A GATHERING FOR FIRST NATIONS AND MÉTIS WOMEN'S HEALTH IN NORTHERN MANITOBA

Held November 29, 2005

centres of excellence *for* WOMEN'S HEALTH
centres d'excellence *pour* LA SANTÉ DES FEMMES

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Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

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This is project #135 of the Prairie Women's Health Centre of Excellence

Introduction

On November 29, 2005 a Gathering of First Nations and Métis women took place in Thompson Manitoba. The women came from ten northern communities throughout Manitoba. This group was brought together with the goal of identifying key health issues and potential research questions and methodologies to facilitate a growth in knowledge, where there is too often a dearth – Northern Manitoba.

Prairie Women's Health Centre of Excellence (PWHCE) is committed to making a significant contribution in the area of Aboriginal women's health research. During consultations with various community members, there was an expression of need and interest in research into the health needs and concerns of Northern Manitoba Métis and First Nations women. The Gathering was sponsored by PWHCE as a first step to responding to that request.

The Gathering was preceded by the development of a committee of women who represent a number of different political Aboriginal organizations. These groups include MKIO (Manitoba Keewatinook Ininew Okimowin), MORN (Mother of Red Nations), AMC (Assembly of Manitoba Chiefs) and NAI (Northern Aboriginal Iskewak). The committee and Gathering was organized and hosted by the Prairie Women's Health Centre of Excellence.

According to the original purpose:

> *Purpose of the Gathering*
> *The purpose of the meeting is to provide an opportunity for First Nations and Métis women to be directly involved with the Prairie Women's Health Centre of Excellence and all partners to explore potential research on Aboriginal women's health issues.*
>
> *The objectives of the Gathering are to:*
>
> 1. *Identify issues impacting First Nations and Métis women's health*
> 2. *Identify potential research issues for study*
> 3. *Discuss the benefits and risks of such research*
>
> *In order to ensure that the objectives move forward we (the committee) recommend the following objectives:*
>
> 1. *Determine the research topic*
> 2. *Give guidance to the research methodology and approach*

What follows are the notes that came from the Gathering, as well as supporting documentation that helped to shape the Gathering (appendices).

The Committee would like to thank Iris Murray of Thompson, who did an incredible job of recruiting women for the Gathering, as well as organized all the details required for bringing together this group from throughout Northern Manitoba.

Welcome

Lisa McCallum and Jean Johnson welcomed the women to the circle and thanked them for their participation. Jean underscored the need for Northern women's participation in research and that their voices are needed to be heard; this is the primary objective of the Gathering.

A prayer was delivered by Marilyn Settee of Wabowden, Manitoba.

The committee members were introduced by Lisa McCallum, who then gave an introduction to the mandate and work done by the Prairie Women's Health Centre of Excellence.

Each woman around the table introduced herself by giving her name, her home community and her interest in First Nations and Métis women's health.

Lisa reviewed the agenda with the participants and requested any suggestions for change; none were made.

Overview of Purpose, Goals and Objectives

Freda Lepine welcomed the participants on behalf of MKIO. She relayed the history of the project to the participants as coming from a recommendation from women in the North who participated in committee meetings for Alex Wilson's, *Living Well* project. Lisa reviewed the project purpose and the role of community-based research in this initiative. This process has been unique to this project in ensuring the commitment and blessing of various First Nations and Métis groups (MKIO, AMC, MORN and NAI).

Keely Ten Fingers introduced herself to the group and outlined the role and participation of the AMC's Women's Committee. The AMC committee can support the project with two conditions (see sidebar).

The Gathering was attended by both Métis and First Nations women. While the health issues of First Nations and Métis women may be similar, issues such as jurisdiction and access to health services for the groups are not the same and thus the Gathering and its participants are aware of the competing interests.

AMC's mandate requires that research projects meet these conditions:

1. That the project not take a "Pan-Aboriginal approach". The research project is to respect and acknowledge the uniqueness and distinctiveness of First Nations from other "Aboriginal" groups, through methodology, analysis and disaggregation of data; and
2. That recognition be inherent in the project that research is a governance issue for First Nations people and therefore the involvement of First Nations individuals be present at every phase of the project.

