

## Final Report

"A Study on Issues that Impact on the Holistic Health of Two-Spirit Youth in Toronto"

**Submitted to:** Wellesley Central Health Corporation  
An Enabling Grant Initiative

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September 2004

## **“A Study on Issues that Impact on the Holistic Health of Two-Spirit Aboriginal Youth in Toronto”**

### **A Community Based Research Initiative**

#### **Introduction:**

Two Spirited People of the First Nations received an enabling grant from Wellesley Central Health Corporation in 2004. The purpose of the enabling grant is to explore research questions about the holistic health needs of Two Spirit Aboriginal youth in a large urban area such as Toronto.

**Abstract:** *Key Words:* Aboriginal, Youth, Health, Sexuality, Urban.

**Background:** The health status of Aboriginal Canadians is significantly below the average of other Canadians, as demonstrated by the higher rates of chronic disease in the adult population and higher rates of infectious disease amongst younger Aboriginals. It is estimated that approximately 60% of Aboriginal Canadians are under the age of 30, and are at an increased risk of contracting infectious diseases due to a variety of lifestyle issues. In addition, a majority of Aboriginal people live in large urban areas. Today, more Aboriginal youth are self-identifying as “Two Spirit” and community based research is needed in order to address their specific health issues. These issues may include prevention programs as well as health promotion strategies to encourage healthy lifestyle choices and increase health status.

#### **Study Objectives:**

The overall objective of this research is to investigate the holistic health issues of Two Spirit (including Lesbian, Gay, Bisexual and Transgendered) Aboriginal youth in Toronto, and determine what the holistic health needs are in this target population. Consequently, the research will also attempt to determine if their health needs are being met by existing services that are located in the city.

#### **Methods:**

A 50 to 60 minute survey instrument will be used to interview self identified Two Spirit Aboriginal youth, between the ages of 16-24, who are currently residing in Toronto. The youth must have been resident in Toronto for at least a 6 month period over the last 2 years. The instrument will be developed and reviewed by the research committee and pre-tested with Two Spirit Aboriginal youth. In order to obtain a representative sample of this difficult to reach population, the snowball method of recruitment will be employed. Extensive networking with existing agencies, including three identified partnering organizations has occurred, and they have agreed to liaise and refer participants to this study. Participants will receive a nominal financial sum of \$20 for completing a full

**Potential Contribution:**

In order to be effective in the community of interest, health research must address cultural relevance. Currently, there is very little research that addresses the unique and specific health needs of Two Spirit Aboriginal youth, especially in urban areas. Thus, this community based research project will provide a significant contribution in the research literature, and will also provide a framework for effective prevention and health promotion strategies specific to Two Spirit Aboriginal youth in a large urban area.

**INTRODUCTION:**

This initiative has been made possible through an enabling incubator grant for community based research from the Wellesley Central Health Corporation in Toronto, Ontario. The primary objective of this initiative is to obtain evidence based information, which will fully inform the research process and research questions, in collaboration with the research advisory team. The community based feedback and initial findings will provide the data and documentation necessary to prepare a comprehensive funding proposal at the end of the process.

The outcome of this initiative will be a comprehensive and complete funding proposal to further address the research question in more breadth and depth. It is anticipated that, as a result of this incubating grant, the research team will submit an in-depth proposal with recommendations and a proposed action plan to move closer to addressing the holistic health needs of Two Spirit Aboriginal youth in Toronto.

The research topic submitted to Wellesley Central Health by the investigators is entitled "A Study on issues that impact on the holistic health of Two Spirit Youth in Toronto". More succinctly, this research will involve a survey instrument that includes pertinent questions about Two Spirit Aboriginal youth in Toronto. A complete funding proposal will be submitted to Wellesley Central Health Corporation at the end of the process, and to other funding agencies such as the new Aboriginal research funding pillar at the Social Sciences and Humanities Research Council (SSHRC).

