Miyuukanuweyimisuutaau (Taking care of ourselves):

A discussion paper on the integration of an Eeyou ethos and practices into health and social services in Eeyou Istchee

by **Jill Torrie**, **Dianne Moir**, **Robert K. Muir** and **Bella Moses Petawabano**

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The cover picture shows the participants during MIYUPIMAATISIITAAU 2002, a 1400-km walk through the territory of Eeyou Istchee in northern Quebec, from Waswanipi to Whapmagoostui, to create awareness about diabetes and about the strengths that Eeyouch can call upon to stay healthy.

While awaiting the development of a web site, electronic copies of this discussion paper may be obtained at no charge by sending a request to the e-mail address below.

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Cree Board of Health and Social Services of James Bay
Public Health Department
Chisasibi, Quebec J0M 1E0

Telephone: (819) 855-2844 ext. 5363 or 5341

e-mail: cree.public.health@ssss.gouv.qc.ca

The views expressed in this paper are those of the authors and do not necessarily reflect those of the Cree Board of Health and Social Services of James Bay.

Project coordination: **Jill Torrie**, Public Health Department
Torrie.jill@ssss.gouv.qc.ca

Design & page layout: **Katya Petrov**: katya_p@cam.org

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Foreword to the Occasional Papers Series

The Occasional Papers Series includes public health reports produced for the Cree Board of Health and Social Services of James Bay that address a single topic, and, are either of small size, or are expected to have a limited distribution. Printing such reports in a series is a way to standardise their appearance and to help keep track of them.

This present document is an essay on the topic of integrating an Eeyou ethos and practices into the operations of health and social services in Eeyou Istchee. The paper was prepared to stimulate informed discussion in this important area.

Foreword to the discussion paper on Miyuukanuweyimisuutaau (taking care of ourselves)

The discussion in the paper about traditional values and healing deals with an important part of the process of providing appropriate and effective health and social services to the population of Eeyouch in northern Quebec. Such services will include a holistic approach to treatment and prevention, a focus on families and values, pursuit of balance and moderation and a strong community role in supporting individuals. Integration of these into the culture of the organisation will mean that the values underpinning this kind of approach will be present in everyday work, and that work will be restructured to integrate the health and social service components and curative and preventive approaches to care. At the present, these are organised separately.

This paper argues that, for many years, there has been a desire on the part of Eeyou people and of the Board and Eeyou managers of the Cree Board of Health and Social Services of James Bay to integrate a more Eeyou perspective into the delivery of health and social services. However, until recently, the organisation, which was the first regional health and social services board to be run by Aboriginal people in Canada, had always lacked the resources to carry out this kind of organisational culture change.

The authors wrote this paper to stimulate discussion about this important topic within the context of negotiations between the Cree Board of Health and the Quebec Ministry of Health and Social Services. The successful outcome of these negotiations could give the Board the resources to implement an integrated and Eeyou approach to services. The paper was prepared within the Department of Public Health, one of two areas of the Cree Board of Health for which the negotiations have already been completed and the resources for an integrated approach are in place.

Jill Torrie
Director of Specialised Services
Public Health Department

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Frontispiece

Mother Earth provides everything that we need and it is freely given. When you look at the earth, you can see everything that helps you – the medicine, the air you breathe, the wind. You hear the rustling of the leaves, the howling wind, the crashing waves on the shore. When I look at the earth, I see medicine in the trees. I see medicine in the sand, the rocks and water, which is life.

Elder Sally Mathews speaking in Cree in Pikutiskwaau (Video). (2002). Executive Producers: Clarence Tomatuk and Daisy Bearskin. Cree School Board. Spoken Song Productions.

The western education – we all need that in order to survive. Listening to Bill (Mussell), (made me think of) what I saw when I was growing up: Indian agents, ministers, and doctors. We Aboriginal people thought these people knew more than we did. We trusted them so much and they were well respected. They thought that these people were giving us the right instructions, that they would turn our lives around to become different persons but that was not to be… These people were supposed to instruct us but they couldn't do it because we were already instructed to live everyday what we were as aboriginal people. It reminds us of the many promises that were made to us.

Today we want to go our way and integrate. For me, I like that word where you put things together. I like bannock and on top of that I like the Whiteman's jam. That is what it means to me. You put these things together. Jam on top of bannock is very delicious to me…

There is one thing we all have to understand. One word is called wisdom. I don't know how I can express this. God is wisdom and God made us in his image. This is one thing we do not seem to be able to find within ourselves. When I am on the land, this is where I get this message of wisdom. Our ancestors knew long before it was written in a book what wisdom would do for our lives and to understand ourselves. This was the first thing the creator used. Wisdom. Wisdom was used to create all the universe, all the four directions. To me, as I understand what wisdom will do for me – it keeps me safe, gives me inheritance and it gives security like money. It makes me understand the power of love. It makes me understand to respect others and myself. Wisdom also helps me to find peace within myself. That is one thing we overlook. All the literature that is written, they don't say that because they do not understand who we are.

