

ABORIGINAL HEALTH

All That Heals

DISCUSSIONS ON HOLISTIC
HEALTH IN NORTHERN BC



northern health
the northern way of caring

2014

IN THE WORDS OF THE PEOPLE

Background

Individuals and groups were invited from across northern BC to participate in one of three regional conferences located in each of the three Northern Health (NH) service delivery areas: the Northwest, Northeast, and Northern Interior. The overarching intent of these yearly gatherings is to engage and ensure that communities' and individuals' voices are included in initiatives that impact their health and well-being. In 2012, the regional conferences focused on 'holistic health.' Participants were invited to discuss and share their thoughts and perceptions on three questions:

1. What does holistic health mean to you?
2. What is happening already in your community to do this?
3. What advice would you give the NH Executive and Board about holistic health?

Across the service delivery regions, there was one variation in implementation of the questions for participants. At the Northeast regional conference participants were asked: "What is already happening (with respect to holistic health) in your community?" At the Northwest and Northern Interior regional conferences, participants were asked a more specific question around the same theme: "What are steps you can take in your own life, in your community and in partnership with Northern Health to strengthen holistic health?" In reviewing participant responses, answers to these two questions are grouped together.

Three major discussion categories emerged from participant responses to the questions. The first category is holistic health. Throughout these discussions, participants spoke about attributes of holistic health, including how to achieve holistic health and what holistic health looks like in service delivery. The second category focuses on actions that could strengthen holistic health individually, collectively and in partnership Northern Health. Advice to the Northern Health Executive from community members on how to achieve holistic health in service delivery is the focus of the third category of participant responses. These suggestions encompassed processes for enhancing relationships and building trust, and strategies and tools for improving care within a broader social determinants framework.

The remainder of this section sets forth participant responses in the three topic areas identified above.

A. PERCEPTIONS OF HOLISTIC HEALTH

The first question posed to conference participants was: "What does holistic health mean to you?" Responses to this question can be divided into two broad categories: attributes of holistic health and holistic health services.

1) Attributes of Holistic Health

Holistic health for many Indigenous peoples is anchored in a relational worldview. At the heart of this view is a belief that all things are connected and in relationship to one another – there is a connection with the land, the water and the animals. To ensure the continuity of First Nations' cultures, participants stressed the importance of teaching the young about their culture and spirituality. Several cultural activities and teachings were identified. First and foremost, language and the need to relearn it was suggested. Other suggestions for ensuring cultural continuity included getting back to the basics and language learning in school. Along with language, participants stressed the importance of cultural teachings and activities. Some participants recommended activities such as: canoeing, hunting, fishing, beading, basket making, and berry picking and other food gathering, along with participating in the sweat lodge, cultural dancing, singing and drumming. Another participant reinforced the importance of "reminding youth where they come from, sharing with nephews, nieces, and grandchildren how we grew up, what we have done." Building a cultural place for youth to learn and gather would facilitate cultural activities occurring and children and youth learning community teachings.

A significant piece of advice emphasized the historical and contemporary contexts of generational trauma, abuse and marginalization. Affirming reminders to communities like "we are a magnificent people" and a realization that independent nationhood "are the roots of who we are and where we come from" were cited as important to healing and to holistic health. It is communities that are the backdrop for families and individuals. Participants spoke of holistic health as a process that demands participation of family and community: "family is integral to the holistic process." Family health embedded within a healthy community is part of individual health and vice versa. Community activities like community luncheons and community gardens provide opportunities for individual relationship building, learning and belonging to a collective culture. In order to ensure healthy communities, communities themselves need to be included and supported to undertake collective activities such as educational events.



Continuity of First Nations' cultures requires teaching the young about their culture and spirituality.

