

# First Nations Youth Reframing the Focus: Cultural Knowledge as a Site for Health Education

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*Through a participatory project, health researchers and educators move toward an in-depth, multifaceted understanding of the urgent and pressing health issues of contemporary Aboriginal youth. Digital video is used by high school students as a researcher vehicle to highlight health topics that emerge from their own personal perspectives. Participants reject the Eurocentric deficit model of health and create a paradigm based in the holistic values of balance and respect as taught by their community and Elders. Through personal explorations, insightful connections are made between health indicators such as drug abuse or suicide and less tangible determinants such as emotional and spiritual well-being. After engaging in the videomaking process, participants felt empowered as emerging researchers and inspired to become messengers of health knowledge for their peers.*

Good health involves more than being free of disease or living longer. It includes having a strong physical body, a mind able to learn and embrace change, a heart that is open and caring and a spirit that is clear and connected to all that is around us. Achieving health is a lifelong journey. (National Aboriginal Health Organization, 2003, p. 2)

## *Introduction*

Traditional Pathways to Health (TPTH) is a collaborative research project that brings together Aboriginal teachers and students from two school districts with researchers from the University of Victoria. Run through the University of Victoria's Center for Youth and Society, the project is part of a larger five-year Community Alliance for Health Research (CAHR) entitled *Healthy Youth in a Healthy Society* that is funded through the Canadian Institutes for Health Research. The overall focus of this Community Alliance is the reduction of risks for injuries to children and adolescents.

The TPTH project is notably different from health curriculum typically found in North American high schools. Using the medium of digital video as a tool for research and communication, it focuses on topics that emerge from the students themselves rather than preconceived, externally generated ideas of health and wellness. In the classroom context, students as co-researchers choose a health topic or issue that interests them; plan, videotape, and create a video with their message; and present it to their community. Rooted in Indigenous pedagogy, the emphasis is on connect-

ing with the community and listening to Elders to learn from them. In addition, a distinct difference has become apparent in how health and wellness has been defined. The First Nations youth that are involved in this project use a definition that is holistic rather than compartmentalized in nature. Connections between physical, mental, emotional, and spiritual health reflect the teachings of the Medicine Wheel as presented in their First Nations Leadership classes, which are the site for this project. Through the TPTH process, youth become active researchers who develop deeper understandings of health issues as well as a commitment to providing this information to others.

The project is framed in a Participatory Action Research (PAR) paradigm, which emphasizes building a partnership not only between researcher and participant, but also extends through the youth to the interviewees. This relationship-building between youth, researchers, community, and families is profound when looked at in the larger goal of health education in the classroom.

Since its inception, TPTH has focused on injury prevention for First Nations youth. As the project has grown and progressed, other themes have emerged. The youth deepen their knowledge of chosen health topics to include healing processes that push the perimeters of Western health and wellness. Insightful connections are made between health indicators such as drug abuse or suicide and less tangible determinants such as emotional and spiritual well-being.

Throughout this project, participants expand their awareness of health and wellness through telling personal stories, listening to their Elders, and by making connections with their culture in various ways. We maintain that programs such as TPTH have a real and vibrant place in the arena of health education. The videomaking process has led to youth taking ownership of health issues in a way that is healing and restorative, thus benefiting and affirming their experience of health and well-being.

#### *Injury Prevention as a Research Focus*

Researchers investigating the leading causes of death in young people are not struggling to reveal the biological secrets of invasive tumors, genetic disorders, or pathogens, all medical concerns that tend to burden individuals in their middle years and increase in old age. Rather, the major causes of mortality in youth (injuries, suicides, and AIDS) result from a complex array of social, economic, psychological, and biological factors. A recent World Health Organization report (2002) examined youth health in 53 countries and reported that the health risk associated with depression, early sexual initiation, and substance use (including tobacco and alcohol) accounted for one quarter of the health problems faced by today's youth. These are largely preventable problems. Prevention, however, demands an increased understanding of how the translation of evidence-based knowledge effectively engages youth, their families, and youth health

service providers as co-creators and active users of research-based health information and practices. Better strategies for reaching and engaging youth who are marginalized by poverty, family disruptions, sexual orientation, cultural differences, or minority status are particularly needed.

