

Naspici Miyomahcihowin

Continuous Good Health

Final Report:

A Community-Based Research Project
Examining the Health Needs of
Aboriginal Women in Saskatoon

Saskatoon Aboriginal Women's Health
Research Committee

with support from

The Prairie Women's Health Centre of Excellence

May 20, 2004



Naspici Miyomahcihowin (Continuous Good Health) and Wellness

May 2004

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First and foremost, we express our gratitude to the many Aboriginal women that contributed their ideas, dreams and aspirations to this project. The intention of the research is to have the Aboriginal women's thoughts and words assist in determining the parameters of an Aboriginal Women's Health Centre that would meet the health needs of Aboriginal women living in Saskatoon. The spirit, strength and determination of many women—mothers, sisters, daughters, and grandmothers—encouraged us in our efforts to work toward establishing a vision of a Health Centre for Aboriginal women and their families in our community. Thank you to Elder Mary Lee for continually sharing and strengthening our project with her valuable guidance.

We thank the organizations and agencies that contributed their valuable insight and shared their knowledge with us in our quest to find the best possible method of serving the health needs of Aboriginal women's health in our community.

We also gratefully acknowledge the women of the various organizations and agencies who formed a diverse committee to carry out the project. The Aboriginal women on the committee gave their invaluable input into the project; we acknowledge and appreciate their support and understanding.

The Aboriginal Women's Health Research Committee would also like to thank the Prairie Region Women's Health Centre of Excellence for their support and contribution towards the work and research activity of this project. Without their commitment and patience, the goals of this project may not have been met.

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HIGHLIGHTS OF THIS REPORT

This report presents the results of a research project developed by the Saskatoon Aboriginal Women's Health Research Committee, a group of First Nations and Metis women interested in improving health services for Aboriginal women and their families. The project used a community-based approach to begin a dialogue with Aboriginal women and service providers in Saskatoon, Saskatchewan. Information was gathered through a series of focus groups and interviews that took place in 2003. The purpose of the project was to gain a better understanding of Aboriginal women's access to health services in the city, to identify gaps in services, and to develop a shared vision of an Aboriginal Women's Health Centre that would meet the women's health needs.

This report provides feedback to the community of women who participated in the research project and to others interested in improving health services for urban Aboriginal women. The words of the women who participated in this project appear in bold typeface.

The following are the highlights of the report:

- 1) Aboriginal women want greater access to Aboriginal Traditional Healers and alternative therapies.

The benefits of healers and medicine men and women needs to be shared and emphasized as opposed to western medicine.

A place where healers, helpers and alternative health systems are provided. A place where you don't have to sign in at the door. A place with a sweat lodge outside, a spa, swimming pool and exercise area.

Utilize holistic practitioners; require credentials, standards even legislation. There needs to be compatibility between practitioners and Elders. The compatibility of Elders and clientele is vital. The Elders need to be predictable and available and accountable. There needs to be consistency of Elders and Staff.

2) Aboriginal women envision a holistic health centre based on the Medicine Wheel and Aboriginal Traditional Principles and Teachings.

Mental, emotional, physical and spirituality of healing but the different values of Aboriginal women's cultures we need to respect the cultural differences between Dene and Cree etc. We have to respect their cultural belief systems. It is very important.

Health is balance: It means balancing the [medicine] wheel in total health-mentally, spiritually, emotionally, and physically. And finding balance within yourself through support systems that are sensitive to spirituality, sensitive to culture, sensitive to belief system, sensitive to sexuality, sensitive to gender, sensitive to spirit, sensitive to emotion, and sensitive to physical needs.

3) Aboriginal women are interested in a facility that meets the needs of the family.

Women as caregivers of our families need to be healthy in all four areas so to help and take care of husbands, sons, daughters, nieces, nephews etc. Healthy women means healthy family and community.

Base it on a primary health, one model so that a woman could access a number of services.

Western traditions health services together should be family, not just women - there is also men and children.

4) Aboriginal women want greater control over their health and how their health needs are met.

Aboriginal women want to be listened to, and respected and not judged by my life style or choices by my community or by health professionals.

Listen to the Aboriginal women - hear what they have to say.

Deal with the isolation of Aboriginal women - they have a fear to come forward on their own. Use outreach as a method of relationship building. Community starts at the kitchen table. Create a Welcoming environment.

INTRODUCTION

The Aboriginal Women's Health Research Project was developed and guided by the Saskatoon Aboriginal Women's Health Research Committee, a group of First Nations and Metis women interested in improving health services for Aboriginal women and their families.

Between September 2002 and January 2003, this committee met to discuss their concerns and to design a community-based research project that would reflect the ideas, needs and resourcefulness of Aboriginal women in the community. For over a year, the committee has worked to bring this project to completion and continues to meet and to work toward a vision of an Aboriginal Women's Health Centre in Saskatoon.

The Prairie Women's Health Centre of Excellence provided early and ongoing support for this project because of its commitment to work in partnership with Aboriginal women to develop community-based health research that responds to the priorities set by Aboriginal women themselves.

The purpose of the project was to gain a better understanding of Aboriginal women's access to health services in the city, to identify gaps in services, and to develop a shared vision of an Aboriginal Women's Health Centre that would meet the women's health needs.

This document reports back to the community of women who participated in the research project and to others interested in improving health services for urban Aboriginal women. The words of the women who participated in this project are set apart in a distinct typeface.

