Report of the Professional Issues Forum on **First Nations and Inuit Health** Whitehorse, Yukon CAOT Conference 2008

Executive Summary Report

The Canadian Association of Occupational Therapists (CAOT) has identified First Nations, Métis and Inuit peoples' health and community development as a strategic area for expansion of occupational therapy practices.

The Professional Issue Forum (PIF) addressed the following objectives:

1. understand the health status, cultural, social, and political reality of the Aboriginal populations
2. understand the impact of limited access to OT services for the Aboriginal populations' occupational performance needs;
3. identify issues that impede access to occupational therapy services;
4. identify how community development and other collaborative strategies will facilitate access to opportunities for participation in healthy occupations;
5. identify other strategies and resources that will facilitate participation in healthy occupations;
6. inform the development of a position statement and strategic plan to improve access to occupational therapy services.

Format

A panel of four presenters was followed by a summary of the presentations. Each panel member provided a presentation that ranged from 20 minutes to 45 minutes.. Feedback for the session reflected the limited time left for audience participation. The session went 5-10 minutes over time in order to provide an opportunity for participants to identify key components to include in the CAOT position statement on Aboriginal Health and Community Development. Delegates interested in participating in an ongoing discussion were invited to leave contact information with Donna Klaiman, CAOT Director of Policy. There were 30-35 participants throughout the forum. Alison Gerlach was the facilitator for the forum. The speakers ' biographies and PowerPoint presentations were posted prior to the forum the CAOT website

The following is a summary of the key themes and issues raised during a professional issue forum that took place on June 13, 2008 at the CAOT Conference in Whitehorse. For the purpose of this summary, Aboriginal peoples will be used as a collective term to include First Nation, Métis and Inuit peoples.

Panelist

Alison Gerlach, MSc, OT(C) view her powerpoint - http://www.caot.ca/powerpoint/Gerlach.ppt

The opportunity to partner with members of the Lil'wat Nation in southwest British Columbia

(B.C.) in early childhood development and school therapy programs was a catalyst for Alison in developing her critical thinking on the concept of culture in occupational therapy, child development and health care services. This lead to her undertaking a qualitative research project to explore how traditional Lil'wat values and beliefs influence raising a child with special developmental needs and collaborating with non-Aboriginal health professionals. Alison recently authored 'Steps in the Right Direction: Connecting & Collaborating in Early Intervention with Aboriginal Families & Communities in B.C.' for the B.C. Aboriginal Child Care Society. She is currently involved in several projects focused on promoting cultural safety and community development in Aboriginal early childhood development programs in B.C.

Al Garman view his powerpoint - http://www.caot.ca/powerpoint/Al%20Garman.ppt
Mr. Garman began his public service career in 1975 in the Department of Veterans Affairs and since 1981 has, for the most part, been with the Department of Health where he has held a variety of positions; most recently he spent 15 years as the Regional Director for First Nation and Inuit Health in the Atlantic, Manitoba and Ontario Regions. In 2005 he worked on assignment for five months as the Director General of the Aboriginal Health Blueprint Secretariat during the lead-up to the 2005 First Ministers meeting with the leaders of the five National Aboriginal Organizations in Kelowna, B.C. Since November 2007 Mr. Garman has served as Special Advisor to the Assistant Deputy Minister for the First Nation and Inuit Health Branch in Health Canada focusing on a special initiative with respect to First Nation communities in crisis.

William Julius Mussell view his paper- http://www.caot.ca/pdfs/PaperfAbMentalHealth.pdf
Bill Mussell is a member of the Skwah First Nation, is of Sto'lo heritage, and lives within his family's traditional territory situated in B.C.'s Fraser Valley. His long and distinguished career has been devoted to improving the quality of life for aboriginal people. Guided by an optimistic vision for the future of First Peoples in Canadian society, he has worked tirelessly in many roles to bring that vision closer to realization. He has developed and delivered curricula for Colleges and Universities addressing the needs of First Nations, Metis learners, and other Canadians. On regional, provincial, and national levels, he has helped shape health care delivery and health policy as it affects Aboriginal populations across Canada. He provides leadership in mental health through his role as Chairperson of the Native Mental Health Association of Canada, and his membership in the Boards of the Mood Disorders Society of Canada and the Canadian Alliance of Mental Illness and Mental Health, and his role as Chairman of the First Nations, Inuit, and Metis Advisory Committee to the new Mental Health Commission of Canada. Bill is also an author, researcher, and co-investigator for three different mental health research projects. Through his scholarship, activism, and ongoing work in education, community development, and mental health, Bill serves as a bridge between mainstream society and First Nations, building mutual understanding and reciprocity, essentials for creating a positive future for all Canadians.