**Investigators/Research Team:**

The Principal Investigator for this research initiative is Mr. Art Zoccole, a well-known and respected local, regional and national advocate in the Aboriginal community, and the Executive Director of 2-Spirited People of the 1<sup>st</sup> Nations. Mr. Zoccole's resume reflects his extensive involvement in the HIV/AIDS field over many years and he has an exemplary reputation as an advocate for the rights of Two Spirit people.

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Dr. Ted Myers is the co-investigator of this research initiative, and again, his background as a community based researcher at the University of Toronto is renowned. Dr. Myers, a social epidemiologist and full professor at the University of Toronto in the HIV/AIDS Behavioural Unit, has been a successful and community engaged researcher over many years.

A research committee, whose major task was to review and provide productive and constructive feedback, was assembled at the outset of the project, by the Principal Investigator. The committee includes the investigators, the research co-ordinator, Ms. Linda Day, and two practicum students from the University of Toronto, Mr. Gonzalo Portacio and Mr. Sean McIntyre. Over the course of the enabling grant project the team met on a regular basis to review and provide feedback of draft documents (final documents attached) prepared by the research co-ordinator, with additional advice and feedback sought and incorporated, from the Aboriginal community. A list of key informants and community based service providers who were contacted for feedback, advice and letters of support during the course of this project is also attached.

**Two Spirited People of the 1<sup>st</sup> Nations:**

Three community based service organizations in the City of Toronto have been approached and agreed to partner with Two Spirited People of the 1<sup>st</sup> Nations in this research initiative. First, the sponsoring organization, Two Spirited People of the 1<sup>st</sup> Nations will be introduced, and then a brief background of the three partners will follow.

The organization Two Spirited People of the 1<sup>st</sup> Nations [www.2spirits.com](http://www.2spirits.com) was founded in 1985 and officially incorporated as a non-profit Aboriginal service organization in 1992 in order to advocate on behalf of Aboriginal Two Spirited, lesbian, gay, bisexual and transgendered people in Toronto. The organization's programs and services include HIV/AIDS education, outreach and prevention, support and counselling for Two Spirited people and others living and affected by HIV/AIDS. The goals of Two Spirited People of the 1<sup>st</sup> Nations are to:

- Promote all aspects of a healthy individual and community.
- Educate people about the traditional role of Two-spirit people and promote tolerance and understanding of diversity within the community.
- Foster a positive image of Two-spirit people and address homophobia and heterosexism.
- Promote a positive self-image of Two-spirit people, especially through traditional teachings.
- Promote a positive relation between Two-spirit, lesbian, gay, bi-sexual and transgendered Native community and all communities they work with.
- Improve the quality of life of Aboriginal persons living and affected by HIV AIDS.

To date, Two Spirited People of the First Nations has successfully collaborated and partnered with a variety of academic institutions and aboriginal organizations



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Two Spirited People of the 1<sup>st</sup> Nations to create sustainable, meaningful community based research. A current partnership exists between the organization and the Youth Migration Project, which is investigating the “HIV vulnerability among lesbian, gay, bisexual, Two Spirited, transsexual and transgender youth who migrate to Toronto”. Although the final report from this research was not available at the time this final report was in completion a few initial findings that are relevant to Two Spirit youth will be contained in the literature review. Other research collaborations are listed in the final proposal.

In addition, Two Spirited People of the 1<sup>st</sup> Nations has been active in the development of Knowledge Transfer initiatives by effectively communicating their findings about homophobia, and other issues to the Aboriginal community through a media campaign which includes interviews with both Aboriginal and non-Aboriginal media.

## **LITERATURE REVIEW**

### **Aboriginal People**

Aboriginal people are the descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people: Indians (now known as First Nations people), Métis and Inuit. These are three distinct peoples with unique heritages, languages, cultural practices, and spiritual beliefs.

