INDIGENOUS HEALTH NETWORK

Hamilton Niagara Haldimand Brant
Local Health Integration Network

HNHB LHIN

Summary Report

Improving Health Care for Indigenous Peoples in the HNHB LHIN

A report based on community engagements hosted in Niagara and Brantford

September 2017

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Acknowledgements

We acknowledge the land upon which the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is located, as the shared traditional territory of the Haudenosaunee and Anishnaabe Peoples, protected by the Dish with One Spoon Wampum Belt. This historic peace agreement between the Iroquois Confederacy, the Ojibwe and allied nations represents a commitment to share and protect the land, water, plants, and animals, with respect. We wish to honor the original Peoples of this land and express gratitude for the opportunity and privilege to work with communities across this territory.

Nia:wen, Chi-Miigwech, to Grandmother Renee Thomas Hill, Gary Parker, and Dave Laabe for setting our minds on a good path and to all those community members who generously shared their rich experiences to bring this report to life.

This report was compiled jointly by the HNHB Indigenous Health Network (IHN) and the HNHB LHIN.

The HNHB IHN is a voluntary group of Indigenous health and social service leaders from two First Nation communities and 16 Indigenous organizations across the HNHB region.

Introduction

In 2016-17, the Hamilton Niagara Haldimand Brant (HNHB) Indigenous Health Network (IHN) hosted two community engagement gatherings on *Improving Health Care for Indigenous Peoples*;

- November 4th, 2016 at Fort Erie Native Friendship Centre attended by 88 community members and/or health care providers.
- March 3rd, 2017 at Brantford Civic Centre attended by 147 community members and/or health care providers.

The purpose of these gatherings was to create a safe space for community members and healthcare providers to learn, share, and discuss together opportunities for health system partners to contribute towards improving healthcare experiences and outcomes of Indigenous Peoples living in Brantford and Niagara respectively. These gatherings were also an opportunity for the HNHB IHN to highlight key achievements from 2015-2016 and better understand community perspectives and knowledge to inform future planning. Of note, attendees at both events included community members and health system partners from across the HNHB region, therefore many of the key themes are relevant and applicable to regions beyond Brantford and Niagara.

Each gathering began with a series of guest speakers that included Traditional teachers and local leaders in Indigenous health care (See Appendix A: Speaker Biographies) who shared their wisdom, knowledge and experience in the following topic areas:

- *Ethics of Reconciliation: Understanding Indigenous Knowledge and History*
- *Respect, Relationship and Resiliency: Learning to Live My Culture*
- *Aboriginal Health Access Centre's Indigenous Approaches to Health Care*
- *Role of Intergenerational Trauma on Indigenous Peoples' Mental Wellness*

Following each speaker series, participants joined one of six facilitated discussion groups focused on various health topics (See Figure 1). A complete summary of the key themes, current experiences, barriers, challenges, and opportunities arising have been captured in the reports to follow. Foundational principles surfacing throughout these discussions included the importance of relationship building, trust and respect, community driven approaches, culture as foundation, knowledge building, connection to Tradition and Elders, and health equity.

A number of key recommendations were identified in Niagara and Brantford and have been summarized in Figure 2: Summary of Key Recommendations and Common Themes, by Sub-Region (See page 3). Common themes across all discussion groups included increasing cultural safety through education, increasing access to care closer to home, developing trust and relationship between health care providers, building capacity among Indigenous healthcare providers, and addressing social determinants of health.

The information in the reports to follow provide valuable perspectives that will help to guide and inform healthcare planning for Indigenous communities in Niagara and Brantford, as well as other communities working towards improving healing and wellness among Indigenous Peoples.

