

**Aboriginal Women and Girls' Health Roundtable
April 25-27, 2005
Ottawa, Ontario**

Final Report

Acknowledgments

The National Aboriginal Health Organization (NAHO), Health Canada's Bureau of Women's Health and Gender Analysis, and the First Nations and Inuit Health Branch particularly want to acknowledge the important contributions of the Elders, guests, participants, and staff from both organizations who attended the Aboriginal Women and Girls' Health Roundtable.

Special thanks to Deborah Chansonneuve, facilitator and primary writer, and to all the reviewers who contributed their ideas and thoughts to this Final Report.

The National Aboriginal Health Organization gratefully acknowledges the funding provided by Health Canada.

August 2005

Elder's Declaration

Aboriginal Women and Girls' Health Roundtable, Ottawa, ON

April 25-27, 2005

**Walk the talk
Live the teachings
Share the teachings
Practice the teachings
Keep it living
Pass it on**

Miriam Aglukkaq, Anaoyok Alookey, Be'sha Blondin, Alma Desjarlais, Vera Martin,
Dorris Peters, Alice Reid

A Message from Youth Participant

The Importance of Youth finding their Voice and a Place of Belonging

I would just like to say that I appreciate everything that all of the wise women are doing for mine and my daughter's generation. Niawen. When I came here I thought of this trip as a nice way to "Get away," which now I take back and I regret ever thinking in that way. I have learned so much from all of you and I felt so comfortable.

I am inspired by all the intelligence and love in one room. And to the Elders, I love you all for having open arms and minds. Thank you all for your time, understanding, and love. Thank you all!

Angelena Frost
Akwesasne, Mohawk Nation
April 27, 2005
Aboriginal Women and Girls' Roundtable – Ottawa, ON

Aboriginal Women and Girls' Health Roundtable: Final Report

Table of Contents

Executive Summary	1
Introduction	3
Partners	3
Goal and Objectives	4
Methodology	4
Proceedings	6
Opening of the Roundtable	6
Day One and Two: Aboriginal Women Speak Out	8
Milestones	8
Creating a Framework	9
Creating a Vision	9
Issues and Gaps	10
First Priority	12
Guiding Principles	13
Recommendations	13
Elders' Caucus and Priorities for Action	16
Day Three: Reproductive Health and Midwifery	18
Issues in Maternal and Child Health	18
Recommendations	19
Inuit-specific Recommendations	19
Summary of Roundtable Recommendations	20
Next Steps	20

Conclusion	21
Appendices	23
Appendix A - Agenda	
Appendix B - Backgrounder	
Appendix C - Assembly of First Nations Women's Council Statement	
Appendix D - Returning Safe Birth Closer to Communities	
Appendix E - Exploring Models for Quality Maternity Care in First Nations And Inuit Communities	
Appendix F - List of Handouts	
Appendix G - Participant List	

Executive Summary

This report describes the results of a national roundtable discussion involving approximately 70 representatives from First Nations, Inuit, and Métis organizations and Health Canada held in Ottawa, Ontario, from April 25-27, 2005. The three-day event was designed to discuss priority issues and make recommendations to improve the health of Aboriginal women and girls (See Appendix A – Agenda).

The Aboriginal Women and Girls' Health Roundtable is part of a broader, ongoing strategy aimed at creating a framework for a national Aboriginal Women's Health Action Plan to identify clear strategies for addressing specific health priorities.

The roundtable marked a first-ever collaborative effort between the National Aboriginal Health Organization (NAHO), Health Canada's Bureau of Women's Health and Gender Analysis (BWHGA), and the First Nations and Inuit Health Branch (FNIHB). Both Health Canada agencies provided funding for this initiative. National Aboriginal organizations that were part of preliminary planning for the roundtable included the Native Women's Association of Canada (NWAC), Pauktuutit Inuit Women's Association, the Métis National Council (MNC), and the Assembly of First Nations (AFN).

Under the guidance of seven First Nations, Inuit, and Elders, the three-day event was characterized by lively, fully-engaged discussion, humour and passion as women shared their personal stories to illustrate the urgency of the health issues facing Aboriginal women and girls in Canada. These key issues were summarized as follows.

Summary of Key Issues Impacting the Health of Aboriginal Women and Girls

- Family and social breakdown;
- Violence against Aboriginal women and girls;
- Poverty; and
- Lack of a full range of accessible, holistic, language and culturally appropriate health services including prevention, promotion and early diagnosis/treatment in key areas of addictions, chronic preventable illness, such as circulatory and respiratory problems, diabetes, hypertension, cancer (cervical, breast, ovarian and lung) and prenatal care.

Participants also identified significant milestones in Aboriginal women and girls' health, as well as 'Key Indicators' for a shared vision of holistic health throughout ones lifespan.

