AN ABORIGINAL HEALTH TRANSITION FUND PROJECT

Southern Chiefs' Organization & Winnipeg Regional Health Authority

PROJECT REPORT

Winnipeg Regional Health Authority
Caring for Health

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Thank You

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The collaborative project was funded by the Aboriginal Health Transition Fund (AHTF), a federal funding initiative to enable governments and communities to devise new ways to integrate and adapt existing health services to better meet the needs of First Nations, Inuit and Métis people including those living off reserve and in urban areas.

The WRHA/SCO project falls within the Adaptation Envelope of the AHTF, which refers to the redesign, reorientation or modification of existing provincial/territorial health services and programs to improve both their availability and appropriateness in meeting the health needs of all Aboriginal peoples.

For more information on the Aboriginal Health Transition Fund, visit the Health Canada website, **www.hc-sc.gc.ca**.

...IT IS UP TO US TO TAKE THESE RECOMMENDATIONS TO OUR LEADERS SO HOPEFULLY THEY WILL WORK TOGETHER WITH ALL OTHER LEADERS AND HELP AHTF PROJECT PUT TOGETHER A MODEL THAT WILL WORK FOR ALL ABORIGINAL PEOPLE.

(ELDER, MANITOBA ELDERS FORUM, 2009)

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Executive Summary

In 2008, the Southern Chiefs' Organization and the Winnipeg Regional Health Authority, along with their partners, undertook to examine priority issues within the health care system as it affects First Nations. They sought to build a model for change that when applied, would adapt the system and ultimately improve the health status of First Nations people in Manitoba. A dialogue ensued between various stakeholders and a compilation of stories, experiences, ideas, criticisms and appraisals occured. Reports were published, discussions took place, decisions were made and obstacles were overcome.

The following report outlines the parts and processes undertaken from 2008 to 2010 and what emerged. It is not meant to capture minute details, nor is it intended to provide an incident report on the challenges encountered. Recognizing the distinct insights of each partner, and that barriers exist due to the distinct mandates of each partner, the report captures the essence of the SCO/WRHA project. This project resulted in respect, linkages, communication, transparency, honesty, efficiency and ultimately trust and faith.

It is anticipated that through a review of the process undertaken, one can come to appreciate the amount of energy and resources required to accomplish something that to some would appear daunting and challenging. But to the partners involved, the project was welcomed as an opportunity to work together and develop a new way of doing business. Health care is a challenging field involving many different professionals and para-professionals at all levels and across a broad geographic area. To work in the field itself can be an overwhelming task; to work together with external parties to adjust and improve a system that impacts peoples lives and their health status is a whole entire other experience.

The challenge was accepted, the work ensued, and the outcome was significant. This report provides an overview of key steps taken and summarizes the outcomes in terms of its deliverables.

Overview of the Project

The collaborative project was funded by the Aboriginal Health Transition Fund (AHTF), a federal funding initiative to enable governments and communities to devise new ways to integrate and adapt existing health services to better meet the needs of First Nations, Inuit and Métis people including those living off reserve and in urban areas.

Responding to a call for proposals from the AHTF, SCO and WRHA embarked on a historical journey to collaborate and explore issues confronting the First Nations people accessing the health system.

Four strategic objectives were targeted in the implementation of the SCO/WRHA AHTF project. They were:

1) Collaboration and partnership

Working together, both SCO and WRHA undertook Key Informant Group sessions with four groups:

- Elders,
- WRHA Service Providers,
- First Nations Service Providers and,
- Four Arrows Regional Health Authority.

Linkages were also explored as another dimension of this objective, such as the mechanisms, processes and structures that would be engaged to assure a joint effort throughout project activities. In this respect, information was not only jointly collected through focus groups, but information was also shared between partners, such as relevant WRHA policies, to explore gaps and conduct assessments of targeted health services, structures and policies within the existing health system.

2) Reorientation of Health services

Without knowing what specifically would be targeted for adaptation throughout and as an outcome of the project, the partners engaged in new processes that required them to work together at a common table to identify tasks, monitor activities, and review outputs. Examples of this are the Project Review Group that met on an as needed basis to review progress of report compilation, as well as the Adaptation Partnership Committee which oversaw the entire project since its inception. The reorientation of services is demonstrated in the joint efforts of all partners with distinct mandates and responsibilities working at a common table towards shared goals and objectives. An outcome of the project was a *Framework for Health Adaptation* and a *Collaborative Strategic Action Plan (CSAP)*. A sustainable arrangement would be a preferred practice that would formalize the relationship between the partners, specifically SCO and WRHA, towards development of the Framework and implementation of the CSAP through joint work plans and a joint project structure.

