



FIRST NATIONS TRADITIONAL MODELS OF WELLNESS

[Traditional Medicines and Practices]

ENVIRONMENTAL SCAN IN BRITISH COLUMBIA

31 MARCH 2010

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1 EXECUTIVE SUMMARY

In September 2009, the FN Health Society (on behalf of the First Nations Health Council) conducted an environmental scan to gather information from the 123 First Nations Health Centers in British Columbia (BC) on traditional models of wellness (or traditional practices and medicines). This project is aimed at providing background information for the FN Health Society to undertake further work if needed, on promoting traditional models of wellness within BC for First Nations. The survey form itself was designed by Dr Georgia Kyba of the FN Health Society, but questions were further developed and adapted by Dr Kyba with the research team.

The scan was required to conduct a pre-developed survey with as many of the 123 First Nations Health Centers by gathering information at the Gathering Wisdom III forum held in November 2009, and to follow up any outstanding surveys with communities by phone, face to face visits and by providing an on-line mechanism for communities to respond. In total, 91 respondents completed the survey achieving an overall response rate of 74% to this survey. The region with the highest response rate was Fraser 83%, then Northern region with 81% and Vancouver Coastal region with 80%. The response rate from Vancouver Island region was 65% and from the Interior region - 67%.

To undertake the survey, a variety of methods was used:

- Operating a 'survey table' at the Gathering Wisdom III conference for all First Nations communities, held in November 2009;
- Operating an on-line survey (using survey monkey) from November 2009 to mid-March 2010;
- Conducting face to face visits to some communities to complete the surveys;
- Attending other conferences or meetings where invited, to present information on the survey;
- Providing avenues for communities to complete the survey over the phone; by mail; by fax and by email

The survey closed on 13 March 2010 and data was analyzed and incorporated into this report by 31 March 2010.

The results of the Environmental Scan demonstrate that the vast majority of First Nations community respondents define traditional models of wellness as '*having a healthy mind, body and spirit*'. There was a common theme that wellness from a traditional perspective encompassed a person feeling well emotionally, physically and spiritually and leading a healthy lifestyle, which involved connection to the land and one's culture and beliefs. Respondents also said that maintaining wellness involved carrying out traditional practices of the community such as fishing, hunting, berry gathering and participating in healing circles, sweats, drumming and learning the language. Identity and connection to culture were seen as integral to maintaining wellness from a traditional perspective.

Some respondents also commented about how difficult and challenging it was for some communities to help individuals and families maintain wellness from the above perspective, because of the impacts of alcohol and drugs; residential schools and other external influences. They also said that learning and sharing the knowledge of healers and elders was also an important element in the practices being undertaken but again this was challenging if there were few elders with the knowledge, or if elders were reluctant to share the knowledge.

Participants were asked how they define traditional healers and three common definitions emerged – people who are knowledge-keepers; people who are gifted and / or people who are spiritual. The vast

majority of respondents agreed that traditional healers had knowledge of traditional ways and practices, and expressed these in the community. They were also people who were good role models in that they were alcohol, drug and smoke-free and lived a healthy lifestyle. They were often people who spoke the native language; were very in touch with the land and environment and were well respected in the community.

While not accurate, respondents provided an idea of how many traditional healers they felt were operating in their communities. Of the 91 respondents who participated, 66% said that they had healers practicing in their community. Of these 66% there were a total of around 287 healers known to the respondents. Of the communities with healers practicing in the communities, only around one third practiced within the health center – while almost 60% did not.

Around 62% of healers in communities were known to be teaching or sharing their knowledge through community events and workshops, gatherings or on a one-on-one basis with family members or patients.

Respondents felt that those healers who did not share information or knowledge about traditional practices did not do so because they were concerned about mis-use of the information; were concerned about liability involved or were confining knowledge sharing to specific individuals chosen to do this work.

Participants were asked if elders (rather than traditional healers) played a part in their health centers and 67% of respondents said that they did, with the main role being to help the health center reflect cultural protocols (e.g. prayers) or to mentor and support staff. Participants said elders played a very key role within their health centers as they were role models within the community and shared wisdom and knowledge to staff and patients.

Participants were asked if they used traditional medicines in their health centers and 50 respondents (56%) said they did not while 31% of respondents (20) said they did. Similarly, in terms of traditional practices, of a total of 72% (52) of respondents, said that no practices were used in the health center. Additionally, 55% (50) of respondents said that they did include traditional practices in their health programs, while 39% (35) said they did not, and 6% (5) did not know. Where practices were used these were mostly the use of sweat lodge; medicine wheel teachings and bathing ceremonies. The programs that traditional practices were mostly used in were addictions and mental health, and elders and youth programs.

A total of 91% of respondents felt that traditional practices should be integrated into the health centers and no respondents disagreed with this statement.

The environmental scan reveals that currently around half of the communities have traditional and western health care practitioners working together in their communities, while 43% did not. Generally those that work together do so through holding events together or regularly meeting to discuss their respective practices. Around 25 (or half) of the respondents who said practitioners are working together, do so by managing client cases jointly. Where practitioners are not working together, there was strong support (85%) for this to occur in the future.

Around 60% of the respondents said that they have documented evidence or information about their traditional medicines and practices, with the majority holding it in CD/tape form, followed by books, videos and DVDs. Approximately 41% are currently undertaking some form of research into this area, while 52% are not (as far as they know). Just over two thirds (68%) were agreeable to participating in research into this area as long as the information was owned by communities, and not mis-used or commercialized.

Participants were asked to identify the role (if any) that the First Nations Health Council (FNHC) should play to promote traditional models of wellness. The main responses show that 9 respondents said that the FNHC should play a role while 80 said they should play a role. For those who stated that the FNHC should have a role, the main areas should be:

- Advocating for / funding of traditional medicines and practices
- Developing policy to have traditional models formally recognized
- Advocating to Federal and Provincial Government for recognition of traditional models (and to resource it accordingly). This was particularly the case with FNIH-funded health program arrangements.

Participants were asked about alternative medicines and practices in order to differentiate their responses from those related to traditional practices. The results show that the vast majority of respondents had access to one or more alternative therapies (naturopathy; massage; energy work; chiropractic support and Chinese medicine or acupuncture). Over half however do not integrate these therapies with their health programs while just over one third did. Nearly $\frac{3}{4}$ of respondents, who did not access alternative therapies, said that they would in future if they had the opportunity. Over 87% of all respondents said that alternative therapies needed to follow or be aligned with traditional wellness philosophies if they were to be brought into health centers in their communities.



2 BACKGROUND

2.1 Terms of Reference

In September 2009, the FN Health Society on behalf of the First Nations Health Council conducted an environmental scan to gather information from the 123 First Nations Health Centers in British Columbia (BC) on their views and perspectives of traditional models of wellness or traditional practices and medicines. This project is aimed at providing background information for the FN Health Society to undertake further work if needed, on promoting traditional models of wellness within BC for First Nations. The survey form itself was designed by Dr Georgia Kyba of the FN Health Society, but questions were further developed and adapted by Dr Kyba with the research team.

The scan was required to conduct a pre-developed survey with as many of the 123 First Nations Health Centers (according to a list provided by the FNHC) by gathering information at the Gathering Wisdom III forum held in November 2009, and to follow up any outstanding surveys with communities by phone, face to face visits and by providing an on-line mechanism for communities to respond.

2.2 Methodology

The following methods were used:

a) *Planning*

In the early phases of the project, the survey was developed and project details were reviewed. The list of 123 FN Health centers was provided by the FN Health Society from its' database. It was agreed that the dissemination of the survey would occur alongside the AHHRI¹ workforce survey also being conducted by the FN Health Society, so that communities could complete both surveys at the same if they desired, and to save costs for both projects. It was agreed that data collection would occur between November 2009 and March 2010 – and that the analysis of findings and [this] report would be completed by 31 March 2010.

b) *The survey tool*

As stated above, the survey questions and goals of the project had already been developed by Dr Kyba. The researchers discussed the survey with Dr Kyba to clarify questions and in some cases re-word them or provide multi-choice answers to make it easier for communities to complete the document. It was agreed that information was desired to be collected about:

- Definitions of Traditional Wellness Models (practices and medicine use)
- Current practices and desired future practices
- Roles of healers and elders
- Integration of traditional practice with western practice
- Role of the First Nations Health Council in this area
- Role of alternative practices and medicines in First Nations Health Centers

Once the final survey form was completed, an information sheet, detailed instructions for completing the survey, and consent forms were developed by the researchers.

¹ AHHRI = Aboriginal Health Human Resource Initiative

The survey was then entered into Survey monkey web-based on-line survey tool.

c) *Data Collection*

From conversations with FN Health Society staff, it was agreed that a combination of methods would be used to obtain the information required. Specifically, the primary method of data collection was to be the Gathering Wisdom III conference to which all health centers are invited – with follow up done by phone, on-line survey; attendance at other gatherings and face to face visits.

Conferences and meetings

Attending conferences and meetings was an opportunistic method of collecting data from communities who were in attendance. Throughout the duration of the project, three forums were identified that would allow a number of communities to complete surveys.

Gathering Wisdom Conference III

The Gathering Wisdom III Conference began in November, 2009. Representatives from across BC were expected to attend, including Health Directors, Coordinators and Elders. A table was set up, with promotional material that would attract individuals to complete the surveys. A list of the original 123 communities was kept on hand to 'tick off' communities and health centers as they finished the surveys, to avoid replication of data. An information sheet was attached at the front of each survey, to give people background to the project. As individuals passed the table, information sheets about the survey were handed out. If consent was obtained, participants could then select the method of completion which included:

- Taking the survey with them and returning it completed later during the conference;
- Giving the responses to staff to fill in the survey online or in writing; or,
- Completing it online, themselves (an on-line facility / computer was made available at Gathering Wisdom for respondents to enter responses in themselves).

Participants were offered a gift for completion of the survey and for each health center that completed the survey, the name of the Health Center also went into a draw for a prize (a total of 5 draws per day, and later a grand prize at the end of the day).

A total of 65 surveys were collected for the Traditional Models of Wellness survey from the Gathering Wisdom conference.

Health HUB Chiefs Meeting

On 25 February 2010, a Chiefs Hub Meeting was held on Vancouver Island for a Health Hub. This meeting was attended to present the purpose of the project, and encourage communities to participate. There was attendance by eight people, representing five communities from Vancouver Island. No surveys were completed at this meeting but members agreed to return to their communities and to promote participation where they could.

Northeast Northern Health Aboriginal Health Conference

The Northeast Aboriginal Health Conference, coordinated and organized by the Northern Health Authority on 2 - 4 March 2010, was attended by the research team. A vendor table was made available for surveys to be completed throughout the duration of the conference. No surveys were collected at this conference.

Online Workforce Survey

The survey was loaded onto the web-based tool Survey monkey and made available at the Gathering Wisdom III conference and then after the conference up until mid March 2010. The online survey collected primarily qualitative data through a series of drop down menu selections, and choice boxes, with some opportunities to provide narratives.

In total, approximately 9 surveys were completed online by Health Centers.

Face to face interviews in communities

Some visits were booked and completed with Health Directors (or designated staff) on a 'face to face' basis where it was identified that they had not attended the GWIII conference or had reasonable access to the web-based tool (remote and rural communities). Communities were visited in the following health regions:

- *Interior region* – 6 communities
- *Northern region* – 6 communities
- *Fraser region* – 3 communities

Due to other commitments, many of the communities were unable to meet at scheduled times throughout the November to March period. However surveys were completed by 17 Health centers on a face to face basis.

Postal / Email / Phone Survey

Communities were given the option to post, email, fax or phone surveys. This was to accommodate isolated First Nations communities with low connectivity, no internet access or the convenience and cost effectiveness of email. Communities were phoned (where they had provided surveys by other means) and then asked if they would like to complete the survey on line, by mail, by fax or over the phone.

d) Analysis and Reporting

Overall, 91 surveys were completed. All surveys received by non-electronic means were entered into Survey monkey to be collated alongside those that had been entered directly into the web-based survey tool. This allowed survey monkey analytical tools to be used for all data, and ensured that all data was stored in one place. Hard copies have been filed in a secure area by the researchers and will be destroyed after 12 months. The results have been analysed by question area in both graphic and narrative form within this report using the following method:

Where appropriate the following terms are used to describe the quantity of stakeholder responses to various questions in the survey, for ease of reading:

- *most* respondents – means over 75% of participants responded in a similar way;
- *many* – between 50% - 75% of participants responded in a similar way;
- *some* – 25% - 50% of participants responded in a similar way; and
- *few* – less than 25% of participants raised the issue or response.

This report includes the results of both the quantitative and qualitative analysis.

