



WAHTA LONG-TERM CARE PROJECT

# Phase One

STRENGTHS & NEEDS ASSESSMENT

## Key Informants

Keepers of special knowledge that help guide the direction of the project

## Sharing Circles

Community members coming together to share thoughts and opinions

## Survey

Reaching all members through survey mail-out and online survey platform



## WAHTA LONG-TERM CARE PROJECT

# Phase One

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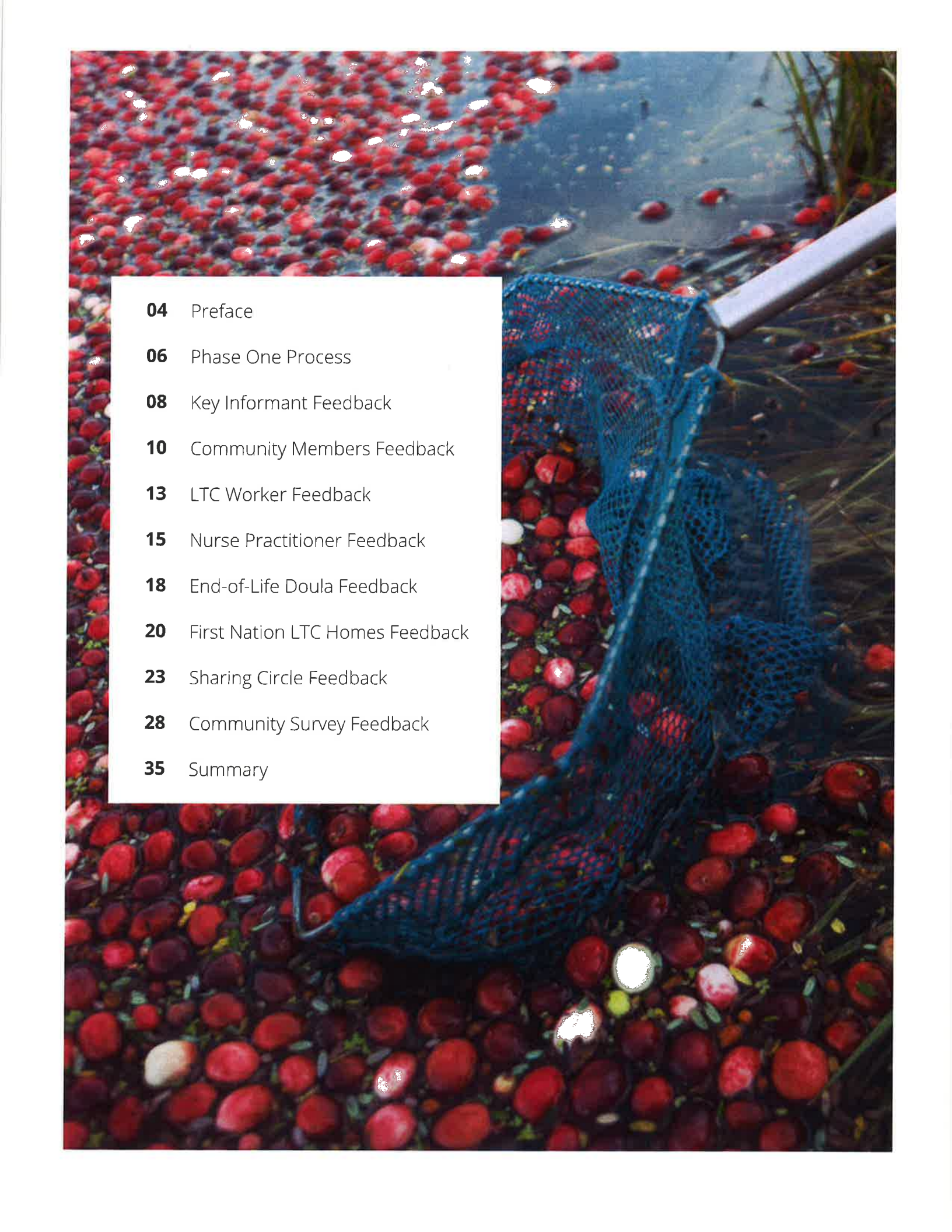
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# Preface

**MANY WAHTA FIRST NATION PEOPLE WANT THE OPPORTUNITY TO LIVE THEIR ENTIRE LIFE ON THEIR TERRITORY, TO PASS AWAY IN THEIR OWN HOME, AND BE A PART OF THEIR COMMUNITY THROUGH ALL STAGES OF LIFE.**

**The need for long-term and palliative care services for First Nation people is steadily increasing due to an aging population and the disproportionate burden of chronic conditions and illnesses faced by First Nation communities. Wahta First Nation initiated the Long-Term Care (LTC) Project to understand the aging needs of its members, highlight community strengths, and take the necessary steps to preserving Wahta's history and culture by keeping Elders in the community, where they belong.**

This report, covers findings from the first phase of the LTC project. This phase focused on compiling a strengths and needs assessment of the community, while seeking to understand the level of community 'readiness' and 'support' for a long-term care home at Wahta.

From the onset of the LTC project, a Community Advisory Circle was formed from Wahta members who volunteered their time to participate in the project. This Circle ensured that Phase One of the LTC project was community-led. Phase One encouraged community participation by providing multiple opportunities for all members to participate through various mediums (i.e. sit on the Advisory Circle, become a key informant, attend a sharing circle, or complete a survey).

## Acknowledgments

Phase One has involved the hard work and determination of many people. We are grateful to the LTC Advisory Circle, who volunteered many hours to help facilitate this project. We would also like to thank all key informants and members who participated in the project for generously sharing your time, experience, and wisdom with us. **NIA:WEN!**



# A note on terminology

Below are the key terms that are referenced throughout this report.

**Long-term Care:** refers to a continuum of medical and social services designed to support the needs of people living with chronic health problems that affect their ability to perform everyday activities.

