

J U D D A H ' S  
P L A C E



**Juddah's Place: An Indigenous Evaluation**

**Bringing Traditional Onkwehon:we Healing together with Medical Practice in Primary Care**

**FINAL REPORT**

February 17, 2020

Dr. Karen Hill

Elva Jamieson

Dr. Bernice Downey

## Table of Contents

|   |    |
|---|----|
| 1. Executive Summary .....  | 5  |
| 2. Introduction.....  | 7  |
| 2.1 Background to the Evaluation .....  | 7  |
| 2.2 Juddah’s Place Work (Mandate).....  | 8  |
| 2.3 Kaswentha (Two Row Wampum).....   | 9  |
| 2.4 Literature Review Conclusions.....  | 9  |
| 3. Methods.....   | 10 |
| 4. Analytical Framework.....  | 12 |
| 5. Background and In-depth Understanding of JP .....  | 14 |
| 5.1 The Story of Juddah’s Place .....   | 14 |
| 6. Evaluation Findings .....  | 17 |
| 6.1 Juddah’s place – A relational model of primary care focused on healing.....   | 17 |
| 6.1.1 Juddah’s Place is based on Relationship that is guided by spirit.....   | 17 |
| 6.1.2 Collaborative practice increases awareness and willingness to utilize Indigenous Healing .....  | 19 |
| 6.1.3 Offers training that bridges medical knowledge and spiritual understanding and Indigenous Medicines. ....   | 19 |
| 6.1.4 Supports practitioner and patient spiritual pathways to accelerated healing.....  | 20 |
| 6.1.5 Practitioners Demonstrate Acts of Responsibility to Spirit .....  | 21 |
| 6.1.6 Juddah’s Place Demonstrates Fearlessness and Willingness to Accept Change .....   | 22 |
| 6.1.7 Indigenous methods are becoming more prominent throughout the practice .....  | 22 |
| 6.1.8 A home-like environment ignites a spiritual journey of healing for patients and practitioners. ....   | 23 |
| 6.2 The Juddah’s Place Model addresses barriers and meets health needs of Indigenous clients, patients and their families including those experiencing cancer. .... | 24 |
| 6.3 Identification of Indigenous perceptions (indicators) of health and well-being that can add to Evaluation Frameworks. ....                                      | 24 |
| 6.4 There are no differences in the needs and issues facing patients regardless of who they are seeing (Traditional or Western medicine).....                       | 27 |
| 6.5 There are differences among patients who see only a Medical Practitioner and those who see only a Traditional Medicine Practitioner. ....                       | 28 |
| 6.6 Patients are referred to Juddah’s Place in different ways.....  | 29 |
| 6.7 Self-reported health outcomes for all patients and an increase in personal agency which is in keeping with a self-determining approach to health. ....          | 29 |
| 6.8 Juddah’s Place Meets the Needs of Patients living with Cancer.....  | 30 |
| 7. Patient Satisfaction with services, office space and method of delivery.....   | 32 |

|   |           |
|---|-----------|
| <b>8. Challenges Working in a Collaborative Model of Primary Care .....</b> | <b>34</b> |
| <b>9. Conclusions.....</b>  | <b>37</b> |
| <b>10. Resources and Bibliography.....</b>                                  | <b>39</b> |

**Appendices**

|   |           |
|---|-----------|
| <b>Appendix A: Indigenous-led dialogue session tools led by the evaluation participants .....</b> | <b>41</b> |
| <b>Appendix B: Benefits of Using the Waawiyeyaa Evaluation Tool and 4-Quadrant Board.....</b>     | <b>45</b> |
| <b>Appendix C: Research Team .....</b>  | <b>47</b> |
| <b>Appendix D: Juddah’s Place, Indigenous Knowledge Exchange Group, Terms of Reference.....</b>   | <b>48</b> |
| <b>Appendix E: Visual Representation of the Model of Care.....</b>                                | <b>49</b> |

## **Acknowledgments**

We acknowledge Shonkwaya'tishon who created us, and all that is - You are the one who works in us, and through us.

We acknowledge our mothers Bette Lou Kenney , Lizzie Silversmith and Evelyn Desjarlais who taught us to honour our gifts through sharing their own - We are blessed to continue your legacy.

We acknowledge our friend and colleague Christine Skye who moved stealthily to bring us together as “Juddah’s Place” – You are part of the foundation of Juddah’s place.

We acknowledge our own teachers from all walks of life who shared freely their knowledge and ways of being – You brought us to where we are today.

We acknowledge the clients and patients who come to Juddah’s Place – We are honored to share this walk to wholeness with you.

We acknowledge the staff and helpers at Juddah’s Place – You are our backbone.

We acknowledge Andrea Johnston of Johnston Research – Your insight into Indigenous Evaluation made this work possible.

We acknowledge McMaster University and the Indigenous Health Initiative for entering into a relationship of peace, friendship and respect with the people of Six Nations and New Credit – We look forward to our future endeavours.

## 1. Executive Summary

---

The rationale for this evaluation is to increase knowledge about collaborative approaches to wellness and how strong relational aspects to the provision of care enhances health care services for Indigenous people. It is expected that findings will also contribute to the discourse on culturally safe cancer care. The first objective of this evaluation was to understand how Juddah's Place's collaborative model of primary care, inclusive of both Traditional<sup>1</sup> and Western<sup>2</sup> healing practice, addresses barriers and meets the needs of Indigenous patients and families. Secondly, this project aimed to contribute to a more in-depth understanding regarding Indigenous evaluation frameworks that will yield findings inclusive of Indigenous perceptions of well-being.

The Juddah's Place evaluation herein contains the results of narrative reports from practitioners, staff, learners and clients of Juddah's Place, using the Waawiyeyaa Indigenous evaluation storytelling tool (Appendix A) developed by Johnston Research.

- 49 patients (of which 10 patients were living with cancer), 15 staff, learners, and practitioners completed individual storyboards and 9 staff, Board Members and practitioners completed an organization storyboard.
- 14 attendees at the Physician and Traditional practitioner meeting held December 3, 2017 completed individual storyboards.

Patient data was gathered between January 10, 2018 and March 20, 2018 in either a focus group setting or individually. Staff, learner, board member and practitioner data were collected in the same period using focus group settings.

The initial assessment of the data was completed as a collective using the Waawiyeyaa program evaluation tools because it provided an Indigenous -centric method for engaging patients/clients in the oral tradition that is familiar and culturally appropriate. This method was combined with grounded theory and guided by the Kaswentha (Ga-Swen-ta) wampum belt principles describing the relationship between the cultures of Rotinonshonni/Hodinosyoni<sup>3</sup> and Newcomers to Turtle Island from an Indigenous perspective. The tools of practice are action-oriented, whereby each participant is engaged in a self-reflection process, and an open format for sharing their experiences. The Waawiyeyaa Evaluation Tool gathers individual storyboards where participants share their experiences either verbally or in written form. The experiences gathered represent an open dialogue process providing an in-depth understanding of Juddah's Place and its role in the broader Canadian context.

A second analysis was completed assessing three patient groups separately (those who utilize Traditional Medicine, those who utilize Western Medicine<sup>14</sup>, and those who utilize both). Specific information

---

<sup>1</sup> The term "Onkwehon:we" (Oh-gway-ho-way) translates to "original people". For ease in reading when we use the term "traditional" we refer to the healing knowledge and methods used by Onkwehon:we of Canada.

<sup>2</sup> The term Western is used throughout this document but it is noted that the emerging preference among Indigenous Physicians is "medical knowledge or medical practice".

<sup>3</sup> These terms mean "People of the Longhouse" in the Mohawk and Cayuga languages respectively and are translated in English to "Iroquois".

related to patients living with a cancer diagnosis is included throughout the themes rather as well as in a separate area.

**Key findings of the evaluation include the following:**

**1. Juddah’s place – A relational<sup>5</sup> model of primary care focused on healing.**

*Overall finding indicates that Juddah’s Place practice is based on relationship – with Creator, Self, each other and clients/patients. Practitioners and staff are guided by their spiritual connections and clients/patients witness this and follow it as an example of self-determination.*

**2. The Juddah’s Place Model addresses barriers and meets health needs of Indigenous clients, patients and their families including those experiencing cancer.**

*All participants including patients/clients and staff/practitioners expressed that the model of care helps them to develop personal tool bundles that support a sense of connection and self-determination in physical, mental, emotional and spiritual wellness and health.*

**3. Identification of Indigenous perceptions (indicators) of health and well-being that can add to Indigenous Evaluation Frameworks.**

*Patients and clients identified internal states of being as key to health and well-being rather than external quantifiable measures (such as normal blood pressure, optimal weight, etc.)*

**There are no differences in the needs and issues facing patients regardless of who they are seeing (Traditional or Medical Practice).**

*Trauma and grief are common among all patients and clients with a sense that a medical approach alone cannot address the fullness of their health without the inclusion of Traditional approaches.*

**4. There are differences among patients who see only a Medical Practitioner and those who see only a Traditional Medicine Practitioner.**

*Clients/ patients who access only the Traditional Medicine Practitioner tend to ascribe to Longhouse beliefs and utilize a preventive approach to their health. Those who access only the Medical Practitioner more often ascribe to Christian beliefs and utilize a more reactive approach to health with a strong faith in treatment.*

**5. Patients are referred to Juddah’s Place in different ways.**

*All patients and clients of Juddah’s Place come because they feel they will be listened to, heard, and offered treatments that include more than prescription medication. Some followed the Medical Practitioner from her prior place of work or were referred by other health providers “because she will listen”. Those accessing Traditional Medicine have a link to Juddah’s Place through generational family ties, the Longhouse and cultural activities.*

---

<sup>5</sup> It can be said that the term “relational” is how “collaboration” among practitioners of Traditional and Medical Practice was described by patients/clients.

**6. Self-reported health outcomes for all patients and an increase in personal agency which is in keeping with a self-determining approach to health.**

*Eighty percent (80%) of patients and clients interviewed are engaged in self-care and feel they are able to take responsibility, and feel self-determined, in their choices that impact their health as a result of coming to Juddah's Place.*

**7. Juddah's Place Meets the Needs of Patients living with Cancer**

*The relational model is seen as true collaboration. All respondents (10) felt it is ideal because it allows them prioritized access to the Traditional Practitioner. This complements their engagement with the Medical Practitioner to monitor progress, provide health care and arrange further assessments and testing as well as access to Traditional Counselling services (4 of 10 cancer patients). Juddah's Place is well known for its cancer medicine and how it has helped many people (6 patients/clients specifically referenced this importance and uniqueness of JP to the local community).*

## **2. Introduction**

---

### **2.1 Background to the Evaluation**

In 2016, Juddah's Place (JP) engaged in an evaluative process that provided an opportunity to assess how JP was providing care that was culturally specific to the Six Nations community. This initial project identified the need to define the model of care being provided, seek clarity on patient perceptions and measures of health and well-being as well as the desire to illuminate the cancer journey for patients seeking support at Juddah's Place. This in turn led to the CIHR submission to complete the full evaluation. The primary data collection tool is the Waawiyeyaa Evaluation Tool used to record the case story process from participants. This wholistic evaluation tool, grounded in Anishnaabe traditional knowledge, was created for use in culturally-appropriate programs for Aboriginal people seeking to make changes in their life. This approach was designed to increase depth to the generative themed stories by including reflections beyond the patient experience. The Nominated Principal Investigator and Knowledge User participated in training in the use of this tool prior to the evaluation.

The evaluation herein included the development of a literature review that informed this final report through the themes it investigated. The JP Yonkwaterihonte/Qgwahwâ/Oshkaabewis<sup>6</sup> (mandate) and the Two Row Wampum provided critical content to the identification of themes in both the literature review and the evaluation report and are discussed in the following paragraphs. The literature was limited in three ways, the: 1) number of articles (n=18), 2) number of articles with Indigenous healing practitioners informing research practices (no such articles were found),

---

<sup>6</sup> Yonkwaterihonte is Mohawk work meaning "we have the responsibility/helper". Ogwahwa and Oshkaabewis translate to similar terms in the Cayuga and Anishinaabe language respectively.

and 3) the inability of the literature to offer examples of activities which encompass the mandate and teachings of JP.

## **2.2 Juddah's Place Work (Mandate)**

### **Preamble to the Mandate**

*As Indigenous Healers, we understand that our human talents and skills are gifted to us by Shonkwaya'tihson/ Shogwaya'disoh /Gizee Manitou (commonly translated as "Creator".) These gifts come with a responsibility to use them for the benefit of our people and a duty to carry them in wellness. This understanding of our being and our work is conveyed in the words "Yonkwaterihonte/Ogwahwa/Oshkaabewis"<sup>1</sup> and is our "mandate".*

This quote is included in the Juddah's Place Vision Statement and provides important direction and guidance for the work of all practitioners. A unique aspect of JP is how the spiritual realm of Shonkwaya'tihson is upheld and infused as part of the collaborative model described. The following statement provides an expression of what it is JP does and an explanation of why the personnel at JP are doing this work; which starts in a spiritual space.

