

Community Wellness in Inuvik, NT

Summary of Issues

Prepared for Hon. Floyd Roland

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Overview

The Inuvik Interagency Committee makes a valuable contribution to a growing body of information on Inuvik community wellness and the process of community wellness planning. The Interagency has been working over the years to establish more recent and relevant data and to compile existing local and territorial sources. This report draws upon these resources to identify and describe community wellness issues identified in the course of community consultation processes. Drawn from the discussion of key issues is a summary of consistent themes present in the solutions recommended by the community.

The Inuvik Interagency Committee

For more than twenty years, the Interagency has worked to identify, address, and resolve gaps in social services programming. It is the Interagency's goal to implement changes in the town of Inuvik which are responsive, proactive, progressive and, ultimately, community-driven. Efforts to enact positive social change in the past have led to the establishment of entities such as the Inuvik Food Bank, Suicide Hotline, Victim's Services, and the New Beginnings Alternative School.

The Interagency performs a unique function in our community, serving as a forum and a model for collaboration. Members are able to identify local needs and gaps in current service provision and to work together to address and fill those gaps. Members have also reported that the Interagency has filled an important role in orienting and networking new employees with the anticipated result of improving employee retention.

The Inuvik Interagency Committee has an open membership currently ranging between 60 and 85 individuals representing over thirty local agencies and programs and including members of the general community. Member involvement ranges between active participation in projects and subcommittees, attendance of monthly meetings, attendance of special events, and receiving informational communications.

Currently, all Interagency activities take place within Inuvik yet in many cases reach to the broader Beaufort-Delta Region. Benefits of our activities are directly realized by participating members and positively impact participating agencies, their clientele, and the general Inuvik community.

The Interagency was originally established to address concerns regarding the impacts that an oil and gas boom (1970s-1980s) had on residents of the Beaufort-Delta. These concerns persist with renewed exploratory activity on the part of the Mackenzie Gas Project (MGP). We work to account for and address current social issues to minimize their exacerbation by the anticipated development stresses associated with the MGP thereby allowing us to direct more energy to maximizing the anticipated positive impacts.

Our Mission

The Inuvik Interagency Committee is a non-profit network of community representatives collaborating to implement community-driven social change.

Community-driven issues are those based on the expressed needs of the community.

To accomplish this mission, we:

- *Facilitate communication between existing programs and services,*
- *Engage our community in consultations, needs assessments and issue-identification processes,*
- *Identify and resolve gaps in social programming,*
- *Act as a resource for service access, and*
- *Foster the development of new social programs and services.*

Methodology

This report primarily represents the findings of the Inuvik Interagency Committee with additional information from secondary sources included where further context was of benefit. Information regarding the types and nature of community wellness issues was gathered through consultative processes such as community meetings, forums, workshops, and surveys. Due to some variation and vagueness in terms and the interrelatedness of the issues at hand, a certain amount of summary and selection were required to narrow the scope and provide structure to the document. Issues were selected based on level of emphasis bestowed upon them by participants in the sessions from which the data was gathered.

Secondary sources informing this document include GNWT reports on wellness services and programs, proceedings from workshops on anticipated social impacts, reports on previous wellness planning events, and various media items. Main sources employed in this report are described below; additional citations and references appear in footnotes and all sources may be found in the bibliography.

Community Wellness Strategic Planning Forum, Apr. 2005

In April 2005, the Inuvik Interagency Committee called together community members and representatives of local agencies, government departments and organizations to participate in a Community Wellness Strategic Planning Forum. The objectives of this forum were:

- To initiate a process leading towards the development of a tangible, measurable, and attainable common community wellness action plan, and
- To broaden channels for increased and more effective communication between proponents of community wellness.

By continuing to facilitate communication and provide a framework for working together it is hoped that barriers to true collaboration will be reduced, that agencies will find ways to pool their resources, to reduce overlap and to carry out an orchestrated program for wellness.

As many organizations had already explored this process internally or previously participated in this type of planning activity, this forum avoided repeated needs assessments and focused on the identification and actualization of concrete solutions and steps towards solutions. Seven key themes emerged from discussions and a large number of actions items were identified as a means of reaching a healthier community through addressing participants' priority areas.