### **Health Status of Aboriginal People**

The health status of Aboriginal people in Canada is significantly lower than that of the rest of the Canadian population, and amongst all age groups. A recent study entitled the *Healthy Canadians – A Federal Report on Comparable Health Indicators* (2002) found that there was a significant difference in self reported health status, with only 38% of First Nations reporting “very good to excellent” health compared to 61% of all Canadians. Alarming, tuberculosis, an infectious disease that was thought to be eradicated in developed countries such as Canada was found to be eight times higher among Aboriginal Canadians than the rest of the population. Additionally, it was found that potential years of life lost due to unintentional injuries and accidents in the Aboriginal population were five times higher than other Canadians. The rate of completed suicide in the Aboriginal community was found to be at least five times higher than the average of other Canadians.

### **Residential School System**

When exploring the health status of Aboriginal people in Canada, it is imperative to consider the impact that historical legislation has had on the psycho-social, mental and physical health of this population. Perhaps one of the most destructive governmental legislation that the Aboriginal people endured was the law that required Aboriginal children attend residential schools ten months out of

the year, away from their community and their families. In 2003, Statistics Canada released their report titled Aboriginal Peoples' Survey 2001 – Initial Findings: Well-being of the non-reserve Aboriginal population.

A residential school system backgrounder contained in this report stated that even though the residential school system no longer exists, an intergenerational legacy remains, and that the system contributed to the loss of Aboriginal language and culture, since the "key objective of the residential school system was assimilation."

In recent years, there has been more documentation about the damage that has been inflicted upon the Aboriginal family structure as a result of years of institutionalization in residential schools. Of particular interest to this research topic is the negative effect the residential school process had on the family structure as it relates to child rearing and healthy child development.

As Ing reports in *The Effects of Residential Schools on Native Child Rearing Practices*, for several years and over many generations, the schools systematically destroyed the traditional child rearing practices of Aboriginal people. Given that these institutions were in operation from the late 1800's up to the mid 1980s, inter-generational effects of the residential school system exist within the Aboriginal population today. It has been documented that even if an individual did not actually attend the residential school, it is virtually impossible to remain unaffected, and this has become recognized as the residential school syndrome. The inter-generational effects of the residential school system may account for some of the discrepancies in health status in the Aboriginal population.

Although one of the premises of the residential school system was to provide an education for children, it is questionable whether that actually occurred, or to what extent an "education" was provided. In fact, documentation and studies indicate that the schools were never intended to provide an education for Aboriginal children in a manner similar to the education of non-Aboriginal children. Further, it was noted that the schools "were patterned upon industrial schools – institutions for orphaned and delinquent children. For more background information about the historical impact that the residential school system in Canada has had on Aboriginal people, one may refer to Ing (1991) Ing (2001), Chrisjohn (1997), Milloy (1999) and the Royal Commission on Aboriginal Peoples (1996) as well as other scholars who provide an accurate and detailed account of the repercussions of the system.

### **Healthy Child Development**

The importance of healthy child development in preparing adolescents and young adults for a productive life is well known. In 1997, Health Canada's Medical Services Department launched the Aboriginal Head Start program in

One social scientist (LeBrun (2003) has hypothesized that human development undertakes seven levels of thinking, which she has characterized as The Predictable Structure of Thought. These seven levels are holistic in concept since they encompass all aspects of the human being, and have been conceptualized as:

1. *Spirituality* where a healthy person will ask “Who Else”?
2. *Identity*: Who?
3. *Choice*: Which?
4. *Beliefs/Values/Attitudes*: Why?
5. *Capability (Strategy)*: How?
6. *Behaviour*: What?
7. *Environment*: Where, When?

Given that the parenting structure in Aboriginal families was virtually destroyed during the legacy of residential school attendance, Aboriginal children were denied parenting, protection and may not have received essential elements for a healthy child development. Since healthy structures in infancy and childhood are necessary for positive development, there may be a possible link as to why many Aboriginal youth either are in poor health, or are over-represented in high risk activities that put them at risk for decreased health in later life. These may include: lower high school completion rates, lower socio-economic status, higher rates of infectious disease, lower educational levels, high unemployment or underemployment rates, higher smoking rates, one parent families, higher rates of suicide, inadequate housing and nutrition, and loss of cultural identity.

