Strengthening The Circle, “Partnering for Improved Health for Aboriginal People,” would like to acknowledge the wisdom and guidance of the Elders who have graciously enlightened the Aboriginal Health Strategy.

We were honoured and thank all the participants for their sincere input and appreciate their honesty. Through consultation with the Elders and participants, we gained insight into genuine experiences. The Aboriginal Health Strategy for the Saskatoon Health Region honours participant and community voices.

The Aboriginal Health Strategy summarizes the proceedings of the focus group collections that were conducted from January – July 2009. A focus group was also held with Elders during the “Gathering Wisdom Elders Forum” held on November 28 & 29, 2009. Strengthening the Circle consulted urban and rural Aboriginal people and health service providers on how to improve programs and services that serve the needs of the Aboriginal community within the Saskatoon Health Region.

The Aboriginal Health Strategy was initiated by the Strengthening the Circle partnership in 2007 by the following organizations:

Central Urban Métis Federation Inc.
Shirley Isbister, President
Louise Oelke, Métis Community Member

Kinistin Saulteaux Nation
Chief Peter Nippi
Tina Thomas, Kinistin Urban Committee Member
Former Chief Felix Thomas

Saskatoon Health Region
Shan Landry, Vice President, Community Services
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The development of this Report has taken us on a collective journey of listening, learning and sharing. We have prayed together and shared many stories and experiences, both on a professional and personal level.

We have had the opportunity to seek the wisdom of our Elders, to travel to First Nations and Métis communities and to other locations to learn from them. We brought these ideas home and adapted them to create a made in Saskatchewan Aboriginal approach.

We are proud of this Report and trust that this will serve as an awakening to health care leaders and managers to partner with First Nations and Métis peoples in new ways that will lead to improved population health for Aboriginal people.

“Vision to See, Faith to Believe, Courage to Do.”
Author Unknown

Yours in health and well-being,

Chief Peter Nippi & Tina Thomas
President Shirley Isbister & Louise Oelke
Shan Landry & Suzanne Mahaffey
This living document is a “first” for the Aboriginal community and the Saskatoon Health Region. The Strengthening the Circle project is pleased to present an 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 by working in partnership with First Nations, Métis and the Saskatoon Health Region. The Aboriginal Health Strategy is a foundation to build a health-care system that meets the broader goals of sustaining Aboriginal communities, that are culturally vibrant, inclusive and healthy.

The Strengthening the Circle project encompasses the voices of Aboriginal focus group participants including Elders, Aboriginal leaders and communities. When asked, “What is the one thing that the Saskatoon Health Region can better do to meet the health needs of the Aboriginal community?”, the analysis identified the following key targets for priority:

1. Establish and develop capacity for an Aboriginal Health Council that will work collaboratively with the Saskatoon Regional Health Authority, Aboriginal communities and other health stakeholders. The goal is to implement the recommendations of the Aboriginal Health Strategy by designing, developing and implementing Aboriginal specific programs and services. This will be inclusive of Elders and community members to identify how to best align traditional healing methods within the health-care system.

2. Enhance the Cultivating Change Workshop by redesigning the current program for the health-care system and health-care providers so that it addresses cultural competency, Aboriginal diversity and racism.

3. Develop Cultural Helper positions within the Saskatoon Health Region to work with the Aboriginal Health Council and Aboriginal communities to incorporate spiritual and cultural needs within all Health Region owned and operated facilities.

4. Develop a Cultural Competency Framework for health managers and their staff that adheres to Aboriginal traditional protocol.

5. Increase employment opportunities for Aboriginal people within all levels of the Health Region including greater representation on the Saskatoon Regional Health Authority.


7. Advocate for policy changes at the local, provincial and federal levels that will improve health access for Aboriginal people.

The first section of this strategy outlines the history, scope and process undertaken to develop the strategy. Middle sections of the document speak to an Aboriginal Worldview on health and the incorporation of traditional forms of healing and wellness, identifies community perspectives and present health challenges specific to Aboriginal people. The closing sections outline Aboriginal best practises, strategic directions and guiding principles for implementation of the strategy.
The Strengthening the Circle project worked with First Nation and Métis leaders to form the Aboriginal Health Council and the leaders signed a Memorandum of Understanding (MOU) on March 8, 2010. The MOU demonstrates the commitment of the Aboriginal leaders by endorsing the Aboriginal Health Strategy and making its recommendations a reality. A motion by the Saskatoon Regional Health Authority will be instrumental in moving the Aboriginal Health Strategy forward.

This strategy and the Aboriginal Health Council is the underpinning for a process of change and inclusion that will address the disparities in health outcomes and health-care experiences for Aboriginal people. It aims to set in place transformational change in current Health Region policies and procedures that have an impact on Aboriginal people. This means developing meaningful partnerships within the Aboriginal community, being inclusive of Aboriginal Worldview concepts when addressing health issues.

This Aboriginal Health Strategy is meant to be used to secure a progressive and systematic health system that allows all Aboriginal people an opportunity to attain their full health potential, while showing a greater respect for the cultural needs of Aboriginal people. Its purpose is to have shared accountability and responsibility in meeting the needs of all Aboriginal people.

“We envision a world in which all Inuit, Métis and First Nation people have achieved full and equitable access to the conditions of health including: pride in ancestry, cultural reclamation, peace, shelter, education, food, income, a stable environment, resources, and social justice. And where the gifts and wisdom of Inuit, Métis and First Nation cultures are recognized as valuable, distinctive and beautiful.”

Wabano
MEMORANDUM OF UNDERSTANDING
FOR IMPROVED HEALTH & WELL-BEING FOR
ABORIGINAL PEOPLE SERVED BY THE SASKATOON HEALTH REGION

Between

SASKATOON REGIONAL HEALTH AUTHORITY

And

ABORIGINAL HEALTH COUNCIL

(collectively “the Parties”)
PURPOSE

The primary purpose of the Aboriginal Health Council is to establish communication, consultation and advisory mechanisms that enable the Saskatoon Health Region and the Aboriginal communities/populations to listen and respond to one another’s concerns.

a) The parties have common goals of closing the health gaps between Aboriginal population and the Saskatoon Health Region over the next five years, and develop a relationship based on mutual respect and recognition.

b) The parties embrace the Aboriginal Worldview and a Holistic definition of health and well-being.

c) The parties seek to improve the health outcomes for Aboriginal people by achieving effective decision making that will reduce the barriers for Aboriginal people to access holistic health services.

d) To promote the integration of culturally appropriate health services to Aboriginal people in the Saskatoon Health Region and those from other regions utilizing the services of the SHR.

PREAMBLE

The council will be governed by a local Aboriginal community membership that would enable the Aboriginal community to partner in providing culturally appropriate health services to First Nations, Metis and Inuit people. Health services include acute, long term care, community care and specialist services.

Establishment of an Aboriginal Health Council made up of Aboriginal (First Nations and Metis) representatives of the populations/communities living in SHR and leadership in the Health Region.

a) The Parties agree to enter into a mutually beneficial relationship that will work toward, in a quantifiable manner, shared responsibility and shared decision making as it impacts the provision of Health Services to Aboriginal people.

b) The parties agree to use a cooperative, collaborative approach to improving the health status of Aboriginal individuals, families and communities through the design, delivery and evaluation of health programs and services for Aboriginal individuals, families and communities.

c) SHR acknowledges and honors Treaty and inherent rights of the Aboriginal people regardless of citizens’ residency and supports the Aboriginal Health Council pursuit of the rights to retain responsibility for the health, safety, survival, dignity and well-being of children, youth, Elders and families, based on the spirit and intent of Treaty.
OBJECTIVES

a) Acknowledge that maintaining the status quo will not close the health gaps between Aboriginal people and other SHR population therefore; the parties must improve upon health programs and services currently in place and promote initiatives for holistic health care.

b) Define a collaborative approach for improving Aboriginal health for Aboriginal members in the SHR and Kinistin First Nation Membership as a founding member.

c) Provide advice and recommendations to the SHR Authority about Aboriginal health issues, needs and priorities.

d) Strengthening the Circle Aboriginal Health Council will serve as a forum for the Aboriginal community who access and seek SHR services.

SERVICE PROVISION

a) The planning for and the provision of health services will be inclusive of all Aboriginal people.

b) Mutual respect, trust, openness, accountability, and transparency will be the basis of the understanding and foundation of the relationship established under this MOU.

c) Every effort will be made where possible to harmonize and integrate programs and services including potential expansion to include social determinants of health within the parameters of this MOU.

d) Prevention and Population Health Promotion.

e) Activities will be carried out with a view to sustainability, efficiency, and effectiveness without limiting innovation, equitable access or quality and by building on existing best practices.

f) A strength based approach will be used to measure services.

g) Mutually agreed upon indicators of health will be followed for a baseline for measurement.

h) There will be a balance of qualitative and quantitative outcomes.

ACTIVITIES

To improve the health outcomes for Aboriginal people, the parties will carry out specific actions including but not limited to the following:

- Establishing terms of reference and reporting mechanisms for the Secretariat;
- Influencing organizations to adopt ethical practices based on aboriginal best practices;
- Monitoring progress on goals and reporting to the senior leadership of First Nations and Métis organizations and the SHR Authority;
• Based on their knowledge of the communities, recommending the adaptation of services, and proposing and developing new initiatives that would improve aboriginal health status, including translation services;
• Monitoring efforts to recruit, develop and retain Aboriginal employees in all levels of employment in the Health Region;
• Representing the partnership in the community;
• Improve on processes;
• Review of the existing standards;
• Develop service delivery systems to better reflect the needs of Aboriginal peoples;
• Develop a planning framework including implementation measures;
• Develop a consistent and harmonized planning process;
• Establish common indicators, targets, milestones and benchmarks;
• Develop Health Plans including setting standards, targets, outcomes and measurements;
• Engage in dialogue, identify linkages and establish other networks with other Aboriginal and non-Aboriginal stakeholders;
• Identify those matters including policy issues that will eliminate gaps and prevent duplication of services;
• Mutually agreed upon utilization of Aboriginal Elders where appropriate; and
• Addresses mechanisms to improve the cost effectiveness of health care.

COMPOSITION OF ABORIGINAL HEALTH COUNCIL

Members of the original three partners (Kinistin Saulteaux Nation, CUMFI, SHR) and Aboriginal (First Nations and Metis) representatives of the populations/communities served by the Saskatoon Health Region and leadership of the Saskatoon Health Region.

RESOURCE REQUIREMENTS

a) The Parties will identify the human, financial and capital resources required to achieve the goals of the MOU.
b) The Parties will work cooperatively to secure resources.
c) The Parties will work cooperatively to deliver a sustainable plan.

COMMUNICATION AND INFORMATION SHARING

The Parties will work together to coordinate and determine the most effective and efficient means of data exchange, system integration and information sharing to the fullest extent possible.
EVALUATION OF MEMORANDUM OF UNDERSTANDING

Evaluation of the Strategy by the Health Region and the First Nation and Métis members of the Aboriginal Health Council at the conclusion of three years of operation. The evaluation will have begun with indicators established in Year One, and tracked throughout the process.

a) The Parties will review the Memorandum of Understanding annually.
b) Work together to evaluate, and to measure successes/challenges as we adopt programming.

TERM

a) DURATION -- The term of the MOU will be 5 years from the date of signing
b) EXTENSION -- The term of the MOU may be extended by mutual consent of the Parties
c) TERMINATION -- The Parties agree that their Party may terminate their participation in this agreement by providing sixty (60) days written notice, including the cause for termination.

AMENDMENT

The MOU may be amended by the Parties at any time by mutual consent of all Parties in writing.
It has been generally understood for years that many comprehensive factors contribute to the poor health status of the Aboriginal population, among them the effects of colonization, the multi-generational impacts of the residential school experience and the lack of available culturally designed health programs.

This document captures many ideas for change based on the lived experiences of Aboriginal people within the health system. In focus groups and discussions they were asked to tell us how health service delivery can be “better”. There was at the same time, recognition of the positive changes that have already taken place or are taking place within the system now. There was agreement that the themes and recommendations put forward are meant to be constructive and built on the existing strengths and good will that has been established through the partnership and through the new initiatives that were being introduced even as this strategy was developed. Changes have been slow and often not sustained or truly “transformational” but changes in the right direction are underway.

In 2006, findings from the Saskatoon Health Region Neighbourhood Health Disparity Study identified Aboriginal health as a priority. In the following year the Saskatoon Health Region’s 2007 – 2010 Strategic Plan identified Partnering for Improved Health for Aboriginal People as one of its strategic directions. In 2007, the Saskatoon Health Region engaged existing partners, Kinistin Saulteaux Nation and Central Urban Métis Federated Inc. (CUMFI), on the goal of improved health for Aboriginal people. The Strengthening the Circle partnership was formed and, as a collective, the three parties agreed to work together towards creating both an Aboriginal Health Strategy and a vision for an Aboriginal Health Council. The three partners agreed to initiate the process jointly, as equal partners.

On April 24, 2008, a pipe ceremony was conducted with both a First Nations and Métis pipe carrier to solidify this unique partnership. The sacred pipe ceremony represents one of the highest forms of Aboriginal spirituality and set the stage for an honest, peaceful and meaningful partnership. Elder involvement inclusive of cultural traditions and practices were outlined as vital elements for moving forward in a good way.

The Strengthening the Circle project partnership supported the following:

1. Data collection processes be community-driven and in accordance with diverse Aboriginal community customs and protocols.
2. Partners work together in a positive way while respecting Métis and First Nations sovereignty.
3. Accountability and respect for Métis and First Nations community voices when making decisions about the health of Aboriginal peoples.
4. Taking the best from all Worldviews and concepts whether they be non-Aboriginal, Métis or First Nations.

Throughout the project, Métis and First Nations Elders provided wisdom, guidance and support. Their direction and insights surrounding the importance of traditional and holistic healing methodologies were shared at a unique Elders’ gathering and forum. The Elders were optimistic that persistent and well-planned out approaches would lead to respect for traditional ways, teachings and knowledge as an integral part of the healing journey.

“It is so good to have Elders included and have that chance to say in what we need, it is good to hear and see the work that is done for us so that we can get well (healthy).” Elder comment
The Strengthening the Circle project was completed in March of 2010 and is an example of what can be achieved when organizations work together with vision, commitment and diligence within fair and inclusive processes. First Nations and Métis communities and leadership accepted the preliminary directions of the Aboriginal Health Strategy and strongly recommended proceeding with the creation of the Aboriginal Health Council and implementing the recommendation of this report. A plan to improve Aboriginal health outcomes and care experiences now exists within the Saskatoon Health Region.
1.0 BACKGROUND OF THE ABORIGINAL HEALTH STRATEGY
1.0 BACKGROUND OF THE ABORIGINAL HEALTH STRATEGY

The first step in the development of the strategic plan was to provide orientation to the Aboriginal community about the initiative and to develop relationships that reflect the current needs of Aboriginal people accessing services within the Saskatoon Health Region. Taking a grassroots approach, the Strengthening the Circle project actively sought out Aboriginal people to share their experiences in receiving and accessing services within the health-care system. They focused on obtaining information from Aboriginal leadership, health-care professionals, local Aboriginal organizations and users of health services, from the on-reserve, rural and urban Aboriginal population.

1.1 SCOPE OF THE ABORIGINAL HEALTH STRATEGY

Through the process of data collection and consultations, key target areas for improving Aboriginal health were identified based on Aboriginal best practices within Canada. To be as inclusive as possible the community consultations were conducted in an informal manner to encourage discussion from all participants for the purpose of identifying health issues and additional services that could be provided to bridge existing gaps.