Summary of Recommendations for Action

- Equitable participation of women in decision making;
- Emphasize and expand community-based research models and program and service models;
- Develop a range of policies to address gaps and issues identified;
- Develop a communications plan that disseminates information in clear, simple, effective, culturally relevant and appropriate language and in a timely manner, using a multi-media approach (FAQ Sheets, Communiqués to community health centers, radio stations, Aboriginal newspapers, Internet emailing, website posting, etc.);
- Develop a knowledge transfer plan relating to information, research, bringing people together to share and exchange knowledge through networking, partnerships/collaboration, including Traditional Knowledge Transfer;
- Promote midwifery and in-community birthing;
- Involve Elders broadly and promote the integration and protection of traditional knowledge into health practice and training;
- Increase health career training programs, including apprenticeship programs on traditional healing practices especially in smaller communities;
- Develop funding policies that address equity concerns;
- Increase health promotion programs and resource materials in communities on a range of women's health issues; and
- Develop an Aboriginal women's health action plan.

Aboriginal Women and Girls' Health Roundtable: Final Report

Introduction

Aboriginal women in Canada experience considerably lower rates of health compared to women in the general population. Improving the health of First Nations, Inuit, and Métis women across their lifespans requires a national *Aboriginal Women's Health Action Plan* that identifies clear strategies for addressing health priorities (See Appendix B – Roundtable Backgrounder).

Roundtable Planning Partners

The National Aboriginal Health Organization (NAHO) is an Aboriginal-designed and controlled organization, created to advance the health and well-being of Aboriginal people. Its objectives are to improve and promote health through knowledge-based activities, promote understanding of health issues affecting Aboriginal Peoples, facilitate and promote research and develop research partnerships, foster participation of Aboriginal Peoples in the delivery of health care, and affirm and protect Aboriginal traditional healing practices

The Bureau of Women's Health and Gender Analysis (BWHGA) at Health Canada provides policy advice and leads strategic initiatives to advance women's health needs and understanding of sex and gender health issues over the lifespan. One of the Bureau's strategic priorities is the improvement of the health and well-being of Aboriginal women and girls. In meeting this priority, the Bureau supports the Aboriginal Women's Health and Healing Research Group, and maintains ongoing relationships through consultation and partnership with key stakeholders including governments, Aboriginal women's organizations, and community members.

Health Canada's mandate is to help the people of Canada maintain and improve their health and to make this country's population amongst the healthiest in the world as measured by longevity, lifestyle, and effective use of the public health care system.

The First Nations and Inuit Health Branch (FNIHB) was created to assist First Nations and Inuit peoples to attain a level of health comparable to that of other Canadians living in similar locations. Its mandate is to:

- ensure the availability of, or access to, health services for First Nations and Inuit communities;

- assist them to address health barriers, disease threats, and attain health levels comparable to other Canadians living in similar locations; and
- build strong partnerships with First Nations and Inuit to improve the health system.

The Aboriginal Women and Girls' Health Roundtable is a partnership initiative of these two organizations that marks an important first step in a collaborative planning process. Both Health Canada agencies provided funding for this initiative.

Goal and Objectives of the Roundtable

The goal of the Aboriginal Women and Girls' Health Roundtable was to bring First Nations, Inuit, and Métis women's organizations and groups, Aboriginal organizations and other experts together to build the foundation of a framework for an Aboriginal Women's Health Action Plan that would include the following components:

1. A definition of holistic health and wellness through the lifespan;
2. Specific health priorities of First Nation, Inuit, and Métis women and girls;
3. A gender-based approach to research, policy and program/service delivery that responds to health priorities;
4. Partners and collaborators; and
5. A communications strategy.

Methodology

A smaller, preliminary Health Roundtable Planning Meeting hosted by NAHO on December 3, 2004 preceded the national roundtable. Twenty-one representatives from five national organizations participated, including the Native Women's Association of Canada (NWAC), the Assembly of First Nations (AFN), Pauktuutit Inuit Women's Association, the Métis National Council (MNC), and NAHO. The results of this discussion were summarized by NAHO in an 11-page paper titled, '*Meeting Report: Aboriginal Women's Health Roundtable Planning Meeting.*'

Based on recommendations arising from this preliminary meeting, representatives from NAHO and Health Canada met over the winter and spring of 2005 to collaboratively plan a process for the national roundtable. This included development of a participant list, an issues management plan, agenda and working group discussion aides. Travel arrangements were made in consultation with participants from communities across the country, including the Arctic.

As well, a five-page paper titled “*Backgrounder – Aboriginal Women’s Health Action Plan*” (see Appendix B) was produced and distributed in advance to all roundtable invitees. This paper provided a brief summary of the issues, challenges, priorities and next steps identified at the December meeting as well as from other relevant reports and activities.

