Final Report

Living in the City: An exploration of cultural, social and economic dimensions of Manitoba First Nations relocating to urban centres to access services

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UAKN Prairie Research Centre

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An exploration of cultural, social and economic dimensions of Manitoba First Nations relocating to urban centres to access services

And now I am stuck in the city because of that. I can't go home. I wish I could go home but if I want to live more I have to stay here

(Participant code: 1.1).

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Manitoba First Nations Centre for Aboriginal Health Research,
University of Manitoba

Abstract/Executive Summary

That's why I like to go back home and start enjoying my life again. The city is just all ... we're surrounded by stone and we're confined ... totally confined by stone. Not too much that we can do.
(Participant code: 2.103)

Every year, First Nations individuals and families living in rural and remote communities relocate to Winnipeg to access educational, health and social services not available in their communities. Research undertaken in Manitoba has shown that individuals and families face considerable challenges associated with racism and discrimination, jurisdictional barriers to accessing federally and provincially funded services, structural and economic challenges, and emotional challenges associated with family dynamics[1]. This report highlights the various challenges community members from Island Lake communities face when relocating in order to access medical and other social services in Winnipeg; the study highlights and discusses the urgent needs of community members that have currently not been met. Challenges community members in this study face are urgent and severe. If left unaddressed these challenges (continue to) pose severely negative threats to community members' well-being.

Recommendations:

The Island Lake communities of from Garden Hill, St. Theresa Point, Red Sucker Lake, and Wasagamack, are identified as the only OjiCree communities in Manitoba; their needs are specific and different from other Frist Nations communities in Manitoba and the rest of Canada. These recommendations are made with the needs of Island Lake community members in mind. Based on the analysis and actual suggestions made by participants in the study, the following recommendations are made:

1. Access to a medical facility that can provide medical services, such as dialysis treatments, in home communities is an essential requirement to support Island Lake community members in order to alleviate and reduce some need for relocation to Winnipeg to receive medical treatments.
2. A community centre, specifically for Island Lake community members, in Winnipeg is needed in order to provide social support and create a space for community members to gather, socialize, provide support for one another, and develop networks and information sharing that can help new patients become familiarized and acclimatized to things in Winnipeg (i.e. where to go to find affordable housing, how to access country foods, etc.), while providing access to transportation to and from the centre.
3. Transportation support is immediately needed for patients receiving treatment while in Winnipeg (including access to social events/gatherings); transportation is also needed between the Island Lake communities and Winnipeg city centre.
4. Liaison/Community worker (preferably someone who speaks OjiCree and English) is immediately needed for Island Lake community members receiving treatment in Winnipeg. A Liaison/Community worker is needed to be present for patients undergoing treatment in Winnipeg. The liaison would be able to help with language barriers, cultural and social support and facilitation for new patients in Winnipeg.
5. Cultural support, such as access to traditional medicines, country foods, traditional healers, and so forth, is immediately requested for Island Lake community members in Winnipeg.
6. Access to care and services in home communities is essential – including access to clean drinking water, medical services, adequate housing, and affordable and healthy foods.
7. Relevant cultural support (such as access to traditional medicines, translation, and social gatherings) is needed for healthcare, healthcare personnel and other social supports that accurately reflects the language, needs, and experiences of Island Lake community members, including support for youth and other community members that are relocated along with patients to Winnipeg; participants suggested including support for youth in the community centre originally suggested.

Table of Contents

Introduction

That's why I like to go back home and start enjoying my life again. The city is just all … we're surrounded by stone and we're confined … totally confined by stone. Not too much that we can do (Participant 2.103*)*).

Every year, First Nations individuals and families living in rural and remote communities relocate to Winnipeg to access educational, health and social services not available in their communities. Research undertaken in Manitoba has shown that individuals and families face considerable challenges associated with racism and discrimination, jurisdictional barriers to accessing federally and provincially funded services, structural and economic challenges, and emotional challenges associated with family dynamics[1]. This report highlights the various challenges community members from Island Lake communities face when relocating in order to access medical services in Winnipeg; the study highlights and discusses the urgent needs of community members that have currently not been met. Challenges community members in this study face are urgent and severe. If left unaddressed these challenges (continue to) pose severely negative threats to community members' well-being.

Acknowledgements

The study was conducted in partnership with Neewin Care, the Four Arrows Health Authority, Island Lake community members from Garden Hill, St. Theresa Point, Red Sucker Lake and Wasagamack, and the Manitoba First Nations Centre for Aboriginal Health Research. Overall, 30 community members kindly took part in this study to share their story. The interviews took place between May to December 2016. Challenges community members in this study face are urgent and severe. If left unaddressed these challenges will continue to pose severe and negative threats to community members' well-being. The urgency cannot be understated: With sadness and respect, we acknowledge that during this study, three of the Island Lake community members involved in this study passed away.

The research team consisted of members from the University of Manitoba from the Manitoba First Nations Centre for Aboriginal Health Research, community researchers Linda Manoakeesick from St. Theresa Point, Cornelius Wood from Wasagamack, and coordinated by Any Wood, representing Neewin Care and the Four Arrows Health Authority.

We are pleased to acknowledge the generous financial support of: the Social Sciences and Humanities Research Council of Canada through the Manitoba Research Alliance grant: Partnering for Change – Community-based solutions for Aboriginal and inner-city poverty, the SSHRC Partnership Grant titled 'Urban Aboriginal Knowledge Network [UAKN]: Research for a Better Life', with funding for the UKAN grant administered by the Prairie Research Centre of the Urban Aboriginal Knowledge Network, and Manitoba Indigenous and Municipal Relations.

Background

Identifying and addressing the challenges associated with relocation to urban centres has been recognized as a top priority of the Intergovernmental Committee on Manitoba First Nations Health.[A] The mandate of this Committee is to develop recommendations to improve the health status of First Nations' peoples by means of analyzing the current health services available to them. The Nanaandawewigamig First Nations Health and Social Secretariat of Manitoba also identified this issue as a priority. This report builds on three studies previously conducted by Dr. Lavoie. The 2005/6 study conducted by Dr. Lavoie included a preliminary analysis of policies that impact or relate to medical relocation currently, followed by relevant federal and provincial government departments, from the perspective of both policy analysts and on-reserve First Nation Health and Social Development Technicians (FNHSDT) [2]. The second study estimated the number of Manitoba First Nations individuals who relocate for medical reasons, using administrative data on service utilization located at the Manitoba Centre for Health Policy (MCHP)[3]. The third study documented the cultural social, health and economic dimensions impacts that Manitoba First Nations individuals and families experience/confront when faced with the need to relocate for medical services either for an extended period of time (over 3 months) or permanently. For these studies, 129 individuals were interviewed, including those who have experienced relocation, family members, service providers, health administrators and government representatives. Results show that federal and provincial program managers interpret policies, make decisions on eligibility, to extend or deny coverage in a manner that community members and providers found difficult to understand, resulting in a perception that the application of policy is highly variable, somewhat capricious and unlikely to be supportive unless patients and/or family members are prepared to advocate.