### **Yonkwaterihonte Ogwahwâ Oshkaabewis (mandate)**

*One of our first duties is to keep ourselves well, so that we may help others on their journey to health, wellness, and wholeness. In addition, to providing them with medicines, ceremonies, and other such necessities, we have a duty to teach and train them in such a way that they can achieve and maintain wholeness and help others along the way.*

*We also have a responsibility to establish healthy and cooperative relationships with other service providers, Indigenous and non-Indigenous, other community groups, and government agencies to share our knowledge, so that our worlds can become healthier.*

*We are to hold ourselves accountable to ourselves, each other, our clients, and our community in the provision of our services.*

*And we have a responsibility to recognize and acknowledge our current unique position as Indigenous healers in blending the knowledge and methods of medical and traditional Indigenous ways that can serve the needs of our communities and people.*

### **The principles of Yonkwaterihonte Ogwahwâ Oshkaabewis are:**

1. Self-care and commitment to / time for spiritual duties;
2. Build a connected home-like environment that embraces the spiritual realm and supports Juddah's Place work;
3. Provision of balanced and flexible health care and healing options;



4. Engaging clients in the teachings and knowledge of their health care and healing;
5. Foster positive active working external relationships with a broad focus of potential partners, making the spiritual and physical connections, necessary and within reason to support Juddah's Place work;
6. Actively support internal and external efforts in the balancing and exploration of blending the knowledge and methods of medical and traditional Indigenous ways of health and healing.

### **2.3 Kaswentha (Two Row Wampum)**

*The Kaswentha (Ga-Swen-ta) belt is the symbolic record of the first agreement between Europeans and the Rotinonshonni/Hodinosyoni (Iroquois). The agreement outlines a mutual, three-part commitment to Friendship, Peace and Respect between peoples, which in turn fosters an environment that enables living in parallel forever (as long as the grass is green, as long as the rivers flow downhill and as long as the sun rises in the east and sets in the west).*

These inherent principles of friendship, peace and respect provided a key perspective through which the literature review and evaluation were carried out. Specifically, the Kaswentha was utilized in the literature review to identify models of care that brought Indigenous and medical ways of health and healing together in parallel manner vs. models of care that merely included an Indigenous healing “component” or “program” as an arm of a medical practice. In the evaluation we looked at parallel groups of patients, those who sought care from the medical practitioner alone, traditional practitioner alone or in combination.

### **2.4 Literature Review Conclusions**

The literature review examined themes describing collaborative models of primary care that bring together both Traditional and Medical healing practices. Given that JP starts in a place of spiritual understanding of their roles as “helpers” when working with clients, the literature review concluded that no significant themes, beyond the JP principles (as listed on the previous page) and the Two Row Wampum, could be espoused in the literature. For example, the arguments and conclusions in the Oster et al. (2014) paper are circumstantial, as are those of Chandler and Lalonde (1998 2003).<sup>7</sup> Both studies report that cultural continuity is critical in mental and physical health wellness. However, Juddah's Place does not see a place for this in the healing of its patients. Rather, Juddah's Place will focus on the placement of spiritual strengths and the building of these strengths in themselves that then is an example to patients for integration into their own healing journey. In other words, work in the spiritual realm is not synonymous with

---

<sup>7</sup> Note: information from other seminal documents that were not included in the formal literature review are noted to have informed the knowledge and practice of individual members of the project team and are identified with an asterisk in the Bibliography.

cultural continuity, it is key to identity and personal responsibility as Indigenous people, as evidenced within Juddah's Place.

Many articles had themes that included components of Indigenous Healing and Medical Practice, however their approach to analysis was limited by their lack of spiritual understanding. None of the articles or research were led by Indigenous people who themselves are practitioners of traditional or western medicine nor whose practice was predicated on spiritual connection and relationships. While JP principles were in-part supported by the literature, no body of literature was found that could fully account for the intent behind the JP principles. Many of the JP principles are exemplary and innovative to all health care practice. The JP principles set a precedence in consideration of current medical practice and the current Ontario Aboriginal Health Policy that states, "Aboriginal health is wholistic and includes the physical, mental, emotional, spiritual and cultural aspects of life. Through this understanding of self, a vision of wellness which balances body, mind and spirit is promoted throughout the healing continuum." It is evident that there is a gap in literature that seeks to examine, specifically, the role of traditional medicine practice (TMP) for primary health care (PHC: Oliver 2013, Campbell et al. 2017). Maar et al. (2009) concluded mental health services are provided within a holistic Aboriginal framework that acknowledges the physical, mental, emotional, and spiritual aspects of health as well as historical, socioeconomic and cultural influences. The Health center Marr et al. studied employed visiting primary care physicians, visiting psychiatrists, first nations community-based para-professionals, and visiting traditional healers. The definition of this framework did not exist in any other literature examined. The framework aligns with the Aboriginal Health Policy and the Two Row Wampum applied by JP.

### 3. Methods

---

The research team, listed in Appendix C, is comprised of Indigenous scholars, practitioners and community members with lived experience and expertise in Indigenous Traditional healing, Indigenous family medicine, healthy policy and research, academia, Indigenous health systemic change processes, advocacy and program development. As discussed in the literature review both the JP mandate and the Kaswentha provide key framework for analyzing the data. A methodological goal of this project was to uncover and discover the model of care. Grounded theory developed by Glaser & Strauss in 1967<sup>8</sup> involves the collection and analysis of data whereby the theory is developed from the data, rather than the other way around. In this project the analysis and development of theories happened after the data were collected. Grounded theory was introduced as a means to legitimize qualitative research. However, this project involved one more step beyond the descriptions of Glaser & Straus and that is to recognize the bias the researcher can bring to the subject matter. By purposefully acknowledging the research principles applied during analysis the data results are strengthened, "and are essential to building a successful shared future".<sup>9</sup> Thus, the act of applying the

---

<sup>8</sup> Glaser, B. & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

<sup>9</sup> Social Sciences and Humanities Research Council of Canada. (2018). *Toward a successful shared future for Canada. Research insights from the knowledge systems, experiences and aspirations of First Nations, Inuit and Métis Peoples.*

JP mandate and the Kaswentha research principles for this project was in itself supporting the intentions of the JP mandate and the Kaswentha. These lenses rather than a Western lens (that is the usual unacknowledged default) were instrumental in understanding the meanings enabling the story of Juddah's Place to unfold naturally and its knowledge to remain within its own paradigm, at the same time offering information in uncommon light that supports paradigm shift in Western medicine.

The Waawiyeyaa Evaluation Tool was the data collection tool throughout the project. Three Tool methods were applied, 1) JP patients watched a 10-minute video explaining the tool, they then completed a storyboard to describe their experiences with JP and also verbally discussed their experiences once the storyboard was completed; 2) the JP staff, practitioners, learners and board members completed the same patient process but instead described their journey to JP and additionally completed a journey covering past, present, transition to future on a storyboard by answering 4-guiding broad questions, and 3) these same individuals completed a 4-quadrant board which asks them to self-reflect on the impacts of self: spirit, mind, emotions, and body. There was a sense of ease that the evaluation wasn't asking respondents to fit into a box of pre-set questions. The use of pencil crayons and or sticky notes when writing the storyboard enables a creative process to emerge, therefore capturing both sides of the brain in the process of sharing experiences on the storyboard. It was clear that the storyboard writings are systematic, concise, well-thought-out and reflective of the actual consecutive events, in a manner that was deep and meaningful. Further, this process of documenting information further enhances the grounded theory approach in that the information is expressed in the voice and choice of the evaluation participants.

A knowledge Exchange Group (KEG) was established to guide the entire process and evaluation. Members of the KEG were drawn from within JP, and the community. Terms of Reference for the KEG are found in Appendix D.

### Individual Client Interviews

- A total of 49 patient interviews (of which 10 patients were living with cancer) were completed with 94 pieces of data submitted between January 10, 2018 and March 20, 2018, with two additional letters submitted in Feb. 2019 and Jan. 2020). These were not typical interviews, but rather Indigenous-led dialogue sessions led by the evaluation respondents. For example, the clients could determine the method by which they would share information and they were the directors of what information they would share.
- Some mild probes were asked as guiding questions, after clients viewed the 10-minute video on storytelling and Indigenous teachings, as follows: What lead you to JP? What has been your experiences at JP?

---

Accessed on Jan. 2020 at: < [https://www.sshrc-crsh.gc.ca/society-societe/community-communite/ifca-iac/03-aboriginal\\_peoples\\_in\\_Canada\\_report-les\\_peuples\\_autochtones\\_en\\_Canada\\_rapport-eng.pdf](https://www.sshrc-crsh.gc.ca/society-societe/community-communite/ifca-iac/03-aboriginal_peoples_in_Canada_report-les_peuples_autochtones_en_Canada_rapport-eng.pdf)>.

### JP partners, staff and practitioners

A total of 15 JP staff, learners and practitioners completed 18 pieces of data on a personal experience of finding their way to Juddah's Place and 9 JP staff, board members and practitioners completed an organization storyboard of how they experience JP and envision its future; submitting 11 pieces of data. Additionally, a total of 14 attendees at the Physician and Traditional practitioner meeting held December 3, 2017 participated in the focus group and submitted 28 pieces of data.

The question asked of these evaluation participants were:

- What lead you to JP?
- What has been your experiences at JP?
- What has been your experience working at JP?

The Indigenous-led dialogue session tools led by all evaluation participants can be viewed in [Appendix A](#).

## **4. Analytical Framework**

---

Six data sources, three variations on two data collection tools, two data collection methods, three interviewers, and three review processes. These methods triangulate the data in a multi-trait multimethod design. If methodological triangulation is the corroboration of different methods and sources, this evaluation design is rigorous according to Western epistemology. The diversity of the methodological triangulation includes:

1. cross-disciplinary comparisons, between Western practice and Indigenous-informed methods,
2. comparisons between different types of informants or data sources, and
3. comparisons between researchers (e.g., differences in data observed by researchers)<sup>10</sup>

In addition to the above methodological triangulation of evidence (entailing within-method triangulation and between-method triangulation), three other triangulation methods included<sup>11</sup>:

4. Data triangulation with three subtypes: (a) time, (b) space, and (c) person. Person analysis, in turn, has three levels: (a) aggregate, (b) interactive, and (c) collectivity,
5. Investigator triangulation consists of using multiple rather than single observers of the same object. The perspectives of diverse Indigenous members of the Research team reflective of their own cultural lived experience and worldview and their unique professional/helper backgrounds including medicine, traditional practice and medical anthropology also contributed to the triangulation process; and
6. Theory triangulation consists of using multiple rather than simple perspectives in relation to the same set of objects. Thus, the act of applying the JP mandate and the Kaswentha as research principles for this project was in itself supporting the intentions of the JP mandate and the

---

<sup>10</sup> Shaw., Ian F. *Qualitative Evaluation*. Sage Publications Ltd. London, 1999: 186.

<sup>11</sup> Berg, Bruce E. *Qualitative Research Methods for the Social Sciences – Third Edition*. Allyn and Bacon, Needham Heights, MA, 1998: 5.

Kaswentha. These lenses rather than a purely academic research lens (that is the usual unacknowledged default otherwise) were instrumental in understanding the meanings enabling the story of Juddah's Place to unfold naturally and its knowledge to remain within its own paradigm, at the same time offering information in uncommon light that supports paradigm shift in medical thought.

These diverse validation techniques were undertaken within an Indigenous-led evaluation methodology. The methodology is outlined in the following 7-steps with a definition appearing in brackets after each bolded step. The text immediately following the brackets describe the actual evaluation process inclusive of the multi-trait multimethod design outlined in the opening of this section.

1. **Develop strong relationships** among the research team (Appendix C). Begin a dialogue, commit to it, and continue it throughout. Four types of relationships were developed:
  - a. Opening a communication channel with the staff of the Hamilton Integrated Research Ethics Board (HiREB) assisted in a smoother submission for ethics approval at McMaster University.
  - b. Regular in-person meetings with the Project Team at JP supported the ethics and evaluation processes, ensuring it is agreeable to JP, in fact the project Lead is the Lead Physician at JP.
  - c. Regular meetings with the Knowledge Exchange Group (KEG) supported the inclusion of a larger community-of-practice involved in the evaluation process (the Terms of Reference are included in Appendix D).
  - d. Evaluator management and support to community-based interviewers, at the above meetings, specific in-person meetings, on the phone, and via email.
2. **Unpack the assumptions** (identify the themes of the dominant narrative, look to the traditional stories, scrolls, and knowledge of the project communities). The dominant assumption is that Western medicine heals, and the Canadian government does not officially recognize any other forms of medical treatment. The Aboriginal Health Policy for Ontario written in 1999 is outdated. While predicated on 4 areas of healthcare across the lifespan it does not include self-care of practitioners as a priority in its service model or identified priorities. The Canadian Medical Association Code of Ethics, Fundamental Responsibilities 2004, do not include a service delivery design that begins, or flows, from a place of spirit.
3. **Access the language** (taking a look at what steers the community knowledge and ways of knowing). We cannot assume that a Traditional Practitioner speaks the same language as a Medical Doctor and vice versa. For Indigenous people, whether in the practice of traditional or medical healing, this is dependent on where their knowledge source is perceived to come from. The distinction of coming first from a place of spirit prolifically influences the language which one speaks. The analysis of this evaluation report must then, come first from a place of spirit.
4. **Identify community-based indicators** (inquires as to true values – water, hills, land, forest, etc. – this step is critical, we must use community-based knowledges to guide the criteria that assess whether the program in fact meets the needs and priorities of the community where the projects are

based). Given that the data were collected following Step 5 (below), the indicators identified are interpreted using Step 1 in this list and Step 6 from the list of triangulation methods, above. Through three meetings with the KEG the preliminary themes from the data were reviewed and discussed, as well as the assumptions made in the literature review, that fed into this report.