3) Communication and transition

There was a mutual understanding early on in the project that information sharing was a necessary objective to be achieved and built upon. Information about organizations and their governing systems and processes was relayed between all partners, including the participants in the focus groups and the broader community overall. However, information about internal operations, policies and procedures of the organizations was also shared between the stakeholders in an effort to achieve a collective understanding of the multi-dimensions of the health system that crosses jurisdictions and mandates of each partner. In order to begin to understand how a transition would occur, it was necessary to understand the inner workings of each organization and/or system, including both the federal and provincial systems, and from there determine a logical and realistic path that could be followed. Transition is not easy given the complexity of the legal and administrative systems involved in health care. Change is predicated by an understanding of what is being aspired towards, agreeing on the common experiences and

mutual understandings, then ultimately assuring acceptance of the plan for achieving that change.

4) Evaluation

Throughout the implementation of the project, quality emerged as a paramount principle through which work would be undertaken. The ultimate task of project completion was aspired towards as an indicator of project success, however success was not measured only by the completion of tasks; success was manifested in the quality and meaning of the processes themselves and the dynamics that transpired. Prior to all AHTF projects commencing, the funder required that all proponents undertake training to lay out an Evaluation Plan and Logic Model. SCO/WRHA laid out a logic model that consisted of its key goals, objectives, activities, inputs, outputs and short-, intermediate- and long-term outcomes. The exercise of evaluation comprises not only activities aimed at measuring success according to outcomes and outputs; for SCO and WRHA, success was also measured by the meaning, respect and attention paid to the dynamics and exchanges between people and systems. It is the cultural dimensions of the project that stand out as unique in terms of the attention to language, relationships, traditions, values, beliefs, norms and customs that were followed, and that were imparted into the more formal, and systematic approaches.

Three priority areas

In order to identify gaps and methods for adaptation and to close gaps and improve services, certain issues impacting the First Nations population needed to be determined and further isolated for closer examination. Three priority areas were chosen to thoroughly examine the needs of First Nations peoples, explore barriers and challenges in accessing health services, and ultimately define strategies through which gaps could be minimized and processes could be streamlined. The SCO/WRHA Project proposal states:

"Due to the broadness and potential complexity that such an undertaking would entail, as well as a relatively short project time frame, the parties have agreed to limit the proposed project to three specific areas…with consideration for knowledge transfer to the end users of the services provided through communication and capacity building strategies."

SCO and WRHA defined the three areas as:

1) Discharge Planning:
Where planning coordinators work with health care teams and interpreter/resource workers to plan complex discharges for Aboriginal patients and ensure that the patients are fully aware of services available. These services include, but are not limited to, coordination of medical services, transportation and/or information about prescription medication.

2) Patient Advocacy/Safety:
Supports the interests, needs and rights of Aboriginal patients in hospital. The advocate receives and resolves health and human service complaints affecting patients, addresses Aboriginal patient concerns, provides advice regarding resources or services and works with community programs to improve patient care.

3) Interpreter/Cultural Services:
Spiritual/Cultural Care Providers are a support and resource for Aboriginal patients in aspects of campanionship as well as providing traditional ceremonies. Interpreters will have standardized interpreter training, including training in medical terminology, and function as members of the health care team. Interpreters facilitate communication between health providers and patients by providing interpretation in Cree, Ojibway and Oji-Cree and Island Lake dialect.

Human resources

Drawing from diverse skill and knowledge bases, SCO/WRHA retained the services of consultants with varying backgrounds and expertise. Most were First Nations and possessed the insight necessary to understand the cultural, historical, political and theoretical experiences of the populations and issues being studied. One key principle identified at the onset of the initiative was to build capacity at the local level in the collection, management and interpretation of health information. Various local health professionals were brought in to share their experiences at the focus groups, as well as participate in committee work that reviewed and developed the various outputs such as the Framework and CSAP. All participants, including staff, were provided with an orientation to the project that included background information on the project, the organizations, the AHTF overall and the issues confronting the health system.

The project sought to be cost-effective by utilizing existing resources, such as staff, administrative systems and technology, and aimed to develop their systems rather than establish new ones. With the exception of the collaborative exercises, which were groundbreaking in many respects, the project drew from the expertise at the senior levels for guidance and decision making, and from the middle levels for administration and coordination. Leadership was exemplified through the dedication and commitment of the senior project staff, who consistently dedicated the time and efforts to sort through challenges such as staff turnover and delayed start-up, but also the complicated dynamics at the table involving conflicting theoretical perspectives about what the project aspired to do and not do.

