

Mushuau Youth Engagement Report

April 2016



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Forward – Youth Health Coordinator

As Youth Health Coordinator, I have had the privilege to talk with and listen to youth about what it takes to be a healthy community. The following report identifies health issues impacting Innu youth in Natuashish as they relate to the Innu Healing Strategy priorities. The goal of our report is to provide Innu leadership and the Natuashish Chief and Council an understanding of the health priorities, concerns and hopes of our young people so that they can take action.

The report comes directly from our youth. It captures the voices of young people in our community between the ages of 12 and 30 years old. Our team surveyed youth to identify health behaviours, opportunities, concerns and priorities. We listened to youth by engaging with them in health conversations and focus groups to understand their hopes, fears and dreams for tomorrow. We also engaged with youth on the walk from Natuashish to Hopedale in honour the memory of James Poker. The walk offered a unique opportunity to engage with youth outside the community.

This report does not shy away from sharing problems that our youth face. It does so, however, recognizing that part of our healing is building a new story. Health, and perhaps better stated wellness, requires looking forward and imaging the best future for our community. With that in mind, our report identifies building blocks of health and emphasizes wellness indicators as a key component of understanding health. It is my belief that a healthy future depends on young people empowered with opportunities and a sense of hope.

In that spirit, our report presents ideas and recommendations that will enable a healthy and positive environment for young people. In addition to identifying critical health priorities, we highlight ten key messages to support our leadership moving forward with a youth health agenda.

It brings me great pleasure to submit this report. My hope is for a healthy community where young people are happy, safe, have an opportunity to learn and work and feel proud of their culture. I am privileged to be part of a process to create a new story of a healthy Innu Nation.

Nin Sonja Piwas



Key Messages

Among the many messages we heard from youth, we have highlighted ten key messages to help underpin a youth health agenda. The key messages listed here should be considered in the context of our rich results. Our goal is to empower leadership with a solid grasp of priorities supported by extensive youth engagement. This is a summary of key messages that we heard:

- Build an identity
- Provide a sense of purpose
- Offer a place to go
- Give youth a voice
- Develop leadership capacity
- Increase resources to support youth
- Provide in community mental health/addictions counselling
- Address housing concerns
- Connect youth strategy to larger Innu Healing Strategy
- Promote healthy habits

1. Build an identity

Fostering opportunities to empower youth such as the James Poker Memorial Walk offer youth a chance to come together in a positive atmosphere and build a sense of identity. Similarly, the camping trips and annual gatherings offer an opportunity for young people to learn and connect with their culture.

For example, youth participants on the James Poker Memorial Walk noted that they were happy when out on the land and felt proud to be part of an important community event. Connecting to culture, coming together, and being part of shared journey offered a positive experience for young people to grow and learn from. Being on the land also provided youth a chance to step away from her of his daily routine in the community. Walk participants reported higher levels of self-reported health and life satisfaction than community youth respondents. We recommend expanding cultural activities specifically targeting youth to help build a positive sense of identity and offering land based education programs.

2. Provide a sense of purpose

A consistent theme emerging is the importance of opportunities for youth that give young people a sense of purpose in her or his day and offer a constructive use of time so they do not gravitate toward unhealthy patterns. Depending on age it would include access to recreational activities and/or work opportunities.

Activities:

The hockey program was widely recognized as a community success. Hockey ranked as a favourite activity, fun thing to do and was considered a source of community pride. In terms of activities, not all youth, however, have the ability or desire to play hockey and sports generally. We recommend expanding sports based activities beyond hockey and offering non-sports based activities on a regular basis. To support success, activities require a coach or organizer and adequate resources (space, supplies, equipment). Cooking classes, crafts and hosting dances were suggested as non-sports based activities that youth were interested in.

Work opportunities:

There are few jobs or work-based training opportunities in the community. We need an employment strategy to support and train youth.

3. Offer a place to go

Youth need a place to go. One of the few after school options is the Innu gym which is at capacity. Many youth who go to the gym do not play sports and go only to hang out with friends. Building a new youth centre or retrofitting the current youth centre would provide another venue for youth that could focus on non-sports based activities. For the youth centre to succeed it will require adequate operational funding and a coordinator who will be present to 'manage' youth and organize activities.

4. Give youth a voice

Youth need to be heard. Given the large cohort of youth in the community, we recommend a youth position on council and the establishment of youth advisory committee that communicates regularly with council regarding issues, concerns,





and opportunities for young people. Formalizing a youth voice offers an opportunity for young people to develop leadership skills and learn how to work together for positive change.

5. Develop leadership capacity

The large percentage of respondents who saw themselves running for chief and council in the future suggests leadership potential which should be nurtured and encouraged. Providing youth with education programs that foster leadership, collaboration and governance could strengthen the leaders of tomorrow.

6. Increase resources to support youth

The large amount of young people in Natuashish highlight the need for programs and services to support youth. Seventy-three percent of the population is under the age of 30. In Newfoundland and Labrador as a whole, 32% of the population is under the age of 30. Existing programs are stretched. As an example, there are three positions tasked with organizing activities and events for youth (two youth coordinators, recreational director). Expanding programs and services will require reprioritizing existing resources or finding new resources.

7. Provide mental health/ addictions counselling

Addressing substance abuse and mental health were cited as health priorities. We recommend providing in-community support to help youth deal with trauma, mental health, and addictions.

8. Address housing concerns

Inadequate housing and the lack of a safe place to live jeopardize the wellbeing of youth. About a third of houses in the community have been deemed unsuitable to live in due to overcrowding. A similar amount of houses are deemed to require major repairs. In addition to suitable housing, young people require a safe place to live. We recommend that the community develop a housing strategy that prioritizes options for youth.

9. Connect youth strategy to larger Innu Healing Framework

The wellbeing of youth is impacted by exposure to adults, family members and parents who are dealing with trauma, suffering and addictions. It is critical to consider youth healing within the larger Innu Healing Framework. Unwell parents are less able to adequately care for and teach children, and model healthy behaviours.



10. Promote healthy habits

The current focus on youth health emphasizes illness and problems, primarily substance abuse. We recommend that health centre staff and the school promote a broader definition of health that focuses on wellness and healthy living. For example, there are very high rates of overweight and obese youth.

Poor diet was noted as a general health concern. Efforts to improve healthy eating require education and ensuring healthy food options are available at the store. Young people need to know that processed food and foods high in refined sugars are not good for them.

Methods

The Youth Health Engagement Report used a mixed methods approach, integrating quantitative and qualitative data collection methods to maximize community input and engage with young people in multiple formats to increase likelihood of participation. Data was collected on the James Paker Memorial Walk as well. Youth

were engaged using a *Journey-Based Inquiry* approach. In addition, comparative questions were asked on the youth engagement survey delivered in the community and with youth on the walk to compare the impact that being on the land and participating in a culturally based activity may have on wellbeing as measured using a life satisfaction scale and sense of overall health.

Our research strategy emphasized primary data collection given the limited amount of secondary data available. We do include a demographic profile based on statistical data from Statistics Canada (National Household Survey), Aboriginal Affairs and Northern Development Canada (AANDC) and Statistics reported in the Innu Healing Strategy.

An external consultant was hired to support the development of the report. The consultant spent time in the community with the program lead developing data collection tools, collecting data, and rolling up and interpreting data.

Demographic profile:

The demographic profile is based on secondary statistical data sources from Statistics Canada

(National Household Survey), AANDC and statistics reported in the Innu Healing Strategy. Community population by age category are estimated by updating the 2011 Census data using population estimates of the on-reserve population reported by AANDC.

Youth health survey:

The youth health survey included 35 questions focusing on health behaviours, engagement in healthy activities, perception of health concerns, identification of health priorities, vision of the future, and other determinants of health. Questions were predominately open ended to solicit in-depth responses. The survey was delivered at the school for completion in class. In addition, the survey was promoted using social media and available in hard copy at the Health Centre, and Youth Shelter.

Focus groups:

Three one hour focus group sessions were held with small groups of youth and community members working with youth to delve more deeply into health issues, concerns and solutions. One focus group was an open youth session. A second focus group was open to females only to offer a gender safe environment. The third focus group included participants who have stayed at the youth shelter in the past or have had charges against them for various offences recognizing the importance to integrate views of at-risk youth. The focus group format was designed for participants to open up about their experiences, concerns, and hopes for youth. We developed four questions to stimulate conversation with the intention to hone in on issues raised by participants. The sessions were designed to finish with an activity to identify health priorities.

The project lead promoted the focus groups on social media. Focus groups were held over a two day period, after school (4pm, 5pm) and in the evening (7pm). A fourth focus group open to all community members was advertised to be held in the evening but no one showed up so it was cancelled. Refreshments were provided.

Health conversations:

The project lead had conversations with community members about the state of youth health in the community. Health conversations took place with youth, community leaders, health care providers, and teachers. The non-structured conversations were intended to be informal so as to engage community members in a non-threatening and open manner. The open approach also allowed participants to speak freely on issues and concerns. It was also felt engaging community members in conversation without requiring them to attend a formal focus group would boost input. The project lead would stimulate conversation by asking about the top three health issues facing youth or how can we better support youth in our community. The grounded theory approach allowed for participants to lead the direction of the conversation based on her or his understanding or perceptions of the issue. Conversations took place in person, over facebook and by email.

Youth health worker interviews:

Interviews were held with four community members who actively work with youth. Interviewees include the youth coordinator (females), youth coordinator (males), recreational director, and a health worker for the Innu Nation who is also a former youth coordinator.

Journey Based Inquiry (JBI):

The James Poker Memorial Walk was organized to honour the memory of James Poker, a youth in the community, who died on the ice walking from Natuashish to Hopedale. The walk was a gathering of young people coming together to honour the lost life of another young person in the community.

The youth walk offered a unique opportunity to engage with young people on an important healing journey. The four day walk took place at the beginning of April 2016 covering 84 kilometers. Thirty three youth participated in the walk. In addition, several youth provided support to the walkers setting up tents, cutting firewood, and cooking food.

We used JBI to discuss the challenges, suffering and disillusionment facing many Mushuau youth as well as their hopes and aspirations. JBI builds on the unique characteristics of a journey to solicit deeper reflection among participants. JBI looks to use emotions and feelings experienced during a journey to capture a deeper level of understanding by listening to participants, hearing their stories and asking about their aspirations.

