



Indigenous Health

in the new Saskatchewan Health Authority

Summary of Findings



**Saskatchewan
Health Authority**

Indigenous Health Working Group
Transition Team
June 2018

Acknowledgements

On behalf of the Indigenous Health Working Group, we would like to acknowledge our First Nations and Métis Elders, cultural advisors and Traditional Knowledge Keepers, who provided guidance, support, and direction throughout our journey. The wisdom and knowledge that was shared with our team helped shape the process.

We acknowledge each patient, family, and community member as well as community leaders for taking the time to share their insights and expertise with the team. We are honoured to listen and learn from their expertise.

We would like to thank the Ministry of Health and the Provincial Transition Team for their participation and assistance throughout the engagement process, and the health region staff across the province who provided valuable information related to Indigenous health.

We have to express our appreciation and gratitude to the entire Indigenous Health Working Group for their hard work and dedication to supporting this work.

And above all, we acknowledge the Creator for guiding this process in a good way.



Indigenous Health Working Group Members

Gabe Lafond, Chair

Executive Director, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon

Tania Lafontaine

Consultant, Representative Workforce, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon

Joyce Racette

Coordinator, Representative Workforce, Saskatchewan Health Authority, Saskatchewan Health Authority, Regina

Barb Sauve

Consultant, Representative Workforce Program, Human Resources, Saskatchewan Health Authority, Prince Albert

Sheila Mann

Senior Policy Analyst, Intergovernmental and Indigenous Health, Partnerships and Workforce Planning Branch, Saskatchewan Ministry of Health

Gail Boehme

Executive Director, All Nations' Healing Hospital, Saskatchewan Health Authority, Regina/Five Hills Qu'Appelle Tribal Council

Veronica McKinney

Director of Northern Medical Services, University of Saskatchewan

Sharon Okeeweehow

Patient Advisor, Aboriginal Patient and Family Advisory Committee, Saskatchewan Health Authority, Saskatoon

Gilbert Kewistep

Cultural Advisor, First Nations and Métis Health Service, Saskatchewan Health Authority, Saskatoon

Rick Favel

Traditional Knowledge Keeper, All Nations' Healing Hospital, Saskatchewan Health Authority, Regina /Five Hills Qu'Appelle Tribal Council

Support Team

- **Sharon Clarke**, Lead, Representative Workforce, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon
- **Phoebe Fosseneuve**, Consultant, Representative Workforce, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon
- **Julie Haubrich**, Consultant, Representative Workforce, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon
- **Rosanne Glass**, Administrative Assistant, First Nations and Métis Health, Saskatchewan Health Authority, Saskatoon
- **Patty Martin**, Director, Communications Services, Saskatchewan Health Authority, Saskatoon
- **Michele Bossaer**, Director, Media Relations and Public Affairs, Saskatchewan Health Authority, Saskatoon
- **Lara Murphy**, Manager, Public Health Observatory, Population and Public Health, Saskatchewan Health Authority, Saskatoon
- **Mel Brockman**, Research Officer, Public Health Observatory, Population and Public Health, Saskatchewan Health Authority, Saskatoon
- **Erin Beckwell**, Knowledge Translation Specialist, Public Health Observatory, Population and Public Health, Saskatchewan Health Authority, Saskatoon
- **Josh Marko**, Epidemiologist, Public Health Observatory, Population and Public Health, Saskatchewan Health Authority, Saskatoon
- **Tracy Creighton**, GIS Analyst, Public Health Observatory, Population and Public Health, Saskatchewan Health Authority, Saskatoon

Special thanks to Mel Brockman for her key role in creating this report.



BACKGROUND AND PURPOSE

For decades, there has been a trend, nationally and provincially, for the Indigenous population to experience poorer health and socioeconomic status than the non-Indigenous population. These issues are particularly salient in Saskatchewan: of the 10 provinces, Saskatchewan is nearly tied for the highest proportion of Indigenous peoples (16%, with Manitoba having the highest at 18%). Further, Saskatchewan's Indigenous population is growing at just over twice the rate of the non-Indigenous population. Together, these facts underscore the need to purposefully address Indigenous health in the new Saskatchewan Health Authority (SHA).



The 2009 Saskatchewan Patient First Review contains several recommendations aimed at more equitable, respectful, and culturally safe care for Indigenous peoples, while the 2016 Saskatchewan Advisory Panel on Health System Structure Report includes a recommendation to engage with Indigenous people to help inform how best to address First Nations and Métis health needs in a culturally responsive and respectful manner. Both reports clearly identify that health system changes are needed in order to improve the health and well-being of Indigenous peoples in the province. Indigenous communities agree and note that progress on past recommendations has been slow, under-resourced, and fragmented.

In accordance with the Advisory Panel's recommendation, an Indigenous Health Working Group (IHWG) was formed for the months leading up to the transition to a single health authority (May through November 2017). The mandate of the IHWG was recommendation five on the advisory report.

