Nova Scotia
Native Women's
Association

Regional Health Engagement Session - Kjipuktuk Notes

Health priorities:

1. What are some health priorities for Indigenous women in your region? / From your perspective, what are some of the priority health areas that need more attention in this region? What needs are being neglected? Are there areas that you think are being addressed well?
    - Diabetes
    - High blood pressure/heart disease
    - Addiction
    - Mental health - anxiety, depression, PTSD, autism, intergenerational trauma, etc.
    - Domestic abuse - victim services
    - Trauma informed healthcare services
    - Gaps between urban and rural healthcare.
    - Healthcare providers need cultural safety training.
    - Doctor solution - drugs/prescription - creates addiction/stigma - no other options given or offered for alternative solutions.
    - Doctor - no time to hear whole story.
    - Elders fear doctors - do not understand
    - Elders need advocacy supports.
    - Lack of traditional healers - progress but still far from sufficient.
    - Traditional healers not recognized/valued as professionals.

- Need more Indigenous healthcare providers.
- Sexual assault victims not reporting and if they do feel re-victimized over and over.
- Police advocacy/navigator needed
- How to find services available? - MNFC good resource
- Grass roots women needed and under utilized.
- High level of explanation creates barriers for those with lower comprehension skills.
- Pre/post natal care
- Access to primary care - family doctor
    i. Wait time is an issue to obtain a doctor.
    ii. Wait time is an issue in the waiting room.
- Culturally respectful and informed care
- Full range of health choices
- Housing - lack of, unsafe, mould, high rent/mortgage, crime, bed bugs, stress, living too far from resources.
- Nutrition - eating healthy is expensive: need to learn how to shop healthy on a budget.
- Exercise
- Economic barriers
- Need community gardens
- Lack of understanding/compassion for Indigenous people - reading through the lens of racism
- Need culturally sensitive/competent healthcare providers.
- Lack of connections/resources.
- Medical records not transferred (or transferred for a fee)
- Transportation - taxi/bus/gas (would be good to have services to help women/moms transport to appointments/groceries.
- Education - racism/colonialism/systemic issues.
- Lack of support systems for different issues (culturally competent/sensitive)

- Need Indigenous teachers to teach cultural sensitivity/history/competence.
- Weight/diet
- Compassion/understanding - explanation to people for what they are going through or are about to go through.
- Elders are afraid to speak up. We forget a lot of things - can be taken advantage of.
- System is colonized/broken/flawed for Indigenous people.
- Access to more female healthcare providers.
- Indigenous trained midwives/doulas.
- Training especially for Indigenous communities.
- CPS/MFCS - fear of apprehension, not getting proper care, normalize maternal behavior, stigma
- Informed decision making/consent.
- Autonomy - other choices - long term impacts - etc.
- Intergenerational impacts.
    i. Mainly guilt/shame
    ii. long term mental health impacts.
- Need to have traditional healers recognized by Health Canada
- Hospital Liaison Roll - needs to be:
    i. More in depth
    ii. More training
    iii. More equipped with resources to better help our people.
- Addiction
    i. Supports long term
    ii. Support children born from addicts (and with addiction)
- Sexual assault nurse examiners in hospital
    i. Need to be more culturally sensitive
    ii. Kits are invasive and nurses are not sensitive/empathetic

   iii. Women face racism/discrimination - may not want to report sexual assault or violence to police because of bias/stereotypes.

- Doctors complaining about patients who have multiple issues or who get/need services at pharmacy (flu shot, prescription, etc.)
- More nurses when a doctor isn't required cut back wait time (some practices are doing this now)
- Special need children - long wait time for assessments. (Jordan's Principle has helped with this - for those who qualify - status only)
- Pre-natal health - info shared earlier on option and access
- Trans people are not getting access to info on reproduction
- Cancer patients are lacking supports.
- Relationships - more resources/teachings on healthy vs unhealthy.
- Need traditional teachings for women/families.
- Women's shelter creates stigma - fear of child apprehension.
- Poverty - fear of child apprehension.
- Suicide - need self harm prevention support
- Sexual assault/incest - not being talked about, affecting generations, intergenerational, violence.
- Lack of training for health service providers
- Health coverage - issue/age out of some services
- Racism unique to HRM Indigenous people.
- NIHB/Welfare system - both looked down upon/stigma/hand-out
- Children/family supports needed.
- Mental health issues in children ex. Anxiety, social media, bullying, depression
- Doctors are retiring with no one replacing them - left without a doctor.