Participants were invited to the roundtable to undertake discussions and develop recommendations on the following:

- A joint vision of wellness and health priorities;
- Identify concrete approaches, processes and actions to address Inuit, Métis and First Nations women and girls’ health status;
- A framework for a concerted comprehensive action plan to address Inuit, Métis and First Nations women and girls’ health;
- Share the perspectives of Inuit, Métis and First Nations women from such areas as academia, research, justice, midwifery, community and traditional knowledge, etc.;
- Identify and prioritize the health issues of Inuit, Métis and First Nations women and girls including the social determinants of health;
- Identify proposed partners in both government and non-profit sectors;
- Develop and enhance networks and collaboration with Aboriginal and non-Aboriginal individuals, community representatives and organizations; and,
- Next steps on how Aboriginal women will reclaim their role in the birthing of their children and nurture wellness in families and communities.

NAHO staff worked with the Roundtable facilitator and Health Canada to develop the discussion questions for the Roundtable. The following questions were developed to guide discussions intended to define holistic health and wellness through the lifespan, identify health issues, priorities and gaps, and develop an Aboriginal specific action plan:

1. How do Aboriginal women define holistic health and wellness through the lifespan?
2. What are the key health issues presently impacting Aboriginal girls and women at each stage of the lifecycle?
3. What are the Aboriginal and gender-specific-gaps in research, policy, education, service system coordination/planning and programs and service delivery?
4. What actions need to be taken in order to address these issues in concrete ways?
5. What is our vision?
6. Who are the key stakeholders to address these priorities?
7. What are the elements and timelines of an action plan to address these gaps and priorities?
8. What networking and communications linkages are needed?

The third and final day of the roundtable focused on holistic maternal and child health. Under the guidance of midwives and health educators, participants addressed the following questions:

1. How do we define and attain holistic maternal and child health?
2. How can access to maternal and child health services, including midwifery, be enhanced?
3. What actions need to be taken to achieve our vision in support of returning safe birthing closer to communities?

Inuktitut/English interpretation and equipment was provided to ensure that Inuit participants could communicate in the language of their choice. The primary meeting documents were translated into Inuktitut. Each participant received a participant kit in either English or Inuktitut.

Proceedings

Opening of the Roundtable

The Aboriginal Women and Girls' Health Roundtable was held at the Novotel Hotel in downtown Ottawa from April 25 to 27, 2005. The Roundtable opened with the ceremonial Lighting of the *Qulliq* and prayer by Inuit Elders Miriam Aglukkaq from Gjoa Haven, Nunavut, and Anaoyok Alookey from Taloyoak, Nunavut. After welcoming approximately 70 participants to the Roundtable, Bernice Downey, NAHO's Chief Executive Officer, introduced the Honourable Carolyn Bennett, Minister of State for Public Health and Deanna St. Prix Alexander, Executive Director, Bureau of Women's Health and Gender Analysis, as special guest speakers.

The Honourable Carolyn Bennett, Minister of State for Public Health

Minister Bennett invited participants to provide her with identifiable objectives for improving the health and well-being of Aboriginal women as the framework for developing an Action Plan.

In her view, women's health is in the hands of women, and it is their job to help the government figure out how to empower Aboriginal women to do the work "from the bottom up."

Stating that "health is the most important project in this country for Aboriginal women and girls," Minister Bennett assured participants of her commitment to closing the gaps and achieving the goals necessary to ensure fairness through "real measurable differences in social determinants of health." Addressing the gaps and achieving these goals means looking at what we need to know in terms

of research, what needs to change in terms of policy, and what needs to be done in terms of baseline education.

The Minister underscored the importance of having a sense of belonging and purpose, learning and listening, and addressing poverty and violence. In addition, she suggested each home in Canada should be a “child development centre.”

Deanna St. Prix Alexander, Executive Director, BWHGA

Deanna St. Prix-Alexander affirmed Health Canada’s commitment, and her personal resolve, to support the development of an Aboriginal Women’s Health Action Plan.

She spoke of the need to understand relationships between men and women, boys and girls, and to define the roles and responsibilities of individuals and communities within the larger community. The Bureau of Women’s Health and Gender Analysis is available for support, including investing in the Aboriginal Women’s Health Research Group and redeveloping a surveillance report on women’s health based on common goals and needs.

She welcomed an Aboriginal Women’s Health Action Plan that emphasizes the importance of a gender-based analysis that is culturally appropriate and reflects the voices of Aboriginal women and girls. She also described the importance of including First Nations, Inuit and Métis women and girls’ perspectives into the policy, information, and research needed to develop a common goal and a comprehensive plan to improve their health.

Bernice Downey, Chief Executive Officer, NAHO

Bernice Downey then presented on gender equality, providing definitions of equality, equity, and a gender framework for women’s health, noting that men and boys are an integral part of gender equity.

She suggested that in terms of a gender-based approach, women relate everything back to sharing personal stories and to finding and maintaining balance. This sets the tone for others to share their personal stories, which becomes the foundation of a process for identifying urgent issues and how best to move forward on them.

