

REPORT ON NEEDS FOR ABORIGINAL WELLNESS AT STANTON TERRITORIAL HOSPITAL AUTHORITY

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EXECUTIVE SUMMARY

The purpose of this report is to identify the needs for continued Aboriginal wellness programs at the Stanton Territorial Health Authority (STHA) within the existing hospital structure, and to highlight services which may be delivered in a new Aboriginal wellness building beside the hospital. We explored what is currently underway for Aboriginal wellness services at STHA, what are some of the best practices for Aboriginal wellness in Canada, and we worked with territorial knowledge holders to identify priorities for Aboriginal wellness services at Stanton hospital.

This needs assessment brought together a number of resources on Aboriginal wellness in Canada and gathered expert opinions from Elders, care providers, policy makers and researchers in the Northwest Territories. The sources of information included: (1) a review of best practices in hospital-based Aboriginal wellness services, (2) a review the Stanton Elders Council's meeting minutes, (3) a series of interviews with the Stanton Elders' Council members, regional health representatives, and community stakeholders, and (4) a community engagement and priority setting workshop to get input on findings and key program components. The findings told us which programs within STHA could benefit from an Aboriginal wellness approach. We describe program features of Aboriginal Wellness and introduce the programs/services that could be delivered in the main hospital building, and programs/services that would need to be developed in an adjacent building (as it would not be suitable to have those services in a hospital).

Priority areas for program enhancements at STHA included palliative care, wellness promotion, midwifery services, traditional medicine, complimentary medicine, mental health, and childhood and family development. Specifics were provided in relation to the services that could be provided in the STHA and in an adjacent structure. For activities in the STHA it was recommended that programs follow a holistic model of wellness, support specialized and experienced patient escorts, include culturally-responsive Elder care services, have an on site traditional healer and referrals for community based care, provide access to traditional foods, cultural liaison, accommodation for families, and deliver orientation and education in Aboriginal cultural competencies for staff. Services that were recommended within a stand alone structure included an Elder in residence, rooms for traditional healers, referrals, outreach and support for community healers and land based programs, outdoor sweat lodge, sitting area and cook fire, kitchen for non-inspected meats, overnight suite for families of inpatients, space for language services, space for workshops, lecture hall/space for teachings that includes a ceremonial fire. How the two structures might connect was discussed with suggestions about physical connections (walkway), electronic (connected charts and care provider communication between buildings), and policy development with a strategy linking aspects of Aboriginal wellness. Other administrative elements were mentioned, including the need for culturally appropriate measures for quality improvement, clinical standards for Aboriginal Wellness, human resources development and a functional plan for infrastructure development. Figure 1 provides a picture of how the elements of programs, services in Stanton, and outside of Stanton connect and supported by administrative levers.

Given the interconnectedness of sectors working for Aboriginal wellness, the broader context for Aboriginal wellness in the NWT was mentioned on numerous occasions. Currently the Northwest Territories is undergoing a health reform with the amalgamation of health authorities, and STHA is undergoing redevelopment. The changes will influence both the governance and building structure at Stanton hospital and provide an opportunity to consider sustainable and responsive programs for Aboriginal Wellness not only in STHA, but also within the amalgamated health authority. Some recommendations made were at a higher systems level and could have implications within the amalgamated health authority.

These included the need for a mission and vision statement that acknowledges and supports underlying values of holism, family orientation, community engagement, respect, compassion for and inclusivity of all cultures and the need for consultation on the best approach for governance and supporting partnerships in the oversight of Aboriginal wellness programs. It is evident that the relationships and partnerships supporting Aboriginal wellness initiatives are complex both within Stanton and the territory. The mechanism of using a territory wide strategy for Aboriginal wellness to support governance models and partnerships, maximize resources, and provide quality care was highlighted as a consideration for the NWT. These features are highlighted in Figure 2.

The overall mood of the consultation was hopeful. Thoughtful consideration was given to the recommendations brought forward by those who contributed to this report. In Canada and the Northwest Territories there is a supportive environment and a keen interest to improve and develop Aboriginal wellness programs. The participants recognized Treaty rights, the Calls to Action for health by the Truth & Reconciliation Commission, and the UN Declaration on the Rights of Indigenous Peoples.

The report is detailed and contains the data that was collected. Chapter 1 introduces the approach taken for the assessment. Chapter 2 highlights the scope of Aboriginal wellness services currently offered and being explored at STHA, chapter 3 provides some information on who is currently accessing services at STHA, chapter 4 shares findings on best practices for hospital based programs on Aboriginal wellness in Canada, chapter 5 describes the areas for development in STHA, and in the adjacent building and chapter 6 concludes with final recommendations and action items.

CHAPTER 1

Introduction

Purpose

In 2013 a planning study was completed for the proposed technical and program renewal of The Stanton Territorial Health Authority (STHA) located in Yellowknife, Northwest Territories (NWT). As part of the renewal Stanton has committed to identifying the physical and cultural environments necessary to support the expressed values of Aboriginal communities in NWT, and the mode of delivery for Aboriginal Wellness programs. This report outlines the key components required in the development of a Territorial Aboriginal Wellness Centre that is part of the Stanton Territorial Health Authority.

Background

The Stanton Territory Health Authority (STHA) provides tertiary health care services to the residents of the Northwest Territories (NWT) and the Kitikmeot region of Nunavut. Stanton is the main facility for the health authority and has been in operation since 1988. With Aboriginal peoples representing over 50% of the population of NWT and 85% of Nunavut, STHA recognizes the importance of culture in health care. Since 2007 STHA, supported by the Elders council consisting of representatives from across the NWT, has been working to incorporate Aboriginal Wellness programs into the delivery of health care services.

The Stanton Territorial Hospital provides acute inpatient and ambulatory care to the 44,253 residents of the Northwest Territories of which 50% are First Nations, Inuit and Métis, and the 6,010 residents of the Kitikmeot region of Nunavut who are primarily Inuit. Of the 50,000 people served by the Stanton Territorial Health Authority approximately 56% are Aboriginal. The population of this region represents diverse indigenous cultural groups in thirty-eight communities spread across a vast geographical area. Within the region there are nine indigenous languages spoken.

As part of the current hospital renewal project, the Stanton Territorial Health Authority (STHA) and the Government of the Northwest Territories, Department of Health & Social Services have planned for continued Aboriginal wellness programs to serve the diverse indigenous populations who utilize the hospital. The current Aboriginal Wellness Program (AWP) at Stanton has been providing interpretation, kinship visits and cultural programs to Aboriginal patients since 2008. The program was developed by senior management at STHA in partnership with the Elders council. The Aboriginal wellness program at Sioux Lookout Meno Ya Win Health Centre in northern Ontario was identified as a best practice and requirements for implementation were explored by the then STHA Director of Operations in her 2008 master's degree thesis, "Introduction of an Aboriginal Wellness Program at the Stanton Territorial Health Authority". In its 2014-2015 annual report, STHA recognized the opportunity to improve the Aboriginal Wellness Program. The commitment from Stanton to develop an Aboriginal Wellness Centre is crucial to further the efforts that have already been made to improving the health and wellbeing of Aboriginal peoples in NWT.

Stanton's Aboriginal Wellness programs are varied and include language services in all the official languages of the NWT, patient supports, healing practices, northern foods and traditional medicine. Since the inception of the program in 2011/2012 there has been a 53.4% increase in interpretation services, kinship visits and cultural programs offered to patients at Stanton. However, despite these positive efforts to incorporate culture into healthcare delivery at Stanton, there remain many aspects of Aboriginal Wellness that cannot be accommodated within the walls of an acute care hospital that is predominately driven through a western biomedical approach to health. As such, Stanton has committed to the development of a Territorial Aboriginal Wellness Centre.

Objective

1. To identify aspects of care and needs for Aboriginal wellness services within the mandate of the STHA.
 - A | Highlight current scope of Aboriginal wellness services at STHA
 - B | Identify the Aboriginal populations who currently accesses services at STHA
 - C | Identify best practices in Aboriginal wellness services in Canada within hospitals or health authorities with similar level of care (including Whitehorse)
 - D | Based on current best practices and practices at STHA (a & c), identify gaps in services and program areas for development.

Activities and Methods

A. Highlight current scope of Aboriginal wellness services at STHA (Chapter 2)

- Review past Elders council minutes (5 years) to identify priorities and determine topics consulted on at STHA (key themes will be identified, and activities related to programming will be highlighted)
- Provide an overview of Aboriginal Wellness programs offered through STHA via access to internal and public documents
- Interview staff and past staff of the Aboriginal Wellness Program

B. Identify population who currently access Aboriginal Wellness services at STHA(Chapter 3)

- Identify the population that will be served and the health needs of this population
- Provide a description of the Aboriginal population served by STHA including demographic (including language), geographic location, demographic projections and key socio-economic indicators

C. Identify best practices in Aboriginal wellness services in Canada within hospitals or health authorities with similar level of care (Chapter 4)

- Provide a review and description of Aboriginal Wellness programs outside of the NWT documented in peer review and grey literature, including government documents, program reports, and community reports
- Describe elements related to client base, services provided, mode of delivery, governance, and other aspects in an iterative manner once literature is reviewed.

1 Request for Proposals, Territorial Aboriginal Wellness Centre Needs Assessment, GNWT

2 Donna Zaozirny, "Introduction of an Aboriginal Wellness Program at the Stanton Territorial Health Authority" (Master's diss., Royal Roads University, 2008).

3 http://www.stha.hss.gov.nt.ca/sites/default/files/stha_2014-2015_annual_report_-_english.pdf

4 Stanton Territorial Health Authority, Aboriginal Wellness Program. Accessed at: <http://www.stha.hss.gov.nt.ca/inpatient-services/aboriginal-wellness>

5 Stanton Territorial Health Authority Annual Report 2013/2014

D Based on current best practices and practices at STHA, identify gaps in services and program areas for development (Chapter 5)

- Interview Elders council members, patients and families, STHA staff, GNWT staff, and other territorial health stakeholders (deemed appropriate through recommendations) on priorities for Aboriginal Wellness services.
- Compare findings of best practices found in the scoping review with the current practices at STHA to identify potential areas for development.
- Share draft report with Stanton Elders Council committee members and key stakeholders who participated in nominal consensus meeting to validate findings and recommendations
- Based on priority areas for programming identify if the program should be based within the Stanton hospital structure, integrated with partner organizations, or in a separate wellness designated building
- Describe the pros and cons of having services onsite at the hospital versus at a separate site/offsite

CHAPTER 2

Scope of Aboriginal Wellness Services at STHA

This chapter of the report describes the current Aboriginal Wellness Program at STHA, evaluates use of current wellness programs at Stanton, and reviews the key recommendations made by the Stanton Elders' Council through a review of meeting minutes.

Key Activities

Describe current Aboriginal wellness programs offered through STHA through review of internal and public documents

Review past Elders council minutes (5 years) to identify priorities and determine topics consulted on at STHA (key themes will be identified, and activities related to programming will be highlighted)

Interview staff and past staff of Aboriginal Wellness Program

Current activities of Aboriginal

The Aboriginal Wellness Program (AWP) at the Stanton Territorial Hospital Authority is designed to provide a safe, welcoming and supportive place for Aboriginal patients and their families. The AWP services rely on collaboration between service providers and educators to coordinate targeted healing and wellness services that harness the healing power of the land. For instance, the AWP provides patients and their families with a Northern menu of traditional foods every Friday; conducts an annual "Feeding the Fire" ceremony; offers weekly cleansing ceremonies and cultural activities upon request; organizes pastoral care services and palliative care assistance (a one-time serving of coffee and tea, and provision of a family spokesperson to avoid unit overcrowding); conducts education services to increase staff cultural competency; and helps patients access Non-Insured Health Benefit (NIHB) funds (eg. for traditional healers). The AWP also provides certified medical interpreters, helps organize kinship visits, and provides a hospital unit orientation for patients and their families.

A kinship visit introduces Aboriginal patients to the Cultural Liaison workers and to the cultural programs at Stanton. These visits take place every Monday, Wednesday and Friday from 11:00 am to 3:00 pm. Patients fill out a form to specify their spiritual care needs and which cultural activities they want to participate in. This form is returned to the Cultural Liaison worker.

Current services offered by the STHA Aboriginal Wellness Program

Kinship visits
Spiritual health care - requests for ministry visits
Assistance accessing traditional healers through NIHB
Cleansing ceremony (Smudging on Wednesdays 2:00-3:00 pm in the chapel)
Traditional foods (soup, bannock, tea, etc. for lunch on Fridays)
Painting
Drawing
Sketching
Wood carving
Beading (uppers or card holders)
Knitting
Crocheting
Sticks (hand games)
Language books
Medical escort respite
Patient orientation to unit assist the nurse
Assist doctor/nurse with Interpretation of treatment and medicines
Day care
Assistance with filling out traditional food menu
Games
Sewing
TV/DVD cart /movies
Puzzles
Books in Aboriginal languages
CD music in Aboriginal languages
Coffee cart sign out for family gatherings
Cultural competency training for staff
Palliative care assistance

Stanton Elders' Council contributions to a plan for Aboriginal wellness

The Stanton Hospital's Elders' Council was established in May 2007 to advise and develop the Aboriginal Wellness Program at Stanton Hospital under the following mandate:

The mission of the Elders' Council is to provide direction and guidance to Stanton Territorial Health Authority as it establishes, maintains, develops, and delivers the Aboriginal Wellness Program. The key elements of this Program include spiritual health and healing, Aboriginal language use, traditional medicines, traditional foods, the healing power of the land, and cross-cultural awareness and collaboration.

The Elders' Council meets quarterly throughout the year. There are nine people who provide regional representation on the Elders' Council, including the chair (Appendix A). The Elders' Council represents a group of leading knowledge holders related to Aboriginal health practices in the Northwest Territories. With their knowledge they provide a culturally oriented vision for attaining accessible and responsive health services at the STHA.

It has been within the mandate of the Elders Council to discuss needs for an Aboriginal Wellness centre at Stanton Territorial Health Authority. Needs have been discussed throughout the terms and recorded in the meeting minutes. In order to capture perspectives across the regions within the Northwest Territories, we reviewed the Elders' Council meeting minutes..

Methods for meeting minutes review

Meeting minutes from twenty-seven Elders' Council meetings spanning from June 2007 to March 2015 were obtained from STHA. The paper copies of the minutes were scanned and converted into Microsoft Word documents for analysis. In the analysis of the minutes, discussion points were categorized in a spreadsheet. The names of categories were determined by using terminology from the Stanton AWP terms of reference.

A category of discussion was awarded a score of one if it was brought up in a meeting. If the discussion topic was not brought up it would receive a score of zero. These scores are tallied and analyzed on the next page (Table 2).

A second tally was done of topics discussed within each category. These additional scores are tallied and analyzed below in the section following Table 2.

Results:

Table 2: Discussion themes in Elders' Council meetings from 2007 to 2015

Elders' Council Meeting Discussion Categories:	How many meetings the topic was discussed or brought up out of 27 total meetings.
Identifying/addressing needs of Aboriginal Wellness Program	25
Collaboration/program development: Guest presentations from other Aboriginal wellness program coordinators, academics, or community members	16
Collaboration: Meeting with government officials	15
Feedback to STHA on direction and effectiveness of the Aboriginal Wellness Program	15
Discussion and planning of Aboriginal Wellness Centre	13
Sharing of traditional knowledge	13
Policy review and changes for cultural safety and well-being of STHA's Aboriginal clients	13
Administrative support	12
Future strategic direction	11
Meetings with guest healthcare professionals in attendance	10
Discussions of health problems	10
Identify and access resources to support full and successful implementation of the Aboriginal Wellness Program or Aboriginal Wellness Centre	7
General feedback to Stanton	6
Identification of community-based areas for improving health and wellness:	2

A wide range of topics was discussed at meetings of the Elders council and are highlighted in Table 2. The primary focus was around the needs of the current Aboriginal Wellness Program, planning for the development of an Aboriginal Wellness Centre, Cultural safety programs, accessing resources for Aboriginal Wellness program and responding to presentations from a variety of guests. Each of these areas provide insight into the needs for Aboriginal Wellness programs at STHA. More in depth description is provided below.