Themes from Community Wellness Strategic Planning Forum

- Ensuring food and housing for all
- Developing and strengthening educational programs
- Strengthening families
- Promoting healthy lifestyles
- Ensuring access to services
- Community-based process and organization
- Supporting cultural identities

Interagency Annual Member Survey

Interagency members complete an annual survey as part of our evaluation and information gathering process. Data gathered through this survey, offers insight into participation and the needs and expectations of the general membership, and provides additional guidance to the Interagency Board regarding the general direction of the organization.¹ Significant to this document are the following questions and results:

- Please indicate which areas of social concern you feel should be considered priorities for the Interagency to address.

Top Ten Priorities	Top Five Priorities	1. Addictions
		2. Child Wellbeing
		3. Social Impacts of Resource Development
		4. Healthy Lifestyles
		5. Housing & Homelessness
		6. Counselling, Therapy & Mental Health
		7. Domestic Violence/Abuse
		8. Family Life & Parenting
		9. Poverty & Social Dependency
		10. Crime & Justice

- What are the major gaps in services/programs in Inuvik (i.e.: what crucial services/programs are missing?)

Topic Area	% of Responses
Addictions	57.7%
Housing & Homelessness	30.7%
Counselling, Therapy & Mental Health	27.9%
Community Unity/Collaboration	19.2%
Communications & Information	11.5%
Youth	11.5%
Education & Training	11.5%

Inuvik Wellness Strategy: A Discussion Paper, Feb. 1996

This document also draws upon an earlier report, *Inuvik Wellness Strategy: A Discussion Paper*, drafted in February 1996 on the conclusions of a community wellness workshop held a few months prior. The discussion paper offers valuable perspective into a community-based wellness planning process that has been evolving in Inuvik for over a decade. The 1995 workshop focused largely on the identification of “Inuvik’s perceived needs to meet the gaps in services;”² while some of these recommendations have since been actualized, many of them have not and reappear in more recent records.

¹ e.g. “How does your participation in the Interagency contribute to your work and community involvement” and “What do you see as the current function of the Interagency?”

² *Inuvik Wellness Strategy: A Discussion Paper*. Page 10.

The 1995 workshop employed a conceptual framework conveying the interrelatedness of the individual, the family and the community. This group envisioned a “holistic approach to service delivery” in which individual needs are met within the programs and services of “the system”, the strength of families is fostered as families nurture individuals and comprise the community, and the community becomes more self-reliant with individuals and families participating in governing themselves. Identified issues for each social area were divided into these three areas.

For the purpose of this report, workshop suggestions have been summarized within each social area and assessed for continued relevance. Themes that have persisted in more recent community consultation work by the Interagency have been referenced throughout this report to communicate the longstanding nature of many of these social concerns.

Vision

At the 2005 Community Wellness Strategic Planning Forum, participants were asked to speak to their vision for a healthier Inuvik community. Topics related broadly to the following:

- specific programs and facilities,
- civic participation and community spirit,
- healthy families, youth and children,
- promotion and practice of healthy lifestyles,
- supports for cultural identities, and
- education to promote the goals of this vision

A detailed list has been appended. While it was not the purpose of the exercise to formulate a definitive vision, this collection of positive thoughts forms a cohesive picture that may be described as follows:

Inuvik is a self-reliant community where all people have the necessary skills, resources, and supports to live healthy and safe lives. Inuvik residents take pride in their community, health, culture, and land. We are actively involved in community matters and engaged in each others lives. Community-based programs and facilities promote wellness and perpetuate traditional knowledge and cultural activities.

Community Wellness Issues

Addictions

In 2006, Interagency members identified addictions as the top social priority requiring immediate action and named addictions services as the most significant gap in local services and programs.³ Concerns regarding addictions and addiction services have been voiced by the community repeatedly over the years since Inuvik's treatment centre was closed down in 1997. At the 2005 Community Wellness Forum it was argued that there is too much money spent on sending clients out for treatment and that there is a need for qualified workers to offer local detox programs, treatments, and addictions counselling.⁴

Service providers and community members alike are frustrated by the lack of an effective addictions specialist in Inuvik. Current addictions services are minimal and raise questions about credibility, trust and sufficiency. The only organization listed in local and territorial directories for alcohol treatment is the now defunct "Inuvik Alcohol Committee".

