

A large white teepee stands in a lush green forest. The teepee is made of white canvas and wooden poles, with its top reaching towards the sky. The forest is dense with tall, thin trees and green foliage. The sky is blue with some white clouds. The overall scene is peaceful and natural.

Treaty 8 First Nations Protocols for Health Research

Principles & Protocols a Pocket Guide



Treaty 8 First Nations

Protocols for Health Research Principles & Protocols

This resource comes from the Northeast Aboriginal Health Improvement Committee Treaty 8 First Nations: Protocols for Health Research Report that was completed in May 2015. This resource is intended for healthcare practitioners and outlines health-related principles and protocols when working with Treaty 8 First Nations communities.

Applying Protocols

Health-related protocols vary among the Treaty 8 First Nation communities and must be built on respectful relationships that incorporate culturally appropriate ethical standards.

Provided below are a series of steps based on various protocols and principles that can help guide relations and interactions between health care practitioners and Treaty 8 communities.

Healthcare practitioners planning to engage with the Treaty 8 First Nations must first have a deep awareness of the diversity present in the communities due to differences in culture, language and history.

Learning through reports, such as the information in this resource, can help direct learning. Cultural competency workshops by members of the First Nation communities are an effective and appropriate way for individuals to gain lasting insight.

It is also important to understand and acknowledge history truths and past actions/inactions.





The purpose of cultural competence is to encourage healthier relationships that engage and transcend culture and support responsive and respectful care. Cultural competence goes beyond awareness, sensitivity, knowledge and skills to the application of relational capacity.

A basic level of knowledge about the Treaty 8 First Nations groups, including the history of colonization, assimilation, residential schools, the 60s scoop (e.g. the placing children in non-First Nations families), impacts from developments (especially the Alaska Highway and resource exploration and extraction), and related intergenerational effects is needed, but it is not enough to support culturally competent service provision.

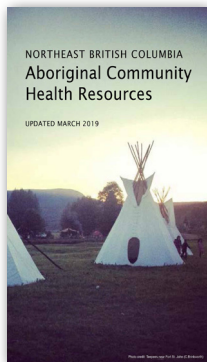
Some First Nation communities may not authorize their political government (Band) leaders to make decisions on health issues. It is recommended that healthcare practitioners seek guidance on this matter directly from each community's health lead. Community contact information can be found on the next page.

The next step, through continued community engagement, would be to work with role models, mentors and cultural advisors to further develop and refine communication and relational skills based on self-awareness, understanding and respect.



Community Contact Information

Blueberry River First Nations	250-630-2181 or 250-630-2800
Doig River First Nation	250-827-3776
Fort Nelson First Nation	250-774-2300
Halfway River First Nation	250-772-5059
Kelly Lake	780-356-2419 or 780-356-2025
Prophet River First Nation	250-773-6555
Saulteau First Nations	250-788-7280
West Moberly First Nations	250-788-3622



Additional community resources for the Northeast region of BC are available as a booklet. The document was developed to give information on the health services available for each of the communities listed above. You can access the digital version of this booklet at: www.indigenoushealth-nh.ca/initiatives/AHICs/northeast



Protocols for Meetings:

While developing relationships with Treaty 8 First Nation members, healthcare practitioners should be prepared to spend time getting to know community members before discussing business. Rushing is viewed as being disrespectful and pushy – take the time to visit first and gently ease into business.

In public forums hosted by any groups, it is important to acknowledge the traditional territory where you are. This acknowledgement is confirming recognition of and respect for the first people of the region, and will be appreciated by all.

Although the Treaty 8 communities are widely dispersed, word-of-mouth communications are very efficient and the number of people in each community is small. Actions and words of individuals from outside the community are remembered.

Affection is easily displayed in some Treaty 8 communities, especially between women who are relations or long-standing friends. Once an outsider is established and trusted in a community he/she will likely be included in this.

Protocols for Community and Family Events:

STEP 5: Approach Specific Knowledge Keepers

Healthcare practitioners should plan to attend community and family events, such as Aboriginal Day, Doig Days, West Moberly Day, Treaty celebrations and, if requested, death/birth celebrations. Becoming engaged in the Treaty 8 First Nation's events and taking opportunities to meet people and learn about life in the community is part of cultural competence training.



Individual men and women in each community are considered to be “knowledge keepers.” Many of these individuals carry important information about the intersection between cultural beliefs and practices for health. Practices including smudging, sweats, other forms of ceremonies, care of the deceased, etc. These people know when cultural practices and knowledge (including the use of medicinal plants) will be of potential benefit to someone needing health services. Knowledge keepers would be important for guiding a health advisory committee.

As the caretaker of traditional knowledge, knowledge keepers hold a strong sense of responsibility for passing on traditional knowledge and they can be careful in what they say. As an oral society, this kind of communication is still very important. If you are uncertain, ask them if you can proceed with your comments/ideas. Be aware not to talk too much, and it is not advantageous to provide too much information (overwhelming the conservation/meeting).

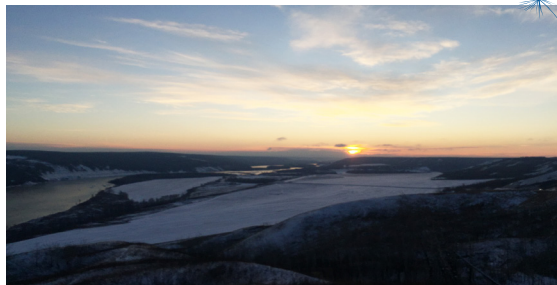
Additional Resources:

Northeast British Columbia Aboriginal Community Health Resources (2019): [https://www.indigenoushealthnh.ca/sites/default/files/NE%20AHIC%20Community%20Health%20Resources%20\(2019\).pdf](https://www.indigenoushealthnh.ca/sites/default/files/NE%20AHIC%20Community%20Health%20Resources%20(2019).pdf)

This booklet is based on *Treaty 8 First Nations Protocols for Health Research Report (2015)*, the full report can be found here: https://www.indigenoushealthnh.ca/sites/default/files/T8FNNHARReport_May2015.pdf

Cultural Safety: Respect and Dignity in Replationships (2017): https://www.indigenoushealthnh.ca/sites/default/files/2017-03/booklet-cultural-safety-web_0.pdf

Local Cultural Resources (2017): <https://www.indigenoushealthnh.ca/sites/default/files/2017-06/Cultural-Resources-Booklet-web.pdf>



Special thanks to Alisa Froh for providing the beautiful photographs found within this booklet.

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