laurie-Ann's Field notes, August 15, 2016).

Youth 'Voicing' Health as a Symbiotic Relationship of Land and People

Youth had many opportunities to 'voice' their opinions of health during activities that were youth led, such as the mural creation and PhotoVoice project. Youth practiced and built

their leadership and critical thinking skills through discussion, which propelled their further investigation into factors that determine 'health' and 'being healthy' within a community.

The youth analyzed their photos collectively during the on-the-land workshop using the PhotoVoice method developed by Wang and Burris (1997). As a group, the youth discussed photos and cited common examples in support of their analysis. They deliberated about complex topics and reasoned whether images were health issues (concerns) or priorities (something that needed immediate attention for a solution). In the discussion below, the youth demonstrated that their thought processes included connections beyond those illustrated in Figure 3.3:

Laurie-Ann: *Is water a health priority or issue?*

Youth 4: *Health issue.*

Youth 5: *Health priori… no health issue.*

Youth 6: *That's what I thought too.*

Youth 7: *Because there's arsenic.*

Youth 4: *There's arsenic [from] the Giant Mine.*

Laurie-Ann: *So that's affected the water. How does that affect your health?*

Youth 5 & 6: *We swim in it. / We drink it.* [at the same time].

Youth 6: *Because we drink it.*

Youth 8: *You can drink it and get poisoned from it or something.*
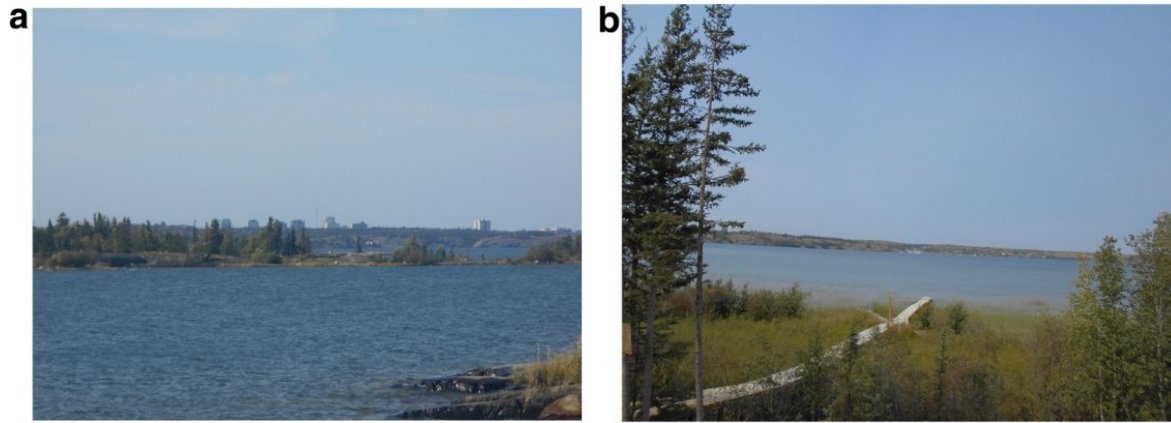
Figure 3.3a and 3.3b. Youths' PhotoVoice images of 'water' denoted as both a health priority and issue. The first photo (a) was taken from Dettah and the second photo (b) was taken from Ndilǫ (with the former Giant Mine gold mine shown in the distance)

Fifteen youth participated in painting the mural art (Figures 3.4 and 3.5) and 11 youth collectively analyzed the murals and brainstormed 29 mural element depictions. They grouped the elements together and categorized them into themes as they discussed the intention behind each element. They prioritized characteristics most vital for a healthy community by voting which elements most represented a 'healthy community'. The major elements identified were food and trees/land, followed by water and culture (including language), and then school (get-togethers) and family, friendship, and community. The results were reflective of YKDFN culture. Many of the elements were directly related to the land and represented the youths' ideas of the reciprocity with the land and the importance of giving back to the land, because it provides for us. The other elements reflected the importance of relationships and culture.

Figure 3.4. Youths' mural representing Dettah as a healthy community
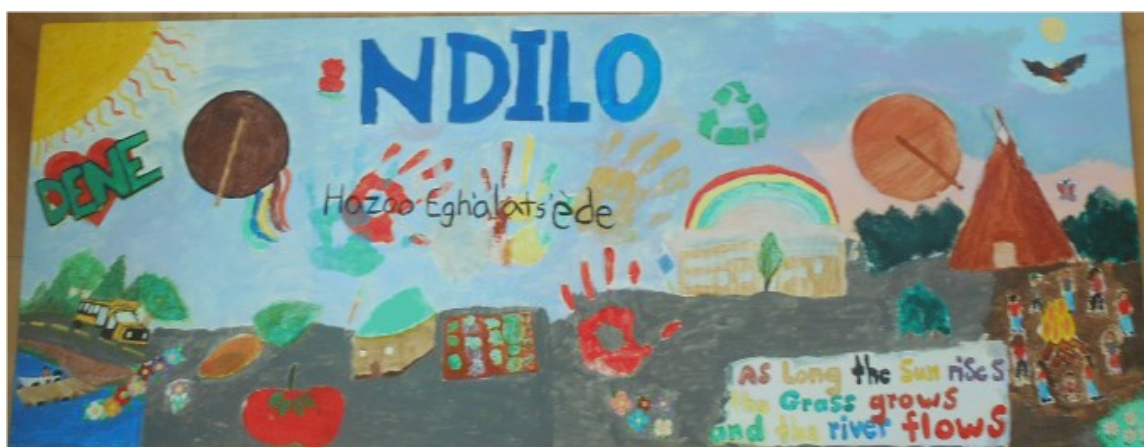
Figure 3.5. Youths' mural representing Ndilǫ as a healthy community

Youth agreed that culture encompassed many traditional ways, customs, knowledge, and skills that were based on a harmonious relation with the land as depicted in mural images. For example, both murals contained images of traditional Dene drumming that represented different aspects of cultural identity including belonging, healing, and spirituality. Also, in both murals the youth wrote the words of the treaty made with Canada (*Treaty 8: "As long as the sun shines, grass grows and the rivers flow…"*) (Treaty 8 First Nations of Alberta, n.d.) as they recognized their positionality in Canada and upholding the treaty is part of a healthy larger community. They also felt language was a part of culture and purposefully included the local language dialect of

Wıìlıìdeh when writing the traditional spelling of the communities. Youth took initiative to demonstrate the heart of the Dene culture by collectively thinking of a phrase that represented their symbols. The youth painted the phrase 'Hazoo Eghàlats'ède' in Wıìlıìdeh in a central place on their mural to represent that for a true healthy community "we all work together". Youth identified all land environment and people relations are connected and must work together harmoniously to achieve positive health. Following the camp, the YKDFN Wellness staff displayed these messages in the murals in the YKDFN Wellness buildings.

Discussion

Implications of the Findings

In Canada, Indigenous Peoples' views on health encompass not only physical, spiritual, emotional, and mental well-being, but also a positive balance of relational connections between family, community, and land (Lavoie et al., 2008). Each community member has responsibilities to uphold this balance (Lavoie et al., 2008), and any issues felt by one cohort, such as youth, are legitimate and realized by the rest of the community (Anderson, 2011). Although much Indigenous literature stresses the relationship between land and Indigenous Peoples from the point of view of Elders and adults (Anderson, 2011; Richmond, 2015), less has been documented on youths' perspectives. Yet this viewpoint is particularly important, as it reflects both current and future health determinants.

Partnering with the YKDFN Wellness Division to combine research with an on-the-land cultural camp and build on YKDFN community strengths primed youths' role to accurately capture social and structural determinants of YKDFN health. Combining results from several methods, including the five participant methods and field notes of observations from the

researcher and research assistants, allowed for the triangulation of data and validated the three main subthemes. In the first subtheme, the youth expressed a relationship between the health of community members and the land. Secondly, the youth envisioned future health solutions as taking place on-the-land, with a distinct youth role in maintaining this relationship through regularly practicing cultural and traditional skills, knowledge, and values. Thirdly, the youth voiced 'being healthy' within a community as being related to a symbiotic balance of relationship of land and people, which the youth actively uphold. Together all data supported a clear overall theme where youth identified connection between health and land as a primary determinant to YKDFN health that should be incorporated in future health solutions.

Youth-Identified Relationship between Health and Land

During the research project, YKDFN youths' perspectives on health meaning, and health priorities and issues, recognized aspects of health specific to the YKDFN traditional way of life. Through visualizations and discussions, the youth continuously tied in a relationship with the land, and ultimately equated a good relationship with the land as a determinant of health. Their viewpoints uniquely underlined the importance of maintaining, preserving, and improving their relationship to the earth because "we survive off the land." The youth spoke specifically to the importance of actively participating in relationships with Elders and traditional knowledge holders, who pass down knowledge to youth through on-the-land experiences. Relationship to the land was encapsulated by being able to participate in cultural activities, social interactions, and harmonious giving and taking of land elements (such as food and water), taking place on and with the land. The youth felt they had a distinct part in each of these relationships to the land and in the continuation of these connections. These were identified as health priorities. Through their photos, the youth identified health issues that pertained to environmental damage including

pollution, modern transportation, and arsenic contamination. Their health solutions were based on identified health priorities and YKDFN strengths, including the community's traditional ways of developing youths' connection to the land, such as in traditional teaching and learning.

Youths' Role in Future Health Solutions and Research On-the-Land

Overall, youth proposed that they had future roles in health research and community initiatives, with a united vision that the next research project would take place on-the-land. They felt there was a distinct role for youth in promoting health through cultural camps. They saw that a stronger connection to the land, through more cultural activities, meant better health for their community and the land. The youth emphasized the importance of having regular cultural activities encouraging healthy physical activity, traditional eating, mental wellness (stress relief), and continuity of the next generation to grow respectful, long-lasting bonds with people and the environment. They gave specific examples of different ways that they would like to be involved in future research.

Youths' Understanding of Active Roles in a Symbiotic Balance of Land and People

The collective approach of this research allowed for youth to delve deeper into underlying factors of 'being healthy' within their community through critical thinking of their own and each other's answers. During the PhotoVoice analysis sessions, the youth compared similarities and differences in their photos and critically assessed how the health priority or issue impacted 'health' within the community and of the land. Youth shared stories and gave examples to further explain the complex balance between land and health. Youth also directed the information collected by the researchers in the mural, so that the health and land relationship concept was more clearly understood.

The youth felt the images on the mural alone did not sufficiently capture their vision of a healthy community. They consequently initiated working with community knowledge holders to incorporate the phrase 'Hazoo Eghàlats'ède' on their mural to represent that for a true healthy community "we all work together". The intention behind this statement goes beyond people and emphasized reciprocity. 'Hazoo Eghàlats'ède' meant that all the elements in a community (people, land, water, culture, and animals) collectively and actively generate a space that is 'healthy'. The youth felt that future health initiatives must build on the youths' relationship with the land, which they must actively uphold, to consequently improve health.

Overall Theme of Connection to the Land as a Determinant of Health

YKDFN youths' perspectives were integral to identifying connection to the land as a major structural determinant of Indigenous health. Learning cultural skills alongside this research built upon the community's strengths, encouraged thinking about traditional health knowledge, and supported youths' traditional leadership role in health initiatives. This corresponds to other health research where increased Indigenous control of research creates projects, based on Indigenous assets, to overcome negative health outcomes in a decolonizing fashion (Rice et al., 2016). Revitalizing youths' connection to the land has positive health impacts that reach beyond the direct players of the youth and land, and extend to their family, communities, and surrounding environment. Balanced ecosystems (Harmsworth & Awatere, 2013) and ownership of, and access to, traditional land has been recognized as improving health status for Indigenous Peoples in other areas of the world (Dick & Calma, 2007). YKDFN youth identified that in addition to traditional land access being an Indigenous health determinant, there must be a connection to the land that is upheld by many relations, including youth. Land connection and

health benefits being passed down to the next generation in future health solutions is the basis for 'Hazoo Eghàlats'ède'.

Limitations

Not all participants took part in every data collection method due to unforeseen circumstances of personal emergencies, weather interruptions, and scheduling conflicts. The data, however, seems to reflect a good representation of the group as many of the identified theme issues appeared in all of the data collection results. Nonetheless, the insights gained through this research only reflect the thoughts and perspectives of a limited number of youth and are not necessarily transferable to other Dene youth or generalizable to Indigenous youth elsewhere.

Conclusion

YKDFN youth provided invaluable insights on their perspectives of the important social and structural determinants of health. The youth highlighted their role in influencing future health research and agency to address issues. Working with the community from an asset-based approach permitted research to take place within an on-the-land camp. The localized on-the-land setting and the variety of research methods opened the door for youths' perspectives to be clearly understood in-depth. Youth participants identified health issues and priorities that extended beyond community life and incorporated cultural components linked to the land. The youth suggested relevant ways to address health issues based on YKDFN strengths already existing in the community, which included youth in key roles. The YKDFN youths' perspectives for addressing health issues, prioritizing health items, and planning health initiatives emulates the literature indicating that First Nations Peoples must utilize their own culture to reclaim good

health outcomes (Marshall et al., 2015). The YKDFN youth emphasized the importance of building YKDFN culture, community relations, and traditional knowledge transfer through a connection to the land to increase positive health outcomes. Youth considered social and structural determinants of health that were relevant and meaningful to the YKDFN, as their shared examples and definitions were rooted in YKDFN traditions, culture, and worldview.

Projects like this emphasize the importance of involving youth in health initiatives that support them in identifying and addressing health gaps and finding culturally appropriate solutions built on community strengths. The youth highlighted the importance of creating a healthy community through a collective effort based on traditional ways of being. Whether youth gave their perspective on health issues and priorities, agency in health, or health meaning, there was a strong and recurrent underlying theme that revitalizing youths' connection with the land improves Indigenous youth and community health. Capturing and incorporating youths' understandings of health sets the stage for future health research that is more culturally appropriate and relevant, and consequently aids in more effective intervention delivery by addressing unique social and structural determinants of Indigenous health.

This research illustrates the relationship between structural context and Indigenous Peoples' health, and the need to incorporate this determinant into future health solutions. In line with other research on Indigenous Peoples' connection with the land (Richmond & Ross, 2009; Parlee et al., 2007), we recommend projects with Indigenous communities incorporate land components and the localized strengths of the Indigenous group. Through this research and others (Monchalin et al., 2016; Jardine et al., 2014), First Nations youth have been shown to have multiple active capacities and trusted, representative insights to offer health initiatives. Moving forward, future research and health programs attempting to address health disparities in

Indigenous communities should be considerate of an individual community's strengths and facilitate local interpretations of health, including the relationship between youth, their community's culture, and the land.

The YKDFN youth who shared their perspectives strongly exemplify both unique Indigenous worldviews on health solutions based on community strengths and the role of Indigenous youth in defining health meaning and priorities. This supports an overall evolving recognition that Indigenous Peoples' worldviews and approaches offer distinctive, innovative solutions to colonial health effects when integrated into the foundation of health programs (Howell et al., 2016).

3.2 Epilogue: Building upon Strengths in Research to find Health Solutions, My Research Experience with my Dene Relations

My research project exploring the YKDFN youths' health perspectives highlighted the potential of strength-based approaches in Indigenous health research. As I researched through a strength lens with the community, we saw a layering effect of the assets. Each strength-based method provided insight and another layer to the asset puzzle of health solutions, which included capturing assets and health priorities during PhotoVoice, envisioning a healthy community during painting the murals, setting community health priorities during surveys, and discussing implementing assets during sharing circles. The layering of strengths was a path that laddered youth from exploring assets to confidently voicing their health perspectives using those assets. I was surprised by the youths' comfort level in participating in the strength-based methods and how this translated into the community. After the research project, the youth continued to share their perspectives and research participation intentions through multiple presentations and

discussions with the community, government, and community organizations. The excitement

from the community about the youths' commitment to research action made me realize that we

were exploring more than participatory risk communication. As this project concluded and we

disseminated our results, it gave me a unique opportunity to capture the youths' and

community's ideas in crafting and implementing research projects based on strengths.

From this research, I started to reflect on understanding what a strength-based approach

meant in application as a research strategy and how this might differ from the literature when

applied with Indigenous populations (see Section 3.2.3). I also realized that the YKDFN

community had effectively said that the YKDFN youth involvement was a strength through

encouraging their perspectives in health research, considering their health research outcomes in

community planning, and, following the research, transforming the youths' ideas into concrete

programs and projects in our community, such as a youth advisory board and community

programming. A strength-based approach for the YKDFN was researching alongside their youth,

which became the starting point for my next research project (as laid out in Chapter Four). I

planned the subsequent research stages to fill the literature gaps mentioned in Chapter One and

to provide examples of creating and implementing strength-based research.

Reflections on Understanding Strength-Based

My research with my First Nation cemented our approach to mitigating health problems.

It is common in my community to tackle issues by utilizing our strengths. A strength-based

philosophy is interwoven in many Dene traditions, such as foraging for food or setting up camp

on the land. After this project, I reflected on Dene strength-based approaches. I felt confident that

my community inherently understood and implemented many examples of strength-based

approaches. The challenge for me was capturing a strength-based approach as a distinct research tactic and explaining this process through examples in a Western frame of research in academic literature. Typically, most of the strength-based literature is focused on strength-based practice in various fields, such as using methods like strength-based case management or appreciative inquiry, and not necessarily on utilizing a strength-based lens as a research approach, which focuses on one's mindset for conceiving and conducting research. Additionally, I knew that in writing to a broader audience, I would have to be careful with my descriptions and words to minimize any misunderstandings and misrepresentations of the approach to reduce uptake as a pan-Indigenous approach. In order to fill the literature gaps on defining strength-based approaches (as described in Chapter One) and providing examples with Indigenous populations, I wanted to conduct my research from a place of strength. I planned the next research project with what my community and the youth themselves identified as a strength-based approach in research – youth involvement.

Youth Involvement as a Strength-Based Approach

"You have to think about the future and of the children in the future" (Blondin, 2000).

Like many Dene people (as displayed in the quote by the well-known Dene Elder and storyteller, the late George Blondin), many of my fellow community members view our youth in terms of hope, strength, and dreams. Because the youth are the future, typically, youth are supported in our Dene communities to grow their skills by taking the lead in community initiatives, decisions, and actions. Once the youth voiced their desire to be involved in research (as explained in Section 3.1), it was a natural transition to plan research activities with youth as co-researchers. However, for the youths' full participation and leadership, I intentionally worked

with my community to build supports and resources so that the youth could be informed about and develop skills in Indigenous research practices, methods, and technology. Following my first research project, I assisted the YKDFN Dechı̨ta Nàowo Department in creating a program where youth could learn research skills. Through this program, youth could expand their knowledge of Indigenous research, new technologies, and research leadership. To have a youth-led research project, it was essential to have a full-time YKDFN staff member involved to ladder the youths' skills and also, support their development of research skills and traditional knowledge. From the first research project, the youth also wanted research programming to foster the youths' relations with the land, community, and each other to positively affect their health. In addition to learning research skills, the program connected youth to the land and community members, particularly Elders. In my research, the youth were the key to creating further research projects based on meaningful strengths to the community and its future. In subsequent chapters, I discuss how the youths' involvement in research assisted in outlining a strength-based approach and provide an example of implementing a strength-based approach.

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Chapter 4: Defining a Strength-Based Approach for Health Research with First Nation Youth

In this chapter, I explore the limited literature around a strength-based health research approach, particularly with Indigenous communities, and provide a starting point for researchers interested in applying a strength-based lens to their research. Section 4.1 is version of a manuscript, *Identifying and Applying a Strength-Based Research Approach in Indigenous Health*, that was submitted to the International Journal of Qualitative Methods. I conducted this research alongside members of the Yellowknives Dene First Nation (YKDFN). I interpreted the data and theorized the presented components and steps. I wrote each section of the manuscript. This manuscript arose from numerous conversations with Dr. Cindy Jardine, who is well-regarded in the risk communication field for participatory work with Indigenous and marginalized communities regarding environmental health and community health promotion, about the current state of strength-based literature. Dr. Jardine contributed to the editing. In Section 4.2, I discuss the future implications for strength-based research.

4.1 Identifying and Applying a Strength-Based Research Approach in Indigenous Health

Introduction: What is a strength-based approach?