Today's health challenges for youth emanate not only from their engagement in high-risk behaviors, but also from the social contexts including families, schools, peer groups, and neighborhoods that shape their health risks and limit opportunities for healthy development in the early stages of the life course. Cost-effective, context-relevant, prevention and health care services for youth and their families demand interdisciplinary knowledge and collaborative strategies that reach across professional allegiances, health care organizations, and social agencies. Moreover, multi-directional communication links among youth and their families, health service providers, policymakers, and researchers are needed to bridge the gaps that exist between knowledge creation and knowledge translation. In short, no single university discipline, community organization, or service agency alone can develop the understanding and skills needed to prevent injuries to youth and promote their health and well-being.

The CAHR research model directly aims to integrate training and continuing education of youth health service providers by involving researchers, their community partners, students, and youth not only as participants in the research projects, but also as active partners in setting the research agendas, assisting with data collection and interpretation, and promoting the dissemination of the findings. In the course of the development of the Healthy Youth CAHR projects, innovative training models have emerged that involve community-based service providers, high school students, undergraduates, and at-risk youth as recipients of research-based knowledge to be sure, but also as creators and conveyers of this knowledge. In the TPTH project, the participants are learning how to be researchers in their own right and are applying this knowledge to the important arena of health education.

#### *Description and Objectives of the Partnership*

In the TPTH project, in their role as co-researchers, students choose a health topic or issue that interests them. They plan, research, and develop a video designed to convey their message about health and wellness. These emergent videographers later present their work to their community either at a potlatch or in another forum. Now in its fourth year, TPTH has produced over 25 students' videos covering a variety of health-related issues including smoking, drug use and addictions, drinking and driving, suicide, diabetes, the protective effects of culture, cultural dancing, language, healthy lifestyles, participation in sports, racism and discrimination, healing circles, traditional foods and medicines, cultural understandings, and relationships.

As a collaborative research partnership, this project aims toward a decolonization of the classroom through a focus on student-led research that is grounded in the needs and interests of the students themselves. Through their research partnerships with the university team members, students learn the technical skills of digital video production as well as the ethical guidelines of social science research. Notions of informed consent, voluntary participation, and ownership, control, and access to information are discussed. Engaging with their chosen topics as researchers or filmmakers, students become both documentarians and cultural historians, recording the wisdom that lies in their own communities.

As a participatory research project, TPTH incorporates the wisdom and experience of multiple and diverse voices. Students and teachers come from nine Aboriginal communities, and the university researchers represent both Aboriginal and European descent. Our research strength is powerfully drawn from an intersection that brings together the traditions of First Nations peoples with the traditions of the Western world. Our hope and goal is to balance these dynamic sources of knowledge for the betterment of all children—now and for future generations.

The TPTH project is based on an assumption that by listening to youth we can be informed of some of the underlying causes that lead to youth injuries as well as what determinants promote their health and well-being. Our objectives include facilitating student investigation of topics that they perceive to be of importance for the promotion of healthy living and injury prevention, developing strategies for injury prevention and health promotion among young people that are based on health concerns identified by the young people themselves, developing leadership skills and research expertise among young people through participation in conducting research about health and wellness, and developing an understanding of how participatory action research can be used to develop school- and community-based initiatives for health promotion.

In the overall scope of the Healthy Youth CAHR, injury has been conceptualized broadly. In the TPTH project that is the focus of this article, the students themselves define injuries through focus groups. As part of the participatory research process, students take part in discussions about factors in their lives that can negatively affect their health and wellness. Because the Healthy Youth CAHR incorporates a strengths-based approach to addressing the topic of injury prevention, focus group discussions do not preclude identification of those factors students see as preventing injury and promoting overall health and wellness. Thus the topics identified by students as possible subjects for their videos include harmful behaviors such as substance abuse, drinking and driving, and suicide, as well as positive features such as the role of culture as a protective factor for Aboriginal youth and the benefit of involvement in sports.

*Canadian Schools as a Vehicle for Public Health*

Canadian schools have long been an integral part of public health campaigns designed to improve the health and well-being of young people. They provided an ideal access point for the mass public vaccination campaigns that were first undertaken in the 1950s in an effort to protect young people from polio. More recent public health campaigns include topics such as sex education, the promotion of seat belt use in British Columbia, safe driving and driver education programs in Saskatchewan, drug and alcohol education programs, and initiatives designed to reduce youth violence in schools and communities (Artz, Riecken, MacIntyre, Lam, & Maczewski, 2000; Leadbeater, Høglund, & Woods, 2003). In short, given their ongoing access to a wide segment of the population, their efficient delivery mechanisms for knowledge distribution, and their existing frameworks for obtaining parental consent, schools play an important role in the dissemination of both health information and services designed to protect the health of young people.

