Positive Leadership, Legacy, Lifestyles, Attitudes, and Activities for Aboriginal Youth: A Wise Practices Approach for Positive Aboriginal Youth Futures

Abstract

Adolescence is a dynamic and complex period in any society, but within the Aboriginal population this time is one of significant social pressures, critical decisions, and struggles to emerge healthy. The Positive Leadership, Legacy, Lifestyles, Attitudes, and Activities for Aboriginal Youth (PL^3A^3Y) project created youth and Elder teams to explore cultural practices that may inform the youth's paths to living well. Using a community-based participatory research approach, Elder–youth dyads developed and delivered five modules to 78 students at a local elementary school in response to the research question: What are the critical components of a "Living Well" healing initiative for Aboriginal youth? Through a 4-step process that included engagement, module creation, co-delivery, and knowledge sharing, the project's community-based research team innovatively and using culturally appropriate approaches brought forward critical topics of Leaders and Leadership, Legacy, Lifestyles, Attitudes, and Activities. Not only did the Elder–youth dyads develop a series of highly relevant, creative, useful products that were shared extensively with youth in the community, but the experience became a culturally appropriate leadership development opportunity for the youth researchers. The involvement of Elder–youth teams was a strength in linking past to present and in jointly envisioning a positive, healthier future for Aboriginal youth. With youth as co-researchers, the Elders as partners were highly effective in the development and delivery of culturally relevant teachings and knowledge that strengthened youth's ability to achieve holistic personal and community wellness.

Keywords

Aboriginal, youth, Standing Buffalo First Nation, Dakota community-based research, adolescents, Elders

Authors

Corresponding Author: Pammla Petrucka, professor, University of Saskatchewan – College of Nursing, 4400-4th Avenue Regina, Saskatchewan, Email: pammla.petrucka@usask.ca. Project principal investigator with roles in all aspects of project design, data collection and analysis, co-drafting of article, facilitating revisions.

Deanna Bickford, PhD candidate, College of Nursing, University of Saskatchewan. Project research assistant with roles in all aspects of research including data collection and analysis, article review.

Sandra Bassendowski, professor, College of Nursing, University of Saskatchewan. Project co-investigator with roles in all aspects of research including data collection and analysis, article co-drafting of article, review.

Elder Wayne Goodwill, Standing Buffalo First Nation. Roles in project inception, community linkages, data collection and analysis, article review.

Elder Connie Wajunta, Standing Buffalo First Nation. Roles in project inception, community linkages, data collection and analysis, article review.

Elder Beverly Yuzicappi, Standing Buffalo First Nation. Roles in data collection and analysis, article review.

Leanne Yuzicappi, Standing Buffalo First Nation. Community researcher involved in project inception, data collection and analysis, article review.

Paul Hackett, assistant professor, Department of Geography, University of Saskatchewan. Project co-investigator with roles in project design, data collection.

Bonnie Jeffery, professor, School of Social Work, University of Regina. Project co-investigator with roles in project design, data collection.

Margaret Rauliuk, BScN, MN, RN, NP, academic coordinator—NP Program, Faculty of Health Disciplines, Athabasca University. Research associate involved in article review, editing, and collation.

Acknowledgements

Introduction

Health inequalities and negative health trends persist in Canada's Aboriginal population. This reality is most pressing for Aboriginal youth, who are already known to be at risk for lower life expectancies (Tjepkema,Wilkins, Senécal, Guimond & Penney, 2010), increased illness rates (Garner, Carrière, Sanmartin, and the Longitudinal Health and Administrative Data Team, 2010), growing mental health needs (Health Canada, 2015), and high incarceration rates (Assembly of First Nations, 2011) when compared with their non-Aboriginal counterparts.

Traditionally, adolescence is positioned as the south of the four directions and represents the summer: the time to learn, explore, and uncover life roles and skills (Douglas, 2013). Colonialism altered the Indigenous context for youth socialization (Preston, 2002), displacing youth from traditional decision-making processes (Hylton, 1999) and creating disillusionment and disengagement of youth from their communities, an effect that persists. The healthy and holistic development of Aboriginal youth is contingent upon engaging them back into their culture and traditions to better understand themselves and their place in society.