Most attention is given appropriately to the issue of alcohol abuse; however, other addictions and substances such as gambling, marijuana and inhalants are present and are, for some, the source of serious problems. With already limited resources, these addiction areas receive little notice and are currently without issue-specific preventative or remedial programs and services.

While crack cocaine use is still fairly minimal, fear of the drug and the severity of its effects have motivated considerable attendance of two community meetings and an informational workshop. These events have made apparent the lack of reliable drug information among community members and a general feeling of powerlessness in the face of rising drug use. Participants at the workshop generated a list of actions to address addictions. Suggestions fit into the following three main focus areas; the full list has been appended.

- More Public Education about Crack Cocaine
- More Supports & Improved Access to Existing Supports
- Grassroots Action – Coalition for addressing cocaine use

Addictions are a contributing factor to many other difficulties such as housing, employment, and personal relationships. Service providers and community members agree that intensive treatment is ineffective without follow-up support services. People articulate strong concern that sending addictions clients south for treatment does not enable them to address the daily realities and context of their addictions within their community. After addictions treatment, people usually return to the living conditions, family expectations, and social activities where their illness had developed.

³ Specifically: treatment programs/facilities, addictions and drug education, detox facilities/services, and harm reduction programs. Annual Member Survey Results, 2006.

⁴ Community Wellness Strategic Planning Forum: Summary Report, 2005. Appendix D.

This, coupled with a lack of effective follow-up services, contributes to challenging circumstances and a poor success rate upon the client's return. Caseworkers and support services are important to maintain newly learned behaviours. Consequently, considerable emphasis continues to be placed on the re-establishment of an addictions treatment centre in Inuvik.

Family Life & Parenting

For many, the condition of families is perceived as a root determinant of the health of individuals. Participants of the Community Wellness Forum felt that community wellness could be enhanced by working to build strong families. A healthy community would be one where families could access the resources and skills that they need to be healthy and youth and children are guided and empowered to make healthy choices.

Interagency members identified family-related issues as significant social priorities. Of twenty-two topics, child-wellbeing was ranked second (to addictions), domestic violence and abuse was seventh, and family life and parenting was eighth. Moreover, thirty-five percent of survey participants identified gaps in services and programs relating to family well-being. These included: positive youth activities, programs for youth at risk, family/parenting programs and services, affordable childcare, and an elders centre.

Consistent with the earlier 1996 discussion paper, community consultations have revealed the following main areas of focus for addressing issues associated with Family Life & Parenting.

Focus Area	Examples Given
Increased Resources for Families:	<ul style="list-style-type: none"> ▪ Provide more healthy family-oriented activities and positive activities for youth ▪ Establish more support programs and resources for families experiencing the impacts of intergenerational trauma, violence and addictions ▪ Provide sufficient affordable quality child care
Education	<ul style="list-style-type: none"> ▪ Educate young people and community about values and healthy lifestyles ▪ Break down negative stigmas and shame associated with needing help ▪ Emphasize community wellness topics in school programming ▪ Life-skills training
Information Accessibility	<ul style="list-style-type: none"> ▪ Increase public information about resources and programs for families
Centralization of Wellness Services	<ul style="list-style-type: none"> ▪ Establish a child development centre ▪ Combine and centralize related and essential social programs/services
Improved Collaboration	<ul style="list-style-type: none"> ▪ Foster greater collaboration, communication and partnerships between agencies concerned with family wellness

Healthy Lifestyles

Healthy individual lifestyles are essential to overall community wellness. Health promotion organizations identify as many as twelve interdependent determinants of health and wellness which together comprise our health status. These determinants include areas such as culture, social support networks, income, and social status. Promotion of healthy lifestyles focuses on those determining factors that can be influenced. Lifestyle change can be facilitated through a combination of efforts to:

- enhance awareness,
- change behaviour, and
- create environments that support good health practices.

