



An Aajiiqatigiingniq (consensus) process to develop an evaluation tool for health and wellness outcomes of land-based programs in the Canadian North

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Abstract

Mental health is one of the key priorities of Indigenous communities in the Canadian North. Land-based programs rooted in Indigenous knowledge and focused on building connections to one's land and culture have been used to promote mental wellness. However, evaluation of land-based programs is an emerging field of work. In this article, we describe the process of developing and implementing an evaluation tool for community-led land-based programs across the Canadian North to promote mental wellness among Indigenous boys and men. Through a partnership between eight community organisations and a community-based northern health research centre, a scoping review of

existing evaluation tools and related literature was conducted by the research team to identify priority evaluation concepts. These concepts were then further discussed and reviewed during a consensus workshop to develop an evaluation tool (36-item questionnaire). Six community organisations in Yukon, Northwest Territories, Nunavut, and Nunatsiavut used the tool to evaluate their programs, which validated its usefulness to assess programs varying in their activities, geography, and organisational types and capacities. Some implementation challenges were also identified. The findings highlight the necessity of developing program evaluation strategies tailored to the specific contexts of Indigenous communities, as well as the need for further research to report on the outcomes of evaluation initiatives.

Keywords: Mental health and wellness, land-based programs, Northern Canada, program evaluation, Indigenous knowledge

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Introduction

Under Canada's Chairmanship of the Arctic Council (2013-15), one significant area of focus was the mental health of the Indigenous peoples

of the Arctic (SDWG, 2015). Mental health and wellness are one of the key priorities of many Indigenous northern communities who experience a disproportionate burden of suicide, suicidal behaviour, and problematic substance use, with men and boys affected significantly more often than women and girls (Healey et al., 2016; Redvers et al., 2015; Young et al., 2015). In Canada, these high levels of mental health issues have been directly attributed to the history of colonial policies, residential schools, resettlement, disruptions of land connections, and loss of traditional knowledge and ways of living (Healey et al., 2016; Kirmayer et al., 2009). In a circumpolar context, factors such as cultural revitalisation, connectedness to parents and role models, and learning and practicing culture have been shown to contribute positively to the mental health of Indigenous peoples (Beaudoin et al., 2018; Chandler & Lalonde, 2008; DeCou et al., 2013; Macdonald et al., 2013; Redvers et al., 2016; Tierney, 2007). For Inuit men and boys in Nunavut, for example, previous research has identified that foundational beliefs about male identity have been challenged by outside, colonial pressures over the past three generations (Hicks, 2007; Kral, 2013). Strength-based interventions, skills, and resilience perspectives can and should be nurtured and passed on to boys in the next generations to foster mental health and wellbeing (Healey et al., 2018; Kral, 2013).

Land-based programming in Indigenous communities originates from a relational epistemology – that what is known and how it is known arises from the relationship to the land, animals, and spirit world/ancestors. Indigenous peoples contend that relationships with the land shape the cultural, spiritual, emotional, physical and social lives of individuals and communities (Healey & Tagak, 2014). Many of these ties were broken or suppressed due to colonial policies aimed at dispossessing Indigenous communities from their land; thus land-based programs aim to restore these ties through the provision of cultural activities within a land-based environment by Elders and other community leaders (MacDonald et al., 2013; Redvers, 2020; Wildcat et al., 2014). The relationship with the land is highly important to the mental health of many Indigenous peoples, and programs aiming to promote wellbeing in Indigenous communities

must focus on the restoration of connections to Indigenous knowledge, land, culture, and pathways to wellbeing (Boksa et al., 2015; Egan, 1998). Definitively, the land itself has an innate healing ability, and on-the-land mental health programs draw from this inherent strength (Redvers, 2020). By utilising Indigenous approaches to mental health recovery, land-based programs contribute to decolonising mental health practices primarily focused on Western clinical approaches and to promoting cultural revitalisation (Robbins & Dewar, 2011; Walsh et al., 2020). For Indigenous youth, cultural identity and participation in traditional practices are protective factors against suicide and mental health issues (Goodkind et al., 2012). Land-based programs build upon these inherent strengths of being connected to one's land and culture.