A journey is an act of accomplishment in progress. It is characterized by moments of reflection, hardship, and hope. Specific to this walk, it is also characterized by grieving a loss, and friendship. Further, we believe there are fresh insights to be gleaned by engaging with youth outside of their normal routines. By being on a journey in the outdoors and participating in a healthy activity we directed conversations toward what is possible.

JBI follows a grounded theory approach where questions and conversations evolve based on the context and moment. The conversations were initiated and directed based on a series of prepared questions.

Guiding questions included:

- Why is this walk important to you?
- How does participating on the walk make you feel?
- Are you a happier person or feel different when out on the land?
- Do you know any stories about your culture?
- When thinking about the future – do you think tomorrow will be better or worse than today?
- Can you share with us a dream you have about the future?
- Do you think the life of your children will be better than yours?
- When do you feel your best/ feel healthy?
- If you could give any message to someone who has never been to Natuashish – what would you say?
- If you could do one thing for youth in your community what would it be?

Conversations took place at camp after a day of walking and during the walk. Conversations took place individually and in groups depending on the context.



Assessing wellbeing:

Measuring subjective well-being examines how to foster quality of life and 'what makes life worth living' in contrast to strategies that focus on the assessment of problem behaviors and pathology (Gadermann et al., 2010). While there are numerous approaches to measure wellbeing, we adopt the Satisfaction with Life Scale, an internationally recognized measure of subjective wellbeing, developed by Diner and colleagues (1985).

The Satisfaction with Life Scale measures sense of optimism, self-concept, self-efficacy, depression, emphatic concern, and perspective taking. The tool asks participants to rate five statements on a scale from 1 "disagree a lot" to 7 "agree a lot".

The results are aggregated yielding a total score to provide an overall indication of general life satisfaction. We use a version of the tool modified for use with children (Gadermann et al., 2010). Gadermann and colleagues (2010) change the language of three of the five statements so they are more easily understood by young people and switch the Likert scale from 1-7 to 1-5.

Participants were asked to score the following statements:

1. In most ways my life is close to the way I would want it to be.
2. The things in my life are excellent.
3. I am happy with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would have it the same way.

We used the tool to report total score allowing for comparisons of life satisfaction across groups. In addition, we report individual statement results by Likert score to better understand the breakdown of total findings.

Twenty-six youth in the community were questioned using the Satisfaction with Life Scale tool. In addition, the questions were asked to 18 youth participants on the James Paker Memorial Walk. Asking the questions to the cohort of walk participants was an attempt to decipher if those participating on the walk reported a higher level of wellbeing than the general youth population in Natuashish.



Readers are advised to use a high level of caution when comparing the survey groups given the small sample sizes and selection bias of those participating on the walk.

In addition to assessing wellbeing using the Satisfaction with Life Scale, we asked two questions to youth in the community engagement survey and to a sample of youth participants on the James Paker Memorial Walk indicating general wellbeing that are included as part of the Statistics Canada General Social Survey and Canadian Community Health Survey. 'How do you feel about your life as a whole right now?' and 'How would you rate your overall health?'

The questions offer a general comparison of wellbeing between the respective groups of youth sampled. Further community results can be benchmarked against provincial and national level results and economic zones within Newfoundland and Labrador.

Demographic Profile

The registered population of Natuashish is 911 people (February 2016). Approximately 30 non-registered people live on reserve (community data). Non-registered people would include outside professionals such as teachers and health care providers and Inuit living in Natuashish who are registered on other reserves.

Of the 911 Mushuau Innu, 565 are under the age 30. While the definition of youth can vary, this assessment adopted the range used in previous studies of Innu youth and targeted young people between the ages of 12 years old and 30 years old. Using this range, approximately 390 youth live in Natuashish.

As a community, Natuashish is very young. Seventy three percent of the population is under

Figure 1: Population

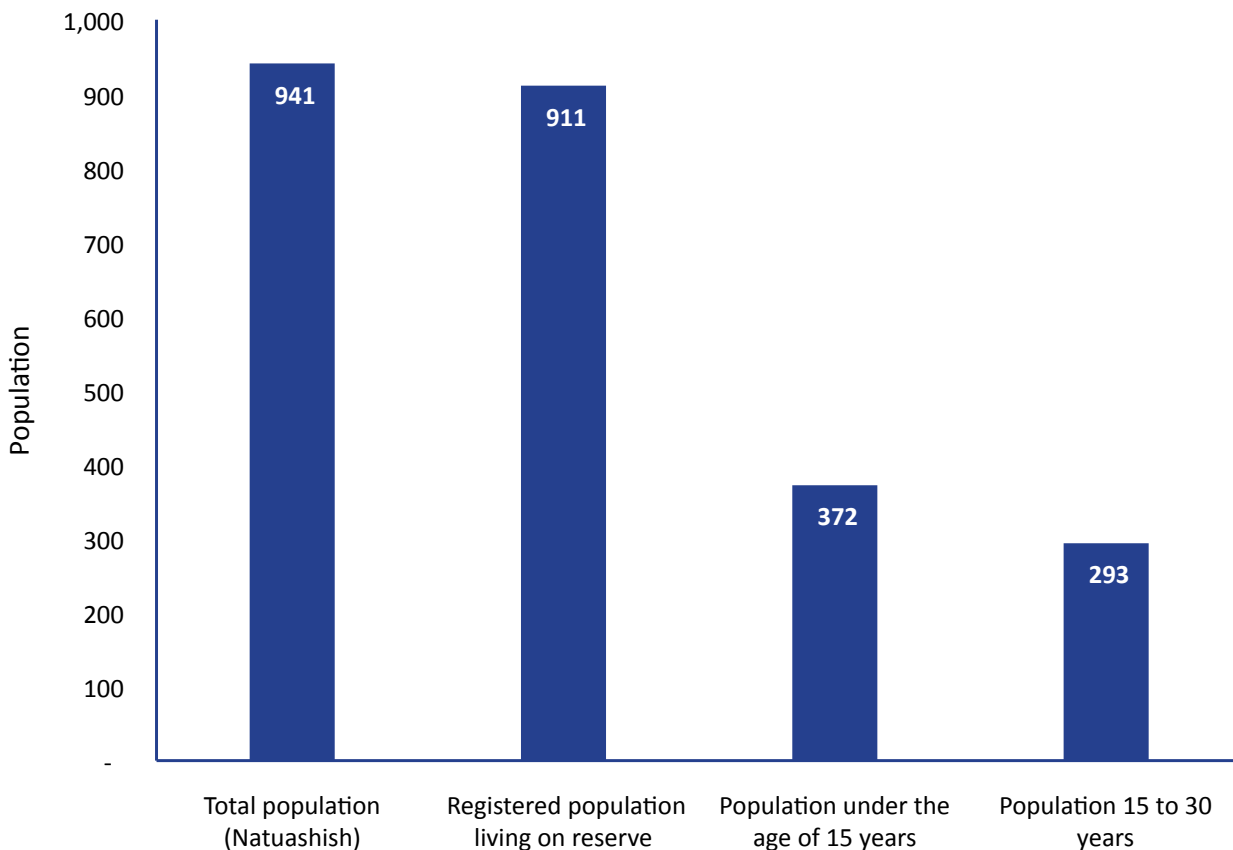
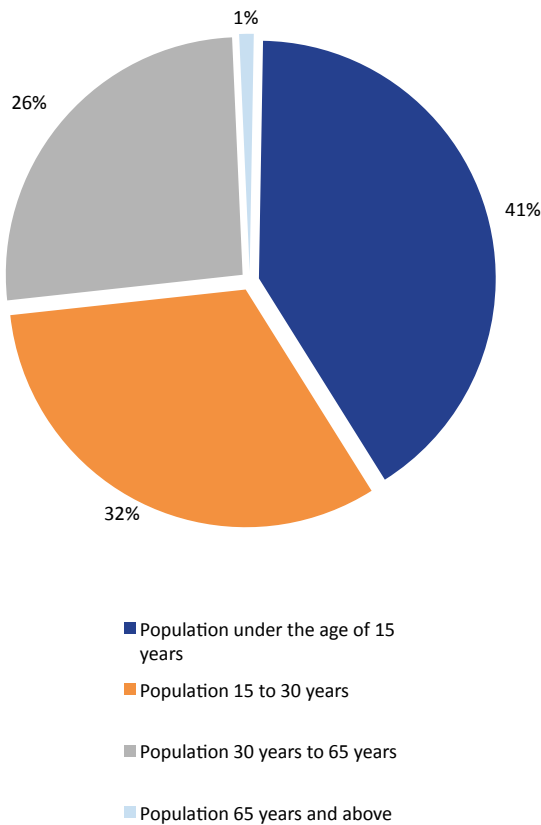


Figure 2: Population by age category



the age of 30 years old. The median age of the population is 18 years old. For comparison, In Newfoundland and Labrador, 32% of the population is under the age of 30 years old. The provincial median age of the population is 44 years old.

The average life expectancy in Natuashish is 46 years old. The low life expectancy is reflected in the small population over the age of 65 years, 9 people. Life expectancy in Natuashish is dramatically lower than the Canadian average of 83 years old.

Figure 2 above breaks down the population by age component. The annual population growth rate is 6.5%.

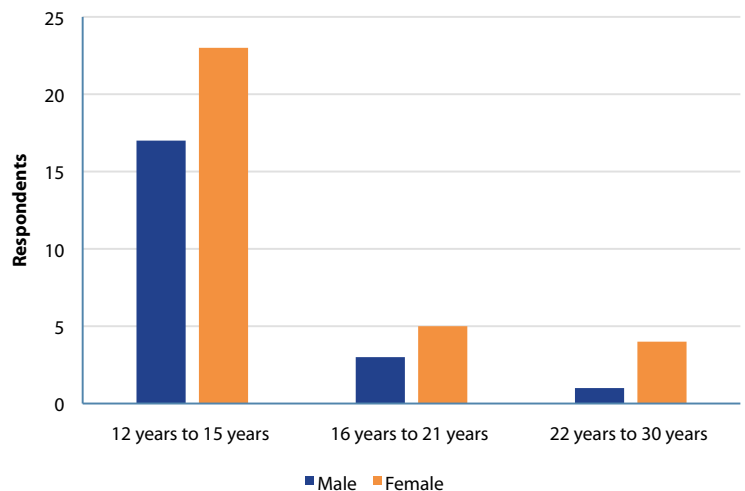
Given the large number of females in their birthing years, the population will continue to grow quickly. Over the next ten years the rate will likely increase to 8% or more. In comparison, the province has a population growth rate of 0%. The young population in Natuashish highlights the need for policy and programs to address youth concerns.