1.2 LIMITATIONS OF CONSULTATIONS

Ethnic identifiers allow researchers to determine who is Aboriginal (First Nations, Inuit or Métis). For a variety of reasons, not all of the information is complete for all focus groups conducted in the community. However, based on the geographical locations consulted and the targeted market, the majority of the respondents were of Aboriginal ancestry.

1.3 COMMUNITY DEVELOPMENT VALUES

Early on in the process, the Strengthening the Circle partnership adopted Community Development Values as a mechanism to be community minded:

- **Respect** - The inherent worth, dignity and abilities of all people.
- **Equity** - Fairness and justice.
- **Participation** - Inclusive, meaningful participation for all people in decisions that affect their lives.
- **Power Sharing** - Work toward a more equitable balance of power.
- **Meaningful Process** - The way of working is as important as the goal. Goals are owned by the community.
- **Hope** - Development and change begins with individual people who must have hope that things will change.
- **Excellence** - Pursuing quality in all that we do.
- **Stewardship** - Demonstrating trust and integrity in our responsible use of resources.
- **Collaboration** - Cultivating and honouring relationships to better serve our communities.
- **Integrity** - We value honesty and believe that we have to demonstrate accountability to all with whom we work.
- **Trust** – Reliance on the integrity, ability or character of all people.
1.4 COMMUNITY CONSULTATIONS

A qualitative consultation plan commenced in December of 2008. It identified potential internal and external opportunities that support the successful implementation of Aboriginal programs and services.

The methodologies utilized were community focus groups, an online survey and individual interviews throughout the Saskatoon Health Region. These consultations consisted of at least two or more Aboriginal team members who were fluent in Cree, Saulteaux and Michif. Staff recorded data and facilitated the session. Once the data was collected, it was input verbatim into electronic form and analyzed through qualitative data software. This process involved grouping the data under common themes.

For the purposes of this project and considering the Aboriginal communities visited, it was decided that traditional protocol would be followed in each distinct Aboriginal community (Appendix 1). Where appropriate, community protocols were respected and often the focus groups started with tobacco offerings to a recognized community Elder, followed by a brief introduction from project staff about Strengthening the Circle. After focus group discussions, a small luncheon was served and closing remarks and prayers were provided by an Elder.

1.5 REPORTING

The Strengthening the Circle Team recorded the information, data findings and the recommendations of the community consultations for the Aboriginal Health Strategy. In order to capture and honour the Elders and community voices, comments are included and written in italics with boxed quotation marks.

1.6 DISSEMINATION

Over the past year, the project team has built relationships with many Aboriginal groups and organizations. The team worked with community Elders on the dissemination of the information back to the communities. This process provided feedback of the findings ensuring that the communities were included, informed and had input in to the process of the Aboriginal Health Strategy.

The dissemination focused on the themed analysis and recommendations of the project. Availability of the final report will be communicated through a variety of means inclusive of Aboriginal media outlets, printed and electronic materials. It is crucial that research findings and implementation plans are communicated back to Aboriginal communities. Regular progress reports from the Aboriginal Health Council are also key to continue the community engagement process.

1.7 EVALUATION FRAMEWORK

It is necessary to track the outcomes from the activities of the Aboriginal Health Strategy. It is just as important to evaluate the implementation process as it contributes to the improved health of Aboriginal people.
2.0 ABORIGINAL HEALTH STRATEGY

During the consultations, many issues and concerns were expressed. The following sections outline major themes, such as Aboriginal health and wellness Worldview, accessing health facilities, barriers to service, specific health challenges and socio-economic issues and service gaps. The question that was asked was:

“How can the Saskatoon Health Region improve the health status of Aboriginal people through programs and services?”

Based on recognized Aboriginal community organizations, a “Priority Interview List” (Appendix 2) was created to target Aboriginal community leaders, grassroots organizations and individual users involved in health services. All organizations were scheduled for interviews between January and July 2009.

2.1 PRIMARY RESEARCH METHODOLOGY

Focus groups and interviews were initiated in January 2009 within the Saskatoon Health Region boundaries. An interview consent guide (Appendix 3) and five general research questions were generated and used consistently throughout the consultations (Appendix 4). Given that lack of transportation is a major barrier to participation, staff travelled to all urban and rural communities to enhance participation and input.

To date, 35 community focus groups were facilitated, 20 responses in writing were received, as well as, 67 online submissions. The Strengthening the Circle partnership hosted a Gathering Wisdom Elders Forum to seek direction on the development of the Aboriginal Health Strategy. This included 35 Elders, healers and ceremonialists from Aboriginal communities. Throughout this process, 671 Aboriginal people were consulted (Appendix 5).

2.2 ABORIGINAL PARTICIPANTS

There are three distinct Aboriginal peoples with unique heritages, languages, cultural practices and spiritual beliefs. Aboriginal people are defined as:

Aboriginal – “Aboriginal peoples of Canada” [which] include Indian, Inuit, and Métis peoples of Canada (Constitution Act 1982, Subsection 35(2)).

Saskatchewan Aboriginal people include but are not limited to Cree, Saulteaux, Dene, Dakota, Lakota, Nakota, Métis and Inuit. For the purposes of this report population counts are based on the 2006 Aboriginal Population Profiles1 as described in Table A on the following page.

Urban Aboriginal Population

The urban Aboriginal population within the City of Saskatoon is approximately 19,820 (9.3%) of the overall total population. Migration to the city has been on a steady increase for numerous reasons including employment, education, family or medical access. This includes status, non-status, Métis and Inuit people.

First Nations Population

First Nations including Treaty, Status and non-Status represent 14,320 of the total population within the Saskatoon Health Region. Many First Nations communities are represented by Treaties 2, 4, 5, 6, 8 and 10. There are some First Nation communities who are not signatories to the Treaties. Cree is the
most common language spoken; other spoken languages include Saulteaux, Dene, Dakota, Lakota, and Nakota. First Nations health values are holistic: encompassing physical, mental, emotional and spiritual well-being.

**Métis Population**
The Métis populations have a declared representation of 10,795 people or 42% of the total Aboriginal population. The majority of Métis people live in urban centres though residency does span to rural areas and neighbouring First Nation communities. Michif – a blend of Cree, French and English – is the most common spoken language besides English. While the majority of Métis are traditionally Catholic, many also integrate aspects of Aboriginal spirituality and cultural beliefs.

**Inuit**
There is a small Inuit population of approximately 80 people. Most live in urban centres and share similar health concerns with other Aboriginal populations. Inuit people have their own unique cultural practices and dietary preferences. The language spoken is Inuk.

**Table A - Aboriginal Population**

<table>
<thead>
<tr>
<th>Aboriginal Identity</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total - All Persons</td>
<td>277,215</td>
<td>135,670</td>
<td>141,545</td>
</tr>
<tr>
<td>Aboriginal identity population</td>
<td>25,685</td>
<td>12,605</td>
<td>13,080</td>
</tr>
<tr>
<td>North American Indian</td>
<td>14,320</td>
<td>6,810</td>
<td>7,515</td>
</tr>
<tr>
<td>Métis</td>
<td>10,795</td>
<td>5,515</td>
<td>5,280</td>
</tr>
<tr>
<td>Inuit</td>
<td>80</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>Multiple responses</td>
<td>125</td>
<td>70</td>
<td>55</td>
</tr>
<tr>
<td>Aboriginal responses not included elsewhere</td>
<td>370</td>
<td>180</td>
<td>190</td>
</tr>
<tr>
<td>Registered Indian</td>
<td>13,810</td>
<td>6,515</td>
<td>7,290</td>
</tr>
</tbody>
</table>

**2.3 FIRST NATIONS/MÉTIS DIFFERENCES/SIMILARITIES**

Although there are cultural differences between First Nations and Métis people, there is no significant need to differentiate between them when it comes to health disparities, such as mental health issues or other chronic illnesses. The differences that do exist pertain to health benefit coverage.

**First Nations Health Services**
Health services for First Nations people can sometimes be complicated due to shared jurisdictional responsibility in the delivery of health services. The Governments of Canada and Saskatchewan, First Nations, tribal councils, and local health regions each provide services according to jurisdiction. A structured, more cohesive system is essential to better meet First Nations needs. To create a system that maximizes health resources, meaningful dialogue must include First Nations and federal and provincial governments.

**Métis Health Services**
Métis people are not funded for health services by the federal government in the same way or at the same level as First Nations or Inuit people. The Métis do not receive the same funding levels from the federal First Nation Inuit Health Branch for health-care programs and services and would benefit from an integrated model of health service delivery.
While there is more health data on the First Nations and the Inuit, collected primarily by Health Canada from sources such as census, vital statistics, communicable disease reports, and Indian and Northern Affairs, it remains that, “the multi-jurisdictional complexity of health services to First Nations and Inuit challenges the ability to gather comprehensive health information” (Health Canada, 2003). Less health information is readily available for the Métis population. The Métis are concerned about how they have been defined and enumerated in the census and the Aboriginal Peoples Survey; they must, nonetheless, rely on these two sources at the present time.” (Lamouche 2002)

The Métis do benefit from some Health Canada funding through the Population and Public Health Branch (now the Public Health Agency of Canada). Programs affecting the three Aboriginal groups include: Head Start, Community Action for Children and Canada Prenatal Nutrition programs. In recent years, funding for urban Aboriginal diabetes strategies have been available through Health Canada’s Métis Off-reserve Aboriginal and Urban Inuit Prevention and Promotion. This program was discontinued in March of 2010.

### 2.4 ABORIGINAL POPULATION AND DEMOGRAPHICS

The following section provides a brief overview of the key demographic indicators pertaining to the Aboriginal population in the Saskatoon Health Region. The information was sourced from the 2006 Statistics Canada Census, Saskatchewan Health Data and the Indian Registry System. In Saskatchewan, the Aboriginal population is growing at a faster rate than the non-Aboriginal population and expected to increase to 32.5% of the total population by 2045. The following is a summary of the population counts, health status and challenges faced:

- According to Statistics Canada Census 2006 data, it is estimated that 9.3% of the population are of Aboriginal ancestry.
- In Saskatchewan, the Aboriginal population per capita represents 15% of the total population with approximately 55% under the age of 25. The total Aboriginal population is 141,890, roughly one-third (34%) of the population.
- Over 16% of First Nation people in Canada live in Saskatchewan, with a distribution of 50-50 split between people living on and off reserve (Indian Register System 2007).
- Between 2001 and 2006, the Aboriginal population in Saskatoon grew by 6%, from 20,275 to 21,535 people. The First Nations population grew by 2%, while the Métis grew by 16%.

#### Status of Aboriginal Health

Aboriginal people are more likely to suffer from the following conditions at a rate 3-5 times higher than the average Canadian:

- Preventable communicable diseases;
- Infant mortality rates (deaths due to all causes);
- Persistent tuberculosis outbreaks;
- Chronic diseases; and
- Suicide.

#### Challenges of Aboriginal People

Some of the social issues faced by Aboriginal people include:

- Loss of cultural identity/roots and language;
- Stress of adapting to the urban environment and exposure to unhealthy social and physical environments;
• Isolation from extended family;
• Unemployment;
• Poverty; and
• Barriers within health care systems to receive preventive and treatment services.

2.5 HISTORICAL IMPACT

There are many historical factors that affect the current health status and socio-economic reality of Aboriginal people brought on by past events and present-day challenges. Most notable are those linked to the residential school experience. Many First Nations, Inuit and Métis children were forcibly taken from their families and placed in residential schools. It has been reported that 35% of Aboriginal adults over the age of 45 attended a residential school. Many remained in these institutions for an average of six years and believe their health and well-being was and continues to be affected by this experience.4

Over the years, the effects of colonization and other policies, such as residential schools and the Indian Act, have eroded the traditional way of life for many Aboriginal people. This has negatively impacted the health and well-being of individuals, their families and communities. Kelm5 (1998) attributes the intergenerational affects of the residential school system with being partially responsible for the general poor health among Aboriginal people today.

Kelm writes that:

“The bodies of Aboriginal children were indeed transformed by the residential school experience. But the residential schools did not produce robust workers, as they had promised, but rather weakened children and adolescents. Waves of communicable disease and endemic tuberculosis found easy prey among the overworked, underfed, and abused students. ‘Graduates’ frequently convocated not to the waiting world of agricultural labour, but to the sanatorium, the hospital, and the grave. Those who survived the experience did so embodying competing and contradictory notions of their physical selves. For some, reintegration into their home communities allowed former students to find strength and achieve wellness once again; others, however, would be deeply scarred. The physical impact of residential schooling, the high morbidity and mortality rates of the schools, has never been a secret but remained obscured even in our most recent discussions of residential schooling.” (1998, pg.80)

Other colonization policies, such as the “60s Scoop” has had a tremendous impact on the Aboriginal community. The “60’s Scoop” refers to the adoption of First Nations and Métis children in Canada between the years of 1960 and the mid-1980s. This period is unique in the annals of adoption. In many instances, children were literally scooped from their homes and communities without the knowledge or consent of the families and First Nations. Many First Nations felt government authorities and social workers acted under a colonialistic assumption that Aboriginal people were culturally inferior and unable to adequately provide for the needs of the children6. Many First Nations people believe that the forced removal of the children was a deliberate act of genocide.7 The residential school policies and the “60s Scoop” continue to affect the present foster care systems.

Statistics from the Department of Indian Affairs reveals 11,132 status Indian children were adopted between the years of 1960 and 19908. In reality, these numbers are much higher. While Indian Affairs recorded adoptions of ‘status’ Aboriginal children, many Indian children were not recorded as ‘status’ in adoption or foster care records. As a result, the actual number of Métis and non-status Indian children that were adopted is unknown.
3.0
ABORIGINAL HEALTH AND WELLNESS - WORLDVIEW
3.0 ABORIGINAL HEALTH AND WELLNESS - WORLDVIEW

“If the circumstances in which Aboriginal people express their Worldview are controlled by persons with a different view of reality, and those in control are unwilling to acknowledge or accommodate Aboriginal ways, the scene is set for conflict or suppression of difference.”

Aboriginal Elders, traditionalists, ceremonialists, herbalists, healers and Elder helpers steeped in cultural and traditional principles, values and beliefs need to be at the forefront of delivering the supports and services to improve the Aboriginal health-care experience. As has been done for thousands of years, these cultural experts identify and restore imbalances to an individual’s mental, emotional, spiritual and physical health. Each of these cultural experts has their own area of specialties. This section reiterates the Worldview of health in Aboriginal cultures, to balance the inner and physical well-being and value the interconnectedness of all life. Over generations these opinions, interpretations and beliefs have formed Worldviews.

Elders believe the foundation of an Aboriginal Health Strategy must be based on holistic healing. They recognize that the root of illness and the activities and actions that caused them must be identified and addressed in order to improve the health of Aboriginal peoples.

“Traditional health services recognized through Elder consultation.”

Elder comment

Aboriginal health-care services allow Aboriginal people access to cultural and traditional supports. These services must adhere to proper protocols specific to each Aboriginal group that provides cultural and traditional supports. These include specialized community and acute services, spiritual ceremonies, traditional medicine storage and preparation, traditional mental health and addictions services and Aboriginal palliative care. Cultural competency and sensitivity training is essential for successfully addressing Aboriginal health issues. Current health services need to allow for the inclusion of cultural experts and extended families as part of the healing and development journey experienced by Aboriginal people throughout life stages.