5. **Define the process** (reflection, cooperative interpretation, come to an understanding, outline the steps to be taken to document the evaluation findings). This action is encompassed in the discussion in this section of this report. The process design was a collaborative process between the evaluator and the Project Team. The process was written in the ethics application and approved through that process, but also approved through the KEG.
6. **Design intervention-based practice tools** (the tools of practice are action-oriented, each participant is engaged in self-reflection process, and an open format for sharing their experiences). The Waawiyeyaa Evaluation Tool gathers individual storyboards where individuals share their experiences either verbally or in written form. The experiences gathered represent an open dialogue process providing an in-depth understanding of Juddah's Place and its role in the broader Canadian context. The Waawiyeyaa Evaluation Tool data is gathered using investigator triangulation with the lead evaluator and research assistants completing workshops and one-on-one interviews to collect storyboards from JP partners, JP staff, JP practitioners and JP clients. The space or locale varied as well by those interviews completed at Juddah's Place and those completed in a focus group format in a community-based venue without Juddah's Place personnel present.
7. **Continue the dialogue** (the evaluation goal is documenting a path for moving forward that is descriptive and action-based, it's a team effort). This work will begin when this report is completed and presented first to the Project Team and then the KEG, for feedback and revisions. In this dialogue process on the content of the report action-oriented goals can be articulated and a strategy put in-place to monitor its implementation and keep the impetus of this evaluation alive.

## **5. Background and In-depth Understanding of JP**

---

The background of JP will help bring a better understanding of the details surrounding the inception of JP and the ensuing collaborative approach to supporting patients/clients and their families to heal.

### **5.1 The Story of Juddah's Place**

Juddah's Place represents a model of primary health care that is spiritually grounded and focused on healing; its foundation is in traditional ways and connections to each other and spirit. The growth and development process as a way of providing primary care blossomed out of a relationship of friendship, trust and respect among the practitioners including Elva Jamieson - Current Lead Traditional Practitioner, Christine Skye -Traditional Practitioner; and Karen Hill Lead Physician.

Juddah's began years ago when Lizzie Silversmith, Elva's mother, practiced Traditional Medicine from the same home where Juddah's Place is currently located. For many years she had envisioned a healing place complete with various services, ceremony and even the selling of herbs. Just a few years before Lizzie passed-on she told Elva to order some herbs for delivery. The supplier advised that they could only deliver to a business, not an individual. Elva told the supplier "deliver it to Juddah's Place". Days later when the delivery man knocked on the door and announced delivery for Juddah's Place, Lizzie said "I'm Juddah and you can put that package right here." Juddah is the pet name for Grandma in the Cayuga language.

The second version of Juddah's Place began around 2006 when a group of Traditional Practitioners approached Dr. Karen Hill to discuss working together. One of these Traditional practitioners who became the original lead, Christine Skye, told Karen, "We have been watching you and we want to work with you." Karen had worked for several years with Traditional knowledge keepers in the establishment of the local post-secondary institution. In doing this work she had heard loud and clear that the community identified traditional knowledge and language as key to healing and determining the health of future generations. Chief Harvey Longboat had spoken to her heart the clear message "we don't need permission to be Onkwehon:we and to do what we know we need to do to help our people to heal". When this group of Traditional Practitioners outlined how they envisioned the work being carried out, Karen had no question.

The work began with Christine coming to the newly funded Family Health Team twice a month. Other than Christine the other Traditional Practitioners worked in the old way, out of their own homes. Christine would refer out to them as the need arose based on the patient need. Initially there were many times when no patients were booking to see Christine. Many patients expressed fears of using traditional medicine mostly out of fears passed down from residential school learnings or cautions from the church. Dr Karen would walk patients down the hall to meet Christine and talk about their health. Over the next 3 years with Karen as a bridge, the number of patients accessing the Traditional Practitioners expanded to the point that working from the kitchen table became unmanageable.

A Traditional Medicine Committee was struck and Christine encouraged her childhood friend and colleague, Elva Jamieson, to join. Elva and Christine had known each other since early childhood and worked collaboratively for years with Christine as a Seer and Elva as a plant medicine specialist. Very soon Christine, Elva and Karen developed a closer relationship and they began speaking about the idea of a new centre that could offer a space for traditional healing practices to flourish. Soon, a community member approached Christine and Elva with an offer of using her home as a healing centre. The three visited the house and felt it would suffice. Christine was clear though, Elva would still need to build her dream health centre for traditional medicine, this was only temporary. Sadly, Christine passed on to the Spirit World but before this she had told Elva that Dr. Karen was willing to be part of their new venture.

The third evolution began the day after Christine's funeral. Dr. Karen and Elva met and affirmed their commitment to move ahead together. In October 2012 the doors opened and within one year they moved into "Juddah's" home on 6<sup>th</sup> line where Juddah's still operates today.

It was the momentum of the people of Six Nations who increasingly began to access traditional medicine that led to a major shift in service delivery. This propelled the need for a model of primary care that supports the full implementation of traditional medicine at the centre of the system of health care. The Band Council was initially not prepared to move forward with Juddah's Place (JP) as a partner with the Family Health Team. This gave way to the opening of a new grassroots driven primary care model, focused on healing and founded on spiritual connections and Traditional ways of Being that is Juddah's Place.

JP has been led by spirit from the start, and this gift has been patient. The centrality of spirituality has allowed breathing room for the JP staff and practitioners to define their roles and find the best path to meet the needs of their clients. A path that nurtures staff and practitioner's own health and allows for self-respite.

The journey to the collaboration of Traditional and Medical practice has not been without sacrifice. In fact, every staff and practitioner expressed this sacrifice in the evaluation data collection sessions. Indigenous Physicians have had to sacrifice their personal and family life learning medicine and practicing in a medical system that is so demanding. This sacrifice has ultimately led to disconnection from the Indigenous knowledge base they long to express within their medical practices. Although Indigenous Physicians felt this disconnection, a powerful value for Traditional Medicine and methods and a deep-seated belief that these methods work and are necessary in caring for Indigenous patients/clients remained strong.

Historical disappointments caused by the Medical System's role in devaluing Traditional ways of knowing and healing have left deep wounds in the community. Specifically, the Traditional Practitioners and Apprentices expressed limited trust of the medical system and felt they have had to take a leap of faith when referring their clients for medical care. A lack of trust in the system on the part of all Indigenous Practitioners was palpable at times and most often addressed within JPs using traditional healing methods. Patients witnessed this and determined it to represent 'fearlessness' and "willingness to accept change" which in turn nurtured their own self-determination in addressing their own health and life circumstances.

Overall the commitment to the Principals of Yonkwaterihonte and the Kaswentha are strong. All have held their course and stayed with JP despite an overall lack of funding and the turmoil in rebalancing and shifting the hierarchical structure that historically exists between Traditional and Medical health care practices. The Traditional Medicine Apprentices did not articulate clearly their vision of how to collaborate with Medical Practitioners however it can be said that with more experience and time clarity would manifest and the ability to envision this model would emerge.



## 6. Evaluation Findings

---

### 6.1 Juddah's place – A relational model of primary care focused on healing.

*Days before presenting the preliminary findings within the community Dr Karen had a profound dream/vision. In this vision she was shown the Kaswentha as it entered into a prism of many dimensions. As it traveled out of the other side of the prism the three white stripes became the full spectrum of color. Her spirit knew this signified that when relationships reside in the space of friendship, peace and respect - a third way of being is manifested. Juddah's way. One that is relational, synergistic, inclusive and healing (see Appendix E)*

*Overall finding indicates that Juddah's Place practice is based on relationship – with Creator, Self, each other and clients/patients. Practitioners and staff are guided by their spiritual connections and clients/patients witness this and follow it as an example of self-determination.*

The following are sub-themes that emerged in this area.

- a) Juddah's Place is based on relationship that is guided by Spirit;
- b) Collaborative practice increases awareness and willingness to utilize Indigenous Healing;
- c) Offers training that bridges medical knowledge with spiritual understanding and Indigenous medicines;
- d) Supports practitioner and patient spiritual pathways to accelerated healing;
- e) Practitioners demonstrate acts of responsibility to spirit,
- f) Juddah's Place demonstrates fearlessness and willingness to accept change that patients learn and incorporate into their personal lives;
- g) Indigenous methods are prominent throughout the practice;
- h) A home-like environment ignites a spiritual journey of healing for patients and practitioners.

#### **6.1.1 Juddah's Place is based on Relationship that is guided by spirit**

1. JP is guided by spirit. There is a profound strength that bonds the professionals working for JP together. This strength is evident by their description of the force that led them to JP and how this connection to JP was insurmountably positive. In particular, the connection was about being a part of a community of people who are concerned about the health and wellbeing of the Indigenous members of their home community.

The people involved with Juddah's Place can be classified into four primary states of being:

1. Community-of-Practice Partners,
2. Juddah's Place Practitioners and Staff,
3. Spirit of the Clients, and

#### 4. Spirit of the Training Program.

Each of these experiences and connections to JP served to strengthen their spiritual being. In fact, each person described a divine intervention had intersected their journey that then lead them to find their way JP.

*In fact, for myself, the Research Assistant/Evaluator, a divine intervention urged me to introduce myself to Dr. Karen at the inaugural Indigenous Health Conference in 2016. This meeting came to mind when it became necessary for JP to hire an evaluator in the pursuit of this project.*

For many of the trainees, community-of-practice partners, JP practitioners and staff, and clients, Dr. Karen was a beacon by which they become aware of JP and or which encouraged them to pursue a connection with JP. The Traditional Healer at JP mentioned the strength of prayer and how this strength can bring words into action. She also described the early days of JP as a reality that could be viewed as a struggle, a situation that could create stress and havoc, however, she described that spirituality in fact, while it seemed chaotic on the outside, it was in fact orderly and working in its own mysterious ways, to support and transform JP into the healing centre it needs to be for the people and community it serves.

One of the first collaborative JP clients was described as knowing inherently what she needed, in a way that her spirit was leading her to JP to discover. Dr. Karen described this first session.

*“In one of the first collaborative visits with Elva and I the patient seemed quite agitated. The session began with me introducing myself and my view of whole person health and healing. Elva introduced herself as a Traditional Medicine Practitioner. The patient quite openly ignored Elva, then described a life of grief and loss, finishing with “and I don’t do traditional stuff”. During the expression of their health and illness they stated, “I want to know why I am here, why is this happening to me? I reflected to them what I heard, “You know why this is happening- you just told me you have grief and loss. I can check your blood, give you medication and meet with you for support, but Elva can help you heal from your grief and loss that is likely driving your ill health.” The patient began crying then looked up and asked “how do I come in to see her, pointing to Elva (the Traditional Practitioner).*

All Practitioners, staff and Traditional Apprentices have completed higher education at college and/or university, some with Masters’ degrees. What is seen in the JP practice is the shared cultural identity creates the team bond and camaraderie at JP that in turn strengthens the spiritual path for all, both in their personal and professional lives regardless of their training.

Dr. Karen described this process as follows:

*“I am an Onkwehonwe woman, trained in the spiritual path to healing that is consistent with who I am. At the same time, the College of Physicians and Surgeons of Ontario licenses me to practice as an M.D. I am blessed to bring both of these bundles to bear on the health and healing of our people in my practice.”*

Experiencing a continual connection to one's spiritual being was voiced often by the Traditional Practitioners and apprentices. They expressed beliefs that Western medical training engages the mind to a greater degree than the Traditional Practitioners necessarily require. They felt that the services of the Traditional Practitioner are immersed in Spirit with Medical Practice being immersed in the mind.

### ***6.1.2 Collaborative practice increases awareness and willingness to utilize Indigenous Healing***

The JP collaborative model of primary care was described by each client. Every client had an awareness of the Traditional and Medical practices; however, there was a pattern in each patients' receptiveness and willingness to explore a different healing practice to the primary practice they had been engaging in, at the time of the evaluation interview. If a client had only accessed the medical services, there was a willingness and desire to explore the Traditional services. In actual fact fourteen (14) clients who prior to the evaluation accessed only the medical practice expressed a desire to pursue traditional medicine modalities at JP after completing the interview process. This can be seen as indicative of how a collaborative practice increases awareness and willingness, on the part of clients and patients, to utilize Indigenous healing modalities. In fact, the Lead Physician and the Medical Residents, all of whom were Indigenous themselves, expressed their belief and commitment to expanding and modifying their practice to be inclusive of Indigenous healing modalities and working in a truly collaborative fashion.

On the other hand, if a client had only accessed the Traditional practice there was no expressed desire to access medical services at JP. This can be indicative of the fact that these clients already access medical care outside of JPs or it may be representative of a tendency to stay committed to Traditional healing alone. Given this was not explicitly queried the cause can only be speculated.

There was an expression of a tendency to "stay committed" to the Traditional healing was also evident in the JP Traditional practitioners and trainees. Many clients like the ability to come into the JP and see a Doctor that works within the medical system and who possesses a unique compassion and understanding of Indigenous people that is seen as not usual in the medical world. However, this has become an issue for some of the JP Traditional Practitioners when clients want to stay in the medical system. The feeling is that the medical system pulls clients away from the spiritual path, which equates to pulling them away from healing. In related client statements, the medical system "allows" them to stay on pills and not needing to stop consuming cigarettes. Twenty-seven (27) clients utilized both the Traditional and Medical practices. Five (5) clients had visited only the Traditional Practitioners.