Rationale

Demographics. While statistics on the health status of Aboriginal populations are discouraging, more information about factors affecting health is needed to facilitate appropriate planning and policy decisions (Critchley et al., 2006). The Aboriginal population is young, with a median age of 26 as compared to 40 for the non-Aboriginal population, and approximately 48% under the age of 24 as compared to 31% in non-Aboriginals (Statistics Canada, 2011). As of 2011, Aboriginal children (14 and under) make up 28% of the Aboriginal population compared to 16.5% in the non-Aboriginal population. For the age group 15 to 24, Aboriginal youth make up 18.2% of the Aboriginal population compared to 12.9% representation of this age group in the non-Aboriginal population (Statistics Canada, 2011). Given this youthful demographic, a focus on the health and well-being of Aboriginal youth as a subgroup is merited.

Aboriginal knowledge and wellness. Canadian Aboriginal people speak of traditional healing as including activities that range from traditional medicines to promotion of psychological and spiritual well-being, to using traditional ceremony, songs, counselling, and the accumulated wisdom of Elders (Royal Commission on Aboriginal Peoples, 1996). Recognizing the validity and importance of traditional medicine and practices and including them within health services is critical to improving the health status of Aboriginal people (Clark et al., 2013; Health Council of Canada, 2012; Martin-Hill, 2009). Traditional health practices and Indigenous knowledge are seen as protective factors for at-risk Aboriginal populations (Health Council of Canada, 2012; Martin-Hill, 2009) as well as essential pathways to community wellness (Bennett, 2015; Martin-Hill & Soucy, 2005). Evaluation of community wellness must be based on an Indigenous knowledge framework (Stewart, 2007) in order to re-establish traditional collective forms of prevention and intervention strategies (Bennett, 2015; Crooks, Chiodo, Thomas, & Hughes, 2010; Health Council of Canada, 2012; Martin-Hill, 2009; Petrasek MacDonald et al., 2015).

Sustainable approaches. Researchers emphasize strategies for practice (storytelling, Elder involvement) and community capacity building (leadership building, cultural inclusiveness, mentorship) for Aboriginal health and healing (Crooks et al., 2010; Martin-Hill, 2009; Stewart, 2007). It is broadly recognized that holistic approaches are effective for improving and sustaining cultural, social, and personal prospects of Aboriginal youth. Children who enjoy healthy and active lives are less likely to exhibit self-destructive behaviours and are more likely to develop self-confidence and self-esteem (Petrasek MacDonald et al., 2015). Self-reported perceptions of health by Aboriginal youth (aged 13 to 18) indicate that 43% are healthy, 14% are somewhat healthy, 36% are unhealthy, and 7% are unsure (Lavallée, 2008). More importantly, these findings reflect a significant negative shift from previous self-reported health reports of Aboriginal children (ages 9 to 12) of 93% healthy and only 7% unhealthy (Lavallée, 2008).

Adolescent engagement and empowerment. Adolescence is the most intense period of identity development from personal, social, and cultural perspectives. At the personal level, youth struggle internally with building self-understanding, self-esteem, skills, and strengths, whereas at the social level, external pressures are towards relationship building, social role capacities, and social competencies (Stets & Burke, 2000). The Canadian Institute for Health Information (2004) indicated that strategies to improve the health of Aboriginal youth must consider the broad historical and social context, including reflection on power and governance issues, service provision challenges, and variable application of treaty rights. Kirmayer, Brass, and Tait (2000) assert that attempts at forced assimilation and cultural genocide of Indigenous people left many with "profound problems of identity and self-esteem" (p. 607).

Lalonde (2005) suggested that solutions for improving well-being of Aboriginal youth lie with the communities through lateral knowledge-exchange efforts and cross-community sharing of Indigenous knowledge. Aboriginal youth want healthy and meaningful lives, and they need to be engaged in developing the solutions that will heal and lead to sustainable health for them and their communities. "Healing youth today will lead to their empowerment tomorrow" (Royal Commission on Aboriginal Peoples, 1996, p. 181). Providing a forum for their voices to be heard and valued will support their empowerment and potentiate generational health (Crooks et al., 2010; de Finney, Green, & Brown, 2009; Martin-Hill, 2009).

Most research about Aboriginal youth has focused on biomedical issues, such as disease incidence, violence, and substance abuse. Our interest was in exploring historical, societal, cultural, interpersonal, and environmental influences on this youth. Through such an appreciative and holistic approach, we believed that Aboriginal youth would not only benefit in terms of health and wellness, but would be engaged in designing and implementing meaningful and sustainable programs in their communities.