At this time consent forms were distributed and explained by Lisa and signed by all participants. Each woman was given one copy to keep for her records.

Small Group Discussions

Prior to the small group discussions, Lisa gave a short description of the purpose of those discussions. She requested that the women think of health in a broad context – a holistic rather than disease-based vision of health. She also asked the women to consider specifically, women's health issues in their home communities.

At this time the women participants discussed the most effective way to split into groups. Issues related to group placement included, jurisdictional, geographical, and by community. In the end, a head count was agreed upon to ensure a good mixing of women, as this was viewed as more important to the women than the issues listed above. Also, it was decided that each woman would participate in two small group discussions to allow for increased participation and a more complete set of issues through more varied conversations.

A wide range of topics were discussed in this first set of small groups. See Appendix E for the full list.

Report Back

Following lunch the smaller groups (6) reported back to the whole group on the lists that were developed. Lisa requested the women to individually consider their key issues in lists of three to five items. Many of the same topics were brought up across the workshop. Several themes emerged from the discussions, although there is some overlap, this report will break it down as follows:

1. Jurisdiction,
2 Social and physical factors
3 Disease prevention and education
4. Access
5. Traditional healing
6. Governance

Jurisdictional Issues

Jurisdictional issues refer to the complexities and confusion for women who are status and non-status, First Nations and Métis in terms of funding responsibilities and access to health services. While the federal government is responsible for all health services and delivery on-reserve, it is unclear who is responsible for status people who live off-reserve. Jurisdiction also means that while many non-status people live on-reserve or very close to reserve communities, they do not have the same access to health services that status people have as a result of their treaty status.

Specific problems that the women identified include: transportation and access to health services should be available to all regardless of status and whether one lives on or off reserve. Also mentioned was the 1964 Agreement, First Nations and Inuit Health Branch (FNIHB), Regional Health Authorities (RHA's) and National Transportation Program (NPTP). It was also stated that Métis women and communities require more services.

Social and Physical Factors

There are many social and physical factors that contribute to disease and limit well-being. Women discussed these in terms of:

- Housing – especially problems with mould, lack of running water and overcrowding. This in turn contributes to the higher incidences of tuberculosis in northern and remote communities.
- Lack of employment opportunities
- Hydro development and flooding
- The "1960's scoop" of children
- Residential Schools
- Discrimination from health care providers and other outsiders
- Environmental – clean water and sewage treatment
- Lack of communication within communities

Disease Prevention and Education

Much of the focus of the discussions was on disease prevention and education. There are several diseases that Métis and First Nations women experience at much higher rates than the rest of Canadians; specifically, diabetes, Tuberculosis, and HIV/AIDS. The women also were very concerned with the high rates of cancer and heart disease in their communities. Furthermore, mental health, especially the problems with suicide and addictions play a key role in the health and wellness (or lack thereof) in northern communities.

The women identify that more community involvement in the area of prevention and education ("knowledge is power") is necessary around these health issues. They also note that there is too much focus on treatment and not enough effort on prevention and education. The participants also discussed the lack of funding for programs, misinformation, stigma, discrimination and shunning that is prevalent in the north. This is especially true of HIV/AIDS which is very hidden. They also discussed teen pregnancies, gang activities, prostitution and sexually transmitted infections (STI's).

Access

Just ***getting to*** health care services is a serious problem for First Nations and Métis women. The ability to access services depends on many variables. Policies, treaties, legislation, wait times, transportation, language, funding for programming, elder care, recreation and the numbers of healthcare workers (doctors and nurses) in a community all affect one's ability to access appropriate health related services in a timely manner.

Traditional Healing

The women spoke of a need to return to more traditional healing practices such as the use of native plants (traditional medicines) to treat illness both physical and mental and to access the wisdom of community Elders who teach about traditional lifestyles and methods of healing. The women also suggested that traditional healers be covered by Manitoba Health services. Women also discussed the need for traditional values, beliefs and medicines to be taught to community children. "The basic teachings are being lost. That's why all the problems are here. Our young people are confused, lost and don't know who they are". Dependency on welfare is problematic; people need to get back to the land.