GOALS OF THE RESEARCH PROJECT

The goals of the Aboriginal Women's Health Research Project were:

- To explore the need for an Aboriginal Women's Health Centre by utilizing community-based research approaches to determine the needs and reflect the resourcefulness of Aboriginal women.
- To utilize a community-based methodology to empower the participants to work towards a vision of health that meets their needs as Aboriginal women and as citizens of the City of Saskatoon.
- To document the health services that addressed Aboriginal women's health needs, and conversely, to determine the gaps in needed services that are not adequately provided by the current agencies. A function of this last goal is to discover any potential partners that could better serve the Aboriginal women clientele through the development of an Aboriginal Women's Health Centre.





THE RESEARCH PROCESS

The Saskatoon Aboriginal Women's Health Research Committee is guided by Elder Mary Lee, and includes First Nations and Metis women from a variety of backgrounds - researchers, educators, health care professionals and service providers. After several discussions of Aboriginal women's health concerns, the committee decided to focus on a community-based research process that would gather information and ideas from a larger number of Aboriginal women in the community. Members of the committee were actively involved in designing the research process and developing the research questions.

Elder Mary Lee guided the project and the committee used ethical principles based upon respect to guide the research activities and relationships with the community. The researchers and the committee had continual consultation and discussion with Elder Mary Lee regarding recording traditional knowledge and appropriate methods to use during the project. The primary ethics used throughout the project in planning, developing and implementing the research were adapted from the Royal Commission on Aboriginal Peoples (RCAP) ethics and the TeePee teachings. These ethics were chosen because their principles foster inclusiveness and respect within the Aboriginal community. They are included in Appendix I at the end of this report and are also available through the Prairie Women's Health Centre of Excellence.

The Aboriginal Women's Health Research Committee invested in community-based approaches facilitated by Aboriginal women. Using their contacts with a variety of community groups and agencies, the committee and the researchers invited Aboriginal women from the community to participate in focus group discussions to

explore their health needs and their ideas for health services to meet those needs. The Aboriginal Women's Health Research Committee took every effort to meet a sample of different Aboriginal women's groups within the Saskatoon community. The individual interviewees were chosen for their knowledge and experience of health service agencies and organizations in Saskatoon. Nine focus groups and five personal interviews were conducted in the community. A variety of Aboriginal women, diverse in experience and knowledge, were included in both the individual interviews and the focus groups.

At the beginning of each interview or focus group, the facilitator explained the purpose of the research project and asked each participant to sign a consent form. A summary of the research findings was offered to the participants and they provided their mailing addresses for this purpose. The facilitator was respectful of the diversity of the women and encouraged everyone to participate and share their ideas. The respectful nature of the process allowed all participants to have an equal opportunity to speak.

Four questions guided the interviews and focus group discussions. These four questions focused on describing health, commenting on existing services that are helpful, identifying service gaps, and identifying health care needs:

1. What is health to you (mentally, spiritually, emotionally and physically); what would that look like?
2. What services are you using in the community that you find helpful?
3. What health needs do you have that are not being met by services in the community?

4. If we developed an Aboriginal Women's Health Centre, what would be offered to meet your needs?

The method used to collect and analyze the data in the focus groups is known as the "Unicef Model". This model of group work allows the participants to contribute directly to the research goals by having each person reply to the questions using a small note pad to write down her responses. The discussion begins by asking people to share their individual responses with one another. Further discussion takes place to develop the ideas and identify common themes. Then the notes are collected, documented, and analyzed for themes and key ideas.

The main objective of this part of the project was to document the needs of Aboriginal women as described by the women themselves. These voices are very important to the research group; they represent a small segment of a much larger population of Aboriginal women. The women's responses were analyzed to identify important themes to consider in developing a vision of an Aboriginal Women's Health Centre. Emphasis was placed on reflecting the women's voices and the richness of their ideas, rather than counting how often a similar idea was mentioned. Given the size of the sample and the dynamics of the group discussions, the number of times any concern was raised was not considered a valid basis for establishing priorities. The themes were developed based on the quality of the information, rather than the quantity of similar responses. Please note that there were many comments provided by participants. We have chosen to use only some of the comments to reflect the voices of the Aboriginal women who contributed to the project.

Saskatoon community-based organizations were also approached to take part in this project by responding to a questionnaire.

The questionnaire asked them to provide a description of the clientele using their services (Aboriginal or non-Aboriginal) and respond to the following questions:

- Why do Aboriginal clients return for services or why do they not return for services?
- What are the parameters of an Aboriginal Women's Health Centre? Types of services and programs (that should be offered)?

The agencies' answers generated a list of client descriptions, gaps in services, and a description of what an Aboriginal Women's Health Centre might look like.





RESEARCH RESULTS

Individual interviews, focus groups and agency questionnaires provided a wealth of information that is organized by themes. The order in which the themes are presented does not reflect any ranking of their level of importance. Further study would be needed to determine which of these are seen as priorities by significant numbers of Aboriginal women in Saskatoon.

ABORIGINAL WOMEN'S VISION OF HEALTH: THE MEDICINE WHEEL

When they were asked, "What is health?" Aboriginal women took up the challenge of defining a holistic view of Aboriginal women's health and recognized that health encompassed everything from spiritual understanding, to education and training and parenting skills. Kinship networks and physical environments, including the location and quality of housing were recognized as contributing to their state of health.

"Health is learning, growing, living to my fullest potential - not just surviving"

"Health looks like a team, a family, caring and working with me to learn and live in a healthy way."