“I would like to see cultural competence as a basic requirement of all jobs. I would like to see cultural navigators or supporters who can work outside and inside the system to support clients.”

Cultural experts, who are practitioners, often serve as “psychologists, spiritual leaders and counsellors” in the Aboriginal community. They are required to provide supports in healing the whole being, and teaching culture and traditions that lead to a balanced lifestyle and good health.

3.1 HOLISTIC APPROACH AND TRADITIONAL MEDICINES

In the past, Aboriginal spirituality has been subject to Canadian laws prohibiting participation in ceremony and spiritual practices. As a result, many Aboriginal people were forced to practice traditional ceremonies in secret. In spite of these laws, Aboriginal people still follow and maintain spirituality as a way of life. The spiritual transfer of knowledge is passed on from one generation to the next and is still practiced in some communities.
“Spiritual beliefs are not recognized and therefore not permitted, understood. Respect our Aboriginal religious affiliations.”

Aboriginal participants recommended that the Health Region identify opportunities to incorporate holistic and traditional approaches within hospital settings and that medical teams understand and support this concept of care.

“Incorporate our culture in the health system healing, sweat lodges, cloth, and tobacco.”

Focus group participants acknowledged the ceremonial room at St. Paul’s Hospital, but it is not fully functional due to inadequate traditional and financial resources. Participants would like ceremony to be part of the overall care experience.

“Need more empathy towards the different medicines; they have to be open to this. Western medicine is not the only credible medicine out there.”

There are many examples of community successes in addressing health issues with the assistance of traditional healers. Community consultations found that Aboriginal people want access to traditional medicines and holistic approaches to healing integrated within the current health-care delivery system.

“Each hospital in Saskatchewan should have Aboriginal healers working together with the doctors and nurses.”

“We have our own traditional people with the expertise, knowledge and education; use them to provide the best services for our people.” Elder comment

Dr. Alex Wilson speaks to this in a 2007 discussion paper: Preparing a Holistic Approach for A Virtual Aboriginal Health Training Centre of Excellence within Saskatchewan: “A holistic model is grounded in respect. It is the underlying foundation that brings stability, growth and integrity to a process. While there are a variety of ethical processes unique to a variety of sectors and professions within society, there are particular circumstances within Aboriginal communities, which require special attention. The principles of Ownership Control Access and Protection (OCAP) are available for use as ethical guidelines when working with Aboriginal knowledge.”

“When doctoring in Hospital, teamwork required. Doctor and Healer to work together. Ask for help from Mother Earth to get and find medicines.” Elder comment

It is essential that all Aboriginal programs and services developed are done so by or in consultation with the Aboriginal Health Council and with the approval of Elders. This will ensure programs and services adhere to proper Aboriginal protocols in carrying out knowledge-based strategies that contribute to effective health promotion, planning and program development.
3.0

3.2 SPIRITUAL GUIDANCE AND INDIVIDUAL COUNSELING
Traditional counselling is a guided and dynamic process that involves enhancing all aspects of one's life including physical, emotional, mental and spiritual well-being. It requires individuals to search within themselves to recognize and address the underlying causes of their problems. This process of coming into “balance” or “wholeness” is a spiritual process where the return to traditional spiritual beliefs and practices becomes an integral part of traditional counselling.

Traditional counsellors provide spiritual guidance. A traditional counsellor is able to conduct one-on-one counselling, guiding the client through Age Grade Teachings with the use of traditional assessment tools. These sessions can be very significant for an individual in learning about the sacredness of their spirit, feelings, thoughts and body. With guidance, they can develop their individual spiritual beliefs and positive personal values.

This traditional healing and counselling perspective is a holistic approach to understanding Aboriginal people and their relationship with Creation. The holistic approach seeks to understand all aspects of an individual in terms of their development, life stages, relationships and their environment.

3.3 TRADITIONAL HEALING CIRCLES AS GROUP THERAPY
The Elders’ Gathering afforded many traditional participants an opportunity to recommend alternatives to Western practices, such as using traditional healing circles in group therapy sessions. Healing circles are integral to traditional group counselling. Traditional counsellors, as facilitators, share the traditional teachings of balance, the family system and the four dimensions of life as they pertain to the traditional assessments and Age Grade Teachings.

3.4 CEREMONIAL HEALING METHODS
Ceremonies provide spiritual nourishment for individuals and create balance emotionally, mentally and physically. Participation promotes self-awareness and healing, as well as balance and direction. Ceremonies teach acceptance, responsibility, discipline, truthfulness, forgiveness, compassion and love and respect for oneself and others. Protocol is part of the laws that govern the traditional teachings. These laws were set forth to ensure Aboriginal people live in balance.

Just as with birth, death too should be treated with dignity and respect. An Aboriginal palliative care approach will ensure that patients and their families receive the cultural and traditional supports to assist them through this natural cycle of life. It is essential that individuals are offered and have access to ceremony at this stage. Traditional supports and services celebrate life rather than death, and on the joy of living rather than the fear of dying. Recognizing the unique cultural and spiritual needs of Aboriginal people through ceremony is necessary in order to improve Aboriginal health status.

3.5 ABORIGINAL CULTURAL EXPERTS
Cultural experts are the Elders and healers in the Aboriginal communities and have been the guiding force of healthy living for Aboriginal people for thousands of years. They taught the community how to live in accordance with traditional values, laws, ceremonies and traditional medicines. Focus group participants discussed how a positive role for Aboriginal Elders and healers can contribute to the current health model and how collaboration between traditional healers and medical practitioners is needed to address the complexities associated with incorporating Aboriginal healing methods.
“With traditional medicines we have to be secretive. There needs to be a recognized treatment, they need to be more open and understanding.”

Knowledge Keepers
Knowledge Keepers are traditional healers that abide by a strict ethical code of conduct and have a process of establishing authority. Traditional laws and protocols bind authentic Knowledge Keepers. These traditional teachers do not perform the same function, nor can they all be put in the same category. They provide ceremony, guidance, support, traditional healing (doctoring), Age Grade Teachings and prescribe traditional medicines.

Role of a Helper
Helpers are individuals that work with the Knowledge Keepers, becoming a helper is a great honour. The basic role of the helper is to assist the Knowledge Keepers. They are instrumental in assisting with ceremony, such as ensuring proper protocol is followed. The helper does the screening for the Elder and follows a strict code of conduct within traditional laws. Helpers also facilitate engagement in the following areas:
- communication between the Elder and those seeking help;
- promoter of traditional process validation;
- protocol for the circle;
- authorization provider for protocol;
- educator on protocol;
- translator;
- protector;
- limit setter and boundary keeper.

Ceremonialists
This person has the ability and knowledge to run ceremonies such as sweats, Sundance, night lodges, age-grade ceremonies, feasts and fasts. Ceremonialists have different specializations in certain ceremonies. Some may be able to run a lodge, while others have the gift to conduct all ceremonies. They provide ceremony because of their established knowledge of that particular ceremony and must follow protocol and a hierarchical system.

Herbalists
Herbalists are known as a medicine person. They have the ability to work with natural plants for their use of healing and health. Herbalists are proficient in providing traditional healing for their established knowledge. Each medicine person has his/her own field of expertise, methods of teaching and unique ways of delivering the teachings. Some may be limited to male or female medicines, while there are herbalists who can work with many different types of healing plants.

Traditional Healers
Much of the focus group’s discussions focused around perceptions that Aboriginal traditional medicine is inferior to bio-medical Western approaches. Participants felt they must hide or be ashamed to discuss cultural medicines and healing approaches.

Aboriginal people have methods of passing down traditional knowledge through apprenticeships, ceremonies, and practice. Participants shared that Aboriginal culture and knowledge processes must be respected. They want medical professionals to be more open, understanding and respectful of traditional medicines, practices, knowledge and ways. Authentic healers abide by a strict ethical code. They analyze the causes of specific events and interpret them by using traditional assessment tools. Teachings are holistic dealing with the physical and psychosocial aspects of disease.
“More Traditional healers, interpreters are needed for Aboriginal people in all areas of health-care. Health-care needs to work towards holistic health and get away from prescribing too many painkillers. These painkillers are killing our people.”

Spiritualist
The spiritualist works in the spiritual realm and have the ability to work beyond what we perceive as natural. They have their own method of teaching and their own, particular way of delivering the teaching through specific ceremonies that explain the unknown. Their teachings are holistic, dealing with the physical as well as psychosocial aspects of disease.

Necessities to integrating traditional and Western medicines:
- holistic healing – mental, emotional, spiritual, and physical aspects;
- utilize traditional assessment tools;
- access to cultural and traditional supports;
- adhere to proper protocols; and
- traditional medicine storage and preparation.

Necessities of traditional medicines in a hospital setting:
- no floor above room or space;
- clean place for prayers, ceremonies and doctoring;
- only Elder helpers maintain spiritual room(s);
- clearly defined roles and responsibilities such as traditional laws and protocol;
- training models: roles of women and men – protocol around sacred items, and training for all hospital staff and members of medical teams.

Recommendations
1. Create a greater understanding of traditional medicines and a process for integrating these into the current health care system.
2. Increase opportunities for Aboriginal Elders and healers working within the current medical and health system.
3. Create a workplace where physicians and medical teams respect and work with traditional healers (a shift in thinking which involves placing more credibility on traditional forms of treatment and creating an open and respectful dialogue about the traditional forms of medicines used by Aboriginal patients).
4. Provide opportunity for Aboriginal healers and medical practitioners to develop more collaborative relationships with each other.
5. Respect for the various Aboriginal groups approach to traditional medicine and the individual’s choice to integrate traditional medicine into the care experience. Each Aboriginal group has their own set of teachings and ways that need to be acknowledged and respected.
6. Respect the various spiritual and traditional teachings, and provide culturally appropriate space for Aboriginal people to practice ceremonial rituals on site.
7. Incorporate a holistic approach to medicine within the care experience.
8. Develop a palliative care model - incorporate traditional protocol within the afterlife experience.
4.0

ACCESSING HEALTH FACILITIES AND BARRIERS TO ACCESSING HEALTH SERVICES
4.0 ACCESSING HEALTH FACILITIES AND BARRIERS TO ACCESSING HEALTH SERVICES

“I have received services in a hospital on an elective and an emergency basis. I found the staff to be busy and distracted. I call it the no-touch system of health care.”

One of the most predominant barriers Aboriginal people face in the health system is racism and discrimination. This can be experienced on immediate contact with health-care professionals and can continue throughout treatment. Community consultations accentuated the need for cross-cultural training with emphasis on traditional approaches to healing, roles of experts and protocols. Saskatoon Health Region’s current cross-cultural training model does not address traditional practices with respect to health and wellness. A cross-cultural training model that specifically incorporates culturally relevant health-specific information must be developed. Due to the rich diversity which exists within the Aboriginal community and within the Saskatoon Health Region, it is imperative the model be developed and delivered through the Aboriginal Health Council.

“People who are teaching the cultural ways are using books and changing the concept of teachings. The real traditional cultural teachings are lost in this process.”

“Cross cultural education - Protocol of traditional ceremonies and medicine.”

An Aboriginal physician, Dr. Janet Smyley, developed guidelines which provide direction and guidance for Aboriginal communities, and health and social service providers who work in Aboriginal communities. The guidelines were developed with input from a number of Aboriginal contributors and supporting organizations. These guidelines support the following recommendations:

1. Health professionals should have a basic understanding of the appropriate names for the various groups of Aboriginal people in Canada;
2. Health professionals should have a basic understanding of the current socio-demographics of Aboriginal people in Canada;
3. Health professionals should familiarize themselves with the traditional geographic territories and Aboriginal languages;
4. Health professionals should have a basic understanding of the disruptive impact of colonization on the health and well-being of Aboriginal people;
5. Health professionals should recognize that the current socio-demographic challenges facing many Aboriginal individuals and communities have a significant impact on health status;
6. Health professionals should recognize the need to provide health services for Aboriginal people as close to home as possible;
7. Health professionals should have a basic understanding of governmental obligations and policies regarding the health of Aboriginal people in Canada; and
8. Health professionals should recognize the need to support Aboriginal individuals and communities in the process of self-determination (Smyley, 2000)."
4.1 BARRIERS TO ACCESSING HEALTH FACILITIES AND SERVICES

Many participants identified difficulties in accessing health-care services. This section covers the barriers faced by individuals when they receive medical attention and how it affects their overall health and the health of their family.

Lack of Transportation
Transportation is an obstacle that hampers access to health services for many within Aboriginal communities. This challenge is accentuated in the winter when cold weather makes walking difficult. For those who can afford public transportation, scheduling can be difficult, especially for single parents who have another barrier to overcome - childcare. According to the 2006 Statistics Canada, 10% of the Aboriginal population within Saskatoon (or 2,745 individuals) are single parents; the majority (84%) of these are women.

“…In order that individuals have equal access to health care and services and to ensure that barriers are dealt with – transportation and childcare have to be accessible.”

“Low income families don’t have access to transportation to go to programs.”

“Mom came in to have child treated, she needed meds for her child, the problem was the mom had no transportation to go get the meds and go home.”

Language Barriers
For many Aboriginal people English is the second language. Informed consent is very difficult when language is a barrier. Miscommunication between physicians and patients is a serious threat to the health of Aboriginal people. Many participants spoke of being misdiagnosed or wrongly treated because of their limited English and a lack of access to health workers who speak their Aboriginal language.

“Problems happen when there is a language barrier, people nod and people assume they understand.”

“Need for advocates and liaison workers who must speak a second language (Aboriginal) in emergency and all floors of the hospital.”

Even where good health care is readily available, language and cultural barriers are a serious threat to an individual’s health because far too often, patient and doctor simply cannot understand each other. Aboriginal translation services can greatly enhance the care required by Aboriginal people and alleviates reliance on volunteers who may not be able to respond in a timely fashion. To respect Aboriginal linguistic diversity, the Saskatoon Health Region needs to find, recruit, train, supply, compensate and coordinate language and translation services into all health facilities.

Level of Aftercare (Discharge Planning)
Patients, family caregivers and health-care providers all play roles in maintaining a patient’s aftercare. Although it is a significant part of the overall care plan, there is a lack of consistency in both the process and quality of discharge planning in the health-care system. Current discharge planning is inadequate due to poor communication or miscommunication with the patient, family and community.
“I do not believe Aboriginal people always fully understand what is medically going to happen to them or that families are fully informed about health situations, choices and options. Likewise, with discharge of Aboriginal patients, there needs to be a more collaborative or team effort with Aboriginal communities about the discharge plans and communications.”

Coordinated discharge planning can dramatically improve the outcome for Aboriginal patients. Effective discharge planning can decrease the chances of a patient being re-admitted to the hospital.

**Lack of Awareness**

Another major barrier to participation is a lack of awareness about available programs and services. Many Aboriginal people do not know what types of programs the Saskatoon Health Region or other organizations offer. In some cases, people do not know where to look for information.

“Aboriginals are not aware of the services that are available…”

“Did not know that social worker existed at hospital.”

There needs to be increased visibility of programs and health services within all health care facilities and dedicated community liaisons to connect and create awareness within the community. If the community is unaware of the services provided, this can hamper the health and wellness of Aboriginal people. Participants expressed the need to know what is available to them in order to access services pertinent to their medical needs.

