



National Indigenous Health

Conference Summary
October 2019



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CONFERENCE PURPOSE AND INVITATION

From October 15-17 seventy people gathered on the territories of the Squamish, Musqueam and Tsleil-Waututh Nations near the traditional Squamish village site of *Xwáyxway*, and close to the site of P'k'als in Vancouver to discuss ways to generate revolutionary change in Indigenous healthcare. The conference stemmed from a series of discussions held at Vancouver Native Health Society that focused on rights, justice and the legacy of colonization in determining the ways in which health services are delivered to Indigenous people. Several core needs informed the conference call:

Indigenous people around the world are experiencing poorer health-outcomes than non-Indigenous people, and face similar challenges in providing and accessing quality healthcare. Non-Indigenous conventional approaches and the current mainstream healthcare systems have proven unable to meet the health needs of Indigenous peoples.

Indigenous knowledge of health is holistic, encompassing mental, physical, spiritual and emotional well-being, and this can only be translated into effective healthcare through services that are culturally founded.

Internationally UNDRIP and nationally the Truth and Reconciliation Calls to Action affirm Indigenous rights to self-determination in health and healthcare and still, these rights are being systematically denied. The time is right for radical solutions to create a paradigm shift in Indigenous healthcare systems.

In Canada, the ever-growing number of Indigenous people living in urban areas are facing a health crisis that is compounded by inadequate funding for Indigenous health services and a lack of representation to ensure clear national policy that would realize our right to self-determination in health.

The rural-urban divide is a legacy of colonialism that has alienated Indigenous people from one another; this must be acknowledged if there is to be meaningful Indigenous solidarity. It is our challenge to find unity regardless of the constructs that would divide us.

This set of urgent needs made up the core of the invitation of the conference. Participants were invited from across the country, and across a diverse set of organizations and professions to be inspired by keynote speakers, learn from one another, and take that knowledge into their own work and projects.



WHO CAME

Keynotes

Four keynote speakers were invited to attend to inspire the participants in their work.



Dr. Alika LaFontaine spoke about Indigenous health service through a rights based framework, telling stories of patient struggles and ways to address their outcomes using rights that flow from national, provincial and First Nations citizenship. He pointed at key intervention points in health care that could accelerate change if people addressed issues with a rights based lense.



Rick Hansen shared the story of his Man in Motion Tour and offered insights on what it takes to build a movement for change, including how to work with struggles, setbacks, and challenges and what it means to persevere with small actions.



Gertie Mai Muse shared her research findings from decades of work in the field relating to current trends in Indigenous health care. This provided important context to the work that was before us.



Dr. Marcia Anderson shared the ways racism, inequity and colonization play a role in suppressing quality health outcomes for Indigenous patients. Her keynote offered a powerful analysis of how power works in the system and how to address these issues from a social justice perspective.

All keynote presentations and slides are available at: <https://www.nihcvancouver.com/>

Participants

For a small conference, the participant base was very diverse with people attending from across Canada and from academic, policy, education, and front-line parts of the system. This diversity of lived experience and expertise helped to build a dynamic set of conversations. There was always someone to learn from in the room.

Participants list: https://drive.google.com/drive/folders/1R_cEp7MyxIjkByYyTtxvjQM6XMzkeFQZ



CONFERENCE DESIGN

The conference was designed specifically to be highly participatory. Keynote speakers offered provocation or inspiration, and participants were guided through a series of focused conversations that, over three days, led them through the phases of understanding the challenges before them, connecting with others who have something to offer, and grounding their learning in some applied projects. Throughout the conference, presentations and discussions were visually captured so that participants could reflect on the ideas and then later share them with others interested in joining the movement. The conference was intended to spark learning and expose participants to a diversity of opinions and experiences.

Over time the Vancouver Native Health Society will take on the role of convener, helping to continue to keep people connected together and supporting the evolution of a movement for change in this field.

This report contains summaries of the various sessions and highlights of the discussions. We also provide links to presentation materials and other resources that were shared at the conference.



Hopes for the future

We asked the group what they were working towards and what their hopes for the future entailed.

“

“My hope is to build awareness to our youth and to be a role model. My dream is to see my people in a good healthy place.”

“My hope is that we can have more funding and better resources for recruitment and training of Indigenous health care professionals in Canada. That we can provide a more holistic approach to healthcare and have equality and equity in the health care system for Indigenous People.”

“No more disparities. Indigenous families have equal access to meaningful services for equitable health and wellness.”

“To see traditional cultural teachings as a form of therapy and medicine in future practices.”



Opening Graphic

The following is the graphic from the opening for day 1 of the conference.



Wisdom Catching

As a part of our time together with our guest speakers who offered their wisdom we invited conference participants to be ‘wisdom catchers.’ These folks were tasked to take a role as an active and deep listener for each of the presentations and at the end of the presentation offer back to the speaker and other participants the insights, gifts and wisdom that had reached them.

This act of wisdom catching begins to re-center Indigenous practices and ways of being within the conference setting that shifts us away from western conference structure. The act of moving more intentionally towards the act of ‘active witnessing’ with intention brings us back to practices of generosity and building of social economy that is central to Potlatch governance, to coastal ceremony and across the diverse nations and practices of our country.

When we make deliberate choices to focus on deep generosity and reciprocity at every juncture – even in our listening and receiving of presenters’ wisdom and the other participants contributions within our work and dialogue – we move ourselves away from extractive methods with a strong orientation back towards a gifting economy.