Figure 1: Discussion Group Key Health Topics

Figure 2: Summary of Key Recommendations and Common Themes

	Niagara	Brantford
Access	• Increase access to: - Traditional healing - Culturally appropriate home care - Specialty care closer to home - Case managers and transition workers in hospitals and community - Mental health and addictions services - Medical equipment - Bereavement supports • Locate patient care closer to home through outreach models. • Build capacity of Indigenous healthcare providers to deliver programs and services with culture as foundation.	• Increase access to: - Traditional medicines and healing - Aboriginal Patient Navigation services in hospital and community - Mental health and addictions services - Specialty care closer to home - Culturally safe primary care - Housing and transportation - Personal identification clinics • Locate patient care closer to home through outreach models. • Build capacity of Indigenous healthcare providers to deliver programs and services with culture as foundation.
Equity	• Improve equitable distribution of funding to Indigenous programs and services. • Improve access to affordable transportation. • Offer wholistic approaches to care that consider social determinants of health.	• Offer education on Non-Insured Health Benefits to improve understanding among physicians and health care providers. • Offer wholistic approaches to care that consider social determinants of health.
Safety	• Build safe spaces to allow Indigenous practices and ceremonies to take place. • Support cultural safety training for healthcare workers. • Respect each individual's healthcare choices and treatment decisions.	• Build safe spaces to allow Indigenous practices and ceremonies to take place. • Support cultural safety training for healthcare workers.
Relationship	• Build mutually respectful and trusting relationships and partnerships.	• Build awareness of programs and services offered by Indigenous organizations.
Integration	• Improve discharge planning from hospital to community.	• Improve communication, coordination and connections amongst healthcare providers.

Common Themes

1. Increase support for cultural safety training for health care workers and build safe and welcoming spaces in health care facilities and centers.
2. Increase access to care closer to home through innovative outreach models.
3. Develop new strategies to foster respect, trust, communication and connection between and amongst Indigenous and non-Indigenous health care providers.
4. Increase Indigenous health care providers' capacity to care for Indigenous Peoples through new funding opportunities and partnerships.
5. Address social determinants of health that present significant barriers to accessing health services, especially access to affordable transportation.

Niagara Community Gathering Report
November 4, 2016

Key Themes from Discussion Groups

- Supporting cultural safety training for healthcare workers.
- Improving discharge and transition planning from hospital to community.
- Building mutually respectful and trusting relationships and partnerships.
- Building safe spaces to allow Indigenous practices and ceremonies to take place.
- Increasing acceptance, access and funding for Traditional healing.
- Respecting an individual's health choices and treatment decisions.
- Overall lack of funding for Indigenous health programs and services (such as case managers and transition workers in hospital and community).
- Lack of access to affordable transportation options is a barrier to accessing health services.

The following summary reflects the experiences, barriers, challenges, and opportunities shared by participants through group discussions and written feedback on November 4, 2016.

Cultural Safety

Current Experiences, Barriers and Challenges

- Cultural safety is…
    - Respecting, being informed, understanding cultural values and beliefs, understanding body language and non-body language, recognizing pain tolerance, empathy, recognizing stereotypes and finding solutions to address them.
    - Educating oneself on culture, learning the 'right' questions to ask, and knowing your region's Indigenous communities and providers.
    - Understanding and respecting the value of holistic health, Traditional practices and ceremonies.
    - Understanding peoples' triggers, respecting privacy and offering a safe space to have conversations.
    - Having conversations about the root of behaviors, recognizing that the individual in front of you is a human being, and giving people a choice in treatment and respecting that choice.

Opportunities and Recommendations

- Build mutually respectful and equal partnerships
- Build trusting relationships
- Develop policies that support culture and tradition to happen
- Build stronger relationships and interconnection between health, social services and education
- Implement policy changes that recognize the importance of cultural traditions and ceremonies

Traditional Medicine

Current Experiences, Barriers and Challenges

- Traditional medicine is not often recognized as a legitimate and equally valuable form of healing.
- Individuals who have moved away from home and have limited local connections often have difficulty accessing a Traditional healer.
- It can be difficult to find a Traditional healer in Niagara. This is a personal decision and cannot be done by just anyone.
- Traditional healing requires protocols, ceremonies, and trust, and involves a variety of Traditional roles.
- There is a loss of knowledge when Traditional medicine and healing teachings are not passed on to next generation.
- The demand for Traditional healing is very high, placing a heavy burden on the short supply of Traditional Healers who are often working in multiple communities.
- There is a general lack of funding for Traditional Healers.
- Full time Traditional Healer positions are not a sustainable model due to mental, physical, emotional and spiritual burnout experienced by healers.