Governance

The women also identified governance issues as important to the health and well-being of their communities. They highlighted funding and leadership accountability, youth as the leaders of tomorrow and women. "Have more women running our communities so we can change the community. The power of a woman will help put the spirit back into our people".

Ways of Locating and Sharing Knowledge and Approach to the Research Initiative – Keely Ten Fingers

Keely spoke to the Gathering about the meanings of Indigenous research and the key threads that exist within that framework. These include: cultural appropriateness, effectiveness and efficiency in research design and respect in all parts of the research process. She then spoke about her own experiences with Indigenous research methodologies, drawing on her knowledge and work with the Dakota First Nation.

When entering a community, it is critical to respect the approaches and culture of that particular community; this is demonstrated by showing respect and honouring the protocols of that particular community. These steps can be more easily and effectively accomplished by bringing someone from the community into the research process – a critical step in community-based research. Finally, Keely encouraged all the women present at the Gathering to return to their home communities to discuss the research with other members of the community and the Chief.

The following are notes from the whole group on the key concepts in conducting Indigenous research, which will serve as a basis for future research:

Protocol

- Introduce project
- One page letter
- Chief and Council within letter
- Develop protocol with Chief and Council and work with Chief and Council to assist in coordination
- Women's portfolio holder be sent a letter

- Ask: Do you have women in your community who can be involved with gathering information?
- Key to have a main contact in community
- Invite women with support from Chief and Council
- Selection of women through letter of invitation; perhaps recommended by Chief and Council
- Women in leadership to address social issues

Protocols within Communities

- Elders' protocols
- Dene – Cree – Oji-Cree – each has a different approach
- Community-based – i.e. community women do the research
- Work with individual communities – tailor projects to each community
- Community input
- Ownership – community
- Contact women in the community to assist with coordination
- Is there a women's committee in the community?
- Demonstrate respectful communications within community
- Make use of community newsletters, radio stations

How to Ensure Women's Participation

- Childcare
- Provide food
- Provide honourarium; gift
- Tobacco
- Unemployed women should have first choice to conduct research
- Provide a certificate to the women to acknowledge their participation
- Receive consent from the women of how they are recorded
- Respect approaches of women's culture
- Transportation
- Whenever necessary provide translation – throughout research process
- Northern women to conduct community-based research
- Specific groups of women i.e. elders; mix of women (i.e. unemployed/employed)
- Choose an appropriate time – don't compete with bingo!
- Do not alter women's voices to suit government
- Women will receive a copy of report before publication

Methodology and Methods

- Language – before initiating research, spend time with elders and communities
- Surveys – phone
- Population for each community
- Work with western and Indigenous ways of research
- Determine what is an adequate sample
- Guidelines – ages, who becomes an informant?

- Education
- Transfer of knowledge
- Share knowledge (community)
- Focus group methodology
- Website for providing information on project
- Aboriginal Health Research – community ethics
- Ethical review – Health Research Council (HRC) – community
- Terms – Research vs. gathering information

Benefits of Research

Benefits to Northern Women

- Capacity-building at the community level
- Inform decision-making
- Local women to conduct research
- Sense of pride for women
- Sense of identity\Voice is heard
- More self-confidence/courage to move forward

Benefits to Communities

- Evidence-based decision-making for community leaders and community as a whole
- Media awareness
- Building self-esteem in the community to do own research and work
- Database baseline – "credibility"
- Sense of ownership over data
- Display actual picture of communities' health
- Sharing of knowledge
- Pride in accomplishments
- Community involvement
- Prevention
- Cultural aspects - women's involvement
- Awareness of health issues for individuals and communities
- If research is done, this presents the issues/needs to move towards implementation of tangible outcomes
- Commitment/trust/communication with community members
- Wellness-oriented

Future Plan

The Gathering concluded with time spent on future plans and next steps. These are the recommendations put forward.