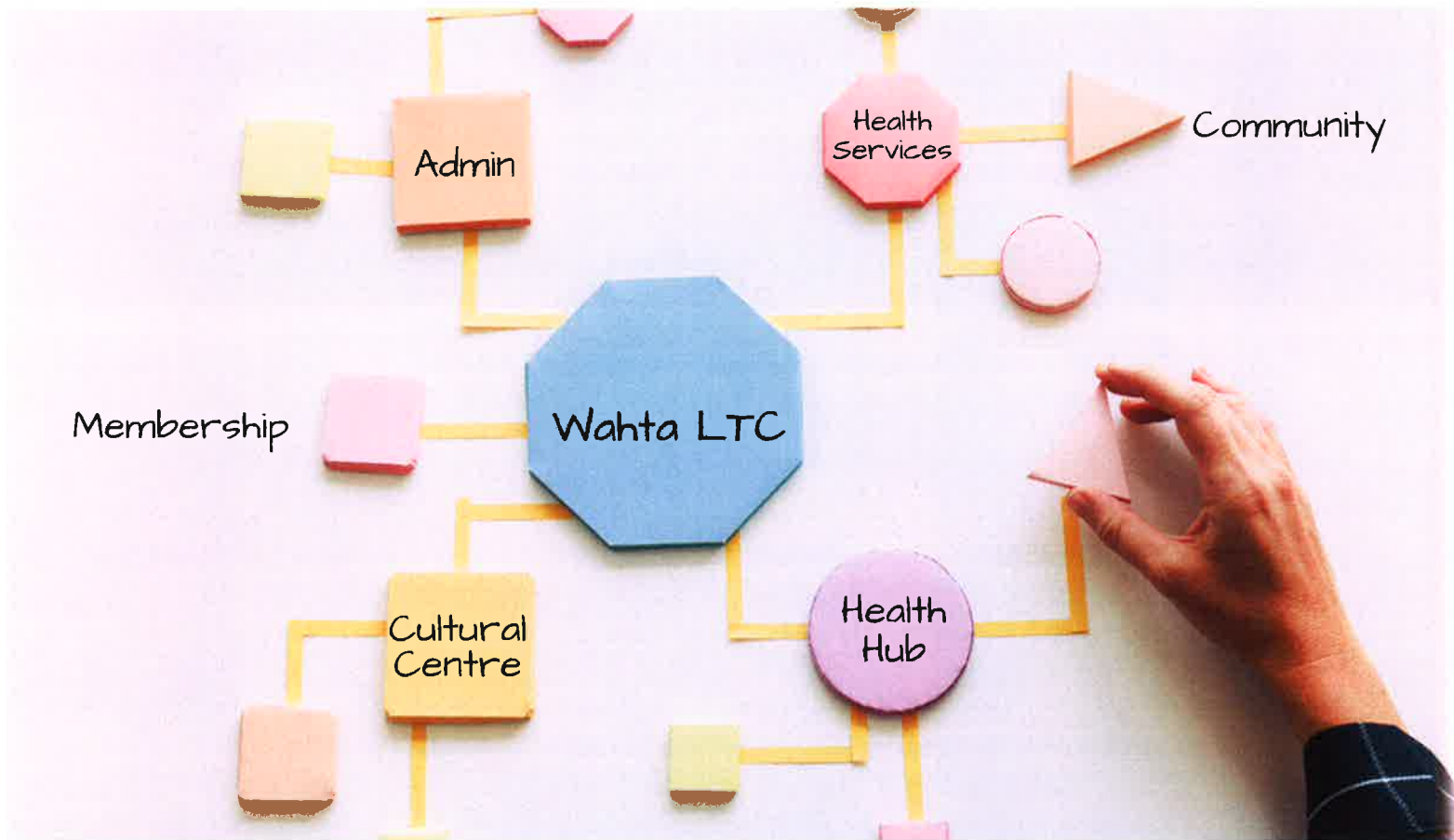
**Long-term Care Home:** a home/building that provides rehabilitative, restorative, and/or ongoing health care (i.e. nursing, personal support workers, dietary aids) to residents who live there and are in need of assistance with everyday activities. Individuals 18 years or older can live in a LTC home.

**Palliative Care or End of Life Care:** is specialized medical care and services for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a health problem. The goal is to improve quality of life for both the individual and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a client to provide an extra layer of support. It is appropriate at any age and at any stage of illness.

**End-of-Life Doulas:** bring comfort to those who are passing on and their family members. Doulas support individual's with the right to choose an end-of-life that is meaningful to them. They advocate for and guide all involved through the medical processes and bring together the support services and other resources families need.

# PHASE ONE PROCESS

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## Community Strengths and Needs

**Assessments** seek to gather accurate information representative of the vitality and needs of a community. Assessments are performed prior to taking action and are used to determine current situations and identify issues for action. Strengths and needs assessments establish the essential foundation for planning.

# PHASE ONE PROCESS

*Change is the main reason to obtain accurate information regarding the strengths and needs of a community. The assessment process is an invaluable tool for involving the entire community in solving problems and developing shared goals.*

Phase One of the LTC Project extended over six months and followed five key steps to gather information.



## STRENGTHS & NEEDS ASSESSMENT PROCESS

### Advisory Circle

Formed an advisory circle from Wabta Community members to steer the direction and implementation of the Assessment. This group met monthly.

STEP 01



### Key Informants

Gather information on needs through "Key Informant" storytelling and interviews, i.e. workers, elders, family member as identified by Advisory Circle.

STEP 02



### Sharing Circles

Gathered information on needs through "Sharing Circles" with seniors and elders and family members who care for seniors.

STEP 03



### Community Survey

Designed and administered community-wide survey to gather information on community strengths, challenges, needs.

STEP 04



### Final Report

A comprehensive Phase One report is prepared, outlining findings, themes, and recommendations.

STEP 05



**Key Informant Meetings:** are qualitative in-depth conversations/interviews with people who know what is going on in the community. The purpose of key informant meetings is to collect information from a wide range of people who have first hand knowledge about the community and also about long-term care for First Nation people.

**Sharing Circles:** are an informal technique used to help assess the needs and feelings of members. Members engage in informal discussions about a particular topic, i.e. LTC. Sharing Circles are typically small in size and usually range between six to eight participants.

# KEY INFORMANT FEEDBACK

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**Key Informant** meetings took place in person and over the telephone. Some of the Key Informants were identified by the Advisory Circle and the Administration and others volunteered themselves. In total, eleven Key Informant meetings took place.



# KEY INFORMANT OVERVIEW

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*Please note that all Key Informants were provided the opportunity to have their identity remain anonymous, to protect their confidentiality.*

The purpose of the Key Informant meetings was to gather insight into what members and local healthcare providers thought was important to consider when creating more programs and services for seniors and elders in the community. Additionally, the meetings also gathered information from three First Nation communities who currently have a Long-Term Care home, and compared and contrasted different operating models for consideration. The following Key Informant meetings took place:

1. Five community members (who will remain anonymous). Three live independently and two live with family members who help take care of them.
2. Personal Support Worker in a LTC home (who will remain anonymous).
3. Dana Strength, NP, of the Muskoka Health Hub.
4. Seneca End-of-Life Doula residing at Six Nations of the Grand River.
5. Three First Nation Communities : Six Nations of the Grand River, Oneida Nation of the Thames and Serpent River First Nation.

# COMMUNITY MEMBERS

## FEEDBACK

### **Aspects of Wahta that are supportive or not supportive to people as they age:**

Respondents shared that the Administration and Health Services try to offer a variety of programs and services to seniors. Respondents feel that program staff are generally kind and supportive. There are annual celebrations, such as a bean supper and fishing derby that brings community together. Staff demonstrate their support by going out of their way for seniors by driving respondents home on occasion, picking up their mail for them, calling them with appointment and program reminders, and listening to their problems and stories. One respondent shared that sometimes seniors are not respected when they "speak out" at community meetings and do not always feel that Council listens to them. Some respondents questioned why getting "good" long-term care services have taken so long to get established in the community.

### **What "aging at home" means to respondents:**


Respondents indicated that aging at home means that seniors get to live independently without being a "burden" to their family members.

Respondents shared that as they age, they worry about having to move away - leaving their home and belongings behind. At the same time, they do not want to put "extra" pressure on their family members by moving in with them unless they absolutely have to due to health concerns.

Respondents shared that one of their biggest fears is being unwell and forced to stay in the hospital, indicating that "once Native people go into the hospital, they never come out!" Many personal stories were shared of unanswered questions surrounding the care that was provided to family members in the hospital. Respondents generally do not trust the healthcare workers at the local hospitals, due to experiences of discrimination and rude behaviours by staff. As a result, respondents are more likely to stay at home, even when unwell, to avoid seeking medical treatment outside of Wahta.

### **What "end-of-life care" means to respondents:**

Respondents recognize that a family member passing away is of special significance as it evokes special responsibilities and obligations for those who are about to enter the spirit world. What respondents do "here" affect them over "there" in the Spirit world. They want to keep the communication open between the two worlds.



Respondents expressed that everyone mourns differently, and it is important that medical staff allow for ceremony and family visitors when a loved one is ready to pass on. End-of-life care is the care that an individual, regardless of age, receives when they are on their final days in this world. This is usually provided at a hospital for members, but should be provided at one's home. It is important that family members pass on in the community because it is essential for family to be there and pray in their own way for their loved one's Spirit. Respondents want healthcare professionals to know that end-of-life care must include people in the community to be there for one's passing on in their final day, whether it is elders, pastors, spiritual people, or women who are strong in their medicine.

