Library of Nishnawbe Aski Nation Health and Wellness Service Standards - DRAFT

FOREWORD

Settler-imposed systems and worldviews are not designed to support the health and well-being of communities. With colonialism, Nishnawbe people face cultural assimilation, loss of land and economy, and systems of control. Colonialism is at the heart of the determinants of illness such as poverty, and loss of culture, language, children, land, clean water, appropriate infrastructure, strong familial and community relationships, resources, autonomy, and sovereignty.

Health care and the settler view of well-being is not based on Nishnawbe ways. Creating healthier communities is the key to healthier individuals and families. Decolonization of health is the only pathway to our well-being. By taking control of health resources and setting our own standards of health care and well-being, we are exercising our creator-given right to govern and care for our own people in ways that respect our Nishnawbe identity.

Nishnawbe people know what we need to be healthy. We understand our challenges and strengths. For thousands of years, we have been master planners; planning for seven generations, keeping in mind all our relations past, present and future. The following standards for health care and well-being reflect traditional Nishnawbe ways as well as modern medicine. The standards have been developed by Nishnawbe Aski Nation community members, First Nation health directors, and Tribal Councils, in consultation with service providers, and health professionals.

Communities, families and individuals struggle where the conditions of community well-being are not being met.

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TOPIC

Nishnawbe Aski Nation Health and Wellness Service Standards - TOPIC

Table of Contents

FOREWORD

Community wellness, with focus on specific topic area

All NAN First Nations members require access to

Approach

Decolonizing health care and our approach to wellness.

Life cycle: Periods of Human Development

1. **Prenatal Development**
   The prenatal period is marked by conception and beginning of development. There are three stages of prenatal development: germinal, embryonic, and fetal. The health and well-being of the mother is the primary concern as all the major structures of the body are forming.

2. **Infancy and Toddlerhood**
   The first year and a half to two years of life are marked with dramatic growth and change. Brain development occurs at an extraordinary rate, as does physical growth and language development. Healthy attachment to caregivers during this period of development is of the upmost importance. Infants and toddlers hold the role of teacher to their parents and caregivers, fostering skills in patience, …

3. **Early Childhood**
   Early childhood occurs from around ages two to six. During this period, the child is busy learning language, gaining a sense of self and greater independence, and is beginning to learn how the physical world works (i.e. size, time, space and distance). Early childhood comes with the role of …

4. **Middle Childhood**
   Middle childhood is comprised of ages six to eleven, when the world becomes one of learning, testing new skills and assessing one's abilities and accomplishments by making comparisons between self and others. The human brain reaches its adult size around age seven, although it continues to develop further. Children are able to refine their motor skills during this period as their rate of growth slows. roles

5. **Adolescence**
   Adolescence is marked by dramatic physical change including physical growth and puberty (timing of which may vary by gender, cohort, and culture). Cognitive change also happens during this period as adolescents expand their understanding of new possibilities and to consider abstract concepts such as love, fear, and justice. Adolescents have a sense of invincibility which leads to risk-taking and impulsive behavior. Therefore, adolescents are at greater risk of accidents, suicide, and contracting sexually transmitted infections.

   A major developmental task during adolescence involves establishing one's sense of identity. Peers become more important, as teens strive for a sense of belonging and acceptance. New roles and responsibilities are explored, which may involve dating, driving, taking on a part-time job, and planning for future academics.

6. **Early Adulthood**
   The period of early adulthood spans late teens, twenties, and thirties. During this period, adults are at their physiological peak but are most at risk for involvement in substance misuse. Love and work are often the primary concerns at this stage of life. Parenthood and roles

7. **Middle Adulthood**
   The late thirties (or age 40) through the mid-60s are referred to as middle adulthood. This is a period in which physiological aging becomes more noticeable. It may be a period of gaining expertise in certain areas and being able to understand problems and find solutions more easily. While caregiving and contemplating the future,

middle-aged adults may also be questioning their own mortality, goals, and commitments, though not necessarily experiencing a “mid-life crisis.” roles

8. **Late Adulthood**
   This period of the lifespan ranges from 65 to end of life, with individuals experiencing optimal, normal, or impaired aging. Late adulthood is a time to reflect and provide guidance to a younger generation. Passing along knowledge and experience is a responsibility older adults carry to continually improve the health and well-being of our families as well as communities. The later years of life require attention to ensure sustained dignity and respect.

SECTION ONE – RESOURCES

One-page summary (graphic etc.)
Glossary of terms
Links to resources and support lines

Service assessment tools -Patient -Service provider
Patient mapping

SECTION TWO – MAINTAINING WELLBEING (PREVENTION)

Food sovereignty
Safe people/safe spaces
Culture

Land
Language
Spirituality

SECTION THREE – ADDRESSING ILLNESS AND MALADAPTIVE COPING STRATEGIES (by period of development)
Infrastructure
Programs and services
Traditional and western medicines

SECTION FOUR - LAND

SECTION FIVE – EDUCATION AND TRAINING OPPORTUNITIES
Health Human Resources
Cultural
Language

Treaty