Explanation of categories and topics of discussion by category:

In this section, all of the categories tallied up above will be explained except for:

1. "Guest Healthcare professionals"
2. "Collaboration/program development: Guest presentations from other aboriginal wellness programs or academics or community members," and
3. "Collaboration: Meeting with Government officials"

These three categories of meeting discussions will be presented in their own section that describes the people and groups who attend Elders' Council meetings as guests.

Categories and topics of discussion by category

1. Identifying/addressing needs of Aboriginal Wellness Program (Discussed in 25 of 27 meetings)

Table 3: Topics of discussion in the category "Identifying/addressing needs of Aboriginal Wellness Program"

Topics:	Number of mentions or discussions:
Elder-in-Residence	8
Cultural Liaison	7
Palliative Care	7
Medical Escorts	5
Interpreters	4
Tobacco Campaign	3
Traditional Foods	3
Development of medical terminology in Dene languages	2
Mental Health and Addiction conference	2
Goals of Care for AWP	2
Cultural wellness activities	1

Table 3 captures specific topics that were discussed or mentioned within the broader category of identifying and addressing the needs of the Aboriginal Wellness Program

Elder-In-Residence

The need for an Elder-in-Residence has been a frequent and ongoing topic of discussion since the very beginning of meeting minutes in 2007.

Cultural Liaison

Discussions around cultural liaisons were mostly within the first half of the time period between 2007 and 2015. According to the meeting minutes, the purpose of a cultural liaison is to aid with in-depth, culturally safe questioning that interpreters are not trained to do. In October 2011 it was indicated that the job description of interpreters should be altered to focus more on cultural liaising.

Palliative Care

Palliative care discussions began in 2012 and have been a major focus for integration into the AWP since then.

Medical escorts

An ongoing topic of discussion since 2007. There has been a desire to better define the medical travel details, roles and responsibilities of medical escorts.

Interpreters

There has been a need for interpreters to interpret medical terminology. There have also been challenges finding interpreters for some official languages of the NWT.

Tobacco Campaign

The Tobacco Campaign was a project that the Elders' Council undertook with the GNWT to raise awareness around the harms of smoking and chewing tobacco and how these commercial uses of tobacco differ from traditional uses of tobacco.

Traditional foods

This was a common discussion topic. This topic is explained further below in the section called "Feedback to STHA on direction and effectiveness of Aboriginal Wellness Program" (Table 4).

Development of medical terminology in Dene languages

The Elders highlighted the challenges of finding translatable terms for medical issues in the Dene languages of the NWT.

Mental Health and Addiction conference

It was briefly mentioned in two meetings that the Aboriginal Wellness Program might play a role in, or host, such a conference.

Goals of Care for the AWP

This was brought up in a few of the recent meetings.

Cultural Wellness Activities

In 2010, cultural wellness activities were mentioned as a priority for ongoing development for the Aboriginal Wellness Program. Outside of the context of prioritizing for the AWP, cultural wellness activities are commonly shared in Elders' Council meetings, especially when Elders share traditional knowledge.

2. Feedback to STHA on direction and effectiveness of the Aboriginal Wellness Program (Discussed in 15 of 27 meetings)

Table 4: Topics of discussion in the category "Feedback to STHA on overall direction and effectiveness of the Aboriginal Wellness Program"

Topics:	Number of mentions or discussions:
Traditional Food	13
Usage of interpreters	1
Staff orientation	1
Accreditation	1
Cultural services/kinship visits	1

Most of the feedback given to STHA from the Elders' Council was about traditional food in the Northern Menu. The Elders' Council received a few client feedback surveys and individual complaints. Many obstacles have hindered the traditional food program at Stanton, including scarcity of traditional foods, food inspection hurdles, and improper food preparation or lack of food choices for a specific sex or age group with cultural diet requirements.

Other feedback included a one-time report by the Supervisor of Aboriginal Languages on the usage numbers of interpretation services. Other feedback from October 2011 praised the effectiveness of a recent staff orientation. Lastly, in October 2011, the STHA CEO, acknowledged the Aboriginal Wellness Program for its recognition and praise by Accreditation Canada within the Stanton Territorial Hospital's larger accreditation survey.

3. Discussion and Planning of Aboriginal Wellness Centre (Discussed in 13 of 27 meetings)

The Elders' Council has had a vision since 2008 for a physically separate traditional healing and wellness facility, or Aboriginal Wellness Centre (AWC). Since June 2012 the AWC has been a major point of discussion at most meetings. Discussion has ranged from what cultural aspects and materials the actual physical space will incorporate, to what specific services should be offered in such a facility. Below is the Elders' Council's vision, based on the meeting minutes, for the design and delivery of an Aboriginal Wellness Centre:

Cultural Services:

- Traditional medicines, including a medicine garden
- Traditional food
- Feeding the fire ceremony
- Sewing, art, carving, knitting, games
- Youth volunteer opportunities

Physical Space:

- Solar energy
- Pellet stoves
- Family room, respite room, sleeping area
- Counselling room
- Ceremonial area
- Sun room
- Social gathering area
- Fire place in center
- Spruce boughs
- Quiet room with books and resources
- Built using rocks and timber with guidance from local artists
- It is important that the entryway be designed to reflect the overall spirit of the facility
- Outdoor fire pit for cooking
- Outdoor sitting area patio
- Kitchen for family to prepare traditional food
- Refrigerator for wild meat and fish
- Large enough to accommodate 50-100 people
- Built on high grounds with a good view of the lakes



4. Sharing of Traditional Knowledge (Discussed in 13 of 27 meetings)

Table 5: Topics of discussion in the category "Sharing of Traditional Knowledge"

Topics:	Number of mentions or discussions:
Medicine	6
Food/Diet	3
Traditional healing theory	3

Knowledge of traditional medicine (eg. ceremony, food, and natural herbal medicines) and the indigenous worldview towards healing and wellness were often shared in meetings. The Dene Cha'nie model to holistic wellness was referenced several times. Sometimes the Elders would discuss in-depth traditional practices towards a specific type of care, for example palliative care, and how they differ from Western biomedical approaches.

It was explained that food and diet are essential to healing. One Elder explained how food is medicine and is an important connection to the land.

The tally for food/diet discussions represents the number of times that specific references were made to what foods to eat for whom, at what age and at what point in their healing journey.

5. Policy review and changes for cultural safety and well-being of STHA's Indigenous client (Discussed in 13 of 27 meetings)

Table 6: Topics of discussion in the category "Policy review and changes for cultural safety and well-being of STHA's aboriginal clients:"

Topics:	Number of mentions or discussions:
NIHB obstacles	7
Cultural education	4
Smudging/fire ceremony smoke policy	2
Traditional food policy	1
Goals of Care	1
Elders' Council autonomy	1

There has been ongoing discussion about the obstacles patients face accessing Non-Insured Health Benefits (NIHB). Accessing traditional healers for general healing needs and psychiatric support were the two issues identified as problematic. According to Health Canada's Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework, "Medical transportation benefits, within the client's region/territory of residence, may be provided for clients to travel to see a traditional healer or, where economical, for a traditional healer to travel to the community." Additionally, "When the traditional healers selected by the client are outside of the client's region/territory of residence, travel costs will be reimbursed for travel to the region/territorial border only"⁶.

The current policy around NIHB presents challenges because there is currently no structured traditional healing system in place in the NWT's healthcare system. Any patient seeking a traditional healing program south of the NWT border is only funded to travel to the NWT border and not beyond. The jurisdictional funding restraints make it difficult for people to seek out healers and traditional healing programs, most of which reside in the south.

Long wait times for form processing was also a barrier to accessing NIHB. The Elders' Council briefly mentioned other problems with accessing NIHB, but did not go into detail. In a few meetings it was identified that the difficulties in accessing NIHB were a violation of the treaty right to healthcare.

The Elders also talked about the need for cultural awareness through education. In 2012 it was mentioned that a Spiritual Care Committee had been formed at Stanton with a mandate to increase cultural awareness and to ease access to cultural services.

The need for specific policy to allow for smudging and fire ceremonies was brought up.

Developing a policy for goals of care for the Aboriginal Wellness Program has been a recent initiative for the Elders' Council within the last few years.

In one meeting the Elders' Council stated that they need autonomy in creating their own policies for the future Aboriginal Wellness Centre.

6. Administrative Support (Discussed in 12 of 27 meetings)

Administrative discussions focused on hiring for the AWP, travel arrangements, and other business as usual and administrative logistical items.

7. Future Strategic Direction (Discussed in 11 of 27 meetings)

Developing a mission statement and terms of reference for the Elders' Council were part of early discussions in this category. After the mission statement and terms of reference came into place in 2009, there were regular reassessments of objectives and reviews of the Council's mandate. A few meetings were devoted to extensive planning and identifying priorities. A couple of meetings discussed the Elders' Council's relationships and alliances with government departments and other agencies. In 2013 the Elders considered renewing the terms of reference.

8. Discussion of Health Topics (Discussed in 10 of 27 meetings)

Discussions focused almost exclusively on water and land contaminants and their link to cancer. The Elders emphasized the need for more research in the north to study the link between contamination and diseases such as cancer. Sometimes the effect of cancer was discussed on its own. Mental health and suicide prevention were also raised.

9. Identify and access resources to support full and successful implementation of the Aboriginal Wellness Program or Aboriginal Wellness Centre (Discussed in 7 of 27 meetings)

Some identified sources of funding include diamond mines, private foundations, federal Aboriginal programs and individual benefactors. Once it was indicated that a full-time fundraiser would be needed to secure funding for the AWP and AWC. Within the meeting minutes there was no mention of a definitive strategy for fundraising or a mention of to-date fundraising successes

10. General feedback to STHA (Discussed in 6 of 27 meetings)

Challenges with medical travel and specific recommendations for improvements were discussed five times. There was also a recommendation for STHA to accommodate couples within the Extended Care Unit.

11. Identification of community-based areas for improving health and wellness (Discussed in 2 of 27 meetings)

The Elders' Council explained that effective language and cultural supports at Stanton must first be developed within each community in order to be effective for patients from specific cultural regions. The language supports should then be transferred to Stanton Territorial Hospital only after they were developed at the community level.

CHAPTER 3

NWT/NU population who currently access services at STHA

This section provides a preliminary overview of aspects of the population who access Aboriginal wellness services at STHA. It is recognized that there is a need for more in depth statistical analysis that would require guidance of Aboriginal leadership and review of health outcomes in Aboriginal groups. This would provide some indication of the level of services required.

In this chapter we:

- Identify population who will be served and health needs of this population
- Provide description of Aboriginal population served by STHA including demographic (including language), geographic location, demographic projections and key socio-economic indicators

The most recent hospitalization statistics reported from 2008-2011 indicates that 60% of Stanton patients are Aboriginal. Per capita hospital healthcare costs \$1,714 per Aboriginal patient versus \$1,208 per non-Aboriginal patient. Overall, the hospital's healthcare costs for Aboriginal patients cost 68% of total patient care costs. This cost calculation does not include medical travel costs for Aboriginal patients flying in from communities. Drug & alcohol and mental health related services are the highest areas of service usage by Aboriginal patients. 68-75% of mental health patients at Stanton Hospital are Aboriginal. Aboriginal residents made up 77-83% of patients hospitalized for alcohol & drug related issues.

Evaluation of the Aboriginal Wellness Program

While formal evaluations have not been conducted, preliminary data is collected on service utilization. Below is a table from the 2014-2015 STHA Annual Report tracking three key AWP services from 2012-2015.

	2012/2013	2013/2014	2014/2015
Interpretation Services	525	528	367
Kinship Visits	1825	2198	2742
Cultural Programs	622	1192	1748
Totals	2972	3918	4857

Since 2012/2013 there has been a 63.4% increase in the number of interpretation services, kinship visits and cultural programs offered to patients.

Below are figures of Aboriginal Wellness Program service usage provided by the STHA:

Interpretation 2013/2014 YTD

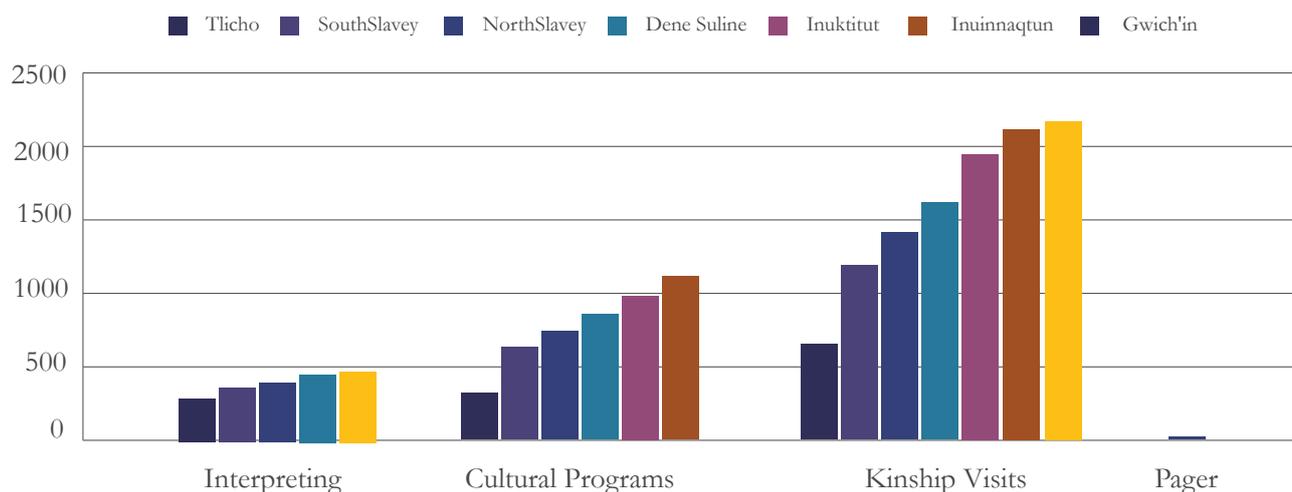


Figure 1: Use of Interpretation Services, Cultural Programs and Kinship Visits by Dene and Inuit groups from April 2013 to March 2014.

According to an AWP report, different aboriginal groups accessed the AWP services at different rates. Though the report does not include Inuvialuktun and Cree speakers, it shows that speakers of Tlicho and South Slavey accessed services the most, whereas speakers of Gwich'in accessed services the least (see Figure 1).