Purpose

To better prepare youth for a positive future for themselves, their families, and their communities, **PL³A³Y** advocated, emulated, and developed "**P**ositive **L**eadership, **L**egacy, **L**ifestyles, **A**ttitudes, and **A**ctivities for **A**boriginal **Y**outh: A Wise Practices Approach for Positive Aboriginal Youth Futures." The project was based at Standing Buffalo First Nation, a rural reserve located approximately 8 km northwest of Fort Qu'Appelle, Saskatchewan, Canada, with a total population of about 1,100 members and approximately 400 people resident on the reserve. Of note, 35.3% of the on-reserve population is currently 19 years of age and under (eHealth Saskatchewan, 2015). This project evolved over 8 years as the Okanku Duta Amani—Paths to Living Well program of research.

Aboriginal youth involved as research team members ranged in age from 16 to 19 and included both male (2) and female (4) participants. The emphasis of **PL³A³Y** was that these youth were not treated as passive objects for intervention (Farmer, 2008) but were actively engaged as capable and essential partners, especially in the pairings and interactions with Elders.

Sanders and Munford (2005) and more recently, Jardine and James (2012) suggested that inclusiveness and "real participation" of this subpopulation in research, policy, and practice is imperative to making a difference. This research was further situated within wise practices, as described by UNESCO (2002) and which Thoms (2007) described as reflecting the cultural heterogeneity, social diversity, and communal traditions of Aboriginal contexts while remaining dynamic and sustainable over time. Within this project, we understood "wise" practices to be those which are inclusive, locally relevant, sustainable, respectful, flexible, pragmatic, and encompassing of all worldviews, and which consider historical, societal, cultural, and environmental factors. **PL^{3}A^{3}Y** recognized variation and diversity in beliefs and traditions within an Aboriginal community and situated the effort within our understood wise practices (rather than best practices) approach.

This study aimed to answer the core question: What are the critical components of a "Living Well" healing initiative for Aboriginal youth? Sub-questions included: (a) What do Aboriginal youth consider positive and healthy choices? (b) How do Aboriginal youth see the connection between "Living Well" and personal and community health?

Methods

Understanding what constitutes wellness (i.e., Okanku Duta Amani [Dakota]; Miyo-Mahcihoyan [Nehiyawak—Plains Cree]) from the perspectives of Aboriginal Peoples remains foundational to achieving holistic wellness. The meaning of health varies, is challenged, and becomes derailed within the complexities of the individual and collective experiences and realities facing Aboriginal youth today.

The original research funded by the Canadian Institutes of Health Research informed this 1-year **PL^{3}A^{3}Y** initiative to operationalize positive choices voiced by youth. The project used the template of Leadership, Legacy, Lifestyles, Attitudes, and Activities within Standing Buffalo First Nation. The methodology used for **PL^{3}A^{3}Y** was a community-based participatory research (CBPR) approach (Macaulay et al., 1999; Minkler & Wallerstein, 2008). At its essence, CBPR seeks new approaches to community-specific challenges through collaboration, participation, empowerment, and transformative change (Hills & Mullet, 2000; Moffitt & Robinson-Vollman, 2004). CBPR highlights the centrality of the community in operationalizing its research agenda for preferred futures with respect to control (Schnarch, 2004), self-determination (Schnarch, 2004), ethical frameworks (LaVeaux & Christopher, 2009), and equitable involvement (Government of Canada, 2016). This method employs a collaborative approach to investigation that engages participants as equals in all phases of the research process. Such a model is focused on knowledge gathering as well as action to address pressing community issues. The assumption is that people are knowledgeable about their environments and are capable of developing more awareness by becoming full participants in the research process. It was imperative to recognize and address challenges related to working with youth as co-researchers.

Methodologies such as CBPR represent a launch pad for the recognition and inclusion of Indigenous epistemologies and community participation (Sinclair, 2003). Stewart (2007) stated that "Indigenous health research should reflect the needs and benefits of the participants and their communities as well as academic and practitioner interests … while reflecting Indigenous values and philosophies" (p. 57).