They said our ancestors did not know anything. When a hunter leaves the tepee to hunt, wisdom called him. It is wisdom that instructed that hunter to look out for himself and it is wisdom that brought the hunter back. How come we don't understand that anymore. Why? Technology. Wisdom was here before technology was here. We trust technology today because we do not understand wisdom. If we had wisdom, we wouldn't be sitting here… If we understand what wisdom will do for you, you have enough. When I am out on the land everything is free. It is wisdom that tells me that. Wisdom educates you; wisdom was shared before modern technology. By looking at the stars in the universe you will find wisdom; you will understand and predict the weather. Today we use instruments and sometimes they are not accurate.

Elder Robbie Mathews speaking in Cree at the Workshop on Integrating Services, Chisasibi, June 2000. In, Petawabano, B. and J. Torrie, Eds. (2001). *Working together for children, youth and families: Cree Regional Workshop on Integrating Services*, June 2000. Chisasibi, Quebec, Cree Board of Health and Social Services of James Bay, Cree Regional Authority, Cree School Board.

Table of contents

Eeyou Miyupimaatisiwin

Cree values and traditions in relation to the development of health and social service delivery systems are part of Section 14, ChapterS-5 and in the Cree Board of Health and Social Service of James Bay strategic plan.

The Cree Health Board strategic plan calls for the integration of traditional approaches into the health and wellness service delivery system. This is partly in response to Section 14.0.3 of the *James Bay and Northern Quebec Agreement* (1975) and Section 3(d) of Quebec Bill 108, *An Act Respecting Health and Social Services for Cree Native Persons* (2002), which refer to developing appropriate services and the need to take linguistic and socio-cultural characteristics into account.

The discussion in the paper about traditional values and healing concerns an important part of the process through which this will come about. Included will be a holistic approach to treatment and prevention, a focus on families and values, pursuit of balance and moderation and a strong community role in supporting individuals. Underpinning these are the core values commonly known as the seven gifts: respect, love, wisdom, humility, bravery, truth and honesty. Integration includes the presence of these values in everyday work, the restructuring of work to integrate the activities of the separate health and social service components and both curative and preventive approaches to care.

The notions of culture, values and healing are linked. While traditional healing and healers may be identified as a service component in an integrated system of health and social services, they are, in many respects, key to the transformation of the whole system. It is well understood in the larger health and social services world, that, in order to successfully transform an organization, there is a need to shift the culture and to teach new values. Organizations across the country, whether in the public or private sectors, have spent a lot of time training leaders whose role is to teach and guide. Further, anyone who has tried to operationalise the ideas around integration knows that workers need support and tools from trusted and respected sources. So it is that traditional healing and value systems provide these resources to the aboriginal community.

While the Cree will draw upon their own values and specific resources in the area of traditionally-based healing, this overall approach to developing services that are responsive to the community is integral to the way that service delivery has been envisioned for all citizens of Quebec through the regional health councils and CLSCs (local community-based health and social service centres that cover all geographic areas of Quebec).

During the last twenty years or so, Quebec has been at the forefront of international developments in community-based approaches to health and well being based on preventive and health promotion. Within local areas, this system has been very responsive to special populations, including those defined by language and culture. A few years ago, the Clair Commission recommended the need for autonomy at the level of the regional boards in order to put into practice the orientations from the ministry. At the same time, the Commission suggested the need for developmental research on those approaches that would best address the social determinants of health, and thus have an impact on improving the health status of the regionally defined populations of Quebec. More recently, the new Public Health Act has legislated a process for planning and implementing such approaches within the regional health and social service boards, in collaboration with their local community partners.

Although since 1975 the Cree Board of Health has had special, legislated recognition for servicing a special population within Quebec's health and social services, these provisions for a community-responsive type of system have never been fully implemented within the organisation. Part of the reason for this lies in timing. As the first transfer of aboriginal health services in Canada, the Cree took control of their services in the closing years of the residential school system, and

before the modern movement of aboriginal self-determination in Canada. This transfer to a Cree-Quebec partnership, happened around the time that visionaries were beginning to develop planning based on community-based, preventive approaches, but before the Quebec health care system itself had internalised this kind of organisational cultural change. Since that time, the Cree Board of Health, which became Region 18, has never had the resources to internalise this kind of cultural change within its own organisation.

It is significant that the Cree Public Health Department and the Cree Diabetes Initiative – the two areas of the Board that have already received specific resources to implement this kind of change – are the service areas of the Cree Board of Health that are most advanced in planning and developing programming in the Cree language and incorporating a Cree cultural approach to programming.

A central theme in this presentation is that culture, including language, traditions and values, are critical in designing services that produce the results desired. The way the world is perceived and the different cultural approaches to problem solving must be understood and legitimized. To underscore this, the Harvard University Project on American Indian Economic Development recently released results of findings gained over 15 years (www.ksg.harvard.edu/hpaied/). One of the findings is that the most successful communities were those which showed a high degree of cultural match with local institutions. The majority of successful communities reflects the cultural traditions of the tribe or loses legitimacy. Perhaps the most important finding was that tribal conceptions of the appropriate way of doing things must be reflected in service structures.

2 The modern evolution of traditional aboriginal approaches within health and social services across Canada

Traditional healing and approaches to wellness have been adopted in many parts of the country as a complementary addition to mainstream health and social services. In these approaches, healers and elders play an important role as carriers of the values and interpreters of culture.