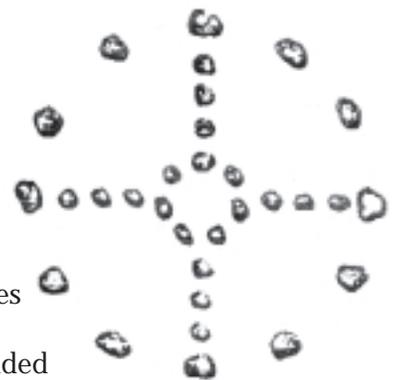
The Aboriginal women's holistic vision of health provided a framework to explore Aboriginal women's health issues and needs. According to many Aboriginal traditions, health is understood as a holistic balance between the physical, spiritual, mental, and emotional aspects of the person. The Medicine Wheel is used to represent the inseparability of the individual from her family, community, and the world. It also represents harmony and balance in all

aspects of a person's physical and social environment. Balance is considered essential to live and grow and reach one's full potential as a human being. This interconnectedness is an integral philosophical concept that was common to the many different Aboriginal people that lived throughout North America (Abele, 1989). The four areas of the Medicine Wheel utilized by the Aboriginal Women's Health Research Committee to describe their cultural perspective of women's health were also identified by the community participants. The elements: mental, spiritual, emotional and physical aspects of health have become a way of describing Aboriginal women's health.

"Health is balance: It means balancing the [medicine] wheel in total health - mentally, spiritually, emotionally, and physically. And finding balance within yourself through support systems that are sensitive to spirituality, sensitive to culture, sensitive to belief system, sensitive to sexuality, sensitive to gender, sensitive to spirit, sensitive to emotion, and sensitive to physical needs."

Medicine Wheel

The Aboriginal women indicated that health includes a personal sense of balance with direction and purpose. It requires a holistic understanding guided by respect for cultural differences and acceptance that may be relative to the individual's capacity, due to real health limitations, to achieve whole health. For the Aboriginal women, health is viewed as a holistic medicine wheel with



individual, family and community as part of the cycle of balance. Health is an ongoing process, with guidance from healthy helpers, but with the individual strongly rooted in the centre of her health wheel. Participating and being involved in one's own health care was a strong need identified by many of the women involved in the discussions. The Aboriginal women wanted to be in charge of their health and needed more information and a greater say in the type of care they receive.

The research indicated that Aboriginal women wanted more access to Elders, healers, and Medicine women and men. The women wanted traditional health care provided in conjunction with mainstream medical health care.

The question of defining health posed difficulty for all groups; however, one particular group seemed unable to come up with a group opinion or definition of health. The group required prompting to respond and left the impression that they had no particular expectation about their health. Alternatively, this group may not have had the language or words to express their knowledge and ideas and, perhaps as a group, they did not have the trust and comfort level necessary to freely express themselves. In any event, this question posed the most difficulty for all the groups, though participants found it very challenging and stimulating.

Aboriginal women's responses to the question, "What is health?" provided their expectations for their personal health and their family health. The women described a vision for health that is holistic and is founded upon traditional teachings and principles. Their vision provided a framework that can be described as an Aboriginal women's perspective of personal and family health. This framework provides further understanding for the identified health needs of Aboriginal women.

Mental Health

The women in this research project described mental health needs as influenced by a range of personal, family, and community health factors which combine to determine Aboriginal women's personal health experiences. Aboriginal women's expectations of health also reflect this reality. One woman saw mental well-being as:

positive thinking and decision making with a calm mind with good thoughts and the ability to express feelings and to believe in others with the use of positive self-talk

Participants recognized that achieving health includes taking personal responsibility for health and accepting and asking for support and assistance when needed. Mental health was viewed as a healthy individual developing an inner balance as seen in the following passage.

Good health is supported by:

mentally being able to talk of self in a positive way

Participants also recognized an intimate connection between the mental health of a woman, her family and her community.

Women as caregivers of our families need to be healthy in all four areas so to help and take care of husbands, sons, daughters, nieces, nephews etc. Healthy women means healthy family and community.





Spiritual Health

Several of the Aboriginal women indicated that spiritual health is central to all other modes of health. For them, spiritual health included:



For many of the participants, spirituality was linked to Aboriginal cultural practices, specifically smudging and utilizing Elders as a source of spiritual guidance. However, the Aboriginal women were very diverse and indicated the need to encourage the spirit to grow within many diverse belief systems.

Emotional Health

Many Aboriginal women said that freely expressing their thoughts, emotions, pain and joy without fear of ridicule or admonishment contributed to emotional health. Emotional health was also seen by the women to be tied to their physical well-being; if they were physically healthy, women felt their emotional health would follow. For them, emotional health included:

- ***to care for others***
- ***crying and laughing***
- ***talking instead of yelling***
- ***let emotional come as they do***

- ***singing happy songs, sense of humor***
- ***feeling crying hurting understanding***
- ***balanced holistically healed***
- ***emotionally - being happy***
- ***children***

The Aboriginal women offered a balance between positive and negative emotional responses to stressful conditions but at the same time acknowledged that even the negative emotions had a purpose towards healing. Many of the women shared their insight into a complex process of emotional health and healing, as they understood it. Aboriginal women also indicated that in order to be able to look after their children, the mothers' needs must be met first, even though some women thought this might sound inappropriate. Many Aboriginal women informed the researchers, that when mothers are unsupported, children are at risk of being apprehended, and they often are apprehended after the mother is unable to cope with her situation.

Physical Health

Physical health was identified as a strong theme. A variety of factors determined physical health; the achievement of physical health was viewed as a process. Many participants considered individual responsibility for personal physical health and fitness as a key component to physical health. The level of physical health was also viewed as a contributing factor to other types of health such as emotional and mental.