This project was conceptualized as having four phases: 1) engagement (partnering and team building), 2) co-creation activities, 3) co-delivery (data collection and analysis), and 4) knowledge sharing. Through a CBPR approach it was possible to bring various perspectives and stakeholders together in an active and inclusive manner. Further, this approach allowed the community members to not only participate in but also lead and own the process and products. Finally, CBPR was seen as a preferred approach to creating and facilitating an environment in which the youth researchers and the Elders could strengthen and support each other in increasing community wellness.

Phase 1: Engagement—Community Partnering and Team Building

This phase built upon the existing partnership with many of the proposal team members and the Standing Buffalo First Nation community. It included securing the participation of three community Elders, a community Research Coordinator, and a student research team (comprising six youth between 16 and 19 years of age). The Elders (both male and female) involved with this project had long-term involvements with the researchers and volunteered to continue their efforts to improve the well-being of the youth. Under the leadership of Elders, the project was launched with a community feast, which included academic members. Following community endorsement, the research team assembled for an orientation day to introduce the project, confirm research parameters (i.e., timelines, team building, ethics), and clarify roles. Of special note, the six youth researchers were given choices with respect to involvement (or non-involvement) in any aspect of the research. A main outcome of the orientation was to establish the agenda and Elder–youth dyads for a day long "Culture Camp" to be held at the local school.

Phase 2: Co-development of PL^{3}A^{3}Y Modules

This phase enabled the research team to develop a series of five **PL^{3}A^{3}Y** modules to be delivered during the Culture Camp. The method was a *learning circle* rooted in Aboriginal ways of learning and precipitating social change (Baldwin, 1998) and used an assets/strengths based approach. Two or more learning circle cycles were undertaken for each module to encourage open dialogue, team building, and creativity around the development of modules reflecting each critical aspect of **PL^{3}A^{3}Y**, described herein. Elder–youth dyads or triads (with academic observers) naturally coalesced around the individual modules based on personal interests (Petrucka, Bassendowski, Bickford, & Goodfeather, 2012). Each module was developed independently, with wise practices delineated and articulated for each. This development was rooted in the awareness that incorporating knowledge of Indigenous history and culture is important in strengthening the relationship between mentor and mentee (Klinck et al., 2006).

Module 1: Leaders and Leadership. Aboriginal leadership models are often defined in terms of skills, abilities, and traditional gifts underlying an individual's traditional-spiritual name, clan, life experience, or Aboriginal identity (Cowan, 2008; Warner & Grint, 2006). Aboriginal leadership development is based on mentoring from the community's traditional teachers, healers, and Elders. Yet, Aboriginal youth are equally effective role models, accountable to their communities and bearing their own leadership responsibilities to support and develop leadership characteristics in others (King, 2008, para. 4).

The **PL³A³Y** Leadership Module reflected many works (Nuu-chah-nulth Tribal Council, 2007; Ottmann, 2005) recognizing that Aboriginal leadership development begins early in life, necessitating active nurturing and constructive direction. Youth who are engaged in positive activities and who feel accountable to their communities are more likely to participate in healthier behaviours, develop self-esteem, and experience improved mental health (Odawa Native Friendship Centre, 2013). In this project, evidence of youth's leadership growth emerged with increased involvement, assumption of roles and commitment, as well as with sharing learnings/ experiences within their community and beyond (Petrucka et al., 2012).

Module 2: Legacy. The challenge is to enable future generations to embrace traditional roles and understand how history relates to who they are (AFN Youth Council, 2007). Knowledge of an Aboriginal language is a positive predictor of increased self-esteem in youth and community wellness (Abraham, 2010), yet the trend is for fewer Aboriginal youth to use their mother tongue, and mother tongue continuity is declining due to departure from community of origin (Norris, 2003).

Within the discourse on Aboriginal knowledge, Castellano (2008) notes that there is emphasis on its timelessness. At times, knowledge is received as a gift; at other times, it manifests as "the time is right" to make a decisive turn in one's life. There is a recognized need to return to ancestral "wise practices" and engage community members, from youth to elders, in a reassertion of traditional beliefs, values, and ceremonial practices (Cowan, 2008). The Legacy Module considered the powerful role that culture plays in forming the identity of Aboriginal youth. History, language, and traditions were highlighted as critical elements informing positive choices.