2.3 Participant Sample and Respondents

The survey was conducted to gain as many responses as possible from the 123 First Nations Health centers on the list provided by the First Nations Health Society. These communities are primarily those

holding health agreements with the First Nations Inuit Health (FNIH) branch of Health Canada in BC. The expected responses were to come from each region as identified in Table I while actual participants are shown in Table II:

Table I: Expected Participation in the survey by region

LOCATION OF EXPECTED PARTICIPANTS BY HEALTH AUTHORITY REGION						
Health authority	Individual health centers		Umbrella health organizations		TOTAL EXPECTED PARTICIPANTS FROM REGION	
	# health centers	# communities	# health centers	# communities	# health centers	# communities
Fraser Health Authority	10	10	2	19	12	29
Interior Health	31	31	8	31	39	62
Northern Health Authority	38	38	4	21	42	59
Vancouver Coastal Health	9	9	1	2	10	11
Vancouver Island Health Authority	16	16	4	26	20	42
TOTALS	104	104	19	99	123	203

Table II: Actual Participation in the survey by region

LOCATION OF ACTUAL PARTICIPANTS BY HEALTH AUTHORITY REGION						
Health Authority	Individual health centers		Umbrella health organizations		TOTAL EXPECTED PARTICIPANTS FROM REGION	
	# health centers	# communities	# health centers	# communities	# health centers	# communities
Fraser Health Authority	8	8	2	19	10	27
Interior Health	17	17	9	29	26	46
Northern Health Authority	29	29	5	24	34	53
Vancouver Coastal Health	8	8	0	0	8	8
Vancouver Island Health Authority	10	10	3	23	13	33
TOTALS	72	72	19	95	91	167

Actual responses received were identified by Health Authority regions. In total, 91 health centers participated in this survey, representing 74% communities throughout BC. Expected and actual participation by health authority region is shown in the following figures:

Figure I & II: Percentage of Expected and Actual Respondents by region

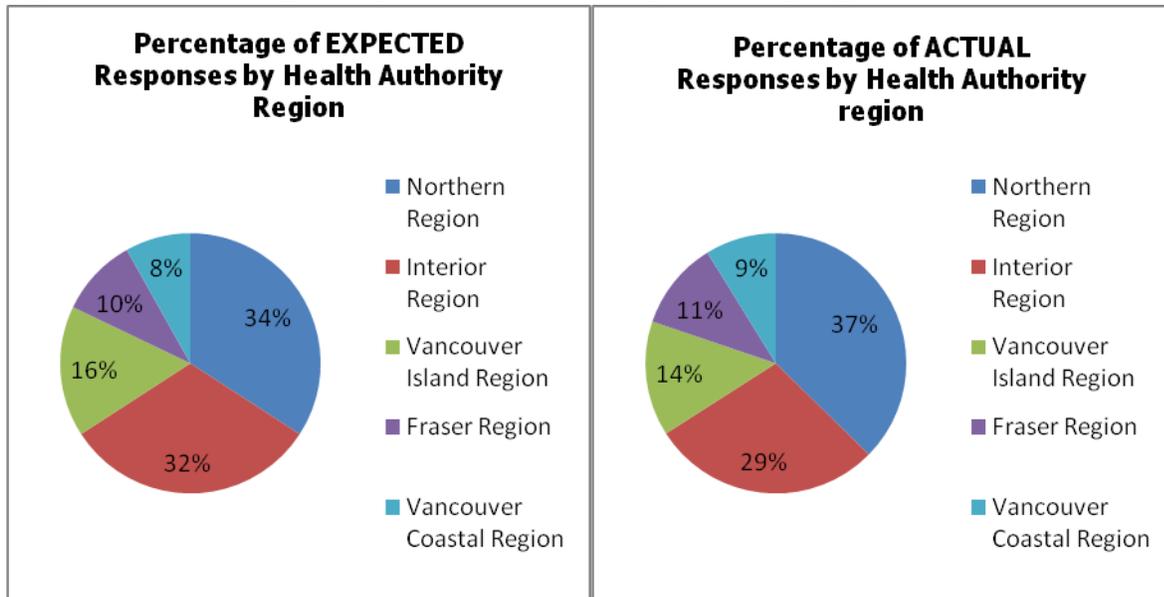
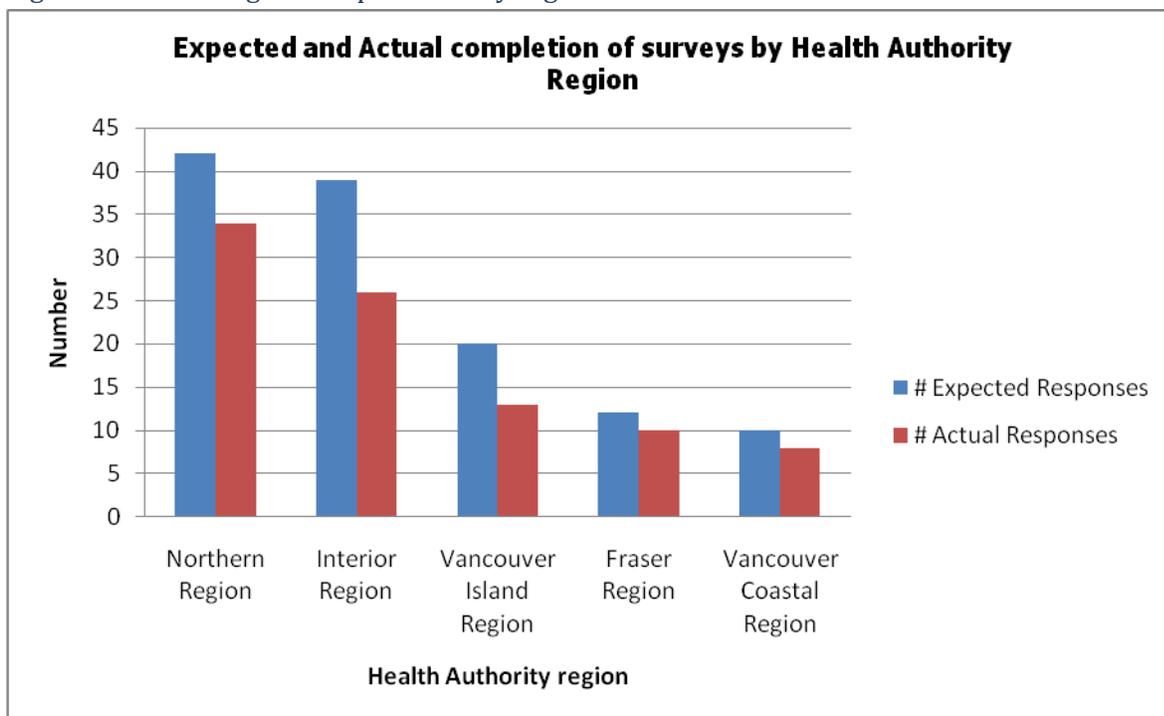


Figure III: Percentage of Respondents by region



This reveals that the region with the highest response rate was Fraser 83%, then Northern region with 81% and Vancouver Coastal region with 80%. The response rate from Vancouver Island region was 65% and from the Interior region - 67%.

3 FINDINGS AND ANALYSIS

3.1 Definitions of Traditional Wellness and Traditional Practices

3.1.1. Defining Wellness from a Traditional Perspective

All 91 respondents who completed this survey answered this question.

The most common theme that respondents believe is important to maintain Community Wellness from a traditional perspective is to have a *'healthy mind, body and spirit'*. For respondents this meant taking care of one's self spiritually, physically emotionally and mentally. It meant living a good balanced lifestyle and practicing the traditions, beliefs and culture of First Nations to ensure the connection to the land and generations past and future. As one respondent put it *"if the land is well the people will be well"*. Many believe wellness is individually defined and holistic in nature. The four aspects of the medicine wheel were also identified as important to ensure community wellness. Some defined wellness in one word answers such as 'happiness; respect; nation-building and inspiration'.

Many respondents indicated that wellness is based around traditions including:

- Cultural sharing
- Medicine gathering
- Gathering berries
- Fishing
- Hunting
- Healing circles
- Camping
- Sweats
- Drum classes
- Language classes
- Seasonal Cycles

Respondents also felt that practicing traditions of the past and keeping the knowledge alive was important to ensure community wellness, with one respondent saying *"our culture is our strength, it is who we are and we need to continue to go back to this"*.

Working with youth and elders and passing on this knowledge was vital, using internal healing practices to keep self, family and community well. Several respondents think that if the community keeps active, eats well and stays away from alcohol and drugs - that the community will stay well. Community role models who are drug and alcohol free was also seen as important particularly for community leaders.

Identity was noted by some as being an important part of community wellness. When an individual can identify their place within the family, extended family and the community this would bring back respect and trust within the community as indicated in the following statement *"if you know who you are or where you come from that is number one for wellness"*.

Others reported that community cohesion and collaboration was an indicator of wellness from a traditional perspective stating that a true collective approach to wellness encapsulated the wisdom of elders and the vigor of youth.

There were some comments about the effect of western approach to health - defined as an illness model - and medications or prescriptions affecting the well-being of First Nations. These respondents felt that the western approach was to see whether disease may be present – but that true wellness was not the absence of disease but the fact that each individual was free from complications, limitations and frustrations to their optimal mental, physical, emotional and spiritual health. Another said that *'traditional medicines have no chemicals in it and our people have lived by it for years'*.

Comments were also made to describe how difficult it was to maintain wellness from a traditional perspective in the community, as it was difficult to move communities to return to their traditional means of maintaining well-being. Some said that wellness in the community was an ongoing struggle:

'We are struggling to integrate spiritual and cultural knowledge into the western idea of wellness. It is hard to do when too many prescriptions interfere with the process'

'For our community to be well, everybody needs to sober up and to listen to their nurse'

'We are lacking history. So much is being forgotten. It would be nice for a lot of band members to return to traditional practices. We must incorporate knowledge that was shared by grand to great grandparents'

'There is no direct traditional healer's perspective if leadership don't push it. They need to have credibility with community, but are few and far between'

'We used to use traditional medicines when I was back home - seafood, urchins, food and traditional plants back home, gather roots, leaves, bark. We had spiritual baths and cleansing. We don't do so much of that any more'

'People in my community are not well. Their traditions have been taken from them. We are encouraging traditional art, dance, food gathering, hunting, fishing, language, medicine and re-discovery. Things are slowly improving.'

3.1.2 Definitions of models of traditional practices and medicines

All 91 people who participated in the survey answered this question. Participants were asked to describe specific traditional practices and medicines and how they used these in their respective communities.

Most people stated that the use of herbal medicines was a better alternative to 'western medicine' and also using rituals and ceremonies to support wellness. Many stated that herbal medicines were sustained through communities keeping herbal medicine gardens, and using teas, bark and certain leaves and plants.

Many others said that traditional knowledge and practices including ceremonies, seasonal practices, food gathering, medicine gathering were other practices that were used in communities to maintain wellbeing, and that this was often season-related such as harvesting. Other practices such as sweat lodges were not seasonal but were done at any time during the year.

Some respondents believed that 'traditional practices and medicines' meant being respectful, holistic and spiritual and that it was difficult to identify specific practices because they were all inter-connected. They felt that traditional practices and medicines involved a respect for the environment and the spiritual world - as well as taking care of the spiritual side of their lives and finding a healthy balance between physical and spiritual well-being.

Some communities stated that did not have any traditional medicines or practices mainly because they did not have a lot of elders in their community with traditional knowledge. Additionally there was no traditional knowledge that had been recorded or passed on to enable them to keep it alive. A few thought that maybe this was because they were concerned about liability issues if the knowledge was not used properly, viz:

“We don’t have any in the communities. Some people practice traditional medicines and some are assimilated so use only western. It’s a private thing for people who practice it”

‘It is a dying art. Knowledge is not being recorded or passed on’

Some added that there was no knowledge in their communities any more, and that as a result the use of traditional ways had been lost. Others said it had been lost but there were some moves to re-vitalize it among community members, and that there had been some resurgence in recent times, viz:

‘I think it is almost non-existent, the holders of knowledge do not have confidence or opportunities to share what they know. The breakdowns of family structures have impacted our reliance on traditional practices. But some are trying’

‘Traditional wellness is not about practices. There are people that have the knowledge. - teachings for daily living such as prayer to start day or before undertaking any serious work. Some do these things but we try to promote it to everyone’

Some attributed the lack of knowledge on the effects of drugs and alcohol on the community and some leaders, thereby causing people to ignore or forget traditional ways, while others attributed the lack of knowledge and use of traditional medicines and practices on the impact of Indian Residential Schools, viz:

‘We used to practice it back in 60’s, but we couldn’t do when we attended Residential school - we weren’t allowed to practice. So it became lost’.



3.2 Definitions and Roles of Traditional Leaders

3.2.1 Definitions of Traditional Healer

All respondents answered this question and there were three common themes that arose – these were that traditional healers are knowledge-keepers, spiritual people and are gifted.

Most respondents believe a traditional healer is somebody with knowledge in traditional ways, practices and culture. Most describe them as ‘somebody who is groomed from childhood in traditional knowledge, language and rituals’. Many described a traditional healer as a person who uses traditional beliefs and medicines to promote physical, emotional and spiritual health and living. Some defined them as somebody who has knowledge of traditional healing and has fasted spiritually, is alcohol free, drug free and a non-smoker. Many respondents believe traditional healers are honest, trustworthy and lead by example.

Many indicated that traditional healers are ‘spiritual’ people who understand and know the land and the culture; they are stronger and more connected with the spirits, and may also come from a background of healers. Spiritual healers use the traditional medicines but also work with spirituality and healing through touch. Many believe they look at four areas of life - spiritual, emotional, physical and mental well-being and that they take a holistic approach to healing. Some noted that healers are in touch with the land and the

culture and most know how to speak the native language. Some think they are respected individuals that help people through prayer or other cultural practices because they understand the spirit world and medicines.

Some respondents believe that a traditional healer is somebody with a 'gift' that has been handed down through the generations. They believe healers are usually born with the 'gift' and have special healing techniques. Once this 'gift' is recognized - they are groomed from childhood in traditional knowledge, language and rituals to share it with the community.

