

Intersections: Indigenous Language, Health and Wellness
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Statement of Intent

First Peoples' Cultural Council is located on Vancouver Island, BC and provides communities with support and resources for cultural heritage programming, often involving language revitalization. To support ongoing advocacy and the development of a new health related language program they are interested in exploring the ways language relates to or is an indicator of health and wellbeing.

Through the University of British Columbia First Nations and Indigenous Studies Practicum program, Shoukia van Beek collected various articles, websites, news clippings and books to survey the body of knowledge regarding health and language. This is the comprehensive collection of her findings.



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Intersections: Indigenous Language, Health and Wellness

Review of Literature

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Introduction and Objectives

Within the field of Indigenous and critical race studies, the cultural connection to wellbeing and health has recently become more widely studied. In this context most research has been done from the discourse of assimilation practices and colonialism, and the impacts they have had on culture and wellbeing or health where poor health is a symptom of oppression, as seen with Indigenous peoples and state relations throughout Canada, the United States of America, parts of Europe, New Zealand and Australia.

This report on research findings focuses on the cultural aspect of language and how it could be an indicator of health. Is there a point of connection between heritage language and health/wellbeing? How are common indicators of health and wellness determined? Do these differ from an Indigenous perspectives or definition of wellness? How does language play a role in the intersection of mental and physical health?

These questions guided the search, while the key search criteria were: Indigen* OR Indigeneity OR Native OR Native American OR American Indian OR Aborigin* OR Health OR Wellness OR Wellbeing OR Physical Health OR Mental Health OR Social determinants OR Disease OR Illness OR Stress OR Resilience OR Identity OR Cultur* OR Epidemic OR Academic (success/achievement) OR Immersion OR Bilingual OR Monolingual

Overview and Considerations

The available research pertaining to the topics of intersecting health and language is fairly limited, especially within a heritage of Indigenous context. However, through surveying relevant sources, interesting patterns and themes emerge. While there may be a lack of information in circulation about language and wellbeing directly, they can be connected through identifying topics which bridge the gap from language to health.



The topics identified are: Indicators of well-being, indexes of social determinants, mental health, Indigenous concepts of wellness, academic achievement, identity and resilience.

Materials found, although sparse, are fairly new, which means that this is an emerging subject in research and is increasingly seen as important. However, this also means that there are limited critiques of the work, which are important for showing weak areas or gaps in the research for further study.

Themes

Indicators of Health and Wellbeing

Health is deeply related to indexes of social determinants, which are interconnected (Boughton, 2000, p. 4). These can be social advantage or disadvantage, oppression, racism, class, gender etc. These ideas are summed up in the concept of Control of Destiny. Control of Destiny carries social implications. For example, if one is upper class they have more control of their lives, and freedom within in. The more one has Control of Destiny the less stressful they feel (Boughton, 2000, p. 16). This is very important as stress is known to be a significant factor in mental health through resilience and coping, showing stress to be “linked to alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases” where mental health physically manifests (Cadet-James et al., 2014, p. 7). Stress is reported to also be associated with the grief, despair of cultural loss (Day & Fransico, 2013 p 351). Alternatively, if negativity is rooted in culture loss, turning back to tradition, culture, and language is a form of healing (Delormier et al., 2014, p. 47).

Control of Destiny
the ability for people to influence the
events that impinge on their lives
(Boughton, 2000, p. 16)



Academic Success

The incorporation of (Indigenous) culturally relevant material has been briefly studied in education and school settings since it provides Indigenous children with more opportunity and context to use their traditional knowledge and language.

An Ojibwe band saw the decline in the use of their language as correlating with a loss of Ojibwe traditions, the unraveling of the extended family, depression among Band members, high dropout rates among Ojibwe students, and an increasing amount of gang activity among youth (Reyher, 2010, p. 145)

Language immersion programs aim to strengthen cultural knowledge beginning at a young age. Early childhood is integral for the formation of self-worth and identity, making it an important stage of education and language learning (McIvor, 2005, p. 6). Stability is important for children, this can be created through heritage language acquisition as it carries values which shape relationships and enhance one's sense of belonging in a community (McIvor, 2005, p. 6). This stability offers a strong foundation for coping later on with adulthood and responsibilities (McIvor, 2005, p. 6).

Immersion education has also been shown to improve academic success or achievement. Among an assembly of positive factors, it improves familial relationships which are an important part of parental support for learning, and increases retention rates (Reyher, 2010, p. 149). Students who participate in immersion programming are likely to academically and behaviorally succeed (Reyher, 2010, p. 149; Guèvremont & Kohen, 2012, p. 1).

Language education also extends to bilingualism. Some scholars claim that teaching Indigenous children in their heritage language enhances their academic performance (Nicholas-Bear, 2010). This is not surprising given that in studies comparing monolingual and bilingual children, bilingual children displayed a noticeable advantage in working memory as they tend to have more flexible minds, and be more tolerant and balanced in their thinking (Bialystok et al. 2012, p. 200; McIvor, 2005, p. 9).



Later in life, bilingualism has been reported to be associated with the later onset of dementia (Alladi et al., 2013, p. 1988; Bodammer et al., 2012, p. 244). As the individual has to constantly be selecting between activated languages in the mind, it is thought that this further develops executive functions with results of increased cognitive advantages of attention control and conflict resolution (Alladi et al., 2013, p. 1941).

Indigenous Wellness Concepts

Research shows stress as related to wellbeing, so it is important to learn how happiness and positive emotional control are specifically rooted in an Indigenous context. Cadet-James et al. (2014) reports that within an Indigenous community compared to Western thought, there is more of a focus on spiritual beliefs, skills and values, indicating the importance of spirituality, holism and culture for good mental health (p. 11).

Ska'nikon:ra entewatste
'being of one mind' and represents the
Kanien'kehá:ka value of working together
for collective community benefit
(Delormier et al., 2014, p. 46)

This context is very important in the discussion of language. Languages are very unique and within them hold intrinsic values and beliefs which are transmitted and communicated (Reyher, 2010, p. 145). If values are important to emotional wellbeing

and mental health, then if the language which contextualizes and holds those values disappears then the community will become more vulnerable to stress (Canadian Institute for Health Information, 2009, p. 22). 'Namgis elders also state that language holds self and equate it with knowing the past; which relates to the present and future (Brown et al., 2012, p. 53). As such, social stability is foundational to health (Brown et al., 2012, p. 53).

Onkwehon:we
Kahnawà:ke idea of wellbeing, involving
interconnectedness, relationships,
responsibilities and roles as well as
knowing oneself as whole in spirit
(Delormier et al., 2014, p. 35-37)

Mnobmaadis

Anishinabeck word relates to health as a balance between physical, emotional, spiritual and mental spheres which relate outward to the spirit, family, and community worlds. The idea of disease or illness is the imbalance of ones worlds/self matter. (Gracey et al., 2009, p. 76)

The idea of self and culturally intrinsic values, lessons and skills are joined within the model of identity. The Indigenous concepts of Onkwehon:we and Ska'nikon:ra entewatste speak to the importance of community in knowing oneself in spirit (Delormier et al., 2014). As one interviewee said, when one feels whole they are well and do not turn to health risking behavior (Delormier et al., 2014, p. 42).