Wellness Forum participants understood the term “healthy lifestyle” to encompass a wide range of positive aspects comprising a healthy individual and community. At a more basic level, people leading healthy lives were seen to be physically active, nutritiously-fuelled and addiction-free.

Education, capacity building, and opportunity are key components of promoting healthy lifestyles. Healthy lifestyles are impacted by an individual’s ability to obtain, process and understand the basic health information and services they need to make appropriate health decisions. To promote health, Forum participants proposed:

- Wellness & Health Education
- Improved Information Accessibility
- Recreational Programs
- Health Services

Given the severity of some social concerns and the proliferation of competing and decidedly unhealthy social messages, it was recognized that some strategy needs to be employed.

- Enhanced Collaboration – wellness related organizations require the will and capacity to work together
- Compelling Social Marketing – healthy choices need to be made attractive and marketed to the community as a product.
- Strong Community Leadership – peer-driven social change
- Centralization of Wellness Services – offer a more structurally holistic approach to health

Focus Area	Examples Given
Information Accessibility	<ul style="list-style-type: none"> ▪ Information/resource directory ▪ community wellness newsletter ▪ Identify key resource people
Programs & Services	<ul style="list-style-type: none"> ▪ Various recreational activities involving traditional activities or stress relieving exercise ▪ Distribute condoms in public facilities.
Education	<ul style="list-style-type: none"> ▪ Numerous workshops on topics such as diabetes, addictions, and family violence ▪ Public service announcements, brochures, and educational plays

	<ul style="list-style-type: none"> ▪ Incorporate personal wellness into the school curriculum
Collaboration	<ul style="list-style-type: none"> ▪ Meetings to communicate, plan events, and share ideas.
Social Marketing	<ul style="list-style-type: none"> ▪ Hire a marketing representative ▪ Employ social marketing strategies in local stores ▪ Public service announcements ▪ Broadcast healthy living messages during TV bingo.
Strong Community Leadership	<ul style="list-style-type: none"> ▪ Community advocates ▪ Identify and celebrate role models
Centralization of Wellness Services	<ul style="list-style-type: none"> ▪ Wellness Centre

Basic Needs

Housing & Homelessness

The state of local housing has received increasing recognition as a crucial and pressing social issue in Inuvik over the last five years. Service providers are dealing with serious housing issues but there is yet no formal documentation or measures defining the scope of the problem. Service providers report single mothers who are unable to find affordable housing, multiple families living in three or four bedroom row houses, and clients with two-inch gaps in their exterior door jambs.⁵ At 200km north of the Arctic Circle, Inuvik has both a visible and hidden homeless population. One service provider reported an incident of a group of homeless men living in an old transport container suffering the abuse of youth throwing rocks at them.

In the past, there has been interest in establishing a facility that would fill immediate housing needs by providing safe shelter from our extreme climate for substance-using and non-using clients. The required facility would address long term needs through appropriate programming and transitional housing aimed at assisting clientele in building healthy and independent living situations. While this vision still exists, in recent years, it has proven difficult enough to keep the existing shelter open.

Residents are frustrated with high rental rates, low vacancy rates, and the poor condition of portions of the housing stock. Participants of the Community Wellness Forum called for some type of rent control and suggested the formation of a tenancy association. Additional recommendations have included further research and formal documentation of the specifics of Inuvik's housing situation and the exploration of possible eviction prevention programs.

Housing Issues

- Insufficient formal documentation of housing issues
- Insufficient low cost housing
- Lack of shelter for the intoxicated homeless
- Low or un-enforced building/maintenance standards
- Lack of transitional housing
- Low vacancy rates

⁵ Inuvik Interagency Committee minutes, 2005

Food

Declining consumption of traditional foods and the high costs for often poor quality store food is presenting nutrition challenges for low income families. A notable portion of the community cannot afford to eat well; the Inuvik Food Back is currently serving approximately 500 elders, adults, youth and children in Inuvik and is struggling to stay open for need of greater community support and involvement.

