IN THE SPIRIT OF HEALING AND WELLNESS

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This is a newsletter of the Aboriginal Healing and Wellness Strategy (AHWS)

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JMC ABORIGINAL CO-CHAIR

GARNET ANGECONEB SAYS GOOD-BYE, OTHERS SAY HELLO

The Joint Management Committee (JMC) was saddened by the news that Aboriginal Co-Chair Garnet Angeconeb recently resigned.

"As most of you will know, I have not been well. It is mostly because of my poor state of health which I base my decision," Garnet wrote in his resignation letter to the Joint Management Committee. "I have enjoyed meeting and working with each of you over the past year. I really have learned a tremendous amount from all of you and I trust that the AHWS will forge ahead with its many challenges in the years to come. Meegwetch!"

"We thought he was an asset to the Strategy," said Lorraine Gisborn, Vice President of the Ontario Metis Aboriginal Association (OMAA) and a member of the Joint Management Committee. "He provided us with strong leadership and an open heart. We hope our paths will cross again."

"The commitment that he showed, his patience and support for the Strategy will be greatly missed," said Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres and a member of the Joint Management Committee. "We wish him well and a speedy recovery. He must take care of himself first."

Other changes have taken place recently at the Strategy. Michèle Harding has moved from the Acting Manager of the Aboriginal Healing and Wellness Strategy Office to become the permanent Manager of the Strategy. "I'm very happy to be here to work with the Aboriginal community on achieving the Strategy's goals of improving health status of Aboriginal people and promoting family healing," says Michèle. "While a tremendous amount of work has been done by the Aboriginal community and the staff here in the office, there is still much more that is needed. I am here to support and work with the community in achieving these goals."

Michèle Harding was previously with the Ministry of Health and Long Term Care where she was the Registrar of the Health Boards Secretariat.

Ann Masson has taken on the role of the Government Co-Chair of the Joint Management Committee of the AHWS. Currently the Director of Child Care and Community Services Branch, Ann reports directly to the Deputy Minister of Community and Social Services, Kevin Costante on the ongoing implementation of the Strategy.

"The Strategy has accomplished a great many things since its launch in 94/95," said Ann. "Only with the continued commitment of all the partners involved will we begin to see real changes take place in the Aboriginal community. I am honoured that I can participate in an initiative that still remains unique in Canada today."

As well, Leslie Kohsed-Currie, Policy Analyst, who has been seconded to the AHWS office for 18 months, was recalled to her home ministry in October 1999. Meegwetch Leslie!

The AHWS Office was unable to fill the position of Policy Analyst after an open competition was held recently. A number of options are currently being considered to fill this position on a temporary and permanent basis. ■

MANAGER OF THE ABORIGINAL HEALING AND WELLNESS STRATEGY

Michèle Harding was appointed as the permanent Manager of the Aboriginal Healing and Wellness Strategy in October 1999. Educated in community planning and social work, Michèle has extensive professional and volunteer experience working with voluntary, non-profit consumer and labour groups in the areas of policy analysis, planning, programme development and advocacy at local, provincial and national levels.

Prior to joining the Strategy, Michèle worked for the Ministry of Health and Long-Term Care as the Registrar of the Health Boards Secretariat, managing eight health appeal and review tribunals, and with the Health Advocacy and Promotion Unit of the City of Toronto's Public Health Department, as the Coordinator of the Toronto Teaching Health Unit and lead Consultant for regulatory strategies to reduce tobacco use. She is been involved in numerous local and international community-based organizations. ■

AHWS UPDATES PROJECT PAYMENT CYCLE

Joint Management Committee (JMC) updated its Financial Management Guidelines to amend the payment cycle and terms and conditions for payment for the majority of projects at its January 2000 meeting. Notice of the changes was sent to all projects and programmes on February 4, 2000.