Identity

Indigeneity is innately social as it is a collective experience, based on cultural strengths to create cultural identity (Gracey et al., 2009, p. 77-78). Because of this social conception, it is especially connected to determinants of health extending to social and cultural arenas including (disconnection from) language (Gracey et al., 2009, p. 77). Cadet-James et al. (2014) speaks to when Indigenous culture and language transmission is disrupted, there is then an interruption to identity which is linked to emotional and mental unrest (p. 15).

Maslow's Hierarchy of Social and Emotional Wellbeing

Social and emotional wellbeing are tied to mental health and then constructed within the structure of Maslow's Hierarchy. In this structure of motivation, one must fulfil lower level needs in order to move on to attain higher level needs. Social and emotional wellbeing is further attained by reaching higher needs. Higher level needs are correlated to culture and (cultural) identity and any disconnection from culture hinders their attainment, thus hindering attainment of social or emotional wellbeing (Gorman, 2010, p. 28)



“The use of the native tongue is like therapy, specific native words express love and caring. Knowing the language presents one with a strong self-identity, a culture with which to identify, and a sense of wellness” (Reyhner, 2010, p. 142)

Indigenous language goes beyond communication to connect people with their past and situates their emotional and social vitality, involving themselves in their own identity and wellness as well as their connection to community (Guèvremont & Kohen, 2012, p. 1). Language is vital to positive identity, relationships and health as a bond between self, the outside world and culture or community (Gracey et al., 2009, p. 78).

Identity serves as an indicator and prerequisite of mental health (Gracey et al., 2009, p. 79). Many Indigenous programs which run cultural reconnection as a form of therapy result in positive self-identity and self-worth (Davidson, 2014). Enacting spiritual and cultural continuity through Indigenous language communication also enacts relating through social networks and the strengthening of sociability which are important to good health and resilience (Gracey et al., 2009, p. 82)

Resilience

Studies on resilience have identified language, traditional beliefs and culture as significant factors for success (Arim et al., 2016a, p 33). Measuring resilience within an Indigenous framework has seven tenants, which are: “access to material resources; relationships; identity; power and control; cultural adherence; social justice; and cohesion” (Ikeda et al. 2014, p. 112).

Resilience
What keeps people strong in the face of adversity and stress.
It has many Indigenous facets: spiritual connections, cultural and historical continuity, and the ties with family, community, and the land
(Gracey et al., 2009, p. 82)

Resilience is very tied into the control of destiny concept, as related to

stress and mental wellbeing. This makes it a very important element for showing the dynamics between language and health. Resilience as strength and coping is intertwined then with healing, and



the health effects of potentially coming into a state of emotional wellbeing, away from stressors (Kahentonni Phillips, 2010, p. 53). Oral tradition is also a key Indigenous cultural component, showing language to be “tied up in meaning, interaction, knowledge, collectivity identity, relationships, philosophy, and sociability” (Ikeda et al., 2014, p. 108). Language holds traditional teachings which aid in cultural reclamation and hold information about healing (Kahentonni Phillips, 2010, p. 68).

A study with Inuit youth further demonstrates this connection as its findings were that youth who spoke Innttitut had higher resilience, indicating the connections of social support and network through language in connection to self, others family and community (Ikeda et al., 2014, p. 110). Furthermore, a high resilience score was associated with the integration of Indigenous identity into decision making and normal day to day life (Ikeda et al., 2014, pp. 111-114).

Significance of Findings

The body of literature which investigates and ties Indigenous language, health and wellness together is invaluable. Recently there has been work on specific wellness diseases and outcomes which have been studied as related to Indigenous languages. They have shown results suggesting tangible realities for Indigenous languages as indicators of health.

Diabetes

Predicated on the notion that language is a substantial signifier and independent marker of cultural continuity, lower diabetes incidence and positive treatment outcomes have been associated with Indigenous language prevalence (Chandler et al., 2007; Delormier et al., 2014; Grier et al., 2014).

Among Cree and Blackfoot in Alberta, cultural continuity was measured by language prevalence (Grier et al., 2014, p. 1). It was found that in areas of high cultural continuity that the community had less illness, showing language/cultural presence to be a preventative measure for diabetes (Grier et al., 2014, p. 1).



Diabetes has also been associated with poor mental health and feelings of negativity taking a physical consequence (Delormier et al., 2014, p. 47). If unresolved negative emotions are brought on by colonialism, turning back to culture is a model of healing (Delormier et al., 2014, p. 47). To further that, Biddle and Swee (2012) report that there is a positive relationship between Indigenous language presence and happiness, which correlates to mental health and wellness (p. 227).

The concept of Onkwehon:we was also applied to diabetes, where relationships are tied to wellbeing for the community, but also in that knowing oneself and traditional knowledge is healing and could be prevention for diabetes (Delormier et al., 2014, p. 35). Knowing oneself in Onkwehon:we is also important for labelling; Delormier et al. (2014) report that one participant spoke about being called a 'diabetic' and how this hindered their view of themselves and their identity (p. 42). The participant explained that this is important as when one's identity is not whole, they don't know themselves or care and become more reckless and engage in more at-risk behavior (Delormier et al., 2014, p. 42).

Suicide

Chandler and Lalonde (1998) report that culture continually constructs identity and that during suicidal thoughts someone cannot see their 'self' as continuous (p. 5). Therefore, particularly during the turbulent time of adolescence, cultural consistency and stability are very important. Communities with active culture have observed much lower youth suicide rates (Chandler & Lalonde, 1998, p. 1). Independently, communities with higher traditional language knowledge also have had lower suicide rates (Chandler et al., 2007, p. 398).

Australian Elders are very active in recommending culture as a way to prevent youth suicide (Culture is Life; Davidson, 2014). Australian programs which use culture as a form of therapy to promote positive identity formation, report that 85% of their youth clients had suicidal thoughts prior to attending the programs but since completion none have committed suicide (Davidson, 2014). It



should also be noted that youth who have cultural schooling are less likely to consider suicide (Arim et al., 2016b, p. 66).

Language and culture's influence on identity is also reinforced by resiliency and Control of Destiny; these factors impact coping strategies and relate to the 'slow suicide' of partaking in at-risk behavior (violence, crime, alcohol, drug or substance abuse) (Boughton, 2000, p. 24; Cadet-James et al., 2014, p. 4).

HIV

The Public Health Agency of Canada has released a special report regarding Indigenous peoples and HIV, flagging it as an important issue (Public Health Agency of Canada, 2010). While little research has been conducted on the topic, the Cedar Project in British Columbia has been utilized as part of a study into investigating Indigenous resiliency to HIV (Christian et al., 2015). Resilience levels and substance abuse were explored, as HIV risk has been linked with unsafe sex practices which often coincide with engaging in at-risk behaviors such as substance abuse (Christian et al., 2015, p. 10). Research suggests that poor mental health precedes substance abuse, also linking it to wellness and stress or coping skills (Christian et al., 2015, p.10).