A second theme to emerge from participants' responses to "What does holistic health mean to you?" focused on individual attributes and behaviors. Advice aimed at individuals focused on living life anchored in traditional values such as: love, sharing, honesty, responsibility, and kindness, along with actions such as: listening mindfully, sharing knowledge, being open minded, forgiving the past, choosing what is right and good for yourself, being self-aware, eating healthy and exercising. Special emphasis was given to respect for both oneself and others. Caring for self, role modeling and achieving balance were cited as attributes of successfully achieving holistic health.

Participants also stressed the importance of being connected to oneself, identifying holistic health as a way of "looking at the whole person" and "seeing the body as the body, mind and spirit." Spirituality is seldom discussed in the "medical" world but it is important to holistic health and First Nations peoples.

One participant warned that spirituality is being lost. Others encouraged health caregivers to "move away from medical models to models that emphasize the physical, mental, emotional and spiritual being of each person." This emphasis on inclusive being was often coupled with participants' advice to be in "balance," in other words to live "a well-balanced life for oneself, in one's family and community." Reaching beyond community, several participants recommended recognizing and being sensitive to cultural diversity, including learning and respecting other cultures, as equally important to their health and well-being.

2) Holistic Health Services

Much discussion ensued around the delivery of holistic health care services focusing on the need for change. Including Elders in the delivery of services as well as listening to youth in the development of programs were suggested as ways to improve service delivery by

participants. They also spoke about the importance of regular meetings between community members and Northern Health, suggesting that officials begin by visiting the community.

Actual service delivery, as suggested by one participant, should begin with "caring as opposed to care giving." This recommendation requires a parallel "change to medical language that is more caring and clear terminology." Other participants also called for "thinking outside the box" starting with an emphasis on "person centered care." As one participant put it, "if you treat the person you win every time." This focus likewise demands a rethinking of training and education for practitioners. Cultural sensitivity training, including understanding of holistic health practices, for nurses, doctors and social workers was suggested by participants as a necessary part of their education. Health policy supporting holistic health and increased support for staff to achieve holistic health service delivery are equally necessary, as are safe medical facilities.

B. WHAT IS ALREADY BEING DONE...

The second question posed to participants was: "What is happening already in your community to do this (holistic health)?" Participants identified activities that are underway in their communities as well as advice about what could be undertaken. Four categories emerged from their discussions. Culture, language and traditional activities were viewed as key to holistic health for community, while caring for self was seen as integral to overall community wellness, particularly for those directly involved in health care services. Additionally, advice concerning delivery of health care services was offered.

1) Anchored in Culture

Strengths of First Nations communities are evident in the cultural activities, languages and traditions identified by participants. Incorporation of traditional medicines in programs built upon the language and culture of the community and that integrate western medicine was viewed as a significant outcome to strive for. Participants acknowledged that some programs and community health care workers incorporate culture and language into their activities by including Elders and traditional people in programs, through participation in weekly luncheons and monthly meetings with them, by listening to their teachings, and by practicing traditional activities such as fishing and hunting (including drying and smoking fish and meat), canoeing, berry picking, root digging, hide tanning, moccasin making, and beading. Participation in these cultural activities promotes health and well-being by providing opportunities for community members to not only learn about their collective and their role within it but also fosters a sense of belonging and connectedness. One participant suggested that an Elder's gathering would provide an opportunity for Elders to collectively develop knowledge of traditions to share with children, youth and families. Participants also stressed the importance of teaching children and youth, suggesting cultural camps as an opportunity for them to learn cultural specific activities, along with men's groups and other community groups.

Language was viewed as central to holistic health. Participants advised that it was important to "relearn and start speaking our language again." They also suggested finding "champions" who speak the language. Communities with language schools that have rich language curriculums were offered as a way to promote and support language acquisition.

