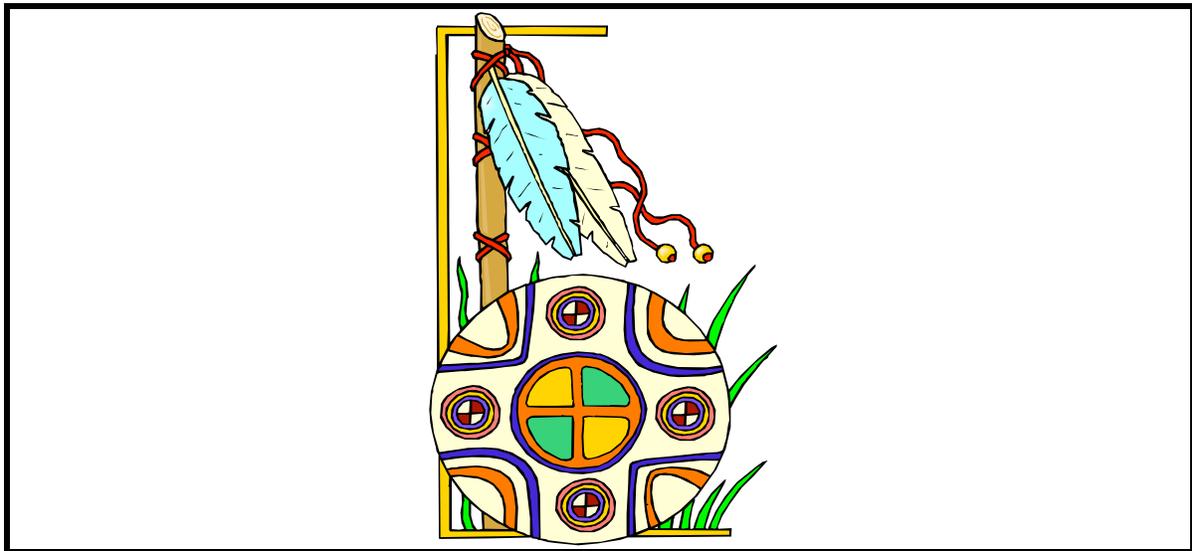


Alexandra Community Health Centre

Aboriginal Health Strategy Project

Evaluation Report on the

Aboriginal Health Facilitator



September 7, 2005

Alexandra Community Health Centre Aboriginal Health Strategy Project

Acknowledgements

We gratefully acknowledge the following important contributions to the success of the project:

Project Funder

Alberta Aboriginal Health Initiatives

Aboriginal Elders

Pauline Laplante - Cree
Alan Wolfleg - Blackfoot
Casey Eaglespeaker - Blackfoot
Rachel Hoof - Blackfoot
Sykes Powderface - Morley
Olive Manitopyas - Cree
Donna Manygreyhorses - Blackfoot
Yvonne Muenier - Micmac
Florence Saskatchewan - Cree
Bruce Starlight - Dene/Sarcee
Linda Roy - Ojibway

Project Partners

The Calgary Health Region Aboriginal Program, C.U.P.S., Awo Taan Native Women's Shelter, Mustard Seed Society of Calgary, Alpha House Society of Calgary, Women's Resource Centre, Aboriginal Women's Support Network, Aboriginal programs of the Red Cross and the Canadian Paraplegic Society, The Canadian Down's Syndrome Society, City of Calgary, Calgary Urban Aboriginal Initiative, Aboriginal Information Exchange Network, Bow Valley College, University of Calgary, Mount Royal College, Tipi of Courage project, Aboriginal Youth Employment program, Canadian Mental Health; Native Addictions Services, Renfrew Recovery Society, Calgary City Police, Aboriginal Liaisons at The Children's Cottage, Rockyview, Foothills and Peter Lougheed Hospitals, Aboriginal Resource Centre, Native Network Centre, Metis Child & Family Services, Calgary Board of Education, The Calgary Catholic Board of Education, Servant's Anonymous, and apologies for any that we missed.

Report Prepared By:
Brenda J. Simpson & Associates

Alexandra Community Health Centre Aboriginal Health Strategy Project

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Alexandra Community Health Centre Aboriginal Health Strategy Project

Executive Summary

The Aboriginal Health Strategy project implemented by the Alexandra Community Health Centre from 2002 to 2005 has been very successful. The project initiated the **Aboriginal Health Facilitator** whose role is to improve Aboriginal access to health service in the Calgary region, increase Aboriginal participation and leadership in health issues, increase cultural sensitivity and enhance linkages among health and social service providers.

Feedback from both Aboriginal participants and from community service providers is overwhelmingly positive. The Aboriginal participants and community service providers interviewed as part of this study suggest continuation and possible expansion of the project.

The Aboriginal Health Facilitator provided individual support to **over 200 clients** using a **holistic model of health** that resulted in improved access to health services and increased awareness of health issues. The service engaged clients at the grass roots level and assisted them to develop longer term health promotion skills and strategies to improve and maintain their health status.

The Aboriginal Health Facilitator supported and promoted Aboriginal leadership by connecting with **eight Aboriginal Elders from eight different Nations**, and by facilitating Aboriginal representation on a number of health and social advisory councils in Calgary. At the grass roots level, the Aboriginal Health Facilitator supported individuals to move from **client** to **active community participant** to **support/mentor and role model** for others in the community

The Aboriginal Health Facilitator provided workshops and educational sessions that helped community service providers increase their awareness and understanding of Aboriginal culture as it relates to health, facilitated networking to improve service access for Aboriginal people, and helped to identify and address service gaps.

Recommendations

1. Continue the Aboriginal Health Facilitator program and if possible consider expanding both the program and its geographic reach within Calgary.
2. Continue to promote a culturally sensitive and holistic approach to health for Aboriginal people that includes the broad definition of health addressed within health determinants.
3. Continue to develop strategies that improve health service access for Aboriginal people.
4. Advocate for policy changes at the local, provincial and federal levels that will improve health access for Aboriginal people.

Alexandra Community Health Centre Aboriginal Health Strategy Project

1.0 Background

In 2002, the Alexandra Community Health Centre initiated an Aboriginal Health Strategy Project in which an **Aboriginal Health Facilitator** was hired to work with individuals and organizations to improve health access for Aboriginal people.

The need for the project was well documented in a Calgary Health Region evaluation of the “Community Health Representative Program for Aboriginal Persons in an Urban Setting”¹. The report found that:

- The life expectancy of Registered Indians is 7 to 8 times shorter than for non-Aboriginal Canadians;
- Unemployment rates, incidence of lower educational attainment, and welfare dependency are higher in First Nations communities;
- The incidence of violence, physical and sexual abuse and suicide is higher in Aboriginal communities;
- Aboriginal people are increasingly affected by conditions such as cancer and heart disease;
- Children in Aboriginal communities have higher rates of accidental death and injury of all Canadian children;
- Many Aboriginals have higher rates of infectious disease such as tuberculosis and AIDS than non-Aboriginal Canadians; and
- Infant mortality rates in First Nations people have been reported as being twice as high as the population as a whole.

The issues faced by off-reserve Aboriginals are multi-faceted. Such factors as poverty, unemployment, discrimination, and physical and cultural isolation may further contribute to ill health for this population. The Aboriginal people living in the inner city may represent the most vulnerable of the urban Aboriginal population: for example this group is at the highest risk of poverty and homelessness.