**Sense of Ownership**

Aboriginal people want more input into the design and content of programs and services being offered to them. Currently, Aboriginal people do not feel a sense of ownership in the development and delivery of health services. Part of this results from a lack of consultation regarding services that affect Aboriginal people and limited Aboriginal representation in health professions. Many participants felt they would feel more comfortable if Aboriginal people provided services. Consultations indicated that Aboriginal people want to participate in programs, specifically at locations where they feel comfortable, welcome, respected and safe. Community consultations and research that involves community members helps create that ownership and gives the community a voice in the planning, delivery and evaluation of programs and services intended for Aboriginal people.

**Flexible Programming**

There is a high incidence of single parent and/or instability in homes within the Aboriginal population. These factors make it difficult for some people to commit to or operate within rigid structures. People living in these situations require flexibility in health-care programming, especially those affected by mental health issues. Many programs and services are unavailable after regular business hours, making access difficult. Adaptations to conventional arrangements need to be part of the planning and development of programs and services to meet client needs. For example, more Health Bus locations, after-hour mental health services, prevention services and access to traditional healers and counsellors. Home care or transportation should be available to accommodate the most vulnerable populations.
4.2 ROLE MODELS AND POSITIVE INFLUENCES

Aboriginal role models and positive influences in the health-care field can impact health outcomes. It inspires pride, courage and ambition. As one participant suggested, “Live Well pictures displayed in hospitals” are important. As there are a limited number of Aboriginal health-care professionals, we need to highlight these roles better. Increase opportunities to bring the Aboriginal community, particularly its youth, in contact with other positive influences.

“More Aboriginal role models to speak at high schools. For example: doctors.”

The development of a mentorship program with the Elders, Elders’ helpers, healers and spiritual advisers would provide positive role modeling for recruiting Aboriginal youth into health-care fields. This mentorship would sustain the teachings, pass on the knowledge of traditional Knowledge Keepers and develop relationships to influence more youth into positive health-care professions within the Region.

4.3 COMMUNICATION

Improved communication is needed to create awareness of programs and services. Determining the appropriate means of communication is essential to achieving the goal of improving health in a significant and lasting way. Social change can be accomplished, through communication and by empowering people to change their behaviour. This includes being able to communicate information at any level, recognizing literacy levels, educational levels and the target risk group. An Aboriginal health communication strategy, inclusive of new technologies tailored to reach Aboriginal communities through mass media, community based organizations and various communication methods needs to be developed for the Region. This will help achieve the goal of improved health in a significant and lasting way by addressing barriers faced by the Aboriginal community within the Saskatoon Health Region.

“Get information back to community.”

Recommendations:

1. Develop a health specific and culturally relevant cross-cultural training module, inclusive of Elder participation.
2. Establish Aboriginal health-patient advocate.
3. Develop culturally appropriate programs and services for aboriginal youth and adult mental health services.
4. Increase additional programs and services that are cultural and traditional based.
5. Design informational material that is Aboriginal specific.
6. Increased youth mentoring and role modelling.
7. Increase employment to create a more representative workforce.
8. Increase Aboriginal representation on health boards and committees such as the Saskatoon Regional Health Authority.
9. Create welcoming and safe environments.
10. Practice healing ceremonies in all Health Region owned and operated facilities, supported by physicians and other health-care professionals.
11. Supply and compensate language interpretation services.
12. Develop an Aboriginal health communication strategy.
13. Develop mechanisms for flexible programming, including community services.
14. Establish medical transportation services.
5.0 SPECIFIC HEALTH CHALLENGES
5.0 SPECIFIC HEALTH CHALLENGES

The consultations raised many issues and challenges that Aboriginal people feel have a direct negative impact on their ability to access the appropriate health service. This section echoes the concerns heard throughout the consultations and the need for services to be delivered in a more culturally sensitive and holistic manner.

5.1 ALCOHOL AND DRUG ABUSE

Many participants in the focus groups expressed that an addiction affected their experience in receiving beneficial health care. In most cases once they identified their history of addiction, the level of service deteriorated.

“Comments are overheard about being a drug user… IV users are looked down upon by front-line health care providers.”

“Better educated health-care providers on addictions and illnesses for people with these issues.”

Better assessment tools need to be created to identify factors that contribute to high incidences of alcohol and drug abuse in the Aboriginal community. Traditional Aboriginal teachings through Elders and healers can assist in assessing and addressing these issues. For example, traditional Knowledge Keepers teach that trauma in an individual’s life, such as the residential school experience, contributes to this disease.

“Have more places where the Aboriginal people feel like they are treated with respect and dignity. Because there are people with addictions does not make them less of a person. Maybe health care providers could be aware of the history of the Aboriginal people and they can understand why Aboriginals feel and act the way they do. There has to be some sort of place where the First Nation people can go to heal from the past.”

Participants also discussed prescription drug abuse and how accessible it is to get prescriptions through physicians. Discussion revolved around how referrals for programs and services need to be part of the solutions and not simply writing a prescription. Listening to the problem or the situation at hand and assessing a person’s complete well-being can have a direct or indirect impact on their health status.

“A closer relationship built between addictions treatment centres and medical clinics (including pharmacies) to ensure strategic approaches in meeting the needs of those in treatment and recovery.”

5.2 PREVENTION SERVICES

Prevention services provide awareness programs that support the academic, social and emotional growth of a community and can link with community services. These linkages are important in creating and maintaining healthy communities. During the consultations the health prevention topics identified included diabetes, HIV/AIDS, sexually transmitted infections, mental health, Fetal Alcohol Spectrum
Disorder and addictions, that are geared towards Aboriginal people will promote community wellness and encourage prevention.

“More connection with schools that’s prevention based and on-going, more workshops on prevention in our communities [and not having to] travel out all the time. Workshops that educate and use our culture too.” (Rural community)

“The focus seems to be on doctors and nurses and giving pills. I would like to see more efforts to education and prevention awareness, mostly to education. We need more support in our community for education. “

“Have a preventive program to deal with issues before they become out of hand. For example, youth and drugs. When I was looking for an agency to help with my teenage son, when he was just getting to drugs, there was nothing out there.” (Rural community)

Mentorship programs with Elder involvement that encourages healthy lifestyles, provides information that is understandable and reinforces positive elements in living with diseases within each of their communities are needed.

5.3 FETAL ALCOHOL SPECTRUM DISORDER (FASD)

Consuming alcohol during pregnancy has detrimental effects on the developing fetus. According to the FASD Support Network of Saskatchewan Inc., at least 12,000 people in Saskatchewan are diagnosed with FASD and has an estimated rate of infection of 1 in 100 births. FASD causes lifelong mental, physical and developmental disabilities. These problems often lead to behavioral or cognitive abnormalities including learning difficulties, poor school performance, poor impulse control, and problems with mathematical skills, memory, attention, and/or judgment. FASD is an irreversible condition that affects every aspect of an individual’s life and the lives of his or her family. This spectrum disorder has had an enormous affect on the Aboriginal community.

Aboriginal specific prevention strategies are key to assisting and helping families understand the affects of FASD. There is a major gap in services for Aboriginal adults and service providers who attempt to seek an assessment for an adult individual. There needs to be an Aboriginal-specific assessment and intervention program to address the gaps in services. An Aboriginal-specific FASD strategy and increased funding, specifically for programming and services for those that suffer from FASD, must be one of the priorities.

“Inadequate knowledge of Fetal Alcohol Spectrum Disorder among health practitioners hampers prevention efforts with prenatal moms (and again, too often stereotypes are applied about who is at risk). It also interferes with appropriate health care for all of those involved with FASD.”

“Be responsive in 1. Prevention 2. Diagnosis for adults as well as children 3. Mental health and addiction services that are appropriate for those with FASD, ABI 4. Where services are not being provided, or until the Region develops the capacity and expertise, provide funding for those who seek services from private counsellors and programs.”
5.4 MENTAL HEALTH

According to the Medical Service Branch in 2005, First Nations people are 35% more likely to suffer from mental health issues with suicide or self-inflicted injuries being 11 times higher than the national average. The Saskatoon Health Region does not provide culturally or traditionally appropriate mental health services to the Aboriginal community. Cultural and traditional approaches have to be utilized to address issues such as trauma, addictions, post traumatic stress disorder, bi-polar disorder etc. Aboriginal people perceive their health not only in terms of the physical health of the individual, but rather concerning the social, emotional and cultural well-being of the community.

“Supports for spiritual/mental issues (more of them) psychological components.”

Understanding the history of trauma inflicted on Aboriginal people and traditional methods of treatment should be included in all aspects of mental health treatment. Participants stated they want input into transforming the design and delivery of Aboriginal counselling services. Although many Aboriginal communities have serious mental health needs and issues, psychiatric services are not culturally competent in providing culturally safe programming or services for Aboriginal people. When non-Aboriginal mental health therapists provide services for Aboriginal people, it is essential that those health professionals have access to culturally appropriate training and sensitivity to ensure competency. Efforts to train and recruit more Aboriginal mental health therapists must be increased and a cultural competency framework developed that contributes to successful performance within the workplace, both urban and rural facilities.

“Increasingly we see little boys who are ADD and being medicated. This could be addressed in different ways, consider other factors; look holistically at the family unit and what support systems are in place.”

Aboriginal people face unique challenges accessing mental health services. This is having negative effects on the mental health of Aboriginal people, their families and their communities. Through a specific Aboriginal Mental Health Strategy, the Saskatoon Health Region and the Aboriginal Health Council could provide more responsive mental health services that better meet the needs of Aboriginal people.

5.5 AIDS/HEPATITIS C

The Aboriginal community is over-represented in newly infected cases of AIDS/HIV. In 2005, Aboriginal people represented 53% of newly infected cases compared to 14% of the national average. Aboriginal women are most impacted, representing 48% of newly reported HIV cases in the Aboriginal population. The rate of newly diagnosed cases among Aboriginal youth is rapidly growing at a rate of 32% compared to the non-Aboriginal population at 21%. These blood-borne diseases are often the outcome of shared needles or unprotected sex. Mothers can also pass these on to their children during pregnancy, delivery and breastfeeding.

“There is an HIV crisis strongly linked with injection drug use and exploitation of Aboriginal women.”

Aboriginal people recognize that HIV/AIDS education, prevention, care and support programs are necessary and must be tailored to fit Aboriginal values, traditions, beliefs and lifestyles. Health-care providers need to move past stereotypes and stigmas to provide more outreach, such as culturally appropriate counselling services designed, in partnership, by the Saskatoon Health Region and the Aboriginal Health Council.
“They should send more people out into the community to tell people about health and HIV/AIDS and Hep C and know how it is contracted.”

“[I] had my doctor deny me care because I disclosed my HIV status…have to travel too far for all my appointments. Medications are hard to get filled out and picked up.” (Rural comment)

5.6 DIABETES

Chronic conditions, such as diabetes, are a growing concern for the Aboriginal population. In 2006, a Saskatoon health study, *Health Disparities by Neighbourhood Income*, revealed significant statistical differences in the incidence of diabetes and health-care utilization for people living in Saskatoon’s low-income neighbourhoods, which is where many Aboriginal people live. The report outlined that people living in these areas were 13 times more likely to suffer from diabetes.

Physical inactivity and improper nutrition were identified as primary causes of ill health and acknowledged as factors that influence the prevalence of diabetes within the Aboriginal community. Community Elders shared how First Nations and Métis culture has drastically changed; physically demanding traditional activities are being replaced by a more sedentary and modern lifestyle.

“All hospitals, clinics are doing patch-up jobs which is no good. If a person has diabetes they don’t actively listen to the client.”

Another growing concern is food insecurity, which exists in both rural and urban Aboriginal communities. Having access to healthy, affordable foods and making positive food choices are critical to good health. Yet, food insecurity rates are three to five times higher for Aboriginal people than the general population. Other recent studies suggest one-third (33%) of off-reserve Aboriginal households are food insecure compared to approximately 9% of non-Aboriginal households.

“Nutrition – [low] income people with diabetes need proper diets. Who do we contact for assistance on diet. Is there a Dietitian to educate the Elders of four food groups?”

Culturally appropriate programs and services that increase opportunities for Aboriginal people to access diabetes education and resources, engage in regular physical activity, and have access to fresh and affordable foods, is key to building better health outcomes for Aboriginal peoples. Greater emphasis on outreach and community support services are essential to ensuring First Nations, Métis and Inuit peoples have access to available diabetes services. An Aboriginal specific diabetes strategy that can respond to the unique needs of Aboriginal people is greatly needed for the Saskatoon Health Region.

5.7 DISABILITIES

The rate of disability among Aboriginal people is more than double (2.3 times) the national average (Health Canada). This means approximately 310,000 Aboriginal people in Canada have a disability. More than half of these people are First Nations (184,000). Aboriginal people living with disabilities are not receiving adequate health or social services. The following table presents the percentage rates for Aboriginal persons with disabilities sourced from Statistics Canada.
### Percentages of Adult Persons with Physical Disabilities

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<th>Disability</th>
<th>Total Population</th>
<th>Total Aboriginal</th>
<th>First Nations (Status)</th>
<th>Métis</th>
<th>Inuit</th>
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<td>On-Reserve</td>
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<td>Agility</td>
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<td>Speaking</td>
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<td>Other</td>
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Aboriginal people conceptualize disability and caring for those affected by disability differently than non-Aboriginal people. Focus groups expressed a need for culturally appropriate information, advocacy and assessment processes that facilitate access to supports and services. Increased supports are required for individuals living with disabilities, their families and individual communities.

Aboriginal people often differ in language, literacy levels, access to resources and beliefs about health issues and health practices. Culturally competent providers can improve health services by recognizing the unique challenges faced by disabled Aboriginal people. All of these supports should work together to create greater independence for those living with disabilities.

"**More help for disabilities – can be improved.**"

"**We also need Doctors that can make house calls to disabled patients. My daughter is intellectually challenged and a visit to a clinic is very terrifying to her, if her Dr. could come to her group home she would be a better patient.**"

### Recommendations:

1. Develop a specific Aboriginal mental health strategy.
2. Increase Aboriginal addictions services.
3. Recruit and train more Aboriginal mental health therapists including respite services.
5. Create a specific Aboriginal Diabetes Strategy.
6. Provide diagnosis in a timely manner and reduce wait times.
7. Improve and increase home care services including doctor visits.
8. Increase funding for Aboriginal community health programs.
9. Develop referral relationships with community agencies.
10. Utilize Elders, traditional teachings and ceremonies within mental health programming.
11. Increase capacity building for the development of Aboriginal mental health services.
12. Include cultural sensitivity in all programming, initiatives and/or service promotion.
13. Address the socioeconomic determinants of health.
15. Increased prevention and remediation services for critical and chronic illnesses.
16. Increase access to affordable foods and food security in urban and rural communities.
6.0 SOCIO-ECONOMIC ISSUES
6.0 SOCIO-ECONOMIC ISSUES

This section identifies the socio-economic factors that contribute to the Aboriginal population and their experiences in accessing health care services.

“Socio-economic conditions cause illness; we need to recognize the factors that contribute to illness.”

6.1 RACISM

Systemic racism was identified as the most prominent barrier Aboriginal people face in accessing health services. This affects the quality and delivery of health-care services. It is also a deciding factor on whether or not clients return for treatment, even when required. Participants expressed that racism is often non-verbal: body language, how health-care professionals speak and look at them, or worse, being overlooked when seeking care.

“You get used to being treated like this, you don’t know how to respond.”

