

Conceptualizing Aboriginal Health Centres in the Northwest Territories: A Discussion Paper

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Jane Glassco Arctic Fellow



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Conceptualizing Aboriginal Health Centres in the Northwest Territories: A Discussion Paper

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Karen is a Dene First Nations of the Sahtu region. She is currently a third year master's student at the University of Victoria in the studies in policy and practice in health and social services program. She completed her undergraduate studies at Dalhousie University in Halifax, N.S., with a B.Sc. in health promotion. For Karen, the experience of being a Dene woman and a university student has had a tremendous impact on her life. She has found a way to integrate valuable traditional knowledge with her academic studies which she finds satisfying on a personal, career, and cultural level. She is driven by reducing the health disparities experienced by Aboriginal peoples and Canada and validating Indigenous knowledge systems as equally as important and relevant as Western ways of knowing. Karen's master's research will examine how to make health care services more culturally appropriate and safe for Aboriginal peoples in the Northwest Territories. She hopes to further this research through her PhD studies in the fall of 2013. Karen also has various research experience for CIHR funded Aboriginal health studies in Atlantic Canada and British Columbia, and has conducted her own research study on cultural safety in Yellowknife for her undergraduate degree.

Community

Karen was born and raised in Yellowknife, Northwest Territories. Her interest in traditional healing stems from her mother, who practices as a traditional healer in the North.

Fellowship Focus

Karen is investigating the literature around the western paradigm of healing versus the indigenous paradigm of healing, specifically traditional healing, and the conditions in which both systems can be merged in the Northwest Territories. She will examine other models of integration in Canada, with particular focus of the province of Ontario.

Introduction

Self-determination, self- government, community or cultural revitalization are all terms commonly cited as important for Aboriginal Peoples in Canada. These terms are considered interrelated and can be understood as processes “through which individuals and communities become responsible for, and in control of, all aspects of their lives and futures.”¹ Often thought of as belonging within the political realm, these concepts transcend all facets of an individual’s life, including the structures around them. One structure that Aboriginal Peoples are calling for is the control of how health services are delivered within their communities in Canada. The importance of self-determination as it relates to health cannot be understated. In fact, “self – determination has been cited as the most important determinant of health among Aboriginal peoples.”² In other words, when individuals have control over their lives, including the manner in which health care is delivered, there is a positive correlation to their health. This paper specifically makes the case that Aboriginal-led health centres are a much needed and valuable service for Aboriginal Peoples in Canada, with particular focus in the Northwest Territories. Taking a case-study approach, I take the lead from Ontario’s process of implementing an Aboriginal Health Policy, which then led to the creation of Aboriginal health centres.

¹ Ranford, J., Traditional native healing: An integral part of community and cultural revitalization. *Nexus*, 13, (1998):63

² Reading, C. L. & Wien, F., *Health inequities and social determinants of Aboriginal peoples’ health*. National Collaborating Centre for Aboriginal Health (2009):23

Situating the paper

I believe the majority of the Jane Glassco Fellows have some personal reasons for selecting our policy topics, and this is the case for myself. I find it good practice to situate myself in relation to my research topic and to give the reader an understanding of its importance to me. In my application to the fellowship, I stated my policy paper would focus on the following: to make traditional healers and cultural practices available to northerners, in particular Aboriginal Peoples. I would like to examine how either traditional healers or knowledge holders can be integrated within mainstream health-care delivery or the development of a healing lodge. First of all, my personal interest in traditional healing stems from my mother who practices as a traditional healer. I grew up with traditional healing practices as part of my reality and never knew that it was considered “unconventional” until my teens when I realized this form of health care was not the norm. As an undergraduate student I began to understand the discourse around healthcare delivery in Canada and the historical suppression of traditional healing. At the same time I began to understand the significance of reinstating traditional healing for Aboriginal Peoples, which can have multiple beneficial impacts. Reinstating cultural practices such as traditional healing is more than just political; there is a general acceptance that it also positively affects the health and well-being of Aboriginal Peoples. When I use the word “health,” I mean one’s physical, emotional, mental and spiritual health. All of these four realms of health have been affected by the colonial history between Aboriginal Peoples and the Canadian state. Traditional healing is considered “holistic” because it is a means of treating all four dimensions of health that have been negatively impacted as the result of colonialism for Aboriginal Peoples, thus explaining my rationale that traditional healing has a very important role to play in the restoration of the health and social status of Aboriginal Peoples in Canada.