High resilience levels were associated with cultural engagement, but speaking traditional Indigenous language had the strongest positive influence on resilience (Christian et al., 2015, p. 5). Language was considered a fundamental aspect of Indigenous cultures, so the study also considered that participants who spoke their traditional language also had strong cultural identities (Christian et al., 2015, p. 7). "What is more, the enduring health benefits of knowing their traditional language were evident regardless of any history of historical or lifetime trauma" (Christian et al., 2015, p. 7).

This study shows that a cultural foundation acts as a buffer to prevent Indigenous peoples from experiencing negative health outcomes and may reduce vulnerability or prevent susceptibility to HIV exposure (Christian et al., 2015, p. 2, 9). It also has implications for programming. Rather than public health which focuses on risk-factors, instead programming should provide Indigenous peoples with



cultural opportunities to access tradition which promotes positive identity formation and coping skills (Christian et al., 2015, p. 7, 9)

Gaps in Knowledge

In many ways the research on wellness and Indigenous languages is self-reflexive. It is difficult to make a connection between the two within the academy based on the low amounts of qualitative and quantitative data. This review of literature also shows a few of the disconnects between western health (care) notions and that of the various Indigenous perspectives, which has influence over results.

Connecting language and health mostly comes through language's influence on identity and resilience, and in turn how these influence health and wellness. Due to many intersecting health determinants and factors, it is difficult to show language as an isolated and independent variable, and from there how correlation is related to causation.

The evolution of language is also worth considering. 'Red Englishes'/'Rez Englishes'/Indigenized Englishes are a phenomenon involving the hybridity of unique Indigenous languages and English. How does this remaking of culture impact Indigenous identity and in turn mental health and wellness? The literature also suggests assimilation and colonialism as a negative impact on health, how is this affected by English as a tool of assimilation being reworked for community purposes?

Biocultural rights and the correlation between cultural, ecological and biodiversity also came up during the initial web searches for sources. As language is connected to cultural practice there are large implications for traditional land use and lifestyle. How does land fit into the intersections between language and health? If language has implications for climate change and sustainability, does this fit into land based practice and health? Or land use, food and wellness?



Implications for Further Research

From the sources located, additional research could be done through sociological or psychological frames to determine more about resiliency or identity and health. The book titled “The Social Cure: Identity, health and well-being” appeared to follow this trend.

Particularly revealing documents may be found through archival research. Looking linearly through history, patterns about disease, health and cultural trends may appear. Some sources may be found in Indigenous topics in medical journals. This is an idea relating to the listing of Statistics Canada’s “Language, Tradition, Health, Lifestyle and Social Issues” wherein the title indicates a connection between language and health.



Annotated Bibliography

Alladi, S., Bak, T. H., Duggirala, V., Surampudi, B., Shailaja, M., Shukla, A. K. & Kaul, S. (2013).

Bilingualism delays age at onset of dementia, independent of education and immigration status. *Neurology*, 81(22), 1938-1944.

Study conducted to show the connection between bilingualism and the later onset of dementia. Bilingual peoples on average appeared to have the onset of dementia 4.5 years after monolingual speakers. No major difference was shown between speaking 2 or more languages. Education and environment are not confounding factors between this account of language and health. This study included a test group who were all from the same area of India, thus performing a unique bilingual study without the use of immigrants, showing environment to be a non-factor. Illiterateness was also included, indicating non-correlation with education.

Anderson, A. Holmes, W., Stewart, P., Garrow I., & Thorpe, L. (2002). Researching Aboriginal health: experience from a study of urban young people's health and well-being. *Social Science & Medicine*, 54(8), 1267-1279.

A longitudinal qualitative and quantitative study to look at prevalence and incidence of health problems as well as their interrelated determinants. Discussing the cultural, ethical and methodological issues of conducting the study and following guidelines set by decolonizing scholar Linda Tuhiwani Smith.

Andrew, C., Anne Indigenous Herk, K., & Smith, D. (2011;2010;). Identity matters: Aboriginal mothers' experiences of accessing health care. *Contemporary Nurse*, 37(1), 57-68.

Examining how 'self' and society interact in perceptions of identity shaping relationships and access to health care.



The role of being a ‘good mother’ is inscribed in seeking health care, which directly ties to colonialism through residential schools, the 60’s Scoop and disproportional removal of Indigenous children from their homes and families (p. 62)

Motherhood and how it is conceptualized is discussed.

Arim, R. G., Bougie, E., Tam, B., & Kohen, D. E. (2016a). School Outcomes among Elementary School-Aged Inuit Children in Inuit Nunangat. *Aboriginal policy studies*, 5(2).

Education is a determinant of health, as such it is important to study the factors associated with academic outcomes. This study works within a socio-ecological framework and amongst other factors, finds that consistent exposure to Indigenous language has a positive effect on chances of academic success (p. 32).

The study was conducted within an Inuit context, which is a unique Indigenous group. Other factors included socio-economic standings, parental education and family stability. Empirically the correlation between general health and academic success is noted, while including language as a variable (p. 42).

Arim, R., Guevremont, A., & Kohen, D. (2016b). The Relationships between School Experiences and Mental Health Outcomes among Off-Reserve First Nations Youth. *Aboriginal policy studies*, 5(2).

Using the 2012 Aboriginal Peoples Survey, this study aimed to examine the relationship(s) between school experience and mental health in Indigenous youth. An ecological framework was used which encompassed peers, family, school environment and support of Indigenous culture and language. The study found that various factors were included in poor or good mental health of students but Indigenous language was one which related to positive mental health.



Bang, M., Hermes, M., & Marin, A. (2012). Designing Indigenous language revitalization. *Harvard Educational Review*, 82(3), 381.

A case study on language revitalization within an Ojibwa community, with retrospective analysis on its efficiency. An important critique is made of language revitalization, saying that superficially including language as part of a cultural curriculum is detrimental and can result in the reiteration of single discourses, ie. the 'living in two worlds' binary. The authors promote a design based model which focuses on a theoretical framework and asks people about learning within their lives and is about the process rather than the product.

Bear Nicholas, A. (2010, June 10). Wanted: Aboriginal Immersion. *Telegraph-Journal*, p. A11.

The author takes on the academic achievement gap and says that teaching Indigenous children in their mother tongue enhances academic performance regardless of whether they speak their mother tongue. She goes on to claim full time immersion is effective as in English only education, children are removed from their culture or many hours and gives them less context to use Indigenous language, whereas bilingual students have more academic success.

Biddle, N., & Swee, H. (2012). The relationship between wellbeing and Indigenous land, language and culture in Australia. *Australian Geographer*, 43(3), 215.

