



Spirit

SHARING FIRST NATIONS
HEALTH AND WELLNESS

THE **ELDERS** ISSUE

Snuweyelh Lessons
Staying Active as an Elder
Ambers of Resilience and Strength

Winter 2014
www.fnha.ca

HAVE YOUR SAY...

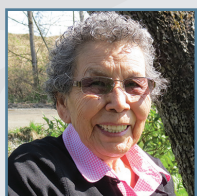
We asked Elders in each region: What is your secret to aging well?



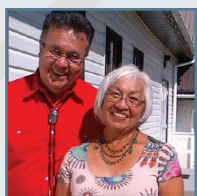
Chief George Johnson, Wuikinuxv First Nation "I try to stay healthy and remove any negative things in life. I try to motivate the younger generation to be more health conscious, both with foods and spirituality. I choose this direction because I enjoy being a cultural mentor. Many of our Elders are gone now, but within the past five years, I have learnt about our history, and I have taught it in our Big House. The system that our Elders set up in the Big House was about taking care of ourselves and everyone else."



Dora Casper (Quelle'p, meaning Water Lily), Secwepemc from Bonaparte "Clean living. I try to be positive and I try to eat properly. I have had health problems but I try to stay positive about everything. Keep your spirituality, it's very important. There is a Creator and I believe he looks after us but we need to do our work as well, be kind to people and help each other. And the most important thing, my Grandchildren."



Marg Kelly, Soowalhie First Nation "My secret to aging well is keeping active, and always keep learning new things, even at my age. I enjoy family time and cultural gatherings. It's important to teach our children traditional practices. Watching what I eat - lots of fish, dried, canned, smoked, salted, and helping other Elders and our youth. I have always been involved in groups, women's groups. Learning to make crafts, knitting, youth groups, committees and even politics. I was on Council too and am still involved up to today."



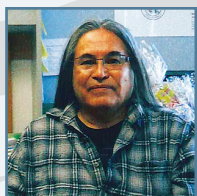
Faye Miller, Kitselas Nation "I grew up on cultural foods. Much of our time together as a family was spent on hunting, netting, gathering, and processing food. It was our time to be together, learn from our parents, and contribute to the many needs of our family. If we didn't get ready for the winter, then we didn't eat, which never happened, but we knew it would if we didn't prepare. I love working as much as I did then as I do now because I love my family. As I became a wife and mother, I carried on my family's culture. I bake my own bread, preserve the fish we net, fruit we buy - food was not a treat, outings like camping or fishing spent together were a treat. The family doing things together is the most important thing."



Yvonne Scotchman, T'it'q'et Nation "Staying involved in activities within your community."



?apat (Jane Jones), Tseshaht First Nation "My secret to aging well is in lifestyle choices. Eating well and staying active - abstaining from alcohol and cigarettes. I grew up eating locally grown vegetables and fruit, lots of salmon and seafood. We rarely ate beef. I juice regularly (mostly vegetables). Keeping mobile is very important. I enjoy swimming, gardening, and being with kids - it keeps you young."



Ray Izony, Tsay Keh Dene "Being considerate of others, treat people kindly; seek to know your Creator."



First Nations Health Authority
Health through wellness

SPiRiT MAGAZiNE

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First Nations Health Authority
501-100 Park Royal South V7T 1A2
Coast Salish Territory (West Vancouver, BC)
Phone: 604-693-6500
Fax: 604-913-2081
Spiritmagazine@fnha.ca
www.fnha.ca

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CONTRIBUTORS:

Wickaninnish Cliff Atleo Sr., Madeleine Kētēskwew Dion Stout, Frank J Alec, Virginia Peters, Leah George-Wilson, Dr. Wendy Hulko, Jessica Kent, Danielle Wilson, Dr. Naomi Dove, Dr. Isaac Sobol, Dr. Sarah Williams, Jason Wong, Chatura Dilgir, Rebecca Sovdi, Patricia Bell, Gerry Kasten, Pamela Holte, Erin Morissette, Davis McKenzie, Isabel Budke, John Pantherbone, Philip Hogan, Michael Bell, and Trevor Kehoe.

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TECH WELLNESS | JOHN PANTHERBONE

FitBit and the Digital Quantified Self



FNHA Web and Social Media Communications Officer John Pantherbone.

Well its official, I am now yet another FitBit convert! After months and months of indecision, I finally broke down and bought an activity tracker. The questions of 'Would I even use it?', 'Would I forget to turn it on?', 'Would it be too much maintenance?', all ran through my mind and prevented me from taking the plunge.

Now I'm obsessed with checking my rates all the time and marvelling at its intricate graphs and readouts on my FitBit profile. As a mild to moderately active person (sporadic jogger, active walker, skateboarding when I can fit it in), I thought an activity tracker would be more suited to those jogging fanatics you see with neon spandex running down the seawall. The FitBit is ease-of-use and the 'set it and forget it' user friendly style definitely changed my mind. I went the route of buying a used one online, an older model, the FitBit Ultra. A 'relic' some would say in the speed and pace of mobile technology. I thought the low-risk route of buying a used one would be a good way to

get into world of activity trackers. It's surprising how much a tracker can improve your wellness and activity rates by simply logging your details. Keeping my step numbers up and improving the amount of sleep that I get has been owed all thanks to a simple activity tracker.

I heard a great quote about how activity trackers like the FitBit or Jawbone Up are the 56K modems of the digital quantified self. Meaning, they're just the start of the movement of keeping track of your activities and your bodily functions. Through the advancement of sensor technology, we can see a large movement towards the digital quantified self. Could you imagine a future where you could simply see how much water, sugar, sodium or other substances you've consumed daily through an activity tracker? Or even your heart rate, blood pressure or other readouts from your body. I'd be interested to see how advanced activity trackers get in the near future, for now though, I'm content with reading the metrics that my current FitBit can provide me. ■

ON THE COVER OF THIS ISSUE: First Nations Health Authority Corner Post and Deputy Chief of the Lake Babine Nation Frank Alec (left) gifts the Lynx to Tsleil-Waututh Nation member and First Nations Health Authority Elder Advisor Leonard George during the Honouring our Shared Journey: Commemorating the Transfer Ceremony at the First Nations Health Authority's Gathering Wisdom for a Shared Journey Six held on Coast Salish Territory in Vancouver on October 22, 2013. "It signifies that from the North the lands are still healthy and this animal spirit proves it. It also signals to the territorial land owners that we come to speak good words and that this gift honors all good words and work to follow," Frank J Alec. ■

Staying Active as an Elder

With Wickaninnish Cliff Atleo Sr., Nuu-chah-nulth Nation



“After my heart attack I had to start over again as I wasn’t able to walk very far, but I never gave up and continued to walk and walk.”

We are in an exciting time – a lot of work has been done these past few years to improve First Nations health. We have taken on the responsibility to administer our health care programs and services and with that came improving our personal health for the better. We as First Nations need to improve our personal health care and betterment for ourselves and families.

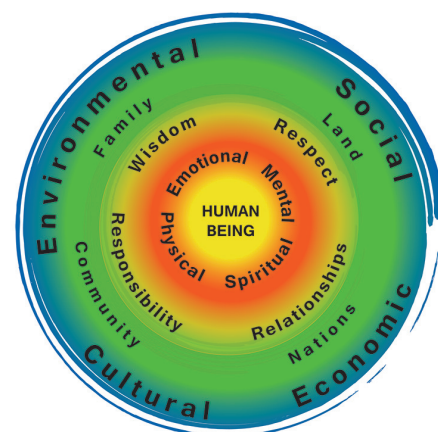
We as BC First Nations have defined our perspectives and philosophies of a holistic approach to health and wellness. The First Nations Perspective on Wellness is a shared understanding of a holistic vision of wellness, and meet individuals where they are at in their lives and wellness journeys. We are all at different parts of the wellness wheel and the centre of it represents us as individual human beings, recognizing that wellness starts with us. The second circle represents the importance of mental, emotional, spiritual and physical well-being.

The third circle represents our overarching values that support our wellness and the fourth, the people and other things that surround us. For this circle, that would be my family, culture and language. These are all important parts of my wellbeing. I wasn’t always a healthy

guy, and suffered a heart attack nine years ago. But since my heart attack I have taken my health very serious and committed to ensuring I get regular exercise and eat a balanced diet. Before my heart attack I started to relook at my health and lost 22 pounds over a few months. Shortly after I suffered my heart attack I do believe the loss of that 22 pounds saved my life. It has allowed me to truly value my over-all health, family and grand-children – I’m very grateful that I’m here today to see my grandchildren grow and that I’m able to teach them our way of life.

I was born and raised in Ahousaht and I did attend Residential School for nine years. I grew up as a fisherman and worked in this area for 20 years. I was very active at this time and participated in many sports like softball, basketball and soccer. I loved sports and enjoyed being out on the land running around. It wasn’t about winning with me either, I was just happy to be outside and being active. I have a lot of great memories about that time in my life and it means a lot to me. It was a special time in my life and I share those stories with my grandchildren often. I want to be alive as long as they are alive.