A researcher's research approach greatly influences one's chosen methods and if or how one's results are translated into action. In recent years, using a strength-based (rather than a deficit-based) approach to determine research methods and knowledge translation and mobilization practices has been increasingly advocated as a more effective way to conduct research with communities (First Nations Information Governance Centre (FNIGC), 2020).

Strength-based approaches have been readily defined and applied in social work, psychology, nursing, business, and education practice (Bibb, 2016; Gottlieb, 2014; Lopez & Louis, 2009; Rapp & Goscha, 2006; Saleebey, 2008), starting with social work in the 1980s. However, strength-based approaches in Indigenous public health in the literature have only been more prominent since the 2010s (Askew et al., 2020). Why? In the Western hemisphere, the health field originally stemmed from a bio-medical model and a pathologizing lens centered on finding a solution for disease. This foundation cultivated a research atmosphere grounded in deficit-based approaches, prioritizing what is 'wrong' with an individual or population and finding solutions for those 'wrongs.' Such approaches usually result in one-sided solutions that rely on resources outside the community, denying those affected their agency over changing their outcomes. Nonetheless, deficit-based approaches tend to be the 'fallback approach' for health because practitioners and researchers can efficiently isolate a problem, find solutions relatively quickly, and systematically 'treat' those affected by connecting them to outside experts and specialists who 'know' those solutions. Within the broader health system, these approaches are often perpetually prioritized by privileging the values of decision-makers of resource and funding allocations. Utilizing a strength-based approach must start with one re-evaluating their approach to research.

The range of strength-based approaches is vast, and continually changing because of the many ways they can be operationalized (Caiels et al., 2021). In health, they can be employed to focus on recognizing and reinforcing personal, relational, and communal assets; protective factors; ways of being, thinking, and knowing; and actions that encourage wellness (FNIGC, 2020). Researchers employ a strength-based approach acknowledging that the individual or population they are working with has the knowledge and resources to find solutions (Pulla &

Francis, 2015). Strength-based approaches are recognized for their collaborative, multidisciplinary, and holistic characteristics (Baron et al., 2019). Although many fields utilize strength-based models, such as those based on resilience, hope, positive psychology, and community empowerment (Rapp et al., 2005), significant gaps persist in the health literature in conceptualizing a strength-based paradigm as a research approach, which reinforces the need for developing more interdisciplinary health research (Kivits et al., 2019).

The idea of utilizing strength-based approaches in health stems from the medical sociology concept of salutogenesis (first introduced in 1978 by Aaron Antonovsky (1979)), which centers on the factors that promote health and wellness. In his *Theory of Salutogenic Model of Health*, Antonovsky (1979) explains how salutogenesis, which translates in Latin to the origins of health, differs from pathogenesis, which translates in Latin to the origins of disease or suffering. Under a salutogenic orientation, Antonovsky deviated from a pathogenic paradigm by accepting health as well-being (as opposed to the absence of illness), fitting 'being healthy' on a continuum rather than using a sick/healthy dichotomy, and opening definitions of health to include those other than defined by medical experts as the absence of disease (Vinje et al., 2017). "Salutogenesis makes a fundamentally different philosophical assertion about the world than does pathogenesis" (Antonovsky, 1998, p.5). By pivoting one's philosophy, Antonovsky postulated that salutogenic approaches have implications for health research, particularly health promotion (Vinje et al., 2017). However, he also recognized that "a salutogenic orientation is not likely to take over. Pathogenesis is too deeply entrenched in our thinking." (Antonovsky, 1998, p.6). Furthermore, implementing a strength-based approach means changing "from a pathology-focused paradigm to a possibility-focused paradigm. This shift is more than theoretical; it demands a deep inner transformation" (Pulla & Francis, 2015, p.138). For example, in mental

health social work, utilizing a strength-based approach has proven more challenging than simply switching approaches, partly because practitioners are trained from a pathology-based model where the objective is to seek a diagnosis (Xie, 2013). These pathology-focused actions are commonly engrained in paradigms of what constitutes 'normal' health in Western contexts. To understand how these differ, we must understand what is meant by strength-based.

The attributes of strength-based approaches in a health context are not well-defined. These approaches are often over-simplified to mean positive talk, being kind, or simply listing positive attributes (Rapp et al., 2005), which increases misunderstandings of definitions and applications. Additionally, deficit-based and strength-based can easily be misinterpreted as opposing perspectives, when they are, in fact, not mutually exclusive. Each approach can be employed separately for different benefits or together to find different types of complementary information. For example, a deficit-based paradigm is commonly used in cardiovascular disease prevention when designing messages about the adverse health effects of sedentary lifestyles and physical inactivity and creating minimum activity level recommendations (Warburton & Bredin, 2019). However, Warburton and Bredin (2019) noted that this approach was ineffective in practice and advocated for strength-based approaches to promote lasting changes for patients, communities, and populations. They recommended established strength-based practices and tools, like strengths-based case management (a rehabilitation model based on a client's goals, networks, and skills), and new approaches, such as goal orientation and utilizing resources from one's environment, that recognize the strength-based aspects identified by Rapp and colleagues (2005). In this field, utilizing a deficit-based approach isolated the target area as increased physical activity for improving cardiovascular health. However, as Warburton and Bredin (2019) argue, using strength-based approaches may provide real, long-lasting changes in improving

physical activity and, thus, cardiovascular health, through patients increasing their determination and empowerment by building on their strengths or activities currently in their life.

Tang and colleagues (2016) also exemplified this approach by working with community youth to define physical activity beyond standard definitions, such as sports and organized exercise, and recognizing physical activity is inherent in First Nations' culture and traditional activities. For example, in their research, youth identified through participatory videos that physical activity in their communities includes tanning moose hide, chopping wood, and being out on the land. Tang and colleagues recognize that being physically active is connected to being culturally active, which may have implications for increasing physical activity that are not considered as recommendations or best practices. This research demonstrates that strength-based approaches can help surface new solutions that promote sustainable and appropriate change.

Why use a strength-based approach in Indigenous Health Research?

The historic tragedies and continuing neocolonialism of Indigenous Peoples in Canada has further impacted research approaches focusing on 'fixing' the wrongs and shortfalls in Indigenous health. Systemic racism manifested through colonization and beliefs of White supremacy to support cultural genocide has contributed to historical and ongoing traumas that continue to support the overuse of deficit-based approaches with Indigenous populations in many disciplines, including Indigenous health. Such an approach "frames and represents Aboriginal identity in a narrative of negativity, deficiency, and disempowerment" (Gorringe, 2015, p.1), where they need to be "fixed" (Tuck & Yang, 2014). Under the umbrella of colonialism, a manipulative tactic called "cognitive imperialism" was used to discredit Indigenous knowledge and values and promote cultural erosion while simultaneously elevating and sanctioning

'Western' knowledge (for instance, in educational curricula) (Battiste, 2000, p.198). In Canada, a layered history of cognitive imperialism was employed, primarily implemented from 1892 to 1996 in the Indian Residential School systems that were designed to fulfill the Indian Affairs Deputy Superintendent's goal to "… get rid of the Indian problem … until there is not a single Indian in Canada…" (Aboriginal Healing Foundation (AHF), 2002, p. 3). In the Indian Residential Schools, Indigenous children were not allowed to speak their language or share ways of knowing and were often punished for these actions. Unfortunately, the harmful effects of these tactics are still present today. Western knowledge is still privileged over Indigenous knowledge, which is often discounted, misinterpreted, or overlooked in Canadian society. In Canadian academic training, the singular worldview of Western health concepts, such as the over-emphasis on deficit-based approaches, may inhibit researchers from using more promising, strength-based approaches that may be more effective with specific populations or topics (Lines, 2020). When used appropriately with Indigenous groups, strength-based approaches can offer a perspective shift where Indigenous knowledge, worldviews, and resources are recognized as valuable and imperative for finding appropriate solutions.

A significant challenge in building a strength-based health research approach is adapting or creating innovative methods that support Indigenous strengths in research interventions (Tsey et al., 2007). Researchers must consider an Indigenous population's cultural and historical context, intergenerational traumas, and resistance strategies (FNIGC, 2020). They must also develop methods that address the specific adversities resisted by Indigenous Peoples at different levels, including individuals, families, communities, and nations (Kirmayer, et al., 2009). Our research project, a collaboration between academic researchers and community partners, allowed us with an opportunity to explore the utility of different research methods to engage First Nations

youth in a strength-based manner. We knew from our previous research capturing YKDFN youths' perspectives on health (Lines et al., 2019) that youth saw themselves as part of the solution to addressing health issues. The community echoed the youths' strengths in leading and creating health solutions. The recognition and emphasis placed on these attributes were the catalysts for using a strength-based approach for this research project.

This article presents our experience creating and using a strength-based approach for health research with YKDFN youth. We describe the research components, steps, and methods we employed to reflect a strength-based approach. We share our experiences to guide and inspire others seeking to reframe their mindset and practice for Indigenous-led health and wellness research.

Identifying and Applying a Strength-Based Approach in Indigenous Health

Background and Community Partner Collaborations

Youth and academic researchers partnered with the YKDFN Dechı̨ta Nàowo Post-Secondary Education Department to answer two research questions: What do youth identify as YKDFN strengths? What types of research methods would genuinely reflect and build on these strengths? We asked these questions as part of a larger community-based research project where youth would communicate lessons about being healthy. The intent was to prepare for developing a subsequent youth-led project based on the youths' identified strengths. Previous to this research project, both authors had previously conducted research with YKDFN youth (and community) for numerous years, and the first author was raised in one of the YKDFN communities and remained an active member. The youth expressed an interest in using participatory videos, as in previous research projects in the YKDFN (Lines et al., 2019; Tang et al., 2016; Genius et al.,

2013), to capture strengths. Participatory videos involve a group or community creating a film based on their ideas instead of enacting the ideas imposed by outsider others. Simultaneously, Dechįta Nàowo partnered with the Canadian Museum of Nature to create a 360-degree video installation on a northern natural area in Canada, and we collectively decided to create a video which could be viewed in a virtual reality headset or using other technology, such as a smartphone application (e.g. HeadJack).

Using a 360-degree video camera in research was a new venture, but we followed a familiar participatory video format (as described in later sections). Our focus was to create a video depicting youth-identified YKDFN strengths, and in doing so we combined different methods and aspects of strength-based paradigms that exemplified a strength-based approach to research.

Building a Strength-Based Approach to Research

The lead researcher (first author L-A. Lines) created an original skeleton for a strength-based approach to Indigenous youth health research based on her experience using different research methods with youth and as a member of the YKDFN, principles of working with Indigenous youth, and aspects of strength-based approaches defined in the fields of social work, psychology, and education. Primarily she utilized familiar research methods in line with strength-based framing, including participatory videos, nominal group techniques, storytelling interviews, and asset-mapping in murals, as carried out in previous projects in her community (Lines et al., 2019; Tang et al., 2016; Genius et al., 2013). The research was grounded in the four overarching "Guiding Principles for Engaging and Empowering Aboriginal Youth": (1)

integrating cultural identity; (2) increasing youth engagement; (3) fostering youth empowerment; and (4) establishing and maintaining effective partnerships (Crooks et al., 2010).

These principles were consistent with the strength-based paradigms in social work, psychology, and education. In social work practice, practitioners refer to three foundational principles that form a strength-based position: every person has strengths that can be utilized, one's motivation to act increases through focusing on one's strengths, and one's environment can provide strengths (Saleebey, 2008). In psychology, practitioners focus on engaging clients, conducting a strength-based assessment, planning with strengths in the client's niches in life, and proactively acquiring resources from their environment (Rapp & Goscha, 2006). In education, teachers utilize their pedagogical strengths to empower students to identify and utilize their strengths to attain goals. An educational strength-based approach is broken into five stages: (1) measuring strengths; (2) individualizing learning experiences to personalize strengths for each student; (3) networking with others that support the strengths growing; (4) deliberately applying strengths inside and outside the classroom; and (5) intentionally developing strengths through actively engaging in experiences in their environment (Lopez & Louis, 2009). Based on this collective guidance, our team of researchers and youth emphasized identifying strengths, environmental opportunities for cultural connection and expression, developing strengths to support empowerment, and utilizing the strengths for action.

Our strength-based research approach had four main components, organized in Table 4.1. Each component included methods that reflected aspects of strength-based approaches and emphasized active participation, multiple knowledge sources, and empowerment. The first component of identifying strengths was completed through asset-mapping. The second component of prioritizing and creating descriptions of strengths was conducted using the

nominal group technique. The third component of refining the strengths by gathering contextual examples was achieved through storytelling interviews. The fourth component of depicting strengths to plan future research was actualized using a participatory 360-degree video format.

Strength-based research approach components	Methods utilized
1. Identify strengths	Asset-mapping
2. Prioritize & create descriptions of strengths	Nominal group technique
3. Refine strengths by gathering contextual examples	Storytelling interviews
4. Depict strengths to plan future research	Participatory 360-degree videos

Table 4.1. Strength-based research approach components and methods utilized in each component

The project began in 2017 with an *On-the-Land Traditional Knowledge and 360-Degree Workshop* led by the YKDFN Dechı̨ta Nàowo Post-Secondary Education Department. In this workshop, ten youth participated in asset-mapping (Component 1) and prioritizing assets for scene development (Component 2) for their participatory 360-degree videos. The following year, new and returning youth collected more information from Elders (Component 3) to further develop their video scenes as part of research planning (Component 4). In the following sections, these components are laid out in detail, along with the methods used in each component.

Component 1: Identify Strengths

We interpreted this component as working with members from a set population to collectively identify its assets and asset themes. Asset-mapping tools focus on the capacities and

capabilities of a population and have been used in communities and research for decades as a strength-based method to find solutions. An asset-map is a depiction of what is valuable to a community, including items, characteristics, or entities that are either a strength, advantage, or resource to the community (Dorfman, 1998). Community asset-mapping involves a community identifying "individual, associational, institutional, economic, physical, and cultural assets" (Lightfoot et al., 2014, p.59). It usually starts with creating a definition of the community. Next, community members then collectively explore, pinpoint, and list their community's assets and then, develop a map of the assets (conceptual or physical) that displays their interrelationships with the assets (Lightfoot et al., 2014). The interrelationships reveal pathways to sustain and build on those assets (Dorfman, 1998). In our research context, the youth named these interrelationships as themes.

The researchers and YKDFN staff introduced the project by showing past participatory video examples, explaining the project goal, and facilitating icebreaker activities to encourage comfort and trust. Once the youth were familiar with each other, the staff, and the research goals and were fully engaged, the youth worked through a series of asset-mapping activities to generate collectively identified YKDFN assets for scene development.

First, the youth explored the meaning of YKDFN assets by collectively sharing stories and experiences. The youth were specific about the stories and assets they were sharing and clarified the boundaries of the population with the group. They implied there would be slight variations in the assets they shared depending on the definition of the population, (e.g. YKDFN, Dene people, youth in the YKDFN, or one of the two YKDFN communities). Starting the research by identifying assets in the community, rather than pointing out areas lacking, such as in a needs assessment, was an essential part of framing the project toward solutions.

Next, in groups of two to three youth, they brainstormed more specific strengths of the YKDFN. This step promoted feelings of cultural pride and relationship-building between youth as they recounted memories in the community and shared stories, as depicted below.

Many of the youth were smiling and proud of the actions of their community, family or friends. They talked about hunting trips, community programs, and culture camps. They talked about their experiences and what lessons they learned, which inspired other youth to share their stories (L. Lines' Field Notes, July 6, 2017).

The youth reflected individually and wrote down ideas of YKDFN strengths that could be portrayed in their video. The reflection piece gave youth time to pinpoint the assets from their conversations and connect these ideas with the strengths of the community at large. The youth presented their ideas written on Post-it Notes to the entire group and then stuck their Post-it Notes on the wall for everyone to see.

The youth then jointly grouped similar ideas on the wall (Figure 4.1). This collaborative sorting allowed them to visualize their collective responses and easily rearrange Post-its. They saw how each participating youth had similar ideas of their First Nation's strengths. In this way, the assets were openly recognized and mutually appreciated. The youth identified six main themes of YKDFN strengths: leadership, mental health, fire, learning new things/communication, knowledge, and working hard/independence.
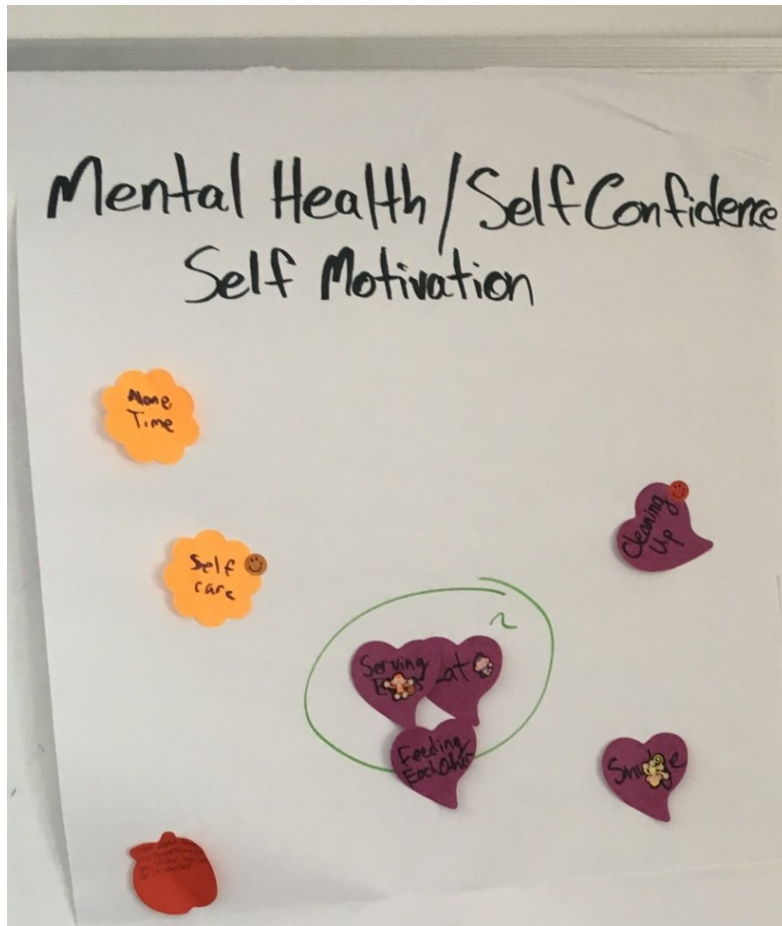
Figure 4.1. Example of the youth grouping similar ideas to identify a YKDFN strength theme (July 6, 2017)

Component 2: Prioritize & Create Descriptions of Strengths

In this component, youth prioritized assets to answer the research questions and develop a fuller understanding of how the assets were exhibited in the population. After the youth categorized their ideas on YKDFN strengths, the researchers assisted the youth in forming a consensus panel by employing a nominal group technique to prioritize ideas, which was modified to prioritize their identified strengths using visual, tactile Post-its and stickers.

Participants formed an idea, discussed it in a group, and reached a consensus on what strengths

most represented communicating healthy lessons (Coreil, 1995). This process values participants

for their knowledge and action in decision-making. Youth formed a consensus by voting with

stickers. Youth received the same number of stickers (seven) to place on Post-it Notes with a

written strength identified in Component 1. Youth could place any number of stickers on one or

more strengths. After voting, the youth gathered the Post-it Notes with the highest number of

votes to display their *top priorities* together, as depicted in Figure 4.2. The strengths with the

most votes were considered representative and were prioritized as topics in creating video

scenes.

Figure 4.2. The youth looked at the assets with the most votes to develop storylines (July 6,

2017)

The youths' top priorities were drum dances; paying respect to the land; sleeping at night

and working during the day (a Dene law[1] emphasizing hard work); listening (to Elders); and

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[1] "The laws of the Dene, which have been passed down to us by our elders, teach us how to respect the land, ourselves, and each other. The laws teach us how to live in balance and good health, and how to protect ourselves and our children" (Dehcho First Nations, 2023)

preparing traditional foods. A key part of strength-based approaches was the youth acting on this

knowledge, so they wrote their prioritized strengths into four video scenes. The youth detailed

each scene to correspond with identified assets. Each of the four scenes had multiple parts to

illustrate the strength theme, as described in Table 4.2 below. In addition to the video scenes, the

youth wanted to incorporate drum dance music into the opening or closing music of the videos.