### **Prevention**

For the purposes of this initiative, the definition of prevention will be: “The act of preventing or hindering disease, illness, or injury using various methods, such as exercise, nutrition and diet, emotional, spiritual, or intellectual practices.” As previously noted, this research project will endeavour to incorporate the holistic approach toward prevention and promotion in addressing the needs of Two Spirit Aboriginal youth in Toronto.

### **Aboriginal Youth**

The First Nations population is younger than the overall Canadian population. For example, 35% of First Nations people in 2001 were under 14 years of age, whereas 19% of the non-Aboriginal population was in this age group.

The few studies that have a target group of aboriginal youth have primarily been concerned with youth who are either in school (Aboriginal Youth Health Survey) and are between ages 13-18, or youth who are between 15-24, such as the Aboriginal Peoples Survey last conducted in 2001. The Youth section of the First

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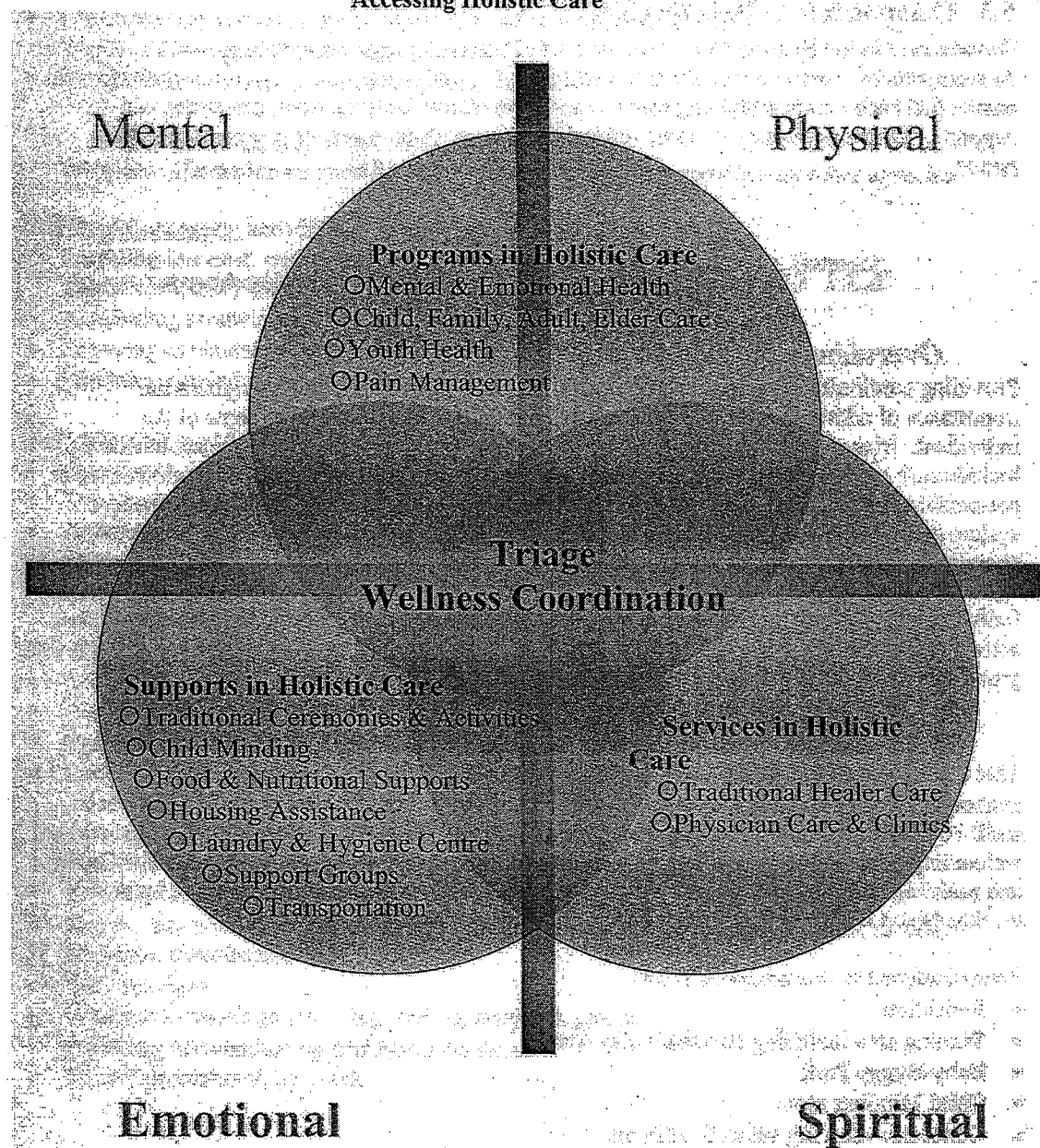
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Nations and Inuit Regional Health Survey contains questions that are aimed at youth between the ages of 12 and 17, however, the majority of these Aboriginal youth reside in a First Nation (reserve) community, or in an Inuit community north of 60. Thus, not only is there is a gap in the current literature that examines the specificity of Aboriginal youth health in urban areas such as Toronto, but also which further examines the health status or health needs of Two Spirit youth.