Continued on page 7



The First Nations Perspective on Wellness.

“We just need to ask the Creator for help and ensure we try to live a balanced life and just acknowledge that all things are connected, including our health.”

Elder Wellness Tips and Tricks

Movement is a medicine for creating change in a person's physical, emotional, spiritual and mental states.

Cultivate Gratitude: Being gracious in all activities helps bring joy to our heart and spirit. To see every situation as a gift from the Creator, to enjoy or to learn from it helps ground us in every moment. Bringing a sense of awareness and gratitude to every day events connects us to our heart and spirit to move forward in a meaningful way.

Connect to Spirit: Take the time to participate in ceremony or a meaningful event to you such as sweats, baths, pow-wows, drumming circles, naming ceremonies, etc. Being connected to spirit is an important part of being balanced in wellness.

Nurture your spirit every day. Do something for yourself that makes you smile, feel connected to self or others, or provides you space to let go of your daily tasks/concerns. This could be walking in nature, dancing, writing, drawing, talking to another Elder, smudging, or playing with a child.

Call a Dietitian for Healthy Eating Advice: If you have questions about healthy eating and nutrition, you can call 8-1-1 toll free from anywhere in BC. Registered Dietitians at HealthLinkBC can answer a variety of nutrition questions from basic

healthy eating, to specialized clinical diets.

Importance of Activity: Along with a well-balanced diet, physical activity is an important part of health. Start out with a realistic target of steps in a day to maintain health, reduce cardiovascular risk and to help with stress management. Daily activity of a minimum of 30 minutes helps with your mental, emotional, spiritual and physical wellbeing. Walk for 15 min and turn around and walk back! Other activities include swimming, soccer, biking, dancing, hiking, and skipping.

**Have a question about the above Wellness Streams or want to share a tip?
Contact the FNHA Healthy Eating Team at nutrition@fnha.ca**

The 38th Annual Elders Gathering



July 7, 8, 9th, 2014 | Trade and Convention Centre in Penticton



Elders Gathering Delegation (Sylix) with King Emory and Queen Vera, invite Gathering Wisdom delegates to the 38th Annual Elders Gathering.

Chief Jonathan Kruger and the Penticton Indian Band are honoured to host the 2014 BC Elders Gathering. In 2014, the 38th Annual BC Elders Gathering will be the first year with Elder representatives coming from other provinces and the United States to witness the Annual BC elders gather. The importance to our Elders of community and coming together for the benefit of future generations cannot be over-stated.

For more information on accommodations in Penticton, please visit: <http://www.tourismpenticton.com/places-to-stay>

For sponsorship and volunteer opportunities please visit the Elders Gathering home page: <http://pentictonelders2014.com>

Imagination, Tradition and Innovation: The FNHA's Winning Cultural Traits

Madeleine Kētēskwew Dion Stout, First Nations Health Authority Board Member

First Nations Elders and healers helped to shape the Wellness Model also known as the First Nations Perspective on Wellness that now underpins and overarches the work of the First Nations Health Authority (FNHA). For me, this Wellness Model is foundational and factual because it brings out three winning cultural traits for the FNHA: Imagination, Tradition and Innovation.

Imagination is the act of seeing something of worth in one's mind. Tradition is something old which is so essential it is new again. Innovation is a homegrown and transformative device, activity or position. In short these winning cultural traits concern seeing, knowing and doing. They exist alone, co-exist or over-ride one another depending on the situation, how we internalize change and how we perceive one another.

Imagination, tradition and innovation have to be sought out in the spirit of health and wellness and must also be told and retold in our stories, experiences and learnings. By using a Cree lens and a health and wellness gaze, I want to take this opportunity to say why the Elders and healers I have come to know continue to inspire me in this respect. At the end of the day, nursing, public health and Indigenous seeing, knowing, and doing are all an integral part of the health and wellness circle and the FNHA.



Madeleine Kētēskwew Dion Stout as a nurse circa 1968.

“Without proper cultural knowledge it was very easy for my mother’s nurse to miss this nuance in meaning...her mother tongue was not valued and valorized for its true grit: Cree is collective, gender neutral, verb-based and full of original instructions.”

I would like to begin by sharing two personal nursing stories that show why tradition is more modern than modern is today. In May 2000, a doctors' strike was in full force in Alberta. During this disruption in health services, my 88-year-old mother Nōtikwēw (Old Woman) was shuttled from one site to another complaining: *mo'yéci épaskipiyan nāskikanih* ("I feel like my chest has exploded"). First, she was taken from the Seniors Lodge on my First Nation community to a hospital nearby. From there, she was transferred back to the Seniors Lodge despite her pain and cries for help. Finally, when her symptoms did not subside she was admitted to yet another hospital.

As she lay dying there from a heart attack, she was given a sponge bath by a non-Aboriginal nurse in the presence of my niece who is also a nurse. In her best English my mother asked the non-Aboriginal nurse "Am I low?" In her best bedside manner, the nurse answered: "No, Mrs. Dion. Your bed is just the right height".

My mother Nōtikwēw was clearly thinking in Cree when she asked directly about her state of being. In Cree "*ēnānāsosiyān cī?*" asks the question "Am I low?" but it begs the question "Am I dying?" Without proper cultural knowledge it was very easy for my mother's nurse to miss this nuance in meaning. Meanwhile, Nōtikwēw lay dying in a modern setting where her mother tongue was not valued and



Augustine Dion (right) is my grandfather, sitting with his brother Pierre Dion (left).

valorized for its true grit: Cree is collective, gender neutral, verb-based and full of original instructions. In this situation, modernity trumped tradition along with Elderhood and peoplehood. When I seared into my consciousness an image of Nōtikwēw my mother, who was silenced even while receiving end of life care, I knew viscerally her day had come as surely as it never did. That my mother raised her singing voice to the living drum who sang her home showed me unequivocally what is old and good is always new again.

I would like to share another nursing story I've lived because it shows how kēhtēyāk - the old ones - call on the gifts of imagination, tradition and innovation to take excellent care of oskiyāk - the new ones. My fever, sore abdomen and retching alarmed my mother enough for my father to hitch the horses up. Together we drove 10 miles by wagon to the hospital where I had my appendix removed. My Uncle Alphonse had died from a ruptured appendix just before I was born so when I started showing his symptoms my parents knew what to do. On the way to the hospital, we drove in the ditch because we did not quite make the grade with our horse drawn wagon against the fancy cars and trucks on the highway. From our path less traveled, we could only cross the highway to get to the other ditch. I lay in the wagon box as a little 7-year-old bearing witness to my dignified, help-seeking, care-giving mother and father who seemed oblivious to being relegated to the margins.

I like to think my parents assumed a traditional repose on this journey because they were at the centre of an alternative wellness project and a very possible mission. At a most impressionable time of my life, my parents' act saved my life and exposed me to the corresponding energy of nurses in winged hats and crisp white uniforms. I entered nursing school some 12 years later and after 60 years, I still bask in the tender loving care my nurses gave me as a little child in distress.

I will now fast forward to my 40th year as a nurse in 2008 when the Canadian Nurses Association celebrated 100 years of leadership and being a voice for registered nurses in Canada. These centennial celebrations resonate

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“The rainbow colours in FNHA’s Wellness Model capture my imagination because they remind me of the two Cree names for rainbow: ‘*pisimwēyāpiy*’ a lifestream of sun and ‘*kimiwanēyāpiy*’, a life stream of rain. Because it is a leading organization, the FNHA will be the first to feel the sun and the first to sense the rain. But rays of hope from Elders and healers will warm its work and even a perfect storm will not dampen its spirit.”

very strongly with me. I was humbled to receive one of the 100 Centennial awards for nursing excellence by CNA at the time. I can only attribute this accomplishment to the wagon loads of survival instincts and cultural traits my mother and father drove into me as a child.

My father hunted to feed us many a raw deer leg bone which when cracked in half exposed the bone marrow we dug out and feasted on using the sticks my grandfather whittled. Meanwhile, my mother's constant reminder wawēsihok instructed us to adorn ourselves as luxuriously as nature would so we could move with it and learn from it in stealth and presence. Today, public health is trying to stay focused on disease prevention and the health needs of populations as a whole against the new wave of health and wellness and the press of unmet individual human needs.

Madeleine Kētēskwew Dion Stout is from the Kehewin First Nation and a member of the First Nations Health Authority Board of Directors. Through her numerous accomplishments as a nurse, teacher, and philosopher, Ms. Dion Stout is a leader in the health development of Aboriginal people.