**Services that respondents would like Wahta to implement, that could help seniors as they age:**

Respondents would like Wahta to consider offering personal support workers for people who need help with bathing and caring for themselves. They would also like to see an increase in meal preparation support - for both seniors and family members supporting seniors. Respondents would like respite care available for family caregivers and the opportunity to have friendly visiting or friendly telephone calls to decrease feelings of loneliness, especially during the winter months. Respondents would like help

in the home with heavy lifting and other odd jobs. Respondents think that family members and caregivers need to be more informed of the services and programs available to seniors in and out of the community. Lastly, respondents would like more free transportation options so respondents can reduce reliance on family members for regular trips to the grocery store and mailbox.

**Types of support respondents would have liked to of had so that they could have lived independently longer:**

Respondents would have liked to have had a more accessible home so that they could have freely moved around their house with mobility devices. They would have liked to have had someone run errands for them when they were unwell and to take them shopping when they were feeling better. Respondents would have like to have had their "essential needs" delivered to their house, such as groceries during the winter. They would also of liked to ensure that health care measures were in place to help them remember things like taking their medication and checking their blood pressure. Respondents would have liked an "emergency" plan if there was a fall or accident as some seniors live alone. Lastly, respondents would of liked to of had companionship for those without spouses to bring up their spirits, share words of encouragement, and just listen to them.

**Services family members need to support loved ones they are caring for:**

Respondents think that caregivers need to stay social and have the opportunity to leave the house without worrying about their loved one at home.



They also need to get enough sleep, as caregiving can be exhausting. Caregivers need to have the knowledge and skills to provide support to very unwell family members. Caregivers need training in medication dispensing and hygiene care. Caregivers need help with navigating the healthcare system as well as emotional support from someone other than the family member they are taking care of.

#### **Opportunities for social participation and inclusion of seniors in community life at Wahta:**

Respondents shared that there are opportunities for seniors to socialize at health-related programs such as at diabetes information sessions. Respondents feel that they can access senior programming at the Cultural Centre where they feel welcome. They would like to see a "drop by" visiting space for seniors to sit and talk that is comfortable and has a television, tea, and a computer. Respondents would like more culture-based gatherings so they can learn about Mohawk teachings. Some seniors feel like they are expected to be knowledge keepers in their community, but they were never given their teachings. Overall, respondents would like more diverse programming and do not mind if such programming is provided by outside agencies. Respondents stressed the need to have activities that "challenge their mind" like carving, painting, and a quilt circle. Respondents would like to be

a part of fundraising initiatives that could raise funds for seniors programming. Respondents also want more "men programming" such as leather crafts and carpentry.

#### **Whether or not seniors are respected and valued at Wahta:**

Although the LTC Project is underway, respondents shared that they were told by Council in the past that they would build a LTC home for them. Respondents completed surveys in the past and do not know if anything was done with them. Respondents expressed their fatigue as a result of repeating the same process over and over again. Respondents would like Chief and Council to visit with them more and not just around election time. Respondents also indicated that some members of the community are "closed off" and "hold grudges" which can last a long time. Some respondents feel very respected and valued by the staff members at Wahta and think the program workers listen to their needs and provide good care.

#### **Ways to increase respect for seniors in the community:**

Respondents think that Council could consult with seniors groups more frequently, especially on community-wide decisions. If Elders are keepers of knowledge, they should always be consulted. Messaging could be put up around the community reminding members to show respect for their Elders. Respondents think that respect needs to start within each family unit- parents need to respect their parents so that children learn how to show love and kindness to everyone.

# LONG-TERM CARE WORKER

## FEEDBACK

*Key Informant is a Personal Support Worker who has worked in long-term care for 20 years and has eight years of community home care experience.*

### **Difference between "aging at home" and long-term care":**

The primary purpose of "aging at home" is to keep individuals in their home or their family member's home as long as possible. This keeps seniors where they are most comfortable and where they have established their routines. For many seniors at Wahta, it is where they have lived most their life. "Long-term care" (LTC) is usually provided in a facility or building that becomes a seniors home. Medical care is available 24-hours a day along with many other services and support. Seniors go into long-term care when their health care needs exceed what they can take care of on their own. It is common for seniors to experience depression when they transition into LTC, especially when it is outside of their community. The goal is to keep seniors in their homes as long as possible, because they have better health outcomes at home.

### **End-of-life care in a LTC home:**

The goal for LTC staff is to make the individual and their family as comfortable as possible during end of life. This can be different for everyone. Families are often permitted to stay with their loved one in their room. A pastor or a traditional healer can visit to provide spiritual support. Meals and refreshments are provided in the room to prevent family members from having to leave their loved one's bedside. It is preferable to not have designated "palliative care rooms" at a LTC home. When residents move into a designated palliative room, it indicates that "this is the end" which creates undue stress on the individual. If seniors reside in their own room until they pass, they are surrounded by their comfort items, such as family pictures.



### **Things to take into consideration when developing a LTC home at Wahta:**

It will be important to think about the amount of "care" that the community wants provided to residents at the LTC home. Generally speaking, the amount of individual care that is provided by LTC workers to each resident is 2.8 hours per 24 hour period. This includes all tasks such as medication dispensing, hands-on care such as bathing to social interaction with each resident. Many people are surprised when they find out that residents have a lot of time on their own where they can choose their own activities during the day. Often one-to-one care is quite limited due to governmental funding constraints. It is also important to be mindful that when seniors move into a LTC home, it is their primary place of residence and workers need to act as "guests" in the residents home. There is a transitional period that can take residents some time to adapt to, especially since seniors are often downsizing their 2 or 3 bedroom house into a 10 x 12 room. Residents have to adapt to reduced privacy as sometimes other residents "wander" into their space. It is also important to develop a strong staffing recruitment and retention plan as there is often high-turnover in LTC staff due to long hours and emotionally taxing work. Lastly, it is important to think about the types of activities and services that can be integrated into a LTC home, such as a daycare.

### **Preferred living arrangements in a LTC home:**

Often LTC homes have different types of rooms to choose from at varying rates. Married couples who go into LTC together tend to sleep better when they are in individual rooms with their own beds. If one spouse's health declines, it can keep the other spouse awake throughout the night, which in turn decreases their health as well. Shared rooms with strangers pose multiple challenges, especially if there are personality conflicts. It also causes an increase in anxiety for both residents who do not know one another, but are trying to adapt to living with a stranger. Having individual rooms is also ideal if there is an infectious outbreak as it keeps residents safe and healthy.

### **Challenges to overcome in running a LTC home:**

Staffing ratios are approximately 1 to 11 residents. It can be challenging to spend quality time with each resident each day. There are also a lot of rule and regulations that bind LTC homes to learn and follow in order to stay open and operable. Working in a LTC can be very rewarding as you get to help people transition into their next phase of life.



# NURSE PRACTITIONER

## FEEDBACK

*Key Informant is Dana Strength, Nurse Practitioner at the Muskoka Health Hub located at Wahta. The purpose of this key informant interview was to gain more information of the available services and resources for seniors at the Health Hub.*

### **Health services available to community members at the Health Hub:**

The Health Hub categorizes individuals who access their services as "enrolled" or "non-enrolled." Enrolled clients are provided primary care and chronic disease management. Non-enrolled clients can access episodic care through walk-in appointments, but do not receive ongoing health care at the Health Hub. Primary care services are provided by one nurse practitioner out of the Hub. The pharmacy makes deliveries to the hub as the closest pharmacy is approximately 30 kms away in Port Carling or Gravenhurst. The Diabetes Education Centre provides diabetic care at the hub for both enrolled and non-enrolled clients. The hub is also outfitted with mental health services and physiotherapy services.