In a cross sectional survey (analysis of the National Aboriginal and Torres Strait Islander Social Survey) a positive relationship is found between the sustainability of land, culture, language and Indigenous emotional wellbeing (p. 215). Sustainability is important to Indigenous lifestyles in the way which participation in mainstream lifestyle (education, etc.) should not compromise or come at the cost of Indigeneity (p. 216). The survey takes into account age, sex, employment, and geography showing that within each factor one can continue Indigenous lifestyles (p. 225-226). Connection to land is maintained through living or visiting homelands, along with hunting, harvesting, and fishing (p. 218). Language is shown to build a strong sense of self (p. 226). To sustain language, revitalization should be targeted at youth, language can be learned through



master-apprentice programs, schooling, online or immersion. Culture is often maintained through dance, stories, music and art, through art sometimes comes at the risk of exploitation and catering to tourism. An analysis is hesitant to make large claims connecting language and well being (p. 226). However, the data set shows increases in happiness when language, culture and land are present, seemingly without external factors, showing a positive relationship (p. 227). The results also showed that employment brought higher amounts of cultural and language maintenance, and higher levels of education brought more language and culture production. People living on Indigenous land and/or practicing culture, and/or having language reported higher levels of happiness. This study shows well-being and health outside of the social factors of education, income or employment (p. 230).

Bialystok, E., Morales, J., & Calvo, A. (2013). Working memory development in monolingual and bilingual children. *Journal of Experimental Child Psychology*, 114(2), 187-202.

Comparing performance between monolingual and bilingual children showed that bilingual children have a distinct advantage in working memory.

Bilingualism has an effect on cognitive functioning of the brain, probably because of the brain's need to monitor attention to the intended language, while both languages are being used in the mind for production and comprehension (p. 188). This may be performed in the executive control system, as researched in this study (p. 188).

This study is important as bilingualism is often learned through situation and often at an early age rather than through talent or choice such as music or video gaming, thus providing a unique outlet for brain development and at a different rate (p. 200).



Bodammer J., Mårtensson, J., Eriksson, N. C., Lindgren, M., Johansson, M., Nyberg, L. & Samhällsvetenskapliga fakulteten. (2012). Growth of language-related brain areas after foreign language learning. *Neuroimage*, 63(1), 240-244.

Finding provides evidence that learning a completely new language in adulthood changes the brain structure in areas related to language. The study's results "suggest that adult foreign-language learning is accompanied by increases of gray matter volume in language-related brain regions. Plasticity of the hippocampus and the left STG might be important for learning a new language. Considering the hippocampus related findings in particular, such experience-dependent neural changes may constitute a mechanism behind the delaying effect of bilingualism on the onset of late life diseases such as Alzheimer's." (p. 244)

Bolam, B., Townsend, M., Henderson-Wilson, C., & Kingsley, J.(2013). Developing an exploratory framework linking Australian aboriginal peoples' connection to country and concepts of wellbeing. *International Journal of Environmental Research and Public Health*, 10(2), 678-698.

Developing an exploratory framework of cultural determinants of wellbeing within a context of Indigenous ontology. It follows multiple models of health, focusing on ecohealth and the passing down of knowledge. It also connects "self-esteem, self-worth and pride, fostering self-identity and belonging, cultural and spiritual connection" with "enabling states of wellbeing" (p. 687).

Boughton, B. (2000). What is the Connection Between Aboriginal Education and Aboriginal Health?, *Occasional Paper Series, Issue No. 2, Menzies School of Health Research, Alice Springs. 1-39.*

In order to improve Indigenous health more research needs to be done within the social factors effecting health. Indexes of disadvantage tend to cluster together and are inter related, and in turn toll on wellbeing (p. 4). Unraveling the interconnectedness of these factors is a research ambition, while not homogenizing Indigenous experience or racializing or pacifying disadvantage. This article heavily focuses on how/why education is connected to health, with some information about social factors influencing education.



Health transition studies use statistics focus on the relationships between education levels and improved health (of people and their children). Pathways research use survey data to make sense of how and why education leads to improved health (pp. 8-9). Longitudinal studies have been used to show policy change and immediate implications, including extra factors such as gender and reproduction (p. 9).

However, within an Indigenous context, research techniques and claims such as “this behavior endangers you more than this behavior” (on the topic of health) have formed ideas about what needs to be modified or rejected about a lifestyle, disrupting traditional ways of knowledge and imposing western discourse. Research has not been conducted on this phenomenon in Australia (p. 12).

The poor health status of Indigenous Australians cannot be viewed in isolation of the mainstream population as it is inextricably bound in the inequality of the nation (p. 12). Change needs to happen in this relationship, not just the Indigenous community. Education as relating to health is tied to the history as ‘education as assimilation’ in Australia, and how acculturation is linked with lower health (p. 14). One’s control of their own destiny is linked with lower levels of stress (p. 16). The Australian education system does not promote Indigenous identity (or Indigenous citizenship) as it focuses on socialising an Australian governed citizen with western values (p. 24). This disconnect may have an effect on health; in what ways do values effect health? (p. 24). If schools teach students how to be subordinate/governed in a colonial state, what influence does this have on their ‘control of destiny’ and stress/wellbeing?

Brown, H. J., McPherson, G., Peterson, R., Newman, V., & Cranmer, B. (2012). Our land, our language: connecting dispossession and health equity in an Indigenous context. *CJNR (Canadian Journal of Nursing Research)*,44(2), 44-63.

Neoliberal practices work to (subtly) disposes Indigenous peoples of their land and language, resulting in lower levels of health. Furthermore, this dispossession also restricts access to



healthcare. The article calls this practice medical colonialism. 'Namgis elders speak to language as holding identity and equate it with knowing the past; which relates to the present and future. This social stability is foundational to health.

Cadet-James, Y., Whiteside, M., & Tsey, K. – Humanities, Social Sciences and Law. (2014). *Promoting aboriginal health the family wellbeing empowerment approach* (1;2014; ed.). Dordrecht: Springer International Publishing.

The Family Wellbeing Empowerment program aims to empower Indigenous Australians in order to promote taking control of one's own life (Control of Destiny) and personal development. The program seeks to address grief, loss, and despair as social determinants of health (p. 1). These aspects are related to the loss of culture, kinship, family structure, language and land (p. 2).

Chapter one focuses on the structure of the program and its design.

Chapter two is a constructivist grounded theory methodology research which supports the program's individualist take on change through empowerment. Empowerment is "manifested through attributes such as hope, goal setting, communication skills, empathy, a strong desire to help others, perseverance, and a belief that the social environment can change" (p8). "Key elements [of change] ... could be clustered into broad categories of social context, beliefs, skills, agency and outcomes" (p10). The results of their research show that where positive wellbeing is present, those communities have better health (p. 11). In Indigenous communities wellbeing is especially interconnected with spirituality and healing (p. 11).

Chapter three recounts the program's previously mentioned key elements, which are part of enabling empowerment. The program uses empowerment to address Indigenous grief, loss and despair. Much of this comes from the 'stolen generations' which resulted in a disruption of Indigenous knowledge/culture/language transmission. In their study, disruption of "knowledge and identity was linked to confusion, lack of direction and despair (p15). Emotional pain triggers other problems such as interpersonal conflict, alcohol or drug use, gambling, and suicide (p. 15).



Chapter four states that beliefs and attitudes inform the Family Wellbeing empowerment model and positive life change. The way one views themselves and the world around them are integral. The top seven the program encourage are: “choice, responsibility, a positive attitude, self esteem and pride, spirituality, and personal value” (p. 9).