- Engage with Indigenous people to help inform how best to address First Nations and Métis health needs in a culturally responsive and respectful manner. In particular, the following should be examined:
 - a) Appropriate representation in the governance of the Provincial Health Authority;
 - b) Ensuring community advisory networks are reflective of the ethnicity and culture of the community; and
 - c) Establishing a senior administrative role within the Provincial Health Authority with the responsibility for ensuring health care services respect the First Nation and Métis patient experience.

PROCESS

1. Community Engagement

The goal of the engagement process was to begin a journey toward improved Indigenous health outcomes following the transition to a provincial organization. Input was gathered from Indigenous leaders and community members in the following ways:

Information sessions: Members of the IHWG met with tribal council representatives to discuss the transition process.

Engagement sessions: Members of the IHWG met with community members and leaders to share information on the transition process and to solicit input in the following areas:

- Vision of Indigenous health and well-being
- Indigenous health priorities, challenges, and opportunities
- Indigenous voice and representation in the SHA

Elders' forum: One-day event held at Wanuskewin, where First Nations and Métis Elders from across the province discussed Indigenous health issues and opportunities.

1. Community surveys: A paper survey was handed out at three events:

- National Aboriginal Day, Saskatoon
- Back to Batoche Days, Batoche
- Treaty Four Gathering, Fort Qu'Appelle

The Community Survey produced the following results:

- 88 respondents in total: 24 in Saskatoon, 30 in Batoche, 34 in Regina
- 55% First Nations, 32% Métis, 9% other (4% did not respond)
- 56% urban, 18% rural, 16% reserve/First Nation (10% did not respond)

2. Environmental Scan of the Saskatchewan Health System

The purpose of the environmental scan was two-fold:

1. Produce an inventory of health programs and services in the province that have some type of Indigenous-specific component.
2. Determine the current state of Indigenous representation on Community Advisory Networks in the province.

A web search of programs and services was conducted for each of the 12 former health regions. The inclusion criteria included (1) explicit mention of an Indigenous component; or (2) a program, service, or policy with an implicit tie to Indigenous clientele. These initial inventories were then sent to relevant contacts within the former health regions for feedback. Contacts were also asked to provide information about CANs in their former health region in terms of whether they (1) are operating, and (2) have Indigenous representation.



FINDINGS:

1. What We Heard from Indigenous Communities:

- Six themes capture the main messages we heard during the community engagement process:
- A conversation about the ideal state of Indigenous health and well-being is difficult when there are so many challenges and barriers in the health system.
- There needs to be better access to health services, particularly in the North.
- Common visions of improved Indigenous health and health care include: adopting a holistic approach; recognizing traditional medicines and practices; more respectful care; and enhanced and culturally responsive services.
- Representation/voice in the Authority will be imperative to improving Indigenous health.
- The Authority must embark on more meaningful, sustained engagement/consultation with Indigenous communities, both rural and urban.
- Accountability to the Indigenous community is key to relationship-building and working toward improved health outcomes for the Indigenous population.



2. Indigenous Programs and Services in the Saskatchewan Health System

Eight provincial initiatives were identified:

- LiveWell with Chronic Conditions: delivered in a number of First Nation communities; provincial coordinator and Indigenous coordinator.
- HIV Strategy, 2010-2014: a disproportionate number of Indigenous people have HIV.
- Tuberculosis (TB) Strategy, 2013-2018: focuses on reducing the rates of TB, particularly in selected high-incidence communities in the North.
- Chronic Disease Management – Quality Improvement Program: established to focus initially on the six chronic conditions identified as notably higher within the Indigenous population.
- Circle of Partners: former regional health authority and Ministry of Health committee; mandate to support and advise on Indigenous health workforce planning.

- Ten Year Mental Health and Addictions Action Plan: system goal includes “Partner with First Nations and Métis peoples.”
- Cultural Responsiveness Framework (CRF): developed under the tripartite Memorandum of Understanding (MOU) on First Nations Health and Well-being to strengthen the cultural responsiveness of mainstream health care providers, and to help ensure the unique cultural needs of Saskatchewan’s Indigenous peoples are respected, understood, and accommodated in all aspects of health services.
- Education and training for a representative workforce: Saskatchewan has post-secondary education institutions and programs designed specifically to accommodate Indigenous learners.

Highlights from the environmental scan of the 12 former health regions are as follows:

- In the north, former Keewatin Yatthé and Mamewetan Churchill River, there is an absence of Indigenous-specific elements in programs for a predominantly Indigenous population. This is partly due to a lack of capacity and resources to keep up with service demand in the North, let alone enhance services to be more culturally responsive.
- Policies facilitating tobacco and traditional medicine use for smudging ceremonies exist in some former health regions.
- A provincial Open Family Presence policy was approved in August 2015. In line with the patient and family-centered care principles stemming from the Patient First Review, this policy calls for former health regions to move away from restricted visiting hours. In addition, it is up to the patient to define their family. Although not explicitly Indigenous-focused, this policy is in keeping with the broader definition of family within Indigenous culture. Evidence of this policy’s implementation was found in nearly every former health region.
- The largest former health regions (containing the largest urban centers) – Saskatoon, Regina, and Prince Albert – have the most Indigenous-focused programs and services.
- Seven of the 12 health former regions appear to have a Representative Workforce Department: Mamawetan Churchill, Prince Albert, Saskatoon, Sunrise, Cypress, Five Hills, and Regina. A few former regions identified targets for Indigenous representation.
- Aboriginal awareness/cultural competence training was found in two-thirds of the former health regions: Mamawetan Churchill, Prairie North, Saskatoon, Cypress, Five Hills, Regina, Sunrise, and Sun Country.
- Several partnerships, MOUs, and service agreements exist between former health regions and Indigenous agencies. For example, the Meadow Lake Tribal Council has a service agreement with former Prairie North Health Region to cost-share health navigators.
- The Ministry of Health currently has 15 provincially funded Mental Health First Aid First Nations (MHFA FN) facilitators in the Saskatchewan Health Authority. To date, 238 people in Saskatchewan have received MHFA FN training by a provincially funded facilitator since 2016-17.