There are several individual and group program available to clients, including: Healthy Heart, Diabetes Management, Chronic Pain or Condition Management, Pulmonary Rehab, Healthy Seniors, Healthy Active Living, Smoking Cessation, Diet and Nutrition, Women's Healing Circle, Depression Education, Couples Counselling.

### **Services accessed the most by community members:**

Community members access a range of services available through the Health Hub. Members tend to only access services or programs that are



advantageous to develop an assisted living care team to provide a wraparound approach to seniors, made up of a team of nurses, social work, healers, and the nurse practitioner.

onsite at the hub, opposed to driving into Port Carling. Many members struggle with transportation barriers and winter travel can be particularly challenging for seniors. Participants appear to enjoy accessing programs as they increase their level of social interaction.

#### **End of life service available at Wahta:**

The Nurse Practitioner at the Health Hub sends formal referrals into the Community Care Access Centre (CCAC) which connects clients to a palliative care team. The client is assigned a case manager and the Nurse Practitioner works closely to the case manager to coordinate care. The Nurse Practitioner has provided some palliative home visits on occasion. There are gaps in services for caregivers in the community and for individuals who are grieving the loss of a loved one.

#### **Services needed to support seniors at Wahta:**

Although many community members are healthy, some seniors have three or more co-morbidities (i.e. high blood pressure, diabetes, mental health, etc.) and require access to affordable transportation options so they can pick up their mail, medication, attend off-reserve programming and visit specialists. There are some community members who could be considered "straddling the line" of still living independently but could benefit from the extra support provided at a LTC home. It would be



# END-OF-LIFE DOULA

## FEEDBACK

*Key Informant is a Seneca End-of-Life Doula residing at Six Nations. The Key Informant considered her work with the dying as a calling by Spirit. She has worked in end-of-life care for over twenty years.*

### **Defining "End-of-Life" Doulas:**

An End-of-Life Doula is a response to the cultural alienation some First Nation people are feeling from dying, death care and grief. An End-of-Life Doula is a community centred response that recognizes death as a natural, accepted and honoured part of life. End-of-Life Doulas have lots in common with Birth Doulas, though some people react negatively to the common vocabulary; saying, "birth is a good thing while death is bad." In the simplest sense, an End-of-Life Doula is a conductor, who offers a continuum of direct and integrated guidance and support to the individual and their family throughout a personalized and participatory death process. Traditionally this role was reserved for women. Conscious awareness of death does not necessarily begin with a terminal diagnosis. It is a more deeply entrenched cultural attitude

concerning how people chose to live given the conditions of their own mortality. End-of-Life Doulas have existed in native cultures for many years as helpers and protectors of the dead.

### **How some Haudenosaunee view death:**

Birth, life, death and afterlife are integral aspects of Haudenosaunee culture. To understand death and accept the journey to the Sky World, it is crucial to understand the origin of life, its laws, codes of conduct, challenges, and consequences. The Haudenosaunee Creation Story provides deeper insights into the beginning of life, the first human beings and all aspects of creation. It also defines relationship between all life on Mother Earth to the spirits in heavens and the beings in the Sky World. The Haudenosaunee believe that there is a great universal contest between the upper world and lower world. Humans must negotiate between these spheres in life and death and the End-of-Life Doula helps support this process during someone's final days.



### **How an End-of-Life Doula supports the spiritual journey of a soul:**

When a person dies, there are spirit forces at work that try to disrupt the long spiritual journey of the soul to the Sky World. The dead have power and it is dangerous to neglect the spiritual needs of the dead. Souls of the dead have a path of destiny they must follow: journey after life. End-of-Life Doulas take this spiritual journey very seriously and protect the dead. End-of-Life Doulas often walk family members through proper ceremonies, such as an annual ceremony to please and feed the lingering spirits of the dead. The spirits of all dead Native people from Turtle Island are believed to join in and there are no band, language or cultural differences with the dead. When we die, life force or soul leaves the body but may linger for 10 days requiring a feast to send it back to the Sky World. Since souls of the dead have power to affect the living, the End-of-Life Doula helps to show families how to respect the dead and how to care for their souls as they move to the Sky World.

### **How End-of-Life Doulas help a person and family prepare for death:**

End-of-Life Doulas help people understand that death is a natural transition from the physical earthly world to the Sky World. End-of-Life Doulas help individuals make his or her wishes known so that appropriate ceremonies can be prepared. Sometimes families do not have enough


knowledge of their history to know how to prepare these ceremonies. End-of-Life Doulas and ceremonies help to provide comfort, ease pain, and bring families together before the loved one passes on. If the family is overcome by grief, the End-of-Life Doula can help to bring mentors to the bedside of the loved one to say a special speech to release the spirit from its duties on Earth and give sanction for it to move to the Sky World.

### **End-of-Life Doulas role in ceremonies:**

The End-of-Life Doula helps to remind family members that their life must go on and that they can let the spirit of the deceased go on its journey. Different speeches indicate that the loved one's cares and wishes will be looked after. There are different types of ceremonies depending on the community, but a home ceremony usually involves the burning of tobacco, sometimes a repenting ritual, and the releasing of spirit and comforting the family. End-of-Life Doulas can help to arrange a 10-day feast to follow funeral rites. Laws and ceremonies that uphold the peace of Confederacy place a 10-day limit on formal grieving then a feast is held to help spirit on its journey to the Sky World.

### **End-of-Life Doula's role in both home and hospital-based passings:**

End-of-Life Doulas support people both at home and at hospitals. Ceremonies can occur in private hospital rooms or in bedrooms at long-term care homes. The purpose of these ceremonies is to acknowledge that spirit lives forever and will return to Creator. Body will return to Mother Earth, the original mother. The speaker will address the spirit of the dying person before it leaves the body to tell



the body and the spirit that they are going home. The spirit is addressed at the hospital bed after death and again as the undertaker takes the body. The End-of-Life Doula can help the family to understand the protocols, such as bringing the body home to the place where he or she lived since the spirit will still be with the family and people at home. End-of-Life Doulas can also help prepare hospital staff for the protocols and ensure that there is enough room for extended family to be there during the passing.

**End-of-Life Doulas role in helping family members who experience "unhappy spirits" at home:**

Spirits often linger in place where they were disconnected from the body. Places of death can be seen as a place of "bad luck". End-of-Life Doulas (depending on their teachings and skill) can help to purify a room or bring in a healer to clear the room after death to protect the space between uses. In March, many longhouses have a dance dedicated to all the dead to assure they are properly cared for in death.

**How to become an End-of-Life Doula:**

The first step is to connect with Elders and teachers to learn teachings. Being an End-of-Life Doula is a calling from Spirit. There are some formal training programs. Ultimately, community needs to call for and recognize individuals as End-of-Life Doulas.



# FIRST NATION LONG-TERM CARE HOMES

## FEEDBACK

*Key Informants are Three First Nation Communities: Six Nations of the Grand River, Oneida Nation of the Thames, and Serpent River First Nation. The following provides a brief overview of the LTC homes at each community.*

### **Oneida First Nations: LTC Facility**

The LTC Facility at Oneida First Nations is a 64-bed home. It does not have any short-stay beds and provides palliative care to their residents. Funding for the LTC Facility came from three sources - Oneida committed funds, the Ministry of Health selected Oneida's request for proposal to give out LTC licences, and a one-time grant opportunity. Intake into the Facility is through the Community Care Access Centre (CCAC). They review the applications and conduct an assessment based on a set of pre-determined criteria. The Facility provides a range of services beyond the standard personal support workers and nursing staff. These services include: occupational therapy, physiotherapy, dental services, periodic eye-care clinic, hairdressing, and motion specialists to assist with ADP

funding. The LTC Facility will accept applicants from "all Nations," although they work with CCAC to give their community members priority. All rooms at the Facility are "single rooms" and spouses are permitted to live in side-by-side units.



