

# INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

April 2021

Regional Indigenous Health Strategy –  
A Beginning for Future Consultation  
and Collaboration

2021-2026

“Nothing About Us,  
Without Us”

*Healthy People, Healthy Communities*

## Introduction:

The Interlake-Eastern Regional Health Authority's Indigenous Health Strategy was developed as a starting point for consultation, reflection and collaboration. The Strategy is meant to be a 'living tool' that shifts, pivots and adjusts based on the involvement, leadership and support of the indigenous partners. The IERHA Board of Directors is humble, respectful and purposeful in this shared journey to address the significant health disparities between the Indigenous population of the Interlake-Eastern Regional Health Authority (Interlake-Eastern RHA) and the non-Indigenous population located within the IERHA: which reflects the IERHA's commitment to closing this gap and improving health outcomes.

The IERHA is mindful of its own place in this shared journey to try to help make a positive health service and health outcomes difference for this and future generations for individuals, families and communities served in equal and meaningful partnership. Elders, indigenous leaders and health teams have demonstrated that there is a better way to offer health services – IERHA is committed to listen, learn and grow together.

The Truth and Reconciliation Commission of Canada, contains a number of health-related Calls to Action (Appendix A); The IERHA is committed to incorporating the spirit of these Calls to Action as they relate to the culture, programs and services provided in the Region. To that end, they are foundational to the Indigenous Health Strategy.

Central to the TRC CTA's is the fundamental planning principle of "Nothing about us, without us". The IERHA is deeply committed to this principle in working with communities. This strategy is a starting point for future health services discussion and collaboration. More meaningful collaboration will result in a shared integrated strategy, stronger teamwork and better service and outcomes.

The IERHA realizes the need to change the view of Indigenous health within the region and understand the resiliency of this population as a key foundation on which to improve Indigenous health outcomes. The purpose of the Indigenous Health Strategy is to guide the Interlake-Eastern Health Region and potential Indigenous and non-Indigenous partners in the region toward a shared understanding that addressing health inequities cannot occur in isolation, but rather through working together.

To accomplish this, four strategic directions have been identified by the committee to move the region and partners toward achieving strong, healthy Indigenous populations who gain a level of health equity that enables good health and overall wellbeing at the community and individual level.

The strategic directions are:

- **Strengthening partnerships & connections** with Indigenous partners within the Interlake-Eastern Regional Health Authority;
- Ensuring capacity in **providing a culturally safe environment** in programs and services throughout the Interlake-Eastern Regional Health Authority;
- Ensuring that the Interlake-Eastern Health Region moves toward **addressing health inequity** in relation to the Indigenous people in the region.
- **Improving Mental Wellness; within a recovery-oriented approach;**

The hope is that this initial strategy will serve as both an impetus and focus for sharing, inviting voice and authentic listening. The IERHA seeks to engage with indigenous partners and communities in a discussion on not only this living strategy but, just as importantly, with the organizational and community strategies and plans of community partners. The IERHA is a service partner in the region with a commitment to understand when to listen, when to lead and when to follow.

The strategic principles roll-out plan is to:

- Share the strategy widely with the indigenous health service partners - 2021
- Share the strategy widely with community and tribal council leaders and health teams - 2021
- Engage with indigenous partners to seek feedback and advice on the strategy – 2021/2022
- Adjust the living strategy based on indigenous partners feedback received – 2021/2022
- Engage with indigenous partners on opportunities to shift from strategy to action – 2022
- Engage with indigenous partners to measure and evaluate whether differences to service delivery and health outcomes are being realized together – 2022/2023

### Background:

Indigenous people have unique health and service needs due to challenges with socioeconomic status, language, cultural differences and lifestyle choices. Post-colonial Indigenous people have historically had poorer health status than other Canadians. Health status data for indigenous people is incomplete but there is national, provincial and regional data that provide a sense of the health disparities.

The data make it clear that in many health and social indicators, Indigenous people have poorer health status outcomes for lifestyle indicators, infectious diseases, injuries, suicide, chronic diseases and child and infant health.

The health disparity between Indigenous and non-Indigenous people in Canada is particularly important for the Interlake-Eastern Regional Health Authority given the high proportion of residents who are Indigenous.

In 2014 the IERHA in partnership with First Nation and Metis Communities developed a dedicated “Indigenous Residents” Chapter in the legislated Community Health Assessment. This chapter included population demographics, health status, life style practices, and health care utilization statistics with 16 of the 17 First Nation Communities within the IERHA. Based on population demographics, 25% of people living in the Interlake-Eastern Regional Health Authority self-identified as Indigenous from the 2011 census, a 1.7% increase from the 2006 census. With 1 in 4 individuals self-identifying as Indigenous, data tells us that youth is growing faster compared to the overall population of the Interlake-Eastern Health Region, but with that key finding, data also shows a growing Indigenous population of elders are not living as long compared to that of non-indigenous population.