Evaluation of land-based programs for mental health is an emerging field of work. In order for the evaluation of Indigenous land-based programs to be valid and rigorous, it must be centred within the context of the program and its relationships to place, setting, and community (LaFrance et al., 2012). Holistic thinking forms the basis of Indigenous knowledge; thus, an Indigenous evaluation framework for land-based mental health programming must be holistic in its measurement of program outcomes (LaFrance et al., 2012).

Evaluation methodology stems from the worldview in which the evaluation framework is situated. Often, there is a disconnect between Western evaluation methodologies and the outcomes of traditional or cultural Indigenous activities (Janelle et al., 2009). Alignment can be achieved through the leadership and meaningful involvement of Indigenous groups in the evaluation framework development or selection and implementation process (Hurworth & Harvey, 2012). Scougall (1997, cited in Hurworth & Harvey, 2012. p.3), an advocate for change in evaluation methodology for Indigenous peoples in Australia, emphasised that: “evaluation only becomes relevant [to Indigenous peoples] when it is conceived of as a process that enables communities to understand their situation better, give voice to their own issues and concerns and determine a direction forward”. Thus, there is a need for communities to define for themselves what indicators are useful and relevant to their

specific context and within their own Indigenous worldviews, in order to enable valid and rigorous evaluation of community programs.

In this article, we will describe the process of developing an evaluation tool for community-led land-based programs across the Canadian North to promote mental wellness among Indigenous boys and men. From 2015 to 2018, through a partnership between eight community organisations and a community-based northern health research centre, six existing programs in six communities in Yukon, Northwest Territories, Nunavut, and Nunatsiavut were evaluated. The need for community-based evaluation of these programs that fit the specific evaluation requirements of the organisations implementing these programs became apparent in the initiation of this partnership. Though Indigenous evaluation models are available in the literature (Chandna et al., 2019; LaFrance et al., 2012), there are, to our knowledge, no evaluation frameworks to assess programs varying in their activities, geography, and organisational types and capacities. The evaluation tool that will be described below is based on a core set of priorities and outcomes shared by the partner organisations, while allowing flexibility to capture the diverse perspectives and site-specific results and challenges.

Methods

The methodology was informed by participatory action research and the *Piliriqatigiinniq* Community Health Research Model (Healey & Tagak, 2014; Healey et al., 2019). The project team came together through a set of shared values and goals that were set out from the beginning of the project, the foremost being: as a collective or northerners, we will implement and evaluate community-led and land-based initiatives to promote mental wellness among Indigenous boys and men across the Canadian North. This project built on community and team members' knowledge and priorities outlined in Figure 1 below, as well as on a core set of shared goals (Figure 2).



Figure 1 Community and team members' knowledge and priorities to promote mental wellness among Indigenous boys and men across the Canadian North



Figure 2 Community and team members' shared goals to improve mental health and wellbeing among Indigenous men and boys (and families)

Responsibility for many aspects of the project was distributed across the project sites. Intervention site coordinators, researchers, and knowledge users participated in project planning, and interventions were pre-existing and designed by local stakeholders through consultation and engagement with their fellow community members in order to incorporate their perspectives, knowledge, and expertise (Macaulay et al., 1999; Minkler, 2005; O’Toole et al., 2003).

Indigenous voices and epistemologies were central in the research process (Prior, 2007; Simonds & Christopher, 2013; Smith, 2012). The *Piliriqatigiinniq* Community Health Research Model (Healey & Tagak, 2014; Healey et al., 2019) emphasises relational epistemology (Thayer-Bacon, 2003) and the relationships that are fostered or created as part of the research process. It builds on five key Inuit concepts: *Piliqatigiinniq* (working together for the common good), *Pittiarniq* (being good, kind, or ethical), *Innuqatigiittiarniq* (being respectful of others), *Unikkaaqatigiinniq* (storytelling and the power and meaning of story), and *Iqqumaqatigiinniq* (ideas or thoughts may come into one understanding). While Inuit are not the only Indigenous population that was engaged in this study, the model calls attention to Indigenous ways of knowing and research approaches that originate from a shared Indigenous worldview and the universal principles of relationality, collaboration, and solution-seeking at the heart of research implementation across communities (Arnakak, 2006; Battiste, 2002; Chilisa, 2012; Kovach, 2009; Thaman, 2003; Wilson, 2008). Specifically, the methodology focused on relationship-building through face-to-face meetings; on-going and reciprocal information sharing; problem-solving through solution-seeking; acting with kindness and compassion in all actions with team members and participants; and honouring the power and meaning of story in the narratives shared throughout this project. Furthermore, the methodology expanded on the *Piliriqatigiinniq* model by also including an *Ajjiqatigiingniq* (moving forward through discussion and consensus, see Ferrazzi et al., 2019) process to meaningfully collaborate on the vision and tools for the evaluation.

