



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

**Our care is based
on recognizing
the relationship of
physical, emotional,
mental and spiritual
aspects of all people.**

We are more than a hospital!

We provide acute and long term care, ambulatory care, mental health and addiction services, and community-based services to the Sioux Lookout area and to the northern First Nations.

We are Meno Ya Win.

We stand for:

Health • Wellness • Well-being • Wholeness

We will be a Center of Excellence for health through:

New and Expanded Services • Partnerships

We value compassion, fairness, integrity and teamwork.

We celebrate diversity.

We recognize different pathways to health.

... We do care!

The Sioux Lookout Meno Ya Win Health Centre (SLMHC) has a specific mandate, among Ontario's hospitals, to provide a broad set of services to a largely First Nations service population in a way that addresses the health status and cultural needs of that population. Our services are provided equally to all peoples of our service area.

We are implementing programs and services that respond to this mandate and are consequently emerging as an Ontario center of excellence in the provision of culturally sensitive care. Our Traditional Healing, Medicines, Foods and Supports Program is a new model for integrated First Nations hospital-based services. This program offers support and choice in healing approaches to our patients and clients. It is built on a strong foundation of culturally-responsive values and practices. The five core components of the program include Odabiidamageg, Wiichi'iwewin, Andaaw'iwewin, Mashkiki, and Miichim.



Odabiidamageg (Governance and Leadership)

Board of Directors

SLMHC is governed by a board of 15 directors appointed on the basis of “proportional representation”: Two-thirds Anishinaabe, one-third non-native (as distinct from “skills” based appointments).

This approach was outlined in the Sioux Lookout Four Party Hospital Services Agreement (1997). The board uses a “modified governance model”. The board operates successfully as an “integrated board” versus the nominal, representation, liaison, consultative, advisory, caucus or other similar approaches taken by many other hospitals which have a mix of aboriginal and non-native members.

Elders Council

Respect for elders, their teachings and their counsel is a fundamental value of our First Nations communities. Community elders have been extensively consulted in the development of this program and other key aspects of SLMHC planning, operations and issues management. Advice provided has proven fundamentally valuable.

The board, administration program managers, staff and caregivers will benefit from the normalization of a continuing elders role and presence.

In the interim, periodic elders gatherings continue to support issues management plus program and policy development activities.

Two Co-Chairs

The Meno Ya Win board is led by Frank Beardy, an Anishinaabe, from Muskrat Dam First Nation, and by Kai Koivukoski, from Sioux Lookout. The co-chairs chair board meetings and represent the organization.

This application of the principle of “proportional representation” has helped the board operate as a fully integrated board without needing to revert to the use of First Nation or non-native caucuses.

Balance on Committees

Similarly all Board committees have balanced Anishinaabe and non-native membership.

Traditional Healer

Josias Fiddler, a respected Anishinaabe elder and healer from Sandy Lake First Nation, has served as a member of the Meno Ya Win board since its inception. His role is similar to that of the two members of our medical staff who sit as board members.

Josias is a member of the Patient Services Committee of the Board. Josias has advised on the overall development and implementation of the THMF program. He also advises the Northern Ontario School of Medicine, Ontario’s Aboriginal Healing and Wellness Strategy, and Sioux Lookout First Nations Health Authority.

Special Advisor to the Co-Chairs and CEO

Douglas Semple, originally from Wunnummin Lake First Nation, serves as a member of the Meno Ya Win senior administrative team. He supports the board leadership and management of Meno Ya Win with practical cross-cultural advice and communications, issues management, political and other support.

Special Advisor on First Nations Health

Helen Cromarty, originally from Sachigo Lake First Nation, also serves as a member of the Meno Ya Win leadership team.

She provides important support and linkages to health services planning, delivery and integration activities currently underway with First Nations, provincial and federal healthcare transformation processes.

Traditional Healing, Medicine, Foods and Support Program



Wiichi'iwewin (Patient and Client Supports)

Interpreter Services

Eighty-five per cent of SLMHC patients and clients are First Nations people, virtually all of whom speak one of three principal Anishinaabe languages which include at least 19 dialects. Many only speak an Anishinaabe language.

The interpreter role is evolving into that of Wiichi'iwewin worker built on an enhanced interpreter service, elements of the discharge planning function, and patient navigator role. Available 24/7, Wiichi'iwewin workers will assume a defined caseload and provide support to both patients, residents and clients, and to other members of the care team.

They will ensure the required comfort, support, community interfaces, navigation and non-clinical assistance are in place to minimize cross-cultural, institutional, and health system barriers. They will specifically assure complete bi-directional cultural and linguistic interpretation to optimize care planning and delivery. This is essential to safe patient care and client services.