Kinship Visits 2013-2014 YTD

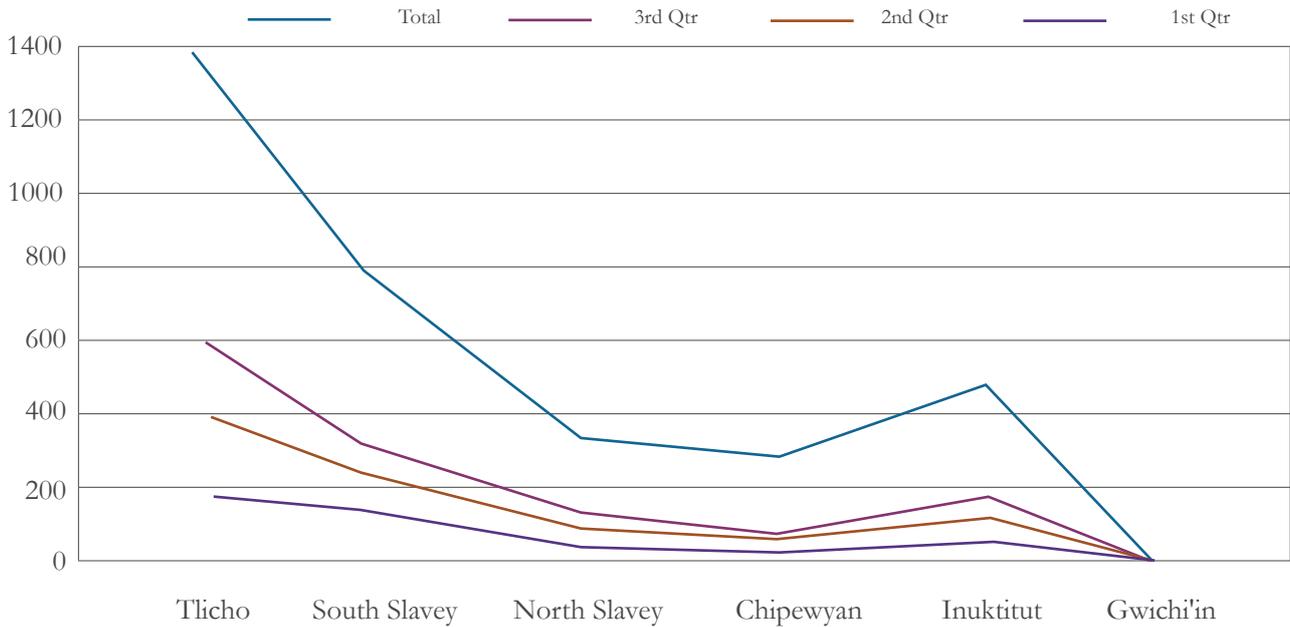


Figure 2: Number of Kinship Visits for 2013-2014 Fiscal Year.

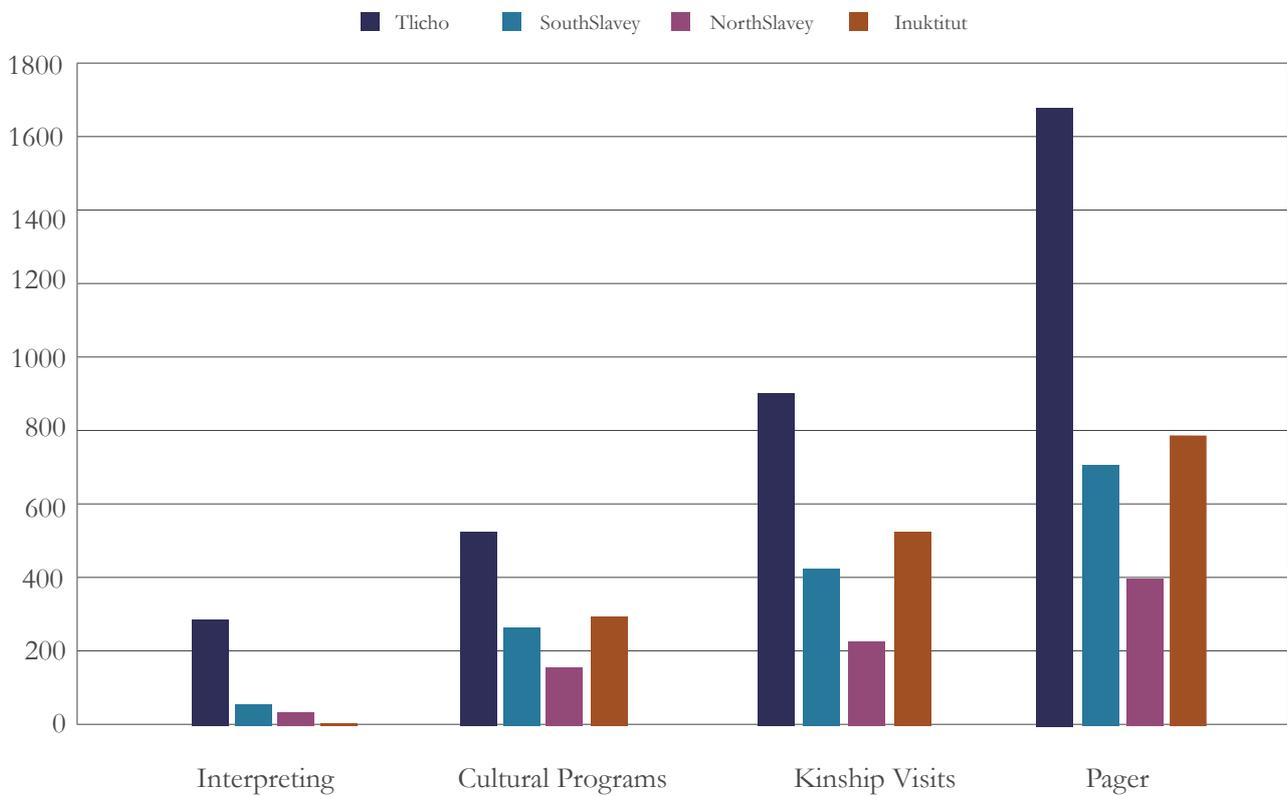


Figure 3: Aboriginal Cultural Liaison services for 2014 – 2015 fiscal year.

Figure 3 documents the relative usage rates of three different services. Chipewyan, Cree, Innuinaktun and Inuvialuktun speakers are not represented in the graph.

CHAPTER 4

Best practices in Aboriginal wellness services in Canada within hospitals or health authorities with similar level of care

While much progress has been made in exploring the needs for Aboriginal wellness and expanding the current services, there is also much to learn from best practices in other jurisdictions. In this section we explore best practices in other jurisdictions.

In this chapter we:

- Provide review and description of Aboriginal Wellness programs outside of the NWT documented in peer review and grey literature, including government documents, program reports, and community reports
- Within review capture elements related to client base, services provided, mode of delivery, governance, and other aspects captured in an iterative manner once literature is reviewed.

An initial literature review was conducted of leading hospital-based Aboriginal wellness programs. The six centres focused on in this report were highlighted in a Health Council of Canada report on innovative practices for Aboriginal health in Canada and Alaska. Hospital-based wellness programs were targeted because they operate within a similar context to the STHA. Across North America there are many more innovative aboriginal wellness programs operating within treatment centres, community centres, schools and out on the land. These non-hospital-based programs are not reviewed in this study.

In attempt to improve access to care and the cultural responsiveness of health services for Indigenous people, indigenous wellness services and programs in Canadian hospitals have recently become more prominent. Programs that respect and promote culturally competent care are shown to have numerous benefits including increased trust and use of services. In 2010, the Health Council of Canada started a multi-year project to learn about the programs and strategies that aim to improve the health and wellness of indigenous people. Their 2014 published report *Health Innovation Portal: Archive of Innovative Practices, Theme: Aboriginal Health (2014)* highlights 41 innovative indigenous healthcare and wellness practices from community-based organizations, provincial health authorities, hospitals, and clinics. We conducted a more in-depth examination of the Health Council of Canada's report to review the types of services provided at five in-hospital indigenous wellness programs. This chapter aims to describe and examine the types of indigenous wellness services being offered within the hospital context in Canada and Alaska.

Introduction: The Health Council of Canada's Innovative Portal archive on Aboriginal Health

The purpose of the Health Council of Canada's 2014 report, *Health Innovation Portal: Archive of Innovative Practices, Theme: Aboriginal Health*, is "to inform Canadians and to share innovative healthcare practices, policies, programs and services so that similar practices can be adopted elsewhere in Canada" (Health Council of Canada, 2015).

In the creation of the report, the Health Council of Canada received voluntary submissions of innovative practices by organizations in Canada. In order to be considered for review, the practice needed to (1) address a need or gap in health needs; (2) have been evaluated or have a plan for evaluation; and (3) not include specific drug, surgical or medical interventions, unless supported by a systematic review and/or meta-analysis (Health

Council of Canada, 2015). The submissions were reviewed and assessed by an internal review panel that judged the practice based off of the following criteria: outcomes/impact of the practice, recognisability of the practice, and applicability/transferability of the practice (Tanya MacDonald, personal communication, July 30th 2015).

The Health Council of Canada's final report outlines 41 innovative practices and captures a broad range of services and program models. To our knowledge, this is the only document that reviews a large number of innovative in-hospital indigenous wellness programs in Canada. In some instances, the report identifies entire hospital authorities or health programs, while in other situations the report highlights the specific roles and services within a program. We examine the in-hospital wellness services included in this report.

Methods for literature review:

We identified five Canadian and one Alaskan in-hospital indigenous wellness programs in the report. We then investigated in greater detail the types of services provided through each of the six identified programs. In order to gain a greater understanding of indigenous wellness services provided at these institutions, we reviewed grey and peer-reviewed literature publications that discussed in-hospital indigenous wellness programs and services.

Ultimately, we divided the indigenous wellness services into the following 12 categories (see Table 2): (1) Patient navigator (2) Interpretation and translation services (3) Access to traditional ceremonies (4) Access to Elders (5) Access to traditional healers (6) Access to traditional medicines (7) Access to traditional foods (8) Access to culturally-sensitive supportive counseling (9) Cultural competency and sensitivity training for staff (10) Specific services for Elders as patients (11) Family support services (12) Employing a greater number of indigenous staff.

Each of these categories was gathered iteratively; they were determined based on common themes that emerged about the types of services provided at each institution in both the Health Council of Canada's report and in grey literature.

In our data collection, we also noticed that the hospital-based indigenous wellness services offered at the six centres differed in the physical spaces they use for traditional healing. Some of these traditional healing spaces were located within the hospital, while others were located nearby in a separate building that was still part of the hospital structure, but was not physically connected to the other hospital rooms. We conducted a more in-depth examination of each centre's physical space for traditional healing (see Table 3).

Results:

The following six in-hospital Aboriginal wellness programs and services were identified in the Health Council of Canada's Report:

1. Community Liaison Discharge Planning, First Nations Health Programs at Whitehorse General Hospital in Whitehorse, Yukon
2. Traditional Healing, Medicines, Foods and Supports Program (THMFS) and Aging at Home Elder Care Continuum at Sioux Lookout Meno Ya Win Health Centre (SLMHC) in Sioux Lookout, Ontario
3. The Aboriginal Support Workers at Portage District General Hospital (PDGH) in Portage la Prairie, Manitoba
4. The All Nations' Healing Hospital (ANHH) in Fort Qu'Appelle, Saskatchewan
5. Aboriginal Care Coordinator Registered Nurse, Case Management, Royal Alexandra Hospital in Edmonton, Alberta
6. Nuka: The Customer-Owner Model, Alaska Native Medical Centre (ANMC) in Anchorage, Alaska

Table 1 outlines general statistical information about each institution: the population served, the approximate percentage of the population that is indigenous, the different indigenous groups that access that hospital's services, and the date that the indigenous wellness program or service was established.

Although the Health Council of Canada only highlights the Royal Alexandra Hospital's Aboriginal Care Coordinator Registered Nurse position and the Whitehorse General Hospital's Community Liaison Discharge Planning role, both of these positions are part of larger in-hospital indigenous wellness programs. Since this paper seeks to examine the types of services provided through in-hospital indigenous wellness programs, we examined grey and peer-reviewed literature to gain a greater understanding of the scope and depth of services provided through these hospitals' larger indigenous wellness programs.

Table 1: Description of the select hospitals

	Alaska Native Medical Center	Whitehorse General Hospital	Sioux Lookout Meno Ya Win Health Centre	Portage District General Hospital	All Nations Healing Hospital	Royal Alexandra Hospital
Population served by the hospital (Approx.)	143,000	40,000	21,500	50,000	10,000	39,500
% of population that is indigenous		25%	85%	70-80%	40%	
Indigenous groups	Alaska Natives and American Indian people living in Alaska	First Nations; Metis; Inuit	First Nations	First Nations; Metis, Inuit	First Nations; Metis	First Nations; Metis
Year that AWC was established	1953	1992	2010	2009	2004	2007

<http://anmc.org/files/ANMC-Fact-Sheet-04.17.13.pdf>

National Aboriginal Health Organization (2008). An Overview of Traditional Knowledge and Medicine and Public Health in Canada. N. A. H. Organization. Ottawa, Ontario.

Sioux Lookout Meno Ya Win Health Centre (2009). The Meno Ya Win Elder Care Continuum: Applying the 'Aging at Home' Strategy to Meet Northern First Nation Needs. S. L. M. Y. W. H. Centre, Walker, R., H. Cromarty, B. Linkewich, D. Semple, N. St. Pierre-Hansen and L. Kelly (2010). "Achieving Cultural Integration in Health Services." *Journal of Aboriginal Health*: 58-69.

(Portage District General Hospital 2013)

(CBC News 2013)

(Romano, Passmore et al. 2011)

(Walker, Cromarty et al. 2010)

Examination of Aboriginal Wellness Services and Programs

Table 2 outlines the types of services provided at each institution. It is divided into 12 categories: (1) Patient navigator (2) Interpretation and translation services (3) Access to traditional ceremonies (4) Access to Elders (5) Access to traditional healers (6) Access to traditional medicines (7) Access to traditional foods (8) Access to culturally-sensitive supportive counseling (9) Cultural competency and sensitivity training for staff (10) Specific services for Elders as patients (11) Family support services (12) Employing a greater number of indigenous staff. We provide an in-depth description of each of these services and some relevant policies and implications below.

Table 2: Outline of the types of traditional healing and Aboriginal wellness services provided

	Alaska Native Medical Center	Whitehorse General Hospital	Sioux Lookout Meno Ya Win Health Centre	Portage District General Hospital	All Nations Healing Hospital	Royal Alexandra Hospital
Patient navigator	X	X	X	X	X	X
Interpretation and translation services	X	X	X	X	X	
Access to traditional ceremonies	X	X	X	X	X	
Access to Elders	X	X	X		X	
Access to traditional healers	X	X	X		X	
Access to Traditional medicines	X	X	X		X	
Access to Traditional foods	X	X	X		X	
Access to Supportive counselling	X	X	X		X	
Cultural competency and sensitivity training for staff	X	X	X	X	X	
Specific services for Elders as patients	X		X		X	X
Family support services	X	X			X	
Employing a greater number of indigenous staff	X		X		X	

(1) Patient navigator role

All six of the indigenous wellness programs offer the support of patient navigators to patients. Moreover, most of these programs rely on the patient navigator to facilitate or run the other wellness services provided. For some institutions, such as the Royal Alexandra Hospital, the patient navigator is the main feature of their Aboriginal indigenous wellness program.



It is important to note that the role of patient navigators differs depending on the institution, their scope of practice, the availability of resources, and patient needs. The three most common roles of the patient navigators are to (1) offer interpretation services to patients by translating signage and/or interpreting conversations; (2) act as cultural liaisons or interpreters by facilitating culturally sensitive communications between health care providers and patients and conveying western and indigenous notions of health and wellness; and (3) help patients navigate the healthcare system by accompanying them to appointments and facilitating discharge planning.

The Alaska Native Medical Centre, which calls its health care system the 'Nuka System of Care' has a unique model for patient navigation. The crux of the Nuka System of Care is that the patient (or 'customer-owner') is at the center of all healthcare decisions. The patient's team may include his or her family, the primary care physician, a nurse case manager, certified medical assistants, case management support, a social worker, and a behavioral health specialist. The team may also include 'virtual' team members such as health educators, nutritionists, and pharmacists. Additionally, other specialists may be 'layered' in, such as chiropractors, massage therapists, or acupuncturists.¹² Team members follow up and communicate with patients via emails and texts. Additionally, the ANMC allows for advanced access scheduling so that patients can make same-day appointments.¹³

One of the objectives of the Nuka System of Care is to avoid duplication in the types of services offered by healthcare providers. In order to achieve fully integrated care and to avoid replication, the ANMC takes steps to maximize the unique capabilities of each healthcare provider on the patient's care team. For example, chiropractors on a patient's care team may be limited to treating acute pain in the neck, shoulder, and upper and lower back and Ob/Gyn may be used as high-end consultants on more complex cases. There is also a focus on incorporating complementary medicine, such as massage therapy, healing touch, and traditional healing.¹⁴

For patients who are coming from out of town to the ANMC for an appointment or procedure, Quyana Care Coordination agents help to coordinate travel to the ANMC, make housing arrangements, and manage appointments with specialty clinics and regional health providers. Agents phone patients before their travel date to review travel information and ensure they are prepared for travel to the ANMC and they provide 24/7 on-call assistance once the patient has arrived in Anchorage.¹⁵

The health navigator position at the All Nations Healing Hospital designs and adapts multidisciplinary care for patients with complex needs, and to coordinate services and improve the overall experience for in-patients.¹⁶ This position helps the All Nations Healing Hospital meet its Accreditation Canada standards for safe patient care across the continuum of care.