1.1 Aboriginal Health Facilitator Project Objectives

- 1) to enhance Aboriginal people’s knowledge and use of the current health system;
- 2) to provide instrumental support to facilitate access to health care services;
- 3) to enhance the knowledge of Aboriginal health issues and increased cultural sensitivity of health care providers in the inner city;
- 4) to increase Aboriginal participation and leadership in health issues;
- 5) to enhance Aboriginal health linkages between 8th and 8th Health Centre, CUPS, the Alexandra Community Health Centre, and the Calgary Native Friendship Society to reduce redundancy and gaps in individual service provision; and

¹ Calgary Regional Health Authority. A Community Health Representative (CHR) Program for Aboriginal Persons in an Urban Setting.

Alexandra Community Health Centre Aboriginal Health Strategy Project

- 6) to enhance linkages with other health and social services agencies serving Aboriginal people in the inner city.

1.2 Methodology

Evaluation of the Aboriginal Health Facilitator was based primarily on qualitative methods and a story telling approach consistent with the program's cultural orientation. A variety of research methods were used, including document review, review of existing service statistics, key informant interviews with representatives from 20 different community service providers, individual client interviews, and client focus groups.

1.3 Evaluation Objectives

- 1) To determine how effective individual support has been in improving access to health care for Aboriginal clients;
- 2) To determine how effective organizational training and consultation has been in increasing awareness of Aboriginal Health issues and sensitivity to Aboriginal culture; and
- 3) To determine whether increased organizational awareness has resulted in any changes that would improve linkages among major health and social agencies in the inner city, and improve health access for Aboriginal people.

2.0 Aboriginal Health Facilitator Program Design

2.1 Individual Support Services

The Aboriginal Health Facilitator made herself available to Aboriginal people at a number of key community based sites around the city. These drop-in service sites included the Alexandra Community Health Centre, the Mustard Seed, the Alex Senior's Health Clinic, Calgary Urban Project Society (CUPS), Alpha House and the Patch Program in Dover.

Client focused services of the Aboriginal Health Facilitator included:

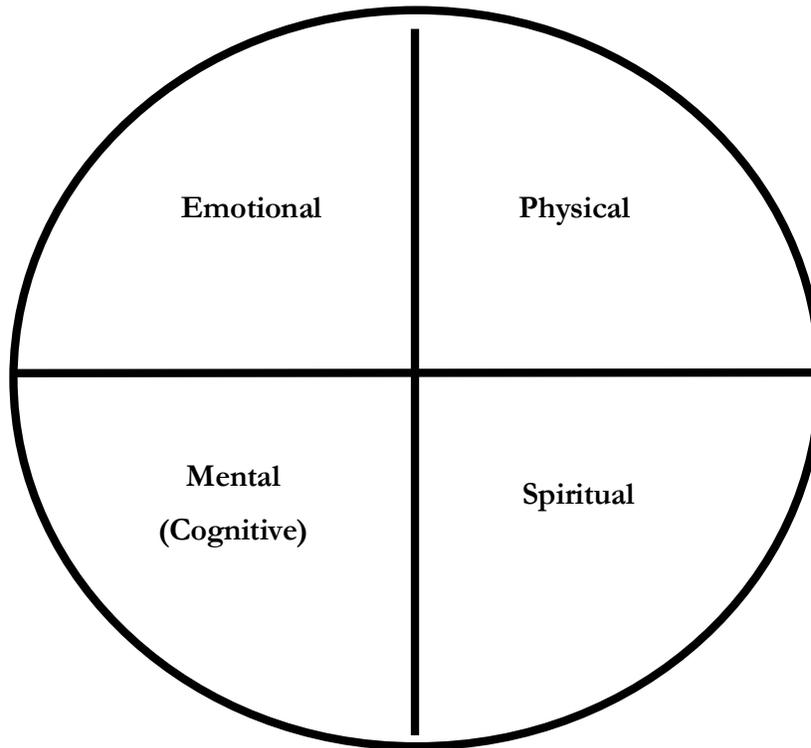
- Assistance in connecting with traditional healers and supports in the Aboriginal community;
- Assistance in locating family doctors, dentists, and other health care providers or services for individuals and families;
- Assistance navigating "non-insured benefits" barriers to the health care system;
- Support in self-advocacy toward healing and healthy living; and
- Connection with Alex staff and their health care partners to access other community supports to make your home and community a better place.

The Aboriginal Health Facilitator uses a holistic approach to health based on the medicine wheel and addressing the full range of determinants of health.

Alexandra Community Health Centre Aboriginal Health Strategy Project

The following chart illustrates the holistic culturally based model used with Aboriginal clients to address health and wellbeing.

The Medicine Wheel



Each Medicine Wheel quadrant represents a number of different aspects of health. For example the Emotional area includes acknowledgement of feelings and emotions, as well as personal reactions to situations; the Physical quadrant encompasses wellness concepts related to the physical body, the environment, personal safety and general health; the Mental (Cognitive) quadrant can include both education and “street smarts”, life lessons, willingness to learn and ability to share knowledge with others; the Spiritual quadrant includes both individual spirituality and connectedness, as well as values and principles such as respect, honesty, trust and humility.

Alexandra Community Health Centre Aboriginal Health Strategy Project

2.2 Aboriginal Leadership Development

The Aboriginal Health Facilitator used a community development approach to increase Aboriginal participation and leadership in addressing health issues.

Community development strategies included:

- Development and facilitation of learning and healing circles to facilitate the ownership and leadership of Aboriginals in their own health care;
- Development of connections with traditional Elders and Healers both on reserve and in the community; and
- Connecting with community service provider to engage Aboriginal individuals in both cultural and community activities.

2.3 Enhanced Linkages and Capacity Among Health Service Agencies

The Aboriginal Health Facilitator was a regular participant on a number of key committees such as the Calgary Health Region Aboriginal Council and the Aboriginal Women's Support Network. The Aboriginal Health Facilitator provided cultural diversity workshops and information sessions to specific health care unit staff (e.g. Mental Health Team, Best Beginnings, CHR Dental team) as well as to other interested health professionals and supporting agencies (e.g. Boys and Girls Club, Calgary Women's Emergency Shelter, Children's Cottage).

The workshop series "**Aboriginal Culture for Health and Wellness Professionals**" was offered twice (2004 & 2005) and included topics such as:

- Non-Native professionals in the Native world;
- History, Residential School Syndrome, Indian Act and how we got to where we are now;
- Non-Insured Health Benefits and Health Canada;
- Ceremony, healing and the medicine wheel;
- Herbs and traditional medicines vs. western pharmacology;
- Taboos and client case management from birth to grave; and
- Aboriginal specific health resources and programs in Calgary and Alberta.