She concluded with a brief description of research and data collection presently being conducted through the NAHO’s First Nations Centre and the Regional Health Survey.

Roundtable Interpreters

Tracy O’Hearn, Director of the Ajunnginiq (Inuit) Centre at NAHO, introduced and paid tribute to the two Inuit interpreters for the roundtable, Martha Flaherty and Simona Arnatsiaq. In addition to their role as language interpreters, both have made significant contributions to gender equity for Inuit women and girls in the areas of legislation, health, and education.

Roundtable Participants

Approximately 70 roundtable participants included: seven First Nations, Inuit, and Métis Elders; Aboriginal women’s organizations from across Canada and the North; other Aboriginal organizations; and the First Nations and Inuit Health Branch (FNIHB) and the BWHGA, of Health Canada. NAHO representatives included the Chair, Chief Executive Officer, and the Directors of the Métis Centre, First Nations Centre and the Ajunnginiq (Inuit) Centre, as well as Policy Analysts and a range of other NAHO staff.

Day One and Two: Aboriginal Women Speak Out

Milestones

The discussion began with roundtable introductions, and identification of milestones in Aboriginal women’s health. Some highlights included:

- The importance of culture, Elders and traditional healing is now widely recognized, including recognition by the federal government;
- There is increased collaboration and partnerships among Aboriginal organizations at local and national levels as well as with government;
- There is an intellectual movement of Aboriginal women, an increase in women leaders and a strengthening collective voice of First Nations, Inuit, and Métis women uniting to address women’s issues;
- Métis women’s voices are being heard and more services are being created in response to a growing awareness of the need to address Métis health issues;
- Pauktuutit has become the voice of Inuit women in the North and is seeking formal recognition of that status from the federal government;
- In Quebec, the Quebec Native Women’s Association keeps women’s issues on the table;
- The Ontario Aboriginal Healing and Wellness Strategy jointly managed by the provincial and federal governments provides over 250 initiatives to improve health;

- The Northwest Territories, Manitoba, Nunavut and Ontario, as well as Health Canada's policy direction, are recognizing the importance of Aboriginal midwifery;
- The creation of midwifery training and services has meant that babies are now being born in their own home communities;
- The creation of Nunavut has generated more opportunities for culture and language-appropriate services for Inuit;
- Through the work of the Aboriginal Healing Foundation there is a growing awareness of the impacts of residential schools;
- Issues such as homelessness are being brought to the forefront, and
- The Standing Committee on the Status of Women, which has Aboriginal women's health as a priority, has recently produced a report on Gender-based Analysis.

Creating a Framework

Creating a Vision

Holistic health refers to balanced well-being of the mind, body, heart, and spirit throughout the lifespan of individuals, families and communities. The following is a summary of holistic health key indicators identified by participants:

Health for Individuals Through the Lifespan

- Healthy pregnancies and healthy babies;
- Positive self-identity in all aspects: body, mind, heart, spirit;
- Sense of belonging and purpose;
- Coping, life, and parenting skills;
- Contribution to/involvement with the community;
- Being active;
- Food sources from traditional diet;
- Longer life span; and,
- Education.

Health at the Family Level

- Healthy bonding within all relationships;
- Access to health information;
- Access to traditional teachings; and,
- Stable, consistent home life.

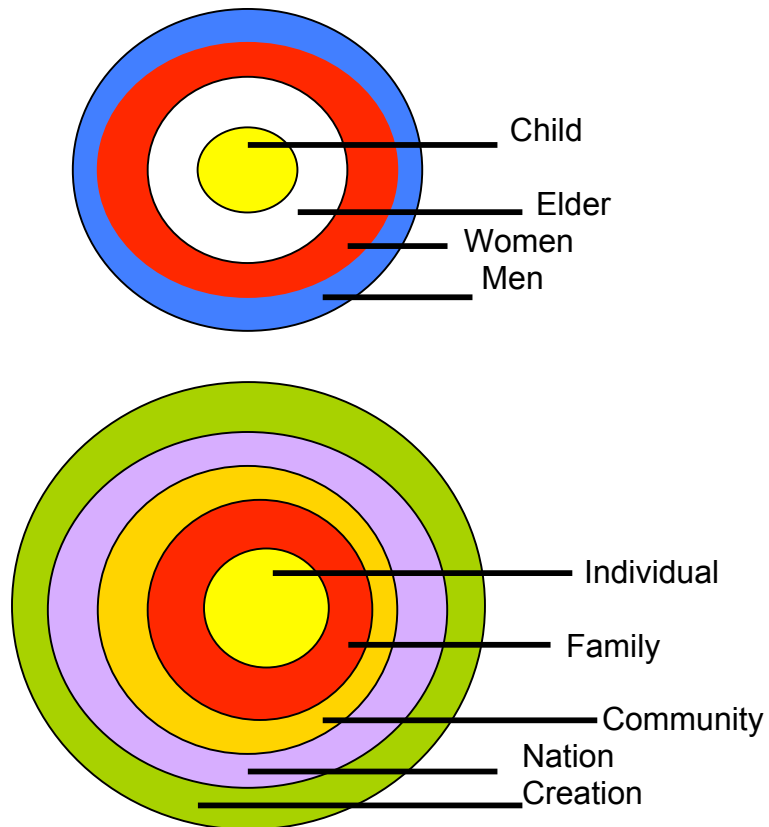
Health at the Community Level

- Elders are respected teachers;
- Transferences of knowledge;
- Equal participation of women in decision-making;

