



Algonquin Nation Programs and Services Secretariat

Partners for Culturally Adapted Health Care

Health Integrated Service Fund Project

Final Evaluation Report 2014-2015

**Simon Management Services
March 2015**

Table of Contents

1.	Introduction.....	4
1.1	Situation	4
1.2	Background.....	4
1.3	Context.....	4
1.4	Evaluation	5
2.	Evaluation Methodology.....	6
2.1	Evaluation Approach	6
2.2	Evaluation Objectives	6
2.3	Challenges and Limitations.....	6
3.	Project Findings	7
3.1	Project Description.....	7
3.2	Project Partners	7
3.3	Project Advisory Committee.....	8
3.4	Project Work Plan.....	8
3.5	Target Population.....	11
3.6	Project at End of 2012-2013	11
3.7	Project at End of 2013-2014	11
3.8	Activities for 2014-2015.....	12
3.9	Communication.....	15
4.	Results of Training Evaluations.....	16
4.1	Objectives and Training.....	16
4.1.1	Personal Objectives.....	16
4.1.2	Overall Training Workshop	17
4.2	Content of Training.....	17
4.3	Training Conclusion.....	18
4.3.1	Usefulness	18

4.3.2	Approach.....	20
4.3.3	Comments	21
4.3.4	Meeting Needs	23
4.3.5	Descriptors	23
4.4	Additional Information	24
4.4.1	Reason.....	24
4.4.2	Organization.....	24
5.	Summary and Conclusions.....	25
5.1	Summary	25
5.2	Outcomes	25
5.3	Sustainability.....	27
5.4	Conclusion	27
Appendices:.....		29
Professional Guide.....		29
Project Update.....		30

1. Introduction

1.1 Situation

First Nations and Inuit people receive health services through a unique combination of federal, provincial, and First Nations and Inuit-run programs and services. The Province has the mandate for providing all aspects of insured health services under the Canada Health Act to all residents of Quebec, including First Nations and Inuit persons living on and off-reserve. While the federal government has a financial responsibility to support the delivery of health services to First Nations on reserve, the majority of First Nations in Quebec receive primary health services from outside through the provincial network of clinics, hospitals and other treatment facilities. Although some progress has been made in building relationships between First Nations and the provincial health system (mainly with health authorities), effective, collaborative working partnerships are not always the norm for all regions, nor is the delivery of culturally appropriate and culturally safe health services.

1.2 Background

HSIF is a five-year \$80 million Aboriginal health initiative that built on past successes and lessons learned in the integration of federally funded services with those of the province and territory. It supported the collaborative efforts of the multiple partners in Aboriginal health to improve the integration of health services for First Nations and Inuit.

Through HSIF, Health Canada worked with other Provincial, Territorial and First Nations and Inuit organizations to:

- improve the integration of federally-funded health services in First Nations and Inuit communities with those funded by the provinces and territories;
- build multi-party partnerships to advance health service integration;
- improve First Nations and Inuit access to health services; and
- increase the participation of First Nations and Inuit in the design, delivery, and evaluation of health programs and services.

1.3 Context

The Algonquin Nation Programs and Services Secretariat is a tribal council that services the communities of Timiskaming First Nation and Wolf Lake. The Algonquin Nation Programs and Services Secretariat

(ANPSS) submitted a multi-year project proposal under Health Canada's Health Services Integration Fund (HSIF). The *Partners for Culturally Adapted Health Care* HSIF project's main objective was to help ensure access to culturally adapted provincial health and social services for First Nations in Abitibi-Témiscamingue through cultural training. Moreover, the project is dedicated to focus on cultural competence which has been shown to have a direct link to, and have an important impact on, access and services for First Nations.

The project built on previous experiences and partnerships created during the Piwaseha Cultural Awareness Project, funded through the previous Aboriginal Health Transition Fund (AHTF). The project began by evaluating the long-term effectiveness of the Piwaseha training received in 2010 by participants within the CSSS establishments. The data collected from this evaluation informed the development of phase II of the Piwaseha training, *Wedokodadowiin*. In addition to the development of this second training, a guide for professionals on cultural competence was developed during the last year of the project.