Decisions are shaped by shrinking budgets, fragmented program coverage, and jurisdictional confusion. Provider advocacy can help, but also perpetuate perceptions of arbitrariness and distrust. Results also indicated that national policy renewal is required to redress this issue [1, 4]. These studies focused on First Nations from any Manitoba community and did not yield solutions that can be implemented at the community-level to mitigate challenges and address needs. Accordingly, this report focuses on community-level solutions, developed from a community and service provider based collaborative effort that can be implemented immediately for effective and meaningful change for Island Lake community members. Although all work to date focused on medical relocation, it is clear from the work and policy review conducted that at least some of the challenges experienced as a result of medical relocation or other reasons may generate a need to access other services (social care, services for a child with special needs, end of life care, educational opportunities) and yield similar challenges. While the participants in this project are Island Lake community members who are relocated for medical reasons, the focus of investigation is on the larger social, economic and cultural impacts of relocating to Winnipeg rather than their health experiences. The findings are an overview of specific challenges for community members who relocated to Winnipeg, with imbedded discussion that reflect solution-based recommendations made directly from participants.

This study draws on critical theories and Indigenous epistemologies to position and inform the approach to the inquiry discussed in the report. The critical theories drawn upon focus attention on the political and moral concerns arising from the legacy of colonialism, and how these concerns shape the everyday experiences of those who have been marginalized [5-10]. Critical theories are also drawn on by Indigenous scholars who emphasize the need to include marginalized voices in studies that aim to address the continued [11] and aftereffects of colonial (and other forms of) unequal relations [8, 9, 12, 13]. Although the notion of Indigenous ways of knowing encompasses a range of diverse ideas, this body of knowledge converges on the idea that knowledge is underpinned by a world view that reflects interconnectedness, relational values, holistic approaches, and the pursuit of knowledge about relationships among people, the land, and community.

[A]This committee includes representatives from the Assembly of Manitoba Chiefs, the First Nation and Inuit Health Branch of Health Canada – Manitoba region, the Public Health Agency of Canada, Manitoba Health since 2005, the Manitoba Department of Aboriginal and Northern Affairs), Jobs and the Economy Manitoba, Manitoba Finance and the Department of Aboriginal Affairs and Northern Development Canada.

Indigenous perspectives are particularly critical to the work undertaken in this study given the focus on generating knowledge from the perspective of people who are directly affected by relocation. The partnership-based approach adopted for this study is grounded in Indigenous ways of knowing and shaped the entirety of the research process. Implementing a strong community partnership-based perspective guided by an Indigenous perspective, the project created a research team that involved members from the Island Lake communities, service provider agencies and the MFN-Centre for Aboriginal Health Research of the University of Manitoba.

Methodology

The study uses a qualitative design grounded in ethnographic methods of in-depth interviewing and the Collaborative Interpretive Processes (CIPs)[B], with a final thematic analysis conducted on data. Overall, 30 in-depth interviews with Island Lake community members and their families took place; researchers elicited participants' perspectives on the reasons for their relocation, length, and impact on their family and community. It is important to note that the Island Lake community members who sat on the research team advised on all processes and were directly involved in the data gathering, which is discussed in greater detail in the below paragraphs.

The research team, which included two Island Lake community members, documented participants' experiences and needs during relocation, and elicited their recommendations on how their needs could be better served. We used an iterative process for the creation of interview guides. Community researchers advised and participated in the creation of the interview guides and made recommendations on how to adapt interview questions to relevantly target thematic concerns noted in early interviews. All interviews were digitally recorded and transcribed. Interviews conducted partially and/or entirely in OjiCree were translated into English before transcription. In addition, our team worked with service providers from the communities of Garden Hill, St. Theresa Point, Red Sucker Lake, and Wasagamack to document their perspectives. All responses from participants and providers regarding recommendations made for improving services and filling gaps for community members were used as the basis for the overall recommendations made in the report.

The style of writing for the report is based using a composite analysis of the data. The analysis is written in order to explain the real-life situation and events of individuals from Island Lake communities who have to leave their homes (either temporarily or permanently) in order to access health and other social services in Winnipeg. By presenting participants' voices as subject headers (which demonstrate concerns identified in the thematic analysis), the report does not intend to speak for individuals who participated in the study, but rather create a space in which their voices can be heard and listened to respectfully and meaningfully. The style of analysis and report writing were chosen by the research team, as the team felt it best represented the many voices and different experiences of those involved in the project itself.

Findings

The findings are grouped into three categories: issues that arise for community members before they leave for Winnipeg to receive medical services (including circumstances which prompt relocation); challenges individuals face when they initially relocate to Winnipeg; and issues individuals face when they are relocated to Winnipeg on a long-term basis.

[B] CIPs is a process that allows for a greater and more in-depth exploration of already data-rich interviews, which involve bringing the research team together to dialogue on emerging themes. This process granted the research team a more robust analysis of preliminary findings of the data. Themes and ideas discussed during the CIPs are included in the final report as they were part of the analysis that led to the identification of themes and writing style itself.

Issues that arise for community members at home regarding relocation:

I want the dialysis centre right at home because I want to go home. I want to live there (Participant code: 2.6).

Need for dialysis in home communities:

Lack of access to dialysis in the home communities of participants was one of the major concerns identified through the interviews and thematic analysis. Although there is a renal health unit in Garden Hill, it is unable to accommodate the amount of patients from the Island Lake communities. Being unable to receive dialysis treatment at home forces community members to relocate (most often) to Winnipeg, on a permanent or long-term basis, unless the patient receives a successful organ transplant. As a participant identified, those who receive dialysis are dependent on the treatment, forcing the patient to permanently relocate to where the treatment is available, "*Well, the services that I need is dialysis and the length since relocation was 2004. So that's 12 years I guess now and relocation is permanent and long term because I need that dialysis machine to keep me alive"* (Participant code: 3.1).

Although the lack of access to dialysis and treatments is indicative of a larger issue regarding barriers to medical services, improving access to dialysis in home communities, either as peritoneal dialysis (which was not discussed by participants) or through dialysis centres, could alleviate major concerns voiced by community members, "*there is no hospital over there, no doctors, no registered nurses over there and we need dialysis nurses over there in the community. That's the most important thing we should have it at the community…"* (Participant code: 2.5). Local access to dialysis in all the home communities in the Island Lake area could allow for community members who are receiving treatment in Winnipeg (or outside of their home communities) improved opportunity to return home. "*If they have one [dialysis machine] up north I could go home. I do plan to - I'm trying to go home, I don't want to stay here"* (Participant code: 2.5)

Social and cultural impacts regarding relocation:

Other issues identified by participants, which became prominent during the thematic analysis, concern larger social and cultural impacts surrounding relocation, including reasons as to why individuals are prompted to relocate or unable to return home once relocated. The discussion below outlines some of these findings in greater detail.

Lack of access to affordable and suitable housing in home community

In many cases, lack of access to affordable and suitable housing forces individuals to leave their home communities and simultaneously prevents individuals receiving non-permanent care outside of their community from returning home. Participants identified poor housing or the inability to gain housing as a contributing factor to leaving their home community, "*I relocated to Winnipeg. My reason was that I didn't have a place to stay in* [participant's home community]. *That's why I'm living here. Difficult getting a place on my own over there, that's why"* (Participant code: 1.8)[C]. Other community members explained that they are unable to return to their homes because of housing issues, "*What's holding me to go back home is I don't have a place to stay… I don't have a place to stay there, I don't have a house"* (Participant code: 2.105). Access to adequate housing for community members in the Island Lake communities may not reduce the number of relocations, which are prompted by needs, but reduces the length of relocations and provide opportunities for community members to go home. This would address a major concern for participants.

[C] Due to the housing shortage in Island Lake communities, once a person has left their dwelling to receive medical services in the south on a long-term basis, it is likely that the dwelling will be reallocated to another individual (usually a family member and their extended family), as many community members require housing. This presents a barrier when patients try to return to their home community, as they may not have access to the house anymore.