Recommendations

Get money for the research and proposal

- Develop framework for research process
- Assess the health and wellness of First Nations and Métis women based on the social determinants of health (housing, family violence, chronic diseases, sexual health, culture)
- Devise a wellness index for First Nations and Métis women – possibly build upon *Living Well* report by measuring those components.
- Need to establish partnerships to access data - Manitoba First Nations surveys, CAHR.
    - Outcome – tool to monitor – longitudinal.
- Committee will prioritize issues identified at Gathering based on discussions
- Committee will continue with coordination and assistance from Prairie Women's Health Centre of Excellence
- MKIO and PWHCE to coordinate proposal
- AMC needs to discuss with Women's Committee to assist in directing next phase
- Chief and Council will review report and committee will follow up with them

Jurisdictional Recommendations

- Identify and assess the scope of jurisdictional issues as barriers to First Nations and Métis women in accessing health services and programs. Has jurisdictional wrangling kept women and families from getting/keeping appointments (travel, residency requirements, Bill C31 reinstates)?
    - Outcome- need support to clear up jurisdictional issues and policies;
- Chief and Council need to understand the need for women's health research as identified by the women today
- Determine which communities would be part of research; consider impact and challenges of isolation
- Today was a lesson in partnership – Métis and First Nations
- Women's voices need to be stated on Pan-Aboriginal approach
- Continue to find manageable ways of working together

Suggestions

- The Pas should be the next community to be consulted on these issues (OCN/Swampy Cree) – second phase
- 1 ½ day workshop (rather than 1 day)
- Create t-shirt with the names of the 12 communities on the back
- Develop recommendations as part of the research
- Ethical guidelines – OCAP
- There is a need to educate communities regarding research

Questions

- Possibility of second Gathering?
- 12 communities present at Gathering – are there the funds to include all 12 in the research?

Appendix A
Original Proposal for Prairie Women's Health Centre of Excellence and Partners:

Northern Manitoba Métis and First Nations Women's Health Research Project

Introduction:

Prairie Women's Health Centre of Excellence (PWHCE) is committed to making a significant contribution in the area of Aboriginal (Métis and First Nations) women's health research. During consultations with various community members, there was an expression of necessity and interest in research into the health needs and concerns of Northern Manitoba Métis and First Nations women which the PWHCE is committed to responding to that request.

In all research conducted by, or with the assistance of PWHCE, there are several principles to the process that are undertaken to ensure that the research is relevant and directed by those who will be impacted by its results. Central to this are the ethics protocols pertaining to research involving Aboriginal communities and individuals that were developed by the Saskatoon Aboriginal Women's Health Research Committee with PWHCE.

Continuous community involvement is critical to the entire process – from the decision to undertake the research, to the manner in which a research question and methodology are selected, and through to completion when decisions are made regarding dissemination and policy directions.

In order to assist in the creation of successful and significant health research in Métis and First Nations community, it is crucial that community members are consulted, which at this time include MKIO (Manitoba Keewatinook Ininew Okimowin), MORN (Mother of Red Nations), and AMC (Assembly of Manitoba Chiefs) and NAI (Northern Aboriginal Iskewak), and that the PWHCE receives the blessings of each of these groups to approach women in the community to participate.

Goal:

To follow protocol and receive the blessing from the Métis and First Nations communities at large to engage women of Northern Manitoba to assist in developing a research project that will be community based and focused on health research priorities as designated by Métis and First Nations women in Northern Manitoba.

Phase One:

Organize and conduct individual meetings to establish contacts, supports and receive approval from the Métis and First Nations communities throughout Manitoba. These organizations and individuals will include, but are not limited to, Mothers of Red Nations, Assembly of Manitoba Chiefs, and MKIO.

Once these meetings are conducted, an initial meeting will take place via teleconference to engage Métis and First Nations women from the above mentioned organizations in creating a list of potential participants who will play an integral role in designing the research question and process.

To arrange a meeting with community women in a Northern site, a contract for one month's work will be given to a local woman to make the necessary arrangements.

Phase Two:

A gathering of Northern Métis and First Nations women from across Northern Manitoba will take place in a community, possibly Thompson. At the gathering the goal is to engage women to express their view of health issues in their home communities and their ideas for a research project. It is here at the community gathering, women will begin to decide on a relevant research project, how the research will be conducted, who will do the research and how it will be used once completed.

Following the meeting the staff at the Prairie Women's Health Centre of Excellence will write a report based upon the discussions that take place in the gathering, any translation required will be arranged for versions of the document.