Module 3: Lifestyle. Youth need more information, access to appropriate services, improved skills, and opportunities to seek healthy lifestyles in order to lead productive and fulfilling lives. Aboriginal youth manifest unhealthy lifestyle choices, such as poor diets, smoking, and drinking, disproportionate to their non-Aboriginal counterparts (First Nations Information Governance Committee, 2005). However, there is evidence that increased access to traditional healers and Elders is essential in the pursuit of balance (Williams, Guenther, & Arnott, 2011). The Lifestyle Module focused on awareness, issue deconstruction, strategies, and supports for youth in making sound complex decisions.

Module 4: Attitudes. Attitude towards self is dominant during adolescence. Having a good attitude towards oneself is the foundation of healthy self-esteem. Youth must have the confidence to perform and transition effectively, founded on a positive self-image. The Elder–youth dyad facilitated an activity in which positive attitudes were depicted on ceiling tiles for display in the school. The Elders based the activity on traditional storytelling, and the youth researchers spoke about positive attitudes and choices. Each participant was encouraged to select an aspect of health or self-care and visually display their theme for others to see and reflect upon. The Attitudes Module focused on exercising the personal within the social context. Youth often see themselves as disempowered in the context of the community, so this module reframed them as holding power and voice.

Module 5: Activities. A game is defined as a "pleasurable expression of voluntary participation in organized play, in which there are agreed-upon procedures and uncertain outcomes" (Cheska, 1979, p. 227). Traditionally, games played an important part in a holistic life for Aboriginal people (Turner, 2003), by establishing gender roles and responsibilities, fostering group identity, enhancing decision making, teaching youth about traditional spiritual beliefs, and imitating adult life (Palmer, 2003). Some games were purposeful in improving dexterity (e.g., bow and arrow), physical skills (e.g., horsemanship), or mental acuity (e.g., math skills). The Activities Module emphasized that physical activity not only contributes to health but can also create spaces for Aboriginal youth to exercise agency as well as produce cultural representations (Robidoux, 2006), which were enhanced through the use of traditional activities.

Phase 3: Co-Delivery of School-Based Culture Camp

Module delivery, along with related data collection, was launched during an evening event followed by a full-day Culture Camp at the Standing Buffalo Elementary School with senior students (aged 11 through 13). Participants were divided by gender (as appropriate to the Activities Module events) the evening prior to the full camp. During this 2-to-3-hour pre-Culture Camp event, the school participants were given information about the cultural game or activity according to gender and cultural norm. Following the activity, school participants provided a one-to-three-sentence vignette on what they learned and what was relevant in terms of cultural and/or historical relevance. The following day a rotating schedule through the remaining four modules was executed in various locations throughout the school. School participants took part in two morning sessions, a traditional lunch, and two afternoon sessions.

Module 1: Leadership. The Leadership Module included reflection and storytelling about leadership, including a recounting of historical and current leader vignettes by a Elder-youth dyad. Storytelling to explore leadership is a highly appropriate method to gain an appreciative understanding (Bushe, 2005). Youth researchers/leaders consistently learned and

role-modeled leadership under the mentorship of the Elder. Presentations were audio/video recorded. The proposed analysis has yet to be completed by the Elder-youth dyad.

Module 2: Legacy. The Legacy Module offered examples of local traditions (pictures, stories) using language as the focus. The topics included the role and meaning of dance, how to treat an eagle feather, and traditional activities such as the feast and powwow. A number of stories were captured in audio format.

Module 3: Lifestyle. In the Lifestyle Module, the Elder-youth dyad creatively used mirrors in revealing the seven mysteries of self in the Dakota traditions. According to the Elder, "the gifts of the Creator need to be reflected in each of us in our everyday lives, and the mirror becomes the way for us to capture and reflect this" (Elder CW, personal communication, February 10, 2012). Participants were invited to identify common lifestyle choices and positive role models/networks available to help them with these choices.

Module 4: Attitudes. In depicting an individual's likelihood of being or becoming well, participants reflected on how they acquire and build positive attitudes. The Attitudes Module emphasized self-esteem and confidence building, with participants converting their reflections to pictures on ceiling tiles to reflect and share these attitudes.

Module 5: Activities. The Activities Module encompassed traditional gaming as a way to promote physical and social activities, as well as holistic health through purposeful games. During PL^3A^3Y, male youth participated in the Moccasin Game, with their female counterparts making feast skirts.

