

Prairie North Health Region

“Partnership for Change”

Aboriginal Health Transition Fund Project



Project Mission

- To develop a framework that facilitates meaningful partnership and collaboration among those agencies striving to deliver quality community health services to persons of First Nations ancestry within Treaty No. 6, 8 & 10 and Prairie North Regional Health Authority



Project Goal

- To support healthy living, improve health status, and eliminate the health disparities for persons of First Nations ancestry within Treaty No. 6, 8 & 10 and the Prairie North Regional Health Authority



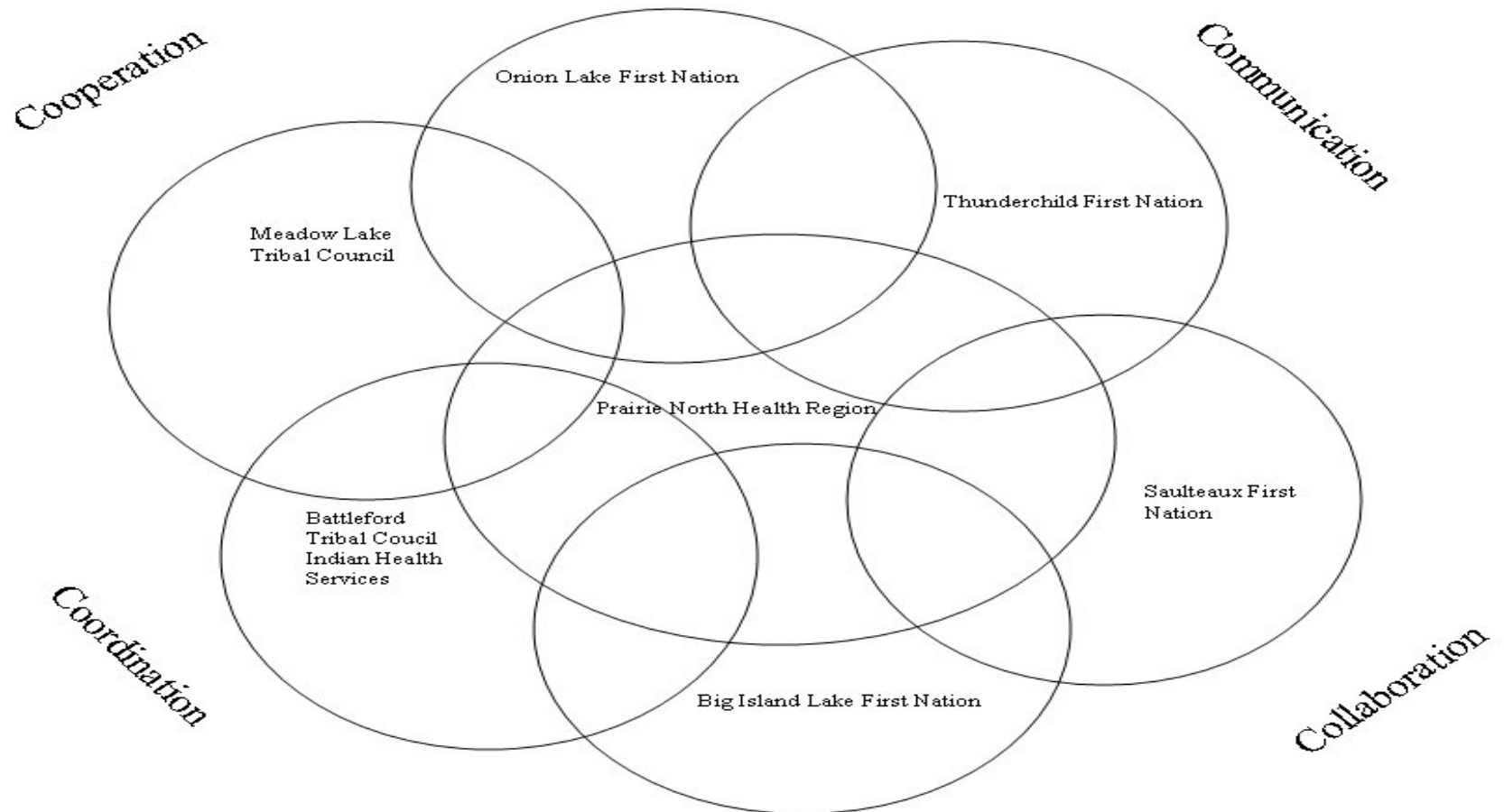
Key Outcomes

- Working relationships and widespread commitment to partnership at all levels of each organization; increased effective and meaningful information exchange, trust and relationship between organizations; increased knowledge and understanding of each organization's priorities and activities; increased opportunity for interagency staff and client education/capacity building; and increased alignment of priorities , planning and problem-solving among the partner organizations.



