

Tsi Niionkwarihò:ten Points for Community Health Plan Evaluation 2022

The following points were provided by the KSCS Tsi Niionkwarihò:ten Program Coordinator in response to a request from Ali Shukor (evaluation consultant), for input on the incorporation of tsi niionkwarihò:ten in Kahnawake's CHP.

1) Input regarding the recommendations in the mid-term (2016) CHP evaluation report. Do you agree with the content of these recommendations, and were they followed through? Was anything missing or poorly emphasized, that you would have liked to have seen in that report?

- In reviewing the mid-term report, specifically section 4.3 on holistic care, 4.4 on family centered care and 4.5 Integrating Culture & Language: it would be positive for all of these recommendations to be put in place. They would be very helpful to move forward collectively with meaningful integration of culture and language at a high level.
- The Coordinator's job has focused on what KSCS has been doing to strengthen understanding of our ways and how we can incorporate our ways, language & culture into services. The Coordinator attends community language & culture network meetings, to remain in the loop on movement within grassroots groups, KOR Language & Culture Center, MCK Language & Cultural Training Center and Kahnawake Collective Impact (which has various cultural, language & wholistic health priorities).
- The recommendations have probably not been fully followed through. Looking at the timing of the report (2016-2017), it predates the development of the KSCS Tsi Niionkwarihò:ten Program (hiring of the pilot project coordinator). The mid-term evaluation report likely spurred discussion on what each CHP organization can do in house. Rather than focusing on how to entrench Kanien'kehá:ka culture and values at a higher Onkwata'karitahtshera level (across all health priority areas), it seems that it was able to roll down to the individual organizations in different ways.
- Culture and language was not established as a health priority with its own committee (over and above the original 7 priorities). There has probably always been some level of integration of culture and language into programs dedicated to addictions and mental health. Unclear regarding the other programs.
- Onkwata'karitahtshera did have a traditional approaches sub committee made up of representatives from the member organizations. This sub committee was working on how to better share resources and work towards improving and expanding traditional services for the community. This sub committee operated from approximately 2013 to 2018 when it was put on hold due to some internal challenges. Perhaps it is time to revisit the feasibility of gathering again.
- To be able to achieve recommendation 7 for integration of language and culture across all health priorities, there needs to be some form of "cultural wellness" action team dedicated to this task. Ideally this team would be made up of individuals with a LOVE for tsi niionkwarihò:ten and a strong desire to see it flourishing within the community. There needs to be those already incorporating tsi niionkwarihò:ten within their work/their lives (stakeholders engaged in culturally based programming), Managers and Directors who are dedicated to supporting this vision, and as suggested others such as elders and cultural experts/knowledge keepers.
- Cultural safety guidelines for health & social services in Kahnawake would be extremely helpful. We also need training to go with it. Cultural safety is an area of interest to the Tsi Niionkwarihò:ten program and has already been requested for training.

- Research dedicated to how Haudenosaunee ways could be best integrated into programs and services while respecting the diverse needs of community members is needed. We know we need to first increase the level of tsi niionkwarihò:ten education of staff but then we need to look at how each person can translate that education into action within their work (everyone is at different levels of comfort and skill to do this). Surveys in the community and outcomes of many reports highlight the need for better integration and list what people want to see but we do not have a concrete plan for achieving it. We still offer mostly mainstream or “western” health services. It would be wonderful to learn from places where western and traditional knowledge has been successfully integrated at all levels. Page 52 of the mid-term evaluation report points this out- the main two known services to seek traditional methods of wellness support are KSCS’s Family & Wellness Center (traditional support counsellors) & KMHC’s traditional medicine unit. Both of these services are limited in capacity (small numbers of staff) and their reach is limited to clients who a) know about what they offer, b) express interest or activity seek out such services. How can we improve this reach?

2) Were the main organizational and coordinator-level recommendations from the Tsi Niionkwarihò:ten Final Report 2018-2019 followed through?

In reviewing the recommendations from the Tsi Niionkwarihò:ten Final Report 2018-2019, most are a work in progress. Much of the work was put aside during the period that the Coordinators were reassigned to Emergency Food in response to the Covid-19 pandemic. There have been many successes and steps forward though we still have a long way to go.

3) Strategic recommendations moving forward (from the perspective of Tsi Niionkwarihò:ten), for the next CHP, and what supports (policy, resource and organizational) are required.

- Meaningful integration of tsi niionkwarihò:ten into community wellness programming is a huge topic. There is enough work (research, development, implementation and documentation) to warrant the development of dedicated teams within each organization and a dedicated body at the Onkwata’karitahtshera level.
- KSCS had some amazing cultural programs/practices in the past and some have been decommissioned for various reasons. What happens often is that when knowledgeable staff leave or retire, the knowledge can leave with them so it creates a deficit and eventually a void in what we can offer to clients. We are not starting from scratch, sometimes we just need to dust off what we did before.
- Kahnawake could really use cultural educators within our health systems as well as mentorship/apprentice opportunities dedicated to ensuring the transfer of cultural knowledge to the next generation of helpers. There is a high recognition and demand in the community for reconnection to culture and identity (vital piece of wellness). Wellness services are not able to keep up with the demand and we are losing many of our knowledge keepers as they are aging. We need to find ways to retain what we have, ensure that knowledge is not lost when people retire or pass away AND build up/expand in new areas.

- Along with guidelines for cultural safety, Kahnawake could also use guidelines or code of ethics for traditional healers/traditional medicine practitioners.
- Kahnawake organizations should work towards development of internal practices and policies that support tsi niionkwarihò:ten integration. Leadership should take time to learn and participate so they can understand and support their staff. KSCS now has various components supported in its personnel policy (newest component is on tsi niionkwarihò:ten training). When hiring new staff, there should be an interview question assessing the importance of our ways, language & culture and openness to learning/integrating in the work. There could also be reinforcement within the annual performance review process- what have you done this year to incorporate tsi niionkwarihò:ten.
- With all of the new resources available to the community (First Nations Child & Family Services funding increase), the integration of culture should be a major priority area. We know cultural continuity is healing and has direct impact on healthy families and healthy community. We need leadership that is invested and has the time to make this a priority. We need people who love who they are and love their language and culture to be ambassadors in our organizations. We need more staff to be able to focus on following through (existing staff are often already tapped out with competing priorities and some post covid fatigue). A major challenge is the sense of competition with other priorities. The KSCS Tsi Niionkwarihò:ten Committee is working on a “wish list” of areas where resources should be invested (for KSCS and in the community). We have many ideas for how our ways, language and culture can be enhanced to better meet the needs and requests from the community. All of these would require proper support to get off the ground.