The Whitehorse General Hospital has two different types of patient navigator positions: health and social liaison workers and community discharge planners (Romano, Passmore et al. 2011). The hospital's six liaison workers are trained in Aboriginal health and social work and they focus mainly on in-patient care. They provide emotional, spiritual, and social support through culturally relevant health counseling; help facilitate communication between the patient, their family, and hospital staff; and provide culturally relevant interpretation and translation (Health Council of Canada 2014). Community discharge planners, on the other hand, facilitate the patient's transition from hospital care to community care. They participate in daily discharge meetings with the patient's medical team and align patients with programs and services in their home communities to ensure that patients receive appropriate follow-up care (Health Council of Canada 2014).

The patient navigator roles at the Royal Alexandra Hospital have similar responsibilities. Aboriginal Care Coordinators assist patients during their stay in hospitals and as they transition to the community sector. Aboriginal Cultural Helpers at the Royal Alexandra Hospital also provide in-hospital spiritual support to patients and families (Health Council of Canada 2014).

The Portage General Hospital's patient navigation is provided by Aboriginal Support Workers. Aboriginal Support Workers are mostly hospital-based, but will also provide some home care. When in the hospital, Aboriginal Support Workers assist clients as they arrive at the Portage Hospital, guide them through the admissions and triage process in the emergency department, stop in at patients' rooms, and join the medical team for rounds. Aboriginal Support Workers act as both language and cultural interpreters for patients and health care providers and they work to develop culturally specific and culturally appropriate resources in local languages (Health Council of Canada 2014).

Before the Sioux Lookout Meno Ya Win Health Centre offered patient navigation through a formalized Wiichi'iwewin worker support program, the Health Centre offered basic interpreter supports. In its older system, Anishnabe patients would be offered a part-time interpreter service and some translation materials. The interpreters were staff that had been hired into other roles and, based on their personal language skills, asked to assist with interpreting when required. According to the Health Centre, there were many issues with this service that prevented it from fully meeting identified needs. Interpreters were not available in a timely manner, they lacked certain medical terminology, they lacked training as an interpreter, they were often matched with patients who had a different language base, and their role was limited to basic linguistic interpretation (Walker, Cromarty et al. 2010). Now, with its formalized Wiichi'iwewin worker support program, interpreters assure complete bi-directional cultural and linguistic interpretation to optimize care planning and delivery and assist with elements of discharge planning and patient navigation. They assume a defined caseload and provide support to both patients and other members of the care team (Walker, Cromarty et al. 2010).

¹² <http://www.ihi.org/resources/Pages/ImprovementStories/AlaskaNativeMedicalCenterValuesDrivenSystemDesign.aspx>

¹³ <http://www.ihi.org/resources/Pages/ImprovementStories/AlaskaNativeMedicalCenterValuesDrivenSystemDesign.aspx>

¹⁴ <http://www.ihi.org/resources/Pages/ImprovementStories/AlaskaNativeMedCenterBuildsTrustReducesCosts.aspx>

¹⁵ http://anmc.org/files/ANMC-Guide-to-Services-Final_04.10.15.pdf

¹⁶ All Nations Healing Hospital annual report 2014-2015

(2) Indigenous language services

Five of the hospitals specify that they offer translation and interpretation services to both patients and healthcare providers. In this role, interpreters translate medical terminology and interpret indigenous conceptions of health and wellbeing. At each of these five hospitals, the indigenous wellness programs also translate and interpret signage and patient education materials into local indigenous languages.

Each hospital differs in the individuals assigned to deliver this service. At the Whitehorse General Hospital, the Health and Social Liaison Workers offer translation services to patients and healthcare providers; at the Sioux Lookout Meno Ya Win Health Centre, a designated interpreter provides this service; at the Portage General Hospital, Aboriginal Support Workers interpret for patients; and at the All Nations Healing Hospital, Elders or Elder's helpers interpret for patients and healthcare providers (Health Council of Canada 2014, File Hills Qu'Appelle Tribal Council 2015). In most of these circumstances, the translator or interpreter also acts as the patient navigator (Walker, Cromarty et al. 2010, Romano, Passmore et al. 2011).

As was mentioned above, the Sioux Lookout Meno Ya Win Health Centre used to provide informal interpreter services and some translation materials via staff members who had been hired into other roles. Based on the staff members' personal language skills, they would be asked to assist with translation. However, the Health Centre found that this model was problematic for a variety of reasons (Walker, Cromarty et al. 2010). One critical change in its new model is that Wiichi'iwewin workers are not simply linguistic interpreters; they are cultural interpreters as well (Walker, Cromarty et al. 2010).

From the description of services provided at each institution, it is clear that there are many considerations that need to be taken into account when determining the kind of interpretation services provided in an indigenous wellness program. For instance, the number of indigenous languages that require interpretation and the size of the community would be important. Interpreters would need to be able to speak with patients about their ailments and worries in a manner that respects a patient's specific community and spiritual beliefs. Additionally, in small communities, the quality and amount of information that is shared between the patient, interpreter, and healthcare provider may differ if interpreters know patients well. In either case, interpreters should be trained in medical terminology and be attuned to the myriad of cultural backgrounds of indigenous groups.

(3) Access to traditional ceremonies

Whitehorse General Hospital, Sioux Lookout Meno Ya Win Health Centre, Portage General Hospital, Alaska Native Medical Center and All Nations Healing Hospital each provide access to traditional ceremonies (Health Council of Canada 2014). Some of the ceremonies offered at these five centres include prayers, smudging ceremonies, gathering ceremonies, drumming, pipe ceremonies, sweat ceremonies, cleansing ceremonies, and healing circles (Romano, Passmore et al. 2011, Health Council of Canada 2014).

Although most hospitals have a smoke-free policy, many have adapted their policies to accommodate smudging and fire ceremonies and the use of traditional tobacco in a hospital setting. For instance, in its recent construction, the Sioux Lookout Meno Ya Win Health Centre built facilities specifically for smudging and burning of sweet grass (EllisDon 2010). Similarly, the Whitehorse General Hospital's Na'Ku healing room has both a sprinkler system, which allows for ceremonial smoke without setting off fire alarms and vents in patient's rooms, which allow for smudges to take place (National Collaborating Centre for Aboriginal Health 2015).

Since sweat ceremonies are prohibited by hospital policies and fire codes, the hospitals have to be more creative if they want to provide this service. Sioux Lookout Meno Ya Win Health Centre notes that it will continue to conduct sweat lodge ceremonies in temporary facilities until a permanent sweat lodge facility is built close to the hospital (Walker, Cromarty et al. 2010). Meanwhile, the All Nations Healing Hospital has a separate sweat lodge building beside the hospital where it holds sweat ceremonies on weeknights and weekends.

It is important to note that even with multiple resources and facilities in place, some ceremonies need to be delivered in a specified location over a few days and may not be amenable to hospital-based support (Walker, Cromarty et al. 2010). For this reason, indigenous wellness programs may work with community members and the community's resources and facilities to accommodate additional traditional ceremonies.

(4) Access to Elders

Four of the indigenous wellness programs provide access to Elders – the Whitehorse General Hospital, Sioux Lookout Meno Ya Win Health Centre, Alaska Native Medical Centre and the All Nations Healing Hospital. The extent and scope of the Elders' roles varies by institution. While some institutions, such as Sioux Lookout Meno Ya Win Health Centre offer Elders-in-residence services (Walker, Cromarty et al. 2010), others, such as the Whitehorse General Hospital reach out to Elders in the community for support (Yukon Hospital Corporation 2015). The All Nations Healing Hospital notes that it does both; it provides on-site Elders as well as reaches out to Elders in the community (File Hills Qu'Appelle Tribal Council 2015). The Alaska Native Medical Centre has tribal doctors who facilitate consultations with Elders.¹⁷ An Elder Advisor also arranges for patient and Elder meetings at the ANMC.¹⁸

In each of these locations, the Elders' roles vary by institution and may include counseling, offering prayers, teaching, facilitating between patients and healthcare providers, working with mental health therapists and addictions workers in treatment plans, and running weekly sweats

(5) Access to traditional healers

The same four hospitals that offer the option of an Elder's support also provide access to traditional healers. Both the Whitehorse General Hospital and the Sioux Lookout Meno Ya Win Health Centre reach out to traditional healers in the community when traditional healing is requested (Romano, Passmore et al. 2011). Interestingly, while the All Nations Healing Hospital does not have its own traditional healers, they occasionally invite traditional healers from other communities to visit the hospital (File Hills Qu'Appelle Tribal Council 2015).

At the Alaska Native Medical Center there are four tribal doctors at the Traditional Health Clinic who provide traditional healing to patients.¹⁹ In order to work as a tribal doctor at the ANMC, there are a series of steps that one would have to go through. First, the tribal doctors who currently work at the clinic would identify a potential candidate who has some background in tribal medicine. The candidate would then apprentice with the tribal doctors to learn how to work within the ANMC's Traditional Healing Clinic. The candidate would have a series of interviews with vice presidents and managers at the ANMC to make sure that they are a good fit for the organization. And finally, the Elder's Council would interview the candidate and make the final decision about whether he or she should be a tribal doctor at the ANMC.²⁰

Though not part of the five case studies, the Noojmowin Teg Health Centre located on Manitoulin Island in Ontario offers valuable information about the role of and policies around traditional healers in a healthcare centre. When the Noojmowin Teg Health Centre added a traditional healing component to its Health Centre, community members were against formal regulations for traditional healing practices in general.

However, there was consensus that formal guidelines were required when practicing traditional healing in a health centre setting in order to protect clients from inappropriate practices and to safeguard healers, helpers, and health organizations from legal risks, such as malpractice suits. Since community members at the Noojmowin Teg Health Centre did not feel that they had the traditional knowledge to identify Aboriginal healers, they developed a screening process for traditional healers to be conducted by the traditional coordinator and a traditional advisory group (Maar and Shawande 2010).

The Noojmowin Teg Health Centre's policies and process demonstrate the importance of determining the role and responsibilities of traditional healers. In a similar way to the Noojmowin Teg Health Centre, traditional practitioners at the Sioux Lookout Meno Ya Win Health Centre's Traditional Healing, Medicines, Foods and Support program must provide documentation and must abide by the Traditional Practitioner Code of Conduct. Additionally, the hospital's Traditional Practitioners Committee administers a process of 'certifying' traditional practitioners in order to ensure that healers are reviewed and 'credentialed' and that appropriate qualifications and standards are in place (Walker, Cromarty et al. 2010, Sioux Lookout Meno Ya Win Health Centre 2015).

The Ontario Aboriginal Healing and Wellness Strategy (AHWS) published guidelines for implementing traditional healing programs (AHWS, 2002), though it clarifies that each organization should develop their own program guidelines that respect local healing practices. According to the AHWS, appropriate and respectful ways of accessing a traditional healer should be established through open and honest dialogues. This is often through a process of community validation based on the reputation of the healer. The AHWS also specifies that there should be protocols for dealing with inappropriate behavior and practices and it stresses the importance of clarifying the roles and responsibilities of all people involved in the patient's care (Walker, Cromarty et al. 2010).

The AHWS also highlights the importance of establishing appropriate offerings and/or payment for healers, which is another important component of the Noojmowin Teg Health Centre's traditional healing program. According to the Anishinabe culture, *Bgidniged*, the Anishinabe concept of a gift, should be provided to a healer. In Anishinabe tradition, one cannot put a price on traditional healing services. For that reason, other methods of payment are provided in its place. The Noojmowin Teg Health Centre encourages patients to take responsibility for their healing by providing a practical gift to the healer. However, in addition to the practical gift, the traditional coordinator also arranges for a monetary gift for the healer that covers travel and accommodation expenses. It is important to note that healers are not paid on a fee for service arrangement so as to be in accordance with Anishinabe beliefs. Instead, a healer's compensation reflects the number of days that the healer works with clients at the health centre. Nevertheless, the *bgidniged* provided by the health centre is in monetary form for practical reasons (Maar and Shawande 2010). This example demonstrates the ways that a health centre was able to compensate traditional healers in a culturally sensitive way.

(6) Access to traditional medicines

Four of the hospitals offered access to traditional medicine. Both the All Nations Healing Hospital and the Sioux Lookout Meno Ya Win Health Centre specifically indicate on their websites that they have a room or facility to prepare and store medicine (File Hills Qu'Appelle Tribal Council 2015). Sioux Lookout Meno Ya Win Health Centre raises some medicines on site and acquires some medicine from healers in the community. They also have specific policies about the use of traditional medicines (Walker, Cromarty et al. 2010).

¹⁷ <https://www.southcentralfoundation.com/services/traditional-healing/>

¹⁸ Personal correspondence, January 28, 2016

¹⁹ http://anmc.org/files/ANMC-Guide-to-Services-Final_04.10.15.pdf

²⁰ Personal correspondence, January 28, 2016

²¹ <https://www.southcentralfoundation.com/services/traditional-healing/>

There is no formal access to traditional medicine for patients at the Alaska Native Medical Centre. Nevertheless, the Traditional Healing Clinic runs the Alaska Native Traditional Healing Garden with many plants native to Alaska. The garden is used for teaching about plants that are commonly used to nourish and heal Alaska Natives.²¹

It is important for traditional healers to work with other members of the care team when providing traditional medicines in order to prevent adverse reactions with other courses of treatment. At Sioux Lookout Meno Ya Win Health Centre, traditional medicines are introduced in consultation with pharmacists, doctors, and other members of the patient's healthcare team (Walker, Cromarty et al. 2010). Additionally, traditional practitioners work collaboratively with members of medical staff, other professionals and health care givers, and in conjunction with northern community, Sioux Lookout and other Northern Ontario healers (Sioux Lookout Meno Ya Win Health Centre 2015, Sioux Lookout Meno Ya Win Health Centre 2015).

7) Access to traditional foods

Three of the hospitals, the Whitehorse General Hospital, the Alaska Native Medical Center and the Sioux Lookout Meno Ya Win Health Centre, all offer traditional foods programs. The All Nations Healing Hospital can also provide traditional foods upon request, but there is no formal program at the hospital. The Whitehorse General Hospital works with local hunters who donate foods such as moose, caribou, and salmon as lunch options (Romano, Passmore et al. 2011) and Sioux Lookout Meno Ya Win Health Centre works with the trapper's association which donates foods such as beaver, moose, and fish once a week (Sioux Lookout Meno Ya Win Health Centre 2014). The Sioux Lookout Meno Ya Win Health Centre also tries to provide regional variations and preferences in menu items and cooking style (fried, boiled, baked, roasted, dried, smoked, stewed, etc.) as much as possible (Walker, Cromarty et al. 2010).

Due to federal food inspection laws, it is challenging for health facilities in Canada to provide uninspected wild meat. The Sioux Lookout Meno Ya Win Health Centre created specific legislation that states that the hospital may have uninspected meat on the premises. And, under the new laws, the hospital cannot charge for wild foods. Additionally, the hospital has separate food storage facilities, a separate kitchen, and separate utensils to serve the food to prevent cross-contamination. In addition to rigid guidelines, which govern the storing and handling of meat in the hospital, hunters, hospital staff, and airline personnel also have to maintain strict records (Troian 2014). This demonstrates some of the ways that legislative barriers can be navigated with regard to serving traditional foods.