This thread of generosity, reciprocity and gifting is central to the idea of Wisdom Catching that we intentionally wanted to centre in our ways of working, and also in the intent of this Summary Report as well.

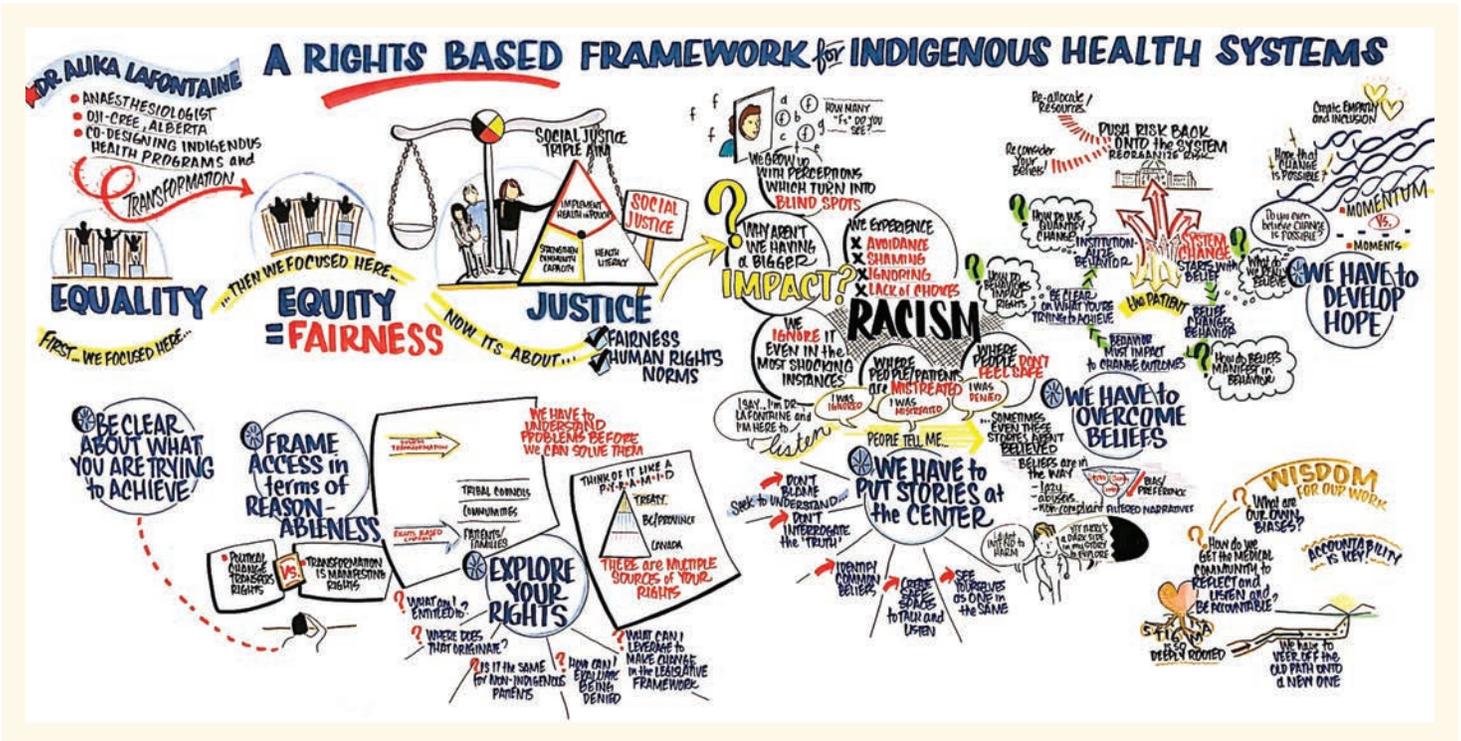
Please consider all of the contents and document an act of active listening and witnessing gifted back to all participants and beyond to continue to pick up the thread of conversations, the weaving and the sense making, the reciprocity and recognition of the incredible wisdom, ideas, energy and lived experience offered with generosity and gifted forward for us all towards and National Indigenous Health Movement.

Active deep listening or Wisdom Catching can be expressed in words and/or images.



Keynote: Dr. Aika Lafontaine

Presentation can be found at nihcvancouver.com



Wisdom catchers' reflections:

Judith:

- Truth and who we are and what we believe and we hold the power. What are our biases? Are we allowing people to tell their stories and believe those stories?

Rebecca

- Impact of stigma in local hospital work.
- Lack of accountability and recognition and the lack of the medical community to reflect.
- Work starts with communities being accountable.
- Our community and the people who work in our hospital practice deeply rooted stigma and racism and change begins when our health authorities and professionals recognize it. But now what? Where's the accountability?

Karen

- There is a lot of invisibility and unspoken stuff and we have to move on a path of making things visible, including our biases and racism.
- Appreciated the practical strategies in the presentation.

Mary

- Doctors learn along the way!
- The three levels of rights are important and it really is accountability in the system.
- Nice to hear that resonance and see a living model of renewal and transformation.
- Challenge all of us to look through that filter.
- Loved how you placed control and accountability.
- Thoughts around not giving up accountability is very important. That can be a pathway for transformation but it's easy for the other side to hang their hat on.
- Needing to get to some nitty gritty practicality in urban communities.