When we look up close at the FNHA, we witness a historical, exceptional, and forward looking First Nations health organization in Canada. Of note is the FNHA's vision: "Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities". The rainbow colors in the FNHA's Wellness Model capture my imagination because they remind me of the two Cree names for rainbow: 'pisimwēyāpij' a lifestream of sun and 'kimiwanēyāpij', a life stream of rain. Because it is a leading organization, the FNHA will be the first to feel the sun and the first to sense the rain. But rays of hope from Elders and healers will warm its work and even a perfect storm will not dampen its spirit. The FNHA is a Long House so it will be shielded from the elements by the Wellness Model also known as the First Nations Perspective on Wellness where the winning cultural traits of imagination, tradition and innovation reside. ■

Staying Active *cont'd from pg. 3*

At a young age and throughout my life, I worked at many different jobs representing my Nation – all the way up into Nuuchah-nulth Tribal Council and First Nations Health Council are very similar in many ways representing 14 First Nations groups in my region. I enjoyed these roles and it allowed me to share my culture and also speak to people about the importance of health and wellness.

Today as an Elder I wake up every morning and walk about 10,000 to 13,000 steps a day. I have a pedometer that I use every day and have a target setting of 10,000 steps. I also stay active by playing golf with my family and friends. I enjoy golf and believe you just need to find something you enjoy outside and you will find yourself always wanting to do it. I got my son into golf and we play together all the time. I have also got my wife into walking and she walks with me, so it is something we enjoy. We also invested in an elliptical machine in case the weather was bad, and we would not have an excuse to get our daily exercise. I also try to eat a balanced diet of fish, rice and fresh veggies and a salad of some type. I'm also happy to report that I am currently training for the Vancouver Island marathon in May and will be supporting our FNHC Chair, Grand Chief Doug Kelly and the Deputy Minister Terry Lake. I encourage folks to register and get involved in this opportunity to improve your health.



We also need to remember that it's never too late to set goals and objectives with our health. After my heart attack I had to start over again as I wasn't able to walk very far, but I never gave up and continued to walk and walk. I also recommend setting goals that are realistic and ones that you know are achievable. I never gave up and advise people to be committed and start slowly. We just need to ask the Creator for help and ensure we try to live a balanced life and just acknowledge that all things are connected, including our health.

"Hish-shuk-ish tsawalk" all things are one (connected).
"Isaak" respect for self and others (all things) ■

Spirit magazine asked our Cornerposts: What is the role that Elders play in keeping our communities well?



FRANK J ALEC,
Cornerpost for
the North

Hadee,

I am happy to have been asked for my observation to the work that I witnessed at the Gathering Wisdom VI at which time I was chosen to be a Cornerpost representing the North. This brief report is to remind the people involved that foremost a respectful diplomacy is maintained at all levels. Further, that there are many issues that can be addressed and resolved through meaningful dialogues by upholding our principles and values. While the transition and transformation activities are occurring, it will be in the best interest of all First Nations citizens that immediate action be taken on the matters of medical coverage or benefits and that they are listed for further discussions with Health Canada to ensure that their fiduciary responsibilities remains intact.

Although there are frameworks and structural templates being suggested to First Nations I suggest the following:

- Prioritize First Nations who have geographical challenges. More attention be given to the geographical challenges for some First Nations who are located over 2 hours away from the nearest services centre as some First Nations communities are only accessible through boat or air travel.
- Capacity building and training is consistent with implementing the framework or structural templates for all First Nation communities.
- Ensure that there are people visiting the communities to verify the challenges and perhaps take in more suggestions from the grassroots.
- Prioritize areas that have high levels of medical issues.

It is very important to remind everyone that respecting one another is the First Nations way, however one can easily be removed from this principle when one gets caught up with Government language and habits. I trust all of you who are working for the betterment of the children, youth, Elders and general public, that it is a fair and equitable process.

Awitzeh.



VIRGINIA PETERS,
Cornerpost for
Fraser Salish

During the Gathering Wisdom for a Shared Journey VI held in October 2013, First Nations throughout BC witnessed a most commemorative ceremony. The First Nations Health Council, First Nations Health Authority and First Nations Health Directors Association selected Elder's and young people to stand as Cornerposts and Living Markers to mark the historical Transfer of Health Programs and Services to First Nations from Health Canada. I was honoured to be one of the Elder's selected.

Our Creator (Chichel Siyam) certainly brought strong blessings, strength and encouragement to us at this Ceremony. Especially for the ones who worked so hard to get us this far in reclaiming our inherent right. Thank you to all of you (can't mention names for fear of missing someone) for your dedication and commitment. Many of us (Elder's) remember the Health Services we had as we grew up, too harsh to mention. We knew that our ancestors were traditionally capable to take care of their health needs, they knew their resources - taught by Xals, Himself as heard from their stories.

These traditional ways/skills became dormant when foreign systems were imposed upon us. Many generations suffered and many still suffer today from the attempt to change "who we are". We are ever so grateful that we are able to revive much of those ways, today we are experiencing cultural revival - to name a few, our culture, language, drumming, singing, dancing, traditional medicines, teachings (values), family (Indian) names, and being one with our land and it's resources.

O Siyam! We believe that the Creator brought us here to work together, to support one another so that we can be happy and healthy in all aspects. We know that we cannot be truly well unless we are healthy in all aspects, Mind, Body and Spirit. Being in charge of our own Health Programs, we will blend our ways with the Western Society to bring wholeness and wellness to our people, as we truly believe that one can achieve good health if he/she is connected to his/her spirit.

Siyamex.

Cornerposts: At Gathering Wisdom and in accordance with Coast Salish culture Cornerposts and Living Markers were selected in each region. Cornerposts are elders from each region who were asked to offer words of witness at the Gathering Wisdom Commemorating the Transfer Ceremony October 22, 2013. Cornerposts were asked to look after the work and the commitments made at Gathering Wisdom.

Tsawaayuus (Rainbow Gardens) Eldercare Home

“This is their house, we are the guests.”

DAVIS MCKENZIE



Honouring the original vision for Tsawaayuus is important says Manager Shaanee Casavant.

It started with bake sales, some dedicated aunties, and a vision. Today Tsawaayuus or Rainbow Gardens stands as one of only three First Nations owned and operated Elder care facilities in the province. “We thought that aging could be something fun that we do with our friends,” said Laura Talbot, now 87-years-old and founding sister of Rainbow Gardens.

Tsawaayuus (or Rainbow Gardens) is a 31-bed complex care facility with 10 assisted living beds located in Hupacasath and Tseshaht territory in Port Alberni, BC. The home was established in 1987 and is funded by the Ministry of Health under the Continuing Care Program and licensed under the Hospital Act. Tsawaayuus is operated by West Coast Native Health Care Society and governed by a volunteer board of directors.

Shaanee Casavant, Manager at Tsawaayuus explains an inherent challenge with running an Elder’s facility aimed at serving First Nations: “As First Nations people, we often feel guilty asking for help with our Elderly parents. We are proud of the fact that we don’t just put our parents away. The reality is that in this day and age with so many people working we are not equipped to provide complex care, or 24-hour care. This is simply a fact, the care required cannot be provided 24-hours a day in someone’s home.”

HOW IT STARTED

Laura Talbot moved her young family from Prince Rupert to Port Alberni in the late 1940’s and became active in the local community. “We were always fundraising for something back then. I remember

when we opened a second hand shop in the 80’s and one of the volunteers sold the shoes right off my feet! We always had so much fun together raising money for different charities.”

Talbot was one of many First Nations people from across BC to move to Port Alberni in this era. Attracted by a booming economy bolstered by fishing, logging and the pulp mill, many First Nations came and never left. An active local chapter of British Columbia Association of Non-Status Indians (BCANSI) was built and it was through BCANSI that the idea for Tsawaayuus took flight. “It started in the 80’s with a group of mostly women who were living away from home and did not want to end up on the street or living in extreme poverty. Our aunties decided that they wanted to be taken

“It really is quite simple, our staff are committed to learning about each resident as a human being... We work hard to find out as much as we can about our residents. We honour their humanity in all of our interactions.”



Laura Talbot (Tsimshian) was instrumental in the early organizing and fundraising efforts that made Tsawaayuus dream a reality.

care of by our own people, after all - who understands us best?” said Chief Hugh Braker of Tseshaht who was in his 20’s when the idea was born. “We discussed the concept of a care home and to be honest we struggled with it. It’s not in Nuu-chah-nulth culture to send people away. We talked it over for a long time. We envisioned a facility that would meet specific needs of advanced and 24-hour care.”

“The fundraising never stopped,” remembers Talbot. In four years a small group of dedicated volunteers raised \$75,000. Once the seed money was in place, larger grants were applied for

and won. For the dedicated volunteers of BCANSI the stars aligned in 1989 when the BC Ministry of Health announced the allocation of 100 long-term beds to Port Alberni. Casavant acknowledged Dave Haggard, Bunt Cramner, and the United Native Nations, who were all instrumental in getting the project off the ground. “Our mission to create beds for Aboriginal people attracted support,” said Braker. The project was accepted and the hard work began.