Over the past twenty years in aboriginal communities across Canada, there has been a renewal of traditional approaches to building healthy communities. The reasons for this are varied. However, there are some common themes. A concern over loss of language led to the rediscovery of traditional values and conceptual views of the world. Elders who were becoming marginalized became important because they remembered the knowledge passed down through language and were, in effect, the carriers of the cultural values. Traditional healers also carried the values but had a special place because they possessed the ability to use the traditions to heal individuals and communities.

This has been an important development because aboriginal Canadians were, and are, facing many seemingly intractable health and social issues which governments have been hard pressed to resolve within existing strategies. Before the renaissance of the traditional movement, aboriginal communities were mostly passive in the face of growing social disintegration.

The growing shift to a values and knowledge-based system should not come as a surprise or concern to the larger society because all nations do similar things in order to create stability, harmony, health and a sense of self worth. Self-determination and real healing succeeds only when there is a collective understanding of the core values, which bind the community together. The introduction of traditional approaches within modern Health and social service practice (including both management, prevention and treatment) has been an important catalysts in helping aboriginal people create services that work for communities as well as meet the rigorous standards increasingly expected by governments.

It has taken some time, however, for traditional aboriginal approaches and values to gain credibility in the larger community and, in particular, with the governments which allocate the funding.

It has not been a simple task for elders and healers to be accepted in the professional community, which provides the majority of services. However, as the thinking of many governments changed, particularly around the inter-relatedness of the environment, health and well-being, and, as deficits grew, there has been a growing congruence, in many parts of the country, between aboriginal traditional philosophies and government social policy. There is a new openness to finding approaches that work. In Ontario, for example, the Ministry of Health funded the first native healer program in a provincial hospital (Lake of the Woods Regional Hospital, Kenora, and Native Healer Program). The Minister at the time was convinced that a collaborative effort between professional caregivers and healers would be more productive and would increase compliance. The program is still functioning, after more than twenty-five years. As will be noted later in this paper, there are many other examples.

It is now quite common to have traditional approaches integrated into mainstream services in aboriginal and non-aboriginal communities. Part of the reason is that, for the most part, healers and elders are quite willing to work closely with doctors, nurses and social workers. They are viewed as valuable sources of information about patients and they tend to increase patient compliance and the credibility of professionals in the eyes of their aboriginal clients. Credibility has been a particular problem for professionals who, generally, do not speak the language and are strangers to the culture. It was common practice (and in some areas still is) for aboriginal people to see a physician and then, secretly, seek out a traditional care provider. The introduction of healers and elders to teams or as referral sources, and the development of traditional approaches to service delivery, has served to reduce the divide between aboriginal communities and the health and social services system. In addition, there is evidence that where this collaboration occurs there are savings to the system in the form of greater compliance with treatment and prevention regimens and a reduction in tension in the form of misunderstanding.

Today, in many parts of the country, medical students are learning about traditional aboriginal values and approaches to health. In Northern Ontario, for example, medical student training includes a cultural component. Students are offered opportunities to spend time in the company of recognized traditional care providers, elders and knowledgeable Western-trained physicians to learn about aboriginal approaches to health. In Alberta, the government has adopted an inclusive approach through policy direction as evidenced by the addition of traditional aboriginal programming within the regional health authorities particularly in Edmonton and Calgary. Again, in Ontario, the Government's Aboriginal Health and Wellness Strategy includes, among other initiatives, the shared funding of ten aboriginal health centres which have incorporated traditional approaches to service delivery. There have been similar responses in Atlantic Canada (ex: Eskasoni First Nation), in Saskatchewan and British Columbia. Professional bodies have also taken important initiatives. For example, recently, the President of the Quebec Medical Association and his counterpart at the Canadian Medical Association signed an accord with the National Aboriginal Health Organisation committing the organisations to a collaboration on aboriginal health issues, one of which involves traditional values and approaches. In general then, across the country, mainstream thinking is increasingly accepting traditional approaches as complementary and necessary additions in the process of creating healthy aboriginal communities.

3 Dealing with concerns

To identify how governments and agencies have addressed a range of concerns including such matters as choice, professional resistance, and credentialing.

As in any change process, there will be legitimate concerns by communities, workers and funders about many aspects of new approaches. With specific reference to traditional care-giving and the use of traditional values and approaches there is a growing body of experience in Canada on

how a variety of implementation issues have been managed. Hospitals, among the most conservative of public institutions are good examples of how specific concerns were and are being handled. It should be noted, however, that traditional healing practices can be found as part of the service provided by a variety of health and social agencies from child welfare and juvenile services to correctional services.

The common areas of concern tend to focus on: demonstrating the viability of traditional healing, protecting choice, respecting diversity within aboriginal communities, showing results, overcoming duplication concerns, addressing concerns about liability and demonstrating the legitimacy of traditional caregivers. Other issues raised include the potential for conflict with health professionals and the application of rules and regulations governing practice within the management structure. Overarching these is a basic concern that the introduction of traditional approaches will not harm patients or produce a reduced quality of care.