“

“It was a beautiful morning...we learned a lot!” - Elder Bruce Robinson

“If you want transformational change bring it to the people..”. - Dr. Lafontaine



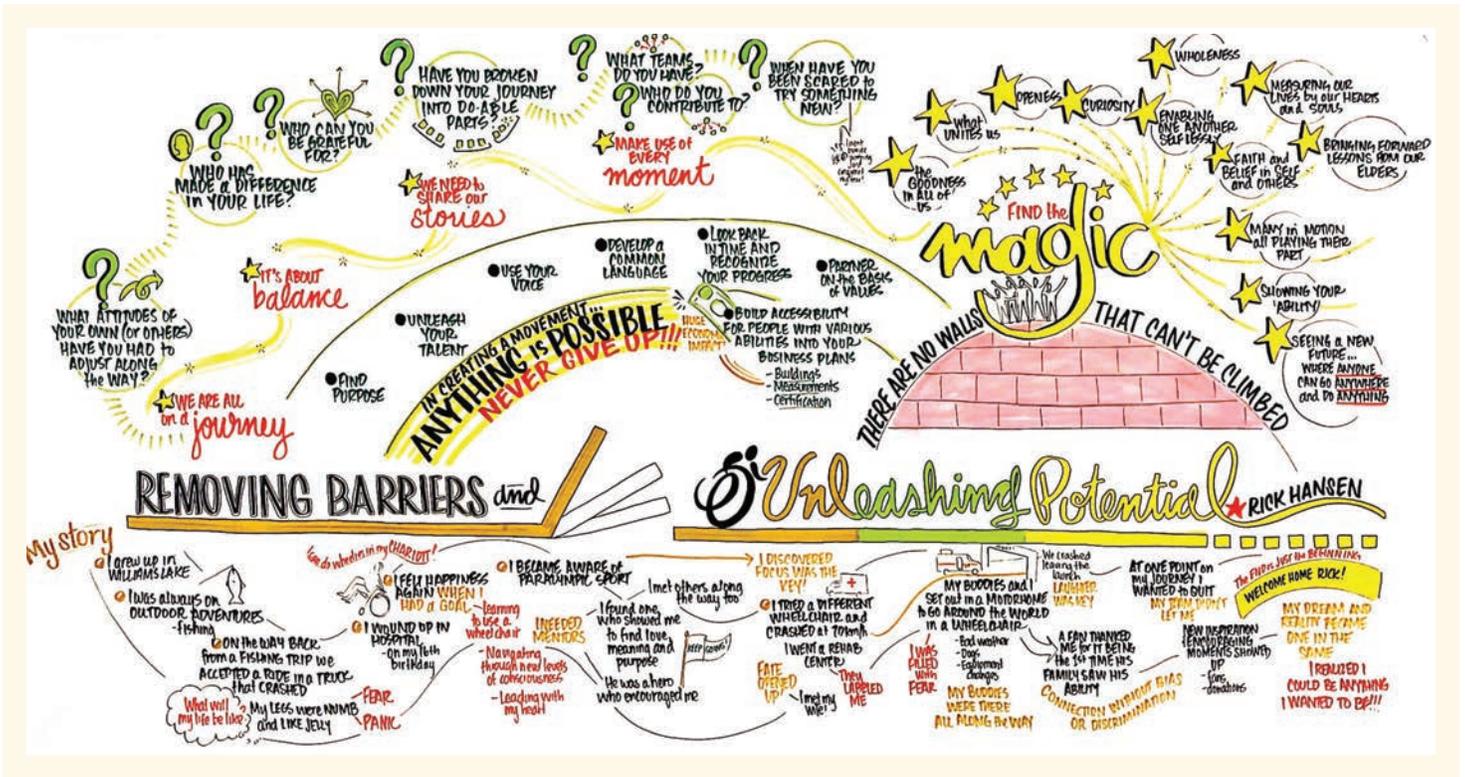
Round Three: What are the possibilities we are seeing (group)? What questions are coming up (Individual)?



Day Two

Keynote: Rick Hansen

Presentation can be found at nihcvancouver.com



Wisdom catchers' reflections:

Cassandra

- Goal setting is important.
- We are interdependent.
- Overcoming stigma.

Ainsley

- Humility in the face of learning from mistakes, like when the box falls off the motor home.
- If you had quit early, we would not be here today.
- The importance of a team that keeps us connected and inspired and moving forward.
- Time is precious.
- Be propelled by your heart.

Wisdom catchers' reflections:

Courtney

- Grateful for your work and that you have made your way back home to Mik'Ma'ki.
- Our people, communities and Elders have the answers for health. The systems we are trying to be a part of now need to be built from the ground up rather than layering indigenous culture on top of existing systems.
- The foundation needs to be indigenous led, and from there create a really solidarity with allies and partners. That looks like knowing ourselves. I need to know in my heart why this important to you.
- Important also to acknowledge the burnout that is happening amongst the people that are working in indigenous health.

Parrona

- Transformation is taking something old and making it new. We have to create something that is new and distinct.
- Taking the fence away in equity lens to take the whole fence away.
- Ind-equity is a great concept and acknowledges the unique nature of equity in indigenous communities. Has to be based in grassroots needs and modalities that work for community members.
- The framework includes all ages. This is important because health dimensions are different across dimensions of health.
- The Two-Row Wampum is a powerful framework for understanding the way the two systems need to relate and overlap.
- Hot-spots are super helpful for providing focus for health system transformation.
- Good advice to allies: act from responsibility and not from guilt.