Lack of access to healthy and affordable foods

Access to healthy foods, or lack of access, is a contributing factor for poor health, "*That's why people get sick – there are no proper diets in* [participant's home community]*"* (Participant code: 2.5). Arguably, diet can make a substantial impact on one's overall health. Without access to proper foods, individuals can become ill or, as in the same case with poor housing, exacerbate pre-existing health conditions and concerns. As participants outline, "…*in* [participant's home community] [there is] *not so much selection, we have rotten vegetables"* (Participant code 2.4). Improving access to adequate healthy foods in Island Lake communities decreases food related disease that force community members out of their communities and benefit overall health outcomes.

Lack of access to clean water

Poor access to clean water is a major health concern that acutely impacts an individual's health status. Not having access to clean water in Island Lake communities negatively impacts community members and their health and well-being, "*One thing they blame for my skin disease is water. I think it has to do with the chemicals that are in there water treatment plant"* (Participant code: 2.7). Furthermore, having no access to clean water drives people from their home communities and prevents them from retuning, "*…One of the reasons why people don't … are not allowed to go back home is they need to have their homes in the community with proper water…"* (Participant code: 1.101) Providing access to clean and safe water is a preventative measure for many water-related diseases and will benefit the overall health of all community members in the Island Lake area.

As a result of limited medical services, coupled with medical conditions that are exacerbated by limited or no access to clean water, healthy and affordable foods, and adequate housing, community members who fall ill are more likely to relocate to Winnipeg for treatments and therapies. Those currently in Winnipeg receiving services are unable to return to their homes because of the adverse effect lack of access to medical and social services have on health outcomes. Once in Winnipeg, an individual may receive treatment but their overall health may not improve, "*I was only going to be here for one day but the doctor told me "You can't go back, you're a very sick lady". I said ok. And I felt bad for not going home. Ever since I have been here, I stay in a hotel for a while, and then I got sick. I was in the hospital"* (Participant code: 2.4).

These medical and social challenges contribute in making individuals sick and/or exacerbate health problems, which can create a generational (or legacy) of relocation for treatment: "*I've been coming here since I was young in Winnipeg for medical reasons. I cared for my grandparents first and … my grandfather had a stroke and my grandmother had cancer. And after that, after they passed on, my parents came into the city and then I kept them again, for medical reasons, and I've been going through all this for all my life. Taking them to the hospitals and translating, interpreting for them"* (Participant code: 2.101).

Although it will not eliminate the need for relocation for certain medical services, supporting communities with access to adequate housing, clean water, and healthy and affordable foods cuts down on the amount of relocations needed and improves the overall health of people in the community.

Challenges individuals face when relocating to Winnipeg:

Several key themes are identified by participants as being highly problematic when relocating and/or staying in the city of Winnipeg to receive treatments. They are discussed below.

No transportation

"My feet are crooked, I've been walking because I have no money"
(Participant code: 2.7)

Transportation was a major concern for all participants in this study. They provided numerous accounts of individuals being unable to afford transportation to and from their appointments and being forced to walk, "*…people don't have funds to go where they're supposed to go, especially medical appointments"* (Participant code:

2.3). In some cases individuals are forced to walk in poor conditions, or have their family members accompany them to appointments when the patient is unable to walk: "*... I usually take my son to the hospital with the wheelchair. We walk, going to dialysis three times a week, especially when it's a bad weather and when it's very cold. Now a days I can't walk. It's very hard for me to walk. We're still going to his dialysis three times a week. Ya, it's hard for us to keep up with the appointments. Sometimes I need fare. It's only a little bit, that sometimes we need help, but nobody comes and helps us"* (Participant code: 2.5).

Individuals in the study suggested they be provided transportation to and from medical appointments from a free driving service provided by the community, *"The difficulties that I have here is like when… regarding my medical issues, is the transportation. It's kind of hard to go to dialysis, there and back because our transportation"* (Participant code: 3.1). Although access to transportation is preferred, if a driver or transportation cannot be provided by the community, then an increase in financial assistance is suggested, *"So one of the answers is transportation. I need somebody helping me get around, provide transportation, and if there's not, is possible, we would need assistance or money"* (Participant code: 1.3). Transportation to and from Island Lake communities (to Winnipeg) and transportation around Winnipeg is recommended by community members so individuals are able to attend medical appointments and cultural gatherings/social events and visit patients in the city, "*But it would be nice if someone could help drive somebody places, like to the hospital for appointments and visits"* (Participant code: 2.7). The need for access to transportation for community members living in Winnipeg is a major concern for those within the study.

Housing

> *The most [difficult thing] is finding a place. It is very hard... I'm okay with food. It's just the housing part that's difficult because I don't have a vehicle to go look around for one* (Participant code: 1.8).

The majority of participants identify securing acceptable housing as highly problematic when relocating to Winnipeg. Although the First Nations and Inuit Health Branch of Health Canada (often referred to as *medical services* by participants) covers individuals financially for three months[D] when first relocating to the city of Winnipeg, the difficulties and barriers involved in finding permanent or long-term adequate housing are vast. Most participants noticed a lack of support when trying to find adequate accommodations: "*We were covered by medical services* [FNIHB] *but for three months and we really had a time trying to get a place… We were just trying to help by ourselves, trying to go to doctors or writing letters and we were trying to look for a place to stay so it took us a while. It took us about a year or two years to get a place so we really have a tough time for more than two years anyway"* (Participant code: 2.5).[E]

Many who are unable to find housing resort to stay in inexpensive hotels, which are not suitable for their needs. One participant, who has a serious skin condition and requires a bath to soak in, describes some accommodations as; "*…really dirty. Like where I'm staying I can't even take a bath other than taking a shower. I can't*

[D] Under FNIHB polices, an eligible individual who is required to travel repeatedly on a long term basis has medical expenses (including transportation, food and accommodation) covered for a period of four months (§ 1.6), after which an assessment is taken place to determine if permanent or long-term relocation is required. If permanent or long-term relocation is required (for example, in the case of dialysis patients), medical expenses for relocation are covered for a period of three months (§9.10).

14. [FNIHB]., H.C., *Non-insured health benefits medical transportation polocy framework*. 2005, Ottawa

[E] It is important to note that this participant is peaking from their own experience and lived reality; the report acknowledges that there is a Renal Centre that serves 3 out of the 4 communities identified in this study for dialysis needs (at full operation this centre can accommodate 16 patients weekly).

even soak myself, those tubs are really filthy. I really have to clean my skin, that's why I have to be clean all the time" (Participant code: 2.7). Additionally, many community members who relocate to the city for medical reasons have not lived in an urban setting before and do not have a credit history or rental history to provide references for landlords. This proves to be problematic as it creates a barrier for community members to rent housing without previous references or housing credit histories: *"The most is finding a place. It is very hard. Mostly these landlords want references and all that, but I had to – well, I have references, just my brother I'm taking care of he's an elderly and he doesn't have references and I have to back him up…"* (Participant code: 1.8)

As discussed later in this section, many of those in the study suggested having a local community liaison living in Winnipeg to help newcomers to the city orientate themselves, as well find support in looking for housing. A liaison or community support person(s) that is familiar with the city and capable of providing options or suggestions for potential housing assists in supporting community people to the city. Adversely, not providing this type of support yields community members feeling as though no one is helping them and overwhelmed.