HOW IT WORKS

At Tsawaayuus staff strive to keep each Resident as well as they can

be - physically, mentally, emotionally, spiritually, and culturally. The team is guided by values and a strong philosophy grounded in First Nations ways of being. “It really is quite simple, our staff are committed to learning about each resident as a human being. Some of our residents come to us with Dementia, we know that this stage of life, does not reflect the whole of their life. We work hard to find out as much as we can about our residents. We honour their humanity in all of our interactions.”

Residents come to Tsawaayuus from all walks of life. Through referral processes some street involved Elders have walked through the doors and finally found a safe home, surrounded by surrogate nieces and nephews to care for them. Staff recognize that each Resident has a family they are important to, whether it’s the family within Tsawaayuus or their relatives in the community. This respect extends to the space itself and the recognition that this is home says Casavant, “This is their home, we are the guests.”

Although the facility is not exclusive to First Nations and Aboriginal people, Tsawaayuus staff advocate for priority placement of First Nations in the facility. “We are committed to honouring the original vision of us as First Nations looking after our own people through a First Nations Elder’s facility,” said Casavant.

Continued on next page. . .



Today, approximately 75% of the staff at Tsawaayuus are First Nations.

“What we have learned is that many other Canadians are attracted to our First Nations philosophy and our excellent care-givers.”

Kaa-in Services employs workers for Tsawaayuus and today the venture is a major employer for First Nations in Port Alberni. With a staff complement of 60 strong the majority of whom are First Nations, the opportunities just keep growing. “An important aspect of our original vision is that our people would work there, that this would create jobs,” said Talbot. Today, approximately 75% of the staff at Tsawaayuus are First Nations. “There are good opportunities for rewarding work and a nice quality of life,” explains Casavant. “Laddering is a big part of our strategy, many of our staff begin as casuals, as Dietary Aids. Those that are eager and are a good fit will return to school and come back to us. They often move to permanent positions at Tsawaayuus.”

Staff consistently go above and beyond to ensure that the residents have a good quality of life. Last year on short notice, Chief Braker dropped off 80 fish fresh from the river. The fish got taken care of and put away for the Elders to enjoy through the year. “We are fortunate that Nuu-chah-nulth families and tribes remember their relatives and share traditional food when it is available. Most important to Tsawaayuus residents is their family time and attention.” The Tsawaayuus staff also organizes

memorials when one of the residents passes away. “Many of us start feeling like the residents are our own family. Grief can catch up to us. It is important to acknowledge our loss when a resident passes away,” said Casavant.

WHAT THE FUTURE HOLDS

Building on the success of Tsawaayuus, the Tseshaht Nation has contracted its home care services to Kaa-in Services. “Its complex work and they deliver excellent services,” said Chief Braker of the Nation’s move to contracting Home Care Services. Kaa-in Services is the management firm that operates the care facility on behalf of Westcoast Native Health Care Society. Contracted services with Tseshaht include homecare program, medication monitoring, and light house-keeping for Elders and those with disabilities.

The Tsawaayuus model of care has others paying attention and is now expanding to Tofino. Westcoast Native Health Care Society recently signed a lease to plan, build, and operate a residential care facility on land next to the Tofino General Hospital, building on the many years of effort put in by the Pacific Rim Communities Seniors Housing Society to establish a residential care facility. Westcoast Native Health Care Society looks forward to expanding operations and serving more Elders and seniors of the west coast. ■

MAKING YOUR VISION A REALITY: ADVICE FROM THE TSAWAAYUUS TEAM

- 1) Have a long term vision. Be clear about your principles, values and beliefs. Laying a solid foundation in your early planning stages is essential.
- 2) You must have good business sense, it can sound crass to talk about Elder care as business but you must think about it as business in order to be successful. Start with a business plan that includes training and recruitment of caregivers. You have to pay a decent wage.
- 3) Get the support of your community, local First Nations and local senior’s community.

Snuweyelh Life Lessons

LEAH GEORGE-WILSON, TSLEIL-WAUTUTH NATION



Our Grandmothers on both sides of our family were the holders of our history. They gave us so much in terms of time, life lessons and teachings/snuweyelh. I learned to accept our responsibilities and obligations to our family and our community from these role models.

I was fortunate enough to grow up having Grandparents. Our Grandfather was our Hereditary Chief. Our Grandmothers on both sides of our family were the holders of our history. They gave us so much in terms of time, life lessons and teachings/snuweyelh. I learned to accept our responsibilities and obligations to our family and our community from these role models. I had great relationships with my three grandparents that I knew. They taught me some language, a lot of family genealogy and oral history - although I didn't know it was oral history at the time. And they gave us our ancestral names so that we would always know who we are.

My parents and grandparents were products of the residential school system however, I didn't know that growing up. They didn't really talk about it. They showed us that we could be anything we wanted to be and encouraged us in education and sport. They encouraged us every step of the way, whether we were furthering our education, starting jobs or starting our families, they always supported us. They often joined us at graduations, soccer games, lacrosse games and canoe races. Their houses were havens to us. A day doesn't go by where we don't think of them and the teachings they left us. When we were young, our grandparents told us about their parents and siblings. They told us history about our people that were already on the other side. I know stories about my great grandparents that were long passed away by the time I came along. We had photos and they would tell us stories about them and made them a part of our lives, it is as if we knew them.

They encouraged us to travel and see the world, knowing that we would come home and help in the community. We learned well. Now, my parents, Ernie "Iggy" and Deanna George are Elders now. They are in their 70's, and my Dad is now coming to terms with being an Elder. He is our hereditary Chief, and my Mom was our first band social worker and then drug and alcohol counselor (from the frying pan into the fire). They support their 11 grandchildren in education, sport and music. They gave all of their grandchildren ancestral names. Each child knows who held the name prior, and understands the gift and the responsibility. Most of these grandchildren have been to the special areas of our territory and they have heard the oral history. Some are learning the language, some paddle in the canoe, and all have the stories of their grandparents. They attend ceremonies of our people and understand the importance of knowing who we are.

Life is different now, all the children lead busy lives. It doesn't seem like we get together as often as a family. But when we do - there is a lot of love and laughter involved. Now there are great grandchildren, 11 so far. We have four generations of Ernie Georges, there have been five in total. We have another generation to whom we can pass the knowledge. We have tons of photos of our late grandparents, our aunts and uncles that went too soon that we will show, so our own grandchildren will know them. I am so blessed that my sisters let me borrow their grandchildren. We will keep telling our history, we will continue our ceremonies, and we will talk about the ones passed on. We will keep their legacy alive with all of the lessons, the teachings/ the Snuweyelh. The greatest gift I have been given by my old people is the gift of knowing who I am as Tsleil-Wautt (one of the Tsleil-Waututh). Someday, my generation will be Elders, and I worry about that. What if we don't know enough? What if we forget? And then I remember my Grandparents and my parents and I know that we will be okay. ■

Spirit Walk: End of Life Planning

ERIN MORISSETTE

Critical illness can arise at any age, but as we get older it becomes inevitable that we will have firsthand experiences with health issues - in ourselves or in the ones we love. Sometimes at these difficult times we find ourselves in desperate situations - underprepared and unclear of the best path to take.

When the unexpected happens, however, sometimes we must make important decisions on behalf of those we love. How do we decide how to proceed with a loved one's care, when our loved one can no longer communicate their wants? Every situation is different, but certain approaches can be helpful in many tough times when making decisions on behalf of loved ones who are incapable of making (or communicating) decisions for themselves.

1. If your loved one is awake and at all able to understand, do your best to provide them as much respect, autonomy and dignity possible. Seek their consent and guidance. Let them know what is happening and give them choices and options when you can. If they can't speak, examine their expressions and reactions for guidance.
2. The decision-making process is important to all involved. Unless a substitute decision-maker has been identified, certain people will have more say in decisions about care than others (e.g. a husband or wife over a good friend or parent). Determine who should be involved in decision-making. If there is any uncertainty, ask yourselves who is most familiar with your loved one's wishes, values and priorities.
3. Do your best to follow your loved one's wishes. When they have not expressed their wishes, we often find ourselves asking questions like "What would be best for them?", "What would be best for the family?", "What would I want?" When you are not sure how to proceed, make every decision by asking yourselves: "What would they (your loved one) want?" Think about how they define quality of life, how they would want you to act and proceed and communicate this to all involved health professionals.
4. Where disagreements arise between family members and friends, remember that some decisions take time and try to work through tough decisions with an impartial, trusted third party.
5. Use your resources. Hospitals and health care facilities may have social workers, spiritual workers, nursing staff and other professionals who can help you work through difficult decisions. Even when their backgrounds are not similar to yours, they likely have experience in these types of situations and might be better able to help you navigate.
6. Try to understand and work in cooperation with health care professionals. Even though sometimes we do not like the things they have to say, the recommendations they make are based on hard-to-balance factors such as:
 - **A patient's best interests**
 - **Minimizing harm**
 - **Right to refuse treatment and right to dignity**
 - **Right to be fully informed about one's illness and treatment options**

Planning for the Future

You don't need a fancy legal document to help your loved ones make decisions about your care in the event that you are unable to make important decisions. You can do two simple things right now to make difficult times easier for your loved ones.