In almost all cases, these issues have been addressed by organizations that were already looking for better approaches to working with aboriginal people. Examples of these can be found in the Ontario Government Aboriginal Healing and Wellness Strategy, *Draft guidelines for traditional healing programs* (including the Code of Ethics for Traditional Healers); the Society of Obstetricians and Gynaecologists of Canada, *A guide for health care professionals working with aboriginal peoples*; the Ontario Aboriginal Health Advocacy Initiative, Anishinabe Mekwaatawgsajig Council and the Manitoulin Health Centre, *Planning and implementing an aboriginal health advocacy council: a resource guide for First Nations and provincial hospitals*; the Noojmowin Teg Health Centre of Manitoulin Island, *Draft policy on working with healers*; and the Northern Ontario Medical Education Corporation, *Draft policy on accreditation for aboriginal healers*.

Many doctors, nurses and social workers are very aware that they are lacking the cultural skills required to work with their patients and this often impacts directly on their ability to treat effectively. They require an approach beyond simple translation services. So, while there are certainly initial questions born from curiosity and the desire to understand, for the most part, many professionals have been proactive in initiating change. They do not tend to see traditional medicine as a threat to their professional stature or responsibility. Because nothing existed previously, the addition of a variety of models using healers and elders and incorporating traditional approaches has not been viewed as a duplication of services; rather traditional services are seen as complementary, expanding the capacity of caregivers to provide effective care.

Governments, which have provided funding, have generally considered their involvement as a positive contribution to improved health status and policy recognition of the contribution of First Nations to the larger community. Conceptual changes in the larger community, which evolved mainly through years of experience in negotiations in other areas, have conditioned mainstream thinking about the value of aboriginal approaches. At the same time, it is accepted that not all aboriginal people are traditional and that the general rules regarding personal selection and choice apply – not much different than selecting from a variety of mental health therapies. Hospitals are among the most involved in ensuring a caregiver's credentials are recognized and legitimate. While research in this area is ongoing, experience has shown that traditional care providers, in many aboriginal communities, have their own internal regulating structures and that they collectively are the best defense against inappropriate or harmful practice. Professionals readily relate to the concepts of formal training lasting long periods of time, the role of the mentor in assessing skills, rigorous testing and specialization – all of which are found in traditional care provider practices. The evidence is that there is strict discipline within the healing profession and, if healers are engaged in credentialing, the chances of error are no greater than allowing the rare physician or nurse to slip through the system. In addition, there are now attempts in Ontario to develop a more general accreditation system.

Although there are inherent problems in designing outcomes research to demonstrate the effectiveness of the inclusion of traditional approaches, there is a growing body of literature, particularly, in corrections and social services, that has quantified the value in a number of areas. It should be recognized, however, that within the larger medical system, it is common knowledge that half of the billings generated by the average general practitioner are for psychotherapy, which in many cases is simply listening, and there is little or no research regarding effectiveness of outcomes.

Depending on the approach organizations use to engage with healers, there is an acceptance of the need to work within the context of organizational structures and rules. There is generally willingness, on the part of traditional care providers, to adapt to management structures at least to the same extent any professional does. This normally means that there is a given that if the caregiver is considered legitimate, independent practice will be respected. This is the same code that doctors and, to a lesser extent, nurses and social workers abide by.

4 Learning from elsewhere

What does culturally-based health and social service programming look like in other places?

In the context of improving people's well being, or planning and delivering effective services within aboriginal communities, a "cultural" approach is one that is built upon and reflects community "traditions" or established practices. The social premises that underlie people's relations within the community are reflected in the way that the program or service is delivered. At the simplest, it means that the program or services happens in the common language of the people; at a more complex level, it means that the program or service interacts with people in the same way that they normally interact between themselves.

One approach to "traditional" programming might meet people in their homes or bush camps, rather than across a desk. A different kind of culturally-based service might help patients gain access to traditional healers and counselors. Different communities will define different kinds of approaches for services. The key is to provide choice within the system to meet people's needs.

A critical building block of true community service delivery systems has long been to have the programs reflect the values of the land upon which the facility is built or upon which the programs are being presented. Chief Dan George challenged all who entered his land to "Walk in my moccasins". That has been interpreted by contemporary community development proponents as the honoring of the past, the acceptance of the present and the hope of tomorrow. Programs that reflect that thinking give openings for change and positive growth. Programs that have been developed on this basis are described below.

Nuu Chanulth Health and Social Services (Port Alberni, B.C.)

This program serves fourteen communities all within easy proximity of each other. Health and Social Services was created as a result of a medical transfer agreement with Health Canada and was originally designed to reflect the wording and requirements of the transfer agreement. However, many of the initiatives which started based on this organisational model failed because they lacked any connection with the client group.

Subsequently, the Nuu Chahnulth Health Board developed a Nuu Chahnulth Nursing Framework that established the values and guidelines that are required within all new and existing programs. Since this improvement, programs have been designed and developed to best reflect the client group and its requirements in language, access and control.

An example of an important adjustment to a program is the well-known "Prenatal Record" which is now known as the "Mothers Story". All charting reflects the language requirements of the

Nuu Chahnulth and the mother's ownership of this important story of her pregnancy. The Mothers Story currently is expanding to include Walking Out Ceremonies as growth indicators. As well, Naming Ceremonies are being planned.

Nursing is provided within the home of the client with electronic progress notes being sent to the main office. Nurses, Drug and Alcohol Workers, Community Social Service Workers and Youth Workers are expected to be out of the office and interacting with the population, not working from an office. Promoting the value of home and family shows respect for and gives priority to the client rather than the organization.