*Oneida First Nation LTC Facility*

### **Six Nations: Iroquois Lodge**

The Iroquois Lodge is a 50-bed home and is in the process of expanding to 80 beds. It is owned and operated by the elected Band Council. The Lodge is 33 years old. Intake into the Lodge is facilitated by the Manager of the Lodge and they set their own criteria for admittance. Criteria includes any risk factors that would prevent a community member from being safe in their own home. Residents can self-refer directly to the Lodge and other referrals come from hospitals, the community home care program, primary care providers, and family members. The Lodge is geared towards residents over the age of 65, however, currently 25% of residents are under the age of 65. Both private and shared rooms (two people to a room) are available. Most services and programs are accessed outside of the Lodge and in the Six Nations community. The Lodge outsources a lot of services due to long waitlists in the community. Their Community Trust Fund purchased a van specifically for the LTC residents.

### **Serpent River First Nations: Geka Wigwam Seniors Lodge**

The Geka Wigwam Seniors Lodge staff includes a nurse and personal support workers. They provide residents three meals per day and snacks, housekeeping, laundry services, and assistance with a shower/bathing. Intake into the Lodge is managed by the community. Criteria

includes adults and adults with disabilities 55 years and up. Residents must be able to ambulate (walk around). The Lodge offers short-term stays at a daily rate to community members. Programs and services provided at that the Lodge fall under the "Home and Community Care Program", which, beyond immediate care, offers residents daily activities including games, arts and crafts, social activities, gentle exercises, movies, musical entertainment and outings/mini excursions.



*Six Nations Iroquois Lodge*



*Serpent River Geka Wigwam Lodge*

# LTC HOME FREQUENTLY ASKED QUESTIONS

## How much does it cost to live at a LTC home?

Accommodation rates		
Type of accommodation	Daily rate	Monthly rate
Long-stay Basic	\$58.99	\$1,794.28
Long-stay Semi-private*	\$71.12 (Basic plus a maximum of \$12.13)	\$2,163.24
Long-stay Private*	\$84.27 (Basic plus a maximum of \$25.28)	\$2,563.22
Short-stay	\$38.19	N/A

\*The maximum rate for semi-private or private accommodation in some long-term care homes can be less depending on the age and structure of the long-term care home.

## What are the common challenges when operating a LTC home?

- The Ministry requires a LTC home to maintain a 97% occupancy rate.
- Recruiting trained staff from the community to work at the home. Keeping staff as it can be emotionally challenging work.
- Deciding whether or not to allow only First Nation people to live in the home or to have all Nations reside in the home. To maintain the required occupancy, it may be necessary to be open to all Nations.
- Deciding on the size of the home, building bigger is not always better!

## What is the eligibility criteria for a LTC home?

As set out by the Ministry, to live in a long-term care home, a resident must:

- Be age 18 or older.
- Have a valid Ontario Health Insurance Program (OHIP) card.
- Have care needs including:
  - 24-hours nursing care and personal care.
  - frequent assistance with activities of daily living.
  - on-site supervision or monitoring to ensure your safety or well-being.
- Have care needs which cannot be safely met in the community though publicly-funded community-based services and other care-giving support.

## What are some ways to incorporate Mohawk traditions into the LTC home?

- Bring in Elders who know their teachings to help with the design and program planning phases.
- Use Mohawk teachings to guide the shape of the home, names of each wing or floor, and colours.
- Bring the outdoors inside by bringing in hide and fur, medicines, and land-based local art.
- Ensure programming that is grounded in culture is always available at the home for those interested.

# SHARING CIRCLE FEEDBACK

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**Sharing Circles** were facilitated. The circles were informal and had a dual purpose - to provide information to members on the LTC project and also encourage dialogue about the long-term care needs of Wahta.



# SHARING CIRCLE OVERVIEW

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*Please note that all Sharing Circle participants were provided the opportunity to have their identity remain anonymous, to protect their confidentiality.*

The purpose of the sharing circle is to provide a place of comfort, wisdom, security, and redress. It is where people come in search for new directions and establish pathways for tomorrow. A sharing circle is often considered a foundational approach to First Nation pedagogy as it encourages dialogue, respect, co-creation of learning content, and social discourse. The nuance of subtle energy created from using this respectful approach to talking with others is a sense of communion and inter-contentedness that allows everyone to have their turn to share ideas and thoughts. When all voices are heard in an attentive way, the atmosphere becomes a rich source of information and interaction.

Several small sharing circles took place over the course of Phase One. Information from the sharing circles was obtained during the LTC Advisory Circle meetings, independently in small groups and informally during community outreach events. Sharing circle participants ages ranged from 18 to over 85 years old.

# SHARING CIRCLE

## FEEDBACK

*Participants were asked to consider:*

- 1. What end-of-life care means to them.*
- 2. Gaps that currently exist in or outside of Wahta for seniors accessing health care.*
- 3. Vision for LTC services, programs, home at Wahta.*

*Participant feedback was categorized and summarized below into the following themes.*

### **Theme One: Holistic Care**

Participants spoke about the need for services and supports to be provided from a holistic perspective and model. End of life care cannot be viewed in isolation, rather, must be viewed within the context of an individual's entire life. Health care providers working with members in their long-term care journey must understand the determinants of health, the impact of colonialism, and the realities of living in Wahta First Nation.


### **Theme Two: Role of Elders**

Participants identified that it can be difficult to access Elders in and outside of the community at times. It can be embarrassing to seek support

from Elders when some seniors do not know their teachings and are unsure of the Mohawk protocols. Other participants are Christian and not sure how to blend both their Christian faith and traditional teachings. Visiting Elders at the hospital need to be treated with the same respect as Ministers and reimbursed for the costs of providing spiritual care. There needs to be a greater recognition and understanding of the role of traditional medicine in western health care services.

### **Theme Three: Education**

Participants identified a gap in information about how life-threatening diseases will progress and feel ill-prepared for the grief process. Participants would like greater access to information on local grief and bereavement options, funeral arrangement assistance, wills, drumming, and traditional ceremony resources and contacts. Participants spoke about the need for community members to have access to educational opportunities so that they can be in health care roles at Wahta, including future LTC staffing recruitment. Participants spoke about the need for Mohawk cultural competency training to be provided to health care workers providing care to



members as most current training is from an Ojibway perspective.

#### **Theme Four: Hospital Care**

Participants shared significant challenges and barriers to doing ceremony, such as drumming, smudging, cedar baths, in a hospital-based setting. There was a lack of appropriate space for many family and community members wanting to visit and be near their loved one who was approaching death. Participants have felt restricted when gathering around a community member in the hospital. They also recall feeling restricted to practice spiritual traditions such as smudging and prayer. It is important that either in a hospital or LTC home to have family rooms that can accommodate large numbers of people.

#### **Theme Five: Home Care**

Participants spoke about a preference to passing away at home versus in a hospital. There is a large desire to be able to receive care, support, and comfort measures for as long as possible at home. Participants asked for an increase of resources and services to support them staying in their home. Resources include financial, cultural, spiritual, emotional, and physical. Participants recommended having Elders and Ministers available to provide spiritual care for

wanting it and to assist and guide the family members through their grief. Participants recommended that all PSWs, nurses, social workers, etc. who come into the home to have Mohawk cultural knowledge. Participants also recommended establishing a lending library of walkers, stability bars, shower curtains, etc. that may be required during illness to be able remain in the home as long as possible.

#### **Theme Six: Completing the Circle**

Participants shared that death is not the end to life but merely a completion of the circle of life as life continues after death. Participants noted that traditional cultural beliefs suggest that spiritual knowledge about the end of life is present from birth and when people are born, the day of death is set for them by Creator or the Lord.