Prairie North

“Partnership for Change”



Initiative #1

- An environmental scan on strategic direction, priorities and assets of each agency regarding community health services has been completed.
 - Recommendations for moving forward

Education

Commitment

Assess strengths as well as challenges

No one size fits all – how social problems are distributed across a population

Become Advocates for Change

Create Successful Partnerships



- A two day networking session was held with 44 participants which included all the addictions workers from PNRHA as well as NNADAP workers from the First Nations and representatives from our treatment centers in the Prairie North Health Region.



Barriers

- Need for more resources including financial
- Need for community support
- NNADAP workers are working in isolation
- Unavailability of counselors (i.e. gender, age, shortage)
- Communication (lack of between communities)
- Translators (improving client and counselor understanding of specific problems)
- Training accreditation (lack of standardization)
- Cultural comfort (not understanding or participating in cultural activities and not knowing who to ask)
- Hierarchy (too many levels for approval items)



Barriers continued...

- Not being able to share information with other agencies and workers
- Referral process (need of a standard referral process and doctor referrals in areas of doctor shortages)
- Fear of change
- Follow ups (time and travel distances, no shows for appointments)
- Communities need to acknowledge that they do have problems (problems being swept under the carpet)
- Voluntary vs. mandatory services
- Lack of commitment



How we can work better together to address the barriers

- Regional conferences with NNADAP and addictions service workers (PNRHA)
- Information sessions
- Communication among counselors
- Share resources
- Integrated intake between aboriginal communities and health region
- Building a stronger network
- Hosting more workshops
- Newsletters



.Addressing barriers continued...

- Website for addictions as well as addiction worker profiles
- More communication between band leaders and the health region
- Recondition our way of thinking (humble, open minded, unbiased, understanding)
- Reintroduce traditional cultural values (elders, grandparents, extended families, teachers, resources that can make a connection).



Successes

- National Addictions Awareness week
- Increased community involvement
- Summer and winter games
- Cultural as well as sporting events (increase public awareness)
- After school programs
- Role models
- Educated people with lots of experience
- More open to support clients with individual needs



Successes continued...

- Network development (internally and externally)
- Keeping in contact with grass roots workers
- We need input from all communities (unique in their own ways with knowledge to offer)
- Working with and utilizing elders
- Empowering families/clients
- Listening to all generations and having the youth and elders included in discussions
- Accepting outside help



How do we build on successes/strengths

- More opportunity for workers from First Nations and the health region to come together to share barriers and successes
- More funding
- Networking and communication
- Utilizing all expertise
- Providing feedback to supervisors
- Get feedback from community members/clients
- Commitment
- Community involvement from all levels



Building on success continued...

- Cultural awareness (participation while learning traditional values)
- Training on values for all
- Bring youth and elders together in the decision making process.
- Encourage community members to come out and mentor youth (share knowledge)
- Setting goals and objectives



Prioritization

- Commitment
- Set goals and objectives
- Networking and Communication (directory of human and other resources, who has what to offer and where)
- Encourage community involvement and active leadership and provide feedback
- Cultural awareness
- Public awareness
- Continue with what is working



Initiative # 2

- Piloting partnership and collaboration among the seven health organizations by creating an interagency strategy regarding First Nations' Addictions. The seven organizations should have a model that supports partnership, service adaption, and collaboration as well as a set of service areas to continue working together.



- A working group has been formed from the conference that we have had. We have tried to get representation from each of the communities. Our committee consists of 4 First Nations representatives, 4 Prairie North representatives and 1 representative from the outside as well as an elder. We are fortunate to have younger, middle aged and older participants from NNDAP, Gambling counselor, Residential School Counselor, Addictions counselor, Mental Health Therapist, Wellness worker and a representative from addictions center.



- We are developing a directory of services which will be user friendly for all the First Nations Addictions Workers and Prairie North Addictions Workers and services to provide clarity for all the services that are provided and available in each community as well as other relevant information such as addiction centers, websites, elders for cultural awareness, etc.



- Regular meetings are being held by both the steering committee and the working group.
- Prairie North Health Region is a large region and we are still experiencing difficulties in having every partner at the table for each meeting.
- The cost of partners to travel to meetings is also an added burden.
- The steering committee consist of the health directors from the communities who are very busy in their respective communities.



We are looking at having elders come to help us to become aware of cultural protocol and cultural activities.

I am developing a network for Aboriginal employees within PNRHA in order to hear what they have to say which may help in providing better health care.

I have been attending the Treaty Days of our partners in order to try to develop relationships and make our partnership known.

We continue to do whatever is possible to find ways that we may work better together to improve health care for the First Nations people in our region.



- Questions????

- Thank you