Clients who wish to use traditional substances, such as herbal remedies and tonics, are referred to a local person who is knowledgeable in their finding and storage. The information on the referral is given to the nurse so it can be included in the nursing notes in order to cross reference for possible conflicts with existing contemporary medications or treatments.

Elders and Traditional Healers are chosen by the community and referred to the Health Director who screens the individual and ensures that his or her references have been thoroughly checked. Outside resources are rarely used; however, if they were to be used they would all require a police record check and references prior to entering Nuu Chanhahnulth Territory.

Onion Lake Health and Social Services (Onion Lake Saskatchewan – Meadow Lake Tribal Council)

Onion Lake became aware of a historically-based pattern of child abuse and family violence within the community. They addressed the problem through a complete re-creation of their social and health programming objectives, methods and the quality of their service providers. All existing workers – professional and other – were required to submit police record checks and to enter counseling to address any historic issues that they might be carrying which they might transfer to a vulnerable client. The nursing staff was required to take courses to identify the signs and symptoms of abuse, and to correctly gather evidence and make reports once they did. As this process took place, the need for culturally-based services that reflected community values became obvious.

Clients and their needs were placed as the priority within the design and delivery of all programs. Institutionally-based programs were encouraged to "move out to meet the client". Family workshops which included extended family members were preferred to general community programming.

Services and programs allowed and encouraged activities which were culturally-based and the familiarity of these known customs, such as sweet grass, sage, talking circles and pipe ceremonies, provided comfort to the clients.

The knowledge and expertise of Elders and Healers are recognised through a system that sifts references and checks records. An Elder is referred to the Health Director of the community for consideration. He or she is interviewed and asked if he or she would be interested in working as a Traditional Knowledge Person. If the Elder agrees, he or she supplies references (or, if the work will be with children, a police record check). The referral is then reviewed by the Health Board.

While the use of traditional herbs and tonics is common within the community, this is not currently part of the program's services. The program takes the position that traditional herbs and tonics are commonly used. Given that those who handle them are well known within the community, they are readily available to clients wishing to use traditional medecine.

Sagamok Ashnewebek (Sagamok, Ontario, North Shore Tribal Council)

The Ashnewebek have long believed that to have a healthy person, that person must know who he or she is and from where he or she came from. Culturally-based programming within the Health and Social Service Department reflects the values of the people and of the particular community.

All public workshops, meetings, gatherings and information sessions are started with a ceremony and almost always include an Elder for their wisdom. Elders are sought out among the community families and invited to participate based on their demonstrated skills, knowledge or interest in a particular subject.

Traditional and Tribal values are demonstrated easily within each of the programs, which are provided, as each must reflect the Seven Gifts of the Grandfathers. The Seven Gifts are: Respect, Love, Wisdom, Humility, Bravery, Truth and Honesty.

Children are taught the Seven Gifts within the school setting and expect that they will see them presented within the day-to-day operations of Health and Social Programs. Programs such as Second Step (an anti-violence program) have been adapted to have specific lessons on the Gifts, and this reinforces the values and continuity between programs operating in different areas of the community. Mental Health programming uses the Gifts to structure interventions as well as to structure long-term personal, family and couples counseling.

All health and social programs participate in the annual Pow-Wow as role models and as resource personnel. The Health and Social Services Program staff works in teams with regular team meetings for case conferences. Many of these meetings may include an Elder who is also working with the family or individual. Programs such as the Diabetes Prevention and Control Program have incorporated cultural healing practices with ceremonies, stories, and health practices.

Selected examples of alcohol and drug treatment programs that incorporate traditional values and approaches into their health and social service programming

	Federal funding (Health Canada &/or Solicitor General)	Provincial funding (Health &/or Native Affairs)
British Columbia		
Round Lake Treatment Centre		✔
North Island		✔
Alberta		
Poundmakers Lodge	✔	✔
Action North	✔	✔
Stoney Medicine Lodge	✔	
Saskatchewan		
Onion Lake	✔	
Black Lake	✔	
Fort Q'Appelle		✔
Manitoba		
Norway House	✔	✔
Brandon		✔
Ontario		
Grassy Narrows	✔	✔
Curve Lake	✔	✔
Moosonee	✔	✔
Quebec		
Maria	✔	✔
Oka	✔	
Maritimes		
Big Cove	✔	
Yukon		
Kuanlin Dun	✔	✔