Scene	Part A	Part B	Part C
1: Everyone has a job and everyone is a teacher	Checking nets	Cleaning and cutting fish	Hanging the dry fish
2: Only take what you need and never more	Hunting	Making fire and cooking	Serving food and eating
3. Learning from our Elders	Elders telling stories while youth listen	Elder teaching youth how to scrape moose hide	
4. Respecting the land	Picking plant medicine	Offering to water	

Table 4.2. Youths' initial 360-degree video scenes (July 6, 2017).

The participants practiced filming these scenes in the second part of the workshop a few

weeks later. Using a 360-degree camera for the first time presented its own challenges (such as

video stabilization and scene set-up for 360 degrees) and more practice filming was needed. The

youth also wanted more context for the assets and to connect them with YKDFN stories, so they

asked for time with the Elders to improve their scene development.

Component 3: Refine Strengths by Gathering Contextual Examples

The project continued the following summer, 2018, when the youth had again more

continuous hours outside of school to dedicate to the research project as summer students. In this

next component, the youth focused on gathering contextual perspectives and subject-specific

examples of the prioritized strengths. New and returning youth revisited the research project goal and prepared to gain more perspectives and examples from YKDFN Elders about the subject. During this component, four returning youth participants joined the project as youth co-researchers, led by a new senior youth co-researcher, who had previously volunteered with the research projects. The youth co-researchers were hired as summer students to steer the project and conducted additional research activities, including writing field notes, gathering information, and compiling data. The youth co-researchers started by assessing how closely the data aligned with health risk communication (when people talk about things that may pose a risk to their health). From there, the youth co-researchers thought of primary areas where they could learn more from the Elders. The youth co-researchers valued the Elders' perspectives because they respected the Elders' lessons and oral history that helped deepen their subject knowledge.

In line with an Indigenous research perspective, we used a storytelling interview method with Elders and traditional knowledge holders. Storytelling interviews are more conversational and less structured to access knowledge more fluidly by mirroring oral tradition principles (Kovach, 2009), which are prominent in the YKDFN. Elders can control the amount they want to contribute, which signifies respect for the member's stories in First Nations communities (Kovach, 2009). Interviews conducted in an open-structure fashion best capture the ebb and flow of Indigenous storytelling, as opposed to the more linear structure of direct questioning (Wilson, 2008). The open structure is best suited for storytellers who naturally embed meaning related to the topic throughout and in the overall compilation of the story. The Elders were interviewed at an on-the-land traditional camp to ground the interview in a YKDFN cultural setting.

The youth prepared for the interview by reviewing the asset-mapping, revisiting their initial compiled assets, and recounting experiences. The youth thought the major strengths they wanted to illustrate in their video from the discussions in 2017 were:

> "respecting the land (giving back to), being self-sufficient on the land, survival skills such as making fire, fishing, and hunting, and being active" (Youth Co-Researcher 1's Field Notes, June 26, 2018).

With these identified assets in mind, the youth created questions to guide a semi-structured storytelling interview. Specifically, youth developed questions to understand Elders' thoughts on the YKDFN strengths in communicating and learning lessons.

A community Elders' on-the-land luncheon provided four youth the opportunity to conduct a modified storytelling interview with eight Elders and knowledge holders, alongside the first author researcher. The youth listened intently during the luncheon, audio-recorded the interview, and wrote critical points in their notes. Following the interview, our research team immediately wrote down our reflections and discussed what was most significant to each listener. The next day, we had a more in-depth discussion regarding our experiences of the storytelling interview with the Elders. The youth used the audio recording of the Elders speaking, field notes, and personal reflections to summarize their interpretation of the YKDFN strengths of communication and learning lessons, as noted below.

> "stories, experiencing, being on-the-land, listening, only taking what you need, giving back and taking care of the Elders, understanding necessity and taking care of others, and building relationships with people and the land" (Youth Co-Researcher 1's Field Notes, June 27, 2018).

Guided by a senior youth co-researcher, two youth co-researchers meticulously planned and story-boarded each scene to best represent the youths' perspectives of YKDFN strengths with examples. The youth referred to their notes, discussed past ideas, and worked collectively to incorporate their messages into the scenes. The youth decided to film the video at a past YKDFN community called Enodah, which is located on the YKDFN traditional territory. The youths' overall plan for the video consisted of an introduction and three acts, each composed of multiple scenes, as depicted in Table 4.3.

Act	Scene 1	Scene 2	Scene 3
Introduction	Walk with Elder 1 and Traditional Knowledge Holder 1	Putting up teepee	Shots of our old community (Elder 1 and Elder 2 - history of that community)
1: Elders and knowledge	Stories around fire with Elders (Elder 1 voiceover)	Caribou hide (Elder 2 voiceover)	
2: The ways of the Dene - working together	Checking nets (Traditional Knowledge Holder 1 or Elder 1 voiceover)	Dry-fish making (Elder 3 voiceover)	
3: Relationship with the land - spirituality	Paying respect to the water (Elder 4 voiceover)	Plant medicine walk (Elder 3 voiceover)	Feeding the fire (Elder 5 voiceover)

Table 4.3. Youths' 360-degree video overall plan (July 10, 2018)

In addition to the overall plan, the youth crafted an individual script for each act that included a detailed plan for each scene (Senior Youth Co-Researcher's Field Notes, July 10, 2018). The plan included an asset example (which served as the main activity of the scene), Elders to interview, illustrations of scene settings, and potential voiceovers by an identified

Elder. The youth also included themes from the asset-mapping and interviews with Elders to translate specific messages into the scenes.

Component 4: Depict Strengths to Plan Future Research

In this component, the participants compiled a knowledge base of translation material to depict strengths to use in research planning. This knowledge base explained the interconnections of their strengths in formats that could be referenced for different audiences or future activities, and included detailed video scenes, interviews with Elders, unused video scenes, handheld filming of the project, and field notes. After planning the video scenes, the youth produced their 360-degree video. We used a participatory video format as a recognized community social justice method (Shaw & Robertson, 1997). The accessibility and ease of this method provide people opportunities to explore issues, voice opinions, and tell their stories, which can be empowering and promote community actions and solutions (Lunch & Lunch, 2006). We specifically used Shaw's four-stage participatory video process (2017) to solidify the messages in the video, which were: (1) Group-forming and building; (2) group exploration and reflection toward collective agency; (3) action through collaborative production; and (4) performing influence through video-mediated exchange (p.11).

The youth set up, filmed and directed scenes, interviewed Elders for each scene audio (for the scenes with a voiceover), and edited the footage. As a team consisting of the Dechı̨ta Nàowo staff, youth co-researchers, and researchers, we narrowed down the videos with the youths' original themes in mind. We decided on three videos based on the footage captured, the quality of the videos, the relevancy of the interviews with Elders for the voiceovers, and how captivating

it was for the expected audience, including future researchers and YKDFN partners and the

Canadian Museum of Nature public. Below, one youth researcher described the process.

> We interviewed many Elders before we saw the footage, so we had to change the scenes
>
> around from what we originally planned to put in the video. We changed the wording
>
> around the scene titles so that it was slightly different but had the same meaning. (Youth
>
> Co-Researcher 2's Reflections, February 24, 2022).

The youth critically considered their messages from the planning to the editing stages to convey the strengths clearly for planning for the larger participatory risk communication project. The first video centred on a combination of the youths' themes, including *Relationship with the Land*, *Spirituality*, and *Elders and Knowledge.* This video depicted the youth around the fire, where the Elder shared a story about Dene values and connections to the land and prepared a feed-the-fire ceremony. The second short video illustrated a stage in tanning a moose hide, with a voiceover by an Elder explaining the tanning process and uses of moose hide. This video reflected the identified strengths of *Elders and Traditional Knowledge (Learning from our Elders)* and *Survival Skills/Understanding Necessity/Not Wasting/Appreciation (only take what you need and never more)* because it showcased a tangible example of traditional knowledge and the necessity of learning a two-week process from an Elder. What the Elder shared was a part of survival skills, including using the land and not wasting any part of an animal. The third video portrayed *The Ways of the Dene: Working Together* by showing the youth learning boating trails. It started with a voiceover of an Elder narrating about the water they were on and what people learn from each other, followed by another scene with an Elder teaching the youth how to cut fish to make dry fish. The youth planned the video to depict that the basis of working together is

that each person brings added value and helps each other to work to the best of their abilities to form a community because *Everyone Has a Job and Everyone is a Teacher*.

The process of editing the footage took much longer than anticipated due to having to reshoot much of the footage because of the initial unfamiliarity with 360-degree filming, youth turnover, and the lengthy process of editing the 360-degree footage (which was all done by youth). As a result, the videos were not finalized until the summer of 2020. Due to the many COVID-19 measures and restrictions in place at that time, we were cautious about showing the videos in person. The number of virtual reality headsets available and the disinfecting process between uses also limited us. In November 2020, we first showed the video to all the researchers and Dechı̨ta Nàowo staff to receive initial feedback. From there, the youth co-researcher who was editing recommended adjusting the audio and wording for the titles.

> After discussing with youth and our community partner, we decided to rename the mini videos to "Elders & Knowledge, Cultural Resourcefulness, and Connection to the Land" as it better suited the actions in the final videos and would make more sense for the audience. We looked through the notes of the acts to use the original wording of the youth for renaming them (L. Lines' Field Notes, November 24, 2020).

The youth used their experiences from this project to create their next health risk communication project. Specifically, they used their prioritized assets for communicating healthy lessons to plan subsequent projects. The project was built to be specific to Dene First Nation youth and based on the YKDFN's strengths. They translated their constructed materials, including video scene plans, identified assets, and interviews, into project objectives, measurement tools, and topics. The youth relied on their developed base of knowledge about the YKDFN strengths for future research planning and focused the next project on the Dene

principle of "nezį ts'edee" directly translating to "living a good life," which is an interpretation of "being healthy".

Discussion

Table 4.4 summarizes the four components of our research, outlining the steps of each component, the aspects of the strength-based paradigm, and examples from our research. Further discussion is provided below on how the steps specifically contributed to building and/or leveraging strengths.

Strength-based research approach components	Steps within the components	Aspects that reflect a strength-based paradigm	Research examples
1) Identify strengths	a) Engage participants with activities and inform them on the research and subject matter	- Encourages a level of comfort and trust to increase input - Considers the end goal of the population with their strengths - Empowers participants by informing them of research topic, goals, questions, and past projects	Researchers facilitated icebreakers, presented past research, and made introductions
	b) Employ asset-mapping activities for a set population where participants brainstorm assets and categorize assets into themes	- Systematically reviews assets by setting population parameters - Identifies individual, familial, and communal strengths - Promotes listening and drawing out strengths from participants' voices of experiences, and identifies what has worked well, hopes, and dreams - Strengthens relationships between participants and their community - Shifts onus of finding solutions from an individual to larger environment	Youth mapped assets through sharing stories, wrote assets on Post-its, and created themes of assets
2) Prioritize & create descriptions of strengths	c) Form a consensus by prioritizing the assets for a key decision of the	- Increases practicality by focusing assets on the research question - Serves participants' direction as they make key decisions to act on	Youth prioritized assets for their health communication research project

		- Empowers participants by collectively prioritizing assets to be subject-specific and relevant	
	research project		
	d) Prepare descriptions of how assets are exhibited through an appropriate activity	- Values participants' knowledge in exhibiting examples of assets - Highlights what is working and what has worked well - Links the assets to doable actions in the population to translate the strengths into a plan	Youth created examples of assets and planned scenes for creating a 360-degree participatory video
3) Refine strengths by gathering contextual examples	e) Further refine and explore assets within the context of their environmental sources	- Underscores family, community and environment strengths outside of the individual - Incorporates cultural strengths such as expertise of Elders or knowledge holders and their guidance, lessons, and critical thinking prompts - Grows relationships with environmental sources	Youth, assisted by a researcher, conducted storytelling interviews with Elders and knowledge holders
	f) Organize different depictions of the identified assets through tangible examples (such as stories)	- Deepens understanding of context of strengths by providing detailed tangible examples - Displays capabilities and capacities through animating assets - Motivates participants by recognizing population's abilities	Youth rewrote scenes with examples and developed details
4) Depict strengths to plan future research	g) Collaboratively create a knowledge base of translation material that will mobilize the assets	- Promotes social change - Encourages participants becoming their own agents of change - Promotes collaboration, resistance, and self-determination as a collective entity - Encourages future mobilization by providing a knowledge base, resources, and translation material	Youth filmed and edited 360-degree videos based on gathered ideas and resources that formed a knowledge base
	h) Use the knowledge base of translation material in research planning for solutions in the subject area	- Utilizes strengths to overcome obstacles, prevent problems, and find unique solutions - Encourages use of cultural strengths in research - Promotes growth and resilience - Changes power dynamics as the research is framed by the population	Youth referred to the shared ideas and knowledge transformed into concepts and their videos, using firsthand experiences to

		- Mobilizes the identified strengths into future actionable items	begin future research planning

Table 4.4. Summary of strength-based research approach components, steps, aspects that reflect a strength-based paradigm, and examples from our research

In Component 1, we informed and empowered participants by describing the research, establishing our community connections, and engaging them in trust-building activities. This piece aligns with the strength-based process, where participants think about where they would like to go (in research), what strengths or protective factors they might need (Banyard & Hamby, 2022), and increasing participation. Any strength-based approach must start with identifying the strengths. As listening to participants is key to best accessing these strengths (Saleeby, 2008), we started the asset-mapping with youth sharing stories. We outlined the parameters of the population, which assisted in delimiting the project scope, similar to goal-orientated social work methods (Rapp et al., 2005). This structure also emphasized that each population is different and has unique strengths, the premise behind strength-based approaches (Hammond, 2010). To encourage participants to voice their opinions on attributes, inner and communal capacities, and resources, we followed an education strength-based recommendation of talking informally to youth to understand and assist in drawing out their strengths (Epstein et al., 2003). They identified multilayered strengths as individuals and of their family, community, and nation, another tenet of strength-based approaches (Kana'iaupuni, 2005). The youth strengthened their relationships with each other and their community when using visual and tactile Post-its to physically group strengths into themes and discover shared hopes and appreciation of different strengths. As in other strength-based models, the activities of Component 1 aided in shifting the

onus of the opportunities and solutions from an individual or group, such as youth, to the larger

environment as they further explored assets (McCashen, 2019).

In Component 2, the youth prioritized assets to answer the research question, which

created an atmosphere of mobilizing the strengths practically (McCashen, 2019). An essential

part of a strength-based paradigm is when members of the population direct the process

(Hammond, 2010), which was exemplified when the youth reached consensus on assets for

communicating healthy lessons. The youth prioritizing assets was empowering and assisted

participants in driving the invention of solutions (Hammond, 2010). Rather than bestowing

power, our approach gave individuals the tools to harness the power within themselves (Baron et

al., 2019). The youths' actions aligned with the definition of collective empowerment, focusing

on actively utilizing everyone's knowledge, resources, and skills to find change and take control

of the process (McCashen, 2019). Throughout the activities, participants displayed their power

by finding a consensus about their strengths and making them more subject-specific. The youth

linked the prioritized assets with actions exhibited in their population, translating the strengths

into a plan. In drafting their initial video scenes, participants depicted actions based on what has

worked and is working well in their community, part of an accepted strength-based definition

(Tsey et al., 2007). Interestingly, the asset-based approach resulted in identifying primarily

cultural strengths, as frequently happens using a collective approach (McCashen, 2019), such as

in Indigenous communities.

One primary consideration of strength-based approaches is that strengths include

resources and skills beyond the individual, including those of their family, community, and

environment (Baron et al., 2019), and our Component 3 activities provided the opportunity to

gather more contextual strengths. New youth participants in Component 3 resonated with the

strengths identified by the youth involved in the first year of the research project, which reinforced the strengths of the community and continuity of the themes. Exploring the assets with Elders and knowledge holders through appreciating their wisdom, knowledge, and stories emphasized that strengths can be affirmed by an individual's networks (Lopez & Louis, 2009). Working with Elders was also culturally significant and appropriate as the Elders connected the assets to the YKDFN oral history and traditional knowledge. As commonly practiced in First Nation cultures, members respect Elders in their role to promote critical thinking and share lessons through storytelling (Archibald, 2008). During this time, Elders and youth had the opportunity to grow their relationships further, another value of strength-based approaches (Lopez & Louis, 2009). Contemplating the context surrounding the strength assists in finding more strengths (Pulla & Francis, 2015). The youths' comprehension of the strengths grew by talking with and learning from the Elders, as evidenced through their more detailed written scenes about the YKDFN's communication strengths. In their comprehensive plans, the youth identified different YKDFN's competencies, capacities, and capabilities in communicating health lessons, another part of strength-based approaches (Kana'iaupuni, 2005). The youths' planning led to their ability to direct and film their video and mirrored that recognizing their strengths and abilities increases motivation to act on those strengths (Saleebey, 2008).

In Component 4, youth finished their video products, creating a knowledge base of translational material to be used in research planning. The process of youth transforming their ideas into shareable concepts and videos is a fundamental premise for social change, a goal of strength-based practice (McCashen, 2019). The youth were agents of change in purposefully assembling the video with specific messages about the YKDFN strengths, which in strength-based approaches aligns with participants taking action rather than waiting for the action to be

taken on (or for) them (McCashen, 2019). As the youth worked together to create a message about their Dene First Nation, they reinforced their collectivity, self-determination, and resistance strategies as a collective entity. Participants taking deliberate action based on their strengths is consistent with self-determination theory (Ryan & Deci, 2000, as cited in Lopez & Louis, 2009), where participant motivation increases from their opportunities to grow in competence, self-autonomy, and sense of relatedness through collaboration. The youth planned a subsequent research project, drawing on their experiences, which switched the focus to finding solutions and preventing future problems, a characteristic of strength-based work (Banyard & Hamby, 2022). Recognition of group strengths is connected to growth, wellness, and increased resilience (Hammond & Zimmerman, 2012). The youth utilizing their strengths for future project planning changed the research power dynamic because the subsequent research was now framed by the population, as represented by the youth, instead of researchers (McCashen, 2019). This process reflected the mobilization power of using strength-based approaches to find new actionable solutions (Lopez & Louis, 2009).

Our approach involved planning with a population for research implementation from a collective knowledge base of strengths. While health researchers work to change their mindsets and values to understand the philosophy of a strength-based approach, our shared components, steps, and examples can act as a guide to emulate a strength-based approach to research. In working with youth in particular, our approach has a potential sustainable impact on any future research in the community.

Contributions

One main difference in our health research was that we were not working with patients, as in other health fields, but with partners who functioned as a group of youth and community

members rather than siloed individuals. Additionally, we worked with an Indigenous population, purposefully built more trust building opportunities and aimed to culturally ground our methods. As the literature is scant in defining strength-based research approaches in this area and with Indigenous and youth populations, we recognize that our project is not the finished model but a starting point.

Additionally, we were working with members from the YKDFN largely within two different bounded communities of Ndilǫ and Dettah (and some members, living in Yellowknife). This provided opportunity for the youth to have common community reference points of time, places, lessons, and people (from both Dettah and Ndilǫ). This common thread was exemplified by the new youth in year two resonating with the same strengths identified by youth in year one and continuing to voice shared experiences, including cultural camps and specific teachings from the Elders.

Our connections to the group also influenced our approach. Part of the successful collaboration of our strength-based approach stemmed from the trust that was built over many years, with the first author being raised in that community and the second author conducting research in the community for over 15 years. This project was also on the tail-end of another project where the youth used strength-based methods to depict health definitions, solutions, and priorities (Lines et al., 2019) and therefore, the community had familiarity with the research goals.

Challenges and Lessons Learned

Developing a strength-based approach for research in health was challenging due to the limited literature about strength-based research approaches, but the vast literature about strength-

based concepts that spanned many fields. Although our approach had similar aspects to strength-based approaches in other fields, with unique considerations, the inconsistent use of strength-based definitions and terminology made it challenging to sift through all of the literature on strength-based concepts. Therefore, we mainly referred to strength-based concepts from social work, psychology, and education. The commonalities we shared with other fields were exploring assets, emphasizing empowerment, using outside environments, and providing opportunities for action. As the uptake of strength-based approaches in health research increases, we welcome additional information or modifications to be made to our components, steps, and strength-based tenets.