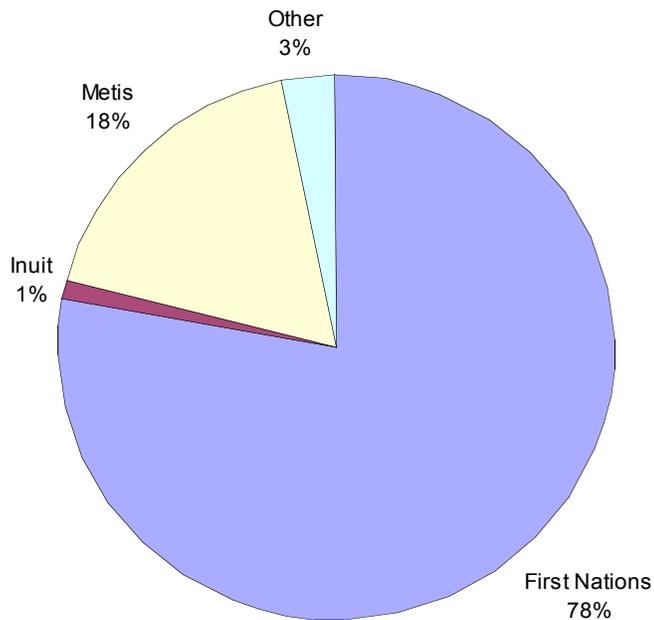
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3.0 Client Access, Knowledge and Use of Health Care System

3.1 Clients Served

During the two-year period from January 2003 to January 2005, the Aboriginal Health Facilitator worked with approximately 110 individuals per year, or **220 individual clients** in total. In addition, the Aboriginal Health Facilitator reports over 550 phone contacts per year for inquiries and referrals on behalf of clients.

**Aboriginal Health Facilitator Clients Served
January 2003 to January 2005
Based on Sample of 82 Files**

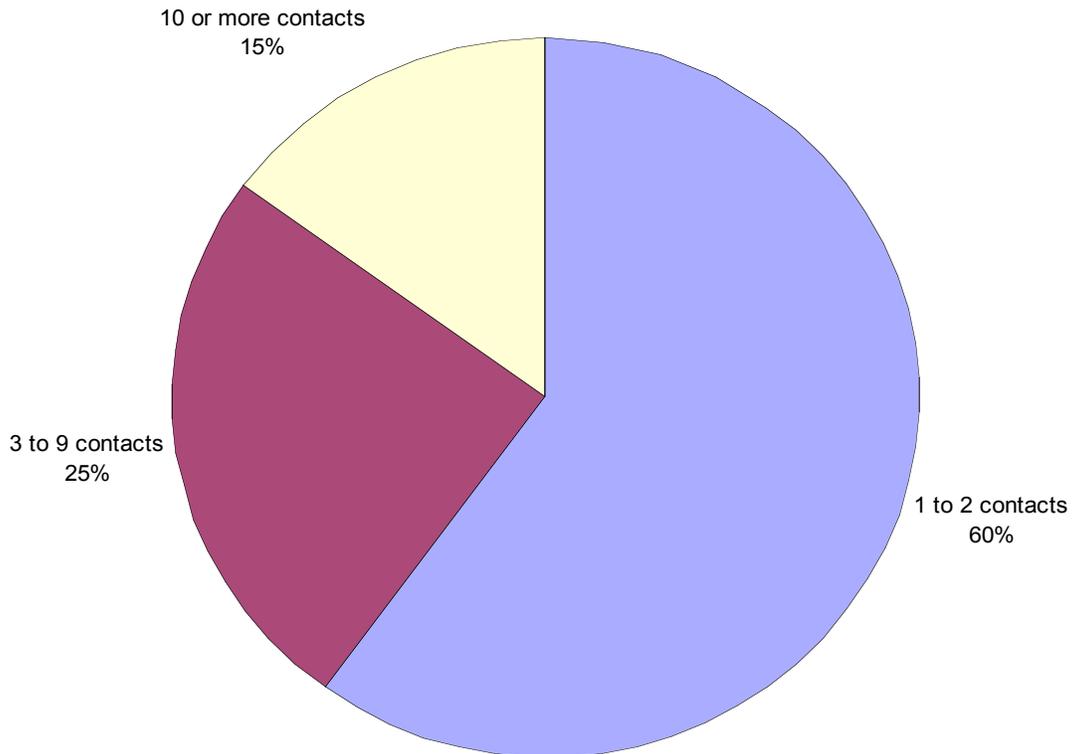


Alexandra Community Health Centre Aboriginal Health Strategy Project

3.2 Amount of Service Provided to Individuals

A review of 95 client files shows that most clients (60%) had brief contacts of one to two visits, 25% of clients were seen 3 to 5 times, and 15% of clients had ten or more contacts with the Aboriginal Health Facilitator.

**Aboriginal Health Facilitator Percentage of Clients By Number of Contacts
January 2003 - January 2005
N = 95**



Alexandra Community Health Centre Aboriginal Health Strategy Project

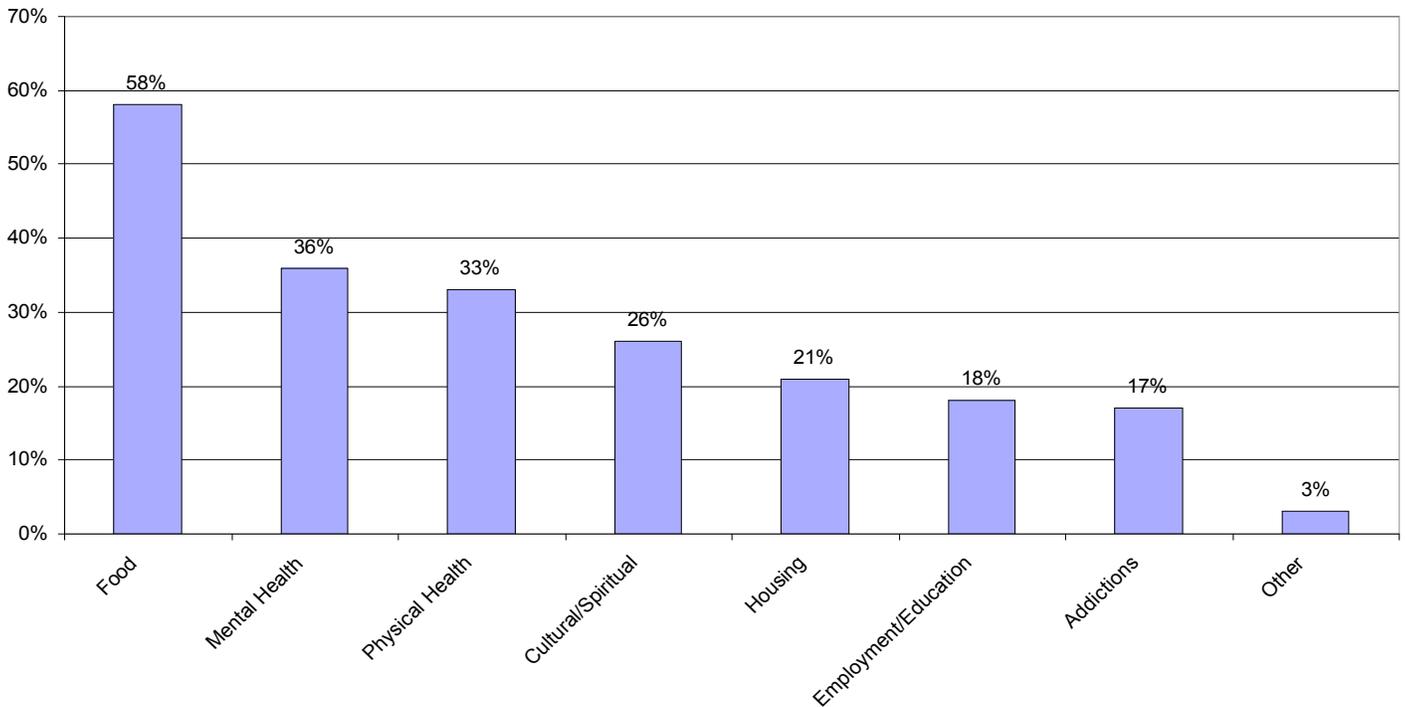
3.3 Primary Service Issues

The Aboriginal Health Facilitator uses a holistic model of health that includes physical, emotional, intellectual and spiritual health, and addresses a broad range of corresponding health determinants.