It is important to be aware of the effects of colonization on Aboriginal people in Canada and of the role that formal systems of education have played in this process. Public education has a poor record in providing spaces for students whose cultural backgrounds and histories lie outside the mainstream of dominant society. This is particularly the case for First Nations students. Although the residential school system would seem to some to be a part of the historic landscape of Canada's educational past, memories of the effects of the residential school experience are still strong among many members of local First Nations communities. Such memories surfaced quickly in some of the student's video interviews, whereas in others a less tangible residual effect can be seen.

As an act of educational policy in a larger national policy of assimilation, the history of Canada's residential schools represents an act of genocide perpetuated against First Nations communities by a colonial power (United Nations, 1948). It is impossible to overestimate the effect these policies continue to have on the lives of Aboriginal peoples in terms of quality of education, continuity of community, and soundness of health and well-being. Data from Health Canada (2003) demonstrate the poorer health of First Nations communities compared with the general Canadian population. The alarming gap with mainstream society continues without signs of abatement in areas such as infant mortality, life expectancy, infection rates for tuberculosis, dental decay, suicide, and AIDS cases among Aboriginal persons. The TPTH project focuses on these discrepancies. By choosing their own topics for exploration, students bring a community perspective to their research as well as concerns that are often rooted in personal and family experiences.

### *Classroom Descriptions*

Three teachers in the Victoria, British Columbia area have participated as partners in the TPTH project. Each runs a course or program that operates slightly differently in the provincial school system addressing student needs that are not being met in the mainstream system. First Nations communities, school communities, and the wider educational community have developed these programs as part of the effort to increase the opportunities and chances for academic success of urban Aboriginal students. All three programs have similar goals and philosophies that in many ways relate to health education.

Career and Personal Planning (CAPP) at Victoria High School has a course option for Aboriginal students that focuses on making connections with Elders and other Aboriginal role models in the community to facilitate their career-planning process. The Westshore Center for Learning and Training has developed a separate First Nations graduation program that assists adult and youth learners. A strong cultural focus engages students in many activities and relationships with Aboriginal artists, poets, dancers, and writers. Provincially required courses are taught in a supportive setting through relationships developed and built on trust and respect. In First Nations Leadership 11 at Esquimalt High, the philosophy of the course is the belief that students are capable of learning, deserving of respect, and are leaders in their lives. It embraces the understanding that First Nations values and beliefs are essential to the understanding of self and others as leaders.

### *The Use of Digital Video*

Digital video was chosen as a tool for this project because of its fit with the interests of the youth of today. Most young people live in a world of digital media that include music, movies, television and videos, e-mail, chat, instant messaging, and cell phones. Their lexicon is filled with acronyms such as MP3, PS2, CD, CDR, DVD, and VHS, each of which describes various formats for media that contain some combination of images and/or sound and music. Tapscott (1998) describes the current generation of 88 million young people in North America as the "net generation" who have been "bathed in bits" since their birth.

Unlike many of their elders, youth are not only comfortable with a plethora of media, they are increasingly using them as means for expressing their thoughts and ideas. The wide availability and relatively low cost of video production technology allows students to shift from the role of consumer of digital media to that of producer. For students and others who use these technologies, this shift represents the emergence of a new form of literacy. From the perspective of analogy, producing video is to viewing video as writing is to reading. Raised on video and television as the predominant mass media of our time, today's youth take quickly to

using video creation tools for expressing their ideas and understandings. Thus video was the medium of expression used for this project.

Working with students as co-researchers, we model the use of video as a research tool by gathering information about the project using video cameras. Students who are willing to be interviewed discuss their video project and what they learned by completing it. We have gathered 29 interviews, which are compiled into a DVD-based archive that allows us to learn from the rich understandings the students have developed through their participation in the project. Although students retain ownership of the videos they create, we find them to be powerful resources for teaching others about health promotion and the benefits of actively involving youth in this form of health promotion. With their permission we present these videos as examples of youth-generated health promotion.

*Youth Reframing the Focus: Cultural Knowledge as a Site for Health Education*

One of the unexpected but pleasant outcomes of this project is how many of the youth participants have chosen to stand the typical medical model of injury prevention on its head. The Western model adopts what is essentially a harm avoidance strategy toward injury prevention with messages urging youth to avoid drug abuse or "don't drink and drive." For many of the youth in this project, negative messages and avoidance-based strategies for promoting wellness are less powerful than those that highlight their own positive activities, culture, and traditions as important dimensions of their lives that help to keep them well. In the words of one of the students, "We would like to focus on what keeps us strong and healthy, rather than focus on the negative." By reframing the orientation to injury prevention in this way, youth are adopting a perspective toward their own health and wellness that sees the glass as half full rather than half empty. Strong connections with one's family, community and culture are a powerful form of medicine that in itself can go a long way toward keeping one healthy.

