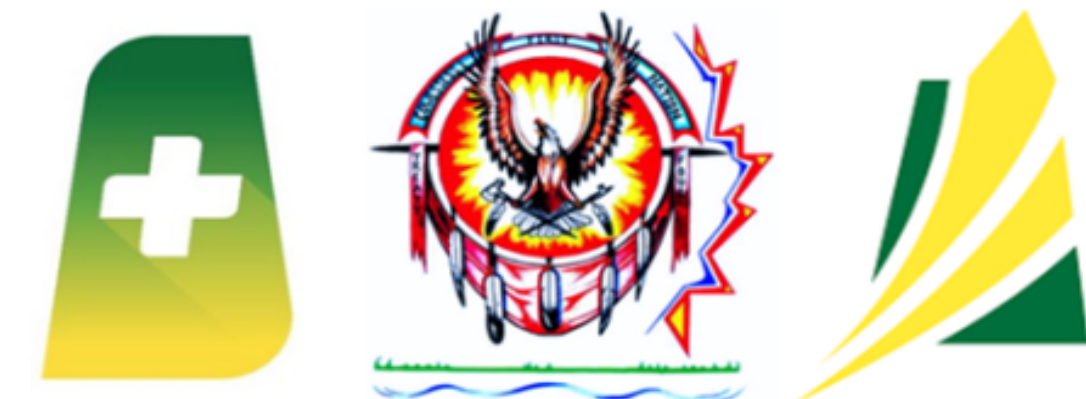


Urban Indigenous Health Centre

Concept Summary:
March 2020





Introduction:

Cowessess First Nation (Cowessess), Saskatchewan Health Authority (SHA) and Government of Saskatchewan's Ministry of Health (Ministry) have all prioritized the improvement of health outcomes for Indigenous people and residents of North Central Regina. In October of 2018, Cowessess, the SHA and the Ministry formally initiated Phase I of a planning partnership on an Urban Indigenous Health Centre concept being considered for Cowessess' reserve status land on Albert Street in Regina. The partners co-funded, along with Indigenous Services Canada, a Needs Assessment which identified a variety of gaps around a concept of an Indigenous health-focused centre in North Central Regina and an urban hub for on-reserve care focused on southern Saskatchewan.

Urban Indigenous Health Centre Unique Value Proposition:

1 Response to Truth & Reconciliation Commission: Call to Action #22

- While the concept responds to TRC Calls to Action #19, #20, #21 and #23, the differentiated value of the concept is best reflected in Call to Action #22: **We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.**
- With culture as the foundation following Call to Action #22, the Centre will align co-located interdisciplinary supports in the Centre and become an important part of larger health and wellness networks.

2 On-Reserve Connection: Gateway to Urban Services

- The concept is based around the ability for a Centre to act as a gateway to urban health services for southern Saskatchewan Indigenous people living on-reserve and in rural areas.
- The concept will include continued evolution of on-reserve outreach services led by the Wellness Wheel team with a sharper focus on aligning those services to urban services; but, with a continued ongoing focus on building capacity at the on-reserve community level and aligning with rural primary care models.

3 Teaching, Building Capacity & Spreading Education

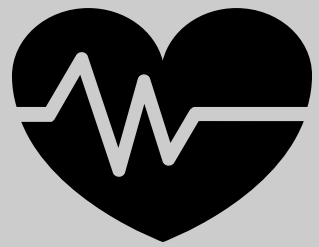
- The Centre will significantly enhance knowledge of Indigenous healing and wellness practices, historical influences on health inequity and how traditional and western medicine approaches can collaborate for a healthy future.
- The concept will build capacity among Indigenous health providers, including those located at the Centre and those connected by on-reserve outreach and service collaboration.

Urban Indigenous Health Centre Concept & Networks





Key Data Findings:



1.5x

HEART DISEASE
for First Nations living on-reserve compared to general population

3-5x

DIABETES
for First Nations living on-reserve compared to general population

1.9x higher for First Nations living off-reserve

1.5x higher for Metis people

41% OF TOTAL

Portion that Central Network accounts for all Regina ER visits due to mental health and addictions issues

300% HIGHER

Rate of hospitalization for mental illness for FN people living off-reserve relative to non-Indigenous people (Canada-wide)

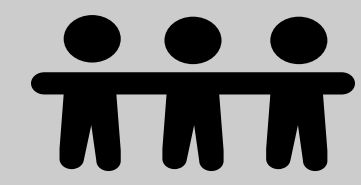
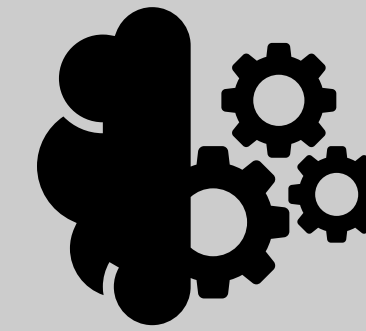
49% HIGHER

Non-Indigenous youth perceived mental health (excellent or very good) relative to FN youth living off-reserve in SK

Prevalence of low self-rated mental health:

1.9x **HIGHER** for FN living off-reserve

1.5x **HIGHER** for Metis people living off-reserve



SASKATCHEWAN HEALTH & SOCIAL INEQUALITIES

72% of Children-in-Care in SK are Indigenous.