JMC has decided to undertake a comprehensive review of its Financial Management Guidelines to streamline processes and protocols. The revised Guidelines are expected to be ready for consideration at the June 2000 JMC meeting. In the meantime, JMC has updated the policies relating to payments for AHWS programs. The new terms and conditions for payment and the payment cycle are as follows:

- The first payment is a 35% advance, which is made on the basis of a duly signed Implementation Agreement or previous year's project contract or agreement. As usual, the advance will be forwarded between late April and mid-May.
- The second payment will depend upon whether the project's or programme's Year End Report (for the last fiscal year) and Annual Submission (for the current fiscal year) receive "full" or "conditional Approval." The Year-End Report and Annual Submission are due on or before May 31st. *Of particular importance is that no further payment will be made if the annual submission is "not approved." To receive further payments, the annual submission must receive either full or conditional approval, which means that cash flow may be significantly affected.*
- For **Specialized Projects** (Aboriginal health access centres, shelters, healing lodges etc.) and **Shared Fund Programmes** (community development and community services), second payment rates are as follows: 55% if fully approved; 25% if conditional approved; and 0% if not approved.

Project and programme sponsors may make revisions to their annual submissions if their Year End Report and/or Annual Submission are either conditionally approved or not approved. Sometimes, more than one revision is made in response to specific questions from the Specialized Projects Committee.

If after reviewing any revision, the decision of the Specialized Projects Committee is full approval, a payment of up to 65% of the annual allocation will be made. However, no further payment will be made if the revised submission is either conditionally approved or not approved.

- For Specialized Projects, a third payment, amounting to 10% of the approved annual budget, will be made only to fully approved projects. This payment is usually made by March 31st, and is dependent upon receipt of a Mid-Year Progress Report (due October 31st) and a Lapsing Fund Report (due January 31st).

Projects are reminded that funds which are not expended by March 31st, in accordance with a approved annual budget or as authorized through the Lapsing Funds process, must be returned to the Treasury and thus may be forfeited. ■

JMC APPROVES PERFORMANCE MEASURES PLAN

At its January 2000 meeting, the Strategy's Joint Management Committee approved implementation of a Performance Measures Plan. The Plan was developed by the Obonsawin-Irwin Consulting Inc., under the direction of the JMC Working Group.

The Performance Measures Plan (the "Plan") was developed to provide AHWS projects and programmes with quality management tools. "With input from several local projects, we now have some common quality management tools to help us better understand and document what good are we doing within Aboriginal communities", said Michèle Harding, AHWS manager. "As well, the Plan fulfils a provision of the Phase II Implementation Agreement between Aboriginal Organizations and the Provincial Government, as the funder." ► *(Continued on page 6)*

LONGITUDINAL (LONG TERM) STUDY OF AHWS IS GROUNDBREAKING

The Aboriginal Healing and Wellness Strategy is leading another groundbreaking study.

To determine whether there have been

improvements in health status and decreases in family violence because of the Strategy and its programs, a long term (longitudinal) study of AHWS and some of its programs is now taking place.

"This is the first long-term study of its kind, in which Aboriginal people are full partners in the design and conduct of the research," says Garnet Angeconeb, Aboriginal Co-Chair of the Aboriginal Healing and Wellness Strategy.

The study was approved by the Joint Management Committee (JMC) of the AHWS last year. It involves a cooperative and collaborative approach between the researchers (University of Toronto has been retained for the first phase of this study) and the Aboriginal community. Study activities are guided by a "Longitudinal Working Group", which includes representatives of the AHWS projects which agreed to participate in the study, and the Ministries of Health and Community and Social Services. Much of the data is being collected by local research assistants.

"The JMC agreed this study was necessary and invaluable in order to determine whether the programs we are offering are really making a difference in improving the health and family well-being of the Aboriginal community in Ontario," says Garnet.

"The study is good idea," says Brian Dokis, Executive Director of the Shkagamki-kwe (Sudbury) Health Access Centre one of the Centres participating in the study. "Right from the start our board of directors was supportive, but were also concerned about how the study would be carried out. We became involved in the development of the study questions and the board is comfortable with the approach taken."
"We want to participate in the study because we're based in the city which has lots of health services but doesn't have culturally appropriate health services," says Brian. "We'd like to see if providing culturally appropriate services in an urban area will have a greater impact."