If the body is healthy and physically fit, this allows the person to feel good about yourself. A

healthy body means you are able to do your own work.

A Drug and Alcohol free home, where proper care and nutrition of body, soul and mind is available.

Healthy food versus Nutrition: The western world calls it nutrition, which may not include fresh food. For them it can come out of a can and fit their definition. "Nutrition" in their view may not include fresh food. Fresh food is costly to buy and so for Aboriginal people achieving healthy food may be difficult. Health includes the entire component of healing foods.

SUMMARY

The four areas of the Medicine Wheel guided the Aboriginal women to describe their vision of health. The holistic nature of the vision was consistent with Aboriginal traditional health; it promoted balance and harmony. The spectrum of what health looks like was as dynamic as the women who participated in the focus groups.

ACCESS TO HEALTH SERVICES

Responses from the focus groups and the personal interviews indicated there are many services within the community of Saskatoon that are meeting the needs of Aboriginal women. When asked to identify services they use in the community that they found helpful, the Aboriginal women started listing the services and agencies they know of, even if those services were not personally used. Some of the participants qualified their statements by giving their approval or disapproval in the way a service was provided. The women were especially concerned with their treatment by service

providers and the attitudes that they faced while dealing with their own personal difficulties.

Many women expressed that they often could not choose where to go for care and services and therefore, had to put up with disrespectful treatment by front line workers or greeters at some of the services in the community. They often do not want to return to an organization that mistreated them, but there was no alternative and they had to go back there again. This experience left them feeling humiliated and degraded. Social Services was cited most often as delivering poor human services with disrespectful and impersonal greeters.

The following community agencies and programs were cited as those meeting the needs of Aboriginal women. Many programs are listed here, but how often women made use of them is not examined within this report.

Cultural Programming:

- * Healing circles (cultural)
- * Community Elders
- * Traditional ceremonies: the Sweat Lodge, Sundance, Pow-wow
- * KOKUMS gathering group
- * Traditional teachings where you can go and learn about your culture

Parenting / Family Programs

- Healthy Mother - Healthy Baby
- Head-Start (White Buffalo Youth Lodge)
- Crisis Nursery
- Day-care
- Adlerian Society - parenting
- Family Support Centre
- Family Centre Talking Circles
- Social Services, Family Services
- Kids First
- Safe house, women's shelter





Food / Health Programming

- CHEP - Child Hunger Education Program - Good Food Box
- CHEP - Collective Kitchen cooking
- CHEP - pathways for well being
- Food for thought
- Health food store
- Food Bank
- Diabetic morning - education group by Diabetes Association (U of S)
- Cooking groups

Youth Programs

- Community schools, school drop in centre
- Child & Mental Health Youth Services
- Egadz Outreach Van - needle exchange
- White Buffalo Youth Lodge

General Programs & Services

- The gathering place, Ave C & 20 - clothing
- Friendship Inn - clothing
- Chinese Alliance Church - clothing & food
- Home care
- Walk-in clinics
- Pathways to well-being
- Mediation, Counsellor
- Information for Prevention of Handicaps
- Ronald McDonald House

Integrated Programming

- Saskatoon Friendship Inn - Literacy, Health Mom, Family Worker
- Community clinic, counseling, nurses, doctors, eye care
- West-side community clinic, parenting groups, family/kids help with rides, taxi, bus
- Saskatoon Indian & Metis Friendship Centre

Health Professionals

- Family doctor, Physician
- Various health professionals, dentist, doctor, nurse
- Medical clinic, chiropractor, massage therapy
- Naturopathic, Herbalist, Reiki
- Mental health counselors

Leisure Services

- Civic Centres
- Swimming
- Aquasize program
- Soccer Association
- Parks and river bank trails
- Boxing and kick boxing
- Native Theatre

Church-Related Services

- Guadalupe House Native ministries Church
- Queen's House Retreat
- Salvation Army

Educational Resources in the Community

- Post-secondary institution
- Public libraries

While there are many services in Saskatoon, it takes time to learn which services are best suited to meet individuals' needs. Some people only refer clients to services they are familiar with. In this way, they are establishing a community of helpers that are effective and compatible with their approach and style. One practitioner noted the following:

I go see the practitioners first, then I build communication. I see their office, what the

procedures are, I ask questions, look at the cleanliness, and how often they recommend visits. I refer clients to the chiropractor, Reiki, counselors that are culturally appropriate or Aboriginal healers. There must be compatibility with the client and the helper.

Information in this section is sometimes very inconsistent with the following section, "Challenges to Health." The range of perspectives and knowledge of programs within the community are wide. The range of perspectives and knowledge may be a result of lack of accessibility and the isolation of some service users or lack of communication by the service provider. The Aboriginal Women's Research Committee has made every effort to acknowledge the Aboriginal women's voices throughout this document.





GAPS IN HEALTH SERVICES

EXISTING SERVICES DO NOT RESPOND ADEQUATELY TO SOME ABORIGINAL WOMEN'S HEALTH NEEDS

This section is comprised of Aboriginal women's responses to question three, "What health needs do you have that are not being met by services in the community?" Though it was more challenging to consider what was absent and what one needed, the women were able to identify some specific needs and often described how those needs might best be met. One of the main themes that played out many times in the focus group sessions was the lack of information and the lack of access to available services.

The women identified unmet needs, services that did not adequately meet their needs, and services that were in high demand. In other words, there are services that are required more often and clients are sometimes restricted by system rules that limit accessibility. For instance, the food bank can only be visited once a month. The following comments suggest recurring themes identified by the Aboriginal women.