Access:

1. Where do you and your family access healthcare in the region?

- Family doctor

- Walk in clinic
- Emergency
- Outreach
-

2. Do you have access to NIHB? Do you have access to Jordan's Principle?
    - Yes - NIHB, No - Jordan's Principle (elder)
    - NIHB - status has access but has to look up information
    - NIHB doesn't always cover needs
    - Jordan's Principle - great resource but wait times are issue for some
    - Jordan's Principle - status only
    - Paid benefits must be used first before NIHB - sometimes doesn't work out in best interest of client.
    - NIHB should provide easy read/easily accessible resources on coverages.
    - Need more NIHB navigators.
3. Do you access to traditional medicine?
    - Not at this time but would like to have info on it.
    - Doctors have no idea - thinks its witchcraft.
4. What has your experience been with mainstream/provincial healthcare providers?
    - Negative - too abrupt, too cold, uncaring, like you're just another number to them.
    - Always uncertain - do not understand.
    - "when I went through a miscarriage at the hospital, I was left to go through it in the waiting area and I believe it was because they thought I was looking for pain pills. I wasn't addressed for a couple of hours and I passed it in the bathroom. They told me they can't prescribe anything."
    - Lack of access or long waits for appointments
    - Blatant racism
5. Have you ever experienced barriers in accessing healthcare services? If so, what were these barriers? (Transportation, availability, cost, etc.).

Many participants stated these within other answers.

- Economic barriers - cost of medication, transportation, etc.
- Specialist appointments wait time
- Waiting for reimbursements
- Medical drivers - lack
- Providers who do not direct bill - paying out of pocket.
- Advocacy
- Language barriers
- Ignorance surrounding cultural teachings in hospitals.

Services/supports:

1. Are there accessible mental health services and supports in the region? What have your experience been like when accessing them?

- If there are, not sure how affordable they are.
- Non-emergency care - yes w/ wait time
- Emergency care - no, not enough resources - months/years wait.
- There is a help line
- Need providers who can contextualize issues in relation to colonization.
- No specialized mental healthcare for colonized based trauma!
- Doctors don't understand Indigenous culture or *community*.
- At least three months wait time to see specialist/professional.
- How to access services for people with addictions
- Mental healthcare needs to be normalized.
- Need suicide/self harm reduction.
- Doesn't exist - colonized
- Need trauma-based supports/culturally competent.
- Stigma
- Two groups

i. Admit they need help - get denied/wrong kind of help/short term, etc.
ii. Doesn't bother getting help, out of fear/stigma/lost faith in the system.

- Providers pick and choose who they help and how - access
- Afraid to speak to doctors/professionals
    i. Advocate for ourselves
    ii. Barriers everywhere
    iii. Survival mode - how to stand up to that
    iv. Discrimination from healthcare providers/system.

2. Are there accessible services and supports for older Indigenous people in this region? If so, what do they look like?
    - I haven't heard of any and if they do exist, I don't know what they are.
    - Help line and 911
    - I would go to Friendship Center if they had services.
    - Not that I'm aware of.
    - Not really.
    - Community support
    - Friendship center
    - Grass roots level support
    - Nurses should come speak to elders at the friendship center programs.
    - Need healthcare drivers for the urban Indigenous community.
    - Need advocacy.
3. Do you have access to cultural supports while navigating the healthcare system?
    - If I needed to, I would try the Friendship Center and Mi'kmaq Child Development Center family resource programs.
    - MNFC collaborate with IWK to have spaces available for smudging and have traditional medicines available.
    - Offer smudge and prayer to Indigenous clients who are in last stages of life/sick.

- No, would be useful especially for FNIHB, but also for colonial related problems such as intergenerational trauma.
- Sort of: NIHB Navigator - other than that, none.
- No - "when visiting any health authority, I don't associate myself with being Indigenous because I don't want to face discrimination." (remove beaded earrings - identifiers) - discrimination has happened in past.
- MNFC/IWK working on partnership with smudging (outside) space, tobacco ties, medicines, Indigenous artwork, etc.

4. Are there any services that you need, that aren't available? If so, what are they?

- Travel to appointments - no transportation means I don't go.
- For hospitals to offer patients if they want Elder support/ceremonies.
- "I was going to surgery and the nurse did not speak to me about these important ceremonies that could calm my anxiety before surgery"
- Culturally based mental health services.
- In the city - need cultural and traditional teachings.
- Access to women's resources - MNFC now has 2 healing centers (mainland/CB)
- Last stages of life cultural support - smudging/ceremony/prayers.
- Lacking connections - not enough people to go around.
- Need to extend services that have expired.
- Lacking services for MMIWG/MMIMB - lack of support for prevention.
- Lacking services for Indigenous men and boys.
- Family violence - access to justice.