Frontline workers come from diverse backgrounds and often have limited cultural/diversity training and/or knowledge of cultural competence standards. This poses a significant challenge to Aboriginal people accessing medical services. Stereotypes or racial assumptions influence all aspects of the care experience, from intake and assessment to diagnoses and treatment. The Health Region should work in partnership with the Aboriginal Health Council to redesign its current cross-cultural workshops to ensure culture is central to the well-being of individuals and communities and that training delivered is appropriate, participatory, interactive, flexible and practical. A greater emphasis on cultural components must be incorporated within training provided by educational institutions. This will dispel misconceptions and ease interaction between medical students and the Aboriginal population.

“I feel like what happened to me was not an isolated incident; it must happen to other First Nations people. Some work needs to be done with the staff to better understand our culture and our people…”

“Fear of being mistreated because they have to treat you. A learnt hopelessness, keep your mouth shut or else no service.”

On the other side of being treated, some Aboriginal health-care providers expressed that they are a minority within the health care system and do not feel accepted as valuable members of the health-care team, this also becomes a factor to increasing employment rates within the region. In many cases, Aboriginal medical professionals spoke of over hearing racial or discriminating comments from co-workers about both the patients and other co-workers that often made them feel less appreciated or valued. They suggested that increasing cultural educational exchanges, celebrating cultural differences such as community feasts and gatherings, and having a cross-cultural workshop that is more in-depth would all help to increase awareness and improve the cultural diversity in their work environment.

A common theme to overcome this issue was to immediately increase representation of the Aboriginal workforce, provide employment advocacy and to expand the Saskatoon Health Authority representation to be inclusive of the Aboriginal population, both Métis and First Nations. These actions are needed to influence the broad organizational changes that are required. Through collaboration with the Aboriginal
Health Council, the Saskatoon Regional Health Authority and other partnerships would also ensure that the required changes are incorporated within all areas of the region with the addition of a centralized Aboriginal Ombudsman Office. In that, the Saskatoon Health Region would be able to offer a unique system that will be responsive to Aboriginal needs.

“Be more sensitive to Aboriginal nurses when making statements: Oh no, another Aboriginal.”

“Realize that racism exists within the Region and to act on this.”

6.2 INCOME
Many Aboriginal families and elderly people have a limited income. Statistics Canada reports that within Saskatoon Aboriginal people earn a median income of $17,635 compared to the non-Aboriginal population that earns $24,380. Focus group participants said income levels affect the health status of Aboriginal people in terms of accessing medications, foods required for special dietary needs and transportation costs around accessing medical care.

Factors that contribute to individuals socio-economic status through life is influenced by age, sex, and ethnicity and the relationship between key stages of life; childhood, adulthood and older age. Progress at each of these stages can have a lasting effect on an individuals overall health and well-being. Children are particularly vulnerable as their socio-economic security depends greatly on their parents and their larger community in terms of their own health and education, for both the Métis and First Nations populations.

“Focus on the poverty stricken families because they are usually the ones that need the most health care.”

6.3 ISOLATION AND RURAL COMMUNITIES
Rural communities identified different needs than people living in urban centres. Fears of hospital closures, limited medical services, testing wait times, trust issues with physicians, turnover rates and transfer of medical records to urban services in an untimely fashion affect accessibility. Concerns of income, transportation, lodging and childcare are factors in deciding when to seek medical attention. These are all key questions that need to be asked as part of discharge planning to remote and isolated communities along with good coordination with local Health Centres.

“Communication is key – Out-of-town people need to communicate between locations, help to navigate people through the hospital.”

“Northern communities access to more medical transportation, interpreters needed, patients are scared when coming for services – translation needed for various languages.”

Health-care workers can address these concerns through services designed to work with each distinct Aboriginal community when patients are referred to Saskatoon for specialized services. Being a central...
point for health-care services the Saskatoon Health Region needs to ensure services are on a continuum from location to location to ease the transition of hospitalization for distant Aboriginal patients and their families.

“There could be more services for dialysis. So many Aboriginal people have diabetes and have to travel to get help needed.”

“In rural communities doctors don’t stay long enough to get good services.”

Due to the different benefit structures for First Nations and Métis, gaps exist in services that are specific to a Métis or non-status person. For example: medical transportation and lodging. Persons with disabilities are at a greater disadvantage with limited mobility, restricted access to services and in general, help with basic daily activities. Assisting in the coordination of discharge planning and expanding utilization of E-health services that connects distant locations to referrals, lodging and other community services can assist and facilitate equal access to health services.

6.4 PRESCRIPTIONS AND OTHER HEALTH COSTS

Limitations of health benefit coverage, increasing associated health costs and the affordability of services depends on an individual’s circumstances and access to these services and products. Nutritional needs and associated medical costs can exacerbate an individual’s ability to lead a healthier lifestyle. This is seen more in remote isolated communities where food and medical necessities are highly overpriced and supplies are scarce.

“…the costs of prescriptions affect their income. Prescriptions are unaffordable and health issues worsen because dietary needs are not being met.”

“Drugs – the client’s meds like diabetics [brandname] is better instead of generics. Generics are less effective than the real ones that are more expensive”.

Some participants called for cost-effective alternatives with less harmful effects, generic medicines do not always meet their health-care needs. This is where Cultural Helpers can consult and assist the physicians and pharmacies to broaden the patients’ choice of healing methods and help to distinguish which herbal properties and prescribed drugs can be used together or administered separately.

“Prescriptions – some are covered some are not, some families don’t care for themselves because of costs, don’t have the money to pay i.e. Swabs, needles costs [for] diabetes supplies.”

Participants discussed how physicians are too quick to prescribe medications without a clear picture or understanding of the person’s medical state. They also expressed a need to have more consultation time with their physician in order to gain a better understanding of their health issues. In some instances, focus group participants spoke of receiving wrong medications or wanting the option of traditional medicines as opposed to Western pharmaceuticals.
6.5 ORAL HEALTH

Although mentioned only a few times during the consultations, individuals indicated that a more collaborative approach is needed to improve oral health in Aboriginal communities. This is especially true for rural Aboriginal communities where some children have never seen a dentist and accessibility is a barrier. Oral health is vitally important to a child’s health and well-being. Just as important is the oral health and lack of proper dental care for Elders which affects good nutrition and general health.

Oral health can be improved with localized dental services being introduced at an early stage, oral hygiene as a practice that encourages prevention. Improving dental health measures in rural and on-reserve communities can prove to be beneficial by considering how dental services are promoted and delivered.

“More prevention around Saskatoon, have more options than driving to Saskatoon, do more prevention to eliminate need for dental services.” (Rural comment)

“Children never seen a dentist, prevention services. Advocacy, language, liaison embedded in the whole system.”

Increased awareness on the importance of oral health and access to programs such as the fluoride varnish pilot projects, which has demonstrated in core neighbourhoods to decrease incidences of decay, extractions and filling of primary teeth needs to be expanded into more communities.

“Promote health services in schools, dental awareness, have health services staff go out to schools and teach students.”

6.6 PRENATAL CARE

With the increase of the Aboriginal population at a much faster rate than the non-Aboriginal community, a focus on prenatal care is imperative. Prenatal care can be a measure to address the causes of health problems in mothers and their babies. It was recommended that there should be an inventory developed of existing culturally based rural and urban supports available to Aboriginal mothers. The Aboriginal Health Council will help design, develop and implement more culturally appropriate supports based on the inventory.

“Follow-up on prenatal – lots of moms do disclose use of drugs/alcohol.”

“Physicians to recognize that they are an important factor in the prevention of FASD and ask every female patient, in a thorough and objective way, about their alcohol use. Birth control, when discussing plans to become pregnant, and when a pregnancy is first confirmed. Outreach then needs to be available in a non-judgmental way to support women through their pregnancies.”

Supports such as moss bag teachings, lamaze classes, midwifery, pre- and post-natal home-care and access to basic needs were also mentioned. Supports are especially needed for first-time parents who may not know or have any experience in providing for a baby’s needs. In addition, mothers should be
encouraged to breastfeed for the first year of the baby’s life and have parent support groups to share experiences and learn from one another, including Elder participation.

“Birth parents need to be better supported to take care of their own children as much as possible so there are not an ever expanding group of children then adults who feel they belong to nowhere during and after a lifetime of foster care.”

6.7 HOME-CARE

Home-care service is a program delivered both on-and-off reserve that cares for the patients medical needs and provides caregiver(s) respite supports. In focus group discussions, participants discussed how home-care services are delivered and how accessibility to reliable coordinated care varied from urban to rural areas. Participants spoke of how in some instances services were not coordinated in their community with annual leaves or vacation times. Access to services should not be the responsibility of families with little to no experience in the medical field, except for providing minimal care such as hauling water, cleaning and preparation of meals.

“If we are not there to help our families it seems that they don’t get the care needed (water, help to go to the bathroom, etc).”

Some home-care providers are not cognizant of how they are treating the patient or how these services fit into one’s own personal schedule. Participants expressed dissatisfaction with existing home-care services and the need for services delivered by medical professionals who are culturally sensitive and equipped with Aboriginal language skills. There is a need to provide a home-care service that works to inform the individual, family and community, and better coordinates rural medical services.

“Always passing off members from one to another, the accessibility is a problem.”

“Home visit program – deals with problems with access, the problem transportation and childcare. We need to have practitioners to the homes even for immunization, especially in winter.”

“House calls, especially for elderly, infirm or families with small children & no transportation.”

Recommendations:

1. Redesign the Cultivating Change Workshop, inclusive of Elder participation.
2. Creation of an Aboriginal Ombudsman office.
3. Mandatory cross-cultural training for all Saskatoon Health Region employees, physicians and affiliate members of the Saskatoon Regional Health Authority.
4. Address Aboriginal-specific discharge planning.
5. Ensure communication between health professionals and patients.
6. Aboriginal pre-natal and post-natal support.
7. Culturally appropriate respite services and home care.
8. Focused efforts from the Saskatoon Health Region to hire a more diverse Aboriginal workforce in all intent capacities (managers, health-care providers, etc).
9. Employ an Aboriginal advocate to address issues of its workforce.
7.0
SERVICE GAPS
7.0 SERVICE GAPS

In order to identify new and innovative programs and strategies related to Aboriginal health, a review of comparable programs in other jurisdictions was conducted. Regions that had incorporated Aboriginal departments and specific cultural staffing positions were visited, including Capital Health Alberta – Edmonton, Calgary Health Region, Regina Qu’Appelle Health Region and the Winnipeg Health Authority. In reviewing these health services for Aboriginal people, it was found that all facilities had incorporated traditional healing methods as a treatment source for Aboriginal populations.

Services, such as spiritual care that address the spiritual and cultural needs of the Aboriginal community in all health-related issues, were incorporated into services provided to Aboriginal clients. Aboriginal Health Liaison Workers coordinate services such as translation, orientation to staff on Aboriginal culture, client advocates as well as translation of medical information. Aboriginal Hospital Liaisons provide direct services to clients and their families, collaborate with service providers and consult with other direct services for spiritual, culturally competent and family-centred care and facilitate discharge planning.

Community Liaison Workers educate employees and work to increase awareness and understanding of Aboriginal cultural beliefs and practices. In some cases, they advocate for and take direction from the Aboriginal community to educate health-care workers on how to best deliver health-care to Aboriginal people through Aboriginal Health Councils. Practices are based on the foundation of Aboriginal traditional values which speak to the physical, mental, spiritual and emotional needs, while providing an alternative for clients seeking traditional Aboriginal approaches to health care.

7.1 SASKATOON HEALTH REGION ABORIGINAL HEALTH PROGRAMS AND SERVICES

In determining any potential program duplications and/or gaps, this section presents a brief overview of existing Aboriginal programs and services supported by the Saskatoon Health Region. Elements taken into account include the planning, design of programs and projects, current funding, successful approaches and innovative health services. These were looked at in comparison to the other health regions visited. In many programs and services, gaps exist in physical structures; Aboriginal input when dealing with Aboriginal Health models and lack continuity in funding that exists under other current health regions.

The Saskatoon Health Region has made progress on raising the Aboriginal employment rate from 2.95% to 3.55% over a three (3) year period 2007-2010. The newly revised Representative Workforce Strategic plan for 2010 includes developing a culturally competent workforce, increasing the representation of Aboriginal employees and creating positive work experiences. Other examples of beneficial community investments are Our Neighbourhood Health Centre that has increased infant immunization rates in the core areas of Saskatoon from 77% to 89%. The Building Health Equities Program that is housed at CUMFI has a self – ID rate of 85% Aboriginal.

Since the Health Disparity Report, the Saskatoon Health Region has made positive changes to programs, such as relocating needed services to core areas and hiring local community people including the creation of designated Aboriginal positions for a public health nurse, program builder and a program manager. Incentives like this are embraced, but there needs to be significant improvement on how these programs and services are delivered to prove beneficial in gaining favourable health status for Aboriginal people. Not surprising is the distrust of some non-Aboriginal people and the racial treatment which is traumatic and degrading received at local hospitals by some Aboriginal people. This treatment discourages the use of health services except for emergencies, even then, they risk not seeking medical attention because
of previous negative experiences. Understanding the process of hospitalization from an Aboriginal perspective, would alleviate feelings of isolation, withdrawal, fear and stigmatism, all of which promote loss of identity and autonomy. This can be reconciled within the Region. Focus group participants want an Aboriginal hospital or at least a more receptive hospital environment that focuses on Aboriginal health, with services delivered by Aboriginal health-care workers wherever possible.

Although this may not always be possible in a hospital setting, primary health and community-based health services can be enhanced by holistic concepts and guided by the Aboriginal Health Council. These concepts should be provided by culturally competent, open-minded workers with a greater awareness of Aboriginal health status. Because frontline workers are in a unique position as a first contact they would benefit from a better understanding of individual cultural perspectives.

Funding streams of Aboriginal Health Services was also examined. In all of the sites visited, these services had links and partnerships within the community and designated funding for services for Aboriginal people. Services such as spiritual care and translation for Aboriginal people available in other health facilities are provided within the Region on a voluntary basis. This makes these services on an urgent basis inaccessible. The Saskatoon Health Regions Inventory of Aboriginal Initiatives (Updated January 29, 2010) shows a number of Aboriginal-specific health programs and services are short-term projects that rely on non-continuous funding sources. This means successful community health services that make an impact within the Aboriginal communities are rare. Investment in Aboriginal health services by other regions has contributed to stabilizing the utilization of health services and improvements in the overall health and well-being of the Aboriginal population.

7.2 COMPARISON TO OTHER HEALTH REGIONS

Within the Saskatoon Health Region, there is not a specific Aboriginal health department; in other sites visited, many Aboriginal health services were initiated in the late 1980s and early 1990s. Some departments fit within a union; some are out-of-scope positions dependant on their role within the health-care team. There has been great headway made within these other jurisdictions in incorporating traditional and Western models to address the needs and wants of the patient. Treatment and delivery of services must recognize the diversity of traditional Aboriginal protocols and laws.

The 2000 report, “Meeting the Needs of the Aboriginal Community,” recognized the need to incorporate Aboriginal traditional practices and again in 2004, the Saskatoon Health Region made the following recommendation:

“Ensure that programs and services are culturally sensitive for both Aboriginal and recent immigrants, to make it easier for these groups to benefit from these services and to decrease racism and discrimination that indirectly affect levels of service uptake.”

Progress on Recommendations since the 2004 Health Status Report, (Last updated: May 27, 2009) recommended that their strategic plan includes the following:

“The Saskatoon Health Region’s 2007 to 2010 Strategic Plan includes “Partnering for Improved Health for Aboriginal people” as one of five strategic directions for the region. Reducing health disparities was also identified as a key priority, and the development of an Aboriginal Health Strategy and Adaptation of Service Plan is in progress.”
The following table is an inventory of health regions in Alberta, Saskatchewan and Manitoba where they have worked together with Aboriginal Health Councils and Committees to develop Aboriginal specific services.

