



Community Wellness Plan

Arviat



Prepared by: Arviat Community
Wellness Working Group as Part of
the Nunavut Community Wellness Project.



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Arviat Community Wellness Plan

The Nunavut Community Wellness Project was a tripartite project led by Nunavut Tunngavik Inc. in partnership with Government of Nunavut, Department of Health and Social Services and Health Canada.

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1. INTRODUCTION

The Nunavut Community Wellness Project (NCWP) is a partnership between Nunavut Tunngavik Incorporated (NTI), the Government of Nunavut's Department of Health and Social Services (HSS), and Health Canada's Northern Region (HC). Its stated goal is to increase the participation of Inuit in the development and delivery of health programs and services in Nunavut, which responds in part to the requirement outlined in Article 32 of the Nunavut Land Claims Agreement. The NCWP results from recommendations made for a Community Wellness Strategy as outlined in the HII report, *Piliriatigiinnngniq – Working Together for the Common Good*.^[1]

The six communities chosen for the project are Clyde River, Igloolik, Kugaaruk, Kugluktuk, Arviat and Coral Harbour.

The original **goals and objectives** of the project are:

- To develop and implement integrated Community Wellness Plans in six communities in Nunavut, in order to leverage existing capacity, increase human resource capacity, create economies of scale and broaden access to services in those communities;
- Use best practices from this project that could be developed into community wellness planning templates to facilitate similar wellness planning initiatives in other Nunavut communities; and
- Contribute towards the ability of individual Nunavut communities to identify and address their own health issues, needs, options and priorities, in order to improve the health and well being of their people.

The following community plan is a result of extensive work undertaken by the community of Igloolik from March 2009 – October 2010.

2. COMMUNITY WELLNESS WORKING GROUP

Prior to the establishment of the (NCWP), Arviat already had a very active and well functioning health committee in place. The health committee initiates community wellness plans and has been implementing these plans since 2002. However, the community is well aware that wellness is a much larger issue than just what is covered by the health committee mandate and involves a number of different facets of community life. The Arviat hamlet council and the Arviat Health Committee jointly initiated a project to institute an interagency directorate to coordinate the work already being undertaken in the community by a number of different groups and agencies, and also to initiate new projects which holistically focus on wellness and healthy community development.

1. Nunavut Tunngavik Incorporated. *Piliriatigiinnngniq- Working Together for the Common Good*. 2006



In order to engage community members in this process, the Wellness Pilot Coordinator (the coordinator) approached every agency and organization in the community to gather information about the purpose of the group, the membership, activities and projects both underway and proposed, and the target audiences for the projects. At that time, the idea of creating the directorate was shared and feedback from the organizations solicited.

This process was supported by community announcements, radio shows and by two public meetings. Each meeting had an approximate participation of thirty-five to forty people representing a wide cross-section of community interests. As a result of these meetings, the hamlet council decided to appoint an interagency directorate. The recommendation made to council was as follows:

Community organizations, based on the high need area identified through the community consultation process, might include:

- Youth representative (AYP) and/or Child and Youth Outreach Worker;
- Arviat Health Committee;
- Shared Care Childcare Society;
- Arviat Justice Committee;
- Community Health Representative (CHR) or Public Health Nurse; and
- Education representative.

The proposed directorate could have up to nine appointed members and would report directly to the mayor. The directorate would be able to strike working sub-committees with the expertise to address various priority initiatives."

2.1 PURPOSE OF THE WORKING GROUP

The working group was designed to complete a specific purpose. Each community developed its own structure and practices, but the overall purpose of the working group remained as follows:

2.2 OBJECTIVES OF THE NUNAVUT COMMUNITY WELLNESS WORKING GROUPS

The working groups undertook the following tasks over the year-long pilot. The tasks included:

- Establishment of a community wellness working group when no suitable committee already existed with broad-based membership from community leaders in health, social services, education, recreation, justice and community administration;
- Hiring and supervision of a coordinator reporting to the working group to manage the planning process;
- Development of a Community Wellness Planning Process;
- Presentation of community wellness plans to the HSS, (NII) and H.C. at a meeting in March 2010; and
- Ongoing communication and work with support team members from the New Economy Development Group/USIQ Communications (NEDG/USIQ).

2.3 DESCRIPTION OF THE GROUP

Membership

The interim working group was comprised of representatives from the hamlet and the existing health committee. Currently, the group has five members. The role of the group was to plan and gather community input into the creation of a broad community wellness committee to be formally called the Interagency Directorate (ID). With this work completed, the hamlet council was to appoint members to the interagency working group. This completion of the process is currently on hold pending the commitment of funds from HSS to support a staff position and some operating costs.

MEMBERS INCLUDE:

ROLE	NAME	COMMUNITY ROLE
Chairperson	Shirley Tagalik	Health Committee
Mayor	Bob Leonard	Hamlet Council
CHR	Obed Anoee	Health and Social Services
Wellness Coordinator	Luke Suluk	Hamlet of Arviat
Coordinator	Gwen Muckpah	Wellness Working Group

Governance Documents

The wellness working group documents consist of two reports: one which was compiled mid-way through the community consultation process; and another at the end of the fiscal year with the final recommendations being submitted to the Arviat hamlet council. These reports are attached below.

3. COMMUNITY OVERVIEW

Arviat, a community of 2,930, is the second largest community in Nunavut. It is located on the west coast of Hudson's Bay, north of the Manitoba border. Arviat is named after an area where Inuit camps came together in the summers to harvest bowhead whales. The community is a decentralized community and the main employer is government. Despite a number of decentralized positions, with the annual birthrate of about sixty-five to seventy babies a year (5.7 per month), the community continues to have an unemployment rate of about 46%. With about 1,800 people under the age of sixteen, the community can expect to continue to face employment challenges into the future. Many people subsidize income support through carving and making the wall hangings for which Arviat is well-known.

In terms of community development, there is a focus on preparing labour for work in the mining industry. *Arviarmiut* have also actively pursued career options in education and health. Arviat has more locally trained educators, including early childhood educators, than all other Nunavut communities together and has also graduated four local nurses (one of whom is currently studying medicine), a dental therapist, social and mental health workers. The area of care service provision is also another target employment area. Music has always been an important aspect of this community. The annual *Inummariit* Music Festival attracts people from across Nunavut and Nunavik. Famous performers from Arviat include Charlie Panigoniak, Mary Thompson, the Arviat Band, the Angaliks, the Utuk Band, the Irksuk Band and Susan Aglukark, as well as many up and coming young performers. Music and media are considered areas for future economic development.

Arviat is an area rich in wildlife, especially caribou, polar bears and beluga whales and is known both for its abundance and the quality of its country foods.

4. CREATING AWARENESS IN THE COMMUNITY

4.1 DESCRIPTION OF COMMUNITY-BASED AWARENESS ACTIVITIES

In Arviat, work on the NCWP focused on three key activities:

1. Data collection through personal interviews with each community group and organization (represented in Appendix C in the final report);
2. Community radio shows to provide background information to the pilot and to gather input generally from the community; and
3. Community stakeholder meetings which included workshops to directly assist with the design and terms of reference of the Interagency Directorate (ID) and the priority issues which the new ID should focus on in the action planning process (represented in Appendix A and B of the final report.)

