



*ABORIGINAL
HEALTH SUMMIT*

*Continued Partnerships
for Improved Health
for First Nations
and Métis People*

October 7, 2015





Welcome

Dan Florizone
CEO and President
Saskatoon Health Region

Welcome to Saskatoon Health Region's Aboriginal Health Summit. The Region is proud to celebrate the 2010 Aboriginal Health Strategy which sets out a plan aimed at improving health outcomes and care experiences for Aboriginal people within the Saskatoon Health Region. The strategy was developed in consultation with Aboriginal community members and is a foundation to build a culturally vibrant and inclusive health care system that meets the broader goals of sustaining Aboriginal communities,

Today, we will reflect on how far we have come since the strategy was implemented, how we can build on the foundation we have laid and, how we will address the challenges that remain. Our discussion will be based on conversations that took place at pre-summit engagement sessions with stakeholders, Aboriginal community leaders, and First Nations and Métis people who are served by Saskatoon Health Region. The summit's engagement sessions will allow us to openly exchange information, gain practical knowledge and ask difficult questions about First Nations and Métis health.

The objectives of today's summit are to:

- Get feedback on and recommendations for First Nations and Métis health
- Identify action items to further address First Nations and Métis health issues, health-care challenges and solutions
- Identify community-driven successes in First Nations and Métis populations.

I would like to take this opportunity to thank our initial partners, the Central Urban Métis Federation and Kinistin Saulteaux First Nation, for their involvement and leadership.

I would also like to thank the First Nations and Métis Health Council for its guidance and support in this initiative. The Health Council has assisted the Region in achieving a number of strategic initiatives, including the First Nations and Métis Health Service and several regional policies. In addition, the Aboriginal Peoples Patient and Family Advisory Council has been instrumental in helping our Region become more client-centred for First Nations and Métis people.

Thank you, and welcome.





*Greetings from Shirley Isbister, President
Central Urban Métis Federation (CUMFI)*

As early partners in the creation of the Aboriginal Health Strategy, we welcome the opportunity to look back over the past five years to identify the many challenges we have faced in providing meaningful, respectful and compassionate health care to First Nations and Métis people in the Saskatoon Health Region. We look forward to reviewing and discussing the findings of what we have learned and experienced so we can continue building a better health care system for all Aboriginal people. Best wishes for fruitful deliberations on how we can continue to move ahead on achieving the goals and aspirations of this partnership and the Aboriginal Health Strategy.



*Chief Greg Scott
Kinistin Saulteaux First Nation*

Kinistin Saulteaux First Nation is proud to have been an initial partner to the development of Saskatoon Health Region's Aboriginal Health Strategy and this summit is a crucial step to moving the strategy forward. Today's activities will give us an opportunity for honest discussion about the kinds of barriers to health being faced by First Nations communities, as well as a chance to celebrate the successes of the last five years. We are excited to work with the many partner organizations now committed to building on the Aboriginal Health Strategy as we continue to address the often complex reality of First Nations health.



Agenda

Aboriginal Health Summit, October 7, 2015

TIME	SESSION/TOPIC	SPEAKER
7:00 – 8:00 a.m.	Continental Breakfast and Registration at Saskatoon Inn	
7:00 a.m.	Pipe Ceremony	Gilbert Kewistep, Cultural Advisor Saskatoon Health Region
8:00 a.m.	Opening Prayer	Elder
	Welcoming Remarks	Corey Miller, Vice President Integrated Health Services
8:30 a.m.	Opening Remarks	Dan Florizone, CEO and President Saskatoon Health Region
		Shirley Isbister, President, Central Urban Métis Federation Inc.
		Chief Greg Scott Kinistin Saulteaux First Nation
8:50 a.m.	Patient story	
9:05 a.m.	Holistic Approach to Health Equity	Tania Lafontaine, Research Officer, Public Health Observatory
9:25 a.m.	Video	
9:30 a.m.	First Nations and Métis Health Service	Valerie Bradfield, Lead First Nations and Métis Health
9:40 a.m.	First Nations and Métis Health Priorities	Jade Chaboyer, Consultant Representative Workforce
10:00 a.m.	Poster presentation and nutrition break	
10:20 a.m.	Video	
10:25 a.m.	Icebreaker	Randy Robinson
10:40 a.m.	Opening Statement: Introduction to and overview of activities	Randy Robinson
11:00 a.m.	Identifying Actions	Group Work



