Background

In partnership with the Indigenous Peoples’ Health Research Centre, the Johnson Shoyama Graduate School of Public Policy, and the First Nations University of Canada, The Conference Board of Canada’s Saskatchewan Institute convened a forum on Indigenous health in May 2016. The event was built around three ideas: sharing innovative policies and programs currently helping improve Indigenous health outcomes; focusing on the importance of including Indigenous knowledge, understanding, and methods in health care delivery; and creating action advice on how to incorporate Indigenous health innovations into our health care system.

The time is right to discuss health innovation rather than disparity. The Truth and Reconciliation Commission’s Calls to Action include actions aimed at increasing the inclusion of Indigenous culture and knowledge in health care in Canada.

Interactivity was one highlight of the event. According to one participant, “interactive activities reinforce the point that innovation is not about re-inventing but about the creative process and that in learning and creating demand we move beyond thinking to doing.” A common sentiment at the Closing the Gap forum: We need to just start doing.

Here are some highlights from each forum session.

“We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients, in collaboration with Aboriginal healers and Elders, where requested by Aboriginal patients.”

Plenary Session 1

Making a Difference—Health Innovations in Saskatchewan’s North

The Northern Inter Tribal Health Authority (NITHA) is a partnership among the Meadow Lake Tribal Council, Prince Albert Grand Council, Lac La Ronge Indian Band, and Peter Ballantyne Cree Nation. The agency offers advisory and support services to the four partners to facilitate administration and program management and direct service delivery in the communities.

A key aspect of providing care in Northern Saskatchewan has been through primary care nursing stations. These stations allow for increased access to health supports and handle routine, acute, and emergency treatment. They are also involved in health promotion, disease prevention, and chronic disease management. Registered nurses at these stations have additional training, enabling them to assess, diagnose, and treat conditions; interpret lab results; and prescribe medications under the guidance of the physicians who regularly visit the communities.

For NITHA, solutions such as the nursing stations (which have a strong emphasis on relationships, autonomy, and consensus-building) improve health service delivery in communities.

The Know Your Status (KYS) Project in Big River, Saskatchewan, gives people access to the testing, diagnosis, and treatment of HIV, hepatitis C, and sexually transmitted infections without having to leave their community. Almost all KYS patients are retained in care. This highly successful project has demonstrated that patients are more likely to access care if it does not require constant travel, and it has shown the effectiveness of a patient-centred approach that promotes ownership of a treatment that works for the patient.

Technology and community engagement play critical roles in the project’s success. The use of technology (electronic health records, telehealth, and portable FibroScans) improves access to services for patient and community supports.

A cellphone program that allows patients to check in with care providers is an important aspect of the KYS Project. Big River funds the program and collects data on such things as the number of times a patient communicates with the nurses per week, the questions asked, and the supports requested. These data are then reviewed by the community to allow for better health decision-making.
Mental health resources and programs are still lacking in the North. Help is reactionary, with professionals coming to communities only when something happens. Communities would benefit from a more consistent presence and support. Programs like the Tipi Camp, for example, could make a positive difference if implemented in the school curriculum.

Tipi Camp, as highlighted in a video at the opening of the forum, uses theatre and other arts-based and interactive practices to examine choices that affect health and wellness. The activities at the camp provide youth with opportunities to practice leadership, test behaviours, and develop self-esteem.

Mental health supports are inadequate and underfunded, but mental health remains an underlying factor in so many health issues.

Plenary Session 2

Innovations in the South

Southern health innovations have developed to address the challenges of urban areas, as well as issues such as alcoholism and unemployment. Like Northern innovations, community engagement remains a key to individual and community wellness. Community-based health means seeking Indigenous health solutions that include the physical, emotional, mental, and spiritual well-being of the recipients.

There is a growing recognition that Canadian (and Western in general) public policy has failed Indigenous people, and these failings are demonstrated in our health services.

As an example of a new approach to health delivery, the All Nations, Healing Hospital (ANHH) in Fort Qu’Appelle works with Canadian health standards but integrates its own supports using a more holistic Indigenous approach. ANHH is on reserve land and is owned and operated by the 15 First Nations of the File Hills Qu’Appelle Tribal Council and Touchwood Agency Tribal Council. Funding relationships with the Saskatchewan Ministry of Health and Health Canada are in place for this integrated health care centre that can deliver services in five different languages.

The centre offers women’s health services, visiting specialist services, community health services, and rural acute care services. All health services emphasize the importance of a culturally sensitive, patient-centred, community-driven approach to primary care and seek cooperation among health providers, health jurisdictions, and communities.

ANHH offers a culturally safe environment that includes traditional and spiritual services but also takes full advantage of technologies that improve service delivery, such as Sunrise Clinical Manager, a lab information system, the electronic medical record, picture-archiving communication system, and Panorama—a communicable disease surveillance and management system.
Key aspects of health delivery within this integrated model include:

- The Chronic Kidney Wellness Initiative, which respects and normalizes cultural services and traditional ways of knowing while helping clients self-manage their health. The initiative supports access to peritoneal, home, and satellite dialysis services.

