A Guide to the
Aboriginal Health Transition Fund
and Aboriginal Health Human
Resources Initiative - Yukon
2007-2011

Spring 2011
**Introduction**

This guide is an introduction to all of the Aboriginal Health Transition Fund (AHTF) and the Aboriginal Health Human Resources Initiative (AHHRI) projects.

This guide has three main purposes:

1. **As an Overview** – this document can be used to brief health and social staff on the AHTF and AHHRI material.

2. **For Navigation** – this guide highlights where information can be found in the AHTF and AHHRI material. This document, for example, can be used to help you find information on a particular topic, research theme or the page number of a summary in a document.

3. **To Describe Possible Uses** – ways each document produced through AHTF and AHHRI can be used by health and social staff are also outlined in this guide.

**Thank You**

Thanks to all the contractors, Council of Yukon First Nations (CYFN) staff, Health and Social Development Commission members, Yukon First Nation Health and Social Department Directors and staff, the AHHRI Steering Committee, the Assembly of First Nations–Yukon, the Government of Yukon and Health Canada for their involvement and support.

The AHTF and AHHRI documents can be used in the following ways:

- For health and social planning
- To provide evidence of an issue or a concern for a funding proposal
- To orient new staff
- For strategic planning
- As a resource or source of inspiration for projects and workshops
- As a day-to-day reference guide
- To plan activities/projects that encourage youth to pursue a health or social career
- To demonstrate to policy and decision makers what changes need to occur in order to improve health and social programs and services for Yukon First Nations people

In addition to the general uses outlined above, other innovative uses that people have suggested are highlighted in a “What We Heard” section throughout this guide.
AHTF Phase 1 – 2008 to 2011

What is the Aboriginal Health Transition Fund (AHTF)?

The AHTF is a Health Canada fund that was accessed in the Yukon in 2008 – and administered by the CYFN - to help federal, territorial and First Nation governments work together to improve existing health and social programs and services.

The Health and Social Development Commission directed all AHTF work in consultation with members of the Intergovernmental Working Group.

The work completed in the Yukon included in-depth research reports, activities and practical tools about a variety of health and social-related topics intended to:

- Identify access issues
- Improve access to health and social programs and services
- Facilitate improved service delivery of health and social programs and services
- Increase capacity

The information in this guide reflects the opinions, beliefs and recommendations of Yukon First Nations people and other health and social staff who participated in the projects.

In general, this information represents what people ‘had to say’ about health and social programs and services available for First Nations people in the Yukon.

Copies of all AHTF documents and other accompanying materials have been sent to the Health and Social Department of each First Nation in the Yukon.

If you have any questions about AHTF and its projects, please contact the AHTF Manager at the Council of Yukon First Nations at 867.393.9249.

CYFN health and social staff are available to go over these materials with you or your First Nation Health and Social Department staff in person or via Telehealth.
Yukon First Nations’ Mental Wellness Workbook (2010)

What is this workbook about and how can the information be used?

The Yukon First Nations’ Mental Wellness Workbook is a practical manual about mental health and mental wellness-related issues.

The following summary describes the workbook’s different sections and some possible uses:

Section One: Yukon First Nation mental health issues and underlying causes.
You can cut and paste this information from the workbook’s disc into funding proposals, action plans or other documents.

Section Two: The main themes (called pillars) can be used to develop a mental wellness strategy. You’ll find step-by-step instructions on how to develop a mental wellness strategy for your community in Section Four of the workbook.
You can cut and paste this information from the workbook’s disc into documents intended to inform policy and decision makers about necessary changes to mental health policies. This information can also be used for health and social planning.

Section Three: Four Holistic Assessment Tools.
You can use these tools with clients and staff to identify the programs, services and resources that exist in your community. Electronic versions of these four tools are on the workbook’s disc or can be photocopied directly from the workbook.

All the resources found in the Mental Wellness Workbook can be found on the disc at the back of the workbook.
Section Four: Step-by-step instructions on how to develop the framework for a mental wellness strategy or plan.

These instructions further explain how the pillars outlined in Section Two can be developed into a framework.