TIME	SESSION/TOPIC	SPEAKER
12 Noon	Lunch and Poster Presentation	Elder to provide prayer for food
12:35 p.m.	Model of partnership	Whitecap Dakota First Nation
12:55 p.m.	Video	
1:00 p.m.	Review of Actions	Randy Robinson
1:15 p.m.	Prioritizing Actions	Group Work
2:15 p.m.	VIDEO	
2:30 p.m.	Poster presentation and nutrition break	
2:45 p.m.	Compiling Actions	
3:00 p.m.	Wrap-up: Contributing Individually to Actions	Group work
3:55 p.m.	VIDEO	
4:00 p.m.	Closing Remarks and Closing Prayer	Corey Miller and Gilbert Kewistep

OPENING STATEMENT:

Our measures of success for this summit are collaboratively developed actions that will lead to First Nations and Métis people to be the healthiest people, have the healthiest communities and receive culturally safe, exceptional service.

- Cultural Competence
- Equity
- Client and Family-Centred Care

Today's Activities:

GROUP WORK

- Identifying Actions
- Prioritizing Actions
- Wrap-Up: Contributing individually to Actions

Summit participants divide themselves into groups based on a First Nations and Métis Health priority area of their choice

There will be a flexible 15-minute discussion timeframe given for summit participants to give input on the necessary actions to address the priority area

Prioritizing Actions:

Rate actions based on:

- Action that is most doable
- Action that is most desirable

Each person will place a different colored dot indicating what is desirable and feasible

Wrap up: Contributing Individually to Actions

On a sticky-note provided, answer the following:

- What does all of this mean to me?
- How can I, individually, support any one of these actions?



Introduction

The *Strengthening the Circle* partnership established between the Central Urban Métis Federation Inc. (CUMFI), Saskatoon Health Region (SHR), and the Kinistin Saulteaux First Nation led to the creation of Aboriginal Health Strategy, 2010-2015.

Through extensive community consultations and stakeholder engagement, information was shared and knowledge was exchanged that provided the Region with enough community voices to determine priorities to address Aboriginal health.

In 2010, the Aboriginal Health Strategy was launched and signified the beginning of a partnership journey dedicated to gaining better health care and outcomes for First Nations and Métis communities across the Saskatoon Health Region.

Pre-summit engagement sessions

Honouring existing partnerships and relationships, First Nations and Métis Health Portfolio staff members undertook pre-summit engagement sessions to provide the communities being served with an opportunity to share what current challenges they face, where work needs to be done, and what actions can be taken. Communities were asked :

- What health initiatives that have occurred or are happening in the community have made an impact?

Acknowledgements

Saskatoon Health Region would like to acknowledge and honour the Elders who participated and guided the pre-summit engagement sessions. The Elders contribution has been valuable in moving this work forward.

We would like to thank all of the participants who provided insight and guidance of the current state of First Nation and Métis health as well as future directions for continued partnerships.

Continuing to Strengthen the Circle: Partnering for Improved Health of First Nations and Métis People was developed in partnership with the following organizations:

The Region has made positive strides towards addressing the recommendations of the Aboriginal Health Strategy. Although there has been progress, we recognize that more work needs to be done.

Recognizing that First Nations and Métis people have been subject to numerous research studies highlighting the deficits in health, social, economic, and educational outcomes, the goals of the summit are to highlight key successes and identify actions that will result from positive outcomes.

This summit is dedicated to being an opportunity for communities to learn from one another and to help guide the future state of First Nations and Métis health.

- What has been working well and what would you like to share with us related to health initiatives?
- What needs to happen or change to optimally meet the needs for First Nations and Métis health?
- What is important in your community regarding health?
- Has being First Nations or Métis affected your health?