One main challenge we faced was the length of time required to edit footage from a 360-degree camera. Because of the unexpected delay in completing the video, we planned our subsequent research project without using the actual video. Instead, the youth shared data and their firsthand experiences of asset-mapping, storytelling interviews, scene planning, and filming.

We found researchers' reflexivity and flexibility was essential in this approach because groups are unique and may require more emphasis on one area than another. Depending on the population and researchers' connection, the steps in our approach may change or be lengthened. For instance, in the social work field, a strength-based approach must start with establishing trust with clients (Pulla & Francis, 2015). Thus, a researcher who is new to a community may have to spend more time building trust. This allowance may require them to be paired with a community member or answer to an Elders' council, who can guide them in local protocols and ways of living.

Conclusions and Recommendations

Using our four-component strength-based research approach, the youth explored the strengths of YKDFN in asset-mapping, storytelling interviews, and video scene development. With a fuller understanding of the strengths, the youth connected concrete examples depicting strengths to fit within the scope of research. The layered metaphorical messages about the YKDFN strengths in the videos were part of a knowledge basis of translational materials for future research project planning. Our approach promoted connectivity to the larger environment, inclusivity of multi-knowledge sources, agency in increased empowerment, and practicality in action.

In creating a strength-based approach, we strongly advise partnering with community organizations or groups, in addition to the participants, that are cognisant of the community's priorities, goals, and customs relating to the research question(s) and methodology. We recommend that researchers collaborate with a community partner to tailor the purpose, research question(s), methods for the partner population, recognizing life experience (age) and interest, and drawing conclusions. Notably, we collaboratively chose research methods and steps in the components to suit working with the YKDFN community and youth.

Strength-based approaches may be useful in cultures, including Indigenous populations, that recognize the interrelationships of environment, animals, and people (FNIGC, 2020), similar to the one-health model (Riley et al., 2021) and planetary health frameworks (MacNeill et al., 2021). Indigenous populations uphold cultural and social identities distinct and separate from mainstream society (UN, 2022). Culture plays a large role in defining what are and are not assets (McCashen, 2019). The youth showcased culturally distinct strengths, which meant that our approach could be used to conduct culturally-grounded research. Between 400 and 500 million

Indigenous Peoples live worldwide, consisting of 5000 distinctive cultures (Gracey & King, 2009; United Nations, 2023), so Indigenous strength-based approaches cannot be a 'one size fits all' approach as each Indigenous population's history, traumas, and culture differs. Colonial oppression and injustices have impacted the health and well-being of Indigenous Peoples across countries, geographical locations, and points in time across the northern Arctic (Lehti et al., 2009) to southern Australasia (Clifford et al., 2015). Employing strength-based approaches shifts the focus from pathology to healing and resilience (Hammond & Zimmerman, 2012). Strength-based approaches in health that are premised on working with a population, such as ours, offer opportunities for healing from intergenerational traumas through honouring resistance strategies and resilience. As with other strength-based approaches, our research approach can be based on unique cultural assets and offer new indicators, processes, and solutions (FNIGC, 2020) that are relevant and appropriate.

As researchers, we constantly strive to improve our research by changing existing methods/approaches, or developing new ones, to help us find another 'piece of the research puzzle'. The components and examples of our strength-based health research approach provide a framework for researchers to plan for research implementation based on a strength perspective.

However, employing strength-based approaches in health is more than a simple switch of an approach – researchers must also reframe or shift their perspective and willingness to participate authentically in reciprocal, longer-term relationships based on trust. Many researchers rarely question their approach learned in a non-Indigenous/Western academic environment and instead focus on indicators, methods, or outcomes, often required to meet funding objectives. The remnants from Canada's history of cognitive imperialism are fully embedded and entrenched in systems layered together in academia and the research world. This cognitive

imperialism translates to power being held by one culture and a 'Western' worldview being privileged. Strength-based approaches challenge these colonizing norms and create space for more knowledge to be accepted as valid. At the same time, one must acknowledge and be actively attentive to the stronghold of Western culture and norms in academic practice and standards of excellence. The strength-based researcher, McCashen (2019), described the role of a strength-based approach in this power struggle as "The opposite of power-over is of course power-with – the essence of the strengths approach. Power-with involves values, beliefs, and actions that do not colonize" (p. 69). Antonovsky (1998) recognized the potential of strength-based approaches in health. Perhaps, as researchers, we are finally ready to challenge engrained colonial norms, accept more knowledge sources as valid, and explore the possibilities of strength-based approaches to better develop solutions reflective of community assets and priorities.

4.2 Epilogue: Implications for Strength-Based Approaches in Future Research

This constructed strength-based research approach was employed in the health field, working specifically with Indigenous populations: However, our ideas of strength-based approaches for research are transferable to other fields. Many fields utilize strength-based approaches for practical purposes but have yet to explore strength-based research techniques. For example, in education, most strength-based approaches are used by teachers to improve teaching strategies, learning environments, student learning plans, or opportunities to apply strengths (Lopez & Louis, 2009). In social work and psychology, strength-based approaches are used largely for counselling and client-focused programming (Pulla & Francis, 2015; Saleebey, 2008; Xie, 2013). In business, they aid organizations in growing their clientele, staff retention, or revenue streams (Bibb, 2016). In all of these fields, there is room to expand the literature to

include strength-based research approaches and include field-specific examples and considerations.

As explained in our article, the precursor for utilizing a strength-based approach in research is that a researcher is ready and willing to re-examine how they conceptualize research. Reconceptualizing the research approach is not only applicable for researchers in the health field, with a well-documented pathologic perspective, but can be extrapolated to most research fields. Many fields are anchored in colonialist structures that promote cognitive imperialism and reinforce deficit-based approaches to research. A researcher may have to confront and challenge these deficit-based ways of thinking to try to utilize a strength-based approach. For those more familiar with strategies grounded in deficit-based work, strength-based approaches to research are not a new tool, but a whole new toolbox; offering new insights, indicators, and solutions. To reach a new way of thinking, a researcher must align their own research beliefs with the premise for strength-based research – each population has strengths that can be utilized towards finding solutions, and the knowledge and experiences of these populations are valuable and incorporable. This evolution is evidenced by true community empowerment occurring when researchers relinquish their power at the outset of the research. To construct a plan of research based on a population's strengths, researchers intentionally include knowledge, skills, and opportunities for participants to make informed decisions and contributions. As strength-based approaches are commonly employed, the community may take on a larger role, such as initiating and conducting the strength-based research and the academic researcher serving as a resource to the community. At the onset, the successful implementation of a strength-based research approach hinges on researchers' ability to face and contest any personal, disciplinary, and academic views that demote strength-based tenets.

The process of reconceptualizing researchers' approaches may mirror some principles of decolonization. By altering a deficit-based perspective on a population to have strengths rather than solely deficits, researchers may need to challenge their implicit biases. Implicit biases are unintentional and automatic mental associations of attributes with someone from a population (FitzGerald et al., 2019). As a colonial education system largely influenced our environments in Canada, we, as a society, have learned and practiced many implicit biases. These biases may have larger implications in the health field. For example, implicit bias has been postulated to play a role in perpetuating health disparities in the United States (Boscardin, 2015). Strength-based approaches used in research offer an opportunity for researchers to start the decolonization process, address implicit bias (including colonial mentality) that propagates systemic racism, and recognize certain populations' resistance strategies, such as Indigenous groups, which holds promise for new research relations.

Following strength-based research approaches being more readily implemented and studied, there will be a vast intake of new knowledge. More culturally-relevant research will be welcomed, including more forms of knowledge, more languages, and more worldviews. This will further welcome decolonized forms of working together to acquire and uncover new knowledge or new research methods. As academic researchers increasingly draw on strength-based research examples, this may further reduce implicit bias (Boscardin, 2015). In these spaces, research may shed its 'dirty' reputation it holds in some populations, because strength-based research will come to mean working together, valuing each other's input, and sharing power. In my community, when we travel on new paths in the bush, we say the person in front is "breaking trail" for the rest of us. I hope my research *breaks trail* for researchers also trying to follow a strength-based research approach.

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Chapter 5: Applying an Indigenous Strength-Based Research Approach in Health

In this chapter, I explore an additional example of using a strength-based approach to adapt a process to reflect Indigenous values, culture, and language in a participatory risk communication research project. This project involved multiple Indigenous groups that indigenized an arts-based application called Forum Theatre, for mental wellness. The next Section, 5.1, is a co-authored peer-reviewed published article that provides an example of applying an Indigenous strength-based approach in the health field. We describe how a strength-based approach influenced the use of cultural assets that indigenized our research in Forum Theatre. We conclude that, in implementation, an Indigenous strength-based approach requires the Indigenous population's leadership and full involvement.

In 2021, a version of Section 5.1 was published as the article, *Indigenizing Forum Theatre through a strength-based approach* in *AlterNative: An International Journal of Indigenous Peoples* (Lines et al., 2021*)*. The research was conceived in partnership with organizations in the Yellowknives Dene First Nation (YKDFN), Heart Lake Cree Nation, Frog Lake Cree Nation, Dr. Cindy Jardine, and myself. Dr. Jardine and I carried out the research alongside these community organizations and with community facilitators from our Forum Theatre team, who were selected by the participating communities. I analyzed and interpreted the data alongside some community co-researchers who were Forum Theatre community facilitators. From numerous conversations between Casadaya Marty, Shaun Anderson, Philip Stanley, Kelly Stanley, and myself, the concepts of this manuscript surfaced. I wrote the majority of the manuscript, with Casadaya Marty contributing to Forum Theatre explanations and Dr. Jardine contributing to the Forum Theatre explanations and editing. I discussed the manuscript with

Casadaya Marty, Shaun Anderson, Philip Stanley, Kelly Stanley, and Dr. Jardine for input and direction. All authors read and approved the final manuscript.

In Section 5.2, I share my reflections on conducting Indigenous strength-based research and how this is distinct from Indigenous research and strength-based research. I relate my reflections to a Dene philosophy and an analogy of going on-the-land to get łiwe (fish).

5.1 Indigenizing Forum Theatre through a Strength-Based Approach

Introduction

In Canada, the Truth and Reconciliation Commission's 2015 *Calls to Action* triggered academic indigenization and decolonization, particularly in the health, education, and social work research fields. Indigenizing and decolonizing research opens dominant Western and Euro-centric conversations to include Indigenous worldviews, knowledge, and epistemologies (Kuokkanen, 2008; Smith, 2012). Indigenous scholars qualify health approaches as decolonial when Indigenous partners are supported to indigenize wellness interventions by strengthening and building on unique cultural and communal assets (Monchalin et al., 2016). Decolonized research includes collaborating with Indigenous partners, indigenizing interventions according to distinctive characteristics of an Indigenous population— such as language, knowledge, and cultural protocols and values, and utilizing a strength-based approach.

In 2018, we commenced a community-based research project with First Nation community partners to use techniques of Forum Theatre in promoting mental wellness—as a form of suicide prevention. We aimed to explore indigenizing Forum Theatre across different Indigenous communities using a decolonized approach. Our secondary aim was to understand

how communities approached this project from a strengths perspective. Using a community-based participatory research approach through an Indigenous research lens, our community partners supported their trained community facilitators in leading the Indigenous strength-based application of Forum Theatre activities. Community facilitators and researchers co-authored this article to reflect both experiential and academic insights and perspectives. Our focus in this article is on how we indigenized Forum Theatre based on community assets, built strengths to promote mental well-being, and recognized benefits of the process.

Background

Forum Theatre

Forum Theatre, which falls under the umbrella of Theatre of the Oppressed, was developed by Augusto Boal (1985), who was a Brazilian educator, cultural activist, and dramatist. Boal was inspired by the work of the educator and theorist Paulo Freire (1993), specifically his critical *Pedagogy of the Oppressed*. Critical pedagogy builds on individuals practicing critical consciousness through political acts and social justice to liberate themselves and others from oppression (Freire, 1993). Oppression is defined as both a state and process where one group or person is more privileged or powerful than another and uses that influence to maintain their dominance (David & Derthick, 2014).

Boal commonly depicted the elements and process of Theatre of the Oppressed as a tree (Boal, 2006). The soil consists of the ethics, philosophies, politics, histories, and economies which have shaped the lives, worldviews, and perspectives of participants and their communities. The activities are rooted in the images, sounds, and words that emerge from this soil. The base of the trunk—the foundation of Theatre of the Oppressed and Forum Theatre—are the games which

"bring together [the] essential characteristics of life in society" (Boal, 2006, p. 4) by combining rules with creative freedom and laughter. At the top of the trunk is Forum Theatre, which is the foundation for all forms of Theatre of the Oppressed. While Forum Theatre is the best-known and most practiced form of Theatre of the Oppressed, other forms are commonly depicted as branches of the tree. As the activities we describe in this article were specifically done in preparation to produce a forum play, we refer to them as Forum Theatre activities rather than Theatre of the Oppressed activities.

Forum Theatre builds on the use of games and image work to produce a short play, which is structured to reflect an oppressive situation of concern that has emerged (Boal, 2002). The production is shown to a community, where the *Joker*, the on-stage link between the play and the audience, encourages the audience to interact with the actors as *spect-actors* to find alternative outcomes to multiple oppressions (Boal, 2002). This presents an opportunity to imagine solutions collectively using available resources and community strengths.

The context and facilitation process has emerged as crucial in shaping the success of the Forum Theatre activities, particularly with Indigenous populations (Goulet et al., 2011). In addition, Forum Theatre activities have been postulated as a multipurpose tool for Indigenous communities to use in language restoration and acquisition and healing from historical and individual traumas (Driskill, 2003).

Strength-based approaches

Strength-based approaches are premised on applicable ideas that have worked well or are currently working for a community (Tsey et al., 2007). Utilizing a strength-based approach supports community decision-making power in research (Smith, 2012), empowerment of participants and partners, and social change (Anderson et al., 2011). These approaches do not

lessen or overlook issues (Sasakamoose et al., 2017), but rather shift focus away from individual deficits towards causative structural or contextual roots (Snowshoe & Starblanket, 2016). However, despite the acknowledged benefits of strength-based approaches, deficit-based approaches are more commonly used in health research and with Indigenous Peoples (Blodgett et al., 2013). Such approaches focus on individuals' shortcomings, impeding their capacity to address problems (Sasakamoose et al., 2017) and forcing a dependency on external resources for solutions. In contrast, strength-based approaches are used to recognize and engage the multifaceted assets and resources of individuals, families, and communities to prevent and tackle challenges (Kana'iaupuni, 2005; Sasakamoose et al., 2017). Although strength-based approaches are recommended in Indigenous community research to challenge health inequities (Thurber, 2019), they are vaguely defined and explained (Fogarty et al., 2018).

Indigenous strength-based approaches to wellness should facilitate indigenizing and decolonizing practices. Everyday actions that perpetuate indigenization and decolonization kindle community resurgence efforts for transformative change, including in health (Corntassel & Scow, 2017). Addressing colonialism is a key determinant in addressing Indigenous ill health (de Leeuw et al., 2015). Forum Theatre with Indigenous youth has been specifically identified as a health intervention that could provide the space necessary for decolonizing experiences (Goulet et al., 2011) and addressing aspects of colonialism.

Research design and methods

Although this article is focused on our strength-based approach, we will briefly describe the overall research design to provide context. Our research was conducted with community partners and members from Heart Lake First Nation, Frog Lake First Nation, and Yellowknives Dene First Nation in Alberta and the Northwest Territories, Canada. Our approach was based on

the belief that Forum Theatre implementation and adaptation needed to be directed by communities. Community partner organizations played an active role in deciding the duration, location, and goals of each training session. They recommended community members for facilitator training based on availability, background in mental wellness programming, connection with youth, and other locally relevant assets.

Regular Forum Theatre facilitator training sessions were held in 2018, 2019, and 2020. Approximately 45 different community members were trained, and about half of these actively facilitated Forum Theatre activities in their community at least twice following training. Those who did not continue facilitating either preferred to support the initiative as a community member or had changes in careers or life circumstances. The participants who actively facilitated in their communities provided feedback on the strength-based process, with a core group committing to fully exploring the process and authoring this article.

As part of tracking the process of an Indigenous strength-based approach, community partners, community facilitators, and researchers debriefed after each training session and shared any insights in sharing circles, in-depth conversations, and storytelling or conversational interviews following an Indigenous methodology. We used audio recordings, photos, and videos to track the progress and effectiveness of the training sessions and community facilitation. In addition, some community facilitators, including the authors of this article, took on co-researching roles and regularly wrote personal reflections and field observations and participated in the analysis process. Data analysis was reflexive, iterative, and collective and in line with an Indigenous methodology (Wilson, 2008). We finalized themes of the assets we used in indigenizing the Forum Theatre process through a combination of interpretive meaning-making analysis and modified collaborative story analysis (Hallett et al., 2017), where we immersed

ourselves in the training sessions data and made meaning through group discussion and our analysis notes.

Community facilitators' work with different types of participants in the communities varied as the community partners integrated activities into existing events—such as cultural camps—and programming—including schools, family nights, and adult courses. Although we largely targeted youth aged 12 to 20 years, participants also included Elders, families, teachers, adult learners, parents, elementary school children, and toddlers.

Forum Theatre training cycle

Our Forum Theatre training process followed that originally proposed by Boal (2002) and adapted by Michele Decottignies of Stage Left Productions (personal communication, December 6, 2018) as shown in Figure 5.1.

Figure 5.1. Forum Theatre training cycle (M. Decottignies, personal communication, December 6, 2018).

Introducing Forum Theatre techniques in a typical community facilitator training workshop started with playing games to develop relationships, trust, and communication in the *Building Community* stage. We first focused on reinforcing respect and safety for ourselves and the group through games that helped us learn each other's names, introduced touch, and got everyone involved. Setting respectful and safety boundaries was followed by de-mechanizing from our daily routines, which got us out of our head and into our body. This was accomplished by playing games relating to using different senses, ways to deal with nerves and discomfort, and building trust to get to know ourselves and others as a group. For example, de-mechanizing and settling into our bodies might occur in a game like *this is an ear* where you would touch a body part on your partner such as *an ear* and call it a different name such as *a foot* and then your partner would touch your foot and call it something different such as *an elbow*. After we felt comfortable working as a team, a shift took place in our group dynamics. We unconsciously let down our walls and created an authentic environment where we developed powerful, genuine connections with each other. The change in the environment created opportunities to discover our collective strengths through games that had us share group responsibility. This was where we spent most of our time in our training.

The second stage, *Sharing Stories*, involved making images through individual and group sculpting where participants modelled their bodies into images, like clay, using a variety of techniques. Participants usually shared their images with the larger group and focused on what resonated with them. They then made a collective image where they discovered the scene characters, interior monologues, actions, and dialogues. This process of adding movements, sounds, and words to an image is called *dynamization*. In this stage, we learned about story characters, topics, conflicts, plots, and dialogues. We focused on identifying protagonists with

allies, antagonists with sidekicks, and bystanders in oppressive situations, and how these characters interacted in creating and solving problems.

The third stage, *Creating a Forum*, entailed making an *anti-model* play based on our image work. The play involved realistic problems facing the characters but did not have resolutions. Traditionally, this stage includes moments where catharsis occurs through dynamization, or bringing still images to life. For Boal, the only way for a participant to reach catharsis, and true liberation, was to purge internal fears relating to oppression (Schutzman, 1994). This was practiced through acting within a similar situation to rehearse for real life (Boal, 2008). Boal assumed catharsis occurred when audience members actively suggested alternative actions during the forum, as they built motivation to tackle problems as a *test run* (Meisiek, 2004). Although Boal initially rejected the idea of catharsis as a goal or outcome of Theatre of the Oppressed because this implied an end to a process intended to be ongoing (Boal, 1985), he later acknowledged that catharsis—if interpreted as a removal of obstacles, and not the Aristotelian or coercive concept of removal of desires (Boal, 1995) — is an integral part of the process. Achieving catharsis would occur through enacting one's own experiences with oppression in the body during dynamization of images, typically in either creating the anti-model play or performing the forum. When creating the play, participants relied on their body and its self-knowledge to convert the images into a model. During this stage, we built a forum by playing with images of oppression to find what resonated among us.