Section Five: Resources about vicarious trauma (or compassion fatigue), stress and ways to address these issues in the workplace.

This information can be used to develop a strategic plan to address mental wellness issues faced by First Nations health and social staff. It can also be read by staff on their own or presented in a workshop.

Section Six: Resources from other places in Canada and from Alaska.

These resources can be used as a source of inspiration for other projects and services. Information is provided so that you can contact these other agencies for more details.

How was the information (data) collected?

Several data collection techniques were used including interviews with First Nation frontline workers and Whitehorse agency workers. This data was compiled into a report entitled *For Our Children Today – A Mental Wellness Report*. This report – along with other materials – was used to create the Yukon First Nations’ Mental Wellness Workbook.

What were the main findings or themes?

- The Incorporation of Culture
- Access and Services
- Capacity
- Holistic Approach to Care
- Best Start (Early Intervention)

What We Heard - “This workbook could be”:

- Shared with other service providers such as counselors.
- Used by Yukon College as a guide or textbook for social work students.
- Used in the ‘Help Line’ office.
- Given to other departments to decrease ‘inter-departmental silos’.
- Used to support the request for mental wellness activities in the workplace and for self-care.
- Featured at a one-day workshop on mental health for all frontline workers and across departments.
- Used by support workers.
- Used to develop clients’ individual mental wellness plans so that ‘everyone is on board’ (examples: the hospital and correctional centre).
- Used for budgeting requests.
- Used for work with other First Nation communities in regard to mental health issues.
- Used as a tool to open up dialogue about mental health issues.
- A resource for workshops.
Mental Wellness Services for First Nation Front-Line Workers in the Yukon (2010)

What is this resource about and how can the information be used?

The Mental Wellness Services for First Nation Front-Line Workers in the Yukon is a resource directory of most of the mental wellness-related services available in the territory. Information is provided for each service provider in the directory to indicate what services are available. The directory focuses on those services designed to meet First Nations people’s needs and interests.

What We Heard - “This resource could be”:

- Updated and reprinted in approximately one year.
- Placed in crisis line offices.
Perpetual Monthly Planner

What is the Perpetual Monthly Planner?

The Perpetual Monthly Planner is a daybook that features community wellness resources. The monthly planner was sent to each Yukon First Nation Health and Social staff member. It features the work of several Yukon First Nations visual artists.

What We Heard – “This planner could be”:

- Distributed more widely!

What are this report and summary about?

This report, and its Executive Summary, is about Yukon First Nations people’s access to health and social programs.

The report and Executive Summary outline:

- What is working?
- What is challenging?
- What is needed?
- Recommendations for each of five main themes.

How was the information (data) collected?

A team of researchers, including local residents specifically trained for the project, gathered information through a review of existing documents, interviews with health and social providers, policy makers and clients. Information was also collected through surveys with service providers and youth.

Please refer to Page 3 of the Executive Summary for more details.

What were the main findings or themes?

All of the findings relate to access issues – the realities that make it easier or more difficult for First Nation people in the Yukon to find and to use health and social services.

The findings and the recommendations fall into five themes.

To find information on a particular topic, please review the five main themes on the following page. Page numbers are provided.
1. Physical or Structural Challenges – this section outlines issues associated with transportation, Telehealth, appointment systems, distances and geography, shortages of service providers, high staff turnover, the role of foreign-trained practitioners, the patient’s health condition relative to his or her ability to access needed services, costs to the client/patient and personal experience (find this information on pages 12 and 13 in the main report and pages 5 and 11 in the Executive Summary).

2. Navigating Services – this section outlines ideas and issues related to how effectively people can find their way around and through the health care system, the need for health navigator and/or advocates and the understanding necessary to take full advantage of health benefits entitlements and services in a timely manner (page 14 in the main report and pages 6 and 12 in the Executive Summary).

3. Community Orientation – this section outlines personal and family histories in accessing health services, health providers knowledge and respect for community leaders and Elders and the norms and traditions by which communities function (page 15 in the main report and pages 7 and 12 in the Executive Summary).