5. WHAT ARE THE RESOURCES IN OUR COMMUNITY

5.1 COMMUNITY MAP AND DESCRIPTION (FROM ASSETS EXERCISE)

As part of the on-going community wellness planning process, both asset mapping and a community PATH have been created. As well, the community had previously created a service map which specifically identified services and programs available and gaps in both services and infrastructure in the community. It was decided not to complete a new asset mapping process but rather focus on the data collection exercise in order to engage groups locally and to build a database of community service organizations.

5.2 COMMUNITY ASSETS AND DESCRIPTION (FROM ASSETS EXERCISE)

The community asset data can be found in Appendix C of the final report. However, the basic services provided by HSS were not included in that data. It is presented here in summary to illustrate how very limited the GN capacity is for supporting wellness activities initiated by community-based agencies. With the inability of HSS to provide basic services to the community of 2,930, many limits are placed on locally developed initiatives because there is simply no professional back-up support available to the community by the GN. For example, although community-wide healing has been identified as a key need without any mental health expertise in the community, it would be irresponsible to deliver a program that has no safety net attached.

HSS SERVICE	POSITIONS	SERVICE PROVIDED	CURRENT STATUS
Social Services	Area Supervisor	Provision of all social services to Arviat and Sanikiluaq.	Vacant since July 2009.
	CSSW 1 (Community Social Service Worker)	Family interventions, case work and child protection.	Incumbent on stress leave since Oct. 2009.
	CSSW 2 (Community Social Service Worker)	Family interventions, case work and child protection.	Filled.
	CSSW 3 (Community Social Service Worker)	Family interventions, case work and child protection.	This position on the community org. chart was said to be moved to Repulse Bay, but has never been filled in Repulse and has not been moved back to Arviat where it is needed.
Mental Health	Mental Health Consultant	Counselling, psychiatric supports, interventions, referrals.	Filled temporarily on a CSA for 3 months. CSA not renewed. Was filled as a regional position, not a local position.
	Mental Health Counsellor	Counselling.	Vacant.

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HSS SERVICE	POSITIONS	SERVICE PROVIDED	CURRENT STATUS
	Child and Youth Outreach Worker	All youth-centred programming in the community, including prevention programs, outreach and counselling support, referrals, managing the local youth centre, running summer camps and other positive lifestyle programs for 1930 youth under age 18. Administers a Youth Substance reduction project.	Has returned from stress leave. Current client ratio is 1930:1 under age 18.
Home and Community Care	Nurse Supervisor	Assessing clients, developing intervention and support plans, overseeing a 7-bed Elders' Centre, home-visiting clients, monitoring respite and palliative care, supervising NCCWs.	Vacant since 2007.
	HCCW II	Developing visiting schedules, implementing intervention plans, supervising NCCWs.	Filled.
	HCCW I	Delivering services.	3 positions, 1 filled. 2 vacant since 2007 and filled with casuals.
Birthing Centre	Midwife 1	Providing pre- and post-natal assessments, supervising care, preparing for delivery and delivering babies. Providing PH information and educational programs to pregnant women and their families in the areas of care, preparation, breastfeeding, nutrition, tobacco cessation, stress management, physical, mental and social wellbeing.	Vacant since 2008. Has been left unfilled because there are too many births in Arviat for 2 midwives to cover.
	Midwife 2		Position removed to Rankin Inlet Birthing Centre.
	Maternity Care Worker	Assisting the midwives in the delivery of services.	Filled. Receives occasional supervision from Rankin Inlet midwives.
Public Health	Public Health Nurse Requested in 2007	Assistance to deal with high rates of communicable disease and in order to support public education to alleviate the number of clinic visits.	No position was provided for our community.

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HSS SERVICE	POSITIONS	SERVICE PROVIDED	CURRENT STATUS
	CHR 1	Public health education, delivery of programs targeting PH concerns in the community.	Filled, but the incumbent does mostly clerical work in the Health Centre due to high volume of clinic clients.
	CHR 2	As above.	Filled. Due to lack of space at the Health Centre, the incumbent works with Wellness staff in the Wellness Centre.
	Dental Therapist	Provide dental health services and monitoring to pre and school-aged children (1800+ clients).	Filled.
Health Programs	Supervisor NIC	Coordinate all health service programs delivered through the Arviat Health Centre.	Filled.
	Community Nurse	6 positions.	4 filled, 2 vacant.

6. ISSUES IDENTIFICATION

6.1 PROCESS FOR IDENTIFYING ISSUES

Please refer to the final report, pp.5-14 and Appendix D for this information.

6.2 WHAT ARE THE ISSUES

The four top priority issues, as identified through the meeting process, in order of priority are: supporting parenting; addressing healing, addictions and mental health; addressing issues around schooling; providing supports and services to youth. The ID will be considering the development of action plans to address these issues along with other community wellness priorities. For a bullet-point summary of the discussions, please refer to pp.7-10 of the final report.

7. COMMUNITY VISION FOR WELLNESS

7.1 PROCESS FOR IDENTIFYING VISION

A vision process was not completed as this had been done previously in the community.

7.2 COMMUNITY GOALS (PRIORITIZED)

A community wellness strategy for 2009-2013 is already in place. Additional wellness goals have been identified in the community planning process. The work of further developing these goals will be up to the Interagency Directorate once the group is formed and receives direction from the hamlet council.

8. COMMUNITY PLAN

8.1 CONNECTING ASSETS TO WELLNESS VISION (FROM ASSETS EXERCISE)

PRIORITIES IDENTIFIED FOR WELLNESS VISION

ISSUE	LEAD	COMMUNITY ASSETS	GAPS TO BE ADDRESSED
Supporting parenting	Interagency Directorate and Shared Care Society	Shared Care Childcare Society-leadership. Healthy Moms, Healthy Babies – supportive CPNP program Healthy Dads – needs secured funding. Aboriginal Head Start parenting component. High school childrearing and pregnancy modules – existing HS curriculum. Elders work in the documentation of <i>inunnguiniq</i> and the series of twenty-four parenting support pamphlets—work completed and in Arviat dialect. Use of Ages and Stages (AQS) parent's child developmental assessment tool – needs secure funding. Already excellent uptake by community parents. Maternity Care Worker position located in the community—engage in home visiting and liaise with other programs as a resource person. Re-opening the birthing centre is a key priority of the community wellness plan (Health Committee)—this provides a facility and expertise to support healthier parenting. Family planning information available in the community. Promote strength-based active parenting – <i>It's Us</i> – community messaging. Include promoting schooling as a topic.	Needs block funding. Needs multiyear, secured funding and increase in funding to support population of 2,930. Used to offer excellent ASQ home visiting program but as population increased and funding didn't this component of the program was dropped. Should become aligned with the Birthing Centre programs and become part of a Community Care Multiple Option for the HS curriculum. (Birthing Centre must be staffed and become operational.) This material can become part of the home visiting program if funding were found to revitalize that. This material can become part of the home visiting program if funding were found to revitalize that. Birthing Centre must be staffed and become operational. Requires GN support for Community Birthing Centres. Can become part of messaging being developed Under the AHC FASD proposal. AHC Healthy Homes Initiative focused on public health education around nutrition, hygiene, tobacco cessation and prevention of communicable diseases. Missing component is collaborative, community plan. This is recommended as the top priority for the directorate.