The long term study looks at health and family-healing related data from 1994, the "baseline" year (the year before the Strategy began). This will provide the AHWS JMC with a snapshot of the health status of Aboriginal people prior to the implementation of AHWS programs.

The long term study will determine whether there have been improvement in health status and a decrease in family violence through the following:

- Analysis of OHIP data between 1994 and 2004.
- The impact of culture-based and western services of up to five health access centres on the health status of their program clients, including pre and post-natal health between 1996 and 2004.
- The impact of services of three other family healing programs.

"By analysing all this information, we're hoping to confirm that improvements in health and family healing are beginning to take place," says Michèle Harding, Manager of the Strategy.

In keeping with health determinant research that points to the importance of social networks and supports, clients and programs may also report increased client self-esteem, reduced dependency, increased self-direction, and better functioning of the whole family.

"Throughout this study confidential information which may identify individuals, communities, agencies or organizations participating in this study will be protected, and JMC will have essential information about the effectiveness of the Strategy and how to keep improving our program interventions" said Michèle.

The Working Group and local community advisory committees ensure that the study upholds AHWS policies relating to confidentiality and respect of cultural views and practices, and conforms to the Publications Policy approved by the Joint Management Committee of AHWS in 1996," she said.

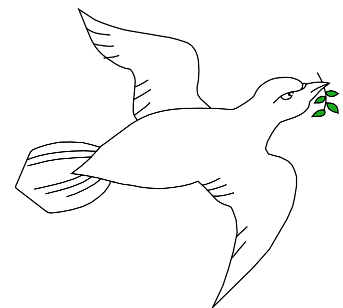
The principles of the AHWS Publications Policy (1996) include:

- Contribution of Aboriginal communities and organizations to the development and implementation of the AHWS must be recognized;
- Aboriginal communities' should have access to information about the Strategy;
- The Strategy involves joint partnership and requires this approach to all its work including publication and related activities; and
- The Joint Management Committee is responsible for guiding and directing the implementation of the Strategy, including publication of materials about the Strategy and related activities.

"The services and programs of AHWS have been designed and developed and are currently being delivered by Aboriginal people," says Garnet. "We would like to see whether the data will provide us with the evidence to see if the Strategy is doing what it was designed to do: improving the health and family well-being of Aboriginal people."

The long term study is expected to continue until 2004. ■

NEW AHWS "STRATEGIC TRAINING PLAN 2000 – 2002"



"A new "Strategic Training Plan 2000 – 2002" was completed by the Training Committee in December of 1999 and presented to and approved by the Joint Management Committee at its January 2000 meeting. The new plan highlights the vision, goals, objectives and principles of the Training Fund and takes a multi-year planning approach to training", says Carol Rowland, Health Planner with the Nishnawbe-Aski Nation and a member of the AHWS Training Committee.

During the summer and fall of 1999 the

Training Committee of the Strategy was busy working to understand current AHWS experiences with and expectations regarding training. Some of the following themes emerged:

- AHWS workers generally valued training opportunities and believe that job related training to enhance their knowledge and skills is required;
- Workers identified that training is required to ensure that all workers have or acquire basic job competencies, especially in areas involving counselling (This training need was also identified in the 1998 independent Evaluation of the Strategy completed by Obonsiwin-Irwin Consulting.
- Prior development or clarification of job competencies (job-related skills, knowledge, behaviours and values) required for various AHWS positions would assist project managers and workers to better identify short-term and long-term training requirements.

The AHWS training will focus on the following priority groups:

1. Individuals who are involved in the direct delivery of AHWS funded programs and services on a paid or un-paid basis. Such individuals include, front line workers, administrators and program co-ordinators/supervisors or managers.
2. "AHWS governors", who are individuals involved in the implementation of AHWS funded programs and projects at a policy or governance level. Such individuals include members of boards of directors, and sponsoring First Nation Councils or Provincial Teriitorial Organizations, whose responsiblities include the implementation of the AHWS.
3. "Community associates", individuals who are directly or indirectly linked to and collaborate with, AHWS funded programs and activities, and, as a result, could benefit from AHWS sponsored training. Such individuals may work in or volunteer with related programs or agencies, including agencies involved in local community referral networks.