The policies regarding food inspection at the Alaska Native Medical Center have recently changed. The ANMC will begin to have traditional foods available for patients. Some of these foods include salmon, reindeer, sardines, fry bread, and mixed berries.²²

(8) Access to culturally competent supportive counseling

The Whitehorse General Hospital, the Sioux Lookout Meno Ya Win Health Centre, the Alaska Native Medical Center and the All Nations Healing Hospital each offer the option of culturally sensitive supportive counseling. At the Whitehorse General Hospital, the counseling is provided by the cultural and social liaison workers and/or Elders and is offered either in-person or on the phone (Romano, Passmore et al. 2011). At Sioux Lookout, this service is offered by traditional healers and at the All Nations Healing Hospital, counseling is provided by Elders or by counselors at the White Raven Healing Centre (Health Council of Canada 2014, File Hills Qu'Appelle Tribal Council 2015). At the Alaska Native Medical Center, tribal doctors provide culturally sensitive supportive counseling to patients.²³

(9) Specific services for Elders as patients

The Sioux Lookout Meno Ya Win Health Centre began a program in 2009 called Aging at Home Elder Care Continuum. Although the program does not take place within the physical hospital structure, it is noteworthy because of its connection with the hospital's Traditional Healing, Medicines, Foods and Supports program. The Aging at Home Elder Care Continuum offers a range of services including

²² Personal correspondence, January 28, 2016

²³ <https://www.southcentralfoundation.com/services/traditional-healing/>

home and community care, patient and family support, service coordination, supportive housing, education, and transportation. The program serves traditional foods, provides social and recreational activities, translation services, and Gathering visits (Sioux Lookout Meno Ya Win Health Centre 2009).

While the other hospital programs may also provide care and support to Elders, the Royal Alexandra Hospital's Aboriginal Health Program specifically notes in its accreditation Canada report that it primarily works with an older population of patients. That is, senior patients use their services most often but the program does not provide services specifically designed for Elders (Health Council of Canada 2014).

The Alaska Native Medical Center currently offers an Elder's program for approximately 1000 Elders in the community. The program hosts approximately 120 Elders for lunch each weekday and runs cultural programs with Elders including beading, berry picking, sewing, dancing, and drumming. The program also has a monthly potluck and a harvest potluck where Elders can enjoy traditional food together.²⁴ Additionally, the program provides light housekeeping, in-home visits, and scheduled transportation to eligible Elders.²⁵

Since many Elders are moving to Anchorage from outlying areas, there is concern that the Alaska Native Medical Center may not be able to meet the anticipated demand of services. The Alaska Native Medical Center and the Southcentral Foundation note that in order to meet current and future needs of Elders, they are working to develop transitional housing for individuals who do not need to be hospitalized but are unable to return to their communities; increase services to Anchorage Elders through developing tribally based in-home services, case management, home health and personal care; and develop a health center for social activities and health monitoring for Anchorage Elders.²⁶

(10) Family support services

Whitehorse General Hospital, All Nations Healing Hospital and Alaska Native Medical Centre all provide varying degrees of family support services. The Whitehorse General Hospital provides two services to patients' families; it keeps family members in rural communities informed about a patient's health and offers two suites for First Nations families for overnight stays in the Na'Ku room (Yukon Hospital Corporation 2015).

The All Nations Healing Hospital provides one family suite for families from out of town who are visiting a long-term patient.²⁷ There is not a great need for family accommodations because the hospital is very small and has only one palliative care bed and thirteen acute care beds.

Family-centred services are a critical part of the Nuka System of Care. The Alaska Native Medical Center makes an effort to offer a variety of rooming options for patients and their families. For instance, the ANMC manages the Qu yana House, a 56-room 108-bed facility for out-of-town patients and their escorts. The ANMC also has accommodations available off-campus if the Qu yana House is full.²⁸ Additionally, with the approval of the doctor, the ANMC allows parents and other family members to stay overnight in the hospital with the patient. On the pediatric unit specifically, parents are encouraged to stay with their child.²⁹ Moreover, the ANMC is currently building a facility with additional beds for patients. One level of the new building will be dedicated to families staying at the housing facility. The new building will also have communal kitchens to allow for patients to share meals with their families and to feel more at home.³⁰

(11) Cultural competency and sensitivity training for staff

Five of the hospitals offer some form of cultural competency and sensitivity training for staff; however, they differ in the depth of training offered. For instance, while Portage General Hospital does not offer formal training, the program's Aboriginal support workers act as a resource for staff and physicians on Aboriginal culture and issues (Southern Health 2013). Similarly, at Whitehorse

General Hospital the cultural and social liaison workers and the Traditional medicine coordinator also work to educate staff and health providers (Health Council of Canada 2012).

In addition to informal education and awareness opportunities, the Whitehorse General Hospital also developed and delivers a two-day mandatory cultural competency-training program for all employees of Yukon Hospitals. The training works with staff to understand how their culture and biases can impact the care of others (Health Council of Canada 2014). In the same way, the Sioux Lookout Meno Ya Win Health Centre offers two well-defined multi-level sensitization, awareness, and training programs for all staff. The training focuses on the culture of all staff members within the Sioux Lookout Zone and discusses how those cultures impact their work. It also aims to embed indigenous cultures into the fabric of the organization (Walker, Cromarty et al. 2010).

Interestingly, both of these formalized programs encourage staff members to reflect on their own cultures and preconceptions and to promote conversations about how culture impacts healthcare

quality and service delivery.

The Alaska Native Medical Center implements same-day hiring and uses behavioural-based interviewing techniques when recruiting staff, which helps them determine whether staff are the right fit for the organization. The ANMC also helps new staff understand the organization's commitment to values and mandate with a 3-5 day orientation. Additionally, within the first six months, staff members participate in a three-day core concept training run by the vice presidents of the organization. Finally, the ANMC provides new staff with an orientation at the department level, which includes lunch out with a mentor who will continue to work with the staff member overtime.³¹ Each of these orientations includes cultural competency and sensitivity training.

The All Nations Healing Hospital provides 'day-in-the-life' cultural competency and sensitivity training.³² In this style of training, three to four new staff shadow and are mentored by the hospital's Traditional Knowledge Keeper throughout daily cultural activities. The staff participate in ceremonies and share meals with the Traditional Knowledge Keeper.



Dene cultural camp in Dettah

Photo credit: : ICHR



Dene Nation drum dance

Image credit: : http://www.denenation.ca/wp-content/uploads/2014/02/Drumdance_DNA_2010.jpg

²⁴ Personal correspondence, January 28, 2016

²⁵ Personal correspondence, January 28, 2016

²⁶ <http://anthc.org/wp-content/uploads/2015/12/LTC-report-website.pdf>

²⁷ Personal correspondence, Gail Boehme, Director of All Nations Healing Hospital, January 28, 2016

²⁸ http://anmc.org/files/ANMC-Guide-to-Services-Final_04.10.15.pdf

²⁹ <http://anmc.org/patients-visitors/visitors/>

(12) Employing a greater number of indigenous staff.

The Alaska Native Medical Center makes an effort to employ Alaska Natives. The Southcentral Foundation also has a comprehensive program of workforce development and training for career advancement for Alaska Natives.³³ Currently, 55% of employees at the Alaska Native Medical Center and Southcentral Foundation (the larger Alaska Native medical organization) are Alaska Native or American Indian; 65% of management are Alaska Native or American Indian; and three of the six vice presidents are Alaska Native or American Indian.

Sioux Lookout Meno Ya Win Health Centre has set a goal to achieve a more balanced ratio of indigenous and non-indigenous staff employed at the hospital (Walker, Cromarty et al. 2010).

The All Nations Healing Hospital also makes an effort to hire indigenous healthcare workers, but does not have an official affirmative action policy in place.³⁴

Physical space for hospital-based traditional healing

The in-hospital indigenous wellness services offered at the five centres differ in the physical spaces they use for traditional healing. Some of these traditional healing spaces were located within the main hospital building, while others were located nearby in a separate building. Table 3 presents an overview of each centre's physical space for traditional healing.

Table 3 delineates whether the indigenous wellness program or service (1) has space within the main hospital building that is specifically designated for ceremonies and traditional healing; or (2) has space outside of the main hospital structure for ceremonies and traditional healing, but which is still considered part of the hospital buildings.

Table 3: Location of in-hospital indigenous wellness services

	Has a specific space within the hospital for ceremonies and traditional healing	Has space outside of the hospital for ceremonies and traditional healing
Alaska Native Medical Centre	X	
Whitehorse General Hospital	X (Na'ku Healing room)	
Sioux Lookout Meno Ya Win Health Centre	X (Ceremonial room)	
Portage District General Hospital		
All Nations Healing Hospital	X (Ceremony room, Medicine room, Elder's suite)	X (Winter sweat lodge)
Royal Alexandra Hospital		

³⁰ <http://www.kpbarchitects.com/alaska-native-tribal-health-consortium-patient-housing/>

³¹ <http://www.ihi.org/resources/Pages/ImprovementStories/AlaskaNativeMedicalCenterValuesDrivenSystemDesign.aspx>

³² Personal correspondence, Gail Boehme, Director of All Nations Healing Hospital, January 28, 2016

³³ <http://www.ihi.org/resources/Pages/ImprovementStories/BuildingHealthyRelationshipsatAlaskaNativeMedicalCenter.aspx>

³⁴ Personal correspondence, Gail Boehme, Director of All Nations Healing Hospital, January 28, 2016

Has a specific space within the hospital for ceremonies and traditional healing

The amount of physical space designated for traditional healing services and spiritual practices differs for each of these institutions. For instance, in contrast to the Portage General Hospital, which provides one administrative room in the hospital for the Aboriginal Health Program, the Sioux Lookout Meno Ya Win Health Centre, the Alaska Native Medical Center, the All Nations Healing Hospital, and the Whitehorse General Hospital have multiple spaces in the hospital that are specifically designed for healing and traditional services. Both the Portage District General Hospital and the Royal Alexandra Hospital do not have designated spaces for ceremonies and traditional healing.

The Sioux Lookout Meno Ya Win Health Centre has a Ceremonial Room where ceremonies such as vigils, smudging, and healing circles take place. The Ceremonial Room was designed based on traditional requirements, with an open pit and with circular seating arrangements (Walker, Cromarty et al. 2010, National Collaborating Centre for Aboriginal Health 2015) (Sioux Lookout Meno Ya Win Health Centre 2015).

Similarly, the All Nations Healing hospital has a Ceremony Room where smudges take place, a Medicine Room where traditional medicines can be processed and shared, and an Elder's Suite where Elders can hold ceremonies or rest (Health Council of Canada 2014).

The Whitehorse General Hospital also built the Na'Ku Healing Room under the guidance of Elders and it is often used for cleansing ceremonies (Romano, Passmore et al. 2011). The Na'Ku Healing Room is a space where patients and family members can gather to be with one another and/or practice traditional ceremonies (National Collaborating Centre for Aboriginal Health 2015).

Both the Sioux Lookout Meno Ya Win Health Centre and the All Nations Healing Hospital were constructed with indigenous values in mind. The Sioux Lookout Meno Ya Win Health Centre was designed to reflect a holistic vision of 'health from the inside out' (National Collaborating Centre for Aboriginal Health 2015). Not only does the Sioux Lookout Meno Ya Win Health Centre offer facilities for smudging and traditional healing, but it also specifically incorporated a kitchen for non-inspected meat and an Elder's office into the design of the facility (EllisDon 2010).

Similar to the Sioux Lookout Meno Ya Win Health Centre, the All Nations Healing Hospital's desire to integrate traditional healing into different aspects of westernized medical care can be seen in the physical structure and design of the building (Walker, Cromarty et al. 2010). In addition to constructing specific rooms and healing space into the hospital design, the physical space was constructed to be large enough so that palliative patients could have many visitors visit them while in the hospital, and the birthing centre was designed with enough space so that the family could have more than two members of the community attend a birth (Health Council of Canada 2014).

The Alaska Native Medical Center's physical environment is designed to support its vision and to align with the Nuka System of Care. Native artwork is displayed in general spaces in the hospital; there are areas for potlatches, dancing and singing; and there are quiet spaces for dialogue. In the Traditional Healing Clinic, which is located on the first floor of the Primary Care Centre, there is a library where talking circles, trainings, and meeting often take place. There are also seven clinical rooms in the Traditional Healing Clinic and a kitchen area. Additionally, in order to promote collaboration, each interdisciplinary team shares one large office rather than having silos of profession-based spaces.³⁵

The Alaska Native Medical Center is now building a 170-room facility with an additional 30-room pre-maternal home that will be connected to the hospital via a sky bridge. This centre will be particularly important for high-risk pregnancies, cancer patients, and for children and Elders receiving care. The facility will have gathering areas, communal kitchens for families, and an outdoor courtyard garden with plants native to Alaska, art reflecting native culture, and an outdoor play area.³⁶ The new building will also be constructed with native values in mind. The exterior's vertical window patterning is inspired by birch tree silhouettes prevalent in some Alaskan Regions; the interior material palette is warm, modern and welcoming; and the finishes that were selected are based on textures and colors found in Native Alaskan art and natural resources found throughout Alaska.³⁷

Has space outside of the main hospital building for ceremonies and traditional healing

While some of the hospitals, such as Sioux Lookout Meno Ya Win Health Centre, offer sweat ceremonies at a location elsewhere in the community, the All Nations Healing Hospital is the only hospital of the five examined that has a winter lodge located beside the hospital. This space is designated for sweat lodge ceremonies, which are held on weeknights and weekends.

Discussion:

The six in-hospital programs vary in the scope and depth of the indigenous wellness services that they provide. It is important to note that while governance and funding are not the focus of this paper, both aspects play a critical role in the types of services provided at each institution and how each of these services is offered.

In general, the way that indigenous wellness services are provided at the Royal Alexandra Hospital and the Portage General Hospital is very different to the way that the programs are offered at the Sioux Lookout Meno Ya Win, All Nations Healing Hospital, Alaska Native Medical Center and Whitehorse General Hospital. On one hand, the Royal Alexandra Hospital and the Portage General Hospital offer patient navigation as the main service in their indigenous wellness programs. The Portage General Hospital has a greater number of services than the Royal Alexandra Hospital, such as access to traditional ceremonies, translation services, and cultural-competency training. However, the crux of its program still rests in the role of the Aboriginal Support Workers.

On the other hand, the Sioux Lookout Meno Ya Win Health Centre, the Alaska Native Medical Center, the All Nations Healing Hospital, and Whitehorse General Hospital not only offer the greatest number of services to patients, but also the services are provided in a more holistic and integrated way. In particular, the All Nations Healing Hospital, Alaska Native Medical Center and Sioux Lookout Meno Ya Win Health Centre focus on integrating traditional and western medical care.

Limitations:

The description of services in Canada built on the innovative practices listed by the Health Council of Canada's report, which has its own limitations. For instance, the Health Council of Canada only examined innovative practices when individual organizations voluntarily approached them. Only organizations with the knowledge of the Health Council of Canada's report and with enough resources in place would be able to make a submission for review. It is likely that there are other in-hospital programs that could offer a great number and/or scope of innovative practices, which were not included in this report.

³⁵ (Redesigning the Workplace for 21st century healthcare, o'connor et al.)

³⁶ http://anmc.org/files/ANMC-Guide-to-Services-Final_04.10.15.pdf

³⁷ <http://www.kpbarchitects.com/alaska-native-tribal-health-consortium-patient-housing>

³⁸ Personal correspondence, Gail Boehme, Director of All Nations Healing Hospital, January 28, 2016

Additionally, examining in-hospital indigenous wellness programs was limited to grey and peer-review literature, for which there is limited information. The hospitals that provide more information about their in-hospital services (such as the Whitehorse General Hospital, the Alaska Native Medical Center, Sioux Lookout Meno Ya Win Health Centre, and the All Nations Healing Hospital) are included in greater depth, whereas the hospitals that provide little information about their in-hospital services (such as the Portage General Hospital and Royal Alexandra Centre) are not included in as much detail.