While meal programs are currently offered by a number of organizations, gaps remain in food availability.

Food Issues

- Food costs and quality
- Decline in consumption of traditional foods
- Food Bank needs community support
- Gaps in meal programs

Forum participants suggested that various formats of community kitchens might provide for some of these needs. Examples included focusing on vulnerable portions of the population such as single men or women, and teaching people how to prepare traditional foods or cook “on a shoestring budget”.

Other

Basic services that are generally found in home rental or ownership are difficult to come by for the homeless and transient population. Specifically, there are no public laundry or shower facilities in Inuvik, making personal hygiene unduly challenging.

Counselling & Mental Health

The Interagency annual member survey revealed considerable concern for the state of local counselling services. Over the past few years, Inuvik’s Family Counselling Centre has experienced significant difficulty in maintaining a sufficient number of qualified staff and has operated under a waitlist of up to two months at times due to funding cuts in other departments.

Twenty-eight percent of Interagency members identified the current “quantity, quality and types of counsellors/counselling services” as constituting a major gap in services.⁶

Interagency members call for:

- Crisis response team/intervention services
- Increased number of counselling positions
- Social workers with a broader scope of focus
- Long-term counselling/psychotherapists
- More diversity in types of counselling services
- Support groups

⁶ Interagency Member Survey Results, 2006.

Education

The need for education is implicit in every major wellness theme and has been touched on in most of the above sections as the means of providing people with the information and skills they need to make healthy choices about their lives.

Forum participants saw a need to address wellness education within both the institutional and the public realm and for educational goals to be determined according to identified needs within the community. It was suggested that funding be obtained for use in employing a healthy lifestyles educator to deliver a wellness curriculum in the schools. There was some interest in a greater focus on “hands-on training and education” and offering trades through the high school and college to better prepare youth for graduation and the job market.

At the community level, a team representative of local demographics could offer free, ongoing, community workshops of issues such as substance abuse, healthy relationships & sexuality. Some saw educational opportunities being created as part of the programming of a new facility. Examples given included a Wellness Centre that would offer topics such as nutrition and sex education and an Employment Training Centre that would incorporate Gwich'in and Inuvialuit values to offer a mentorship program, life-skills training, and an ongoing presence in schools regarding career counselling and vocational training.

Community Development

Community wellness processes, by their very nature, entail furthering the empowerment of individuals and groups of people by providing them with the skills they need to effect change in their own communities.

Community Development Issues

- Access to services.
- Community ownership and involvement
- Community Unity/Collaboration

Access to Services

The need for enhancing access to services was threaded through most discussions at the Community Wellness Forum. Access was interpreted as meaning the absence of barriers such as physical ability, distance, and information availability to making use of a program or service as needed. Suggestions to overcoming these barriers included:

- The development of orientation packages and resources,
- The development of a database of local services and programs
- Integrated service delivery
- Community ownership of and involvement in programs
- Provision of public transit and/or school buses

Process & Organization

There is a need for stronger and innovative ways of networking. Communication and collaboration should be meaningful and effective, aiming towards producing easily identified benefits. The development of actual tools for facilitating collaboration would ground the intangible nature of networking and help fill informational needs. Several possibilities for such tools have come up frequently:

- Community wellness action plan
- Resource directory
- Database of local programs/services
- Community wellness newsletter

The development of a successful and meaningful common wellness plan would necessitate a stronger and demonstrable commitment to collaboration from key community groups. The remaining tools fit well within the mandate of the Inuvik Interagency Committee to “act as a resource for service access”; however, current funding limitations will hinder progress in this area.

Collaboration

Collaboration exists when numerous groups work together to achieve shared objectives. The process is dynamic and benefits from open communication and the diversity of skills and knowledge brought to the table. Members experience a sense of belonging and commitment to the group which functions in an environment of mutual trust and respect.

