

TRADITIONAL KNOWLEDGE KEEPERS ADVISORY COUNCIL

TERMS OF REFERENCE

May 12, 2021 - 12th Revision
First Nations Métis Health

TRADITIONAL KNOWLEDGE KEEPERS ADVISORY

**First Nations & Métis Health
Saskatchewan Health Authority**

1. Purpose

The history in establishing Canada and Saskatchewan has fundamentally been in developing relationships with the First Nations & Métis People of Turtle Island. Part of this process was the negotiation and signing of Treaties whereby First Nations & Métis people understood these as partnerships in the use of the land and resources. It is understood that the signatures, Sacred Pipe ceremonies and Wapam Belts were symbolic of the ethical relationship between the First Nations & Métis and non-indigenous people. The Treaties identify specific benefits to the First Nations & Métis people in return for sharing their rich resources with the newcomers. One of those benefits is the provision of the “Medicine Chest”. The Canadian Judiciary has defined the “Medicine Chest” as equitable access to healthcare services.

Saskatchewan Health Authority recognizes and acknowledges a wholistic approach to First Nations & Métis patients', families', and communities' health through the use of the Life Circle encompassing Physical, Emotional, Mental and Spiritual wellbeing. The Traditional Knowledge Keepers Advisory (Advisory), guided by the spirit and intent of the Treaties, is tasked to advise and guide the Saskatchewan Health Authority Board of Directors (SHA Board) on ensuring fair and equitable access to healthcare services for First Nations & Métis people.

The Advisory will ensure that all health related decision-making processes pertaining to First Nations & Métis patients, families, and communities are fundamentally wholistic and shall apply traditions, customs, protocols and ceremonies of the First Nations & Métis communities throughout Saskatchewan. The Advisory is not intended to be a political body, but shall strive to facilitate a positive working relationship with all health care providers that strengthens the SHA Core Values in the provision of health care services for all First Nations & Métis People of Saskatchewan.

2. Membership – Attendance

2.1. The structure will consist of ...

Five (5) Saskatchewan Health Authority members (or designates):

- SHA Board Chair
- SHA CEO
- VP Quality, Safety and Strategy
- Chief Medical Officer, and,
- Executive Director of the First Nations & Métis Health Portfolio

Nine (9) Knowledge Keepers representing the nine (9) linguistic groups in Saskatchewan:

- Nehiyaw (3) – Paskwāwiyiniwak (Plains Cree), Maskēwiyiniwak (Swampy Cree), Sakāwiyiniwak (Woodland Cree)
- Dene (1)

- Sioux (3) – Dakota, Nakota, Lakota
- Nakawe (1)
- Michif (1)

2.2. Chairperson(s)

- 2.2.1. Chief Executive Officer SHA (or designate), and,
- 2.2.2. First Nations and Métis Health Executive Director
- 2.2.3. The Co-Chairs will be responsible for maintaining focus at the meetings and fostering provincial vision and collaboration
- 2.2.4. SHA will provide administrative support for agendas, supporting documents and minutes.

2.3. Remuneration

- 2.3.1. Financial remuneration shall be given to each Knowledge Keeper in attendance and shall follow SHA policy for travel, accommodation, meals and honorariums.
- 2.3.2. Financial Remuneration shall not be given for SHA members.

3. Authority

- 3.1. The Advisory has the authority to make recommendations and advise SHA Board of Directors
- 3.2. The Advisory is accountable to the Executive Director First Nations and Métis Health
- 3.3. The Advisory will have direct communication channels with the Executive Director First Nations and Métis Health.

4. Responsibilities and Accountability

- 4.1. The Advisory is ultimately responsible to the Creator in safeguarding the wellbeing of all people accessing health services through SHA.
- 4.2. The Advisory shall be managed by the Executive Director First Nations & Métis Health of the Saskatchewan Health Authority.
- 4.3. The Advisory shall be responsible to guide and advise SHA Governance and operations on implementing system change to better meet positive health outcomes for First Nations & Métis individuals, families and communities in Saskatchewan by:
 - 4.3.1. Review and provide guidance and advice to The SHA Board on province-wide priorities and strategies to improve health and wellness for First Nations & Métis people of Saskatchewan.
 - 4.3.2. Provide guidance and advice on how SHA programs and services can be developed and maintained to meet the health needs of First Nations & Métis people and to ensure services support traditional healing in primary, secondary and tertiary health service delivery.
 - 4.3.3. Identify issues, gaps and barriers to First Nations & Métis people receiving fair and equitable access to health services across the province and recommend strategies to the Board to address them.
 - 4.3.4. Identify local social, cultural, and environmental determinants of health that facilitate and support improvements in First Nations & Métis health and how these can be addressed.