The evaluation tool was developed in two phases: a scoping review of evaluation tools used by

community organisations and a consensus workshop.

Project Team Members and Sites

The project sites delivering land-based programs for this project and testing the evaluation approach included team members from the following organisations:

- Labrador Grenfell Regional Health Authority (Newfoundland and Labrador)
- Qaujigiartiit Health Research Centre (Nunavut)
- Aqqiumavvik Society (Nunavut)
- Nunatsiavut Government (Newfoundland and Labrador)
- Northern Integrated Cultures with the Environment/Arctic Indigenous Wellness Foundation (Northwest Territories)
- Inuvialuit Regional Corporation (Northwest Territories)
- Kwanlin Dün First Nation (Yukon)
- Institute for Circumpolar Health Research (Northwest Territories)

The project team members from the following organisations had previous experience implementing and evaluating land-based programming and retreats, as well as community-led research frameworks and two-eyed-seeing models of research:

- Qaujigiartiit Health Research Centre (Nunavut)
- Institute for Circumpolar Health Research (Northwest Territories)

The grant recipient and administration partner were:

- Labrador Grenfell Regional Health Authority (Newfoundland and Labrador)

The project was a collaborative effort of 9 northern institutions and programs across Canada’s North. The research component was led by a community-based health research centre based in Nunavut. The collaborative research process was based on Inuit and Indigenous epistemologies. As the grant recipient, the Labrador-Grenfell Health Authority developed, implemented, and monitored all research and funding agreements. Since the project was

evaluation-based, it was exempt from licensing through the Nunavut Research Institute, Aurora Research Institute, and Yukon Research Institute.

Scoping Review

To gather indicators relevant to measuring the impact of interventions on the wellbeing of program participants, we reviewed the evaluation tools and related literature from the programs that participated in the project. Project sites were invited to share their existing evaluation tools and processes for measuring success or challenges within their existing land-based programs. The research team at Qaujigiartiit Health Research Centre collated and synthesised the evaluation protocols and shared them with the six programs for review and feedback. Through this process, a list of indicators was developed that included content from all the sites to inform the quantitative component of the evaluation. Qualitative data collection was rooted in *Unikkaaqatigiiniq* (storytelling) methodology (Healey & Tagak, 2014; Kovach, 2009, 2010) with the collection of narratives, conversations, and observational data from the program implementation leads at their home sites. The final document served as the basis for the consensus workshop in phase two of the development of the evaluation framework. At this workshop, priority evaluation concepts identified by the research team during the literature review were further discussed and reviewed to develop an evaluation tool.

Evaluation Tool Consensus Workshop

Both Indigenous and non-Indigenous program leaders from each project site came together to attend an in-person two-day consensus workshop in Ottawa in 2015, as subject matter experts of their specific programs and advocates for their communities regarding the type of evaluation data that would be important and relevant for them. The focus areas for the workshop included: building relationships among the project members through the sharing of food, meaningful discussion, and playing games; sharing stories, photos, and perspectives from home communities across Canada's North; and developing a shared vision for implementing the project and the evaluation. Team members from Qaujigiartiit Health Research Centre facilitated the workshop. The workshop began with an

evening meal, shared by project team members in a private setting to foster informal relationship-building. On the next day of the workshop, participants shared presentations about their land-based programs and stories and perspectives from their communities about land-based programming. Participants were then provided findings from the scoping evaluation review, and discussions were focused on coming to a shared understanding of the various evaluation concepts and questions gathered and identified by each program. Participants also had an opportunity to add questions or concepts that they felt were important to them or their understanding of land-based programs and their impacts, and these were further discussed as part of the prospective list of evaluation measures.