- 1) Identify a substitute decision-maker to make decisions on your behalf.
- 2) Along with your substitute decision-maker, write a "living will" or "advance care plan": a note that explains what medical treatments you would or would not want in a situation where you're not able to voice these preferences for yourself.

Decision-Making and Uncertainty

When there seems to be endless decisions to be made and factors to be considered, trying to plan for an uncertain future can be overwhelming. Simplify by:

- 1) Approaching only the very next decision or very next step that needs to be made.
- 2) Reducing the number of options. Maybe you can't agree on the one path, but you can agree on 5 paths that are no-go's.

Any decision about health care has both pros and cons for the person in question, caregivers, family members and others. Decisions will impact not only your loved one's physical and emotional well-being, but also their quality of life, and the quality of life of caregivers and family members. In tough times, even the very best decisions can lead to disappointment. Be kind to yourself and to those around you in these difficult times and plan for your future to help make things easier in the event that something happens to you. ■

Small Steps: Healthy Elder Tips



- Drink water during the day to make sure you stay hydrated. If you prefer, flavourful tea is nice drink.
- You are never too old to see the dentist!
- Staying active helps to keep muscles strong and improves balance.
- Take your time getting up, balance can weaken with age so if you get up to fast you could feel dizzy and increase the chance of a fall!
- Look around your house for tripping hazards like electrical cords or loose mats.
- Pamper your toes. If you can't reach your feet ask for help with keeping them feeling and looking good.
- Challenge you brain! Engage in conversations, work on puzzles, do word or number games.
- Share your wisdom!
- Studies have shown that Elders who maintain their strength by working their muscles have better health and live longer. There's lots of ways to do this: get out and dig in the garden, practice standing up from a chair several times in a row, or use local community centre work-out facilities.

Spending time with Elders benefits everyone! Young people learn about patience, and hear the stories that Elders can tell. Elders find out more about technology and can help other understand the healing power of laughter. Every connection with others helps us be healthier people. ■

Embers of Resilience and Strength: The Role of Elders in Healing from Residential Schools

ISABEL BUDKE, FNHA Senior Advisor



Byron Joseph (Squamish) provides a welcome to the territory.

The multi-generational, traumatic impacts of the Residential School experience continue to profoundly affect the lives, health and well-being of so many First Nation individuals, families and communities across BC and Canada, both young and old. Many Elders have felt the most pain of these unacceptable experiences, and their wellness is essential to healing the intergenerational trauma from this shameful period in Canada's history. Elders are often referred to as the foundation of a community and their needs are a priority for program redesign of former Health Canada Residential School related services by the First Nations Health Authority (FNHA).

On October 1, 2013, the 'Indian Residential Schools Resolution Health Support (RHS) Program' was transferred from Health Canada to the FNHA - along with many other programs and services. "The FNHA has made this program a top priority for improvement and transformation and carried out a review to identify successes, gaps and issues with delivering the program

throughout BC," said Richard Jock, Vice President of Policy, Planning and

**"In order to heal a
community, we need to
have healthy Elders,"**

**Margo Sagalon,
Adah Dene Cultural
Healing Camp Society**

Strategic Services with the FNHA. This review complements a Memorandum of Understanding between the First Nations Health Council and Health Canada to establish a process for sharing comments and advice received from First Nations, individuals and organizations about the RHS program. Focus groups and interviews with the eight organizations currently delivering the RHS program across BC formed the core of the review, supported by interviews with FNHA and Health Canada staff. "Our goal is to ensure the needs of survivors and their families across the province are met," said Jock.

Elders and traditional healers play a central role in the RHS Program as 'Cultural Support Workers'. Along with 'Resolution Health Support Workers' and counsellors, who provide mental health services, Elders are instrumental in supporting survivors and their families throughout the process of implementing the Indian Residential School Settlement Agreement. Most Elders and their families have been directly affected by Residential Schools themselves and draw on the strength of their traditions, languages, spiritual beliefs and healing gifts in their work. "It needs to be holistic healing for survivor and family in order to address the intergenerational impacts," according to staff from the Intertribal Health Authority.

Program providers say that Elders are influential for delivering and participating in the program by sharing their stories and how they have overcome their hardships. "Any healers coming to our community are based on the advice of the Elders. They are always concerned about their loved ones, children, grandchildren, and they want them to have a healthy lifestyle," said Margo Sagalon, from the Adah Dene Cultural Healing Camp Society near Fort St. James. "No matter how long we book in advance, there is always a waiting list. People cannot get enough of traditional healing, healing circles, healers, and holistic medicine."

All organizations delivering the RHS Program have a network of Elders who are available to share ceremonies and healings, including brushing, sweats, prayers, and others. Most organizations hold regular events and gatherings specifically

“At Gitxsan Health Society, we are building healthier communities and families—starting new habits that are positive, healthy and fun, that create community spirit. We are working together as a whole to be strong and vibrant again as individuals and as a Nation. That resiliency is there and we need to recognize it. The embers are there, we just need to feed them,” Julie Morrison, Executive Health Director, Gitxsan Health Society

for Elders, and some include youth to foster connections, transfer of knowledge and respect and “to teach how things were”, according to Julie Morrison, Executive Health Director of Gitxsan Health Society. “We need to help people find peace in their hearts...to re-build self-esteem. This will take time, because what we see now in our communities is an inter-generational impact. We want to get to where people feel good about who they are and know where they belong to,” she said. “Meeting people where they are at is very important. We try a variety of things, so we can help people at their level with their respective needs.”

While there are many shared experiences among residential school survivors and their families, each person’s individual circumstances and healing path are different. Yvonne Rigsby-Jones, Executive Director of Tsow Tun Le Lum Society, often hears that through their programs, people learn how to process layers of anger, grief, loss, shame and depression. They learn to not only truly love their children but also themselves. “The healing that comes from that is amazing,” she said.

One of the recurrent themes in interviews is the importance of and ongoing need for traditional healing practices, cultural ceremonies and protocols - which are often blended successfully with western healing methods. “Incorporating our culture

Continued on next page. . .

Available Services

Services provided by the RHSP are available to all survivors and their family members, including the Independent Assessment Process (IAP) and Common Experience Payments (CEP) recipients and include:

- Cultural and emotional support services (by Cultural Support Workers, including Elders and traditional healers, and Regional Health Support Workers)
- Professional counseling (by registered counselors or supervised by them)
- Assistance with transportation to counseling and support services
- 24/7 National Indian Residential School Crisis Line set up to provide support for former Residential School students - toll-free 1-866-925-4419

The toll-free FNHA information line is:
1-877-477-0775

Recommended Reading on Residential Schools

- My Name is Seepeeetza
- They Called Me Number One
- Indian Horse
- Shingwauk’s Vision
- Resistance and Renewal

Reconciliation Canada: History and Background:
www.reconciliationcanada.ca/explore/history

University of British Columbia
– Indian Residential School Initiative:
irsi.aboriginal.ubc.ca

Assembly of First Nations – Indian Residential Schools: www.afn.ca/index.php/en/policy-areas/indian-residential-schools

Truth and Reconciliation Commission of Canada: www.trc.ca

Indian Residential Schools Settlement
– Official Court Website:
www.residentialschoolsettlement.ca



Photo: Trevor Kehoe, Osoyoos

The FNHA has heard clearly the concerns over the current and future resourcing of the RHS Program, its relatively limited mandate and the geographic distribution and accessibility of services across the province and in remote locations. Moving forward, the FNHA will continue to work with service providers to identify and implement actions and strategies to address issues and enhance the program, including more equitable and comprehensive services across the province.

has been working for us and is the proper way to deliver the program,” said staff from the Nuu-cha-nulth Tribal Council.

The Talmexw Awtxew programming run by the Sts’ailes First Nation integrates with the adjacent community and respects community protocols so that cultural integrity is not a token approach but weaved within the entire program. Repeatedly, interviewees stated that it is important to incorporate language, dance, and culture into the program, working with the Elders, and that support for this programming must continue. “We are still operating out of a western based mental health paradigm,” said Dr. Naomi Dove, Public Health Physician with the FNHA. “We need to look more at systematically integrating locally relevant, culturally based approaches through all of the mental health program areas.” A

crucial concern related to the counselling services provided through the RHS Program is cultural competency and emotional safety. Many counsellors, in particular non-Aboriginal counsellors, are not prepared to deal with the often unspeakable, unbearable character of Residential School trauma. As an immediate action step resulting from the review, the FNHA is now offering Cultural Competency training to RHS Program staff and counsellors and is planning for additional professional development.