Some of the Interlake-Eastern Regional Health Authority’s findings are consistent with national findings based on information from the 2014 Community Health Assessment. While some improvements were noted, there is far more work needed. One of the major issues for the region continues to be the silos of health care delivery which is often impacted by jurisdictional challenges. Working in partnership with stakeholders is key, partnerships include but not limited to: The Department of Indigenous Service of

Canada (DISC), Crown Indigenous Relations and Northern Affairs), MMF, 2 Tribal Council (South East Resource Development Council & Interlake Reserves Tribal Council), 17 local First Nation Communities, Manitoba Health Seniors and Active Living), IERHA (Programs and Services), WRHA (Programs & Services), Shared Health, Ogomizzen, (U of M) and Giigewigamig Traditional Health Centre.

## Strategic Direction 1: Strengthening Partnerships & Connections

### Background and Context:

In the Interlake-Eastern Regional Health Authority there are many people and organizations who are working hard to address the disparities that exist within the Indigenous population. Many people are working toward a shared vision of good health and wellness for all. However, in many instances existing programs and services operate in isolation of one another and miss opportunities for potential partnerships and collaboration. In 2014, The First Nation Community Partnership Collaboration Tables were created to address the complexity of health care needs, service gaps, challenges and opportunities. The region will continue to move forward with the Community Partnership Collaboration Tables that focus on the development of enhanced partnerships based on the significant strengths and capacities of Indigenous people to improve services, address inequities in health outcomes and achieve excellence.

### Goal:

To build strong relationships with key partners and stakeholders who will work collaboratively with the Region to achieve a healthier Indigenous population.

### Objectives:

- To facilitate strong partnerships and connections with Indigenous stakeholders at all levels within the Interlake-Eastern Regional Health Authority.
- To ensure Indigenous partners have pathways and access to the Interlake-Eastern Regional Health Authority leadership through community engagement opportunities and forums to foster relationships and build trust.
- To build on the work and frameworks of existing partnerships through memorandums of understanding and move toward a sustainable and standardized approach to collaboration.
- To develop an Indigenous specific process for Interlake-Eastern Regional Health Authority leadership and staff to ensure inclusion of Indigenous people in the planning and implementation of programs and services.
- To enhance the Interlake-Eastern Regional Health Authority's communication strategy to increase and include Indigenous- specific messaging and promoting an Indigenous presence within the Interlake-Eastern Health Region.
- To ensure partners are consulted and involved in the health care planning, programs and services specific to the Indigenous population through a collaborative and respectful processes.

### **Anticipated Outcomes:**

To have more collaborative health planning, including improved service delivery for the Indigenous people of the Interlake-Eastern Health Region. This will, in turn, result in positive incremental improvements toward the overall goal of improving the health status of the Indigenous population.

## **Strategic Direction 2: Providing a Culturally Safe Environment**

### **Background and Context:**

The cultural competency of health care staff is essential to patient centered care, addressing health inequity and providing a culturally safe environment for those who utilize programs and services. The Interlake-Eastern Regional Health Authority has made a commitment to continue moving forward and becoming a more culturally competent organization for the Indigenous people served in this vast region. This is an important step in providing culturally safe, competent and relevant programs and services.

### **Goal:**

To achieve a high level of organizational cultural competence leading to the consistent provision of culturally safe and quality health care delivery for the Indigenous population of the region.

### **Objectives:**

- To achieve 100% participation in the Culture Competency training for the identified priority areas through a planned phased approach to education and training.
- To ensure that training has ongoing evaluation around evolving information and includes: Aboriginal health issues, the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices; as recommended in the TRC Calls to Action.
- To create an evaluation process or framework of the Region's organizational cultural competence and implement a comprehensive strategy and operational plan building on the results and learnings of the evaluation process.
- To increase the number of Aboriginal professionals working in the Region and ensure the retention of Aboriginal health-care providers in Aboriginal communities as part of the Interlake-Eastern Regional Health Authority's Human Resource Plan; as recommended in the TRC Calls to Action.
- To evaluate the effectiveness of current practices to gather Indigenous patient feedback and make recommendations on ways to enhance or improve them in line with the IERHA strategic and operational plans.
- To create new or enhanced processes to gather feedback from Indigenous patients and their families and turn that feedback into recommendation from improving the Region's culturally safe environment moving forward.

### **Anticipated Outcomes:**

Indigenous people will receive culturally safe and quality services within the Interlake-Eastern Regional Health Authority delivered by staff demonstrating a degree of overall cultural competency that respects community expectations.

## Strategic Direction 3: Addressing Health Inequity

### Background and Context:

Health equity means that all individuals and communities have a fair and equitable chance to reach their fullest possible health potential. This requires focused and ongoing efforts by society to address avoidable and unfair health differences and to safeguard full and equal access to opportunities for leading healthy lives. The Indigenous people of the Interlake-Eastern Regional Health Authority have many unique strengths and resiliencies. Despite this, there are large health status differences between Indigenous and other northern Manitobans, the rest of the province, and even within each community. These health differences exist on a continuum and affect all individuals, groups, and communities.