Survey Results

Fifty three youth responded to the survey. Figure 3 breaks down survey respondents by age group and gender. Forty respondents (75%) were between the ages of 12 years old and 15 years old. Eight respondents (15%) were between the ages of 16 years old and 21 years old. Five respondents (10%) were between the ages of 22 years old and 30 years old. Thirty-two respondents (60%) were female while twenty-one respondents (40%) were male.

The large cohort of respondents in the younger youth bracket reflect the sampling strategy of conducting the survey at the school. To compensate for the large concentration of youth under 16, the project emphasized older youth in the health conversations and focus groups.

Figure 3: survey respondents by age group and gender



Education

All of the respondents who are school age indicated that they plan to further her or his education. When asked 'what is something you would like to do for work?' the most common responses by females were to work at the gym followed by nurse, doctor and to work at the store. Other responses by females include: work at the health commission, nail technician, hair stylist, work with kids, travel related, something that inspires people, fitness related, and teacher.

In respect to the same question, males were most likely to reply a sports related job (hockey player, hockey coach, work at the arena). The second and third most commonly cited professions were a police officer and pilot. Other types of work listed by males include: Band Council, automotive technician, mechanic, lawyer, something that makes lots of money, and a job where I help people. Of the five respondents in the 22 years old to 30 years old grouping, two indicated that they had taken some college courses. Four of the five respondents in this group were presently employed.

Living arrangements

Fifty-eight percent (58%) of respondents lived with her or his parents, 34% of respondents lived with grandparents or another family member, 6% of respondents lived in her or his own place and 2% lived with a non-family member.

Based on survey questions asking 'the number of people living in the home where you live' and 'number of bedrooms', we estimated the percent of respondents living in overcrowded houses. We assumed over-crowding to be when the number of people in the home exceeded available bedrooms by more than two people. For example, in a three bedroom house, we assumed it to be overcrowded if six or more people lived in the home. Using this approach we estimated that 26% of respondents lived in an overcrowded home.

Our results are slightly less than Statistics Canada data on housing suitability which reports that 32% of households are not suitable in Natuashish. According to Statistics Canada, housing suitability refers to whether the dwelling has enough bedrooms for the size and composition of the household. As an indication of housing



vulnerability, we also asked participants if they knew someone who was homeless. Forty-two percent (42%) of respondents indicated that they did.

Health problems

Respondents were asked to identify what they think the top three health problems are in the community. Health problems most commonly identified (by a large margin) were sniffing gas, drugs/marijuana, smoking, and alcohol. Seventy-two percent (72%) of respondents listed sniffing gas as one of the top three problems. Figure 4 lists the top 15 health problems and the percentage of respondents identifying the problem as one of her or his top three problems facing the community.

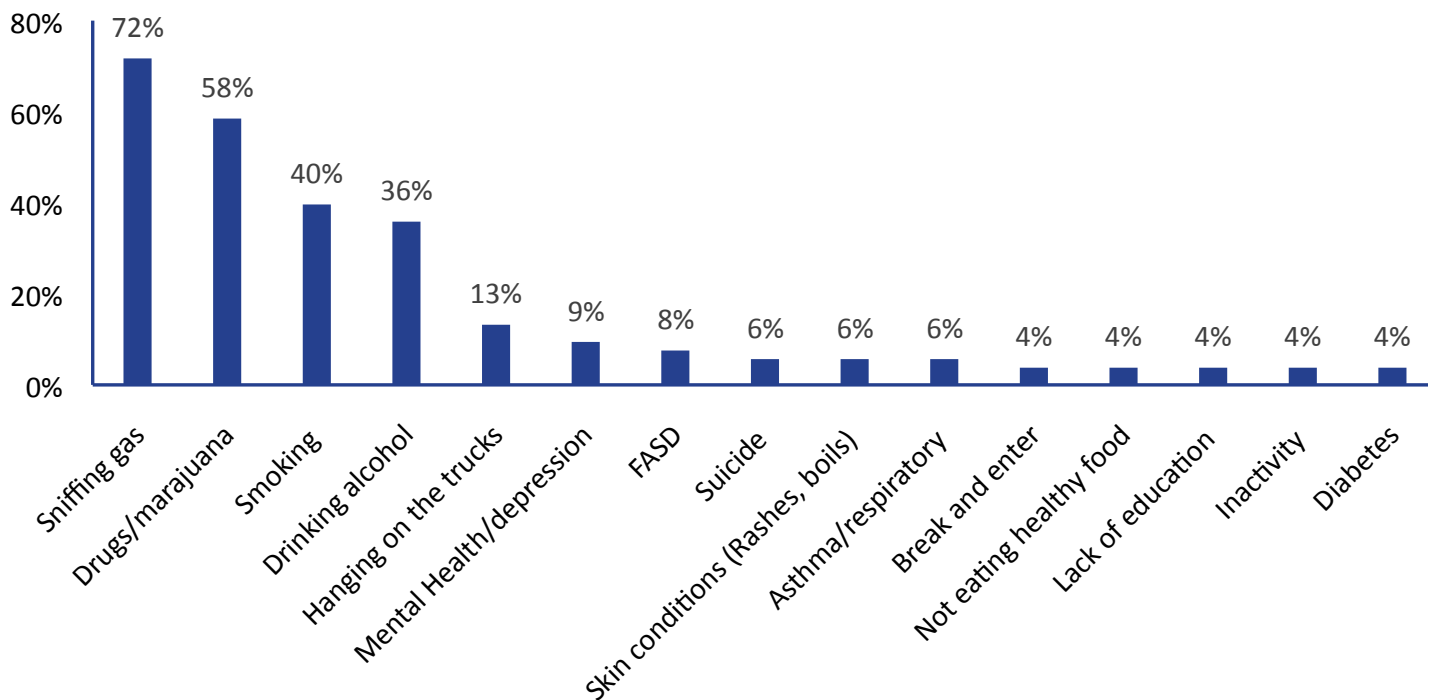


Figure 4: Health problems identified by respondents

Action priorities

Several questions focused on what needs to change to address health problems in the community. Given the open ended nature of the questions, many respondents wrote general answers such as 'stop the gas sniffing', 'say no to drugs', 'more activities' or 'help the youth'. Responses focused primarily on dealing with substance abuse problems. The following is a roll-up of priority themes.

Address gas sniffing and drug use

- Listen to youth (formal process)
- More treatment for youth in the community
- Help parents deal with their addictions
- Youth councillor/ therapist/ addictions worker

Greater focus on education

- Keep kids in school

More health care services

- More nurses
- Support for new moms

Offer more recreational opportunities to youth on a regular basis

- Open the gym more hours and everyday
- Reopen/ build new youth centre
- Get better exercise equipment (weight room/ fitness room)
- Expand the arena
- Build a swimming pool
- Offer non-sports activities

Change our attitude

- Be nice to people
- Work together
- Help each other
- Believe in our youth

Housing

- Deal with housing shortage
- Make sure youth have a safe place to live

Better internet

- Allow youth to watch movies, play games



Activities

Several questions focused on identifying activities that youth can do in Natuashish and activities that they like to do. Two questions asked directly:

1. What is a healthy activity that you can do in Natuashish?
2. What are the top three activities that you like to do?

In addition to asking directly, the issue was explored indirectly by asking youth what they like to do for fun. The survey also asked if youth felt there were enough cultural activities.

Table 1 presents responses to the ‘what is a healthy activity you can do’ and ‘top activity you like to do’. Presenting the results alongside one another offers an opportunity to compare what you can do with what respondents like to do. Response themes are listed according to most common responses. We colour categorized responses to what you like to do by sports/active based activities (green), non-sports related activities (yellow) and sedentary activities (blue).

Table 1: Activities

What is a healthy activity that you can do in Natuashish?	Top three activities that you like to do
Hockey	Hockey
Walking/hiking	Volleyball
Sports	Watching movies
Volleyball	Video games
Skidoo/sliding	Crafts
Inu gym	Cultural activities
Snow-showing	Walk/hike
Camping/land	Soccer
Riding on trucks	Skidoo/Sliding
Hunting	Badminton
	Baseball
	Cooking
	Drawing

When asked ‘what do you do for fun?’ responses capture positive and negative themes. For example, the second most commonly cited response after sports/hockey was nothing. Sedentary activities such as watching movies and playing computer/video games were the third and fourth most common responses. Smoking marijuana was the fifth most common response. Some respondents also stated gas sniffing. Table 2 presents results by theme ranked by most common response.

Table 2: What you do for fun

What do you do for fun?
Sports/hockey
Nothing
Watch movies
Video games/play on computer
Smoke marijuana/weed
Time with friends
Skidoo
Time with family
Sniff gas
Go out on the land/camp
Crafts
Cooking
Do Nails/hair
Snowboard
ATV

A final question asked specifically if there were enough cultural activities in the community for youth. Results were split with 53% responding ‘no’ and 47% responding ‘yes’. Results were even among the 12-15 years old range and the 16-21 years old.

Best part of your day

We asked respondents to state what the best part of her or his day is as an opportunity to understand deeper drivers of personal wellbeing. The two most common responses were time with family and time with friends highlighting the

importance of relationships as a contributor to wellbeing. Sports and other recreational activities were common responses as well. Table 3 presents the top 15 most common responses.

Table 3: Best part of your day

What is the best part of your day?
Being with family
Having fun with friends
Hockey
Sports
Going to the gym
Skidooing
Walking/Hiking
School
Watching movies
Playing video games
Listening to music
Sleeping
Nothing
Going out on the land
Girls

Health Behaviours

The survey asked respondents about her or his use of alcohol or drugs and whether they smoked or sniffed gas.