Throughout the work of this project, youth participants redefine and reframe both the definition of health and the lens that is applied to health education. Correspondingly, voices from both Indigenous communities and the health care community at large are calling for review and revisions of Indigenous health care and health education (Adelson, 2000; Cunningham, Reading, & Eades, 2003; Kirmayer, Brass, & Tate, 2000; National Aboriginal Health Organization, 2003; Wilson, 2002; Young, 2003). In their framework for guiding Indigenous health research, NAHO expresses a timely urgency for the application of Indigenous knowledge in looking at the root causes underlying disrupted health and wellness.

The need to preserve and use Indigenous knowledge has never been greater. Canadian Aboriginal communities are facing rapid change and daunting symptoms of ill health ... While Aboriginal communities are gaining greater control over social and economic development and health programs, they are often based on non-Indigenous values,

approaches, structures and methods. By and large, research on Aboriginal health concerns has been grounded in European values and Western scientific principles, rather than upon those of the people themselves. However, there is now great opportunity to change as Aboriginal communities work to exercise more control over our present and our future. (p. 4)

The TPTH project responds to this call by emphasizing the PAR model of research, which highlights voices of Aboriginal youth as they focus on action toward solutions for the health issues they identify.

*Placing an Indigenous Lens on Health and Wellness: Respect and Balance*

The expanding definition of health that researchers, health care providers, and educators are being called on to incorporate in their work extends the typical Western model to include multiple facets of physical, mental, emotional, and spiritual well-being. This more holistic description corresponds with the four elements of the Medicine Wheel, an integral part of many Indigenous belief systems. In the various conceptions of Aboriginal health and wellness, the eloquent principles of respect and balance provide an important foundation for many Indigenous cultures (NAHO, 2003). As members of Aboriginal communities, the TPTH students bring a focus on respect and balance to their work as videomakers. In addition, there is an emphasis on looking to community Elders for knowledge and understanding of their chosen topic.

Researchers operating in the PAR framework establish their interactions in the basic principle of respectful community participation. "The respect for local epistemologies and knowledge that underlies community based research can produce better research results, especially for the anthropological cross-cultural approach. Community participation does not take the teeth out of research, it adds the meat" (McDonald, 2004, p. 83). In his field notes, Ted, the university-based principal investigator, records an incident that puts "meat" into the process via a lesson in respect.

I recall Frank reminding the students that they needed to "prepare" themselves for doing this research. Thinking (naively) that Frank would summarize our advice about using a checklist, having back-up batteries and tapes, doing a sound check and the like, I was surprised to find that what he did instead was tell the students they need to get themselves "ready," mentally and spiritually, for the work they were about to do. He told them how, as members of the class, and as members of a First Nations community, they needed to approach the people they were interviewing in a manner that conveyed respect. Frank spoke about honoring the interviewee's words and acknowledging their contribution to the student's projects by consenting to be interviewed. Respect needed to be grounded in their sense of who they were as individuals, and their understanding of why they were doing this project. Thus for Frank, being "prepared" to do the research included a much deeper and more relational dimension than my more technical rational approach to the process. (T. Riecken, field notes, July, 2004)



This relational dimension of respecting community members is key to understanding the framework that Indigenous youth as developing researchers rely on to look at health and wellness issues.

In addition to the theme of respect, student participants often highlight the concept of balance and its role in maintaining health and wellness. Because so many physical health issues overlap into the realms of mental, emotional, and even spiritual health, nurturing a sense of personal balance becomes paramount. The Western medical approach perpetuates a mind-body split making true balance a difficult task.

#### *Bridging Indigenous Science and Medical Science*

Many of the TPTH participants spoke of respect, interconnectivity, culture, listening to Elders, and other Indigenous ways of knowing as having an active role in maintaining health. This emphasis gets closer to the heart of the dilemma that health educators must address. Typically, when health is viewed from the Western perspective, the ways of Indigenous knowledge are often ignored or refuted at a basic level. Dyck (1996), a Western-trained neuroscientist, began exploring her own Cree heritage as an adult and grapples with defining the process of Aboriginal science. In her culture, science is rooted in the interconnectedness and balance between all living things. She points out that although Western and Aboriginal science have many things in common, the two methods part ways significantly when it comes to acknowledging the roles of spirituality and creativity in the scientific process. "For centuries, philosophers have debated the existence of a spiritual world; in Aboriginal culture, there is no debate, the spiritual and physical worlds both exist, and it is from the former that our creative insights ... originate" (p. 97).

