



# Indigenous Health: Siksika Health Services

**2023 PCN Strategic Forum: “Teaming Up,  
Moving Forward”**

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# Territory Acknowledgement

## Land Acknowledgement:

I would like to acknowledge these vast ancestral lands, territories, and boundaries of the Blackfoot Confederacy comprising of; Siksika Nation, Akaina Nation, North Piikani Nation, and South Piikani Nation.

We also acknowledge the Tsuut'ina Den'e Tha First Nations, and Stoney Nakoda Sioux Nation; Chiniki, Bearspaw, and Good Stoney First Nations.

The city of Moohkinnstsis (Calgary) is also home to the Métis Nation of Alberta, Region 3

Welcome, on these traditional lands of Treaty 7 of southern Alberta.





**In our deliberation, we must consider the impact of our decisions on the next seven generations. By teaching our children to share, we instill in them a value of health, wellness, belonging & identity.**







# Siksika Health Services

## VISION STATEMENT

Quality Health Care and Wellness for Siksika

## MISSION STATEMENT

To restore a state of wellness through accountable and efficient service delivery for all Siksika Nation members.

## LOCATION

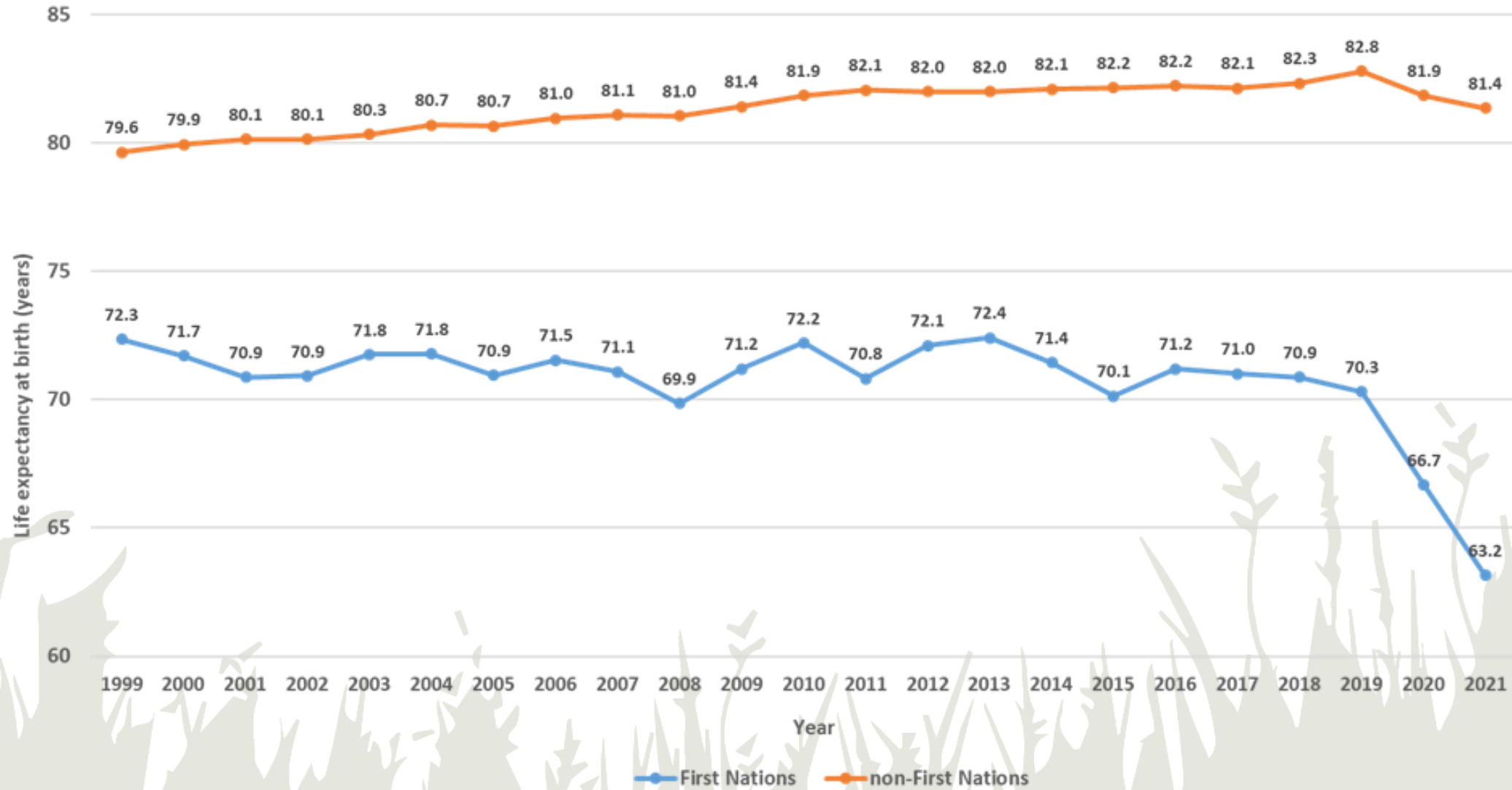
Siksika Health Services is located on Siksika First Nation, which is about 100 km east of Calgary, Alberta. It is the second largest reserve in Canada with a population of approximately 8,500 people.