Alcohol consumption

No respondents in the 12-15 years old category (n=40) drank alcohol. Half of the respondents in the 16-21 years old category drank alcohol (n=4 of 8) and four out five respondents in the 22-30 years old category drank alcohol (table 6). Of the eight respondents who drank alcohol, six respondents drank alcohol on a weekly basis and two respondents drank alcohol on a monthly basis. When asked, 'where do you get the money to pay for alcohol?' three respondents said 'save up'. Three respondents said 'pitch in with friends'. One respondent said 'pay cheque' and one respondent said 'steal it'.

Drug use

Twenty-one percent (21%, n=11) of respondents reported that they smoked marijuana on a regularly basis (table 4). Respondents did not report using any other type of drug (prescription or hard drugs). Five of the respondents reported smoking marijuana daily, five respondents reported weekly use and one respondent reported monthly use.

Table 4: Alcohol, drug use (marijuana), smoking

	Alcohol	Drugs	Smoking
12 - 15 years (n=40)	0	7	12
16 - 21 years (n=8)	4	2	4
22 -30 years (n=5)	4	2	5
Total (n=53)	8	11	21

Smoking

Forty percent (40%, n=21) of respondents smoked on a daily basis. While our sample size in the 16-21 years old category and 22-30 years old category are small, the percentage of those smoking increases dramatically. Fifty percent of respondents in the 22-30 years old category smoke cigarettes, while 100% of respondents in the 22-30 years old category smoked (table 6). Among smokers, the majority reported that they only smoked a few cigarettes per day. Four respondents smoked on average a half pack per day and two respondents smoked on average a pack per day.

Gas sniffing

Three respondents indicated that they presently sniff gas. All respondents, however, knew someone who did. In addition to surveying rates of gas sniffing, the survey probed respondents about why youth sniff gas. A third of respondents suggested that it is because youth were bored or had nothing to do. Almost a fifth of respondents suggested it was because youth were lonely or depressed. Other answers cited by more than one respondent include: 'angry', 'think parents don't care', 'fun', and 'bullied'. Table 5 lists all the different answers provided by respondents. The responses of the three people who indicated

they sniff gas are in blue. Their responses include: 'experiment', 'because it is fun and my family is always mad at me', and 'I am sad'.

Table 5: Possible reasons for gas sniffing

Possible reasons for sniffing gas
Nothing to do/ bored
Depressed/sad/lonely
Angry/ mad
Think parents don't care about them
Fun
Bullied
Others are doing it
Cool
Family problems
Accused of stealing
Hate life
Stop grieving
Hard life
Stress
Life sucks
Dry town
Mother always yells at them
Experiment
Because it is fun and my family is always mad at me
When I am sad

Feelings of sadness

Thirty one respondents (58%) reported experiencing feelings of sadness. When asked why, half indicated don't know or provided no answer. Among the other answers cited by more than one person, four respondents indicated it was because a family member had died and three respondents indicated it was because of bullying. Table 6 provides a complete list of reasons why.

Table 6: Reasons for experiencing sadness

Reason for experiencing sadness
No answer/don't know (n=15)
Family member who has died (n=4)
Bullied (n=3)
Because of my family (n=1)
When I think of the people in this community and what they say on social media (n=1)
Losing a brother to suicide (n=1)
Seeing my friends turn into strangers (n=1)
Because my parents miss their grandparents all the time (n=1)
My parents are always yelling at me (n=1)
I have depression (n=1)
Lots of sad things are going on (n=1)
I am alone (n=1)

Respondents experiencing sadness (n=31) were asked who they talk to. Over half of the respondents (N=17) replied 'no one'. A third of respondents (n=11) replied 'a family member' and three respondents replied 'friend'. Most respondents did not elaborate in her or his response. Select quotes of longer responses include:

- "No one, I just go to my room, lock the door, put on loud music and cry."
- "I don't talk to anyone, I lock myself in my room."
- "My family tries hard to make me happy and I am glad that they are always there when I need to talk."
- "I talk to no one. I keep it in."
- "I didn't eat for four days and only slept."
- "I am sad all the time. I talk to no one. I keep it to myself or write it in my diary."

Fears of youth

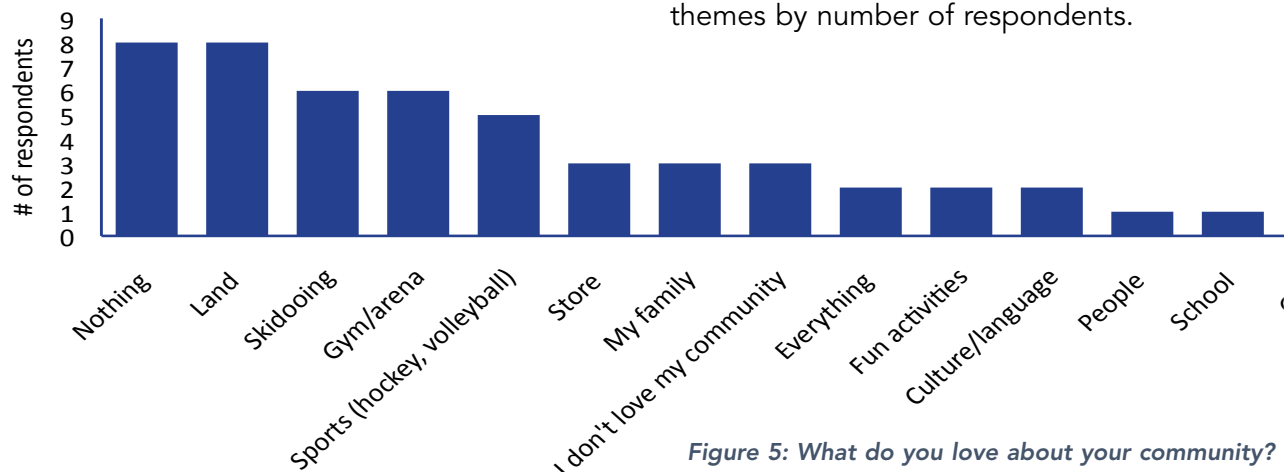
Respondents were asked, ‘when thinking about young people, is there anything you are scared about?’ Fifty seven percent of respondents (n=30) answered the question. The most common answer was kids trying to hurt themselves/suicide (n=10) followed by gas sniffing (8). Table 7 includes a full list of response given.

Table 7: Fears of youth

When thinking about young people, is there anything you are scared about?
Kids trying to hurt themselves/ suicide (n=10)
Substance abuse (drinking, drugs, gas sniffing) (n=8)
Drinkers/drunks (n=2)
The future (n=2)
Youth getting lost while sniffing gas or drinking (n=1)
Kids hanging on the trucks (n=1)
Young people losing their spirituality (n=1)
Getting put into social services (n=1)
Running away (n=1)
Being like their parents (n=1)
Aggressive dogs (n=1)

Hope and change

The survey asked a series of questions aimed to assess sense of hope and aspirations for change. What is your vision for healthy youth in the community? What do you love about your



community? What is something you would like to change in your life? Could you ever see yourself running for chief of council?

Vision for healthy youth

About a fifth of respondents answered the question, ‘What is your vision for healthy youth in the community?’ The low response rate may reflect the difficulty of the question, the fact that the question was near the end of a long survey, or a lack of a vision among youth for the community.

Responses to the questions include:

- “Kids going to school and getting a better education”
- “Change everything”
- “A place where kids have lots to do (swimming pool, arcade, outdoor rink, playground)”
- “A community where kids do not drink, do drugs, or sniff gas”
- “Kids having fun and playing with each other”
- “No bullying”
- “Healthy”
- “Happy”
- “Clean and beautiful”
- “Kids wanting to change their lives”
- “Better treatment for troubled youth”

Love about your community

The question, ‘What do you love about your community?’ brought out a mix of positive and negative themes. Tied for the most common theme were ‘nothing’ and ‘the land (scenery, isolated, free, and beautiful)’. Figure 5 reports themes by number of respondents.

Figure 5: What do you love about your community?

Change in your life

Slightly less than half of the respondents answered the question, 'What is something you would like to change in your life?' Similar to the question asking respondents to define her or his vision for healthy youth, reasons for the low response rate may include, the difficulty of the question and the fact that the question was near the end of a long survey. The most popular theme was to stop sniffing gas, drinking and/ or doing drugs (n=6). Move away and more education were the next most commonly cited answers (N=3 respectively). Table 8 provides a complete list of responses.

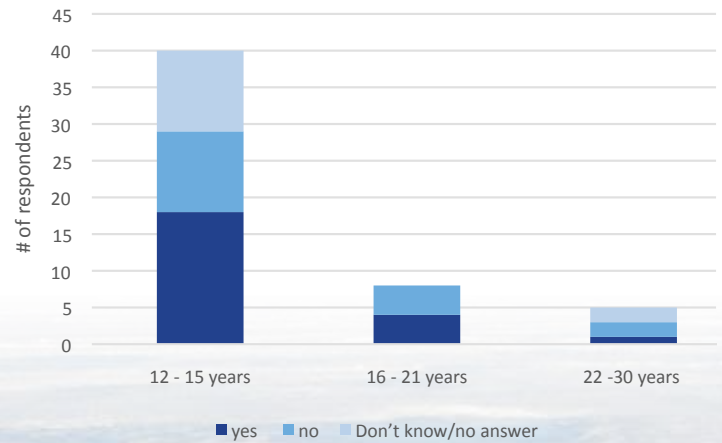
Table 8: Change in your life

Change in your life
Stop sniffing gas, drinking, smoking or drugs (n=6)
Get a better education (n=3)
Move away (n=3)
Stop being mad (2)
Have a better life (1)
Be friends with everyone (1)
My loneliness (1)
Be the first female goalie (1)
my body and my mind and my people (1)
Everything (1)
Change my fatness and be a better person (1)
Be smart (1)
Make better decisions (1)
Get my butt out of the house (1)

Chief and Council

A final question asked if you ever see yourself running for Chief and Council. Forty three percent (43%) of respondents replied 'yes', 32% of respondents replied 'no', and 25% replied 'don't know' or 'no answer'. Figure 6 breaks down answers by age category.

Figure 6: Do you see yourself running for Chief and Council?



Focus Group Results

Three focus groups were held targeting different audiences including: an open youth session, female only session and an at-risk youth session. The focus groups were scheduled for an hour. The actual length varied from 40 minutes to 80 minutes. While the focus groups followed a general format, the leads adapted the sessions based on size of group and fluidity of engagement. The sessions were intentionally small and set up as conversations to be less intimidating to participants. The focus group leads emphasized listening and tried to let the participants steer the conversation.