4. Knowledge and Awareness – this section outlines the knowledge and awareness clients have regarding how the health system works, what services are available and where they are located and what service providers know and understand about the system and the needs of First Nations (page 16 in the main report and pages 8 and 13 in the Executive Summary).

5. Cultural Competency - this section outlines how to provide services in a way so that clients do not feel discriminated against or undervalued. Examples: how people are welcomed, how they are treated, listened to and communicated with and how all this translates to a feeling of respect (page 17 in the main report).

Further issues address sobriety and treatment, stigmatization, cultural or racial discrimination, respect of Elders and traditional medicine, the ability to establish and maintain trust-based relationships and knowledge of community culture and history (page 17 in the main report and pages 9 and 13 in the Executive Summary).

How can this information be used?
The information in the report and summary can be used in a variety of ways such as for funding proposals, in documents for policy makers and for health and social planning.
The raw data collected during the Community Health Scan in your community was sent to your First Nation Health and Social Department. This information can be used for health and social planning.
What were the main findings or themes?

The CHS Report contains ‘common threads’ or similarities in the comments that were made during the group activities and interviews.

The findings were categorized into five themes in the CHS Report and CHS Executive Summary:

1. Access (pages 64 and 65 of the main report)
2. Capacity, Administration, Funding and Training (pages 66 to 71)
3. Communication and Relationships (pages 72 and 73)
4. Incorporation of Culture and Culture Inclusion (pages 75 to 77)
5. Summary of Key Supports, Barriers and Gaps (pages 78 and 79)

What were the key issues that were outlined in the report?

The majority of participants were most concerned with the following issues, however there were many other findings identified for each of the five themes and each of the 14 topic areas:

- A review of specific Non-insured Health Benefits (NIHB) policies
- How to improve services and training in regard to mental health/mental wellness/FASD/healing and treatment
- Miscellaneous funding-related issues (pages 68 and 69)
- The need for ongoing funding for Indian Residential School support-related programs and services (page 59)
Community Health Scan (CHS) Toolkit (2010)

What is the toolkit about?

The CHS Toolkit is a list of resources related to health and social planning that includes:

1. List of Funding Sources - funding sources available from governments, foundations and other funders. Emphasis is placed on funds for initiatives in the areas of health and social development, justice, heritage and culture and the environment.

2. List of Facilitators, Consultants and Organizations – a list of professionals and organizations that do work directed towards community health and social development and increased capacity.

3. Proposal Writing Fact Sheet – proposal writing tips and the steps you might want to take when writing a proposal.

4. Evaluation Information – a brief guide to evaluations and a sample evaluation form.

5. Resources – different types of health and social resources such as relevant web sites, DVDs, directories of Yukon agencies and ‘how to’ manuals, information about treatment facilities in B.C. and Alberta, contact information for First Nations liaison staff at hospitals in B.C. and Alberta and accommodations near hospitals.
6. **Forms and Guides** – provides several different documents that might be useful to health and social staff. It includes a guide on how to write Briefing Notes, an Events Planning Checklist and a form to record grievances with health and social service providers.

7. **Culturally Relevant Holistic Health Planning Conference Information** – one document in this section outlines people’s impressions of this conference and the main ‘lessons learned’. Worksheets from the conference that can be used for community health and social planning and related activities are also included.

8. **Fall School Health and Social Planning Worksheets** – the main steps involved in community health planning that were covered during Fall School.

9. **Community Health Scan (CHS) Information** – a final written copy of the CHS Report.

10. **Raw Data** – a copy of the raw data from the CHS in your community. This information can be found on the USB key at the front of the CHS Toolkit.

What We Heard – ‘this resource could be’:

- Used by other departments.

A disc containing the contents of the Toolkit was enclosed in the Toolkit sent to your Health and Social Department.

All the CHS Toolkit materials are available on the CYFN Health and Social Development Department website at www.cyfn.ca

Click on: Our Services
Then click on: Health & Social Development
The Yukon First Nations Community-Based Injury Prevention Summary is a handbook. It includes the main resources that were developed through AHTF injury prevention projects, which focused on providing tools and training in regard to injury prevention.