Every challenge was dealt with as an opportunity. The focus on results, and the foundational objectives of collaboration and partnership, adaptation, reflection, and communication, contributed to keeping on task and assuring that conflicts would be resolved and deadlines met. In the spirit of improvement, and change, new methods were explored and tried, barriers were broken down, and trust was established. This set an important tone for future work to come out of the project.

Gender analysis

The AHTF Envelope set as one of its principles that projects would undertake gender analysis in its activities. Without clearly defining what this meant and how it applied to the project, it became a secondary measure in the data collection phase. Information was ultimately not incorporated as a result of limited information (literature and survey limitations) which is reflected in the analyses and preparation of reports. Throughout the consultations, gender specific issues were not explicitly identified by many of the participants. However it was noted by senior project staff that gender is an important distinction for some populations specifically the health status of First Nations males and within specific regions of the province. For example, many services are geared toward health care for addressing female specific issues (ie. birthing spectrum, pre-natal to breastfeeding) and how it appears that the health specific needs of males are left undefined and under-developed. A lot of health programming has been provided in the area of maternal and child health however the data to support these findings was not explored and therefore not incorporated into the project. Nevertheless, in future undertakings involving First Nations people, it is worthwhile to pay special attention to the health status of males, and how distinct perspectives from both males and females might impact on future planning for adaptation.

Communication

Looking at the three priority areas, activities towards achieving a better understanding of the issues were undertaken that included regular discussions of the internal SCO and joint collaborative project teams, focus groups and extensive research actions. Issues were examined both within Manitoba and Winnipeg Health Region through focus groups, but also on a more global level. Extensive literature were reviewed in an effort to get a "bigger picture" of how priority issues were being addressed by other jurisdictions in both Canada and internationally.

After review of all the information collected, communication emerged as one of the most significant themes and ran across all domains of the project. Communication encompasses more than just a relay of information back and forth. Throughout the project issues of communication included language barriers such as translation and proficiency, circumstances in written, oral, and inter-personal communications, materials and methods, regularity, quality, quantity, processes, and structures. The project undertook to establish a communication working group that developed a Communications Campaign that educated the public about the WRHA Aboriginal Health Services. But also secured specialized positions in the area of Communications to assure the relay of information and looked at unique needs with respect to the handling and dissemination of information.

Summary of the Structure

The proposal was undertaken as an initiative of WHRA and SCO who solicited the support of project partners. The project established a Project Management Office (PMO) structure that operated through the SCO supported by its administrative and political offices. Financial and administrative procedures were situated and carried out on-reserve in Swan Lake First Nations. However day-to-day operations occurred at various locations throughout southern Manitoba, depending on the event and participants.

Project Management Office (PMO)

The PMO was situated in the Winnipeg SCO Sub-Office, and comprised initially of nine staff including additional support of the use of research associates and consultants as needed. The PMO undertook to manage and serve as the secretariat and ensure timely reporting to stakeholders. It aimed to establish linkages to existing governance structures within the WHRA including the Aboriginal Health and Human Resources Advisory Committee and the Aboriginal Health Programs Elder Advisory Council however these specific linkages were not able to be developed at the time of the project.

Adaptation Partnership Committee

Letters of Commitment were secured from the various partners to the project as part of the proposal writing phase. Terms of Reference (TOR) were established in May of 2009 to guide the proceedings of the Committee. Its purpose was to "represent the interests of the SCO as it seeks to develop an enhanced First Nations health service delivery model framework in partnership with WRHA." (TOR, 2009)

Two explicit outcomes identified within the TOR were:

1) Development of a promising practice model that can be applied to any Aboriginal group or RHA that would impact on the quality of care and improve health outcomes in other areas of the province. This speaks to concepts of relevancy, portability and transferability.

2) Improved linkages between health systems, health providers, and overall governing structure of the health service system, which speaks to concepts of governance, relationships and comprehensiveness.

The intent of the APC is to provide information and advice to the Project on recommended approaches and strategies for SCO/WRHA as the leads of the PMO. Three goals were set in the TOR of the APC which were to provide a forum to: 1) identify areas of opportunity and development, for the purpose of enhancing case management of First Nations members accessing care in Winnipeg, 2) to identify strategies to increase First Nations participation in re-orienting and adapting existing health services within health services, and 3) for stakeholders to exchange information and identify opportunities for collaboration and cooperation.

Meetings

2008: September 26, October 17, November 21
2009: January 16, February 20, March 20, May 8, June 10, July 31, August 10, September 11, October 23, December 4
2010: January 15, February 24, March 1, April 9, May 21, June 25, August 13

The initial meetings involved discussions about specific health concerns and challenges of the system, management and ownership of information, as well as communication of expectations from the partners of the project. Focus then shifted to logistics of the various activities such as the focus groups and reviewing of reports. A communication strategy was also discussed early on in the process and became a specific activity that was developed, implemented and monitored by the APC. Other activities included various forums undertaken by the project including a Leadership Forum. Near the end of 2009 discussions shifted to focus on the Framework and Strategic Plan as well as wrap up of the data collection phase on the priority issues and summary Literature Review.