Financial insecurity

Sometimes we don't have anything for two days, like food, because we were struggling and we needed help (Participant code: 2.5)

Many of those in the study noted a lack or unrealistic financial support, "*They give us funds for* [transportation costs to and from dialysis treatments]. *Like $80 for a month, but it costs $88 to purchase a monthly bus pass…"* (Participant code: 3.1). The limited financial support generates high-stress situations for individuals, especially those with restricted mobility, "*She said she can't go anywhere, because she's in a wheelchair. She can't pay any fare, like a taxi or a bus. She doesn't have any money. And she can't go anywhere. She just sits here in a hotel…"* (Participant code: 2.102). It is important to mention this particular participant lives with a grandchild who is described as "just" old enough to escort the participant to the city for medical appointments, indicating the grandchild is a young person, who may find difficulty of supporting the participant the way that is required of an escort (for example: navigating the city, finding adequate lodging). The provision of realistic financial and other support to those who relocated to the city to receive treatments could positively impact their health. While providing supplementary financial support may prove difficult, providing transportation and support when acquiring housing is another viable option, as it cuts down costs for community members, decreasing financial insecurity and the need for financial support.

Food insecurity

…I am staying in the hotel and I have to eat the hotel food. It's all the same food all the time, it's not nutritious. Nobody can be healed eating the same fast food all the time... I like traditional food better (Participant code: 2.7).

The majority of participants commented on the lack of traditional food available to them in Winnipeg, with many relaying on family members bringing country and traditional foods from their home communities. While some participants did acknowledge that there are healthier and more affordable foods available to them in Winnipeg, there were other participants that had serious concerns about getting all of the quality foods needed or affording quality foods to supplement their diets, while on a restricted budget: "*…they have to have a certain diet that they follow and the welfare doesn't cover that much. They're only allotted so much and you can't buy food on that*

and… you don't know your places where you can go get stuff like food, like they have food banks over here" (Participant code: 2.9).

Implementing a community network that can provide access to traditional foods to community members living in Winnipeg would be well received and supported, "*And I really have a craving for traditional food – the traditional diet – because I know it really helps me. The mainstay in my diet has always been traditional food"* (Participant code: 1.7)

It is also pertinent to note that relocation to the city itself is often difficult regarding mobility and logistics, as well as financially stressful and draining, "*And we didn't have money or revenue to be able to pay for a mover, or had no means of finances to help move"* (Participant code: 1.3). The financial strain of moving can prevent family members from being able to move together, separating families from one another, "*Yeah, I relocated alone. Then my wife came after that, but my kids were stuck up north because we didn't have any funds for them to relocate here."* (Participant code: 3.1). Transportation to and from Island Lake communities to Winnipeg and support workers helping newly relocated individuals in Winnipeg with services, as well as increased support for moving, reduces issues with finances and families being separated.

Language barriers

…Sometimes she needs a translator to translate for her, because sometimes when she's at the hospital she doesn't really know what the medical terminology is (Participant code: 2.102)

Language barriers and lack of translators present significant difficulties for those receiving care in Winnipeg, "*I can't really- I'm not very good at speaking so I would need somebody that would speak for me. So since I have had my stroke I have had to struggle, I have had to struggle with the language"* (Participant code: 1.7). A community liaison or community support worker, proficient in translation with medical terminology and jargon, is strongly suggested by participants of this study; "*Yes, I would like that support worker to know medical terminology. I know people would like to know more about that too and if that support worker knows that terminology, people would clearly understand"* (Participant code: 2.101). Understanding diagnosis and treatment options available (beyond those suggested by the attending physician) are key aspects in healthcare. A patient navigator, who can also act as a translator and is familiar with the specific needs and realities of Island Lake community members, is strongly supported by participants in the study.

Liaison/Community Support worker

It would be a good idea if somebody that knows that work as a support worker to work with and around the city. We don't want that person to work in the communities – we want that worker to live in the city so we can keep an eye on us (Participant code: 2.101)

Continuing from the language barriers sub-section, a community support worker or liaison was discussed as being beneficial from the majority of the participants in the study. While translation and support in accessing resources for newcomers in Winnipeg is a needed role for the community support worker, there are many reasons participants identified as to why a support worker is necessary. To begin, many people are in the city alone and require more help than what they are receiving, *"I've been asking to have a support worker in the city for our communities, because sometimes people get so lonely… It's really helpful to visit"* (Participant code: 2.7). Other reasons involving a person being on their own and needing more support are for the specific health outcomes of dialysis treatments: *I know people have complications after their dialysis. They can't move, they have seizures sometimes.*

That's why we need a support worker to work with them, so they can watch them after their treatment. It's really hard for dialysis persons when they come on their own (Participant code: 2.101).

Creating a position(s) for a community support worker(s), fluent in OjiCree, versed in medical terminology, and based in Winnipeg is an immediate request of the community members involved in this study. Participants outlined the need for a worker that can support those coming from the Island Lake communities by demonstrating what resources are available and where people can access the resources, "*But there are some resources available. There could be more of it but the resources sometimes especially when you, for patients that come from up north they don't even know what to do"* (Participant code: 2.106). Additionally, a support worker(s) is needed to assist in the support of, provide information regarding, and help with accessing transportation to and from culturally relevant events and other social gatherings, "*That's one thing there was nowhere to go. I don't know where to look for help. I don't know my way around in the city, in terms of cultural ceremonies and all that gatherings"* (Participant code: 2.7).

Long-term issues that arise for community members when relocated treatments in Winnipeg:

Isolation and loneliness

And they die of loneliness (Participant code: 2.7)

Extreme loneliness and isolation was mentioned by **all participants** in the study. Isolation and loneliness leading to and/or exacerbating feeling of sadness and other forms of depression are major, immediate, and ongoing concerns for community members receiving treatment in Winnipeg. Many participants discussed feelings of loneliness being very prominent, "*It's lonely here. I can't do anything*" (Participant code: 2.6). There are varied reasons for individuals feeling isolated and lonely. In some cases, one partner has passed away, which leaves the other partner alone and isolated in the city, "*Yeah, that's most hard, the loneliest part. My partner died on March 6th and I'm just here by myself"* (Participant code: 2.6). In other cases, participants feel cut off from their home communities, families, and other loved ones who are not able to visit when the patient receives treatment, "*It's lonely when you are in a hospital. And I was alone in a room, no visitors, no family visiting so. It's really hard when you are alone and sick. You have to be strong"* (Participant code: 2.4).

Other participants suggest that connecting with one another socially and culturally would be of great benefit to them and ease feelings of loneliness and isolation: *"And it's breathtaking to see other people, especially that people that live here in the city, and those people that don't usually see people, we meet and greet over there... Sometimes it's too lonely I would love to attend ceremonies. That's what I miss the most and to attend ceremonies and I love to be part of it. And I used to do that at home. And I haven't done that for quite a while now, to attend ceremonies" (*Participant code: 2.104).

Facilitating group activities, both social and cultural, and providing a space for events to take place in, as well as transportation, will combat isolation and feelings of loneliness.

Family relocating

I've moved to Winnipeg to take care of my daughter. That's the reason why I am here (Participant code: 1.6)

Frequently, when an individual relocates (either permanently or for an extended period of time) to Winnipeg for health services, the impact of the relocation is felt by the entire family. It is common for some members of a family to relocate with the individual in order to provide care-giver and emotional support, "*He's* [son] *on dialysis and I have to take care of him... Both of us are here --me and my husband --to take care of him because he can't take*

care of himself" (Participant code: 2.5). Patients tend to depend on family members for support, whi in turn relocates generations of families to the city. While family members may relocate to act as caregivers, there were several circumstances in which a family member who acted as a caregiver passed away, leaving behind children and parents: "*I came here with my family, my little family. I have my daughter, my two daughters and my grandchild at that time, couple of grandchildren. And we came to live here and they helped me, my daughter. But now my daughter has passed and I have the kids and my daughter has to do, the little ones. They live here with me and that is the most important thing is my family be here. I would not been able to do without my family here"* (Participant code: 2.9).