Opportunities and Recommendations

- Increase funding and access to Traditional healing programs.
- Renovate hospital chapels into multi-cultural/spiritual spaces to be more inclusive of diverse cultures.
- Develop a local structure for identifying Traditional Healers and Traditional medicines that are safe. Institutions should acknowledge and accept the importance of Elders and Traditional healing.
- Develop a plan to restore Traditional knowledge and educate youth i.e. Traditional Medicine Apprentices.
- Institutions should display visuals in buildings to teach about Traditional medicines and healing e.g. breathing techniques, acts of compassion, importance of water, four sacred medicines, four aspects of self, etc.
- Explore opportunities to use Traditional medicine in conjunction with western medicine treatments.

Diabetes

Current Experiences, Barriers and Challenges

- Transportation, high cost of healthy foods, and delayed access to new medications are all barriers to maintaining a healthy diet and overall health.
- Rules and regulations are often inflexible.
- Cultural sensitivity training in medical schools and hospitals is outdated, therefore negatively impacting care for Indigenous patients.
- There is a lack of resources for Indigenous-led Diabetes care in Niagara.

Opportunities and Recommendations

- Share family and community teachings more broadly to connect people to their culture.
- Organize medicine walks to teach and empower those who want to learn more.
- Develop community education tools and an inventory of culturally relevant resources.
- Build healthcare environments that are safe, comfortable, non-judgmental, and trusting.
- Increase support for food banks and food sharing programs to improve access to healthy foods for people in need.
- Diabetes education and care should involve relationship building with the whole family and exploring family history.
- Update cultural sensitivity training in medical schools and hospitals.
- Build genuine partnerships between indigenous and mainstream organizations.
- Build capacity among Indigenous organizations.
- Approach individuals with a choice about how to proceed with their care rather than with a mandate or requirement.
- Indigenous communities in Niagara should decide where funding is allocated
- Diabetes prevention is key.

Mental Health and Addictions

Current Experiences, Barriers and Challenges

- Early intervention, prevention and understanding the underlying factors to mental health and addiction (MHA) is essential.
- There are long wait lists for MHA services in Niagara.
- Community is unaware of where services are available and therefore feel uninformed about care options.
- Family physicians do not seem well informed about MHA program options.
- Transportation can be a barrier to accessing care as most services are in St.Catharines.
- A gap is services exists across Niagara due to no Aboriginal Health Centre in Niagara and Indigenous organizations not offering all the same services.
- Services are currently compartmentalized when they need to be positioned as a community hub approach.
- Communication between providers is fragmented which translates into difficult transitions for patients and families.
- There is a lack of acceptance among mainstream workers for Indigenous worldviews and cultural based approaches to care.

- There is not enough funding for Indigenous MHA services in Niagara, and Indigenous representation (e.g. Indigenous staff) among mainstream organizations is limited.

Opportunities and Recommendations

- Mainstream workers need greater awareness of Indigenous services and should work in tandem with Indigenous programs and services.
- Improve integration and partnerships between MHA organizations to build smoother transitions.
- Offer more flexible hours for MHA programs.
- Host meetings with clients out in the community rather than in an office setting.
- Develop a more integrated Niagara regional transit system to overcome transportation challenges.
- Involve Indigenous organizations and community members in mainstream service delivery through split positions, partnerships, and committees.
- Develop a plan to increase self-identification at intake points to help inform and direct individuals towards Indigenous services available.
- Better utilize Ontario Telemedicine Network (OTN) and other technologies for outreach services.
- Use one-on-one patient time for safe conversations and relationship building rather than completing standardized forms and charts.
- Improve education in universities and professional colleges to better inform about MHA.
- Offer Indigenous Cultural Safety Training to MHA staff.