NEEDS NOT MET AND SERVICES NOT MEETING THE NEEDS

- Aboriginal Traditional methods more accessible
- Transportation to access services
- Older women's services particularly adequate low income housing & subsidized health coverage
- Services to mothers and children such as: low cost or free fitness, respite care, more accessible and flexible daycare
- Explanation of procedures in understandable language
- Support programs to promote healthy families
- Traditional Aboriginal counselling
- Traditional Aboriginal parenting program
- Safety, health and community support services for children and youth
- Family services that connect the whole family in healing
- Bands not providing coverage for space in women's shelters
- Limited access to counseling services
- Programs to address community safety and gang violence

Aboriginal women said that service providers frequently had to advocate on their behalf in order to access programs and obtain services. Women thought that service delivery was fragmented - they thought that service agencies worked independently from each other rather than in a unified approach. In addition, the Aboriginal women thought that some agencies worked against each other, which made getting help more difficult. Moreover, respondents stated that they were not aware of all available services. Women are shuttled from one agency to another attempting to get their health needs met.

The respondents believed that historically, non-Aboriginal health services providers have not had the understanding, knowledge, nor the time to understand the Aboriginal culture

and Aboriginal women's health needs. This lack of understanding acutely affects women while they are in the health services provider's office or the hospital. Unfortunately, some service providers are not prepared to recognize the work, or the knowledge and skill level of services in the community agencies. As noted, women we met are the ones who suffer from this state of affairs. It was also noted by some respondents that there was limited access to Aboriginal models of healing which may include cultural approaches such as healing circles, sweat lodges, and meeting with Elders. These approaches need to be recognized and understood as important and relevant means of dealing with Aboriginal peoples health needs.

SUMMARY

Aboriginal women recognized that many of their needs are essential or basic needs. The range of unmet basic needs of women in the community is large and alarming. Meeting Aboriginal women's needs will require creative, cooperative and culturally sensitive approaches to service delivery. Although the western medical model offered a diagnostic and prescriptive method to treat disease, the Aboriginal women's expectations stem from a distinct paradigm or way of thinking that stands outside of Western thinking. The difference in ways of thinking speaks to cultural differences in perspective and expectations of what constitutes good health

RESPONSES TO THE QUESTIONNAIRE FOR SERVICE PROVIDERS

Twenty service providers completed the questionnaire. While there are many other community-based organizations and

government agencies that deliver services to people in our community, this provides a good sample of organizations serving the needs of Aboriginal women. The agencies that provided a description of their clients reported that a high percentage of the service users were of Aboriginal ancestry. They also reported that a high percentage of low-income families were also using their services.

Agencies consistently identified a wide range of areas in which improvements might be made such as:

- More counsellors,
- Better access to services,
- More funding to hire more staff to run programming in existing service providers,
- Alcohol and drug treatment programs,
- Longer hours of provide to clients other than 8:30 to 4:30.
- Better communication between service providers and clients,
- Increased awareness of programs and services in community,
- More culturally sensitive programming for Aboriginal women.

The service providers identified various gaps in service delivery in the areas of:

- Traditional counselling,
- Counsellors for young women and girls,
- Insufficiently trained and experienced counsellors able to work with Aboriginal women who has been impacted by the Indian Residential School and intergenerational impacts,
- Need of day-care for clients who utilize services,
- Coordinated and long-term comprehensive follow-up services for women who have multiple contacts with professionals and within the community
- Diverse services for Aboriginal women with multiple health issues - mental, addictions, etc.,





- Cohesive approach to dealing with symptoms and counselling,
- Coordinated and different stage help for survivors, improved link between in-patients and community, including private practitioners and community therapists,
- Centre with day and residential programs using a team approach,
- Healing centre,
- A safe house with trained professionals,
- Cooperation, elimination of turf wars.

The gaps identified by the service providers include: lack of comprehensive and coordinated services linking agencies and service providers together; lack of a service directory and a system for linking women to the appropriate services; the need for a day program; and the need for a residential healing centre. Finally, lack of cooperation and integration of services and the difficulties that exist across the disciplines represented by the agencies constitutes another gap in responding to the needs of Aboriginal women.

Some key issues noted in the final comments of the service providers are included here:

1. The need for services outside the western medical model including traditional Aboriginal healing and alternative resources, services and approaches.
2. The need for professionals to work together and coordinate services and educate themselves and those in power to enlist their cooperation.
3. The need for professionals to recognize and accept the fact that many Aboriginal women have been misdiagnosed, which is expensive and takes its toll on all of our social systems.

Services to Include

The following summary of notes made by services providers on the question "What are the parameters of an Aboriginal Women's Health Centre?" identifies six key areas that might be included in a health centre.

1. **Clinical Services** that can address pre/post natal care, family health care, screening/monitoring of chronic illnesses, referral services to specialists.
2. **Mental Health** that may address individual and group counselling, aftercare and follow-up, case management, home visits and referral services.
3. **Health Promotion** that includes and promotes healthy lifestyles, provides prevention activities, facilitates educational workshops, offers a health education community resource centre, delivers community kitchen programming, provides children's developmental activities while parents participate in programming and life skills (sewing, budgeting, life skills) .
4. **Aboriginal Traditional** services that may include but not be limited to Aboriginal traditional teachings and ceremonies, promotes access to traditional healers and Elders, provides support and counselling from a traditional perspective, promotes traditional health to the community, spiritual room, and healing circles.
5. **Location.** The centre must be accessible to families in the community
6. **Language** is a large barrier to Elderly Aboriginals who do not understand the English language.