- Central Urban Métis Federation Inc.
- Kinistin Saulteaux First Nation
- Yellow Quill First Nation
- Whitecap Dakota First Nation
- Aboriginal Patient and Family Advisory Committee
- Beardy's and Okemasis First Nation
- Fishing Lake First Nation
- One Arrow First Nation
- Métis Nation-Saskatchewan
- Saskatoon Indian and Métis Friendship Centre



- Prince Albert Grand Council
- Lac La Ronge Indian Band
- Stoney Rapids/Black Lake
- Meadow Lake Tribal Council
- Prince Albert Parkland Health Authority
- Muskoday First Nation

- Northern Town of Buffalo Narrows
- Northern Town of La Loche
- Keewatin Yatthe Regional Health Authority
- Northern Town of Beauval
- Village of Île-à-la-Crosse

Purpose of this document

The journey to good health requires a collaborative approach. Knowing and understanding patient needs assists in determining the appropriate actions for addressing current challenges.

Continuing to improve First Nations and Métis health will require the engagement of collaborative,

strategic, and beneficial partnerships to create a shared vision and understanding.

This document reflects the needs and desired outcomes suggested for addressing First Nations and Métis health. The feedback that follows was derived from the pre-summit engagement sessions.

First Nations and Métis Health Priorities

The First Nations and Métis Health portfolio within Saskatoon Health Region hosted eight pre-summit engagement sessions with First Nations and Métis communities and organizations between May and August 2015. The sessions were designed to gather information relating to current initiatives, as well as to highlight any strengths or challenges in the health

care experience within Saskatoon Health Region. Achieving better health for Aboriginal peoples is strongly linked to health equity, cultural competency, and client and family centred-care.

The following were identified as priority areas for improving First Nations and Métis health:

First Nations and Métis Holistic Health and Wellness

For First Nations and Métis communities, health and wellness is rooted in a holistic approach to maintaining balanced health. The need to incorporate the spiritual, physical, emotional and intellectual areas of health is integral to healing. Based on the pre-summit engagement sessions, several key areas were highlighted as foundational:

- Spiritual care is important and missing in addictions work
- Appropriate access to cultural and spiritual care is needed

- Using Elders and traditional healers for ceremonies and as a resource for the Health Region.
- A good diet and access to traditional food helps maintain health and wellness
- Awareness and prevention programming is positive, such as awareness activities, or information around issues such as sexually transmitted diseases or Fetal Alcohol Syndrome Disorder is positive.
- Hospital staff should ask Elders if they want to be added to the hospital list for Elder services
- A collaborative approach is needed for patients with complex needs.



Seniors Care

First Nations and Métis seniors play a valuable role within the community. The pre-summit engagement sessions identified better care and treatment of seniors within Saskatoon Health Region as being of upmost importance for improving service delivery for First Nations and Métis people:

- Seniors need to be treated with respect and dignity
- Home care services are needed in core areas because seniors who live those areas
- There needs to be a greater understanding of the trauma of the residential school experience
- More interpreters in traditional languages are needed, in particular for medical terms, so that seniors better understand what is going on with their health care.

Respect and Dignity

First Nations and Métis cultures are based on respect and meaningful relationships. Providing quality care to patients begins with establishing a respectful relationship. The pre-summit engagement sessions identified that racism, discrimination, and poor relationships between health-care providers and their patients is a priority issue that needs to be addressed for improved care for First Nations and Métis people. Other observations include:

- Hospital staff choose policy and paperwork over patient care and treatment
- First Nations and Métis people fear the health care system, avoid treatment
- Differential treatment for pain medication is at times results in unfair treatment based on the assumption that patients are drug seeking.

Mental Health and Addictions

Saskatoon Health Region requires culturally relevant mental health and addictions services and treatment, specifically for First Nations and Métis peoples. There is a need to systematically address challenges and issues. Observations included:

- Treatment services are poor
- There is a lot of prescription drug abuse in the community
- There is a need to address the drug trafficking in the hospitals
- Clients must have their concerns addressed in order to feel comfortable
- Rural mental health care is minimal to non-existent
- There is a need for an increased number of mental health therapists and access to research.

Communication

Open, clear and useful communication and information sharing processes are essential to delivering high-quality care to patients. It was felt that communication on various levels needed to be improved upon to enhance service delivery, awareness, and the patient experience.