Communications Strategy

Communications emerged as one of the most significant themes of health care and the health care continuum. All groups consulted during the course of the project spoke to different dimensions of communication in that it encompassed more than language and the relay of information. It deals with the depth and breadth of information at each level to assure that information is not just relayed from one party to another, but that the information is understood by the recipients.

In order to assure the stakeholders that information matters would be given special attention, a strategy was developed that defined the parameters of the strategy and included specific activities to be undertaken. According to the AHTF Communication Strategy (SCO, 2009) the purpose is to:

> … assist and contribute to the positive delivery of health programs and services offered by the Winnipeg Regional Health Authority – Aboriginal Health Services. One of the key elements of the strategy is to improve interpersonal and group interactions in the WRHA – AHS and First Nations communities… to enhance collaborative relationships; the delivery of health messages through public education campaigns that seek to encourage healthy behaviours, create awareness, and change attitudes toward Regional Health Authority programs and Services. Campaigns traditionally have relied on mass communication…and educational messages in printed materials…to deliver health messages however these methods have not reached many First Nations communities. (p. 3)

Communications Working Group

In the latter part of 2009, a Working Group was established to revisit the SCO Communications Strategy and an existing Aboriginal Health Programs - Health Services Communications Strategy to develop a joint communications work plan. The work plan included a campaign to create awareness of the Aboriginal Health Programs – Health Services. A tool kit comprised of posters, luggage tags, pamphlets and booklets was developed and launched in the spring of 2010. Communications consultants were engaged to assist in the implementation of the Communication Work Plan and facilitate the production of the final project documents and Here for You event. One anticipated outcome of the awareness campaign is increased use of interpreters, discharge planners, advocates and spiritual/cultural care providers which would serve as evidence of increased awareness. As well, other RHAs can familiarize themselves with Aboriginal Health Services. Linkages were made with, and resources were distributed to, RHAs, FN health care providers, Winnipeg health centres, Winnipeg Aboriginal resource centres and Regional health care programs. In terms of people's understanding of the services of WRHA and the health care system overall, this might be an undertaking for consideration in a later sustainability planning phase.

Summary of the Process

The first step involved the proposal development stage and identifying partners that would participate in the project. SCO undertook to approach various stakeholders that would lend support to the project through representation at the partnership table, or the Adaptation Partnership Committee. The partners consisted of SCO, WRHA, Manitoba Health, First Nations and Inuit Health, Assembly of Manitoba Chiefs, Four Arrows Regional Health Authority, Tribal Council and Independent SCO Affiliates, and Manitoba Keewatinowi Okimakanak. Throughout the project, project partners were kept apprised of the project through both administrative and operational reporting, and were consulted for input into the various project activities at various stages of their development.

After set up of the Project Management Office (PMO) at the Winnipeg Sub-Office, SCO engaged in a recruitment campaign to set up the project team. The project was approved in February, 2008 but funding was not received until August, 2008, initially delaying the startup. The earlier project team consisted of full-time employed positions of: Project Coordinator, Evaluation Analyst, Policy Analyst, and consultants for each of the areas of Discharge Planning, Interpreter Services/Cultural Programs, Patient Advocacy and Communications. Later in the project, the positions of Coordinator and Administrative Assistant, as well as Communication, were the primary positions that were retained, and Consultants were hired on contract or short-term basis to fulfill specific requirements of the project work-plan at different stages.

After the PMO was set up, coordination and facilitation work began of the Focus Groups with clients, Elders, First Nations health care providers, and Key Informant interviews with WRHA health care providers. This took nearly a year to complete, with some delays due to staff turnover; however, the undertaking was successful and resulted in three reports that synthesized key findings and reported on themes. There were 21 themes altogether, some of which overlapped such as communication and importance of linkages. The themes were influential in defining the overall goal, objectives and overarching strategies as well as spelling out the specific strategic objectives within the Collaborative Strategic Action Plan.

Research

The project aspired to achieve quality in information by following not only systematic methods of data collection, analysis and reporting but also culturally appropriate methodologies in all research undertaken. The analyses and application of findings towards outcomes such as the *SCO/WRHA Framework for Health Adaptation* and the *Collaborated Strategic Action Plan*, incorporated the principles of fairness, balance and honesty and sought to achieve integrity in the reports by incorporating elements of culture and capturing the essence of the stories and experiences shared. The *SCO/WRHA Framework for Health Adaptation* lays out principles that would guide joint work, a practice consistent with the cultural practices of many nations. Rules and guiding values are stated clearly so that proponents are bound by common conventions and operate under the same guides.