Phase 4: Knowledge Sharing

Although the final phase numerically, knowledge sharing was woven throughout the project. All modules were printed and distributed to Culture Camp participants and other interested parties. Discussions occurred with the local school about placing "created" resources in their libraries and public access areas. Youth interacted with Elders and academics to exchange ideas, plan innovations, and discuss the way forward. There was continual linkage with teachers and community leaders through the community researcher regarding the research intents.

Relationship

Researchers must "be aware that discussion of Indigenous knowledge is practical, personal, and contextual, and needs to be respected as such" (Pidgeon & Hardy Cox, 2002, p. 99). The research team involving Standing Buffalo First Nation and the University of Saskatchewan was built over eight years under the Okanku Duta Amani—Paths to Living Well research program focusing on youth wellness. The team consisted of Elders, community

researchers, and academic researchers, and it maintained an open linkage with the Standing Buffalo First Nation Chief and Council. Reflections on ethical principles were provided in a previous article (Petrucka et al., 2012) and the research methods adhered to the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2014). The research was approved by the University of Saskatchewan Behavioural Research Ethics Board – #12-192.

Limitations

PL^3A^3Y was a cross-sectional exploration of research led and implemented by youth and Elders in Standing Buffalo First Nation only. We recognize and respect distinctiveness of Aboriginal cultures and envision tailored replications in future sites. We understand that our pre-existing relationship with Standing Buffalo First Nation reduced the need for investment in youth development, leadership involvement, and community engagement, but that this may not be true in all settings. We recognize that not all Aboriginal community members are committed to traditional practices; hence, efforts must be made to respect and honour their decisions. Finally, we note that although there was a great deal of energy and interest in determining the content and delivery of the modules, there was limited interest in the analysis phases, although multiple efforts were made to engage the community teams.

Discussion

Reflection on Research Method

Stewart (2009) stated, "Indigenous health research should reflect the needs and benefits of the participants and their communities as well as academic and practitioner interests" (p. 57). CBPR potentiates acknowledgement and engagement across these groups (Sinclair, 2003), and it facilitates sharing power with the community (Abolson & Willett, 2004). CBPR is collaborative, participatory, empowering, systematic, and transformative (Hills & Mullet, 2000) - aligning with an Indigenous research approach. This is an innovative and acceptable research methodology as it values the knowledge of the study group while co-creating new knowledge that advances positive community engagement and development.

PL^3A^3Y used CBPR in seeking collaboration between youth, community, and academic researchers for the purpose of creating new knowledge and understanding about Aboriginal youth wellness. Collaboration engaged youth as consulted, informed participants and as partners (i.e., initiators and shared decision makers) (Hudson & Taylor-Henley, 2001), which necessitated efforts to ensure youth felt supported and gained voice; to confirm their abilities; and to provide time for task completion (O'Kane, 2000).

Role of youth. This project contributes to recognition of youth, generally, and on-reserve First Nation youth, specifically, as partners in health research. The method selected enabled participants to increase their personal and social identity and health as well as contribute to the identity and health of their community. Youth involvement contributed to their voices being

heard by their community and decision makers, which may influence these sectors in their understanding of and response to the needs of youth. In terms of building and sustaining the Elder–youth dyads, it was noted that there was a variable "lead," with the role often alternating between the youth and the Elder. Without full investigation, but based on our observations, there was a sense that this dyad structure quickly mirrored a mentor–mentee relationship in many ways. The youth's contribution to development and testing of the PL^3A^3Y modules will facilitate replication and modification for other Aboriginal communities.

Research capacity development. Through PL^3A^3Y, youth engaged in module development, but only minimally in other research components. Future capacity strengthening and encouragement are necessary to expose youth to all aspects of research as well as potential roles as co-researchers and community research navigators. Youth could have been more directly involved in developing consent forms and ethics approvals. This level of involvement might have helped keep the youth engaged when it came to analysis of the findings.

Reflection on Learnings
The following reflects learnings and potential future directions for the first three project phases.