Indigenous people in general have unique health and service needs due to challenges with socioeconomic status, language, cultural differences and lifestyle choices and have historically had poorer health status than other Canadians. Although health status data for Indigenous people is incomplete, there is national, provincial and regional data that provide a sense of the health disparities. The data make it clear that in many health and social indicators, Indigenous people have poorer health status outcomes for lifestyle indicators, infectious diseases, injuries, suicide, chronic diseases and child and infant and child health. The health disparities between Indigenous and non-Indigenous people in Canada are particularly important for the Interlake-Eastern Regional Health Authority given the high proportion of residents who are Indigenous. 25% of people living in the Interlake-Eastern Health Region self-identify as Indigenous. The Indigenous population is younger compared to the Interlake-Eastern Health Region overall and is one of the fastest growing in the region and nationally.

### Goal:

To improve the health status of the Region's Indigenous population by making incremental improvements in the reduction of health inequity.

### Objectives:

- To establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends; as recommended in the TRC Calls to Action.
- To demonstrate recognition of the value of Aboriginal healing practices by utilizing them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients; as recommended in the TRC Calls to Action.
- To integrate equity frameworks throughout the healthcare system as tools to move health equity forward.
- To identify and analyze health inequities impacting the Indigenous people in the Interlake-Eastern Regional Health Authority and establish action plans to address those priority areas in ongoing planning.
- To evaluate health inequities as they impact the Indigenous people through the CHA process and use these learnings to inform ongoing collaborative planning for the Indigenous health.

- To engage and partner with other organizations to advocate with key stakeholders on policies, funding and best practices to influence health equity,

#### **Anticipated Outcome:**

Knowing the complexity of this area, IERHA understands that change will take time to see significant and meaningful change. Nonetheless, results are expected in addressing health inequities within the Interlake-Eastern Regional Health Authority.

## **Strategic direction 4: Improving Mental Wellness**

#### **Background and Context:**

It is clear that the Indigenous population and the Interlake-Eastern Regional Health Authority continue to struggle with addressing mental wellness in a meaningful and sustainable way. To improve mental wellness, the Interlake-Eastern Regional Health Authority needs to acknowledge and commit to making mental wellness a priority. As mental wellness is identified as a priority a shift from an “illness” model to a “wellness” model will result by integrating Indigenous traditional approaches to enhance current practices. There still exists a fundamental distrust of care models derived from the western belief system and a belief that these practices can cause more harm rather than heal. Effectively enhancing mental wellness to meet the specific needs of the Indigenous people can help to promote and sustain healthy living and lifestyles.

#### **Goal:**

To demonstrate significant improvements to the mental wellness of the Indigenous people within the Interlake-Eastern Regional Health Authority.

#### **Objectives:**

- To Identify needs specific to the Indigenous population, priority areas and gaps in service designed to inform the strategy including documenting current patient journeys in the current system as well as a scan of current mental health programs and services.
- To demonstrate recognition of the value of Aboriginal healing practices by utilizing them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients; as recommended in the TRC Calls to Action. To include the creation of indicators to measure the impact of the Indigenous mental health strategy.
- To improve and enhance the cultural competency of community health resources throughout the region which could include specific cultural competency related to mental wellness, region specific cultural training and trauma-informed practice training.
- To align the Indigenous mental health strategy with existing or emerging regional, provincial, and national strategies, programs and/or collaborations.
- To utilize existing data within current systems to provide a baseline of mental wellness programs and services specific to the Indigenous people within the Interlake-Eastern Regional Health Authority to support further planning.

#### **Anticipated Outcome:**

Improved and relevant utilization and access to mental wellness services that are culturally appropriate and designed and informed through collaboration with Indigenous leaders and care providers that result in

accessible services and improved mental wellness for the Indigenous people of the Interlake-Eastern Regional Health Authority.

**Conclusion:**

The Indigenous Health Strategy is an acknowledgement that IERHA is committed to working with partners and communities to improve the overall health status of the Indigenous people in the region. IERHA acknowledges the need to take action and has collaboratively identified four strategic areas to guide this process. The next steps in this living strategy will be to develop more detailed work plans for each of these areas and develop an implementation process that includes a robust evaluation of results to gauge effectiveness and adapt the strategy to meet the stated goals.

Living Document



## APPENDIX A

### Truth and Reconciliation Commission of Canada: Calls to Action

#### Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
  - i. Increase the number of Aboriginal professionals working in the health-care field.
  - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
  - iii. Provide cultural competency training for all healthcare professionals.
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights and anti-racism.

APPENDIX B

Interlake-Eastern Regional Health Authority Indigenous  
Health Strategic Directions