- Child-centered policies and practices;
- Support networks and positive peer interaction; and
- High level of community interaction.

Issues and Gaps Affecting the Holistic Health of Aboriginal Women and Girls

Participants then identified issues, barriers, and gaps that prevent Aboriginal women and girls from attaining this vision of holistic health. Participants felt the most significant issue has been the destruction of relationships as a result of residential schools and forced relocations. Many First Nations' traditional teachings place children and Elders at the centre of the Circle of Life, and individuals at the heart of families and communities within their nations and all of creation.



In the name of assimilation, traditional systems of relationship and responsibility were dismantled and destroyed. This has contributed to high levels of addictions, violence, disrupted families, homelessness, and a lack of social cohesion. Other significant impacts on the health of Aboriginal women and girls include:

- Socio-economic factors such as poverty and unemployment;
- Rapidly increasing populations;
- High levels of mobility;
- Wide diversity of First Nations, Inuit, and Métis cultures, languages, communities, and needs;
- Geographic isolation of many communities; and
- Education levels.

Compounding these issues are a number of crucial gaps, foremost of which are jurisdictional conflicts that impact all other areas. Many participants also expressed frustration that policy makers do not sufficiently understand First Nations, Inuit, and Métis issues and needs. As a result, they confront a range of barriers in applying for funding while also feeling forced into deficit models to access financial support. One participant remarked that Aboriginal programs have to “fit” and “adapt” to mainstream programs while communities tend to lose sight of *their* needs, while another stated that overwhelming reporting requirements means providing less direct support to the community.

Gaps in Health Research, Policy and Planning

- Lack of First Nations, Inuit, and Métis-specific gender-based research data;
- Absence of First Nations, Inuit, and Métis women in decision-making, leadership roles and as mentors;
- ‘Research fatigue’ due to lack of full ownership, interpretation, and validation of research activities;
- Lack of Inuit-specific policies that reflect Inuit priorities;
- Lack of recognition/validation of Aboriginal definitions of holistic health and healing;
- Competition for scarce funds among women’s organizations and groups prevents women from working collaboratively;
- Communications gaps and barriers prevent Aboriginal women from sharing information about what is being done, success stories and best practices; and,
- Inadequate funding formulas.

Gaps in Health Education

- Lack of professionally-trained Aboriginal people;
- Lack of education/training in Inuktitut;

- Lack of recognition of the contributions, skills and values of Aboriginal healers;
- Lack of knowledge about culture-based ethics such as Elder protocols and boundaries;
- Lack of education/knowledge in parenting skills, healthy sexuality, relationship skills and traditional skills;
- Lack of health information such as impacts of prescription drugs, substance abuse and diet in relevant/accessible language(s); and
- Unequal standards and expectations.

Gaps in Health Services

- Lack of systems coordination;
- Lack of infrastructure to support quality health services;
- Lack of access to both basic and specialized health services such as dialysis, mammograms, screening for early detection of cancer and other illnesses;
- Lack of access to traditional medicines;
- Lack of knowledge of mainstream health services, especially in the areas of maternal health and mental health;
- Lack of support systems and counseling services including programs to address family violence, trauma recovery, advocacy, and health assessment that is culturally appropriate and takes into account workplace safety issues, environmental stressors and poverty; and
- Lack of moral and family support for people with a terminal diagnosis that takes into account distance from home, family travel costs and cost of escorts for youth and Elders.

Gaps in Related Sectors Impacting Health

- Lack of daycare prevents women from accessing formal education, and
- Employment issues such as lack of pay equity, equal access and on-the-job training contribute to women's continuing poverty.

First Priority: Gender Equity in Decision Making

Participants repeatedly raised the issue of gender equity in decision-making as a foundational component of any strategies for action on issues. Finding ways to use the collective voice of women at this roundtable to further gender equity in decision-making became the first priority for action identified by participants.

Elder Vera Martin referred to an example of the collective voice of women resulting in legislated changes to the *Indian Act* through Bill C-31, and the representative from the Assembly of First Nations read a statement from the Women's Council that was presented to the Special Chiefs Assembly on First Nations Governments in March 2005.