Maternal Health

1. What is maternal healthcare like in this region?

- Maybe better now, but not when I was young (60's, 70's, 80's)
- N/A because I adopted but MNFC/MCDC was supportive to me - attended prenatal: it was there that I learned that I could actually breastfeed my adopted baby.

- “I had a miscarriage in 2004 and the support I received prior to miscarriage and the trauma I felt was like nothing I ever felt before. If it wasn’t for my mom, I would not have gotten through it. The procedure in the hospital was traumatizing form me.
- Huge gap between urban and rural maternal healthcare.
- Need to Indigenous our healthcare system.
- CPS/MFCS - young women (minors) not getting proper care for fear of having babies apprehended at birth
- Need to normalize maternal behaviors - listen to our bodies.
- Long commute from community - multiple appointments/multiple doctors.
- Healthcare has come far since back in the day.
- HRM urban Indigenous community connection is very strong - like family
- Connections in rural areas not as strong - small town issues with healthcare providers knowing your story (judging)
- Adopted a child - felt guilt of abortion - no support.
- Programs through MNFC/MCDC provide safe spaces for families and traditional practices.
- University student automatically offered an abortion at university health clinic.
- Services for out of province residents cost out of pocket.
- Prenatal classes at IWK were uncomfortable (mainly two-parent families) single moms and young moms didn’t fit in.

2. Are doctors, midwives, and doulas accessible to those who need them?

- We have a huge shortage of doctors in general, but also obstetricians/midwives.
- Doulas are accessible, but it is a very new service in the city (opinion)
- Not enough family doctors who deliver babies
- Midwives/Doulas available but not meeting the need - more need to be trained.
- Need more female doctors for maternal health.
- Programs through MNFC provide great services with supports for pre/post natal care
- MCDC trained 15 Indigenous Doulas.
- Need more pre/post natal support - accepting of diverse types of families.

- Not sure how to find or access midwives/doulas in HRM.
- Many urban Indigenous already offering doula services, but not recognized in healthcare system.
- Midwives are available in HRM, but long wait list and you have multiple midwives and whoever is on shift at the time will deliver the baby - hard to build relationship.
- Midwife program in HRM does prioritize Indigenous mothers, but still long wait.
- If family doctor does not deliver babies or no family doctor - referred to IWK for random doctor care.

3. If not, how could maternal healthcare be made more accessible to those who need them?

- Even if maternal/child healthcare is provided in community, young girls are not coming - why?
- Are classes appropriate for all age mothers? - personal connections are important.
- If each community could train more Indigenous doulas
- More Indigenous midwives.
- More post-natal care - baby/mom
- Positive advocacy
- Hire nurse practitioners in community and urban Indigenous community.
- Need more mental health support for new moms.

Tubal Ligation / Contraception

1. Did you have your baby in a hospital in Mainland Nova Scotia?

- Majority of all participants in this session has had their babies in the hospital in mainland Nova Scotia.

2. If yes, when?

- 1966
- 1979
- 1981
- 1993
- 1994
- 1998
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2008
- 2009

- 2010
- 2013
- 2014
- 2015

3. Before you had your baby, did you have regular checkups with your family doctor, obstetrician or midwife?
    - Not really (66/79/81)
    - Before my miscarriage in 2004 I had regular checkups with my family doctor. - miscarried at 10 weeks.
    - Majority of participants from this session has had regular checkups.
4. Did you ever talk with your doctor about the idea of having your tubes tied after delivery? Were other forms of contraception offered?
    - No never - I never heard talk of these option back in the day although I never would have wanted it done. (66/79/81).
    - No but they performed one while I had my c-section - partner at the time consented for me - was not my wish.
    - Most participants who have had a tubal offered to them was during deliver mainly with c-section.
5. Did you or anyone you know (Indigenous women) have an experience related to the tubal ligation when you were pregnant in a hospital in Mainland Nova Scotia?
    - No
    - Yes

If Experience a Tubal Ligation:

1. If you or someone you know (Indigenous women) had conversations with the medical staff (nurses, residents, doctors, midwives) *before and after* your baby was born about having a tubal ligation,
    - What were those conversations like?
    - Begged my a tubal at age 26 - ended up regretting it.
    - Did you feel pressured into having a tubal ligation?
    - Yes, the decision was made for me.
    - Yes, put on face and accepted this was best for me - system didn't want me to have any more kids with a new partner.