The FNHA has heard clearly the concerns over the current and future resourcing of the RHS Program, its relatively limited mandate and the geographic distribution and accessibility of services across the province and in remote locations. Moving forward, the FNHA will continue to work with service providers to identify and implement

actions and strategies to address issues and enhance the program, including more equitable and comprehensive services across the province. The FNHA will also be pushing nationally for ongoing and sufficient funding to meet the related needs of individuals, families and communities and to support the activities delivered through the RHS Program. While agreements currently commit the FNHA to deliver this program in accordance with Health Canada’s national standards, policies and procedures, the review identifies opportunities for enhancements, new approaches and greater integration with other programs and services for Aboriginal people in British Columbia, including mental health, substance use and trauma programs. Together with Contribution Agreement holders and partners, the FNHA is developing an action plan to guide the transformative work ahead on this healing journey. ■

Read more on Residential Schools and the FNHA: www.fnha.ca

Kitasoo-Xaixais Health Director Cindy Robinson

PHILIP HOGAN

Being a First Nations Health Director is a tough job, especially when your community is remote from most health services. Cindy Robinson, Health Director for the Kitasoo-Xaixais Nation in Klemtu knows all about the challenges of providing health services in such a situation. Klemtu is a remote First Nations community on the Central Coast with a population of approximately 300. It's a stable and growing community with a young population but can be difficult to access, particularly during bad weather, which is a common occurrence on the Central Coast. Like many First Nations, Klemtu faces challenges in health service delivery. Many services are not available in the community and for medical emergencies or to see specialists, most patients must leave for treatment.

"I was always told to take care of myself, so I do my best to promote self-worth. It is easier said than done. I was never taught how to grow my own self-esteem or self-worth which went underdeveloped for years," she said. "Enable your mind to see yourself healthy, vital and strong, and instruct your body to follow. Once you do so you feel a heightened appreciation for self and those around you. Reject whatever is unhealthy to you. Health promotion is not useless or worthless when offered with genuine care!"

Her biggest accomplishment has been to get six emergency medical responders trained to help tackle her community's lack of emergency personnel. The nearest access to physicians,

"Enable your mind to see yourself healthy vital and strong, and instruct your body to follow. Once you do so you feel a heightened appreciation for self and those around you. Reject whatever is unhealthy to you."



Pictured here, in front of the beautiful Kitasoo-Xaixais Health Centre are (left to right): George Johnson (Wuikinukxv), Cindy Robinson (Kitasoo-Xaixais), Philip Hogan (FNHA), Maria Martin (Heiltsuk), and Paul Willie (Wuikinukxv).

The First Nations Health Directors Association recently awarded Inspiration Awards for 2013 as a chance for Health Directors to be recognized and honoured for the "tireless, hard work they undertake with love, enthusiasm and ingenuity". Through the honouring of one another, the FNHDA wants to inspire others to continue to strive to be the best they can be, share best practices of their achievements with one other and strive for excellence in Traditional Wellness, as reflected in their Mission.

A member of the Kitasoo-Xaixais Nation, Cindy has been Health Director since 2010. Her work has included hosting workshops on lateral violence and self-esteem, community surveys on HIV/AIDS and regular health updates. She is passionate about getting community members to take responsibility and initiative to improve their own health.

hospital, and community health services is in Bella Bella, approximately 80 km away by float plane or boat. Encouraging people in the community to get certified to be first responders and emergency medical responders has promoted a sense of relief and security in the community's health that would be hard to achieve without them. Cindy's advice to other Health Directors is to "do your best to work with any health agencies, health professionals and your own staff: Always look to invest in your own health human resources!"

Cindy is committed to on-going wellness and is optimistic in her efforts to improve her Nation's human resources. She has proven a strong record for supporting her community's functioning wellbeing and demonstrated continuous attention to improvement in her knowledge of staff management and planning. Over the years she has also independently undertaken steps to increase her own grasp of Health Care Systems, Human Resources Management, and Professional Leadership, which has in turn supported her Nation.

Serving as the Kitasoo-Xaixais Nation's Health Lead, Cindy is determined to promote self-care, self-management, and personal accountability to the Community. The fabric of family is important to attain Health. Cindy believes personal accountability will stem from acceptance of what one needs to change or refine. Despite the loss developed in First Nations communities there are people who have shown resilience. ■

A Good Day for Grandma (Kyé7e) and Me

DR. WENDY HULKO, JESSICA KENT, AND DANIELLE WILSON

Since Fall 2009 Dr. Wendy Hulko, Associate Professor at Thompson Rivers University (TRU), and colleagues from Interior Health, including Danielle Wilson, Practice Lead at Aboriginal Health, have been speaking with Secwepemc Elders about Secwepemc views on memory loss, aging, and healthcare and applying their learning to improving care for Elders. At the suggestion of Elder advisors to the Culturally Safe Dementia Care research project, funded by the Michael Smith Foundation for Health Research, and co-led by Hulko and Wilson, the researchers turned their attention to developing a way to give back to the Secwepemc Nation and share their research findings in a meaningful way.

“It is important for researchers to give back to communities as a demonstration of respect and reciprocity, key principles the team has applied to their work with Secwepemc Elders, along with relationship and relevance,” says Hulko. As a more concrete means of demonstrating this, Wilson suggested the research team develop a video and storybook for Secwepemc schools about what the Elders had told them in a way that would reflect Secwepemc culture. The researchers had heard that there is a lack of teaching tools that reflect the Secwepemc worldview available to teachers and that children and youth would benefit from more culturally specific educational resources.

Hulko and Wilson developed a proposal and received a grant from the Canadian Dementia Knowledge Translation Network and the Alzheimer Society of Canada that enabled them to contract First Nations artists Karlene Harvey and Trevor Mack to work with their research team, including the Elder advisors to



develop the teaching tools. “These dementia knowledge translation tools were developed as a result of the discussion with the Elders – they felt that their youth were disconnected from their culture, resulting in a widening gap between the youth and their community Elders. So the video and storybook were viewed as way to

The 22-minute video is made up primarily of interviews with Secwepemc Elders and is aimed at high school students. The storybook, appropriate for children in grades three to six, is about a Secwepemc family and incorporates Secwepemc words.

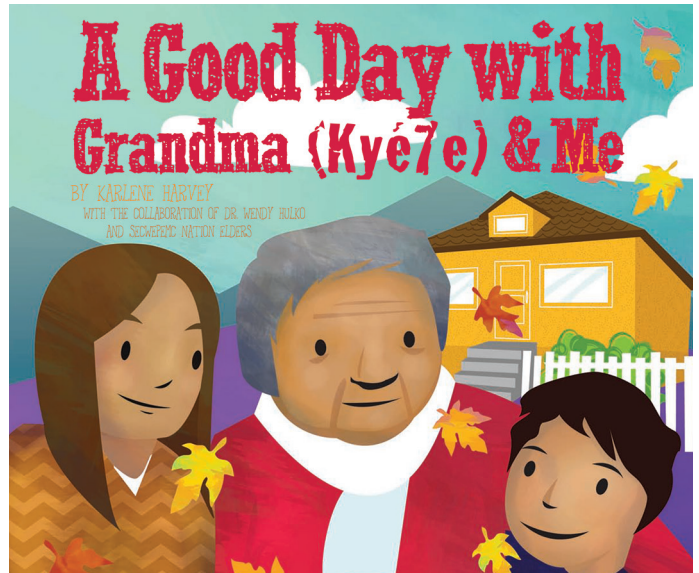
re-connect these generations and at the same time inform the Secwepemc youth about Dementia among their Elders,” says Hulko. The 22-minute video is made up primarily of interviews with Secwepemc Elders and is aimed at high school students. The storybook, appropriate for children in grades three to six, is about a Secwepemc family and incorporates Secwepemc words. Research assistant, Jessica Kent met with the staff and educators of various Secwepemc community schools, as well as with Secwepemc community members and gathered feedback on the teaching tools. This feedback was extremely positive and indicated the tools would be widely used.

There has been overwhelming support for the creation and distribution of the teaching tools, which were meant to be a gift to the Secwepemc Nation. Interestingly, the researchers have received requests to purchase the books from non-Indigenous people who are family members of persons

with dementia and/or educators and connect the story of the Kyé7e [Secwepemc grandmother] and her grandchildren to their own experiences. More importantly, the researchers found that Secwepemc community members were very enthusiastic and had many ideas regarding how the project could be strengthened and further developed. What the researchers had considered to be an offer of thanks has confirmed that there is a deep desire in Secwepemc communities for locally developed teaching tools. "If we were to do another project like this I think I would aim higher," says Kent. "I am thrilled the project is so popular, however, it has also shown me that there is a huge need for more initiatives like this."