Open youth session

Number of participants: 3
Ages: 16, 19, 24

Participants spoke at length about substance abuse (drinking, drugs, gas sniffing).

Gas sniffing is a big problem. Kids as young as 11 years old sniff gas. Participants indicated that the problem is bad right now. When asked why, participants suggested that kids do not have anything to do. One participant remarked that things in the community are worse than ever. One participant noted that buying alcohol and drugs is really expensive (\$300 for a bottle and \$50 a gram for marijuana). The participants acknowledged sniffing gas in the past but do not now. Reasons why they sniffed gas were to experiment, peer pressure and feeling lonely.

Participants felt that more activities would help keep them busy. The participants noted that if you don't play sports there is nothing for you. There are holiday-related activities but nothing ongoing. One participant remembers dances but is not sure why they stopped. When asked about specific activities, participants suggested crafts and a pool.

When asked about other health issues facing youth, they were not really sure. (Conversations about community health across interviews and focus groups generally gravitated toward substance abuse).

The participant who is still in school indicated that she wanted to graduate. She is only one of four students in her class who regularly attends. The other participants are working.

One participant who had been away for a couple of years cited how happy she was to be home. She experienced racism and loneliness living away. All participants noted the importance of family as a source of strength and love.

When asked to rank priorities, participants identified addressing gas sniffing, offering more activities, and giving youth more opportunities. They did not suggest specific solutions but felt it was important for youth to have more to do so they do not gravitate toward bad habits.

At-risk youth session

Number of participants: 3
Ages: 14, 14, 16

Participants suggested that engagement in destructive behaviour was largely because there was nothing to do. One participant gave the example that you are standing around doing nothing and see your friends doing something so you try. One participant noted that breaking into things and causing trouble with friends was fun.

Participants noted there are no activities unless you play sports and it is mostly hockey. When prompted they were aware of other activities like the memorial walk coming up or fishing in the summer. None of the participants had signed up for the walk but one expressed that he was thinking about it.

In terms of activities the community could offer they suggested ideas like a games room, arcade, karaoke nights or movie room.

When asked about healthy behaviours, participants noted that they know sniffing gas, drugs, alcohol and smoking are bad for them. When asked what the community could do about the above mentioned behaviours, participants were not sure. One respondent remarked that many of the problems facing youth are because they do not have a safe home environment. Participants in the group all experienced parents or family members dealing with addictions or violence in the home. One participant noted that many youth are sad because someone close to them has died.

None of the participants had a dream they were willing to share about the future. The participants were all still in school but did not express any plans for post-secondary education or a give a sense that they wanted to graduate from high school.

The top three health recommendations identified by the group were more activities for kids, a place to hang out, help for kids with addictions.

Female only

Number of participants: 5

Ages: range - 19-28

When asked about health, participants gravitated toward the need to keep kids busy. Participants noted that there are few activities for children who don't play sports. One participant noted that her oldest child does not like sports so there is nothing for him to do. He sits at home and plays video games all day. Participants observed that younger kids are much more sedentary then when they were young.

Participants also noted a decline in activities (overall). For example, they remarked that there

use be weekly dances. In Davis, there was a Boys and Girls Club that had pool tables and weekly karaoke nights. They also noted that there use to be annual summer trips to participate in inter-Band games in Quebec and an annual trip for grades seven to Toronto.

The participants noted that the Chief and Council are dealing with a lot of problems and youth don't get prioritized because they are not as loud as the adults. The participants also noted that there are no easy answers to many of the problems such as gas sniffing and drug use. They indicated that a youth voice on council could help prioritize youth. Given the number of youth and the fact they are the future means the community must prioritize them first.

The participants also noted that politics often divides people and that the community could be more effective if everyone worked together. Most of the departments work in isolation of one another. One participant also noted that instead of lifting each other up when a young person is trying or succeeds at something the adults often nay say them or try to put them down.

Overall, the participants were cautiously hopeful about the future. Four of the five participants have children and noted that the amount of gas sniffing and drugs in the community worry them. They are also concerned about the number of jobs. Two participants see themselves needing to leave the community for work. When asked about their own health behaviours, four of the five participants noted that they use to drink, smoke and or sniff gas at one point in the past.

When asked how they stopped, two respondents noted they got pregnant and did it for their children. Another respondent noted that she grew up and had support from her family. When asked about behaviours not related to substance abuse, respondents noted the importance of eating a healthy diet. One respondent cited that it is hard

when you only get fresh produce once a week at the store and it is gone by the end of the day.

Table 9: Youth Activity Priorities (identified by all respondents)

Building a youth centre (similar to Sheshatshui)	13
Establishing a boys and girls club	12
Establishing a youth voice on council	12
Redirect more money to youth programming	9
Making healthier food available in the community	3
Offer more non-sport related activities	3
Offer cooking classes	3
Offer weekly dances	2
Build an indoor swimming pool	1

Health Conversations

The project lead had health conversations with approximately 20 community members. The length of the conversations and level of input varied. Approximately 12 of the conversations were brief and did not offer any substantial input. Several respondents over social media did not engage in formal conversation but conveyed negative feelings about the state of youth health and a sense of futility in anything meaningful coming out of this process. Some young people expressed being tired of not seeing anything change.

A consistent theme emerging from most conversations is concern about substance abuse and notably gas sniffing. While the focus was on youth, some participants also noted that wellbeing of youth are impacted by exposure to adults, family members, and parents who are dealing with addictions. Unwell parents, one participant remarked, are less able to teach or model healthy behaviours. Many participants identify the lack

of stuff for young people to do as contributor to substance abuse. Other participants felt the drivers are likely more complex and reflect broader issues of trauma and suffering in the community. Poor diet and lack of healthy food options in the community were noted as a contributor to poor health generally and especially rates of overweight and obese youth. One participant noted that rates are likely similar to provincial averages which she stated are at epidemic levels. It was also noted that poor diet contributes to high rates of gestational diabetes.

Efforts to improve healthy eating require education and ensuring healthy food options are available at the store. Young people need to know that processed food and foods high in refined sugars are not good for them. One respondent suggested expanding the breakfast program at the school to include lunch and making sure what is served meets a high health standard.

One respondent noted that understanding of healthy behaviours is starting to change slowly. Pregnant women are less likely to drink than in the past. More people understand that smoking and junk food are not good for them. Even the store is bringing in more produce than ever before.

When asked about health, some participants focused on health conditions and noted high rates of skin conditions and respiratory problems. Increasing rates of STIs were also raised as a health concern among youth. Teen pregnancy is very common. One respondent noted that the community needs to offer more supports to young mothers.

Thinking of health in a broad sense, some participants noted the importance of education and consider education as a critical determinant of health. While the importance of education is broadly recognized one respondent noted that education does not seem to be a priority. They noted low attendance as a problem giving the

example that on an average day about half the kids in class show up. Low attendance is consistent across grades but especially at the higher levels. The participant felt that parents need to get involved in their children's education.

Lack of adequate housing was noted by several participants as a major concern. Some youth are living in crowded homes. It was noted the community can't get houses up fast enough. It was also noted that many houses require major repair and are not suitable for people to be living in.

One respondent suggested that the community build apartments or a dormitory for youth (above 18) and young families. Many times young people are not ready to manage a house of their own but need a place to stay. They would be able to upgrade to a house when needed. Starting with a smaller place would help them develop the responsibility to look after a house.

Interview Results

Youth coordinator (female)

The interviewee suggested that we need to create healthy patterns in youth and have youth see healthy patterns in role models and adults. Our kids need attention from family (love) and from community (activities).

The interviewee felt the three biggest priorities to address are gas sniffing, providing more resources for youth programming, and the need for positive role models.

Deal with gas sniffing

Sniffing gas remains a problem. Youth sniff gas for various reasons: feeling lonely, feeling unloved by parents, peer pressure from other kids. The interviewee feels a solution is to invite those that are suffering to talk and feel supported. Kids need to feel loved and have a safe space to deal with trauma.

Direct more resources to youth

The interviewee felt that the youth coordinators lacked resources to expand programming. They have no support workers to help lead activities and depend on volunteers. Two people in the community tasked with organizing events for all the youth is a lot. The interviewee felt that directing more resources to the youth coordinators would allow them to expand programming.

Lack of role models

Many parents are dealing with their own addictions and trauma. Parents need to be good role models and more active in their children's lives. There are very few role models in the community for children to aspire toward. The interviewee felt that the community needs to celebrate small victories. The Innu Hockey team is a positive example and many people came out to see the skidoo racers. We also need to help parents' deals with their addictions.

While the interviewee identified the top three priorities she also flagged several other priority areas:

- Supports for new moms
Young parents need support. Sometimes they panic. Having a newborn baby is scary. Offering parenting classes and parent support groups could help new parents.
- Counselling for addictions.
Parents need to deal with their addictions to be good parents. We also need youth specific addiction counselling in the community.
- More jobs
Young people need work opportunities.
- More recreation programs
Children need an opportunity to move around. More and more kids are sitting around and playing electronics. We need to encourage them to go outside and play. We need to offer outdoor activities.

Youth coordinator (Male)

The youth coordinator is responsible for organizing events for the males. Last summer they offered a week long camp for boys and had over 30 participants. He also organized an ice fishing camp this past February. In terms of other activities, the coordinator is organizing the James Poker Memorial Walk which will be held in early April. Youth will walk from Natuashish to Hopedale. The walk is expected to take four days. Over eighty participants have signed up for the walk. The coordinator also helped organize Natuashish's team participating at the Labrador Winter Games. In addition to the summer camp, he is also planning a week long canoe trip for youth in August.

The interviewee noted his love for the outdoors and sports and believes that young people are looking for fun, healthy stuff to do. The key is to offer more programs. Young people will participate.

The interviewee is optimistic for young people. While he acknowledged a drug problem in the community, he remarked that drugs are everywhere. Young people, he remarked, have lots of energy and need to be busy. If not, they are more likely to get in trouble.

He thinks more money would allow him to deliver more programming but also cited the need for parents to get involved. Parents need to be volunteers and support their kids. He remembers growing up his parents always showed up to hockey practice and how important that was for him.