Clint

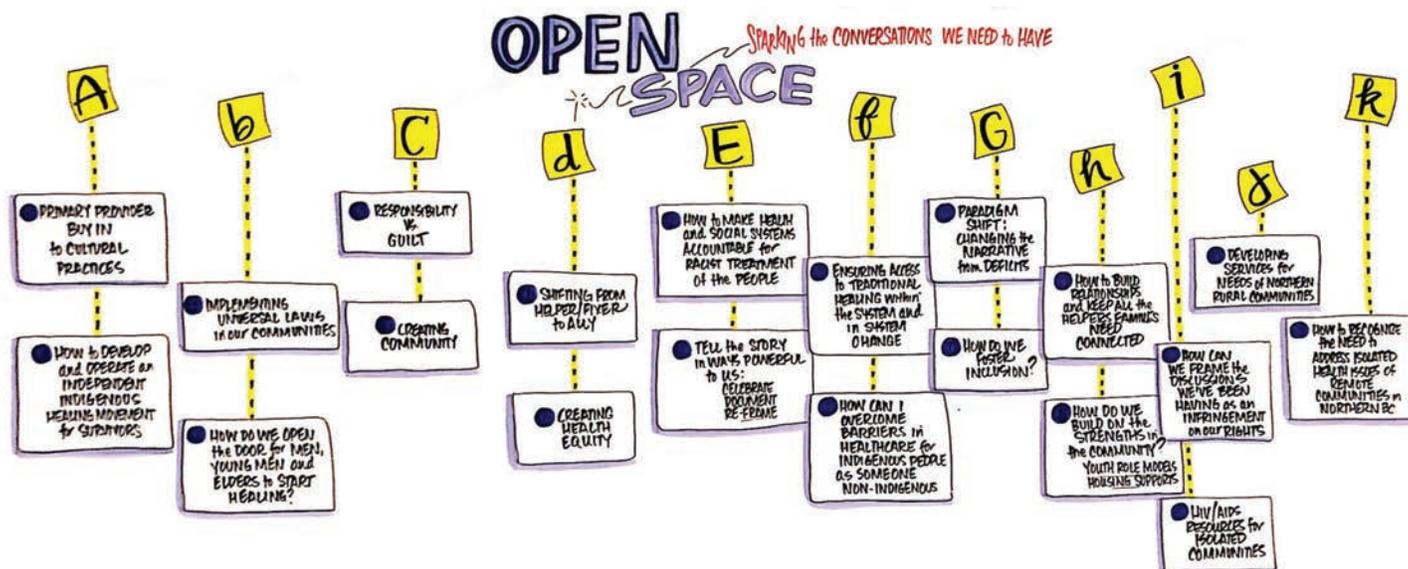
- Inequities: I see how the culture can really work if we work with Elders as source.
- Your objectives create a good framework for our work.
- The research around services that are wanted and needed to address root level issues having the Elders and culture near the top validates this.
- Relational approach is critical. We can't do work imagining that each service is distinct; interdependence is a reality.
- Looking at standards, and compensation of healers, is critical to the sustainability of health care.
- Addressing the appreciation of indigenous identity and standards. We need to do due diligence on funding culturally appropriate services.

Tracey

- Revitalizing culture and strengthening what we already have is what stands out. We need to teach that to our people in our ways.
- Helping families find identity.
- The mainstream needs to be more available and identify racism as interference.
- What is our community?



Open Space



The following are the summary notes from each session along with the name and contact of the host of each conversation.

Detailed Open Space reports can be found here:

https://docs.google.com/document/d/1AFnGjkPYu-e5_8YupdJGxj67JM5b-MNBfcgc3HEP6xg/edit

Round One

How to get primary provider buy in to cultural practices?

Nadine Mix - nadine.mix@cihns.org

- “Create the space”. We have a mixed bag when engaging with providers.
- Sharing of stories.
- Buy-in before action.
- Understanding.
- Up to each Institution.
- Education.
- Sharing the importance of the individual client - How to reach the client?
- Have assertiveness.
- Speak to the GP's in a manner the GP's can understand (i.e. Stats).
- Being aware of services available.
- Medical education credits.





Implementing universal laws in our communities

Jackie Hans - acct@vnhs.info

- Non-Indigenous & Indigenous Universal Laws:
- Respect,
- Welcoming and Hosting,
- Understand Traditional Medicines,
- Attachment to land as a relationship,
- and honouring and understanding an individual's grief after a loved one passes away (grief).

Responsibility vs. guilt & shifting from helper/fixer to ally

Lucy Duncan - lucy.duncan@cinhs.org

Naomi Davies - nldavies@hotmail.com

- Learn as much of the language as one can.
- Call the other by their name, smile, listen.
- Be aware clients may talk around the issue they have. Ask questions to clarify.
- Ask permission around touch when doing an exam or if wanting to hug
- Focus on client/co-workers strengths.
- Have cultural humility.
- Use strength based practice.
- Make a health care action plan WITH client indicating their priorities.
- Remember, indigenous culture does not run by the western clock.
- The people who come to us are experts in their own health.
- Focus on the present moment.

How do we make health and social systems accountable for the racist treatment of the people?

Gertie Mai Muise - gertiemai@gmail.com

- Skirting accountability for racism from the client to the systems doing the harm.
- Focus on education (post secondary) and young people.
- Racism broaden the health need to focus on society.
- Finding appropriate complaint mechanisms and follow through to address power imbalances.
- Address hierarchy within health care.