The researchers held a screening of the film entitled Remembering Our Way Forward: Dementia from a Secwepemc Perspective and a book launch of A Good Day for Grandma

"They (Secwepemc Elders) felt that their youth were disconnected from their culture...so the video and storybook were viewed as means to re-connect these generations and at the same time inform the Secwepemc youth about Dementia among their Elders," says Hulko.



(Kyé7e) and Me in July of 2013 as part of the Indigeneity and Dementia Roundtable Forum at TRU funded by the Canadian Institutes of Health Research. They were also able to mail out packages of DVDs and storybooks to all eleven of the Secwepemc band schools this winter. In addition, the video has been posted on the TRU YouTube channel and a PDF of the book can be downloaded. Links to these online resources can be found at: <http://inside.tru.ca/2013/12/20/elder-stories/>. The research team welcomes feedback on the teaching tools, particularly stories of how people have used the book and video and the kinds of conversations that have happened as a result. Dr. Wendy Hulko can be contacted at: whulko@tru.ca and Danielle Wilson can be reached at: Danielle.Wilson@interiorhealth.ca. ■

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First Nations RE:ACT Tool

Recognize, Report and Act on Older Adult Elder Abuse and Neglect

PATRICIA BELL,
FNHA Home Care Nurse Advisor

“We all have the power to self-heal as we have lived for thousand’s of years; the culture has been in use for thousand’s of years. It takes care of us. We are all medicine to one another,” Elder Sarah Modeste.

Abuse of Elders happens in communities every day. Each year there are over 5,000 reported cases of abuse. A survey conducted in 2008 reported that one in five Canadians know of an elder who might be experiencing some form of abuse. Ninety-six percent of Canadians think that this abuse is hidden and goes unreported.

Elder abuse is defined as any action by someone in a relationship of trust that results in harm or distress to an older person. Commonly recognized types of Elder abuse include physical, psychological and financial. Often more than one type of abuse occurs at the same time. Financial abuse is the most commonly reported type of Elder abuse.

In 2011, the National First Nations Re:Act Manual and e-Tools were produced in British Columbia. Representatives from several First Nations communities including Elders, health and social service workers, advocates, academics, artists and community members provided input for the development of these materials.

With the intention of helping communities develop prevention and response plans, the BC FNHI Home and Community Care Program distributed the Re:Act Manual and resource materials to First Nations communities in 2012. Nurses at the following

Thank you so very much for the invitation, sharing information, giving us tools, an opportunity to network, and devoting your time to help promote this and empower our First Nation communities which will help protect and keep our elders safe/healthy/strong. Thanks.

Nursing Education Forum received instruction on the resources and access to additional copies of the Manual. In 2013, the first workshops were conducted by home and community program staff in centrally located communities. More workshops are planned for 2014 in Westbank, Victoria, Fort Nelson and Vancouver.

The first workshops were held in Prince George, Campbell River, Kamloops, Cranbrook and Vancouver and covered topics contained in the Re:Act Manual. Participants discussed that any form of Elder abuse is wrong, and that we all need to “Break the Silence” surrounding our suspicions of Elder abuse in communities. Group discussions included signs and symptoms of abuse and neglect, prevention activities, assessment and reporting of abuse and neglect, exposure to available resources and how to form a Community Response Network.

What is Abuse?

Abuse is the deliberate mistreatment of an adult that causes the adult physical, mental, or emotional harm, or causes damages to or loss of assets. Abuse may include intimidations, humiliation, physical assault, theft, fraud, misuse of a power of attorney, sexual assault, over medication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors or other basic human rights.

What is Neglect?

Neglect is the failure to provide necessary care, assistance, guidance or attention that causes, or is reasonably likely to cause the person physical, mental or emotional harm or substantial damage to or loss of assets.

What to do:

- Involve the older adult as much as possible
- Determine if the older adult is able to seek support and assistance on their own
- Ensure the older adult has support and assistance and is in a safe place
- Refer to the designated responder in your area
- Follow steps in the First Nations React Manual

To date, 108 participants from over 50 First Nations communities in BC have attended these workshops. Participants included Elders, health centre staff (Health Directors, home care nurses, community health nurses, home support workers, educators and homemakers) as well as social development coordinators, band administrators, alcohol and drug counsellors, transportation staff, and Elders coordinators. The workshops were facilitated by Patricia Bell and Susanne Hale, both currently employed by FNHA in the Home and Community Care Program, Nursing Services.

Evaluations of the workshops have been significantly positive. Participants felt that they were no longer alone in dealing with the issue of Elder abuse. They were amazed at the number of resource materials available to them and they returned to their home communities with confidence and a plan on what to do next. These plans involved educating others, sharing

information and resources, speaking to and monitoring situations with Elders with whom they worked and creating community response networks.

All materials for the workshops and additional resources are available online at www.vchreact.ca and www.media.knet.ca. Work continues to update the workshops. They are being revised to be delivered in one-day sessions and a video presentation will be made available through the FNHA. Discussions are taking place to potentially hold the sessions through the UBC Learning Circle and perhaps through the Telehealth Expansion project.

For more information or to register for a workshop please contact Patricia Bell at patricia.bell@fnha.ca. For more information on the National First Nations React Manual visit: www.vchreact.ca ■

What is Self-Neglect?

Self-Neglect is any failure of an adult to take care of themselves that causes, or is reasonably likely to cause within a short period of time, serious physical, mental, or emotional damage or loss of assets.

This could include:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness disease or injury
- Suffering from malnutrition to such an extent that without intervention, the adults physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others or causes damage or substantial loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her own assets in a manner that is likely to cause substantial damage to or loss of the assets

Who to Call?

Discuss the situation with someone at your local health clinic or social development office. Look for a community response network. Designated responders may include:

- Community Health Nurse
- Community Health Representative
- Social Worker
- Elder Support Worker
- Home/Personal Care Worker
- Drug and Alcohol Counsellor
- Family Support Worker
- Social Development Worker
- Restorative Justice/Court Worker

If you are witnessing an emergency, call 9-1-1 or your community emergency number.

If you are not sure about talking to the police, call VictimLink BC at 1-800-563-0808 to discuss your options.

The Public Guardian and Trustee investigates reports of financial abuse, and can provide financial management services for adults unable to manage their own affairs. Call toll free in BC at 1-800-663-7867 and ask to be transferred to the Public Guardian and Trustee.

The BC Centre for Elder Advocacy and Support provides a range of programs that educate, support and advocate on behalf of their clients. Call toll free in BC at: 1-866-437-1940.

Elder/Doctor Communication

WITH DR. NAOMI DOVE, DR. ISAAC SOBOL, AND DR. SARAH WILLIAMS

Hi. My mom is in her 70's. I have witnessed her talk to her doctor and realized that they speak a whole different language. She talks about different medicines that make her feel "fuzzy". She can't say the name of the medication. She thinks that antibiotics cure anything. There are many things she doesn't understand. I believe that there are many Elders who have this communication problem. I am 60. My community health nurse sometimes comes with me to see my doctor. She explains things to my doctor and then explains to me. She closes the gap. I feel that most of the time healthcare workers believe that I won't understand so they don't explain things to me. I believe it would be a big help if all Elders had this liaison. Just a thought and concern.

What a great question. First of all, it's important to realize that health care is not only about doctors' visits, tests and prescriptions, but it also has to do with taking care of our physical, mental, and emotional well-being. Our health affects us in many ways, and the decisions we make about such things as medical treatments and lifestyle can have a big impact on our ability to reach our life goals. By asking these questions, you are taking a great stride in taking care of you and your mother's over-all health and wellness.

How well you and your doctor talk to each other is one of the most important parts of getting good health care. Unfortunately, talking with your doctor isn't always easy. A good patient-doctor relationship is a partnership. Creating a basic plan before you go to the doctor can help you make the most of your visit. We suggest talking with your doctor about the medications being prescribed so that you clearly understand what you're

taking, how it should be taken and why it's important. Don't be afraid to bring all your medication, including any over-the-counter drugs or supplements you are using, in a bag with you to your doctor's visits.

Have your doctor write in your wellness journal, make a list for you, or write directly on your bottles if necessary. You and your doctor can work as a team. Also, just as you have a community nurse liaison, taking someone that your mother trusts to her doctor's appointment would be a great way to assist in closing the gap. Perhaps encourage your mom to bring you or a close family friend if possible. You can also have your mother discuss her needs with her community health professionals, such as her pharmacist that fills her prescriptions. Most pharmacists have training in counselling patients with their medications and can even personalize prescriptions to ensure they are used appropriately.

Suggested questions for your doctor:

- What is the medicine for?
- How am I supposed to take it, and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink, or activities should I avoid while taking this medicine?

As you may have heard, there is a new Health Authority on the block in British Columbia. As such, the FNHA is working with regional health authorities to improve how doctors communicate with their patients and ensure patients are comfortable talking with their doctor. Some hospitals also have Aboriginal Patient Navigators (sometimes called Aboriginal Liaison Nurses) who can provide support to patients and their families during their hospital stay. If you live in a First Nations Community, see if you can connect with your local community health nurse or local public health unit. If you are in an urban center, you can also visit the Health Authority websites within which your town or city is located (the websites for each Health Authority are listed below).