It is from this point that I struggled with the direction of my fellowship paper. When I applied for the fellowship my heart was set on the idea of developing an Aboriginal healing centre in my hometown territory, the Northwest Territories. What is the link between traditional healers and an Aboriginal health centre? One way of acknowledging the work of traditional healers is to facilitate a safe environment in which they can do their important work, such as through Aboriginal-led health centres. However, I was unsure of how to tackle this in a short 15-page paper, and instead decided to investigate how to bring both traditional healing services and mainstream services together in a Western clinical setting in the Northwest Territories. However, it soon became apparent that this is a quite a contentious issue because of the two differing paradigms through which health care is delivered, as well as the idea of self-determination for health care. For instance, Cardinal³ states, “some argue that integration would lead to the appropriation of traditional healing practices by the very society that has oppressed Aboriginal peoples for centuries.”

It was not until I had come across the document titled “Aboriginal Health Access Centres: Our Health, Our Future” that I realized my initial desire for an Aboriginal Health Centre in the Northwest Territories may not be unrealistic. This document outlines Ontario’s 10 Aboriginal Health Access Centres which offer integrated health services, including traditional healing. The document also discusses how the centres came to fruition through the development and implementation of a comprehensive Aboriginal health policy. From this

³ Cardinal, C., Should Aboriginal healing practices be integrated into conventional medical care. *CrossCurrents*, 11(3), (2008):20

document I was able to understand the power of policy and that by focusing on policy development my original idea could actually come to be.

The goal of this paper is to provide a framework of rationale for policy-makers to see this policy recommendation follow through. The paper will be structured as followed: (1) an overview of Ontario's process of developing Aboriginal health centres, (2) defining the problem (3) putting it all together in a northern context and (4) and finally a number of recommendations to see an Aboriginal health policy follow through in the Northwest Territories.

Ontario's Aboriginal Health Access & Community Health Centres

This paper takes the lead from Ontario's process of developing Aboriginal Health Access Centres, so it is important to begin with an overview of how this process occurred. In the report by the National Collaborating Centre for Aboriginal Health,⁴ Ontario is stated as the first province or territory in Canada "to develop an overarching Aboriginal Health Policy in 1994." The policy was developed in partnership with Ontario's Aboriginal communities (including Aboriginal Political Territorial Organizations and Aboriginal service organizations) who prioritized the need for Aboriginal community-led primary health care.⁵

The Aboriginal Health Policy is intended to act as a governing policy and assist the Ministry of Health in accessing inequities in Aboriginal health programming, responding to Aboriginal priorities, adjusting existing programs to respond more effectively to needs, supporting the reallocation of resources to Aboriginal initiatives, and improving interactions and collaboration between ministry branches to support holistic approaches to health. This is the most comprehensive policy currently in place in Canada.⁶

It is through the development and implementation of this policy (1990-1994) that the Aboriginal Health Access Centres (AHACs) in Canada were created. However, it is important to note that prior to this policy, two Aboriginal health centres in Ontario had already been established since the 1980s – Anishnawbe Health in Toronto and Misiway Milopemahteswin in Timmins, Ont. The success of these two Aboriginal health centres provided further justification that these centres have an important role to play in the health and well-being of Aboriginal Peoples in Ontario.⁷

Following the implementation of the Aboriginal Health Policy in Ontario, ten AHACs were developed. These centres are said to be "playing a pivotal role in restoring health and well-being in our communities."⁸ Unfortunately, indicators of success for AHACs are not readily available.