Selected examples of culturally-based health and social service programs that incorporate traditional values and approaches		
	Funding	**Examples of cultural programming**
Yukon		
Teslin First Nation	Health Canada, Territorial	Sweats, sweet grass, flags, drumming, Elder leadership
Nacho Nyak Dun	Health Canada, Territorial	Sweats, sage, cedar, drumming, Elder leadership
Vuntut Gwitchin	Health Canada, Territorial	Sweats, sage, songs, Elder teachings, circle meetings
British Columbia		
Nuu Chahnulth	Health Canada, Transfer Agreement	Sweats, cedar, Elder teachings, language of nursing notes, community based
Alberta		
Capital Health Authority	Province of Alberta – Health	Ceremonial rooms for birth and death ceremonies, access to Elders in hospital. Annual awareness campaign, ceremonial tent on site Aboriginal seat at Board level Aboriginal Ombudsman
Saskatchewan		
Onion Lake Health and Social Services Meadow Lake Tribal Council	Health Canada, Transfer Agreement	Sweats, sweet grass, Elders Council to advise Health Program, ceremonies, awareness activities, family-based programming
Manitoba		
Norway House	Health Canada, Transfer Agreement Special Projects – Manitoba Health	Sweats, Shaky Tents, Elders /advisory Council, sweet grass, sage, tea ceremonies, family apartments for patient support
Ontario		
Sagamok Ashnewebek (Sagamok, Ontario, North Shore Tribal Council)	Health Canada, Trillium Foundation, Ontario Health	Pow wow, sweats, sweet grass, cedar, flags, Elder Advisory Council, Anishnawebek language and charting Family-based programming, community outreach services, herb and medicine picking
Quebec		
Kahnewake Child and Family Health	Health Canada	Family-based programs, Long House ceremonies, sweats, sweet grass, sage, Elders Council, Mothers Circle
Maritimes		
Big Cove	Health Canada	Elders Council, Council of Headmen, ceremonies, dances, community gatherings, herb and medicine gatherings

5 Benefits to be gained

The benefits, from a service delivery point of view, of using a culturally adapted and traditional approach to building health and social service programming.

A few years ago, Madeline Dion, a leading Aboriginal nurse in Canada, pointed out that nurses who work in the north have become "everything and everyone" to their patients. They are seen as the first person to go to for almost every problem. They have replaced the strong knowledge base that was known to be held by the family, the Elders and the experienced. Madeline claimed that this was partly our own fault for allowing others to design by agreement or legislation. What we now know is that the southern clinic design has bred a generation of individuals who are unskilled in self-care, and a system of health that puts unbelievable demands on the clinic staff (summarized from a presentation by Madeline Dion, Ph.D., Aboriginal Nurses Association, 1997).

Acknowledging and honoring the past creates a foundation of trust

> ***"Clients who know that their heritage and past experiences are not only validated but also being considered in the development of a health or social service plans are more likely to be active participants in their own self care."***
>
> Chief David Keenan, Teslin Tlingit during the Umbrella Agreement Negotiations 1993

This fundamental principle of patient care is reflected in the Medical Code of Conduct of the Canadian Medical Association, the nursing framework agreement of the Aboriginal Nurses Association of Canada, the Code of Ethics and Conduct of the Canadian Association of Professional Social Workers, the Code of Ethical Behavior of the Provincial Catholic Health Association and the funding guidelines of the Aboriginal Healing Foundation.

Acknowledging heritage and tradition is meaningless if it is not fully understood. To address this, it is important that the Cree have an opportunity to put their "stamp" on events, wellness approaches and expected outcomes. At its simplest, this might only involve a minor change like altering charting formats to be more client responsive rather than organizationally structured.

Active participation of the client in care planning makes him a member of his own health team

> ***"If the client feels that he or she has options, choices and an active role in his or her physical, mental or emotional health plan there are financial as well as social benefits to be gained."***
>
> Richard Jenkins, Director of Health Promotions Nechi Institute 2002

Individuals who are dealing with illnesses are often afraid and confused. Many medications can contribute to the feeling of helplessness and dependency. Studies completed by several schools of medicine have indicated that patients who feel that they have options to their care regime are less likely to have crisis situations and therefore will make fewer demands on the medical personnel. For instance, if a mother of a child showing signs of a cold has an older more experienced woman to talk to about the symptoms being displayed by her child, she may be less likely to immediately go to the clinic, since this person will be availble to offer advice. The more experienced woman will recommend warmth, quiet and fluids, based on her own child-rearing experiences, but will also recognise when the child must be taken to the clinic. The immediate benefits are obvious: the inexperienced mother has a helping support system through which traditional knowledge can be shared in a non-judgmental manner, the older woman feels needed and less isolated and the clinic staff can serve clients who are in severe distress.

Holistic health planning requires creating choices

> ***"North American Indigenous healing processes are being studied by medical experts from around the globe. Everything from birthing practices to geographically localized Tribal response methodologies to illness and disease. Nothing can be ruled out. Everything old is new again."***
>
> Dr. Beatrice Medicine, Dakota. 1997 – International Aboriginal Health and Wellness Forum – University of Calgary, Alberta

Canadians who are raised in urban or even semi urban settings are familiar with the many self-managed wellness options available to them. Urban physicians refer clients to massage, encourage the use of herbal medicines, and recognize the need for strong personal support during the healing process. Interview procedures have been adapted to reflect that knowledge with physicians asking patients if they have someone at home with them, someone who will look in on them or to whom they can rely for comfort and support. Many insurance companies are now asking clients to access the variety of wellness services available prior to making a claim for disability. Some will advise clients to seek the assistance of "alternative medicine" practitioners, such as a chiropractor or physiotherapist.

In these cases, the client has the option to access the services of various types of medical services, or combine medical services with complimentary traditional or culturally-based services, or to withdraw from all services. In each circumstance, the client has a choice.

In most places, the Cree of Eeyou Istchee are not invited to learn about their options, as this would only establish unreal expectations of local services which are not available.. The exception to this are independent Wellness Programs in a few communities. These Programs only offer alternative mental health services with counseling and alternative programming, and these often use joint case management planning with their clients.