Phase Three:

Once the report is complete, we will present it to the organizing committee and to women who have shared their thoughts at the gathering. We will request feedback to make sure that the ideas forward by the women are well represented. From here, final research recommendations will be made and presented to all involved. Future research activities will be discussed by the committee members and funding for this will be addressed at this time.

Appendix B
First Nations and Métis Women's Health Research
A forum to develop a Northern Manitoba Project

Agenda

Registration 9:30-10:00

Meeting 10:00 am – 4:30 pm

1. Welcoming
    - Opening prayer
    - Opening remarks
    - Introductions (committee members and participants)
2. Overview of purpose, goals and objectives
3. Small group discussions
    - Issues impacting First Nations and Métis women's health

12:00 pm Lunch (provided)

4. Group discussion
    - Benefits and risks of the research initiative
5. Future Planning
6. Closing Circle
    - Closing prayer
7. Adjournment

Evaluations

Appendix C

ASSEMBLY OF MANITOBA CHIEFS
Executive Chiefs Committee Meeting
May 24, 2005

MOTION #10

Moved By: Chief Irvin McIvor, Sandy Bay First Nation
Seconded By: Chief Murray Clearsky, Waywayseecappo First Nation

"To support AMC's First Nations Women's Committees' partnership with the Prairie Women's Health Centre of Excellence to identify First Nations Women's health priority research areas"
Carried

"FNWC Recommendation to ECC to Support PWHCE Northern Aboriginal Women's Health Research Project"

May 18, 2005

Prepared for:
AMC Executive Council of Chiefs

By:
Keely Ten Fingers
Policy Analyst/Researcher
Assembly of Manitoba Chiefs

1.0 ISSUE/PROBLEM

The Prairie Women's Health Centre of Excellence wishes to gain support of Assembly of Manitoba Chiefs and form a partnership with Manitoba First Nations women and other Aboriginal women in identifying priority Aboriginal women's health issues that need to be researched.

2.0 BACKGROUND

The Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health supported by Health Canada. These centres are dedicated to improving the health status of Canadian women through policy development and community-based research. The goal of the Prairie Centre is to improve the health of women in Manitoba and Saskatchewan.

3.0 CURRENT SITUATION

On March 7, 2005, the First Nations Women's Committee met with the PWHCE, to discuss PWHCE's proposed project. The objective of the project is to engage First Nation and Aboriginal women in the north in developing an appropriate process that would facilitate identification of First Nation/Aboriginal women's health issues that need to be researched, and to conduct research on the issues identified.

The FNWC recommends to the Executive Chiefs Committee (ECC) that this project be supported based upon the following:

- The research project is to respect and acknowledge the uniqueness and distinctiveness of First Nations from other "Aboriginal" groups, through methodology, analysis and disaggregation of data.
- That permission from each First Nations be secured before engaging female community members in this project; and accordingly, that First Nations-developed research ethics of ownership, control, access, and possession (OCAP) be implemented.
- That Councillor Phyllis Contois, York Factory Cree Nation and FNWC member, and AMC Women's Issues Policy Analyst be a part of the project advisory committee.
- Discussion regarding replicating this project in southern Manitoba to take place.

There will be no costs to AMC or the First Nations in participating in this project. AMC and First Nations women may have the opportunity to be contracted to conduct the research on issues identified. Furthermore, as this is a community-based project, capacity building within First Nations with respect to designing and conducting surveys will result.

4.0 RECOMMENDATIONS

- The FNWC of the AMC recommends that the ECC support this research project based on the conditions identified by the FNWC. A draft motion to be considered by the ECC is attached.

Appendix D
Communities represented by participants at the Gathering:

Barren Lands/Brochet (2)
Cross Lake (1)
Grand Rapids (2)
Ilford/War Lake (2)
Norway House (2)
Red Sucker Lake (2)
Shamattawa (2)
Split Lake (2)
Thompson (3)
Wabowden (2)

Appendix E

The following are the lists from the small group discussions:

#1

Off-reserve – jurisdictional
- No communication
- Who pays? Even when status.