This was followed by a “dot democracy” exercise to reach a participatory consensus-based evaluation toolkit (Creighton, 2005). The twelve evaluation concepts identified in the scoping review and program documents shared by each site were posted on a wall in the room. Participants were provided eight dot-shaped stickers each to place on up to eight evaluation concepts that they deemed most important to them. Eight were chosen because all program leads expressed a desire to keep the evaluation tools as short as possible. Based on the number of “dots” received for each concept, they were presented back in order of priority. This was followed by a final discussion of the top eight concepts that were identified in the exercise, and ultimate consensus was reached to proceed with the identified measures. On the final morning of the workshop, participants came to a consensus on a shared vision and approach to the project and set forth a series of action items for the team to implement in order to augment the tools and approaches for each site.

Results

A list of twelve evaluation concepts, which were developed into a 36-item questionnaire tool, were gathered during the scoping review (Figure 3).

During the consensus workshop, eight top evaluation concepts were identified and provided the shared basis of the evaluation tool. Based on the results of the workshop, the research team drafted an evaluation framework that was

circulated to all the participants for feedback and approval. After some months of iterative changes, the final evaluation framework was agreed to be a fit to the vision and intent that was outlined in the *Aajiqatigiingniq* (consensus) meeting. Through this process, quantitative sample questions were developed for each concept. These concepts and questions are summarised in Table 1 below. In addition, tools to assess qualitative outcomes (for example, pride in accomplishments) were identified, such as collecting stories from facilitators, participants, and community members through narratives, photographs, journals, descriptive reports, sharing circles, and case notes. This story-based component was essential for all programs and also a core component of the method. These story-based data also provided flexibility at each program to capture site-specific results and

challenges, while the quantitative component allowed the team to capture the impacts of the project related to a core set of shared priorities and outcomes.

In a sharing circle at the conclusion of the gathering, participants indicated that the process had been informative, collaborative, and helpful, and most importantly, they valued the opportunity to connect and build relationships with other like-minded individuals and programs across the North. One unifying theme of the discussion in the initial gathering was how the fly-in/fly-out model of mental health care provision was not meeting the needs of community members and a more balanced approach involving the therapeutic nature of land-based programs was needed.

Measures for Evaluation Framework	Problem-solving skills
	* Sense of self-efficacy
	* Attitude toward help-seeking for mental health issue
	Sense of agency/locus of control
	* Land skills and/or harvesting skills
	Sense of community
	* Connection to cultural identity
	* Relationships with others/social support
	* Suicide ideation/attempts
	Perceived mental health benefits of participating
	* Holistic well-being
	* Emotional/social/psychological well-being

Figure 3 Measures identified during the scoping review (*Measures that were prioritised by the communities during the consensus workshop)

Table 1 Key concepts selected by project team for evaluating health and wellness outcomes of land-based programs

Evaluation Concept	Sample Question(s)	Source
Emotional/Social/ Psychological Well-Being	After attending the program, would you handle problems with family, friends, or difficult emotions differently than you would have before the program? [Yes/No] In the past week, have you felt any of the following emotions/feelings? [Yes/No]: Sad, Frightened, Upset, Happy, Energetic, Scared, Miserable, Cheerful, Active, Afraid, Joyful, Lively	Keyes, 2002
Connection to Cultural Identity	How important is it to you to feel connected to your cultural heritage or identity? [Not important at all/ Not very important/ Somewhat important/ Important/ Very important]	Northern ICE program, Tulita (Blondin, 2014)
Holistic Well- being Quadrant	How did you feel PHYSICALLY before, during, and after participating in the program? [Excellent/ Very healthy/ Healthy/ Unhealthy/ Very unhealthy] How did you feel MENTALLY before, during, and after participating in the program? [Excellent/ Very healthy/ Healthy/ Unhealthy/ Very unhealthy] How did you feel EMOTIONALLY before, during, and after participating in the program? [Excellent/ Very healthy/ Healthy/ Unhealthy/ Very unhealthy] How did you feel SPIRITUALLY before, during, and after participating in the program? [Excellent/ Very healthy/ Healthy/ Unhealthy/ Very unhealthy]	Northern ICE program, Tulita (Blondin, 2014)
Land Skills/ Harvesting Skills	How important is it for you to be able to go out on the land? [Not important at all/ Not very important/ Somewhat important/ Important/ Very important]	Makimautiksat Youth Camp program (Mearns et al., 2019)
Sense of Self- Efficacy	Do you feel you can...? [Yes/No] ...Resist peer pressure ...Learn skills well ...Control your temper ...Live up to what your peers and family expect of you ...Live up to what you expect of yourself ...Make and keep friends ...Work well in a group ...Express your opinions ...Stand up for yourself when you are being treated unfairly ...Get people in the community to help you with a problem	Propel Centre for Population Health Impact (2011)