This statement called for an integral role for women with the vision of walking “side-by-side as equal partners to enhance the social, economic, cultural and political well being of all First Nations” (See Appendix C).

Guiding Principles

The guiding principles for an Action Plan must include:

- The broad participation of Aboriginal women in health research, policy and planning, and decision-making;
- Health research, education, and services that reflect First Nation, Inuit, and Métis values, traditions, culture, and languages; and
- Enhanced capacity of First Nations, Inuit, and Métis communities to meet their own health needs.

Recommendations

Recommendations to achieve a vision of holistic health are summarized below. The Elders also held their own caucus to identify priorities for action. A summary of their discussion and recommendations, which culminated in the ‘*Elder’s Declaration*’ at the beginning of this report, follows.

Recommendation 1

Disseminate the report from this Roundtable for maximum uptake by government.

Recommendation 2

Develop a National Aboriginal Women’s Health Action Plan with a framework for implementation that takes into account recommendations from this roundtable, guided by women at the community level.

Recommendations for Research and Policy Development

Values and Guiding Principles

- Promote coordination and collaboration among Aboriginal leaders, as well as federal, provincial, and territorial governments to eliminate jurisdictional barriers and transform the politics of divisiveness to a politics of inclusion;
- An emphasis on promoting wellness rather than treating disease;
- Acknowledge and honour Aboriginal grandmothers and aunts as the original researchers and keepers of knowledge in Aboriginal communities;
- Better inform the Aboriginal community about what research is and how it is done;

- Use plain English and culturally-relevant terms rather than government and academic language;
- Emphasize Aboriginal community-based research models based on oral traditions versus academic models;
- Ensure that programs and services are developed from the community level reflecting Aboriginal priorities;
- Focus on needs of youth across the country and include youth in all future planning and development initiatives;
- Advance Aboriginal women’s research priorities and ensure they are integrated into all research efforts; and
- Ensure that Elders are integrated into all processes in a meaningful and participatory manner.

“We accept the ‘less-than’ because we need to take what we can get; therefore we don’t state what our ‘real’ needs are and how we need them to be resolved.”

Participant, Aboriginal Women and Girls’ Health Roundtable

Immediate and Short-Term Actions

1. Develop and distribute an annotated bibliography of programs and statistics, policies and existing recommendations regarding the health of Aboriginal women;
2. Develop an Aboriginal women’s framework for research that reflects cultural differences in what is considered ‘evidence,’ addresses the ethical responsibility to share, and ownership of the intellectual property arising from research;
3. Develop a data collection plan, including what type of data should be collected, and how;
4. Develop a culturally-relevant gender-based analysis;
5. Research ways of being ‘knowledge keepers’ with recommendations for using research information in ‘a good way’; and
6. Identification of research priorities (in the areas of mental health, social cohesion, and environmental factors) and research partners.

Medium-Term Actions

1. Provide training and support for First Nations, Inuit, and Métis women researchers;
2. Ensure all research has the full informed consent of First Nation, Inuit, and Métis communities; is community-owned; addresses community-identified priorities; promotes change through Participatory Action Research (PAR) at the community level; and returns research findings to the communities;

3. Develop policy for physical activity and education for children and youth;
4. Develop policy for sexual diversity;
5. Develop an 'escort' policy to support a family-centred approach to diagnosis and treat Elders/seniors; and
6. Apply a gender-based analysis to legislation and policy to assess impacts specific to Aboriginal women.

Long-Term Actions

1. Create a clearing house inventory of all Aboriginal health centres, including contact information, to enhance and support a national communications strategy to share information on health issues and activities.

Recommendations for Education and Training

Short-Term Actions

1. Raise awareness of women's roles and responsibilities in community and policy development;
2. Develop a role model program for Aboriginal women and girls; and
3. Increase access to training for all health careers, with an emphasis on youth.

Medium-Term Actions

1. Develop community-based training programs;
2. Provide incentives for teachers and health professionals to increase retention rates;
3. Increase the number of medically-trained interpreters;
4. Involve Elders in medical training and development of terminology, especially in urban areas and the North; and
5. Improve and increase education and training located in the North.

Long-Term Actions

1. Increase the number of trained Inuit health practitioners; and
2. Increase the number of community-based nursing programs in all health sectors, including on-the-job training opportunities.

Recommendations for Health Services: Prevention and Promotion

1. Integrate a holistic health perspective into all health promotion; and
2. Make culturally and language-appropriate, community-based health promotion and prevention services available in every community based on

identified health priorities (suicide, family violence, sexual abuse, addictive behaviours, and diabetes/obesity).

Recommendations for Health Services Treatment and Care

1. Integrate culture with medical models of intervention; and
2. Make more and consistent services for early detection, diagnosis, and treatment of disease available in the North, especially for breast exams/cancer and addiction treatment.