In the last stage, *Inviting Community*, we invited a group of people to a forum play that we created. The play was facilitated by the *Joker* who introduced the actors and moderated the play. The *Joker* also facilitated the interactions between the audience and actors, thereby changing the audience from spectators to *spect-actors* who were involved in the play. The play

was performed multiple times. During the first performance, the audience observed, identified, and resonated with scenes and characters. During the second performance, the audience participated by *becoming* a character to change the outcome. The rest of the actors remained in character and reacted to the *spect-actor* accordingly. The *spect-actor* would act out their idea, such as calling a spectator over to help during a bullying incident, and the *Joker* would work with the *spect-actor* and the audience to see what had changed and if they were satisfied with the new outcome. This may be done several times with different *spect-actors* for the same scene, until the audience feels satisfied with exploring the outcome or scene. The aim of the audience feedback and actions is to collectively determine *solutions*, which can then become action plans that are integrated into community programmes. The cycle restarts with a new group of people, commonly from the audience.

Results: Indigenizing Forum Theatre through a strength-based lens

Below, we describe the general sequence of how we, as a team, and alongside other community facilitators, indigenized the Forum Theatre process customized to the strengths of each Indigenous community. We also provide insights of benefits we identified as we implemented our process.

Inclusivity and relationality

In preparation for community delivery, we wanted the *Forum Theatre* name to be more welcoming to not only those interested in theatre. We aspired for the name to suit the unique localities and culture of each community. However, we could not collectively agree on a suitable singular name as the tools were being multipurposed in several programs in each community. Instead, we incorporated the activities under existing programming to draw interest and be

inclusive of many different participants, such as summer student training, school family night, community family night, youth night, and local celebrations. Although re-naming Forum Theatre was continuously open to discussion, one community facilitator's input on changing the common reference of *games* to *energizers* was promptly accepted.

> Today, [one community facilitator] expressed that the word *games* might perpetuate a childish connotation and may leave some adults and Elders not wanting to participate or feeling excluded. She suggested "energizers" instead and the rest of the team immediately agreed. She said that energizers also more closely explained what we were doing—"giving energy, giving life". Tonight, the team consistently used the new terminology while facilitating. (L-A. Lines' Field Notes, October 23, 2019)

During our training, we expanded on Forum Theatre introductions by including common First Nations practices that foster familial and communal relations. Our facilitator trainer focused largely on the individual participant's characteristics and experiences. However, even in our training, we organically re-focused strengths beyond singular participants and acknowledged the strengths of participants' relations to work, people, or communities:

> Facilitator Trainer: Why are you here? Why did you choose to come to this workshop?
>
> Community Facilitator 1: I really like hearing how people can use it after or in their own communities and I really like to see all the communities come together, work together too.

Community Facilitator 2: We use the tools in our training centre with our young

Elders and older adults. I want to see our youth learn more. We had some really

good times with the people from other communities.

Community Facilitator 3: The reason I am here is because back home there are a

number of youth getting lost in their thinking. What I do back home now is

something I put upon myself to work with the youth to keep them out of trouble

and open a recreation centre. I supervise probably 15 people every night,

sometimes more. I am back to refresh on the games, so I could bring it back.

(Community Facilitator Sharing Circle, July 20, 2019)

Language revitalization and intergenerational connectivity

Indigenizing Forum Theatre by re-focusing on our relational strengths encouraged

strengthening all our relations including people, experiences, spiritual connections, land, and

environment. This was demonstrated when one community facilitator indigenized an energizer

for connectivity using language revitalization techniques:

The gift is my language. Before, I never used my language as much after

residential school, I just used English. Only in the last ten years, I have started

using my language more. [Using the language] in the group felt good. I felt in

control. And I felt myself. When we came back in here [this afternoon] our energy

was really low. I didn't think we would last through the day. But right now my

energy is really high [after facilitating the energizer in the language]. We are

giving the gift to each other. That laughter, love, respect, and being together. That

is where I see the gift of each one of you to have my energy high [because you all

participated in speaking the language]. (Community Facilitator 2, July 21, 2019)

Following this moment, we shifted to facilitating what we could in our First Nation

languages, which was a smooth transition because non-verbal language cues in Forum Theatre

are universal and can be paired with any language. We modelled speaking in our traditional

languages in the activities and found familial and community language resources. For example,

we worked with local language teachers and Elders, incorporated more language activities, and

supported local language revitalization efforts. Facilitating in our languages became a pillar of

our indigenized Forum Theatre. When we facilitated energizers in our language, we changed the

interactions, largely because of relationality and connectivity values built into our languages. For

example, in our Indigenous languages, the way we referenced people in a group depended on our

relationship with them. In English facilitation, we commonly referred to people as *you*, *her*, or

them, or called them by their first name, but in Indigenous language facilitation, we referred to

people as *my friend* or *their cousin*. These changes were simple but meaningful steps in language

revitalization. For example, we effortlessly added in language in one energizer where you pass

bean bags to learn each other's names. Before passing to someone named *William*, we added

sàgįą meaning my friend in front of the name, so it would be *sàgįą William*. In our language, this

was funny if the person you were throwing a bean bag to was someone with a different relation

like a grandmother or boyfriend, but everyone understood it was to learn and practice different

words. Language-based activities strengthened connections between different relations,

particularly within families and between youth and Elders. For example, many youth connected

with Elders by practicing their own language in a safe environment and felt proud of who they

are, as explained by one community facilitator:

The Forum Theatre activities really helped bring the youth and Elders together in

a good way. They had so much fun. It closed the gap between them, like

traditional activities used to do back in the day. They got to know one another a

little better and youth practiced our language more. Trust became stronger

between them. Youth left feeling a sense of community and more secure in who

they are. (Community Facilitator 4, January 7, 2019)

Joint strengths, team facilitation, and community connection

As compared to common Forum Theatre practices, we increased the frequency of

activities that focused on participants appreciating their strengths collectively. For example, we

played many energizers where the youth worked as a group to achieve a goal. Appreciation of

joint strengths led us to gravitate towards group facilitation. It dawned upon us that it was not

only the youth working together that brought strengths to our communities but also us working

as a team as well. People kept noting that we worked together like a *well-oiled machine* and we

realized we preferred group facilitation in every Indigenous community. We indigenized the

Forum Theatre facilitator from an individual or *star* to a group or *constellation*. After team

facilitating in one First Nation community, organizers noticed the similarities between their

wellness team and our Forum Theatre team:

The community said we functioned similarly to their [wellness] team where "each

member of the team has different strengths, which lets us tackle issues more

effectively." (L-A Lines' Self-Reflection, December 5, 2019)

Another community facilitator captured the personal transformational changes that led to

her appreciating team facilitation in First Nation communities:

I am stronger than I have ever been. I realized my own strengths and am being

appreciated by others for my strengths. I am part of a team and our strengths fit

within each other and make us stronger. Stronger for our communities, for our

People. (C. Marty's Self-Reflection, November 30, 2019)

We noticed our relational interactions as an Indigenous facilitation team brought strength

to the community and inspired other groups to utilize their strengths. Community participants

often commented that we complemented each other's strengths, recognized our

interconnectedness through our relations, and collectively created a sense of community. Our

indigenized Forum Theatre process extended beyond participant involvement and built on our

relations through familial, communal, and regional networks. Our work strengthened relational

accountability and community connection, aiding in decolonization, as described in our team's

discussion below (October 25, 2019):

S. Anderson: This made me realize what we are doing is bigger than what I

thought it was.

C. Marty: What we are doing in our communities is beyond what we were trained

to do.

P. Stanley: We are developing new tools without even realizing it.

C. Marty: We have been stronger through making connections. We are

decolonizing the process and through it, decolonizing ourselves. Indigenized

Forum Theatre also means that this is for the people—we work for the people.

That is the difference when it is in an Indigenous community, we are collectively

decolonizing as a whole community.

L-A. Lines: Because even people that are not in attendance hear about what we

are doing and add to our decolonizing efforts. We are also forming unique long-

lasting bonds between communities in our efforts.

Community partners and protocols of respect

Travelling to each other's communities sparked conversations about entering other

communities appropriately. For instance, upon returning to one community, we were welcomed

with excitement and advice that for longevity, it is necessary to understand local historical

contexts and current political atmospheres. We grasped that indigenizing Forum Theatre must

include traditional protocols for building relations between our team and each community. In

taking this approach, we heavily relied on our partnering communities, who selected community

members with specific strengths to encourage harmony and discourage tensions. For instance, all

community partners purposefully included different gendered viewpoints and roles, particularly

in deciding implementation in communities. In this manner, we brought balanced gender

knowledge to indigenize activities in a culturally appropriate way. For example, certain activities

introduced in our training were adjusted or not carried into the community because they were

incompatible with our teachings about gender roles and respect, such as a game where you pile

participants' shoes. Most of these adjustments happened behind the scenes because the lessons

entangled in different gender protocols are related to a First Nations' way of life and providing

an explanation of why the activity was inappropriate could be easily misinterpreted by

someone not raised in this way.

We naturally followed common First Nations protocols of respect when entering new

communities and honoured the important roles Elders held. In each community, we respectfully

arranged a demonstration of the Forum Theatre activities specifically for Elders, honoured their advice with small gifts, and listened to their narratives of their community in relation to the past, present, and future. It felt right that we shared our Forum Theatre tools, sought advice from community Elders about the stories that youth communicated, and learned how we could best support the youth. As in many First Nations communities, Elders are respected story keepers and gatekeepers to new members in the community and assist them in understanding the changing political and historical atmospheres. The Elders' involvement was key to facilitating effectively because they provided appropriate context around our activities.

Safety for empowerment and resilience

During our training, we started to dynamize images to create a forum that was inspired by our collective stories. As we were taught, Forum Theatre workshops have dynamization activities that encourage participants to replicate a cathartic moment to "[release] desires which societal constructions (such as family, school, or work) had imprisoned" (Boal, 1995, p. xxi). For example, during training, we participated in one activity that prepped us for dynamization, where we would make our body images dynamic or active. We had to find our own space in the room, think of a past moment of conflict, and vocalize how we were feeling during that moment. Many participants began to yell or cry as they thought of moments of conflict. Some participants left the room with a co-facilitator, while others that stayed found this activity and similar dynamization activities concerning. Most community facilitators felt this could be unintentionally harmful if done without the right safety, resources, and capacity training, as described below.

This type of work should not be done casually in our community. People could be triggered and require a lot of emotional support and follow-up. (Community Facilitator's Self-Reflection, December 8, 2018)

We quickly stopped the dynamization process, as participants requested an immediate break. We rethought how to get similar results but with a higher level of safety for communities with their available resources. From our community perspective, when we worked with youth before learning dynamization, we indigenized the process by instinctively building safe environments. For example, instead of building images focused on problems, we focused on building positive images of strengths, love, and cooperation. We reflected on how and why we incorporated the safety of the group into the indigenized process as described below:

As a team we aim to leave the youth with feelings of hope, positivity, and empowerment after each workshop. As facilitators and community members it is our responsibility to make sure our activities do that. (S. Anderson's Self-Reflection, July 23, 2020)

At the next workshop, we repurposed a facilitation activity that used objects, rather than our bodies, as symbolic images to represent power and strength. Alongside our trainer, we explored symbolic images and the dynamization process in *the great game of power*, where we used three chairs, one table, and one bottle of water to make images that demonstrated power differentials. Next, we changed the objects' positions from representing images of oppression to images of strength. We felt safer making images out of objects to represent commonly witnessed oppressive moments. Using the objects, we discussed images and characters, and then used our bodies to mimic those images. By experimenting and moving the position of the same objects,

we understood the influence a person with or without power has in various situations as explained by the community facilitators below.

> It's empowering. You are working in the body and the mind. You feel this connection that demanded to be felt. The greatest thing about this whole thing is the feeling of being whole. Not empty. (C. Marty's Self-Reflection, January 7, 2020)

> I feel drained, but at the same time, stronger than I've ever felt in a long time. (P. Stanley's Self-Reflection, October 25, 2019)

We decided to facilitate dynamization in communities by only using objects. In our training, we *Jokered* one forum play alongside our trainer and performed as characters. We continue to more fully explore training and facilitating play development. However, we felt the activities leading up to developing a play during training were impactful enough in building empowerment and resilience among us, as community facilitators.

Tailoring tools locally

After each session, we finished facilitating with a sharing circle, where we often heard of plans to utilize our activities. Through our indigenized model, we purposefully did not direct, control, or force the tools in a community. Instead, as visiting Indigenous members in another Indigenous community, we respectfully held time and space so community members could discover tools experientially, process our indigenized Forum Theatre model, and decide if and how these tools worked for their community. There was a natural tendency for continued community planning while we collectively cleaned up the venue after the sharing circles. Community members combined the community's prioritized issues with our indigenized Forum

Theatre tools to meet their community goals. We saw how quickly and intelligently community members planned when they had the reigns:

> Community facilitator 5: I could do Forum Theatre with the Elders here [in the community], then I could do Forum Theatre with the kids in care, and that's including the foster parents, the social workers, the supervisors, and the kids.
>
> Community facilitator 6: Ya. And making those relationships even stronger?
>
> Community facilitator 5: Yes. And even the senior citizens home and extended care [in the nearby town that houses some of their members] and playing some energizers.
>
> Community facilitator 6: So you are including them in it?
>
> Community facilitator 5: Yes.
>
> Community facilitator 7: We could also work together with the Elders and the Headstart [early childhood] program.
>
> Community facilitator 5: Yes we can do that.
>
> (Community Facilitator Interview, December 13, 2019)

Holding space for each community to lead activities led to us tailoring the energizers, for example, by age; outcomes: enhanced family connection or language development; and location: on-the-land camp, gymnasium, classroom or other.

Sustainability: responsibilities to our relations

Beyond the stages we learned in our formal Forum Theatre training, our collective critical dialogues underlined that our work must be sustainable in Indigenous communities. Indigenizing Forum Theatre required solidifying our relational strengths, which extends beyond the life of this

research project. When we partnered with a new community, we understood the responsibilities we took on as Indigenous community facilitators, such as building supports and capacity.

In our work, we navigated these waters carefully in communities and constantly nurtured our new relations to ensure communities felt supported in our absence. This was different with the common Forum Theatre process where, particularly in developed countries, an outside Joker or facilitator works with a group of people, teaches the Forum Theatre cycle, and leaves (Driskill, 2008). For the team, the traditional *Joker*, who comes into a community as a *saviour* and departs, was a Western construct and potentially could cause unintentional harm in Indigenous communities, as depicted in the conversation below.

> S. Anderson: When being a *Joker*, it is important to know the responsibility to be positive, the responsibility for what we do for people.
>
> C. Marty: [Our Indigenous community facilitators] team is more trusted than other non- Indigenous facilitators. This is not about race; it is about truth.
>
> P. Stanley: It feels odd when other facilitators talk about implementing Forum Theatre in our communities.
>
> L-A. Lines: Because they don't have the same connections.
>
> C. Marty: It is a job to those type of facilitators and that's all it is. We see these types of facilitators *faking* relationships when they meet new clients, but not putting in the time to connect afterwards.
>
> L-A. Lines: Like how you [all] connected to my community, by volunteering and cooking for the Elders. And, also made sure you kept in touch with relations you made previously in my community.
>
> (Community Facilitator Sharing Circle, 25 October 2019)

Discussion

Our Indigenous strength-based approach honoured all our relations and built on our relational strengths. We saw this by who was invited into the work, how we introduced ourselves, and how we interacted. We indigenized the beginning of our Forum Theatre workshops by incorporating more time to explore our relational strengths. This approach encouraged appreciation of each person's relational strengths and formulation of how these strengths could overcome adversities as a team. Further strengths we drew from our indigenized process were language revitalization, multiple generations, inclusivity, team facilitation, and protocols of respect. We strengthened relations between generations, nations, and cultures through our shared histories, cultural and communal assets, and future goals.

In creating forum stories from our images, two central themes to indigenize this process involved our assets of understanding community safety and creating empowering opportunities for youth and community. The traditional dynamization of images through a cathartic moment was unsuccessful and met with concern from community facilitators. This was concerning because these kinesthetic activities opened wounds of colonization for healing (Driskill, 2008), which must be conducted safely when these activities are run without the supports and resources of a research project. Forum Theatre offers opportunities for decolonization, but only on the premise of having a safe and creative space (Goulet et al., 2011). We indigenized the dynamization process by more heavily focusing on using objects rather than bodies to make symbols. In this way, people felt secure to tell their stories, use their self-knowledge, and share common grievances and feelings in experiences where power was misused in a less deeply personal manner. Most importantly, this could be readily replicated by community facilitators

with available community supports. Similar to another group working with Indigenous youth (Goulet et al., 2011), opportunities for employing strengths in a safe way encouraged participant empowerment to have power over oppressions.

Our brief participation in developing a forum play provided us with insights on the potential of this work to build resilience within youth and community, particularly when activities are indigenized to include more context, relations, and language. Our team delivery of indigenized activities strengthened community connections and built on relational accountability in the communities. These social communal dimensions, in part, form resilience and are used as markers in resilience assessments (Jefferies et al., 2019).

Questioning our common situations with power imbalances may have supported individual internal reflection, recognition, and resistance to the asymmetrical dynamics of the colonial mentality concept. A colonial mentality is an internalized oppression where the colonizer has been characterized as superior and the colonized as inferior (David & Derthick, 2014). Theatre work offers opportunity for participants to "learn what decolonization and healing *feel* like" (Driskill, 2008, p. 155). Although our work indigenizing Forum Theatre is a good start, we recognize we have just *scratched the surface* of the potential decolonizing benefits, as postulated in other uses of Theatre of the Oppressed (Driskill, 2003).

After community facilitators participated in the indigenized Forum Theatre, they saw immediate benefits and planned, modified, and incorporated the activities custom to their community's specific resources, goals, and needs. Community facilitators tailoring the tools are aligned with recommended mental wellness strategies in Indigenous communities that prioritized community voice in community implementation (Ninomiya et al., 2020).

Indigenized Forum Theatre included our commitment to growing our relations by investing and upholding our community responsibilities. Many Indigenous communities commonly have *Jokers* or tricksters told in stories as lessons. The commonality among these tricksters is that they are usually connected to the community. Indigenized Forum Theatre extends beyond an intervention and instead supports Indigenous relational accountability, where Indigenous community facilitators take on new relational responsibilities.

Conclusion

The active involvement of Indigenous community partners and facilitators in leading the development of indigenized Forum Theatre exemplified an Indigenous strength-based approach in promoting mental wellness. We established strengths of the participants and their relations, built on those strengths in community application, and combined those strengths to encourage elements of self-advocacy and community resistance. In turn, using this Indigenous strength-based approach not only promoted indigenization of the research process but also strengthened our resurgence efforts alongside our respective communities. We became stronger in language revitalization, community connection, and incorporating our values, such as inclusivity and respect, as strengths in interventions. We recognized the power of an Indigenous strength-based approach in mental wellness to both address and overcome oppressive issues through employing and building on community assets.

Indigenizing Forum Theatre from a strengths-based approach shifted the focus of an extremely difficult topic to discuss, suicide prevention, to an actionable mental wellness intervention. Together with our community partners, we highlighted strengths including Indigenous Traditional Knowledge, ways of being, values, relationality, community assets—

including people and existing programmes—protocols, responsibilities, and community goals that formed our strength-based approach. Recognizing, utilizing, combining, and building on the strengths of not only those participants directly involved, but also their relations, reinforced community facilitators' and members' efforts towards decolonization and resurgence. Our indigenized Forum Theatre activities provided tools to community members to develop and practice skills potentially transferable to individuals maneuvering through the tangled emotional tensions in mental wellness.