Chapter five is similar to chapter four except it focuses on skills rather than beliefs. The skills the program works to build from are: life experience, emotional control, analytic skills, communication skills and skills for helping others” (p. 25).

Chapter six speaks to the program’s attention to the importance of agency. Agency acts as ‘Control of Destiny’ but also being responsible and accountable. The areas stressed are: “healing, planning for the future, improving relationships, helping others and participating in community efforts for change” (p. 31).

Chapter seven gives examples of outcomes from the Family Wellbeing program and what is achieved through the empowerment model. “These outcomes involve six aspects: personal healing and growth, better relationships, being more confident and engaged at work, taking on more community responsibilities, helping others to change, and community level change” (p. 37).

Chapter eight wraps up the book as it recounts the validity of the empowerment model and how it related to health and wellbeing. It goes on to state though that individual work can only go so far and that there are larger factors which effect life. This include but “are not limited to, widening social and economic inequalities, rising obesity, unemployment especially of youth, alcohol and other drug addictions, environmental degradation and climate change adaptation, all of which are in turn increasingly undermining social cohesion, health and sustainability” (p. 45). And that gaps between Indigenous peoples and Australians in health are criticism of Australia as a whole (p. 45). However, that does not mean change does not happen at a grassroots level and individual’s lifestyle change can be very important.



Canadian Institute for Health Information, Canadian Government Ebook Collection, Canadian Population Health Initiative, & Canadian Institute for Health Information. (2009). *Mentally healthy communities: Aboriginal perspectives*. Ottawa: Canadian Institute for Health Information.

Using Indigenous perspectives of health, the report places mental health as in an inextricable relationship with bodily health (p. 23). It speaks to health in a community setting rather than individual and how for a community to be healthy “the sum must be greater than its parts” meaning that health varies from group to group and cannot be managed in a pan-Indigenous way (p. 39).

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada’s first nations. *Transcultural Psychiatry*, 35(2), 191-219.

The article suggests that cultural continuity and self-continuity inform each other in an ongoing fashion as identity is continually adjusted through intake of outside force continuous in time. Therefore adolescence is a time of turbulence, in need of cultural input and stability and do not see their time in continuity during suicidal thoughts or unrest (p. 5). Communities which have been active in preservation and rehabilitation of culture have seen much lower youth suicide rates than other communities (p. 1).

Chandler, M. J., Lalonde, C. E. & Hallett, D. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22(3), 392-399.

Correlation between language and wellbeing within communities. Youth suicides are referred to as ‘the coalminer’s canary’ for cultural distress in the methods used for this study. Language is explained to be an independent marker of culture and therefore cultural persistence. This article is centred within British Columbia and argues that knowledge of traditional language is a predictor for suicide rates and that within communities with more language prevalence, youth suicide rates are lower. This article’s citations could be looked at more closely to determine how language can be considered an independent factor.



Christian W.M., Pearce, M. E., Jongbloed, K. A., Richardson, C. G., Henderson, E. W., Pooyak, S. D., Oviedo-Joekes, E. Cedar Project Partnership. (2015). The cedar project: Resilience in the face of HIV vulnerability within a cohort study involving young Indigenous people who use drugs in three canadian cities. *BMC Public Health*, 15(1), 1095.

Researchers work to identify factors related to cultural connectedness which may affect prevention rates for Hepatitis C and HIV as related to drug use and trauma. The study looked at resilience levels in participants of the Cedar Project which works with Indigenous peoples who suffer from illicit drug use in three urban BC cities. The study showed that being culturally involved, and particularly speaking an Indigenous language, was associated with higher resilience scores which correlate with stress management and coping skills thus mental health leading to physical health and disease such as HIV.

Culture is Life. (n.d.). Retrieved January 28, 2016, from <http://www.cultureislife.org/>

Culture is Life Campaign is a community based platform which allows for the vocalization of Elders. These elders speak about the importance of culture and identity as an Indigenous Australian and claim its loss is a reason for high rates of teen suicide.

This campaign is striking because it does not involve 'experts' or water down the politics of assimilation. It is a bold statement about Australia, but more about the importance of youth and community within the Indigenous context.

Dagsvold, I., Møllersen, S., & Stordahl, V. (2015). What can we talk about, in which language, in what way and with whom? Sami patients' experiences of language choice and cultural norms in mental health treatment. *International Journal of Circumpolar Health (Online)*, 74, 1-11.

Cultural norms dictate what we talk about and in what way. Relating to this are health narratives, or ways in which people explain their health status and how 'wellness' is seen differently between contexts. The article says that a native Sami speaker being able to talk about their



medical information in Sami changed many meanings and enhanced possibilities for efficient and understanding care.

Dana-Sacco, G. (2012). Health as a proxy for living the good life: A critical approach to the problem of translation and praxis in language endangered Indigenous communities. *Fourth World Journal, 11*(2), 7-24.

Ethnographic models are used to take Indigenous accounts of health, expressed in Passamaquoddy-Maliseet and then translated into English. It explores Indigenous ideologies of what health means with critical thought of causes of illness.

Davidson, H. (2014, November 17). Indigenous suicide: 'prevention should focus on cultural reconnection' *The Guardian: Australian News*.

Elders in Australia are recommending a turn back to culture to curb youth suicide rates and to act as a preventative measure. In some areas, the youth suicide rate is 100 times greater than the national average. Programs which run cultural reconnection as a form of therapy result in positive self identity and self-worth. One program says 85% of youth reported suicidal thoughts before going through but none have committed suicide since completing. The Australian government released a suicide prevention plan which states 'cultural disconnection' as correlated to mental health and a key factor in increasing suicide, but does not provide funding to culturally based programs.

Day, A., & Francisco, A. (2013). Social and emotional wellbeing in Indigenous Australians: Identifying promising interventions. *Australian and New Zealand Journal of Public Health, 37*(4), 350-355.

A systematic review of empirical evidence which shows the effectiveness of a range of psychosocial intervention programs regarding improving social and emotional wellbeing for Indigenous peoples in Australia. This report is important as it uses data conducive to government standards for healthcare knowledge, meaning it can be utilized within a health setting (p. 351). However, a small amount of program evaluations were found which involved Indigenous



participation. Evaluations are needed to show how programs are successful and how to further replicate it or provide growth. The review suggests that social determinants of health (ie. language and culture) may effect Indigenous utilization of services, and in order to be applicable, these services should follow Indigenous pedagogies (p. 354).

De Korne, H. (2010). Indigenous language education policy: Supporting community-controlled immersion in Canada and the US. *Language Policy, 9*(2), 115-141.

Indigenous Language Education (ILE) is a policy which varies based on region and difficult to keep consistent based on language diversity and access to resources, particularly for public schools. Approaching ILE using immersion and community control of education show the most success and are indicative of the level of support for it (p. 155).

Delormier, T., Hovey, R. B., & McComber, A. (2014). Social-relational understandings of health and well-being from an Indigenous perspective. *International Journal of Indigenous Health, 10*(1), 35.

Findings from (decolonizing methodologies (p. 39-42)) research with the Kahnawà:ke people are presented about how wellbeing is understood by Indigenous peoples (with particular emphasis on diabetes). Indigenous ways of knowing revealed that social conditions created by colonial influence on culture, language, and epistemologies are connected to relational conditions which impact wellbeing and health of individuals, families and communities (p. 35).