Most clients (62%) came to the Aboriginal Health Facilitator with more than one issue. The other category included accessing childcare, advocacy with NIHB, etc.

The following graph illustrates the prevalence of different types of service issues presented:

Primary Service Issues Presented
Percentage of Clients With Specific Issues Addressed
January 2003 to January 2005
N = 96



Alexandra Community Health Centre Aboriginal Health Strategy Project

3.4 What Clients Are Saying

A focus group was held with five client participants and several clients took part in individual interviews. In keeping with the Medicine Wheel approach used by the Aboriginal Health Facilitator, participants were asked about the assistance they received with regard to their physical health, emotional health, spiritual health, and cognitive health (e.g. information and knowledge).

The following comment represents a very strong point agreed on by all focus group participants:

Anyone can be a health care professional but to be an Aboriginal health care professional you have to take in emotional, spiritual and physical aspects – which makes a big difference to all of us.

3.4.1 Physical Health

Some clients commented on specific assistance around physical health issues. The following comments illustrate the kind of connections the Aboriginal Health Facilitator made to **improve access to needed services**.

She helped me find a dentist. She told me about a traveling dentist at Stoney Nation.

I have a mental illness and I struggled with getting food. I wanted an Aboriginal mental health worker and she (AHF) connected me to the 8th and 8th clinic. She also helped me to get hearing aids. I was trying for four years to get them and she helped me to get them in three weeks.

She helped call Indian Affairs and Health Canada about pharmaceutical coverage to get proper medication.

She connected me to home care.

The work of the Aboriginal Health Facilitator goes beyond addressing illness to focus on **preventative health** areas. Comments illustrate the broad perspective taken by the Aboriginal Health Facilitator to **address determinants of health and health promotion**.

She helped me find housing and my next meal.

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She helped me with staying fit. I am at high risk for diabetes, and high blood pressure. She helped me join a walking group in my housing complex.

She helped me find a family doctor and connected me with the "Women on a Shoe String" business program.

The Aboriginal Health Facilitator uses **creative approaches to connect** with clients, and incorporates **cultural approaches to health**.

She gave a talk about the medicine wheel to people with mental illness. It benefited me and others. It was done at the Laundromat (i.e. Alexandra Suds and Saving Laundromat program).

She helped me find a healing circle.

Some comments illustrate the focus on **individual capacity building**, moving clients toward an ability to help themselves.

She wants you to help yourself. She helped me get in touch with a traditional healer. She provided another way.

I have bipolar and a panic disorder. She helped me to deal with it by listening. Helped increase my confidence. Helped me get a long way. Now I am going to take the LPN course in the fall.

3.4.2 Emotional Health

Clients said they felt connected with, and emotionally supported by, the Aboriginal Health Facilitator - "a great deal" and "very much". Their level of comfort in working with the Aboriginal Health Facilitator was rated as "high". When asked if they were included in decision-making, focus group participants said "absolutely", "very much so".

The Aboriginal Health Facilitator Worker used simple techniques such as taking the time to listen and understand, getting back to people promptly, and finding information when she didn't have the answer herself. When asked if the Aboriginal Health Facilitator was available and accessible when needed, participants responded "yes, very much so".

She took the time to understand. She listened.

She always got back to me. I could email her, could contact her. She would get back in a timely manner. I felt like I wasn't left hanging like with other health care professionals.

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If she didn't know the answer she would say so and then get back with the answer or more information. If she couldn't help she would find someone who could.

The Aboriginal Health Facilitator helped connect with clients by sharing openly with them.

She shared her past – helped us connect – took some of the fear away.

She brought books to a sharing circle at the Laundromat. They were her own.

It was like I knew her all my life.

3.4.3 Information and Knowledge

Clients talked about the new information and knowledge they gained through contact with the Aboriginal Health Facilitator – information that helps them take more independent action and stay healthy.

Clients say they learned about:

Regular things like what is available, websites, names of people to talk to, walking group, healthy things to do.

How the system works. How to find all the different services. Cutting through the red tape. Gaps in service for disabled people because of jurisdiction issues.

I went to a one day diabetes workshop. In total 25 participants attended this Diabetes Workshop in May 2004.

3.4.4 Spiritual Health

Participants identified spiritual health as one of the most important contributors to a person's overall health and wellbeing. In a survey of 32 individuals at the CUPS location, more than one third of respondents specifically requested programming to support cultural and spiritual needs (e.g. access to Elders, healing circles).

She seems to recognize a broken and wounded spirit.

Clients reported learning about the *medicine wheel* and *smudging practices* through the Aboriginal Health Facilitator.

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She got me more information about my culture. I had no childhood exposure. She introduced classes to my son.

She helped me to connect to other aboriginal people both personally and professionally. That was good for me.

Culturally I am doing more. I have attended many ceremonies.

I hooked up with a healer because I went to the 8th and 8th (AHF referral).

Health is everything. The medicine wheel helps me to this day. I am planning my life with a different perspective now.

3.4.5 Improved Access to Health Services

When asked, “did the Aboriginal Health Facilitator improve your access to health services?” participants responded to this question with an overwhelming **YES – it is very important!**

Health care is currently being reformed. How will it affect Aboriginal people? The Aboriginal Health Facilitator can share with us what is going on, what could affect us. She is in the right circles. She will see changes coming.

3.4.6 Suggestions To Improve the Aboriginal Health Facilitator Program

Focus group participants made a number of suggestions for improving the Aboriginal Health Facilitator Program.

- 1) **Expand the program.** *There should be at least two people doing this work;*
- 2) **Improve geographic access.** *Aboriginal Health Facilitators should be geographically dispersed around the city depending on the Aboriginal population;*
- 3) **More health information sessions** for Aboriginal youth and adults;
- 4) **More workshops** on specific issues such as *STD's, diabetes, awareness of mental health disorders, etc.* and
- 5) **More transportation support** to improve access to health services – e.g. more bus tickets, better access to handi-bus.

3.4.7 Other Ideas to Improve Aboriginal Access to Health Services

Participants shared their thoughts about other ways in which access to health services for Aboriginal people could be improved. They suggested:

Alexandra Community Health Centre Aboriginal Health Strategy Project

- 1) **Awareness:** More awareness of Aboriginal support services. *I had to tell the workers in the hospital that they had an Aboriginal worker when I was there. I happened to see a poster on the wall. The program people did not know about it;*
- 2) **Aboriginal Health Care Professionals:** *We need more Aboriginal health care professionals like doctors, nurses. An Aboriginal doctor will look at a bigger scope and will include the spiritual aspect;*
- 3) **Mental Health Services:** *We need more psychologists and psychiatrists in general;*
- 4) **Prescription Medication:** *We often don't have a choice about what drugs we can get because some drugs are not covered. The Doctor prescribes the medication you need. Then the pharmacist says it is not covered; and*
- 5) **Service for People with Disabilities:** *For people with disabilities, getting support is a big issue.*

3.5 Regional Aboriginal Health Program Accreditation Findings²

Findings from a recent accreditation study support the comments and suggestions made by Aboriginal clients. Following is an excerpt from the accreditation study.