An Indigenous strength-based approach must include leadership, voice, and direction from Indigenous members continuously throughout the project. Our project worked with a specific group of people from each community, as both partners and participants, and built on these relations. These voices are not representative of the entire communities, youth, or Indigenous populations. Our experiences were unique with the relations we brought together, and our indigenized Forum Theatre process is a starting point from a strength-based perspective. In further studies, we expect to see more ways of indigenizing the process and more strengths that were not yet recognized through our continued practice. Working with Indigenous people is key to Indigenous strength-based approaches, particularly because of the complex traditional knowledge and history gathered over thousands and thousands of years. Indigenous strength-based approaches are not a *one-size-fits-all* model. They must be developed in concert with Indigenous people who can relay the strengths relevant to the activity, relations, resources, places, and time for when, where, and why the approach is needed. In turn, utilizing a unique cluster of strengths for a specific purpose, such as mental wellness, will build on strengths, and will likely have unintentional benefits, such as strengthening language revitalization, intergenerational connections, or resurgence efforts.

Driskill (2008) questions the use of Westernized Theatre of the Oppressed in Indigenous communities and noted the need to adapt "or create new techniques, that embrace the complexities and struggles" of Indigenous lives (p. 157). Our efforts in decolonizing Forum Theatre tools are a start to creating an indigenized Forum Theatre model for our communities that may find relevance to Indigenous communities elsewhere.

5.2 Reflections of Indigenous Strength-Based Research

Following the implementation of my dissertation research projects (Section 3.1, 4.1, and 5.1), I reflected on how my strength-based research approach was distinctive as a Dene scholar researching with Indigenous communities. I understood a strength-based research approach by using Dene philosophy and teachings that contribute to balanced wellness (health) or the concept of nezı̨ ts'edee or "living a good life" (identified in Chapter Four). I followed a similar trajectory to the strength-based research approach steps, outlined in Section 4.1. In my Indigenous strength-based approach, I included relationality by way of my epistemology, ontology, methodology, and axiology, as outlined in Chapter Two. I found parallels with many of the theoretical underpinnings of the Spider Framework model (Lambert, 2014) that is used by Indigenous scholars when planning and implementing their research within Indigenous communities. Ultimately, I grounded my Indigenous strength-based research approach in my relations with myself, others, land, and the spiritual world.

I contemplated the specific strengths of each of these relations during four research steps: 1) planning, 2) implementation, 3) data collection and analysis, and 4) knowledge dissemination. In this section, I provide an analogy to explain my relational connections in an Indigenous strength-based research approach. I share the journey of someone getting łiwe (fish) by mı̨ datł'ı̨

(setting a net) in unfamiliar water. (In actuality, the steps for getting łiwe may be done unconsciously, simultaneously, non-sequentially, or not in this fashion at all.) I explain below the concepts for a single Indigenous researcher conducting research with an Indigenous community that she/he has existing relationships with. Explaining a journey to collect łiwe makes thinking through the relationality in an Indigenous strength-based approach to research relatable and easier visualize.

1. The Researcher's Relational Strengths Brought to Research (Planning)

When first starting research, Indigenous researchers must consider their own strengths to plan how they will research in an Indigenous community. In a Dene philosophy, this process relates to one's relations to the self as introduced by Dene Elders in the Dene K'ede (Government of the Northwest Territories, 2002).

An Indigenous researcher's self-reflection includes her/his relational experiences as a family member (nuclear and extended), community member, and role model. By acknowledging these relational connections, researchers may better understand relational accountability and expectations. An Indigenous researcher must purposefully and carefully contemplate relational experiences throughout different points in time and historical events connected to the location of the research. For example, I researched in one First Nation community where I had never travelled, but I recognized sehtseè wehtseè (my great-great-grandfather) had spent time there and created relationships. This reflection helped me connect to people in the community when I was researching.

The process of deciding research intentions, objectives and goals, methodology, and methods can be paralleled to planning to get łiwe in unfamiliar waters. Before figuring out a research

plan, a researcher must look within and understand one's own capacities, capabilities, skills, and talents. Then, the researcher can consider intentions, objectives and goals, methodology, and method.

In the analogy of getting łiwe, someone may understand their capabilities to be what they know about the land, water, and łiwe, and gauging how much assistance they need from others. Someone may understand his/her intentions by contemplating the benefit of łiwe to the community and relations, objectives and goals by deciding what steps and advice to find łiwe and what to do with łiwe, methodology by determining what kind of elà (canoe) to navigate the waters, and method by planning what equipment to retrieve łiwe.

Contemplating these relational strengths can lead to deciding specifically, how best to investigate the research, sourcing self-strengths, and understanding what research will be conducted and why. This line of thinking speaks to the heart of the Spider Conceptual Framework (Lambert, 2014) which centres "Indigenous [research]: From a place. Your place. Your heart and voice. Why you want to do this research." [and as] "Tribal and Cultural Specific [Research]: Your voice and passion."

2. Strengths of a Researcher's Relations to Others for the Research Journey (Implementation)

When going out on-the-land, especially to an unfamiliar area, it is common practice to reach out to one's relations and talk to people with knowledge of that area. In research, we see a similar gathering of knowledge when researchers conduct literature reviews and understand literature gaps to strategize their research implementation. In both instances, the strengths (including skill and prior knowledge in that area) are essential to carrying out the journey.

Utilizing the strengths of one's relations for an on-the-land journey is analogous with matching all evidence-based parts to the uniqueness of the research project implementation. The strengths complement the task at hand and guide the journey. In this analogy, going on the journey is the research implementation and includes navigating into unfamiliar waters using a transportation vessel (methodology), ways to retrieve łiwe (data collection methods), sorting and processing łiwe (analysis methods), and sharing and distributing łiwe (knowledge dissemination).

The outer web components of Lambert's (2014) Conceptual Model of an Indigenous Research Paradigm are a great starting place to contemplate the strengths of a researcher's relations. The nine points of the web provide different areas for researchers to evaluate what relational strengths are relevant to the research objectives. For example, a researcher can consider the web point "community / Indigenous epistemology and ontology" for understanding how this new knowledge will be interpreted with their relations. It may lead a researcher to contemplate seeing (or understanding) that new knowledge can only be acquired when a researcher uses epistemological and ontological lenses provided by community members, such as working with Elders and youth who hold these knowledge transfer processes. The researcher can understand these relational strengths for implementation by answering questions such as: What strengths of a researcher's relations are necessary for this journey? Who can advise? What will be advised or taught to this researcher? What resources are needed to get to this new area?

3. Strengths of the Researcher's Environmental Relations to Utilize on the Research Journey
(Data Collection & Analysis)

While on this journey, a team will only have the items in their elà and dechįta (the bush environment). These environmental strengths include not only the animals, insects, and plants, but also the elements of air, water, fire, and earth. There are relations and interrelationships with each environmental construct that hold strength and utility.

For the Dene, environmental relations are nourished throughout our lives and a great appreciation for dechįta develops. Dene pay the land to respect it (similar to research ethical practices of treating people or animals) and acknowledge its strengths and that the "[land] provides for us" (Lines, 2019, p.8) as identified by the YKDFN youth and shared in Chapter Three. Dene Elder Paul Andrew explained learning this connection young while being raised in dechįta, "You learn about relationships and connections with the land and the animals. You learn how important they are to you, how important the world is essentially" (Sacco, 2020, p.5).
I was very fortunate to grow-up in a community where many people still practice their traditional lifestyle on-the-land and could "read the land." People have knowledge of what weather to expect, how to track animals and different Traditional Earth medicines.

Similarly, a researcher must be aware of the contextual strengths for use during research data collection. "Reading the land" parallels interpreting or analysing the research findings. To make sense of the data and the findings, it must be in context. The data lives with the history of the land, nuances of the language, and interrelations between environmental variables. For example, in my Dene language, it is necessary to consider environmental factors as context for language interpretation. In my language, kǫ̀ can mean building such as enįhtł'èkǫ̀ meaning

school building, but kǫ̀ also means fire and the term someone is referencing can only be deciphered when contemplating circumstance and context.

Creating context around research findings in Indigenous strength-based research translates to researchers recognizing their connections to specific environmental strengths. In the analogy, someone catching łiwe (similar to data), may not be as important as exemplifying the environmental strengths, such as describing where, how, and with whom she/he got łiwe. Another way to think about it, is to contemplate the questions an Elder might ask if presented with this łiwe: Were the waters safe (unpolluted)? Were the waters shallow or deep? Was łiwe caught in a respectful way? Is this łiwe fresh? Depending on the data or łiwe, the questions could vary, but this process underscores the weight that utilizing certain environmental strengths and factors influence the validity of information captured and analyzed.

4. Strengths of a Researcher's Spiritual Relations to Share Research Products (Knowledge Dissemination)

Being raised Dene, I was regularly taught to be thankful, grateful, appreciative, and humble after receiving something (whether that is catching łiwe or research data). Following data collection or gathering łiwe, most research projects move into knowledge dissemination. In Dene culture, knowledge is transferred from one generation to the next, often with a spiritual relevance. This is depicted in the words of my Elder and Chief Fred Sangris (2010) who describes a story about ekwǫ̀ (caribou) below.

When I was born in 1957, my father was still driving sled dogs. My grandfather lived with us at that time. I remember in my early years travelling by dog sled across many, many lakes in the NWT, just north of the city of Yellowknife. Then I was introduced to

ekwǫ̀. I had never seen this animal before. When I first saw them, I asked, "Grandfather, why are there so many sled dogs on the lake? Big sled dogs. And they're all wandering free!"

He said, "Those are ekwǫ̀. They are our traditional food, given to us by the Creator. Ekwǫ̀ is there to take care of us until the end of time."

I truly believe that ekwǫ̀ did come to live with the Aboriginal peoples of the North, and ekwǫ̀ has always sustained them. To this day we still harvest ekwǫ̀ as we have done for many, many generations… Because I was taught those skills, today I take care of my game in a manner that is respectful to the Creator (p.75-80)

In my research, I worked with youth as co-researchers and mentees. Following Dene traditions, I continue to share knowledge and information with the youth while also teaching them to be respectful of our Elders. A big part of our processes included showing our Elders care and respect by giving them traditional foods we harvested in our on-the-land camps, where we conducted research. These actions complete the reciprocity required in Elder-youth relations after receiving guidance and knowledge from the Elders in both our traditions and ceremonies.

Depending on the findings and journey, the findings are prepared in a manner that best suits the people being shared with, using the local protocols, laws, and traditions including guidance from the Elders. In the analogy, this idea may take form of preparing łiwe in a certain way (smoked, fileted, or split,) or sharing it with certain people first (like Elders or those less fortunate). As a researcher, this idea mirrors the different presentation styles of data, including papers, abstracts, presentations, or videos. Ultimately, using an Indigenous strength-based approach to research includes integrating spiritual strengths into what a researcher concludes, chooses to share, and means to share.

Concluding Thoughts

Although there are crossovers with Indigenous research and strength-based research, Indigenous strength-based approaches to research have clear distinctions. Indigenous research typically is strength-based focused, particularly in the stark contrast to Western research which aligns more with deficit-based approaches. However, it is not inherently based on strengths. For example, emergent situations usually require deficit-based research to assess what is wrong and how to fix it, in the most efficient manner, including in Indigenous research. Using a strength-based approach frames the research to find solutions using strengths. An Indigenous strength-based approach brings my relations (the foundation of my Indigenous research epistemology, ontology, and methodology as mentioned in Chapter Two) into that strength-based lens.

The differentiating factor between conducting strength-based research and an Indigenous strength-based approach to research is the relations that a researcher carries. Researchers using an Indigenous strength-based approach are reliant on their relational strengths formed through their family, community, land, and Indigenous ancestors.

The process of reflecting on my approach, helped me realize how integrated my relational strengths are to my research. As I moved through this research, I felt my relations deepening and strengthening as, together, we collectively built on our strengths. I hope my reflections and examples help future Indigenous researchers develop research built from the strengths of themselves, their connections with people, their environment, and their spiritual relations.

5.3 Epilogue: The Process of Applying a Strength-Based Approach with Indigenous Community Members and Potential Benefits

I published Section 5.1 before writing Chapter Four (where I shared a guide for a strength-based research approach), meaning the guide was developed after this research had already been completed. However, despite the limited examples in the literature, my experiences, combined with our First Nation community partners' experiences eased the process of applying a strength-based approach in our research. Because many of us were raised with examples of Indigenous strength-based community programs, we did not have to confront changing our mindsets from a deficit-based to a strength-based perspective. For other researchers, changing one's mindset could be a significant challenge when implementing a strength-based research approach. Our strengths background facilitated applying a strength-based approach to research naturally. In addition, the way this research unfolded has significant parallels with the strength-based research approach components I identified in my strength-based research approach guide in Chapter Four.

The first component to "Identify Strengths" with the participating community, as identified in my strength-based research approach guide (Lines & Jardine, 2023), happened in preparing and planning for this Forum Theatre research project. This component was completed more readily because of our community partners' roles and responsibilities in their communities. Our partners drew from many concrete examples of how these strengths were and are readily applied in community programming. As in many First Nations, strength-based approaches are regularly and intrinsically applied, even though they may not be documented in the academic literature. Recognizing community members and neighbouring Nations by their strengths is common practice. For example, children are often regarded for the gifts or talents that they bring

into this world and are provided opportunities by the First Nation community to advance those gifts. These strength-based perspectives extend to areas in health, whereas in Western society, the focus is more weighted on deficits. For instance, Bruno (2023) explores how his First Nation community regards someone with autism as a gift, contrary to the Western stigmas associated with autism spectrum disorders. Additionally, identifying strengths occurred naturally in our introductions to one another and during the Forum Theatre 'Building Community' stage. To indicate strengths, we demonstrated and discussed what assets were. For example, the way we introduced ourselves (by naming our relations) showed that we valued relationality, and we also discussed the types of programming, cultural activities, and language efforts offered in our communities which showed our strengths of intergenerational relations, language revitalization, and inclusivity.

In the 'Building Community' stage, the community partners related to one another and found similarities in community-prioritized assets, which mirrored the second component to "Prioritize and Create Descriptions of Strengths" (Lines & Jardine, 2023). Some of these, including laughter and team building, were inherent to Forum Theatre and discovered through participating in the activities. Other strengths were found through what was accentuated when facilitating or participating in the activities, such as cultural practices, language revitalization, and respect protocols. Working with non-Indigenous facilitators and researchers and cross-culturally with different First Nations provided us more opportunities to explicitly explain what we were doing in our approach and why, which assisted in more fully describing our strengths. For example, we described different protocols as we travelled to each other's communities or clarified the importance of meeting with the Elders before facilitating further in our activities. In

these moments, we emphasized important values, protocols, teachings, or efforts that we recognized as strengths in our communities and prioritized them in our indigenization process.

Through the Forum Theatre 'Sharing Stories' stage, our actions aligned with component three to "Refine Strengths by Gathering Contextual Examples" (Lines & Jardine, 2023). Particularly during image making, which was part of the Forum Theatre process, we literally created images of our strengths and started navigating what these strengths looked like in the context of our communities. We shared stories surrounding the strengths, which provided examples that assisted us in best depicting the strengths in the images we created. When we presented our forums in the communities, we received more feedback about what strengths could be utilized in context.

As we finished the training in Forum Theatre and started to facilitate on our own, we created our indigenized Forum Theatre model, which depicted our joint strengths and mirrored component four, "Depict Strengths to Plan Future Research" (Lines & Jardine, 2023). As a team, we continually considered the strengths highlighted in our indigenized method and utilized those to plan our future research and activities. For example, we worked with our community partners to plan future research undertakings during times that would boost a targeted strength in a community, such as regularly occurring cultural activities or intergenerational events. Additionally, as we indigenized Forum Theatre, we continually considered delivery in our communities. We identified strengths that would assist future research delivery, including safety measures for empowerment and resilience growth. Our research plans became grounded not only in our strengths but also in our Indigenous worldview.

Including an Indigenous worldview, by way of a strength-based approach, provided the opportunity to indigenize Forum Theatre and, consequently, progress decolonization efforts.

Decolonization efforts "[move] from an awareness of being in struggle, to actively engaging in everyday practices of resurgence. It is in these everyday actions where the scope of the struggle for decolonization is reclaimed and re-envisioned by Indigenous Peoples" (Corntassel, 2012, p. 89). In other words, decolonization efforts move beyond a superficial 'trendy' word and are practical in unsettling common colonial constructs (Tuck & Yang, 2012). Particularly because the community directed which strengths to utilize, the project became based on their relational strengths. This tailored the project to strengthen resources and traditions important to the community and create realistic opportunities to practice power over everyday oppressive occurrences (which was also a Forum Theatre goal). In turn, tools were constructed for decolonizing. When appropriately carried out, research with resurgence actions is classified as "decolonial indigenization," which "re-orients knowledge production to a system based on different power relations between Indigenous Peoples and Canadians" (Gaudry & Lorenz, 2018, p.223). Using a strength-based approach motivated the researchers to follow the lead of our Indigenous community partners in indigenizing Forum Theatre, which shifted the power to the community to determine the research outcomes. Shifting power relations to acknowledge not only Indigenous traditional knowledge as intelligible and complex but also Indigenous partners as the best transmitters of that knowledge can be unsettling in traditional research environments. It is important to note that given our history in Canada, the disconcerting nature of decolonial indigenization research is necessary for genuine indigenized approaches, interventions, and practices in health and wellness, including utilizing strength-based approaches with Indigenous partners. When used appropriately, as demonstrated by this research that paralleled components in my Chapter Four guide, strength-based approaches can structure research from a non-Western and non-colonial perspective and facilitate decolonization actions.

Our research reinforced the need for a guide for researchers to conduct a strength-based research approach that promotes basic strength-based principles to maximize benefits for the population. When a strength-based approach is conducted duly, a population takes action toward solutions, and when the population is Indigenous, this can align with Indigenous resistance and resurgence movements in Canada. For example, in our project, one facilitator explained the rippling effect of building on these strengths that "Make us stronger. Stronger for our communities, for our People" (C. Marty's Self-Reflection, November 30, 2019). Similar sentiments were echoed by our colleagues in our video article, *Learning, Adapting, and Delivering Forum Theatre Activities in Indigenous Communities: Reflections of Community Facilitators* (Lines et al., 2024), published in the *First Peoples Child and Family Review*. The benefits of strength-based approaches, particularly with Indigenous populations, are far-reaching because they connect to power shifts, self-determination, and empowerment that encourage resurgence efforts of reclaiming what has been misappropriated, including language, culture, and traditions. Empowered Indigenous community members in our project applied their knowledge to the research activities and linked these activities to community-prioritized hopes or dreams to construct innovative solutions. For instance, they advanced language revitalization and intergenerational connectivity, even in small ways, by integrating these into the delivery of the project. This demonstrated the potential for a strength-based research approach, such as the one outlined in my guide, to facilitate reaching the project's research goals and furthering communal goals. Additionally, the shift of focus from 'problems' to 'solutions' made suicide prevention a 'dark,' 'icy' topic to breach, surmountable when centered on mental wellness actions.

Following an Indigenous research paradigm to action, we could rewrite and "re-right" (Smith, 2012) health priorities and methods to be identified by participants. This has implications

in the larger health field, as explained by Nehiyaw scholar Madeleine Dion Stout, "When the visions of traditional peoples in Indigenous communities formulate Indigenous concepts of health and wellness and its requisites, outside experts can no longer single-handedly determine the parameters of health practice in our communities" (2018, p. 64). And if an appropriate research tactic, such as a strength-based approach, can lead us to a new understanding of health determinants, perhaps this may "re-right' and 're-write' decolonized and indigenized health practices as 'best' practices.

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Chapter 6: Discussion & Conclusion

In finalizing my dissertation, I contemplated the implications of my research and asked myself, "What makes my research significant?" To answer this question, my thoughts gravitated to the Dene law that encourages Dene to pass on the teachings and knowledge. This value is similar to a strength-based philosophy that fosters building on assets and knowledge. For my research to be significant, it had to be helpful to people, and knowledge is only useful to the next generation when it is shared. In Chapter One, I shared relevant literature and identified potential gaps, which I added to and filled in my dissertation. Particularly in Chapters Four and Five, I provided examples and definitions of strength-based research approaches in Indigenous health. In Chapters Two, Three, and Five, I shared recommendations and examples of an Indigenous lens in health research and how this can lead to 'new' understandings of decolonized health constructs, including structural determinants. My work throughout Chapters Three, Four, and Five underscore the transformative potential of using a strength-based approach to research when working with youth to foster youth-led research. Chapters Four and Five exemplify a strength-based approach to research as a potential effective method for involving youth in planning for participatory risk communication project implementation that incorporates message delivery, context, and culture.