This diagram (figure 1) illustrates the concept of holistic health care and was developed during consultation and discussions with the urban Aboriginal community in the former Vancouver/Richmond health board region, which has since been expanded with a much larger regional boundary. It is now known as the Vancouver Coastal Health Authority.

A holistic approach to health service deliver is outlined in the following diagram.

Accessing Holistic Care



The literature indicates that there is a growing body of evidence supporting the holistic approach to the unique health needs of Aboriginal people, as compared to the Western or bio-medical model. It is anticipated that a holistic health model based on the four aspects of the traditional medicine wheel, (as outlined in the diagram), will be accomplished by completing thorough research questions regarding these issues.

Also, according to the website homepage of the National Aboriginal Health Organization (NAHO), the health of Aboriginal people is approached from a holistic standpoint, and holistic healing is defined as “healing of the mind, body, spirit and emotions.” In the evaluation report for the National Aboriginal Healing Organization, a recommendation section was included for working with special targets such as youth and children and recommended that:

“When serving youth and children, it is recommended that Legacy education efforts be included. Active and non-verbal activities administered by positive role models who understand and can work with the special developmental challenges and phases of youth and childhood are most desirable. Partnerships with day cares and schools are effective and advised. Youth, in particular, appear to benefit from Elder interaction and respond well when their peers and peer culture is woven into project activity.”

Many urban and rural Aboriginal communities or organizations use the holistic approach to health which is often referred to as the “Medicine wheel” approach to health, healing and wellness. Thus, while it appears that there is an overall acceptance of the need to incorporate holism in general, there is a gap concerning Aboriginal Two Spirit Youth health. This proposal will attempt to close that gap by investigating the holistic needs of Two Spirit Aboriginal youth and then incorporate those findings into existing programs, or develop new programs if necessary.

According to Daniel, et al., the prevalence of smoking is high in many Aboriginal Canadian communities where smoking rates as high as 50% are not uncommon. Although this study was conducted with Aboriginal youth in a western rural community, the results could be generalizable to other aboriginal youth.

Conversely, a study of Native youth and smoking was conducted at the 2001 North American Indigenous Games to determine if there is a correlation between smoking, health status and physical activity. Approximately, 6,500 aboriginal youth participated in the games, and of which the majority did not smoke. There were other significant findings, and not surprisingly, the study found that an involvement in physical activity meant an avoidance of smoking, and healthier lifestyles

### **Research Partners**

Three research partnerships have been developed in conjunction with this project: Supporting Our Youth; Native Youth and Child Family Services and Tumivut Youth Shelter. Their respective mandates are as follows:

The community based organization, Supporting Our Youth (SOY) [www.soytoronto.org](http://www.soytoronto.org) is a dynamic community development organization located