<table>
<thead>
<tr>
<th>Region</th>
<th>Program Name</th>
<th>Description &amp; Purpose</th>
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<tbody>
<tr>
<td>Edmonton</td>
<td>Aboriginal Diabetes Wellness Program</td>
<td>Provides holistic and cultural programs for Aboriginal people with diabetes.</td>
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<tr>
<td>Capital Health</td>
<td>Cultural Helpers Certification Program</td>
<td>Help meet the cultural and spiritual needs of patients and help build bridges between Aboriginal people and hospital staff.</td>
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<td></td>
<td>Aboriginal Gathering Rooms</td>
<td>Available at the University of Alberta and at the Royal Alexandra hospitals. These rooms are used for various ceremonies and gatherings and are available to families anytime day or night, by contacting the Cultural Helpers.</td>
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<tr>
<td></td>
<td>Cultural and Spiritual Ceremonies</td>
<td>All Capital Health acute care hospitals have a policy to facilitate spiritual ceremonies when requested by patients and their families, including sweetgrass and smudge ceremonies.</td>
</tr>
<tr>
<td></td>
<td>Aboriginal Wellness Worker</td>
<td>Provides cultural support and referrals for mental health patients at the Alberta hospital.</td>
</tr>
<tr>
<td></td>
<td>Northern Health Services Network</td>
<td>Specialized nurses provide clinical support and continuity for patients from the Northern Territories.</td>
</tr>
<tr>
<td>Calgary</td>
<td>Aboriginal Assertive Community Treatment (ACT) Program</td>
<td>The ACT program assists clients in attaining and maintaining a maximum level of independence, while respecting their beliefs, culture, and personal values. The goal of the ACT program is to empower individuals with mental illnesses to lead full productive lives.</td>
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<tr>
<td></td>
<td>Aboriginal Community Health Council</td>
<td>The council acts as a liaison between Alberta Health Services and Aboriginal people, in relation to health needs and health care, makes recommendations to Alberta Health Services relating to strategies and initiatives needed to address the health needs of Aboriginal people.</td>
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<td></td>
<td>Aboriginal Health Liaison Program</td>
<td>Assists Aboriginal in-patients, clients and their families in accessing programs and services offered within the health centre and facilitates discharge planning. The Liaison assists with patient registration and discharge, travel arrangements, accommodations, language interpretation, and medical histories. The Liaison also helps Aboriginal clients understand health centre procedures.</td>
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Strengthening the Circle: Partnering for Improved Health for Aboriginal People
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<tr>
<th>Region</th>
<th>Program Name</th>
<th>Description &amp; Purpose</th>
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</thead>
<tbody>
<tr>
<td>Calgary</td>
<td>Aboriginal Hospital Liaison</td>
<td>Direct service to Aboriginal clients and their families; seeks out opportunities to identify and meet with Aboriginal clients to ensure they and their families are comfortable with the health-care system; collaborates with other service providers to ensure that needs of Aboriginal clients are identified and addressed.</td>
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<tr>
<td></td>
<td>Aboriginal Liaison Program</td>
<td>Improve access to existing health service for Aboriginal people, to increase the level of knowledge that Aboriginal people have about health and the health system, to develop programs/services that address Aboriginal health needs.</td>
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<td></td>
<td>Spiritual Care</td>
<td>Provide spiritual and emotional care for patients/residents and their families as they rely upon their own beliefs and spiritual resources while in the hospital.</td>
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<tr>
<td>Regina Qu'Appelle Health Region (RQHR)</td>
<td>Aboriginal Health</td>
<td>The former Regina Health District began developing services for Aboriginal people during the 1990s.</td>
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<td></td>
<td>Native Health Services</td>
<td>Native Health Services assist clients in finding and maintaining a healthy, well-balanced lifestyle. Responding to clients with an awareness of cultural and spiritual diversity, Native Health Services provides an alternative for clients seeking traditional Aboriginal approaches to health care.</td>
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<td></td>
<td>Four Directions Community Health</td>
<td>Promotes individual, family and community health and wellness and features Aboriginal community development programs.</td>
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<td></td>
<td>Native Liaison Worker</td>
<td>Native Liaison Worker is a link between First Nations people and the Broadview Union Hospital.</td>
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<td></td>
<td>Eagle Moon</td>
<td>The Eagle Moon Health Office is a liaison and advocate for the Aboriginal community to educate health-care workers on how to best deliver health care to Aboriginal people.</td>
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<td></td>
<td>Cultural Program</td>
<td>Provides cultural support, access to ceremonies and elders, cross-cultural education, and promote respect and understanding between cultures.</td>
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<tr>
<td>Winnipeg Health Authority</td>
<td>Advocacy</td>
<td>The advocate receives and resolves health and human service complaints affecting patients.</td>
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<td></td>
<td>Discharge Planning</td>
<td>Discharge planning coordinators work with interpreter/resource workers to plan complex discharges for Aboriginal patients and ensures patients are fully aware of services available.</td>
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7.3 PROPOSED ABORIGINAL HEALTH SERVICES

We propose the following services to improve the health of Aboriginal people within the Saskatoon Health Region. Allocation of these resources would be determined in partnership with the Aboriginal Health Council and the Saskatoon Health Region. In the final development of the Aboriginal Health Strategy, the Saskatoon Health Region can begin to implement the recommended services and take the lead on providing new and innovative Aboriginal health services for the province with and for Aboriginal people. The Aboriginal Health Council will guide services, in order to maintain the cultural aspect and direction of cultural protocols. In other regions, the benefits of offering these services have shown an improvement in removing barriers, increasing access to services and addressing the needs of the Aboriginal population.

Recommendations for the Saskatoon Health Region to include creation of the following positions:

**Aboriginal Hospital/Health Liaison** - Assists Aboriginal in-patients, clients and their families in accessing programs and services offered within the health centre and facilitates discharge planning. The Liaison assists with patient registration and discharge, travel arrangements, accommodations and medical histories. The Liaison also helps Aboriginal clients understand health centre procedures.

**Aboriginal Hospital Navigator** - The Aboriginal Patient Navigator is part of the interdisciplinary care team, and is a resource for both health care providers and Aboriginal patients to ensure care is culturally specific and ethno sensitive. This Navigator participates in the discharge planning process to facilitate the timely discharge of patients while supporting patient self care and independence as well as necessary home support and follow up as required.

**Aboriginal Patient Navigator** - Promotes patient access to community services that enhance continuity of care and efficient use of resources. This position maintains the community resource contact list for client health services. The position develops and presents culturally safe educational sessions for health providers about Aboriginal traditional health practices and approaches in the hospital setting.
Aboriginal Cultural Helper - Help meet the cultural and spiritual needs of patients and help build bridges between Aboriginal people and hospital staff, act to facilitate spiritual ceremonies when requested by patients and their families and including sweetgrass, smudge, and welcome baby ceremonies.

Aboriginal Mental Health Community Liaison - This position provides support to on and off reserve Aboriginals living within the Saskatoon Health Region area and rural communities by ensuring linkages between clients, hospitals, community mental health and addictions treatment services and health and social service providers, and that cases are handled in an aboriginal culturally sensitive manner. He/She will provide consultation, advocacy, assessment; crisis counseling and follow up as required providing more accessible and effective care.

Aboriginal Patient Advocate/Aboriginal Ombudsman Office - The advocate receives and resolves health and human service complaints affecting patients.

Further recommendations are:

Aboriginal Interpretation/Translation Services
- Medical terminology interpreted into Aboriginal languages.
- Ability to communicate without language barriers.
- Member of the Health Care Team.
- Facilitates communication between health providers and patients.

Aboriginal Transportation Services
- Assist clients to access needed medical professionals, tests and other treatment and services when these are not available where the client lives.
- Arranging for transportation to be available for clients to travel, providing financial assistance to clients to transport themselves, or arranging for these medical services in the community.
- Transportation to the nearest appropriate doctor, clinic, hospital or other health facility.

Discharge Planning
- Coordinate services for aboriginal patients from rural and remote communities
- Coordinated approach to discharge planning within Saskatoon and rural areas
- Coordinates work for interpreters and resources workers to plan complex discharges
- Ensure patients are fully aware of services available

Mandatory Cross-Cultural Training
- For the Saskatoon Health Region including staff, physicians and owned and operated facilities.
- Training to include: cultural competency, Aboriginal diversity and racism.
- Include Elder participation.
8.0 GUIDING PRINCIPLES OF ABORIGINAL HEALTH FOR SASKATOON
8.0 GUIDING PRINCIPLES OF ABORIGINAL HEALTH FOR SASKATOON

The Aboriginal Health Strategy aims to honour the spirit and intent of the original Treaties and will not affect the Treaty funding services. The guiding principles of Aboriginal services follow:

1. Cognizant of the **holistic approach** regarding all developmental stages of life.
2. **Respectful of the diverse cultural** needs and the appropriate services for the diverse needs of the Aboriginal community.
3. **Meaningful engagement of our Elders** to provide guidance and input into the design, delivery, implementation and evaluation of programs and services.
4. **Meaningful and inclusive collaboration** between the Aboriginal community, the Saskatoon Health Region and various government stakeholders.
5. **Aboriginal people must have an equal voice** pertaining to management processes, policies, programs and services that affect their health.
6. **Improve the health status** of Aboriginal people by working together for the betterment of Aboriginal health.
7. **Increased access and effectiveness** of programs and services delivered to Aboriginal people.
8. **Equitable care and access** to all Aboriginal people, regardless of rural or urban residency.
9. **Patient-centred care** in regards to alternative healing methods is respected.
10. **Working in partnership**, Aboriginal people will define the level of commitment towards the governance of health initiatives.
11. **A transparent process** to provide on-going program evaluation mechanisms back to the communities to measure the effectiveness of all developed and adapted programs.
12. **Respect** for the inter-relatedness of all things in life (environment).
13. **Aboriginal people**; (First Nation, Métis, Inuit) are all very distinct and have their own culture and ways of being.
14. **Through cultural ceremony and meaningful process**, the Aboriginal Health Council will review and assess the Aboriginal Health Strategy to ensure commitment and progression in moving it forward.

In order to have a positive impact on health outcomes, Aboriginal and non-Aboriginal people need to jointly commit to actions ensuring Aboriginal health programs meet the needs of Aboriginal communities.
9.0
SASKATOON HEALTH REGION’S STRATEGIC DIRECTIONS
9.0 SASKATOON HEALTH REGION’S STRATEGIC DIRECTIONS

Three years ago, the Saskatoon Health Region unveiled its 2007-2010 Strategic Plan. The purpose of the plan was to provide direction on Regional health priorities. Based on feedback from more than 1,500 staff, physicians, communities, the public and external partners a set of five priorities or strategic directions emerged: Transforming the Care and Service Experience; Transforming the Work Experience; Partnering for Improved Health for Aboriginal People; Building a Sustainable Integrated System; and Fostering Research, Learning and Innovation. This means that everything the Saskatoon Health Region does must align with its overall strategic plan.

Aboriginal Health Strategy and Saskatoon Health Region’s Strategic Plan:

Partnering for Improved Health for Aboriginal People was one of five strategic directions highlighted in the Region’s 2007-2010 Strategic Plan. This strategic direction provided an opportunity to expand on existing partnerships with Kinistin Saulteaux Nation and Central Urban Métis Federation Inc., and led to the creation of Strengthening the Circle. The main goal of Strengthening the Circle is to develop an Aboriginal Health Strategy for the Saskatoon Health Region and a collaborative plan for implementation.

From January to July 2009, Strengthening the Circle held extensive focus groups with Aboriginal people and health-service providers. During these consultations, Aboriginal people freely shared their knowledge, experiences and insights on how services could be better designed to meet individual needs, such as considering socio-economic circumstances and specific health challenges faced by Aboriginal people. The Aboriginal Health Strategy is the result of these consultations.

The next section provides some examples of how the Aboriginal Health Strategy aligns with the Saskatoon Health Region’s overall strategic plan.

9.1 TRANSFORMING THE CARE AND SERVICE EXPERIENCE

A number of factors point to a need for significant changes in the way health-care services are delivered. Many of these factors relate to respect and compassion. There is a need for a more patient-centred environment. Being more patient-centered means showing respect for patient values, preferences, and needs; providing more coordinated and integrated care; keeping people informed about their care and ensuring their comfort; providing emotional support and increased opportunities to involve families in the care of their loved ones; and ensuring timely access to care.

Transforming the care experience for Aboriginal clients requires additional resources for eliminating racism; activities and services that support Aboriginal concepts of community health; and acceptance of health models guided by Aboriginal traditions, customs, and languages.

Aboriginal Health Strategy Recommendations:

- The Saskatoon Health Region co-host Aboriginal cultural events, seasonal ceremonies and celebrations and encourage employee and physician attendance. This will help build relationships and bridge gaps with a concerted effort on improving race relations, both in and out of the work place.
- Improved communication with care providers in a language that is easily understood, such as hiring an advocate/liaison to act as an intermediate between clients and Health Region employees.
- Provision of a translator in cases where language is a barrier and can lead to misdiagnoses, medication errors or confusion around treatment.
• Reduction of wait times and timely access to professionals (psychiatrists, specialists, counselors etc.), especially during crisis moments and outside normal working hours. Provision of more after-hour services both within facilities and within the community (mental health and addictions, acute care, family services, etc.)
• Better communication tools for Aboriginal clients on what is available if concerns are not being met or if treatment was inappropriate, such as accessing Client Representatives to advocate on their behalf. There should also be Aboriginal representation among the Client Representatives positions. Any follow-up or changes must be communicated back to the client.
• Better communication and understanding of health funding plans and work to resolve jurisdictional boundaries within the Health Region and the provincial and federal governments to reduce duplications or gaps in services.
• Enhanced interdisciplinary communication, such as exploring a variety of options, rather than simply prescribing medications and developing a process to reduce prescription drug abuses.
• Assistance with transportation and childcare options, which can act as barriers to treatment.

9.2 TRANSFORMING THE WORK EXPERIENCE

The ability to attain the Saskatoon Health Region’s vision and achieve goals to transform care and service depends on the collective efforts of a dedicated and talented workforce.

A need to provide a more culturally sensitive care and work environment was identified during the consultations. It was also identified that more visible Aboriginal people with lived experiences “create a more inclusive place/space for all Aboriginal people it provides for. This can be achieved by increasing, Aboriginal staff and cultural competency that is reinforced.” In particular, it was recommended that the Region build a representative workforce, reflective of the diversity of the population and one that ensures Aboriginal people fully participate in the health-sector workforce.

These and other factors are the basis of the goals developed under this strategic direction. It is clear that a focus on employees is crucial to enhancing the Region’s ability to retain and recruit staff and to better serve communities.