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ISSUE	LEAD	COMMUNITY ASSETS	GAPS TO BE ADDRESSED
Addressing healing, addictions and mental health;	Interagency Directorate and AHC and Arviat Justice Committee and RCMP	Recognition for healing from trauma of relocations and colonization. Engagement of RCMP in prevention. Active Justice Committee involved in more youth counselling. Addictions and healing initiatives at all levels of the community, school-based programs, Elder programs etc. Youth-specific prevention programs. Community staffing.	Arviat Healing and Counselling Training Project needs to continue with on-going funding and be redesigned for larger community outreach, but supported by trained therapists. Currently more active policing, Aboriginal Shield and DARE etc. programs for the school. Integrated crime prevention program funds. Requires a collaborative community approach. Involve the new Elder Advocacy Group. Requires a collaborative community approach. Essential staff to support local counselling initiatives.
Addressing issues around schooling; (This topic has a dual focus: the role of parents in encouraging schooling, more effective educational programming in schools specifically targeting skills training, jobs and careers in the community).	Interagency Directorate and District Education Authority and Shared Care Society and Economic Development Committee and AHC and AYP Youth Committee	Community economic development plan needs to align with educational programs and local training plans. Possibility of multiple options exists in the curriculum. Large number of educational experts in the community at all education levels. Historically the community has delivered innovative, award winning secondary and post-secondary programming. Promote education celebration events to highlight the fun aspects of school, especially for young children and their parents. Youth need to see potential for success and satisfaction in life. It was identified that current programs at the high school are not achieving these goals for many students.	Re-establish the Training Advisory Committee to ensure young people are being prepared for the jobs that are needed. The idea for multiple options was developed in Arviat in the 1990s but has been dropped from the school today. Create a collaborative planning process to address the need for changes in school programs. Hold radio shows and video presentations to remind the community of what was accomplished in the past and to get develop options for students today. Collaborate community-based planning sessions. Re-establish the Parents' Committee at the school. Engage youth in planning at all levels. Involve AYP in promoting key messages about the benefits of schooling.

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ISSUE	LEAD	COMMUNITY ASSETS	GAPS TO BE ADDRESSED
Providing supports and services to youth;	Interagency Directorate and AYP and Arviat Justice Committee and RCMP	Strong Child and Youth Outreach Worker and a variety of programs Strong local youth committee - Arviat Youth Piliriqatigiit Dedicated youth centre space. Justice Committee with a focus on youth support RCMP program exist to support youth. School has an application for a Crime Prevention Proposal targeting youth. Recreation Committee directed by hamlet council to focus more on the youth population which is currently 63% of the population.	The youth centre has recently experienced a fire and is closed. The centre also does not have secured funding. Collaborative planning to develop a comprehensive initiative. The crime prevention proposal was not developed with input from the Justice Committee and other community partners. There is a concern that it will not be sustainable if it is delivered only through the school. Need to look at facility and program development, infrastructure and how to make best use of existing infrastructure etc.

8.2 STEPS TO REACH GOALS AND OBJECTIVES

SHORT-TERM GOALS AND OBJECTIVES

Hamlet will secure a Community Health Coordinator position to work with the Interagency Directorate with funding for implementation from HSS.	Secured staff and funding will help ensure the success of this additional community wellness organization. HSS has not delivered on this commitment.
Wellness Planning Committee will complete a Terms of Reference for the Interagency Directorate, based on the community input received during the planning process. The Terms of Reference will outline the roles and responsibilities of membership. It will be submitted for Hamlet approval.	Approved Terms of Reference will enable the Directorate to begin work with clearly defined direction. Completed.
Hamlet will appoint the members to the Directorate.	Interagency Directorate in place in the community. Hamlet will not put the committee in place without staff support from HSS.
Directorate will review the wellness pilot reports and develop a process for community action planning around some of the key priorities.	Process design will ensure community involvement is on-going and that priorities can be addressed.
Directorate will initiate the planning process.	Planning process results in programs to address community-identified priorities.



LONG TERM

• Interagency Directorate is able to secure block funding for priority initiatives.	• Block funding is in place.
• Community action plans result in significant programs and on-going evaluation of needs and priorities.	• Community action planning process is revisited regularly resulted in updated plans/projects.
• Mechanism for evaluation of community action planning is evident.	• Evaluation results in on-going improvements.
• Successful programs have been implemented in the priority areas.	• Changes are evident in the community's perception of wellness in the priority areas.
• Additional priority areas receive action planning.	• Additional programs are being implemented for additional/new priorities.

9. CONCLUSIONS

9.1 ESTABLISH A COMMUNITY WELLNESS WORKING GROUP

Since the community already has a high functioning health committee, the initial working group decided to focus on the need for a more holistic and collaborative approach to wellness planning across the community engaging health, social services, education, recreation, justice, youth, Elders, community administration and churches. The concern was that with so many competing community initiatives and programs, there was a strain on limited resources, duplication of some services at times, one off and unsustainable approaches being used and no collective big picture planning based on a real assessment of the priorities was developed. Through the Community Wellness Pilot, the working group was able to consult the community around this idea and develop a plan for the Arviat Interagency Directorate.

Initially the working group consisted of the mayor, the chairperson of the health committee and the CHR. Eventually the group expanded to include wellness staff. The working group consulted with and took direction from the hamlet council and the health committee throughout.

9.2 THE HIRING OF THE PILOT COORDINATOR

This aspect of staffing the role proved to be very difficult. For those with the skill set required for the job, there were too many other opportunities in the community that were full-time and that paid more. The working group wanted someone who was functionally bilingual and computer literate. This was also difficult since these skills are highly sought after so some of the work had to be divided between people to ensure there were adequate people and skills available. Despite best efforts, a full translation of the report is not available currently.

9.3 DEVELOPMENT OF A COMMUNITY WELLNESS PLANNING PROCESS

Arviat has a strong track record in community planning and it was relatively easy to design and implement a process for the work. The pilot project sought to build engagement through the personal data collection process. For this, the community wellness coordinator and the pilot coordinator collaborated in approaching every community organization and inputting the data into a spreadsheet in both languages. As well, they collaborated on the radio shows and also received support from the CHR.



The larger community meetings were designed to each contain an information sharing segment, a work-shop segment and a collaborative brainstorming session. They both proved very successful and there was a great deal of consensus in the resulting contributions. Based on this, it was felt that a thorough consultation had been conducted and that the report represents the issues identified by the community. The support from NEDG was very helpful at these meetings.

