

# Final Report

## ABORIGINAL HEALTH CONFERENCES SERIES

Fall 2006

### Gatherings Sites

Kitsumkalum  
Prince George  
Fort St. John



# northern health

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# **NORTHERN HEALTH**

## **ABORIGINAL HEALTH CONFERENCES 2006**

### **Final Report**

#### **Introduction**

Three conferences were held within each of the Northern Health Authority sub-regions to promote relationship building with Aboriginal health care managers and staff by facilitating interaction between Health Service Administrators, Northern Health leadership, First Nations, and Aboriginal Health managers and staff. These conferences took place at Kitsumkalum, Prince George, and Fort St. John and were organized and facilitated by Lisa Tabobondung with assistance from Bill Mussell and a committee representing the Aboriginal community.

Conception of the Aboriginal Health Conferences hosted by Northern Health (NH) began with the development of a planning committee in April 2006. Twenty-five Aboriginal representatives attended two subsequent meetings to define the purpose, goals, and activities for the 3 conferences held within each of the health service delivery areas of the NHA.

Highlights for each of the conferences included the following:

- (a) availability of Aboriginal health information and resources;
- (b) opportunities for Aboriginal health care workers to network with Aboriginal health agencies and personnel of the HSDA and regional NHA managers;
- (c) opportunities for Aboriginal health care workers to showcase their most promising practices;
- (d) opportunities to learn from each of the NH managers regarding their programs and services;
- (e) sharing of 'best thinking' regarding development of a formal Aboriginal structure for strategic planning.

Malcolm Maxwell, CEO of NH, added to the substance of the discussions by delivering the keynote address.

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## Strategic Planning for Aboriginal Health

Each conference ended with reporting by small groups of 'best thinking' concerning four questions:

- (a) what is Aboriginal health?;
- (b) describe major barriers/issues to Aboriginal health;
- (c) what is your best advice/solutions to improve Aboriginal health?;
- (d) name next steps to address Aboriginal health.

This information was recorded on flip chart sheets and a sample was presented orally.

## **Priority Topics**

Following the conferences, the responses to the four questions were processed and collated to determine the substance of the information collected. This information is contained in Appendix A attached to this report. A summary of this information follows.

### 1. Aboriginal health?

Aboriginal health is holistic. It encompasses health determinants, is supported and fostered by Indigenous knowledge and know-how, and is community-based and driven. It includes health/mental health and addiction needs that call for accessible programs and services for all ages and stages of life.

### 2. Barriers to Aboriginal health?

Information reported on this question show serious concern regarding historical treatment and its effects reflected by present life conditions in aboriginal communities and indicates what is necessary for understanding barriers and developing change strategies in the communities.

Governments and local community, together, can improve these conditions with priority attention to building of community resources, including capacity building. The summary follows:

- imposed hierarchical structures and expertise;
  - programs/services not based on real needs;
  - illness based services and normalization of ill-health and issues such as poverty, violence and abuse issues, depression, addictions and suicide;
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- lack of valuing of cultural diversity;
- under-developed partnering/collaboration:
  - (a) within programs and between communities;
  - (b) between Aboriginal communities and NHA and other service agencies;
- lack of real opportunity to build from within, and relative absence of holistic health and community of care practices;
- lack of familiarity with mental health/mental illness symptoms/conditions/treatment;
- lack of mental health programs/services;
- lack of community-based capacity to manage mental health/mental illness and addictions needs;
- relative absence of care-giving/parenting capacities in the communities;
- absence of integrated services in most communities.

### 3. Best advice/solutions and (4) Next steps for Aboriginal Health?

The substance of the advice reported for #3 is strongly supported by the information connected with “Next steps to address Aboriginal Needs/Goals”, item#4. Rather than developing two separate lists already shown in Appendix A, one comprehensive description is provided.

The action items begin with the need for informed input from the communities into senior decision-making at NHA and highlight the need for health determinants to serve as the framework to plan and implement change. The importance of a strengths-based approach that features traditional or Indigenous knowledge, know-how, and promising practices, proposed agenda items, and ways and means to build upon community-based resources describe the next three items. Need for funding and other resources, and their intended purposes, complete the set of action items.

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## Themes for Action Planning

1. First Nations and other Aboriginal people to have strong presence in decision-making levels, including policy, and in addressing program conception, collaboration and evaluation and the following:
    - to identify true gaps between reality of health status and health conditions, and accessible programs/agencies;
    - to undertake integration planning across jurisdictions with Aboriginal communities at the center;
    - to do more pandemic planning;
    - to attain more transparency, especially concerning transition and integration funding;
    - to work toward more community-based services, including GPs and dentists.
  
  2. More conferences that address all aspects of health, mental health, wellness, and addiction matters, especially support for more quarterly and other gathering that include FNIHB, DIA, and other government stakeholders together with Aboriginal communities that foster:
    - intentional networking;
    - pooling of NH, Aboriginal and other resources;
    - strong teaching/learning focus;
    - community capacity-building;
  
  3. Health determinants to provide framework for approaches and strategies to health, mental health, addiction and wellness programs and services in communities.
  
  4. Application of Indigenous knowledge, ways of knowing, core values, best practices and what works to address today's health, education and social development challenges.
  