Aboriginal Health Strategy Recommendations:

• Hiring more Aboriginal people at all levels throughout the Region, from doctors and nurses to advocates/liaisons, navigators, and cultural helpers.
• Create positions for Aboriginal navigators/cultural helpers to assist people in understanding services provided.
• Redesign the Cross-cultural training and protocol for all staff, including care providers, general practitioners, managers and leadership. Training should be more intensive than simply a workshop and should include training around protocols such as cultural sensitivities and working collaboratively with Elders.
• Develop Aboriginal awareness programs to be more relevant to issues happening today and create an environment that fosters respect and dignity for all. For example, incorporating mandatory training for all Health Region employees such as Jane Elliott’s Blue Eyes/Brown Eyes (an exercise in discrimination, racism, overt and subtle prejudices and white privilege).
• Create programs and systems that enable health-care employees to act with cultural competency.
• Develop more services and support available directly in communities (e.g. The Health Bus).
• Enhance recruitment efforts to attract qualified Aboriginal management, physicians and senior leadership to create a more representative workforce.
• Development of Aboriginal role modeling/mentorship programs with staff.
9.3 PARTNERING FOR IMPROVED HEALTH OF ABORIGINAL PEOPLE

Demographic and population health status data clearly demonstrates that the Aboriginal community in the Saskatoon Health Region requires more focused attention.

Findings from consultations reinforced the need for strong partnerships to address these and other Aboriginal health issues, such as an increased emphasis on the Health Region's Representative Workforce Strategy. This would ensure the workforce reflects the Region's growing Aboriginal population and increases the ability to deliver health care in a more respectful, compassionate and culturally sensitive fashion.

These and other facts have formed the foundation for this strategic direction and its action. Together with its partners, the Aboriginal Health Strategy will focus on improving the health of First Nations and Métis people by providing services in a manner that respects cultural diversity. This is consistent with the provincial direction for northern and Aboriginal health.

Aboriginal Health Strategy Recommendations:

- The Aboriginal Health Council which consists of First Nations, Métis and Health Region stakeholders to implement the recommendations of the Aboriginal Health Strategy.
- Develop a reporting mechanism to the Aboriginal Health Council that is inclusive of all Health Region departments and based on the outcomes of all actions identified within the Aboriginal Health Strategy.
- Advocate with the ministry for increased Aboriginal representation within the Saskatoon Health Region boards based on the Aboriginal population approximately 10%.
- Work collaboratively with Aboriginal communities to assist them in training their own membership as health-care providers.
- Adopt best practices inclusive of cultural competency and care provided.

9.4 BUILDING A SUSTAINABLE INTEGRATED SYSTEM

This strategic direction is specific to the Saskatoon Health Region's need to ensure integrated systems meet the needs of the Aboriginal community. An integrated system means health-care professionals need to focus on innovation and best practices. The goal is to become more effective in organizing, streamlining and integrating health services in a manner that is sustainable.

Consultations revealed that Aboriginal people are requesting the Saskatoon Health Region make systemic changes to address concerns around patient flow, transfers and discharge planning.

Surrounding First Nations and Métis communities also expressed concern around lack of access to health care within their communities. This increases stress as people must leave their communities and support systems in order to receive services.

Aboriginal Health Strategy Recommendations:

- Integrate a holistic approach to care and incorporate traditional medicines/models of care within the current medical system such as access to Aboriginal Elders, healers, and cultural helpers.
- Increased acceptance by physicians and medical teams of traditional/holistic models of care and respect for working collaboratively with Aboriginal healers and traditional practitioners. There needs to be a better understanding of unique approaches by various Aboriginal groups/
• Integrate an Aboriginal component to the Rural Health Strategy to improve services and working relationships between the Aboriginal population and rural care providers.
• Provide appropriate spaces for Aboriginal people to practice ceremonial customs on site.
• Streamlining, consistent, interdisciplinary approach to discharge planning and aftercare, including follow-up regarding recovery, medications etc.

9.5 FOSTERING RESEARCH, LEARNING AND INNOVATION

In health care, it is important to ensure a healthy balance between meeting patient and community needs and planning for the future; between provision of care for the sick and preventing disease and promoting health; and in providing care according to best known practice while continuing to explore new and leading practices. These areas of research application require the promotion of the OCAP principles as it pertains to the Aboriginal population.

Opportunities to develop new models of integration between academic and clinical service areas exist, such as working collaboratively with the University of Saskatchewan, the Saskatchewan Academic Health Sciences Network and Saskatchewan Institute of Applied Science and Technologies (SIAST). Aboriginal people have echoed a call for additional health training programs to increase Aboriginal representation within the health field. There are also opportunities to enhance partnerships with Gabriel Dumont Institute, University of Saskatchewan Native Access to Nursing program, Saskatchewan Indian Institute of Technologies (SIIT) and First Nations University of Canada.

Offering expanded specialized training programs in areas, such as MRI, X-ray technology, speech and language pathology, expanded community diabetes prevention and medical language interpretation are required. The Region can work collaboratively with local organizations and educational institutions, such as the Saskatchewan Indian Cultural Centre and the Gabriel Dumont Institute to develop a model for translation services.

Aboriginal Health Strategy Recommendations:

• Enhanced partnerships with the U of S, Gabriel Dumont Technical Institute, SIIT, the First Nations University of Canada, SIAST and other universities to train and recruit skilled Aboriginal health professionals, allied health professionals and health inspectors for public health institutes.
• Work in partnership with the Saskatoon Health Region’s Representative Workforce to adopt best practices around cultural competency. Embed this into all models of care as expectations of exceptional service.
• Enhanced education around Aboriginal spirituality and practices for physicians, staff, students and volunteers.
• Cultural sensitivity training for future care providers, including physicians to enhance understanding of Aboriginal people, health issues, myths and misperceptions.
• Additional training requirements and available seats for Aboriginal health-care professionals (physicians, nurses, licensed practical nurses, therapists, home-care, public health, inspectors, dental health providers, dieticians epidemiologists etc.).
• Experiential learning for students, such as working on-reserve to learn cross-cultural sensitivity first-hand.
• Experiential learning for managers and leaders in health-care professions working in Aboriginal agencies and vice versa (i.e. job shadowing with health care services).
10.0
IMPLEMENTATION PLANS
10.0 IMPLEMENTATION PLANS

The community consultation process clearly identified a need for major change within the Saskatoon Health Region with respect to Aboriginal health. Some of this change can happen immediately, some will take significant planning and consultation between the Aboriginal Health Council and the Saskatoon Health Region, all changes can build on the new partnerships, relationships and the successes of current initiatives.

Key Recommendations

- An action plan with goals, objectives and related activities is required to make this strategy a reality.
- The implementation plan will be guided by the Aboriginal health guiding principles for Saskatoon.
- A five-year plan for implementation, foundational work, capacity building and responsibility of governance, management and service delivery.
- A yearly review of the status of objectives and recommendations.

10.1 ABORIGINAL HEALTH COUNCIL FOR SASKATOON & AREA

The Aboriginal Health Council’s primary role is to be the “health voice” for all Aboriginal people within the Saskatoon Health Region. This will be achieved by advocating for the community and supporting workers within appropriate Aboriginal health programs.

The Council’s health voice for Aboriginal peoples would reflect the expertise, needs and aspirations of Aboriginal communities based on a holistic perspective of health. The Council is a collective term that includes both the membership and the Secretariat. The role of the Secretariat is to undertake the work the council directs them to do via its governance structure, on which all member organizations are represented (Appendix 6).

10.2 GOVERNANCE AND MANAGEMENT

The Council is governed by a local Aboriginal community membership that will enable Aboriginal community-controlled health services, provide culturally appropriate primary health care, health services to the communities they serve and provide specialist health services in keeping with the Aboriginal holistic definition of health.

1. The Aboriginal Health Council (AHC) is made up of Aboriginal (First Nations and Métis) representatives of the populations/communities living in the Saskatoon Health Region and leadership of the Saskatoon Health Region. The primary purpose of the group is to establish communication, consultation and advisory mechanisms that enable the Health Region and the Aboriginal communities/populations to listen and respond to one another’s concerns. Members of the original three partners and the expanded Aboriginal Strategic Planning committee make up this group.

This will be achieved by:

- establishing terms of reference and reporting mechanisms for the Secretariat;
- influencing the Saskatoon Health Region and other health organizations to adopt ethical practices based on Aboriginal best practices;
- monitoring progress on goals and reporting to the senior leadership of First Nations and Métis organizations and the Saskatoon Regional Health Authority;
• recommending the adaptation of services and proposing and developing new initiatives that would improve Aboriginal health status, including translation services;
• monitoring efforts to recruit, develop and retain Aboriginal employees in all levels of employment within the Health Region; and
• representing the AHC in the community.

2. Creation of an Aboriginal Health Secretariat that includes Saskatoon Health Region staff members and seconded First Nations and Métis consultants that could undertake epidemiological studies, develop program proposals, facilitate organizational analysis, change processes and implement human resource strategies. The Secretariat staff will be representative of the populations to be served. The Secretariat will be the service delivery arm of the AHC (Aboriginal Health Services Appendix 7).

Some suggested activities of the Secretariat may include:

• reviewing health status reports and patterns of service use and establishing goals for improved health status for Aboriginal populations;
• planning and coordination of health services available to Aboriginal people;
• recommending topical health reports with action plans;
• developing joint projects and strategies to improve health outcomes;
• enabling partners to improve cultural appropriateness, quality and effectiveness of services for Aboriginal people;
• providing support to managers in partner organizations for strategic and operational planning;
• maintaining current and complete information about programs and services related to Aboriginal health;
• liaising and coordinating with external stakeholders such as Community Based Organizations and learning institutions;
• continuing recruitment, training and cultural competence programs to retain Aboriginal employees in all levels of employment in the Health Region;
• coordination of student experience and mentoring for Aboriginal people.
• serving as a high profile point of first contact for stakeholders on a wide variety of issues related to First Nations and Métis health\(^{9}\) (adapted from RQHR); and
• overseeing AHC programs and services including associated financial and human resources and input on program performance measures.

3. Publication of effectiveness of the Aboriginal Health Council and the actions of the Secretariat after three (3) years. This would include participation and inclusion rates, evaluations (qualitative and quantitative) of major change processes, new adapted initiatives and changes in health status. Results would be communicated to all stakeholders including community members.
## 10.3 Implementation of the Aboriginal Health Strategy

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Actions</th>
<th>Anticipated Benefit</th>
<th>Long-Term Outcome</th>
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</thead>
<tbody>
<tr>
<td>Aboriginal Health Council Memorandum of Understanding (MOU)</td>
<td>Develop and sign an MOU encompassing the First Nations communities and Métis locals in the Saskatoon Health Region.</td>
<td>Consultation and advisory mechanisms that enable the Saskatoon Health Region and AHC to listen and respond to one another’s concerns.</td>
<td>Communication strategy Reporting strategy Alignment of strategic plans with the Saskatoon Health Region Development of policies and procedures Development of terms of reference</td>
</tr>
<tr>
<td>Aboriginal Health Council Secretariat</td>
<td>Develop a governance structure including roles and responsibilities and program service delivery models Develop program and service delivery roles and responsibilities structure Increase involvement and control by Aboriginal people in the planning, administration, delivery and evaluation of health services in the Region</td>
<td>Sense of ownership Flexible programming Adapted programs Program and service input Culturally relevant programs, services and staff positions</td>
<td>Program reporting structure Financial reporting structure Personnel policy and procedure manual</td>
</tr>
<tr>
<td>AHC Evaluation</td>
<td>Develop a yearly evaluation framework</td>
<td>A transparent process to provide an on-going program evaluation mechanism back to the communities and the Saskatoon Health Region to measure the effectiveness of all AHC initiatives</td>
<td>Yearly AHC evaluation and results measurement</td>
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<tr>
<td>Area of Focus</td>
<td>Key Actions</td>
<td>Anticipated Benefit</td>
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<tr>
<td>Racism and Discrimination</td>
<td>Development of health specific and culturally relevant cross-cultural training designed and delivered through the AHC</td>
<td>The Saskatoon Health Region health care facilities and service providers will: Gain awareness of the unique history of the distinct Aboriginal groups within Saskatoon Health Region boundaries and how this history effects health and well being. Have an understanding of the current socio-economic condition of Aboriginal people and how it effects their health and well being. Have an understanding of government obligations and policies as it relates to health. Have an understanding of the various distinct Aboriginal groups.</td>
<td>Delivery of training to all Saskatoon Health Region Board, committee members and staff, both in/out-of-scope, including physicians. Racism is reduced and eliminated within Saskatoon Health Region facilities.</td>
</tr>
<tr>
<td>Representative Workforce</td>
<td>Through the AHC, develop partnerships with Aboriginal career development institutions for long-term succession planning. Develop strong long-standing partnerships with Aboriginal and non-Aboriginal stakeholders for the purposes of maintaining Aboriginal staff levels, training and recruitment of Aboriginal staff for mainstream positions and positions dealing with Aboriginal specific activities.</td>
<td>Create a welcoming and understanding environment for Aboriginal staff and Board members. Create a welcoming and understanding environment for Aboriginal patients and families. Deliver health services to Aboriginal people in a competent and culturally sensitive manner.</td>
<td>Meet and exceed the Saskatoon Health Region representative workforce goals. Equitable Aboriginal representation on the Regional Health Board, St. Pauls Hospital and committees as well as all employment opportunities both in/out-of-scope.</td>
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<tr>
<td>Area of Focus</td>
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<tr>
<td>Improve Aboriginal health and well being</td>
<td>Identify existing gaps in health services and develop and implement programs/services to bridge these gaps</td>
<td>Increased access and effectiveness of programs and services delivered to Aboriginal people</td>
<td>New program development will be based on culture and traditional knowledge</td>
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<td>Develop and implement policies relating to all areas of Aboriginal health and health care</td>
<td>Equitable care and access to all Aboriginal people regardless of rural or urban residency</td>
<td>Flexible programs</td>
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<td></td>
<td>Improve the dissemination of health services information, health programs and education services</td>
<td>Patient centred care in regards to traditional healing methods</td>
<td>Transportation service</td>
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<td>Ensure equal access to health services in the Saskatoon Health Region, recognizing the barriers that exist, such as transportation, daycare, language, income, education to name a few</td>
<td>An organization wide focus on achieving equitable outcomes for Aboriginal people</td>
<td>Community evaluation processes</td>
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<td>Adapting an underlying concept of health that is holistic</td>
<td>Translation and advocacy services</td>
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<td>Community input and guidance in every aspect of program development and operations</td>
<td>Traditional healing is available in health facilities</td>
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<td></td>
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<td>Elder services available in health facilities</td>
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<th>Area of Focus</th>
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<tr>
<td>Implement Traditional Aboriginal healing and wellness practices into Saskatoon Health Region owned and operated facilities</td>
<td>Through the AHC develop policy and procedures that respect the use and implementation of traditional forms of medicines used by Aboriginal patients, clients and residents (i.e. would include long term care and home-care)</td>
<td>Deliver health services to Aboriginal people in a competent and culturally sensitive manner allowing for traditional practices to be utilized where available and appropriate</td>
<td>The integration of traditional medicines and ceremonies, ensuring that the proper protocols are respected</td>
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<td>A balanced and holistic approach to treatment and medicine within the care experience</td>
<td>Culturally and traditionally competent Aboriginal Elders and healers working within the medical system</td>
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<td>Providing traditionally appropriate facilities/space for Aboriginal people to practice ceremonial rituals</td>
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11.0 EVALUATION AND LONG-TERM APPROACHES
11.0 EVALUATION AND LONG-TERM APPROACHES

Evaluation methods will include community forums, community satisfaction surveys, staff evaluation and performance reviews. Once the Saskatoon Regional Health Authority has approved the Aboriginal Health Strategy, an implementation plan should be developed that will guide the actions, identify resources and monitor our progress towards improving health for Aboriginal people in the Saskatoon Health Region.