1.4 Evaluation

This evaluation is a summative evaluation of the planned activities undertaken during the three years of this project from 2012-2013 to 2014-2015 and is based on the planned outcomes of the project's Logic Model.

2. Evaluation Methodology

2.1 Evaluation Approach

For this evaluation, the consultant reviewed all of the documents, letters of support, reports and emails that were provided by the Project Coordinator over the three years. As well, the evaluator attended several planning and development meetings with UQAT and the Advisory Committee, as well as the pilot of the “Wedokodadowiin Let’s work together” training held May 29, 2014, and the final training session held January 20th in Val D’Or.

2.2 Evaluation Objectives

The main objectives for completing the final evaluation include:

- analyzing and comparing planned versus actual achievements for the project;
- measuring progress towards and achievement of outcomes that were proposed in the project Logic Model;
- look at project sustainability.

2.3 Challenges and Limitations

There were not many challenges for this evaluation as the Coordinator and UQAT have kept the evaluator well informed with copies of emails and documents provided at every step of the project roll-out. The only challenge for the evaluator was interpreting the handwriting of some comments on the training evaluations.

3. Project Findings

3.1 Project Description

While the federal government has a financial responsibility to support the delivery of health services to First Nations on reserve, the majority of First Nations in Quebec receive primary health services from outside the community through the provincial network of clinics, hospitals and other treatment facilities. Although some progress has been made in building relationships between First Nations and the provincial health system (mainly with health authorities), effective, collaborative working partnerships are not always the norm for all regions, nor is the delivery of culturally appropriate and culturally safe health services.

The goal of this project is to increase access to provincial health services and social services that are adapted to the cultural realities of Aboriginal people in Abitibi-Témiscamingue through the promotion of cultural competency and understanding. To reach this goal, the project:

- Built on previous experiences and partnerships created during the Piwaseha Cultural Awareness Training Project (Funded by AHTF) to develop a new training program;
- Evaluated the long-term effectiveness of the Piwaseha training received in 2010 by personnel within the health and social services network (Réseau de la santé et des services sociaux de l'Abitibi-Témiscamingue). This evaluation formed the basis for the new training.
- Developed and delivered the Wedokodadowiin training with the main focus cultural safety and its beneficial effects for both the service provider and the First Nation clientele.

3.2 Project Partners

The project partners for Wedokodadowiin include:

- Université du Québec en Abitibi-Témiscamingue
- Agence de santé et de services sociaux de l'Abitibi Témiscamingue,
- Timiskaming First Nation,
- Eagle Village First Nation,
- Wolf Lake First Nation,
- Winneway First Nation,
- Long Point First Nation,
- Abitibiwinni First Nation,
- Lac Simon First Nation,
- Kitcisakik First Nation,
- CSSS Les Eskers de l'Abitibi,

- CSSS Aurores-Boréales,
- CSSS La Vallée-de-l'Or
- CSSS Rouyn-Noranda,
- CSSS Du Témiscamingue

3.3 Project Advisory Committee

An Advisory Committee was responsible to share expertise, provide feedback and advise on cultural content related to the development of Phase II. The following organizations were partners on the Advisory Committee:

- Monique Raymond, Health & Social Services Director, Timiskaming First Nation Health Centre
- Christine Desrochers, Agente de relations humaines, UQAT
- Carmen Rioux, Supervisor Front Line Services, Timiskaming First Nation Health Centre
- Nathalie LaRose, Agente de relation humaine, support worker, Native Friendship Center of Val D'Or
- Tracey Fournier, travail social, Kitcisakik
- Janette Brazeau, Elder – Aînée, Conseil de la Nation Anishnabe de Lac Simon
- Audrey McBride, Education Department TFN
- Annie Vienney, Agente de planification, de programmation et de recherche, Agence de la sante et des services sociaux de l'Abitibi-Temiscamingue
- Sonia Young, Health Coordinator, Wolf Lake First Nation
- Martina Mathias, Community Health Representative, Winneway Wellness Centre
- Martine Carrier, Infirmière à Kitcisakik, Centre De Sante Kitcisakik
- Pauline Kistabish, Agente PNLAADA, Centre de Santé Pikogan
- René Ruperthouse, Agent de Post-Thérapie, Centre de Santé Pikogan
- Gilles Ross, Intervenant, Centre de Santé Lac Simon
- Lucie Savard, intervenante, Centre de Santé Lac Simon
- Dorothée Chrétien, Centre se Santé Kitcisakik
- M. Alex Cheezo, Lac Simon