Elder / Advisor to the Wiichi'iwewin Program

At present a single Elder serves as an advisor and support to the Wiichi'iwewin Program. The Elder is an essential member of the patient/client care team and provides patient/client contact, support, education and counseling as integral elements of the care plan. The Elder also provides support for families during critical illness of a patient and support in loss and bereavement. Within the Wiichi'iwewin Program, the Elder provides support, advice and guidance to the Interpreters in their work.

Periodic gatherings bring a large group of elders together for advice, direction and support in program planning and other events. During these gatherings, the elders are encouraged to visit with patients and clients.

Elders in Residence

In the future, a roster of elders will be developed to ensure the availability of an elder to any patient or client seeking their care.

Cultural Awareness

A well-defined, multi-level sensitization, awareness and training program has been implemented for all Meno Ya Win staff starting in 2005.

The program was named Bimaadiziwin, a term Anishinaabe elders use to describe their teachings, meaning "living life in a good way". Bimaadiziwin teaches one to live in total balance in mind, body, soul and spirit.

The goal of the program is to embed legacy cultures of our area into the fabric of the organization.

This program was jointly developed by Meno Ya Win, local First Nation elders, and the Canadian Institute for Conflict Resolution.

Advanced levels of this training are being developed for implementation starting in 2007.

Employment Balance

At present only 20 percent of Meno Ya Win employees self-identify as Aboriginal. The population we serve is 85 percent Anishinaabe.

Meno Ya Win has set a goal of achieving more balanced employment over the next generation of workers.

Traditional Healing, Medicine, Foods and Support Program

Important steps are being taken to meet this goal:

- targeted FN employment positions
- outreach to education and training schools
- role model programs
- mentoring programs
- local capacity requirements on capital projects
- collaboration with economic development agencies, contractors, unions, and others

Translation

As noted, 85 per cent of SLMHC patients and clients are First Nations people, virtually all of whom speak and read one of three principal Anishinaabe languages. Many only understand an Anishinaabe language.

Anishinaabe languages are not modern and do not adapt themselves easily to translation of clinical terms or concepts.

Extensive work is underway to develop a lexicon of terms and a set of common symbols that can be used throughout our area by interpreters, Wiichi'iwewin workers, care givers and residents alike.

Work is also underway to translate information materials, signage and other materials into Anishinaabe languages.



Andaaw'iwewin and Mashkiki *(Traditional Healing Practices and Medicines)*

Choice in Healing Pathways

There is more than one pathway to health. Patients, residents, and clients and their caregivers will be able to choose to access the services available through the THMF program as an adjunct or alternative to other conventional clinical services and supports.

Our very name, Meno Ya Win, is the Oji-Cree word that represents the English terms health, wellness and well-being. It denotes a wholeness of our physical, emotional, mental and spiritual aspects. The medicine wheel is based in part on incorporating these aspects of our being into all healing processes.

The THMF program adds key programming that brings into play Andaaw'iwewin (healing approaches and practices based on this wholeness) and not just Kiigewin (the healing of a wound or injury, or care-giving in this physical sense of healing).

Ceremonial Practices

The program will be informed by and incorporate principles, approaches and practices based on these and other traditional teachings. The program will be particularly respectful of the sense of community and family that underpin Anishinaabe society.

Many of these healing practices are ceremonial in nature. In addition to birth and palliative practices, vigils, smudging, healing circles, and possibly other ceremonial practices will be introduced on-site prior to the construction of the new hospital. Sweat lodge ceremonies will be available for clients.

Ultimately additional ceremonies and practices will be available.

Ceremonial Spaces

Meno Ya Win is currently planning a new facility that will incorporate dedicated ceremonial, healing and related gathering and support spaces. These spaces will be based on traditional requirements and construction as well as what we have learned from numerous site visits to other organizations that house various traditional healing services. The traditional healing spaces will be fully integrated into the conventional hospital and related space.

At present facilities for some ceremonial practices are provided in temporary structures by the Sioux Lookout First Nations Health Authority.

Traditional Healers

Traditional healing practices are supported by healers with several types of skills and training.

Meno Ya Win is working to develop a roster of healers who will be available to patients and clients who want to access their services.

A process of "certifying" healers will ensure that healers will be reviewed and "credentialed" to ensure appropriate qualifications and standards are in place.

Traditional healers will work collaboratively with members of medical staff, other professionals and health care givers, as well as in conjunction with northern community, Sioux Lookout and other Northern Ontario healers.

Mashkiki (Traditional Medicines)

The four sacred traditional medicines of cedar, sage, sweetgrass and tobacco are used in ceremonial healing.

Under supervision of the care givers Meno Ya Win allows patients and families to use a limited range of other medicines that they bring with them. This most commonly consists of wikenj, Labrador tea, or other herbal teas.

Work is underway to develop an expanded range of approved medications. Storage and preparation areas for these medicines will be included in the new facility now in being designed.



