



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Achieving Cultural Integration in Health Services:

*A Comprehensive Hospital Model for Traditional Healing,
Medicine, Foods & Client Support Services*

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Introduction

Genuine cross-cultural competency in health requires the effective integration of traditional and contemporary knowledge and practices on an organization-wide basis.

The Sioux Lookout Meno Ya Win Health Centre's (SLMHC) model of care and cross-cultural patient safety framework may assist patients/clients, providers, administrators, and policy-makers with an enhanced ability to make appropriate choices, and to find pathways to true healing while ensuring that the required care is competently, safely and successfully provided.

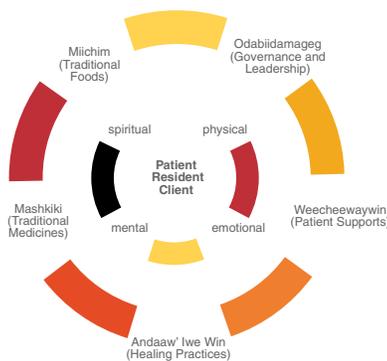
Meno Ya Win

"Menoyawin" is an Anishnabe term that connotes health, wellness, well-being – a state of wholeness in the spiritual, mental, emotional and physical makeup of the person.

SLMHC has a specific mandate to provide a broad set of services that address the health and cultural needs of a largely Aboriginal population. The comprehensive *menoyawin* model of care focuses on cross-cultural integration in five key aspects of all of our services.

Traditional Healing, Medicines, Foods & Supports (Thmfs) Program

The THMFS program, our menoyawin model of care, was developed to be a core aspect of all SLMHC clinical and support services. This means that the program is being fully integrated as an element of virtually all clinical programs, not as a separate, stand - alone program.



ODABIIDAMAGEG (governance and leadership)

Board of Directors: 15 directors appointed on a "proportional representation" basis: 2/3 Anishnabe, 1/3 non-native.

Elders Council: An 8 person Elders Council advises on program development and management, strategic planning, board processes and other relevant issues.

Management and Leadership: The Senior Management Team includes a Special Advisor for First Nations Health, and an Advisor to the Board and CEO.

WIICHI'IEWWIN (patient, resident and client supports)

Wiichi'iwewin workers are available 24/7 to ensure complete bidirectional cultural and linguistic interpretation to optimize care planning and delivery. They provide the required comfort, support, community interfaces, navigation and non-clinical assistance are in place to minimize cross-cultural, institutional, and health system barriers. Wiichi'iwewin workers are supported by Elders in Residence, a lexicon (under development), translated materials, Bimaadiziwin (cultural awareness training), and employment balance programs.



ANDAW'IEWWIN (traditional healing practices)

Andaw'iwewin practices will be made available over time by adapting traditional healing programs available from community-based platforms (eg. Sioux Lookout First Nations Health Authority) to meet hospital and long term care-based needs. Traditional birth practices, smudging, healing circles, sweat lodge and other ceremonies, use of eagle feather, caring for medicine bundles, etc. are being introduced on-site.

MASHKIKI (traditional medicines)

The use of traditional medicines will be introduced in conjunction with the development of appropriate mechanisms to prevent adverse reactions with other courses of treatment. The new facility (2010) will house both preparation and storage areas for a broad variety of medicines.

MIICHI (traditional foods)

Many of our clients are disadvantaged by the need to make a wholesale change in their eating practices and dietary content. A broad range of traditional foods is being added to the menu selections regularly available to patients and LTC residents. Regional variations and preferences in food items, menu selection, and cooking style are being provided.



Results To Date

Incremental implementation of the THMF program began in 2004 - 2005. Preliminary results are positive but will require time for full evaluation based on empirical evidence.

- A decrease in the number of patient complaints.
- Interpreter availability increased from 50 hours per month to 250+ hours per month.
- Average use of interpreters has increased by 235% since the introduction of "dedicated function interpreters"
- The availability of ceremonial practices has increased from virtually none to several opportunities per month (sweats, smudging, healing circles, water ceremonies, etc.)
- Availability of traditional foods has increased from the use of tea and bannock 3-4 times per year to regular traditional food choices 3 times per week in all menus.
- Elders in residence visit virtually every patient to determine if there is a need for support of any kind from the THMFS program.

Conclusion

The THMFS relies heavily on First Nations understandings and philosophies.

Achieving cultural integration institutionally is a challenge. SLMHC has proceeded broadly, yet with a focus, honoring both journey and destination.