2) Self-care and Individual Behaviours

Considerable discussion concerning individual actions to achieve holistic health took place and focused on self-reflection and connections to culture. These discussions were underscored by recognition that "health care workers are busy caring for others, and that they need self-care." Some participants spoke of healthy eating, exercise, and living drug and alcohol free as steps toward holistic health. Others talked about taking time to socialize and doing physical activity together, as well as spending quiet time by oneself and with others on the land as ways to care for self. Attention to relational values and behaviours was emphasized as well in comments like "respect for oneself and others, recognition of our gifts" and the sharing of those gifts with others. Others stressed the importance of "getting to know people you can talk to in the community", "listening to others", and "removing assumptions". Connecting to the land, participating in community cultural activities, including

"traditional healing" and "meeting with Elders," illustrated the importance of culture to participants' holistic health, particularly care of self. One participant reminded others to recognize the 'good' things in our culture and other cultures as well.

3) Community Activities

In addition to individual behaviours, participants recognized community activities as opportunities for actions leading to holistic health. As one participant put it, "communities connected to culture have better holistic health." Some participants identified existing community activities like "adults dressed in full regalia welcoming children to school, participation in powwows, and gatherings with other communities," while others highlighted strengthening families within community: "promoting healthy lifestyles, collectively producing health as a community and promoting Elder-youth interactions."

Communication between community and NH as well as "listening and sharing experiences between service providers of other bands" were also cited as important to holistic health of individuals and communities. Networking, collaborations and sharing ideas with each other and with NH, including activities such as organizing gatherings and providing opportunities for community service providers to attend provincial meetings and gatherings, were seen as equally important strategies.

4) Service Delivery

There were a range of responses concerning existing service delivery initiatives, along with advice for future activities. These responses centred around effective service delivery, citing activities such as engaging with community, networking and collaboration, and education and training. For example, engaging community members to ascertain their service needs in a way that takes into account changing community needs was affirmed by several participants. Increased awareness and Northern Health's cultural competency training for health care providers was brought up by several participants as important to improve providers' understanding of the people they are providing care for. "Invite service providers to listen and share experiences with the bands, to visit communities and experience traditional ways and to be supported to understand cultures" were suggestions raised by other participants for service providers who live outside of community. At the same time others suggested "networking and working collaboratively with local service providers." One person underscored the importance of training for general practice physicians with another advocating for the training community members as registered nurses and program service providers. "Recognition of cultural/traditional leaders as health care service providers" was also highlighted in the discussion.

C. ADVICE FOR ACHIEVING HOLISTIC HEALTH GIVEN TO NORTHERN HEALTH

The third question asked conference participants, "What advice would you give Northern Health?" Their responses to this question can be discussed under three broad categories: principles and strategies for enhancing relationships between health care providers and the communities they serve; specific tools and strategies for improving health care in communities; and strategies for building healthier communities.

1) Principles and strategies for enhancing relationships and building trust

Participants suggested several relational principles that were important for enhancing relationships and building trust between health care providers and members of the community. First and foremost was the need for health care providers to understand Aboriginal people, recognize them as persons, and treat them with respect. These steps are crucial in building trust and involve acquiring a good understanding of Aboriginal peoples' history, as well as an awareness of their culture and current socio-economic conditions. Several strategies were suggested that would facilitate improving relationships through improving health care providers' understanding of Aboriginal peoples. Some participants recommended there be some type of cross-cultural exchange, such as a multicultural coming together or Sacred Circle – a sharing of men and women. Others challenged Northern Health to drive to the communities and spend the night, or attend some community events.

Another principle important to developing trust and enhancing relationships is the need to listen to the people. Communication must be reciprocal, not just one way. This listening must not be token; as one participant suggested, "Listen with your heart." The importance of listening especially to the youth and learning from the Elders was noted by several participants.

2) Tools and strategies for improving health care

There are currently a number of organizational barriers to providing healthcare in communities. This section focuses on participant advice to Northern Health that focused on ways to improve health care in communities. Their suggestions can be categorized into three major themes: improving patient experiences with health care services and providers; bringing broader health care services to people and communities; and supporting communities to provide input into health care decisions. With regards to improving patient experiences with health care services and providers, participant responses revolved around two sub-themes: improving relations between health care providers and patients, and making the health care environment more welcoming and safe. Several participants made suggestions for improving communication between patients and healthcare providers. One commented on the need for health care providers to spend more time with patients. The introduction of a 1.5 hour consultation with patients was recommended by one participant as a means of enhancing health care providers' appreciation of their patients. Another recommended the use of doctor liaisons within communities.