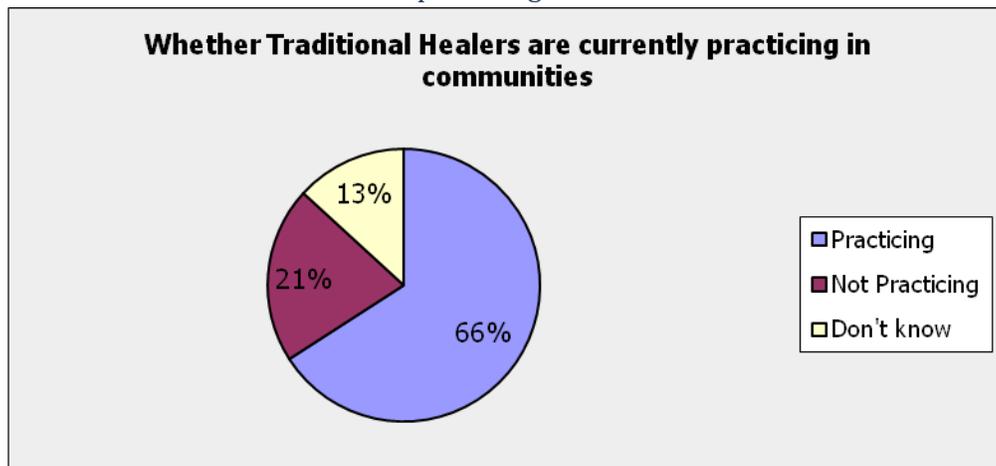
A few respondents said that traditional healers needed to live a positive healthy lifestyle and be a role model for others. They 'walk the talk' and lead an Aboriginal life-style, do not use drugs or alcohol and eat properly. They were people who 'families recognized in the community'.

One or two respondents mentioned that traditional healers could use Traditional medicine as well as any alternative medicine including Chinese medicine, reflexology and reiki because they knew how to blend these together using traditional ways. A few defined their own traditional healers as persons within their family who healed them when they were unwell such as a particular grandparent, aunty or uncle.

3.2.2 Numbers of Traditional Healers

Participants were asked to identify whether they had traditional healers practicing in their communities (either independently or within health centers) and if so, to estimate how many they had. Figure II shows that 66% of respondents stated that they had healers practicing in their communities, while 21% said they did not. A total of 13% of respondents did not know.

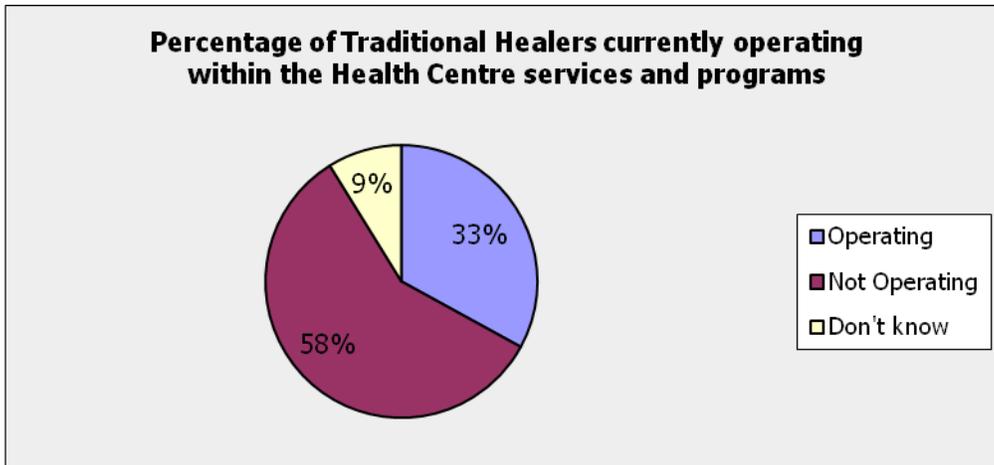
Figure IV: Whether Traditional Healers are practicing in communities



Respondents gave a wide range of numbers when trying to estimate the number of healers in their communities. Some gave a single number while others stated estimates such as 4 – 7. In total the ranges were from 1 – 30 traditional healers working in communities. In total, there were 287 practicing traditional healers working in the communities who responded to the survey.

For those respondents who identified that they did have healers practicing in their communities, they were asked whether the healers operated from the community health center. Figure III below shows the results from this question:

Figure V: Whether Traditional Healers practice in Health Centers

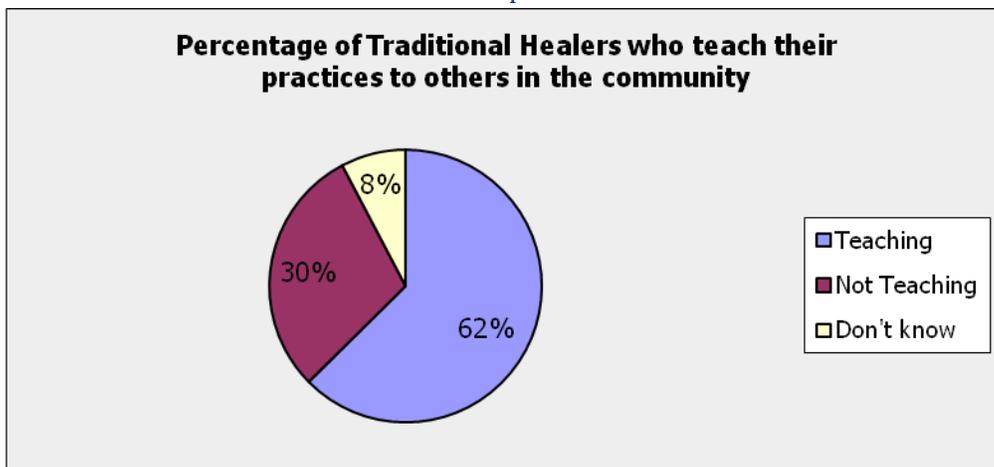


Of the 91 respondents - 58% indicated that they do not have any Traditional Healers operating within their Health Center programs or providing support for clients and patients. There is a total of 33% who do have Traditional Healers operating within their Health Centers.

3.2.3 Sharing knowledge of Traditional Healers

Participants were asked to indicate whether the traditional healers that they had, shared this knowledge within the community in a formal or informal way. Figure IV shows the results:

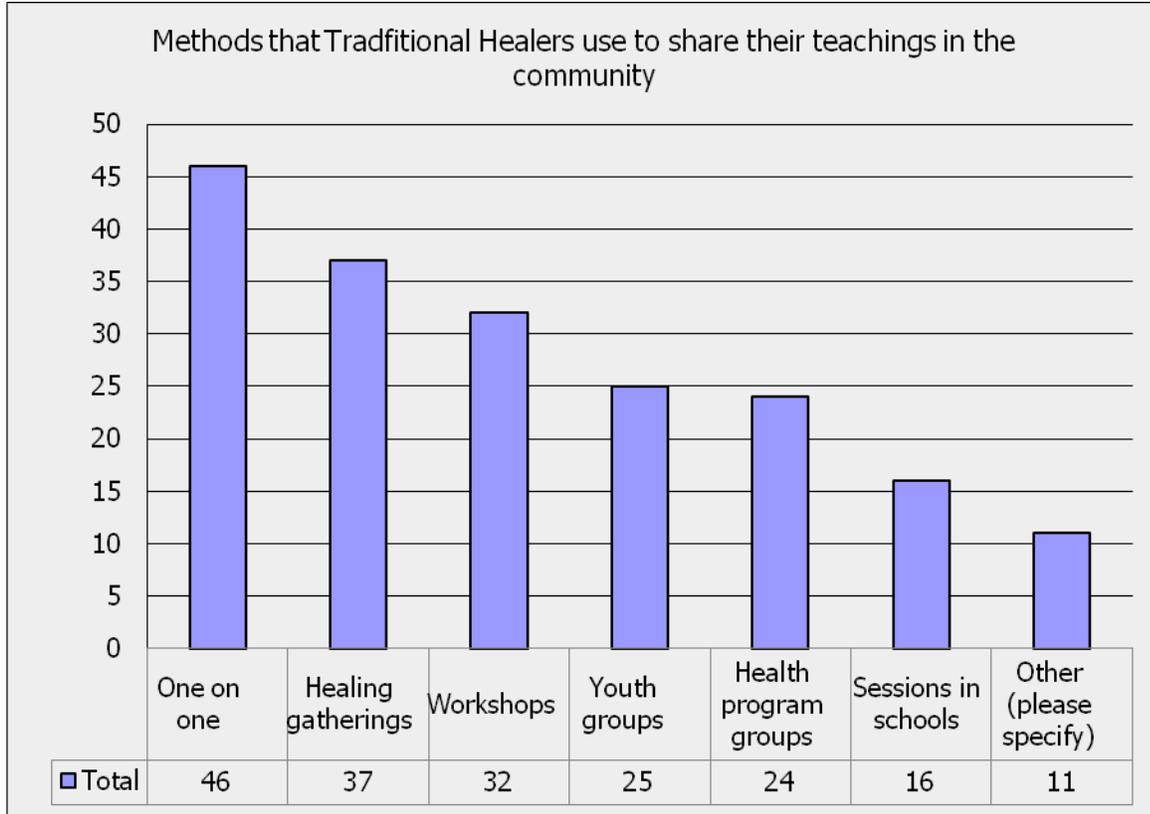
Figure VI: Whether Traditional Healers teach their practices



There is a total of 62% who have Traditional Healers teaching in their communities and sharing their knowledge while 30% do not teach their practices to others.

For the proportion that do teach their practices or share their knowledge, participants were then asked what methods were used to do this. The results are shown in Figure V below:

Figure VII: How Traditional Healers teach their practices



A total of 59 respondents answered this question, which means 32 respondents skipped this question and respondents could select more than one answer. Most of the teachings done by traditional healers in the community are done on a one-on-one basis 46, the next is healing gatherings with while 37 use healing gatherings, followed by community events or workshops 32. Other teachings that were mentioned were family sharing, canoe journeys and sweat lodges. Communities were then asked for reasons why they felt traditional healers did not teach or share the knowledge:

Figure VIII: Reasons why communities do not have Traditional Healers teaching



A total of 41 respondents answered this and 50 skipped the question. There were 23 respondents who believed it was because knowledge was taught to individuals who were chosen to do this work and not to the general public in the community. Nine of the respondents believed that knowledge was kept within families and 6 said knowledge was too sensitive to share in public. All respondents felt that knowledge was not shared publicly because it was kept within families. Some of the other comments made were:

“you have to go through the protocols such as fasting. You have to be prepared and committed to being a healer”

“All died from old age – so there are no more left in the community”

“few people have been able to retain knowledge, and are willing to share it”

“Knowledge is taught to individuals who are chosen to do this work, some medicines are just made and given but the way to make it isn’t shared”

“No one else is interested in learning”

“Knowledge is lost because it is not passed down”

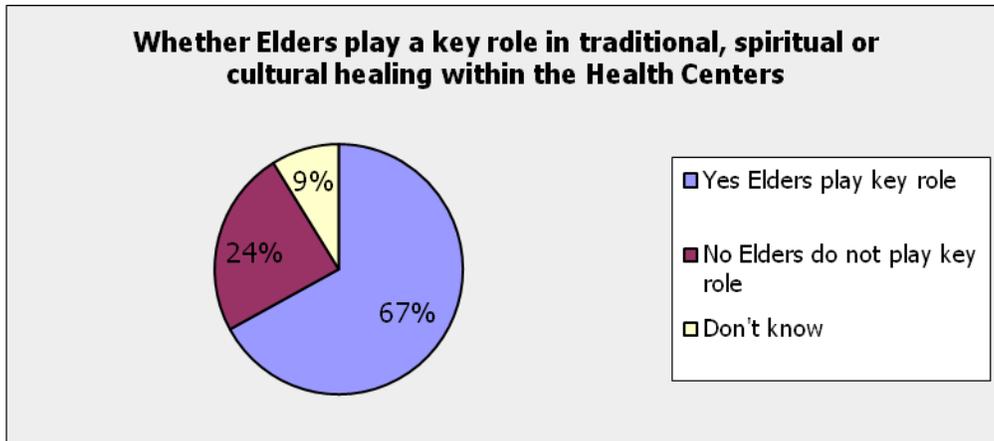
There were 10 respondents who do not agree that there is no-one else interested in learning about traditional teachings and they felt that if people knew the importance of it, the whole community would make sure they took the opportunity to learn.