CHAPTER 5

Building on best practices and current practices at STHA, describing program areas for development

This section of the report highlights consensus process used to identify gaps in services and program areas for development for the Aboriginal Wellness Program at STHA.

We first completed the literature review findings and the Elders council meeting minute review. We then interviewed key informants regarding needs for an Aboriginal Wellness Centre.

Once the scoping exercise was complete, the information was summarized and reviewed with key stakeholders involved in Aboriginal Care.

These findings are reported with the details of the workshop consensus findings.

Consensus Workshop Summary

The visioning consensus workshop was designed to build on findings of the literature review, interviews and elders council meeting minutes that were related to best practices for Aboriginal wellness programs. The goal was to engage key indigenous knowledge and prioritize some of the findings.

Seven main topic areas were identified and discussed during the meeting. The topics ranged from vision for a wellness centre, to specific service needs, to building design, and governance models.

Participants

On December 15th, 2015 we hosted a consensus meeting in Yellowknife, NT to set priorities for Aboriginal Wellness Centre at STHA. The meeting brought together 15 participants including: members of the Stanton Elders' Council, regional health representatives and community stakeholders. Almost all key informants who were interviewed attended this consensus meeting.

Consensus activities

Based on key informant interviews conducted in this chapter, we organized key themes into seven main categories: (1) Vision, values and philosophy for an Aboriginal Wellness Centre at Stanton Hospital; (2) Specific service, ceremony and program needs for an Aboriginal Wellness Centre; (3) Aboriginal Wellness Centre integrated or not integrated into hospital building; (4) Building design of an Aboriginal Wellness Centre; (5) Next steps in creating an Aboriginal Wellness Centre; (6) How the Aboriginal Wellness Centre project can gain support; (7) Governance structure, community involvement and operation of an Aboriginal Wellness Centre. Each of the main ideas within these categories were typed onto a piece of paper (referred to later as the 'poster') and included a photo of the idea.

Workshop participants were asked to circulate the room and place a sticker on the ideas that they saw as most important. Participants were given several stickers (fewer stickers were given out for rounds that had fewer poster options) for each round of sticker placement and discussion. Each participant was instructed to place only one sticker per poster. Some participants drew stars on posters that they felt should be areas of priority. Also, participants attached posters together if they felt the ideas or suggestions would go together in the design and delivery of a wellness centre. At the end of the workshop the tallies of stickers on each poster helped identify the needs and priorities for an Aboriginal Wellness Centre.

A final round table discussion was held after the sticker placing rounds in order to clarify and finalize the results of the workshop. After the meeting, we tallied the number of stickers on each sheet. These results are below. Ideas that were grouped together in the workshop are grouped together in coloured spreadsheet cells.

The interviews echoed many views extracted from the Elders' Council meeting minutes. The consensus workshop further validated these findings. The rest of this section presents the consensus meeting results, then relates the findings of the meeting minutes and the consensus workshop and relates these to the best practices at the wellness centres studied in the literature review.

Combined Findings

Table 1: Vision, values and philosophy for an Aboriginal Wellness Centre at Stanton Hospital

Options:	Votes:	Stars:
Comfortable	12.5	0
Welcoming		
Feels like home		
Meets needs of communities, not just Yellowknife	12	0
Wellness awareness and education	11	1
Dene Cha'nie holistic model of health		
Family relationships and love between family members	10	1
Connection with community		
Aboriginal staff	10	0
Warmth, welcoming	9	0
Maintaining tradition and culture	8	1
Cooperation between service providers (doctors, medicine people, traditional healers) to ensure holistic approach to health.	8	0
Connection with the Creator and spirits		
Respect	5	0
Compassion	3	0
Inclusive of non-Indigenous people who want to access the services	2	0
Injury prevention	1	0
Design the entire hospital as an Aboriginal Wellness Centre	1	0



Respect

Image credit: <http://www.nipissingu.ca/departments/aboriginal-initiatives/Pages/Aboriginal-Advantage-Program.aspx>



Connection with the Creator and spirits

Photo credit: Susan Chatwood



Warmth, welcoming

Part of the Stanton Hospital Elders' Council

Photo credit: Francois Paulette (Source: <https://norj.ca/2014/09/elders-lead-fast-finding-mission-to-alaskan-native-hospital/>)



Family relationships and love between family members

Photo credit: Susan Chatwood



Maintaining tradition and culture

Photo credit: Susan Chatwood



Connection with community

Photo credit: <http://climatetelling.ca/>

The need for a comfortable hospital environment that feels like home to Aboriginal people has been voiced many times in the Elders' Council meeting minutes and during the interviews for the consensus meeting. Currently the hospital is not seen to be a comfortable and welcoming environment for some Aboriginal patients and their families. Comfort and acceptance are also emphasized at the other Aboriginal wellness centres analyzed in the literature review of this report.

Table 2: Specific service, ceremony and program needs for an Aboriginal Wellness Centre

Options:	Votes:	Stars:
Coordinating specialized and experienced escorts from communities for seriously ill patients and elderly patients.	19	3
Elder care		
On-site traditional healer	15	12
Referral to traditional person or Elder in community		
Smudging		
Healing circle		
Sweat lodge		
Traditional food	13	5
Fish broth, meat broth for sick people		
Garden to grow medicines		
Cultural liaison	11	5
Interpretation, translation		
Naturopathic medicine	8	1
Midwifery	8	1
Prenatal		
Wellness promotion from community wellness role models	5	4
Youth education		
Healing trauma from physical, sexual, emotional abuse	4	3
Trauma counselling		
Massage	3	1
Welcoming intake program	2	3

Since 2007, the need for an Elder-in-Residence was the most frequently discussed need for the Aboriginal Wellness Program. It is also a best practice in well-developed Aboriginal wellness centres across Canada. 'Elder-in-Residence' was not the specific wording used at the consensus meeting, but access to Elders fell into a category that also included access to on-site traditional healers, smudging, healing circles, and sweat lodges. These five services grouped together were identified as the second greatest program priority during the consensus meeting. Smudging and sweats, in particular, are ceremonies best practiced in their own physical ceremonial space separate from the hospital and any restrictive building codes. Wellness centres studied in this report accommodate smudging in special ceremonial spaces that have special ventilation and sprinkler systems. See page 31 for more information. As for the sweat lodge, the All Nations Healing Hospital built a lodge that is twenty feet away from the main hospital building.³⁹

³⁹ Personal correspondence, Gail Boehme, Director at All Nations Healing Hospital, January 28, 2016

Palliative care has been a frequent point of discussion at Elders’ Council meetings since 2012. Elder care programs are also provided at the Sioux Lookout Meno Ya Win Health Centre, Royal Alexandra Hospital, Alaska Native Medical Center and All Nations Healing Hospital. Elder Care was the top program priority at the consensus meeting. This need was paired with the need for a well-developed medical escort program. Improving the medical escort program has also been a point of ongoing concern voiced in the Elders’ Council meetings since 2007.

There seemed to be an ongoing need to improve the traditional food program at Stanton. The traditional food menu was often brought up in Elders’ Council meetings. It is evident this program faces constant challenges lack of wild meat and lack of storage space for meat. Traditional food has been an important part of the vision for Aboriginal wellness at Stanton since early Elders Council meeting minutes in 2008, it was also a priority identified at the O 15th consensus meeting (medicinal fish and meat broth was emphasized as an important part of this, along with having a garden to grow medicines), and it is an important aspect of the three leading Aboriginal wellness programs at Sioux Lookout Meno Ya Win Health Centre, Whitehorse General Hospital, and the Alaska Native Medical Center.

Table 3: Aboriginal Wellness Centre integrated or not integrated into hospital building

Options:	Votes:	Stars:
Standalone but attached by walkway	15	0
Within hospital	0	0
Standalone	0	0

There was unanimous support for a walkway to connect the physical space of a wellness centre to the rest of the hospital. This approach allows the autonomy to conduct ceremonies while not affecting the rest of the hospital. At the same time it is accessible for elderly patients and patients who would not be capable of traveling outdoors between separate buildings.

None of the other hospital-based wellness centres currently incorporate a walkway between to connect to the rest of the hospital. However, the Alaska Native Medical Center is building a sky bridge to connect a new patient housing unit to the rest of the hospital.⁴⁰ At the same time, most of the hospitals studied in the literature review are aboriginal wellness centres in and of themselves and are not housed in a wing or building separate from the hospital. On the other hand, the Whitehorse General Hospital’s Na’Ku healing room is a wing of the larger hospital.

Photo credit: Thomsen D'Hont



Table 4: Building design of Aboriginal Wellness Centre

Options:	Votes:	Stars:
Outdoor fire pit for cooking	22	3
Outdoor patio sitting area		
Sunroom		
Large gathering room for ceremonies, feasts, and drum dances	22	0
Architecture to represent different cultures of NWT (e.g. teepee-shaped, igloo-shaped buildings)		
Log house architecture	18	0
Art from different NWT artists		
Wood, rock, hide building materials. (no steel)		
Fireplace		
Rocks and sand from different regions incorporated into building	10	0
Overnight accommodations for family		
Circular building with no corners	4	1
Built beside the lake	3	0
Lighting (no fluorescent lights)	0	0
Bring in museum natural landscape, art exhibits (from extra museum inventory)	0	0

Since 2008 there has been a vision for a sunroom, outdoor fire pit for cooking, and an outdoor patio sitting area. These three features were emphasized in the consensus meeting and were grouped together.

Another design feature talked about since 2008 is the need for a large social gathering area that may accommodate large community and family groups of 50-100 people. This would be a space for ceremonies, feasts, and drum dances. At the consensus meeting, participants requested the architecture of such a room represent different cultures of the NWT, for example teepee- and igloo-shaped buildings. The All Nations Healing Hospital in Fort Qu'Appelle, Saskatchewan, built this feature and has a teepee on-site during summer months.

Another important design feature from the meeting minutes is to build the wellness centre using wood, rock, and hide building materials rather than steel. The meeting minutes suggested NWT artists guide the building design using these materials. This was also highlighted in the priority-setting meeting. At the meeting, participants also requested log house architectural features, northern art, a fireplace and the incorporation of rock and sand from different regions. For example, the Na'Ku healing room in Whitehorse incorporates local wood and pebbles as building material.⁴¹

The need for a family room/respice room/sleeping area was identified in the Elders' Council meeting minutes. This was a main priority from the face-to-face meeting (it received ten votes on its own without being grouped with other services). This is a very successful and valued aspect of the Whitehorse General Hospital's wellness centre that supports families.⁴²

Table 5: Next steps in creating an Aboriginal Wellness Centre

Options:	Votes:	Stars:
Form a board for Wellness Centre with representatives from each region, someone from STHA (CEO or Director), and a GNWT representative	14	0
Engage chiefs and Indigenous leadership to push through (both GNWT and Dene Nation already have resolutions in place in support of AWC).		
Community consultation to design Wellness Centre		
Securing funding	13	0
Gain political support from Minister of Health and MLAs.		

Governance and oversight was identified as a key issue for plans for Aboriginal Wellness to move forward from vision to implementation stage. There was no clear consensus on the next steps needed to create an Aboriginal Wellness Centre. It was generally agreed that the five options above (Table 5) should happen simultaneously.

National and international directives

Governance and oversight was identified as a key issue for plans for Aboriginal Wellness to move forward from vision to implementation stage. There was no clear consensus on the next steps needed to create an Aboriginal Wellness Centre. It was generally agreed that the five options above (Table 5) should happen simultaneously.

We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.⁴³

Participants voiced their willingness, as indigenous leaders in their own respective communities, to work towards creating an Aboriginal Wellness Centre that upholds article 24 in the UN Declaration on the Rights of Indigenous Peoples:⁴⁴

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

And that:

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Table 6: How the Aboriginal Wellness Centre project can gain support

Options:	Votes:
Knowledge sharing of wellness centre concept with communities	7
Lobby new MLAs	5
Cultural competency training for Stanton Staff	3

⁴¹ First Nations Health Programs, WGH, GNWT report compiled by Karen Blondin Hall

⁴² First Nations Health Programs, WGH, GNWT report compiled by Karen Blondin Hall

⁴³ http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

⁴⁴ http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

In order to gain public support, participants at the consensus meeting said there is a need for more knowledge sharing in communities about the possibility for an Aboriginal Wellness Centre. Further, there was a desire to reach out to newly elected MLAs to gain political support. Lastly, a few participants wanted improved cultural competency training for staff at Stanton in order to raise the profile of the Aboriginal Wellness Program within the hospital.

Table 7: Governance structure, community involvement and operation of an Aboriginal Wellness Centre

Governance was highlighted as a key issue in the review of literature on best practices and by workshop participants.

This report does not detail the governance structures for each indigenous wellness program examined in the literature review. Nevertheless, it is important to note that the Alaska Native Medical Center (ANMC) places a large emphasis on the Alaska Native's complete ownership of the health centre. In addition to system governance by indigenous leadership, individuals seeking services at the ANMC are not only patients but are also part owners, referred to as "customer-owners", of the health centre means that patients have a greater say in how the health centre is run and, as a result, they may have a greater appreciation for its services. Indeed, before introducing the Nuka System of Care, the health centre spent six months of "deep listening".

Options:	Votes:
Legislated governance and oversight authorities for Indigenous groups	10
Oversight by the Elders' Council	10
Form a board made up of representatives from each region, someone from STHA (CEO or a Director), and a GNWT representative	9
Operated by Aboriginal Governments	2
Run by Regional Wellness Councils of new NWT health board	1

Through hundreds of interviews and surveys with patients and health providers, individuals at the health centre and health authority aimed to gain a greater and more in-depth understanding of how Alaska Natives think about health and healing and what values are important to them.⁴⁵ Since patients are also considered owners of the healthcare system, it was critical to understand what services patients wanted, how they wanted those services to be offered, and what values would underlie patient care.⁴⁶

Like the ANMC, the All Nations Healing Hospital in Saskatchewan is also owned and operated by the indigenous people on that land; it is owned and managed by the 15 First Nations that make up the File Hills Qu'Appelle Tribal Council and Touchwood Agency Tribal Council.⁴⁷ The Government of Saskatchewan through the Regina Qu'Appelle Health Region provides funding for the hospital's acute care. The Government of Canada provides funding for the hospital's traditional and cultural services through a unique arrangement with the two tribal councils created in the late 1980s with the federal government health transfer.

Ultimately, each hospital and health centre has engaged with the local indigenous sectors to develop their governance structure. For instance, unlike the Alaska Native Medical Centre and the All Nations Healing Hospital, the Sioux Lookout Meno Ya Win Health Centre is not wholly owned and operated by indigenous people. Rather, it is governed by a board of 15 directors who are appointed on the basis of proportional representation resulting in a board that is two-thirds Anishinaabé and one-third non-native. The SLMHC Board is also made up of the Chief Executive Officer, the Chief Nursing Officer, two physician representatives, a traditional healer – all of which are non-voting members.⁴⁸

⁴⁵ http://www.oregonlive.com/health/index.ssf/2012/07/invisible_nations_enduring_ill.html

⁴⁶ http://www.oregonlive.com/health/index.ssf/2012/07/invisible_nations_enduring_ill.html

Similarly, the Whitehorse General Hospital is not completely owned and operated by indigenous people, through the Yukon Hospital Act, the Whitehorse General Hospital has legislated four First Nations positions on the board of trustees. Additionally, the Whitehorse General Hospital has a First Nations Health Committee made up of staff from the hospital's First Nations Health Program that oversees any changes to health policy that affects Aboriginal patients and has the last say in these matters.⁴⁹

The Royal Commission on Aboriginal Peoples recommended that Aboriginal people control Aboriginal healing centres.⁵⁰ This need was echoed in the interviews and during the consensus meeting. Aboriginal control is a common theme at Aboriginal wellness centres across Canada, and at the Alaska Native Medical Center.