Miichim (Traditional Foods)

Traditional Foods

At Meno Ya Win traditional foods have only been used on a very limited basis.

Many of our clients are disadvantaged by the need to make a wholesale change in their eating practices and dietary content. One of our Anishinaabe chiefs put it this way, "You are killing my people with the food you serve them."

A broad range of traditional foods is being added to the menu selections available to patients and LTC residents. These foods are also provided to escorts and family members through the cafeteria and hostel meals.

Special occasions will require additional traditional food items to be available.

What does Miichim include?

Our definition of traditional foods includes the type of food that our patients and clients would normally eat in a home or feast setting. This includes:

- Bannock
- Wild rice
- White fish or walleye
- Teas
- Berries
- Moose, caribou, beaver, or other game
- Wild herbs and plants
- Geese, ducks or other wildfowl
- Other staples prepared in a "traditional" way

Many other varieties of foods will be available in season and on special occasions.

Food as a sacred item

To many of our Anishinaabe patients and clients, food has a meaning that goes beyond their nutritional or culinary interest.

To the person providing and preparing the food, recognition of the gift of the Creator in the form of the animal or plant that is being sacrificed so one can eat is essential. The animal or plant giving its life must be respected too for its gift.

The people receiving the food must also treat the food with the proper respect.

This has implications for the provision, preparation, storage, and serving of the food, and disposal of food wastes. Meno Ya Win is respectful of these practices.

Menu Development

Regional variations and preferences in menu item, cooking style (fried, boiled, baked, roasted, dried, smoked, stewed, etc.) will be provided to the extent possible. Rotating menus will ensure that a selection of both mainstream and traditional foods is available to Meno Ya Win patients, LTC residents, clients, escorts and family members. Many of the foods served require nutritional analysis and will result in the development of special diabetic and general population menus and food guides. Dietary and food production service staff are working with elders and others to ensure appropriate menus and sound nutritional value.

Food Safety

Acquisition of items that are not commercially available in the necessary quantities is problematic. To date we have relied on families and communities to help us.

Preparation of traditional foods requires special handling in some instances. For example, uninspected game cannot be prepared or stored in the same areas as inspected meats in order to ensure safety from contamination. Storage of items where there are no developed standards also requires special handling.

We are working to ensure the highest level of food safety. Although some variances from regulatory standards are in place, Notices and Consents are being used, in part, to replace food safety inspections until appropriate standards can be developed.

Traditional Healing, Medicine, Foods and Support Program



THMF Program Planning, Implementation and Outcomes

Program Research

Extensive research was undertaken with assistance from the Ministry of Health and Long Term Care and from the First Nations and Inuit Health Branch of Health Canada. The 18 month process included:

- Inventory of existing area traditional
- Literature review
- Patient/client survey
- Staff survey
- Survey of First Nation leaders
- Site visits
- Stakeholder and Focus Groups
- Healing services
- Elders consultations
- Healers/elders/spiritual leaders survey
- Medical staff survey
- Ontario hospital survey
- Northern community visits
- Town halls

A final report was issued in April, 2005.

Program Development

The former Sioux Lookout Zone Hospital laid the foundation with basic interpreter and other limited services. The Sioux Lookout Four Party Hospital Services Agreement (1997) underscored the need for the development of the THMF program and associated services, and committed to its implementation. The Ministry of Health and Long Term Care has been supportive of this non-conventional role for SLMHC.

The THMF program has been developed through an iterative process of consultation and drafting, then more consultation and redrafting. The program description was finalized in November, 2005.

Program Implementation

The THMF Program is being implemented incrementally. Some aspects of the program already exist in a rudimentary form. The program will be guided through a series of planned building-block steps:

1. basic – rudimentary,
2. developmental – interim,
3. elaboration or mature,
4. integration with conventional programs,
5. achieving a benchmark level of service

The pace at which progress is made will vary from one component to the next. Generally, the target is to be at or close to benchmark levels of performance within two to three years of occupying the planned new facility. Some elements of the program may arrive at this level of performance sooner.

Program Evaluation and Outcomes

Incremental implementation of the THMF program began in 2004–2005. It will require time for full evaluation based on empirical evidence.

Early results have generated the following:

- A decrease of at least 50 percent in patient complaints
- Immediate identification of process breakdown re: handling of fetal remains

Best practices:

- Integrated governance model
- Care and handling of fetal remains
- Cross Cultural Patient Safety

Emerging data and models:

- Cross-cultural patient/client safety analysis
- Cultural awareness training
- Interpreter competencies and certification

THMF Program Contact

For more information on the Sioux Lookout Meno Ya Win Health Centre Traditional Healing, Medicines, Foods and Supports Program, contact:

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Working Hand in Hand with Our Communities to Build a Healthier Future.