In 1994 the community project; Kahnawà:ke Schools Diabetes Prevention Project began in order to research and combat high levels of diabetes using an Indigenous world view. The negative characteristics and consequences of colonization have been well documented but its implications on health and wellbeing have been less documented (p. 38). Illnesses such as diabetes are recently being thought of as symptomatic of oppressive social conditions, as risk factors such as obesity are closely related to social circumstances of individuals (p. 37). These ideas are leading to research about conditions which further influence health (p. 37). Furthermore, how can social



relational conditions improve wellbeing or work preventatively for illness such as diabetes? (p. 38)

The findings stated that community members reported medial strategies for diabetes but also relational means. These relationships were divided into four categories: “(a) that of being Onkwehon:we, which influences Haudenosaunee understandings of self and wholistic well-being; (b) how families function, or fail to function, as cohesive, loving, and supportive extensions of the relationship to self; (c) the impact of this on multiple generations; and (d) what family relationships mean for well-being within the larger community” (p42).

In this way, Onkwehon:we meets health and wellbeing in a very interesting pathway. Onkwehon:we can be used as knowing oneself and one’s spirit or identity. This can be disrupted by not being spiritual connected or culturally, linguistically, but also through naming. One participant spoke to being labeled as a ‘diabetic’ and how that effects their view of themselves as a human with lived experiences and Onkwehon:we (p. 42). Onkwehon:we and knowing oneself directly connects to risk factors for illness and diabetes as one research participant spoke about how when one does not know themselves and do not feel whole they don’t care and become more reckless, engage in more at risk behavior (ie. alcohol) (p. 42). Identity is entangled with behavior (p. 42). This is also related to intergenerational trauma from residential schools and how survivors and family members express trauma but are encouraged in relationships to work with Onkwehon:we, traditional teaching and cultural meaning (p. 45).

Residential schools and colonialism have also begun a new trend of “hushed-suffering” where one does not speak about their trauma but their hurt is past on and felt in unspeakable inherited hurt/pain (p. 45). “When unspeakable things happen to a person and that trauma becomes buried deep within his or her soul, the soul is wounded and the body pays the price through manifestations of illnesses, substance abuse, and depression at levels dramatically exceeding those in the external, dominant society” (p. 45).



Diabetes is seen as part of the mental illness epidemic (p. 47). Feelings of despair, negativity and distress manifest within the body (p. 47). If negativity is rooted in colonization, turning back to tradition, culture, and language is a form of healing. Healing then means connection with the mind, a holistic model.

Douglas, V. K. (2013). *Introduction to aboriginal health and health care in Canada: Bridging health and healing* (1st ed.). New York, NY: Springer.

Entry-level text to address current state of knowledge about Indigenous health. Contextualizes Indigenous health by including historical background and setting a theme of cultural importance and longevity. On this note, that book addresses the disconnect between Western medicine and health care and gaps in Indigenous health studies, particularly regarding women and children.

Francis, N., Reyhner, J. A., Aboriginal Ebook Collection, & NetLibrary, I. E. C. (2002). *Language and literacy teaching for Indigenous education: A bilingual approach*. Clevedon [England];Buffalo, NY: Multilingual Matters

Provides an overview of the state of Indigenous languages in the Americas and the prospects for learning. This includes suggestions for language curricula and strategies for implementation.

Gorman, D. (2010). Maslow's hierarchy and social and emotional wellbeing. *Aboriginal and Islander Health Worker Journal*, 34(1), 27-29.

Social and emotional wellbeing are tied to mental health and then constructed within the structure of Maslow's Hierarchy. In this structure of motivation, one must fulfil lower level needs in order to address their higher level needs. Social and emotional wellbeing is further attained by reaching higher needs (p. 28). The article claims that higher level needs are correlated to culture and any disconnection from culture hinders their attainment. "If culture provides the context within which we define ourselves, and defines the needs that motivate us, needs which progress through a hierarchy to self-actualization and self transcendence, then it stands to reason that someone who has been disconnected from their culture will be impeded from achieving those



needs.” (p. 28). Furthermore, “if these groups are unable to identify, let alone meet, the higher level needs as proposed by Maslow, then their ability to achieve social and emotional wellbeing are equally impaired” (p. 29). The implications of that are that if one is “dislocated from their ability to meet their high level needs”, then this would impede them from participating in programming meant to address this need as they would not be motivated ie. education (p. 29).

Gracey, M. & King, M., Smith, A. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374(9683), 76-85.

The health gap between Indigenous and non-Indigenous peoples is explored, to show the underlying causes of health disparities, particularly from an Indigenous perspective. Factors relate to historic and cultural social relations such as globalisation, colonialism and loss of language (p. 76).

Indigenous ideology about health goes beyond disease and treatment, but more broadly (p. 76). The Anishinabeck word *mnobmaadis* relates to health as balance between physical, emotional, spiritual and mental spheres which relate outward to the spirit, family, and community worlds (p. 76). The idea of disease or illness is the imbalance of ones worlds/self matter. Often ceremonies are performed to cleanse toxicity (p. 77).

Indigeneity is inherently social, as it is made of a cultural identity (p. 77). This means that social determinants of health extend into that social realm and include racism, disconnectedness to environment, language, emotion, mental health, access to land, and spirituality (p. 77).

Within an Indigenous context, identity is a collective experience, based on cultural strengths (p. 78). The article goes through factors affecting health and identity, these are: mental health and addictions, urbanization, loss of land and destruction of environment, Indigenous health and gender issues, and elder health and aging.

Throughout the brief history of colonization’s effects on Indigenous health, the theme of identity is maintained. It states that “language is crucial to identity, health and relations” (p. 78). As it is a

link to culture and community relations or one's relations with the outside world (mnobmaadis). Social capital is also stated to be important to good health and resilience, this relates to social networks and sociability which can operate in the form of communicating in culturally rooted language, enacting spiritual and cultural continuity (p. 82).

The article closes on the idea that Indigenous health and health care is political, as having 'control of destiny' is shown to bring improved health, this directly relates to self determination and land loss.

Grier, A., Oster, R. T., Lightning, R., Mayan, M. J., & Toth, E. L. (2014). Cultural continuity, traditional Indigenous language, and diabetes in alberta first nations: A mixed methods study. *International Journal for Equity in Health*, 13(1), 92-92.

An exploratory mixed methods approach was used to study an association between cultural continuity, self-determination and diabetes in First Nations People (Cree and Blackfoot) in Alberta, Canada. Cultural continuity was measured by the prevalence of language knowledge and it was found that significantly less ill health was found in areas of high cultural continuity. It was also stated that government policies about self-determination (as relating to land access) relates to colonization and has an impact on culture.

Guèvremont, A., & Kohen, D. E. (2012). Knowledge of an aboriginal language and school outcomes for children and adults. *International Journal of Bilingual Education and Bilingualism*, 15(1), 1-27.