Research consisted of the collection and compilation of information via environmental scans of best practices and literature reviews relating to each of the three priority areas, including review of WRHA policies. Qualitative research was also undertaken via the use of focus groups, where forum facilitators were engaged to facilitate discussions around key research questions posed to participants. Consultants were used to synthesize information and prepare final reports that consisted of summaries of feedback given as well as categorization into theme areas. Ethical considerations were factored in, including consent forms and information sharing prior to participation. This assured participants of their confidentiality and voluntary participation, as well as advised on how the information would be used and handled.

Background information on the project and its objectives, that was shared with participants, was consistent to assure everyone was operating from the same knowledge base, and that in providing feedback the information was relevant to the specific questions. Tests of reliability and validity were touched on briefly through discussions of pre- and post-tests. However, flexibility was afforded for the sake of cultural and spiritual considerations where certain information could not be recorded or the process of sharing superceded the formalities of certain conventions of group facilitation (ethics surrounding questioning and clarification, speaking in turn, use of traditional medicines, rituals and ceremonies).

The reports contain a wealth of information from the perspectives and experiences of the participants in that group. Each group had their own unique insights into the health care system, such as patients speaking of frustrations, fears, anxieties at various stages of their care and with providers and systems, and health providers speaking of their own ideas, thoughts and observations on how they see improvements in the systems in which they work. Elders touched on matters related to traditional medicines the importance of sharing information and teaching the young about healthy lifestyles through restoration of culture and traditions.

The Literature Review touched on international experiences including Australia and New Zealand and explored concepts of multi-disciplinary practice, collaborative care planning and innovative uses of technology. As mentioned earlier, throughout the entire process, the theme of linkages and communications emerged in various circumstances and in applications.

Report Review Process

The PMO utilized the APC for report review. This grew to take up a lot of time in meetings and it was determined that for the sake of time, it would be more practical for a smaller group of partners to be established who would receive the documents, provide initial review and from there submit final versions to the APC for sign off. The process proved to be effective in that the turnaround time for drafts to be reviewed became shorter and the time for meetings of the APC resumed focusing on more overarching issues related to administration, direction setting and decision making.

Literature Review

In an effort to gain a better understanding of the issues and systems at play, the project team undertook a variety of literature reviews. The first phase involved a compilation of literature that touched on the three priority areas: discharge planning, advocacy and cultural/interpreter programs.

A general scan of Aboriginal policy was carried out that consisted of a review and summary of 16 papers that touch on various aspects of Aboriginal health. The paper provides an overview of significant studies undertaken across Canada and in Manitoba on the topics of Aboriginal well-being, policy research, urban Aboriginal issues, intergovernmental matters, fiscal considerations, Aboriginal women's issues and transportation challenges. Studies conducted by the Manitoba Centre for Health Policy, National Aboriginal Health Organization and Intergovernmental Committee on Manitoba First Nations Health are examined.

A review of patient advocacy and safety programs consisted of a compilation of 28 articles that touch on a broad range of issues. The summary report highlights a history of patient services for First Nations including services provided by Health Canada, Medical Services Branch (now First Nations and Inuit Health) which provides a backdrop for discussion of gaps including jurisdictional challenges between the levels of government and their departments, funding shortages, language barriers, lack of traditional healers and traditional medicines, and patient relocation challenges. The report also highlights issues of safety and provides basic information on the practices of RHAs generally and WRHA specifically. Gender based analysis is alluded too however the report does not cite specific gender issues other than to indicate that gender was not a significant theme in any of the studies.

Some themes highlighted on the matter of patient advocacy and safety were the significance of gaps, namely policies related to medical relocation, social services, case management, and costs. Practices across the country were referenced such as the Aboriginal Healing and Wellness Strategy in Ontario, pediatric therapists in British Columbia and the midwifery program in Yukon Territory. All programs cite progressive and innovative practices that examine adaptations in the areas of funding to provide for flexibility, programming by examining the voices of professionals, Elders and the role of Aboriginal Community Health Representative program in the field of advocacy. The paper provides a definition of advocacy and the various roles that advocates can take such as legal, political, social and cultural.