HIV/AIDS
- Getting services, supports, therapy and drugs – jurisdictional
- "shunning" – stigma

Accessing traditional healer
- Costs need to be expanded to include traditional healers and travel
- Not enough information, especially from First Nations and Inuit Health Branch (FNIHB)
- Healing is life-long

Home care workers are limited in what they can do
- On-reserve 24 hours/day respite
- Off-reserve 2 hours/day respite
- Different services when you live on or off reserve
- Differences between communities
- Lack of funding (FNIHB)

FNHIB
- Community addresses FNIHB shortfalls by doing fundraising at community level, but there is concern that this will set a precedent to cut funding in other areas that are guaranteed by treaty rights.
- "ordinarily resident on-reserve" (guideline)
- "passing the buck"
- "convenient policies" that foster off-loading

Access
- Issue of access from non-status, for example Cross Lake services (nursing station) not accessible to non-status people in community.
- Situation is exacerbated by low doctor/nurse: client ratio
- Seasonal issues – i.e. ice break-up and access

Housing
- Running water
- Heating
- Mould
- Asbestos

Domestic Violence, gang violence

Drug and alcohol abuse
- Substance abuse – sniffing, crystal meth

Suicide

Common Métis and First Nations issues

Cut-off welfare for days not in community
Homelessness (especially in Thompson)

#2
Home care (elders)
- Frequency
- Offloading healthcare to families
- Homecare program needs to be not only for elderly but disabled adults as well

Counseling
- Grieving – suicide, domestic violence, sexual abuse
- Sharing circles
- Treatment (substance and alcohol abuse)
- Treatment needs to be family-oriented and holistic

TB screening and education, prevention, access to treatment and supports
Lack of resources relating to:
- TB
- HIV/AIDS, on the rise in women combined with increased transience; difficulties in linking to care – there is no individual or entity that can link jurisdictional entities and resources
- Health care is disjointed
- Financial and human resource commitments needed at Tribal Council and community levels

Sex education
- HIV/AIDS, STI's (higher rates in the North) – targeting youth
- Concerns – are existing resources effective and making a difference?
- Reaching individuals at home and school
- Lack of community-based knowledge especially: coordinating efforts regarding health education (federal and provincial departments)

RCMP
- Incarceration and diabetics – RCMP not educated to meet the needs of diabetics and increased cost to the community
- Abusive (physical, mental, emotional, verbal)
- Concerns of integrity and cultural competency (as with other professionals entering community)

Self-esteem
- Lack of opportunities

Difficult to get women to go to health care provider for women's health issues
- Preference is for female doctor/nurse

Northern Programs
- HFI – Healthy Foods Initiative
- Safer communities
- Community Prenatal Program (CPNP) – Healthy babies – good program (cooking classes); cultural component that works (workers are from the community)
- Aboriginal Diabetes Initiative (ADI) – diabetes programming - screening and education - works well, but not enough resources

- Building Healthy Communities (BHC)
- Brighter Futures Initiative (BFI)

Lack of services and supports for the disabled

#3

Personal Concerns	**Community Concerns**
Cancer (increasing in Northern MB) – breast, cervical • Patients, family Birth control Diabetes increase Violence TB – increase since 2000 Single parenting Menopause Suicide Mental health Homeless HIV/AIDS in Aboriginal women STIs Street drugs - pregnancy	Access to treatment • Policy – jurisdictional • Bureaucracy • Remoteness – fly-in, winter roads • Specialist care – appointments Negotiating or expediting access Lack of education awareness – prevention, supports, language barriers, lack of resources – financial and human No public health nurse Interventions tend to chronic/crisis management No doctors

Centralizing health clinics

- Services declined
- Unable to keep staff, "frontline" staff dealing with frustrated clientele; long waiting lists
- Stigma against First Nations people
- No public health nurses – "nurses are in it for the money"

Cutbacks to guidance counseling/health and family studies
Lack of financial resources – i.e. for diabetic diets
Costs of goods and services in the North – double +
Hydro development – erosion of the traditional lifestyle
"Train the trainer" concept would assist in promoting education/information
Health care is not holistic – disease-oriented, not wellness-oriented
Intervention prior to prevention
Dollars should be spent on promotion, prevention, education: drugs, TB, STI, diabetes, cancer, birth control
Doctor-patient relationship

- Quick-fix to treat with medications (Tylenol 3's and antibiotics)