Ensuring access to traditional healing within the system and in terms of system change?

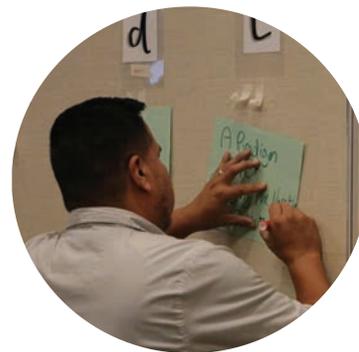
Janelle Bruneau - bruneaujanelle@hotmail.com

- Indigenous healers/their communities need to lead the discussion; They know what they need.
- There is no universal method to healing. There is so much diversity in community, need to recognize that differences are OK.
- People need advocate to help them navigate the health systems.

A paradigm shift: changing the narrative from deficits

Clint Barton - projects@mvaec.ca

- We look at Indigenous healers/healing from a deficit.
- How can we change the narrative to who are our success?
- How can we see how we can help others?
- Can research remove bias?



How to Build Relationships:

Barry Seymour - barryseymour1959@gmail.com

- Families need a lot of different helpers to stay well. How do we keep them connected?
- Through productive building processes we can build better connections and communities.
- When we come into a circle we form relationships and we become family.
- We must develop not only nurturing and healthy relationship but those that sustain over time.
- Partnerships are 2 way streams, both partners must be ready for positive collaboration in building relationship.
- Respect, humility, accountability, integrity, active listening and honouring your word are key ingredients to building trust in relationships.

How can we frame our discussion as an infringement on rights

Sayre Potter - sayre.potter@mail.mcgill.ca

- Approach issues through a human rights lens.
- Looking at rights outside of solely Treaty Rights.
- The Living Tree (John Borrows?).
- Our systems are always growing and evolving. We can't just stick on "indigenous" branch to a grown system.
- Need to regrow the tree.
- Complexity with English and French Canada.
- Tree grown to accommodate this.
- Find a way to make the general public care about these issues/challenges
- Comparability factors?
- Show public that indigenous people are human too and deserve the same rights





Build Health Services accessibility in First Nation and Metis communities in rural and remote northern communities

Sherri DiLallo - Sherri.dilallo@@ahs.ca

- Look at different frameworks to deliver services in rural and remote .
- Northern provinces.
- Look at the Stollery Awasisak (children in Cree) Indigenous Health Program model: team of Indigenous RNs, Social workers, engagement coordinators, elders to support families in hospital.
- Work with elders and follow protocol for program development.
- Host Talking Circles with communities to see how health care can better serve them.
- Build partnerships with different community hospitals and community agencies to implement strategies to break down barriers.

How to recognize the need to address isolated health issues in our remote communities /reserves in Northern BC.

Shirley Wilson, Skin Tyee First Nation NW Central Region - Shiree2wilson@gmail.com

- Most affected Aboriginal Seniors
- Poverty
- Poor Housing
- Diet
- Semi-remote
- Transportation, level of health care and support have low level of health care than Canadian south or cities.
- Mental health/societal/racism/trauma from all forms of abuse.
- Sub-standard health care.
- Financial stress.
- On-going lack of political will/control.
- Basically government does not care.
- How can we promote public policy.
- Semi-remote care workers are overworked every level.
- In health field: what elements do knowledge holders, political bodies, do they focus on?

Round Two

HIV/AIDS resources for isolated communities, Northern Communities

Lucille Duncan CIHNS - lucy.duncan@cinhs.org

- BCOAKtree resources work with agency.
- STOP program South vs. North.
- Education around - prevention, medicine, statistics among First Nations communities.
- Accessibility for Elders, resources, education.
- Transportation in small communities to ...resource.
- Funding from Health Canada for later agency dialogue.
- Safe ceremonial space.
- Value of being valued.

How do we build on the strengths in the community (youth role models, and housing supports)

Monica Howard - monica.ley@vnhs.net

- BC Housing - Hackney Model (London UK).
- London - Government built high-rises, social housing, sold to public building - 1 bedroom apartment - Community.
- Programs started or project - resident 65 years old, every second room university student.
- Elder connection experience - best shared knowledge.
- University student have a room residence of long term home.
- Foster child - positive environment praise and support - family structure makes a difference.
- Emotional support and building relationships.
- Mentoring , being inspired on tools of empowerment, focus energy and engage.
- Go back and take a look at history move forward - generations deal with trauma.
- Cultural and indigenous perspective.
- Work on healing - ceremony important given a name learn about their name .

How do we foster inclusion?

Vivienne McQueen - vivienne_mcqueen@gov.nt.ca

(No summary notes posted)

How can I overcome barriers in health care for Indigenous people as someone non-indigenous?

Jenna Maisonneuve - finance.assistant@mnaamodzawin.com

- White people should not feel guilty.
- Indigenous people are quiet because there always listening.
- Feels trepidation as works in research, however does not want to be inappropriate. Is there a line? If so am I crossing it?
- Should we be working with the line instead of erasing it?
- When to reach out and when not to.



- Every conversation to create a sense of togetherness.
- Yet community members know where smudge is available.
- Different First Nations want to be individualized.
- Building a relationship beforehand, before the health business.
- Get to know your elders in your community.
- Speaking their language with them.