#### **Theme Seven: Care and Comfort**

Participants think that the dying person can benefit from care provided by both Western physicians and Indigenous healers. Additionally, non-Indigenous health care professionals should ask for assistance from traditional people in their practice. They also need to show compassion and bring in elders or ministers to assist families who will be grieving.

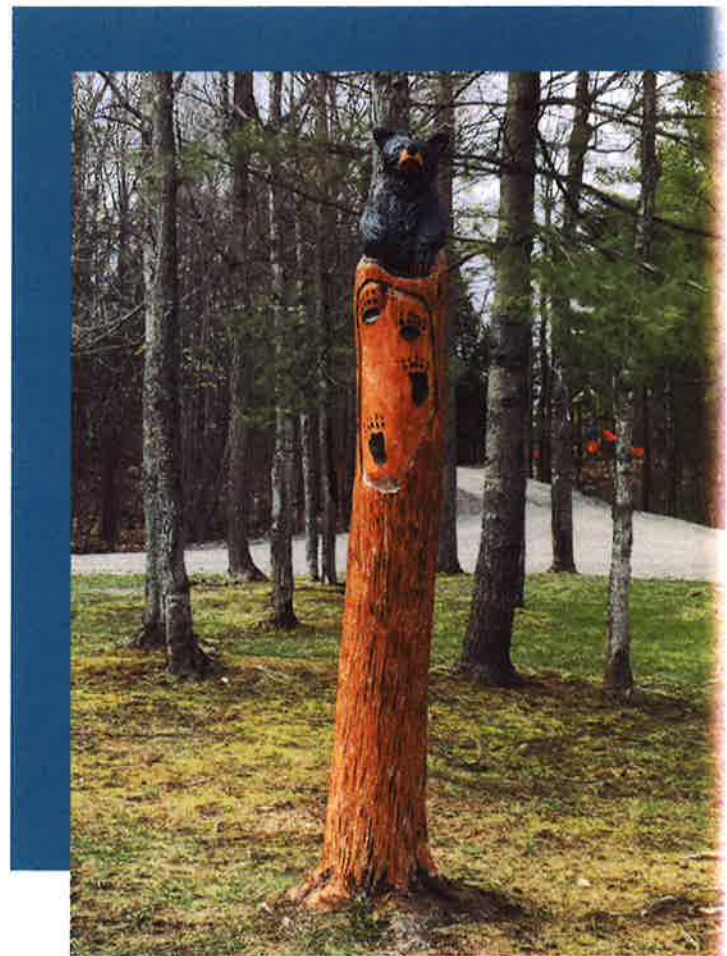


like a hospital or institution. Participants think the location for the home will be important and they do not want it to be “in the bush.” Participants spoke about wanting a nice and stimulating view.

Participants emphasized the importance of the heart connection between health care providers and family members indicating that “when a loved one is passing, we talk to them through our heart.” Participants suggest that offering foods that bring comfort to the dying person may be more spiritually and emotionally healing than restricted diets that are meant to prolong life. Care and comfort of the heart and spirit must take precedence at the end of life.

#### **Theme Eight: Long-Term Care Home**

Participants would like the LTC home to be “green” efficient so that it leaves only a small environmental footprint. Participants do not want to share rooms with anyone but family members. They also do not want shared washroom spaces. It is important that the LTC home provides programs and services that are open to all community members to increase social interaction between members living at the home and those do not. Large rooms that easily accommodate family for visiting is important. Ceremonies should be occurring regularly and not need to follow complicated policies and procedures to access them. Comfortable visiting rooms, kitchen facilities, and the ability for people to sleep over if the family member wished, is very important to participants. Participants spoke about the home needing to have a “homey” atmosphere that does not feel



# COMMUNITY SURVEY FEEDBACK

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**The Community Survey** was mailed out to all Wahta Band Members and posted online through the members website. All members over the age of 18 were encouraged to fill out the survey. In total, 112 respondents completed the survey.



# COMMUNITY SURVEY OVERVIEW

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*Please note that all survey respondents had their identity protected to provide full confidentiality.*

When a community wants to take action, influence Council and the Administration, and promote change, a community survey is an effective tool to find out what people are thinking and how they feel about a specific subject matter. A community survey seeks to gather information about member's attitudes and opinions, find out how residents rank issues, problems and opportunities in order of importance and urgency, and gives everyone a voice in determining goals and priorities for a project.

The LTC Community Survey was mailed out to all band members and was also available online. The survey was active for one month and encouraged all members over the age of 18 to participate to have their thoughts and opinions heard.

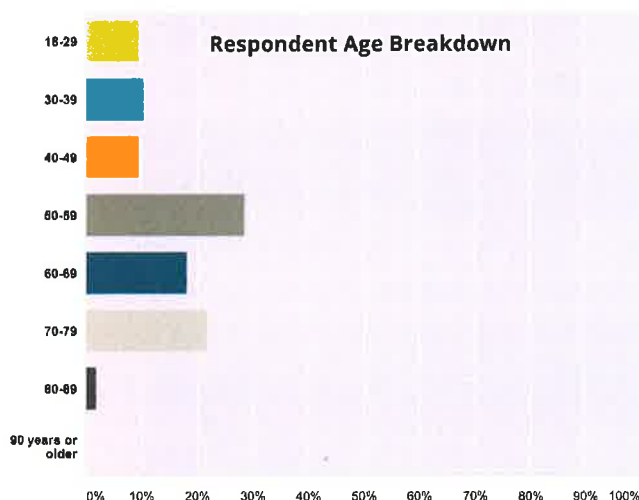
# COMMUNITY SURVEY

## FEEDBACK

them, 5% live at home independently and are caregivers, and 2% live in the Wahta senior units.

### Survey Demographics

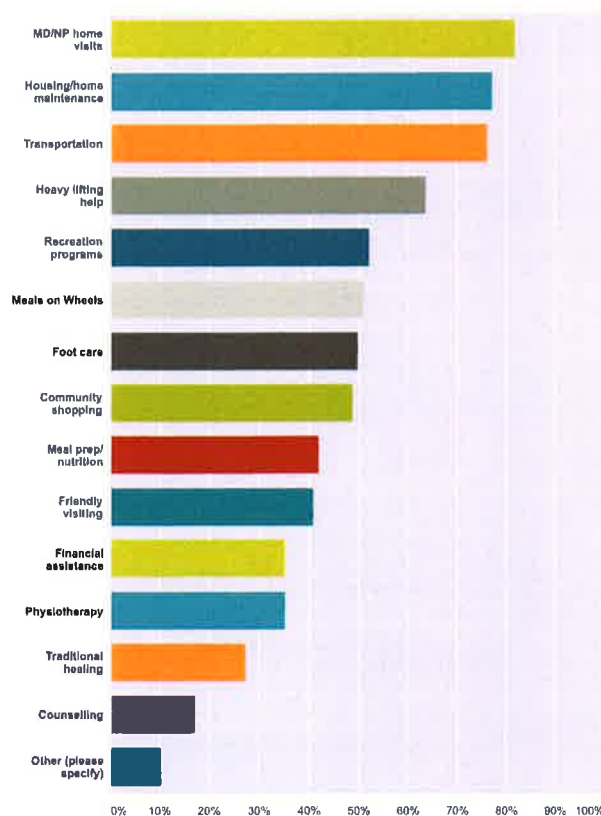
In total, 112 members completed the survey either online or on paper. Of the 112 respondents, 33% live on the Wahta Territory and 67% live outside of the Territory. The largest age demographic to complete the survey was respondents between the ages of 50-59 years old, followed by respondents between the ages of 70-79 and 60-69 years old.