Evaluation Concept	Sample Question(s)	Source
Relationships with Others/ Social Support	How often do you find that you have someone to talk to if you feel troubled or for some reason need emotional support? [All the time/ Most of the time/ Sometimes/ Rarely/ Never]	Inuit Health Survey (2007)
Suicide Ideation/ Attempts	In the past 12 months, have you thought seriously about committing suicide? [Yes/ No] Have you ever in your life attempted suicide (tried to take your life)? [Yes/ No]	Inuit Health Survey (2007)
Attitude Toward Help-Seeking for Mental Health	Have you visited a hospital or health centre for a mental health issue in the last 12 months? [Yes/ No] Have you sought out other support for a mental health issue (i.e., counselling, healing program, etc.) in the last 12 months? [Yes/ No] If yes, what support did you get? Have you been admitted to hospital overnight for a mental health issue in the last 12 months? [Yes/ No]	Adapted from World Health Organisation (WHO, 1990)

The results of the land-based programs are reported (Healey et al., 2018; Redvers et al., 2021) and are available from individual program sites, as those findings are their intellectual property.

The evaluation approach revealed both shared strengths and diverging processes for implementation. Shared strengths included storytelling, music, and skills-focused data collection. Diverging processes included challenges with implementing quantitative tools and multiple methods of data collection.

Limitations and Contributions

The geographic distribution of team members posed the biggest limitation to this process, though this was part of the intent of co-designing an evaluation tool that could be used across multiple Northern communities. The participating organisations were from communities in four different provinces and territories, with differences in local context, language, and culture in addition to differences in their land-based programming. However, all the participating communities shared a grounding of their programs in connection to the land and to culture.

In addition, feedback from the partner organisations noted some limitations related to the applicability of the evaluation tool. One of the

challenges was the difficulty to evaluate programs through quantitative measures, and limited staff resources to collect and analyse qualitative evaluation data that can reflect participants' stories more accurately: “[O]n-the-land programming is NOT easily evaluated through clinical tools and utilising non-clinical tools requires additional staff to analyse data (for example journal writing and testimonials).” The difficulty in using clinical tools was an anticipated finding, which is why a multitude of data collection strategies were utilised, with a particular emphasis on story-based narrative collection.

Another implementation challenge was the difficulty to engage program participants in the evaluation process:

[O]ne overall challenge is that for our instructors and other community members, the idea of having to evaluate land programming is a difficult concept, and for some they do not want to participate in it. There is a feeling that there is something inherently wrong with having to do it.

[E]mploy[ing] surveys and interviews to gather information and feedback from youth [...] assumes that youth want to participate in that type of interaction. Many of the youth we work with have great difficulty already in expressing themselves and communicating. Getting them to participate in the program is a big step for them.

Asking them to complete a survey or answer interview questions can be a huge invasive challenge and often fails; they do not relate on that level.

Overall, these challenges highlight the necessity to develop program evaluation strategies tailored to the specific contexts and needs of Indigenous communities. Though this project was led by northerners and privileged exploratory processes that originated from northern communities, there remained a hesitancy among some program participants to share their experiences. This is not unexpected due to complex historical traumas and research and evaluation attempts which have often not adequately engaged in the spirit of reciprocity with our communities. There is still much work to be done to meaningfully engage in trusting relationships within and among communities for the purposes of research. Furthermore, there exists a dearth of literature that demonstrates the positive impact that evaluation and research data has had for community-led interventions which may also contribute to the cautions identified in this study. As one of the partners organisations put it: “[W]e still need to discuss what evaluation means and what it is for in the context of land programming, and we still need to find creative means to effectively undertake evaluation.”