3. Indigenous Representation on Community Advisory Networks

There was variability with regard to the existence of Community Advisory Networks across the province, with seven former health regions noting they currently have Community Advisory Networks (or similar structure) and five indicating they do not. Only three of the seven former regions with Community Advisory Networks presently have Indigenous representation.



RECOMMENDATIONS:

In the words of some of the Elders, the time is now for meaningful change and reconciliation, and the transition to a single health authority is an opportunity to bring Indigenous health issues to the forefront. Based on what we heard from Indigenous leaders and community members in various parts of the province, we submit the following recommendations geared toward improving Indigenous health and well-being in Saskatchewan.

1. Under the leadership of an executive director within the Authority, centralize the Indigenous Health portfolio and enhance or replicate appropriate initiatives in all six areas. It is further recommended that the Representative Workforce Department and the Circle of Partners be combined into a province-wide program under Indigenous Health.
2. Implement the Cultural Responsiveness Framework within the Saskatchewan Health Authority as part of the Saskatchewan Cultural Responsiveness Training.
3. Establish a policy-making framework that addresses the similarities and differences among Indigenous peoples in terms of (1) where they live (north or south), (2) the type of locale in which they live (rural/remote or urban), (3) whether they identify as First Nations or Métis (and linguistic groups therein), (4) English fluency (less fluent in the North), and (5) eligibility for the federal Non-Insured Health Benefits (NIHB) Program coverage.
4. Develop a formalized, meaningful, and continuous engagement process with Indigenous communities, leaders, and agencies. This is the best way to build mutual respect and trust, and to ensure systematic inclusion of Indigenous voice in the health system.
5. Include Indigenous representation at the local level of the health system, with Community Advisory Networks compositions that reflect the communities they serve, and adequately resource Community Advisory Networks to maximize their effectiveness (e.g. offer compensation for travel to meetings).
6. Include Indigenous representation at the area level of the health system by forming a First Nations and Métis Health Council in each area.

7. Include Indigenous representation at the provincial level via (a) positions on the senior leadership team, (b) a mechanism for direct relationships and collaboration between Indigenous leaders and the leader of the Indigenous Health portfolio within the Authority, and (c) a provincial Indigenous Patient and Family Advisory Committee.
8. To systematically utilize the wisdom of Elders, form a provincial Traditional Knowledge Keepers Society. Follow protocols and compensate Elders properly and respectfully for their contributions. The Society should also include Indigenous community members. This independent community voice would guide the Saskatchewan Health Authority on initiatives which can advance the cultural responsiveness of the health system. The CRF can be used to direct the work of the Society.
9. Develop a framework for SHA's accountability to Indigenous communities: employ an evidence-based approach, create measurable goals and an implementation plan, track progress, and report back regularly. This will necessitate upgrades to the current state of data infrastructure, updating indicators and metrics so they are relevant to Indigenous communities, going beyond acute care metrics (e.g. establishing a health status reporting format that is deemed acceptable by Indigenous communities), and exploring ways to report from a strengths-based rather than a deficits-based perspective.
10. Recognize and respect Indigenous worldviews in the realm of health and well-being, as well as traditional medicines and healing practices.
11. Recognize and address the cultural safety issues and health inequities experienced by Saskatchewan's Indigenous population. One way to address this is through systematic, ongoing cultural responsiveness training for SHA staff and leadership.
12. Work with other sectors, such as education, social services, and justice, to address the social determinants of health disproportionately impacting Indigenous communities in Saskatchewan.
13. Continue to provide existing programs and services, while increasing and expanding these services across the province. Native Health Services in Regina Qu'Appelle Health Region and First Nations and Métis Health in Saskatoon Health Region are acute care-based models of cultural responsiveness that can be rolled out provincially.
14. Recognize and address the gaps in health care service delivery in the North. Current barriers to health care access demonstrate that health care is not truly universal in Saskatchewan.
15. Take action on the good ideas offered by Indigenous leaders and community members through the IHWG engagement process. Fully implement the recommendations/Calls to Action from past reports (e.g. Patient First Review, Truth and Reconciliation Commission, Tubal Ligation in the Saskatoon Health Region).
16. Work with Health Canada (Non-Insured Health Benefits Program) to address jurisdictional challenges; that is, the lack of coordination between federally- and provincially-funded health services and equipment.





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