### ***6.1.3 Offers training that bridges medical knowledge and spiritual understanding and Indigenous Medicines.***

The collaborative model of primary care was part of the training for Family Medicine Residents assigned to JP. Residents engaged in various opportunities for co-training with the Traditional Practitioner Apprentices and both cohorts were exposed to a curriculum inclusive of Traditional healing practice. Traditional apprentices did not receive training in medical concepts, knowledge or practice.

The collaborative spirit of the training program was exceptionally strong for teaching Traditional healing concepts and modalities supporting all trainees to develop and expand the spiritual connections that can then be brought to their respective practices. This was a profound realization and one that each trainee was very articulate and detailed in describing. The Focused Intention Technique (FIT) was mentioned repeatedly by the Traditional Apprentices and Family Medicine Residents as a favoured tool they learned in the training program. The FIT was also mentioned repeatedly by JP practitioners and staff as well as the JP clients. One of the Family Medicine Residents described this journey of bringing spiritual understanding and experiences into his medical practice.

*“I have a deep understanding and respect for the breadth of services that Traditional Medicine Practitioners focus upon, such that it goes beyond herbal remedies (such as spiritual care using songs and language to tone the body and release stored energies and intergenerational baggage we carry.”* JP Family Medicine Resident

#### **6.1.4 Supports practitioner and patient spiritual pathways to accelerated healing**

*It is essential from a trauma informed perspective to have cultural competence regarding traditions and practices of any specific culture. When working with First Nations having an understanding of their cultural practices is essential in promoting and understanding the healing process. Traditional healing practices are very localized and culturally specific. Manitoba Trauma Information and Education Centre 2019. <https://trauma-informed.ca/trauma-and-first-nations-people/>*

Focused Intention Technique (FIT) is a process of identifying core issues and traumas underlying physical manifestations of poor health, illness, and mental health issues. The FIT in and of itself is a demonstration of inclusiveness of both Traditional and Medical healing practices, and by definition the FIT process addresses barriers and meets the needs of a variety of patients/clients. This process is utilized by practitioners in their self-care and offered to patients and clients by all practitioners whether Traditionally or Medically trained. Many of the clients interviewed had engaged in the FIT method and considered it an effective method of addressing issues, including among cancer patients (according to 4 of 10 cancer patients, and 18 of 39 other JP patients).

FIT is a process of guided self-reflection starting with identifying what the patient wants to change and allowing the bodily sensations to lead towards the underlying trauma. Through focusing intention to resolve decisions made about one’s self, others and the world at a time of past trauma a change in perception ensues. Personal and interpersonal tools are developed to support the healing journey. These new tools facilitated a process of bringing one’s past into the present and intrinsically the future, setting the new path into motion.

There was evidence among the JP Staff and Practitioners, the Trainees, and the Clients’ data that a profound spiritual process has been established and reaches to the depth of healing traumas seen to underpin all illness and disease states. Everyone articulated a deep commitment to this healing process, felt it accelerated their healing journey and helped solidify their connection to JP.

### ***6.1.5 Practitioners Demonstrate Acts of Responsibility to Spirit***

This responsibility to spirit was described by many evaluation participants and described in many ways. This focus at JP supported clients in addressing their own barriers and ensuring their actions meet their own needs. By teaching responsibility JP also taught independence. As stated already, the JP clients were documented as articulating and describing their healing journey which means they have become responsible for themselves and their actions.

The Traditional Healer speaks of her responsibility to support patients in making changes that connect them to spirit and healing for improved health outcomes. Evaluation participants spoke in detail about their commitment to spirit and wellness – even those who were acting in what can seem like a reactive approach to their health. Every single evaluation participant was on a healing journey, a journey that began through their interactions and supports from Juddah’s Place. A JP Traditional Healer explains her commitment to the clients and responsibility to spirit.

*“All is healing. Things keep happening. It takes all 4-colours to make the world go around. I was given a message of peace. My teachings were given by my mom, she was 41 when she had me. I was her last chance to share and for that reason she put a lot in me. I know I must share (my knowledge) and I should not take it back with me; it belongs on Earth. Juddah’s Place is growing leaps and bounds; more people are coming. I can see their faces. Just trust spirit, to follow spirit, no one else’s agenda, follow what spirit wants, that’s what is going to heal our people.”*

For Traditional Practitioners the responsibility to spirit is selfcare; selfcare is the effect of responsibility to spirit. This selfcare is also viewing one’s self beyond the physical reality and realizing there is a larger wholeness to self. This responsibility to spirit is described again by a JP Traditional Healer:

*“Pray, pray, pray. Spend time outside. Nurture the small voice inside. Listen to my dreams. Look into someone’s eyes when I speak to them.”* Spiritually nurturing the mind is: *“Stop running around. Breathe deeply. Eat slowly, Talk slowly. Think before I talk. Listen to my inner voice and act in accordant.”* Responsibility to emotions is: *“Talk to friends and family. Be honest and open. Fast and Purge. Be observer of my emotions rather than see them as who I am.”* Responsibility to the physical being is: *“Eat healthy. Eat unhealthy, exercise. Breathe, think, speak, hug. Listen to my aches, pains, and use them to guide me. Make physical activity and nutrition a priority. Part of being in the world and connected to creation is through the bodily senses.”*

The JP patients understood this responsibly in profound ways through a spiritual understanding. Following are the responsibilities they specifically articulated.

#### **Responsibilities**

**Knowing what to do spiritually** described as a. fulfil duties as faith-keepers, b. Looking out with respect for the earthly creatures, c. Back off when needed. d. Remembering and honouring my sister and friends who contracted cancer and passed on, e. being extremely thankful for still being here and working in way that makes the most of life and embrace life

**Knowing what to do, mental awareness** such as: a. Understanding interactive cause and effects, b. attend all my counselling and doctor appointments.

**Seeking help and support** such as: a. Knowing when to push myself to ask for help, b. Recognize anger and sadness, negative emotions, c. look to personal strengths and external supports to bring in positive thoughts and feelings

**Helping Others** such as, a. I studied medicines with Juddah, she was my cousin, and became a helper; b. practice as an Elder at Juddah's Place, c. Each day I am thankful for the new day and keep open to helping others

**Continuing education and seeking meaningful work / workplaces;** a. I quit a dead-end job and completed a College Diploma, b. I now work in an awesome job

#### ***6.1.6 Juddah's Place Demonstrates Fearlessness and Willingness to Accept Change***

Another way that JP addresses barriers is instilling another mode of independence to strengthen independence in the patients. This was evident in the approach taken with the first JP patient; over and over again the JP clients share stories of how the JP practitioners interact in a manner that lets them ask questions of themselves and seek solutions; supporting a sense of fearlessness and willingness to change, because the client now has the ability to ask the key questions that evoke and support change. However, more relevant and imperative in cancer care, is the way JP practitioners go about teaching patients about fearlessness and becoming willing to accept and undertake a path of change in their mental wellbeing, emotional feelings, spiritual commitment, and physical choices.

The Health Practitioners working at JP are making significant changes in their lives and healing; this was true for everyone involved in the evaluation. The energy in the two JP personnel evaluation focus groups meeting room was electric (both the pre- and post-focus groups). There is a real sense of camaraderie. As well, there is a sense that a new path is emerging that will better meet the needs of the people and the community JP serves. All JP practitioners and staff expressed a desire, and a role, to grow and work with others to better meet the needs of the community. It is this idea and sense of operating from a place of sharing spiritual gifts that allows the JP personnel to work, not just for themselves, but for the JP community. One of the Family Medicine Residents provided an example of how this could operate and why.

*“The idea of culture, family, and community are more important than we are taught; healing is a community and population level activity – individual care is important but will not help our communities. There is more than just Western Medicine, I took this path to learn more from my own people and take a chance to allow my culture to inform, guide, and change my practices. I have learned that Native communities have generations of knowledge that can inform and enhance our medical knowledge and practice.”*

#### ***6.1.7 Indigenous methods are becoming more prominent throughout the practice***

JP practices a collaborative model of primary care providing both Indigenous and Medical client care. However, this was not a static model of care. The relationship between the two modes of

health care were in continual negotiation and flux between and within the JP Practitioners and trainees.

The Lead Medical Practitioner and Residents operating within JP have come to acknowledge the importance of embracing Indigenous methods and practices as key to “healing” which is a necessary focus of primary care for Indigenous people. It was clear in all the evaluation data that a profound shift was underway within JP and that is one that celebrates the strength of Indigenous medicines and practices and helping people to heal.

The JP training program works both with community members training under Traditional Practitioners and Indigenous Family Medicine Residents. The JP also provides a safe space to work for the JP staff, when compared to their previous work environments. The whole environment of the JP is electric because all the JP personnel are coming at their job from a place that starts from spirit. The lead Doctor shared her insights of how this spiritual path operates – a profound example of how spirit has led her along her spiritual path and a strong sense of clarity she can see in this new path.

*“My Grandfather was a Traditional Practitioner, but I learned about Traditional Medicine taking Elva’s training program. This has fostered my desire to use my own Indigenous knowledge and methods in my medical practice. My fear to step out of the prescribed role of a physician has blinded me. I applied to CIHR to evaluate and document how we work at JP, because of my questions and feelings. I now see that collaboration occurs within my own being as an Indigenous woman, who happens to be a doctor. In doing this work, I heal myself, and this in turn shapes my practice towards an Indigenous model of healing. I am a gardener. In the coming years I see myself supporting clients to heal using medical tools as well as food. I see myself doing group teaching and circles around this knowledge. As a doctor I can use OHIP billings to limit costs to patients. I am excited to be alive and working in this place at this time.” Dr. Karen*

A JP Traditional Practitioner (who is also a seer) responded.

*“You are a good gardener and you’re moving to incorporate that more with the knowledge you have and with the people and what we need here at JP with the gardens [development of and care for the garden space].”*

### ***6.1.8 A home-like environment ignites a spiritual journey of healing for patients and practitioners.***

Juddah’s Place was described by JP patients as a home-like practice because JP practitioners embody the principles described above. They describe their entrance into this setting as one that ignites a spiritual journey of coming full circle. As they are engaged into the wholistic model and practitioner’s link patients from Physician, to Traditional Healer, to Wholistic Counsellor in a flexible movement, a welcoming environment is created.

## **6.2 The Juddah's Place Model addresses barriers and meets health needs of Indigenous clients, patients and their families including those experiencing cancer.**

*“The uniqueness of Juddah's Place and ultimately, the success is that it promotes and equips people to strengthen their mind, spirit and emotion to better equip them to address their Illness, disease and/or physical treatments. This goes far beyond "counselling services" and is something completely different. The other element of success is that it is open, voluntary and at your individual pace.” JP Cancer Patient*

All participants including patients/clients and staff/practitioners expressed that the model of care helps them to develop personal tool bundles that support a sense of connection and self-determination in physical, mental, emotional and spiritual wellness and health.

- a. Tools developed address a range of needs from trauma and loss, physical illness and disease, to addiction and cancer.
- b. Indigenous practitioners are perceived to better “understand” what Indigenous patients are experiencing and what is happening.
- c. In patients living with cancer denial is a significant process that Juddah's practitioners have been able to support them through without judgement. Connection to spirit, ensuring an understanding of health, illness, and medical processes through careful explanation and care are highly valued and to patients supports strength in face of adversity.

## **6.3 Identification of Indigenous perceptions (indicators) of health and well-being that can add to Evaluation Frameworks.**

*“I pray that this seed planted and courageously nourished blossoms into a tree of renewed and spiritually grounded health and life that grows to include all Indigenous and non-Indigenous peoples.” JP Community Member*

*“Your evaluation will be so helpful for similar initiatives and research in the future. We need more establishments like yours.” JP Community Member*

Patients and clients identified internal states of being as key to health and well-being rather than external quantifiable measures (such as normal blood pressure, optimal weight, etc.)

- a. A sense of being connected to Spirit, self, and nature;
- b. Feeling energized and capable;
- c. Having a positive outlook;
- d. Knowing and carrying out personal responsibilities to self, family, community and creation.
- e. Building of personal tool bundles

### **Connected to spirit -- cleaning the soul**



---Self-care is important; Cleansing myself with water; Strengthening the spirit to be a much better person and loving life; to live a peaceful life with Elder's help, supporting spirit, mind, emotions, and body helping to let-go of many deaths

### **Connected to self - emotional**

---I feel more myself now

### **Connected to self and nature -- cleaning the mind**

---Walk a little; Get fresh air

### **Energized**

---Be more awake; Cook and do dishes; Started walking a little better

### **Positive outlook**

---Happy to be alive; Loving myself; I am not alone; I have a lot of helpers; Tomorrow is another day

### **Responsibilities**

#### *Knowing what to do spiritually*

---Fulfil duties as faith-keepers; Looking out with respect for the Earthly creatures; Back off when needed; Remembering and honouring my sister and friends who contracted cancer and passed on, being extremely thankful for still being here and working in way that makes the most of life and embrace life

#### *Knowing what to do, mental awareness*

---Understanding interactive cause and effects; I attend all my counselling and doctor appointments

#### *Seeking help and support*

---Knowing when to push myself to ask for help; Recognize the anger, sadness, and look to personal strengths and external supports to bring in positive thoughts and feelings

#### *Helping Others*

As described by JP staff and trainees, helping others provides a sense of deep purpose,

---I became a medicine woman (studied medicines with Juddah, she was my cousin); practice as an Elder at Juddah's Place; Each day I am thankful for the new day and keep open to helping others; Continuing education and seeking meaningful work / workplaces; I quit a dead-end job and completed a College Diploma and work in an awesome job.