Using the 2001 Aboriginal Peoples Survey to examine factors relating to speaking an Indigenous language and then how this is related to school outcomes (p. 1). Despite controlling family factors, it was found that speaking Indigenous languages was connected with positive school outcomes (p. 1).

The article overviews the various Indigenous language immersion programs in Canada and worldwide (pp. 4-6). Along with who speaks Indigenous languages and their potential learning process (ie. family) (pp. 11-15).



Harrison, B. (1998). Te wharekura o rakaumangamanga: The development of an Indigenous language immersion school. *Bilingual Research Journal*, 22(2), 297-316.

The first Maori language immersion school is described, including history, background, curriculum and indicators of scholastic achievement.

There was a noted Indigenous academic achievement despite factors which may hinder success and there was not detriment to examinations (p. 309).

Ikeda, J., Liebenberg, L., & Wood, M. (2015). "It's Just Part of My Culture": Understanding Language and Land in the Resilience Processes of Aboriginal Youth. *In Youth resilience and culture* (pp. 105-116). Springer Netherlands.

A quantitative study of the impact language has on resilience in Inuit youths. The Nunatsiavut Government's objectives are to preserve Inuit culture, language and the environment within a colonial history.

The definition of resilience used is one which coincides with Indigenous models of health and life learning (p. 106). "The seven tenants include access to material resources; relationships; identity; power and control; cultural adherence; social justice; and cohesion" (p. 112). It reaches to include relationships as resources which holistically extend to family, community language and environment through Indigenous values (p. 107). As resilience is culturally bound, it must be locally defined; therefore inextricably tied to land and traditional use (p. 107).

As tradition plays an important role, the authors speak to the importance of stories and oral tradition. This is why language is a key factor in resilience; language is tied up in meaning, interaction, knowledge, collectivity identity, relationships, philosophy, and sociability (p. 108). Whereas land is implicated in health as it provides subsistence activity and nourishment to the body (p. 108). These are key factors in the tenets of Inuit culture which are captured in the Inuit Lifelong Learning Model (p. 109). This model is a negotiation of a life well lived, or cultural



attributes which connect individual, community and environment which have positive outcomes (p. 109).

Using a youth survey with variables, it was demonstrated that youths who spoke Inuttitut scored higher on resilience portions, underlying the significance of language in connection to self, others, family, an community (sign of social support and network) (p. 110).

The results were elaborated on with the personal story of an Inuit youth who scored high resilience and showed integration of Inuit identity into his decision making and everyday life (pp. 111-114).

Jetten, J., Haslam, C., & Haslam, S. A. (2012). *The social cure: Identity, health and well-being*. Hove;New York;: Psychology Press.

This book assumes from interdisciplinary research that social relationships and identity sustain and enhance health and wellbeing and questions why that is so.

Jewell, E. M. (2016). Social Exposure and Perceptions of Language Importance in Canada's Urban Indigenous Peoples. *Aboriginal Policy Studies*, 5(2), 99-113.

How language inside and outside the home leads to perceptions of language importance, or what variables affect perceptions of language.

The hypothesis stated that these factors were prevalent in views of language importance: age, sex, education level, household type, exposure to language at home, and exposure to language outside the home (ie. schooling).

The results showed each of these factors to be important in how Indigenous peoples value their language, though age seemed to have the least amount of influence (p. 109).



Johnson, H. (2014, November 06). Myaamia Center faculty affiliates study effect of self-identity on college success. Retrieved from <https://miamiohoars.wordpress.com/2014/11/06/myaamia-identity-college-success/>

The Miami University is interested in the retention and qualitative experience rates of Myaamia students. The tribe has a relationship with the University and has a 75% Myaamia student rate of graduation. This is a high contrast to the federal report of approximately 20% graduation rate of Indigenous peoples from non-tribal post-secondary institutions. The school requires that mandatory credit classes about American Indian ecological perspectives, history, culture, language and contemporary issues are taught by Myammia staff. These classes and staff help Myaamia students connect course material to how heritage plays out in the lives of students and how they navigate racialized terrain.

Kahentonni Phillips, M. (2010). *Understanding resilience through revitalizing traditional ways of healing in a Kanien'kehá: ka community* (Doctoral dissertation, Concordia University).

In this thesis resilience is tied to healing and health. Regarding language, it is expressed that with traditional teachings comes healing and that Indigenous language holds tradition.

Kant, S., Vertinsky, I., Zheng, B., & Smith, P. M. (2013). Social, cultural, and land use determinants of the health and well-being of aboriginal peoples of Canada: A path analysis. *Journal of Public Health Policy, 34*(3), 462.

Using a structured questionnaire, the importance and interrelatedness of the social, cultural and land use realms were shown and explored as connected to wellbeing in Indigenous peoples. The study found that the most important determinant of positive mental health was the percentage of traditional meals eaten and government regulations of land use; also relating to access of cultural sites and the ability to enact spiritual activities.



Kay-Raining Bird, E. (2011). Health, Education, Language, Dialect, and Culture in First Nations, Inuit, and Metis Communities in Canada: An Overview. *Canadian Journal of Speech-Language Pathology & Audiology*,35(2).

The intent of this article is to provide an overview of language relevant information for practitioners working with Indigenous populations. Stats are provided about Indigenous language speakers on and off reserves, including Metis populations and discusses limited finding regarding INAC (p. 111). Details about cultural programs on and off reserves and educational programs are also included (p. 114).

This information is then applied to history of Indigenous languages and their diversity, including dialects.

Kelm, M. (1998). *Colonizing bodies: Aboriginal health and healing in british columbia, 1900-50*. Vancouver: UBC Press.

Divided into two sections (health and healing) this book reviews the colonial history between 1900-1950 and directly relates colonial structures to causes for health deterioration (diet and nutrition, sanitation and environment, and residential schools and bodies) and the aftermath healing practices.

Within the healing section, the concept of medical pluralism is explored, where Indigenous and settler health was intertwined as Indigenous peoples acted as healers, combining histories (p. 153).

Leis, A., Puchala, C., Lim, H., & Tempier, R. (2013). Official language minority communities in canada: Is linguistic minority status a determinant of mental health? *Canadian Journal of Public Health = Revue Canadienne De Santé Publique*, 104(6 Suppl 1), S5.

The article states that linguistic minority groups are at an increased risk of poor mental health as compared to the dominant population. However, a large knowledge gap relates to minority



groups who lack visibility in North America, for instance many studies about minority language and health have included Latino populations.

Ling Yu, V. & Raphael, D. (2004). Identifying and addressing the social determinants of the incidence and successful management of type 2 diabetes mellitus in Canada. *Canadian Journal of Public Health / Revue Canadienne De Sante'e Publique*, 95(5), 366-368.

The low-income social determinant of health is discussed, along with the social determinants it encompasses such as underemployment and poor diet as well as how it relates to Type 2 diabetes.

Loppie Reading, C., & Wien, F. (2009). National Collaborating Centre for Aboriginal Health. *Health Inequalities and Social Determinants of Aboriginal Peoples Health. 2009.*

Report on findings regarding Indigenous health and its social (socio-political), proximal (healthy behaviors, physical environments, employment and income, education and food insecurity), intermediate (health care, educational systems, infrastructure, environmental stewardship, and cultural continuity), and distal (colonialism, racism, social exclusion, and self-determination) determinants of health. In conclusion The Integrated Life Course and Social Determinants Model of Aboriginal Health is proposed to help practitioners intervene in an effective manner given the interrelated nature of health.