CHAPTER 6

Recommendations for Aboriginal wellness services at STHA

The recommendations for Aboriginal wellness services at STHA included ongoing program development and enhancements of the current Aboriginal wellness program within the existing hospital, in addition services were identified that better situate in an outside structure. In this section we will first highlight the recommendations which apply to the existing programming within STHA, secondly we will highlight the recommendations that apply to a new structure outside the existing STHA building, thirdly we highlight how STHA Aboriginal wellness may connect with the stand alone center, and finally recommendations which require partnerships or could be part of a territory wide initiative will be discussed

Recommendations for Aboriginal Wellness within STHA.

For activities in the STHA it was recommended that programs follow a holistic model of wellness, support specialized and experienced patient escorts, include culturally-responsive Elder care services, have an on site traditional healer and referrals for community based care, provide access to traditional foods, cultural liaison, accommodation for families, and deliver orientation and education in Aboriginal cultural competencies for staff. Priority areas for program enhancements at STHA included palliative care, wellness promotion, midwifery services, traditional medicine, complimentary medicine, mental health, and childhood and family development

⁴⁷ http://www.healthcouncilcanada.ca/rpt_det.php?id=810

⁴⁸ <http://www.slmhc.on.ca/odabiidamagewin>

⁴⁹ http://www.gov.yk.ca/legislation/acts/hospital_c.pdf

⁵⁰ http://www.collectionscanada.gc.ca/webarchives/20071214132303/http://www.ainc-inac.gc.ca/ch/rcap/sg/si26_e.html

1. Future programs within existing hospital patient care spaces:

- i)
- i) Accommodation for family and escorts (who can also participate as family and support patient – place to visit and provide supportive care, sleep, cook food for patient, provide cultural interpretation)
 - ii) Services related to childbirth, mental health and palliative care must be connected to Aboriginal traditions and values (holistic, family-centred, teaching, language)
 - iii) Design of rooms have space for family, be welcoming and responsive to ceremonial importance of cultural and traditional practice around birth and death.
 - iv) Mental health services could expand to community based and land based programs. It was acknowledged that roots of mental health challenges require healing from trauma related to colonial legacy and resulting physical, sexual, emotional abuse. It was highlighted that these needs are better responded to through cultural revitalization and land based healing services. Currently many mental health issues are dealt with within psychiatry.
 - v) Aboriginal mental health services are one of the most complex areas where system reform and new design will require integrated system with capacity building initiatives such as teaching/training, research, and system design.
 - vi) It was acknowledged that improved services with holistic approaches, family, and community responsiveness could also be seen to be more suitable to non-Aboriginal northerners as well so some changes would be well suited to re-design in existing hospital structure.
 - vii) Have ability to connect with communities for ongoing care (family meetings) and family support (visiting virtually with family). Rooms can be set up with connectivity for skype/video conference, family rooms with connectivity. Research could explore the feasibility and applicability of resources such as free wifi in hospital and availability of tablets to patients, family and Aboriginal wellness workers.
 - viii) Provide a patient navigator to assist Aboriginal patients in the navigation of medical services (this is an adaptive measure to assist with navigating hospital access, similar to breast cancer navigator) A navigator should not replace the cultural responsiveness of system or mitigate lack thereof.
 - ix) Support patient care in communities and remote patient care, (connect Aboriginal Wellness services at Stanton to the communities, improve follow up by specialists, traditional healers and communication with health centres). Explore the use of technologies and engage communities in research. Supportive care includes the entire territory. (Current STHA model for outreach and coordination of maternal care was highlighted as an example of this approach)
 - x) Educate non-Aboriginal staff in cultural competencies. This would be a key component of Aboriginal wellness program which requires program development, training, research and evaluation. Cultural training is key to the development and sustainability of an Aboriginal Wellness program. This provides opportunities for Elders to share knowledge with emerging health leaders in the territory and increase the cultural competencies of Aboriginal wellness workers. (this could be territory wide)

Recommendations for Aboriginal Wellness within STHA.

- i) Include workshop and lecture spaces that support teaching and education of Aboriginal health care workers and healers.
- ii) Work spaces for students (study area, computer work stations), small meeting rooms for workshops (with internet connections for video outreach and education in communities).
- iii) Space with education materials/ resource centre/ electronic library access for journal articles and education resources

2. Recommendations for a stand alone Aboriginal Wellness Centre

Services that were recommended within a stand alone structure included an Elder in residence, rooms for traditional healers, referrals, outreach and support for community healers and land based programs, outdoor sweat lodge, sitting area and cook fire, kitchen for non-inspected meats, overnight suite for families of inpatients, space for language services, space for workshops, lecture hall/space for teachings that includes a ceremonial fire.

New building spaces required for Aboriginal Wellness

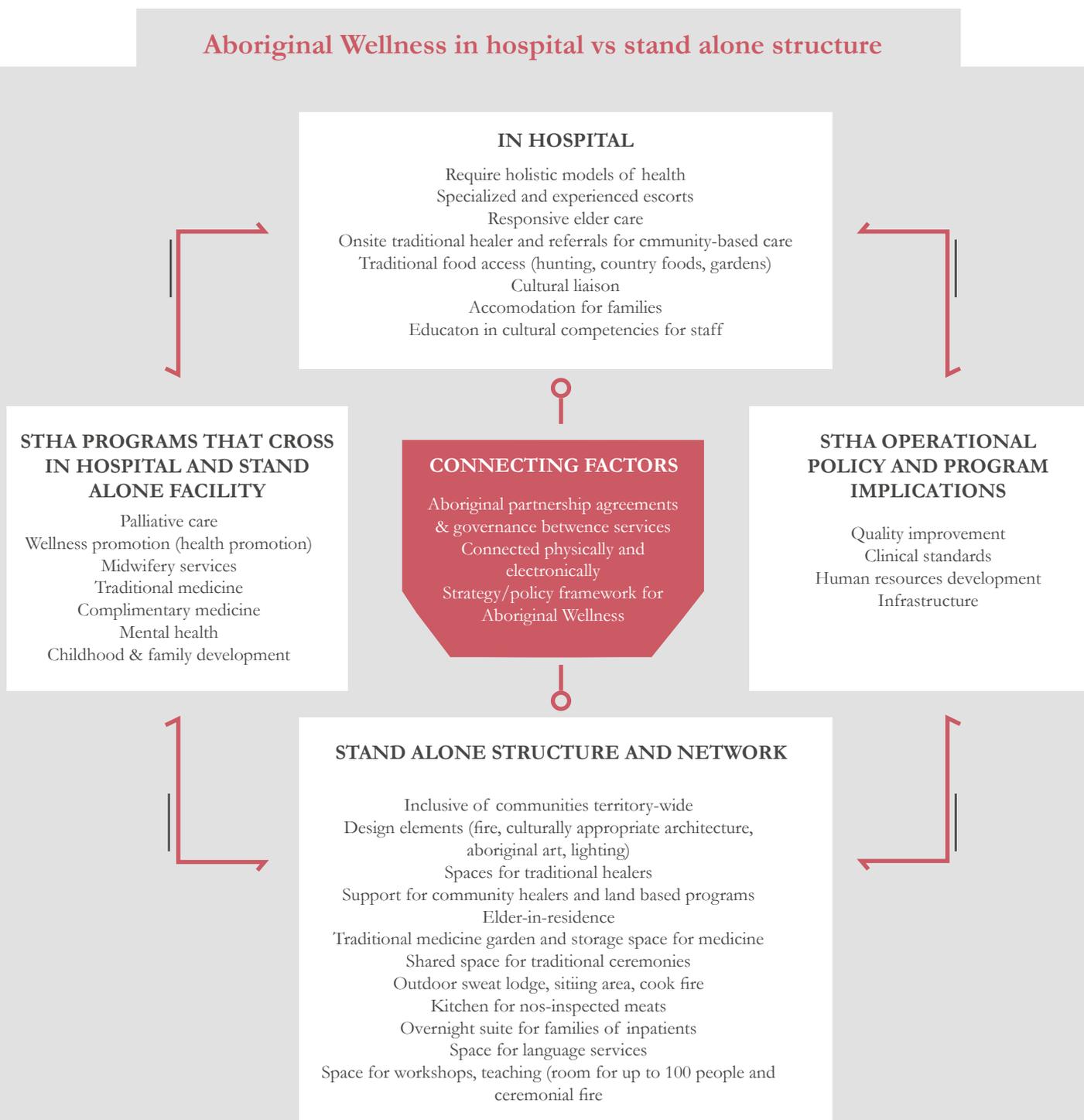
There are a number of Aboriginal wellness program elements identified that would require building additions, either within an existing structure or within a new additional building. When many of the interviews were being conducted, the decision to build a new STHA territorial hospital structure was not publicly known. Thus in the interviews many key informants highlighted the need for a wellness building to be attached to the old hospital. Now, with the construction of a new STHA hospital, it is possible to consider these additions within the new hospital, or to house them in a new building the hospital.

- i) Rooms for traditional healers to see clients and provide care.
- ii) Have spaces for Elders in residence (room for elder – welcoming space for patients and families) Also connectivity for Elders to reach out to Elders in regions
- iii) Incorporate traditional medicines via medicine storage area and medicine garden.
- iv) Shared spaces for traditional ceremonies (ventilation allowing for smudging, fires, healer workspace, space ceremonies)
- v) An outdoor sweat lodge, sitting area and cook fire
- vi) Space for the preparation and availability of traditional foods in hospital (ie separate kitchen areas for non-inspected meats)
- vii) Create an overnight suite and rest area for the visiting families of inpatients.
- viii) Space for family engagement in care (i.e. space for families to store food in patient room, access to supplies for bathing, and provide comfort to family).
- ix) Space for STHA language services and expand language services to provide more accessible resources to staff for language support.

- x) The need for spaces for large community gatherings was highlighted. This could include a large room that can have fire and fit up to 100 people. Can be used for community gathering, teaching/ students, training in cultural competencies, and medical conferences.

3. Connecting Aboriginal Wellness Programs within STHA and the stand alone Aboriginal Wellness Centre

How the two structures (STHA and wellness centre) might connect was discussed with suggestions about physical connections (walkway), electronic (connected charts and care provider communication between buildings), and policy development with a strategy linking aspects of Aboriginal wellness. Other administrative elements were mentioned, including the need for culturally appropriate measures for quality improvement, clinical standards for Aboriginal Wellness, human resources development and a functional plan for infrastructure development. Figure 1 provides a picture of how the elements of programs, services in Stanton, and outside of Stanton connect and supported by administrative levers.





All Nations Healing Hospital, Fort Qu'Appelle, Saskatchewan

Image credit: <https://www.flickr.com/photos/teeganlayne/4418349498>

4. Aboriginal Wellness program at STHA and the territory at large

Given the interconnectedness of sectors working for Aboriginal wellness, the broader context for Aboriginal wellness in the NWT and need to connect with communities was mentioned on numerous occasions. Currently the Northwest Territories is undergoing a health reform with the amalgamation of health authorities, and STHA is undergoing redevelopment. These changes will influence both the governance and building structure at Stanton hospital, and provide an opportunity to consider sustainable and responsive programs for Aboriginal Wellness not only in STHA, but also within the amalgamated health authority.

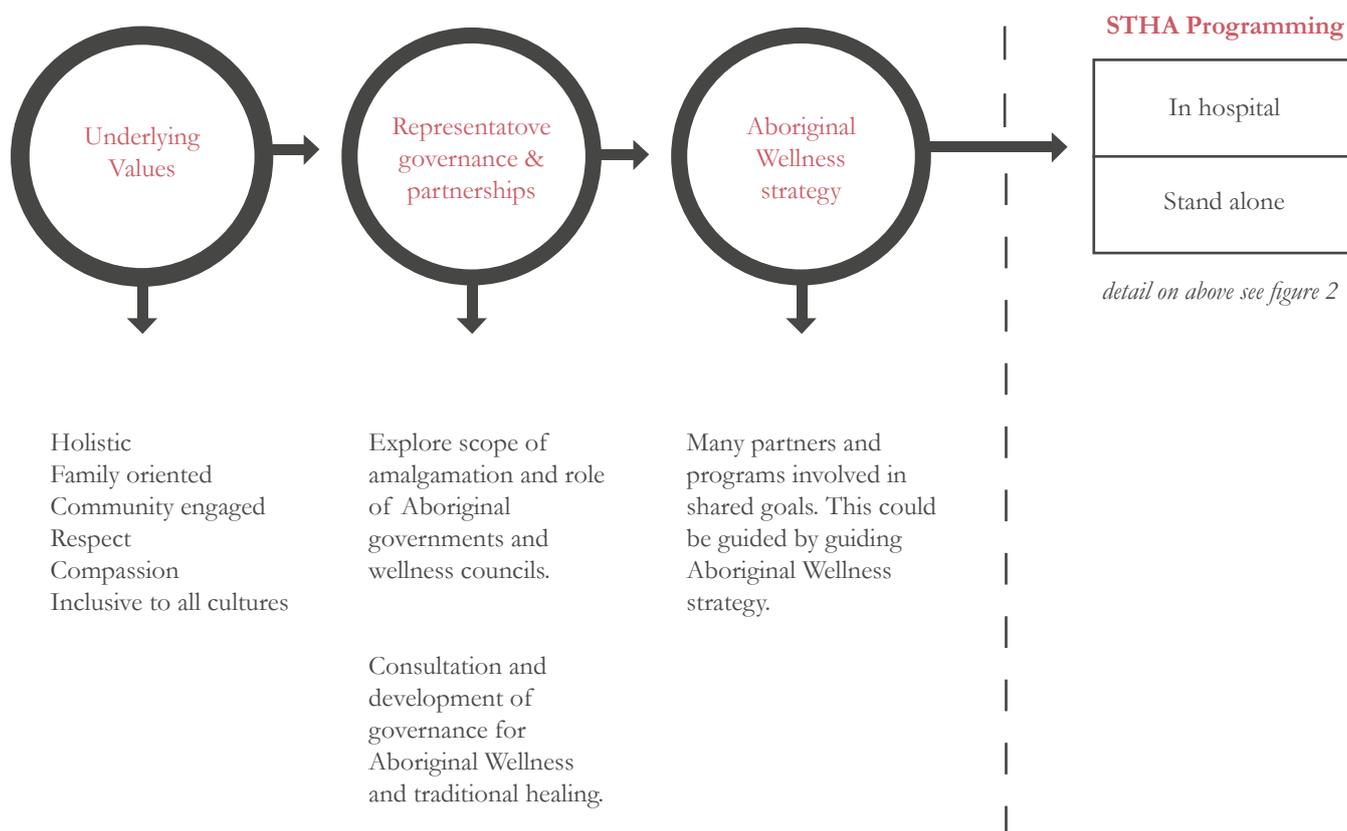
Some recommendations made were at a higher systems level and could have implications within the amalgamated health authority. These included acknowledgment of treaty rights, international declarations, and the need for a mission and vision statement that acknowledges and supports underlying values of holism, family oriented, community engaged, respect, compassion and inclusive of all cultures and the need for consultation on the best approach for governance and supporting partnerships in the oversight of Aboriginal wellness programs.

It is evident that the relationships and partnerships supporting Aboriginal wellness initiatives engage many levels of authority and sectors both within Stanton and the territory. The mechanism of using a territory wide strategy for Aboriginal wellness to support governance models and partnerships, maximize resources, and improve the quality of care and health outcomes was highlighted as a consideration for the NWT.

There were also suggestions made which would require partnerships with different levels of the health system at the community and territory level and partnerships with other supporting sectors. This includes recommendations around education of Aboriginal health care providers, research and training in cultural competencies. In these cases STHA could build partnerships and work with the territorial health authority or colleges to achieve shared goals.

Figure 2 highlights some of the areas and provides an indication of how Aboriginal Wellness programs in STHA and the free standing centre can work through partnerships and build on existing programs in different sectors. More detail on these areas is highlighted below.