Access to traditional healers
Jurisdictional issues
Diseases- lack of information in remote communities
Single parenting

Barriers:

Health care workers are not part of the community
Sporadic nursing care - lack of doctors and health care workers in community

Medication-oriented
Antibiotics over-prescribed
Access to traditional healers
Off reserve/on reserve services for First Nations people

#4

Personal	**Community**
Allergies Diabetes Teen pregnancy Family violence Increase in cancer (epidemic) Nutrition information/education FASD information Bill C-31 – children and women Marriage – human rights TB Breast cancer – effect on children and families Pap smears • FNIHB does not pay for women to travel to receive pap test MRSA – bacterial infection from hospital (surgery) – return from city and spreads in community Hospitals in city – experience of racism and impact on care Advocacy Waiting lists • Arthritis • Heart • All specialists/diagnostics Escorts from reserves to city Tylenol 3 addictions • Liability and restrictive consults HIV/AIDS 60s scoop Mental health Mammograms Eye and ear screenings	Young adults – alcoholism Housing - overcrowding, poorly built, mould and mildew, lack of running water Diabetes Poor water quality – polluted rivers and lakes Parenting skills Violence – bootleggers, drug dealers Addictions - VLTs/bingo Gangs Environmental – roads, water Industrial impact Transportation Jurisdictional – access Off-reserve – NPTP 3 week notice required Decrease in nursing authority (liability issues) – causes delays in access to care Spirituality – traditional Culture – not known/feeling lost Traditional medicines Midwifery Stress History of sexual abuse – cover-up Need for recreational activities for women Health education – workshops Public Health workshops

#5

Local	**Community**
Menopause – women are isolated; lack of support groups and information Water quality	Lack of money Housing • Overcrowded

Education – knowledge as power
- Breast self-exam
- Pap
- Condom use
- Increased confidence
- Education for youth/young women

Leaving community for care
- Birthing women
- Midwifery – AMEP

Teen pregnancy
Mammograms
- Travel required
- Education needed re: breast cancer

Fetal Alcohol Spectrum Disorder (FASD)
- Education for young mothers
- Mothers mentoring program for women at risk

Alcohol and drug abuse – support for post-treatment is lacking
Prenatal support
Bill C31
Diabetes
Cancer
STIs
HIV/AIDS
- Hidden, stigmatized

Education
Heart disease, obesity, TB, asthma, bronchitis (impact of environmental – MB Hydro)
Drug addiction – crack, crystal methamphetamine
- Address reasons for drug abuse:
- Suppress pain
- Financial (gambling)
- Child abuse
- Boredom
- Mould
- Have to move away
- Too small
- Renovations – expensive and necessary

Flooding
- Fish
- Wildlife – trapping

Cultural identity
- Heritage
- Impact of residential schools
- 60s scoop

Mental health – counseling
Lack of health care professionals (physicians, counselors)
Doctor recruitment – shortage
Recreation services for girls and women
Time for women – self-care
Physical activity for women and families – walking/running clubs
Politics – Sexism in Bill C31
Jurisdictional issues between levels of health governance RHA's, FNIHB, Manitoba Health
- 1964 agreement – Grand Rapids, Ilford, Moose Lake and Easterville – re: nursing stations provided by MB Health, not FNHIB – impacting access to care

Wait times for care
Racism in Winnipeg hospitals (i.e. assumptions and attitudes)
Gambling
Transportation
- Weather
- Conditions
- Access

#6
Diabetes – workshops
Transportation – escorts
Doctor relationships – poor treatment

Stress/mental health – holistic approach
Jurisdictional – treaty/non-treaty – access to services
Suicide – inquest – young people
Community Health Representatives (CHR): teaching classes, follow-up

- Diabetes
- Mammograms

ADI worker/CHR?

- Chronic issues
- Well woman care
- Immunization

RCMP abuse
Education

- Prevention
- Promotion
- Intervention
- Awareness

Overcrowded housing
Lack of involvement from Chief and Council re: alcohol
Teen pregnancy
Métis women

- Access services from reserve
- Transportation

Doctors don't know our culture – workshop for doctors and other professionals
Herbs – traditional healing
Parenting support groups
Environmental – water