Pharmaceuticals and invasive medical procedures are the most expensive short-term budget item for most health systems. If a patient can access the services of an acknowledged traditionalist who can encourage life style change, self-monitoring and diet, and that advice can either heal the individual or better prepare him or her for a medical procedure, they system will save money in treatment and recovery costs.

Early prevention addresses the "adrenalin rush" service provision of many communities

While all Cree communities are thankful for the clinic services that are available within their communities, old behaviors and attitudes have created a style of providing services that is based on crisis intervention. Often clients wait until a situation is well beyond their own care before seeking advice or treatment. This is a costly practice from the perspective of the client as well as the service provider.

The clinic remains a foreign institution, especially for older residents. To go to the clinic when one is ill may mean being flown out of the community and loosing touch with relatives and loved ones. Youth and young adults requiring personal life assistance often find going into an office for a "behind a desk" interview a painful process and one to be avoided. If the service is provided to the client in their home, that client is more likely to feel like a partner in the case planning, rather than a "case subject" of a "desk jockey".

Cree people are proud of their independence and self-reliance. To go to another is often considered a weakness. As a youth stated at a community meeting held in the Nemaska First Nation in 2000, " I know that drinking is not right and I will get into trouble if I drink. So if I drink , I might as well get fall down drunk because I still get into the same amount of trouble." The same

thing can be said of personal issues and many preventable physical ailments. "If I have to go and be embarrassed by discussing my problem with another in the clinic or office, I might as well wait until it is a really big problem, or until I am in unmanageable pain."

If the Community Worker, the Youth Protection Worker, and the Community Nurse were to provide a home-visiting program that requires them to be out of the office and in the clients homes, the services which are provided by the clinic would be more manageable and better focused. This type of community outreach service delivery would better reflect the tradition of the Cree as home/camp-based family units who are all involved in the health care provision for their own family members. Case notes could be done on-site by computer and sent back to the service supervisor or clinic for daily reporting of worker caseload and supervision of case management. This would also ensure that all case notes were kept up-to-date and current as the worker would not leave the client's home before completing the digital report. The client would therefore have an opportunity to work with the professional in the development of case planning and ongoing health monitoring.

6 Summary: Eeyou Miyupimaatisiwin in practice

A general summary of what is involved in integrating traditional approaches into health and social services

In this paper, we have looked at some of the traditions and values of the Cree in the context of the Cree Health Board plan to incorporate traditional approaches into their health and social system. We noted that both the *James Bay and Northern Quebec Agreement* and Quebec health legislation supports initiatives, which recognize linguistic and socio-cultural differences. The overview of other experiences in Canada supports the Cree in their planning and provides a variety of approaches they can learn from. From a government perspective, there are many national examples, which respond to a variety of concerns. The same is true for professional groups. A key point, in this paper, is that adapting aboriginal approaches to service delivery systems is commonplace nationally and is seen as an important way for aboriginal people to take greater control of and responsibility for their affairs. Another is that adapting traditional approaches can have a variety of meanings, which are driven by communities' understanding and acceptance: these cannot be imposed. The integration of traditional values takes time, trust and, from an organizational perspective, specific plans to translate values into practical applications. It also takes credible champions whose task it is to ensure that constant education, promotion and other forms of support are available. In many respects, the requirements are no different from mainstream organizations, which undergo cultural transformation.

While there are many differences in approach across Canada, there are some common threads. These are:

- From the earliest time, people have learned that the extended family and nation are only as strong as its weakest member. Keeping healthy was each individual's responsibility to the group. By the same token, the group became responsible for each individual's illness. Healing was a component of daily living, through the use of local plant, animal and mineral medicines, and through ceremonies of various kinds.
- The attempt to stop Aboriginal traditions and ceremonies was an error that has proven costly for Aboriginal communities and governments. Perhaps the best-known example is the West Coast Potlach ceremony which governments and police tried to outlaw in the 1940s, afraid of the potential for aboriginal unrest and fearful of gatherings for celebration or grieving. However, knowing the importance of the ceremony for their own community health, tribal leaders continued the practice in secrecy until the warmth, fellowship and sharing provided by this tradition could once again benefit all.

- By the very nature, semi isolated communities will develop change processes based on their past experiences and on their access to models from elsewhere. The community may consider the use of traditional approaches as being part of their overall health and social response to their own development process.

  Particular communities will explore approaches and techniques for their own development at different times in their growth. In some cases, awareness of programs from other communities can serve as a catalyst for change. However, often the catalyst will arise from inside as community members engage in a process of shared recovery from either historic abuse or more contemporary family disintegration. How the community reacts to times of struggle and hurt will depend on the resources that are available at a community level.

- By their nature, psychosocial programs have a lot of experience with the use of alternative approaches to healing. For example, clients are often taught biofeedback techniques to treat stress. The same types of techniques are working at the basis of the sweat lodge ceremony when it is used to treat those kinds of clients.

- While Western medical services with no experience in this area might question liability issues around traditional medical practices, many programs across Canada have addressed this concern with appropriate assurances while successfully integrating complimentary traditional medicines into health services.