VISIONS FOR AN ABORIGINAL WOMEN'S HEALTH CENTRE

This research project gathered a wealth of ideas on how to meet the health needs of Aboriginal women. The community-based services and programs recommended by Aboriginal women encompass a full range of approaches and activities from crisis intervention to working towards achieving career goals. Throughout the research project, Aboriginal women and agencies shared a vision of holistic health. They described an intimate connection between the health of a woman, her family and her community.

Women as caregivers of our families need to be healthy in all four areas so to help and take care of husbands, sons, daughters, nieces, nephews etc. Healthy women means healthy family and community.

This holistic view of health was reflected in the range of services for individuals, families, and communities that women wanted to see as part of an Aboriginal Women's Health Centre. One agency indicated their excitement with the idea of an Aboriginal Women's Health Centre and suggested numerous services to improve and promote the health of Aboriginal women, families and communities:

Would need services for health, parenting addictions therapies, western and aboriginal, cross cultural and cultural training and resources. Awesome idea for this centre - many needs to address poverty, education, life skills, self esteem and crisis intervention services.

An Aboriginal Health Centre would provide:

...interpreters for Aboriginal People in health care because we still have people who come in from northern communities that communicate more effectively in their language than in English.

This section presents a list of services Aboriginal women expect would be available to them in an Aboriginal Women's Health Centre. The four areas of the medicine wheel - mental, spiritual, emotional, and physical - are highlighted here to describe Aboriginal women's health and categorize the expectations of Aboriginal women's desired services.

Mental Element

The mental health area of the medicine wheel would include some of the following services as suggested by Aboriginal women in focus groups and individual interviews:

- Counseling centre
- Traditional counseling
- Teen counseling,
- Teen drop-in centre
- Family counseling in the four areas of the Medicine Wheel,
- Life-skills for families, young mothers, young women.

The mental element for many Aboriginal women is the basis for balancing the four elements. Keeping the mind healthy and on a good path would contribute to balance in the other elements.

Spiritual Element

Aboriginal women wanted helpers and Elders who were healthy and who utilized traditional principles, ethics, protocols and understandings in a positive and respectful way. Aboriginal women suggested that helpers and Elders be healthy and not just preachy; they should live the teachings and





be respectful. Living the teachings was seen as an important priority for Elders in a health centre. Healthy and supportive helpers and Elders that are trustworthy and confidential workers are seen as a valuable part of an Aboriginal Women's Health Centre:

Teachings of our healthy Elders and walking the talk

Teachings from traditional people and medicine people

Being able to speak our language because it's through our language our culture, beliefs and tradition are shared and maintained.

health look like a team, a family, caring & working with me to learn and live in a healthy way.

A strong message of connecting the self or the individual to healthy helpers, cultural teachers or elders, and health care providers is needed in order to help women in the greatest need. This message was emphasized throughout the focus groups.

make a medicine wheel on Health with internal -individual & external - community and family.

The spiritual health area of the wheel represented in the Women's Health Centre includes services such as the following:

- Counseling services
- A place for praying
- Our own traditional medicines
- Holistic health by Native Natural Herbs
- Traditional Health care
- Elders and Healers working together
- Have someone speaks differ language - translators-
- Native /trades For Health
- Language teachings - more interpreters
- Cultural teachings and traditional teachings - someone to explain all the ceremonies

- before we attend them
- Room for sweats lodge
- Smudging/ceremonies space
- Spiritual room - traditional room
- Women's traditional teachings

Emotional Element

The emotional health area of the wheel is represented as a continuum of participants' comfort level in their need for service providers to have a greater understanding of the women's culture. The suggested services are primarily support oriented, and include the following:

- Recreation for young women to keep them off the street
- Get Elders to teach the children - an Elders Room
- Troubled women - picked up in trouble with the law - take them to counselors with Elders - not to jail
- A place to treat grandparents with respect and love, not to be baby-sitters.
- Counselors
- Working with FAS children/special needs
- More training on family units
- Adlerian society (parenting)
- Help with health in all four areas of the Medicine Wheel
- Outreach workers

Physical Element

The physical health area of the wheel represented in the Women's Health Centre includes services that promote healthy, active living such as the following:

- Exercise place (gym)
- Weight loss club
- Fitness centre: exercise gym/pool
- Proper medications and spiritual healers for additional support
- Nurse on hand
- Physician on hand

- Informative health issue workshops
- Nutrition classes and food preparation
- * Nutritionist dietician for diabetics, health eating habits
- Diabetics centre
- Diabetics, heart, kidney, weight loss centre
- Sports
- Toys/equipment
- Weekend childcare
- Camps for kids
- Referral services, e.g. Specialist pediatrician
- Adequate housing for Elders, single moms, young moms
- Emergency housing
- Low rental housing

Participants indicated that their desire to provide for their physical needs and the physical needs of their families were preventative in nature as shown in the desire for nutritional classes, gym time, and more specifically diabetes care. The women acknowledged the rise of diabetes in the Aboriginal population and the need to respond with prevention and programming that better meets the need of the Aboriginal people.

The health needs and expectations of Aboriginal women are diverse and individual. Women want access to alternative health services, appropriate and respectful western medicine and cultural, traditional forms of health services to meet their specific needs.

SERVICES IN THE HEALTH CENTRE

The following section highlights a spectrum of services that Aboriginal women expect would be provided at an Aboriginal Women's Health Centre. The services proposed can address the needs and gaps articulated in the section above.