⁴ National Collaborating Centre for Aboriginal Health, *Looking for Aboriginal health in legislation and policies, 1970-2008*. Public Health Agency of Canada (2011):6

⁵ Ontario's Aboriginal Health Access Centres, *Aboriginal health access centres: Our health, our future (2010)*

⁶ National Collaborating Centre for Aboriginal Health, *Looking for Aboriginal health in legislation and policies, 1970-2008*. Public Health Agency of Canada (2011):29

⁷ Ontario's Aboriginal Health Access Centres, *Aboriginal health access centres: Our health, our future (2010)*

⁸ Ontario's Aboriginal Health Access Centres, *Aboriginal health access centres: Our health, our future (2010):5*

Defining the problem

*Canada's healthcare system is one of the best in the world, yet there are fundamental contradictions in our health system that are inextricably intertwined with the construction of nation.*⁹

The underlying problem

There are currently no Aboriginal Health Centres in Yellowknife, Northwest Territories. Using Ontario's AHACs as a model, an Aboriginal Health Centre in the Northwest Territories would include services ranging from "clinical care services, to integrated chronic disease and prevention and management, family-focused maternal/child health care, addictions counselling, traditional healing, mental health care, youth empowerment and other programs."¹⁰ Key to these centres is how services are tailored to Aboriginal culture, also known as culturally appropriate services. These centres are also Aboriginal-led, meaning Aboriginal peoples themselves are in charge of how the services are delivered.

Why is this an important issue?

The importance and need for Aboriginal health centres is complexly interrelated to the history of Aboriginal Peoples in Canada and requires some unpacking. The following points build on each other to provide a rationale for an alternative to mainstream healthcare delivery for Aboriginal Peoples. This section begins with (1) the health and social status of Aboriginal Peoples in Canada, (2) how the health and social status of Aboriginal Peoples is tied to colonialism, and (3) how health-care systems are colonial institutions and reflect a Western understanding of health and healing. These three points help explain the barriers to accessing mainstream health care for Aboriginal Peoples, thus leading to a rationale for a different model. The section ends with a discussion around Aboriginal health centres and how it places culture, in particular traditional healing, at the centre of its health-care delivery.

(1) Health-care delivery is an important issue because Aboriginal Peoples' health and social well-being is disproportionately lower than the rest of Canadians', thus ensuring access is paramount. Aboriginal Peoples die earlier, live in conditions comparable to Third World countries, experience housing and living crises, attain lower education levels, experience unemployment and poverty, and are increased risk for suicide, tuberculosis, diabetes, and HIV/AIDS.¹¹ (2) The root causes of these disparities are tied to the legacy of colonialism, as Kirmayer, Simpson, & Cargo¹² explain:

⁹ Anderson, J. M. & Kirkham, S. R., Constructing nation: The gendering and the racializing of the Canadian healthcare system. In V. Strong-Boag, S. Grace, A. Eisenberg & J. Anderson (Eds.), *Painting the Maple: Essays on Race, Gender and the Construction of Canada*, Vancouver: UBC Press (1998):243

¹⁰ Ontario's Aboriginal Health Access Centres, *Aboriginal health access centres: Our health, our future (2010):36*

¹¹ Assembly of First Nations, *Fact sheet: Realities of First Nations in Canada*. Retrieved from <http://www.afn.ca/article.asp?id=764> (N.D)

¹² Kirmayer, L., Simpson, C., & Cargo, M., Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11, (2003):18

The collective exposures of Aboriginal peoples to forced assimilation policies as prime causes of poor health and social outcomes. The policies of forced assimilation have had the profound effects on Aboriginal peoples at every level of experience from individual identity and mental health, to the structure and integrity of families, communities, bands and nations.