11.1 EVALUATION

The Council will conduct an evaluation of the strategy at the conclusion of three (3) years of operation and the remaining years thereafter. The evaluation will begin with indicators established in Year 1 and tracked throughout the process, in collaboration and engagement with Aboriginal partners to ensure the ongoing integrity and utility of the Strategy. The Aboriginal Health Council will identify benchmarks of the goals and objectives for the Secretariat to achieve. Based on these benchmarks we will be able to track progress and achievements at any point over the duration of the strategy’s five (5) year period.

11.2 PROPOSED LONG TERM GOALS

1. Reduce the disparities in health conditions that exist between Aboriginal and non-Aboriginal populations.
2. Ensure that Aboriginal clients have equal access to health services in the Saskatoon Health Region, recognizing service barriers such as language and others. Embrace the “Equal access for equal need” principles that is relevant to poverty, marginalization, racism, transportation issues etc.
3. Eliminate instances of systemic and institutional racism and discrimination in the Saskatoon Health Region.
4. Increase the involvement and control by Aboriginal people in the planning, administration and delivery of health services in the Region.
5. Together with the Saskatoon Health Region, Aboriginal partners will be involved in the development and implementation of policies and procedures relating to all areas of Aboriginal health and health care.
6. Improve the dissemination of health services information, health programs and education available to Aboriginal clients in the Region.
7. Identify positive Aboriginal roles models in the health profession and in the community and develop a campaign to encourage positive healthy lifestyles.
8. Identify existing gaps in health services and develop and implement programs and/or services to bridge these gaps (e.g. flexible programming for those with mental health issues).
9. Develop and implement cross-cultural programming designed specifically for health care professionals including holistic approaches and traditional medicines.
10. Deliver health services to Aboriginal people in a competent and culturally sensitive manner allowing traditional practices to be utilized where available and appropriate.
11. Develop respectful long-standing partnerships with stakeholders for the purpose of maintaining Aboriginal staffing levels, training and recruitment of Aboriginal staff for mainstream and Aboriginal specific positions.
12. Meet and exceed the targets set by the Saskatoon Health Region with respect to a representative workforce.
12.0 CONCLUSION

This Aboriginal Health Strategy for the Saskatoon area and Region is a living document, which was developed in consultation with Aboriginal people residing within the Saskatoon Health Region. It is recommended the plan continue to be collaboratively monitored and evaluated throughout each stage of development. The Aboriginal Health Strategy is a foundation for programs and services that will help close the gap in existing health disparities among Aboriginal people. A strong communication plan and a “call to action and change” will be needed for this plan to be successful. It is equally important that the Aboriginal Health Strategy be widely circulated in Aboriginal communities and groups for input and reflection through the evaluation and monitoring process.

Annual reporting to the Saskatoon Regional Health Authority and the Aboriginal communities will display current results and successes but will also assist in identifying gaps in services. The opportunity for progress, collaboration, partnership and improved health for Aboriginal people lies before us. Through the development of this strategy, Aboriginal people have given direction, encouragement and wisdom. We must continue our transforming of the health system together. Good work has been started and successes are shining through. It is our responsibility to act together to Strengthen the Circle.
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<tr>
<th><strong>Glossary</strong></th>
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<td><strong>60s Scoop</strong></td>
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<td><strong>Aboriginal Community Control</strong></td>
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<td><strong>Aboriginal Worldview</strong></td>
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<td><strong>Age Grade Teachings</strong></td>
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<tr>
<td><strong>Ceremonialist</strong></td>
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<td><strong>Cultural Competent/Competency</strong></td>
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<td><strong>Doorman</strong></td>
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### Fasting

Fasting is a fundamental aspect of Aboriginal spirituality. A fast is undertaken for personal reasons and usually requires an Elder to guide the ceremony. Many cultures use a four-day fasting period. In some cultures, the Sweat Lodge is used for the fasting ceremony. The feast is usually opened with a prayer, and often, a “spirit plate” is made to feed the guests from the spiritual world. It is customary to have helpers feed the Elders prior to people feeding themselves or their children.

### Feasting

Some ceremonies such as a “doctoring” sweat require the participant to eat a meal. There are specific rituals requiring special foods. A typical feast for the Cree from the prairies would be Bannock (first introduced by the Métis), soup, wild game and fruit (particularly Saskatoon berries or mashed chokecherries).

### Fire Keeper

A Fire Keeper is a ceremonial helper who takes direction from the Smudge Man and Pipeman in ceremony. The Fire Keeper is one of the helpers who work under the Knowledge Keeper and whose main responsibility is to ensure the ceremonial fire is lit. He also communicates and ensures protocol is followed around the fire for the knowledge keeper.

### First Nations

A term used when referring to Aboriginal people excluding the Métis and Inuit.

### Healer

Manifests healing through a gift they have been granted to use.

### Herbalist

A person who has knowledge of herbal remedies for a variety of sicknesses and diseases.

### Indian Act

A Canadian statute that concerns Registered Indians (First Nations peoples of Canada), their bands and the system of Indian reserves. The Indian Act was enacted in 1876 by the Parliament of Canada under the provisions of Section 91(24) of the Constitution Act, 1867, which provides Canada's federal government exclusive authority to legislate in relation to "Indians and Lands Reserved for Indians". The Indian Act is administered by the Minister of Indian and Northern Affairs Canada.

### Night Lodges

The Night Lodge ceremony is a very important ceremony, which is viewed as one of the most sacred and respected healing ceremonies in the Aboriginal community across North America. The night lodge is the highest level healing ceremony. Individuals with chronic illnesses specifically access this ceremony to restore health and well-being. Only a few spiritual leaders are gifted to perform this ceremony.

### Non-Treaty

Refers to people who identify themselves as Indians but who are not entitled to registration on the Indian Register pursuant to the Indian Act. Some of them may be members of a First Nation.

### Prayers & Blessings

All ceremonial practices are a form of prayer or blessing. Prayers in Aboriginal cultures are an expression of the human relationship between the Creator and spirit helpers (guardian angels) and are offered at individual or group ceremonies. Many traditions acknowledge four main plants for ceremonial use, such as the smudge. The plants are Cedar, Sage(s), Sweetgrass and Tobacco.
**Protocol**

Protocol is part of the laws that govern the traditional teachings set forth for us to follow to guide us in living in balance and in a holistic manner.

**Residential School**

Founded in the 19th century, the Canadian Indian residential school system was intended to force the assimilation of the Aboriginal peoples in Canada into European-Canadian society.

**Smudge**

One of the most common ceremonies is the Smudge, it is considered a purification ceremony. This ceremony is done by burning specific plants and brushing the smoke over oneself. Like all ceremonies, the smudge invites health into a person’s life.

**Smudge Man**

A smudge man is a ceremonial helper who takes direction from the pipeman and gives direction to the fire keeper and servers in ceremony. The smudge man is one of the helpers who works under the knowledge keeper. He communicates and ensures that protocol is followed.

**Spiritualist**

Works with the spiritual realm and has the ability to work beyond what we perceive as natural. They are the keepers of soul knowledge. They can see and feel people’s pain and can free them from pain and suffering by working with the spirit.

**Status Indian/Registered**

People who are registered with the federal government as Indians, according to the terms of the Indian Act. Status Indians are also known as Registered Indians.

**Sundance**

The sundance ceremony is a very important ceremony, which is viewed as the most sacred and respected ceremony in the Aboriginal community across North America. The sundance ceremony strengthens one’s mental, emotional, spiritual and physical being. This ceremony is performed at certain times of the year and only by spiritual leaders gifted to perform this ceremonial dance.

**Sweat Lodge**

The sweat lodge ceremony is about prayer, cleansing and detoxifying one’s body and nourishing one’s spirit. The sweat lodge ceremony is often used for personal health, healing and well-being.

**Traditional Assessments**

The traditional counsellor (helper) and the traditional Knowledge Keeper in their approach to working with the individual and/or family conduct traditional assessments. The traditional Knowledge Keepers assess the individual's problems and provide the individual with a complete assessment of where the problem and/or illness derived from, together, the individual and family develop goals and objectives for a healing plan. They provide ceremony, guidance and support, Age Grade teachings and ultimately, opportunities for the individual to have restored health and well-being.
<table>
<thead>
<tr>
<th>Traditional Healing Circles</th>
<th>Traditional healing circles are group therapy sessions that have proved to be effective. These are integral aspects of traditional group counselling and traditional teachings.</th>
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</thead>
<tbody>
<tr>
<td>Traditional Medicines</td>
<td>Herbalists, also known as medicine persons, administer traditional medicines. They are the ones who have the ability to work with natural plants for the use of healing and health. Each medicine person has his/her own field of expertise. Medicine persons do not all perform the same functions, nor can they be put into the same category. Medicines are used for a variety of ailments, from minor illnesses to more severe diseases. Traditional medicines promote, prevent and intervene to restore health and well-being. It is important to note that many medicine people have limits on the types of medicine they can work with, some may be limited to male or female medicine and others have the ability to cover all areas.</td>
</tr>
<tr>
<td>Traditional Process Promoter</td>
<td>The Traditional Process Promoter ensures Aboriginal peoples are adhering to traditional law and protocol. Traditional law governs everything Aboriginal people do: the way we raise our children, the way we speak, the way we treat each other, the way we take care of our bodies, the way we think, the way we access ceremony and the way we access healing. Traditional laws are what kept Aboriginal communities and nations strong.</td>
</tr>
<tr>
<td>Treaty/Signatories to Treaties</td>
<td>Indian treaties in Canada are constitutionally recognized agreements between the Crown and Aboriginal peoples. Most of these agreements describe exchanges where Aboriginal groups agree to share some of their interests in their ancestral lands in return for various kinds of payments and promises from Crown officials. The numbered Treaties 1 to 11, executed between 1871 and 1921, cover signatories to Treaty - Western Canada, northern Ontario and a portion of the Yukon and the Northwest Territories. There are First Nations Bands that are not recognized or signatories to the Treaties that do exist in Canada.</td>
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Strengthening the Circle: Aboriginal Community Engagement Process

- Closing Prayer & Community Elder Comments
- Opening Prayer & Community Elder Comments
- Community meal and sharing gifts of appreciation
- Welcome and introduction of focus group team
- Honouring Community Voices
- Verifying if comments were accurately recorded
- Overview of Strengthening the Circle Project
- Active listening and recording comments
- Seek input with focused questions
Priority List

Aboriginal Health Strategy

Focus Groups

Top Priority

- FN Health Committees
- FN Health Staff
- Métis Health Committee
- Gabriel Dumont Institute
- Métis Elders
- Dumont Technical Institute
- Métis Family Community Justice
- McLeod House
- Infinity House
- SIMFC Board
- SHARPS Staff
- AIDS Saskatoon
- Healthy Mother Healthy Baby
- CUMFI Staff
- Building Healthy Equity Staff
- SHR - Aboriginal Workforce Staff
- CRU staff
- CPAS Supervisors
- Equal Justice For All
- CDOP Staff

Second Priority

- SIMFC Staff
- WBYL Staff
- MACSI Staff
- Food Bank Staff
- Aboriginal Liaison Unit (Police)

Third Priority

- CHEP Staff
- Kilburn Hall Staff

Interviews

Top Priority

- FN Health Portfolio Councillors
- FN Health Directors
- Kinistin Health Director
- Circle Partners
- FSIN Health
- WBYL ED
- Friendship Inn ED
- Egadz ED
- STC Employment Services
- STC Urban General Manager
- Westside Community Clinic
- Saskatoon Health Region

Second Priority

- Kilburn Hall ED
- NAPN
- CHEP ED
- Food Bank ED

Third Priority

- Rainbow Community Centre ED
- SWITCH ED
- SHR - Client Patient Advocate
Interview Consent Guide

One of the five strategic goals of the Saskatoon Health Region is, “Partnering for Improved Health for Aboriginal People”. As part of this, the Strengthening the Circle partnership was created between Kinistin Saulteaux Nation, CUMFI and the Saskatoon Health Region to develop an Aboriginal Health Strategy to improve health for Aboriginal People.

In creating the strategy, we are seeking input from the Aboriginal community through consultations. Your input will help create the plan. We are going to ask you about your experiences and your ideas about solutions.

- Your participation is valuable and voluntary.
- You can choose to participate or not.
- What you say is confidential – we will not record your names.
- Your participation here will not have any effect on accessing health care.

For further information, please contact the Strengthening The Circle Project Staff at (306) 975-9699 or (306) 975-0079
Strengthening the Circle: Partnership for Improved Health for Aboriginal People

Aboriginal Health Strategy

Focus Group Questions

Organization: ________________________________
Date: ________________________________
# of Participants: ________________________________

1. Tell us about your experience in receiving services in hospitals, clinics, emergency, doctor’s office and the health community?

2. If you think a change is needed, what do you feel is needed?

3. What changes or improvements could the Saskatoon Health Region make to better meet the needs of the Aboriginal community?

4. What’s the one thing that the Saskatoon Health Region can do to meet your health needs?

5. Is there anything else we have missed?
## Strengthening the Circle - Survey Statistic 2009

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<tr>
<th>CODING</th>
<th>ORGANIZATIONS</th>
<th>DESCRIPTION</th>
<th>PARTICIPANTS #</th>
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<td>Youth Wellness Centre - Community Research Staff</td>
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<td>Cognitive Disability</td>
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<td>Community Diabetes Outreach Program Staff</td>
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<td>SIITS</td>
<td>Saskatchewan Indian Institute of Technology</td>
<td>Provides campus-based programming for certification and diplomas</td>
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<td>Saskatoon Indian &amp; Métis Friendship Centre</td>
<td>SIMFC Board of Directors</td>
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<td>UofSASC</td>
<td>University of Saskatchewan</td>
<td>Aboriginal Student Centre</td>
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<td>Open House - Urban Meeting</td>
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<td>White Buffalo Youth Lodge Staff</td>
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<td>Westside Community Clinic</td>
<td>Health-care professionals</td>
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<td><strong>Total Organizational Focus Groups</strong></td>
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<td><strong>Total Focus Group Collections</strong></td>
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<td><strong>671</strong></td>
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</table>
Aboriginal Health Council Organizational Structure

Saskatoon Aboriginal Health Council (SAHC)

Secretariat

Executive Director

Aboriginal Health Services (AHS)

Director AHS

Aboriginal Human Resources (AHR)

Director AHR
Aboriginal Health Strategy 2010 - 2015

Aboriginal Health Services Structure

Aboriginal Health Services

- Aboriginal Hospital Navigator
- Aboriginal Hospital Liaison - outreach to community links
- Aboriginal Cultural Helper - spiritual & ceremonial practices
- Coordinated Discharge Planning - Caregivers, family and home-care service
- Aboriginal Transportation Services - in town medical transportation
- Aboriginal Languages Interpretation/Translation Services
- Aboriginal Patient Advocate - complaints and mediation
- Aboriginal Mental Health Community Liaison
- Aboriginal Ombudsman Office

Aboriginal Human Resources

- Cross cultural training for all SHR staff - cultural competency, Aboriginal diversity and racism
- Partnerships with Aboriginal Training and Employment institutions to meet SHR Aboriginal employment goals
- Spiritual and Ceremonial Services
- SAHC employment services for all SAHC programs and services
3. Medical Services Branch, Health Canada
6. Kimelman, 1985; Sinclair et al., 1991
7. Kimelman, 1985; see also the UN Convention on Genocide
8. Royal Commision on Aboriginal People (RCAP) 1996 (Search under “Adoption”)
9. RCAP 1996 chapter 15, p. 11