The Aboriginal team is commended for a very creative and comprehensive approach to assessment and goal setting. The determinants of health are used with an overlay of the Circle of Life, recognizing all components of the person including their spiritual and physical needs. It is monitored and revised as progress is made. The team is encouraged to share this approach to assessment with other teams as it captures the holistic view of health in a very compelling manner.

There is strong connectedness to spirituality. Staff and clients pray together and identify the need for family support. The word "family" is defined by the individual, which may be an extended family. Clients are connected to their own experiences and sense of wellness. They can decide what they want to achieve. Care providers also provide input so the client can make the best choices.

² Calgary Health Region (2005). Team Findings. Regional Aboriginal Health Program. *(find actual report name and date for correct reference)*

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Staff work hard to ensure that clients can access services which can be a challenge. Transportation is an issue. A private donor has provided taxi chits so clients can get to the centre but is more difficult to get clients from hospitals to community agencies and services.

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4.0 Increased Aboriginal Participation and Leadership

The Aboriginal Health Facilitator works at the individual, grass roots and organizational level to increase Aboriginal participation and leadership in health related areas. She participates in and supports a number of committees that provide Aboriginal Leadership and direction (e.g. Aboriginal Women's Support Network; Aboriginal Information Exchange; Bow Valley College Elder's Committee; CHR Aboriginal Program's committee; Calgary Women's Counsel)

The Aboriginal Health Facilitator connected with **eight Aboriginal elders from eight different Nations**. These elders made their services available to Aboriginal clients in the Calgary community.

There are many stories and examples of Aboriginal participation and leadership being facilitated and supported by the Aboriginal Health Facilitator. These stories illustrate how individuals made the transition from **client to active community participant to support/mentor and role model** for others in the community.

A 38-year-old woman attended a healing circle held at CUPS by the AHF. She was connected with a mental health worker and counselor. They continued to work with her and connected her with the Learning Disabilities Society for literacy and functional evaluation for further training. Before her addictions phase she was a personal care attendant (PCA) in a nursing home. The work of the interdisciplinary team helped raise her self esteem and she has returned for upgrading. She is working part time as a PCA. She has connected several other students in the upgrading program with the Learning Disabilities Society for peer support and tutoring.

A 29 year old mother of four needed support as she left an abusive relationship. She was well educated but had extremely low self esteem. She came to the AHF for counseling. In the one year of support, she has trained as an Aboriginal Parenting Facilitator and is operating a home business working in the Aboriginal community.

A 53-year-old woman was referred by a colleague who was assisting her with housing. The AHF presented her with options of computer and life skills training and connecting with the Aboriginal Women's support network She now has increased social life and loves her new computer skills.

A 46-year-old woman used the food programs at the Alex. In connecting with her the AHF found that she was a former community health worker. She volunteered for several weeks to help the AHF connect more closely to Elders and healers in her community.

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5.0 Enhance Linkages Within Health Care System

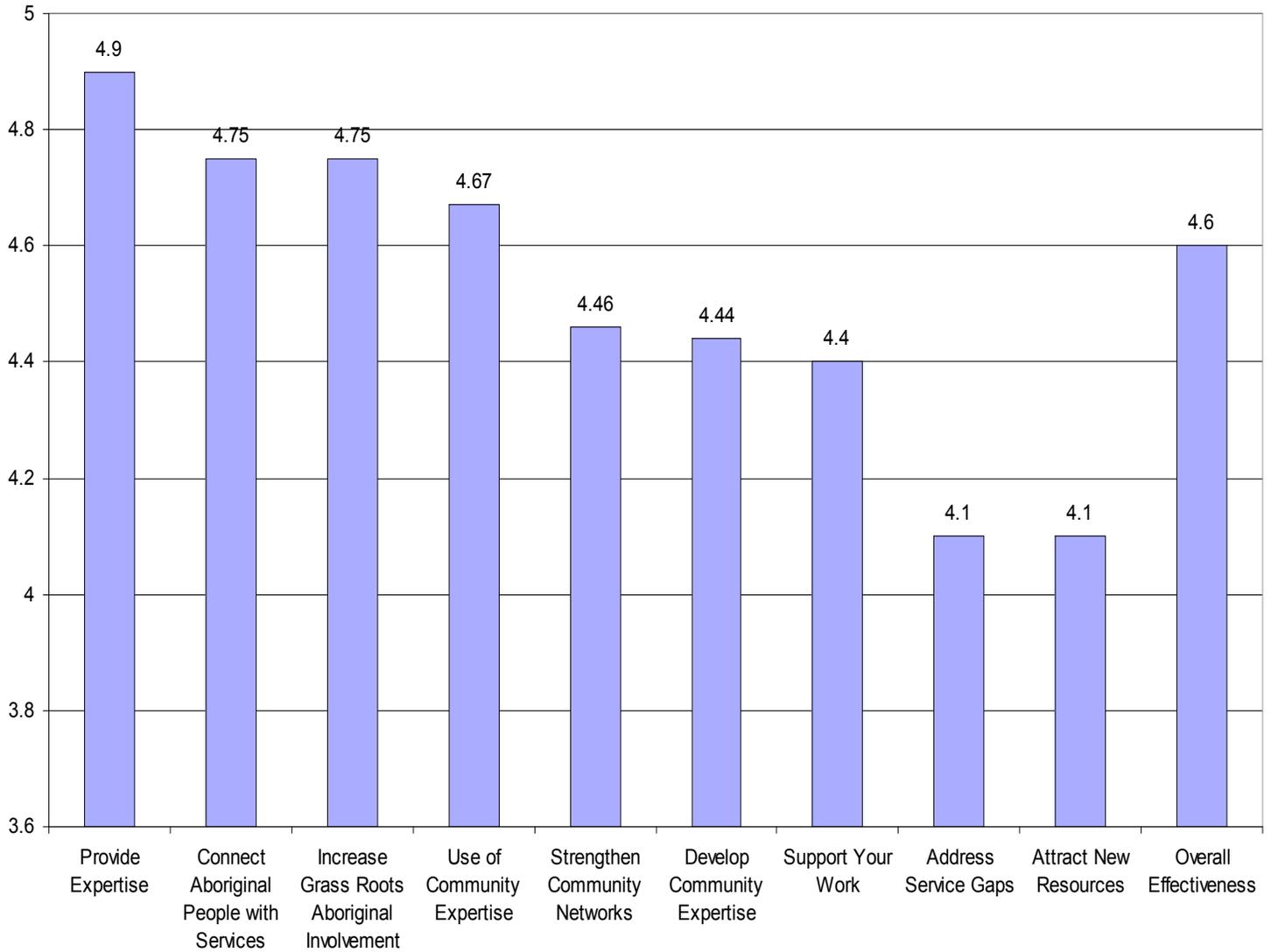
The Aboriginal Health Facilitator has demonstrated impacts at the community level in a number of different areas. The program has:

- Provided expertise to community service programs;
- Helped community service providers to connect Aboriginal clients with needed services;
- Increased grass roots Aboriginal involvement;
- Made good use of existing community expertise and developed additional community capacity/expertise;
- Strengthened community service networks;
- Addressed service gaps and supported program development; and
- Supported organizations in their own work and helped to attract additional resources to the community.