The rate of First Nation off-reserve children vulnerable in at least one domain of early development is more than double that of non-Indigenous children.

71.9% of First Nation people living off-reserve live in 'Housing below standards' compared to 27.1% of non-Indigenous people.

Key Stakeholder Engagement Feedback:

MENTAL HEALTH FEEDBACK

"There are resources, but overall mental health services is a gap for North Central. Anxiety is suppressed with drugs, so that underlying issue creates major health issues. Right now we have gaps in counseling and psychiatric care. We have some cultural integration right now, but it is a significant opportunity for improvement for sure and cultural sensitivity can have a significant impact on mental health and addictions issues." ~North Central Physician

"The concept of working at a location that integrates mental health supports and cultural practices alongside a multi-disciplinary approach is very appealing. We need to create access to care where people feel safe and can believe what people are telling them regarding their care. We have an issue in Canada where our trained psychiatrists and other professionals are not empathetic to the marginalized population." ~Specialist Physician

ON-RESERVE SERVICE ISSUES & POTENTIAL LINKAGES

"There is a lot of overlap between the population in North Central and the population on-reserve with a variety of people traversing between the two areas. the Federal jurisdiction on-reserve creates challenges because it is unconnected." ~On-Reserve Health Director

"There is no understanding of morbidity rates on-reserve and within communities. We need to gather this information so the system as a whole can become more efficient. If a community has 6 people with similar issues that need to go to an urban centre for care, then they should be organized to go the same day." ~On-Reserve Specialist Physician

"Indigenous leaders cannot access their people's health information, which creates major challenges in trying to help pathfind, get answers and facilitate proper healthcare." ~First Nation Chief

TRADITIONAL & CULTURALLY-BASED TREATMENT

"We need the right type of counseling for the population. Need to bridge the medical and the cultural and address complexities of addictions, mental health, chronic disease, etc." ~Health Administrator

"There is nowhere to go for people to find traditional supports. There are a lot of western medicine options – can go to the Pasqua, go to Four Directions, go to a doctor, but people don't know where to go to get traditional help. The old way of thinking is that people need to see a medicine man on reserve, but that needs to change. The patient population is there in North Central. These people know how to access all the negative things in North Central, but have no access to culture and traditional medicines that can help them." ~Elder



Key Research Findings:

Indigenous Health in the New Saskatchewan Health Authority, SHA (2018)

- Recognize and respect Indigenous worldviews in the realm of health and well-being, as well as traditional medicines and healing practices.
- Recognize and address the cultural safety issues and health inequities experienced by Saskatchewan's Indigenous population.
- Work with other sectors, such as education, social services, and justice, to address the social determinants of health disproportionately impacting Indigenous communities in Saskatchewan.

Indigenous Services Canada - Preventing & Managing Chronic Disease in First Nations Communities: A Guidance Framework

- A gap analysis of FNIHB on-reserve programming to address chronic disease management noted issues related to: coordination of care between multiples providers; inefficient processes for referral and follow-up; the need for better linkages between clinical and community-based services; need for improved health promotion and disease prevention; and, the need to enhance cultural competency among health staff.

FNIHB/AFN First Nations Mental Wellness Continuum Framework

- Culture needs to be the foundation of an evolved mental wellness approach.
- New models need to be developed based on partnerships between First Nation leadership and service delivery groups.
- A culturally competent workforce needs to be a key pillar.
- Health leadership and advocacy for change is key to improvements.
- Acknowledgement of historical issues caused by rigid and unresponsive funding is required and evolved to enhanced flexible funding in the future.

Psychology's Response to the Truth & Reconciliation Commission of Canada Report

- The Canadian Psychological Association response to the TRC Calls to Action focused extensively on establishing obligations for the profession to evolve its care model to focus on culturally appropriate and culturally safe approaches, including respecting the wisdom and knowledge of Elders and Knowledge Keepers, and the significant role of reclaiming cultural identity for Indigenous people.

Proposed Next Phase:

The high-level model of care guidance from the Needs Assessment will need to inform a phase of co-development work that will bring together key stakeholders under the guidance of Indigenous leaders to finalize a model of care, rationalize its fit within the complex health networks and inform facility design planning. The partners are seeking support for next phase development from multiple funders and stakeholders and look forward to advancing this transformational health concept to lead a new paradigm of Indigenous wellness in Treaty 4.