Recommendations Related to Funding

1. Ensure the equitable participation of First Nations, Inuit, and Métis women in developing funding criteria and decision-making;
2. Ensure funding for inclusion of culture;
3. Ensure funding is equitable to First Nations, Inuit and Métis Peoples;
4. Ensure funding formulas for First Nations, Inuit and Métis communities, programs, and services include actual costs related to language, culture, geographic location/isolation and lack of infrastructure;
5. Create community capacity by providing training in proposal development;
6. Address research gaps, for example the lack of empirical research to support current emphasis on FASD;
7. Provide equitable funding for First Nations, Inuit, and Métis partnerships with service providers;
8. Multi-year/sustained funding; and,
9. Realistic and achievable reporting requirements.

Elder's Caucus and Priorities for Action

Be'sha Blondin presented the Elder's report and recommendations, which has been summarized as follows.

Traditional Values and Principles

- Everyone is born spiritually gifted with their own life roles and responsibilities. They need opportunities to develop these gifts;
- Teachings, songs, and ceremonies help us understand where we belong; they are our ways of healing from depression or any other negative influences in our lives, such as the intergenerational impacts of residential schools; and
- Elders bring the diversity of ceremonies and languages to the workplace.

Speaking our own languages makes us strong in spirit, minds, and heart. Language is like a song that we need to hear all the time.

Elder, Aboriginal Women and Girls' Health Roundtable

The Elders emphasized the importance of traditional teachings about holism and traditional ways of promoting physical, emotional, mental, and spiritual health to address urgent contemporary health issues such as family violence, child sexual abuse, disease, and suicide. They identified knowledge transfer as a priority to ensure future generations are able to take up their traditions.

They placed responsibility directly with First Nations, Inuit, Métis communities for ensuring practices and programs are available that reflect traditional teachings and approaches.

Elder's Priorities for Action

- Elders are passing away and there is a need to find ways of keeping and passing along the teachings, songs, ceremonies, and medicines. These teachings can only be transmitted orally and through experience; time for Elders' teachings should be respected and included in all planning;
- There is a gap among Elders and youth, therefore opportunities must be found to bring them together;
- There is no word in any Aboriginal language for the term 'mental health.' It should be replaced with something culturally-appropriate and positive that avoids labeling;
- Seers are an important part of community health, with skills that have been passed from generation to generation. Their gifts need to be acknowledged, respected, and used in healing and wellness;
- Healing programs are needed to respond immediately to issues such as sexual assault so the whole community is aware and part of healing for victims, perpetrators, and their families. Delays imposed by the court and legal processes are barriers to healing process, and this contributes to problems such as suicide;
- We need to turn to traditional teachings, traditional laws, and the ways of our own people - and to restore the teaching role of Elders for the young - such as respect for the sacredness of everything in creation including themselves. These teachings of respect will prevent family violence and suicide;
- We need healing programs in prisons and to intervene as a community to take responsibility for this and for our own healing instead of the government taking responsibility;

- We need to teach how to gather and prepare traditional foods and medicines; to teach about rites of passage; the importance of bonding through breast-feeding; the essential need for affection and to foster connections between grandmother and child; and
- Elders need to be kept on the land not isolated in nursing homes; we need Elder camps for young people to come and learn the teachings.

Day Three: Reproductive Health and Midwifery

Issues in Maternal and Child Health

The third day began with an overview of NAHO initiatives to further midwifery, a presentation on FNIHB's policy development to date (Appendix D) and a presentation on the NAHO First Nations/Inuit Midwifery Preliminary Needs Assessment (Appendix E).

Carol Couchie, a midwife from the Nipissing First Nation joined the participants by teleconference to share her reflections on priority issues in midwifery and maternal and child health.

To set the tone for the group dialogue, the importance of women taking up the "midwifery bundle" of listening to what midwives have to say and returning respect, relationships, trust, choices, and empowerment to birthing was underscored by presenters.

More examples of how language translation deficiencies impact on Aboriginal concepts and discussions were provided. It was noted that "midwifery" is not a traditional term, and each nation has its own way of describing "a woman whose hands assist a child coming into the world." The need for new terminology that accurately reflects a cultural approach to this important role was suggested.

Developing an action plan must begin by recognizing that midwives need to be employable. The following issues were identified as barriers to employability:

- FNIHB does not hire midwives. Therefore there are no Health Human Resources strategies, and no pay scales;
- Job descriptions and skills need to be transferable; and
- Jurisdictional issues impose barriers to practice.

A first step to removing these barriers would require a commitment from FNIHB to collaborate with assigned individuals or teams to negotiate transferable job descriptions and salary ranges for midwives.

Participants then began discussion on other issues and actions related to reproductive and maternal health. Some of the priority issues identified were:

- A lack of culturally relevant supports and facilities for pregnancy and birthing;
- A lack of culturally relevant education, training and apprenticeship for midwives;
- Inadequate funding and bursaries to support training;
- Long waiting lists to access midwives;
- Liability and liability insurance issues for midwives; and
- Current evacuation practices prevent fathers, grandfathers and extended families from sharing in the birth of babies and negatively impact bonding from birth.