Key informants were interviewed from twenty different programs. The following chart summarizes average feedback scores from community service providers, based on a five point scale where 5 means “to a very great extent”.

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Aboriginal Health Facilitator Community Wide Outcomes Based on Community Service Provider Survey N = 22 January 2003 - January 2005



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5.1 Providing Expertise to Other Community Service Providers

The following story illustrates how the Aboriginal Health Facilitator provides expertise and mentoring to other Community Services Providers.

The Canadian Down Syndrome Society (CDSS) explains how they initiated a national project, "Connecting to the Wheel", partially funded by Health Canada. Our goals were to better understand cultural awareness, cultural sensitivity and how the CDSS could enhance our own cultural competency as an organization. Our particular focus on Aboriginal culture in Canada and people with Down Syndrome, their families and the people who supported them. The Aboriginal Health Facilitator provided important referrals to us on this project. She provided timely and important feedback. She recommended a contractor to assist with the project and mentored that contractor. The Aboriginal Health Facilitator presented a half-day workshop for the CDSS on understanding Aboriginal culture to 20 leaders of Down Syndrome family support groups from across Canada. Further, the Aboriginal Health Facilitator reviewed our "Cultural Resource Toolkit" and that was a critical element of the project.³

The 8th and 8th Health Clinic reports that the Aboriginal Health Facilitator provided the mental health team here at 8th and 8th with a presentation on the medicine wheel, and Aboriginal culture. This presentation was a benefit to the team, as it provided insight, which has assisted with assessment.

5.2 Connecting Aboriginal People With Services

Many community service providers described how the Aboriginal Health Facilitator assisted them in connecting Aboriginal clients with the services they need.

CUPS deals with individuals who are homeless and not able to access resources due to previous misconduct. The Aboriginal Health Facilitator's influence in the community enables us to get around that, and improves access to services.

The PATCH program reports that the Aboriginal Health Facilitator has provided our clients with access to Elders, connected clients with the Alexandra Community Health Centre for health concerns and basic needs.

An Aspen staff member says I call her (the Aboriginal Health Facilitator) when I need resource or information for clients or for myself (e.g. accessing health services within Indian affairs, or Urban Aboriginal issues, and for spiritual resources).

³ Canadian Down Syndrome Society key informant interview. (July 2005). Aboriginal Health Facilitator Community Service Provider Survey.

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Metis Seniors group report that a lot of the seniors they serve *just go to walk in health clinics. We have 37 seniors and the majority don't have a doctor. I didn't realize the Alexandra worked with seniors. But since working with the Aboriginal Health Facilitator, who told us about the Seniors Health Clinic, I go to homes and encourage them (the seniors) to go to a doctor or get home care. Now we can go through the Alexandra Seniors Clinic and the doctors can refer to home care. The Aboriginal Health Facilitator does assessment with Aboriginal seniors along with the therapists and social workers.*

An interviewee from 8th and 8th Health Clinic says *the Aboriginal Health Facilitator has been an excellent referral resource for my clientele in matters of health, advocacy, cultural support, as well as housing, employment, food and other instrumental needs.*

Big Brothers and Big Sisters reports that *the Aboriginal Health Facilitator has greatly improved Aboriginal access to our programs.*

5.3 Increase Grass Roots Aboriginal Involvement

The Aboriginal Health Facilitator works with other community service providers to help increase grass roots Aboriginal involvement. A survey conducted at CUPS as part of the Aboriginal Health Facilitator service planning engaged 32 individuals in describing the types of services they would like to see offered and potential barriers to service access. Over 90% of the individuals interviewed said they would be willing to participate in further planning processes.

The following reports from key informants illustrate a variety of strategies used to engage Aboriginals at the grass roots level.

The Aboriginal Health Program notes that the Aboriginal Health Facilitator's role in the accreditation process helped to inform and identify strengths and weaknesses in how the Calgary Health Region provides services to Aboriginal people. The Aboriginal Health Facilitator hosted survey interviews which was key to speaking with Aboriginal users about their experience with Calgary Health Region services.

The Aboriginal Immunization Project staff have used contacts suggested by the Aboriginal Health Facilitator for community input to program development.

The City of Calgary Youth Employment Centre reports that *the Aboriginal Health Facilitator offers work experiences to Aboriginal youth, helps with employability and effective programming. She has taken on two Aboriginal students from our Born to Be program.*

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Bow Valley College reports that *Bow Valley College students have benefited. A student went to work at the Alexandra Community Health Centre. Because she (AHF) has lived through a lot of experiences, it helps break down stereotypes and helps inspire Aboriginal women.*

The PSD Network says the Aboriginal Health Facilitator *provides a lot of resources to the Aboriginal Community. Cross Cultural training for our students, the Shoe-String Budget course, information on landlord and tenancy act. At the Aboriginal Nursing graduation she provided a blanket ceremony for students.*

The Canadian Down Syndrome Society reports that *the Aboriginal Health Facilitator made very important connections for our organization to Aboriginal individuals and families that advise our project by providing important personal perspectives as volunteers.*

At CUPS the Aboriginal Health Facilitator *provides our clients with Aboriginal healing by smudging, prayer and emotional guidance.*

5.4 Use of Community Expertise

The Aboriginal Health Facilitator helps community service providers connect with community expertise that enriches their programming.

The Department of Family Medicine and Community Health reports that the Aboriginal Health Facilitator *facilitates connections between community and the University of Calgary. Staff have attended a number of the cross-cultural learning lunch hour workshops in addition to a full day workshop. The Aboriginal Health Facilitator also works with our women's health research team, by sitting on a committee that discusses issues, ideas and provides guidance about health research with urban Aboriginal women.*

The Aboriginal Immunization Project staff report that the Aboriginal Health Facilitator helps them access community expertise by *inviting Elders to share at workshops.*

Local Council 87 Metis Nation reports that the *Aboriginal Health Facilitator assisted by connecting us with a psychologist and with other Aboriginal Health people (e.g. home care). She volunteered to help us get speakers for seniors.*

A Canadian Mental Health Association staff says *I attended a lunch and learn series put together by the Aboriginal Health Facilitator. It was very informative and helpful to my role in the Aboriginal community and the community at large. I have collaborated with the Aboriginal Health Facilitator through case conferencing or case management for specific clients to meet client-centered goals.*

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5.5 Strengthening Community Networks

CUPS reports that *the Aboriginal Health Facilitator has enhanced our work here at CUPS because of her ability to network with other agencies and organizations such as Sunrise and Alpha House. In an emergency she can access services with a simple phone call.*

The Rotary Challenger Park group says *we learned where we can make referrals. We learned more about Aboriginal culture and disability. We opened doors to exchange information on health, wellness and physical recreation.*

Local Council 87 Metis Nation reports that *they are better connected to other services as a result of work with the Aboriginal Health Facilitator and now have a representative on the Calgary Health Region - Aboriginal Health Council and on the City of Calgary - Urban Aboriginal Initiative health domain committee.*

5.6 Developing Community Expertise

The Aboriginal Health Facilitator helps to build both individual and community capacity and expertise through the provision of culturally based training, workshops and information sessions.