- Communities see traditional healing as one component of a traditional approach to service provision. Although it is common to refer to all aboriginal approaches as traditional medicine, in many cases, traditional medicine practice, which can include a wide variety of specific skills from herbalism to many different ceremonies, is but one aspect of integrating traditional values into services.

- To assume that all programs, whether of a psychosocial or health orientation, will take the same approach for including traditional knowledge and practices, would not only be foolhardy but also far too simplistic.

- Communities, which decide to create services that use traditional approaches, have to agree on what the common values and traditions are and they need to seek out and consult traditional elders and others who have knowledge of the culture. While it is common for communities to have advice from other areas including other cultures, it is more important over the long term to discover and adapt local traditions.

- To build a healthy, holistic program, community health and social service professionals work with those knowledgeable about traditions to integrate them into services in a complementary way. This process depends first upon access to and the honouring of those who hold traditional wisdom. It requires identifying those who hold knowledge and have already acknowledged their own personal wellness by addressing their own personal histories before providing service to other vulnerable individuals.

  Secondly, this process depends upon integrating that knowledge and practice into the various areas of health services, social service practices, administration and organizational wellness. Traditional knowledge is not intended to be simply a client-based practice: it is seen as fundamental to the well-being of the nation. The specific needs of each organization need to be considered and incorporated into any implementation strategy.

- The Eeyouch of Eeyou Istchee in northern Quebec have a long established foundation of culture and healing within the family unit. One way to incorporate Eeyou traditions in successful health programming is to ensure that family health and wellness is at the forefront of all programming designs and implementation strategies. To do this, services would need to recognise and incorporate the tradition of family as a source of strength, communication, wellness, community growth and planning.

Dianne E. Moir

As President of Moir Management Systems Inc. (1980), Dianne has had the privilege of working with Aboriginal groups and communities throughout Canada and internationally.

Dianne was a key writer of the Implementation Process for the Umbrella Agreement with the Council of Yukon First Nations as well as the first community wellness development consultant within the James Bay Cree Nation. Her work with the Waskaganish First Nation and the Nemaska First Nation has been shared with many other communities who have wished to base their social programming and planning on community values and standards.

She is trained in both psychiatric and family social work as well as community nursing.

She currently resides in Alberta and continues to travel to remote and semi-remote communities throughout Canada. She can be reached at: moir@telusplanet.net.

Robert K. Muir

Bob Muir has had extensive experience with the development of First Nation's health and social services. He was involved in the planning and management of one of the first native healer programs in a hospital setting, and in a national solvent abuse treatment program using Ojibway traditional methods. He has also studied and developed many approaches to integrating traditional aboriginal and western health and social service systems. He has a specific interest in ways to make services effective for First Nations.

Bob's career over 30 years includes work as special assistant to Ministers of Health, director of a regional planning body, hospital president and senior vice-president and chief-operating officer of the Ontario Hospital Association. He also has experience in international settings.

His consulting firm, R K Muir and Associates has a wide variety of clients in the public and private sectors. Projects have included change management, organizational design, First Nations health and social system planning and evaluation, government relations, marketing studies, business planning, research, consultations, facilitation and governance work.

He lives on Vancouver Island. He can be reached at: rkmuir@shaw.ca.

Bella Moses Petawabano

Bella Moses Petawabano is a Cree, born and raised on the family's traditional trapline on the Eastmain River (Quebec) up to age 10, at which time she left to attend residential school. Later, she attended schools in the south for her high school, college and university education. Bella is a Social Worker by profession.

Bella has served the Cree Nation of Eeyou Estchee in various capacities as a social worker, researcher and administrator, as well as a consultant. At the regional level, she has been involved as a Board representative on the Cree Board of Health and Social Services James Bay, since it was established in 1979, and has been a member of the various committees within this organization. She recently completed an appointment as Interim Executive Director of the organisation; and has now taken a position as Director of Awash (Child) programs for the Public Health Department of the Board.

At the local level, she was been involved as councillor of the Chief and Council of the Cree Nation of Mistissini for several years and was also active on various local committees. As Public Health Coordinator for the Cree Nation of Mistissini, she was responsible for the implementation of the local public health programs. In addition she was successful in obtaining, at both the regional and national level, funding for various projects for the benefit of the community. Bella continues to act as a consultant to different projects at the request of the Cree Nation of Mistissini.

She lives in the James Bay Cree community of Mistissini and can be reached at: bella.moses@sympatico.ca.

Jill Elaine Torrie

Has been coordinating research and public health surveillance for the Cree Board of Health and Social Services of James Bay for the past few years. She has an interest in developing innovative partnerships between researchers, health system decision-makers and other stakeholders to achieve common goals and implement change. At present she is the Director of Specialised Services for the Public Health Department.

In the mid-1970s, she volunteered with a group of Anishinaabeg healers by helping to write a proposal which led to the first government-sponsored program for Aboriginal traditional healing in a Canadian hospital – although the sponsoring group (and their proposal writer) had absolutely no idea that the initiative was quite so innovative. In the early and mid-1980s she worked with the same group of healers on a successful program that used traditional Anishinaabeg therapies for (very) chronic solvent abusers.

She lives in Montreal, travels in the Eeyou Istchee and northwestern Ontario whenever possible, and can be reached at: torrie.jill@ssss.gouv.qc.ca.