Additionally, many participants and their families who relocated relayed a strong and clear wish of returning to their home communities, "*I really want to go home. I want to take my mom back. We really want to go home"* (Participant code: 1.7). The feeling of uncertainty as to not knowing how long they would be required to remain in the city is another clear sentiment expressed, "*I relocated about nine years ago to Winnipeg. And I don't know how long I'm going to be in Winnipeg"* (Participant code: 2.105). As mentioned in the sections above, increased social support with regard to access to suitable housing, health services, clean water and health foods are required to facilitate the return of as many community members as are able to return.

Recommendations:

The Island Lake communities of from Garden Hill, St. Theresa Point, Red Sucker Lake, and Wasagamack, are identified as the only OjiCree communities in Manitoba; while their needs echo those reported in other studies [1-4], the solutions to meet these needs are specific and different from other Frist Nations communities in Manitoba and the rest of Canada. These recommendations are made with the needs of Island Lake community members in mind. Based on the analysis and actual suggestions made by participants in the study, the following recommendations are made:

1. Access to a medical facility that can provide medical services, such as dialysis treatments, in home communities is an essential requirement to support Island Lake community members in order to alleviate and reduce some need for relocation to Winnipeg to receive medical treatments.
2. A community centre, specifically for Island Lake community members, in Winnipeg is needed in order to provide social support and create a space for community members to gather, socialize, provide support for one another, and develop networks and information sharing that can help new patients become familiarized and acclimatized to things in Winnipeg (i.e. where to go to find affordable housing, how to access country foods, etc.), while providing access to transportation to and from the centre.
3. Transportation support is immediately needed for patients receiving treatment while in Winnipeg (including access to social events/gatherings); transportation is also needed between the Island Lake communities and Winnipeg city centre.
4. Liaison/Community worker (preferably someone who speaks OjiCree and English) is immediately needed for Island Lake community members receiving treatment in Winnipeg. A Liaison/Community worker is needed to be present for patients undergoing treatment in Winnipeg. The liaison would be able to help with language barriers, cultural and social support and facilitation for new patients in Winnipeg.
5. Cultural support, such as access to traditional medicines, country foods, traditional healers, and so forth, is immediately requested for Island Lake community members in Winnipeg.
6. Access to care and services in home communities is essential – including access to clean drinking water, medical services, adequate housing, and affordable and healthy foods.
7. Relevant cultural support (such as access to traditional medicines, translation, and social gatherings) is needed for healthcare, healthcare personnel and other social supports that accurately reflects the language, needs, and experiences of Island Lake community members, including support for youth and other community members that are relocated along with patients to Winnipeg; participants suggested including support for youth in the community centre originally suggested.

Conclusions

This report supports, among other things, the need for policy renewal for First Nations community members exposed to medical relocation. Current policies and their implementation are unable to adequately meet and support the needs of Island Lake community members relocating to urban centres for medical reasons. Measures currently taken regrading medical relocation are band aid solutions that are not sustainable and in many cases do not support a healthy life-style for an individual. Policy renewal is required to address serious gaps in service provision and support a better standard of living for individuals receiving care.

In general, First Nations peoples' experience with medical relocation is problematic due to the lack of coordination, jurisdictional understanding, and policy implementation between the federal and provincial governments (and health and social agencies that fall under these levels of government). Island Lake communities are unique to other First Nations communities in Manitoba as they are the only OjiCree community in the province. While policy renewal is needed to address gaps in service mentioned throughout the report, addressing issues must also address the specific and unique needs and concerns of Island Lake community members. Inclusion of Island Lake community leadership in discussion of policy gaps and renewal is strongly encouraged, as the community itself understands the serious barriers they face and have already demonstrated resilience in the face of many obstacles. Further, solutions must build on existing strengths and integrate themselves in existing programs and structures. Addressing issues and making changes with the community should be undertaken with the community leadership and also provide a template and space for community engagement and involvement to develop community-led solutions. Further research is needed to discuss further community-solutions, as well as broader applications of solutions and policy renewal.

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1. Lavoie, J.G., et al., *Negotiating barriers, navigating the maze: First Nation peoples' experience of medical relocation.* CAPA Canadian Public Administration, 2015. **58**(2): p. 295-314.
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11. Alfred, T. and J. Corntassel, *Being Indigenous: Resurgences against contemporary colonialism.* Government and Opposition, 2005. **40**(4): p. 597-614.
12. Bourassa, C., K. McKay-McNabb, and M. Hampton, *Racism, sexism and colonialism: The impact on the health of Aboriginal women in Canada.* Canadian Woman Studies, 2004. **24**(1).
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Living in the City (LiC) Project

What is happening to people from Island Lake who come to Winnipeg for healthcare services?

–The Background:

Every year, First Nations individuals and families living in rural and remote communities relocate to Winnipeg to access educational, health and social services not available in their communities. Research undertaken in Manitoba has shown that individuals and families face considerable challenges associated with racism and discrimination, jurisdictional barriers to accessing federally and provincially funded services, structural and economic challenges, and emotional challenges associated with family dynamics[1]. The LiC research team, a collaboration of Island Lake community members, Neewin, the Four Arrows Regional Health Authority, and the Centre for Aboriginal Health Research, asked the following questions in order to discover the following information:

What do we want to know? – Our research question:

What solutions can be developed to support community members in the challenges they face when relocating to Winnipeg for medical and other services?

What did we do and how did we do it? – Our methodology:

Working with Island Lake community-members and researchers, the LiC team conducted 30 in-depth interviews with patients from the Island Lake communities who have relocated to Winnipeg to gain access to medical services. These interviews were recorded and transcribed; the LiC team performed a thematic analysis in order to discuss in greater detail some of the issues or concerns participants outlined and some of the community-based solutions participants either identified or suggested. Below is a basic summation of the findings of the study, which will be discussed in a more detailed report: "***Living in the city:*** *An exploration of cultural, social and economic dimensions of Manitoba Fist Nations relocating to urban centres to access services."*

Findings:

Identified issues for Island Lake community members receiving medical services in Winnipeg are:

- *Lack of transportation* for patients between Island Lake communities and Winnipeg and to and from appointments within Winnipeg is identified as one of the most prevalent issues for participants. In many cases lack of transportation prevents individuals from reaching treatment and appointments.
- *Financial insecurity* compromises patients' ability to get to and from appointments, and to access housing and food. Financial insecurity creates a reliance on other family members and friends to finically support the patient.
- *Food security* and lack of access to healthy, affordable foods and traditional foods is identified as an issue. In the city of Winnipeg, food security stems from lack of funding to purchase food and lack of healthy food options, while in the Island Lake communities food security stems from the lack of and affordability of healthy foods.
- *Housing* is identified as problematic as patients are unable to find adequate and affordable housing in Winnipeg. In regard to the Island Lake communities, many participants were forced from their community or unable to return to their community because of lack of adequate housing.
- *Isolation and loneliness* is a major concern for patients receiving treatment in Winnipeg and many are cut off from their communities, families, friends and other social supports. Almost all participants acknowledge loneliness and isolation as a major concern, when receiving access to medical and other services in Winnipeg.
- *Language barriers* consistently arise as patients are unable to properly express themselves and understand diagnoses or instructions, which prevents them from asking questions and understanding their own ailments, instructions for treatments, and treatments options.
- *Treatment in Winnipeg* as a permanent solution is problematic for community members as many wish to return home.
- *Mobility and logistics* of moving from the community to Winnipeg is often difficult for community members; many feel as though there is little support during this financially and physically demanding transition.