### **Building of Personal Tool Bundles**

Clients expressed the sense that JP supported them in building their tool bundles. For many these are spiritual tools. These tools were expressed in a physical, emotional, spiritual and mental way. Connections were also identified as a critical tool they developed at JP.

### Physical

---Using tapping to reconnect; I must be ready and able to do anything constructive and therefore must be physically fit, you must be as physically fit as possible to take care to do your responsibilities ; Going for walks and acknowledge my surroundings

### Mental Controls

---Reflect on the now of my situations; Remembering to stay in the moment, taking each day one step at a time, going with the flow, feel myself moving on, do what feels right; Meditation, by hiking and resting by waterfalls; I am aware that nothing is forever; Give thanks daily to the world around me, I thank and talk to my body as I put lotion on, and make sure I do something around the house each day.

### Spiritual

---Respect and being a helper, looking-out for these Earthly creatures; When I wake up in the morning I thank that day for being here, and another day to walk on the Earth; I will smile because someone else forgot to thank the day; Look to and spend time in Nature as a go-to place to find answers, look to see what signs are telling me; Singing, dancing, longhouse, ceremonies and let stress go, talk openly with my family; Take enjoyment in immaterial things, and the belief of a higher presence; Doing right by my loved ones -- trust

### Emotional

---I practice deep breathing and guided meditation, listen to my intuition and label my feelings, practice Focused Intention Technique (FIT) and use therapeutic oils

---Definitely look after my health; have a goal; I set goals and I achieve them, they are not overwhelming, I enjoy the feeling of accomplishment

---I use my emotions to guide me to a better way in my day; my emotions make me more aware of others around me, and to help in any way I can; I look at all situations from all perspectives

---The support of a loved one in joining in on the healing journey and going places we never imagined, open and willing to do things that support the healing process not matter the lengths the task requests of them

---My feelings dictate most of my future planning and how I get along with others, I try to keep myself in good spirits and am naturally optimistic about people and I hope for the best in the future

### Connecting

---It matters to ensure the patients know their Native background

---Allows me to connect spiritually

---Able to enjoy nature, animals and more respect for mother nature

---The caring non-judgemental environment at JP supports the building of a sense of self reciprocally into self-confidence and sense of identity

#### **6.4 There are no differences in the needs and issues facing patients regardless of who they are seeing (Traditional or Medical Practice).**

*"I had a great deal to learn and I embraced the invaluable services offered by Juddah's Place. I still see Elva Jamieson and am still learning from her today but I can honestly say that I have learned how to take care of myself, learned how to be proactive in my own care and I have adjusted the label of a Type-A personality. I would not have to go to the place where I am now if not for Juddah's place. It is a unique healing centre where you have a physician who can help you with western medicine but who also understands Indigenous People and sees much more of who you are as a person. Because of the additional insight that Dr. Karen Hill has, she is able to recognize that there is more to healing than just the western medicine. She has a clear understanding of wholistic health and refers opening to Elva Jamieson and to traditional medicine and/or healing." JP Patient*

Trauma and grief are common among all patients and clients with a sense that a medical approach alone cannot address the fullness of their health.

- a. All patients describe having caused, or been recipients of, multiple complex traumas and grief.

*Depression.* Isolation from others; Knowing and feeling depressed; Feeling I was not proper leading to not eating enough food, obsessed over BMI rating; Suicidal thoughts (18 - 20 attempts); My spirit went away somewhere, living in disarray; Spousal separation and verbal abuse from spouse

*Labels and expectations.* Set-up as victim; Submissive / rebellious; Dumbest genius; Smartest idiot; Athletically gifted.

*Loss.* Mother passed away when client was a teenager; Loss of all female Elders in family (mom, aunts); Loss of many family members weighing very heavy on spirit; Loss use of legs, arms; Loss of sister; Loss of children to CAS.

*Physical.* A number of patients described a struggle with their physical wellbeing and explaining how their body takes its toll on their mind and emotions (such as arthritis and obesity). The pain they feel is so great, they cannot take their mind off it. However, connecting with the natural world supports a healing process and makes them feel more grounded and present in the moment.

Diagnoses mentioned included Head injury (x1), Diabetes (x9), high cholesterol (x5), high blood pressure (x4), ear problem (x1), broke leg (x1), problems with eyes (x1), Arthritis (x8), Addicted to drinking (x16), Addicted to pills (x9), Sexual abuse (x5), Cancer (x8), obesity (x3), and effects from chemo therapy (x1).

- b. Some patients experience conditions that have perplexed medical approaches and seek Indigenous perspectives because they include factors not always considered in the medical world, such as quitting medications, engaging in spiritual ceremonies, and feeling a connection to identity as Native person.
- c. The need for “letting go” of the past and “undertaking a healing journey” are common needs identified across all patients.
- d. Patients identified a range of issues and needs including chronic pain, cancer, diabetes, lack of sleep, high cholesterol, and weight control.

**6.5 There are differences among patients who see only a Medical Practitioner and those who see only a Traditional Medicine Practitioner.**

*I went to see the Doctor for my sinus infection, but deep down I know the root of my health illness rest with caring and being responsible for my gift, my mask. I didn't trust Doctor's to speak about my mask and my obligations making me unwell. I would rather speak to [the Traditional Practitioner] about ceremonial things and my grandchildren. I went to see [the Traditional Practitioner] she can help to get my spirit in balance and get my mind, emotions and body in-line too.*

*Clients/ patients who access only the Traditional Medicine Practitioner tend to ascribe to Longhouse beliefs and utilize a preventive approach to their health. Those who access only the Medical Practitioner more often ascribe to Christian beliefs and utilize a more reactive approach to health with a strong faith in treatment.*

- a. Patients only accessing the Medical services have a tendency to operate within a reactive approach to health and clearly express their faith that treatments offered will be effective. This does not preclude these patients from engaging in self-care and being responsible for their own health.
- b. Many patients who see only the Medical Practitioner identify as coming from a Christian background and express their connection to the natural world as well as understanding and engaging with the Great Law cultural teachings. There was an expressed gratitude for having Traditional Medicine on-site and seeing this as indicative of a non-judgemental environment at Juddah's Place that translates into knowing they will be accepted and not judged.
- c. Patients who see the Traditional Medicine Practitioners begin a healing journey at a young age and are more focused on preventing illness and maintaining their health. There is a strong belief that their own wellness is tied to the wellness of the next generation.
- d. Patients who see the Traditional Medicine Practitioners tend to follow the Longhouse faith and the teachings of the Great Law.
- e. All patients share in common spiritually calming and revitalizing practices including ceremonies, reading, meditation, looking to nature and observing the natural world as part of

their healing. Thankfulness for every day and every breath is also a key practice. Many patients practice Focused Intention Technique learned through Juddah's Place to listen to their intuition, label their feelings and deal with them accordingly.

## **6.6 Patients are referred to Juddah's Place in different ways.**

*All patients and clients of Juddah's Place come because they feel they will be listened to, heard, and offered treatments that include more than prescription medication. Some followed the Medical Practitioner from her prior place of work or were referred by other health providers "because she will listen" while those accessing Traditional Medicine have a link through generational family ties, the Longhouse and cultural activities.*

*Almost all of the patients who saw both the Traditional and Medical Practitioner were referred at some time to the counselling program, reflexology and other services.*

- a. Patients who see only the Medical Practitioner either followed the doctor from her former place of work or they were referred to her by other health professionals.
- b. Another group of patients were disappointed in the larger medical system and did not feel their needs were adequately addressed within that system. They were referred to Juddah's Place by front line staff of other programs and services or by word-of-mouth to see the Medical Practitioner because "she will listen".
- c. Young patients who see only the Traditional Medicine Practitioners are referred by their parents who have longstanding relationships with the Lead Traditional Medicine Practitioner. They tend to become engaged at JP through their ties to the Longhouse and cultural activities.
- d. Almost all of the patients who saw both the Traditional and Medical Practitioner were referred to the counselling program, reflexology and other services.

## **6.7 Self-reported health outcomes for all patients and an increase in personal agency which is in keeping with a self-determining approach to health.**

*"I lost too much weight, 120 lbs, severely depressed, underwent a divorce process and lost contact with children, medical doctors put me on anti-depressant pills, lots of them, JP took me off and gave me medicines, undertook spiritual work and no longer see myself an empty human shell but see me as a person and differently. JP was the first place to calm my mind, and eventually heal my body." JP Patient*

*Eighty percent (80%) of patients and clients interviewed are engaged in self-care and feel they are able to take responsibility, and feel self-determined, in their choices that impact their health as a result of coming to Juddah's Place.*

- a. Many patients expressed being able to visualize their needs to determine the best course of action as a result of their care at Juddah's Place.

- b. Patients report that holistic counselling has provided them with practical tools they can use to help them identify core issues affecting health and assess their needs accurately.

## 6.8 Juddah's Place Meets the Needs of Patients living with Cancer

*“The only illness I have had in my life has been cancer, twice. Both times I used traditional medicines, the first time for 4-months and that second time for 5-months. Each cancer was unique; however, occurred within the same 12-month period. I have always had traditional medicines since I was young; my mother gave me preventative medicines each spring and fall. I’ve lived for 75 years and always had traditional medicines. At the first sign of pain, I did seek medical testing; however, each time, after having traditional medicines, both of my follow-up tests were negative. I am wholeheartedly thankful for our medicines.” JP Cancer Patient*

*The relational model is seen as true collaboration. All respondents (10) felt it is ideal because it allows them prioritized access to the Traditional Practitioner. This complements their engagement with the Medical Practitioner to monitor progress, provide health care and arrange further assessments and testing as well as access to Traditional Counselling services (4 of 10). Juddah's Place is well known for its cancer medicine and how it has helped many people (6 patients/clients specifically referenced this importance and uniqueness of JP to the local community).*

- a. patients who access Traditional medicine treatments have a predisposition to being spiritually connected to their bodies, being sensitive to minute changes. In this strength, the patients demonstrate extraordinary focus, self-care, empathy, and self-awareness.
- b. The patients above, are also pro-active in seeking medical advice immediately and pre-determination in trusting the medical system for monitoring and testing purposes alone; and they have faith in the accuracy of the medical assessments and surgical procedures. They are very pleased with the JP Medical Practitioners who are described as being sensitive, culturally- and trauma-safe, largely due to the fact they are Indigenous Practitioners.
- c. Patients expressed a trust and faith in the process and results of Traditional Medicines. They are extraordinarily appreciative of the diversity of services they accessed at JP.
- d. The act of trust in Traditional Medicines is entirely a spiritual undertaking. It begins with spirit to heal the body. The physical self is the subsidiary to the Spiritual, Mental and Emotional beneficiaries of the Medicines.

The most profound sense of spirit in health care service delivery was observed by patients living with cancer. They spoke very highly of the ways in which the health care they received at JP came from a place of spirit. Patients felt that the JP practitioners support them in their denial. When a patient/client reaches out to JP this is taken seriously and when needed aggressive measures are taken. There is a significant underlying strength that ignites in these patients when connecting to the medical practitioner – she is seen to value the patient's understanding of the health care system as

key to their healing journey and is able to clearly outline in a meaningful manner what to expect. Referral to the Traditional Practitioners solidifies for patients that a truly collaborative relationship is initiated at JP. The collaborative relationships are seen as reflective of practitioner's connection to spirit and is received as a real strength in face of adversity, such as in the case of a cancer diagnosis.

Several experiences with JP are described below in the words of the patients.

The following patient testifies that the JP health care from both the Medical and Traditional health practices have benefited his/her health and impact the growth of the cancer.

*"My health broke down I was in the office at work. I could not keep my doctor's appointment. My face dropped the next morning. She (Dr Hill) came to see me, and she told me she was calling an ambulance and she was so caring to get me into a hospital. Grade 3 cancer was discovered. When you go in Dr. Hill would explain things. Give me pictures and why this and that happens like painting a picture for me. I use traditional medicines for my cancer. It shows positive progress."*

Another patient was involved with both types of healing practices at JP. He/she took a leap of faith because he/she was apprehensive but went off chemotherapy for a year in order to focus on taking traditional medicines. He/she reported that he/she felt exhausted without traditional medicines.

*"Have two cancers mostly in my stomach. One year for traditional medicine. Then went off it for Chemo didn't know if it would mix. I notice I am tired and sleepy and groggy if I read when I'm off traditional medicines."*

Another patient testified to the outstanding health care received at JP. Patients trust in the JP Practitioners because they are Indigenous, feel at ease with them and in turn believe they truly understand their needs as Indigenous people. In the following quote the client was in denial and explains how at ease she felt in being informed of her diagnosis thanks to the plain language used by the doctor at JP.