3.3 Elders Role in Traditional Wellness

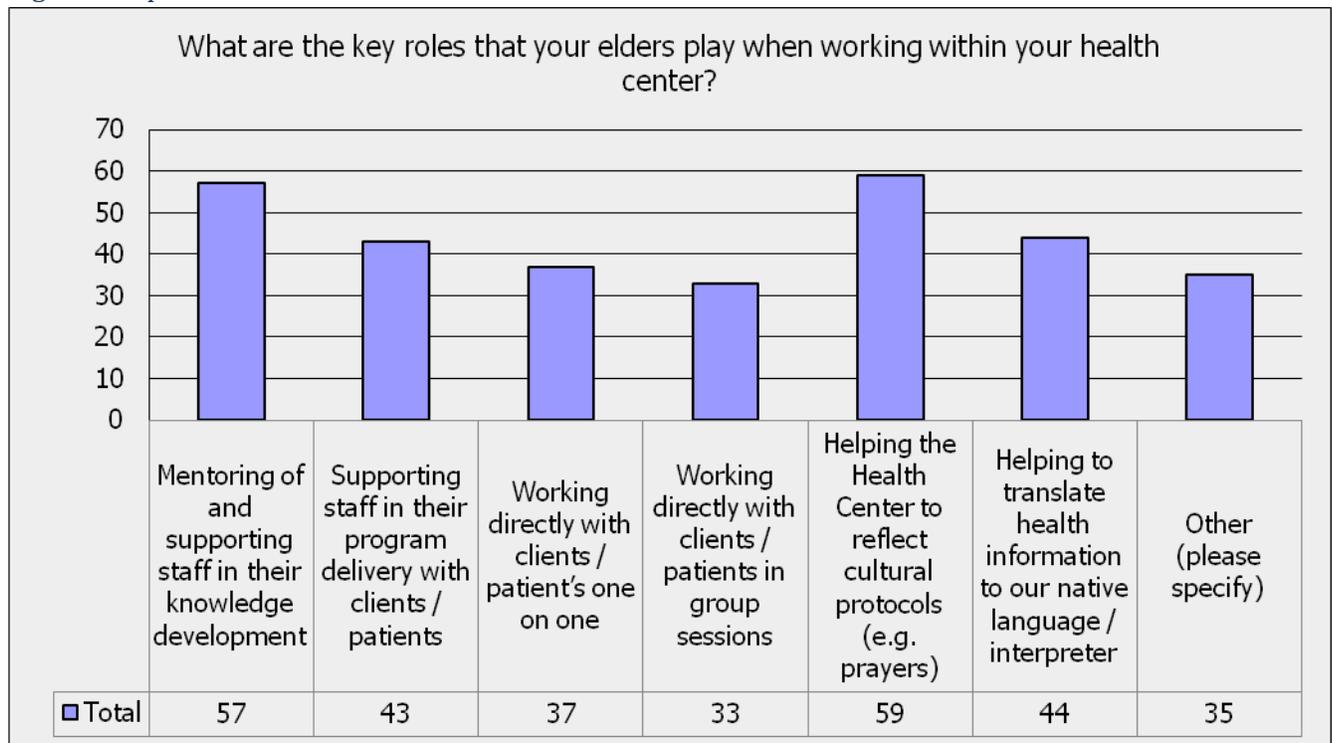
Most respondents stated that elders played a big part in their communities’ traditional practices and medicines and that they saw the elders as ‘role models’ in the community. Most believed the wisdom and teachings of the elders needed to be followed and passed on to the next generation in order to preserve the culture and practices for future generations. Many advised that they tried to incorporate elders into all parts of the community programs because of the importance of their knowledge and teachings. Most communities have elders to provide guidance and teachings when required because they *“honored the wisdom and teachings of elders and shared this with the next generation to preserve for future generations”*. There was a total of 67% who indicated that they did not have elders playing a key role in their health centers.

Figure IX: Whether Elders play a key role in Traditional Wellness in Health Centers



Where elders were included in health centers, participants were asked to identify the specific roles that elders played and the results are shown in Figure VIII below. Respondents could identify more than one answer:

Figure X: Specific Roles of Elders in Health Centers



All 91 respondents answered this question. There was a total of 59 respondents who confirmed that the key role elders play within the health center is ensuring the health center reflects appropriate cultural protocols, 57 said that mentoring of and supporting staff and 44 said their roles was to help translate health information to their native language. There were 35 that indicated other roles that elders played were:

- they offered great guidance and support
- they were a cultural resource to planning endeavors

- they sat on an elders board
- they were involved in every way of the health programs

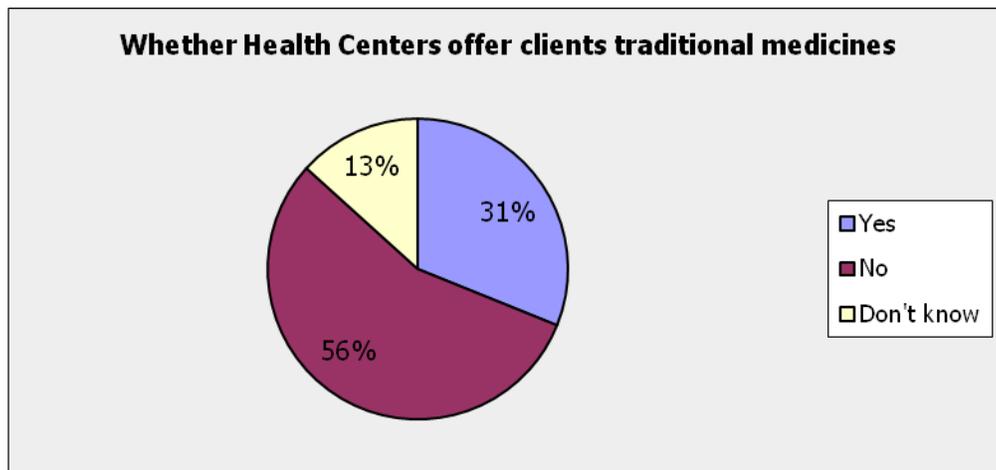


3.4 Use of Traditional Practices and Medicines within FN Community Health Centers

3.4.1 Current Use of Traditional Practices and Medicines in Health Centers

Participants were asked to identify whether they used traditional medicines their health centers at the current time. The results are shown in Figure IX below:

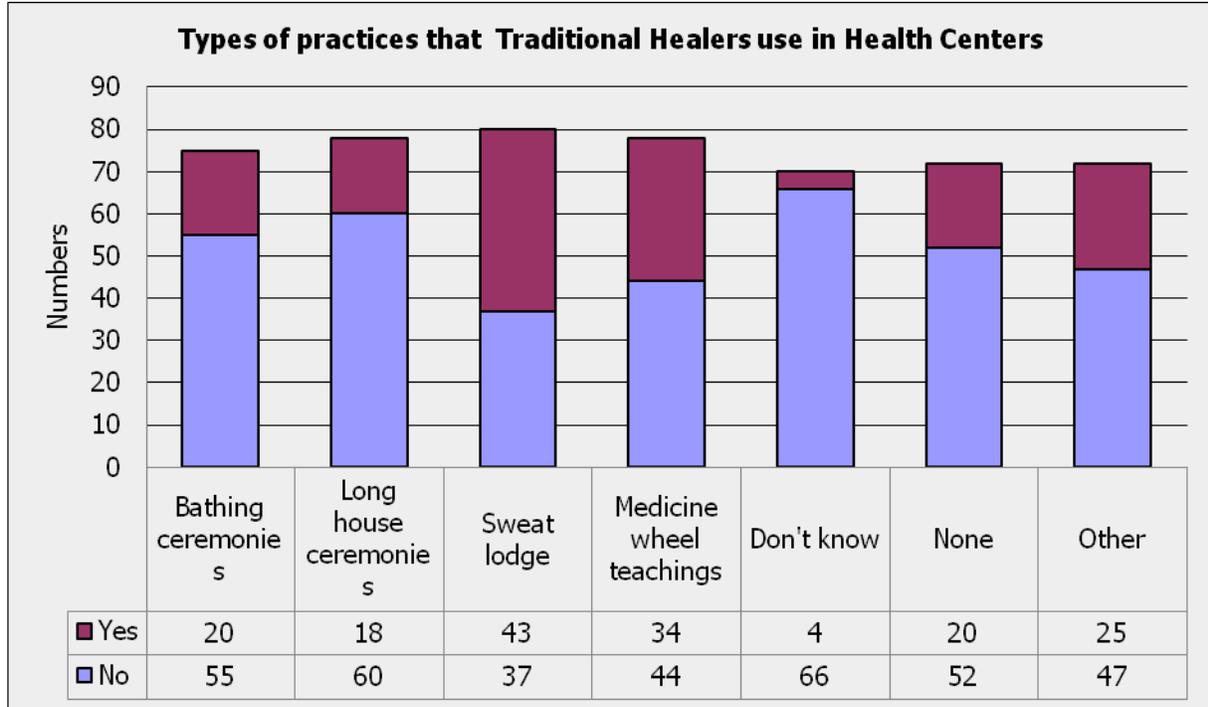
Figure XI: Health Centers who offer Traditional Medicines



There was 1 respondent who skipped this question. There were 56% of the 90 remaining respondents who did not offer Traditional Medicines in their Health Centers and 31% who did.

Participants were then asked if they used traditional practices in their health centers and the results are shown below. The survey asked the participants to say yes or no to a multi-choice list:

Figure XII: Types of practices used by Traditional Healers in Health Centers

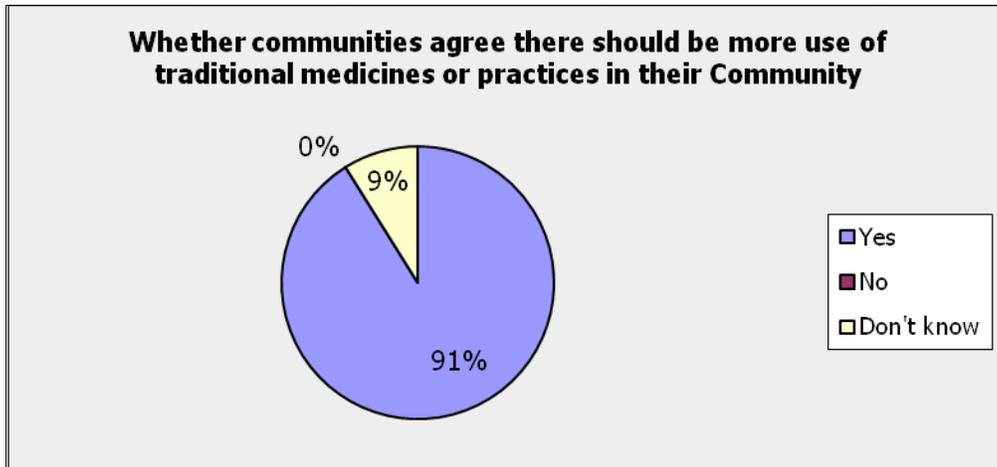


Respondents were required to select yes or no for every option of this question, indicating what types of practices that Traditional Healers use in the Health Centers. Few of the 90 respondents did not respond to the question and were therefore identified as ‘not knowing’ if Traditional Healers were using traditional practices in the Health Centers. A total of 52 respondents advised that no practices were being used. The most common practice used by Traditional Healers in the health centers were Sweat Lodges with 43 respondents confirming yes, the next was the medicine wheel teachings with 34 then bathing ceremonies with 20. There were a total of 47 people that commented other, these being:

- “drum groups and singing, cleansing sweats”*
- “brushing off, prayers and blessings, and moral support”*
- “Feeding the fire ceremonies, Tea dances, smudging”*
- “Hot spring gathering for people suffering from cancer”*
- “Summertime Pow Wows, Hand Drum Slahal, Dancing”*
- “Forest, burial, singing, mourning, stories and dancing”*

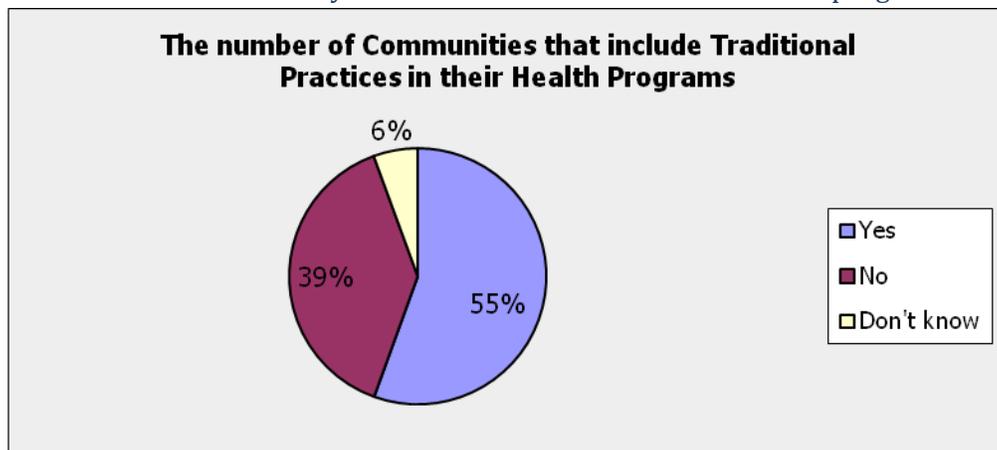
All participants were then asked if they agreed that traditional practices should be integrated with other programs and services in the health center.

Figure XIII: Level of Support for integration of traditional practices in community health



There were a total of 91% of the respondents that agreed that more use of traditional medicines or practices would help with addressing the health issues in their communities. Not one respondent answered no to this question and 9% said they did not know if this would help. A total of 90 respondents answered.