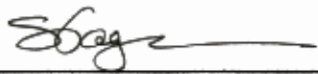
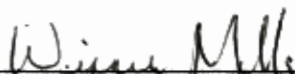
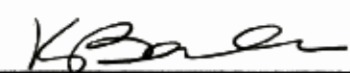
9.4 PRESENTATION OF RECOMMENDATIONS TO THE HAMLET COUNCIL

The hamlet of Arviat has been very supportive of this wellness initiative. A dedicated facility has been provided as a wellness centre. The hamlet has agreed to administer all of the contribution agreements that are being entering into in order to secure staffing support and operational costs for this new directorate. They have secured housing for the staff position and will be providing supervisory support. The mayor will work with the directorate to ensure it gets off to a solid and supported start.

9.5 ONGOING COMMUNICATION AND WORK

The next phase of the wellness pilot, involving the actual establishment of the interagency directorate, is critical. The working group is cognizant of the fact that this group will not be successful if there is not both financial and dedicated staff support for the group. Since the membership is being drawn from community volunteers who are already engaged in running existing committees and agencies, it is critical to have supports fully in place before we begin. The success of this venture relies on negotiations with HSS.

10. SIGNATORIES OF WORKING GROUP

	
Chairperson's Name Shirley Tagalik	Coordinator's Name Winnie Malla
	
Member's Name Bob Leonard	Member's Name Obed Anoe
	
Member's Name Kukik Baker	Member's Name Gordie Main

APPENDIX I – COMMUNITY MEETING APRIL 21ST, 2009

ABSTRACT

Arviat held a community meeting to introduce the NCWP project and to initiate discussions around wellness planning structures and processes for the community.

AGENDA

ARVIAT WELLNESS PLANNING WORKSHOP

Mark Kalluak Hall

Morning Workshop 9 am – noon

OPENING PRAYER

WELCOME BY THE MAYOR

Expected outcomes for the day

Introduction of facilitation team

COMMUNITY DEVELOPMENT TIMELINE

Setting the foundation for where we have come from and where we want to go

Community structures and standards as a basis for success

Community leadership structures- how we identify community leadership and how we support it

Break

Proposed new structure for community groups:

- Collaboration and accountability
- Discussion and input

Afternoon Workshop 1:30 – 4:00 pm

WORKSHOP SESSION 1: (Small groups sessions)

What do we need structurally in order to support a healthier community?

Will the proposed structure enable us to meet the needs? What's missing?

REPORTING BACK AND CONSENSUS BUILDING

Break

WORKSHOP SESSION 2: (Small group sessions)

What are the biggest wellness issues for Arviat? (Brainstorm)

Is there an organization with a mandate to address this issue? (Aligning responsibilities)

Which of these issues are the biggest priorities?

REPORTING BACK AND CONSENSUS BUILDING

WRAP-UP FOR THE DAY

MORNING SESSION SUMMARY

The community workshop morning session was attended by about 35 people, with some coming and going throughout the morning session.

Opening Prayer was provided by Rhoda Karetak.

Welcome was made by the Mayor, Bob Leonard who outlined the project for the community, welcomed the participants and indicated the importance of these planning sessions for the Hamlet.

Shirley Tagalik presented some of the expected outcomes for the day; introduced the facilitation team which included Joe Karetak, Sue Potter and Dal Brodhead, and herself; introduced the interpreter Mary Thompson; and made participants aware of the plans for follow-up with additional meetings to carry on the process, radio call-in shows, and circulation of the notes.

Joe Karetak provided some background to the community development timeline. He explained that as a child there was almost no one in the community apart from the missionaries, RCMP and HBC staff. Then in the 1960s, there were several groups of Inuit who were relocated to Arviat. These groups were each distinct and had different dialects and ways of operating. They also had their own leaders and governance systems. With the creation of an instant community, these leaders were replaced by a Qallunaat style of centralized leadership in the form of a settlement council. Previous to this, all Inuit were regulated by a set of *misiqanimik* (truths) which are still valid today.

AFTERNOON SESSION SUMMARY

Shirley welcomed the participants and outlines the new proposed structure for addressing community wellness issues being proposed by the Hamlet. This has the elected body of the Hamlet Council taking the leadership role in structuring community wellness planning. It also broadly defines community wellness as including all health promoting activities including leisure, recreation, work and employment, training and education, positive lifestyle and healthy life decisions.

The Hamlet Council is proposing an umbrella committee (in council) to take on the role of collaboratively planning and directing wellness activities in the community. This committee would draw on the expertise of a potential team of Hamlet and other employees to assist with this work:

Community Health Development Officer, Community Wellness Coordinator, Recreation Officer, Economic Development Officer, Community Planner, Community Liaison, Victim Support Worker, CHR, Maternity Care Worker, Child & Youth Outreach Worker and/or others as defined by the wellness planning process.

The committee would be responsible for community-wide planning and setting community priorities through a broad collaborative process. These plans would be linked to the various program groups which already exist in the community to ensure a continuum of programming, reductions in duplication and competition, and addressing the gaps.

Given this proposed change to the leadership structure in the community, the participants divided into two groups (about 14 in each group) to refine the discussions around the proposed structure and the possible priorities.

STRUCTURE

- It was suggested that the proposed community committee not be too large (8-12) and be representative of all the community (Elders to youth)
- Another suggestions was that the committee not be larger than 6-7 people and that these people be the chairs of eh existing community committees
- Another was afraid that this was just another layer of bureaucracy

- It's important that we look at the committees which we had in the past that were very effective, such as CTAC
- There must be key people on the committee who are committed to being there and who are the people that the community naturally goes to (i.e. are regarded as leaders)
- The committee should have a role in accountability such as tracking and evaluating the existing programs in the community and bringing problems and issues forward to be addressed. For example, if school attendance is an issue, this group can track the effectiveness of any initiatives across various groups
- There must be clear criteria for the role of the committee—is it an advisory role with clear guidelines from the Hamlet?
- It should not become a committee that everyone complains to
- We need to come back to the broad notions of wellness-- what is wellness?—justice, health, education, recreation, employment, identity
- The committee could operate like a research team coordinating information within the community and picking up on issues which then get directed to the various other groups such as the Health Committee or DEA
- This committee should lay out the broader goals and objectives which are common to the whole community and then see how each small committee can work towards these within their own mandate
- The committee should have a monitoring role in ensuring the wellness goals are being worked on/ met—meet and report to Hamlet quarterly based on community-wide progress
- Elders must be on the committee, RCMP, churches—who gets represented?
- There is a role too to help prioritize the issues so that there is a concerted effort in specific areas and a collaborative approach
- Wellness is linked to jobs so economic development must be tied in as well
- Arviat 2002 provides a model for how the community strategic planning can cross wellness and economic development plans
- We need to look at sustainable development and move away from our welfare culture
- We also need to involve all ages groups in determining goals
- We need to identify leaders who have healed themselves and get them involved in this
- From a practical point of view, this group needs on-going funding
- We also need the RCMP at the table—they need to be taking some direction from the community and be more accountable, also the Justices of the Peace

PRIORITIES

The committee should draw ideas from different bodies such as from health, Sivullinuut etc. The first meeting can be to plan what we would like to do in the community. Each subject can be properly explained and priorities identified, such as:

Nutrition:

Eat healthier foods in order to have good teeth, not to get too fat, learn to cook simple food rather than buy junk food all the time. Rhoda explained that sometimes, she would cut up fish or meat in small pieces and add vegetables or something for a quick meal. She said she learnt by using different cooking things. You can find cook books like the one that was done by Arctic College in Baker Lake from the library. It takes little effort to do something like that. Someone can explain what is good to buy from stores. Today we eat junk food because we think we don't have time. There are many fattening foods that we eat. Look at all the fat people today. Some children have hearing problems. Why? Talk about it and learn together how what we eat affects us in so many other ways.