Incorporation of traditional medicines in programs built upon the language and culture of the community and that integrate western medicine was viewed as a significant outcome to strive for.

A third participant suggested identifying stakeholders (family members) as advocates as a way to facilitate communication.

A key component of improving patients' experiences with health care services and providers relates to providing a welcoming and safe health care environment. Making healthcare more culturally safe was a dominant focus here, with one participant commenting that patients felt they were being dismissed. Several concrete suggestions were provided for how to make healthcare culturally safe, including the implementation of a more culturally appropriate complaint process; Aboriginal recruitment into the Northern Health Authority; introducing more culture and spirituality into medicine and counseling; incorporating language and culture into the hospital and doctors' offices; translating literature into the Carrier language; and hiring Carrier employees who speak the language. The suggestions received also show the importance of cultural competency training for health care professionals in changing the culture of staff. One participant noted that healthcare professionals must understand who Aboriginal people are, while another noted that some healthcare professionals did not even know what colonization is. As stated by one participant, "Culture is important for everyone, not just Aboriginal people." It is important for healthcare providers to "get educated about all cultures." Suggestions here included retraining staff and having all Northern Health staff take the "Return to Spirit" reconciliation process, making the Indian Cultural Competency training mandatory, and ensuring health professionals understand the medicine wheel.

Increasing support for staff to integrate holistic care was a second component of creating a safe, welcoming health care environment. One participant noted that acute health care settings are not conducive to holistic practice and are unhealthy. Advice provided by participants for increasing support for staff to integrate holistic care included incorporating a cultural setting and practicing holistic health for employees and modeling it for all employees and for the community. One participant suggested that perhaps identifying likely social/cultural events (i.e. birth/death) would be a place to begin. Another participant noted the need to consider the expectations of staff.

A second major theme that emerged from participant responses to the question, "What advice would you give Northern Health?" revolved around bringing broader health care services to people and communities. Some of their suggestions were general for improving health care services provision in communities, while others called for the enhancement of specific types of health services. In terms of general strategies, one participant suggested a need to focus on developing a local strategy, while a second participant commented on the need for Northern

Health to know the profiles of the communities they were serving. Aboriginal Health Improvement Committees (AHICs) were established in part to provide Northern Health with an opportunity to develop a "comprehensive understanding of the specific interests of local Aboriginal people and provide helpful local and regional health system information, including information about the health of their local population and the 'health' of their communities" (Northern Health, <http://www.northernhealth.ca/YourHealth/AboriginalHealth/AboriginalHealthImprovementCommittees.aspx>). However, the need for less talk and more action was highlighted by several participants, with one noting that while he/she appreciated all the studies done to date, "the problems have already been identified." One participant asked how the AHICs were being communicated and what happens with the recommendations and information discussed at the AHICs? How do the recommendations get translated into action?

Suggestions for specific health service improvements included: providing more accessible free health care workshops; improving children's health care; providing regular check-ups for blood pressure, blood glucose and cholesterol; ensuring transition plans were in place for students who go away for treatment and then return; more support for acute services for Aboriginal people and plans for individuals to transition to the community; and working on palliative care in First Nations communities that was tied to a person's own community and the support of that community. In addition, several participants recommended providing several tools and resources that would be useful in communities for improving health. One participant requested the development of tools to heal oneself and deal with the past. Other participants asked for a compilation of all holistic services/service providers in one book of resources for people and more information on health projects. A need for more funding for health services was noted, as was the fact that funding for the solution would be better spent.