Colonialism for Aboriginal Peoples in Canada has resulted in the loss of control over their lives and culture and they continue to struggle for self-determination on almost every level, including the health-care system, which McCabe¹³ refers to “as another form of colonialism.” (3) Anderson & Kirkham describe the effects of colonialism on the health-care system in Canada today:

We begin by arguing the notion of ‘two-founding peoples’ that has permeated the construction of Canada—a notion that is exclusive rather than inclusive—and that constructs as other those who are not of the so-called ‘mainstream’, remains embedded within our institutions and organizes the ways in which health care systems are structured and priorities established.¹⁴

In other words, the state of Canada’s healthcare system is not a value-free entity; it reflects the history and values of a western worldview that have been in conflict with Aboriginal Peoples since colonialism. The difference in worldviews as it relates to health can also help explain the inadequacy of the health-care system for Aboriginal Peoples.¹⁵ The Canadian health-care system is designed based on a western understanding of health and healing¹⁶ that typically focuses on the physical dimension of an individual’s health. Aboriginal Peoples understand health holistically that treats four dimensions of an individual: the physical, emotional, mental, and spiritual dimensions. For optimal health, these dimensions are to be treated equally as all are relevant and interrelated.¹⁷

The current health and social status of Aboriginal Peoples, the differing worldviews as it relates to health and healing, coupled with the history of colonialism and trauma help explain the barriers Aboriginal Peoples face when accessing mainstream health care. Some barriers include: stigma and lack of cultural awareness and understanding on the health-care provider’s part; social, cultural and language barriers; financial and transportation barriers.¹⁸ This paper focuses specifically on the barrier related to culture and lack thereof within health-care delivery systems. One of the rationales for the development of Aboriginal Health Centres in

¹³ McCabe, G.H., The healing path: A culture and community-derived Indigenous therapy model. *Psychotherapy: Theory, Research, Practice, Training*, 44(2):148

¹⁴ Anderson, J. M. & Kirkham, S. R., Constructing nation: The gendering and the racializing of the Canadian healthcare system. In V. Strong-Boag, S. Grace, A. Eisenberg & J. Anderson (Eds.), *Painting the Maple: Essays on Race, Gender and the Construction of Canada*, Vancouver: UBC Press (1998):250

¹⁵ Oulanova, O., *Navigating two worlds: Experiences of Canadian mental health professionals who integrate Aboriginal traditional healing practices* (Masters dissertation). Retrieved from UMI Dissertation Services (2008)

¹⁶ Racine, L., Implementing a postcolonial feminist perspective in nursing research related to non-Western populations. *Nursing Inquiry*, 10(2), (2002)

¹⁷ Reading, C. L. & Wien, F., *Health inequities and social determinants of Aboriginal peoples’ health*. National Collaborating Centre for Aboriginal Health (2009)

¹⁸ Hay, D., Varga-Toth, J., & Hines, E., *Frontline health care in Canada: Innovations in delivering services to vulnerable populations*. Ottawa: Canadian Policy Research Networks Inc. (2006); Reading, C. L. & Wien, F., *Health inequities and social determinants of Aboriginal peoples’ health*. National Collaborating Centre for Aboriginal Health (2003)

the North is that it places Aboriginal culture at the centre of health-care delivery. By placing culture at the forefront it aims to eliminate the cultural risk perceived and experienced by Aboriginal Peoples.