Figure XIV: Communities that already include Traditional Practices in health programs



A total of 90 respondents answered the question in relation to the types of practices used by Traditional Healers by health centers. When asked if Traditional Medicines or Practices are included as part of health program delivery, 55% indicated that they do incorporate traditional medicine or practices into their health programs. This is done by:

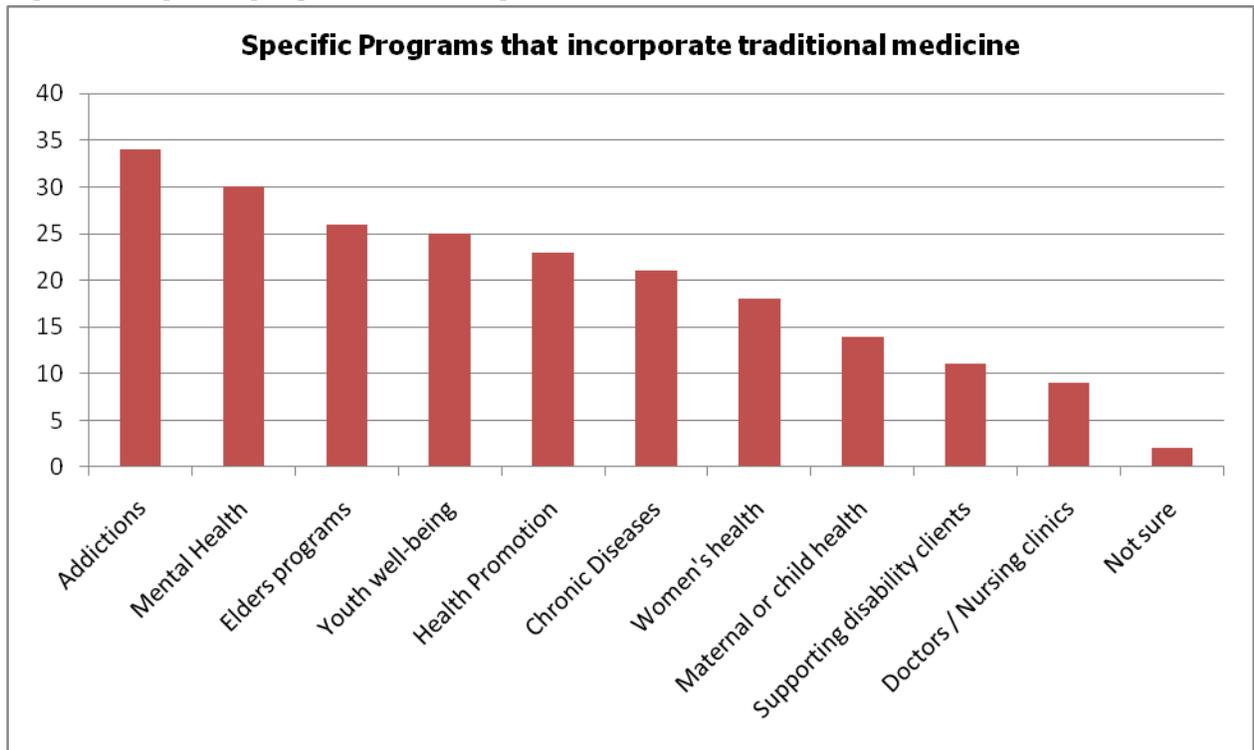
- the medicine wheel being integrated into all programs;
- Healers and elders attending important meetings or gatherings (especially where they were able to have funded roles in their health centers);
- Opening and closing prayers;
- Incorporating traditional medicines, feasts and ceremonies;
- holding a sweat at least once a week;
- having gatherings where they shared and gave people a chance to talk and teach;
- having sessions with community members and staff to learn about traditional medicines in the health center;
- promoting use of traditional medicine; and

- linking clients with elders that had appropriate skills to address their needs.

The 39% that do not currently incorporate traditional medicines or practices mentioned that they would like to or are in the process of introducing to their community in the future. A few said that they could not ‘really promote or push it’ but would offer alternative (traditional) remedies.

Where communities already incorporate traditional medicines and practices, they were asked to identify the specific programs that these were used in:

Figure XV: Specific programs that incorporate Traditional Medicine



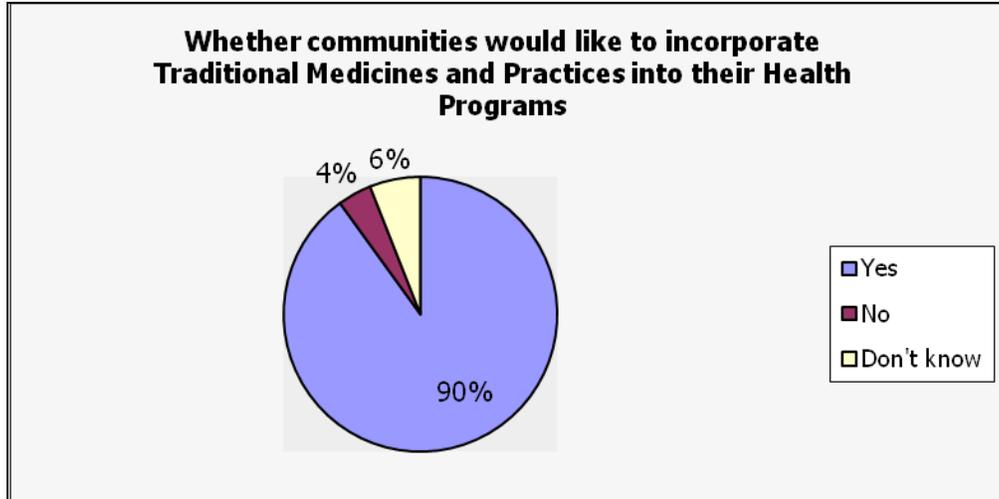
There were a total of 55 respondents who answered this question and 36 who skipped this question. Respondents were able to identify more than one program. Traditional Medicine and Practices are scattered through most of the programs in Community Health Centers. The main program where traditional medicine is used is in the Addictions area (34 responses) followed by Mental Health (30). Some of the specific practices mentioned were:

- *Cultural brush off*
- *Shaker Church*
- *Mask*
- *Baby Circles (talking about traditional medicines for babies)*
- *traditional foods*
- *Diabetes education.*

3.4.2 Willingness to use more Traditional Practices in Health Centers

Where communities do not incorporate traditional medicines and practices into their health programs, participants were asked if they like to do this in the future, and if so how they envisaged this might work.

Figure XVI: Whether Communities would like Traditional Health in their health programs



There were 50 out of the 91 respondents who answered this question. A total of 90% of respondents would like to see Traditional medicines and practices incorporated into the Health programs. Those surveyed envisage that this may work only if they have community support and that it would have to involve all the community including non aboriginal people, viz:

“Start small, many mistrust 'traditional' because of religious indoctrination which devalued 'traditional' knowledge”

“Start with introducing and rebuilding awareness of the forms of traditional medicines, so later the people will come to participate in comfort”

Most respondents agreed it would be beneficial to their people but that any progress in this area would need to be done cautiously. Respondents believed it would help maintain wellness in the community rather than just ‘treating an illness like the medicines prescribed by doctors’. A few felt it would also be a lot less expensive for the community if they were to use traditional medicine, viz:

“Bring us back to our traditional ways of healing without using medication. Our own practices give us a sense of pride. Ideal would be for healer to be on staff and paid with own consulting room and can practice there.”

One person believed there was no place for traditional medicine in the health center:

“My belief is it doesn't have a place in health center, but more so in community. We can't box it up and commercialize it. Healers practice where they wish – it's spiritual”

Some respondents believed that the main problem was finance and policies because communities would need financial support in order to incorporate traditional practices into their programs. They also felt that policy around traditional medicine would need to change in order for it to be used widely in communities.

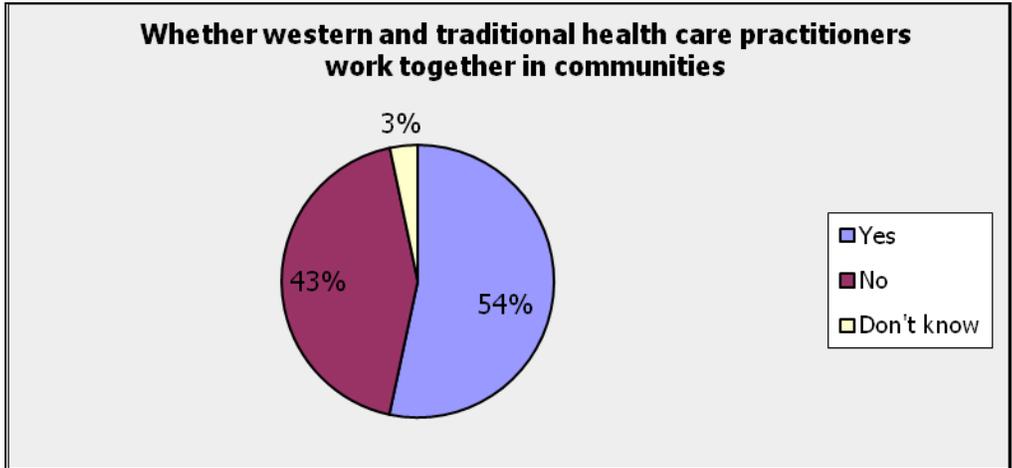


3.5 Relationships between Traditional and Western Practitioners

3.5.1 Current Practice

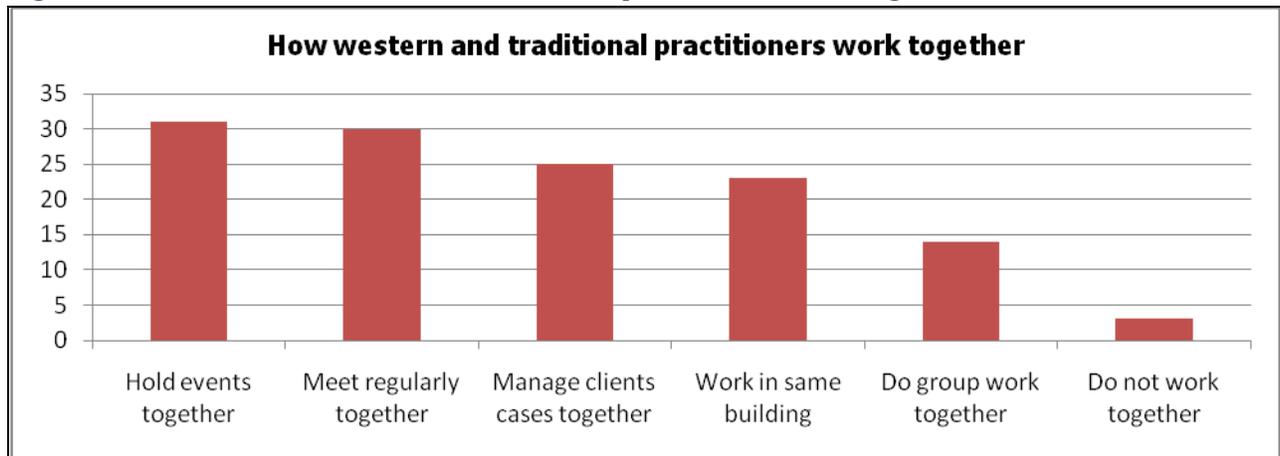
Participants were asked if all of their health care practitioners in their community worked together (i.e. the Traditional healers, Medical doctors, nurses, dieticians, Naturopathic doctors, etc). A total of 90 responses were given for this question. The responses are shown below in Figure XV.

Figure XVII: Whether western and traditional health practitioners work together currently



The results show that just over half of the respondents said that traditional and western practitioners worked together in their respective communities, while 43% did not.

Figure XVIII: How western and traditional health practitioners work together

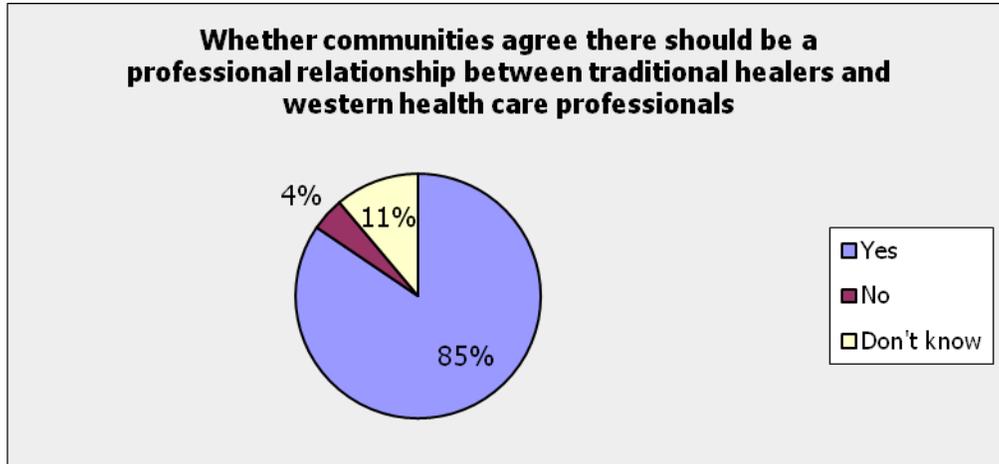


There were 52 responses to this question. Figure XVIII shows how practitioners work together where this occurs. This shows that the majority work together by convening events together and by meeting regularly to discuss their respective ways of working. Around 25 respondents said that traditional and western practitioners manage client cases together. Just under 25 respondents said that practitioners work in the same building.

3.5.2 Future Practice

Participants were asked to identify whether they agree that practitioners should work together in a professional relationship, if not doing so already. There were 90 responses to this question.