3.4 Project Work Plan

The following is the revised Work Plan for the three years of the project:

Year	Goals/Objectives	Activities	Person Responsible	Timelines	Outcomes
2011/2012	Preparation and commencement of the project	<ul style="list-style-type: none"> ▪ Capital purchase ▪ First meeting with Project Evaluator ▪ Team Consultant ▪ UQAT 	Donna McBride, Project Manager	March 1, 2012 – March 31, 2012	<ul style="list-style-type: none"> ▪ Smooth start to the project. ▪ Right people in place for work ahead.

Year	Goals/Objectives	Activities	Person Responsible	Timelines	Outcomes
		<ul style="list-style-type: none"> ▪ Prepare and review service contracts ▪ with consultant/ specialists ▪ put call out for members for the FN ▪ consultation table ▪ Draft quality control documents, terms of reference for consultation table. ▪ Make all necessary contact with possible partners. ▪ Search for new funding partners to cover cost of additional training sessions. 	ANPSS with assistance from Agence		
2012/2013	<ul style="list-style-type: none"> ▪ Bridge building between partners. ▪ Fostering ▪ Communication between FN and the Provincial network. ▪ Development of ▪ surveys ▪ Promotion/ distribution 	<ul style="list-style-type: none"> ▪ Regular contact with independent evaluator. ▪ Communication plan ▪ Commence research for training curriculum ▪ Periodic meetings with FN Advisory table ▪ Research on the part of UQAT and Project ▪ team consultant cultural resources for guide development ▪ Planning and preparing for First meeting with CSSS directors to provide an overview of our work and to brainstorm on effective ways to build bridges between the FN communities and the Reseau. ▪ Working as a team with UQAT to develop survey questions for service providers who followed 2010 cultural training and for FN services users. Field testing ▪ Promotion of both surveys ▪ Launch of both surveys ▪ Project Reporting Activity and Financial 	ANPSS, UQAT, Agence, partners	April 1, 2012 – March 31, 2013	<ul style="list-style-type: none"> ▪ Knowledge transfer and communication between partners. ▪ Quality research for upgrade of curriculum with FN guidance and approval.

Year	Goals/Objectives	Activities	Person Responsible	Timelines	Outcomes
2013/2014	<ul style="list-style-type: none"> ▪ Improve communication and build relations between all project partners. ▪ Complete surveys ▪ Data analysis. ▪ Develop findings into the new curriculum. ▪ Research and development of the deliverable. 	<ul style="list-style-type: none"> ▪ Regular contact with independent evaluator. ▪ Communication plan ▪ Completion of surveys with service providers and service users. ▪ Compilation of data ▪ Updates for partners through website - encourage health program familiarity between provincial and FN community based programs. ▪ Periodic meetings with FN Advisory table and UQAT as needed. ▪ Research by UQAT and Project team consultant for cultural resources for development of the guide ▪ Completion of training curriculum update and guide. ▪ Schedule of training sessions ▪ Venue planning ▪ Training design/promotion 	ANPSS, UQAT, Agence, partners	April 1, 2013 – March 31, 2014	<ul style="list-style-type: none"> ▪ Knowledge transfer and communication between partners. ▪ Production of new curriculum
2014/2015	Training delivery	<ul style="list-style-type: none"> ▪ Regular contact with independent evaluator. ▪ Communication plan ▪ Updates for partners through website ▪ Encourage health program familiarity between provincial and FN community based programs. ▪ Training delivery (13 sessions in Abitibi-Témiscamingue and 2 sessions in Northern Ontario ▪ Survey with FN service users ▪ Final evaluation report ▪ Final activity report ▪ Final financial report 	ANPSS, UQAT, Agence, partners	April 1, 2014 – March 31, 2015	<ul style="list-style-type: none"> ▪ Knowledge transfer and communication between partners. ▪ Training delivery and hardcopy of guide. ▪ Provincial Network gains more FN knowledge to be able to better work with their FN clientele. ▪ Changes in attitudes and opinions resulting in culturally adapted care.