Tell the story in ways powerful to us to celebrate, document and re-frame
Mary Clifford - director.iey@whns.net

- Re-framing how and what the count is based on what's important to us.
- Systems expect stats and reports from their system (jails, hospitals, etc)
- Back up data systems expect, i.e.. count # of RSS, SSS #.
- Qualitative methods work well.
- With funders we need the info we have they need (?).
- Interested in harnessing some of the Indigenous Evaluation theories, ways and wisdom to help understand success by our own definition and how services etc work (or not) for our people.
- Evaluation (Indigenous) could/should: start with community and its people to determine WHY, WHAT, HOW, WHEN and WHO of the process, community wisdom informs best practices for doing the evaluation, community marking success for what we count.
- Involved, managed and reported TO - community in ALL instances.
- How to show, celebrate and use the Evaluation stories, data connections.
- Indigenous Knowledge/evaluation need to include ceremony too & witness.
- Indigenous Evaluation - over and above states we would need to collect and offer to funders and partners etc.

Let's talk about Health Equity
Chelsea Bowers - Elder.Coord@vnhs.net

- Equity & racism go hand and hand.
- Move beyond stereotypes.
- Investigate and research client files.
- Starts with educators - cultural humility.
- What would be your ideal healthcare journey?
- Support the helpers, front-line workers.
- Training from strength based perspective - we ALL need equality in life, train the trainer in facilitation.
- Create meaningful policies for Indigenous health care.
- Advocates on behalf of clients.
- Have trauma informed to educate front-line workers (nurses, doctors, admin).



- Help others & workers - realized that it's not just about "\$."
- Create Health care guidelines for service providers.
- Create healthy work environments.
- Reciprocal relationship in healing and healing.
- Values of empathy and humility.

Creating Community

Tracy McLean - tracey.iey@vnhs.net

- Defining community - 2 types: a community of practice and community at large.
- Food is a great connector.
- Learning about family and our history creates conversation, starts to build community.
- Networking between care providers - collaboration.
- Need to support new parents and work with issues of social isolation.

How do we open the door for men, young men and Elders to start healing?

Kat Norris - katnorris1020@gmail.com

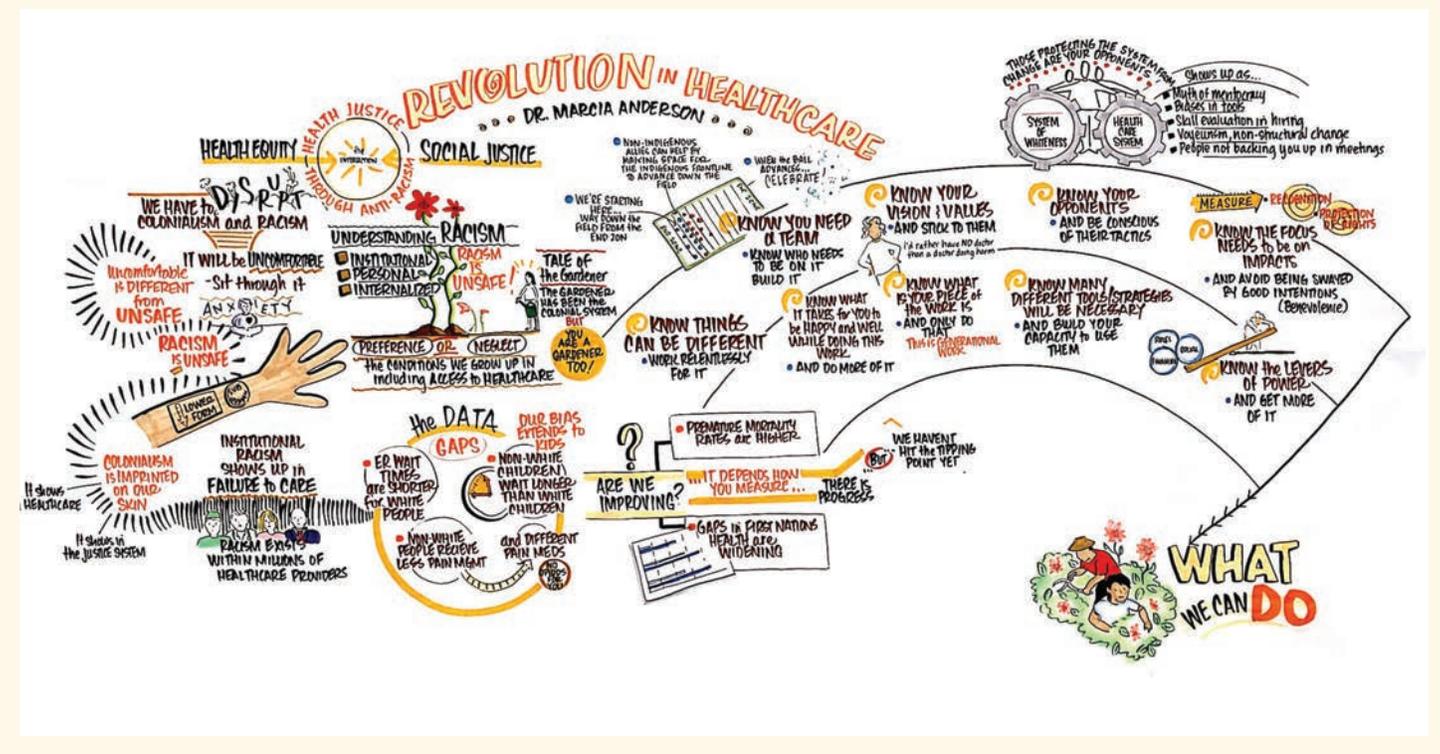
- The INTERGENERATIONAL and residential school experience still impacts.
- It starts with ourselves to make change.
- Open the door to make change in ourselves to have more compassion.