- Health care providers and doctors speak in medical terms and do not explain things in laymen's terms
- Better promotion of services is needed, including a brochure that outlines what is covered by non-insured health benefits
- There is a breakdown in communication with First Nation band members accessing reports needed for proper discharge planning
- Better communication is needed regarding lab results for on-reserve patients
- Language barriers need to be addressed
- Doctors and health-care providers need better bedside manners



Facility Conditions

Throughout the pre-summit engagement sessions the quality of the facilities within the Saskatoon Health Region was brought up as area of concern. Poor conditions were seen as serious impediments to ensuring a positive and healthy care experience, including:

- Long wait time for beds
- One incident of insects on the floor, another incident of flies on the floor
- The Emergency room was filthy, unsanitary
- A shortage of beds means that patients lying in beds in hallways
- Family rooms are not large enough to support extended kinship care
- Hotels used by First Nations and Inuit Health Branch (Health Canada) are of poor quality.

Training to Increase Cultural Competency

It is deemed essential to have all Saskatoon Health Region staff and employees qualified to deliver culturally appropriate and culturally safe care to First Nations and Métis patients. Saskatoon Health Region requires a strategic plan to work towards achieving this necessary element to ensuring patient-centered care.

- Mandatory cultural awareness training for all new employees
- It is the right of First Nations and Métis communities to have culturally appropriate programming
- Workshops should be conducted to gain trust with Elders in a safe place
- Cultural barriers must be addressed
- Universities are not training students properly
- Culturally safe programs are needed.

Jurisdiction and Governance

Communities expressed the need to address the federal, provincial, and regional jurisdictional issues that exist. Challenges focus on funding arrangements, resource sharing, infrastructure concerns, and rules governing how services are allocated.

- Leadership table between federal government/ Saskatoon Health Region/community is needed to collaborate on community health issues
- Patient advocates are continuously jumping through hoops at the federal level
- Discharge planning feels more like 'bed-centred,' not patient-centred
- Transportation rules for non-insured health benefits and Métis people are needed
- There is a need for more on-reserve services such as physicians, nurse practitioners, dieticians, and therapists
- Travelling to other communities increases costs for people to access services also causes increased stress
- One community is covered by three different rural municipalities that causes road conditions to be ignored
- Communities require adequate ambulance services that do not only operate based on their organizational needs.



Community Partnerships

Communities and partnerships identified the need for meaningful engagement and strategic alliances with the Saskatoon Health Region. Communities desire to have closer working relationships to ensure that First Nations and Métis health remains a priority within the Region, including:

- More face-to-face meetings
- Increased engagement
- Capacity building
- Increased resource sharing
- Saskatoon Health Region is needs to develop a meaningful process for First Nations community members
- There needs to be increased collaboration between the federal government, Saskatoon Health Region, and First Nations communities
- More inclusion/participation is needed at Board and Executive levels
- Trusting and meaningful partnerships need to be built.

Current Initiatives

Several programs and initiatives were identified as being successful. Participants believe that the following programs and services are making a difference within the community:

- Transportation support, including the Lighthouse Mobile Outreach, the Region's Primary Health bus, and the Egadz bus for access and support to hospital
- Whitecap rural services delivered on reserve
- Elder involvement at health clinics and in community programming
- On reserve pharmacy delivery
- Outreach services
- Father/Kids program
- Medical taxi services transporting patients to and from medical appointments and the hospital
- Visits by occupational therapists, nurse practitioners, and dieticians to communities
- Community-based activities, such as the mental health awareness day walk
- Prenatal and postnatal support for family band members
- Equine therapy at One Arrow First Nation
- Community garden(s) for growing healthy food.

Future Directions

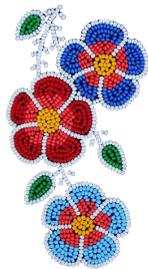
Saskatoon Health Region can improve upon the service delivery and patient care both in acute and community-based settings by developing programs in the following areas:

- Education for young parents
- Access to urban and rural transportation to family doctors
- Home care delivered in core neighborhoods
- Health Navigators in the Emergency Department to greet families upon arrival
- Health Navigators in rural hospitals
- Patient satisfaction survey delivered to all First Nations people.



Notes:





Métis beadwork: Judy Kavanagh