Phase 1: Engagement. This phase built upon existing partnerships and strengthened emerging partnerships among the youth, Elders, communities, and academic research team. A research understanding was developed with three Elders, six youth researchers, and one community researcher with respect to the research protocols, ethics, funding allocations, and research sharing. Initially, this phase required academic involvement, but very quickly it became a community-driven component to which the academic representative(s) were invited. This approach respected culturally informed deep listening such that "the voices from the land, the spirit, and the people can be heard" (Sheehan & Walker, 2001)—voices not necessarily acknowledged within the Western research paradigm.

Phase 2: Co-development. Aboriginal youth are future stewards of their communities and cultures (Norris, 2008). This project embraced the Aboriginal pedagogical principle that knowledge is earned and must be demonstrated, so that the youth's efforts to create and share for the good of their community are empowering (Castellano, 2008). Through PL^3A^3Y, engagement became empowerment as youth quickly adopted leadership roles with confidence and a sense of cultural identity in co-development and co-delivery of the modules. Overall, youth researchers indicated that their experiences were rewarding and especially valuable in relating with Elders. There were clear examples of how the youth self-selected to work with particular Elders as well as the extent to which they interacted with the Elders, which exceeded expectations and requirements. Further, we observed that the Elder–youth dyads lacked a single leader but rather there was evidence of shared leadership and enabled leadership (on the part of the Elders).

Phase 3: Co-delivery. The Culture Camp brought 78 student participants together for the full day, and of these, 26 were also involved in the pre-event (evening before).

Module 1. Participants heard stories from the Elder–youth dyad about historical and current Standing Buffalo First Nation leaders and discussed what it means to be a leader within Dakota traditions. Future Module 1 development may include participants providing a short audio clip regarding their understandings of leadership as well as provision of copies of stories to be accessible digitally for the school's library.

Module 2. Participants were divided by gender due to Dakota cultural norms. The Elder led each group through a storytelling opportunity using local language building. Dakota language teaching is provided within the school, so many students have basic skills; however, the lack of access to resources (books, recordings) deters from the "living" legacy aspects. Efforts were made to capture stories in Dakota language "to be sure they are there for the future generations, as we are responsible [for preservation]" (Elder Velma Goodfeather, personal communication, February 9, 2012).

Participant descriptions were conceptualized under three themes:

Theme 1—Our Identity. Participants reflected how Dakota language provided them a unique identity.

It was good to hear the Elder tell us about our language and why it made us Dakota. (Participant ♂ B.)

Hearing the words spoken by Elder was different than learning in school. I felt special and that Dakota People were special because it belongs to us. (Participant ♀ S.)

Theme 2—Our Culture. Participants spoke of linking language to their understanding of Dakota culture.

The words are part of our history, and part of who we are and what we believe. The Elder told us how important it is to keep the language as part of culture. (Participant ♀ T.)

Theme 3—Our Community. Participants talked about how few people spoke or understood Dakota language, and how this was something the community needed.

Without language we will not be the same … it would be sad. (Participant ♀ T.)

In the future, a cultural orienteering activity with an Elder was suggested, including creation of a cultural legacy map with photographs/sketches and markers to local cultural sites.

Module 3. Prior to the session, the youth and Elder identified priorities for lifestyle and agreed to use seven mysteries of self. The Elder used seven mirrors named with each mystery, which she used to facilitate a discussion of each mystery by asking participants how these played a part in how healthy they were or could be. Use of the mirror as a metaphor for self-reflection and humility is consistent with an Indigenous way of knowing. Four response dyads resulted from thematic analysis of responses. The youth leader in this module also spoke of how he interpreted each of the mysteries. This reflected an acknowledgement of multiple ways of knowing/understanding one's self.

Dyad 1: Self / Others. Participants spoke about choices made based on either one's own values or those of others, including peers and family.

Every day, every choice, it's about other people telling me what is right or wrong. (Participant ♂ D.)

I try to listen to my parents and grandparents—I know they only want what is good. But when I am with my friends I want to be like them. (Participant ♀ R.)

Dyad 2: Winners / Losers. Participants voiced perceptions about whether one is a winner or a loser. This assessment included labelling of peers using drugs or even smoking as "losers."

Dyad 3: Ancestral Culture / Modern Culture. Participants stated that those participating in cultural activities had healthier lifestyle behaviours than those who "clashed with" or "ignored" Dakota culture.

When we dance powwow we are at our healthiest ... our choices are good and make us healthy. (Participant ♂ F.)

If they don't do cultural stuff, they don't understand ... not well, using drugs and alcohol ... it is sad. (Participant ♀ S.)