Day Three

Keynote: Dr. Marcia Anderson

Presentation can be found at nihcvancouver.com



Wisdom catchers' reflections:

Jenny

- For me as a non-indigenous person its about finding the place to welcome discomfort "Discomfort is not being unsafe."
- Analogies about gardeners tale and the football field help us to makes sense of how privilege and justice works. Being on the defensive line is a useful way to think about this work.

Tyla

- Appreciate the presence of Marcia's voice in the system.
- Recognizing racism is the first step to disrupting the status quo. Microaggressions are everywhere, and we need to take on one thing at a time but also do the bigger work.
- Interesting that Canada doesn't have stats on racism and the treatment of indigenous people in the health care system.
- Two of the most prominent pieces of advice: knowing your vision and values and sticking to them, and being discriminating about the commitment that physicians need to make to communities before they are allowed to practice.

Gertie Mai

- This presentation is excellent at drilling down to the core issues of racism and why we are making progress on outcome.
- Race-based data is important for tracking racist dynamics in the system.
- We need to know that things can be different and that we need to build our team, access power and call out the work we need to do on how we are affected by colonizations.
- Appreciate the attention to not being burned out and the need to focus and not do it all at the same time.
- I needed to hear this “Know your piece to do and only do that.”

Janelle:

- Listening deeply “whakarongo” listening deeply without an intent to respond.
- The importance of practice and owning indigeneity unreservedly.
- The moment you step foot off your own land, you cease to be indigenous in someone else’s land.
- Across every colonized country, indigenous people suffer the same kinds of poor health outcomes. This is a population health problem.
- Do I have fun when I do this work? Yes, and I recognize that my ancestors had to suffer so I could enjoy this work and I need to recognize this every day if I am to honour the ancestors.



Pro-Action Cafe

Gratitude and next steps:

1. In systems change and racism grateful to think about “the folx in the middle” folks Next steps respond and not just react.
2. Grateful for ways to consider the TRC calls to action in the North Collaborate with other agencies.
3. Gratitude to contribute to new ideas.
Next steps more education for me and community as a whole.
4. Gratitude for those who came to the table in this hard work to be with me bringing back roles for family and community - creating a program to learn to heal, public speaking, stories, teachings, culture and teaching. Creating more capacity for speaking, more learners. Go into schools, communities and healing houses.
5. Very grateful for everyone who helped me harvest this 15 year dream and moved to BC to do!
Next steps Creating an indigenous youth healing lodge and healing village for youth in the lower Mainland.
6. Thankful for all of the people and contributions, came up with fabulous ideas and advice - I got more than I asked for, and validates what we have been trying to develop.
7. Grateful for the wisdom around the table
Next steps - building bridges for access to equitable services for indigenous children, group proposal for community hospital and treaty 8 to get those services to community.
8. Grateful, we came out with specifics around how we shift our communications, to create some better supports for the community. Speaking out to help educate. It is not going to be easy to change the system and how it works.
Next step to discuss with people and education/outreach in better communication.
9. Gratitude for honest and sincere advice
Next steps: serving indigenous people, creating holistic and social primary care, how are we going to do this. Cooperative teams and networks addressing the community needs.

Two years ago, I was at a conference where this change started, here's what happened next...

- Everyone stayed in touch via a listserv so we could reach out and ask for guidance and suggestions from each other and stay inspired! We took all the wisdom we've learned, shared with our partners / families to start discussions at home, then our places of work and take leadership to make changes and with our communities to inspire change and conversation elsewhere.
- Was a paradigm shift. Respect, humility and love flowed between people regardless of their race.
- Indigenous peoples from Canada came to visit New Zealand and spent time with Hāpai te Hauora – Māori Public Health, where different nations shared their solutions and practices of indigeneity. All of the people at the conference assisted in propelling forward the global indigenous health movement started by our tīpuna (ancestors) and continuing beyond today. Words like whitestream, white supremacy and racism will roll off the tongues of our allies and indigenous tongues without fear of any consequence of these words. Every street sign in every city and every program name will be labeled indigenously. Indigenous sovereignty is Health!
- Stepping into a place of being an ally with an understanding of issues to a degree that is actually based on understanding rather than ignorance and establishing allies.
- Community led organizations with indigenous guided care gained funding and resources necessary to care for their people – funding that is ongoing and unconditional.
- Indigenous health knowledge and practices became more mainstream / Health care practitioners became aware of specific needs of Indigenous clients and have the tools to meet them / More integration of services such as Elders and Traditional healers / Health care becomes more accessible for indigenous persons through removal of systemic barriers, along with re-building confidence that this “new” medical system can meet indigenous needs.
- As a group we began to discuss our work, challenges and solutions to create a circle of care for our communities / We helped one another find the joy in what we do.
- Empowering urban families by helping the access health services with an escort to help them fully understand what is going on for them / Educating the right to fair treatment/ Help colleagues identify all the First Nations.
- I began to question the status quo more frequently and noticed people in my office began to make similar changes and I can tell our clients were more aware of the change as well since they seemed more relaxed and didn't have to fight to have their needs met, they began to develop more trust that they would receive the help that was specific for them.