Home and Community Care

Current Experiences, Barriers and Challenges

- There are experiences of insufficient discharge planning in hospitals that does not consider social needs such as housing, transportation, food security etc.
- Homecare discharge planning is also insufficient when a transition plan to other community programs and services is not developed
- Many people are unable to access specialist care due to Niagara's geography and lack of affordable transportation options.
- Ontario Works and Ontario Disability Support Program offer some transportation support however this is limited each month.
- While Traditional medicine and healing should be included as part of home care services, there is a lack of funding and also a lack of Traditional medicine people to deliver these services.
- Mainstream home care services do not always provide culturally appropriate care.
- Many low to moderate needs individuals that are denied access to CCAC homecare services remain unable to properly care for themselves leading to worsened health conditions.
- Financial challenges are a barrier to paying for other homecare services.
- Chronically ill seniors face challenges living independently at home.
- Six Nations Long Term Care/Home and Community Care Program staff to client ratio is too high.
- Long Term Care Homes
    - Experiences of difficulty getting placement in a Long Term Care Home close to family.
    - Due to shortages of nursing at the home, residents are often only showered 3 times per week.

    - Patient and family complaints procedures are unclear.
    - There is poor communication to families about outbreaks.
    - Families must navigate system themselves with limited help from staff.

Opportunities and Recommendations

- Increased access to culturally appropriate home care services would better support people to remain independent and healthy at home.
- Community mobility device loaning programs help build access to much needed equipment that would otherwise be unaffordable.
- Specialist outreach clinics at community locations in rural Niagara would help to overcome transportation barriers.
- Indigenous peoples need to become more involved with Family Councils.
- We need to keep ourselves healthy so that we can take care of each other.
- Community support workers need to be trained in Indigenous Cultural Safety.
- Traditional medicine and healing should be available as part of care planning for home and community care services.
- Indigenous discharge planners or navigators should be available in hospitals and community.

Palliative Care

Current Experience, Barriers and Challenges

- Joining a drumming group saved a woman's life by giving her a purpose.
- When transportation services are late picking up clients, appointments are missed and care is impacted.
- Many people do not like to ask for help when a loved one dies and therefore experience a loss of spirit.
- Families are not always local and able to care for a passing loved one.

Opportunities and Recommendations

- Increase access to workers who can comfort and support people during end of life when family is not available to meet emotional and spiritual needs.
- Build culturally safe spaces in hospices.
- Introduce Indigenous transition workers to support transition from hospital to hospice or palliative care services.

Brantford Community Gathering Report
March 3, 2017

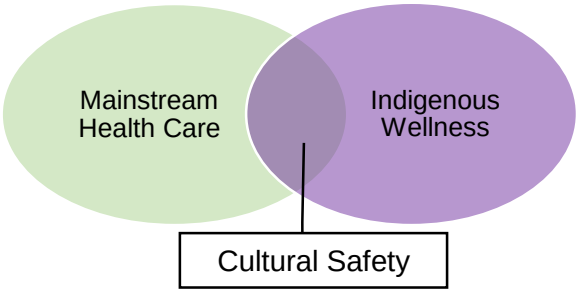
Key Themes from Discussion Groups

- Raise awareness of programs and services offered by Indigenous organizations.
- Support cultural safety training for health care workers.
- Improve communication, coordination and connections amongst health care providers.
- Build safe spaces to allow Indigenous practices and ceremonies to take place.
- Increase Indigenous Patient Navigation and Advocacy services in hospital and community.
- Improve understanding of Non-Insured Health Benefits among physicians and health care providers.
- Identify opportunities to locate patient care closer to home through outreach models.
- Increase the capacity of Indigenous organizations to care for Indigenous communities.
- Social determinants of health such as transportation, poverty, housing, and financial stability present significant barriers to accessing health services.

The following summary reflects the experiences, barriers, challenges, and opportunities shared by participants through group discussions and written feedback on March 3, 2017.

Cultural Safety

Current Experiences, Barriers and Challenges



- Cultural safety is…
  - Listening
  - Respecting differences
  - Considering alternative perspectives
  - Asking questions
  - Recognizing power roles and privileges
  - Wholistic approaches
  - Health and trauma
  - Residential school syndrome
  - Recognition and breaking barriers
  - Collaboration with patients
- There is a lack of Indigenous specific training and services.
- Non-Indigenous front line workers are unaware of Indigenous programs and services.
- Frontline workers are not connecting or referring Indigenous clients to these resources.
- San'yas Indigenous Cultural Safety (ICS) Training was eye opening and the material was shocking.