Despite these limitations, an important contribution of the project was to identify key evaluation concepts and ways to measure them. We hope that this process will be a useful starting point for organisations that currently do not have an evaluation framework and would like to develop one.

Discussion

Community-based research is a shared endeavour between different partners, stakeholders, and disciplines. A key consideration in the research process is the co-development of a shared evaluation tool using a consensus-based decision-making process. There are lessons in how this methodology was applied and administered for other projects involving multiple partners or stakeholders. Canadian guidelines for conducting Indigenous health research stresses the importance of community engagement (Schnarch, 2004). Consensus methods are one way of engaging communities on a research topic; Inuit communities traditionally used an approach

to reaching consensus called *aajiiqatigiingniq* (Ferrazzi et al., 2019). Ferrazzi et. al (2019) describes several key *aajiiqatigiingniq* principles, which are reflected in the consensus process used in our study, namely: “(1) An ultimate focus on individual and community well-being; (2) a requirement of respectful communication; (3) a participant subject position that situates group members as personally engaged *within* the consensus healing process” (p. 7).

With particular emphasis on relational epistemology (Thayer-Bacon, 2003) and recognising relationships that are fostered or created as part of the research process, the *Piliriqatigiinniq* Community Health Research Model (Healey & Tagak, 2014) used in this project emphasises connections between people as essential pieces of the research process, from asking the question, to engaging members of the community in the project, to the collective uptake and sharing of the findings. All partners in the project own and hold their own data, and have copies of all materials, including collective anonymised findings and PowerPoint presentations for use in each region. Questions and evaluation concepts from the scoping review and evaluation concepts that were identified by the program leads and community partners were combined through a consensus decision-making process. This approach allowed us to co-develop an evaluation process that was appropriate for a project with a vast geographic scope. The quantitative measures allowed the project team to evaluate a set of core outcomes across the project sites, while the story-based component helped capture individual experiences, meaningful moments, holistic wellbeing perspectives, and site-specific results and challenges. The process enabled a holistic evaluation of land-based programs on Indigenous communities’ health, including the physical, mental, emotional, and spiritual wellbeing, as well as components such as connections to the land and cultural identity that have been shown to promote wellbeing.

Our study fills a gap in the literature on evaluation indicators for Indigenous on-the-land mental wellness programs in the north. The scarcity of appropriate wellness indicators that centre Indigenous culture is noted in the literature (Fiedeldey-Van Dijk et al., 2017; Ritchie et al., 2014). As described by Fiedeldey-Van Dijk et al.

(2017), the Thunderbird Partnership Foundation developed the Native Wellness Assessment (NWA), focusing on operationalising and measuring culturally grounded wellness amongst Indigenous peoples. This process and tool are designed for use in a variety of contexts – both on the land and off. Our study provides a more specialised evaluation tool for measuring wellness, specific to on-the-land Indigenous mental wellness programs.

The main implementation difficulties that were identified by partner organisations were related to staff availability and participants' engagement. In order to address these limitations, future initiatives should reflect on the suitability of evaluation tools such as surveys and interviews and develop strategies to support program evaluators who will be using these tools in their communities. Recognising the diversity of the types of data that programs desire to collect, a number of tools can be developed to support programs to conduct their own regular evaluations to help share successes with a broader audience.

Given the lack of evaluation frameworks to assess programs varying in their activities, geography, and organisational types and capacities, the evaluation process and tool described in this article can be used by other organisations. We encourage our readers to adapt it and to use it for their projects, as well as to report on the outcomes of their evaluation processes. Such work is much needed to develop evaluation strategies relevant and useful for Indigenous peoples in the Canadian North and to elevate the perspectives of northern communities into the peer-reviewed literature. We therefore broadly strive to promote “a greater understanding and recognition of the value of land-based practices and programs” (Redvers, 2020).

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