

Integrating Eeyou culture in service provision – A pilot project in Chisasibi

Introduction

The following proposal for a service integration pilot project in Chisasibi rests on the following core principles: cultural safety, continuum of care, whole health and social determinants of health. Within the context of regional planning and integration frameworks carried out by the CBHSSJB the Chisasibi community, having already on hand a draft local Wellness Strategy and culture-based services under the auspices of the Chisasibi Mental Wellness Team, is proposing to develop a local framework for integration of Eeyou culture in service provision. A major aspect of this integration includes the **formal collaboration between the Justice Committee and the Miyupimaatisiun Committee, including expanding the Wellness Strategy to include justice services and programming** as has been the case with the Land-based program.

Taken together the core principles mentioned above are reflected in the Cree concept of Miyupimaatisiun. Miyupimaatisiun (to be alive and well) means that an individual is able to hunt and trap and pursue other land-based activities, that he or she has access to good food (game meat and anything that comes from the land) and warmth, and is able to enjoy life and to participate actively within the community (Adelson, 2000; CBHSSJB, 2004; Tanner, 2008). It includes the biomedical concept of health (or absence of disease), but moves beyond it by linking the body to the land and identity. A positive cultural identity is therefore the core of wellbeing and fostering positive relationships is the principal goal of the Cree health model. Respect, responsibility and relationality are foundational values that help participants rethink the way they engage with each other and find purpose in their lives. Since *iiyiyu pimaatisiwin* (Cree way of life) embodies an active and respectful presence in the world, *miyupimaatisiun* depends on adults teaching and setting an example of healthy living and sustaining harmonious relationships. The responsibility of maintaining and strengthening *miyupimaatisiun* is therefore contingent on active intergenerational knowledge transfer, which in this context infers not only to the individual but is extended to a vision of institutional change based on integration of Eeyou cultural ethos in service provision. This is the rationale behind the present proposal.

Core principles

Institutional change requires implementation of the following core principles: cultural safety, continuum of care, whole health and social determinants of health.

Cultural safety

Cultural safety uses a person-centered model of care that situates overall health within the cultural, historical, economic, and political (the social determinants of health) context of the service users. In addition, cultural safety calls for a critical analysis of institutional discrimination and colonial relationships by challenging the power imbalances inherent in the relationship between the health care provider and the Indigenous health care recipient. Cultural safety aims to shift this imbalance by empowering the care recipient to actively participate in decisions regarding his or her health (including the type of treatment

and care used) while also building the health care providers’ cultural competencies that foster a respectful bicultural encounter. Finally, a cultural safety approach to care requires a systemic transformation of not only the encounter between the professional and service user, but also of institutional power imbalances with the goal of decolonizing the health care system and strengthening local autonomy (Baba, 2013; Brascoupe & Waters, 2009; Smye et al., 2010; Ramsden, 2002). Most important the cultural safety approach stresses that the freedom of health care choice rests with the service users as they define their healing path (Anishnawbe Health).

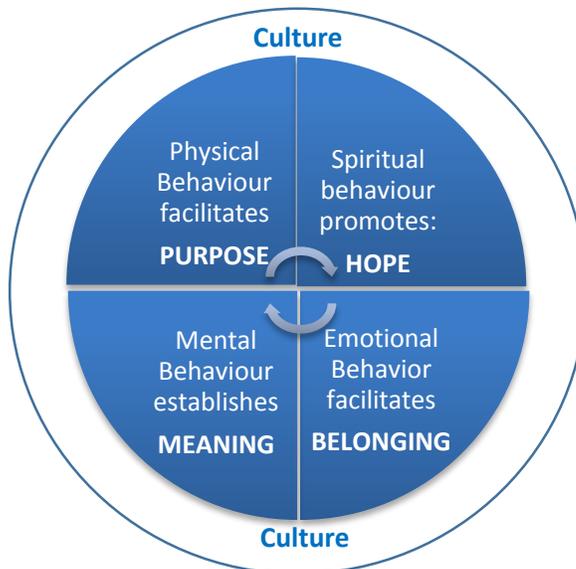
Continuum of care

The Continuum aims to support all individuals across the lifespan, including those with multiple complex needs. Physical and mental health conditions usually develop gradually, and depending on the ailment, people may go more or less rapidly through the stages from health, to having risk factors, to actually having symptoms. Thus the continuum of care includes a repertoire of prevention, intervention and aftercare activities (FNMWC, 2014; CBHSSJB, 2014). Broadly speaking the continuum includes:

- Education, Promotion, Prevention, and Community Development
- Early Identification and Intervention
- Crisis Response
- Coordination of Care/Care Planning
- Trauma-Informed Treatment
- Support and Aftercare

Whole health

Whole health refers to the interconnection between mental, physical, spiritual and emotional behaviour – purpose, hope, meaning, and belonging. A balance between all of these elements leads to optimal wellness. Culture therefore is viewed as an intervention model. We borrow the following concept from the First Nations Mental Wellness Continuum Framework (FNMWC):

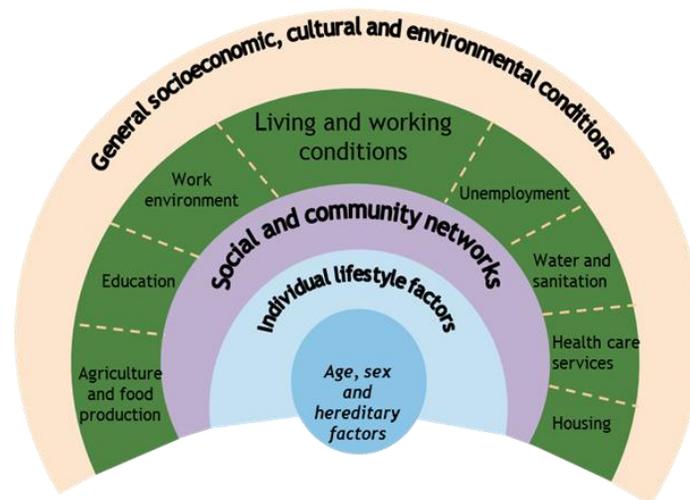


“The key task for supporting wellness is to facilitate connections at each of these levels and across the four directions. This balance and interconnectedness is enriched as individuals have **purpose** in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; **hope** for their future and those of their families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a **sense of belonging** and connectedness within their families, to community and culture; and finally **a sense of meaning** and an understanding of how their lives and those of their families and communities are part of creation and a rich history” (FNMWC, 2014: 5).

Social determinants of health

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment, and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other; rather, their combined influence determines health status. The Public Health Agency of Canada (PHAC) recognizes twelve determinants of health: culture, gender, health services, income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, and biology and genetic endowment. In Indigenous contexts social justice issues such as racism, discrimination and inequalities in peoples’ power and resources function as determinants of health due to the particular colonial history and contemporary discrimination (FNMWC, 2014; WHO, 2008).

“Using this social determinant lens sheds an entirely new light on the health problems faced by Aboriginal groups in Canada and elsewhere. Clearly, we can no longer blame the “health gap” solely on differences in lifestyle habits like diet or smoking. Instead, we now recognize that poor lifestyles are often linked to determinants such as poverty and low education. These in turn are linked to poor living conditions and infrastructures, such as a lack of access to good jobs or good schools. We are also beginning to understand that these structural conditions have themselves been created and sustained by centuries of institutionalized racism and assimilation; for example, the Residential School system or laws limiting Aboriginal Nations’ access to sustainable economic development (Loppie-Reading & Wien, 2009)” (Faisca Richer, 2013: 6; CNHSSJB, 2004).