A disc of this material is included with the summary that was sent to your Health and Social Department.

The Yukon First Nations Community-Based Injury Prevention Summary has the four following tabs:

Tab One (Blue) – Review of the Community-Based Injury Prevention Training (page 7). This information provides an overview of the A Journey to the Teachings material and an accompanying disk that can be used to plan injury prevention activities in your community.

Tab Two (Green) – Descriptions of injury prevention activities that took place in Yukon First Nation communities in 2010 (page 19) and can be used as a source of inspiration for activities in your community.

Tab Three (Sand) – Detailed information (page 61) about how injuries are occurring and resources compiled during the AHTF Roundtable on Health (May 2009). This information can be used for injury prevention proposals and health and social planning.

Tab Four (Red) – Summary of the unintentional injury-related resources available on the summary’s accompanying disk (page 77).

When using the disc: 1. search this list for topics of interest. 2. use the key words (listed on pages 84 and 85). 3. use the command ‘Ctrl F’ to find information on the topic.
How was the information (data) collected?

The information was collected through the AHTF Roundtable on Health conference in May 2009, through a priority-setting workshop in December 2009 and via community-based injury prevention resources activities.

Participants at the conference in May 2009 were mainly staff of Yukon First Nation Health and Social Departments. Participants in the December 2009 workshop included individuals from all Yukon First Nation communities, federal and territorial agencies and non-governmental organizations.

What are the key issues that are outlined in the summary?

- The Yukon First Nations Community-Based Injury Prevention Summary details information about how injuries are occurring.
- Resources, compiled during the AHTF Roundtable on Health (May 2009) are found in Tab Three on pages 61 to 76.

Questions explored during the project include:

- Who is being injured in your community?
- When are the injuries happening?
- Where are the injuries happening?
- What kinds of injuries are occurring?
- How do the injuries happen?

What We Heard:

- Use the A Journey to the Teachings manual as a training guide for community members and the RCMP versus only for health and social staff.

One primary issue that project participants acknowledged is a link between mental health, substance abuse and injury.

The main five injury prevention priorities in the Yukon that were identified at the injury prevention priority-setting exercise were:

- Car/truck/van related
- Falls
- ATV/snowmobile/boat-related
- Contact injuries
- Exposure injuries

A disc containing A Journey to the Teachings materials is also included in the summary.
Pandemic and Emergency Kits, H1N1 Information Sessions and Business Continuity Plans

What are the materials and how can the information be used?

Each Yukon First Nation Health and Social Department was sent a Pandemic Emergency Kit that can be used to increase people’s awareness of ‘what needs to be done’ in the case of a pandemic or emergency and help them plan accordingly.

Several First Nations also developed Business Continuity Plans and participated in informational sessions about H1N1.

What We Heard:

- Have more pandemic emergency kits available so that they could be distributed more widely in the community.
- Put the posters up (that are in the kits) in schools and youth centres.
- Raise awareness in the community by holding workshops about pandemic and emergency planning with health and social staff and nurses.
- Staff could add material to make the kits better suited to community needs.
- Put the kits at camps.
Guide to the Aboriginal Health Human Resources Initiative (AHHRI) – Yukon

What is the Aboriginal Health Human Resources Initiative (AHHRI)?

AHHRI is a Health Canada fund that was accessed in the Yukon in 2007 and works to lay a foundation for longer-term systemic change in health and social-related human resources for Yukon First Nations.

AHHRI aims to increase and encourage First Nations youth to participate in health and social careers and compliments the work of the AHTF.

The AHHRI work completed in the Yukon included in-depth reports, an awareness campaign and practical tools intended to:

- Encourage youth to enter a career in the health and social field
- Increase the number of health and social care providers by increasing Yukon First Nations people in health and social career
- Improve the retention of health and social care workers
- Increase capacity development
- Create health and social career awareness

The Health and Social Development Commission, in consultation with members of the AHHRI Steering Committee, directed all work completed under AHHRI.