Siksika Nation is the second largest reserve in Canada, geographically.





# Life Expectancy Comparison: First Nations vs. Non-First Nations People





# Treaty Right to Health

- A "treaty" is defined by Black's Law Dictionary as *"not only a law but also a contract between two nations and must be so construed as to give full force and effect to all its parts; or a compact made between two or more independent nations with a view to the public welfare"*.
- From a Blackfoot perspective and certainly from the perspective of Canadian nation-building, Treaties are the supreme law of the land with many court cases supporting this position, but the federal and provincial governments continue to argue about jurisdiction even though both governments are entities of the Crown.

## Sources:

1. Blackfoot Confederacy Tribal Council Health Legislation Dialogue, 2022 (Dr. Leroy Little Bear; Bonnie Healy)
2. Treaty Federalism as a Platform for Indigenous Reconciliation & Decolonization (Dr. Andrew Bear Robe)



# Treaty Right to Health

- Current context for Indigenous health legislation and policy:
  - 1867 British North America Act, which defined “health services” as a provincial jurisdiction and created ambiguity for First Nations
- Then the Indian Act (1867) included a health-related provision
  - Vague language of this provision failed to provide clear legislative authority for Indian health to the federal government
- The Blackfoot Treaty of 1877: health services were the responsibility of the Canadian governments
  - Recall: Treaties are “*not only law but also a contract between two nations*”
- Treaty commissioners indicated the new government would provide to the Blackfoot all the same provisions given to the Cree nations
  - included the Medicine Chest clause, the famine and pestilence clause

Source: Blackfoot Confederacy Tribal Council Health Legislation Dialogue, 2022 (Dr. Leroy Little Bear; Bonnie Healy)





# Discrimination in Healthcare

This historical context provides:

- Background for the failure of Canada to meet the current health needs of Indigenous peoples
- Foundation for current challenges to healthcare
- Failure of Indian health policies has always come from false assumptions that First Nations people were biologically predetermined to vanish, were inherently unhealthy and inferior, and that culturally entrenched drivers caused First Nations to pursue harmful lifestyles
- The policies of the federal government diminished the Treaty rights of hunting, fishing, and trapping in the transferred lands, and resulted in suffering, starvation, disease, and death
- Residential schools had inadequate health facilities and contributed to the spread of diseases brought by settlers who had already built-up immunity
- Traditional medicine and healing ceremonies were discouraged and prohibited

Source: Blackfoot Confederacy Tribal Council Health Legislation Dialogue, 2022 (Dr. Leroy Little Bear; Bonnie Healy)





# Discrimination in Healthcare

- The Truth and Reconciliation Commission (TRC) of Canada's final report (2015) concluded:
- *"For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments, ignore Aboriginal rights, terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can be best be described as cultural genocide."*
- For Indigenous people, colonization resulted in:
  - Economic marginalization
  - Imposed Indian reserve systems as a way of containment and dependence

Source: Treaty Federalism as a Platform for Indigenous Reconciliation & Decolonization (Dr. Andrew Bear Robe)



# Discrimination in Healthcare

- First Nations health programs continue to face a very challenging fiscal reality:
  - Federal funding for First Nations' core programming have not kept up with the rate of growth
- As with most programs that support First Nations communities, Non-Insured Health Benefits (NIHB) services exist without a legislative base or governing framework
  - Instead, the government maintains the position that health care is provided to First Nations as a matter of policy, and not a legal obligation
- Health policies are not laws and as such, they are not enforceable. This makes them easily changed unless they become entrenched as policy objectives in legislation



# Discrimination in Healthcare: Sharing Our Story

- On August 24, 2023, a Siksika Nation member filed a human rights complaint against Alberta Health Services in response to systemic, anti-Indigenous discrimination
  - The complaint was accepted by the Alberta Human Rights Commission, and describes racism experienced by his spouse (now deceased)
- These are not just stories; they are experiences and realities, the impacts of which are lived out in peoples' daily lives
- Siksika leaders, including Dr. Tyler White, advocate relentlessly for improved Indigenous health outcomes and against anti-Indigenous discrimination. For example: awards, partnerships, and appointments to numerous panels:
  - Alberta Health's *Modernizing Alberta's Primary Health Care System Indigenous Panel*
  - *College of Physicians and Surgeons of Alberta's Public Members Council*, with whom Siksika Nation just signed an historic Memorandum of Understanding September 20, 2023





# College of Physicians & Surgeons of Alberta (CPSA): MOU Signing







# Programs & Services

## Nationally Accredited Programs/Services:

- Community Health
- Clinical Services including diagnostics
- Community Wellness
- Recreation
- Nike N7 Program for Youth
- Home Care & Palliative / End of Life Care
- Information Technology
- Emergency Services
- Administration and Finance
- Facilities Maintenance
- Contracted professionals including Physicians, Dentist, Optometrist, Pharmacist
- Siksika Elders Lodge
- Aboriginal Head Start Program