Responses from all data were combined for this section and include interviews with individuals and agency service providers. A diverse range of Aboriginal women with varying levels of needs and intensity of involvement in their own health issues contributed to this section. Many women felt that if these services were offered, then many barriers would be removed and access to health care would increase resulting in improved health.

Traditional Medicine

The identified services include: existing services that are not supported by the current health system such as medicine men and women; sweats and ceremonies for traditional healing; and other alternative health and wellness methods and services. Non-western services provided by healers and medicine men and women require traditional protocols.

The variety of ways in which the woman below fulfills her health needs is a good example of how many women meet their health needs.

I use Medicine men and women and spiritual ceremonies for my health. I go to sweats where ever I can find them. I see a counselor sometimes when I need to. And a chiropractor and massage therapist when it was covered because of my accident. I'd like to be able to go to these for preventative health and a feeling of wellbeing

I'd like to see Doctors, Counselors, Elders, exercise facility, a place to learn about food and take classes. A place where parents and families can learn with their children. Parents don't seem to be able to function with their children. It should be a place where people feel comfortable, are safe and feel welcome.

The participants view utilizing traditional healing practices and knowledge as a very





important function of the Health Centre. Including traditional healing and traditional helping practices must be done in a manner that is respectful, safe and credible. The following passages clearly points to the need for a Health centre to be aware of the importance of credibility and need to ensure client safety.

The benefits of healers and medicine men and women needs to be shared and emphasized as opposed to western medicine.

A place where healers, helpers and alternative health systems are provided. A place where you don't have to sign in at the door. A place with a sweat lodge outside, a spa, swimming pool and exercise area.

A spiritual area where I can smudge or for quiet time. They should have free coffee and make women feel welcome. A counselor on site for free counseling - especially family counseling with kids. Utilize holistic practitioners; require credentials, standards even legislation. There needs to be compatibility between practitioners and Elders. The compatibility of Elders and clientele is vital. The Elders need to be predictable and available and accountable. There needs to be consistency of Elders and Staff.

Prevention Programming

Participants indicated the need for prevention services that seek to assist the individual or family before a situation becomes unmanageable. The participants expressed frustration with the short sightedness or reluctance of medical services to acknowledge preventative health needs and provide specialized treatments, or to make prevention health services accessible.

Vitamins and preventative services are needed. Dental care is so expensive. Parents need it and the kids need it, but we can't afford it. The kids can't get braces on their teeth paid for through

treaty health unless it is a disabling condition. They need braces but they can't have them because it costs too much.

Support Programming

Support programming was specified as integral to the centre. Offering primary health care was only one layer of services. Partnering with support programs that ensure the service continues is essential for women and families.

- transportation to and from appointments
- Child-care during appointments
- teaching low cost sewing/blanket making and cooking healthy low cost meals
- commercial kitchen
- homecare
- respite care
- midwifery
- gym/ fitness room for all ages young to Elders 65+
- day-care room for childcare ; day-care for the elderly
- Financial concerns affect a woman's health.

Volunteerism is very important and volunteer training. The volunteerism in Aboriginal communities needs to be cultivated.

Home care for Elders is expensive. Many Aboriginal older women cannot afford it. They cannot afford medications because their income is fixed and the medication is not covered. For example, glasses and false teeth are not paid for and are expensive.

Education

Education was seen as a primary focus of the centre. Education in many areas would contribute to prevention and intervention of issues or problems with many women and families.

- Education classroom for going to school - adults - literacy computer room
- Educational workshops classes seminars for free
- Aboriginal resource library
- Positive role models in education
- Native Big Brothers/Big Sisters
- Drug & alcohol harm reduction education
- Funding for alternate medicines

Family Programming

Addressing the needs of the family was considered important to the development of a health centre. Each element of the medicine wheel concept does not exist in isolation. Similarly, each person in the family requires care and support to contribute to optimal health of the family.

- Family counselling for the whole family to go together, maybe even live-in for one week, in intensive counselling.

Offer the needs of all the Aboriginal people not just women. It should be for families. We leave the men out, and they are lost in our society right now.

- To heal in balance — holistic setting with parents and children involved in the health and healing process together.
- “Western traditions health services together should be family, not just women — there is also men and children.”
- Life skills programs for single young parents.

People are being released from hospital earlier and families are left to help them at home.

It would meet the needs of those identified above. But really you need the men to be healthy too. You need to work with the whole family and men need to be healthy too. What about the men, they need to be healthy parents that are there for their children.

Our opinion - we need an Aboriginal health centre for everyone.

Wellness Centre / Coordinated Services

Participants specified the need for the centre to offer coordinated services. Many services under one roof would encourage people to access health and seek appropriate services.

- Eye examinations accessible and friendly
- Supply combs, toothbrushes, condoms, soap, shampoo and personal health kits (pads)
- Dental hygienists or therapist
- Aboriginal doctors, nurses, dentist, midwives
- All health care professionals in one building
- Aboriginal Alternative health care-workers
- Immunization program for our newborns

Interagency relationships is very important and have the woman client sit as a participant in collaborative case study and participate in self directed healing

Complete services and improved referral processes are viewed as an important aspect of an Aboriginal Women's Health Centre as noted in the following passages:

Service that involve all aspects of life including home, education and counseling. With this,





more success would be met perhaps with comprehensive referral services.

All organizations should meet so all work with same information on person in need, currently, networking between different aspects of peoples lives is not shared between organizations.

The combination of quality service in one location with follow-up and support suggests an intense but thorough health practice that ideally would see fewer health relapses and crisis events.