Madeleine Dion Stout
With each step of her career, Madeleine Dion Stout has advanced the cause of providing inclusive and accessible health care for Aboriginal people. She will share her teaching and wisdom as the keynote speaker at the 2008 conference. CAOT is privileged to have Madeleine address the challenges of providing health care to northern communities.

For over three decades, Madeleine's diverse career has provided her with an immense understanding and knowledge of the complexities of providing quality health care in the north. For many years, she worked for the Medical Services Branch of Health Canada and has been a member of dozens of First Nations health committees and task forces. She will provide delegates with her perspective on the initiatives and mechanisms that are needed to improve health care and healthy living for Aboriginal people.

Born and raised on the Kehewin First Nation in Alberta, Madeleine graduated as a registered nurse from the Edmonton General Hospital and later earned a Bachelor's degree in nursing with distinction from the University of Lethbridge. With a passion for learning, Madeleine continued with her education and in 1993 received her Master's degree in international affairs from the Norman Paterson School of International Affairs at Carleton University. She was a professor in Canadian studies and founding director of the Carleton Centre for Aboriginal Education, Research and Culture.

During her tenure with Health and Welfare Canada, Medical Services Branch from 1969 to 1986, Madeleine was an influential advisor, including her work as a public health nurse in two communities, director of the Indian and Inuit Health Careers Program in Ottawa, and most notably as special advisor to the Minister of Health and Welfare. Madeleine has served on several aboriginal and non-aboriginal boards and committees including the B.C. Women's Health Research Institute and the Aboriginal Women's Health and Healing Research Group. She was also president of the Aboriginal Nurses Association of Canada and member of the National Forum on Health.

Madeleine has been widely recognized for her contributions and leadership to aboriginal health care through the numerous awards she has received, including the Assiniwkamik Award from the Aboriginal Nurses Association of Canada, a Distinguished Alumni Award by the University of Lethbridge and an Honorary Doctorate of Laws by the University of British Columbia. Madeleine has also been selected to receive the Canadian Nurses Association (CNA) Centennial Award, honouring 100 exceptional registered nurses in Canada.

Since 2003, Madeleine has been self-employed as president of Dion Stout Reflections Inc. where she continues to work as a researcher, writer and lecturer on aboriginal health and health care paying particular attention to aboriginal children and women. In August 2007, Madeleine was appointed to the Mental Health Commission of Canada as an inaugural member and vice-chair of the Board of Directors. The goal of the Mental Health Commission is to help bring into being an integrated mental health system that places people living with mental illness at its centre.

We are honoured to have Madeleine Dion Stout, clearly a remarkable woman of vision and wisdom, as this year's keynote speaker. We invite you to share in her experience and wealth of knowledge as she addresses delegates at the conference opening ceremony.

SUMMARY OF KEY THEMES

Historical Context

Bill's presentation provided the audience with an overview of the devastating impacts on family and community life as a result of Canada's assimilation practices and policies, including the

residential school system. A recurring theme was of 'intergenerational losses of traditional ways, the integrity of communities, collectives of families, traditional languages, titles, and relationships with the land. Both Bill and Madeleine highlighted the importance of Aboriginal people 'knowing ourselves' and 'our own cultures'.

Alternative Perspectives on Health

A wellness model of health in mind, body and spirit was a consistent theme, with asset-based and resiliency perspectives being recognized as important components – moving away from health professionals' tendency to 'pathologize' (Madeleine) and moving towards 'life giving forces' for Aboriginal individuals and families (Gaye). Al spoke of the 'medicine wheel' as a conceptual framework for understanding First Nations health, however, Madeleine noted that this framework is less relevant for Inuit and Métis peoples, and that depending on how it's framed, the medicine wheel can prove controversial for some [Madeleine]. Al spoke of community resilience as the fundamental building block on which an approach to preventing dysfunctional communities from spiraling into crisis should be built. Madeleine also raised the spectre of the proliferation of conceptual frameworks which, to be workable, have to consider factors like buy-in, affordability/sustainability and appropriateness.