Recreation:

Someone can explain or teach about drum dancing. Talk to people who had traveled to do drum dancing, throat singing, etc. We all know that Arviat is always been good at drum dancing. Tony Otuk went to Labrador one time to teach how we drum dance, and now they are drum dancing and doing very well at it. We know that drum dancing is changing. We see more than one person drumming but so what? We did not teach our young people and now they formed their own way of drum dancing-- inventing ways for providing more action or making it more fun to watch for the outside world. Why not? At least they are doing something about drum dancing since we have not taken the time to teach them the proper way. They need more support from us as well as from the government.

Mark added that during his travels, he watched small children (Indian) doing drum dancing and they were very good at it because someone had taken the time to teach them. Those children were dressed in their traditional clothes and looked very good. We can go right ahead and teach our children and young people rather than just talking about it. There are people out there who are more than willing to learn.

Someone said that we are now living among the people who do drugs, alcohol or are abusive. Things are not going to get better unless we do something about them. Someone from Sivullinuut said that it's important to plan recreational things to keep people active and have something to do. To think about what would make someone happy.

Good Behaviour:

It is important to do our best, to have a good attitude toward different situations. We can use good examples and experiences to help our children to have a good life by telling stories about what people did in order to survive or to get along with others. This can be taught by anyone in the world as the problem is international. In doing our part, maybe we can help someone to have more self-respect. Many are so used to saying that "I'm Inuk, I can't do things because I'm Inuk." Our ancestors were good at many things without having much. Why can't we do the same without complaining all the time?

Someone said little while ago that parents are to blame when children go wrong. Some elders do not agree with this. The mothers and grandmothers are doing their best to teach what is right or wrong. No one wants to teach something but to their loved ones. Sometimes children think that their teachers or someone from the school is always right, so they would rather listen to them and not their own mother or father. That is why we always need to be careful what we said. Never let the children think that their parents are the ones to blame every time something went wrong. Be careful. There are different reasons the children do wrong. We should rather work together to help them to choose a better life. Sivullinuut and other bodies should be active to help. Sivullinuut should be teaching about drum dancing or traditional entertainments.

Someone else said that some parents are letting their children get away with too many things and many ended up running their parents lives when it should be the other way around. Those who are allowed to do whatever they want grow up and become very difficult. There are also a few families in the community that need interventions with parenting skills since it is their children who are involved in most of eh crime.

Someone else said that things run more smoothly when the Elder is leading something. Never forget that.

Many adults need healing from the past in their own way. For example, many are still hurting remembering a time when their dogs were destroyed. Some were abused in different ways.

Sivullinuut would like to do more but money is the problem just like any other organizations. They need all the help they can get.

RADIO SHOW

The meeting was followed by an evening radio show. Obed Anoe (CHR) and a respected elder, Louis Angalik hosted a one hour radio show on Arviaqpaluk, local radio. Obed introduced/updated the public on the Arviat Wellness Planning Project. He summarized the discussions from the public meeting that happened earlier that day. Louis talked about how traditional Inuit values, and tradition kept everyone well, and how this approach can be used with the project to help improve health in Arviat.

APPENDIX II –

ARVIAT WELLNESS PILOT

COMMUNITY CONSULTATION, MARCH 2, 2010

REPORT PREPARED BY THE ARVIAT HEALTH COMMITTEE AND COMMUNITY WELLNESS

INTRODUCTION

The Arviat Wellness Pilot project has been a joint project between the Arviat Health Committee in Council and the hamlet of Arviat as part of the Nunavut Community Wellness Project (NCWP). The NCWP is a community and Inuit-based planning process focused on wellness issues. The project is sponsored by Nunavut Tunngavik Inc. (NTI), the Public Health Agency of Canada, (PHAC) and the Government of Nunavut (GN). In this project, Arviat is one of six participating Nunavut communities. This community consultation is part of an on-going process to provide sustainable structures to support wellness within our community. This report will summarize the process to date and provide recommendation to the Arviat hamlet council, based on the community consultation process.

BACKGROUND

The NCWP process was designed to provide the pilot communities with some supports to allow for a comprehensive community planning initiative around wellness. Although the same level of supports are provided to each community, the individual community shapes the project based on their resources, needs and identified priorities. The plan is to work with existing committees rather than to set up separate committees, but to move the planning process to a community-wide level so that there is a collaborative approach to improving wellness. The hope is to build on local experience and expertise and to draw involvement in from all sectors of the community. Supports for the process must be driven from inside the community, but the project provides some supports from outside in the form of a part time dedicated position, training support, information and access to cross-community sharing and consultant support and facilitation.

PURPOSE

The last consultation meeting was held on April 21st, 2009. At that time, we came together as a community to trace our shared history in order to initiate some healing from past histories that are disempowering the community and to identify some shared strengths. Participants spoke about leadership past and present and the role strong leadership plays in health and wellness. At that time there was also some identification of wellness issues recommended for consideration. These included nutrition, recreation and the need to promote expectations for good behaviour in the community.

There was also discussion about the need for big picture thinking and a group dedicated to providing wellness leadership. The committee would be responsible for community-wide planning and setting community priorities through a broad collaborative process. These plans would be linked to the various program groups which already exist in the community to ensure a continuum of programming, reductions in duplication and competition, and addressing the gaps. Participants were able to share ideas about the potential role and mandate of this new group. The report from the meeting was followed up with a recommendation to hamlet council for the formation of such a group (Appendix A).

The purpose of this second community consultation was to provide information about the decision made by council (Appendix B) to establish an Interagency Directorate to direct wellness initiatives on behalf of the hamlet council and to invite input into making recommendations to the new directorate once it

is formed. The Arviat Health Committee (AHC) is facilitating the pilot planning process on behalf of the hamlet council. Mayor Bob Leonard spoke to the intent of the hamlet during the meeting. He said that the role of the interagency approach was to bring in all groups to share ideas where community improvements could take place. Although there was good intention and good ideas at these meetings, things always fell apart because there was no one to follow-up and make sure things kept moving forward. The intention of council is to appoint an Interagency Directorate (ID) that will be directly responsible to council. Members will come from agencies in the community, but will be able to call in other community experts to help with specific projects. By running this directly under the hamlet, there can be support and staff assigned to supporting initiatives. There will also be accountability through monthly reports going directly to council.