Aboriginal setting aboriginal content, aboriginal staff, all female staff. Attempt to involve all service organizations into sharing information on person: means long & short term goal planning

This organization differs from others in that it attempts to network and share with other organizations in the planning and development of the person in need.

FACTORS TO CONSIDER (GUIDING PRINCIPLES)

There are many factors to consider when developing the health centre concept. The following comments reflect the importance of culture, safety, location, and accessibility.

Culture

Participants contributed a number of comments regarding the importance of culture as a primary factor to consider in developing a health centre.

- Translators for First Nations people in hospital
- Interpreters in health care
- Creative programming for the family- having a holistic view
- Support programs to encourage healthy families
- Aboriginal workers in the centre that have an understanding of the Aboriginal culture
- Evening classes on the medicine wheel concept

A place where healers, helpers and alternative health systems are provided. A place where you don't have to sign in at the door. A place with a sweat lodge outside, a spa, swimming pool and exercise area.

Safety

The Aboriginal women identified the quality and safety of community support services for children and youth as concerns. Quality and safety of services impact health and the ability to pursue effective health care.

There is a shortage of foster care homes for Aboriginal children.

The safety issues in the community are a real health concern. There are more cases coming into the hospital that are related to gang violence. There are more gangs and more assaults. Kids can't walk home from school because of the threat of gang violence.

Location

Location is important. The centre must be easy to find and easy to get to for those seeking its services. The centre must be able to house multiple services such as education and awareness, a medical and prenatal clinic, and traditional care services to name a few.

Accessibility

A theme that surfaced in the focus groups and interviews was the need for the Centre to be accessible and open to anyone. Below are some of the participants' comments to this effect:

fees for medicine & prescription which are not covered - women need help with fees from the Centre.

It should be for everybody to feel welcome. All Aboriginal people, not just First Nations. There should be no distinction made between Aboriginal, metis or First Nations people. The health centre should be coordinated with other existing services, no use in reinventing the wheel.

When we are gender specific, you have to be very careful. When we heal the mother we are also dealing with the children. The woman may have difficulties with her partner. How can you treat one without the other? That is one caution, I would share.

Base it on a primary health, one model so that a woman could access a number of services.

The Aboriginal women contributed valuable information, stories and experiences about health care access in Saskatoon. Their vision is captured and summarized in the next section.





CONCLUSIONS AND NEXT STEPS

The process of listening to the women's stories and experiences was empowering. The women identified many creative and innovative ways to develop an Aboriginal Women's Health Centre. Their vision of a health centre supported and included offering services that met the need of the whole family.

The Aboriginal women had many suggestions and direct advice for the researchers and the committee. These suggestions reflected the frustrations and barriers many of the women faced in accessing health care for them and their families. The suggestions ranged from identifying specific services, to identifying factors to consider when developing a centre. The suggestions are all taken as priorities for the committee to consider and use in further planning.

One approach supported by many Aboriginal women was the Holistic model. This model sees the women as central to their health and the well being of their children and family. The well being of the whole family was raised many times as a primary concern. Many participants expressed concern that the focus of addressing women's health was too narrow, since the family is intimately tied into the Aboriginal women's identity and health.

Next Step: Revisit the woman-centred approach of the Aboriginal Women's Health Centre to include the family. A holistic approach utilizing the four directions of the medicine wheel has been acknowledged by the Aboriginal Women's Research Committee.

The Aboriginal women suggested using the Medicine wheel concept and traditional principles to guide the development of the Aboriginal Women's Health Centre and the programs and services provided within the centre. Respect was a fundamental principle identified as a need by the focus group

participants and individual interviewees, as well as some of the agency information.

Next Step: Develop the vision, goals and mission statement of the Health Centre based upon the principles of respect and those of the medicine wheel and teepee teachings that are also family teachings.

The study participants were responsive to the collective and respectful approach used by the researcher. The inclusive character of the research lent itself to a forum for women to share their stories and opinions on access to health in the community of Saskatoon. The process mirrored respect and a traditional teaching of collectivity.

Next Step: Utilize a community approach fostering continuous consultation to plan and implement the Women's Health Centre. The process of community-based research proved to be a very effective method of hearing the voices and vision of the community.

Access to information and referrals to services are key components of the Centre's role as a resource unit. Essential services for women include: life skill-related needs, shelter, food, counseling, training and education leading towards employment and stability. Coordination of these available services in the community would be a valuable function of the Women's Health Centre.

The Aboriginal women identified service gaps and shortfalls that could be met by an Aboriginal Women's Health Centre. The centre must attend to the gaps in order to be effective in providing support to women who have been overlooked by current agencies or whose need are unmet in current programs. This attention may require finding new and creative ways to make contact with Aboriginal women and address the challenge

of delivering services to the women in their homes and neighborhoods.

Each of the groups, individuals, and agencies involved in the research gave their time and energy to describe a vision for health that is accessible, inclusive and respectful for themselves and their family. The above recommendations outlined the direction required for health to be delivered in a way that improves the lives of Aboriginal people in the community. The collected data and the resulting report have become a working and living document. This document will guide the committee toward a plan of action that seeks to support the groups, the individuals, and the agencies who showed their support and desire to develop a vision of holistic health services for Aboriginal women and families.

Many thank you's go out to the many people who contributed to this project and report. The time and effort of women and community have contributed to a process of community development and community based research. Our hope is that this information can inform others of the need to move forward and develop services and programs that are reflective of the Aboriginal people in Saskatoon.

Ekosi



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