Figure XIX: Whether communities think there should be professional relationships in Health Centers



For those who agreed, ideas were provided about how these relationships should be nurtured. Most of the communities believed that communication was the key to having successful relationships. These respondents felt that there needed to be respect for each others' knowledge in order to provide a successful health service, viz:

"They need to sit down and understand what the medicine is about, communicate with practitioners for safety of clients and mixing remedies and medication"

Other points made were:

"Traditional healers/medicine should have the chance to go into hospitals if the people are comfortable with it, especially if they want it, they should be given the choice"

"I think that Doctors and nurses should have more respect for traditional medicines and practices. There should also be literature between all on which can't be taken with what. Like what contrasts with what medication/ herb"

"The doctor should always be aware of the traditional medicines that clients are taking and clients need to know the ramifications of taking white man medicine to traditional medicine"

"Doctors need to be more involved and work with the community rather than just provide clinical service, with no health promotion. Approach needs to be holistic"

"Cross cultural training and participation at our cultural/spiritual events"

"Traditional healers need to feel welcome in the environment. Doctors are not always accepting of constructive criticism and change"

"Share knowledge and traditions to fit in with medical treatment"



3.6 Information, Knowledge and Research about Traditional Practices

3.6.1 Documented Traditional Practice Evidence

Participants were asked if their community currently had information on traditional medicines/practices documented and if so, in what form this was retained. A total of 90 responses were received for this question. Figure XVIII below shows that 60% of respondents said their information on traditional practices was documented in some form:

Figure XX: Whether communities have documented their Traditional practices

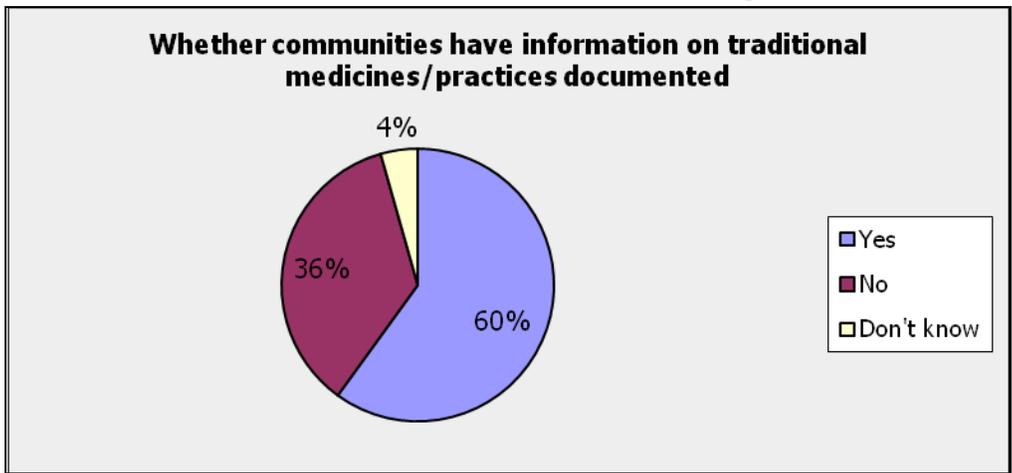
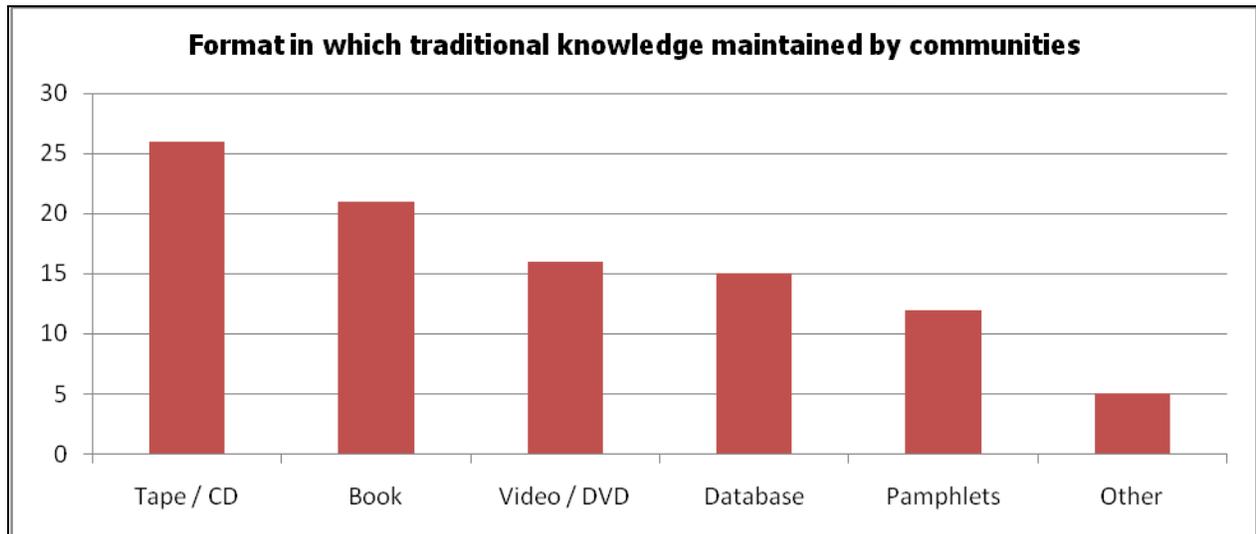


Figure XXI below shows that the majority of documented information on traditional knowledge is held in Tape / CD format with the next media being books and video/DVDs. There were 44 responses to this question.

Figure XXI: Format in which communities maintain traditional knowledge

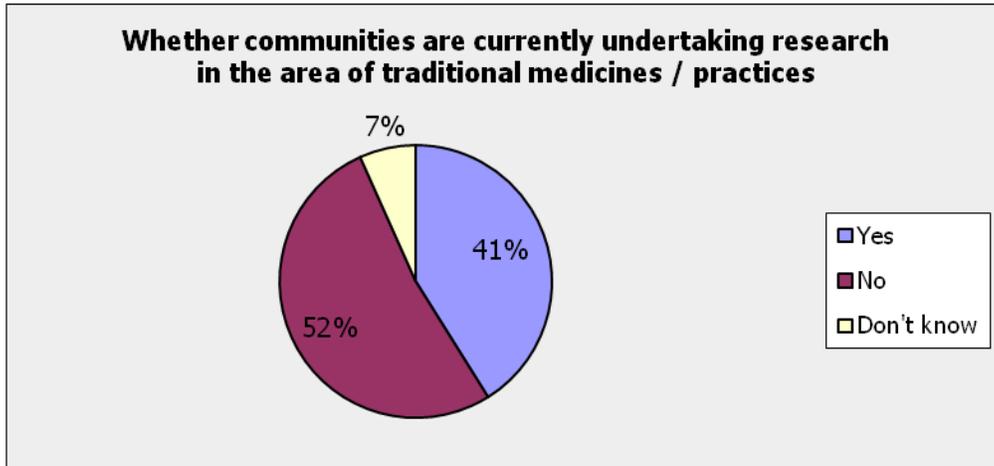


Others mentioned were hand written papers, transcripts, mapping, research and pictures.

3.6.2 Research on Traditional Practices

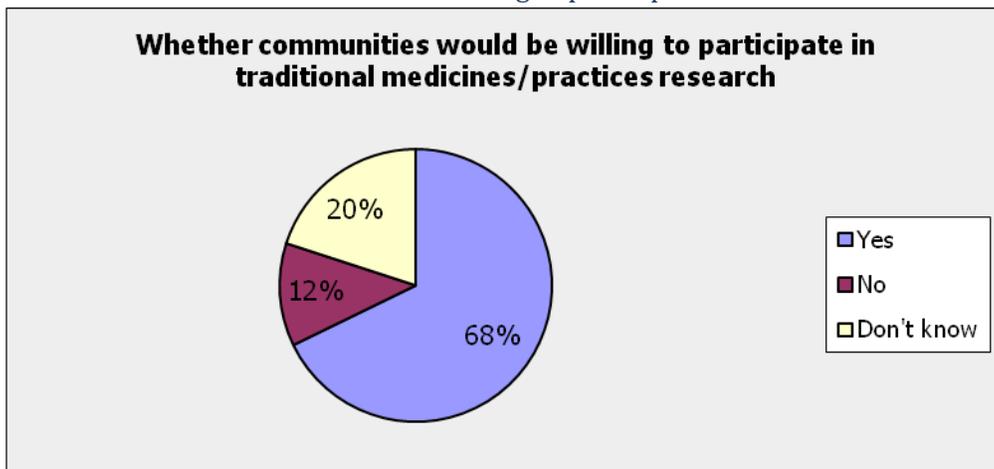
Participants were asked if they were currently undertaking research in the area of traditional practices. Ninety responses were received for this question; and the responses identify that just over half of the respondents said no. Around 41% (37) said that they were conducting some form of research and 7% (6) said that they did not know.

Figure XXII: Whether communities are currently undertaking research in traditional practices



Participants were then asked if they would be interested in participating in research in the area of traditional practices, of which 90 responses were received. The results show just over 2/3 of respondents would be interested while 20% said they would not. One respondent said '*Community members have been over surveyed and are not willing to participate*'

Figure XXIII: Whether communities would be willing to participate in research



3.6.3 General Views of Sharing Information about Traditional Medicine and Practices

Sixty respondents provided specific responses to the questions about research into the area of traditional medicines and practices. One respondent said that the main theme was 'trust and communication'. They felt that many traditional healers were not willing to share information as it was very private and protected. They worried that it may become commercialized as it has been used for commercial enterprises in the

past, therefore some communities would be reluctant to do research as they have been taken advantage of before. They were also wary of who held and owned the information once it has been taken, viz:

"The practice is a sacred practice and must be protected as such. Healers should be "self-regulating"

Funding for traditional healers was also raised by several of those surveyed. Some believed that traditional medicine had not been researched as there was no funding for it:

"It's a way to be able to come back to rebuild the medicinal that has always been there, that should be utilized more in the pharmacist for all aboriginal, and utilize more of the elders. There should be honorarium for services provided by elders such as healing and child rearing, medicines - they should be recognized in the health field"

Most of those surveyed believed it was time for Traditional Medicine to be recognized in Health Centers and that there was an over-reliance on western medicine when often it was not proven to work:

"Bringing back the traditional medicines and practices to the forefront will only promote success while being 'proactive' rather than 'reacting' to the current diseases/illnesses"

"I just hope it carries on, and that it can be recognized by other medical practitioners so that it can be used more. There are people who are qualified to do what I do, and then there are people who just jump in to do it."

"Traditional medicine knowledge needs to be passed on to the younger generation. This will give more cultural understanding to our young"



3.7 First Nations Health Council Role in Traditional Models of Wellness

Respondents were asked whether the First Nations Health Council should have a role in promoting traditional models of wellness, in order to clarify what role the Council should play in the future once this study is completed. Eighty nine responses were given for this question. The main responses (shown in the graph below) identify that communities would like the Council to ensure that any knowledge remained in the ownership of the communities. Other responses were:

"Research, only if the knowledge is kept with the community"

"Involve youth at secondary schools so that they understand traditional medicine"

"Some responsibilities should lie with the healers. Up to the healers and communities - not a one size fits all approach"

"Mass facilitation (FNHC, Elders and Healers)"

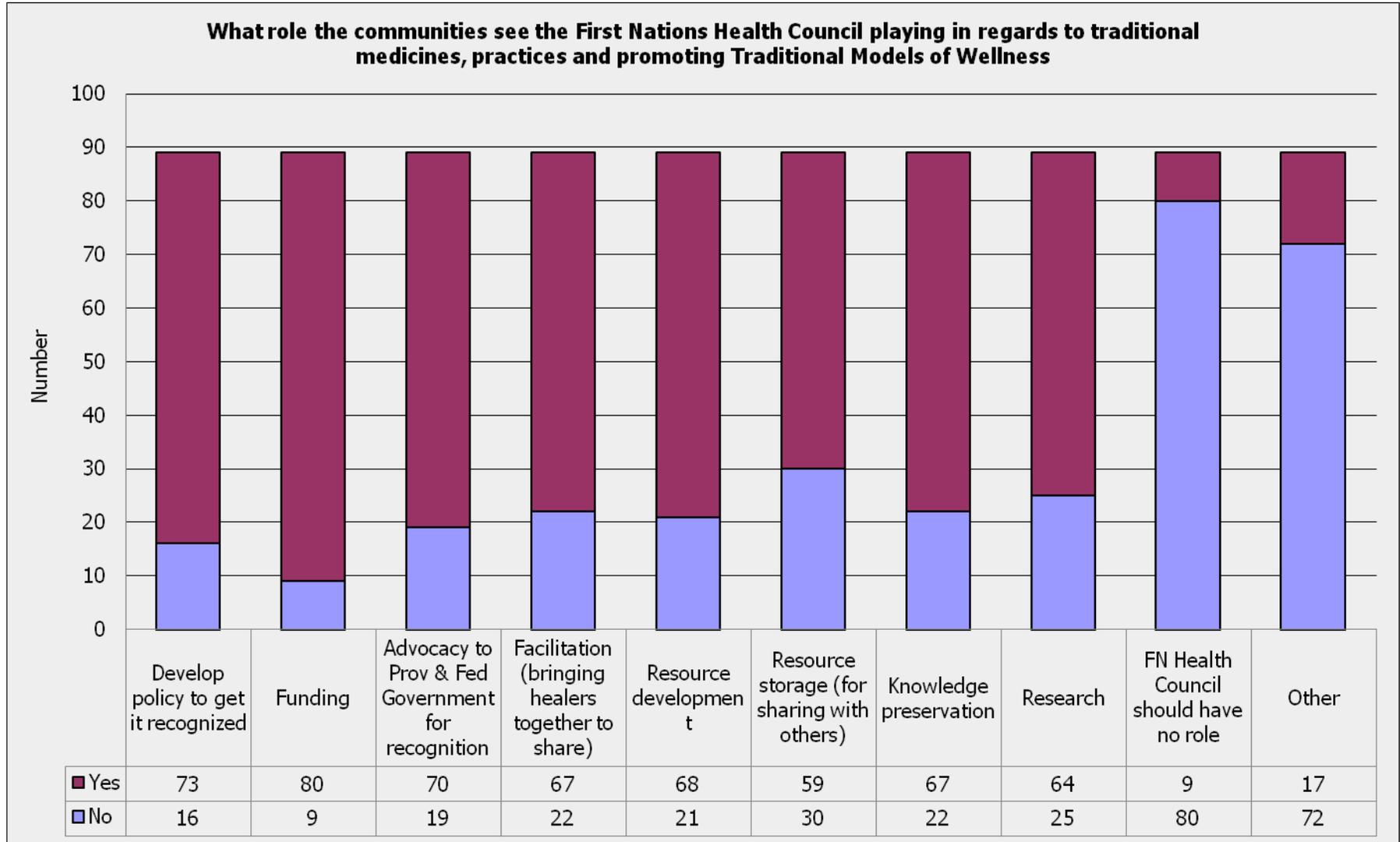
"Everything has got to start from home. No bureaucracy should have anything to do with them."