A literature review on communications examined 12 articles that looked at issues such as most effective methods for relaying information such as focus groups and surveys, evaluations and website utilization, language interpretation, cross cultural training within the WRHA, cultural competence through knowledge, awareness and understanding and

sensitivity to culture, knowledge exchange through research, effective and evidence based interventions that are aligned with Aboriginal values and ways of learning. Other articles explore the need to formalizing channels of communication within and between communities and organizations, better understanding by professionals of the lived experiences of Aboriginal peoples including the voices of Aboriginal women, models of addressing language barriers, regional coordination of services, telephone interpretation, use of bilingual staff, translation of written materials, outreach and orientation strategies, good working relationships, ongoing engagement and collaboration such as through newsletters, web-pages, briefing notes, press releases, news events and training for staff, and finally models of communication strategies.

Another literature review was completed on the topic of discharge planning. Seven articles were reviewed that touched on the matter and highlighted the following recommendations: need to improve discharge planning for older population, need for multi-disciplinary work, need for cultural education for health care providers, need for toolkit to address barriers to discharge such as culturally appropriate resources, communication breakdowns, continuity of care and importance of linkages, travel challenges, and lifestyle choices. The discharge planning review also examined reports and policies of the WRHA.

The extensive compilation of data and reports served the SCO/WRHA project by providing a wealth of information and evidence from models of practice could be explored and features of the health care system scrutinized more closely for adaptive opportunities. The initial phase of data collection served to inform the project staff and APC of the wealth of information available on the issues and priority areas, however it was felt that more focused study of the national and international practice in the priority areas was necessary, thus a more focused and thorough Literature Review of academic journals was undertaken. In this review over 120 documents were compiled, but narrowed down to a review, summary and extrapolation of 26 articles to inform the final outputs, namely the S*CO/WRHA Framework for Health Adaptation* and *Collaborative Strategic Action Plan.*

The SCO/WRHA Framework for Health Adaptation

Principles

By focusing on three key issues of health care, namely discharge planning, cultural/interpreter programming and advocacy, and compiling experiences and ideas of those involved in the health care system, certain themes were noted and an outline for change began to emerge. The process of sharing and collaborating lent to the emergence of Principles. Altogether 13 principles emerged as key value statements that would guide future undertakings. A working definition of Principles is: "Agreed upon values which serve as roots or parts of a foundation, on which a health system adaptation can be built and through which stakeholders take ownership." (*SCO/WHRA Framework for Health Adaptation*, 2010)

The 13 principles are:

1) Cultural Appropriateness
2) Communication
3) Awareness
4) Mutual Understandings
5) Access
6) Relationship Building
7) Meaningful Engagement
8) Accountability
9) Representative Workforce
10) Quality
11) Sustainability
12) Collaboration
13) Ownership

Figure 1. SCO/WRHA Framework for Adaption - illustration #1

Symbol of Tipi

A symbol that captures the essence of the Framework is the tipi which serves various purposes for First Nations peoples. Tipis were used for shelter, food storage/preparation, governance, celebrations and in this context, healing. The basic structure of the tipi is 13 posts bound together with cord or string, a canvas over top, an opening as a door and an open top for ventilation. It is transferrable because it can be taken apart and moved and set up again in any climate and season; it is strong, reliable and durable. There is symbolic meaning and application of the tipi that is more than structural; the parts and functions of the Tipi should continue to guide the partners as they implemented the *Collaborative Strategic Action Plan*.

Figure 2. The SCO/WRHA Framework for Health Adaptation - illustration #2

Goal

One specific goal of the project was to develop a portable model of health system adaptation that could be used anywhere. The project itself identified five Goals in the proposal. However, an outcome of the project was one broad comprehensive statement that captured the scope and ambition of subsequent collaborative work. The Goal within the Framework therefore was meant to be focused and broad and is as follows:

"Improved Health Status through the adaptation of existing Health Services"

Objectives

In keeping with the preference for a model that is broad and transferable, the project team determined that the Strategic Objectives, along with the Goal, would be open and flexible and consistent with those objectives laid out by the Project itself.

The Strategic Objectives have been identified as follows:

1. Collaboration and Partnerships
2. Reorientation of Health Services
3. Communication and Transition
4. Evaluation

Framework as Template

The Framework was intentionally designed to be broad and non-specific in terms of actions because its purpose was to serve as a template for asserting a vision (Goal), defining basic tenets and a value system that would guide the vision (Principles) and providing basic tactics through which the vision could be realized (Strategies). It was never intended to be an action or work plan. Rather the purpose of the Framework was to provide an outline, or model for how change could be achieved in a structural manner, and to build from there a strategic action plan that is more detailed and focused for areas of improvement or change.

Concepts of the SCO/WRHA Framework for Health Adaptation

The concepts that lend to the *SCO/WRHA Framework for Health Adaptation* are borrowed from different frameworks including, the Results Based Framework, Quality Framework and Integrated Contextual Model. Each framework offers pieces to this project's Framework. The Results Framework consists of layers that simplified the model by breaking it down into three parts or levels, the Goal, Objectives and Strategies/Result areas. The hierarchical model however was not a preferred option therefore two more circular models were chosen.