In total, 63% of respondents are female and 37% are male. In response to where respondents reside, 85% live at home independently, 8% live with family members who help to take care of

### Living Independently

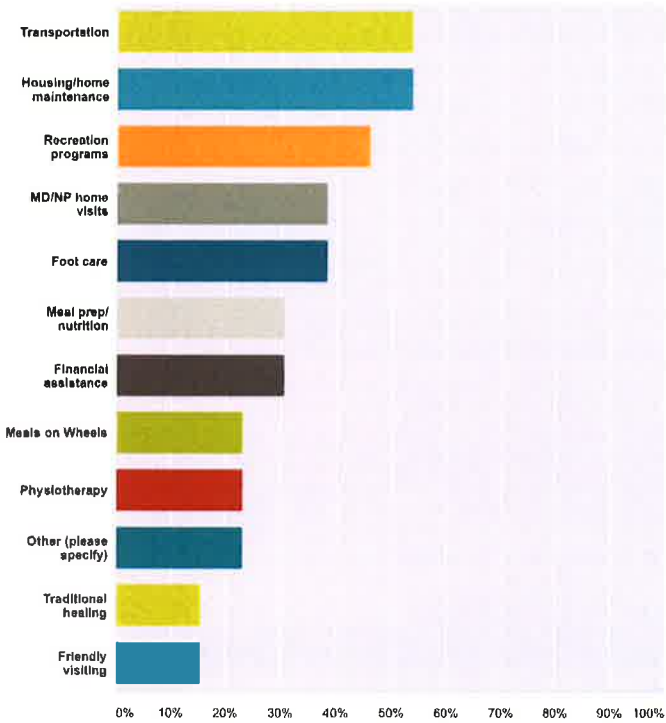
For those respondents who live independently, they feel that in order to remain in the home and live independently for as long as possible, they need doctors and nurse practitioners who make home visits, housing and home maintenance support, low cost or free transportation, heaving lifting help, and recreation and physical activity programs.





**Living Dependently**

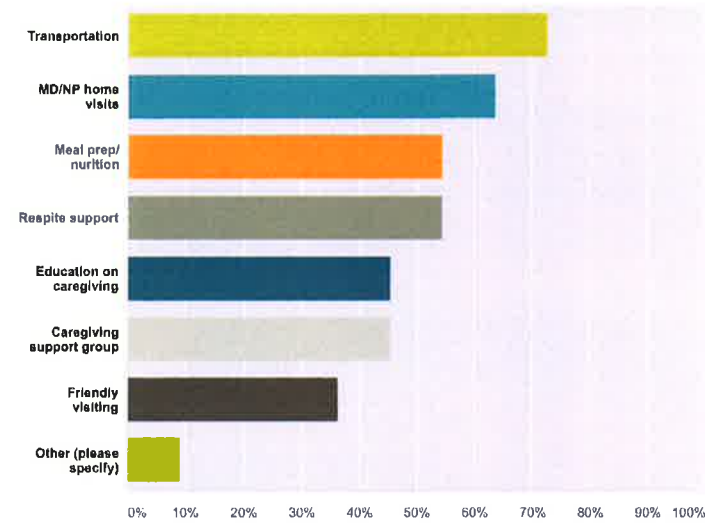
For those respondents who live with a family member who help to take care of them, they would have wanted to receive the following services and support that may have assisted them live independently longer: low cost or free transportation, housing and home maintenance help, recreation and physical activity programs, doctors and nurse practitioner home visits, and foot care.



**Caregivers**

For those respondents who take care of family members at home, they need the following services and support to keep them healthy and less stressed while providing care: low cost or free transportation. doctors and nurse practitioners who make home visits, meal

preparation help, respite support, and education or caregiving.

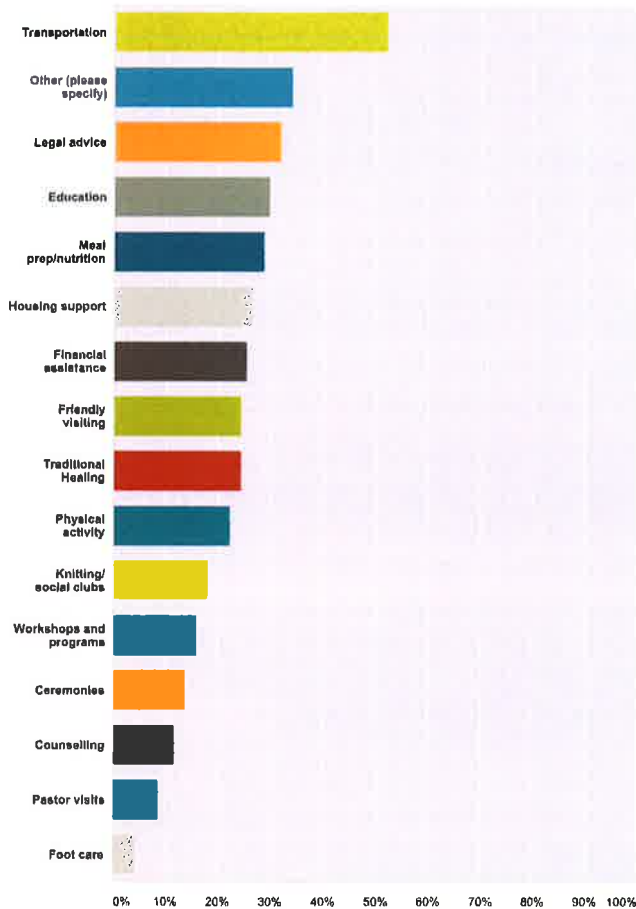


**Services at Wahta**

Respondents were asked to select all of the services they feel are not meeting their expectations at Wahta. The services that need the most attention in the future are: transportation, legal advice, education, meal preparation and nutrition support, and housing support. Several respondents were unable to comment due to not living in the community and not participating in the available services. Other respondents shared that, in addition to the services outlined in the survey, they would like safe outdoor walking paths across the territory, home care assessments to ensure housing is safe for seniors and to identify assisted devices required (i.e. ramps, shower bars, etc.), inter-generational programming, mental health and addiction group programs, and light house work help (i.e. dusting). Some respondents commented on the "amazing" job Wahta staff are doing with the Meals on Wheels program and social programming. Respondents look forward to an increase of services as they will contribute to a more "meaningful and vibrant lifestyle."

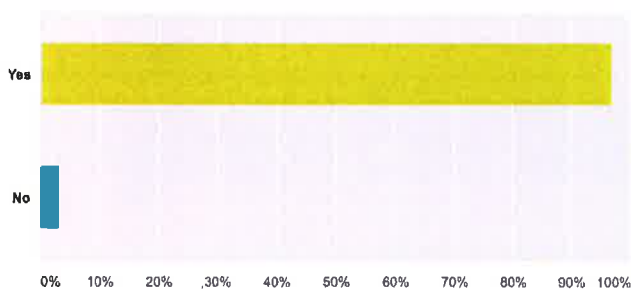


Services to Improve at Wahta



### Long-term Care Home at Wahta

In total, 97% of respondents think Wahta band members would benefit from having a Long-term care (LTC) home on the Territory and 3% do not.