"FNHC should take on-going direction from First Nations leadership"

The table below demonstrates the responses (yes or no) to specific areas that the First Nations Health Council (FNHC) role could be. These responses identify that the main areas that respondents believe the FNHC could be useful is in advocating for policy changes to recognize traditional healing and practices, and to advocate for funding of this. Only 9 respondents said that the FNHC should have no role at all.



Figure XXIV: Roles for the First Nations Health Council



3.8 Alternative (non-traditional) Medicines and Practices

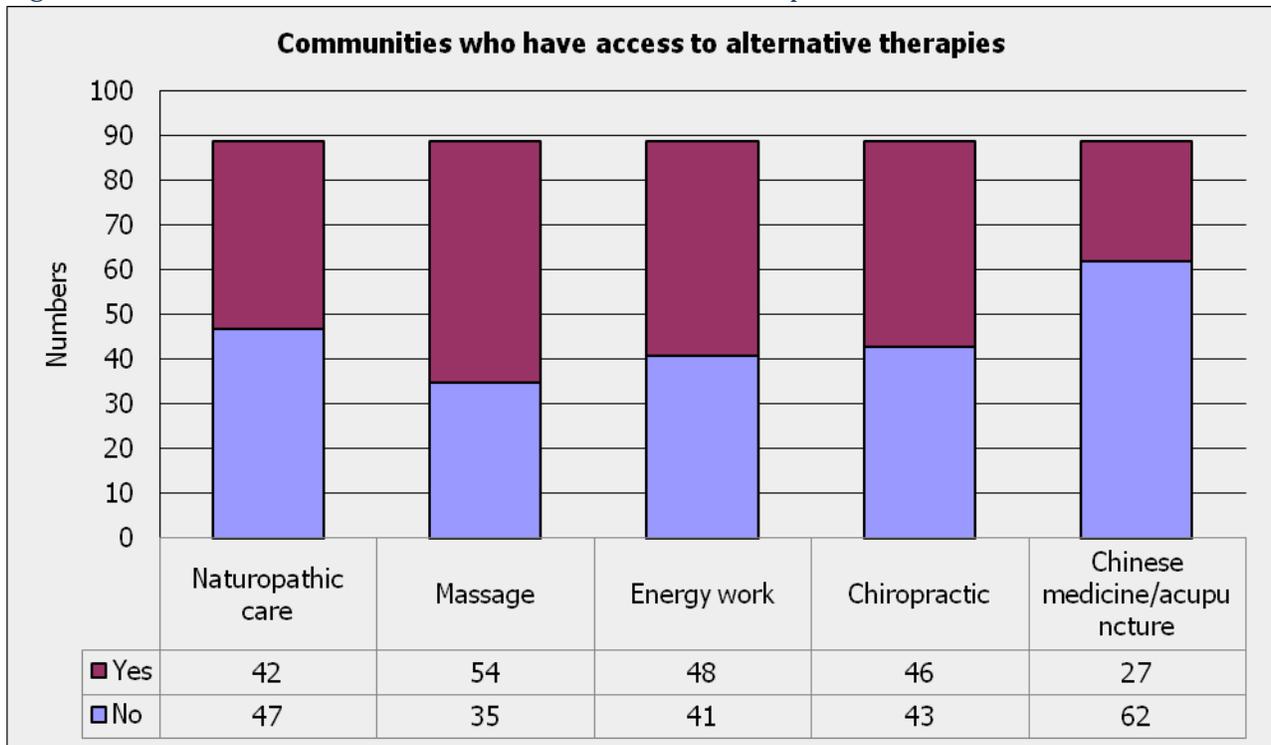
3.8.1 Current Use of Alternative Therapies

Communities were asked about whether they had access to alternative medicines and practices such as:

- Naturopathic care
- Massage
- Energy work
- Chiropractic
- Chinese medicine/acupuncture

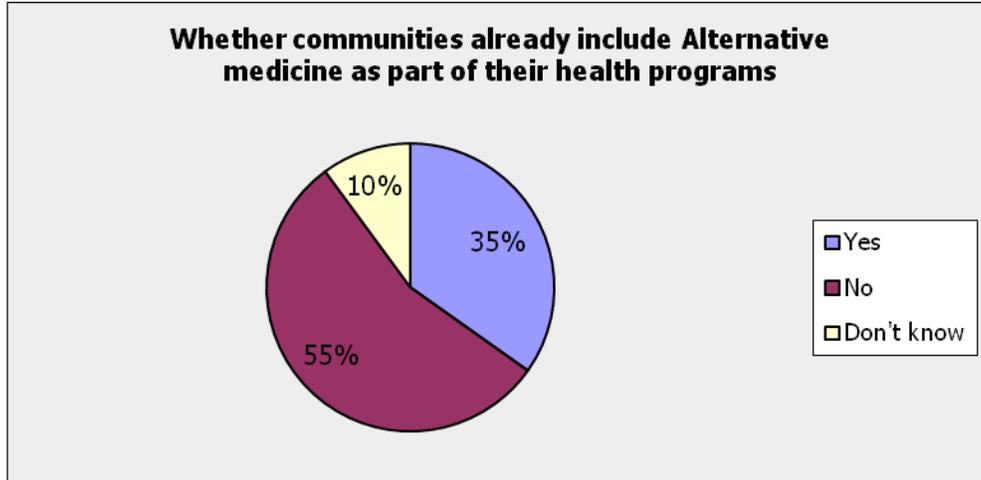
Eighty nine responses were given for questions in this section of the survey. The figure below shows that the majority of communities have access to all of these therapies at similar levels including naturopathy, massage, energy work and chiropractic care. Communities use Chinese medicine to a lesser extent.

Figure XXV: Communities who have access to alternative therapies



Participants were then asked if they already use alternative therapies within their health programs at their health centers. The results are shown below and indicate that over half do not integrate these practices within their health programs, while just over one third did.

Figure XXVI: Whether communities already include alternative practices in their health programs



For the group that answered yes, and stated that alternative therapies were integrated, they were asked how this occurred in practice. The responses reveal the following:

- Community members being sent to one or more of these specialists in nearby towns
- Communities bringing in contractors to work with people with mobility issues, or people with mental health disorders
- Bringing in a naturopath at regular intervals (e.g. monthly) to run clinics

A few respondents said they tried hard to offer all sorts of alternatives to the community so tried to bring together western, traditional and alternative practitioners, viz:

“By embracing and engaging alternate healers, traditional healers, mainstream medicine and community members to come together collectively – we offer the best of everything available.”

Some said that it was difficult to bring in alternative practitioners because their funding from Health Canada did not allow them the scope to do so.

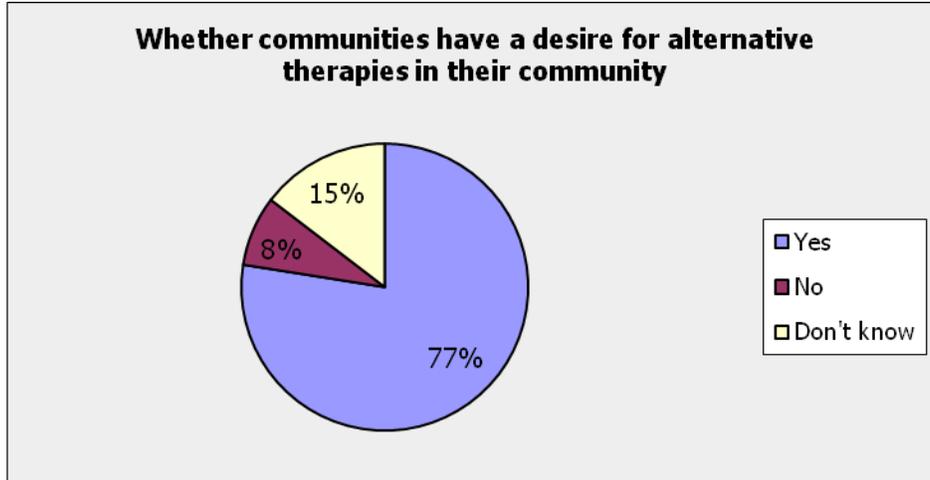
“Would like to see them as part of core programming but don't know that FNIH would agree. Funding needed i.e. Naturopath (preventive focus) and chinese medicine and massage”

“Would like access to funding to have traditional healers, to add to community health plan – but hard to get through the Government”

3.8.2 Future Use of Alternative Therapies

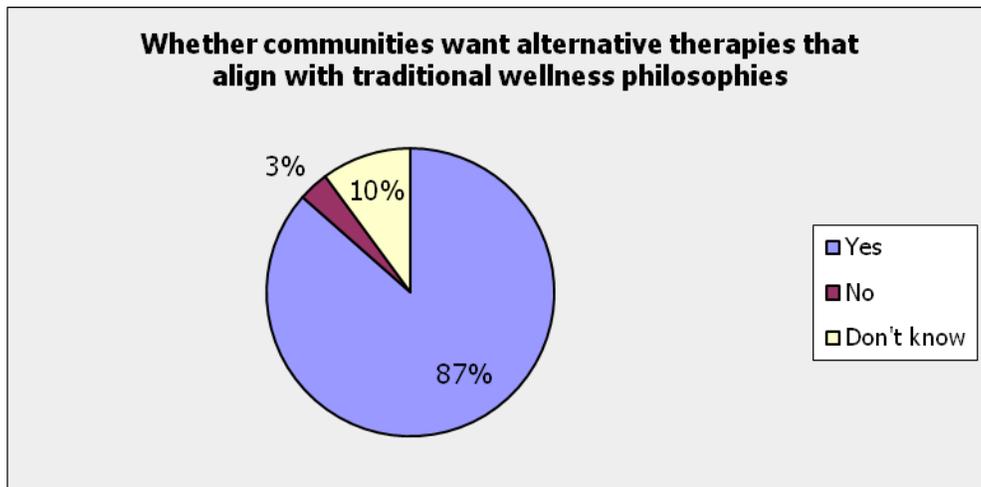
If communities were not accessing alternative therapies, they were asked if they would do so if they had the opportunity. The results are shown in the figure below. This reveals that nearly ¾ of respondents said they would integrate alternative practices if they had the opportunity to do so and only 8% said they would not.

Figure XXVII: Whether communities have a desire to alternative therapies



Participants were asked if they had an interest for alternative therapies that follow the same philosophies as Traditional medicine, and integrating the two services for their communities. The responses show that the vast majority (87%) of respondents would support this while only 3% would not.

Figure XXVIII: Whether communities want alternative therapies aligned with Traditional wellness philosophies



4 CONCLUSIONS

4.1 Definitions of Traditional Models of Wellness

The results of the Environmental Scan demonstrate that the vast majority of First Nations community respondents define traditional models of wellness as 'having a healthy mind, body and spirit'. There was a common theme that wellness from a traditional perspective encompassed a person feeling well emotionally, physically and spiritually and leading a healthy lifestyle, which involved connection to the land and one's culture and beliefs. Respondents also said that maintaining wellness involved carrying out traditional practices of the community such as fishing, hunting, berry gathering and participating in healing circles, sweats, drumming and learning the language. Identity and connection to culture were seen as integral to maintaining wellness from a traditional perspective.

Some respondents also commented about how difficult and challenging it was for some communities to help individuals and families maintain wellness from the above perspective, because of the impacts of alcohol and drugs; residential schools and other external influences. Many said that it was hard to return communities to traditional ways when so much knowledge had been lost, and there was an air of distrust or disbelief in traditional practices among those affected by negative influences.

Participants were asked to define specific traditional medicines and practices and most mentioned herbal (plant-based) medicines and traditional ceremonies, rituals, food gathering, medicine gathering and sweats. Some of the practices were seasonal while others were year-round. They also said that learning and sharing the knowledge of healers and elders was also an important element in the practices being undertaken but again this was challenging if there were few elders with the knowledge, or if elders were reluctant to share the knowledge.

4.2 Definitions and Roles of Traditional Healers

Participants were asked how they define traditional healers and three common definitions emerged – people who are knowledge-keepers; people who are gifted and / or people who are spiritual. The vast majority of respondents agreed that traditional healers had knowledge of traditional ways and practices, and expressed these in the community. They were also people who were good role models in that they were alcohol, drug and smoke-free and lived a healthy lifestyle. They were often people who spoke the native language; were very in touch with the land and environment and were well respected in the community. Some respondents defined traditional healers from within their own families as a grand-parent or great grand-parent who had gifts to heal within the family.

While not accurate, respondents provided an idea of how many traditional healers they felt were operating in their communities. Of the 91 respondents who participated, 66% said that they had healers practicing in their community. Of these 66% there were a total of around 287 healers known to the respondents. Of the communities with healers practicing in the communities, only around one third practiced within the health center – while almost 60% did not.

Around 62% of healers in communities were known to be teaching or sharing their knowledge through community events and workshops, gatherings or on a one-on-one basis with family members or patients.

Respondents felt that those healers who did not share information or knowledge about traditional practices did not do so because they were concerned about mis-use of the information; were concerned about liability involved or were confining knowledge sharing to specific individuals chosen to do this work.

4.3 Elders Role in Traditional Wellness

Participants were asked if elders (rather than traditional healers) played a part in their health centers and 67% of respondents said that they did, with the main role being to help the health center reflect cultural protocols (e.g. prayers) or to mentor and support staff. Participants said elders played a very key role within their health centers as they were role models within the community and shared wisdom and knowledge to staff and patients. Some elders were also translating information into native language for some health centers.

4.4 Use of Traditional Practices in FN Health Centers

Participants were asked if they used traditional medicines in their health centers and over half (56%) said they did not while 31% said they did. Similarly, in terms of traditional practices, a total of 52 respondents said that no practices were used in the health center while 55% of respondents said that they did include traditional practices in their health programs. Where practices were used these were mostly the use of sweat lodge; medicine wheel teachings and bathing ceremonies. The programs that traditional practices were mostly used in were addictions and mental health, and elders and youth programs.