He thinks the recreation centre needs to add more activities but acknowledges that it will require more money and more workers. He thinks expanding volleyball and adding soccer would be a start. He also noted how important it is to get the teams out to tournaments. It is a great opportunity for young people and encourages them to practice and stay committed.

When asked what he felt the most important health priorities are, the interviewee indicated more resources for youth programming and parent involvement. He also indicated a personal priority of his is to try and get the youth centre opened again. It is currently not in operation because there is no one to run it and resources to make repairs and equip the centre.

At a broader level, he also noted how important it is for young people to get an education. A healthy community requires educated young people to be the leaders of tomorrow.

Recreation director (Innu Gym/Arena)

The recreation director remarked that they have very high participation in ice hockey, ball hockey, and volleyball. The open gym after school is also very popular. Participation in hockey and sports generally is higher among boys but increasing among girls. He noted that next year for the first time he will be able to ice a female bantam team. He said that a lot of girls who don't play sports come to hang out at the arena for something to do. It is the only place for kids to go after school.

The community has had success at hockey tournaments. The recent victory at the Labrador tournament was a first for the community and offers a very positive message to the younger kids. The whole community celebrated by holding a community dinner. He is very proud of the success that they have had. He is sending more hockey players to tournaments and training around the province. For example, they will send a group of goalies to a goalie training camp in St. John's this summer.

The recreation director considers sports to be vital to the community and for giving youth a positive outlet for their energy. He noted that the community has offered other sports but it often depends on volunteers and the lack of consistency is an impediment. An RCMP officer is

offering boxing and MMA classes which have been popular.

The gym was closed for over a year because of vandalism. While they were able to use the school gym, the damage and long closure was unnecessary and hurt the community.

In terms of challenges, the arena/Innu gym needs more workers, especially female workers. They do not have the resources to staff the facility properly or expand the types of activities or number of offerings. In terms of broader challenges, the director noted the importance of giving kids a place to go. Right now they only have the arena/gym.

He also noted that the youth coordinators need more funding for youth groups. There are not enough activities being offered to kids. He thinks the youth coordinators need more support to hire staff to reach more kids. They should have at least four or five support staff each. He noted that the youth coordinators are working very hard and cited the fishing and camping trips as positive programs for the kids.

Innu Health (former youth coordinator)

The Innu Health worker said during her time she witnessed efforts to support youth but no coordinated plan. An important starting point to address challenges facing youth is a long term plan with adequate funding and support from leadership.

The interviewee felt that youth need more regular and consistent programming which would require dedicated funding, resources and support workers. The youth coordinators are only able to do so much. The focus is currently on organizing big events (Holiday activities and camps in the summer).

The community invests a lot of money into hockey but many kids don't play hockey. The interviewee feels that there needs to be more alternatives available to youth especially for the girls. She suggested crafts as an example. The message is do sports or do nothing.

The interviewee noted that she got funding to start a youth centre. They were provided two trailers attached together. The long term plan was to build a permanent home. As youth coordinator, the interviewee had to fund raise to run programs and operate the youth centre. They were holding bingos to raise money but due to politics and accusations about money going missing they stopped the bingos. The youth centre is currently closed and has not been in use for almost a year.

The consequence is that kids have nowhere to go. Kids need a place to go and things to do or they will get in trouble. The interviewee noted that many kids are lost. They have no clue what to do with their lives. Youth need to be busy. It is hard when kids have nothing to look forward to.

Journey Based Inquiry - James Poker Memorial Walk

The James Poker Memorial Walk was organized to honour the memory of James Poker, a youth in the community, who died on the ice walking from Natuashish to Hopedale. He was 15 years old. During the walk, participants were engaged in conversations about personal and community wellness. While the conversations were open and intended to develop naturally, we initiated conversations based on a series of questions developed to engage with walkers at a deeper level. For organizational purposes, we have loosely grouped findings according to these questions.

Conversation findings

Why is this walk important to you?

The walk was important because of James. It was an opportunity to honour a friend, family member, and community member that died too young. 'He was my friend'. 'He was my cousin'. 'He knew my brother'. Many walkers saw it as an opportunity to grieve and mourn. One of the walk organizers talked about the walk as a time of healing. Some participants saw James' death as more than a young person dying but reflective of her or his own experiences and the broader experience of being young in Natuashish. One young person said that he kept dreaming about the walk so knew he needed to go on it.

When talking of James, many youth shared their own experiences of trauma. Youth expressed disillusionment and a general sense of despair when talking about the community. Common phrases expressed by youth include: 'nothing changes', 'no one cares', 'we have nothing to do', 'it will all be the same'.

Some respondents hoped the walk and James' death would lead to change. One respondent talked about how they started a campaign to always let people know where you are going. One of the organizers hoped it would bring attention to broader issues facing youth.

How does participating on the walk make you feel?

Participants noted that they felt good being part of the walk. One volunteer remarked several times, 'look at the smiles on their faces'. Participants were aware of how proud the community as a whole was of them. Numerous community members came out to see the walkers on their skidoos or joined the walkers at the camp for several hours. Community members were taking photos and sharing them on facebook and social media. Many walkers and volunteers talked about being part of something important.

Some youth talked about the walk as being fun. The camps had a very social atmosphere. Walkers and volunteers ate together, played cards, and shared stories. One of the elders complained she had a hard time sleeping because there was too much laughing from the girls' tent. Many participants talked about the walk as being hard or that their legs and feet were sore. Some participants who had gone on other long walks shared tips and remedies that they brought.

Are you a happier person or feel different when out on the land?

Many respondents indicated that they felt the same. One respondent noted that people are nicer. Another respondent said, 'Of course we are happier on the land, we are Innu'. A participant on one of the longer walk days said, 'how could I be happier, my feet are sore and I am tired'. When probed further about being on the land and feeling well, some respondents identified outdoor activities, such as skidooning, fishing and camping as being sources of happiness and pleasure.

Do you know any stories about your culture/ being on the land?

Many respondents talked about learning how to be out on the land from a grandfather or father. One youth talked about Innu sharing. Respondents were keen to show how to set up camp and share other skills. One youth knew how to cut a walking stick and gave a lesson to other walk participants

The camp experience as a whole offered an opportunity to share skills and allow youth participants to engage in passive learning. Young people watched the volunteers set up camp, cook on the stoves and chop wood. One volunteer showed some of the younger male youth how to use an axe safely.

When thinking about the future – do you think tomorrow will be better or worse than today?

Most youth respondents said 'I don't know' or 'not sure' when asked about the future. Respondents did not express much optimism for the future or have expectations that it will be better than today nor did they imply that it would be worse than today.

Do you think the life of your children will be better than yours?

When framed in terms of children, those with children expressed that they wanted better lives for their children. Some expressed that they worried about their children. 'The community has too much gas sniffing and drinking'. One respondent indicated that she doesn't want her child to have the life growing up she had.

Can you share with us a dream you have about the future?

Respondents seemed shy about sharing dreams. Most said, 'I don't know'. Several respondents talked about getting more education. Some

respondents shared future jobs they would like to have: lawyer, hockey player, nurse, play in a band. Several respondents also talked about wanting to move away from the community (Sheshatshiu, Saskatchewan, Toronto). When asked why, respondents indicated either that there was nothing to do in the community or that they had friends and family in the respective places.

When do you feel your best/feel healthy?

Many respondents said they feel their best among family and friends. Some respondents talked about specific activities they enjoy doing such as skidooing, fishing or playing hockey. Respondents tended to connect feeling healthy to exercise based activities such as, 'I feel healthy when I walk'.

If you could give any message to someone who has never been to Natuashish – what would you say?

Respondents overwhelmingly indicated 'not sure' or 'I don't know'. A few respondents talked about the natural beauty and outdoor opportunities. One respondent talked about Innu sharing. Another respondent talked about the great skidooing.

If you could do one thing for young people in your community what would it be?

The most common theme was offering young people more to do. When probed for specific examples, respondents talked about having more activities available to them and other opportunities. Respondents talked generally about the need to help young people. Respondents gravitated toward general statements about stopping problem behaviours. 'Stop the gas sniffing'. 'Stop drinking'. 'Keep kids in school'. One respondent noted that young people want to be listened too and felt loved. Another youth participating in the same conversation talked about not being heard and that no one listens.

Wellbeing Assessment

Assessing wellbeing offers an important indicator of overall function and provides a useful aggregate indicator to measure the impact of policies, programs and efforts supporting youth over time. A literature review by Gadermann and colleagues (2010) of life satisfaction studies of youth found that low general life satisfaction is associated with substance use, suicide behaviors, suicide ideation, depression, anxiety and decreased mental health.

Satisfaction with Life Scale tool

Results using the Satisfaction with Life Scale for community youth indicate low levels of life satisfaction. The average total score of the

population sample is 13 out of 25. The scale ranges from a lowest possible score of 5 to a highest possible score of 25. The average statement score value is 2.6 out of 5.0 indicating a high level of dissatisfaction. According to Diner (2006), people scoring in this range may have a number of domains that are not going well, or one or two domains that are going very badly.

Figure 7 presents average score results by statement using a spider graph. Scores closer to the outer perimeter would indicate a high level of satisfaction. A full graph would imply an optimal level of function.