The young researchers in this project actively seek knowledge and understanding through spiritual connections to places, people, and rituals. They find ways to improve their health by tapping into the depths of their cultural knowledge that goes beyond the definitions of Western science. Although acknowledging the strength of Western science, Dyck (1996) points out that Aboriginal science is unique in its ability to "openly advocate a spiritual aspect" (p. 92). She leaves us with an important question, asking, "How does one cultivate the creative or spiritual aspects of doing science?"

How indeed. By putting cameras in the hands of youth and encouraging them to research issues of health and wellness through the lenses of their own experiences, we begin to answer that question.

#### *Participants as Emerging Researchers*

The youth participating in the TPTH project are learning to become researchers themselves. They are excited to take up a camera, either because of the novelty of it or perhaps the promise it seems to hold, or both. They engage more fully in the project because it is different from the school-

based research assignments they have done before. They relate to the medium, and many are pleased that they do not have to depend on books and writing to gather information. Gary points out, “[With] this project, I was more free to explore, [to] come up with different ideas and pretty much do everything on my own. And [to] do everything without the help of a book. In everything else, I rely on books.”

For some, the process helped them forge a balance between various aspects of physical, mental, emotional, and spiritual health. Augie tells us, It definitely is different from all the other projects that I’ve done. It really helped me do a lot of digging on my emotions ... What it means to me is doing deep digging from here, in here (points to chest) in your heart and it helps you learn more about yourself, and the experience on how you feel, on what you do, from here (points to chest again) ... It means doing a lot of deep digging and learning how to express yourself more. (Interview excerpt, Q 8)

Another participant, Justin (a pseudonym), was quite candid in speaking to this topic:

I had a rough childhood, I was abused for the first 10 years of my life. And I didn’t know who to turn to. I was in that self-destruction mode, and I didn’t know if anything could be done. When they came up with the idea of healing circles [for the video topic], just finding out what it really means and what it can really do for you—this was healing me, doing this video. It brought out a lot of my self on the inside that I was hiding. [I was] hiding behind masks, but this video project alone just brought out the best in me. (Interview excerpt, Q9)

In her interview, Ashley reflects on the independence and creativity the project allowed.

You have guidelines, but it’s more of a personal thing where you can go all out and do different things and do whatever you want because it’s your project, it’s your way of getting a message across. Whereas, other projects have been, “you need to do this, and this, and this to get these marks.” And this project is “you need to send a message and you pass” ... In some ways it’s more difficult because if you don’t know what to do, you can always ask for help, but if you’re planning a whole thing by yourself and you’re not a very creative person then it’s kind of difficult, but it helps you to learn how to do that, how to do something on your own. But teachers of other projects, where you have to do everything to their exact way that they want it, that gets kind of annoying. There’s ups and downs to both sides. (Interview excerpt, Q21)

The interviewer continued by asking whether there were connections between the video process and the process of staying healthy and well. Ashley quickly agreed, “Yeah, because I think that when you have more freedom, then you have more freedom to explore yourself and how you do things. And you learn more about yourself when you’re doing something on your own” (Interview excerpt, Q21). The importance of ownership is evident in Ashley’s remarks. By taking control of the topic and the exploration of the issues surrounding it, she struggled, but ultimately found it rewarding in a personally significant way. This theme of ownership is repeated in various scenarios by many of the students.

Students feel in charge of their learning process, and their active engagement leads them to embrace video research as a tool that they are eager to use again. They speak enthusiastically about plans for their next video as well as other topics they want to research in more depth. Julie spoke of what she hoped to do once her children are older, "I really, really want to pursue making documentaries. I don't want to create the stories, I think there's enough people out there who have a lot of stories that carry a lot of wisdom." The budding development of a researcher at heart is always exciting as students make the switch from just completing a project for a grade to engaging and becoming productive in the substantive act of research as a tool for learning. It is through such processes that PAR empowers its participants.

### *Exploration of Topic Through Cultural and Generational Knowledge*

Why have these youth been able to turn the Western medical model on its head? One strong influence is based in the rich process of asking their Elders for information. John, one of the teacher-researchers in the project, explains the importance of generational knowledge in some writing he did for a graduate-level university course. It describes his interpretation of knowledge transfer as it relates to his culture and background.