Aboriginal Health Access Centres provide a place where... healing and community strength are anchored. In our daily lives, First Nations, Métis and Inuit peoples continue to inhabit a world that seldom reflects our diverse stories, our rich traditions, and our role as custodians of this land. AHACs... provide an oasis that helps our people make sense of a highly confusing and conflicting reality. We do this by placing culture and traditional practices at the core of all health, health care and community development practices.¹⁹

Traditional healing is considered a traditional practice and literature highlights its importance and role in the health and healing of Aboriginal Peoples. McCabe (2007)²⁰ states that traditional healing is “is seen by many in the Aboriginal community to be the most viable option in their efforts to return to wellness.” Kelm²¹ contends restoring traditional healing can lead to healthier communities and empowerment, and Martin-Hill states “Indigenous knowledge is a key to resolving communities in crisis.”²² Specifically Letendre²³ and Obomsawin²⁴ make the link between the loss of traditional healing systems and poor Aboriginal health. “This loss of traditional medicine has resulted in devastating consequences for the Aboriginal people as evidenced by the inappropriate attempts and subsequent failures of modern medicine to improve the health status of the Aboriginal community.”²⁵

“Simultaneous with loss of culture and the historical suppression of traditional healers, therapies, and practices, came a growing deterioration in the health status of North America’s first peoples.”²⁶

In terms of self-determination as it relates to health care, it is generally accepted that the health and well-being of Aboriginal Peoples would improve with the self-determination of health services.²⁷ The research examining the correlation is limited. However, a study by Chandler & Lalonde²⁸ demonstrates an inverse relationship between levels of self-determination in Aboriginal B.C. communities and youth suicide. But perhaps more importantly, Aboriginal Peoples themselves have cited self-determination “as the most

¹⁹ Ontario’s Aboriginal Health Access Centres, *Aboriginal health access centres: Our health, our future* (2010):4

²⁰ McCabe :148

²¹ Kelm, M., *Colonizing bodies, Aboriginal health and healing in British Columbia 1900-50*. Vancouver: University of British Columbia Press (1998)

²² Martin-Hill, D., Traditional medicine and restoration of wellness strategies. *Journal of Aboriginal Health*, 5(1), (2009):39

²³ Letendre, A. D., Aboriginal traditional medicine: Where does it fit? *Crossing Boundaries- An Interdisciplinary Journal*, 1(2), (2002):79

²⁴ Obomsawin, R., *Traditional medicine for Canada’s first peoples*. Retrieved from <http://www.soilandhealth.org/02/0203CAT/020337.traditional.medicine.pdf>. (2007)

²⁵ Letendre, A. D., Aboriginal traditional medicine: Where does it fit? *Crossing Boundaries- An Interdisciplinary Journal*, 1(2), (2002)

²⁶ Obomsawin, R., *Traditional medicine for Canada’s first peoples*. Retrieved from <http://www.soilandhealth.org/02/0203CAT/020337.traditional.medicine.pdf>. (2007):3

²⁷ Waldram, J. B., Herring, D. A., & Young, T. K., *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives*. University of Toronto Press Incorporated: Toronto (2006)

²⁸ Chandler, M. J., & Lalonde, C., Cultural continuity as a hedge against suicide in Canada’s First Nations. *Transcultural Psychiatry*, 35, (2008)

important determinant of health.”²⁹ Despite a lack of research, the assumption can be made that the dominant delivery of health care in Canada is not improving the health and well-being of Aboriginal Peoples. The current health-care delivery model does not appear to be appropriate to handle the plethora of health and social problems experienced by Aboriginal Peoples. Aboriginal health centres can have positive impacts on the health and well-being of Aboriginal Peoples in Canada by placing culture, in particular traditional healing, at the centre of its health-care delivery.

²⁹ Reading, C. L. & Wien, F., *Health inequities and social determinants of Aboriginal peoples' health*. National Collaborating Centre for Aboriginal Health (2009):23

Putting it all together in a northern context

Now that an overarching rationale has been provided outlining the benefits of Aboriginal Health Centres in Canada, it is now time to put it together within a northern context.