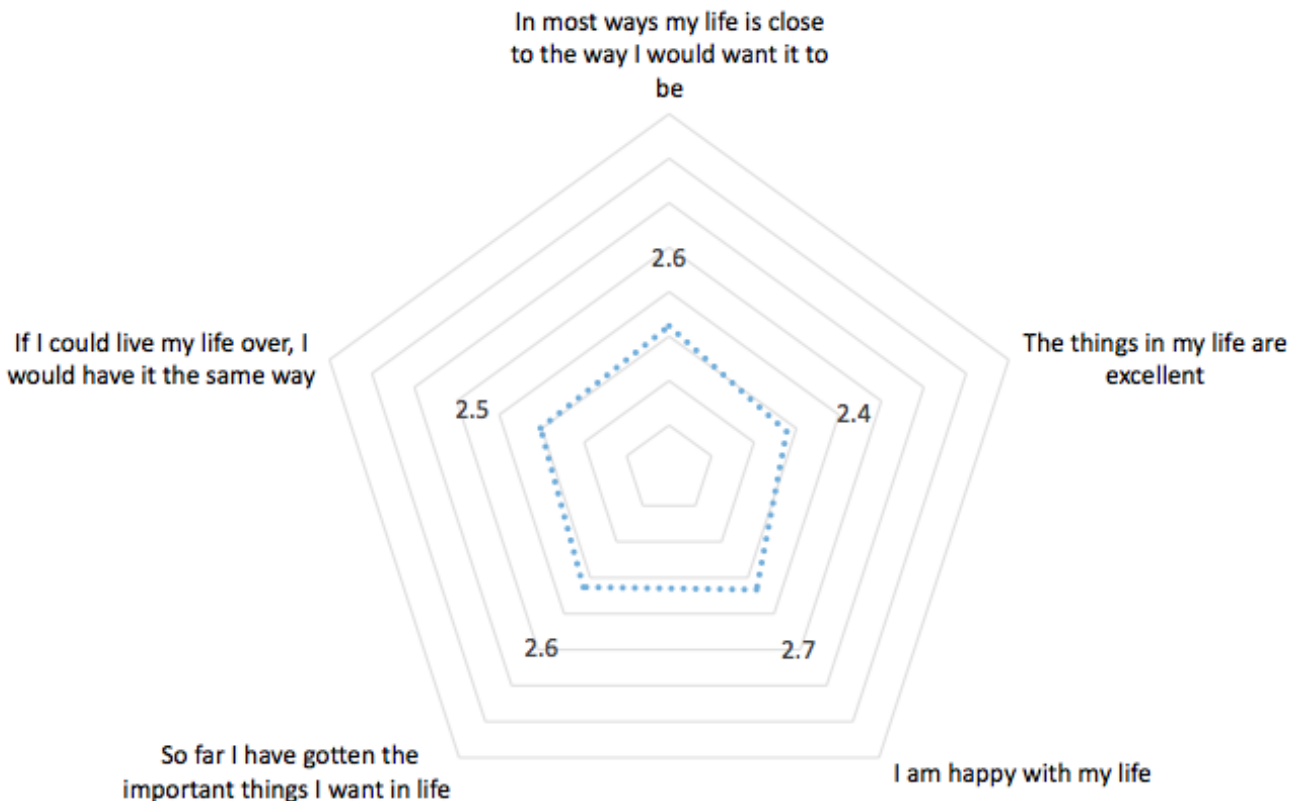


Figure 7: Satisfaction with Life Scale, average score (community youth)

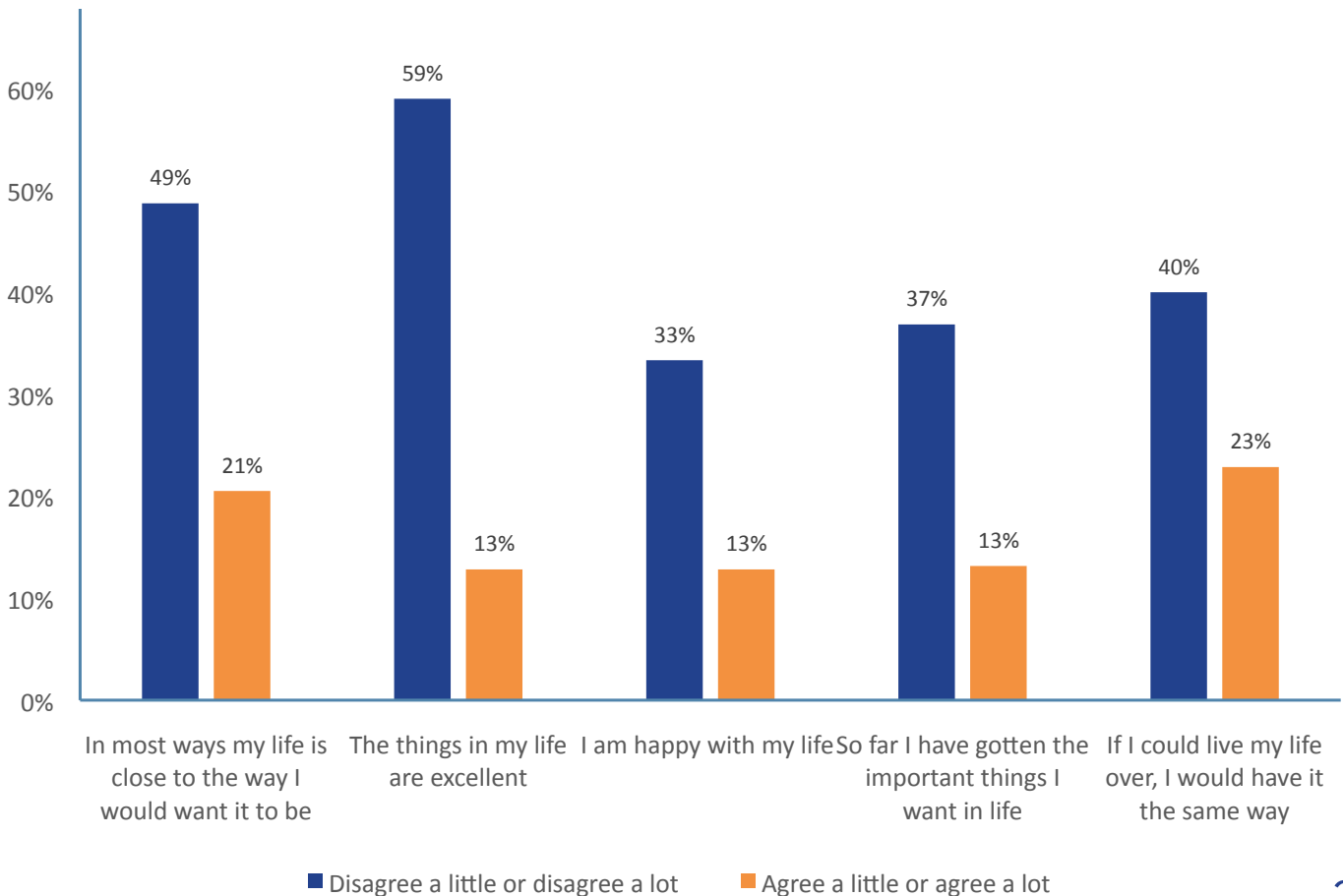
Table 10 provides a breakdown by statement. The results reinforce that a high percentage of respondents reported low scores on all respective statements.

Table 10: Satisfaction with Life Scale, by statement (community youth)

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
In most ways my life is close to the way I would want it to be	15%	33%	31%	15%	5%
The things in my life are excellent	18%	41%	28%	10%	3%
I am happy with my life	15%	18%	54%	10%	3%
So far I have gotten the important things I want in life	16%	21%	50%	11%	3%
If I could live my life over, I would have it the same way	34%	6%	37%	20%	3%

Comparing those who either 'disagree a lot' or 'disagree a little' with those who 'agreed a little' or 'agree a lot' reinforce that many young people experience low subjective wellbeing (Figure 8).

Figure 8: Satisfaction with Life Scale, disagree vs. agree comparison (community youth)



James Poker Memorial Walk participants

Eighteen walk participants were asked to rate their subjective wellbeing using the Satisfaction With Life Scale tool. The average total score of the population sample is 16.5 out of 25. The scale ranges from a lowest possible score of 5 to a highest possible score of 25. The average statement score value is 3.3 out of 5.0.

The aggregate results suggest an average level of satisfaction among walk participants. Diner (2006) notes that individuals with a total score in this range are generally satisfied, but have some areas in her or his life where they very much would like some improvement. Figure 9 presents average score results by statement using a spider graph.

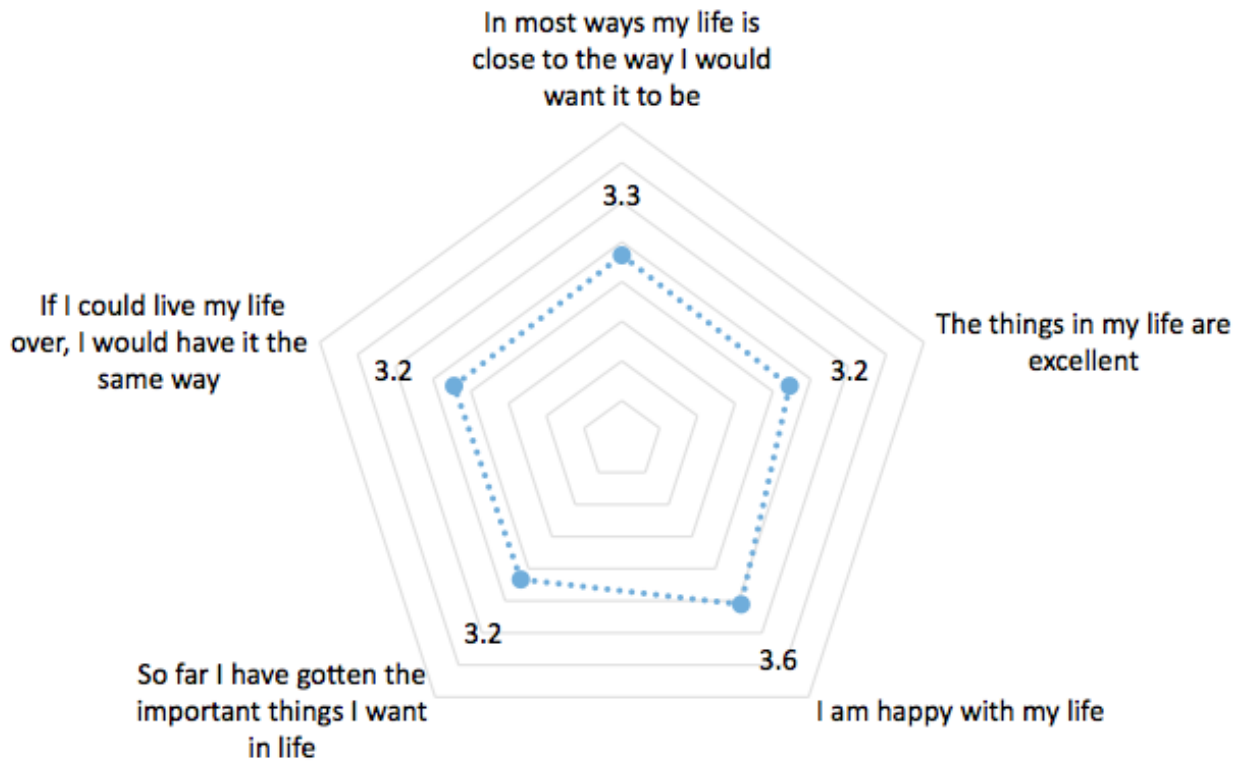


Figure 9: Satisfaction with Life Scale, average score (walk participants)

Table 11 provides a breakdown of responses by statement. Neither agree nor disagree was the most commonly cited response for all statements. No respondents reported ‘disagree a lot’ with the exception of one respondent in respect to the statement ‘so far I have gotten the important things I want is life’.