Big Sisters and Big Brothers of Calgary say that *the two sessions that the Aboriginal Health Facilitator provided for our agency were incredibly informative and engaging for all of our staff members. The sessions have provided our staff with tools to work more effectively with Aboriginal children and families. We are much more open to considering the cultural values and impact they have for the children and families potentially seeking our programs.*

Aspen staff reports that *personally I have much more awareness about outreach resources. I am more educated about the needs for urban Cree Aboriginals and now I can serve them better myself.*

A staff from Canadian Mental Health Association says *working with the Aboriginal Health Facilitator has enhanced my personal comfort level when dealing with the Aboriginal community. She is willing to share her expertise through a team approach within the community and leads by example.*

One interviewee said *attending the workshops increased my competence and awareness of history and cross-cultural differences that are important to set context when working with Aboriginal peoples in health research. I also learned more about some issues that Aboriginal people face when dealing with government institutions (e.g. FNIHB and non-insured health benefits).*

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Another says my involvement with the Aboriginal Health Facilitator has helped me to remember to temper the clinical perspective with that of the perspective of Aboriginal people. This helps me in my role to engage, establish rapport, and collaborate with Aboriginal clients.

5.7 Supporting Other Organizations' Work

The Aboriginal Health Facilitator worked collaboratively with other service providers to support their work and help to enhance overall effectiveness.

CUPS reports that together we case-conferenced Aboriginal clients in crisis who were exceptionally difficult to work with and generated complex solutions. The Aboriginal Health Facilitator has an in-depth knowledge of medical procedures, human rights and politics.

The Aboriginal Immunization Project reports *that the Aboriginal Health Facilitator promoted our immunization initiative to Aboriginal clients and other service providers.*

5.8 Addressing Service Gaps and Supporting Program Development

The Aboriginal Health Facilitator collaborated with community service providers to strengthen community networks, identify service gaps, and support program development. The following comments provide examples of this work.

Canadian Mental Health Association staff report that there has been a collaborative effort to work together to meet the unique needs of each client we may have the opportunity to share. There has been an increase in the communication between the Alexandra Health Centre and the two programs I work with that has benefited the client considerably. I believe the Aboriginal Health Facilitator has been an integral part of this increase in communication. At this moment in time, each inner city health center has Aboriginal representation. The population is large enough and in substantial need of services to keep everyone busy.

The Aboriginal Immunization Project has used input and recommendations from the Aboriginal Health facilitator to design and pilot different health service strategies for Aboriginal families in Calgary.

Local Council 87 Metis Nation describes how they work with the Aboriginal Health Facilitator to address *transition housing for seniors. She has helped our clients find better housing and has helped them with health and dietary issues.*

The PATCH program says *the Learning Circle was introduced as a direct result of our partnership with the Aboriginal Health Facilitator and the Alex. Working with*

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the Aboriginal Health Facilitator opened the door for me to develop and promote Aboriginal programming and services at PATCH (i.e. Aboriginal dancing, drumming, Cree language, and access to Sweat Lodge and smudging). The Aboriginal Health Facilitator provided opportunities for many families to attend summer camps and personal development workshops.

The following story illustrates how networking and collaboration around complex client situations helps to identify service gaps, and how program policies and protocols are positively impacted as a result of the Aboriginal Health Facilitator's advocacy.

A 36-year-old paraplegic Aboriginal male was living on the street. He had developed a support system to help him clean up on occasion and supply him with his material of habit. The Aboriginal Health Facilitator (AHF) was called by the Canadian Paraplegic Society outreach worker to see what could be done to help. The man concerned was difficult to contact. A couple of months went by and the AHF was called by a woman who was a Personal Care Attendant who met with him on a regular basis to help him clean up and provide clean clothes. Her husband fed him and kept him sober by chatting with him for an hour or two every evening.

In an effort to find out how to get him housing, it was discovered that he needed addictions treatment before he could get access nursing care for the handicapped. After many hours of discussion and case planning with the client, the case conferencing team helped him get admitted to hospital for a 6 day detox. During this time he was supposed to get a psychological evaluation and a transition evaluation for housing – none of this was being done. He was released to the streets to his addictions but with more awareness about what agencies available to him. The case team helped him reconnect with his family in Ontario to increase his personal supports. As this is written he is once again attempting to get into the hospital for detox and has a firm booking with a native treatment centre. We have lined up a volunteer PCA for the first week and hope that this position will be paid for by NIHB or Indian affairs.

As a result of the work done with this individual the Aboriginal Health Facilitator advocated with Federal and Provincial government representatives for a change in intake protocol for urban Aboriginal Addiction Services that would allow urban Aboriginals access to addiction treatment in the urban environment instead of being forced to return to the reserve for treatment.

The Aboriginal Health Facilitator also supported Local Council 87 Metis Nation to develop an accessible housing project for severely handicapped Aboriginal adults.

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The resulting **Kooteney House** program was made possible through funding provided by the Homeless Foundation.

5.9 Attracting New Resources

The Department of Family Medicine and Community Health states that *we have recently been successful in a national granting competition to gain funding for a new health research project working with Aboriginal women in Calgary. Our knowledge of the community was demonstrated by the work we've continued with and through the Aboriginal Health Facilitator. Continuing to work with her as the research moves forward is an integral part of the research plan.*

5.10 Overall Effectiveness of the Aboriginal Health Facilitator

Staff from the 8th and 8th Health Clinic shared this story to illustrate the effectiveness of strategies used by the Aboriginal Health Facilitator in promoting health, healing and a positive future.

A young man came in to 8th and 8th feeling very low and suicidal. I worked with him through the process of being certified, admitted into the short stay mental health unit and then followed up after discharge. I referred this young man to the Aboriginal Health Facilitator, and between the two of us, we were able to provide stronger ongoing support. The young man overcame his suicidal feelings, attended sweat lodge ceremonies, entered into an upgrading and life-skills program, found accommodation and then was able to move on. This young man told me that he was inspired by the support that he received and was considering a career as a health worker so that he may assist others as he was assisted. This success story is an excellent example of the benefits of collaborating with other support workers in the Aboriginal community.

5.11 Suggestions from Community Service Providers

Community service providers offered a number of suggestions for program improvement.

- **Continue and expand the Aboriginal Health Facilitator program.**
 - *The AHF is only one person and in great demand from the Aboriginal community. Perhaps the program could be expanded.*
 - *More than one person would be useful. The health regions are big, so many hospitals. The Aboriginal Liaisons in hospitals are good, but not enough. We need more in the community. Calgary is so multi-tribal and multi-cultural.*

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- *Allow more time to work with community organizations to increase cultural awareness and needs of Aboriginal clients who might access our services.*
- **Continue the workshops.**
 - *Act as consultant for agencies that don't have Aboriginal representatives or programming.*
 - *Expand on the lunch and learn series.*
 - *By providing education opportunities for professionals we are better able to serve this community.*
- **Promote the model** to other community health agencies
- **Advocate for policy change.**
 - *There is a need to work "upstream" for policy change that would improve access or conditions for urban Aboriginal people.*
- **Continue to improve service access.**
 - *We have a lot of problems with transportation for Aboriginal seniors.*
 - *Get the Alex health bus out more to the North Central (Hunting Hills) area. In the north we get a lot of new clients – Cree from Saskatchewan.*

6.0 Conclusions

The Aboriginal Health Strategy project implemented by the Alexandra Community Health Centre has been very successful. Feedback from both Aboriginal participants and from community service providers is overwhelmingly positive. The Aboriginal participants and community service providers interviewed as part of this study suggest continuation and possible expansion of the project.