If you have any questions about AHHRI, please contact the AHHRI Coordinator at the Council of Yukon First Nations at 867.393.9218.
AHHRI Phase One
Materials

Yukon First Nations Traveling Health Careers Road Show
The Yukon First Nations Traveling Health Careers Road Show was a career fair that visited all communities. It focused on workshops with health professionals to provide a realistic snapshot of a career in health.
A ‘How To’ guide was developed, which can be used to create a similar activity in your community.

AHHRI Public Awareness Campaign
This dynamic print, radio, transit and online campaign showcased Yukon First Nations health and social career role models.

My name is Helen Allan of the Taku River Tlingit First Nations and I’m currently studying Health Administration. As a First Nations person, I believe that the health of our people is of utmost importance. My studies in Health Administration are a great match for me because they combine my interest in First Nations health with my strengths in administration. I think I’ve always had the nature of a helper. I really enjoy being part of a group that helps First Nations people. Working in the hospital can get difficult dealing with the end of life, but you learn to have faith. It feels so great to do something that you’re passionate about and good at too!

“Do the thing that scares you and the death of fear is certain.”
Helen Allan
Health Administration Student

This booklet identifies health and social career options and the steps necessary to pursue a career in health and social services. It also contains information about bursaries, scholarships and Yukon funding agencies.
Science Camp

This camp coordinated First Nations culture and Traditional Knowledge with math and sciences in a ‘hands-on’ learning environment. The curriculum developed by the Yukon Native Teacher Education Program at Yukon College is available if you are considering hosting a science camp in your community.

Cultural Orientation Protocols

This tool for resource workers provides protocols outlining information about Yukon First Nation cultural practices and beliefs. It is designed to be used by Yukon Government employees, service providers working in communities and First Nation government employees to orient them to Yukon First Nation cultures.

Vicarious Trauma Pamphlet

This pamphlet highlights the signs of vicarious trauma and provides some holistic self-care methods to address it.

What We Heard – the Cultural Orientation Protocols could be shared with:

- The social worker when he or she first visits a community as a means of orientation to the community.
- The RCMP, Yukon College and other groups.
What is the Situational Analysis Report about?

The Situational Analysis Report is a research document developed to address Yukon First Nation Health and Social Department staff recruitment and retention challenges. The analysis sought to determine the workplace realities, needs and expectations of Yukon First Nation Health and Social Department staff.

Four broad recommendations were developed for consideration that require further and formal organizational support.

How was the information (data) collected?

Information was collected in four stages that included:

- a literature review
- a survey
- interviews conducted during two and three-day community visits to 13 Yukon First Nations
- a one-day focus group with health and social staff

What are the key themes?

Recommendations focus on core competencies, mental health and cultural competence. Cultural awareness is the ‘glue’ that binds them and directly impacts job satisfaction.
Key findings include:

- The recognition of stresses associated with jobs in Yukon First Nation Health and Social Departments is ‘not enough’. There must be a systematic and organizational approach to address vicarious trauma and dual/multiple relationships.
- That staff is not always consulted in regard to staff training and there is also a need for more follow up and a comprehensive long-term training plan for employees.

Key Recommendations (found on pages 3 and 4 of the analysis) include:

- **A Name Change** – consider replacing the term ‘Health and Social’ with ‘Community Wellness’ in Yukon First Nations.
- **Core Competencies** – consider adopting core competencies as a system of operations that will help further develop and maintain employee essential skills as a foundation for learning other skills related to work in the department.
- **Training** – must be facilitated, hands-on and ongoing through accredited learning programs.
- **Mental Health** – consider creating an organizational environment that fosters self-care and the systemic management of stress to minimize the incidence of employee ‘burnout’. Provide Yukon First Nation Health and Social Department staff with opportunities to debrief and for counseling to counter and minimize the effects of vicarious trauma and the stresses related to dual/multiple relationships associated with helping/caring professions in remote northern communities.
- **Cultural Competence** – consider adopting cultural competence as a system of operations that will enable staff to better meet community needs for culturally sensitive programs and services.