Opportunities and Recommendations

- Increase education and knowledge of diverse Indigenous cultures e.g. Anishinaabe vs. Haudenosaunee
- Increase the number of health care workers that participate in cultural safety and/or cultural competency training.
- Develop a requirement that identifies the number of staff to be trained in cultural safety each year.
- Develop a toolkit to educate frontline workers on Indigenous programs and services available in each region.

Traditional Medicine

Current Experiences, Barriers and Challenges

- Availability of homeopathic supports within the healthcare system to support access to Traditional medicines and healing
- Improve understanding of Traditional medicines and their purposes among physicians and health care workers (e.g. Tobacco pouch in an MRI)
- Cultural Safety Training should include education on Traditional medicines and practices.
- Cultural respect, trusting relationships and community support are needed.
- Community members are looking for a resource to learn about Traditional medicines and their different purposes.
- Opportunities to have a two way dialogue about herbal medicines as part of care plan.
- Providers should ask individuals about their Traditional medicines and respect choices.
- Traditional medicine should be complimentary rather than considered second class treatment.
- Systemic barrier is that Traditional healing is not a recognized form of healing in western health care system.
- Must support patients to feel safe having open communication with health care providers about complementary approaches to wellness.
- Very important to keep Traditional medicine non-commercial. Medicines are made specifically for an individual's symptoms and not in mass quantities – not one size fits all.

Opportunities and Recommendations

- Indigenous patient navigation services should be available in hospitals 24/7 to advocate for patients and families.
- Identify library of community resources available to support individuals in Traditional Healing
- Incorporate Traditional medicine within Electronic Medical Records (EMRs)
- Increase funding to support Traditional healing.

Diabetes

Current Experiences, Barriers and Challenges

- Currently there is no coordinated approach or standard process for nursing care for out-patient foot wounds which cause delays, can be difficult to navigate, and leads to worse health outcomes.
- Transportation and poverty are barriers.
- Non-Insured Health Benefit (NIHB) requires patients to carry own dressings which causes delays for Community Care Access Centre (CCAC) and leads to further patient suffering.

- There are communication gaps between CCAC, NIHB, physicians and nurses.
- Individuals are not able to access CCAC services without identification or a health card presenting a barrier and/or delay in accessing care.
- There is an education gap in health literacy.
- Practice guidelines for Diabetes care continue to change and there are different care plans depending on the type of diabetes.
- Six Nations residents have to go off reserve to see specialists which can often lead to missed follow up appointments and delayed access to care (e.g. wound care, nephrology, cardiology)
- Six Nations needs a nursing care centre so community members do not have to travel off reserve.
- Patients are not able to afford test strips.
- Clients can feel judged by providers based on the results of lab results.

Opportunities and Recommendations

- Increase frontline worker training in behaviors and learning styles.
- Clients would like consistency with care provider staff to build trust and relationships.
- Improve cultural competency and safety among health care workers.
- Increase access to Traditional services to bridge the gap between western health care in a respectful and mindful way.
- Better access to Clinical Connect will enable more timely access to lab results.
- Explore new education approaches to improving health literacy and health vocabulary for individuals and their families.
- Build trust with clients through kindness, spending more time with each individual, listening to their stories, learning their barriers and developing a relationship.
- Self-care for health care workers should include exercise and stress management to support these individuals through vicarious trauma and compassion fatigue.
- Develop care plans that are individualized and meet the needs of the whole person.

- Explore opportunities for travelling outreach clinics or systems, for example retinal screening and optometry.
- Specialists need to be more accountable once referral is made.
- Family physicians need to make appropriate referrals.
- Health care providers should consult with community when developing care plans.
- Increase existing services such as social workers, and develop a Diabetes navigator role to assist with accessing care.
- Build culturally safe environments and interactions as a priority, with safe spaces developed in partnership with community.
- Develop services specifically for men and men’s circles.
- Remove ‘non-compliant’ notes on medical records as these foster negative stereotyping, bias and discrimination.
- Change the language to ‘you are not the disease’ and do not make assumptions.