The Quality Framework was examined for its focus on the practice or clinical side of the health system and includes the dimensions of service provision that deserve further attention and analysis in a more strategic manner. By looking at elements of practice for various health professionals, such as skills, education, professional development, ethics and standards, the principle of quality is assured. Quality and safety were important to the SCO/WRHA project because the stories were common and spoke of not only fears and anxieties but negligence and discrimination. In order to instill trust into the health system, patients need to feel that their voices matter and their stories were heard; the Quality framework as applied to the SCO/WRHA Framework provides a portal for reinstating trust and confidence again.

Finally, the Integrated Contextual Model was examined because of the different domains that it offers to the concept of adaptation in a health system. It does not only focus on the health system itself or the organizations or institutions of health, in this case Regional Health Authorities and hospitals. Rather, it encompasses all stakeholders involved in the health system. It involves systems such as Governments and the mechanisms that apply to health care such as laws and regulations. It involves the health authorities and their establishments including regulatory and governing bodies (Colleges) of professionals, clinics, and other health programs and services.

Additionally, the other domains of the Integrated Contextual Model are the community and the individual. The role of the community in the SCO/WRHA Framework is integral; many patients accessing the health system often travel from or have ties to the First Nations and access health care off-reserve due to the lack of services available in the community. The community is involved in terms of the resources, programs and services that assist in accessing and facilitating health care, as well as at the governance level where Chiefs and various administrators make decisions that impact on services at the community level.

The individual domain of the integrated model is important because it attributes roles and responsibilities that patients themselves assume in their health care experience. Health status is determined by many variables such as socio-economic, political, cultural and even genetic factors that contribute to challenging circumstances. These challenges are often beyond the control of individuals

but can either limit access or predispose individuals to certain health conditions. However, to some extent there are behaviours and patterns that are within control of individuals such as smoking and substance use. While the integrated model does not presume to target or affix labels to populations or conditions, so as to perpetuate social and cultural stigmas, it does offer a process and a structure through which a dynamic can be reached between all parties. The dynamic that could emerge would involve creating a safe space to maintain a steady flow of communication around not just administrative, clinical and operational matters of the health care system, but even the sensitive issues that require more delicate handling. Issues impacting certain populations, such as accidents and injuries among Aboriginal youth, would benefit from a collaborative and multi-jurisdictional approach where diverse experiences can be shared and innovative projects discussed from different trains of thought.

The Framework document was reviewed through a Report Review process by vetting to the partners initially (SCO and WRHA) and from there circulated to the APC for feedback. Upon completion of the initial draft a Strategic Planning session was held with all members of the APC in attendance on May 12, 2010 at St. Benedicts Monastary in St. Andrews, Manitoba. The session was designed to apprise the project proponents of the undertakings and status of the project and to gain input in the Goal, Strategic Objectives and Principles that emerged from the development of the *SCO/WRHA Framework for Health Adaptation*. The session resulted in a consensus of the Goal, Strategic Objectives, Principles and information on prospective action areas was shared to further develop the *Collaborative Strategic Action Plan*. The Strategic Planning session was instrumental in gaining acceptance from the APC on the Framework outline, building team work and setting a collaborative tone for future work that could be undertaken once the *SCO/WRHA Collaborative Strategic Action Plan* was complete.

Strategies or Result Areas

The Framework laid out one Goal, four Strategic Objectives, but had five broad strategies which, when applied, lay out essential steps toward achieving the objectives. They include:

STRATEGIES	STRATEGIC ACTION EXAMPLES
Access to and availability of health services where links to health services are increased	• Community based services • Joint community/system based case management • Service access and delivery points
Quality of health services improved	• Improvement in health care provider capacity • Strengthen service delivery • Effective linkages between First Nations community and health system • Develop a quality "culture" • Ensure acceptability and respect for the differences in cultural norms
Increased awareness of health services	• Community mobilization and increased awareness • Behavior change communication
Structure	• Advocacy • Governance/Policy • Community capacity • Leveraging of resources • Partnering mechanisms • Organizational development
Communication	• Applied technologies • Improved Interpreter services

Access and availability refer to the likelihood that the health consumer and a service will meet and that the necessary programs and services will be available. Access refers not only to geography but also to socioeconomic factors that can serve as barriers to care. The concept of quality is complex and refers not only to the technical quality of the services but also to the patients' perceptions of quality and acceptability. Quality explores results aimed at assuring safety and security of all involved including the practitioner and patients. Increased awareness of health services implies that once strategic actions are implemented, patients will be aware of the services available to them regardless of where they reside. Patients will also have improved knowledge about the system and service overall to be able to confidently access when they need it. Structural enhancement will be explored to address the expanse of issues gleaned from the project in the exploratory phase and examine methods and undertakings that might secure the structures under which the health systems operate. Finally, at every step in the process, a defined communication system that ensures a dynamic and constant exchange of information between the partners should be in place.