"The new plan clearly outlines the AHWS training expectations and definitions, and is consistent with the goals and objectives of the Strategy", said Carol Hill, Health Liaison for the Association of Iroquois and Allied Indians, who is also a member of the Training Committee. Training funded through the AHWS Training Fund is expected to provide concrete benefits to the program and community.

The Training Committee expects that training will be planned and developed on a multi-year basis, covering at least

and Year 2 of a Training Plan will be linked and progressive. That is, Year 2 will build on the foundation provided by previous years. It is also expected that the new training plan will advance the AHWS programs or projects interests in delivering high quality services while taking into account the needs of the "worker" involved. It is intended that training plans will be based on a reasonable assessment of program/project needs and worker requirements to ensure high quality service is delivered. The Plan includes new forms to assist in planning and reporting.

"One good component of the new strategic training plan is that it will appropriately incorporate traditional or indigenous knowledge, and employ culture-based approaches in programming" explained Dorothy Friday, Community Development Support Worker, Fort Frances Tribal Area Health Authority.

A series of training sessions were provided to programs/projects who are eligible to receive Training Funds. The sessions were held in Toronto – February 22, 2000; Kenora – February 29, 2000; Thunder Bay – March 1, 2000, and Sudbury - March 2, 2000.

The new Strategic Training Plan 2000 – 2002 will be implemented beginning April 1, 2000. ■

From Left: Donna Lyons, Calvin Morrisseau and Armand Duchesne participating in a training workshop on the Strategic Training Plan in Thunder Bay

ABORIGINAL PATIENT ADVOCACY CONFERENCE

More than 250 front-line workers attended the Aboriginal Patient Advocacy Conference held in Toronto at the Courtyard Marriott from February 23-25, 2000.

Organized by the Ontario Aboriginal Patient Advocacy Initiative (OAPAI) the conference was so successful that it had to turn away over 100 people who had hoped to attend the conference. Plans are currently underway to hold another conference this fall.

"It was a fantastic learning experience," said Pat Johnson, the Community Health Nurse with the Life Long Care program at the Can-Am Indian Friendship Centre, who attended the conference. "The way they set up the second day of the conference where we could advocate for our clients; it was like a dream come true

to talk face to face with MSB (Medical Services Branch) staff about all the changes we would like to see to MSB policies."

The conference was designed to improve the advocacy skills of frontline workers and included workshops and presentations on Non-Insured Health Benefits (NIHB) program; the Aboriginal Healing and Wellness Strategy; the Mental Health Act, and a number of presentations on Children's issues.

"We were really surprised at the interest shown in the conference," said Rhonda Roffey, Coordinator of the Patient Advocacy Initiative. "There is a real hunger out there for information on advocacy." Rhonda says that a Conference Report on the Patient Advocacy conference will be available this spring. She would also like to remind those that weren't able to attend the conference that Patient Advocates do provide workshops and will travel to communities to provide workshops similar to those presented at the conference.

OAPAI provides awareness, training and education of Aboriginal health service providers, frontline workers and organization representatives. The initiative works to improve the advocacy skills of the workers through the provision of training about the various systems for accessing health care services. Funded by the Aboriginal Healing and Wellness Strategy, the Initiative is overseen by a steering committee with representation from both on and off-reserve provincial territorial organizations.

"I really enjoyed the unity of the people that were there," said Barb Friesen, Client Representative for the Sioux Lookout First Nations Health Authority and a conference attendee. "I just felt that there was a real compassion of the people there and a togetherness of the people. That is what I enjoyed the most." ■

COMMUNTY SERVICES FUND

The Specialized Projects Committee of the AHWS has approved proposals from the Metis Nation of Ontario (MNO) and the Ontario Metis Aboriginal Association (OMAA) under the Community Services Fund. The Fund provides ongoing funding for projects which focus on family violence and/or the promotion of health.