Collaboration is perceived to be a fundamental albeit elusive element of working towards community wellness goals. Feedback was nearly unanimous in observation of an overall lack of true commitment to working together from community members, community groups dealing with social issues, Interagency members, government departments, and aboriginal organizations. An ad hoc working group on community wellness explored the issue of commitment further, identifying numerous barriers to achieving it. The resulting list of barriers communicates underlying issues relating to trust and investment.⁷ Several suggestions indicated that increased collaboration between the main governing councils in Inuvik (specifically the Nihtat Gwich'in Council, the Inuvik Community Corporation and the Town of Inuvik) might promote confidence in the process.

Community Wellness Forum participants were asked “What obstacles prevent more collaboration?” Responses underlined the perceptibly competitive climate for limited resources and a lack of or, in some cases, breakdown of communication. A notable number also described cultural differences or a lack of inter-cultural knowledge as a barrier. Additional comments pertained to impacts associated with addictions and high population turnover.

⁷ See appendix for full list.

Social Impacts of Resource Development

Social impacts associated with the anticipated Mackenzie Valley Pipeline have heightened community concern regarding current social issues. Much discussion of community wellness takes place in the context of socio-economic impact analysis; hearings and consultations have revealed an awareness that we cannot hope to address social issues that we anticipate will be exacerbated by the pipeline if we cannot begin to solve existing problems.

Commonly cited existing problems that are likely to be heightened by development pressures include:⁸

Topic	Existing Problem
Addictions	<ul style="list-style-type: none"> ▪ High rates of alcohol and drug use ▪ Use and trafficking of illegal substances, bootlegging
Families	<ul style="list-style-type: none"> ▪ Limited child care ▪ High rates of domestic violence
Health	<ul style="list-style-type: none"> ▪ Demand already exceeds capacity of existing programs/services ▪ High turnover of Health & Social Services staff
Housing	<ul style="list-style-type: none"> ▪ Currently overcrowded with low vacancy rates ▪ Substandard housing ▪ Notable homelessness ▪ High economic rent
Counselling & Mental Health	<ul style="list-style-type: none"> ▪ Inadequate mental health workers, addictions counsellors, and treatment/detox programs and centres ▪ High suicide rates
Education	<ul style="list-style-type: none"> ▪ Insufficient training and career preparation ▪ Social passing

⁸ GNWT, 2005. GNWT Beaufort-Delta Regional Workshop on the Social Impacts of the Mackenzie Gas Project.

Conclusion

Individuals involved in community wellness planning are of a broad range of experience and community presence with fairly distinct groups occupying either end of a spectrum. There are a fair number of long time residents and advocates of community wellness who have participated in similar processes on numerous occasions over the last decade and are ready to move on into some kind of implementation. This group works alongside an ever-shifting collection of newcomers with little or no experience relating specifically to the Inuvik community or community wellness planning processes. This newer group requires a fair amount of background information to ensure they are not left out of the process. Juggling the needs of each of these groups to orchestrate a certain amount of collaboration and progress is not easily accomplished. From observation of this dynamic and personal communication, the following approach to further work in this area is recommended.

1. Inform: Establish an efficient and effective means of communicating community needs and issues to newcomers and potential external stakeholders.
2. Clarify: Identify and define key issues for exploration through focus groups that are well informed in advance and structured to develop strategies specific to the issue at hand.
3. Move on: The issue-identification process has gone on too long. Informed and strategic action will be crucial to gaining further commitment.

A number of themes emerged from the issues as described by consultation participants and from suggested solutions. These themes have been summarized in the chart below to illuminate the overall consistency in what the Inuvik Interagency Committee concludes is currently required to further community wellness based on community consultations conducted from 2004 – 2006.

More Education Opportunities

- Provide and widely distribute information resources on health topics,
- Community information session and workshops on wide range of health topics and life skills, and
- Develop and provide a wellness curriculum in schools.

Increased Wellness Resources

- Identify which needs require outside input and which could be met by strategically employing existing resources
- Increase provision of programs and services, and
- Increase number of positions funded in health & social services and related professions.

Improved Information and Resource Accessibility

- Expand existing knowledge through local research, and
- Develop community information resources and communications tools.