SOCIAL DETERMINANTS OF HEALTH

The Chisasibi Wellness Strategy and Priorities

Since 2009, the Chisasibi Miyupimaatisiun Committee has focused on mobilizing community participation in defining a local vision and principles for integrated health and social services. For this purpose it has held four community consultation which have identified the following aspects of the Chisasibi Wellness Strategy:

Vision: Enhancing wellbeing for healthy Self, healthy Families, healthy Community and healthy Nation

Mission:

- Mobilize community participation health and social service programming and increase the appropriation of service delivery by community members in a way that directly responds to local needs and long-term vision of care and wellbeing.
- Develop and implement effective policies and strategies to promote the health and social welfare of the residents of Chisasibi.
- Promote closer collaboration and joint activities with relevant agencies and entities in the Community of Chisasibi.

Values:

- Respect – All beings are important
- Equality – All beings are valued
- Responsibility – We are all interconnected, what one does affects the others
- Openness – Building meaningful relations irrespective of the healing method the individual may choose
- Transparency - Outcomes are measured, assessed and publicly reported

Guiding principles:

- *Holistic approach* – address the physical, mental, spiritual, emotional, economic, environmental and cultural wellbeing of the individuals, families and communities
- *Eeyou knowledge* – guided by Eeyou language, culture and spirituality
- *Meaningful engagement* – create respectful and open dialogue with community members and increase their input in health and social service matters affecting their community

Chisasibi priorities

- **Eeyou Healing** – meet increasing needs and requests from community members and clients for traditional healing and medicine
 - Establish regular visit schedule for healers & counselors (monthly)
 - Maintain Eeyou healing activities
 - Diversify healing activities based on clients' need and requests

- Co-host cultural events, seasonal ceremonies and celebrations and encourage employee and physician attendance
- Reach out to local resource people, especially elders, for input and participation in Eeyou healing programming and delivery
- **Community Health** - enhance services for children and families, mostly focused on workshop-type activities that can include but are not limited to:
 - Pre-natal health
 - Traditional parenting
 - Increase the role of healers and elders in the programming
 - Conflict resolution training
 - Legal training (linking with the Justice Department)
 - Residential School Commemoration & Memorial
 - On-the-land programs and Weekend retreats
- **Uschinnichissu Services/Healthy School Program** – strengthen individual self-esteem and build capacity for youth
 - Collaborate with Youth Clinic in programming
 - Youth outreach programs including
 - Rites of passage training & awareness
 - On-the-land programs
 - Food security & healthy lifestyles
 - Sexual abuse
 - Violence
 - Suicide prevention
 - Family/community meetings with school nurse & social worker

Chisasibi Mental Wellness Team

A major achievement was securing external funding from Health Canada to develop a multidisciplinary intervention team in Chisasibi. The planning processes as well as other culturally relevant activities undertaken in Chisasibi between 2010 and 2014 were made possible by the CBHSSJB Community Initiatives Fund, which ended in 2014. The Miyupimaatisiun Committee nevertheless believed that the programming developed over the past five years responded to the community needs and closed some of the gaps in service provision in terms of health and wellness. We therefore submitted a proposal for a Mental Wellness Team program with Health Canada in September 2013. The proposal was accepted and in November we received confirmation that Chisasibi secured \$250,000 over the next three years (2013-2016). The first instalment of the funding envelope served to begin training for Community Addictions Workers in collaboration with Nechi Institute (an Aboriginal organization that teaches culturally safe intervention methods). It has also allowed the community to establish a full-time administrative team that is now greatly facilitating the Committee's work and strengthening institutional collaboration.

The Chisasibi Mental Wellness Team (CMWT) was created in January 2014 with funding from Health Canada. The CMWT is a community-based, client-centred, multidisciplinary team of community workers that provide a variety of culturally safe mental health and addictions services. It is defined and driven by the community and aims towards integrating Aboriginal traditional, cultural, and mainstream clinical

approaches, spanning the continuum of care from prevention to aftercare. The CMWT will therefore facilitate the participation and the involvement of the different sectors of service providers (education, social services), Health Agencies and other relevant partners. By the end of the first 3-year funding envelope the Team is expected to provide services in minimum two other Cree communities in Eeyou Istchee. The Chisasibi Mental Wellness Team is currently developing a multidisciplinary intervention team for the Land-based Healing Program as well as community-based aftercare services (see CMWT Annual report 2013-2014).