*"Breast Cancer, I didn't want my children to stand at my grave and say, "Why grandma, why did you not take your treatment?" I was diagnosed at age 44 with breast cancer, Dr. Hill found the lump and suggested testing. I was in shock and disbelief since there was no history of cancer in my family. I am so grateful to Dr. Hill for finding my lump and pursuing it. What I remember most about that day, November 12, 2012, is she explained in plain language what to expect in terms of having appointments to attend on a regular basis and how to deal with the challenges of the health care system."*

The next description by a cancer patient demonstrates a commitment to Western medicine, but as the years passed, he/she become more willing to explore Traditional medicine. At the time of the interview his/her cancer was in remission and he/she was given the all-clear by doctors.

*"I prefer to see only Dr. Hill. I have high blood pressure, use mostly vitamins and inhalers. My family members have used traditional medicines, not me yet. In Jan 2011, I got sick prior to chemo and used antibiotic treatment. Then I had to have a checkup every 3 months,*

*then every 6 months (I used medical transport from the cancer society), then in Oct. 2017 I was given the all clear. I am interested in visiting Elva and exploring the traditional medicines.”*

The Traditional Practitioner also spoke of some cancer patients she had worked with and her experience working with their Doctors. She explained how the Doctor’s outside of JP have become more open to the patients using herbal medicines, but it takes more than herbs and that is where spirit is important. She gave the example of the drum and song and language that tone the body and releases stored energies and intergenerational baggage that we are carrying that also needs to be released. She spoke of how one patient was very young with cancer, the chemotherapy had weakened him/her tremendously, and there came a point, that while she/he improved, their mission in this life was done. She spoke of another JP patient who was then in remission and that her/his strength had brought awareness to the Doctors and this would make it easier for those who come behind him/her, and easier for the Doctors to share their fears of responsibility due to complications with potential for being sued.

“In 2011 I was experiencing stomach troubles. I went for the testing and was diagnosed with stomach polyps. As soon as I found out about the stomach polyps I went on traditional medicines for about a 4-month period. It was cancer medicine I was given to get rid of the polyps. After the 4 months there was a check-up appointment with the doctor, and another test. The doctor did not find any more stomach polyps. Since this diagnose, I routinely go to the cancer clinic, for 6-years to get my blood work and its always been normal.”

## **7. Patient Satisfaction with services, office space and method of delivery.**

---

Clients spoke about the provision of services in a variety of ways. These were themed into three main areas: 1) services, 2) office space, and 3) method of delivery.

*Services* mentioned were referrals, critical services, and supports. Each of these components were evident in the cancer stories described in the previous section. These are the specific qualities that all clients spoke about as to what makes JP unique. JP makes the referral calls for patients and goes into the details as to what to expect from the referred practitioner. Some of the quotes related to helpful referrals are listed in the next bullets:

- “JP set me up with cancer hospital with good connections.”
- “JP made connections to cardio specialist, they called me at home, and I feel respected, this has been very positive.”
- “JP explained in plain language what to expect in terms of having appointments to attend on a regular basis and how to deal with the challenges of the health care system.”

The critical services were mentioned by patients with critical diseases, in particular cancer. Patients explained that JP made them feel valued and important, taking the time to reflect to the patient what was important to their health and wellbeing. A patient articulates what critical services mean at JP,



“Previously sought help from the medical system with a regular general practitioner yet the symptoms never subsided nor were subdued and caused significant discomfort in undertaking regular daily activities. The GP completed testing and/or prescribed pills such as painkillers and or anti-depressants.”

Supportive services were mentioned by every client. A succinct statement that described the collaborative model of care at JP which was stated over and over again in the data.

“Staff work as a team and each member meets my needs.”

The following bullets further describe the same sentiment as to the value and quality of supportive services provided at JP:

- “Treated not as a number but as a patient in need.”
- “Staff understand interactive causes and effects as that connect to my perspective.”
- “Alternative approaches meet evolving needs.”

Another patient describes the exact intent of the JP practitioners, in that the traditional medicines are a source of breaking free of addictive prescription medications. This is an outcome the JP practitioners hope for every client, as was described above. In fact, 60% of clients described clearly their success in working in both medical and Indigenous healing practices. Some of these descriptions are listed next to describe the importance of the Indigenous healing practices in their healing and recovery from critical illnesses:

- “JP was the first place to calm my mind, and eventually heal my body”.
- “See Elva to help with quitting medications, spiritual ceremonies, connection to identity as Native person.”
- “Spiritual healer helped me deal with the overwhelmingness of cancer, I was very upset when I got it.”

In general terms there was an overwhelming positive response when reflecting on the ways the services were supportive at JP. The following statements describe how JP contributes to lifting spirits and supporting patients as they strengthen their resolve and heal:

- “Usually squeeze in my appointments, close to home, clean place, have all the medicines I need, traditional medicines helped the most, medical acne cream and pain medication did not heal me.”
- “Really good at what she does and makes sure I understand what she is talking about, does amazing work, and I always feel really good after seeing her.”
- The staff are friendly, making themselves available, very knowledgeable, like home, non-judgemental attitudes, and caring.

*Office space* was mentioned by some clients around the physical space and the overall feeling they leave with. Aside from the parking being an issue at times, the physical space was described as clean and conveniently located, while for others it was not close to home. The office provided a home-like feeling of care. JP was in a house, the home of Juddah, who had passed away before JP had opened.

The *method of delivery* was identified by clients as a choice or preference as to whom they could see. A Doctor or Traditional practitioner. The types of services accessed were diverse and are listed in relation to the wholistic domains of health and wellness as follows:

#### Emotional

Quantum Integration; Focused Intention Technique; Counselling using energy therapies; and Therapeutic oils. Perhaps the most profound feeling portrayed to clients was that of an “Empathetic Doctor”- The type of empathy described by clients is unique and not common for a Doctor.

#### Mental

Meditation; Deep breathing; Progressive muscle relaxation

#### Spiritual

Traditional Medicine; Ceremonies, such as Bear Ceremony (cancer patient); Tobacco prayers; Fasting; Sweats; Longhouse; Medicine cleansers; Readings; Smudging.

A spiritual healer helped to get me an Eagle feather in a shadow box, I cherish it and makes me feel good (cancer patient).

#### Physical

Massages; Physiotherapy (limited physical activities); Reiki

### **8. Challenges Working in a Collaborative Model of Primary Care**

---

JP engaged with a larger network of Indigenous Physicians and Traditional Practitioners in December 2017. The findings from the focus group held with the Indigenous Physicians and Traditional Practitioners working group (n=14) were surrounding the delivery of primary care within a collaborative model inclusive of both Traditional and Western healing practice. There were strengths, ongoing challenges, and plans for the future discussed.

#### Strengths

- Indigenous Physicians felt most supported by other Indigenous professionals who work alongside and understand their role in providing care inclusive of Indigenous concepts of healing. These supportive individuals have validated the importance of the Indigenous Physicians work and in articulating their role as an Indigenous Physician.
- Support structures have been critical to Indigenous Physicians continued commitment to providing healthcare in a culturally inclusive manner and in some cases the lack thereof has led to a need to leave a workplace environment often experienced as “laterally violent”<sup>12</sup>.

---

<sup>12</sup> Lateral violence is the terms to describe displaced **violence** or aggression directed against one's peers rather than adversaries. It is a phenomenon demonstrated in people who have experienced generations of oppression or marginalization.

- Supports from Indigenous authorities (such as band councils, funders and professional organizations, and other Indigenous Physicians) for Traditional healing practices has strengthened the bond between Traditional and Medical practitioners.
- Support among practitioners was described as the most beneficial to balancing Traditional and Medical practices – supporting motivation was a common interpretation of such benefits. (noted by 10 respondents)
  - One articulation of this path described it as a benefit on both sides when they each have an awareness the other’s practice and they can complement each other in meeting the needs of patients and improving one’s practice.
  - An Indigenous Physician explains her/his path to accepting Indigenous medicines as allowing intuition and emotions guide and inform their own clinical practice.
  - An Indigenous Physician also spoke about wellness from a personal perspective, to send messages to patients by how he/she treats and uses his/her body to inform patients about wellness and the journey there.
- There are commonalities of practice between the Traditional and Medical practitioners. Both do assessments of clients and while the assessments differ, there is some cross-fertilization such as the use of JP derived tools (assessment tool for taking a wholistic health history) in addition to observation and intuition. (noted by 4 of 14 respondents)
- Indigenous healing practices are the key strength for all health practitioners; the belief and feeling of reward in practicing Indigenous centred healing. (mentioned by all 14 respondents)
  - One physician described the desire to seek opportunities to learn and work with Traditional Practitioners as well he/she began to attend and participate in community events and ceremonies.
  - Another Traditional Medicine Apprentice described the process of coming to know and understand the ways of traditional healing and letting go of bias and fears to allow a doorway to open to accepting traditional healing for its incredible ability to heal the mind, body, emotion and spirit.

### Ongoing Challenges

- At this time the Canadian healthcare system does not support a truly collaborative model inclusive of both Traditional and Medical practice. This includes a lack of funding to support Indigenous Physicians who engage in relational healthcare from an Indigenous perspective (takes a long time for appointments, includes activities not accepted as part of the role of a physician from a medical perspective, may involve using herbal medicines or non-prescription tools) and a lack of funding to pay equitable salary to Traditional Practitioners. (stated by 7 respondents)
- Ongoing rejection of “medical care” by community members that manifests as poor attitudes towards Indigenous Physicians and other Indigenous healthcare providers other than Traditional Practitioners (stated by 5 respondents).
- Managing an Indigenous Pharmacy and picking wild medicines is a lot of work, one needs to be physically healthy to tend the medicines and follow spiritual protocols.

- The pain and hurt felt by witnessing the suffering of addictions and mental health concerns unaddressed within a Medical model of health care and watching these types of health concerns increasing.
- Ongoing belief that Medical practice impedes “healing”.
- There is mistrust on both sides when trying to conceptualize a collaborative model of primary care; and
- The road travelled by Indigenous Physicians is long, tiring, and difficult however support from networking with other Indigenous Physicians and Traditional Practitioners has been a guiding light.

### Plans for the future

Juddah’s Place is leading the way in the provision of truly collaborative primary care for Indigenous people. The process is founded on relationship: 1. Practitioner to Creator and Self, 2. Practitioner to Practitioner, 3. Practitioner to Client/Patient, and 4. Client/Patient to Creator and Self. As witnessed throughout the evaluation process, establishing a collaborative practice has required a significant shift in the role of the medical practitioner to rebalance the paradigms of Traditional and Medical knowing to equitable status. Significant and ongoing change at all levels has been a hallmark of this practice that is seen as key to healing, of the system as well as clients, staff and practitioners.

The Lead Physician described the realization that it was time to stay quiet and shift out of a centralized position. This was further elaborated as both a relational change and an interface between Traditional and Medical knowing that happens within the self. It was a time that the Lead Physician espoused that relational reality within herself which in turn has changed how she sees herself engaging in medical practice at JPs.

“It is a realization that we are the stewards of Indigenous knowledge as Indigenous Physicians trying to revive traditions within a Western / Medical context. It’s a time of ‘waking-up’ the knowledge that has always been there inside you. I hold two bundles of knowledge. I am changed and my practice of medicine must change with me.”

As the evaluator, I can see this description as an internal process of reconciliation everyone involved at JP needed to hear, and one they will all need to go through within themselves as well. The Lead Physician has inspired and lead the way to the new model of primary care. Others working at JPs envisioned smaller changes, ways to change in small increments of “doing”, but none described in terms of a change in the internal state of “being”. All practitioners could envision and desired Traditional Medicine as the stronghold of JP and could see this as the fourth iteration of the practice.

The fourth and emerging model of primary care envisioned by the Lead Physician sees clients entering JP being seen first by a Traditional Practitioner, and if necessary and in the interest of their health a referral would be made to a JP Physician. The Lead Physician sees herself practicing in a more wholistic way founded in Indigenous relational concepts and seeing patients in consultation regardless of who their regular family doctor may be. The ultimate plan for the future expressed by all is a

network of Indigenous health care practitioners, physicians and traditional practitioners continuing to meet and support each other's work regardless of their specific location of practice. In this way "Juddah's Place" is the place of relationship where the spiritual connections are upheld – more than a physical place or space.

### **Other work of the Evaluation**

As part of this evaluation project several other documents were developed and can be found separately on the Juddah's Place website [juddahsplace.com](http://juddahsplace.com)

- The **Proceedings: Indigenous Physicians and Traditional Medicine Practitioners Working Group**. Held in December of 2017.

-Draft position statement **Indigenous Physicians Position Statement: Indigenous Traditional Culture and Bio-Medical knowledge in Practice** outlining Indigenous Physicians commitment to upholding Indigenous Knowledge and Collaboration with Traditional Medicine Practitioners was established.

-The development of **Traditional Indigenous Practitioners Code of Ethics** was created to support the need for credentialing apprentices who have completed training at Juddah's Place and address the need for healthcare providers to identify qualified practitioners that can work in collaboration.

## **9. Conclusions**

---

"Juddah" is the pet name for Grandmother in the Cayuga language. As healing flows from the relationship of Matriarch or Grandmother to her family, Juddah's Place Relational Model of Primary Care flows to the community out of the relationship of each practitioner with their Creator. It is this spiritual connection that lays the foundation upon which practitioners connect and collaborate with each other and the people who come to her for care. Out of this relational space of healing the tools to carry out a life of health and wellness and determine one's own path are developed and nurtured for both practitioner and patient. The findings from this evaluation shows that this model of healthcare, spiritually grounded, relationally based and focused on healing, is what breaks down barriers to health and supports Indigenous patients to take back responsibility and self-determination for their health.