For everyday health questions, any time of the day or night, every day of the year, you can call 8-1-1 from anywhere in British Columbia. 8-1-1 is a free-of-charge health information and advice phone line operated by HealthLink BC, which is part of the Ministry of Health. By calling 8-1-1, you can speak to a health services representative who can help you find health information and services; or connect you directly with a registered nurse, a registered dietitian or a pharmacist. Any one

of these healthcare professionals will help you get the information you need to manage your health concerns, or those of your family.

Having knowledge of First Nations people is important to help health care professionals understand and appreciate the social and cultural background of First Nations in BC. The FNHA and the Provincial Health Services Authority (PHSA) are working alongside the College of Family Physicians of Canada to ensure appropriate Indigenous Cultural Competency (ICC) training for all family physicians and other health care practitioners. Those with the training will also be introduced to tools for developing more effective communication and relationship building skills, which can help Elders in our communities feel more comfortable accessing health care.

Finally, keep asking questions like this and share your stories with us and each other. And, don't forget to schedule follow-up visits. Having regular follow-up contact is important as it will help build a strong relationship with your doctor and help ensure that you are receiving the optimal medication and advice to enable the best health possible. ■

This article was compiled with the support of the FNHA's Jason Wong and Chatura Dilgir.

Have a question for our doc's? Email us! spiritmagazine@fnha.ca

BC Health Authority Websites

- First Nations Health Authority: www.fnha.ca
- Vancouver Coastal: www.vch.ca
- Vancouver Island: www.viha.ca
- Northern: www.northernhealth.ca
- Interior: www.interiorhealth.ca
- Fraser: www.fraserhealth.ca
- HealthLink BC: www.healthlinkbc.ca
- Provincial Health Services Authority: www.phsa.ca
- Indigenous Cultural Competency Program: www.culturalcompetency.ca

Beefy Chiefs and Champions

Where are they now?

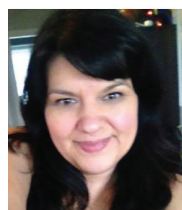
In early 2012, the First Nations Health Council (FNHC) launched the first annual FNHC Leadership Wellness Challenge, called "Beefy Chiefs and Champions." The challenge focused on weight loss and included two categories: most inches lost and most weight lost. To acknowledge all the hard work and commitment of the winners of the challenge – we hosted an award ceremony at the latest Gathering Wisdom for a Shared Journey event.

The winners in attendance accepted their award and also spoke about their challenges, ongoing commitment to their health and what their community plans on doing with the prize. We also thanked all the Beefy Chiefs and Champion participants – your commitment, leadership and perseverance as a health champion for your community is truly inspiring. We hope that you have continued on with your health and wellness goals!

Michelle Brown Northern Region

I have continued losing weight since Gathering Wisdom. When I weighed in for the end of the contest I was 218 lbs and now I am 190 lbs. I have started exercising more and am still being very careful about what I eat. I use MyFitnessPal on my iPod to track my eating and exercise and listen to Books on CD about losing weight, healthy eating, exercise and general motivation while on my long drive to and from work. We will be purchasing a Tread Climber with the money but we haven't done it yet. We need to make room for it first.

If you are interested in losing weight or starting a health program, research what to do. See your doctor. I read *The Virgin Diet* by JJ Virgin and *Wheat Belly* by Dr. William Davis. They were very eye opening and made me change my eating habits immediately! Avoid all processed food. Walk everyday! Record everything you eat and drink as well as your exercise. Wear a pedometer. Get your friends or partner on board with you. Make your own food – try not to eat out. ■



Shana Manson Vancouver Island Region

I started my get healthy journey with the Beefy Chiefs challenge. I focused on eating clean, fresh fruits and vegetables and lean protein, and participating in resistance training. After Beefy Chiefs I began to incorporate swimming laps at the pool every morning, I would swim for 20-25 minutes then enjoy time in the steam room and hot tub, it was a great way to start my day. As I continued on the journey, I began to incorporate Moksha hot yoga, for the meditation and self-awareness training that really helped my body in terms of shape and strength. Today I am down 60lbs. I swim laps at the pool 3-4 days per week and I practice Moksha Hot Yoga 3-4 days per week as well. I am continuing, the best I can, with eating fresh fruits and vegetables and lean protein, but I am not perfect, I still have things I shouldn't but try to avoid them on a daily basis :)

Lyackson First Nation is planning to use the money on a youth/Elders traditional wellness walk on Valdes Island. Where the Lyackson members, especially youth, can hear first-hand from our Elders about how we would care for ourselves, and what medicines we would use to assist us with our health. For me, the combination of the meditation/self-awareness work/personal growth, mixed with the physical exercise and change in diet has led to my success. My challenge now is how to take it up a notch :) Making yourself a priority is a challenge, especially for mom's. We have to give ourselves permission to make our personal health and wellness a part of daily routine and not something that we should feel guilty about :) ■

Grand Chief Doug Kelly

Fraser Region

Since my success during the Beefy Chiefs Challenge, I gained back 6 pounds. I set a weight loss goal for 2014. I set out to reduce my weight to 225 pounds. I have renewed my New Year's Resolution and set out physical activity goals of 10,000 steps per day and 3 hours of cardio per week. I also decided to eat more fruits and vegetables daily.

My journey began with my weight in excess of 335 pounds. This weight made exercise very difficult and painful. Therefore, I began by walking after my evening meal. Initially, it hurt to walk 2-kms after my dinner. Over the following weeks and months, I gradually increased the distance that I walked. I also discussed my wellness plan with my dear wife. Sherry agreed to help me and thus help herself. Together, we decided to reduce gluten from our diet. Between increasing my physical activity and paying more attention to eating healthy foods – I began to reduce my weight.

With excessive weight, my blood pressure was dangerously high. My doctor told me to eliminate salt and to reduce red meat from my diet. Oh man, this was tough – but I began by eliminating potato chips from my snack choices. I love potato chips but they do not love me back. I also eliminated pop and other snacks high in sugar or salt.

By reducing weight, I began to find exercise easier and increased my walking to an hour or more per day. After several months of walking, I really wanted to begin running. The first time I ran – I did not think it through. I was at the Vedder Bridge on the Chilliwack River Rotary Trail. I decided to jog and set out slowly. After 4 kms, I began to experience what I later learned to be shin splints. I was now 4 kms from my vehicle at the Vedder Bridge. I had to figure out how to get back to my vehicle. This



slow and painful 4 km walk to my truck taught me a valuable lesson. Go slow, but have a plan. I should have walked out and then ran back. In this way, I would have been close to my vehicle after my run. Oh well! I share this story with you to encourage you to plan your physical activity.

I wear a Fitbit every day. I want to achieve the minimum of 10,000 steps, 10 flights of stairs, and 5 miles per day. I now warm up for 20 to 25 minutes with walking, dynamic stretching, and stretching before I run. I run as much as my body is prepared to do. Some days, I run 8 kms and other days, I run 5 kms. After running, I cool down for a minimum of 10 minutes but usually for 15 minutes. I walk for 10 minutes and stretch for 5 minutes.

Human beings develop bad habits very easily. It is much more challenging for human beings to develop good habits. The development of good habits requires us to begin the change process with small changes. As we gain confidence with each success, then we are able to continue our newly formed habits. Pick something that you love to do. And then do it! Acknowledge setbacks, celebrate achievements, and I wish you good luck, I know that you can do it. ■



Patrick Harry

Interior Region

I'm now in the Biggest Loser Challenge and also training for the Sun Run. I also do pole walking for now and have been bugging our Community Health Representative to keep coming up with programs to keep me motivated. ■

THE NEXT FNHC WELLNESS CHALLENGE!

The First ever FNHC "Beefy Chiefs and Champions Health and Wellness Challenge" was such a huge successes, we are excited to announce we will be launching a new wellness challenge in early summer!

What will it be? Stay tuned to www.fnha.ca to find out! ;)

Spirit

ELDERS' WISDOM

SHARING CULTURALLY IMPORTANT
KNOWLEDGE & PRACTICES

NAME AN IMPORTANT ELDER IN YOUR LIFE AND WHY?



Betsy Pius, Nakazdli Nation
Submitted by her daughter Darlene Sand

"My mother is 88-years-old. She has helped raised one son, eight daughters and has positively influenced many other kids on our Nak'azdli reserve. Mom has contributed to the beauty of our world by her generosity, kindness, wisdom and her many precious works of art in the moccasins, vests, jackets, mukluks and purses she has sewn for others. She has overcome many health hardships including multiple battles with cancer. I only hope to be half the woman she is."

Share Your Elders Wisdom: spiritmagazine@fnha.ca