- *Access to water* is very problematic for Island Lake community members. Not having access to clean drinking water exacerbates pre-existing medical conditions and creates new cause for concern. Lack of access to clean drinking water also prevents individuals from being able to return home as living conditions are not adequate for patients to deal with their various ailments.
- *Burden of care on family and need for support* – undue amounts of pressure are placed on family members to support patients when receiving treatment in Winnipeg. This causes large amounts of stress and financial burdens for family members; other outlets of support were requested by participants.
- *Community members are sent to Winnipeg* – they do not chose to come to the city. Most people in the study wished to return to their home, while many were unable to due to lack of services or inadequate living conditions.
- *There are strong feelings of uncertainty* for participants in the study, those who may have the opportunity to return home had no idea when that may come to fruition and no sense as to how long they would have to remain in Winnipeg, which contributed to feelings of isolation and loneliness felt by the majority of participants.

Recommendations:

The Island Lake communities of from Garden Hill, St. Theresa Point, Red Sucker Lake, and Wasagamack, are identified as the only OjiCree communities in Manitoba; their needs are specific and different from other Frist Nations communities in Manitoba and the rest of Canada. These recommendations are made with the needs of Island Lake community members in mind. Based on the analysis and actual suggestions made by participants in the study, the following recommendations are made:

8. Access to a medical facility that can provide medical services, such as dialysis treatments, in home communities is an essential requirement to support Island Lake community members in order to alleviate and reduce some need for relocation to Winnipeg to receive medical treatments.
9. A community centre, specifically for Island Lake community members, in Winnipeg is needed in order to provide social support and create a space for community members to gather, socialize, provide support for one another, and develop networks and information sharing that can help new patients become familiarized and acclimatized to things in Winnipeg (i.e. where to go to find affordable housing, how to access country foods, etc.), while providing access to transportation to and from the centre.
10. Transportation support is immediately needed for patients receiving treatment while in Winnipeg (including access to social events/gatherings); transportation is also needed between the Island Lake communities and Winnipeg city centre.
11. Liaison/Community worker (preferably someone who speaks OjiCree and English) is immediately needed for Island Lake community members receiving treatment in Winnipeg. A Liaison/Community worker is needed to be present for patients undergoing treatment in Winnipeg. The liaison would be able to help with language barriers, cultural and social support and facilitation for new patients in Winnipeg.
12. Cultural support, such as access to traditional medicines, country foods, traditional healers, and so forth, is immediately requested for Island Lake community members in Winnipeg.
13. Access to care and services in home communities is essential – including access to clean drinking water, medical services, adequate housing, and affordable and healthy foods.
14. Relevant cultural support (such as access to traditional medicines, translation, and social gatherings) is needed for healthcare, healthcare personnel and other social supports that accurately reflects the language, needs, and experiences of Island Lake community members, including support for youth and other community members that are relocated along with patients to Winnipeg; participants suggested including support for youth in the community centre originally suggested.

Reference:

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14. [FNIHB]., H.C., *Non-insured health benefits medical transportation polocy framework*. 2005, Ottawa

Appendix 1 – Interview chart

Interviewer	*Interview #*	*Time*	*Status*
1	1.1	22.22	**COMPLETE**
	1.2	10.35	**COMPLETE**
	1.3	8.69	**COMPLETE**
	1.4	16.13	**COMPLETE**
	1.5	19.15	**COMPLETE**
	1.6	17.42	**COMPLETE**
	1.7	17.37	**COMPLETE**
	1.8	14.36	**COMPLETE**
	1.9	15.07	**COMPLETE**
	1.101	18.28	**COMPLETE**
	1.102	14.25	**COMPLETE**
	1.103	16.00	**COMPLETE**
	1.104	15.15	**COMPLETE**
	1.105	8.17	**COMPLETE**
2	2.1	6.45	**COMPLETE**
	2.2	22.47	**COMPLETE**
	2.3	31.39	**COMPLETE**
	2.4	22.44	**COMPLETE**
	2.5	39.28	**COMPLETE**
	2.6	35.07	**COMPLETE**
	2.7	25.02	**COMPLETE**
	2.8	24.28	**COMPLETE**
	2.9	36.32	**COMPLETE**
	2.101	33.07	**COMPLETE**
	2.102	20:33	**COMPLETE**
	2.103	14:01	**COMPLETE**
	2.104	38.28	**COMPLETE**
	2.105	16.25	**COMPLETE**
	2.106	21.25	**COMPLETE**
3	3.1	30.03	**COMPLETE**

LIVING IN THE CITY

An exploration of cultural, social, health, and economic dimensions of Manitoba First Nations relocating to urban centres to access services

Interview Guide

1. Can you please tell me a little bit about yourself?

Prompt for age, reserve of residence before relocation, community where services are now accessed

2. When did you relocate, for what reasons?

Prompt for services needed, length since relocation, is the relocation permanent or long term

3. Did you relocate alone? Did you have family here?

Prompt for family support that relocated with the interviewee and those left at home

4. Do you expect to be able to go back home in the future? Do you plan to return?

Prompt for support in repatriation planning, barriers, preferences

5. What were/have been the main difficulties you encountered since relocating?

Prompt for issues related to access to care, retaining connection with home community, isolation, housing, food, financial strain (related costs, maintenance of income/employment)

6. Are there cultural challenges related to your experience of relocation?

Prompt for differences in cultural support at home and while in the city for relocation, importance of culturally appropriate care, changes in lifestyle while in care (ceremony, etc)

7. Where have you been able to find support?

Prompt for formal (organizations, Tribal council, RHA, etc) and informal (family, neighbour) sources

8. What would have helped more, what is missing to support you or others you know while in the city?

Prompt for any final related thoughts or concerns.

Appendix 3 – Updates to interview guide

Living in the City
Interview Guide Updates

1. **Can you tell me about yourself?**
    - How old are you?
    - Why are you in Winnipeg?
    - When did you relocate?
    - How long do you think you will be in Winnipeg?
    - Where are you from?
    - Were you working before? Do you miss working?
    - How do you keep yourself busy?
    - What is different about city life and your isolated community?
2. **Did you move to Winnipeg alone?**
    - Do you have family here?
    - How many kids do you have?
    - Did you have to leave any kids?
    - Are your grandparents still around?
    - Are your parents still around?
3. **Would you go back home if you were able to?**
    - Do you plan to return?
    - What changes would you need to go home?
    - Do you go home for short visits? How about your family?
    - What is the problem that is holding you back from going back home?
4. **What have been some difficulties you encountered since coming to Winnipeg?**
    - Were you working before?
    - What was your house like back home?
    - What is your house like here?
    - Do you have any problems with your house back home?
5. **What have been the main difficulties you have encountered since coming to Winnipeg?**
6. **While you are in Winnipeg…**
    - What do you do in the city?
    - What do you do for social life?
    - What can you do to change your lifestyle?
    - Where can you get traditional medicine?
    - Where can you get traditional food?
    - Do you attend ceremony?
    - Do you go to cooking classes?
7. **Do you wish you had more things to do?**
    - Sewing classes?
    - Powwow clubs?
    - Cooking classes?
    - More bingo?
8. **Where have you been able to find support?**
    - Where do you go to get help?
    - Did you get help from your family?