Proposed integration framework

Rationale

The CBHSSJB “vision is for a holistic approach as health and social development touch on all areas of Cree life and have the long-term effect of building the Nation. This involves developing capacity to solve problems ourselves through use of allopathic medicine along with traditional healing and care-giving practices, basing programming on Cree family and cultural values”. The focus of the CBHSSJB reform “is on delivering effective primary care to a young population with high levels of chronic disease and comorbidities along with psycho-social problems.” The Planning and Programming Department is currently undertaking a primary service reform at the local CMCs. It has developed a draft framework for service integration at the level of life-cycles components, mainly: current services, Awash, Uschiniichisuu, and Chishaayiyuu. The Nishiiyuu Miyupimaatisiun services draw upon traditional knowledge and culture to enhance Miyupimaatisiun in the Eeyou/Eenou Nation. Nevertheless no specific programming has yet been developed although research and consultation is ongoing.

Concurrently the Iiyuu Athaawin Miyupimaatisiun Planning (IAMP) has been deployed “support community-led and owned health plan development and support regional work plan alignment with community health priorities as necessary conditions to then facilitate creation of an Eeyou Istchee Strategic Plan for Miyupimaatisiun”.

Within the context of these two planning and integration frameworks the Chisasibi community, having already on hand a draft local Wellness Strategy and culture-based services under the auspices of the Chisasibi Mental Wellness Team, is proposing to develop a local framework for integration of Eeyou culture in service provision.

Integration framework

We envision culture-based services as functioning in parallel with those currently available at the CMC (see table in following section) and linking with other community-based services, such as Brighter Futures, Community Health Clinic, Youth Healing Services, Youth Council, the Cultural Center, etc.

CBHSSJB service delivery at the local CMC is designed to provide basic clinical acute and chronic care. Among its service components it has identified **Community collaborative support** services that “help maintain or improve the physical, social, and psychological functioning of individuals and families, by providing services in a community setting; they can include services such as Home and Community Care, Multi-Service Day Centers, Supported Living Services, as well as referral to community organizations, providing support in areas such as education, culture, healing, employment, justice, etc.” The Chisasibi framework falls within this type of service and will deliver culture-based programming that is in line with Nishiiyuu Miyupimaatisiun mandate and goals.

Moreover, given the interrelated nature of elements of miyupimaatisiun, the CMWT in consultation with the Miyupimaatisiun Committee propose a supporting resolution for **formal collaboration between the Justice Committee and the Miyupimaatisiun Committee, as well as to expand the existing Wellness Strategic Plan to include justice services and programming** as it has been the case so far for the Land-based program.

We envision the core of the programming stemming and centring on the Land-based program, which once the training is completed, will have a multidisciplinary intervention team (see Land-based healing model curriculum). The team will therefore work both on the land and in the community. Culture-based services will be developed in consultation with elders and other community stakeholders as well as in line with community priorities and needs in terms of wellness (see detailed above in the Chisasibi Wellness Plan). In addition, priorities will be informed by the recent community profiles compiled by CBHSSJB.

Through the examples below we aim to address the various components of the continuum of care illustrated in the following figure (modeled from the NNAPF, Honoring our Strengths).



Support through resolution

So far, the Chief and Council has facilitated the financial management and reporting of the Mental Wellness Funds and prior to receiving these funds, the CBHSSJB Community Initiatives Fund. Nevertheless, we believe that leadership support needs to include the validation of the Program through formal resolutions and facilitating collaboration with existing programs, such as Brighter Futures and NNADAP (Chisasibi Band manages the NNADAP funds). By harmonizing various programs and increasing coordination and collaboration, resources can be more effectively used and duplication of services can be avoided. Ultimately, leadership support can assure effective service provision that best serves the needs and aspirations of community members.

For this reason we believe it is necessary that the present integration framework be validated through Council resolution. Transparent and clear communication as well as mutually understood roles need to be secured so that a successful integration be achieved.