- Youth Action Plan, which creates and delivers youth programming on cultural teachings, self-care, and sexually transmitted infections.

- Chronic Wellness Centre, which is innovative, culturally responsive, collaborative, integrated, and inclusive in promoting life-long health.

Leading Thunderbird Lodge (also in Fort Qu’Appelle) is another agency that focuses on holistic health by treating not just the addiction but the whole person. The Lodge has become a centre of excellence in treating Indigenous youth from across Canada who are struggling with addictions and, often, mental health disorders.

A culturally based curriculum targets three program areas: residential treatment programming (clinical, educational, cultural); outreach; and community-based matrix outpatient programming. In addition, it offers equine therapy and suicide prevention service.

The home-based nephrology program in the Regina Qu’Appelle Health Region addresses the high prevalence of diabetes and kidney disease in First Nations communities by providing consultation and health solutions in the community. This program aims to increase utilization of home renal replacement therapies in First Nations communities instead of requiring patients to travel far from their home community to receive services. This improved access to nephrology services is already improving outcomes.

The importance of holistic care was highlighted for all health services. Outcome improvements result from increased trust. For many Indigenous people, historical experiences have led to distrust of the public system, so credibility must be enhanced. One clear way to ensure enhanced credibility is to allow Indigenous people to lead.
Keynote Presentation

Honouring Our Strengths: Culture as Intervention

- Dr. Colleen Dell, University of Saskatchewan Research Chair in Substance Abuse, believes that when we create Indigenous health care solutions we must think outside the Western box and display cultural humility. Colonialism, says Dell, has had a destructive impact on Indigenous health. Within an environment of reconciliation that must be based on mutual understanding and respect, culture should and will play an important strengths-based role in health and healing.

- Through the Culture as Intervention Project, Dell seeks not only to improve and promote innovative health research to improve addictions and substance abuse outcomes, but also to honour the strength of Indigenous culture as a critical component of patient and community health and healing. This holistic, balanced notion of wellness is central to a number of research activities centred on health that include animal-based addictions therapy and animals as a way of teaching healthy touch and communication.

Plenary Session 4

Key Questions for Taking Action on Innovation

Question 1: How do we close the gap? What are the challenges?

- Good things happen when Indigenous communities lead. An example is the University of Saskatchewan’s College of Nursing working with Indigenous communities to build local nursing capacity. The secret to closing the gap is listening to what people say they need and delivering it to the best of our abilities and resources.

- More funding for programming is required. Given the Truth and Reconciliation Commission’s calls to action, it is important to implement what communities tell you they need. But it will remain difficult to implement innovative ideas as long as funding sources are not available.

- Creating better health outcomes involves a holistic approach, one that includes geography, culture, and community. However, securing funding requires people to take a fragmented approach (e.g., request funding specifically for diabetes). To close the gap, we must fix the funding structures. How do we change funding priorities?

- Public policy is designed around addressing problems as they arise, rather than being preventative. This is a fundamental flaw.

- Relationships between patients, providers, and communities are key. The people who are suffering know what to do to take care of themselves, but they need the funding and resources to do it.

- Indigenous communities create innovations, but they normally have to fight to get these included in policy.
Question 2: What innovative programs are you involved in? What other examples exist of Indigenous health innovation?

- Research partnership with a native health institution in Hawaii. Indigenous Hawaiians went to legislation and policy early on—i.e., the Hawaiian Health Act.

- Working on a policy project on sleep apnea. Indigenous people often have to travel to hospital rather than get treatment at home. There are challenges getting continuous positive airway pressure machines for Indigenous people. It’s one of the many provincial/federal health jurisdictional problems.

- Working to get faculty to decolonize space of three counselling rooms at a higher education institution so the space can be used for group counselling and art therapy.

- Working to acquire CIHR funding to carry out respectful, patient-oriented research, with a focus on priorities of Saskatchewan’s health system. Won’t look at all needs in Indigenous communities, but will be a good start at growing capacity for improving health research.

- Making an Indigenous paradigm the foundation for the future by recognizing it is strengths-based. Current funding models often don’t support highlighting the positive and not the deficient. Statistics shouldn’t pathologize people, but it’s a different way of thinking about data and funding research.

- Current policy-making system is like a diseased tree. It is problem-based and not conducive to innovation, especially when it is focused on four-year election cycles. Adding Indigenous branches is not enough as long as the roots are sick.

- To successfully create innovations, Indigenous knowledge and ways of knowing are critical. As an example, young people at Leading Thunderbird Lodge are given customer satisfaction surveys. A Western paradigm would not usually give weight to the voices of addicted youth.
Question 3: Why aren’t we funding community/participatory health? We know it is effective, and it makes sense economically.