Knowledge transfer is a new name for a concept that is essential to who we are as First Nation peoples. Oral histories determined that knowledge must be transferred from generation to generation. We proudly state that as Kwakwaka'wakw peoples that, while we have suffered greatly, we are still here, and will always be here as Kwakwaka'wakw peoples. It is because of the transfer of knowledge by our ancestors that we will continue to exist. It is our responsibility as a people to honor our ancestors, to acknowledge their sufferings and pass on this knowledge to our children. We do not own or possess knowledge, we are merely carriers of knowledge to pass onto our children and children yet unborn. An example of knowledge transfer is that all of these beliefs stated above are not mine, but teachings or knowledge transferred onto me. (J. Lyall, field notes, June, 2004)

Throughout the videomaking process, there is increased interaction and communication between students and their community. The students spend a great deal of time listening carefully and learning traditional Aboriginal knowledge through their Elders and those recognized in the community as respected sources of knowledge. This connection with culture leads to increased respect for Elders and community members as well as respect for the knowledge they share. In this newfound knowledge, respect also becomes internalized, leading students to embrace their research topic and truly begin to own it as something that has relevance to their own health and well-being as well as the health and wellness of those around them.

There is a growing understanding even in the Western system of the importance of personal involvement in the process of maintaining health and wellness. Ownership of a health issue leads to feelings of control and a sense of having power in the situation. The typical Western system of health often fosters an imbalance of power between patient and health

care provider. In fact, the term *provider* implies that the one who needs care is not in control of his or her own health. Obviously there are illnesses that are out of the control of the individual who suffers from them, but many illnesses can be influenced by personal choices. For our participants, the videomaking process not only gives them insight into ways of balancing the four elements of health (physical, mental, emotional, and spiritual), but also it shows them a pathway toward ownership and control over their own health and well-being.

#### *Youth as Health Knowledge Messengers*

One of the most exciting and rewarding outcomes in this project is that youth become messengers for their peers and the younger members of their schools and community. Many of the youth co-researchers express an urgent interest in “getting their message out there” and “telling their story” so that others might not have to go through the same tough times. Adeline, whose video *Three Generations of Lacrosse* explored the importance of sports in a healthy lifestyle, speaks to the practical nature of her desires when she tells us,

I hope my message is going to get through to other teenagers because I want to see more youth communicating with other youth, rather than fighting against each other and arguing and being against each other. I want all that to change, so I’m kind of hoping they’re going to accept this message and do what they have to do. (Interview excerpt, Q12)

Along the path to adulthood and in the cultures of adolescence, young people engage in a variety of behaviors, some of them potentially harmful. Often, to counteract these risks, educators offer children lists of important things to know about various topics. Teenagers know that they are not supposed to drink and drive or take illicit drugs and can readily recite the adult-generated lists of what not to do. They often miss an understanding of health and wellness on a deeper, more complex level. The video process takes the youth out of the memorization mode and puts the knowledge into a multifaceted comprehension model in a critical framework in which they are actively engaged. Students see beyond health as an externally derived list and develop an understanding of the complexities, nuances, and importance of a holistic health model. They recognize that their videos can affect other youth in positive and health-affirming ways. They take the knowledge gained from their Elders and extend it to their communities in a powerful way. This empowering preservation of cultural knowledge is a step toward healing some of the wounds inflicted by a colonial past.

#### *Conclusion*

Modern health problems faced by Indigenous populations are rooted in the painful legacies of a colonial past. The call for research that attempts to explore and understand the imbalances of Western paradigms imposed on the Aboriginal experience is in its infancy. The role of understanding and embracing culture through the transmission of generational knowledge is

being recognized and investigated as having an important effect on the health education needs of Indigenous youth. In addition, a welcoming of Aboriginal ways of knowing into the field of health promotion adds depth and insight into effective avenues for change.

Listening to the voices of youth in the Traditional Pathways to Health project, we gain more insight into Dyck's (1996) query of how best to cultivate Aboriginal ways in the realm of science. Students reframe and redefine health through researching their own health issues and lead us to a clearer and more appropriate paradigm for health education. Compartmentalized models of illness must give way to holistic/relational models that actively engage youth if we are to make progress in promoting health and wellness among these same youth. Through participatory approaches, health educators and health researchers move us toward an in-depth, multifaceted understanding of how we can truly and effectively address the urgent and pressing health issues of contemporary Aboriginal youth.

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