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in downtown Toronto. The mission of Supporting Our Youth is to create opportunities for lesbian, gay, bisexual, transgender, transsexual and two-spirited youth and adults to build community together. SOY has a multitude of community based programs, including a mentoring and housing program as well as a drop in program. In July 2004, Supporting Our Youth will be relocating to the Sherbourne Health Centre ([www.sherbourne.on.ca](http://www.sherbourne.on.ca)) a primary health centre for members of the lesbian gay, bisexual, transgender and transsexual communities. Sherbourne Health Centre is a new, community-based health care organization which offers free and confidential services including Medical and Nursing Care, Wellness Care, Counselling services, Information workshops and community health initiatives. The Sherbourne Health Centre is located in the heart of Toronto's gay community and is easily accessible on the Toronto Transit Commission routes.

Another partner in this research initiative is the Native Child and Family Services [www.nativechild.org](http://www.nativechild.org) – Youth Drop-In Centre which is located on Yonge Street, also in downtown Toronto. The youth drop in Centre is an integral connection for Aboriginal youth in this urban area. Their services include case management and drop-in services and this organization has identified a need for the proposed research as outlined in their attached letter of support.

The third partner in the needs assessment research project is the Tumivut Youth Shelter, which is a part of the Native Men's Residence and is located at [www.names.org](http://www.names.org). Many Aboriginal youth live at the Tumivut Youth Shelter and the organization has stated that there is a need for this type of research. The Executive Director of the Native Men's Residence has provided a letter of support for this project and expressed that Tumivut Youth Shelter will assist in whatever way possible for this project to move forward.

### **Ethical Considerations**

It is anticipated that the final research protocol, proposal and interview instrument for this study will be reviewed by the University of Toronto Research Ethics Committee for approval. This research is not expected to cause harm to participants. Section 6 of the Tri Council Policy Statement in reference to Aboriginal People and research will also be reviewed to meet ethical considerations. Consequently, the ethics review certification will be forwarded to potential funding agencies once it is received.

### **Sustainability**

It is anticipated that a program for the healthy development of Two Spirit Aboriginal youth in Toronto will be sustainable, once it is fully developed. There is a need for such a program, and potential funding agencies may include, but are not limited to: the United Way, Trillium Foundation, Human Resource Development Canada, the Ontario Ministry of Health and Long Term Care, the Ontario Ministry of Aboriginal Affairs and Indian Affairs and Northern Development. The organization 2-Spirited People of the 1<sup>st</sup> Nations will ensure

that all potential funding agencies are approached in order that this important program is further developed, launched and received by Two Spirit Aboriginal youth.

### **Limitations**

There is little documentation and research that addresses the spiritual, emotional, mental and physical health needs specific to Two Spirit Aboriginal youth, thus it is difficult to fully predict that this research will be generalizable to either Two Spirit Aboriginal youth in other urban areas, or to on-reserve youth or Aboriginal youth such as Metis or Inuit youth who reside in isolated rural communities, but there early indications are that it may be. However, it is probable that some facets of this research will resonate with all Aboriginal youth, whether they are Two Spirit or not, since Aboriginal youth have similar backgrounds, as evidenced by the socio-economic conditions, recent statistics and current studies outlined in the literature review. Such limitations will be addressed during the full research process.

### **Methodology**

The interview form will consist of approximately 51 questions contained in a Needs Assessment survey format. It will be administered by a trained interviewer and staff member of the host organization. Eligibility criteria shall be Aboriginal youth between the ages of 16-24 who have resided within the city of Toronto, for at least six months of the past 2 years, who self-identify as being a member of the Aboriginal (as previously defined) community, and who self-identifies as either Two-Spirit, gay, lesbian, transgendered, transsexual or queer.

These inclusion criteria shall apply for all youth, however, should a potential respondent's age for inclusion be questionably close to the age for inclusion, the respondent's questionnaire *will be* included. Exclusion criteria shall be non-Aboriginal, heterosexual youth or adults over the age of 24. It is expected that this interview will take approximately 50 minutes to complete.

