

"Aboriginal Communities and Alzheimer Societies in Canada"
Summary for Participants
December 14th, 2010

What was presented:

- An overview of the ASC Aboriginal Access Advisory Group
- National survey of Aboriginal services
- The link between health risks in the Aboriginal population and prevalence of dementia
- Self identification and government recognition of who is Aboriginal
- The Indian Act and a history of laws aimed at discrimination, assimilation and control
- The impact of residential schools on generations of Aboriginal children, which continue to affect the lives of Aboriginal Peoples today
- Emphasis was placed on highlighting the diversity among the Aboriginal population, reaching farther than the legal definitions of First Nations, Métis, and Inuit. Aboriginal Languages were used as an example of how this diversity can be seen.
- The importance of respect for differences and the roles of leaders within the community were emphasized. When reaching out, organizations need to be aware of the local protocols for connecting with an Aboriginal Community. More often than not there will be a provincial body of Chiefs or leaders who have developed guidelines for this.
- The approach to relationship building should include being open to learning from the community, respecting their practices and traditions, work in an equal partnership where both parties are aware of the benefits, and uphold the principle of reciprocity.

What was shared:

- Not many relationships currently exist, but there is a strong desire to begin building these relationships.
- Existing relationships have been helpful and beneficial to both parties. Ongoing work has ensured these relationships remain positive
 - Relationships identified are highlighted below:
 - In Thunderbay with the Thunder Bird Friendship Centre and a health centre
 - Membership in an Aboriginal Research Project through Alzheimer Society of Canada
 - One person indicated their organization had an Aboriginal Alzheimer Education and Support Committee that connects partners from the Alzheimer Society and other dementia providers with service providers from Aboriginal communities in their region (Simcoe county).
 - In Simcoe County the Alzheimer Society provides direct consultation to a senior's home on a neighbouring Reserve.
 - The Alzheimer Society of Greater Simcoe County was able to receive Native Cultural Sensitivity Training from a Native Healing Centre. A group of Aboriginal and non-Aboriginal people spent the day at the centre and found it very educational and a great bonding experience.
- Existing barriers make ongoing relationship building difficult. These include limited access to remote communities, lack of available workers in Northern/remote regions, lack of culturally appropriate services, materials and assessment tools, not knowing how or where to begin, limited knowledge of what dementia is and what services are available, lack of money to pay for the travel costs associated with accessing services, and stigma that surrounds any condition which could be perceived as a mental illness.

- Barriers identified in the discussion are highlighted below:
 - In Sudbury-Manitoulin, they are experiencing difficulty in getting First Nations Communities to access Mainstream services. There is need for non-Mainstream services
 - Geographical barriers were seen around the country, as services remain most available in more populated and centrally located cities and towns. Northern and rural access to services remains a challenge, and building relationships across these great distances costs significant amounts of money that many agencies do not have.
 - Language barriers were identified as an issue within Ontario, though this could be expanded to include all of Canada. In addition, dementia is understood through different terminology (ie. Memory loss and Memory care), or assessments don't include culturally relevant images or other assessment criteria.
 - Interpretations of what normal aging is and what dementia is varied across the country, with some indicating that within certain communities there was no understanding of dementia at all, or it was seen as a Western disease, and/or as something to be feared.
 - One participant highlighted that urban Aboriginal Peoples may be lost in large urban centres where there are many people from other countries and cultures that are also in need of services.
 - A few participants indicated that high staff turnover rates hinder the ability of a community to develop a trusting relationship with service providers
 - As with other communities, there is stigma associated with any condition that could be perceived as a mental illness.
 - On participant indicated that most funding is allocated to the issues faced by the youth of these communities. These include drug and mental health interventions, skills development and increasing education levels, diabetes and curbing the incidence of suicide. The focus is not yet on senior's health issues.
- As an organization, we need to examine how we currently provide services to Aboriginal people, and be willing to learn to adapt to community needs; to provide help to people where they are physically, psychologically, emotionally and spiritually and to be guided by those who access services.
 - From the participants:
 - Begin where the person/client is, what their understanding of dementia/memory loss is. Don't try to develop preconceived notions of what their understanding is, but take them where they are and work with them in the way that works best for them.
 - Usually people come forward once it becomes too difficult to manage on their own, and at that point you are there to provide help, not force them to believe what you believe.
 - As with the Mainstream society a culture shift will take place. With greater understanding through experience will come those looking for help and services. We must maintain respect for the person and their culture and be willing to learn as much as you give. This is true for all people from different cultures.

Resources – What was learned:

During the Webinar participants provided information on ways they had built relationships, or gave suggestions that other organizations might find helpful. There was also the possibility of sharing a new assessment tool with the group. All information gathered is presented below:

- More than one participant indicated that a local Aboriginal Friendship Centre had provided useful information, training and helped with making connections in the community. The website to the National association of Friendship Centres can be found here <http://www.nafc.ca/home.htm>
 - There are provincial associations as well that can be found through a search engine like Google
- One participant had great success at a local Native healing Centre. They were able to provide Native cultural sensitivity training that was very informative and provided an excellent opportunity for bonding. Others are encouraged to seek out similar training from a nearby health centre
- One participant suggested we try to tie in the importance in dementia care and services with the rising prevalence of diabetes within this population. This could be a health promotion approach.
- Targeted education towards learning with visuals and assessment tools that are culturally relevant – There is an assessment tool being developed with the medicine wheel as a reference in Sarnia, Ont
- Providing language translation to clients/families
- Using technology to reach more remote or rural areas. Some participants indicated they had used video conferencing options to hold monthly support groups.
- Margaret Crossley (Saskatchewan) mentioned that they have been developing an assessment protocol that will be more culturally appropriate. She said it is nearing completion and will share it when available.
- De-pathologizing the person with dementia and looking at the whole person when providing service and not only focusing on the disease.

Next steps:

At the culmination of the webinar, it was identified that we should:

- Look at developing province specific information on how to begin making contact through the appropriate and respectful channels,
- Disseminate the results of the nationwide needs survey conducted in the Fall of 2010,
- Make an inventory of Aboriginal specific services available once complete, and
- Facilitate continued discussion on this topic to review the progress being made across the country. This includes learning from Aboriginal Peoples about how they view dementia and aging challenges

We will move forward on this work and look forward to helping local organizations strengthen their relationship with local Aboriginal communities.