Based on this, the following process was agreed to between the AHC and hamlet staff.

PROCESS

1. Building awareness

Information about the pilot process was widely shared throughout the community through the dissemination of pamphlets in both Inuktitut and English and through radio shows which described the NCWP initiative and the specific Arviat goals for the project.

2. Data collection

Every community group and organization was approached for information. Information was collected on membership, purpose, goals and programs for each agency/group. This gives us a broad picture of all the services and programs. It paints a picture of lots of areas of strength in the community and also some areas where there are missing pieces in service delivery. This information was summarized for participants attending the meeting as a handout (available in Appendix C).

3. Inclusive approach

Every community group/organization received an invitation to send representatives to the meeting. In addition, there were many announcements about the meeting made over the radio and posters were placed in prominent public places. The hope was for a mix of general public of all ages and agency staff to attend and contribute. All communication was provided in both Inuktitut and English, full interpretation services were provided during the meeting (List of participants in Appendix D).

4. Meeting format

The meeting was designed to provide basic background information, but also to illicit information, opinion and ideas through an open discussion format. Given that attendance was high (thirty-four participants), discussions took place in two smaller group settings with facilitation and recording of topics and discussions on charts. This was followed by a sharing and clarification session, and finally, by a prioritizing activity which allowed participants to vote for the top three issues (Agenda in Appendix E).

5. Reporting back

All the information shared has been recorded and included in this report. The full report will be available to the public in either language. In addition, a radio show summarizing the meeting and information gathered will be held. The report will also be submitted to the Arviat hamlet council for their consideration.

There were two groups formed to discuss the areas that need more focusing on within the community. The groups discussed for an hour and a half. At 13:30, the groups shared their ideas.

Group one ideas

Elder Philip Kigusiutniak said that love needs to be the foundation and then we need to respect others and follow the Inuit cultural laws.

1. Healthy moms/dads/babies
 - need for increased healthy moms type programming for parents
 - evening session for working parents
2. Looking after Children
 - Proper care for children,
 - Discipline children ~ can take love for children to far which can be cause for trouble. Children need to be treated equally and cannot break the rules.
 - Proper nutrition at home and school.
 - Issue of childe and sexual abuse. They need to grow up in safe environment.
 - Sex offenders should be controlled and known in the community
3. Volunteerism
 - Volunteering spirit to continue in the community
4. Language
 - Proud that community has strong in skills and wants this to continue
 - Concern that all be taught to read and write in Inuktitut and English.
5. Proper Schooling
 - Parents to encourage students to attend school without fail
 - Compliment child's accomplishments
 - Main centers, like stores, recreation, events and dances to get children to go home early
6. Elders
 - Needs assistance with providing transportation to stores and community events
 - Functioning Elder's center
7. Youth
 - To be given an opportunity and training for sewing traditional clothing and hunting techniques
 - To be taught more about survival and hunting out on the land
 - Cultural inclusion of programs in the schools needed for sewing and outdoor survival for both winter and summer
 - Giving more outdoor activities to less fortunate youth
 - Involve the Elders in the teaching of above skills
8. Mental Health Issues
 - All those suffering from mental health problems to be given more help and attention
 - A proper place for them to be cared for, like a supervised home
9. Economic Development
 - More help and financial assistance for starting own business like hairdressing, artists, etc.
 - Need a veterinarian
 - Appropriate skills training for jobs offered in the community
 - Support for small businesses and help with proposals
 - Giving young people more work experience, co op positions
10. Youth Drop-in Center
 - Desperately need a place for youth to hang out to help keep them out of trouble or be vulnerable to trouble
 - A center with good supervision of hours and activities

11. Recreation
 - Community hall to put into better use for recreation for all ages
 - More hall use for Elders and non-profit organizations
12. Sivullinuk Elders needs
 - A building to hold meetings, drum dances, place to keep historical materials and display artifacts
 - Traditional camp establishments
 - The Elders can use these places to teach the younger generations
13. Drug & Alcohol Prevention Program
 - Counselors to be proactive and readily available to people who need help in addictions
 - Youth counselor needed who understands youth and how addictions can affect them
 - Elder counselor
 - To have proper monitoring equipment and more frequent baggage and freight check at the airport for drug and alcohol trafficking
14. Gambling problem
 - Gambling needs to be controlled in the community
 - Areas of gambling concerns: bingos, poker, cards and online gambling.
15. Community Market Square needed
 - A place to sell local products
 - Holding special events and outdoor performances (summer time)

Group two ideas

1. Mental Health
 - Everyone needs healing
 - Local counseling experts
 - Support for how who are helping others (resources/programs)
2. Public Health
 - A need in the community for a permanent public health nurse, doctor and preventative services (BP clinics, diabetes clinics, annual physicals and follow ups of patients conditions)
 - Requests for a public health nurse to visit weekly in the schools
3. Housing
 - Mention of healthy homes initiative which is to help teach hygiene within the homes
 - Not enough housing within the community
4. Youth
 - 2850 people living in Arviat. 1200 are older than 18 and of those 500 are older than 25. That means 1150 are under the age of 18.
 - There is a need for more youth services and facilities (most of the population is being missed)
 - Need infrastructure for the youth programs
 - The programs need to be yearlong and keeping youth involved
 - a youth committee run by the youth to be an advocate for their needs and concerns
5. Money
 - Education for budgeting paychecks
 - There is no motivation for jobs because of the welfare checks
 - The food bank and breakfast programs are good things. Does it make the community dependent on them?

6. Labor Shortage
 - Those that want to work, go out of town to work
 - Local business are finding it hard to have employees
 - People that are wanting to work get better jobs out of town
 - No motivation to work due to welfare checks
7. Addictions
 - Need for programs for drug and alcohol addicts
 - Counseling for individual and families
 - A “safe place” for them to go
 - An alcohol committee be established
8. Job planning
 - Need to target the future employees (youth)
 - What are the needs in the community that are going to create jobs? And then what work skills are going to be needed to carry them out
 - Student profiles – job profiles.
 - We have the DEA and Arctic college here as resources for job training and skills
9. Recreation
 - Need for someone to take ownership and run with it
 - Summer camp and playgrounds need supervision
 - For focus on all age groups
 - Cadets/JR Ranger programs suggestion
 - Outdoor hockey rinks and basketball courts
 - Supervision at teen dances
 - Talent shows to promote humor and music
 - Proper training for those involved with recreation and make it year long
10. Sustainability
 - There is a need for leadership in the community
 - We need to grow leaders and institutions
 - Start with strengths that are already visible
 - Promote volunteers
 - Need for ongoing funding, infrastructure, staffing and accountability
11. Parenting
 - Parenting resources and help for all age groups of children, not just the babies
 - Nobody's perfect parenting support group
 - Active parenting – need for ongoing parenting, support and awareness (it is ok to ask for help)
 - Strength based perspective
 - Parents to encourage their children to attend school
 - Youth are wanting better parenting (cooking/hunting)
 - Youth and parent doing more activities together
 - Under aged kids at community events unsupervised – do you know where your kids are?