A disc of this document can be found at the back of the document sent to your Health and Social Department.
This chart provides information on the contents of most AHTF documents and one AHHRI document. It can be a starting point to help you locate information on particular topics for proposals, health and social planning purposes and other “day to day” purposes at work.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mental Health Workbook</th>
<th>Improving Access to Health Services Report *1</th>
<th>CHS Report</th>
<th>CHS Toolkit</th>
<th>YFN Injury Prevention Summary</th>
<th>AHHRRI Situational Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Issues</td>
<td>All - Esp p.28-30</td>
<td>All - Esp p.29, 85</td>
<td>All - Esp p.64-65</td>
<td>N/A</td>
<td>N/A</td>
<td>p.17</td>
</tr>
<tr>
<td>Capacity/Training/Staff Issues</td>
<td>All - Esp p.31-33, Sec. 5, Sec. 6</td>
<td>All - Esp p.15, 23, 52, 87, 88</td>
<td>All - Esp Sec. 2, 5A, 5B</td>
<td>All - Esp Tab. 1 (Blue) and Tab. 2 (Green)</td>
<td>All - Esp p.17, 18, 27-30, 46, 47</td>
<td></td>
</tr>
<tr>
<td>Culture Related</td>
<td>All - Esp p.25-27, 34, 35</td>
<td>All - Esp p.17-19, 27, 59, 63-73, 87</td>
<td>Sec. 5A, 5B, 5D, 7</td>
<td>See Journey Teachings Disc and Tab. 1 (Blue)</td>
<td>p.38-41, 51, 52</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>p.15</td>
<td>p.85</td>
<td>p.14-17, 82</td>
<td>Sec. 5A</td>
<td>p.84</td>
<td>N/A</td>
</tr>
<tr>
<td>FASD</td>
<td>All - Esp p.11, 17, 18</td>
<td>N/A</td>
<td>All - Esp p.38-40, 84</td>
<td>Sec. 5A</td>
<td>p.61, 83, 94</td>
<td>N.A.</td>
</tr>
<tr>
<td>Funding/Funders</td>
<td>All - Esp p.15, 23, 52, 87, 88</td>
<td>All - Esp p.59-60</td>
<td>All - Esp Sec. 7-10</td>
<td>All</td>
<td>All</td>
<td>N/A</td>
</tr>
<tr>
<td>Health and Social Planning</td>
<td>All - Esp Sec. 2, Sec. 4 p.73</td>
<td>All - Esp Sec. 2, Sec. 5A, 5C</td>
<td>All - Esp Tab. 1 (Blue) and Tab. 2 (Green)</td>
<td>All</td>
<td>All</td>
<td>N/A</td>
</tr>
<tr>
<td>Indian Residential School</td>
<td>All - Esp p.6-8, 11</td>
<td>All - Esp p.17, 51, 58, 72</td>
<td>Topic 14 Esp p.59-60</td>
<td>*2</td>
<td>See Trauma</td>
<td>p.85</td>
</tr>
<tr>
<td>Medical Travel</td>
<td>All - Esp p.12-13</td>
<td>All - Esp p.15</td>
<td>All - Esp p.44-45</td>
<td>Sec. 5D</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental Wellness - General</td>
<td>All - Esp Sec. 2, Sec. 4</td>
<td>All - Esp p.85</td>
<td>All - Esp p.66</td>
<td>Sec. 5C</td>
<td>Tab. 3 (Sand)</td>
<td>All</td>
</tr>
<tr>
<td>Mental Wellness/Health - Workplace</td>
<td>Sec. 5</td>
<td>Sec. 5</td>
<td>Sec. 2</td>
<td>Tab. 3 (Sand)</td>
<td>p.35-38</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse/Concurrent Disorders</td>
<td>Sec. 3, 4, 6 p.87</td>
<td>Sec. 15</td>
<td>All</td>
<td>Tab. 3 (Sand)</td>
<td>Tab. 4 (Red) See Discs</td>
<td>Sec. 6, 8 p.28, 29</td>
</tr>
<tr>
<td>Practical Tools/Manuals/Resource Lists</td>
<td>p.55-79, 84-90, 95</td>
<td>p.55-79</td>
<td>All</td>
<td>Tab. 4 (Red)</td>
<td>Tab. 2 (Green), Tab. 3 (Sand), Tab. 4 (Red) p.82-85</td>
<td>p.28</td>
</tr>
<tr>
<td>Youth/Children</td>
<td>All - Esp p.11, 19, 36, 37, 55</td>
<td>All - Esp p.9-13, 81</td>
<td>All</td>
<td>Tab. 3 (Sand)</td>
<td>Tab. 4 (Red) See Tables and Figures p.vi</td>
<td>p.28</td>
</tr>
<tr>
<td>Statistics</td>
<td>All - Esp p.28, 61, 75-77</td>
<td>All - Esp p.28-29, 83</td>
<td>All</td>
<td>Tab. 4 (Red)</td>
<td>Tab. 3 (Sand) Tab. 4 (Red) p.82-85</td>
<td>p.21</td>
</tr>
</tbody>
</table>

