

**In support of the community of La Loche,  
Candlelight vigils were held across Saskatchewan.**



Left photo courtesy of CBC of a vigil in Saskatoon. Top right photo, courtesy of Glenna Fiddler Cumberland House Saskatchewan. Bottom right photo, courtesy of Prestin Mercredi-Fleming, Stanley Mission, Saskatchewan.

Representative Workforce (RW) and First Nations and Métis Health Service (FNMHS) send their deepest condolences for the families and the community of La Loche.

The Saskatoon Health Region did their best to provide support and crucial services to the families and patients affected by this tragedy. Four levels of government—First Nations, the Métis Nation, the provincial and federal governments as well as numerous community based organizations and others provided services and helped wherever they could with food, donations and human resources.

A big thank you to all for helping in this very difficult time.

# In and around Saskatoon Health Region.



Sonya Tootoosis has been employed with the Health region for almost 10 years. *"Since May 4, 2005, I have worked as an addictions counselor at Brief & Social Detox.*

*I attended First Nations University of Canada and the Saskatchewan Indian Institute of Technologies. It was at SIIT that I received my diploma in Community Services- Addictions."*

*"I decided to work in this area as it is so varied, worthwhile and challenging. No two days are alike. I meet some of the best people in the province in this line of work— I am very fortunate.*

*Things that help me stay at SHR are simple really. I have felt supported at work and by my team. I have been able to try working different sites. There is no blanket treatment that works for everyone, and that means we have to try different training, new ideas, and innovation in treatment options. There are many opportunities in SHR, in areas involving concurrent disorders, methadone assisted recovery, outpatient, youth, addictions, inpatient centers. It is worthwhile, interesting and amazing."*



Welcome to Shirley Maurice. She is in her third year of completion of her Bachelor of Indigenous Social Work at the First Nations University of Canada. Shirley started her practicum on January 2, 2016 with the First Nations and Métis Health Service.

She says, "My experience so far has been great. I admire the work ethic and professionalism from the social workers within First Nations and Métis Health and at Royal University Hospital.



"The health care system is unique and especially the services provided for people coming from rural and northern communities."

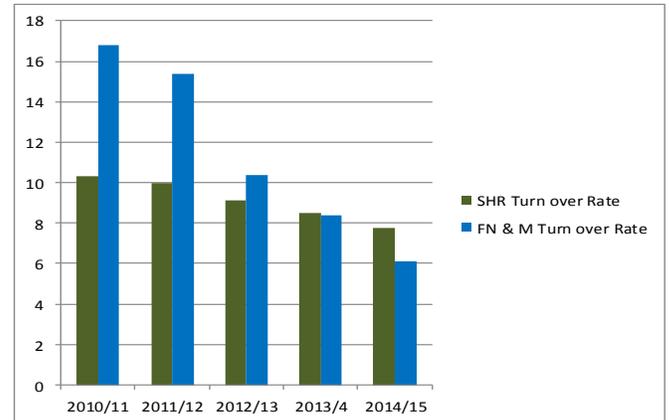
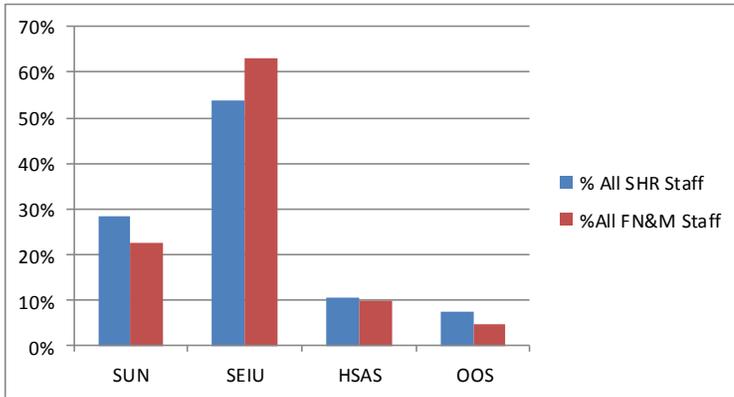
Once Shirley completes her education, she plans to move back to her home community of La Loche. Shirley explains why she is studying social work, "I want to help people heal from the intergenerational trauma caused by colonization. It is important to implement spiritual based practices such as the medicine wheel teachings into healing lodges for families in my community"



# Retention Report



In the last two fiscal years the turnover rate of Aboriginal employees has been lower than the overall SHR turnover rate (See diagrams below). This success is a result of the invaluable information that has been received from the experiences of past employees through annual exit Interviews. The information received helped inform strategic action to increase retention. A number of initiatives undertaken by the



Representative Workforce (RW) Department supported the increase in retention for Aboriginal employees. The RW created an email data base of all self- identified First Nations, Métis and Inuit staff. We started to connect bi-monthly with the 350 – 400 staff about the news and opportunities via email. We had identified from previous exit surveys that many of our casual Aboriginal employees often did not hear about and therefore did not take advantage of the region- wide initiatives when they came in for their casual shifts.

This support has ranged from fielding questions about scheduling processes to requests to sit in on “attendance” meetings. In addition we invited FNMI employees to information sessions on changes to Scheduling (how to access shifts) and Gateway (how to access positions) in December 2014. *In the past, information on how to get more shifts, how to apply for a new or casual position were challenges for the casual staff.*

In 2014, staff was encouraged to apply for other casual positions in what was known as Casual Optimization. All these new practices were widely promoted and all casual employees were able to use the information to apply for more shifts.

Education has also contributed to the retention rates. The Representative Workforce staff continues to educate all new employees through the Cultivating Change Workshop (Aboriginal Awareness Training) offered at WOW. The department also held numerous Cultural Self Awareness training sessions and Cultural Conversations throughout the year.

First Nation and Métis Health Services unit's high profile brings recognition to Aboriginal staff that their contributions and communities are important and the Saskatoon Health Region is continually working together for better health and healthier communities. Exit surveys report only one side of the story. Employee's experiences can offer a better understanding. Representative Workforce and the Saskatoon Health Region play a greater role in employment support/retention services. We can use these results to further strategize retention initiatives and work together in shaping a workplace that is culturally safe.

# What is Cultural Safety and Cultural Competence?

## Cultural Safety and Cultural Competence

Although the differences between cultural competence and cultural safety are probably outweighed by their similarities, they have quite distinct starting points and somewhat different histories. Both are about the relationship between the helper and the person being helped, but cultural safety centres on the experiences of the patient, or client, while cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context.

Adapted from paper presented at the Australian and New Zealand Boards and Council Conference by Dr. Mason Durie, "Cultural Competence and Medical Practice in New Zealand," Nov 2011. Wellington, NZ



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### Next issue March 2016:

- Report on the October Aboriginal Health summit
- Calendar for the **2016 Cultural Conversations Events!**

### ★ Important Dates

March 21, 2016.  
International Day for the Elimination of Racial Discrimination.

*If you would like to  
★ submit stories or events please  
email to:*



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