Greater Community Unity/Collaboration

- Foster community leadership in wellness and on specific issues
- Foster greater collaboration, communication and partnerships between agencies concerned with family wellness

Centralization of Services/Specific Facilities

- Integrated service delivery
- Establish new facilities to comprehensively address various wellness issues

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Appendices

Appendix A: Vision

Inuvik Interagency Committee. April 2005. *Community Wellness Strategic Planning Forum: Summary Report.*

Community Wellness Forum participants were asked to offer their thoughts on their vision for a healthier Inuvik Community. Following is the list that was generated; items have been grouped into seven broad categories.

Cultural Identities

- Incorporate Traditional Knowledge into standard medical practices
- Aboriginal Languages taught in schools and spoken in everyday life
- Incorporate Community Cultural Education into schools with a locally relevant delivery model
- Traditional foods available in institutional care facilities
- Certify elders to instruct on traditional knowledge and arts & crafts
- Understanding & respect of cultures
- Archive elders – pictures, knowledge, family trees, stories
- Traditional events, people participating
- Understanding & respect of wildlife
- Healing Camp between Inuvik and Tuktoyaktuk on River
- Elders centre for gathering etc

Programmes and Facilities

- Crisis response team
- Local justice response program
- Public transit
- Healing Camp between Inuvik and Tuktoyaktuk on River
- Elders centre for gathering etc
- Addictions Rehab
- Comprehensive Community Wellness Centre
- Youth facility away from downtown

Process and Spirit

- Ownership in design, development and delivery of programs
- Active positive participation
- Active involvement in community
- People value each other
- Programs more inclusive to everyone
- Responsible sharing of program resources
- Care and Pride, sense of community, environment, health
- Adequate and appropriate funding resources for real issues
- Take care of ourselves

- Involve more people

Family

- Safe Homes – awareness and support for healthy homes and families
- Safe and secure place for children –community, home, all places
- Skills to be good parents – responsible
- Responsible and kind pet owners – parent role models
- No Family Violence
- No vandalism

Healthy Lifestyles

- Healthy eating activities for children
- Community Kitchens – Healthy Eating
- Awareness of healthy choices
- Mandatory Wellness Curriculum
- No smoking on school property
- Affordable housing (less than 1/3 of income)
- No homeless
- No FASD

Youth and Children

- Healthy eating activities for children
- Awareness of healthy choices
- Mandatory Wellness Curriculum
- Youth facility away from downtown
- No vandalism
- No smoking on school property

Education

- Awareness of healthy choices
- Mandatory Wellness Curriculum
- Skills to be good parents – responsible
- Aboriginal Languages taught in schools and spoken in everyday life
- Incorporate Community Cultural Education into schools with a locally relevant delivery model
- Certify elders to instruct on traditional knowledge and arts & crafts

Appendix B: Addictions

Inuvik Interagency Committee. February 2006. CrackBusters Workshops: Brainstorming Session. Minutes.

1. What Actions can be taken to Address Cocaine Use in our Community?

More Public Education about Crack Cocaine:

- Our skateboard park is repainted annually. Next years paint job could have an educational aspects regarding crack cocaine use.
- General public information sessions in an informal manner in a comfortable/inclusive location
- Establish a focal point for information availability (eg: bars, library, bulletin boards etc)
- Create an information resource at the library and youth centre by obtaining additional materials and donating them.
- Make submissions to the mayor's newsletter
- Do educational art projects with youth through the schools.
- CBC interviews and public service announcements
- Newspaper articles.
- Distribute information on crack and Crackbusters
- Information campaign for all ages in school from elementary to college.
- Provide public with information about personal responsibility, rights and obligations
- Increase public knowledge about RCMPs role in drug use prevention.
- Educate public on how to make official statements to RCMP to assist in addressing the problem
- Make information available to the public through a range of media
- Make information available to youth in plain language

More Supports & Improved Access to Existing Supports:

- Narcotic meetings: some uncertainty about the existence of these and need for extensive publicity regarding times etc.
- Narcotic meetings for youth
- Increase posting of help hotline information and numbers in public locations
- A group in Yellowknife has developed a "Cocaine Anonymous" group to provide support specific to cocaine users. David may be able to arrange for a workshop to share information about how this group operates so that one might be established here.
- Establish a list of existing programs and services to enable improved access.
- Provide support to agencies actively engaged with the issue
- Identify community resources that can be used in addressing this problem
- Collect and collate existing resources
- Make service providers more accessible and advertised
- Support groups for youth, youth teaching youth

