

Developing a new community-driven health care model

CFHI / NSTC / AHAC

In Ojibway, the term “Maamwesying” is the act of working as one. Through a partnership with the Canadian Foundation for Health Care Improvement (CFHI), the North Shore Tribal Council (NSTC), and the staff of the N’Mninoeyaa Aboriginal Health Access Centre (AHAC), Dialogue Partners helped to develop a new community-driven health care service delivery model driven by the mission, “Working as One for the Wellbeing of All.” This was, in large part, accomplished through conversations about health care service delivery with clients accessing services both on and off reserve.

“We need to apply the Seven Grandfathers to this project ourselves. Love them. And what they mean to us. Create a shared understanding of what they mean.”

- Elder, 2013 Workshop

What happened?

One participant described Dialogue Partner’s role in this project in a few simple words: “Put power back with the people.” This project focused on conversations with the 7 First Nations in the NSTC and the urban aboriginal population of Sault Ste Marie. The project was designed to help patients reclaim ownership of their own health and wellbeing, as well as that of their family members.

Dialogue Partners worked with Health Directors, front-line staff and community members to implement the engagement process in a number of ways:

- Conducted interviews with Health Care providers, Directors and key stakeholders to create the engagement approach
- Developed, designed and delivered a 2-day community engagement training program for staff and community members to build capacity, skills and knowledge
- Developed a comprehensive, multi-year engagement plan to guide the conversation
- Created the tools and materials for the project. These included post cards, flyers, deliberative workbooks, storytelling guides, Guiding Principles that included connecting the teachings of the 7 Grandfathers to the conversation, Photovoice and more.

“We need to start creating some space to allow for the shift. We need to reflect on the current situation and be honest. We need to be ok with... criticism. We are here to build each other up. We are not here for a quick fix.”

- Health Director, 2013 Workshop

- Delivered 2 sessions of 2-day Facilitation training for community members and staff
- 3 separate deliveries of co-facilitation of multiple conversations with community members and NSTC staff
- Coaching, mentoring and support to community-based facilitators
- Training of NSTC staff for data gathering, coding and analysis of data
- Advice and strategy on linking the engagement process with the health care system re-design process

At the core of the project is the belief that all voices, all views, all experiences must be incorporated into the new design so that the system is truly driven by community, culturally relevant and meeting community needs.



Things we learned along the way.

Long-term, sustainable change takes time. With an ambitious goal of ensuring optimal health for community members, and helping patients reclaim ownership and be empowered to take control of their own health, it seems reasonable to focus on results. However, as part of a complex system, health does not exist in a vacuum outside of people’s lives, work, families, environment or society at large. History, experience, culture and individual and

organizational readiness and ability play a factor in the design and implementation of a new system. The new system must match pace with the people it serves and the people implementing it or tensions, conflict and lack of momentum can result.

Cultural understanding is about more than sensitivity or awareness. Being aware that you are engaging with people of different life experience and culture than you is a 1st step to understanding. An honest intention to being sensitive and respectful of those differences is a 2nd step. However, those 2 steps are insufficient on their own to really create cultural understanding and a true collaborative process. The principles and practices of interculturalism were embedded into the project focusing on promoting dialogue and interaction between partners and groups, and the recognition of common human needs across diverse peoples and participants.

Listen to the people who live the experience every day. You can build a new model, framework or operating system based on the best available research and evidence. You can create performance measures and indicators and design policies and guidelines for implementation based on best practice. It will probably be a pretty great system – on paper. The fundamental difference between something that works – in reality – and something that doesn't, is people. People's needs, experiences, knowledge, hopes, ideas, support and understanding are crucial to a fulsome approach that has ownership and buy-in. For an undertaking as complex as an improved primary health care delivery system that ensures optimal health for all community members, you must place equal emphasis on the PEOPLE and the PRODUCT.

Capacity building is fundamental to improved conversation, improved outcomes and improved results. No one is born knowing how to have hard conversations on issues that matter to them. No one comes fully formed with the skills and knowledge to facilitate and host conversations with others to talk about the things they have learned, experienced and hope for. For long-term change to be effective, the conversation must reside in the hands of community members and health care providers – because they live and breathe the results of the system in their lives every day. That means supporting, mentoring, coaching and training people to be effective, empowered, and capable of participating in and hosting

these important conversations.

The Seven Grandfathers

An elder from a June 2013 workshop offered, “We need to apply the Seven Grandfathers to this project ourselves. Love them and [love] what they mean to us. Create a shared understanding of what they mean.”



Partnership can be informed by the “Seven Grandfathers, as suggested by an Elder in one of the workshops.

So we spoke about the Seven Grandfathers. We held space for a cornucopia of value-based discussions. And in the end, it worked. We brought people together to discuss what a better healthcare system would mean for them: one that would be a true partnership between community members and providers. We ideated on an ideal end state of *minobimaadizing*, where care, knowledge, truth, bravery, affordability, wellness, quality, services and more all reside.

This shift will take time, possibly generations. Yet the starting point on this journey was the conversations facilitated by Dialogue

Partners. The goal was to engage clients accessing services both on and off reserve, with an interest in their own health to have a conversation about health care service delivery. We did just that!