- We need to change our paradigm, and realize that the care component is just one aspect of overall health.
- Health is not just the absence of disease. It’s the balance of mental, emotional, spiritual, and physical. However, research grants for interventions and programs are rarely available. Funding is available for discussion of the problem.

Question 4: How do we bring First Nations together as a unified voice moving forward?

- The current model pits everyone against each other for scarce resources—it is a framework that does not work. We need to chop down the tree and start again from the beginning.
- Communities that are underfunded, mentally unhealthy, suffering from HIV/hep C do not have the capacity to lobby for themselves. Such communities need non-Indigenous allies who have the social and political capital to lobby.
- Indigenous health communities are held hostage by funding—lobbying against the funders is like “biting the hand that feeds you.”

Question 5: What can I do to be an ally?

- Everyone can focus on building relationships. That starts by asking where you could be of help.
- Respect the agency, culture, and community of the person you are going to be an ally for.
- Recognize that things take time, especially if relationship-building is involved.
Action Framework

Closing the Gap—Indigenous Health Innovations

Closing the Gap demonstrated the need to move beyond just providing a platform for sharing Indigenous innovations. Sharing is an important and required step, but taking learning into health delivery is critical. Opportunities to coalesce the Indigenization of policy as a means to tackle health inequities in Indigenous populations exist. Programs and activities exist. Participants saw the positive impact accruing from community-based and -led health interventions and how community-based participatory research has transformed and enhanced health care delivery for Indigenous people. But a number of loosely formulated themes from the event can constitute an early action plan.

Paradigm Shift

The current Western paradigm of health delivery has failed Indigenous peoples. It pits communities against each other for scarce resources, is reactionary rather than preventive, and forces fragmentation of the issues in order to get funding for research and programs. A new framework must be built from the ground up. Key to understanding Indigenous health policy is the need for this paradigm shift.

Indigenous Leadership

Give weight to Indigenous voices—Indigenous people know what their needs are. Indigenous leadership is leading a new paradigm. For example, the All Nations, Healing Hospital and Leading Thunderbird Lodge demonstrate that success can be achieved by placing Indigenous voices and culture at the heart of health care. As Dr. Colleen Dell of the University of Saskatchewan reminded participants, conceptualizing culture as intervention means incorporating Indigenous knowledge and culture into health care delivery—creating whole-being solutions that include spiritual, emotional, mental, and physical well-being.

Indigenous Culture

Incorporate Indigenous knowledge and culture into health care service delivery. Solutions must reflect the Indigenous conception of health, which includes spiritual, emotional, mental, and physical well-being. This involves a holistic, preventive approach that focuses on the long term (not just a four-year election cycle). This also involves incorporating cultural elements, such as the land-based physical activity used in the Tipi Camp video—when youth feel connected to their community and their heritage, they are more likely to make positive choices.
Improving Access to Improve Outcomes

Increase capacity within Indigenous communities like what is occurring in nursing education (e.g., the University of Saskatchewan College of Nursing), adjusting health delivery capacity to reflect unique circumstances (e.g., NITHA Primary Care Nursing Stations), employing innovative technologies (e.g., telehealth, portable FibroScan), and supporting access to home-based treatments (e.g., All Nations, Healing Hospital home dialysis).

Relationship-Building

From policy to delivery, people must take the time to build trust with and understand the needs of the individuals and communities that are being served. Most of the initiatives discussed and highlighted at the forum emphasized partnership and community engagement.

Client-Centred Care

Respect the agency of those being treated. Allow Indigenous people to have ownership of their disease and ensure that their treatment works for them. Client-centred care means respect for the culture and the supporting health communities of those being treated.

Non-Indigenous Allies

Non-Indigenous people in the community are allies who can help by lobbying on behalf of Indigenous communities. Allies often have the social and political capital to lobby, while Indigenous communities often do not.

Indigenous Methodologies

Research should be strengths-based and should avoid pathologizing its subjects. Research should focus on solutions rather than simply continuing to discuss the problem.
**Next Steps**

Inspiration abounds after forums and conferences. The challenge is, what do we do with it? Indigenous knowledge holds that traditional culture is vital for client healing and wellness. Beyond the examples shared, how we translate this knowledge into action will be key.

As a forum, Closing the Gap was a working platform for engagement and discussion. This summary and advice framework now serves as an opportunity for participants and their respective organizations to create action.

The themes in the action framework will continue to be advanced as a research project by the Saskatchewan Institute of The Conference Board of Canada. The report on the project is expected to be published in the fall of 2016.

**Sponsors**

Closing the Gap: Indigenous Health Innovations was sponsored by the following organizations:

![Saskatchewan Polytechnic](image1.png) ![SHRF](image2.png) ![Saskatchewan Indian Building and Housing Authority](image3.png) ![Virtual Hospice](image4.png)

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