The relational bonds that have developed and continue to be nurtured cross perceived barriers of knowledge, perspective and even religion. Working with the principles of the two-row wampum actually brings these diverse aspects into the practice and embraces them – in this way they become part of, instead of a barrier to, health and healing. For all communities looking to embrace a new way of Primary Practice that leads to healing the work begins by nurturing the strengths and relationships between Medical Healthcare Providers and Traditional Medicine Practitioners creating a third way that is "collaboration". This collaborative space is present within each Indigenous practitioner (whether traditionally or medically trained), between practitioners, and the place of connection and healing between practitioner and patient/client.

Many clinics and programs before Juddah's Place and many to come will attempt to recreate healthcare settings that bring Traditional Indigenous ways together with Medical Practice and re-create

this healing relational space. We remind the reader, this practice and the model of care that emerged starts with relationship. With only the bonds of spiritual connection formed years prior among community members, within the cultural norms and ways of being, the healing collaborative practice that is embodied in Juddah's Place began.

A future that brings these two ways of knowing and practicing together to function in the third way of collaboration is our vision for all Primary Healthcare for Indigenous people across Canada. This will require the ongoing work of reconciliation. First, within every Indigenous person as we reconcile our cultural knowing, and the knowledge gained through education systems, that we all possess. Secondly, within each Indigenous community as we reconcile for ourselves the truth of who we are - the original instructions gifted to us by the Creator as Indigenous peoples and the methods and systems of colonization we have adopted. Thirdly, within the Canadian healthcare system to reconcile what is known about healthcare from a medical perspective and what needs to be learned about healing from an Indigenous perspective.

An important element of this reconciliation process will be to further understand the complexity linked to the aftermath of historical factors, such as colonization, that continue to impact the process of developing collaborative Primary Care models. This reality contributes to a challenging dynamic of uncertainty and tension that will need to be further reconciled and is a natural next phase in the evolution of Juddah's Place. The ultimate plan for the future expressed by all is a network of Indigenous health care practitioners, physicians and traditional practitioners continuing to meet and support each other's work regardless of their specific location of practice. In this way "Juddah's Place" is the place of relationship where the spiritual connections are upheld – more than a physical place or space.

It is our belief that in the spirit of reconciliation, using the findings from 'Juddah's Place: An Indigenous Evaluation' we can work with policy and decision-makers and health professional associations to further develop and implement systems of healing care led by Indigenous people for Indigenous people. Further, that these new systems will embrace the diversity of nations and be fully supported with human and financial resources with the same dedication that existing, mainstream healthcare is supported. In the spirit of upholding self-determining processes, as demonstrated herein as best led by Indigenous people, Indigenous health practitioners, academics, administrative and community people will lead and guide this work through current and expanded health and education infrastructure.

## 10. Resources and Bibliography

---

Campbell Institutes National Safety Council. (2017). A Systems Approach to Worker Health and Wellbeing. Accessed 16Feb20 at:

<<https://www.nsc.org/Portals/0/Documents/CampbellInstituteandAwardDocuments/Systems-Approach-Worker-Health.pdf>>.

Chandler M. J., and C. E. Lalonde. (2014). Cultural Continuity as a Moderator of Suicide Risk Among Canada's First Nations. *Kirmayer, L. & Valaskakis, G. (Eds.). The Mental Health of Canadian Aboriginal Peoples: Transformations, Identity, and Community*. University of British Columbia Press. Accessed 16Feb20 at:

<<http://web.uvic.ca/~lalonde/manuscripts/2004Transformations.pdf>>.

\*Downey, Bernice. (2014). Diaspora Health Literacy: Reclaiming and Restoring Nibwaakaawin (Wisdom) and Mending Broken Hearts. Unpublished PhD Thesis, McMaster University. Accessed 16Feb20 at:

<[https://macsphere.mcmaster.ca/bitstream/11375/16449/1/Downey%20Dissertation\\_Final\\_\\_Oct%2015.pdf](https://macsphere.mcmaster.ca/bitstream/11375/16449/1/Downey%20Dissertation_Final__Oct%2015.pdf)>

Maar, Marion. Barbara Erskine, Lorrilee McGregor, Tricia L Larose, Mariette E Sutherland, Douglas Graham<sup>5</sup>, Marjory Shawande<sup>2</sup> and Tammy Gordon. (2009). Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada. *International Journal of Mental Health Systems*, 3:27. Accessed 16Feb20 at: <

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804693/pdf/1752-4458-3-27.pdf>>.

Oliver-Baxter, J., L. Brown, J. O'Connor, B. Lunnay and P. Bywood (2013). Integrated care: What can be done at the micro level to influence integration in primary health care? *Series title: Towards integrated primary health care Integration within primary health care and between primary health care and other sectors*. Primary Health Care Research and Information Service. Accessed 16Feb20 at:

<[https://www.researchgate.net/publication/257656677\\_Integrated\\_care\\_What\\_can\\_be\\_done\\_at\\_the\\_micro\\_level\\_to\\_influence\\_integration\\_in\\_primary\\_health\\_care](https://www.researchgate.net/publication/257656677_Integrated_care_What_can_be_done_at_the_micro_level_to_influence_integration_in_primary_health_care)>.

\*Six Nations of the Grand River Territory. (2015). Moving Forward Together: A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices.. November 2015. Accessed 16Feb20 at: <<http://www.snhs.ca/MovingForwardConferenceReport.pdf>>

Ontario Ministry of Health. (1994). New Directions -- Aboriginal Health Policy for Ontario.

Accessed 16Feb20 at: <[http://ofifc.org/sites/default/files/content-](http://ofifc.org/sites/default/files/content-files/Aboriginal%20Health%20Policy%20for%20Ontario%20-%20full%20document.pdf)

[files/Aboriginal%20Health%20Policy%20for%20Ontario%20-%20full%20document.pdf](http://ofifc.org/sites/default/files/content-files/Aboriginal%20Health%20Policy%20for%20Ontario%20-%20full%20document.pdf)> and

<[https://ics.sanyas.ca/assets/156/Aboriginal\\_health\\_policy\\_for\\_Ontario\\_1999\\_1\\_.pdf](https://ics.sanyas.ca/assets/156/Aboriginal_health_policy_for_Ontario_1999_1_.pdf)>

\*Order in Council on August 26, 1991. The Royal Commission on Aboriginal Peoples (RCAP).

Accessed 16Feb20 at: <<https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/introduction.aspx>>.

Oster, Richard T., Angela Grier, Rick Lightning, Maria J Mayan and Ellen L Toth. (2014). Cultural continuity, traditional Indigenous language, and diabetes in Alberta First Nations: a mixed methods study. *International Journal for Equity in Health*, 13:92. Accessed 16Feb20 at: <<https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-014-0092-4>>

\*Truth and Reconciliation Commission of Canada. (2015). *Honouring the Truth, Reconciling for the Future Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Library and Archives Canada. ISBN 978-0-660-02078-5. Accessed 16Feb20 at: <[http://nctr.ca/assets/reports/Final%20Reports/Executive\\_Summary\\_English\\_Web.pdf](http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf)>.

\*United Nations (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Resolution adopted by the General Assembly on 13 September 2007. Accessed 16Feb20 at: <[https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)>.



## Appendix A: Indigenous-led dialogue session tools led by the evaluation participants

---

The First Nations Evaluation Approach (FNEA) is diagramed on the last page.

The main tools of the FNEA are the Waawiyeyaa Evaluation Tool and 4-Quadrant Board.

The storyboard is about your experiences and journey in the program and or organization.

### BACKGROUND

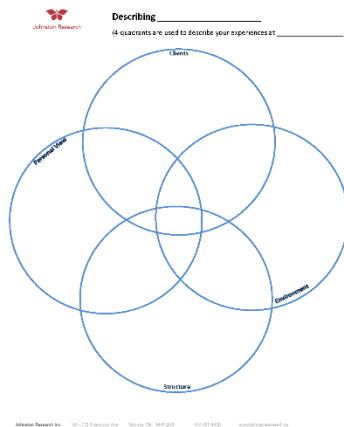
These two tools came about from Johnston Research Inc's (JRI) work with Indigenous programs. Taking time to reflect on the experiences of program and organizations allows us all to check-in on where we have been and how that journey has been and where we are going..

We have found that Programs work to meet the needs of participants, just like Indigenous teachings say that our life's journey is to meet the needs of our 'Spirit'. Thus, participants are the 'Spirit' of a program and the community is the 'Spirit' of the Organization. Because Programs work to meet the needs of participants and Organizations work to meet the needs of the community, as a whole.

### INSTRUCTIONS

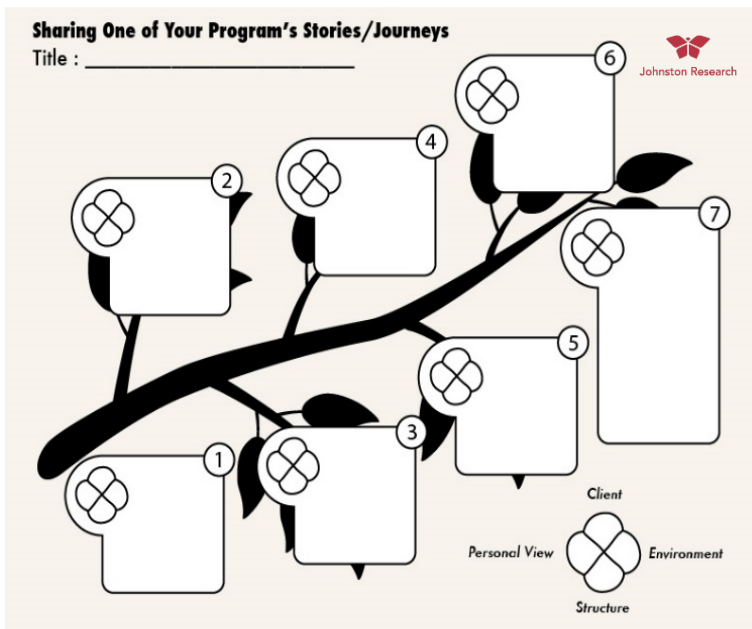
You will fill out two tools as follows:

#### JRI 4-Quadrant Board



You can fill it out on the form provided or on a piece of paper, noting the four quadrants. The backgrounder above provides context for writing on the tool. It is meant to allow you to interpret the categories in a way that make sense to you, and the backgrounder is more of a guide or example of what you can focus upon.

The goal is to reflect on your experiences in the program or organization – there is a tool for each of these categories.



This can be completed before or after the quadrant board. Where the quadrant board is about your experiences, this is meant to record the journey of the program or organization.

Using the guide, the goal is to write in box 1 an answer to the question on the “guide” sheet. This will be about the past.

And Boxes 2 – 5 are about that journey, so for program is about your role and for organization is about your daily recent experiences at the organization.

Box 6 is about what needs to happen to reach the goals you have for the program or organization

Box 7 is where you want to get to next.

To fill out this 2<sup>nd</sup> tool, you can choose 4 pencil crayon colours and colour in the 4-quadrant legend – then as you write in the boxes you can colour in the quadrant item that relates to the box, it can be one, two, three, or all four quadrants for each box.

### Juddah’s Place Interview Procedures.

Four files:

1. JRI Describing The Whole-Self.pdf
2. Juddahs Place Focus Group Questions and Intro.pdf
3. The Waawiyeyaa Evaluation Tool PACKAGE
4. You have the video, it is also on [YouTube](#), not to be circulated.

### TOOLS PROCEDURE:

#### Session Type 1: All Tools (ensure you have interview package and pencil crayons)

1. Provide a full package to the participant
  2. Introduce the evaluation project and consent form/payment process, and tell them a counsellor at Juddah’s Place is available to speak with them anytime afterwards.
  3. Advise you will watch a video to start and then complete a storyboard process
  4. Show the video
  5. Review the storyboard and point, “Here is where you can write a title, these four circles are where you can choose 4-colours to show where your emotions were impacted on the different boxes”. “Also, the handout package I gave you has the two storyboards from the video and a printed explanation of what each box can include.” “You can complete 1 or 2 storyboards and the whole-self chart.”
  6. Review the two evaluation questions, to guide they storyboards.
  7. Partially engage and also give them room to write. You may need to instead write for them.
  8. Take up the storyboard with them and write your notes always.
  9. Wrap-up – there will be a dissemination reporting to the community in the coming months.
- For your first session you might want to audio record it, to match your note taking to what is said.