Mclvor, O. (2005). The contribution of Indigenous heritage language immersion programs to healthy early childhood development. *Research connections Canada: Supporting children and families*, 12, 5-20.

Indigenous language programs are linked with creating healthier communities (p. 5). Two such BC communities participate in a research study to show the impact of language revitalisation as cultural connection in early childhood development.



Early childhood is when identity and self-worth are foundationally created, making it an invaluable time for heritage and language teaching (p. 5). Language can create a sense of belonging in a community (creating stability), and carries cultural values which shape self and relationships (p. 6).

Language has been lost through residential schools, public schools, the reserve system and the outlawing of potlaches (p. 6). Language is also intricately tied to land and it expresses values and Indigenous worldviews about nature, leading to loss of both (p. 6).

Language is a main source of cultural transference and a key link to identity, connecting mind, body and spirit but also showing group cohesiveness (p. 7). It is a 'repository of history' through traditional songs, stories and ritual connecting past and present in a local sense (p7).

Children have an accelerated ability for language use, learning and retention, thus allowing a language a better chance to survive (p. 8). At home speaking or immersion are the most effective ways for children to learn languages, but 'language nests' or language influenced child care are also effective (p. 9). Reportedly, two thirds of bilingual children grow up to be fully competent in both languages, demonstrating that learning another language does not hinder the use of the other (p. 9). Bilingual children even tend to have more flexible minds, be more tolerant and have more balanced thinking (p. 9).

Meiklejohn & Rokala. (1986) Canadian Museum of Civilization. *The native peoples of Canada : An annotated bibliography of population biology, health, and illness*. Hull, PQ: Canadian Museum of Civilization

At length annotated bibliography of illnesses relating to Indigenous peoples. Contains highly detailed accounts with a broad range of illness.



Narine, S. (2005). *Students graduate from Ojibwa immersion program* Aboriginal Multi-Media Society of Alberta (AMMSA).

Newspaper article on the first Ontario Indigenous language immersion program: Anishinaabemowin (Ojibwa, Odawa, and Potawatami). The classroom varied in ages and ability so inter-peer tutoring evolved. The course included cultural materials such as storytelling, singing, and contemporary/traditional songs. This program is incentivised through providing an advantage in “linguistic, educational, social service and criminal justice fields” involving Aboriginals.

Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 10(2), 143-266. (2012).

Focusing on northern Canadian communities, with special interest of the Tłı̨ch̓ government, this journal issue directs towards Indigenous rights of culture, language and way of life. It provides contemporary assertions of place and experience.

Post-Censal Surveys Program (Canada), & Statistics Canada. (1991). *Language, tradition, health, lifestyle and social issues: Langue, tradition, santé, habitudes de vie et préoccupations sociales*. Ottawa: Statistics Canada, Post Censal Surveys Program.

Statistics Canada Post Censal Surveys Program labelled Language, Tradition, Health, Lifestyle and Social Issues. Included to reflect on why these groupings would be paired together.

Public Health Agency of Canada. (2010). *Population-specific HIV/AIDS status report: Aboriginal peoples*. (). Ottawa: Public Health Agency of Canada.

Presents current Canadian information about the impact of HIV/AIDS among Aboriginal peoples- First Nations, Inuit and Métis-in Canada, including a demographic profile of the population; epidemiological data about HIV and AIDS in the population; information on the factors that increase the Aboriginal population’s vulnerability to, and resilience against, HIV; and an outline of recent Canadian research and response initiatives. (Official Summary)



Reading, J. L., & Uvic Centre for Aboriginal Health Research. (2009). *The crisis of chronic disease among aboriginal peoples: A challenge for public health, population health and social policy*. Victoria, BC: University of Victoria, Centre for Aboriginal Health Research.

In part one, health risks and common problems are divided into sections based on life cycle stages from pre-natal to elderly person. They are fleshed out for Indigenous peoples in relation to the effects of colonialism.

Part two describes chronic health problems, listing diseases prevalent in Indigenous communities and relating them to mental health to show correlation and reciprocal relationship.

Reyhner, J. (2010). Indigenous language immersion schools for strong Indigenous identities. *Heritage Language Journal*, 7(2), 138-152.

The argument is made that language immersion programs are important in the healing process from assimilation and colonialism. The findings support the UN rights of Indigenous peoples which specifically mentions linguistic identity (p. 137). Indigenous values and positive identities are demonstrated to be formed using the examples of immersion from examples “from Apache, Ojibwe, Diné (Navajo), Hawaiian, and Blackfeet language programs” (p. 138). These interventions are particularly important given the colonial history of schooling and utilizing a healing process.

The idea of indigenizing the education system in a meaningful and purposeful is explored, particularly experimental education with use of observation and reciprocity (p. 144).

Immersion programs have been linked with positive academic success such as higher retention (p. 198).

Siefken, K. (2010, July 21). Aboriginal Immersion? *Cowichan News*, p. 66.

The newspaper article speaks to the idea of a K-12 Hul’qumi’num and its proposed benefits of more stability potentially increasing graduation rates.



Taylor, J. (2008). Indigenous peoples and indicators of well-being: Australian perspectives on united nations global frameworks. *Social Indicators Research*, 87(1), 111-126.

The United Nations Permanent Forum on Indigenous Issues tasks global reporting frameworks with incorporating greater recognition of Indigenous concerns, interests and of development and well-being. How this is being done and how Indigenous pedagogies have been included is a point of study. The study concluded the global frameworks do not adequately portray Indigenous concepts of well-being.

Taylor, D. M., & Wright, S. C. (1995). Identity and the language of the classroom: Investigating the impact of heritage versus second language instruction on personal and collective self-esteem. *Journal of Educational Psychology*, 87(2), 241-252.

Study done with Inuit, White and Mixed ancestry (Inuit-White) children to test relationship with language instruction. The findings support that early heritage language education can have a “positive effect on personal and collective self-esteem – a benefit not provide by second language instruction” (p. 241).

The amount of variability in heritage language instruction makes research difficult: general academic achievement, pace of language acquisition, maintenance of heritage language fluency, development of literacy, and ease of school transition (p. 241). However it is reiterated that language acquisition does not hinder academics or English language skills (p. 242). There is a strong correlation between self esteem and academic success, as is there between heritage language instruction and identity formation and confidence, especially in interpersonal relationships (p. 242).

Wallace, S. Canadian Government Book Collection, & Statistics Canada. (2014). *Inuit health: Selected findings from the 2012 aboriginal peoples survey*. Ottawa: Statistics Canada = Statistique Canada.

This paper provides basic health indicators for the Inuit population, as well as selected social determinants of health, based on results of the Aboriginal Peoples Survey 2012-Education and



Employment. Topics covered include health status, chronic conditions, health behaviours, obesity, access to health care, food insecurity, housing, and culture and language (Official Summary)