Population Public Health

Winnipeg Regional Health Authority

Indigenous Health Promotion Webinar

Indigenous Health is a new area of focus within Population and Public Health. The different teams have often worked with urban Indigenous people, families and communities but it is recognized that we might need to do more or do things differently in order to work towards closing the gaps in urban Indigenous health.

Common teachings around Indigenous Health are that cultural identity is a critical pillar of Indigenous health, and that the culture is rooted in the language. In the Truth and Reconciliation (TRC) Calls to Action the sections on Language and Culture come right before the section on Health. The TRC says that "Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them." These are some of the reasons why we decided to start the professional development in Indigenous health in Indigenous language concepts around health and wellness.

The December 2015 "webinars" didn't follow the set out guidelines for the format of these staff development sessions. This is not surprising when we try to fit Indigenous ways of teaching, knowing and being into a western framework of teaching and learning.

One teaching I've had that guides how I interact with knowledge keepers is something I want to share. Lea Mutch, Clinical Nurse Specialist, and I offered each of the 3 speakers tobacco prior to asking them to share their language and knowledge with us. We asked them a guiding question and gave them some suggested timelines, but we have both been taught that when you pass tobacco and ask for a teaching you

Upcoming Events

Community Development Webinar
April 14th or 19th, 2016
9am – 10:30am

Staff Development Days
June 21 or 23, 2016
8:30-12 noon
Centre Culturel Franco-Manitobain, 340 Provencher Boul

Did you see?

Closing the gap: Region works with community groups to alleviate health inequities was featured in the Jan / Feb Wave magazine.

Read the article here:
www.wrha.mb.ca/wave/2016/01/closing-the-gap.php

stay and listen until the knowledge keeper has finished teaching you what they determine is needed. As part of that relationship and reciprocity my responsibility is to give my attention. That is why it wouldn't be appropriate to interrupt or try to limit the response.

- Dr. Marcia Anderson Decoteau, Medical Officer of Health

How did it go?

Shane Patterson, Betty Ross and Margaret Lavallee were really pleased with how things went and felt very honored that space was made for them to share their language and teachings in the health care system. That space is not often offered and they were very thankful for the opportunity.

A survey was also done that had a significant range of responses. A majority of participants felt that the session met its objectives with less than 16% not agreeing that it met the objectives.

Picture 1: PPH Staff attending the December webinar in St. Vital

Some positive feedback from participants was they identified the sessions led to self-reflection and learning during and after the event. For example:

- I liked the use of Indigenous languages to highlight that a completely different frame of reference was needed, and listened with appreciation even though I don't understand the words. I expect some people may express frustration at that, which is a starting point for further discussion. I particularly liked when specific words were explained.
- "I appreciate that Indigenous people share knowledge differently than non-Indigenous, so I realize the presentation was to emphasize this fact."
- "I think the session was amazing. Very informative and powerful."
- "This was a very interesting webinar and was different from what I expected, which was good."
- "The presentation was really interesting. It was a reminder of some things I already was aware of but also brought up many things I didn't know."
- "I really hope the June session on the topic provides greater ability to explore issues in dialogue."

In terms of logistics, the lack of visual contact with the teachers was a commonly raised limitation, particularly since there was a lot of teaching in Anishinaabe, Dakota and Cree. Several participants felt that either physical presence or video link so they could observe the body language and non-verbal parts of communication would have further facilitated understanding. This was the most commonly given constructive feedback on the session.

There was feedback that is concerning and highlights the need for further education in Indigenous health and cultural safety. It has caused some of us to question whether or not we should in fact allow anonymous feedback. For example:

1. "more info on Syrian population" "We need to [be more respectful] for every group, so what is the difference here?"" we need to focus on all cultures since Canada is so multicultural."

   These comments highlight that there is a lack of understanding of the position of First Nations, Metis and Inuit people as the Indigenous people of this land with Constitutionally protected status and rights. When people want to refocus on other populations it is often a tool of resistance to learning about Indigenous health or their own need to reflect on their own biases.

2. "This information would have been better shared in English only."

   There were a variety of similar comments. We recognize the learning limitations from not having visual cues and we will incorporate them in any future sessions. The amount of comments that had to do with speaking in English may lead us to reflect on if we will be willing to provide programs and services in the ways that Indigenous people and families want if we are not willing to learn in the ways that Indigenous elders and knowledge keepers teach?

3. "Include problem solving and solutions." "Concrete ways to provide support."

   The assessment of the Indigenous health experts and committee who planned this session felt in their expert opinion that the first step in increasing our collective and individual understandings of Indigenous health needs is to start with teachings on Indigenous concepts of health. Much of the health workforce has not had this opportunity. Indigenous health gaps are the result of multiple, complex factors including multilevel racism. One form of this racism is epistemic racism. In the health care context this is expressed by only knowing, understanding, and using western concepts of health and knowledge of health care and medicine. To start unpacking the impacts of racism and colonization on Indigenous health in order to prepare us for collectively creating solutions with Indigenous people we need to be able to use what has been called, "Two-Eyed Seeing." We encourage people to research this idea to understand why the content of this webinar was deliberately chosen.

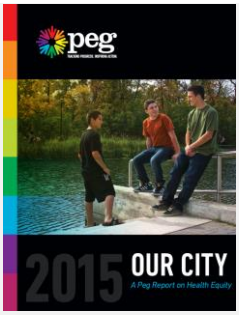
4. "We cannot change what has been done in the past. How can we move forward when all we hear about is what has happened in the past. We know how it has affected people, but how can people start to heal if they are not willing to take positive steps to overcome on an individual basis?!"

Beliefs and values lead to action. We are accountable for the belief and values we hold as individuals and as a system. Two of the speakers are residential school survivors who have showed immense strength in retaining their language and culture and working very hard to share that with their family, communities and us. This comment is profoundly disrespectful to them and is not acceptable. It shows a significant amount of bias against all Indigenous people and what is often called "victim blaming" and is directly against how the TRC has asked us to understand Indigenous health.

The intent of sharing these comments is to highlight some of the underlying attitudes and knowledge gaps within the PPH workforce. It is concerning in terms of how comments like this can relate to unsafe work, learning and health care environments and relationships. Indigenous health promotion is a new area for our program. The event in December marks the beginning of our process to build on our capacity. With the support of leaders in our workforce and community we must find our way forward.

Picture 2: PPH Staff attending Meet Me at the Bell Tower in December 2015.

Meet Me at the Bell Tower (MM@BT) is a grassroots, youth-led anti-violence movement that brings together many facets of the community in Winnipeg's North-End. It was started by Aboriginal Youth Opportunities (AYO) in November 2011 as a positive stand in response to a violent incident in the community. Everyone is invited to meet at the Bell Tower on Friday nights at 6pm to ring the bell, march and have their voices hear. For more information about MM@BT visit: http://www.ayomovement.com/mmbt.html



New resource! Our City: A Peg Report on Health Equity

Peg is a community indicator system that measures the health of our Winnipeg community. It is led by two partnering organizations – the International Institute of Sustainable Development and the United Way of Winnipeg. This year, the Winnipeg Regional Health Authority (WRHA) has partnered with Peg to show how large gaps in health result from differences in social and economic circumstances.

The majority of the data used in the report is the same data as in the 2014 Community Health Assessment. The data can help call attention and further inspire collective action. Share the report in your networks and discuss:

- What strikes you about the data shared in the Peg report?
- What types of solutions do you think are possible?
- How can you use this information your day to day work?

Download it here: http://www.mypeg.ca/node/42