Dyad 4: Easy / Hard. This dyad considered whether a good-health lifestyle is easy or hard. Many suggested that a good lifestyle is actually easier.

Living healthy is best and easier than bad choices. (Participant ♂ G.)

Proposed future research approaches included photovoice and body mapping to identify positive lifestyle choices facing Aboriginal youth.

Module 4. Capturing attitudes towards self and health is complex. Through the guidance of the Elder–youth dyad, participants visualized things/people/times associated with when they were the most well. These visualizations were then depicted on ceiling tiles, which often featured

- bright and primary colours;

- the outdoors/scenery, including the sun;
- groups of friends/family and play activities; and
- use of Dakota language in relation to sacred teachings.

Participants stated they tried to capture warmth, hope, joy, and feeling free and safe.

I drew lots of green grass and blue skies ... the Creator expects us to take care of the earth so we all live happy. (Participant ♀ M.)

My family and friends make me happy and safe ... at a feast with lots of food and games. (Participant ♀ T.)

Future recommended strategies included vignettes by Elders and youth about positive attitudes, performance theatre (Prentki & Preston, 2008), and personal "bumper stickers" capturing positive attitudes.

Module 5. Embodiment of beliefs and cultural lessons was critical to understanding and uptake as "it is in these (activities) that our spirits/Spirits soar" (Angelo Wasteste, personal communication, February 10, 2012). Evidence of engagement and mobilization of participants included:

I never thought much about why a skirt [, *it actually just seemed silly, but now I know how it is respectful and how lucky I am to be a part of ceremonies.* (Participant ♀ N.)

We learned about the games and hear about the games , but it was strange to find out that some games were to teach us lessons on math and sciences. (Participant ♂ A.)

Conclusion

Increasingly, there is recognition of the need for wise practice approaches, such as **PL^{3}A^{3}Y**, to improve and sustain cultural, social, and personal prospects of Aboriginal youth. Whether encouraging positive lifestyles to reduce self-destructive behaviours (Warry, 2009), or establishing asset-based initiatives to build self-confidence and self-esteem (First Nations Recreation Guide, 2003), Aboriginal youth participation and inclusive decision making is necessary for building wise practices. CBPR as a research methodology removes the current pathological approach to wellness and instead inserts a strength-based approach that respects Indigenous knowledge.

Shaid, Durey, Bessarab, Aoun, and Thompson (2013) reflected on how members of Aboriginal cultures communicate differently than mainstream society; hence, the project's use of oral tradition (stories, games, role modelling) and hands-on interactive learning (visualization, mirrors) was appropriate. Little Bear (2000) found group mentoring to be an effective strategy for Indigenous youth, as reflected by **PL^{3}A^{3}Y**, with youth mentoring younger community members and Elders mentoring youth. The role of youth in developing culturally and socially

relevant programs through this initiative was highly empowering, aligning with similar findings by Kelly's (2007).

Based on lessons learned in this research and by others (Jardine & James, 2012; Mason & Hood, 2011), there is an opportunity and imperative to engage and embed youth more directly in the research process. Yet, there is a significant learning curve requiring thoughtful and inclusive efforts by academics, community leaders, and youth. Interventions to support youth through adolescence can have lasting positive impacts on physiological, psychological, and social functioning of the individual *and* the community (Wolfe, Jaffe, & Crooks, 2006). Anecdotally, it was interesting to note that the Grade 12 completion rate amongst Aboriginal students in Saskatchewan is 32.7% compared to 72.3% for all students (Government of Saskatchewan - Saskatchewan Education, 2011); however, of the cohort of students involved in this project, 100% graduated. Further, three of the six research assistants have gone on to postsecondary education. In addition, the school at Standing Buffalo has continued to use products developed in the Culture Camp within the curriculum. This has led to an increased interest in traditional games, and increased understanding of cultural values, language, and ceremony.

Health and social challenges facing Aboriginal people, generally, and Aboriginal youth, specifically, are numerous; hence, efforts to reveal preferred futures are instructive. Empowered and engaged youth are imperative to normalizing positive outcomes for the next generations, potentiating decreased health disparities and healthier communities. With continuing efforts to encourage and support Aboriginal youth to understand, participate, and lead, they will **PL³A³Y IT FORWARD**!

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