Table 11: Satisfaction with Life Scale, by statement (community youth)

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
In most ways my life is close to the way I would want it to be	0%	11%	50%	33%	6%
The things in my life are excellent	0%	6%	67%	28%	0%
I am happy with my life	0%	6%	44%	39%	11%
So far I have gotten the important things I want in life	6%	11%	50%	28%	6%
If I could live my life over, I would have it the same way	0%	11%	61%	22%	6%

Subjective wellbeing comparison – community participants vs. walk participants

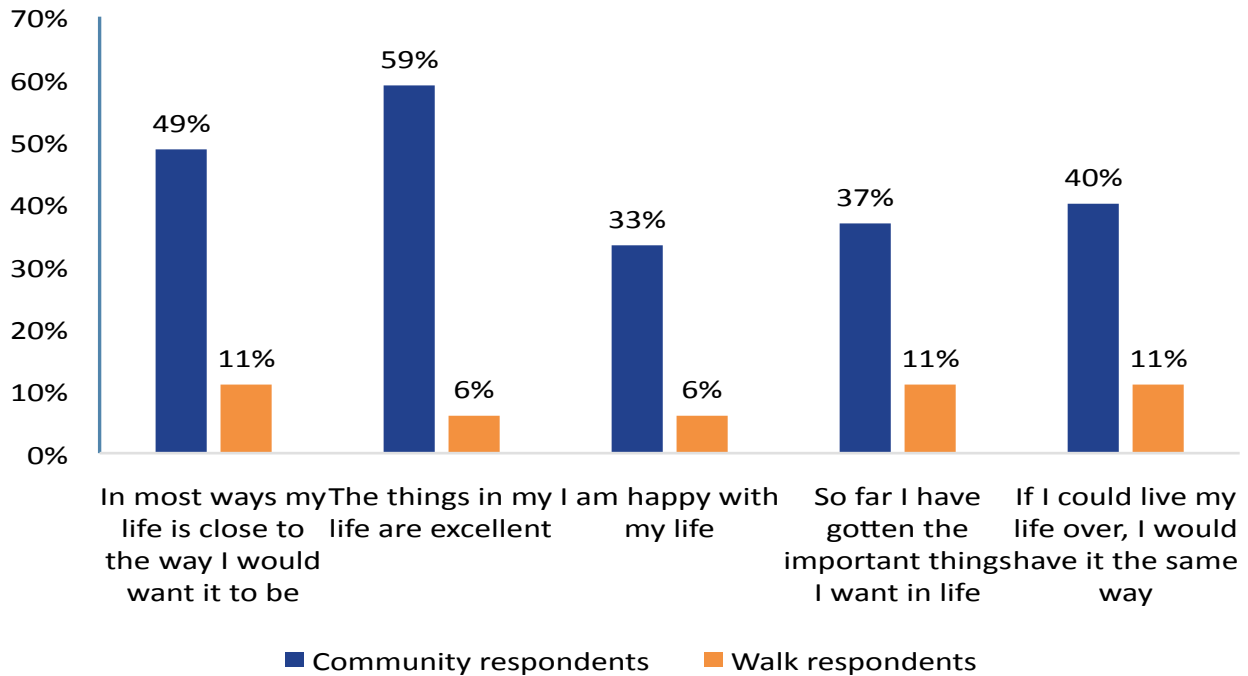
Walk participants reported higher levels of satisfaction using the Satisfaction With Life Scale when compared to community respondents. Table 12 provides a comparison of average score between walk participants and youth in the community.

Table 12: Satisfaction with Life Scale, comparison

	Community youth	Walk Participants
In most ways my life is close to the way I would want it to be	2.6	3.3
The things in my life are excellent	2.4	3.2
I am happy with my life	2.7	3.6
So far I have gotten the important things I want in life	2.6	3.2
If I could live my life over, I would have it the same way	2.5	3.2
Total score	12.8	16.5

The notable difference between the two groups were the fewer number of walk respondents reporting ‘disagree a little’ and ‘disagree a lot’ to the statements. Figure 10 (next page) compares those who responded ‘disagree a little’ or ‘disagree a lot’ between the community sample and walk participants. For example, 59% of community youth respondents either disagreed a lot or disagreed a little with the statement ‘My life is excellent’. Whereas 6% of walk participants either disagreed a lot or disagree a little with the statement ‘My life is excellent’.

Figure 10: Responding disagree a little or a lot, comparison

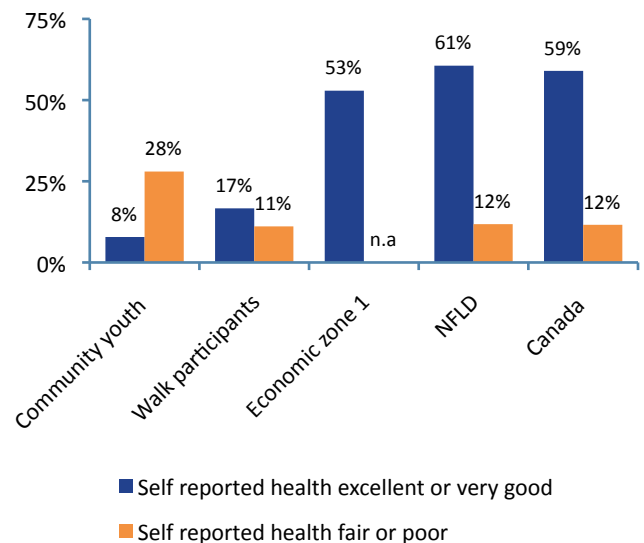


Alternate wellbeing indicators

In addition to using the Satisfaction With Life Scale tool, we report life satisfaction and self-reported health as overall indicators of wellbeing. The indicators are reported for youth in the community and walk participants. As the two indicators are based on questions asked in the Statistics Canada General Social Survey and Canadian Community Health Survey, we provide benchmark comparisons with provincial and national scores (Statistics Canada, 2016).

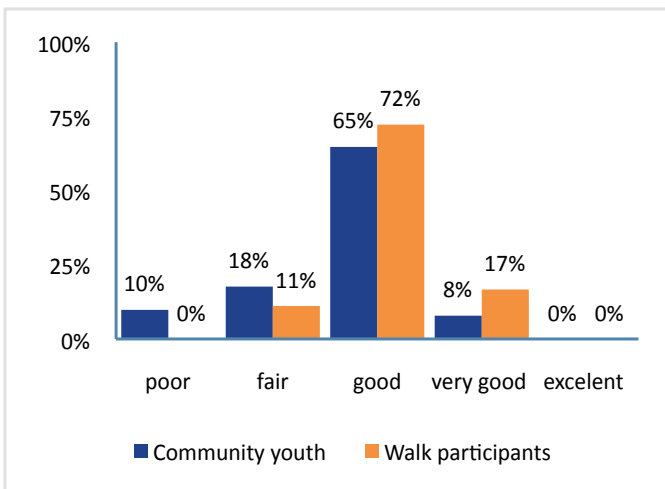
Figures 11 and 12 present average life satisfaction and self-reported health results for the community youth sample, walk participants, Newfoundland and Labrador and Canada. In addition we report results for Economic Zone 1 within Newfoundland and Labrador. Economic Zone 1 includes: Rigolet, Postville, Makkovik, Hopedale, Natuashish, and Nain. The Government of Newfoundland and Labrador Community Accounts website publishes socio-economic and health data at a sub-provincial level (Accessed April 2016).

Figure 11: Self-reported health



Dramatically fewer community youth and walk participant respondents reported her or his health to be 'excellent' or 'very good'. The percentage of those reporting her or his health to be 'fair' or 'poor' were closer to Provincial and Canadian averages. Among the two Natuashish youth groups, a higher percentage of walk participants reported her or his health be 'excellent' or 'very good' and a much lower percentage of respondents reported her or his health to be 'fair' or 'poor'. Figure 11 presents results by response category.

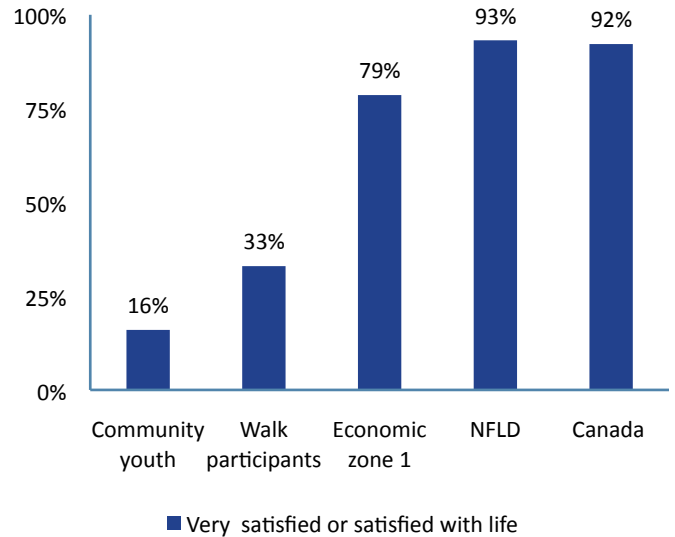
Figure 12: Self-reported health (by response category)



Sixty five percent of community youth respondents and 72% of walk participants responded 'good'. Interestingly, no respondent from either group reported their health to be excellent. No one among the walk participant sample responded 'poor' either. Overall, walk respondents reported higher levels of self-reported health.

In response to the question about life satisfaction, Natuashish youth reported much lower levels of being 'very satisfied' or 'satisfied' with life when compared to economic zone, provincial and national averages (Figure 13). Similar to self-reported health, respondents in both youth samples tended to gravitate toward middle responses on Likert scales.

Figure 13: Life satisfaction



The percentage of walk participants reporting to be 'very satisfied' or 'satisfied' with life was double the community youth average.

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