### Benefits to having a Long-term Care home at Wahta

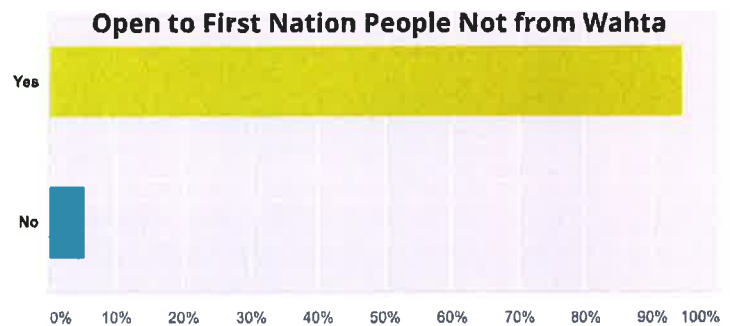
Respondents identified many benefits to having a LTC home at Wahta. These benefits include: building a closer community where Elders are being taken care of and their knowledge remains in the community to help develop the young people. A LTC home would create jobs and potential business opportunities for Wahta. It would also reduce stress on both loved ones needing care and family members as travel time is reduced. Seniors needing care could access health services when they need it, opposed to waiting until it is too late. Seniors would feel more comfortable accessing support from staff that knows them and their community. It promotes social inclusion within the community and decreases senior isolation at Wahta. Reduces wait times to get into a LTC home as there are long wait list for homes outside of Wahta. Provides volunteer opportunities for many age groups as well as student placement opportunities for community members wanting to enter the medical field. Seniors will have increase access to a range of services, not just housing, that will help them live longer and healthier lives. It may encourage members who are scattered across Canada to return home when they retire. A LTC home at Wahta will help members fulfill their responsibility of taking care of their own, as it is important to the Mohawk culture to be there for family through all of the stages of life.

## Drawbacks to having a Long-term Care home at Wahta

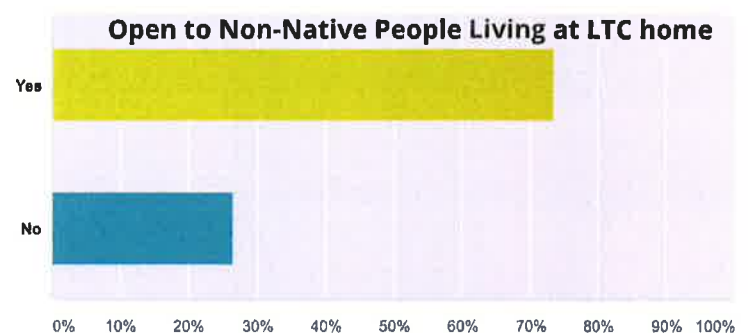
The majority of respondents see no drawbacks to having a LTC home at Wahta. For those respondents who do foresee some drawbacks indicated that a LTC home is expensive to build, run and maintain. If the LTC rooms are not full, the home risks being shut down and money gone to waste. Some respondents worry that Wahta does not have enough potential residents that would be willing to move into a LTC home. Further, it may be challenging to find qualified medical staff from within and outside of the community. Other respondents worry that if too much focus is given to the LTC project, then other programming and service needs for the rest of the community might suffer.

## Long-term Care Intake

In total, 95% of respondents indicated that they would be open to other First Nation people, not from Wahta, living at the LTC home. Respondents shared that in order to reach economies of scale, it may be important to open intake up as a LTC home can be a for-profit enterprise. For the 5% of respondents who indicated that they would not be open, they commented that members at Wahta need to be given priority and that beds need to be kept "for our own". There is concern that it could be a "slippery slope" which results in Wahta members being on a wait list for beds in their own community.



Overall, 73% of respondents indicated that they would be open to non-native people living at the LTC home. Some respondents commented that only a limited percentage should be reserved for non-native people and for non-native spouses. For the 27% of respondents who are not open to non-native people living at the LTC home, they commented that non-native people have a lot of LTC homes to choose from that are specifically from a Westernized approach to care. Some respondents are worried that by bringing in non-native people, it will dilute the cultural teachings and Mohawk way of life in the home. Additionally, some are worried that it will create "competition" for resources that should be dedicated to First Nation people.



outings. Where Bubble Houses were, Webster Lake, Strength old property, close to the Muskoka Health Hub, along Muskoka Road 38 as there is a lot of land available, away from the bush.

### **Services at the Long-term Care Home**

Respondents indicated that they were very interested in having the following services available at the LTC home (in order from most to least preference): nursing and personal care, free or low cost transportation, house keeping and laundry services, on-site medical visits with a doctor or nurse practitioner, healthy meal preparation, dental services, rehabilitation services (i.e. physiotherapy), vision care, social activities, excursions and outing to local attractions, group recreation programs (i.e. yoga, Thai-chi, walking club), family programs, hair salon and barber services, traditional healing, wheelchair and walker cleaning, and counselling. Respondents also commented that they would like a place to garden in a raised garden bed, a workshop or craft room that is available all day long, education workshops for residents and family members on aging and how to stay healthy, pet visits to help take away stress, special services for hearing impaired, end-of-life rooms, and small chapel.

### **Long-term Care Home Location**

Respondents identified several possible locations to explore for the LTC home. These locations include: near the administration building, near a highway that is central for easy access for family members and to the hospital, near the lake for a nice view, close to the cultural centre and senior residence for shared programming, socials and

### **Long-term Care Home Design**

Respondents shared that they would like the LTC home to have individual bedrooms and bathrooms, outside patio with benches and seating, large sitting room with a television, group rooms for programs, large dining hall with the option to have food brought to their individual rooms, fireplace, garden to grow food, gym and rehabilitation equipment, friendly visitor centre, room for family members to stay over night, and private traditional healing or counselling rooms. Respondents commented that it is important to think about the interior decor as it should be "bright and cheery" and reflect Mohawk identity.



# SUMMARY

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**An overview** of key messages from community members as Phase One comes to a close providing a rich foundation of community feedback to grow upon in the next Phase of the LTC Project.

# "THE TIME IS NOW TO KEEP OUR ELDERS RIGHT WHERE THEY BELONG."

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*Consult... consult... consult. Make sure we are all on the same page. Don't just think like and Elder... ask an Elder!*  
- Survey Respondent

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Overall, members need better access to low cost or free transportation resources. Many residents must travel long distances to attend appointments, get groceries, and access other necessities. Having regular access to reliable and affordable transportation options will promote independence and increase resident's ability to live longer in their own home. Additionally, seniors would like more services brought into their home on an ongoing basis. These include doctor or nurse practitioner home visits, nutrition support, and housing maintenance. This will increase regular contact with Wahta staff members, mediate health-related risk factors and instill a sense of belonging. Outreach into the home will not only assist seniors who are living independently, but also decrease the stress that family caregivers experience. In addition to transportation services, residents identified that

Wahta should increase the availability of legal advice and services, educational opportunities through partnerships with post-secondary institutions, meal preparation and housing support.

There is strong community support for a long-term care home at Wahta as long as there is funding available to cover building and operational costs. Members identified many benefits to having a LTC home at Wahta as keeping Elders in the community where they belong is central to family responsibilities for Mohawk people. Members are very open to other First Nation people living at the LTC home and the majority of members are open to non-native people living at the home. Members want to ensure that if non-members and/or non-native people are accepted into the home, that Wahta

and expanded upon to increase service provision in the community. Lastly, program and service plans will be created for both community-based care and the LTC home, grounded in Mohawk culture and traditions.

residents are given priority. They also caution that their cultural traditions need to be preserved as it is their Territory and way of life. Members identified a range of possible LTC home locations with, being central, easy access to the highway, and having a nice view of the lake, as important location features. Members want to be consulted throughout all phases of the LTC Project, which includes seeking advice from Elders on their needs and how to integrate Mohawk teachings into long-term care work. Members shared that the LTC Project is one of the “best” ideas that Wahta has had in a long time.

Phase Two is a time for planning as it will assess the feasibility of developing community-based home support, end-of-life programming, and a long-term care home at Wahta. During Phase Two, the LTC Advisory Circle will bring the community along on a visioning process to develop LTC guiding principles and a mission. Phase Two will develop a population profile identifying current and projected LTC demands. During the second phase, nearby First Nation communities will be consulted and engage to develop support for the LTC project. An end-of-life care team will be developed, along with providing end-of-life training to both community and Wahta staff members. Education recruitment will take place with the goal of filling possible future LTC staffing positions. External organizational partners will be developed