- Were other forms of contraception's offered as an alternative measure?
- No one ever talked about such things (60's - 80's)
- Generally speaking, those who have had a midwife had many options of contraceptives offered to them.

2. How has this (having a tubal ligation) affected or changed:
    - Your life?
    - Me and my partner mourned never being able to have any more children.
    - Stages of grief felt - shame/mourning/grief/guilt/acceptance
    - Your relationships?
    - Regret when I met my husband who had no kids.
    - Your feelings toward accessing healthcare (for example, seeing a doctor or going to a clinic or hospital) since the tubal ligation?
    - Your feeling safe in a hospital or healthcare facility since the tubal ligation?
3. What changes do you think have to be made in the healthcare system to positively affect the health status of women, their families and their communities? / What are the barriers to maternal healthcare for Indigenous women?
    - More sensitivity (cultural/general), more knowledgeable.
    - More support for women who are miscarrying - culture/elder/therapist to talk about the trauma of the miscarriage/procedure.
    - Counsellors available - guilt/shame of miscarriage, blame self.
    - Need informed consent.
    - More information on contraception options
        i. side effects
        ii. long term effects
        iii. lingering in your body
        iv. hard to conceive once you're off them
        v. IUD's getting lost/stuck - effects of that
    - Were women/children sterilized at Residential School?

- Support for informed consent/decision making - need to understand what you are deciding.
- Medical language is hard to understand.
- Lack of money for early intervention - prevention of apprehension
- Support only available after child has been removed - support not enough.
    i. Need to build systems/supports to keep families together.
- Need cultural education/networking for maternal healthcare providers.
- Birth alerts huge issue - some based on racial discrimination/bias
- Need Mi'kmaq/Indigenous health liaison - maternal health
- Need to mobilize supports/resources for moms
- Healthcare system needs more support/education on 2spirit parents having babies.
- Need more program/support for dads - more men are stepping up but no services/supports for them.
- Province needs change tables in men's washrooms.
- Need more program/support for healing from abuse, addiction, trauma, etc.
- Need more program/support on emotions, nurturing, parenting roles, etc.
- Labour healthcare providers not listening to mothers' bodies - many have experienced feeling the baby coming and nurse told them they weren't ready when they were.
- History of sterilization happening to women/girls who are institutionalized.
- Healthcare providers going against mom's birth plan - when there is no reason to go against it.
- No support for those who have had miscarriages/still born.

4. Highlights:
    - Healthcare system is colonized/broken
    - Traditional healers need to be recognized by Health Canada
    - Access to more female providers
    - More Indigenous midwives/doula (trained)
    - Mi'kmaq Liaison - more in depth/more training/more equipped

- Fear of CPS/MCFS apprehending babies is causing women to NOT access proper prenatal care.
- Informed consent/decision making
    i. Autonomy - other choices - long term impacts
    ii. Intergenerational impacts
- Feelings of mourning/guilt/shame - tubal/abortion
- Addictions
    i. Supports for long term
    ii. Children born addicted
    iii. Children born to addicts
- Tubal ligation used as poverty reduction measures.
- Cultural training - all levels of healthcare
- Need advocates for protecting informed consent.
- Colonialism created a gap in our knowledge of traditional/maternal health.
- Birth Alerts - huge issue for Indigenous mothers.
- Ageism/racism/judgments - making decisions based on bias. Ex. Drug testing babies before they are allowed to leave hospital with mom.
- Mentorship is needed - woman to woman
- Women/moms need to learn and understand rights.
- Society has views of family dynamics that differ from Indigenous cultural norms. - institutions do not support this.
- Need access to traditional/cultural components/practices for those who were not able to access it.

Acronyms:

MNFC - Mi'kmaw Native Friendship Center

MCDC - Mi'kmaq Child Development Center (extension of MNFC)

IWK - Halifax's maternity/children's hospital

HRM - Halifax Regional Municipality

CPS - Child Protection Services

MFCS - Mi’kmaq Family and Children’s Services

NIHB - Non-Insured Health Benefits (for status Indians)

MMIWG - Missing and Murdered Indigenous Women/Girls

MMIMB - Missing and Murdered Indigenous Men/Boys