Throughout my projects I met my research goals, while ensuring the knowledge we created was useful and transferable. I met my first research goal ("investigate the definition and application of strength-based approaches to participatory risk communication youth research projects in Indigenous health") by including examples, stories, and visuals so that strength-based approaches could be more readily exercised in research by the community and public. In particular, I relied on the Spider Conceptual Model (Lambert, 2014), introduced in Chapter Two,

to form my positionality and contemplate different research considerations to make my research more useful, accessible, and understandable. I met my second research goal ("promote the youths' well-being, voice, resilience, leadership, and research skills through their involvement and leadership in research"), through regularly providing opportunities for the youth to learn research tools and techniques, practice cultural and language activities, foster their relationships with their Elders and land, and seize leadership opportunities where they took action and made differences toward wellness, which will have long-lasting positive impacts. I used the Core Positive Youth Development (PYD) construct (Benson et al., 2007) and the Guiding Principles for Engaging and Empowering Aboriginal Youth (Crooks et al., 2010) to focus my projects on incorporating activities, partners, and cultural elements in a positive environment to foster youth engagement and empowerment. In the following sections, I summarize my key findings, explain my contributions to research, discuss my strengths and limitations, and end with a final reflection.

6.1 Overview of Main Findings

When thinking about passing on what I have learned, I tried to deliver these messages about strength-based research approaches in ways that people would understand and remember. I focused on exploring, defining, and applying a strength-based research approach to fill literature gaps in public health and with Indigenous populations. In Chapter One, I explained terminology, relevant literature, and two research projects from which I drew experiences and conclusions. For Chapters Two to Five, I prepared manuscripts that provided context on understanding the significance of strength-based approaches in Indigenous health, the potential for unique health solutions when using a strength-based perspective, developing a strength-based research

approach in health, and implementing strength-based research with Indigenous partners. I provide a brief summary of these articles below.

In Chapter Two, I shared how one's environment and experiences affect how one conducts research. My experiences learning how to research health in graduate school contrasted with my worldview and experiences growing up in a Dene community. This divergence inspired my interest in how one views research. I outlined the need for research designs in health that accept or foster non-Western ways of knowing, such as using a strength-based approach. I also described the Indigenous methodology and related theories that I would use to explore, define, and apply a strength-based research approach with Indigenous partners and youth participants. By using an Indigenous research paradigm to conduct strength-based research, I applied specific elements of Indigenous strength-based approaches to my health research projects.

Chapter Three focused on a research project where I explored Yellowknives Dene First Nation (YKDFN) youths' perspectives on health. I explained how I created the project based on strength-based tenets and had to purposefully include methods that facilitated identifying strengths. The youths' relations with their acknowledged strengths, such as the land, community and each other, provided insight into an Indigenous viewpoint of strength-based research centering on relations. It also highlighted the potential benefits of strength-based research as an avenue towards unique solutions, such as youth-driven research initiatives. This study was the impetus for me to set my research apart from others peppered with strength-based terminology or methods, and to explore a strength-based approach as a research mindset with structured components.

In Chapter Four, I explained the process of building and implementing a strength-based research approach with YKDFN youth. I provided a framework of a strength-based research

approach divided into four components: (1) identify strengths, (2) prioritize and create descriptions of strengths, (3) refine strengths by gathering contextual examples, and (4) depict strengths to plan future research. I provided examples of different stages of the YKDFN youth creating their 360-degree video based on the YKDFN strengths. This approach would support other researchers when planning for their own strength-based research projects. I emphasized that for future application, a strength-based research approach applied in health and with Indigenous populations is more than a new method or framework for implementation but a new mindset that begins before research implementation.

Chapter Five concentrated on an example of applying an Indigenous strength-based approach to a research project by indigenizing an art method called Forum Theatre for mental wellness. In this project, representatives from different organizations in the YKDFN, Frog Lake First Nation, and Heart Lake First Nation were engaged. I connected this process back to the strength-based research approach that I introduced in Chapter Four and the need for Indigenous leadership in Indigenous strength-based research. I reflected on the main considerations of an Indigenous strength-based approach, which included distinctions-based epistemologies, Indigenous research considerations (using Lambert's (2014) conceptual model, and culturally-relevant methods within the context of a strength-based philosophy. This chapter demonstrated that when strength-based research approaches are conducted appropriately in concert with Indigenous populations, distinctive solutions and impacts based on Indigenous worldviews and ways of knowing can be generated, accepted into Western-dominated spaces, and may be long-lasting and far-reaching.

6.2 Contributions to Research

When I thought about how to write my research contributions, I thought about a Dene worldview where Dene readily apply the knowledge they acquire. I asked myself three main questions: (1) How does my research make a difference? (2) How will the knowledge translate into policy and practice? and (3) What are my direct recommendations?

My dissertation has practical applications in health research to increase the inclusivity of non-Western norms that may result in new ways of conducting research and unique outcomes. These practices are recognized as novel across many fields that have introduced a strength-based practice, including social sciences, parenting, and business. However, underneath the novelty, these strength-based ideas also challenge the dominant mindset, usually rooted in Western philosophies, and invite non-Western ideals, values, and worldviews. Reception of non-Western ideas translate to novel routes to wellness, providing more opportunities for health equity.

Because of the colonial history of many first-world countries and the cognitive imperialism that ensues, there is an underlying ignorance of non-Western knowledge that has sustained and ennobled the dominant mindset. Today's science concepts largely comprise a Western worldview, meaning few researchers and students recognize their approach as Western and are not aware or cognizant of alternative approaches (Williams & Shipley, 2023). A strength-based approach that recognizes the value of all people and knowledge changes the inclusivity level and welcomes non-Western perspectives into areas where they have not been. However, strength-based approaches have not always been conducted to maximize benefits because of the lack of clear definitions, resources, and literature examples in health and with Indigenous Peoples. My dissertation has contributed to the literature on strength-based research approaches. My manuscripts prompt researchers to recognize their research mindset, to understand how their

outlook influences their research, to learn about approaching research from a different perspective, and to encourage them to make space or collaborate for new research approaches to surface.

Strength-based approaches applied in Indigenous research can facilitate the shifting of power from Western research knowledge dominating research applications to being more inclusive of Indigenous research knowledge. Particularly in Canada, strength-based approaches with Indigenous populations have been recommended to nurture paths to reconciliation (Kennedy et al., 2022). Repositioning the value of including Indigenous research paradigms as strengthening science translates to new insights to developing research questions, conducting research, and producing findings that are based on an Indigenous worldview. As Wilson (2013) states, "Indigenist research works from a worldview that understands knowledge is relational: Indigenous People are not 'in' relationships; they 'are' relationships. This is Indigenous truth and reality." (p. 311). However, being taught in Western academic settings can result in researching in non-relational ways (Tynan, 2021) and justify the need for and value of relationality, such as in engaged scholarship. To investigate from an Indigenous relationality research paradigm, there is a need to build approaches and theoretical frameworks that align with Indigenous knowledge systems (Wilson, 2013). Strength-based approaches to research may be one possibility, as researchers welcome the population (of interest) taking the lead and incorporate more forms of knowledge, including relational research methods. In my research, implementing strength-based approaches amongst Indigenous members grounded the strengths in relationality. Relationality is defined as our connections to our people and environment and includes the web entangling us in the knowledge stemming from them (Tynan, 2021).

Coming into the research, the community members, including myself, were supported by our relations and bound by relational accountability. We were accountable to our relations in how we outlined our facilitator roles in communities, connected to communities, ensured long-term safety measures, and considered our responsibilities to the next generation by supporting empowerment actions. Strength-based scholars recognize that strength-based approaches offer new ways of thinking. For instance, the outcomes of Chapter Three, may aid in future effectiveness as interventions can be more tailored to address specific youth-identified structural and social health determinants. Perhaps strength-based approaches implemented with Indigenous Peoples may offer more insights into transforming the longevity and sustainability of research outcomes through relational research.

A few key points from my dissertation could be translated into policy and practice. I have provided justification to include more courses or opportunities for learning about non-Western health ideals and concepts, which could be a 'fire-starter' for academic policy changes. Understanding strength-based approaches from the eyes of Indigenous communities, reflects the intricacies and depth of a strength-based approach that goes beyond vocabulary and pushes researchers to rethink the outlook, perspectives, methods, and assumptions. In public health, practices exist that promote the invisibility of Indigenous Peoples' strengths, translating to policy makers and beyond (Askew et al., 2020). With fuller understanding of Indigenous strength-based approaches comes hope that Indigenous populations' strengths will be recognized and they will be included as leaders to source or find new health solutions. Additionally, I hope some of my articles motivate professors and supervisors to stimulate students to recognize and challenge their own mindsets before contemplating methodologies, methods, or research projects.

I have contributed to the potential benefits of strength-based research, including fostering new solutions and markers. For example, in Chapter Three, the youth were revered as a strength of the community, and in Chapter Three and Chapter Four, the youth took action and led different health solutions. In Chapter Three, the youth identified a determinant of Indigenous health as a "connection to the land" (Lines et al., 2019). The community's regard for the youth as 'the future,' subsequently highlights an advantage of my research that youth involvement in health research could help build a healthier future that is sustainable and relevant. I hope these examples of youth leadership in health can provide impetus for community health policy and programming.

My dissertation is the beginning of what is to come in strength-based health research approaches, and I provide several recommendations for more growth in this area. A true strength-based approach with Indigenous populations requires an ethical reframing that considers power dynamics in relationships, stereotypical practice, and weight and value in Indigenous knowledge (Askew et al., 2020). There is a need to explore challenging one's mindset to utilize a strength-based research approach. I would argue that one's mindset may be the deciding factor in utilizing a strength-based approach appropriately. Because in academia there has not been enough emphasis or thought-provoking exploration to interrupt and re-evaluate a researcher's perspectives, one's position on approaching research is too often omitted by researchers. This omission may attribute to a strength-based approach being inappropriately used or wholly written off as unusable, which is a common occurrence in strength-based application (Askew et al., 2020; Fogarty et al., 2018).

Strength-based approaches do not have to be used in a silo; they can be used in tandem with a deficit-based approach. For instance, focusing solely on strengths does not mean ignoring

the roots of the problem. It is important to consider the structural determinants, particularly those in Indigenous health, such as colonialism. More research examples are needed that show how these approaches can work well together in health. The strength-based research approach guide I created in Chapter Four emphasizes planning for strength-based research before implementation. In preparation for strength-based research, researchers should identify their positionality and how one's worldviews may affect one's understanding of what is considered 'strengths.' In an interview with some Indigenous organization representatives practicing strength-based approaches, some emerging themes were identified as important to Indigenous strength-based approaches including relationships & interconnectedness, holistic frameworks, accounting for political and historical colonialism, and reconciliation (First Nations Information Governance Centre (FNIGC), 2020). I recommend more research with Indigenous partners in Indigenous strength-based approaches that are distinctions-based or distinct to the First Nations, Inuit, or Métis group. As reconfirmed through working with my Indigenous co-researchers in Chapter Five, when we identified strengths, we found some commonalities in our strengths. However, we also created space for the differences in strengths from each of our First Nation communities. To uncover or bring to light more health solutions and markers in the Western academy, I recommend continuing to develop Indigenous strength-based research methods, applications, and examples. As the strength-based research area progresses in health, the transformations of people and research could guide health science into more effective directions.

6.3 Strengths and Limitations

First, I was very fortunate to have good relations with my community partners, Elders, community members and participants, and co-researchers. I was grateful to grow up in my First

Nation community and not only live examples of strength-based approaches but also recognize what a strength lens looks like in practice, which provided me with reference to facilitate steering this approach. Additionally, from how I was raised, I incorporated First Nation ethical considerations such as respect protocols and reciprocity with the community, which honoured the knowledge created in my dissertation. I respected that I could not have conducted my research without the support and contributions of my community. Second, it was a strength to have youth, community members, and Elders help navigate this research and continually ground it in the First Nation's culture. The youth provided clear meanings and explanations and took action to create information, which made it easier to collect data, perceive their ideas, and analyze data. The youth also helped bring in hard-to-reach youth, who may not have usually joined. Besides partaking in the research activities, these youth also fostered their relationships with adult community members, including myself.

Third, working alongside community partners provided an opportunity to meet a community's priorities as they provided guidance throughout the efforts. This community guided research became a personal strength as I grew my knowledge as a community member. Most of my research was conducted in partnership with the Youth Research Coordinator from the YKDFN Dechı̨ta Nàowo Post-Secondary Education Department. This partnership was a strength because we both could provide the youth with support to build their research and cultural skills through interactions with community members and Elders, knowledge, and other opportunities.

The insights from my research were invaluable but also came with limitations. I researched alongside only a few Indigenous communities and a limited number of people from those communities. My research may have been broadened with viewpoints from more members and I recognize that the views I shared in my dissertation are not representative of an entire First

Nation or group from that First Nation, but a small sample. Additionally, even though I used the word Indigenous in my research, I recognize that my research is limited in that I only worked with First Nation communities. As priorities and opportunities shifted in the community, I worked with three departments in the YKDFN throughout my research, which is a strength and a limitation. Although I did not have the continuity of working with one person, I could share my research findings with many YKDFN departments, including the Wellness Department, Land and Environment Department, and Dechı̨ta Nàowo Post-Secondary Education Department.

6.4 Final Reflection

In my dissertation research, I examined strength-based research approaches in Indigenous health. The findings and examples in my dissertation chapters clarified the comprehension, definition, and application of strength-based approaches in public health research. My research provides a foothold for future strength-based research in Indigenous health.

Reflecting upon my research made me consider the underpinnings of strength-based approaches and the reasoning behind the fundamental premise that all groups of people have contributions and strengths. My thoughts on the foundation of a strength-based philosophy, particularly from a First Nation's lens rests on holistic, cyclical principles, applied when we, as First Nation Peoples, build on strengths and think about the future generations. First Nations' ways were developed for the next generation to identify their strengths collectively, utilize tools to stay strong, flex their strength, and understand how to pass that on to the next generation. I followed an Indigenous strength-based approach to research as evidence by fulfilling goals of my community and my responsibilities as a member of my First Nation to assist youth in actualizing and practicing their strengths, in addition to my research goals.

Throughout my dissertation research, one thought stayed in the forefront of my mind: First Nation Elders and youth consistently highlighted the importance of the strength of their languages, intertwined with culture and land for healing and wellness. In detailing the oral history of Treaty 11, Andrew and Scott (2024) highlighted the difference between the Dene and settler definition of 'land', where the Dene understand 'land' as a fundamental part of their way of life, culture, and being. Communicating wellness is more effective in a First Nation's language and in their on-the-land context by conveying their values, ways of addressing speakers, action or verb-orientated language style, and signalling of risk. For example, relationality built into the Dene language can make messages more directed. Youth, Elders, and community partners have urged that the knowledge translation of messages be in their First Nation's language. When expressed in a First Nation's language, wellness concepts more easily align with First Nations' health conceptions and worldviews. Utilizing a strength-based research approach assisted in underscoring that although a colonial symptom of declining language use is not a strength, the First Nation's language has strengths. For me, this is one of the next important areas to focus on moving forward. I am grateful for my research and conversations in the community, which reignited my appreciation for the strengths in First Nation languages. Mahsi. I will forever remember the lessons that for "nezį ts'edee" (living a good life), we, as a people, must "Hazoo Eghalats'ede" (all work together), and that is why I have shared the knowledge and lessons given to me by my community partners with all of you.

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Appendices

Appendix A: Ethical Approvals

University of Alberta Ethics Approval (Pro00065750 & Pro00094727) for Participatory Risk Communication Projects

Notification of Approval

Date:	July 14, 2016
Study ID:	Pro00065750
Principal Investigator:	Laurie-Ann Lines
Study Supervisor:	Cynthia Jardine
Study Title:	Health Perceptions of Dene First Nations Youth in a Community Context
Approval Expiry Date:	Thursday, July 13, 2017

	Approval Date	Approved Document
Approved Consent Form:	7/14/2016	Youth/Guardian Information Sheet & Assent/Consent Form
	7/14/2016	Confidentiality Agreement - Translators
	7/14/2016	Youth Assent Permission to Use Art & PhotoVoice Work
	7/14/2016	Community Member Interview Information Sheet & Informed Consent

Sponsor/Funding Agency:	CIHR - Canadian Institutes for Health Research	CIHR
	Northern Scientific Training Program	NSTP
Sponsor/Funding Agency:	UofA Northern Research Awards	

	Project ID	Project Title	Speed Code	Other Information
RSO-Managed Funding:	RES0028442	Participatory Risk Communication: Indigenous Youth-Generated Messages for Community Health Promotion		Dr. Cindy Jardine, Nominated Principal Applicant

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Anne Malena, PhD
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

UNIVERSITY OF ALBERTA

RESEARCH ETHICS OFFICE

308 Campus Tower
Edmonton, AB, Canada T6G 1K8
Tel: 780.492.0459
uab.ca/reo

Notification of Approval

Date:	November 22, 2019
Study ID:	Pro00094727
Principal Investigator:	Laurie-Ann Lines
Study Supervisor:	Cynthia Jardine
Study Title:	Exploring a Strength-Based Approach to Dene First Nations Youth-Led Health Research
Approval Expiry Date:	Friday, November 20, 2020

	Approval Date	Approved Document
Approved Consent Form:	11/22/2019	Guardian-Youth Information Letter and Consent-Assent Form2.pdf
	11/22/2019	Elders and community members Information Letter and Consent Form 2.pdf

Sponsor/Funding Agency:	CIHR - Canadian Institutes for Health Research CIHR

	Project ID	Project Title	Speed Code	Other Information
RSO-Managed Funding:	RES0043294	Participatory Risk Communication: Indigenous Youth-Generated Messages for Community Health Promotion		Sponsor is University of Fraser Valley; Dr. Cindy Jardine, Nominated Principal Applicant

Thank you for submitting the above study to the Research Ethics Board 2. Your application has received a delegated review and been approved on behalf of the committee.

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Ubaka Ogbogu, LLB, BL, LLM, SJD
Chair, Research Ethics Board 2

Note: This correspondence includes an electronic signature (validation and approval via an online system).