*1 Also See the Executive Summary of Improving Access to Health Services for Yukon First Nations
*2 A copy of “Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People – A Resource Manual” was included with the Toolkit
This chart can be used to help you find Phase One AHHRI information on a particular topic for proposals, activities for youth and other resources. Not all AHHRI resources are on this chart.

<table>
<thead>
<tr>
<th>AHHRI Initiative</th>
<th>Culturally Oriented Material</th>
<th>Capacity Building and/or Retention of Health Care Workers</th>
<th>Mental Wellness/ Mental Health/ Workplace Mental Wellness</th>
<th>Activities/ Materials to encourage youth to pursue health and social careers</th>
<th>Available Practical Tools or “How To” Manuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yukon First Nation Traveling Health Career Road Show</td>
<td>☐</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
<td>Road Show “How To” Guide</td>
</tr>
<tr>
<td>AHHRI Awareness Campaign</td>
<td>☐</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
<td>Posters and other materials have already been distributed</td>
</tr>
<tr>
<td>Dream Catcher Health Career Manual</td>
<td>☐</td>
<td>☐</td>
<td>☐ (p. 4, 25, 39)</td>
<td>☐</td>
<td>Dream Catcher Find Your Future in Health</td>
</tr>
<tr>
<td>Cultural Orientation Protocols</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>2 Cultural Orientation Binders:  1. Community Specific 2. YT Specific</td>
</tr>
<tr>
<td>Situational Analysis (See other Chart)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>N/A</td>
<td>Especially Sec. 6 and 8 p. 28, 29</td>
</tr>
<tr>
<td>Science Camp</td>
<td>☐</td>
<td>N/A</td>
<td>N/A</td>
<td>☐</td>
<td>Curriculum available from CYFN</td>
</tr>
<tr>
<td>Vicarious Trauma Leaflet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>N/A</td>
<td>Vicarious Trauma Leaflet</td>
</tr>
</tbody>
</table>
AHTF and AHHRI
Moving Forward

Action and Policy Development

During the next few years, further steps will be taken to implement the recommendations identified through the ATHF and AHHRI projects and activities to date.

Two conferences in February and March 2011 served to clarify the recommendations, set priorities and start this process.

More Projects and Activities

Additional funds will make it possible to determine the priorities of Yukon First Nation Health and Social Department staff and to launch new projects and activities.

In the future, these new projects will fall under the Health Services Integration Fund (HSIF).

AHRRI will also continue.

Contact us

If you would like to arrange an AHTF/AHHRI presentation for your organization or would like a copy of any of the AHTF or AHHRI reports or materials, please contact:

Reanna Sutton
AHTF Manager
Council of Yukon First Nations
Health & Social Development Department
reanna.sutton@cyfn.net
867.393.9249

Teresa Sidney
AHHRI Coordinator
Council of Yukon First Nations
Health & Social Development Department
teresa.sidney@cyfn.net
867.393.9218

Portions of this document have been reproduced from materials previously produced by CYFN. Please refer to the original documents for citation information.

This guide was funded by Health Canada. The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of Health Canada or the Council of Yukon First Nations.