3.5 Target Population

The Health and Social Services network targeted for the training included personnel from:

- * CSSS Les Eskers de l'Abitibi
- * CSSS du Témiscamingue
- * CSSS de la Vallée-de-l'Or
- * CSSS de Rouyn-Noranda
- * CSSS Aurores-Boréales
- * Centre jeunesse de l'Abitibi-Témiscamingue

The plan was to have all types of personnel attend the training including: Physicians, Nurses, Social workers, Directors/Managers, Technicians, Nutritionists, Psychologists, and Secretary/administration.

3.6 Project at End of 2012-2013

The following paragraph provides a brief summary of the project from the beginning. ANPSS's *Partners for Culturally Adapted Health* multi-year HSIF project was accepted by the HSIF Regional Coordinating Committee with a total working budget of \$214,948.00 for the period of 2011/2012 to 2014/2015. The project had 27 letters of support from organizations and individuals in the Abitibi-Témiscamingue region. In Quebec, the HSIF project holders experienced many delays in the actual start of their projects due to hold-ups at the National level. In addition, project holders were asked to review their initial work plan and reduce their budget forecasts. The ANPSS received final approval of the project in September 2012 and a contribution agreement only in December 2012.

In the first year, the project was able to conduct Focus Group research with those who participated in the Piwaseha Training. Sessions were held in Amos, Val-d'Or and in Ville-Marie. The Report on the results of the Focus Groups provided research-based information and practical suggestions for developing Phase II training, and for the elaboration of a Guide for Professionals. The report also reflected on the evaluations from all of the Piwaseha training participants. The provincial ASSS and CSSS were re-engaged in the project and were represented on the Advisory Committee. Most of those who were invited to participate on the Advisory Committee agreed to sit on the committee. The project successfully completed all of the planned activities 2012-2013.

3.7 Project at End of 2013-2014

A Report of Findings was prepared based on the information from the three focus groups that were held in Amos, Val-d'Or and in Ville-Marie. A summary of the 368 participants' comments from the Piwaseha training sessions was compiled. This Report of Findings was used to inform the direction for the

development of the new training program, and was presented to the Advisory Committee at a meeting June, 2014.

At the same time, the field research conducted by Karine Carufel for a Master's thesis for UQAT provided relevant exploration and testimonials from First Nations concerning their perspectives and experiences with social interveners. This researcher was hired to work with Janet Mark, UQAT to develop the new training program. In September, a focus group composed of interveners working with First Nations as well as First Nations representatives was held with the program developers and the project coordinator to explore their perspectives on certain aspects of the new training program.

The philosophy behind the new Wedokodadowiin training:

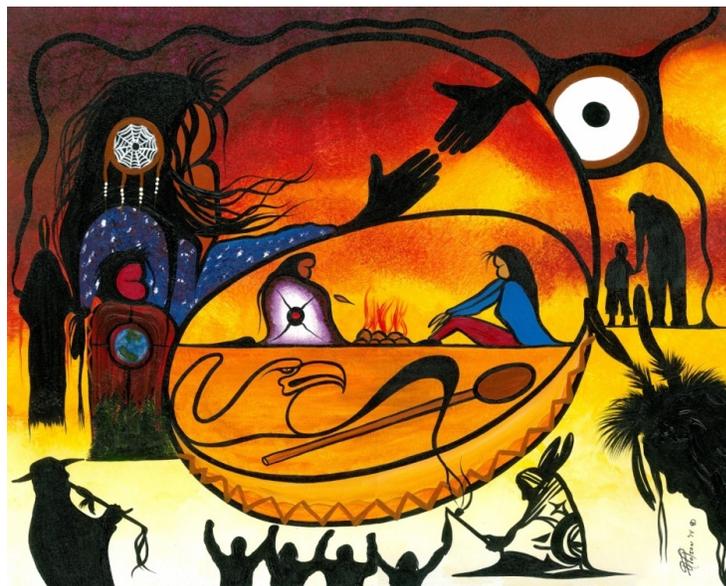
- Introduce health and social services providers to the vast knowledge related to the Aboriginal milieu with regard to these fields of practice and to the realities faced by the Aboriginal people (Knowledge).
- Provide participants with the ability to select the appropriate attitudes (Learn to be) when intervening with Aboriginal people in the area of health and social services.
- Equip the health and social service providers with useful skills (Learn to do) for better interventions with Aboriginal people.
- Increase the comfort and sense of competency of health and social service providers when intervening with Aboriginal people.
- Help to increase the sense of cultural safety that Aboriginal people feel when receiving health or social services.