Proposed services

The following tables clarify the types of services that are already delivered by the CMWT as well as other possible services envisioned in the Chisasibi Wellness Strategy. For clarity they are grouped by service component and element of continuum of care and have been 'associated' to a relevant CMC service. Nevertheless is important to keep in mind that culture-based services are in general available to all and any community member. **They are sometimes specific to a 'target clientele' as defined in the table but they can nevertheless function interchangeably as prevention/intervention/aftercare.**

SERVICE TARGET CLIENTELE							
		Awash	USCHINICHISUU		CHISHAAYYUU		
MAIN CLIENTELE	TARGET	Pregnant women, Young children 0-9, including children with special needs and their main care givers.	Children and youth aged 10 to 29 and their families, including children with special needs, and members of their entourage.		Adults aged 30 and over, as well as individuals of all ages.		
PROPOSED CULTURE-BASED SERVICES							
		Associated CMC service	Culture-based service	Associated CMC service	Culture-based service	Associated CMC service	Culture-based service
PROMOTION & PREVENTION SERVICES		<i>A Maskuupimatisiit Awash</i>	<ul style="list-style-type: none"> Naming ceremonies/walking out Rites of passage Family sweats Traditional Parenting Circles/teaching lodge 'Know your rights' workshop Traditional songs 'Baby care' workshop (cradles, wraps, feeding) 	<ul style="list-style-type: none"> Harm reduction approaches Suicide prevention strategies 	<ul style="list-style-type: none"> Round Dance Teaching lodges Feasts & ceremonies (e.g. first kill) Peer groups & youth lounge (with Youth Center) Storytelling workshops Mental Health First Aid Training ASIST workshop Know your rights' workshop Puberty rites 	Individual teaching and group education for chronic diseases	<ul style="list-style-type: none"> ASIST workshop & Mental Health First Aid Women & men retreats and wellness days Sharing circles Elders lodge (Peer support groups & knowledge transmission) Community Kitchen Residential School Support in traditional setting (lodge) Know your rights' workshop
INTERVENTION SERVICES		<ul style="list-style-type: none"> General reproductive health & pregnancy services Nutrition services Crisis intervention; assessments; referral services and liaison services 	<ul style="list-style-type: none"> Community Kitchen (game handling & preparation) Teaching lodge Women teachings: Adolescent Rites of Passage teachings, Childbearing, Menopausal, Grandmother Healing circles and elder interventions (assessment & referral) Traditional counselling 	Mental health/addiction services as well as follow-up of suicide crisis management.	<ul style="list-style-type: none"> Land-based healing program Traditional counselling Sweats & fasting PowWow Sundance Art therapy (arts & crafts workshops) 	<ul style="list-style-type: none"> Psychosocial support / mental health Crisis intervention Support to clients and caregivers of people suffering from a loss of autonomy 	<ul style="list-style-type: none"> Land-based healing program Spring & Fall goose dance ceremonies PowWow Sundance Round Dance Fasting & fasting ceremonies Sweats Traditional counselling
AFTERCARE & SUPPORT		<i>none</i>	<ul style="list-style-type: none"> Healing circles Ongoing Traditional counselling 	<i>None</i>	<ul style="list-style-type: none"> Traditional counselling Peer support life-skills Community kitchen 	<i>none</i>	<ul style="list-style-type: none"> Traditional counselling Peer support life-skills Traditional medicine sessions

		<ul style="list-style-type: none"> • Understanding & Changing the Impacts of Colonialism • Family retreats & self-care workshops (teaching lodge) • Feasts & giveaways 		<ul style="list-style-type: none"> • Understanding & Changing the Impacts of Colonialism • Helper duties involved in ceremonial preparation • Feasts & giveaways • Participation in research on traditional practices (as research assistants) 		<ul style="list-style-type: none"> • Community kitchen • Understanding & Changing the Impacts of Colonialism • Helper duties involved in ceremonial preparation • Feasts & giveaways • Participation in research on traditional practices (as research assistants)
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