Speakers noted the importance of Health Canada recognizing culture and self-determination as important indigenous determinants of health. Recognizing 'culture' as a determinant of health "affirms the centrality of cultural beliefs that have guided indigenous people since time immemorial" (Bill), and 'self-determination' is central to any community development approach (Alison).

Funding

Health Canada views Métis, First Nation people living off-reserve and Inuit living outside recognized communities as not eligible for most programs and services offered by the First Nation and Inuit Heath Branch (F.N.I.H.B.). The one major exception being Non-Insured Health Benefits (N.I.H.B.) which is available to registered First Nation people and recognized Inuit regardless of residence in Canada. The impact of this position was acknowledged by members of the audience and Alison – it serves as a barrier to individuals and families living on reserves in being able to access community-based OCCUPATIONAL THERAPY services. The focus of funding from Health Canada is for primary health care – the Department funds 700 community health nursing positions, many in remote and isolated areas. Currently Health Canada has no direct link with, or knowledge of the value of occupational therapy as a profession (Al). Not with standing, F.N.H.I.B. is prepared to respond to initiatives proposed by occupational therapists (Al). There is potential funding for occupational therapy directly from larger Bands or tribal councils which have taken on local control of health services through transfer agreements; however, there is little awareness about occupational therapy even within these organizations.

The N.I.H.B. program is the "payer of last resort" for benefits such as prescription drugs, medical supplies and equipment, and dental care (Al). N.I.H.B. recognizes occupational therapists' ability to request equipment without a doctor's prescription varies from region to region.

Invisibility of Occupational Therapy

A significant and recurring theme was the invisibility of occupational therapy in Aboriginal peoples' health care services at a local, provincial and national level. Bill noted that in all of his

travels he was unaware of “First Nations knowledge about what an occupational therapist does”, and recognized the need to develop awareness of occupational therapy as a profession which has important contributions to make in relation to Aboriginal peoples’ physical and mental health. The questions – “can CAOT develop a formal national relationship with the First Nations groups in Canada” and “who would these groups be” was raised by the audience.

Knowledge Gap

Another recurring theme was the need for occupational therapists to become more informed about Aboriginal peoples’ history, worldviews and health issues. Audience members representing university programs from across Canada noted that such knowledge may be incorporated into an already tight curriculum through a case study, or elective, or course on diversity, or by having Elders, Aboriginal health professionals or therapists with relevant experience as guest speakers. Understanding the distinctiveness and local context of Aboriginal peoples was raised as important in order to avoid the misconception of a ‘pan-Aboriginal’ perspective. Although projected populations and demographics show relatively small numbers of First Nations, Métis and Inuit (Al), Madeleine noted that “there is strength in our minority status”.

Evidence

A consistent theme in the presentations was “the notion of the cogs in the wheel, the medicine wheel, the cyclical notion” (Madeleine). Madeleine advised the audience to “take that wheel, critique it, fix it – do not reinvent it – and run with it - people are tired of being researched” and that “now is the time for action”.

The need to move beyond the traditional view of ‘evidence’ emerged during the presentations and discussion. A member of the audience spoke of being taught by an Elder about the idea of ‘two eye seeing’ - i.e. the ability to see the world around us from two viewpoints, the indigenous and the “western”. Gaye raised the question of ‘knowledge versus wisdom’ and noted that “wisdom has an ethical and moral foundation which has goodness to it”. Another member described how a ‘sharing circle’ and personal stories from Elders were effective in understanding how to address the under-utilization of her arthritis out-reach services.

Community Development

It was noted that community development has been attempted before (Gaye) as far back as the 1960’s (Madeleine). A recurring theme was the relational context of community development. Bill described cultural competency as “an ability to relate to a community; understand its ways, its relation to mainstream Canada, an awareness of who the official leaders are; finding a space and making a space within the community – to enter as a learner”. The importance of allowing time to ‘set the stage’, build trust, and relationships was raised (Alison), and questioned by a member of the audience in the context of the time constraints experienced by many therapists. Gaye responded that “if you are truly present, they can experience your compassion in less than a minute”.