Mental Health and Addictions

Current Experiences, Barriers and Challenges

- Immediate care is not available when individuals need it.
- Wait times are discouraging and present a serious barrier to access, therefore many individuals do not return to service even when their wait time is over.
- Lack of health care system capacity to provide the MHA services needed, when they are needed.
- Lack of knowledge about who to contact for help navigating MHA services, what resources are available, and how to access to services.
- There is poor coordination and communication amongst service providers – operating in silos.
- Lack of bundled services means that individuals must access care from multiple providers.
- No access to residential rehabilitation or detox centres in Brantford.
- Transportation (no bus service in certain areas), Poverty, Housing, Finances are all barriers.
- Overcoming stigma associated with MHA is a challenge.
- Individuals have been denied access to care without government issued identification.
- There is no childcare available when accessing care.

Opportunities

- Develop an education and awareness campaign.
- Recognition that inclusion of services and collaboration takes time.
- Rethink and reframe patient interactions by asking questions, humanizing care and building relationships.
- Organize gatherings and facilitate opportunities to gather ongoing feedback from patients and families.
- Need healing spaces, community connection to cultural people/Elders, and support for people to create their own bundle.
- Use visual imagery to build cultural safety such as display welcoming symbols such as two row wampum.
- Increase client/patient participation in developing their own care goals and pathways.
- Ask culturally appropriate and inclusive questions on referral and intake forms, surveys and questionnaires.
- Increase funding to expand Indigenous Patient Navigation services.
- Provide cross-cultural training for all health care provider staff.
- Organize lunch and learns as an opportunity to re-engage and refresh cultural competencies.
- Increase knowledge of current resources such as: Ontario Works, Woodview Kids, St.Leonard's, CMHA, Gunthire Associates, Wellness Centres, University Services, St.Joseph's, Brantford General Hospital, Family Counselling Centre Brant, Grand River Community Health Centre, Nova Vita.

Key Recommendations

- Community members and all health care providers need to understand what supports and services are available and how to access them.
- Increase community education (e.g. Two Row Wampum teaching, Human Rights), more listening, and invite the whole community – be welcoming.
- Organize an annual renewal/ceremony as a way to address and challenge racism.

Home and Community Care

Current Experiences, Barriers and Challenges

- De dwa da dehs nye>s Aboriginal Health Access Centre has a waitlist for physician and nurse practitioner primary care visits of approximately 100 people, that would require approximately 100 to 300 hours of extra service to manage.
- Need more walk in clinics so individuals can access primary care when needed and after hours.
- Long term cost of medical equipment and supplies can be unaffordable. Social services are often paying for equipment.
- Lack of funding limits repairs to assistive devices.
- With the CCAC and LHIN coming together, now is the time to think about areas for improvement.
- Need to bring together multiple ministries, social services, justice system etc. to be part of planning.
- Social determinants of health need to be considered as contributing to an individual's health and wellbeing.
- Local representation from Indigenous and non-Indigenous organizations should come together to respond to client/community needs while respecting Indigenous ways and needs.
- Performance measures are focused too much on quantity, not enough on quality.
- Indigenous community members face challenges living both on and off reserve.
- Lack of affordable transportation is a barrier to accessing care.
- Homecare nurses visit when the patient is not home, leaving patient without care until next visit.
- Complexity of chronic diseases, wound care, pressure ulcers, foot care etc. require greater intensity of services.
- Difficulty navigating funding issues and insurance coverage between provincial and federal programs.
- Iroquois Lodge residents and families need advocacy services for individuals who are unable to speak for themselves.
- Ask for feedback from residents and families, through consultations or focus groups, and respond back about improvements.

Opportunities and Recommendations

- Additional NPs and/or physicians are needed to reduce waitlist.
- A wound care center is needed on Six Nations.
- More services need to be available on the weekend, rather than just during the week.
- Indigenous service providers should be providing and supporting services to Indigenous communities.
- Services must address the whole family.