The Aboriginal Health Facilitator provided individual support to **over 200 clients** using a **holistic model of health** that resulted in improved access to health services, increased awareness of health issues. The service engaged clients at the grass roots level and assisted them to develop longer term health promotion skills and strategies to improve and maintain their health status.

The Aboriginal Health Facilitator supported and promoted Aboriginal leadership by connecting with **eight Aboriginal Elders from eight different Nations**, and by facilitating Aboriginal representation on a number of health and social advisory councils in Calgary. At the grass roots level, the Aboriginal Health Facilitator supported individuals to move from **client** to **active community participant** to **support/mentor and role model** for others in the community

The Aboriginal Health Facilitator provided workshops and educational sessions that helped community service providers increase their awareness and understanding of Aboriginal culture as it relates to health, facilitated networking to improve service access for Aboriginal people, and helped to identify and address service gaps. In a survey of twenty different service providers, the Aboriginal

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Health Facilitator received strong ratings (average 4.6 out of 5) for overall effectiveness in her role in the community.

7.0 Recommendations

- 7.1 Continue the Aboriginal Health Facilitator program and if possible consider expanding both the program and its geographic reach within Calgary.
- 7.2 Continue to promote a culturally sensitive and holistic approach to health for Aboriginal people that includes the broad definition of health addressed within health determinants.
- 7.3 Continue to develop strategies that improve health service access for Aboriginal people.
- 7.4 Advocate for policy changes at the local, provincial and federal levels that will improve health access for Aboriginal people.

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8.0 Appendix

Community Service Provider Survey Participants

Aboriginal Health Program (2 interviewees)
Aboriginal Immunization Project
Aboriginal Mental Wellness Worker – 8th & 8th Health Clinic
Aspen
Best Beginnings Program
Big Brothers and Big Sisters of Calgary
Bow Valley College
Boys and Girls Club
Calgary and Area Child and Family Services
Calgary Women's Emergency Shelter
City of Calgary Youth Employment Centre
Calgary Urban Projects Society (CUPS)
Canadian Down Syndrome Society
Canadian Mental Health Association – SOS Program
Department of Family Medicine and Community Health
Local Council 87 Metis Nation (Calgary)
Metis Seniors
Patch Project, Hull Child and Family Services
Rotary Challenger Park
PSD network

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Focus Group Questions

Introduction: The purpose of the Aboriginal Health Facilitator is to help Aboriginal people to improve their knowledge of the health care system and to help them get better access to health services.

We would like your feedback on how this program might have helped you and how the program could be improved.

We will be asking questions about the four main areas of health:

Physical health

Knowledge or learnings about health

Emotional experiences of health

Spiritual experiences of health

Physical Health

1. How did your contact with the AHF help you address your physical health concerns?

Knowledge and Learnings

2. Did you get any new information about your health condition or about keeping yourself healthy?

Not at all Somewhat A Great Deal

3. Has this new information changed the way you manage your health? If yes, how?

Not at all Somewhat A Great Deal

4. What did you learn about the health care system?

5. Did you learn anything new about alternative medicine (e.g. traditional medicine practices)?

Not at all Somewhat A Great Deal

Spiritual Health

6. What spiritual aspects did the AHF bring to support your health situation?

Example: (connect with elders, smudging, prayer, medicine wheel, other)

7. Did you feel like the AHF respected where you are at spiritually?

Not at all Somewhat A Great Deal

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Emotional Health

8. In your contact with the AHS, did you feel supported emotionally? What made you feel this way?

Not at all Somewhat A Great Deal

- What was your comfort level working with Louise

High Medium Low

- Did you feel like you were listened to?

Not at all Somewhat Very Much

- Did you feel that the AHF understood your issue/concern?

Not at all Somewhat Very Much

- Were you included in the decision making (about next steps; health situation; etc.)

Not at all Somewhat Very Much

- Was the AHF available when you needed her? (e.g. accessibility)

Not at all Somewhat Very Much

Overall Comments

9. The purpose of the Aboriginal Health Facilitator is to improve your access to health services. Do you think this program has improved your access to health services?

Not at All Somewhat A Great Deal

10. How could the service be improved?

11. How could access to health services improved?

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Community Service Partner Survey

This survey is for people who have worked with the Alexandra Community Health Centre – Aboriginal Health Facilitator. We are exploring how working with the Aboriginal Health Facilitator might have benefited the community.

1. How have you worked with the Aboriginal Health Facilitator? (describe any joint projects or collaborative working arrangements)
2. How has working in partnership with the Aboriginal Health Facilitator benefited your agency or enhanced your work?
3. Can you give an example of how your organization or program is different because of your involvement with the Aboriginal Health Facilitator? For example, has your organization introduced any new program or initiatives, changed or modified procedures that have helped to improve access for Aboriginal clients.

For each question, please assign a score of 1 to 5 where 1 means not at all and 5 means to a very great extent. For each question, give an example if possible. If you are not aware of the Aboriginal Health Facilitator's work in a particular answer and do not wish to comment please choose "NA".

To what extent has the Aboriginal Health Facilitator . . .	
4. Helped to address service gaps in the community that result in improved service for Aboriginal clients (e.g. introduce new services, expand/enhance existing services) Example:	NA 1 2 3 4 5
5. Helped to attract new resources to the community (e.g. funding, in-kind donations, equipment, staff, volunteers, etc.) Example:	NA 1 2 3 4 5
6. Helped Aboriginal people to connect with community services (e.g. elders, health services, basic needs, etc.) Example:	NA 1 2 3 4 5
7. Provided expertise to your organization as needed (e.g. consultation re Aboriginal culture and health issues, etc.) Example:	NA 1 2 3 4 5
8. Made good use of community expertise (e.g. using local partners or experts to enhance services for Aboriginal people) Example:	NA 1 2 3 4 5

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To what extent has the Aboriginal Health Facilitator . . .	
9. Helped to develop community expertise (i.e. capacity building, training initiatives to develop existing professional expertise and/or train new community members) Example:	NA 1 2 3 4 5
10. Increased grass roots Aboriginal community involvement (e.g. getting volunteers, community members on committees/boards, getting families to come out to community events, etc.) Example:	NA 1 2 3 4 5
11. Supported your organizations work/agenda related to Aboriginal health Example:	NA 1 2 3 4 5
12. Strengthened local community networks/linkages by helping to connect different service providers Example:	NA 1 2 3 4 5
13. Overall how effective is the Aboriginal Health Facilitator program in improving Aboriginal access to health services?	NA 1 2 3 4 5

14. How could the Aboriginal Health Facilitator role or programming be strengthened?
 (e.g. what else is needed, suggestions for improvement, etc.)