# Primary Care for Indigenous People: Sharing Our Story

- Primary care plays an essential role, acting as the first point of contact with health professionals and providing essential health care services
- Primary care is unfunded by Indigenous Services Canada
- Many Indigenous Canadians face challenges when trying to find a family doctor or other primary health care provider

## Primary Care Networks (PCNs) & Siksika Nation:

- Siksika doctors joined the Calgary Rural PCN in 2009
- The relationship with the CRPCN has always been with the physician group and not with Siksika Health Services. The organization had no say into where the funding was allocated.
- At that time access to doctors/care providers was limited and PCN funding was provided for a Nurse Practitioner to work in the clinic area





# PCNs & Siksika Nation

- Siksika's funding model has been a 4 cut method - not optimal as many First Nation people access services in many different places, including emergency rooms
- The funding model is also tied to the physician for his patients and many patients were not paneled to a specific doctor
  - Doctors could only direct funding to one specific location; if they worked in more than one, that funding could be allocated elsewhere, rather than Siksika
  - For example, many of the doctors work at CUPS or Elbow River Healing lodge; they would have to pick the location for their funding



# PCNs: Challenges for First Nations

- 4 cut method does not include all patients accessing a particular clinic/health center
- First Nation people move from one locale to another
- First Nation people access many of their medical needs through emergency rooms due to a lack of physicians in their communities
- Physicians' PCN funding is tied to the physician as opposed to a community-based funding model. When the physician leaves, so does the funding
- The PCN board may not have any physicians who work in First Nation communities, so priorities may not align with the First Nation



# PCNs: Recommendations

- First Nation communities should have autonomy over services in their communities:
  - Signatories to the agreements that Alberta Health provides for PCN funding
  - Determine strategic primary care needs within their communities
- Health care needs to be equitable
- Recommend an Indigenous PCN with a model that uses capitation (population-based) models rather than the 4 cut method
  - Shared resources that are population-based, upon the number of people that are served
  - Many communities not only serve their communities with health services, but the surrounding non nation communities as well.





# PCNs: Recommendations

- The Alberta government needs to recognize that primary care is an insured health benefit and provincially mandated
- Better understanding of the principles of OCAP<sup>R</sup> (Ownership, Control, Access and Possession) for the data that is collected by the PCN:
  - Understand and respect that First Nation communities need to know how their data is being used



# Siksika Health's Community Paramedics





# Siksika Health Services:

## Developing Models & Approaches

- Partnerships
- Accreditation
- Prioritizing needs of community
- Alternate Relationship Plan for retention and recruitment of doctors
- Hiring of community members in all aspects
- Utilization of technology



# Partnerships



FIRST NATIONS  
HEALTH CONSORTIUM





# Accreditation

- Siksika Health was first accredited by Canadian Council on Health Services Accreditation in 2007
- Continued the journey with what is now known as Accreditation Canada with subsequent successful accreditation processes
- Most recently (2021) awarded Exemplary Standing, demonstrating excellence in Quality Improvement
- SHS is also accredited with the College of Physicians and Surgeons of Alberta for diagnostic imaging, which it has held since 1997

## QUALITY HEALTH & WELLNESS FOR SIKSIKAWA







# Every Child Matters Hockey Game and Powwow







# Siksika Health Fair







# New Continuing Care Facility







# Modernizing Alberta's Primary Health Care System (MAPS) – The Opportunities

- Further improve the alignment of accountability, authority, and responsibility to strengthen governance within the primary health care system;
- Increase adoption of interprofessional team-based care approaches in patient's medical homes (PMH);
- Enhance the information and technology ecosystem with standards for digital solutions for patient health record management, and integrate across the health system; and
- Invest in achieving better health outcomes for Indigenous populations, and those living in remote and rural parts of the province





# MAPS Indigenous Primary Health Care Advisory Panel

- Indigenous racism is a key barrier that impacts access to primary health care services for Indigenous people in Alberta
- Unfortunately, experiences of racism often go unreported. When complaints and concerns are brought forward, they are often not taken seriously or acted upon
- To help prevent and address racism against Indigenous people, we recommended the establishment of an Indigenous Patient Complaints Investigator and Elders Roster
  - These will provide an impartial body to investigate complaints of racism during the delivery of health care, and support Indigenous patients through the complaint process
- In order for this to be successful, it must be built with and for Indigenous communities



# Next Steps

- Minister's Modernizing Alberta's Primary Health Care System (MAPS) initiative (announced October 18, 2023):
  - One of the actions outlined in the final report was the creation of a new Indigenous Health Division within Alberta Health
- Development of this new division is underway, including the recruitment of a number of key positions. The following positions are already open for recruitment:
  - Assistant Deputy Minister, Indigenous Health Division
  - Executive Director, Policy and Planning, Indigenous Health
  - Executive Director, Partnerships and Collaboration, Indigenous Health
  - Director, Partnerships and Collaboration, Indigenous Health



**Thank You!**

