



CASE STUDY

DISCOVER MINOBIMAADIZING: Care for better care

Accessing quality, affordable, dependable, people and community driven services on a journey to wellness

“The ideal end state is that of Minobimaadizing where care, knowledge, truth, bravery, affordability, wellness, quality, services and more all reside. This shift will take time, and possibly generations. **The starting point on this journey is the conversations today.** The goal is to engage all clients, living and accessing services on and off reserve, with an interest in their own health to have a conversation about health care service delivery.” —from the *Engagement Plan*

Through a collaborative partnership, Dialogue Partners worked 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) to develop a new people and community-driven health care service delivery model.

The project focused conversation with the 7 First Nations in the NSTC and the urban aboriginal population of Sault Ste Marie. It is hoped that the project will help patients reclaim ownership of their own health and well-being, as well as that of their family members.



“We said, ‘When have we ever gone out to the communities and asked – what is important about the health services you receive?’ We don’t do consultation... we need one time to go to the community and find out more about the services we provide...**This needs to be a true partnership between community members and providers.**” —Participant, June 2013 workshop

WHAT HAPPENED?

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, story-telling guides, Guiding Principles that included connecting the teachings of the 7 Grandfathers to the conversation, Photovoice and more

- » Delivered 2 sessions of 2-day Facilitation training for community members and staff
- » 3 separate deliveries of co-facilitation of multiple conversations with fill in 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 very foundation 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 community driven, culturally relevant and meeting community needs.

“Put power back with the people.”

—Participant, June 2013 workshop



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.

“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, June 2013 workshop



“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 some of the flaws and criticisms. We are here to build each other up. **We are not here for a quick fix.**”

—Health Director, June 2013 workshop



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