Needs Assessment

There are several documents outlining the need and importance for traditional healing, as well as an Aboriginal health centre in the North: (1) The “Health Goals for Canada” initiative, led by the Public Health Agency of Canada consulted the northerners in 2005 to determine their health goals. One such goal was for “the Dene way of traditional healing, traditional healers, elders and councillors should have a clear place in all areas of overall health in the NWT. There is a need for a Dene Health Centre in the North, with travel and accommodations for patients” (Theme section). (2) “Our Communities, Our Decisions: Let’s Get On With It!” was released by the Minister’s Forum on Health and Social Services in 2000 and recommended that traditional healers in the Northwest Territories be accessed more frequently, especially in cases where it could benefit a patient. (3) Furthermore, in the study by Hall & Tirone³⁰ on cultural safety in Yellowknife medical clinics, one participant expressed: “There should be more of a holistic approach for Aboriginal people in the North. More traditional healing, more that sort of method, more of traditional medicine to do most of their healing.” (4) Barriers to accessing health care for the Northern Territories has been demonstrated in Reading and Wien³¹ where 58.8 per cent of Aboriginal peoples accessed a general practitioner from 2000-2001 compared to 75.9 per cent of non-Aboriginal people. In the same survey, only 31.1 per cent of Aboriginal Peoples had a regular physician compared to 67 per cent of non-Aboriginal people.

Setting for Policy Recommendation

The city of Yellowknife is the vibrant capital of the Northwest Territories, located on the shores of Great Slave Lake in the Canadian North. With a population of approximately 20,000 people,³² its promising economy in natural resources and pristine wilderness attracts a multitude of both Canadians and non-Canadians to share in its riches. Despite these attractions, the First peoples in this region called the Dene people, traditionally value their homeland to this day because of their relationship with it. This relationship with the land and everything on it has been the basis of their culture – from the lifestyles they lived, to their intimate knowledge of the land and the patterns of the animals, to their health and healing. To the Dene peoples the land is to be honored and respected because of their reliance on it, for if they lose this connection to it, they cannot be healthy.

³⁰ Hall, K. & Tirone, S., *Cultural safety: Respecting Aboriginal perspectives in a health care setting* (unpublished research report), Dalhousie University, Halifax (2010):19

³¹ Reading, C. L. & Wien, F., *Health inequities and social determinants of Aboriginal peoples’ health*. National Collaborating Centre for Aboriginal Health (2009)

³² Yellowknife City Hall, *About Yellowknife*. Retrieved from http://www.yellowknife.ca/Visitors/About_Yellowknife.html (N.D.)

A modern-day Dene still has a close affiliation to the land and continues to gather, hunt, and fish. The Dene is a proud people who live by the teachings of their ancestors, and to this day they still honour the 'Feeding of the Fire' and 'Drum Dance' ceremonies.³³

Yellowknife consists of approximately 23 per cent Aboriginal Peoples, with 50 per cent residing in the entire territory.³⁴ Health-care services in this region are provided based on a western biomedical approach, through a government division called Yellowknife Health and Social Services Authority.³⁵ The Yellowknife Health and Social Services Authority (YHSSA) is responsible for publically funded health services and social programs for the residents of Yellowknife, Dettah, Ndilo, Lutselk'e, and Fort Resolution, NT, which accounts for approximately 20, 786 people.³⁶ YHSSA is one of eight regional health authorities overviewed by the Department of Health and Social Services of the Government of the Northwest Territories. Each regional authority provides health and social services to their appropriate jurisdiction, which includes medical clinics, home care services, school health education programs; as well as services for child protection, adoption, family violence, addictions, and mental health.³⁷ In early 2010, YHSSA in partnership with the Stanton Territorial Health Authority opened a Primary Health Care Clinic in Yellowknife. The new facility is meant to improve accessibility and efficiency of health services by providing a wide range of services in one site (Yellowknife Health and Social Services Authority.³⁸ These services include: diagnostic services (radiology, laboratory services, ultrasounds), physician and nurse practitioner care, public health, mental health, addictions services, home care, and health promotion under one umbrella.³⁹