UNIVERSITY OF ALBERTA

RESEARCH ETHICS OFFICE

308 Campus Tower
Edmonton, AB, Canada T6G 1K8
Tel: 780.492.0459
uab.ca/reo

Notification of Approval

Date:	July 12, 2019
Study ID:	Pro00082707
Principal Investigator:	Cynthia Jardine
Study Title:	Indigenous Youth as Agents of Change for Community Wellness: Promoting Resilience and Positive Youth Development through Theatre - Forum Theatre Training
Approval Expiry Date:	July 11, 2020

Approved Consent Form:	Approval Date	Approved Document
	7/12/2019	Information and Consent & Assent Form.docx

Sponsor/Funding Agency:	CIHR - Canadian Institutes for Health Research Women and Children's Health Research Institute
Sponsor/Funding Agency:	PolicyWise for Children and Families

	Project ID	Project Title	Speed Code	Other Information
RSO-Managed Funding:	RES0036377	Indigenous Youth as Agents of Change for Community Wellness: Promoting Resilience and	ZJ219	

	Positive Youth Development through Theatre	
RES0036376	Indigenous Youth as Agents of Change for Community Wellness: Promoting Resilience and Positive Youth Development through Theatre	ZJ180

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Anne Malena, PhD
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix B: Dene Laws

Dene Laws

Share what you have

Help each other

Love each other as much as possible

Be respectful of elders
and everything around you

Sleep at night and work during the day

Be polite and don't argue with anyone

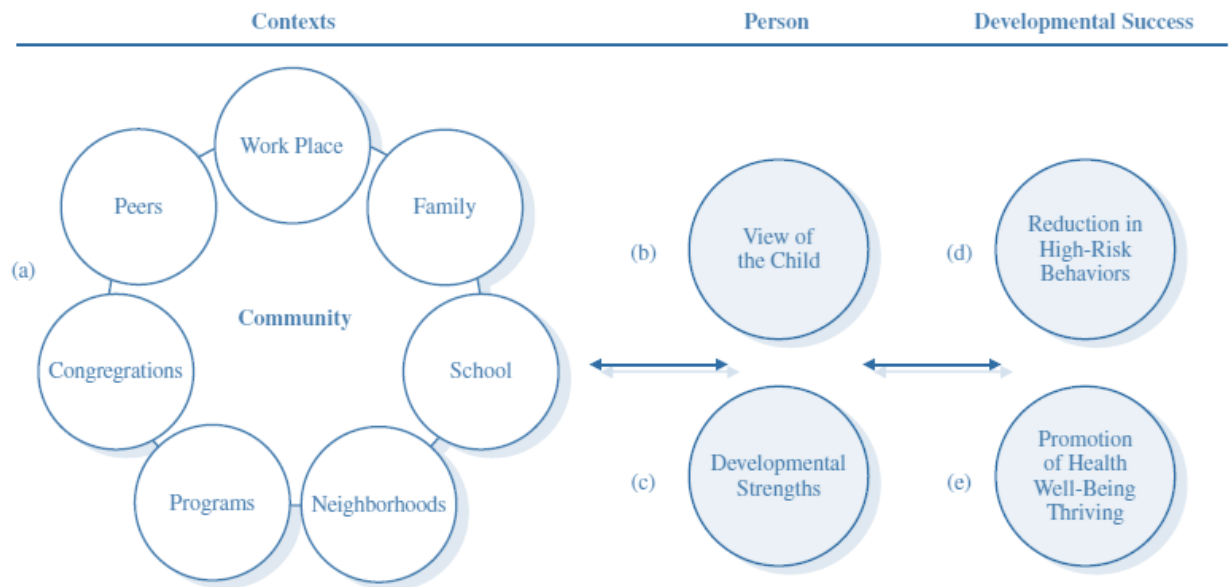Young girls and boys should
behave respectfully

Pass on the teachings

Be as happy as possible at all times

Appendix C: Framework Figures

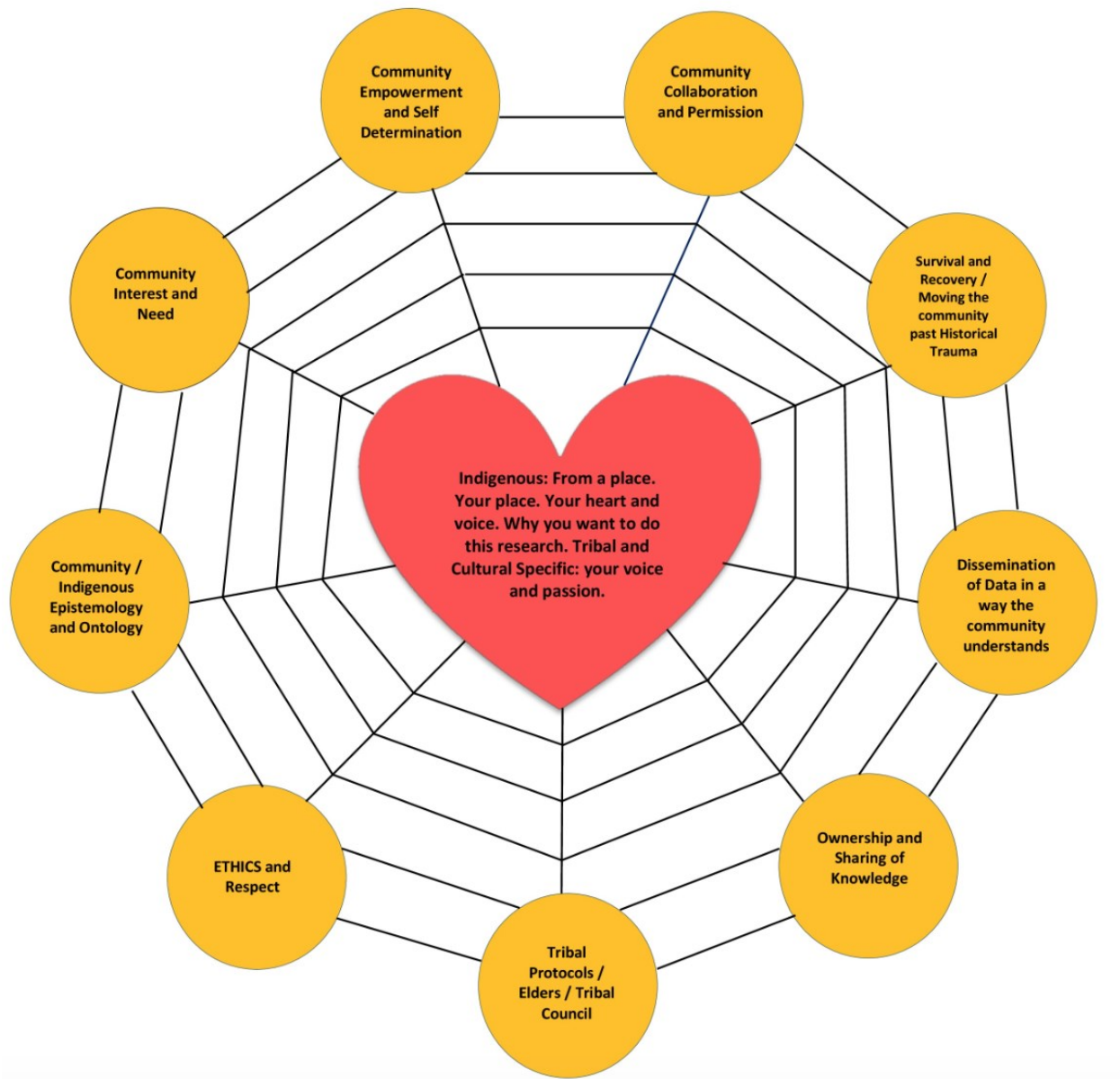*Core Positive Youth Development Constructs*

(Benson et al., 2007)

Principles for Successful Programming for Aboriginal Youth

(Crooks et al., 2010)

UNDERSTANDING AND INTEGRATING CULTURAL IDENTITY

The loss of cultural identity and values is a major risk faced by Aboriginal youth. It is critical to address this loss in programming for youth.

INCREASING YOUTH ENGAGEMENT

Youth engagement is both a process and a desired outcome. Youth engagement means providing a range of roles for youth who become involved and providing them with opportunities to become leaders in addition to participants.

PRINCIPLES

FOSTERING YOUTH EMPOWERMENT

Empowerment is an extension of youth engagement. Empowerment includes supporting youth in the development of skills, competence, and identity and also supporting them in using these skills for social change.

ESTABLISHING AND MAINTAINING EFFECTIVE PARTNERSHIPS

Effective and appropriate partnerships are an important foundation to any prevention programming, but the importance of these relationships is amplified when working with Aboriginal youth and their communities.

Indigenous Research Paradigm: A Conceptual Model

(Lambert, 2014)

Appendix D: Survey Question Samples

Clicker Question Survey Sample

Clicker Question Outline

1. What is your favorite traditional food?
   a. Fish
   b. Caribou Stew
   c. Dry Fish
   d. Dry meat
   e. Muskrat tail

2. What do you think of MOST when you hear the word "research"? Choose the sentence that best fits.
   a. Scientists in white lab coats
   b. Something that can help my community
   c. Searching online for information
   d. Something complicated that only academics do
   e. Something that happens in our communities, but we never see the results

3. How interested are you in receiving research training and being involved with projects as a researcher? (asked at beginning of presentation)
   a. Not at all interested
   b. Somewhat interested
   c. Moderately interested
   d. Very interested
   e. Extremely interested

4. Do you remember any past health research projects that youth in our communities have been involved in?
   a. Yes
   b. No
   c. Do not know
   d. I'm not sure

5. How interested are you in receiving research training and being involved with projects as a researcher? (asked at the end of presentation)
   a. Not at all interested
   b. Somewhat interested
   c. Moderately interested
   d. Very interested
   e. Extremely interested

> Please take some time to fill out this survey. It should take you about 20 minutes.
> All your responses are completely confidential, and will not be associated with your name in any way. If you have any questions about the survey, please ask one of the researchers present.

PART 1: Questions about how you get your information about health.

1. **Where do you find information about health? Choose all that apply.**

   ☐ Parents
   ☐ Grandparents
   ☐ Elders
   ☐ Friends
   ☐ Health care provider (doctor or nurse)
   ☐ School
   ☐ Work
   ☐ YKDFN Wellness Office/Gym/Chekoa
   ☐ YKDFN Wellness staff

   ☐ Other youth my age
   ☐ TV
   ☐ Radio
   ☐ Newspaper
   ☐ Internet searches (Google, etc)
   ☐ YouTube
   ☐ Facebook
   ☐ Other _____
   ☐ No response

2. **Where would you LIKE to get information about health? Choose all that apply.**

   ☐ Parents
   ☐ Grandparents
   ☐ Elders
   ☐ Friends
   ☐ Health care provider (doctor or nurse)
   ☐ School
   ☐ Work
   ☐ YKDFN Wellness Office/Gym/Chekoa
   ☐ YKDFN Wellness staff

   ☐ Other youth my age
   ☐ TV
   ☐ Radio
   ☐ Newspaper
   ☐ Internet searches (Google, etc)
   ☐ YouTube
   ☐ Facebook
   ☐ Other _____
   ☐ No response

3. **Do you feel you have all the information you need to keep yourself healthy?**

   ☐ Yes   ☐ Sometimes   ☐ No   ☐ I am not sure   ☐ No response

4. **Do you want more information to learn about keeping yourself healthy?**

   ☐ Yes   ☐ No *(If No, go to Question 5)*   ☐ No response

5. **If you said no in question 4, why don't you want more information?**

   ☐ I already have all the information I want
   ☐ I don't have time to look for it
   ☐ I am not at risk for health issues
   ☐ I don't want to bother looking for it
   ☐ I am embarrassed to ask anyone
   ☐ I am scared of what I might find out
   ☐ I am too young to be affected by health issues
   ☐ I am healthy, so I don't need to worry about health information
   ☐ I don't know what questions to ask
   ☐ No Response

Make sure you responded to both sides of the page!   1

6. **If you did want more information about your health, could you get access to the information you need?**

   ☐ Yes   ☐ Sometimes   ☐ No   ☐ I am not sure   ☐ No response

   (If Yes, go to Question 8)

7. *If you answered yes in question 6, skip this question.*
   Why don't you feel like you could get all the information you need to keep yourself healthy?

   ☐ I don't know where to find it   ☐ I don't have enough money to access resources
   ☐ I don't know who to ask   ☐ There is no place for me to go to ask
   ☐ I don't know what to ask   ☐ I am embarrassed to ask
   ☐ There is no information   ☐ There are no resources in my community
   ☐ I don't have the time   ☐ Other_____
       ☐ No response

PART 2: Questions about what you think about your health.

8. **How would you rate your own health:**

   ☐ Excellent
   ☐ Very Good
   ☐ Good
   ☐ Fair
   ☐ Poor
   ☐ No response

9. **Why did you rate your health that way?**

   _____
   _____
   _____

10. **What are you proud of related to your own health?**

    ☐ I am in good shape   ☐ I hunt, fish, trap, snare and/or gather
    ☐ I eat healthy food   ☐ I play sports (soccer, baseball, etc)
    ☐ I eat country food (caribou, fish, etc)   ☐ I play Dene games and/or handgames
    ☐ I don't smoke   ☐ I have pride in my culture
    ☐ I get lots of exercise/I am very active   ☐ I speak my language (Wiiliideh, etc)
    ☐ I am happy with my body image   ☐ I do cultural activities (drumdances, etc)
    ☐ I sleep well   ☐ I spend time with Elders
    ☐ I am alcohol and drug free   ☐ Other_____
    ☐ I go on-the-land   ☐ No response

> Make sure you responded to both sides of the page!   2

11. When thinking about your own health, how concerned are you about the following health issues?

Rate each one from 1 to 5 by putting an X in the appropriate column, ('**1**' meaning you are not concerned about the issue at all and '**5**' meaning you are extremely concerned about the issue for your own health).

	1 Not at all concerned	2 Slightly concerned	3 Moderately concerned	4 Very concerned	5 Extremely concerned	I don't know/No response
a. Depression / anxiety						
b. Stress						
c. Self-harm						
d. Suicide						
e. Other mental health issues						
f. Being able to access the right amount of food (too much or too little)						
g. Eating disorders						
h. Unhealthy diet						
i. Sexually transmitted diseases (STDs and STIs)						
j. Reproductive health						
k. Lack of exercise or physical activity						
l. Overweight or obesity						
m. Alcohol						
n. Drugs						
o. Substance dependence/abuse						
p. Smoking						
q. Second-hand smoke						
r. Diabetes						
s. Cancer						
t. Infectious diseases (ex: flu, tuberculosis, rabies)						
u. Accidents and injuries						
v. Arsenic contamination						
w. Dental health						
x. Other _____						

Make sure you responded to both sides of the page!   **3**

12. Who do you think is the MAIN person or organization responsible for looking after your health and keeping you healthy? Choose only one.

- ☐ Parents
- ☐ Grandparents
- ☐ Elders (other than your grandparents)
- ☐ Health Care Providers (including doctors and nurses)
- ☐ Myself
- ☐ The Government
- ☐ Other: _____
- ☐ No response

PART 3: The next few questions are about the health of youth in your community

13. In general, how would you rate the health of <u>youth in your community</u>?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No response

14. Why did you rate the health of <u>youth in your community</u> that way?

_____

_____

_____

15. What are you proud of related to the health of <u>youth in your community</u>? Choose all that apply.

- ☐ We eat healthy food
- ☐ We eat country food (wild/traditional food)
- ☐ We are making efforts to be smoke free
- ☐ We get lots of exercise/We are very active
- ☐ Women are respected and valued in my community
- ☐ We have low rates of substance abuse
- ☐ Other _____

- ☐ Traditional skills are strong (hunting, fishing, sewing, gathering)
- ☐ There are many sports to play
- ☐ We have pride in our culture
- ☐ We speak our language (Wiiliideh, etc)
- ☐ We do many cultural activities
- ☐ We value mental health
- ☐ No response

Make sure you responded to both sides of the page!   **4**

16. From your perspective, what are the most important health issues that <u>youth in your community</u> face today?

Rate each one from 1 to 5 by putting an X in the appropriate column ('1' meaning the issue is not at all important and '5' meaning the issue is extremely important for youth in your community)

	1 Not at all important	2 Slightly important	3 Moderately important	4 Very important	5 Extremely important	I don't know/No response
a. Depression / anxiety						
b. Stress						
c. Self-harm						
d. Suicide						
e. Other mental health issues						
f. Being able to access the right amount of food (too much or too little)						
g. Eating disorders						
h. Unhealthy diet						
i. Sexually transmitted diseases (STDs and STIs)						
j. Reproductive health						
k. Lack of exercise or physical activity						
l. Overweight or obesity						
m. Alcohol						
n. Drugs						
o. Substance dependence/abuse						
p. Smoking						
q. Second-hand smoke						
r. Diabetes						
s. Cancer						
t. Infectious diseases (ex: flu, tuberculosis, rabies)						
u. Accidents and injuries						
v. Arsenic contamination						
w. Dental health						
x. Other _____						

Make sure you responded to both sides of the page!   **5**

283

17. From your perspective, what kind of health related programming does your community currently HAVE for youth? Choose all that apply.

- ☐ Food programs
- ☐ Diabetes programs
- ☐ Activity or sports programs (physical wellness)
- ☐ Youth Centre
- ☐ Day camps
- ☐ On the land programs
- ☐ Cultural programs
- ☐ Mental health supports
- ☐ Suicide prevention
- ☐ Substance abuse programs
- ☐ Smoking cessation programs (help with quitting)
- ☐ Sexual health programs
- ☐ Reproductive health programs
- ☐ Maternal health and Programs for new parents
- ☐ A place to go find health information
- ☐ People youth can approach to ask about health issues
- ☐ Other _____
- ☐ No response

18. From your perspective, what kind of health related programming does your community NEED that it does not already have for youth? Choose all that apply.

- ☐ Food programs
- ☐ Diabetes programs
- ☐ Activity or sports programs (physical wellness)
- ☐ Youth Centre
- ☐ Day camps
- ☐ On the land programs
- ☐ Cultural programs
- ☐ Mental health supports
- ☐ Suicide prevention
- ☐ Substance abuse programs
- ☐ Smoking cessation programs (help with quitting)
- ☐ Sexual health programs
- ☐ Reproductive health programs
- ☐ Maternal health and Programs for new parents
- ☐ A place to go find health information
- ☐ People youth can approach to ask about health issues
- ☐ Other _____
- ☐ No response

PART 4: Research and Research Priorities

19. How likely would you be to participate in a youth health research survey if it had the following format:

	1 Not at all likely	2 Slightly likely	3 Moderately likely	4 Very likely	5 Extremely likely	I don't know/No response
a. Answering questions through Facebook						
b. Completing a survey on a website						
c. Completing a survey on an iPad						
d. Completing a paper survey						
e. Booking a survey interview with a youth researcher from my community						
f. Booking a survey interview with a Dene youth researcher from another community						
g. Booking a survey interview with a non-First Nations researcher						
h. Other:_____						

Make sure you responded to both sides of the page!   **6**

20. How comfortable would you be participating in a youth health research survey if it had the following format:

	1 Not at all comfortable	2 Slightly comfortable	3 Moderately comfortable	4 Very comfortable	5 Extremely comfortable	I don't know/No response
a. Answering questions through Facebook						
b. Completing a survey on a website						
c. Completing a survey on an iPad						
d. Completing a paper survey						
e. Booking a survey interview with a youth researcher from my community						
f. Booking a survey interview with a Dene youth researcher from another community						
g. Booking a survey interview with a non-First Nations researcher						
h. Other:_____						

21. How interested would you be in receiving health research training and working as a surveyor for a Dene health research project?

☐ Not at all interested
☐ Slightly interested
☐ Moderately interested
☐ Very interested
☐ Extremely interested
☐ No response

*** If you are interested in being involved in health research as a research assistant, please come and find us at the conference to give us your contact information! ***

Make sure you responded to both sides of the page!   **7**

22. How important a priority is each of the following issues for research about Dene First Nations youth health?

Rate each one from 1 to 5 by putting an X in the appropriate column ('1' meaning the issue is not at a priority at all and '5' meaning the issue is an essential priority for research about Inuit youth health)

	1 Not a priority	2 Low priority	3 Medium priority	4 High priority	5 Essential priority	I don't know/No response
a. Depression / anxiety						
b. Stress						
c. Self-harm						
d. Suicide						
e. Other mental health issues						
f. Being able to access the right amount of food (too much or too little)						
g. Eating disorders						
h. Unhealthy diet						
i. Sexually transmitted diseases (STDs and STIs)						
j. Reproductive health						
k. Lack of exercise or physical activity						
l. Overweight or obesity						
m. Alcohol						
n. Drugs						
o. Substance dependence/abuse						
p. Smoking						
q. Second-hand smoke						
r. Diabetes						
s. Cancer						
t. Infectious diseases (ex: flu, tuberculosis, rabies)						
u. Accidents and injuries						
v. Arsenic contamination						
w. Dental health						
x. Other _____						

Make sure you responded to both sides of the page! **8**

Question Outline

1. What does 'health' mean to you? What do you think of when I say the word health? Follow-up: Does this match your definition of health? Why or why not?

2. In your opinion, what are the most important health issues facing youth in Ndilo and Dettah today? Why do you think these are the most important?

3. Thinking about these important health issues, what do you think the NWT health organizations and representatives need to know about these issues?

4. Thinking about these important health issues, what do you think other YKDFN youth need to know about these issues?

5. What information do we need about these health issues to take action on them?
6. Think about taking action on these health issues in our communities. Do you see yourself or other youth playing a part in this? What would you like to do to improve health issues in the communities?
7. We can see in this camp that you have learned a lot about taking care of the land. How can we make sure that our land stays healthy in the future?
8. What are the best ways to get information to you about what is going on in the community?

9. What are the best ways to get health information out to youth?

10. What would work best to get feedback/responses from youth on health issues in a survey?
   Prompts:
         i. Have you ever filled out a survey? What was it like? What did you like about it? What did you dislike about it?

11. Would you like to be involved in health research? In what way?