- Do you have good neighbors?
- Do you go to the tribal council or a Native Association?
- Have you gotten support from other patients?
- What do you do if you get lonely?

9. **What is missing to support you or others while in the city?**
    - What help do you need?
    - Do you need a translator?
    - Do you need help getting around, driving places?
    - Is money an issue?
    - Do you have someone to help navigate?
    - Who helped you when you first came to Winnipeg? (To get I.D., driving places, with housing)
10. **Is there anything else you want to add or talk about?**

Appendix 4 – Meeting Minutes

November 30, 2016

Ideas we had today:

Codes:

- Burden of care
- Language barriers (or just language, can be coded with barriers?)
- Supports (medical/social)
- Barriers
- Water
- Uncertainty
- Want to go home
- Housing
- Transportation
- Community Centre
- Financial Insecurity
- Food Security
- Cultural support
- Destruction of community
- Liaison
- Fear
- Loneliness
- Traditional and healthy food access

Narrative

Using a composite of participants in the research to create a "story" of how Indigenous peoples from these communities receive healthcare. The idea is to tell a story of a character made from the true life stories of participants, which includes all the barriers that individuals face when receiving "health care". This will include concepts of, but are not limited to: food insecurity, forced relocation, powerlessness in decision making, destruction of the local community through removal policies, dearth of culturally relevant support – or any real supports for that matter, and financial insecurity.
The intention to tell a story does not mimic or impersonate the Indigenous methodology of storytelling, it is meant to simply convey information clearly in a narrative form.
Data is supported throughout the narrative as examples of what occurs when our composite characters try and access care. Literature is supported in the same manner, through the narrative. For example, literature that supports the idea that moving away from one's home community is traumatic will be included by stating – it is traumatic to move away from the community for care and referenced using an endnote (so as not to break away from the narrative prose), instead of stating "according to Gosh's 2010 study, it is traumatic to relocate for medical services"; the academic reference is still included but the focus is not on the academia of the paper. It is on the story and the experience of participants.

Infographic/Powerpoint/Visual

An infographic of the narrative can be created using imagery to describe the narrative. It can include a beginning that pre-dates contact (to show the direct impact colonization had and continues to have) as well as a timeline to include specific health policies that have impacted the communities in the study[i].

DEREK: Fantastic stuff – I would expect that some of the codes could be nested but we can probably hold off on that until we talk to NHS and the gang. For the Infographic – or just for other stuff – we could also start with and Oji-Cree rendering of the Medicine Wheel to ground the holistic approach. Might be better to talk in person on this, but I've been taught about using the medicine wheel to envision our own wellness/development as a dynamic process that needs to be kept in balance. Ie: Focusing only on the physical will create an imbalance in the circle. Similarly, damaging the spiritual or social aspects will further disrupt the balance. Wellness should be understood as a dynamic process that continually balances and re-creates the circle. We should check with NHS on that though…

Meeting Minutes

Living in the City Meeting

July 13th, 2016
1:30pm-3:30pm
Room MFN CAHR Boardroom
Attendees: NHS, Interviewers, Renee, Ashley, Liz

Action Items

- Connect with NHS about scheduling days for interviewers to come in for translation (End of August)
- Follow up with NHS regarding Z involvement, determine if interviews should be split up between Linda and Cornelius

Check-ins/Feedback about Interview process

- NHS will keep trying to check in with Z and find out about whether he will continue working with the project.
- Language barriers in the beginning/people were not comfortable or able to speak in English fluently so this is why the first interviews were short
- Difficult at first to interview but now it's getting easier/feeling more comfortable
- Interviewers believe its beneficial to have existing relationships with the participants
- Some interviews are done with more than one person in the room (such a with a spouse or other family member) which is helpful in filling gaps/stories/knowledge
- Need back-up batteries because sometimes the recorders died while they were interviewing

- NHS shared how there are nine participants left to interview and suggested that without Z, that Linda and Cornelius could split them up.
- Linda and Cornelius discussed how they learned the dialysis schedule because it's better to interview people before their treatment since they are too tired afterwards. Usually good to connect with participants after 5pm.
- NHS brought up how he is getting feedback from Island Lakes/Oji-Cree peoples about not feeling comfortable accessing Indigenous resources in the city (i.e. Thunderbird House, Friendship Centre, etc.) since Oji-Cree peoples have a different diet/culture/ways of being than what is offered by these resources.
    - Support needed for caregivers/family members who travel with their sick loved ones. Lots of stress on them and need someone to talk to about their feelings/experiences.
- A couple of participants involved in this study have passed away. One before being interviewed and the one after being interviewed.
    - NHS suggested how they know these stories about Island Lake peoples who have died during this study and how it is ***important to include this in the study***.
- Participants talk about the difficulties in not being able to plan their trip to the city since they are told when and not necessarily how long they will be there. (Sometimes people are forced to stay in the city for long periods of time due to medical reasons and this results in a lot of stress. One example given was with pregnant women who would be assessed as high-risked and therefore had to stay in the city until they deliver instead of going back to their communities).
- Feedback from interviews about how people don't have a choice and how they don't want to come to the city for medical care.
- They also suggested having a jacket/badge/id for NHS when he is recruiting/meeting with potential participants of the study so they know who is and why is coming.

Interview Guide Discussion

- Question five was identified as being really important since lots of information came out from it. Participants would share about their stresses on housing, diet (lack of access to traditional foods), disconnection from family, etc.
- Question six was identified as being confusing to ask. Linda talked about how she usually reframes this question in asking people about traditional foods and accessing them or accessing ceremonies.
- **During the meeting we restructured the interview guide with Linda and Cornelius – reframing it into everyday language.

Moving Forward

- NHS shared how many people in the Island Lake communities are now asking about participating/sharing their stories/are interested in research after hearing about this project from the participants (family members) involved in this study.

- NHS also was suggesting that we need to plan how we will share the information from the findings of this study. Important to share with communities and Chief & Council especially in trying to negotiate for the need for a hospital in Island Lakes (working on this since 2008).
- NHS also asked about the timeframe for when we could expect to see a report. Results need to get out ASAP
- NHS was asking about translation services and how this was going to be done. We talked about how this was part of interviewing process and how Linda and Cornelius would be doing this for a day or two here at CAHR.
    - Linda and Cornelius suggested that we should connect with NHS about what days would be good for them to come in to translate and record the interviews and that they can check in with him about which day would work for them too.

Appendix 5 –Training session materials

Living in the City – Research Training

Good afternoon and welcome to the Centre for Aboriginal Health Research (CAHR) training session on research for the Living in the City project!

The training sessions are spread over two days and led by Liz Cooper, Derek Kornelsen and Leah McDonnell. The sessions will include games, role playing and lots of conversation. Please feel free to be open and honest during the sessions, we are all here to learn together.

CAHR has put together a package for the training session and it includes:

- The Agenda
- The power point presentation handouts for note taking
- Copy of the interview guide
- A copy of both the consent forms

Let's get started!

Agenda- January 15th Room P220

1:00 pm: Ice breakers

- Pictionary
- Medicine Wheel Game

Types of research and importance of each (power point):

- Medical
- Administrative data
- Interviews and focus groups
- Sample size
- Selection Demographics
- Role of the researcher
- Role of the research
- Ethics process
- What this project is and why we are doing it – Derek

2:00 pm: Interview and translation

- Interview guide – going over the interview questions and the purpose behind the research and research objectives (Derek) 20 mins
- NHS Wood – language and translation

2:50 pm: Break

3:00 pm: What is consent?