Current Aboriginal Health Policies in the Northwest Territories

There are currently no Aboriginal health specific policies in the Northwest Territories. As previously stated, Ontario's Aboriginal Health Policy is the most comprehensive Aboriginal health policy in Canada.⁴⁰ Furthermore, the Yukon Territory is the sole "jurisdiction where health legislation recognizes the need to respect traditional healing practices." However, what does exist in the Northwest Territories is the Traditional Knowledge Policy. Although it is not health-specific, it does support and acknowledge that Traditional Knowledge is a valid form of knowing. The policy states:

The Government recognizes that Aboriginal traditional knowledge is a valid and essential source of information about the natural environment and its resources, the use of natural resources, and the

³³ Awasis, D., *Traditional and western medicine: Two medicines in the Dehcho region of the Northwest Territories*. Dehcho Health and Social Services Authority. 2006 Wrigley Spiritual Gathering (2007):8

³⁴ Yellowknife Health and Social Services Authority, *Yellowknife primary health care clinic 2010*. Retrieved from <http://www.yhssa.org/phcc.asp> (N.D.)

³⁵ Affleck, E., *A center of excellence in Aboriginal/northern health care: Northwest Territories*. Draft proposal (2004)

³⁶ Yellowknife Health and Social Services Authority, *Yellowknife primary health care clinic 2010*. Retrieved from <http://www.yhssa.org/phcc.asp> (N.D.)

³⁷ Kronstal, K., *Negotiating change: Community mental health and addiction practice in the Northwest Territories of Canada*. (Unpublished Master's dissertation). University of Victoria, Canada (2009)

³⁸ Yellowknife Health and Social Services Authority. Strategic plan 2007-2011. Retrieved from www.yhssa.org/aboutus/report_files/StratPlan2007-2011.pdf (N.D)

³⁹ Ibid

⁴⁰ National Collaborating Centre for Aboriginal Health, *Looking for Aboriginal health in legislation and policies, 1970-2008*. Public Health Agency of Canada (2011):6

relationship of people to the land and to each other, and will incorporate traditional knowledge into government decisions and actions where appropriate.⁴¹

⁴¹ Abele, F., Between respect and control: Traditional Indigenous knowledge in Canadian public policy. In Michael Orsini and Miriam Smith (eds). *Critical Policy Studies: Contemporary Canadian Approaches*. Vancouver: UBC Press (2006):14

Recommendations

In my opinion, it is timely for the Northwest Territories to adopt an Aboriginal Health Policy similar to the one adopted in Ontario. In this section I will lay out the factors I have identified as facilitating the implementation of an Aboriginal Health Policy in the Northwest Territories, leading to the development of an Aboriginal health centre.

Forming an Advisory Committee

An advisory committee should be formed to include local Aboriginal elders, knowledge holders, and traditional healers. The foundation of Aboriginal health centres is Aboriginal culture and the process should begin with those who are knowledgeable in this field. Other committee members should include those with a demonstrated and qualified interest in Aboriginal health centres.

Aboriginal Political Support

Support from Aboriginal political leaders in the Northwest Territories should be sought. A key factor in the development of Ontario's Aboriginal Health Policy was gaining support from key Aboriginal political leaders.

Political Support

Support from political leaders such as the premier of the Northwest Territories, as well as members of Parliament and members of the legislative assembly should be sought.

Funding

AHACs in Ontario are primarily funded through the Province of Ontario's Ministry of Health and Long-Term Care. A thorough examination and understanding of health-care funding in the Northwest Territories is required to identify possible funding sources and opportunities.

Equally important are the voices of elders, traditional healers and knowledge holders, who should be consulted. The initial step would be to give a copy of this report to all prospective parties and individuals.

Further Research

In order to develop a strong rationale and to convince policy makers of the project, there needs to be more research demonstrating the unmet health needs and gaps of Aboriginal Peoples accessing mainstream healthcare in Yellowknife and the Northwest Territories. Furthermore, additional research on the performance of Aboriginal health centres in Canada must also be conducted.

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