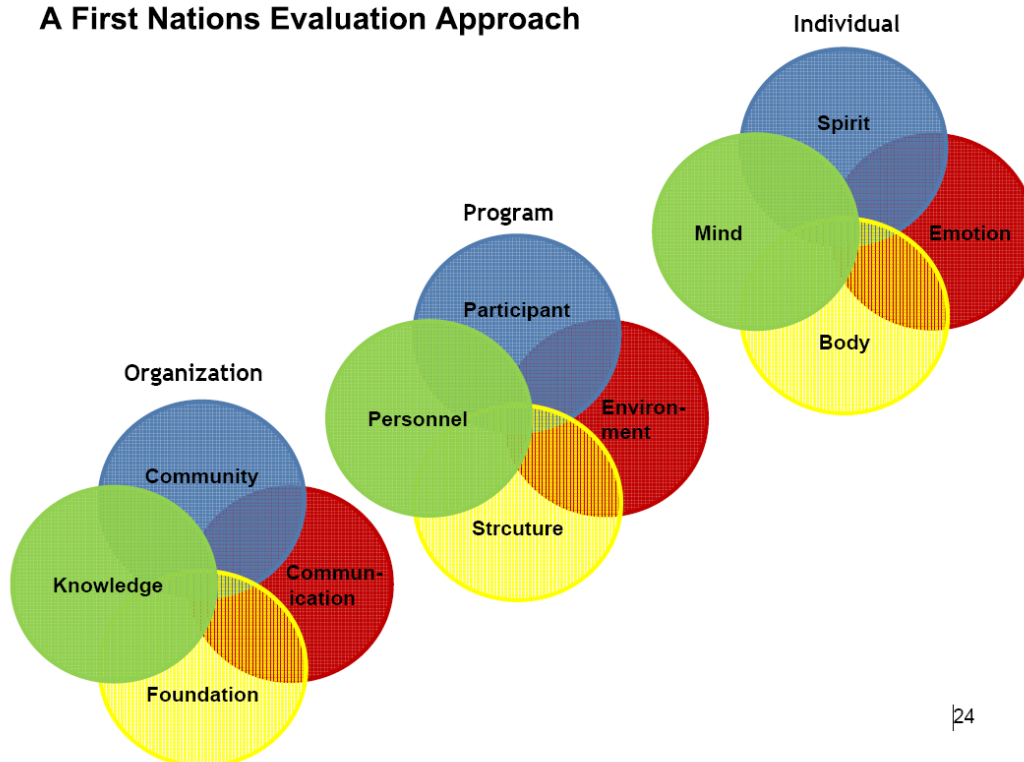
## Session Type 2: Modified Tools

1. Use three papers:
  - a. Waawiyeyaa Storyboard
  - b. JRI Describing The Whole-Self.pdf
  - c. Juddahs Place Focus Group Questions and Intro.pdf
2. Introduce the evaluation project and consent form/payment process, and tell them a counsellor at Juddah's Place is available to speak with them anytime afterwards.
3. Simultaneously introduce the three pages at once, focused on the storyboard
  - a. "We want to discuss your journey of health and healing and also your connection to Juddah's Place and how you keep in-touch here." "We wonder if you can talk about what your health challenge was, and describe that journey and how Juddah's Place has worked with you on your health journey."
4. Probe, for the mind, body, spirit and emotions as they speak.
5. Wrap-up – there will be a dissemination reporting to the community in the coming months.

WRAP-UP, Admin for all Interviews:

1. Ask them to sign the Stipend and give them the money
2. At some point beforehand, you would have confirmed their verbal consent and so you need to sign as such with your signature on the consent form, and file at Juddah's Place.

### A First Nations Evaluation Approach



24

## CLIENT QUESTIONS

### **What are the steps you have taken in your health and healing journey?**

- This can be the relationships that support you,
- It can be other ways you have been supported,
- But also your relationships with traditional medicines, and also western medicines,
- Also the way you see yourself and your role in your health and healing.

### *2<sup>nd</sup> possible story*

### **What are the steps you took to connect with and continue visiting Juddah's Place?**

## TRADITIONAL MEDICINE PRACTITIONER QUESTIONS

### **What are the steps you have taken in building relationships with Physicians?**

- This can be working and personal relationships with Physicians,
- it can be other human relationships, such as patients,
- but also your relationships with western medicines, and also traditional medicines,
- also the way you see yourself and your role in this equation.

### *2<sup>nd</sup> possible story*

### **What are the steps you took to connect with and continue fostering your relationship with Juddah's Place?**

## INDIGENOUS PHYSICIANS QUESTIONS

### **What are the steps you have taken in building relationships with Traditional Medicine Practitioners?**

- This can be working and personal relationships with TMPs,
- it can be other human relationships, such as patients,
- but also your relationships with traditional medicines, and also western medicines,
- also the way you see yourself and your role in this equation.

### *2<sup>nd</sup> possible story*

### **What are the steps you took to connect with and continue fostering your relationship with Juddah's Place?**

Some mild probes were asked as guiding questions:

- What lead you to Juddah's Place?
- What has been your experiences at Juddah's Place?
- What has been your experience working at JPs

## **Appendix B: Benefits of Using the Waawiyeyaa Evaluation Tool and 4-Quadrant Board**

---

### Participants Experience

1. Feel safety in the framework of the tool
  - a. There is a sense of ease that they are not being asked to fit into a box of pre-set questions.
2. The pencil crayons and or sticky notes enable a creative process to emerge, therefore capturing both sides of the brain in the process of reflecting on experiences on the storyboard. As the ability to follow the framework demonstrates a complex and coherent process has been completed; however, it also demonstrates a level of creativity has emerged, as one must process the information in their mind and organize it into the various categories on the storyboard.
  - a. The writing demonstrates a creative process emerged
  - b. A creative process necessary to link the events in one's life into a cohesive and coherent manner on the framework of the storyboard
    - Therefore, participants in the Tool should be acknowledged for their creativity and ability to take what is very emotional, and spiritual and write it down in such a coherent, logical, and meaningful manner on the storyboards.
    - On the other hand, the process and experience of completing a storyboard is indicative of this feeling of success in that they could and did complete the complex process of the storyboard.
3. Feel a willingness and desire to write
  - a. 1 out of 10 feel no affinity at all to the tool; could be a greater ratio or never realized in each group
  - b. 2 – 4 out of 10 need a support in-place to prompt the use of the tool, this can be answering some questions, around the application and the ways of using the tool. Again, this group is wanting to “get-it-right”, they feel a bit of apprehension in whether they can “get” the somewhat abstract concepts, meanwhile, they are being told there are no constraints on them in the application of the tool.
  - c. The other 5 - 7 are prepared to apply the tool from the start of the opportunity when they are invited to use the tool.
    - 1 – 3 of the 10 are highly articulate and use very descriptive language, as well as, going very deeply into the concepts behind their experiences.
4. Write the truth on the storyboard
  - a. When they are asked to write a storyboard and then invited to speak, as well,
    - it is clear that the storyboard language is more systematic, concise, well-thought-out and reflective of the actual consecutive events, in a manner that is deep and meaningful.

- Speaking the storyboard is usually not critical to the success of the evaluation/research process. This talking / sharing process is highly beneficial to the individual and the group as a whole, as it offers a sense that there are similar experiences shared in the group. The strength of this sharing process is that the groups' members can relate to one another in the similarities and they can understand the point of view in each other's expression of experiences.
- Regardless of in a one-on-one "interview" process or a group "focus group" session, the value of the sharing / speaking of the storyboard is how it offers a meaningful sense of recognition of the personal deeply felt experiences, as a validation process of one's experiences.

### Notes on the implementation of the tools

1. The Tool followed by the 4-Quadrant Board, supports a fuller thought process.
  - a. Some participants are at first very apprehensive and feel they cannot complete the storyboards – fill in all the boxes
    - i. They must be supported in the idea, "This is okay", and there is no expectation they will complete the board
    - ii. Often participants are stuck at the first box; this box is critical to launch the participant into the deep introspection of their experiences. The participant is often asking for permission and a sense of reassurance as to your sincerity of their confidentiality. It is key to establishing trust that then enables expression of very personal experiences.
  - b. The storyboard acts as an outlet, and a way to break the ice, most participants open-up to tell their in-depth experiences once they have completed the storyboard.
  - c. The 4-Quadrant Board allows for a deeper sense of what they have been doing and acknowledging what is working for them – it too ignites creativity since it asks them to view themselves through the four selves: mind, body, emotion and spirit.
2. Engaging the Spirit
  - a. The above also demonstrates that spirit has been engaged. According to Dr. Michael Yellow Bird, when the chatter of the mind is quieted down the creative minds processes can better emerge, and it is this bridging of these regions of mind that lends itself to accessing the spiritual insights and messaging.
    - i. When a person develops trust in the process there is a sense that an intervention occurred, sparking the artistic creative process which further opens that doorway to an internal intervention as they tell their story in their own words.
    - ii. This intervention builds a sense of peace within one's self, it allows this process to begin and the writing of these experiences open that doorway a little wider and enables a spiritual journey to begin for those ready and willing, and also those who are not even conscious of their such undertakings.

## Appendix C: Research Team

---

The research team is comprised of Indigenous scholars, practitioners and community members with lived experience and expertise in Indigenous Traditional healing, Indigenous family practice, healthy policy and research, academia, Indigenous health systemic change processes, advocacy and program development. Members of the research team have established numerous informal and formal partnerships through their respective community, research, education and health-related networks. Five roles exist on the research team.

Dr. Hill is an Indigenous Physician who is Assistant Clinical Professor and Liaison for the Indigenous Health Initiative with McMaster University's Family Medicine Department. She developed the Six Nations Family Health Team and then formed Juddah's Place in collaboration with Elva Jamieson in 2013. She provides comprehensive family medicine services and formal supervision for family medicine residents. Dr. Hill is in her final year of training in Functional Medicine and in Traditional Indigenous Medicine. Dr. Hill as Nominated Principal Investigator (NPI) oversaw all aspects of the project.

Traditional Medicine Practitioner, Elva Jamieson is a Traditional Faith keeper within the Cayuga Longhouse, a role that is part of the traditional governance system within the Six Nations community. She also works in a consultant capacity for a regional Aboriginal Health Access Centre, and provides Traditional Medicine services with the Southern Ontario Health Access Centre and Six Nations Family Health Team. Ms. Jamieson contributed her Indigenous knowledge expertise throughout the project.

Dr. Bernice Downey is a medical anthropologist with research interests in health literacy and the harmonization of Traditional healing and biomedicine. Dr. Downey held an appointment as the Regional Aboriginal Cancer Lead for the Toronto Central region for 6 years. Dr. Downey also has extensive experience in Indigenous health policy and research and administration with Indigenous health organizations. Dr. Downey in her role as co-applicant collaborated with the NPI in the oversight of the project.

Two Research Assistants, both Indigenous, were hired, to coordinate administrative aspects of the project, implement case-story interviews, lead in the synthesis of data and develop reports. Danielle Bourque completed two focus groups with 7 JP clients in collaboration with the Indigenous evaluator. Bourque also assisted in the completion of the literature review. Jai King-Green is a Social Work student and apprenticing as a Traditional Counsellor at JP. Jai completed 39 one-on-one interviews.

As the Indigenous evaluator (20+ years of experience), Andrea L. K. Johnston, worked collaboratively with all of the above individuals to collect evaluation data and write the report.

## **Appendix D: Juddah's Place, Indigenous Knowledge Exchange Group, Terms of Reference**

---

### **Title of Study: Juddah's Place - An Indigenous Evaluation Project**

Locally Responsible Investigator and Principal Investigator: Dr. Karen Hill, Juddah's Place

Co-Investigator(s): Ms. Elva Jamieson, Juddah's Place, Dr. Bernice Downey, McMaster University

Research Assistant: Ms. Andrea L. K. Johnston, Johnston Research Inc.

Grad Student(s): Ms. Danielle Bourque, McMaster University, Jai King-Greene, Master Apprentice

**Membership:** is appointed by Juddah's leads from various community and other stakeholder sources; the Knowledge Group members participate in good faith free from conflict of interest and personal gain. Membership reflects, to the greatest extent possible, a diverse representation of staff, governance, community and client perspectives

**Mandate:** The Indigenous Knowledge Exchange Group acts with respect for one another where each member feels understood and each has opportunities to express their views in a format that is suitable to their individual needs.

The conduct of the Evaluation Team is guided by the Great Law of the Rotinonshonni/Hodinohsyoni, the Canadian Institute of Health Research (CIHR) - Catalyst Grant guidelines, and the McMaster University Health Interdisciplinary Research Ethics Board (HIREB).

**Terms:** Members shall be invited to participate within the knowledge group for the duration of the project. (Approx. 2 year.)

### **Meetings and expectations of participation:**

Flexibility is a priority and therefore members can attend meetings in a format that meets their needs. All members can attend the in-person meetings, or they can opt to participate in a one-on-one conversation that meets their scheduling needs.

Date ranges will be provided to members from Juddah's Place via email and/or phone calls (message).

Four meetings are held: 1) review of the evaluation methodology, 2) review of early data, 3) review of draft findings, and 4) review of final draft report.

**Compensation:** Service as a Knowledge Group member is voluntary. Members will be reimbursed for expenses incurred to attend meetings and will receive honoraria.

### **Conflict of Interest:**

Knowledge Group members are required to abide by the Juddah's Place Conflict of Interest Policy



## **Appendix E: Visual Representation of the Model of Care**

*Days before presenting the preliminary findings within the community Dr Karen had a profound dream/vision. In this vision she was shown the Kaswentha as it entered into a prism of many dimensions. As it traveled out of the other side of the prism the three white stripes became the full spectrum of color. Her spirit knew this signified that when relationships reside in the space of friendship, peace and respect - a third way of being is manifested. Juddah's way. One that is collaborative, synergistic, inclusive and healing. In the process of creating the visual the prism was changed to the strawberry, reflecting traditional teachings of how the strawberry reminds us of the Sky World where we, the Rotinonshonni, originally came from.*