  5. Working groups/committees at front end (NH and Aboriginal communities) to be established to work toward improved health/mental health and addictions, health promotion, and the following:
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- to re-establish increased use of traditional vegetables, herbs, and other food services to improve nutrition;
  - to make chronic disease prevention management a priority;
  - to apply focused attention and resources to address HIV/AIDS;
  - to support, promote and undertake community development, community with community;
  - to support, promote, and undertake co-ordination of services with other health service providers.
6. Employ Aboriginal liaison workers at each hospital, in sub-regions, and throughout the NH organization.
7. Long term funding and more available and accessible resources, education and training at the community level; in particular:
- education/training with NH re: what works in Aboriginal contexts;
  - palliative and residential care available closer to home;
  - continuing education/training of Aboriginal candidates to fill professional health/mental health roles.
8. Improved and much stronger focus upon mental health and wellness, and addictions matters, in particular:
- education/training based upon Indigenous knowledge, ways of knowing, core cultural values, what works, and cultural safety;
  - integrated case management;
  - community-based healing and mental health practices.
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## Appendix A

Aboriginal Health Descriptors	Major Issues/Barriers to Aboriginal Health
Holistic	Third world conditions <ul style="list-style-type: none"> <li>• Treated as objects of life;</li> <li>• Experience homogenization (lack of valuing of cultural diversity);</li> <li>• Hierarchical structures prescribe;</li> <li>• Expertise is imposed (talked down to)</li> <li>• Programs/services not based on real needs and are not conceived in context;</li> <li>• Illness-based services.</li> </ul>
Encompasses Health Determinants	Relative absence of holistic health and community of care <ul style="list-style-type: none"> <li>• Normalization of ill-health and issues such as poverty, violence and abuse, depression, addictions, suicide</li> <li>• Lack of real opportunity to build from within—employing a strengths-based strategy to capitalize on traditions and cultural ways to attain personal and cultural pride.</li> </ul>
Fostered by Indigenous Knowledge	Absence of mental health programs/services <ul style="list-style-type: none"> <li>• Lack familiarity with mental health/mental illness symptoms/conditions/treatment</li> <li>• Community-based capacity building to manage these needs is of priority importance</li> </ul>
Community-based and driven	Relative absence of caregiving/parenting competencies in the communities
Includes health/mental health/wellness (addictions)	Absence of integrated services in most communities
Supported by accessible programs/services for all ages/stages of life	Partnering/collaboration is undeveloped <ul style="list-style-type: none"> <li>• Within programs and between communities</li> <li>• Between Aboriginal communities and NH and other service departments</li> </ul>

<b>Best Advice/Solutions (Aboriginal Health)</b>	<b>Next Steps to Address Aboriginal Health Needs/Goals</b>
Long term funding and more resources	More conferences that address all aspects of health/mental health/wellness matters <ul style="list-style-type: none"> <li>• Intentional networking</li> <li>• Pooling of NH and Aboriginal resources</li> <li>• Strong teaching/learning focus for all participants;</li> <li>• Builds of community-based work</li> </ul>
Education/training that focuses on Indigenous knowledge, ways of knowing, core cultural values, what works, and cultural safety	Health determinants are used to provide framework for approaches and strategies that are holistic, integrated, and based upon Indigenous knowledge, ways of knowing, core cultural values, what works, and cultural safety.
Employment of health determinants to guide approach and strategy to health/mental health/wellness (addictions) programs and services in communities	More funding, available and accessible health resources, education and training at the community-level <ul style="list-style-type: none"> <li>• Education/training within NH re: what works in the Aboriginal contexts</li> <li>• Palliative and residential care to be available closer to home</li> <li>• On-going education and training of Aboriginal candidates to fill professional health/mental health roles</li> </ul>
Application of Indigenous knowledge, ways of knowing, core values, best practices and what works to address today's health, education and social development challenges.	Improved and much stronger focus upon mental health and wellness (addictions) matters <ul style="list-style-type: none"> <li>• Integrated case management</li> <li>• Community-based healing and mental health practices.</li> </ul>
Support more quarterly and other gatherings (conferences) that include FNIHB, DIA, and other government stakeholders.	Clarification of FNIHB roles and responsibilities for First Nations health and build linkages between NH & FNIHB & DIA, with First Nations being a key player
Education of the public regarding colonization and its legacy in the lives of Canada's Aboriginal peoples—poverty,	

<p>working poor, need for rebuilding cultural foundation and their potential for the future.</p>	
<p>More First Nations and other Aboriginal personnel who are employed by the NH</p> <ul style="list-style-type: none"> <li>• Increased input to decision-making</li> <li>• Influence policy-making</li> <li>• More dialogue across the system.</li> </ul>	<p>First Nations and other Aboriginal people to have strong presence in decision-making levels, policy levels, and in addressing program conception, collaboration and evaluation matters.</p>
<p>Improved health/mental health, true prevention and health promotion work</p> <ul style="list-style-type: none"> <li>• Establish working committees at front end</li> <li>• Recruit and employ community health liaison workers at front end</li> <li>• More community-based services, including GPs and Dentists</li> <li>• Improved discharge planning and follow-up from hospitals</li> <li>• Improved nutrition</li> <li>• Document existing services in Aboriginal communities, who funds the services, who delivers the services, etc.</li> <li>• Coordination of services with other health service providers</li> <li>• Undertake integration planning across jurisdictions with Aboriginal communities at the centre</li> <li>• Neighbouring Aboriginal communities to promote and undertake community development together.</li> </ul>	<p>Improved health/mental health, true prevention and health promotion work: -</p> <ul style="list-style-type: none"> <li>• More pandemic planning.</li> <li>• More transparency Re: transition and integration funding</li> <li>• Establish working groups/ committees at front end—First Nations/Aboriginal &amp; NH to address all health matters</li> <li>• Presence of liaison workers at each hospital, in regions, and throughout the NH organization</li> <li>• Re-establish use of natural resources (vegetables, herbs, other food sources) to improve nutrition.</li> <li>• Respond in timely, honest, realistic and effective ways</li> <li>• With Indigenous people, NH to identify true gaps between reality of health conditions and accessible programs/services</li> <li>• Provide funding for capacity-building (education/training).</li> </ul>