The new training program was presented to the Advisory Committee in November 2014 for suggestions and approval. The name Wedokodadowiin was chosen for the new training program which is Algonquin for "Let's Work Together". A proposed list of training dates was developed by the Project Coordinator and UQAT at a meeting held in March. Everything was successfully completed as planned for 2013-2014.

3.8 Activities for 2014-2015

The actual delivery of the Wedokodadowiin training was planned for the fall of 2014 and winter of 2015. A pilot training was held on May 29th in Val D'Or for 15 health and social services workers to get their feedback and recommendations: 3 nurses, 1 personal support worker, 4 intervention workers from Centre Jeunesse, 1 administrative assistant, 1 post therapy worker, 1 human resources agent UQAT, 1 NNADAP worker and 1 worker from community Education Department, and 2 representatives from the Advisory Committee. The training was delivered by Janet Mark from UQAT, who is also the facilitator for the Piwaseha training.

The pilot training was well-received. There were recommendations from the participants to include more information to explain Health Canada's Non-Insured Services to health workers, and concerns about the length of the training program, particularly the first part on 'Savoirs', and the timing of the elements in relation to breaks and lunch. The trainer agreed to review and modify these aspects of the program before the first scheduled training.



Once the training was modified and finalized, a participant workbook was printed with a specially commissioned art work created by the Algonquin artist Frank Polson on the cover. See copy in appendix. These materials and the power point used by the facilitator were all translated into English.

A Press conference and press release was issued in September 3rd by UQAT and ANPSS at UQAT to launch the trainings. There were 13 sessions scheduled for workers from the CSSS and its establishments' in Abitibi-Témiscamingue and 2 sessions in Northern Ontario (Timiskaming-Cochrane District and Timmins-James Bay District) for a total of 15 sessions. In addition, a lot of promotional material for the training such as information pamphlets with the Frank Polson artwork was developed. See copies in appendix.

The first three trainings in early September had to be rescheduled due to an overlap with scheduled training for the CSSS. Interested participants were able to register online, the registration information was provided on the training notices that were sent out by intranet by the Agence (ASSS).

The project was surprised to receive requests from the other public sectors interested in attending the training. The public sector organizations that attended the training when space was available included: Centre de détention AMOS, Centre de Formation Professionnelle Harricana and Liaison-Justice. They provided positive evaluations of the training.

232 participants from the health and social services network Réseau de la santé et des services sociaux de l'Abitibi-Témiscamingue were trained and received an attestation from UQAT; including 31 from Northern Ontario health and social services network.

The schedule and number of participants is provided in the following table.

Date	Target Clientele	Location	Number of participants
Sept 12	ASSS	Rouyn-Noranda	20
Oct. 2	HSS Network	Val-d'Or	8
Oct. 7	HSS Network	Ville-Marie	18
Oct. 9	HSS Network	Amos	6
Nov.4	HSS Network	Ville-Marie	24
Nov. 6	HSS Network	Rouyn-Noranda	8
Nov. 10	HSS Network	Amos	21
Nov. 13	HSS Network	Témiscaming	19
Nov.17	HSS Network	Malartic	17
Nov. 24	HSS Network	Val-d'Or	8
Dec. 5	HSS Network	Val-d'Or	17
Dec.11	HSS Network	Val-d'Or	17
Jan. 20	Community Organizations outside Network	Val-d'Or	18
Jan. 27	Piwaseha (English)	Timmins	11
Jan. 28	Piwaseha (English)	New-Liskheart	20
		Total	232

After the trainings were completed at the end of January, the last activity of writing a Guide for Professionals Working with First Nations was completed. 30 provincial partners will receive a copy of this professional guide for use in their establishments. The contents of the guide which is in French include:

- * Préface
- * Testez vos connaissances et réponses au questionnaire
- * Prise de conscience personnelle et professionnelle
- * Les Nations (cartes et population autochtones au Québec)
- * Les Pensionnats
- * Pensionnats du Québec reconnus
- * Les déterminants sociaux de la santé
- * La culture et la langue :
- * Les déterminants sociaux de la santé des Premières Nations, Inuit et Métis
- * Ma petite valise du pensionnat : écrit par Marcel Pétiquay (2007)
- * Terminologie

- * Services pour les Autochtones et les démarches
- * Recommandations
- * Statistiques et défis sociaux
- * Les communautés algonquines de l’Abitibi-Témiscamingue
- * Le principe de Jordan
- * La sécurisation et la compétence culturelle
- * Sources complémentaires

3.9 Communication

The 2014-2015 phase of the project depended heavily on official communications. Most of these communications were to the workers in the Réseau, advertised through the ASSS intranet, internal system lotus notes. The project coordinator in partnership with UQAT developed the communication format, a copy is provided in appendix.

Communications 2014-2015	Date	Target
« Calendrier des formations 2014-2015»	June 27, 2014	Information on calendar and registration for new training
« Changements au calendrier des formations »	September 3rd, 2014	Adjustment of dates for first three trainings due to conflict with CSSS training
Press Release from UQAT and ANPSS	September 9th, 2014	Launch of new <i>Wedokodadowiin</i> training
« Avis de journée spéciale de formation destinée aux organismes communautaires »	November 12, 2014	Special training notice to the community organizations within the Réseau for last training in Val D’Or at UQAT (January 20 th Session)
Training Notice for English sessions in Ontario	November 11, 2014	Description and notice for training in Timiskaming-Cochrane District and Timmins-James Bay District
Update on Project/Mis-a-jour du projet	March 31, 2015 to be sent April 11, 2015	Annual Update on the project for partners and Réseau
Website: UQAT Website: ANPSS Intranet: ASSS	On-going	Health and Social Services professionals working in Réseau or public sector organizations, or Algonquin communities.

4. Results of Training Evaluations

4.1 Objectives and Training

4.1.1 Personal Objectives

The participants were asked what their objectives for taking the training were. The following is a summary of their responses:

- Information on cultural competence
- Revise training model with a goal of collaboration
- Information on cultural safety
- Knowledge and understanding of the realities of First Nations people
- Means to be able to adapt my interventions
- Better understanding
- To be able to distinguish what differences there are between First Nations and general public for “learning to be” and “learning to do”
- Understand and have tools to obtain and share
- More information on realities, perceptions, communication barriers between First Nations and non-native people
- Understand the major barriers for First Nations persons
- No specific expectations, just open to receive...
- Personalize the First Nations culture by jumping into their milieu and knowing what they have lived, to better understand
- Complimentary training for Piwaseha
- Participate in a quality training, knowing that I do not have the pre-requisite Piwaseha
- Understand and have the tools to work with First Nations
- Improve my approach with First Nations clients
- Have the tools to intervene more effectively
- Refresh the memory after Piwaseha
- Focus on pertinent methods of practice
- No real expectations, but want to find tools to use
- Know the better means of interventions for First Nations people
- Develop knowledge and skills in intervention with First Nations people
- Deepen my understanding so I can do a better job of helping them
- Learn so I can question myself on my interventions
- Better equipped to accompany First Nations along their journey
- How to adapt to different cultures

- Since being First Nations it was to receive important info to help non Native workers who work with Native population.
- Better understand the culture and values of First Nations and what they have lived in the past.
- Learning how to intervene with First Nations women
- Deepen my reflections and my analysis of the situation of First Nations
- Have the means to intervene according to their real needs
- No real expectations, follow-up on Piwaseha, based on appropriate methods of intervention.