A total of 91% of respondents felt that traditional practices should be integrated into the health centers and no respondents disagreed with this statement. However 9% were unsure. The vast majority of communities were very supportive about traditional health being part of their health programming with 90% supporting this – however some felt that this would be difficult without adequate resources.

4.5 Relationships between Traditional and Western Health Practitioners

The environmental scan reveals that currently around half of the communities have traditional and western health care practitioners working together in their communities, while 43% did not. Generally those that work together do so through holding events together or regularly meeting to discuss their respective practices. Around 25 (or half) of the respondents who said practitioners are working together, do so by managing client cases jointly.

Where practitioners are not working together, there was strong support (85%) for this to occur in the future. Many said that there was a strong need for the western and traditional practitioners to ‘sit down’ and learn about each others’ approaches and to respect each others’ ways, in order to work together for the benefit of patients in the community.

4.6 Information and Research about Traditional Practices

Around 60% of the respondents said that they have documented evidence or information about their traditional medicines and practices, with the majority holding it in CD/tape form, followed by books, videos and DVDs. Approximately 41% are currently undertaking some form of research into this area, while 52% are not (as far as they know). Just over two thirds (68%) were agreeable to participating in research into this area as long as the information was owned by communities, and not mis-used or commercialized. There were many comments made about mistrusting gatherers and users of information about traditional practices, with some reporting stories of misuse in the past.

4.7 First Nations Health Council Role in promoting Traditional Models of Wellness

Participants were asked to identify the role (if any) that the First Nations Health Council (FNHC) should play to promote traditional models of wellness. The main responses show that 9 respondents said that the

FNHC should play a role while 80 said they should play a role. For those who stated that the FNHC should have a role, the main areas should be:

- Advocating for / funding of traditional medicines and practices
- Developing policy to have traditional models formally recognized
- Advocating to Federal and Provincial Government for recognition of traditional models (and to resource it accordingly). This was particularly the case with FNIH-funded health program arrangements.

4.8 Alternative Medicines and Practices

Participants were asked about alternative medicines and practices in order to differentiate their responses from those related to traditional (native) practices. The results show that the vast majority of respondents had access to one or more alternative therapies (naturopathy; massage; energy work; chiropractic support and Chinese medicine or acupuncture). Over half however do not integrate these therapies with their health programs while just over one third did. Nearly $\frac{3}{4}$ of respondents who did not currently access alternative therapies, said that they would in future if they had the opportunity. Over 87% of all respondents said that alternative therapies needed to follow or be aligned with traditional wellness philosophies if they were to be brought into health centers in their communities.



5 RECOMMENDATIONS

1. **NOTE** that the Environmental Scan on Traditional Models of Wellness (traditional medicines and practices) attracted a response rate of 74% (91 out of 123 health centers or 167 communities out of 203 communities);
2. **NOTE** that the Environmental Scan reveals relatively strong support for integration of western, traditional and alternative therapies being made available for First Nations communities in health centers to offer the best of all options to community members to address their health needs;
3. **NOTE** that there is support for further research into this area, but that this must be done cautiously to ensure ownership of the knowledge is retained by First Nations communities and that information / knowledge is not misused, abused or commercialized;
4. **NOTE** that the Environmental Scan reveals that there is strong interest from the First Nations community respondents for the FNHC to continue its work to advocate for recognition and funding of Traditional Practices and Medicines within communities, and for some level of integration with health programs in communities;
5. **AGREE** that the First Nations Health Council continue to advocate for recognition and funding of traditional healers, elders, practices and medicines within communities.



6 APPENDICES

Copy of consent / information sheet

CONSENT FORM

TRADITIONAL MODELS OF WELLNESS / TRADITIONAL HEALING

SERVICE SCAN

SERVICE SCAN APPROACH:

If you agree to participate in this service scan you may complete the questionnaire in one of three ways:

- a) Complete the form at your own convenience during Gathering Wisdom – and deliver it to the identified ‘booth’ where Kahui Tautoko Consulting staff (KTCL) are waiting
- b) Go to the booth and complete the form either by hand or on-line
- c) Ask KTCL staff to complete it for you and sit with them to provide the information

CONSENT:

Your rights in Summary:

Participation in this project is up to you and if you agree to take part you have the right to stop any part of the scan at any time:

- 1 You may choose or decline to complete the scan form;
- 2 You do not have to answer any or all of the questions if you choose not to;
- 3 All information gathered during the interviews will remain strictly confidential to Kāhui Tautoko Consulting Ltd and the First Nations Health Council;
- 4 Information collected will be analyzed and your identity and specific information will not be in the final report. During analysis, information will be kept locked away at KTCL offices until the end of the project, where it will be given to the FNHC and locked away, until returned or destroyed;
- 5 All information given will be treated with respect and dignity;

Consent:

By signing below, you indicate that you have read and understand the purpose of the Scan, and that your participation is entirely voluntary and that you may refuse to participate or withdraw at any time. You do not surrender any of your rights by signing this form. Your signature indicates that you are at least 19 years old and consent to participate in this project:

- DO CONSENT** to completing the **Traditional Models of Wellness Service Scan**
- DO NOT CONSENT** to consent to complete the **Traditional Models of Wellness Service Scan**

On behalf of (Please print Health Centre name here).....,

I am authorized to complete (Please print name).....

Participant's signature**Date:**.....

Copy of survey form

BEST PRACTICES OF TRADITIONAL MODELS OF WELLNESS SCAN

BACKGROUND:

The First Nations Health Council (FNHC) works with British Columbia and Canadian Federal agencies, to narrow and close the gap in delivering and maintaining health standards between First Nations individuals and other British Columbians.

Implementing traditional medicines/ knowledge/practices is integral to the health and wellbeing of First Nations. The First Nations Health Council recognizes that addressing First Nations health through a more traditional, holistic model is critical toward reducing the health disparities between First Nations and other British Columbians. Community Health initiatives by the First Nations Health Council encompass individual, conditional and environmental specific wellness. This includes levels of physical activity, access to nutritional foods, connection to traditional medicines, the condition of our lived environments, and our abilities to prevent and manage common health conditions found in First Nations communities, forming the larger picture of community health.

One of the goals of the First Nations Health Council in addressing Traditional and Alternative Medicines includes dialogue on Traditional Medicine with the communities. This is a starting point in the development of health services that reflect First Nations cultural values and are community driven, as well as extend the opportunities for health services to practice First Nations ways of health and healing.

In 2007, a Traditional Medicine Scan created dialogue with BC First Nations communities that identified a priority to attain recognition of Traditional healers and practices, thus leading to funding and ongoing support. The discussions have resulted in THIS scan to identify best practices in communities and effect policy change and development. This is acknowledged as a vital part of contributing to the Tripartite Health Plan. The importance of Traditional Medicine as a means of improving the health and quality of life for Aboriginal people is increasingly being recognized.

PROJECT OBJECTIVE:

To provide information to support advocacy and policy work undertaken by the FN Health Council with Governments to recognize and support (including funding) models of traditional medicine and practices used by FN health centers in their communities.

THE PROJECT:

Kahui Tautoko Consulting Ltd has been asked by the FN Health Council to conduct a scan of the extent and scope of use of Traditional medicines and practices (referred to as Traditional Models of Wellness), used by FN communities across British Columbia. The objective is to gather evidence on the extent and scope of traditional practices that are

used in the delivery of health care in communities – but NOT to collect information about specific practices and medicines themselves as this knowledge is owned by elders and healers.

PURPOSE OF THE SCAN

The purpose of this scan is to identify best practices, inform planning and to help the basis for a policy approach to FN Traditional medicines and practices. With better evidence of the extent and scope of use of traditional medicines and practices, the FN Health Council can advocate to Governments for changes to funding and policy to give these practices greater recognition and acknowledgement in healthcare delivery.

UNDERTAKING THE SCAN:

The scan includes a series of questions but does not collect information regarding the actual practice of Traditional or Alternative Medicine. The data will be collected in one of two ways;

1. On the computer, using Survey Monkey web-based tool
2. Completing a written questionnaire (which has the same questions as the web-based tool)

Staff from Kāhui Tautoko Consulting Ltd. will be available to assist where needed. Completed questionnaires will be analysed and submitted in a report to the First Nations Health Council and results / findings will be disseminated back to communities. No individual health center will be identified as this will use collated data only. These will form the basis for a strategic approach to supporting Traditional and Alternative medicines throughout First Nations communities in BC and advocacy by the Council to the Federal and Provincial Government.

Copies of completed forms will be held by the FN Health Council in secure state as evidence to support the report of findings. If any community would like to retain a copy of their completed survey please ask Kahui Tautoko Consulting to arrange this for you at the time of completion.

Location / Town:

Date:

Community Health Center Name:	
Health Authority Region:	

1. In your own words, how do you define Wellness from a traditional perspective in your community?

2. In your own words, how would you describe your models of 'traditional practices and medicines'?

For the purposes of the next section, we have separated the role that 'elders' play in traditional wellness activities, from the role that traditional healers play. Please answer both questions separately:

TRADITIONAL HEALERS

3. In your own words, how do you define a 'traditional healer'?

4. a) Does your community have Traditional Healers that are currently practicing in your community (either within or independently from your health center)?

Yes No Don't know

b) If yes, approximately how many practitioners would you have operating in your community?

5. Do Traditional Healers currently operate specifically with or within your Health Centre services and programs providing support for clients and patients?

Yes No Don't know

6. a) Do you have Traditional Healers who teach their practices to others in the community?

Yes No Don't know

b) If yes, how is the knowledge and skill shared?

Youth groups

Sessions in Schools

Community events / workshops

Health program groups

Healing gatherings

One on one

Other

c) If no, what do you think are the reasons?

No-one else is interested in learning Yes No

Knowledge is kept within families Yes No

- Knowledge is too sensitive to share in public Yes No
- Knowledge is taught to individuals who are chosen to do this work Yes No
- Other (state): _____ Yes No
- Other (state): _____ Yes No

ELDERS ROLE IN TRADITIONAL WELLNESS

7. Does your community have Elders who play a key role in Traditional, Spiritual or Cultural healing with your Health Centre? Yes No Don't know
8. What are the key roles that your elders play when working within your health center?
- Mentoring of and supporting staff in their knowledge development
- Supporting staff in their program delivery with clients / patients
- Working directly with clients / patient's one on one
- Working directly with clients / patients in group sessions
- Helping the Health Center to reflect cultural protocols (e.g. prayers)
- Helping to translate health information to our native language / interpreter
- Other (state): _____

USE OF TRADITIONAL MODELS WITHIN THE HEALTH CENTER (including traditional practices and traditional medicines)

9. Does your health center service include provision of traditional medicines for clients and patients?
- Yes No Don't know

c) If yes, please explain how you incorporate traditional medicines and practices into your health programs at the moment to bring together traditional and mainstream program delivery:

d) If you DON'T currently incorporate traditional medicines and practices into your health programs, would you like to do this in the future? Yes No Don't know
If yes, how would you envisage this might work in practice?

TRADITIONAL HEALERS RELATIONSHIPS WITH OTHER HEALTH PROVIDERS

13. a) Do all the health care practitioners in your community work together (i.e. the Traditional healers, Medical doctors, nurses, dieticians, Naturopathic doctors, etc)?

Yes No Don't know

b) If yes, how do the health care practitioners in your community work together?

- Work in the same building
- Manage client / patient cases together
- Have meetings together
- Hold events together
- Do group work together
- Other

They do NOT work together

14. a) Should there be a professional relationship between traditional healers and medical physicians, naturopathic physicians, nurses, other health care professionals?

Yes No Don't know

b) If yes, how should these relationships be nurtured?

INFORMATION, KNOWLEDGE AND RESEARCH ABOUT TRADITIONAL PRACTICES

15. a) Does your community currently have information on traditional medicines/practices documented? Yes No Don't know

b) If yes, in what forms is the information:

Book

Pamphlets

Tape / CD

Video / DVD

Database

Other

16. Is your community currently undertaking research in the area of traditional medicines / practices? Yes No Don't know

17. Would your community be willing to participate in traditional medicines/practices research?

Yes No Don't know

18. Do you have any further comments related to Traditional Medicines and Practices?

THE ROLE OF THE FN HEALTH COUNCIL IN PROMOTING TRADITIONAL MODELS OF WELLNESS

19. What role should the First Nations Health Council have with regards to traditional medicines and practices and promoting Traditional Models of Wellness?

	Yes	No
Develop policy to get it recognized	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy to Prov & Fed Government for recognition	<input type="checkbox"/>	<input type="checkbox"/>
Facilitation (bringing healers together to share)	<input type="checkbox"/>	<input type="checkbox"/>
Resource development	<input type="checkbox"/>	<input type="checkbox"/>
Resource storage (for sharing with others)	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge preservation	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
FN Health Council should have no role	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____		

ALTERNATIVE (non-traditional) MEDICINES AND PRACTICES

20. Does your community have access to alternative therapies such as:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Naturopathic care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Massage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Energy work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chiropractic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chinese medicine/acupuncture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | | |

21. Does your community have a desire for alternative therapies? Yes No Don't know

22. Does your community have an interest for alternative therapies that follow the same philosophies as Traditional medicine? Yes No Don't know

23. Does your community have knowledge/awareness about alternative options for health care? (i.e. naturopathic medicine/massage etc...) Yes No

24. Is Alternative medicine (naturopathic, acupuncture, energy work, etc) included as part of your health programming? Yes No

25. Please explain how alternative medicines are included or how you would like to include them into your health programming:

Thank you for your participation!