- 4.3.5. Provide guidance and advice to the Board on health planning, implementation and evaluation through community engagement strategies that maximize effective internal and external stakeholder relationships and increase First Nations & Métis community involvement with SHA.
- 4.3.6. Make recommendations with respect to First Nations & Métis workforce development and sustainability through guidance and support of FNMH and Human Resources partnerships.
- 4.3.7. Provide guidance, advice and recommendations to the Board to improve Traditional and Cultural responsive practices and cross-cultural relationships with all health service delivery.

5. Commitment

- 5.1. The Advisory shall be convened at the request of the Co-Chairs on a quarterly basis to coincide with the seasonal changes.
- 5.2. The Advisory may be convened on an emergency basis as needed.
- 5.3. Annually, conduct an evaluation of the Advisory, review its Terms of Reference and determine necessary revisions and recommendations to Executive Director First Nations and Métis Health
- 5.4. All meetings will be face-to-face.
- 5.5. Quorum shall be set at five (5) Tribal groups represented (Nehiyaw, Nakawe, Sioux, Dene, Michif).
 - 5.5.1. Each Knowledge Keeper will identify a proxy in case they are not able to attend meetings. This will ensure all languages will be represented.

6. Term

- 6.1. Knowledge Keeper membership will be assessed every two (2) years with option to offer consecutive terms.
- 6.2. SHA membership will not have an end of term or evaluation.
- 6.3. A member who becomes ill and is no longer cognitively capable to effectively contribute to discussion, will be brought forth as an agenda item and Knowledge Keepers will make a decision.
 - 6.3.1. If the spot becomes vacant due to illness or other reasons, the vacancy will be filled as outlined in Appendix A.

7. Research

- 7.1. The First Nations and Métis Health is invested in and committed to quality research and evaluation to support the development of programming that leads to better health outcomes for First Nations and Métis people.
- 7.2. Knowledge Keeper guidance and advice shall be included in all research projects involving First Nations & Métis communities and people
- 7.3. Traditional Ceremonies will be incorporated under the direction of the Advisory.
- 7.4. It is preferred to have costs of travel, accommodations, and meals to be included in the research project budget.

8. Research Roles & Responsibilities

- 8.1. Provide First Nations & Métis Health and the Saskatchewan Health Authority with advice and feedback on research design, First Nations and Métis research methodologies, data collection, analytic strategies, and reporting plans.
- 8.2. Provide advice on issues brought forward by the FNMH Executive Director that could involve institutional research, policy, programs and practices relating to First Nations and Métis people.
- 8.3. Create and sustain a respectful and meaningful learning environment.
- 8.4. Advise researchers within the Saskatchewan Health Authority on how to conduct meaningful research for improving the lives of First Nations and Métis people.

9. Sub-committees

- 9.1. The Co-Chairs may request the formation of sub-committees to assist in planning/development and implementation of provincial transition, policy, programs and services.
- 9.2. Saskatchewan Health Authority policy on travel, meals, accommodations and honorariums shall be followed.

10. Records Retention

- 10.1. The Advisory's records are governed by the SHA's Records Retention policy

Appendix "A"
Selection Process

The Knowledge Keepers shall be selected by their personal ethics, spiritual values, healthy lifestyles, sense of community, shared responsibility for the protection of Mother Earth, the culture, traditions and languages of the various First Nations and Métis of Saskatchewan. They not only know the teachings, they live by them and use them as their responsibilities command.

Selection of initial Knowledge Keepers

First Nations

The Executive Director – First Nations and Metis Health (FNMH) and/or designate shall meet with the Chief and Council of the ten (10) Tribal Councils and the eleven (11) independent First Nations Bands in Saskatchewan. Each Tribal Council shall make recommendation of one (1) female and/or one (1) male Knowledge Keeper from each of the language groups in their respective Tribal Council. Each individual Band shall make recommendation of one (1) female and/or one (1) male Knowledge Keeper to the Executive Director – FNMH.

Métis Nation

The Executive Director – FNMH or designate shall meet with the Provincial Métis Nation - Saskatchewan Leadership. The Métis Nation - Saskatchewan Leadership shall make recommendation of (1) female and/or (1) male Knowledge Keeper from each of their twelve (12) Regions of the Métis Nation - Saskatchewan.

The Executive Director – FNMH will organize a panel to select nine (9) Knowledge Keepers via interviews ensuring an equitable selection of female and male Knowledge Keepers and representation of the nine (9) linguistic groups. Once selected the Executive Director – FNMH shall recommend to the SHA Board of Directors the nine (9) Knowledge Keepers to sit on the Advisory.

Selection of Vacancies

If a spot becomes vacant it shall be filled by recommendation from the exiting Knowledge Keeper with consultation and approval of the Council, while ensuring the replacement of the specific linguistic group left vacant.

If the exiting Knowledge Keeper is unable to make a recommendation, the remaining Knowledge Keepers will make recommendations.

First Nations Métis Health Executive Director will appoint the agreed upon Knowledge Keeper.