The survey was developed by the research co-ordinator based on interviews with key informants in the community, discussion and feedback from the research team, and a review of the literature. Based on these discussions and feedback, the draft Needs Assessment survey was subsequently revised several times prior to the completion of the incubator grant. The Needs Assessment survey was pre-tested with a member of the Two-Spirit Aboriginal youth community and their feedback was incorporated into the document, prior to final submission. A copy of the survey questionnaire is included in this final report.

The youth who participate in this research project are self referrals, and will receive a Letter of Participation (attached) which fully outlines the objectives of the research, and they will be provided with an informed consent form (attached) of which they will have a copy. In addition, the participating youth who complete



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a full survey will receive \$20 in appreciation for their time, and two Toronto Transit Commission (streetcar/subway) tokens.

### **Knowledge Transfer and Exchange**

The Knowledge Transfer model proposed for this research project is Exchange, which has been described as “the exchange of information, ideas and experience to enhance the process and production of knowledge through research and informed decision making”. Ideally, the Knowledge Exchange process will produce many positive benefits, including using well planned, methodologically and ethically sound research results to inform decision makers about gaps in health services at the community level. And, knowledge exchange should deduce that action is recommended in order to reduce possible gaps and unmet needs in the community of interest. In conducting Aboriginal research that is based on the Ownership, Control, Access and Possession model of the research process, Knowledge Exchange will occur at the outset, in determining the research question, and will continue through to the completion of the project.

### **Participant Recruitment**

The three community partners have agreed to work extensively with their client group to facilitate an effective launch of this research initiative, in order to reach this target population. The recruitment strategy includes posters, e-mail distribution lists from one service agency and word of mouth. All three organizations are in full support of the need for this type of research and have fully endorsed the project by providing letters of support, which are attached. Thus, the primary role of the three partner organizations will be to assist in the recruitment and referral of eligible youth to the host organization, in order to complete the survey. It is expected that the partner roles will be expanded when the research results are ready for dissemination to the community and the knowledge transfer process begins.

### **Budget:**

An operating budget for this research will be submitted to each funding agency. The requested budget for this project is \$100,000 per fiscal year. A breakdown of the proposed budget is attached:

### **Timelines:**

The enabling grant will be submitted to various and appropriate funding agencies at their call for proposals. The first submission of this proposal will be to the Social Sciences and Humanities Research Council (SSHRC) in June 2004. Therefore, based on possible funding from SSHRC, the timelines will be as follows:

### **November/December 2004**

Hire research co-ordinator (draft job description attached)

Form research advisory committee (draft Terms of Reference attached)

Concise research question(s).

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Further development of survey instrument, pre-test survey instrument, prepare interviewer training manual, prepare communication strategy, and solidify partnering relationships.

Knowledge Exchange.

#### **January 2005**

Launch recruitment/communication strategy.

Hire interviewer(s). Finalize survey instrument based on feedback from pre-test and research advisory committee. Finalize interviewer training manual.

Conduct interviewer training.

Begin data collection.

#### **February 2005**

Data Collection continues.

Research Advisory Committee meets.

Prepare interim reports.

#### **March 2005**

Resume data collection.

Research Advisory Committee meets.

#### **April 2005**

Begin data analysis.

Research Advisory Committee meets (tentative).

#### **May 2005**

Prepare fiscal year end report.

Data analyses resumes and begin to finalize data collection.

#### **June 2005**

Finalize data collection.

#### **July 2005**

Finalize data analyses.

Research advisory Committee meets.

Draft final report.

Knowledge Exchange.

#### **August 2005**

Discuss research findings with community – disseminate results.

Knowledge Exchange.

#### **September 2005**

Revisions to draft of final report based on feedback from community.

Finalize Report and Recommendations.

#### **October 2005**

Submit Final Report and Recommendations.

## Summary and Conclusion