Flexibility and Practicality

The *Collaborative Strategic Action Plan* was intended to be broad enough to allow for flexibility in interpretation and practicality in application. Flexibility is important because it allows for the result areas to be subject to input from diverse partners in terms of its meaning, and relevance. Each partner has their own unique circumstances that impact on their working environment and each partner must be comfortable with their role in realizing the result, or strategy area. Practicality assures those partners on board that what is being strived for is realistic and achievable within real time and budget constraints.

Through the application of the *SCO/WRHA Framework for Health Adaptation* and *Collaborative Strategic Action Plan,* new and creative ways of working together can be formulated and more culturally appropriate methods of delivering health care to First Nations can be tried. Both the Framework and CSAP do not purport to provide tried and tested solutions to very complex health issues; however they do represent the beginning of a new relationship between players that historically have never worked together. A project was created, relationships were formed, protocols were established and trust began to emerge. With these fundamental parts a vision was accomplished. The next step is to share the tools that were built in a collaborative manner and create a joint new critical path that will sustain the efforts and energies invested in the path just ventured.

Next Steps or Implementation Guidelines

Strategies, Results and Objectives

The *SCO/WRHA Framework for Health Adaptation* and *Collaborative Strategic Action Plan* offer a vision and a foundation from which a health system can be adapted to better meet the needs of First Nations people. It lays out the basic parts of the foundation, and through this outline it is theorized that change can happen. The Framework is broken down into five key result areas, or areas in which strategies can be developed toward a desired result.

The CSAP contains more comprehensive and specific strategies, by breaking down each result area into general yet focused strategies that can be used to guide future discussions between partners. As stated earlier both the Framework and CSAP were not meant to provide specific actions or steps that would be taken to achieve a desired result. Rather, what these tools offer are an outline through which a dialogue can begin, if the model is being applied in a new setting with new partners, or where a dialogue can continue for the AHTF partners. The next step that was anticipated out of the project, would be more detailed work plans that contain the specific actions towards desired results, or that would achieve anticipated outcomes.

Actions

Without knowing for certain what resources are available to undertake systemic adaptation envisioned in the SCO/WRHA Framework and CSAP, the tools were kept broad enough so that additional or new investments would not be the determining factor for whether work could continue. Work can continue without new investments through the use of existing resources and technologies; however certain actions such as adaptation of policies with funding implications will definitely require higher level discussions and commitments beyond the Adaptation Partnership Committee.

Communication plan

Communication was the most prevalent theme in every forum, study, analyses and finding of all activities undertaken. The joint communication strategy and specifically the awareness campaign offered lessons about working together but it was the recognition of the need for awareness through information that was pivotal. It is imperative that in future undertakings, where collaboration is a cornerstone, that communication be given special attention and that resources be earmarked to assure the steady and constant flow of information.

Accountability process

Having explored a formal Partnership Agreement and having entered a formal funding arrangement, each partner grew to appreciate the importance of mutual understandings about actions and commitments, roles and responsibilities, in meeting deadlines and producing results. Accountability proved to be a two way street in the SCO/WRHA project in that each partner assumed roles and responsibilities unique to their own jurisdictions, however through the joint table accountability was apparent through regular reporting and sharing of opinions, thoughts and ideas; even the contentious ones. The project achieved what it set out to do and in the final analysis, it will be up to those who uptake the tools created out of the project to determine the relevancy and significance of the work.

Conclusion

Throughout the process, many stories were shared and expectations communicated. These were documented in the focus group reports and minutes of meetings. There may be criticism that specific actions were not undertaken or will not result from the project that was perhaps expected from participants. While project staff could not commit to anything specific because of funding limitations, there was assurance that the stories would not be lost. In fact the stories started off the process that resulted in a proposal and a project that was premised on taking stories and building something out of them.

The symbols that emerged indicated that the stories themselves are coming full circle; not only were they the foundation to the entire process undertaken two years ago, they were encapsulated in the reports or outputs of the project, and ultimately were the key elements of the tools that were developed out of the project. The tipi, the circle and the quadrants of the circle are meant to honour the stories and experiences of the participants; it is the stories themselves that gave life to the project and it is the stories that will continue to drive the future Goal, Objectives, Strategies and Actions of the partners.

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