Palliative Care

Current Experience, Barriers and Challenges

- Care providers and family must work together to build a team around the patient, design an approach and goals of care that reflect the patient's wishes.
- Meetings with the family are important for regular communication.
- Family opposing views can be challenging when they do not necessarily reflect the patient's needs.

- There can be a reaction to the word ‘palliative’.
- Provide more education for patient’s family.
- Transition points should be smooth, however are not always.
- Trust in home care, ageism, labels and stereotypes, financial burden.
- Collaboration can be very challenging in a fragmented system with many silos.
- With too many teams, it can be challenging to know what palliative care looks like, what are the options, and what are the standards of care – there is ‘no normal’ standards, rules or regulations.
- Palliative and end of life care is not just about seniors, but also adults and pediatrics. Pain varies across different people.
- System tools can be barriers.
- Iroquois Lodge is a good model.
- Improve communication between providers so patients and families are not repeating the story.
- Improve supports and care for the caregiver.
- Develop culturally appropriate care planning and decision making aids.

Opportunities and Recommendations

- Improve inter-professional communication and collaboration.
- Explore mentorships between on reserve health care workers and other specialty teams.
- Develop and maintain competency standards – novice to expert.
- Improve integration of services.

Next Steps

This report has been developed as a resource for Indigenous and non-Indigenous health system partners in Niagara and Brantford to help guide current and future health care planning in both regions. Learnings shared in this report may also be relevant and applicable to surrounding communities to provide insight on the many challenges experienced by Indigenous Peoples accessing health care services and the opportunities to make improvements towards more positive health outcomes.

The HNHB IHN will be planning additional engagement gatherings in 2017-18 to continue facilitating opportunities for Indigenous community members to share their perspectives, spread knowledge and awareness of health care services, and harmonize relationships between mainstream and Indigenous health programs and services. Based on community feedback, future engagement topics may include caring for our Elders, social determinants of health, Traditional medicine, hospice and palliative care, Non-Insured Health Benefit (NIHB) and exploring opportunities for partnerships.

Contact Us

If you have any questions pertaining to the content of this report or the work of the HNHB Indigenous Health Network, please contact Kate MacNeil at kate.macneil@lhins.on.ca or 1-866-363-5446 ext. 4216.

Appendix A: Speaker Biographies

Niagara Community Gathering – Guest Speakers

Gary Parker, Faithkeeper and Cultural Coordinator at FENFC

Gary is of the Seneca Nation which is part of the Six Nations Confederacy. Originally from the Tonawanda Seneca Territory but is currently residing in the Niagara Region (Crystal Beach). Gary is a Faithkeeper in the Longhouse of his community and travels extensively throughout Turtle Island to Powwow celebrations. Gary is currently the Cultural Coordinator for the Fort Erie Native Friendship Centre.

Maya Odehamik Chacaby, Traditional Teacher

Maya Chacaby is Anishinaabe, Beaver Clan from Kaministiquia (Thunder Bay region). Maya leads Indigenous community-driven research on poverty, violence against Indigenous women, health and resilience and works closely with communities to address human trafficking. She has been leading training sessions in cultural competency and reconciliation across the province for numerous sectors including District School Boards, health service providers, hospitals, law enforcement, Children's Aid, municipal leadership, Provincial Ministries and Tribal Councils.

Angela Recollet, *Executive Director of the Shkagamik-Kwe Aboriginal Health Access Centre in Sudbury*