- Tea Video
- Discussion and explanation about consent (double consent forms and why)

Agenda- January 16th Room P220

1:00 pm: What are interviews?

- Press release
- Leah, Liz and Derek interview demonstrating basic interviews, good and bad
- Tips and tricks of interviewing (power point)

1:50 pm: Break

2:00 pm: Role play

- Role play interviews using "Heartbreak Hotel" Scenario
- Bad interviews[i]:
  - 1 word answers
  - Language barriers
  - Hard of hearing
  - Storytelling
  - Misinterpretation of questions
  - Distracted interviewee

3:00 pm: Pragmatics

- Setting up the interview
- What to bring
- Where to have the interview
- How to use the recorder
- Double consent

Living in the City Training Session notes

Highlights

- The training session was not designed to speak about Eurocentric and Indigenous worldviews categorically and separately, instead the team tried to use a decolonized approach to guide the training session while discussing Westernized standards and types of research;
- While the individuals being trained were focusing solely on qualitative interviewing skill-building, the team felt it important to discuss the various types of research that is conducted and why;
- Although not formally discussed in the training OCAP/S principles have guided (and will continue to guide) the entire research project;
- The training session was designed only semi-structured, as the team intended the session to be guided by the participants; the team often went off topic and discussed project oriented questions that the participants found to be relevant and important;
- Although there was a time schedule, no one in the training was discouraged from speaking on points they found to be important and were given as much time to speak as they felt was necessary;
- The training normalized and localized theoretical perspectives of research to the participants.

Training session for community interviewers

The Living in the City project (LiC), coordinated with the Centre for Aboriginal Health Research (CAHR) and Neewin Inc., hosted a two-day training session for community interviewers that are working on the LiC project. The training session was held over a period of two days, on the afternoons of January 15th and 16th, from 1-4 pm in the Health Sciences Centre, in Winnipeg Manitoba.

The objectives of the training session were to: i) give interviewers a better understanding of the project mandate; ii) explain different types of research (both qualitative and quantitative); iii) discuss tips and trades in order to create strong qualitative interviews and data collection and; iv) connect CAHR with the research team.

Overview of Training session:

Opening prayer, introductions and ice-breaking games

The team felt it very important to include an opening prayer and ice-breakers games to introduce one another to the community interviewers. This led to a more informal setting and aimed to make people feel more at ease with the training by including culturally relevant activities to the participants of the training.

Over view of types of research

The training team went thought the various types of research that are conducted to familiarize participants with the types of research that are available. This was done us plain language and interactive dialogue between the participants and the CAHR team. To begin the conversation, the CAHR team asked participants to talk about basic forms of research they partake in every day – the example of looking up the bus schedule to find a bus to take to the training session was used. By doing so, the CAHR team discussed research in a very practical and relatable manner, instead of using theoretical and academic jargon, which may have left the participants feeling unsure of the information or excluded.

Review of questions going to be asked in qualitative interviews

The review of interview questions was an incredibly important aspect to the training session, as the partner from Neewin wanted to clearly explain how to ask the questions using Oji-Cree, as there are some words in English that do not exist in Oji-Cree. More importantly, the CAHR team and Neewin Inc. participant wanted to discuss the meaning behind the questions and how to express the meaning of these questions and why is was important (i.e. how are the questions actually relevant to research?). This took a longer time than anticipated, but also generated in-depth discussions surrounding topics that participants thought the interview questions would bring up. This training lasted from the later afternoon of the first day to the early afternoon of the second day.

Medicine Wheel Game

On the beginning of the second day, the team played a game (developed by Elizabeth Cooper) that involved tossing a medicine wheel back and forth to one-another. When the wheel was caught, the

person who caught it would talk about a healthy action they took to support that part of their well-being. The healthy action was correlated with whatever color of the medicine wheel the person had caught - metal, physical, spiritual and emotional. For example, if a person caught the yellow section of the medicine wheel, they would discuss actions they took to support their spiritual well-being. This allowed the entire team (CARH, partners and participants) to connect on a deeper level and respectfully engage in this connection using a First Nations culturally relevant activity. The CARH team was able to use this game to open a conversation in regards to self-care as a community researcher. We discussed some of the potential emotions that may come up during these interviews (specifically trauma transference) and suggestions on how to manage the interview and cope with the emotions afterwards.

Role-Play Interview Training

For the final half of the second day, training focused on role-playing with different and difficult scenarios that participants may encounter when working as community interviewers. These interviews took place in Oji-Cree, so the participants could practice using the translation that they had developed for the questions. The team then had closing comments and made sure the participants knew they would be able to contact and keep working with the CARH team throughout the process.

Lessons Learned:

- Conduct a training session on the basis that the session is an exchange of knowledge between groups of people who have different and varied skill sets; one individuals' knowledge is not greater or worth more than another and knowledge must be kept relevant to the combined desired outputs from both trainers and trainees;
- Using culturally relevant games created a much more open and communicative training session;
- Scheduling extra time for general conversation, as everyone must be heard equally and equitably.

Strengths

- Problem-based teaching style that encouraged discussion and conversations;

- Culturally relevant activities;
- Discussion of research project being guided by OCAP/S;
- Semi-structured training process, iterative and informed by participants in real-time.

Limitations

- Required a longer time to prepare for the training session;
- Trainers did not speak Oji-Cree.

Suggestions

- An Elder to help guide the interweaving of traditional knowledge and worldviews into the training session itself;
- More time to prepare the training session and longer training sessions;
- Coffee, tea and snacks prepared for the training session for participants.

The Framework

The basis for the "framework" is very minimal, as each educational and training scenario should encapsulate different challenges, topics, strengths, etc. Therefore, the framework used is meant to be malleable and adaptable to each specific situation, while still being able to produce anti-oppressive decolonized approaches.

Anti-Oppressive Framework		
Rule:	Definition:	Assessment:
Authentic use of Indigenous traditional knowledge (Simpson 2001)	Cannot just "include" Indigenous knowledge in large framework of Western knowledge, must interweave the two. This creates recognition of equal, but separate forms of knowledge that are both valid and legitimate.	**Assessment: Marginally Satisfied** The training session was able to discuss the different types of research in a manner that connected the participants to the research – i.e. looking up a bus schedule as a type of research. However, the training did not discuss how the concepts of research fit into a First Nations (in this case Oji-Cree) world views. For example, the presentation could have talked about Western perspectives of including qualitative and quantitative data and how that lines up with the Indigenous holistic or relational perspectives.
Relevant Curriculum (Battiste & Youngblood, 2000; Freire 1970)	Eurocentric curriculum takes an objective perspective of reality, separating the learner from the world around them and creates poor learning conditions and retention for Indigenous students.	**Assessment: Marginally Satisfied** The training session was able to include activities that connected the participants with the learning activities. However, this curriculum could have been consulted with an Elder and discussed in more depth, but there was not enough time to do so.
Encourage a plurality of learning styles (Freire 1970)	Uses "bank deposit" system of leaning, not a problem-posing based approach.	**Assessment: Satisfied** Other than a brief introduction to types of research, the entire training session was based on a problem-solving approach that encouraged different

		viewpoints, engagement and discussion.
Naming: re-claiming Indigenous names in education (Smith 1999)	A key aspect in actively pursuing decolonization in society is the re-naming or the re-claiming of traditional Indigenous names of things (places, concepts, etc), thus teaching methods need to involve teaching the traditional names of things.	**Assessment : Satisfied** This standard was met insofar as the specific questions were explained and discussed in Oji-Cree in order to connect the worldview to the meanings of the questions.