A third major theme, which interconnects with the previous two themes, revolved around the need to support communities in providing input into health care decisions. Participants highlighted that services must be strengthened together. There must be continued dialogue, collaboration, networking, and sharing between Northern Health and community leaders and members. However, this requires recognition by Northern Health that all members of the community should be able to provide input, not just professionals. Several participants emphasized the need to work with youth and to meet with elders from the community. One participant suggested that a survey of health care consumers might be one means of gathering community input into health care decisions. Another participant commented on the need for leaders to have a passion and vision of holistic healing and health, asking,

"Are all the leaders on a healing journey: Do they all have a shared vision of healing in our community?"

3) Social determinants framework for addressing health issues

The final category of responses to the question, "What advice would you give Northern Health?" focused on the need to adopt a broader perspective in addressing health issues in communities. One participant commented on the need to "target the problem, target the person as a whole." This speaks to the need to address social determinants of health in communities like education, income, and employment, and building healthy communities. Key strategies identified that could work to build healthier communities included: having healthy role models in the community; helping with gainful employment and opportunities; aiming to hear the community first, then working towards employment issues (don't want people to abuse the money they make); adopting curriculum in the high schools that would teach kids about sexual health and other health issues; and going back to the medicine wheel to address substance abuse. A focus on the youth was strong here, with one participant commenting that the "youth are hurting." One participant advocated the need for youth empowerment and giving youth a voice, while another suggested the need to teach young people respect. Bringing back First Nations culture and traditional teachings was seen by several as a means of building healthier communities.

A LOOK TO THE FUTURE – POLICY, PROGRAM AND PRACTICE CONSIDERATIONS

The following considerations are divided into three overarching categories within which a number of specific actions (have already been articulated in the previous section or yet to be identified) are encompassed.

1. Relationship Building, Communication and Collaboration

- Enhancing relationships and building trust between Aboriginal community members and health care providers
- Valuing and modeling respect for each other as individuals and members of collectives
- Promoting cultural competency through, for example, access to training, cross cultural exchanges and community visits for service providers and NH administration
- Supporting opportunities for reciprocal communication and information sharing especially between NH and Aboriginal communities, for example, by supporting community gatherings and building on existing infrastructures such as AHICS and regional health conferences

2. Individual and Collective Actions

- Acknowledging cultural well-being as foundational to healthy well-being
- Recognizing historical and contemporary context of generational trauma, abuse and marginalization by, for example, supporting and, where appropriate, participating in community healing strategies and activities
- Building upon cultural strengths such as: cultural activities like hunting, fishing, beading, tanning hides, and gathering foods and medicines
- Encouraging self-reflection that leads to living in a 'good' way, thereby promoting balance built upon traditional teachings and values
- Acknowledging and supporting collective health strategies and processes that support enhanced development of families, including children and youth and communities

3. Service Delivery

- Including Elders in delivery of services as well as the advice of youth
- Improving patient experiences with the health care system by improving relationships between health care providers and patients, for example, promoting cultural safety training
- Implementing a culturally appropriate complaint process
- Creating safe environments that reflect the patients being served through, for example, art and language
- Broadening and enhancing existing health care service, for example, providing free health care workshops, regular checkups for blood pressure and cholesterol
- Developing health specific tools and processes for community use
- Supporting community engagement strategies that include Elders and the voices of youth in health care delivery
- Promoting holistic care environments where individuals are viewed in their entirety
- Targeting the whole person which demands a determinants of health approach that examines the environment or context in which a person grows, lives and plays in

In this ever changing climate of Aboriginal health, particularly with the seminal signing of the Transformative Change Accord between the First Nations of British Columbia, Government of Canada and the Province of British Columbia, considerations offered by participants in these regional health conferences can inform the implementation of strategies, processes and activities necessary for the realization of the optimal health and well-being of Aboriginal peoples residing in the NH catchment area along with all northerners.



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Recommended citation: Aboriginal Health. (2014). *All that Heals: Discussions On Holistic Health in Northern BC*. Prince George, BC: Northern Health.

This document is available online at www.northernhealth.ca/yourhealth/aboriginalhealth.aspx

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10-307-6011 (IND06/14)