After the 2 groups presented their ideas and concerns to each other, everyone was asked to pick their top 3 priorities. There were 3 different sticky tabs given to each person to put next to their top 3 priorities. The first priority was given 3 points, second priority was given 2 points and the third priority was given one point. The results of the voting are below.

- Parenting 39
- Addictions & Mental health . . . 24
- Proper schooling 20
- Youth committee 15
- Elder's support 12
- Housing 11
- Recreation 8
- Employment/sustainability 8
- Public health 1

There were 2 individuals that shared personal experiences about dealing with addictions and the need for those in the community dealing with addictions to receive support. They both said that they want to help others overcome their addictions. From their experiences they can help others. It was mentioned that when we come together we are stronger.

Bob thanked everyone for coming out. He said the list of ideas and concerns were impressive. He thanked everyone for putting thought into this meeting. He encouraged us to continue to work together to make Arviat better. The next step is handing the meetings results to the Hamlet. The Hamlet is going to appoint members to the Interagency Directorate. There will be radio announcements regarding more information on the Directorate. It may form sub groups to tackle the issues like the Elder's center, so there will be opportunities for the community members to volunteer and get involved.

Meeting ended at 15:00.

RECOMMENDATIONS TO COUNCIL

As a result of the discussion and voting process, the topics identified as priorities are recommended to council.

There were also the three topics identified in the first consultation meeting which included nutrition, recreation and the need to promote expectations for good behaviour in the community. It should be noted that there was a lot of consensus between the topics and discussions which took place in both groups. There is also a lot of overlap. For example, a focus on improving support to parents also has implications for healing, addictions and working groups are struck to consider the development of community supports for one topic area there will be impacts for many other areas. This holistic approach should be considered as a strength that will make the directorate more effective than any one specific community committee.

There was talk in both meetings about the need for leadership and leadership that is collaborative, shared and inclusive and not hierarchical and top-down. Leadership must be considered as a strategic investment for the community and particular attention paid to providing opportunities for developing leadership skills with youth. It is interesting that elders describe a leader as someone willing to do the hard work for the sake of others. This description may also be considered for those who are willing to volunteer. Promoting volunteerism in the community was a topic raised in the discussions. Both leadership and volunteerism are linked to the process of developing *pijitsirniq*. In the work of the new directorate it will be important to consider the importance of building and promoting opportunities in both areas, and in recognizing the contributions of those who demonstrate the willingness to serve in this way.

It was also mentioned that a programs focus is an easy trap to fall into. We are continually providing well-intentioned programs that do not have sustainable foundations in the community. An example was successive offerings of cadets and guides which depended on a committed individual. It will be important to make sure that the planning is on situating programs within existing organizations/institutions so that they are sustainable. Infrastructure, funding, staffing and community supports must be considered to ensure long-term sustainability. It will be important to avoid the trap of moving into programs too quickly and rather focus on building the supports and assuring success. This may be difficult in the face of raised expectations of the community which the pilot process has attracted. There was strong commitment and participation from the public who will not be looking for some specific outcomes. It will be key to maintain on-going and effective communications so that everyone is aware of what is intended, how it is being approached and what needs to be in place for programs to succeed.

Although there was a number of topics raised in the discussions, all of the concerns were discussed within the context of “What can we do as a community...for ourselves?” This is a very important observation because the assumption is that interventions must be community-driven and real solutions come from within ourselves and not from an outside source. This is a clear demonstration of a real sense of community ownership and strength that can be tapped into in the development of sustainable comprehensive community approaches. So although a carefully planned, measured approach is being recommended, there is much that can be done relatively quickly given the strong consensus and commitment coming out of these meetings.

Stemming from the discussion was a lot of consensus and overlap of issues. This, in and of itself, validates the information gathered as being truly at the heart of the community and it also confirms that the process was representative and effective. The interagency approach initiated by the Hamlet creates room for a holistic development model that engages multiple groups around shared issues. This is a strength-based model that thrives in consensus-building approaches which have always been characteristic of Arviat ways of operating.

CONCLUSIONS & FURTHER CONSIDERATIONS

The first community consultation meeting provided a focus on coming together as a community, taking stock from a healing perspective and considering the leadership needs for effective community improvement both from a past and present perspective. It was quite obvious at this meeting that the community conversation had moved well beyond that last session. There was a collective focus on community wellness needs and a sharp focus on the specifics around some very general and broad topics. This may well have been in response to the leadership shown by the Hamlet in taking a much sharper focus in intent for this project and in creating a vision for the new Interagency Directorate that was easily understood by the participants. Dal Broadhead, the NCWP consultant who supported both meetings commented, “the nature of the discussion was substantively different” at this second meeting. There was an assumption that the community is ready to move forward and can see the potential of having community-wide leadership through the directorate. This “readiness” will be critical to the ultimate successful contribution of the new organization.

Arviat has always been a community which demonstrates capacity. In the constant talk of needing to build community capacity, we are often at risk of not seeing and capitalizing on the capacity that already exists. The new Interagency Directorate model recognizes that there are strong, existing local structures and organizations which do not need to be changed or reconfigured. Rather new supports and value added outcomes can be secured through an overarching mechanism to support and link these organizations and their efforts across the community. This helps to sustain the work that is already being done, but open the door for bringing expertise together to initiate new community structures that contribute to wellness in a model of continual improvement.

Finally, Arviat has always been extremely proactive and cutting edge in terms of community development. However, the community has received very little support in any of these efforts from the GNWT, the GN

or the federal government. In some instances, being willing to forge our own path has worked against us. In this new initiative, it will be important for the Hamlet Council to consider a way to support and sustain these efforts so that we are not continually being frustrated by government neglect and failure to respond to the community. Arviat is now at a place where there needs to be some reach beyond the limits of non-responsive governments. Consideration of an approach to entrench development in a secure foundation should be the first and most carefully considered step.

SUMMARY OF RECOMMENDATIONS TO HAMLET COUNCIL:

There are many areas of need identified by the community. There is consensus that the areas of parenting and youth services are very high needs. Healing, addiction and mental health services are also a high priority.

The directorate should consider how to support and encourage leadership development and recognition in the community and how to build on the pool of volunteers who support community service programs. There should be a plan for developing volunteerism in Arviat.

Sustainability should be a central consideration in the design and development of any new programs and services. Programs should not be centred on an individual, but built within an institution that can assure sustainability. Funding is also a serious consideration. The directorate should pursue sources of block funding for the community projects, including from FNIB, INAC and the GN.

Consideration for appointees should come from the demonstrated commitment to the community and an ability to be both innovative and proactive. However, some community organizations will be important to be represented given the high need areas identified by the community consultation process. These might include:

- Youth representative (AYP) and or Child & Youth Outreach Worker
- Arviat Health Committee
- Shared Care Childcare Society
- Justice Committee
- Health Centre through Community Health Representative or Public Health Nurse
- Education representative

APPENDIX A

Recommendation to Hamlet Council for creating a new committee:

Arviat Wellness Project

Background:

The Wellness Project is a joint initiative with Nunavut Tunngavik, Health Canada and the GN, Department of Health & Social Services. Six communities were selected to participate. The goal of the project is to establish community-based committees in order to promote health and wellness agendas in the community.