The projects were based on needs assessments which were completed by MNO and OMAA, to identify major health problems amongst their member communities in Ontario.

The MNO projects will serve the communities of Midland, North Bay, Sault Ste.Marie and Fort Frances through local Project Officers at each site. Some of the activities that the Project Officers will be involved in include: developing prenatal programs, community outreach, development of promotional/educational materials, organizing seminars on child health, formations of healing circles, development of crisis centres and establishing referral services.

"The local Project Officers are busy setting up the programs in a way as to serve as many of our people as we can" says France Picotte, Metis Nation of Ontario Consul General for Health. "The work on the projects is progressing as expected", Picotte added.

Through the Metis Community Services initiative, the OMAA has implemented a Community Health Outreach Program which employs 7 outreach workers to deliver a wide range of health programs and services to Metis communities. The Community Health Outreach Workers are located in Red Lake, Wabigoon, Thunder Bay, Timmins, Chapleau, Iron Bridge and Sault Ste. Marie. There is also a short-term project in Hornepayne that employs a Registered Practical Nurse to assist Elders in understanding proper use of medication.

Community workshops to address health issues have been organized and delivered in each of the project catchment areas. The Community Health Outreach Workers are also mandated to provide referrals, assist with medical transportation, provide counselling, client advocacy, assist the homeless, and address environmental issues such as water testing. All area programs are up and running. The Community Health Outreach Program works cooperatively with other OMAA sponsored programs such as the Community Crime Prevention Program, Community Action Program for Children, and the off-reserve HIV/AIDS Strategy.
To increase membership awareness of these services, the Community Health Outreach Program commissioned a paper, "Building a Path to Wellness", with contact information and the toll free telephone number. As well, brochures were designed and printed. These are being mailed to the OMAA membership and to all AHWS funded programs and services. You can look forward to a copy in the mail very soon!

"The Health Outreach Workers have been hired and they are providing essential services that will improve health conditions in Metis communities", said Germaine Elliott. Elliott is the Health Co-ordinator with the Ontario Metis Aboriginal Association. ■

(Performance Measures Plan continued from page 2)

"The Plan is designed to be implemented in three phases, which will give JMC an opportunity to learn and make necessary adjustments as the Plan rolls out," said Roger Obonsawin.

The projects and programmes funded by

the Strategy are quite diverse and, therefore, "Not all indicators are appropriate for all projects, and for all types of services," said Miriam Johnston, a Working Group Member. She explained that Phase 1, which will be implemented beginning in April 2000, will involve piloting a number of the performance measures or indicators and measurement tools, to make sure that they are truly useful to projects, project sponsors and JMC.

"Also, we cannot measure all of the things that our projects and programs do; nor is it appropriate for JMC to measure some things", said Michèle. For example, these performance measures will not evaluate…

- Traditional healing practices and Elder's services. However, we may wish to track "access to" such services and programmes by monitoring waiting lists; and

- Individual staff performance. Assessing the performance of individual staff members is the responsibility of the project itself.

Non invasive measures and tools which are culturally sensitive have been developed. Where information is requested from clients, responses are voluntary and confidential, although individual health information is not collected through this process. As well, the measures are designed to use approximately 10 to 15 hours of staff time per year, for designated staff.

Phase 1 of the Plan includes only project-level measures, which will monitor seven performance indicators, and use three data gathering tools (such as slightly modified year-end reports, short client benefits questionnaires, and client/participant counts). The performance indicators involved will answer the questions:
- *What good are we doing?* (e.g., improvements in client knowledge; positive behaviour changes; problems reduced or eliminated; and improved situations or well being);
- *How do we do this?* (e.g., services provided match client needs)
- *At what cost?* (e.g., financial resources involved)

The following projects will participate in Phase 1: The Maternal and Child Centre, Aboriginal health access centres, healing lodges and shelters. The remaining projects, such as crisis intervention programs and Aboriginal health authorities, and other single-worker projects, will be included in later phases. ■

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Stories and Tidbits

You are invited to send in stories or tidbits about healing and wellness activities for the newsletter (No announcements please). Send or fax your articles to:

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