Recommendations raised in consultations that are influencing factors and found in levels of healthy system outside STHA



←	<p>Research, evaluation and performance management. Align research priorities with Aboriginal wellness program. Identify and close gaps in health outcomes for Aboriginal people</p>	→
←	<p>Across sector focus on recommendations of Truth & Reconciliation Commission Cultural competencies and training throughout health sectors (intercultural competency, conflict resolution, human rights - anti-racism.</p>	→
←	<p>Education and training of Aboriginal health care providers.</p>	→

Local, national and international context: Aboriginal governments shared authority, truth and reconciliation recommendations, UN Declaration on the Rights of indigenous people: indigenous rights to health services and traditional medicines.

Education and Research

The needs for training of Aboriginal care providers and research that supports program development and renewal was emphasized throughout the review.

- i) Develop a research program that is linked to key strategic goals and expected outcomes of Aboriginal Wellness program.
- ii) Further develop role of STHA as a teaching hospital with a focus on Aboriginal Wellness.
- iii) Establish agreements between hospital, health authority, research institutes, colleges and universities. Set shared mandates and explore feasibility of holistic “learning systems” approach. Set high standard of service delivery for Aboriginal wellness, research in Aboriginal health service delivery, and training of Aboriginal wellness workers and Aboriginal clinical care providers (CHRs, nurses, doctors, physiotherapy, speech therapy, occupational therapy).
- iv) Include education of community wellness workers and increase number of Aboriginal nurses and physicians. Increase focus on Aboriginal Wellness in territorial college and universities involved in training of CHRs, nurses, social workers, midwives, physicians and other supportive staff. Develop stronger mandate for focus on Aboriginal wellness through partnerships and formal Aboriginal wellness teaching programs between STHA, colleges and universities.
- v) Set training and education goals to align with increasing the number of Aboriginal staff in leadership and administrative positions.

Governance and policy mechanisms for oversight

Throughout the consultations many discussions were intertwined with approaches for Aboriginal engagement in oversight and design of the program. With the topic of health reform and amalgamation of health authorities currently being discussed through a recent round of consultations in the territory, it was not surprising to see the topic come up frequently. Recommendations for governance and oversight are highlighted for consideration in the current health reform.

- i) Set a vision that is holistic, responsive, learning (teaching), and respects the connections with family and community.
- ii) Ensure the new board is responsive to an oversight structure that gives Aboriginal people control of setting vision, mandate and the operation of the Aboriginal Wellness Centre and can expand to Aboriginal wellness in the territory.
- iii) Those involved in the oversight of Aboriginal Wellness services should create a strategic plan for Aboriginal Wellness that responds to Aboriginal values and vision in the new health authority, and new hospital project. Ontario Ministry of Health developed a multi sector approach with hospital and government partners working together.

- iv) The aspects related to governance and oversight should be reviewed and updated to ensure Aboriginal-led oversight of Aboriginal Wellness services at STHA. The Sioux Lookout model has previously been highlighted (2008) as a possible approach for the NWT.
 - v) The delivery of Aboriginal wellness services within STHA has implications for Aboriginal services based in the NWT communities. A strategy for Aboriginal wellness should consider how Aboriginal wellness is connected across sectors and within the communities.
-

Conclusions

Stanton Territorial Health Authority has been developing their Aboriginal Wellness Services under the direction of the Elders Council since 2007. There has been considerable progress in relation to Aboriginal Wellness program needs during this time. Currently there is voiced support from the Elders Council and key stakeholders for the enhancement of current Aboriginal wellness programs at STHA, and establishment of a free standing building with additional Aboriginal wellness programs. The process of a literature review, interviews and a consensus meeting identified key program elements to be implemented within STHA and the free standing building.

Learning systems encompass a vision in which evidence is both applied and developed as a natural product of the health system.
From: The Learning Healthcare System: Workshop Summary. IOM Round table on Evidence-based medicine. <http://www.nap.edu/catalog/11903/the-learning-healthcare-system-workshop-summary-iom-roundtable-on-evidence>
Goal of the Aboriginal healing and wellness strategy http://www.mcsc.gov.on.ca/en/mcsc/programs/community/ahws/goal_strategy.aspx

Administrative and Leadership

1. Define the placement of Aboriginal Wellness initiative both within STHA and in adjoining freestanding building within the context of of health authority amalgamation and Stanton renewal project.
2. for partnerships and resource sharing to achieve shared goals. Ensure governance and Aboriginal representation aligns with need for Aboriginal governance as per best practices.
3. Appoint or designate leadership authority and resources for the STHA Aboriginal wellness project to a leadership council or advisory immediately.
4. Hold a meeting with all leadership sectors involved in Aboriginal Wellness, review the components that would benefit from partnerships. This includes areas such as education, training, research and cultural competencies and explore benefits of collaboration between organizations.
5. Build on the work that has been done to date and engage the STHA Elders council and traditional knowledge holders in the ongoing planning and implementation of Aboriginal Wellness Program. Review and update the STHA Elders terms of reference and ensure ongoing input in design of program.

6. Explore the approaches suggested to improve collaboration between organizations. A strategy for Aboriginal wellness has been successful and helped coordinate services for wellness in jurisdictions where many partners are involved. Other regions have worked with Aboriginal governments and held joint authority for health services and Aboriginal Wellness. These options need to be considered for the NWT – a strong plan for Aboriginal Wellness at the territory level will in turn support STHA Aboriginal Wellness and not duplicate resources required for planning some of the crosscutting initiatives.

7. Ensure strategy for Aboriginal Wellness provides a process to link services in STHA with services and adjoining Aboriginal Wellness Centre.

8. Develop a business plan for the new Aboriginal Wellness structure, establish funding model and begin to secure resources.

9. Conduct a policy review at STHA and ensure quality improvement, clinical standard, human resource development and infrastructure activities are responsive to the needs of a Aboriginal Wellness needs within STHA.

10. Develop standards of care for the new structure

Programming

1. Work with Elders Council as advisory and develop and implement a cultural competency training program for staff. This includes orientation programs and ongoing training within STHA. This program should be monitored and evaluated and gain understanding of staff values and attitudes and patients satisfaction with care and cultural responsiveness of services. (these programs could be used at territory level in amalgamated health authority)

2. Bring together STHA leadership, Elders Council and program heads for palliative care, birthing and midwifery services, elder care, traditional medicine, mental health and childhood and family development. Explore how aboriginal wellness initiatives related to traditional protocols and access to traditional healers can be implemented in respective departments. Update STHA program plans accordingly and ensure measurable indicators are in place to evaluate implementation and impacts of program updates.

3. Allocate resources to support in-house traditional healers, Elders and access to traditional medicine. Bring these staff in immediately and allocate first year to planning, program design, and policy development. Once program is established and policies are in place Elders and traditional healers can begin delivering services.

Infrastructure

1. Develop a business plan and allocate resources for financing

2. As strategy is developed and Aboriginal Wellness services are designed, leadership of the Aboriginal Wellness program should develop a functional plan that will inform architectural design of adjoining Aboriginal Wellness Center.

BIBLIOGRAPHY

Aboriginal Healing Foundation (2006). Final Report of the Aboriginal Healing Foundation Volume III: Promising Healing Practices in Aboriginal Communities. A. H. Foundation. Ottawa, Ontario.

Adelson, N. (2005). "The embodiment of inequity: health disparities in aboriginal Canada." Canadian Journal Of Public Health = Revue Canadienne De Santé Publique 96 Suppl 2: S45-S61.

Baker, C. and M. C. Daigle (2000). "Cross-Cultural Hospital Care as Experienced by Mi'kmaq Clients." Western Journal of Nursing Research 22(1): 8.

Browne, A. J. and J. A. Fiske (2001). "First Nations women's encounters with mainstream health care services." Western Journal Of Nursing Research 23(2): 126-147.

CBC News (2013). Rate my hospital: A fifth estate investigation. cbcnews, CBC news.

Denison, J., C. Varcoe and A. J. Browne (2014). "Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened." Journal Of Advanced Nursing 70(5): 1105-1116.

EllisDon. (2010). "Meno Ya Win Health Centre (Sioux Lookout)." July 25, 2015, from <http://ascribehq.com/ellisdon/portfolio/healthcare-and-research/5501>.

File Hills Qu'Appelle Tribal Council. (2015). "White Raven Healing Centre." Retrieved June 20, 2015, from <http://fhqtc.com/white-raven-healing-centre/>.

Frohlich, K. L., N. Ross and C. Richmond (2006). "Health disparities in Canada today: Some evidence and a theoretical framework." Health policy 79(2-3): 132-143.

Health Council of Canada (2012). Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care. H. C. o. Canada. Toronto, Ontario, Health Council of Canada.

Health Council of Canada (2014). Health Innovation Portal: Archive of Innovative Practices Theme: Aboriginal Health. H. C. o. Canada, Health Council of Canada.

Landau, T. C. (1996). "The prospects of a harm reduction approach among indigenous people in Canada." Drug And Alcohol Review 15(4): 393-401.

Leeuw, S. d., S. Maurice, T. Holyk, M. Greenwood and W. Adam (2012). "With Reserves: Colonial Geographies and First Nations Health." Annals of the Association of American Geographers 102(5): 904-911.

Maar, M. A. and M. Shawande (2010). "Traditional Anishinabe Healing in a Clinical Setting: The Development of an Aboriginal Interdisciplinary Approach to Community-based Aboriginal Mental Health Care." Journal of Aboriginal Health: 18-27.

Mignone, J., J. Bartlett, J. O'Neil and T. Orchard (2007). "Best practices in intercultural health: five case studies in Latin America." Journal Of Ethnobiology And Ethnomedicine 3: 31-31.

National Aboriginal Health Organization (2008). An Overview of Traditional Knowledge and Medicine and Public Health in Canada. N. A. H. Organization. Ottawa, Ontario.

National Collaborating Centre for Aboriginal Health. (2015). "We are welcome here: changing hospital care in Canada." Retrieved July 27, 2015, from http://www.nccah-ccnsa.ca/323/We_are_Welcome_Here_Changing_Hospital_Care_in_Canada.nccah-2.

Portage District General Hospital. (2013). "Portage District General Hospital." Retrieved July 20, 2015, from <http://www.southernhealth.ca/healthsite.php?id=17>.

Romano, K., A. Passmore, T. Kellock and J. Nevin (2011). "Understanding Integrated Care: The Aboriginal Health Initiative Heads North." University of British Columbia Medical Journal 3(1): 34-35.

Roué, M. (2006). "Healing the wounds of school by returning to the land: Cree elders come to the rescue of a lost generation." International Social Science Journal 58(187): 15-24.

Sheppard, A. J., A. M. Chiarelli, L. D. Marrett, L. Mirea, E. D. Nishri and M. E. Trudeau (2010). "Detection of later stage breast cancer in First Nations women in Ontario, Canada." Canadian Journal Of Public Health = Revue Canadienne De Santé Publique 101(1): 101-105.

Sioux Lookout Meno Ya Win Health Centre (2009). The Meno Ya Win Elder Care Continuum: Applying the 'Aging at Home' Strategy to Meet Northern First Nation Needs. S. L. M. Y. W. H. Centre.

Sioux Lookout Meno Ya Win Health Centre (2014). Meno Ya Win News. S. L. M. Y. W. H. Centre. 3.

Sioux Lookout Meno Ya Win Health Centre. (2015). "Andaaw'iwewin egkwa Mushkiki (Traditional Healing Practices and Medicines)." Retrieved June 20, 2015, from <http://www.slmhc.on.ca/andaawiwewin-egkwa-mashkiki>.

Sioux Lookout Meno Ya Win Health Centre. (2015). "Wiichi'iwewin (Patient and Client Supports)." Retrieved June 19, 2015, from <http://www.slmhc.on.ca/wiichiawewin>.

Smylie J., F. M., Cochran L., Prince C., Maracle S., Morley M., Mayo S., Spiller T. & McPherson B. (2011). Our Health Counts Urban Aboriginal Health Database Research Project - Community Report First Nations Adults and Children, City of Hamilton. Hamilton, Ontario, De Dwa Da Dehs Nye>s Aboriginal Health Centre.

Southern Health. (2013). "Aboriginal Support Worker Program." Retrieved July 27, 2015, from <http://www.southernhealth.ca/service.php?id=169>.

Troian, M. (2014). Traditional foods boost Indigenous health. Ricochet media.

Walker, R., H. Cromarty, B. Linkewich, D. Semple, N. St. Pierre-Hansen and L. Kelly (2010). "Achieving Cultural Integration in Health Services." Journal of Aboriginal Health: 58-69.

Yukon Hospital Corporation. (2015). "First Nations Health Programs." Retrieved July 27, 2015, from <http://yukonhospitals.ca/whitehorse-general-hospital/programs-and-services/first-nations-health-programs>.

Frohlich, K. L., Ross, N., & Richmond, C. (2006). Health disparities in Canada today: some evidence and a theoretical framework. Health Policy (Amsterdam, Netherlands), 79(2-3), 132-143.

Government of Canada. 2008. Prime Minister Harper Offers Full Apology on behalf of Canadians for the Indian Residential Schools System, edited by the Office of the Prime Minister.

Canada. Royal Commission on Aboriginal Peoples. Aboriginal Perspectives on Health and Healing [Ottawa]: Royal Commission on Aboriginal Peoples, 1996.

Dell, C.A., Lyons, T. (2007). Harm reduction policies and programs for persons of

Aboriginal descent. Retrieved from <http://www.addictionresearchchair.ca/wp-content/uploads/Harm-Reduction-Policies-and-Programs-for-Persons-of-Aboriginal-Descent.pdf>

Stats Canada (2006). 2006 Census. Retrieved from

<http://www12.statcan.ca/census-recensement/2006/as-sa/97-558/p3-eng.cfm>

Appendix A

Name	Indigenous background	Health Board	Community
Francois Paulette	Dënesųłiné	Ft. Smith	Ft. Fitzgerald, AB
Gabriel Hardisty	South Slavey	Dehcho	Wrigley
Marie Adele Rabesca	Tłıchų	Tłıchų	Wha Ti
Florence Barnaby	North Slavey	Sahtu	Ft. Good Hope
Robert Sayine	Dënesųłiné	Yellowknife	Ft. Resolution
Mary Teya	Gwich'in	Beaufort Delta	Ft. MacPherson
Pat Martel	South Slavey	Hay River	Hay River Reserve
Ernest Pokiak	Inuvialuktun	Beaufort Delta	Tuktoyaktuk
James Christie	Métis	Dehcho	Ft. Providence

Duration of Elders' Council appointment for current and past members:

Francois Paulette: 2007 – present

Gabriel Hardisty: 2007 – present

Marie Adele Rabesca: 2007 – present

Florence Barnaby: 2012 – present

Robert Sayine: 2012 – present

Pat Martel: 2007 – present

Ernest Pokiak: 2015 – present

James Christie: 2015 – present

George Marlowe: 2007 – 2012

Thomas Manuel, Sr. (Sahtu): 2007 – 2011

Helen Gruben (Sahtu): 2007 – 2011

Danny Beck (Métis): 2013

Appendix B

Interview questions

1. What is your vision for an Aboriginal Wellness Centre at Stanton hospital? What values and wellness philosophy will it promote?
2. Do you have any specific services, ceremonies, or programs in mind that should be offered at an Aboriginal Wellness Centre?
3. In your view, should the Aboriginal Wellness Centre be integrated within the hospital building, or should it be a stand-alone building built close by? What are the pros and cons to both options?
4. In your opinion, what should the physical space and structure of the Aboriginal Wellness Centre look like?
5. In your view, what are the next steps in creating an Aboriginal Wellness Centre? What challenges do you anticipate in taking these next steps?
6. How can the Aboriginal Wellness Centre gain support from Stanton, politicians, and the public?
7. \What sort of governance structure and community involvement would you recommend to run the Aboriginal Wellness Centre?