The Arviat Project:

Arviat has many well-established committees that already actively promote community wellness issues. The need identified for the community is for a more comprehensive approach to wellness planning that needs to occur under the direction of the Hamlet Council. This Arviat Wellness Directorate can achieve

some of the bigger picture goals that do not fall into the role or capacity of smaller committees. This new council can also identify gaps in programming and target areas of concern on behalf of the entire community.

Based on responses gathered at a community meeting on this initiative (April 22, 2009), the role of the Arviat Wellness Directorate will be to:

1. Coordinate and promote wellness activities in the community;
2. Liaise with existing community committees to support on-going work and identify and address gaps in programming;
3. Create new initiatives through proposal submissions to address these gaps;
4. Report regularly to Hamlet Council to ensure high levels of accountability and to seek evaluation of outcomes.

The Arviat Wellness Directorate will consist of the Mayor (or designate) and 5-11 members appointed by the Hamlet Council who have demonstrated the following:

- Commitment to a community development process;
- Ability to be proactive and make things happen;
- Broad knowledge of the community culture, issues and wellness agenda;
- Strong understanding of wellness issues and successful approaches to community health and wellness promotion.

The Arviat Wellness Directorate will be appointed by the Hamlet Council with a mandate to develop an action plan with both short and longer term goals. The committee will have the ability to bring in additional members for a limited period in order to ensure there is the expertise required to successfully address specific issues. The committee will report to Hamlet Council quarterly and as needed to ensure that the work outlined in the action plan moves forward in an appropriate manner.

The Hamlet Council will support the work of the committee with staff support from the community wellness team, under the direction of the Community Health Development Coordinator and the Economic Development Officer.

APPENDIX B

Resolution in Council

Motion #041/2010

Moved by: Councillor Savikataaq Sr.

Seconded by Councillor England

Be it resolved that the Hamlet Council approves the formation of an Interagency Directorate:

1. The Directorate will have a maximum of nine voting members.
2. The members shall be appointed by the Hamlet Council.
3. The members will be representative of the agencies contributing to the improvement of the community.
4. The Directorate will be chaired by the member representing Council.

– Carried –

APPENDIX C

PROGRAMS & SERVICES TABLE

PARENTING

Wellness

- Family counseling

Daycare

- Mom's & tot's every wednesday in the gym

Health & Social Services

- Family services
- Guidance with government forms

Healthy Moms/Babies/Dads

- Parenting classes
- Sewing/cooking classes

EARLY CHILDHOOD DEVELOPMENT

Daycare

- Child care with educational activities, lunch program every day
- Headstart: preparing preschoolers for school with educational activities
- Small steps: special needs children able to socialize with others while being cared for

Breakfast Program

- Breakfast once a week with the school children

Specialist Visits

- Ultrasound during fetal development

Health Committee

- Trying to establish a birthing center with midwives

CHILDREN

Breakfast Program

- Nutritious breakfast provided every school day morning
- Soup daily at 10 am to the elementary school

DEA

- School bus transporting students during winter months

Food Bank

- Secret santa: a gift a christmas to those children whose family use the food bank

Child & Youth Outreach

- Home work programs
- Sports

Hamlet Summer Camp

- Activities during the summer

Health & Social Services

- Child protection
- Foster care

YOUTH

Breakfast Program

- Nutritious breakfast provided every school day morning
- Fruit given out daily for snacks

DEA

- School bus transporting students during winter months

Arviat youth piliriqatgiit

- Youth programs
- Mentorship

Child & Youth Outreach

- Home work programs
- Sports
- Embrace life council:
- Suicide prevention

Hamlet Summer Camp

- Activities during the summer

Health & Social Services

- Child protection
- Foster care

Arviat Alliance Church

- Young life every saturday

St. Francis Anglican Church

- Youth every monday

St. Theresa's Catholic Church

- Youth group
- Glad tidings church
- Youth group every friday
- Youth rally for a week every summer

ELDERS

Aulajut Elder's Center

- 24 Hour care
- Traditional games & feasts

Community Wellness

- Elder advocate (meets weekly)

DEA

- Works with sivullinut elders' committee in the high school

Health & Social Service

- Referral to elder's center
- Help with old age pension forms

Home Care

- Providing care and help within their home

Sivullinut Elders' Committee

- Preserving and promoting traditions and culture

PUBLIC HEALTH

Arviaqpauluk

- Broadcasts health announcements

Health Clinics

- Testing done for public health concerns (ex. Tb testing)
- Vision & hearing tests
- Health promotion

RECREATION**Arviapauluk**

- Music and greetings

Bingo

- Sponsor recreation at the hall

Arviat Hunters & Trappers

- Provides meat for the community feasts

Search & Rescue

- Treasure hunt annually in the community

Community Wellness

- Activities planned for all age groups

Food Bank

- Fishing derby and bingo

Inummariit Music Society

- Annual music festival

Donald Suluk Library

- Books and internet access

Mikilaaq Center

- Drop in center
- Provides requested services

Recreation Committee

- Plans activities and community events for all age groups during holidays

SPIRITUALITY**Arviat Alliance Church****Glad Tidings Church****St. Francis Anglican Church****St. Theresa's Catholic Church**

- All the provide worship services, counseling, prayer meetings, & Bible studies

**TRAINING/
EMPLOYMENT****Arviat Adult Learning**

- Providing GED courses & training

Arviat Hunters & Trappers

- Hires locals to hunt, provides tags to hunters

DEA

- Hiring of staff for casual positions

Health Committee

- Healing and counseling training

Arviat Housing Assn.

- Hiring summer students

Economic Development Committee

- Finds sources of training, education & employment for the community

**COMMUNITY DEVELOPMENT
& SERVICES****Arviapauluk**

- Announcements, updates pertains to community issues (ex. Search & Rescue)

Arviat Hunters & Trappers

- Nunavut harvest – provides low income families with transportation so they can hunt to provide for their families and Elders

Search & Rescue

- Finding those lost on the land

Community Wellness

- Assisting with proposals and counseling

DEA

- Educates children

Arviat Adult Learning

- Educates adults

Economic Developemt Committee

- Business proposals, infrastructure, finding sources of employment

Food Bank

- Dry goods once a month for low income families

Hamel

- Provides services to the community

RCMP

- Protecting people and property

Specialist Visits

- Doctor visits and clinics from specialist brought into the community

Health Committee

- Promoting healthy choices in the community

**ENVIRONMENTAL
HEALTH****Arviat Hunters & Trappers**

- Provides meat samples to be researched by scientists

Arviat Housing Assn.

- Maintenance of houses

Health Committee

- Works with researchers in studies regarding health and environment

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or school paper. The background is white, and there are no margins, text, or other markings present.