For effective program delivery, engagement and attachment to the health system have to be understood and managed (Madeleine). Similarly “a simple return to culture is not enough” (Alison) especially since “we’re not just cultural beings-if we were the CAOT would not have to care about the rest of us nor would we have to” (Madeleine). Alison’s description of community development, informed by postcolonial and occupational enablement perspectives, included key principles of; partnerships, empowerment, asset-based, capacity building and social action.

Gaye cautioned the audience about key principles of occupational enablement ; empowerment, enablement and participation - “enablement is not a hands-on role”. Madeleine underscored Bill’s observation that contrived communities are evolving and his lament about the tendency to not value traditional people and their knowledge. Gaye advised that occupational therapists need to “create space, to empower us on our agenda and on our priorities”, to “be more active with your teaching and listening abilities” and that we “need to get beyond participation to co-management and collaboration”.

RECOMMENDATIONS for CAOT

"A New Beginning – Relationship Building"
This professional issue forum took place within days of a landmark public acknowledgement and apology to residential school survivors by the Prime Minister and government of Canada. Madeleine described the apology as “a new beginning in many ways because it’s going to be more about relationship building. We’re no longer going to be strangers to one another in this country… It’s a step forward – we’ve broken the mould and thrown it away today. That’s the sense I got from the CAOT – the same sense I got from the (Prime Minister’s) apology. Now we’re onto a new project that is more inclusive, that is more respectful, that is hopefully more reciprocal” (Yukon News, June 13, 2008).

“Words are good if they lead to action”
(Madeleine Dion Stout, Keynote Speech, Whitehorse, 2008)

In the spirit of ‘a new beginning and relationship-building’, it is proposed that CAOT build on the interest and momentum of the 2008 conference to ‘step forward’ and act by developing an advisory committee/task force inclusive of Aboriginal leaders and stakeholders to act on the following recommendations:

1. Raise the Profile of Occupational Therapy
a) Identify and develop formal alliances and partnerships with key stakeholders in Aboriginal peoples’ health at federal and provincial/territorial levels *
b) Develop a collaborative position statement for occupational therapy with First Nations, Métis and Inuit peoples and other h key stakeholders.
c) Advocate on behalf of occupational therapists with Health Canada and N.I.H.B. to increase their awareness and understanding of the role and value of funding occupational therapy services.
d) Represent occupational therapy at national forums related to Aboriginal health.
e) Acknowledge the traditional territory on which every CAOT annual conference is taking place.
f) Develop an occupational therapy network – linking occupational therapists that are currently providing services for and with Aboriginal peoples in urban, rural and remote areas.
g) Profile ‘Aboriginal health’ on the CAOT website, for example:
i. Include ‘Aboriginal health’ as an option on the ‘OT Network’ of the CAOT website to promote networking and dialogue for occupational therapists interested in/ providing services for Aboriginal communities.
ii. Include information on ‘occupational therapy services in Aboriginal communities’ for consumers accessing the O.T. Works link.

2. Education
a) Advocate for universities to have a formal discourse on how Aboriginal health is represented in the occupational therapy curricula.
b) Advocate for universities to increase their curricula related to Aboriginal health, history, and worldviews.
c) Include links on CAOT website for easier access to evidence and websites related to Aboriginal health practice, education and research.
d) Solicit papers related to Aboriginal peoples' health in the CJOT and OT Now, including a special issue profiling occupational therapy and Aboriginal health.

3. Research
a) Develop alliances with national Aboriginal organizations committed to health research.
b) Advocate for funding for occupational therapy research with Aboriginal partners.

4. Access
a) Advocate for equitable access to occupational therapy for all Aboriginal people regardless of whether they live on or off reserve.
b) Advocate for a community development modes of service delivery that builds on Aboriginal strengths, resiliency and diverse worldviews.

EVALUATION - http://www.caot.ca/pdfs/PIF%20Evaluation%20Form%20Aboriginal.pdf