The shared vision for addressing these issues is to support ongoing development and integration of First Nations, Inuit, and Métis midwifery into the health care system through the following actions:

Recommendations for Action Steps to Improve Maternal and Child Health

1. Develop a health promotion plan to educate Aboriginal women about the benefits of midwifery;
2. Produce resource materials on traditional birthing stories, including teachings on healthy pregnancy;
3. Develop national standards for certifying midwives, inclusive and respectful of traditional midwives and existing training models, such as those found in Six Nations, ON and Puvirnituq, QC.
4. Create joint ventures/affiliations with universities for accreditation;
5. Obtain legal recognition of customary adoption;
6. Provide birthing centres in every community;
7. Develop a bibliography of contacts and information for access of funds, and develop midwifery initiatives as a community resource guide;
8. Make midwifery accessible for all Aboriginal communities; and
9. Create and support networks for clinical discussions and exchanges between midwives.

In addition to those noted above, Inuit recommendations included specific actions to address unique maternal and child health in the North as follows:

Inuit-specific Recommendations to Improve Maternal and Child Health

Inuit participants made specific recommendations to address their unique maternal health and birthing needs. A priority for action is a medical evacuation policy that strengthens fathers' roles in birthing, and enhances support to women by allowing a family member to accompany the mother. Additional recommendations were:

- Sex education and family planning in elementary and secondary schools in the North.
- An Elder's conference on childbearing.
- Including Elders as visible and vocal participants in all child bearing/child rearing issues.

Summary of Roundtable Recommendations

The recommendations for action put forward by participants at the three-day Aboriginal Women and Girls' Health Roundtable can be categorized in terms of five strategic objectives.

1. Broaden participation of Aboriginal women and youth in health research, policy, planning, and decision-making.
2. Obtain knowledge by gathering sound data about the health of First Nations, Inuit, and Métis women and girls.
3. Develop health education, promotion, and services that address the range of identified issues and inequities that reflect First Nations, Inuit, and Métis values, traditions, culture, and languages.
4. Commit adequate financial resources.
5. Sustain the collective voice of First Nations, Inuit, and Métis women created at this health roundtable.

One of the most important outcomes of any national initiative to improve the health of Aboriginal women and girls should be enhanced capacity of First Nations, Inuit, and Métis communities to meet their own health needs.

We will know we have improved our health when the statistics do not reflect such wide disparity.

Participant, Aboriginal Women and Girls' Health Roundtable

Next Steps

The next step arising from the Aboriginal Women and Girls' Health Roundtable is to move forward on the development of an Aboriginal Women and Girls' Health Action Plan.

Recommendations put forward by participants for next steps include:

1. Broadly disseminate the final written report and appendices from this Roundtable to a range of Aboriginal and other stakeholders, including participants, governments, policy makers, and health authorities.
2. Create a clearing house as a process for a national communications strategy to share information on health issues and activities.
3. Continue to share “Best Examples” of health models that work, and disseminate this information at all levels: locally, among First Nations, Inuit, and Métis, and with all levels of government.
4. Hold follow-up regional gatherings through NAHO with Elders, community workers, researchers, non-governmental organizations, and political organizations.
5. Develop an Aboriginal-specific gender-based analysis framework and related training opportunities.

“We don’t need more consultation; what we need is action at all levels.”

Participant, Aboriginal Women and Girls’ Health Roundtable

Conclusion

Representatives from First Nations, Inuit, and Métis organizations and other experts came together at this national roundtable to build the foundation of a framework for an Aboriginal Women’s Health Action Plan.

Significant progress was made by First Nations, Inuit, and Métis women towards:

- Creating a shared definition of holistic health and wellness through the lifespan;
- Identifying specific health priorities of First Nations, Inuit, and Métis women and girls; and
- Recommending a full range of gender-based action steps relating to research, policy, and program/service delivery that respond to those health priorities.

Many participants stated that this gathering was long overdue, but were glad it finally happened and were able to contribute to the roundtable. Others who could not attend due to scheduling conflicts wanted to keep informed because they felt this was a very important meeting; dealing with the health and well-being of First

Nations, Inuit, and Métis women and girls are key to healthy families and communities.

Elders were very pleased that the format of the meeting included their voices in all the discussions. They were given the opportunity to share their teachings, stories, songs, medicine knowledge, and stress the urgency of traditional knowledge transfer.

Two objectives related to identifying partners and collaborators, and a communications strategy, were only briefly touched upon due to lack of time. To sustain the momentum generated by this roundtable and move forward on an Aboriginal Women's Health Action Plan, NAHO will consult with key stakeholders regarding a process to complete these objectives at the earliest opportunity.