- That all of Canada formed an Indigenous Health Framework that fostered healing and an Indigenous world view. This framework made a difference in all Canadians this framework is still being used and knowledge is continuously being taught. The movement to improve began with the Indigenous Health Conference in Vancouver 2019.
- Through professional connections I made we were able to bring our organizations together to not only develop new First Nations owned and operated primary care and mental wellness healing centers, but we also established a sustainable model that can be replicated across the province and nationally. We also started a campaign to end racism in our health services starting with mandatory curricula in secondary and post-secondary on the colonial history of Canada and training on crucial self-reflection. We also ended climate change and capitalism.
- Since then I have successfully trained Indigenous elders, youth and adults to share their Indigenous experiences. Each is required to work on their healing journey and go back to school / We encouraged more educational institutions to develop curriculum to fit.
- I was able to reach out to my network of allies and established recognized training programs for Indigenous youth and adult learners without any barriers and help my organization to become a leader in the region for health and wellness training in Indigenous communities so that we can increase the number of Indigenous health care professionals in the province.
- We have all accessible services in the community to support children's health care service, by bringing in teams of allied professionals to assess and treat children with complex needs / We have indigenous health expanded services to support children and families in acute care hospitals to feel safe, secure, valued and respected to have a successful trip home with all their health care needs addressed / No barriers for children accessing health services.
- I processed the conference, this took some time / I began to share my experiences with others...this created more conversation, ideas, teaching, sharing and shared experiences / then I created an opportunity to gather like minded people together to share some ideas about my vision...a men's conference / some dropped out but new ones joined my team / was able to collaborate with other people, services and community businesses to have a conference / host a totally epic men's conference that becomes a yearly event.
- Indigenous lead, Indigenous world view of healing and respect from all becomes the norm and healing centers begin to have a holistic approach to wellness rather than a disease focused model.
- Building a system to connect – connecting for the change and known strategies for transformation.
- New frameworks are developed for and by indigenous people to deliver measurable health outcomes and services which promote health and excellence for Indigenous people.



- Full moon / fluent speakers / language in written curriculum / harvesting seasonal foods and medicinal plants.
- Full moon / meaningful evaluations space for culture in health care / food security in the North / the North matters / established healthy communities with access.
- Rebuilding a healthier society through rebuilding a healthier village / by efficient altruism.
- We have established a reduced barrier medical clinic / we have helped to alleviate poverty / we have started the process to establish safe consumption in our community.



Conference Summary Image - Lisa Arora's Final Piece and Explanation.



Medicine is the frame for it all, the pouch is ready to receive, and in the forefront is the rights and Eugene spoke of the candle light that we need to keep strong in our heart, mind and body as we go. The seeds will spring forth the pink spring flowers that will be nurtured and in full bloom. Where are we going - and the model of the circle and in the centre cultural ways of knowing and doing. If you can get back to that place and reach the rural areas - we need to meet the needs of those in the North and remember those needs and in the city where traditional power structures exist. And the models of health you create can span all of that. The pink line is the remarkable thing or effect you don't even know you are going to do. The crane - you are building things, things are happening. Someone is at the edge of the circle greeting allies, there are circles of people learning together and exchanging what is in their bundles and telling stories, examining beliefs, learning from elders, and developing beliefs in themselves. We are like tributaries coming together into a river. We are going against the river not with it, there will be barriers to get up the river, there will be parts where you will have to get out and lift each other up - we need each other. You need to nourish yourself. And you can and there is a better place for everything.

Final Statement - Barry Seymour, Executive Director:

The Vancouver Native Health Society would like to take this opportunity to acknowledge that we are guests on unceded x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwəta/Selilwitulh (Tsleil-Waututh) territories. Also, we would like to recognize in a good way the fine work accomplished by the knowledge keepers, participants, keynote speakers, organizing committee, organizers and facilitators at the first National Indigenous Health Conference held on October 15, 16 and 17, 2019 in Vancouver, British Columbia.

The knowledge sharing of the keynote speakers motivated the participants to engage in constructive and important dialogue. The facilitators through their dynamic world café style approach empowered the participants to produce very worthwhile and useful results.

The participants came from all over Canada. They were from First Nations communities, rural and urban based Indigenous healthcare organizations, NGO's, Government agencies, education institutions and all sectors of the health system across Canada. Together, each person in attendance provided crucial input in regards identifying issues and sharing their thoughts on what vital work is necessary to improve Indigenous wellness and create health equity. The level of wisdom, passion, and knowledge-sharing was inspiring, refreshing and very humbling.

The conference just scratched the surface of what needs to be done to achieve the development of a nation-based Indigenous healthcare system. The complex and longstanding issues associated with Indigenous health is not an easy thing to bring together. A clear path forward is a major challenge. It is only by all organizations involved in Indigenous healthcare setting aside their differences and working together that can we develop an effective and efficient Indigenous healthcare system that benefits all people.

Moving forward the challenge will be to maintain the momentum created at the conference, build off the conversations and utilize the results in this report. The report is a tool for moving forward, we can decide what steps to take to create a framework for Indigenous healthcare in this country. We hope that some of you will identify yourselves as champions and join us in creating a national Indigenous healthcare system that meets the needs of all our people.

Mussi Cho,

Barry Seymour
Interim Executive Director
VANCOUVER NATIVE HEALTH SOCIETY



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