- Ask the addict: wants, needs, what they couldn't find
- Provide youth with more alternatives such as traditional/recreational drug-free activities like drum-dancing

Grassroots Action

- Foster involvement of the community in addressing the issue
- Establish a Coalition for addressing crack use
 - Get all stakeholders involved
 - Identify community needs
 - Prioritize issues
 - Take action
- Maintain motivation/momentum
- Make a plan for addressing crack use
- Arrange a meeting with crown counsel, an experienced RCMP Drug Member, and concerned community members

2. Some Existing Resources are:

- Support groups:
 - Delta Alcoholics Anonymous group meets 3 nights a week at Inuvik Homeless Shelter
 - Anti-tobacco support group at Inuvik Homeless Shelter and Youth Centre.
- Inuvik Homeless Shelter acts as an information resource to clients
- Interagency is producing a pamphlet on "How to get your basic needs met in Inuvik"
- Agencies have been working together to deliver informational presentations in classrooms
- Sober & "straight" community role models
- Community/grassroots involvement
- RCMP
- Family Counselling

Appendix C: Family Wellness

Inuvik Community Wellness Workshop, February 1996. *Inuvik Wellness Strategy: A Discussion Paper. Second draft.*

Participants in this workshop identified “Inuvik’s perceived needs to meet the gaps in services. While some of these recommendations have since been actualized, many of them have not and reappear in more recent documents. In the area of family wellness, these ongoing themes are as follows:

Self-reliant Communities

- Authority has to be given to the community
- Transfer all money to the community; let the community decide what needs funding

Centralization of Wellness Services

- One overall committee to oversee more than one organization or service
- Centralize services
- What should be combined: administration, locations and referrals
- People need a central office to obtain the services/programs they need

Systemic Changes

- Need more flexible policies, reduce paperwork
- Systems and mandates make it hard for caregivers to deal with changing needs
- Need community standards developed (i.e. concerning RCMP, Housing, Justice, violence in our community, community leaders)
- Youth and elders should be more involved in decision making for families

Improved Collaboration

- Improve partnership between Social Services, education, RCMP, and Health
- Collaboration between Delta House, Ingamo, and Social Services
- Networking/get together regularly; request group meeting with all the caregivers organizations and decide what is duplicated; coordinate services
- Wrap-around services

Improved Accessibility

- All individuals need physical accessibility to buildings
- More public awareness about current and changing programs
- Create “employment” opportunities to allow families to earn a decent “wage”

Support Services

- Individuals need support for their families when they return from jail, foster homes etc.
- Individuals need programs to look at all their needs: holistic approach

- No support after child returns to family
- Family-counselling, in home support
- In-home workers for Inuvik (5 workers; 20 hours a week, 16 families a year)
- Private support groups for different issues.
- Need an ombudsperson to act on behalf of clients
- Street workers

Adequate Addictions Services

- Waitlists are too long for A&D programs; how can we support them in the interim?
- People can only go through A&D program once

Educating our Youth

- Organize workshops at school for youth on various issues

Appendix D: Community Development

Working Group on Community Wellness. February 2006. Inuvik Interagency Committee.

This ad hoc working group on community wellness explored the issue of gaining the commitment of individuals and organizations to pursuing community wellness goals collaboratively. Numerous barriers were identified.

Barriers to Gaining Commitment to Collaboration:

- So much happening, people's calendars are full
- Lots of work in the hands of a small number of people
- Difficult to articulate what we're trying to do in a way that means something
- Risk inherent in being alone in one's commitment
- The issue is too big, some don't understand the enormity of it
- People need to be able to rely on other people involved
- Lack of funding, time
- The 'wrong' people are sent by an organization because they have a limited capacity to participate or can't spare the 'right' person
- Not a priority
- Challenging to effectively coordinate information
- People are tired of talking and want more action