Angela Recollet is an Ojibwe woman from the Wikwemikong Unceded Reserve and a member of the Wahnapitae First Nation. She is a mother of three, and a grandmother of four and resides in Sudbury, Ontario. Ms. Recollet is the Executive Director of the Shkagamik-Kwe Health Centre since March of 2010. Previous to this post, Angela was the lead in Aboriginal Affairs at Laurentian University from 1994-2010. Angela has worked hard at ensuring the contributions of First Nations, Metis and Inuit peoples are recognized in the health and community building sectors. She also advocates for our people at many other levels (i.e. Ministry of Corrections and Community Safety, Northern Ontario School of Medicine Board of Directors, Social Planning Council Board of Directors, the Sudbury Police Services - Aboriginal Community Police Advisory Committee, Board of Directors for the Association of Ontario Health Centres, and the Co-Chair of the Ontario Aboriginal Health Access Centre Executive Circle.) Her leadership strengths have led to numerous community engagements increasing the visibility of Aboriginal people's accomplishments. She was most recently awarded the Northern Ontario Influential Woman's Award this spring 2016. Angela walks with integrity, dignity and respect in all that she does. She is passionate and stands true to her world view of natural law, and her tenet of making healthy choices for our seventh generations.

Dr.Alex Drossos, Child and Adolescent Psychiatry Resident at McMaster University

Alex Drossos is a physician and Child and Adolescent Psychiatry Resident at McMaster University. He has been doing clinical work with Indigenous people for almost 10 years, and has had a passion for Indigenous social justice issues for many more, with a particular interest in the Circumpolar North. He regularly works at the De dwa da dehs nye>s Aboriginal Health Centre in Hamilton and Brantford, at Six Nations Mental Health and also maintains a long-standing clinical relationship with Nunavut.

Dave Laabe, Traditional Closing

David Labbe, Non-Status mixed blood Innu. Grandparents: Paternal Joseph and Albertine L'Abbe from Ushat a reserve touching the town of Sept. Isles in Quebec; Maternal Ester and Peter Cseh , Ester is Naskapi (Mushuau Innu) from Utshimassit (later Davis Inlet) and Peter, a Settler from Romania.

Fluent only in English. But learned from Paternal Grandfather and Maternal grandmother about some aspects of Innu Culture, mainly about respect for animals, all life and each other. Had many other teachers mainly Anishinaabeg, few Cree from Ontario and Quebec and later on some Haudenoshonni teachers. My bundle reflects that upbringing.

Dave has been employed with FENFC since 1995, April in a variety of positions with "I am a Kind Man" program as latest.

Grandmother Renee Thomas-Hill, Elder

Renee is of the Mohawk Nation Turtle Clan from the Six Nations of the Grand River Territory. As a Haudenosaunee Woman, she is responsible to carry on the teachings of "Our" Way of Life. She is to carry on the message of Peace Power and Righteousness (Sacredness). She shares this in the following ways: as an Indigenous Women, Mother, Grandmother, Great Grandmother; Educator, Historian, Artisan F.N. Doll Maker; Carrying on the Stories of Our Ancestors; Holder of Names (Genealogy Researcher), Storyteller; Traditional/Golden Age Smoke Dancer; Traditional Counsellor/Healer (Addiction Treatment Centre); Traditional knowledge of our plants/foods/medicine; An agriculturist – the continuation of our seeds; Grieving Support and most of all a “Spiritual Being”.
Renee is also a grandmother and auntie to many. "My walk in life, is to share awareness and the uplifting of the spirit through the teachings of Our Mother, the Earth and the Understanding of the Good Mind."

Maya Odehamik Chacaby, Traditional Teacher

Maya Chacaby is Anishinaabe, Beaver Clan from Kaministiquia (Thunder Bay region). Maya leads Indigenous community-driven research on poverty, violence against Indigenous women, health and resilience and works closely with communities to address human trafficking. She has been leading training sessions in cultural competency and reconciliation across the province for numerous sectors including District School Boards, health service providers, hospitals, law enforcement, Children’s Aid, municipal leadership, Provincial Ministries and Tribal Councils.

Dr.Amy Montour, BScN, MSc, MD, CCFP

Amy Montour is an Oneida woman from Six Nations of the Grand River Territory where she continues to live with her husband and children. Amy has completed Bachelor of Science in Nursing, Master of Science in Nursing and Doctor of Medicine degrees at McMaster University. Amy works clinically as a hospitalist, palliative care physician and family physician for the elderly in the Six Nations and Brantford area. In addition, she serves as an advocate for Indigenous health and Palliative care in this region.