4.1.2 Overall Training Workshop

Participants rated the overall training using a 1 – 4 scoring, where 1 was very unsatisfactory and 4 was completely satisfactory:

Statements	1	2	3	4
Objectifs clairs et précis	0.0%	1.6%	22.1%	76.3%
Objectifs fixés atteints	0.0%	1.1%	23.7%	74.2%
Temps alloué suffisant	0.0%	3.7%	23.2%	72.6%
Documentation fournie utile pour le travail	0.0%	0.5%	17.9%	81.1%
Présentation du contenu par le formateur	0.0%	0.5%	10.5%	88.9%
Animation	0.0%	1.1%	14.7%	84.2%
Clarté des consignes	0.0%	0.5%	13.2%	86.3%
J'ai compris et intégré la majorité du contenu des activités de la formation.	0.0%	0.0%	26.3%	73.2%
L'organisation logistique (accueil, pause-café, repas, local)	0.0%	2.1%	14.2%	83.2%

4.2 Content of Training

Participants rated the content of the training using a 1 – 4 scoring, where 1 was very unsatisfactory and 4 was completely satisfactory:

Training Elements	1	2	3	4
Partie qui concerne Le Savoir (connaissances)	0.0%	1.1%	22.6%	71.6%
Partie qui concerne Le Savoir-Être (attitudes)	0.0%	1.1%	25.3%	72.6%
Partie qui concerne le Savoir-faire (habiletés)	0.0%	0.5%	25.3%	73.2%
Courts exercices	0.0%	3.2%	25.8%	70.5%
Vidéo	0.0%	1.1%	24.7%	73.2%
Atelier « Dans la peau de... »	0.0%	2.1%	22.6%	70.5%

Training Elements	1	2	3	4
Échanges et discussions en général	0.0%	0.0%	21.1%	76.8%
La boîte à outil	0.0%	0.0%	14.2%	78.9%

4.3 Training Conclusion

4.3.1 Usefulness

Participants were asked to state what they will retain from the day towards their professional activities.

The following is a summary of the responses, similar or repetitive statements were not used:

- This training is the beginning of an opening to a different culture – awareness.
- The importance of the three: knowing, learning to be and learning to do.
- This day taught me the importance of developing my knowledge about the reality of First Nations so that my links with communities will be the best possible.
- The importance of safety, openness, dynamic interaction and respect.
- Adapt to the cultural realities, respect the differences. Avoid judging, reapply knowledge and competences.
- Important to be implicated in a decision, and to respect their decision.
- Important to communicate, respecting our values, and using the values of First Nations
- We have to change our talk to adapt to the reality of First Nations
- The concept of cultural safety and its benefits to the organization of health services.
- The trauma is recent and continues to affect the population.
- Always respect the moments of silence when we talk to them.
- Don't judge, put yourself in the skin of the other person.
- I will use the resources listed.
- Judge less and talk less, check their understanding.
- Take the time necessary
- All humans are vulnerable in all cultures. There are cultural differences and references to experiences in life that influence our ways of thinking.
- I like the idea of modifying the intervention plan according to the Circle.
- The 60's scoop, this explains a lot about the reticence. Cultural safety, I will ignore what I did before.
- Be more tolerant and do not accept the prejudices of my colleagues, instead inform them.
- Implement what we have learned, for example if the person is not looking at us, it is not because of a lack of interest.
- We all want the same thing, to work together and to respect each other.
- Communication is very important in my work.

- Don't forget what has brought them to the point of being suspicious.
- The importance of establishing a relationship of confidence.
- Be aware of the barriers for them to use our services.
- Take the time to listen and to verify if they have understood. I will try to use other tools besides language when it is possible.
- Three key concepts: Competence, safety and cultural awareness
- There is still a lot of work left to do to eliminate discrimination.
- Cultural safety is a new concept.
- It is important to take into account the ravages that policies of assimilation have done.
- There is a lot to learn about culture.
- I have a few adjustments to make, but I think that I am pretty much in line with what the training has stated.
- Important to ensure that all of the personnel of the CSSS have the information on the realities of First Nations.
- There is much intergenerational trauma because of the injustices of the past, we have to adapt our interventions to this clientele.
- The importance of keeping an open mind for positive change.
- Good reflections and exchanges.
- From learning to be/learning to know, I know that I need to find a strategy to be more flexible and available.
- Listen to the circle.
- To pay attention to the person I am addressing with an open mind and validate the information that I am receiving and giving.
- The clinic Minowé is very interesting.
- It was interesting to hear statistics around the Native population.
- It helped me validate my approach. What I am doing intervening with my native clients is adequate.
- The first impression is very important. We have to listen and to ask open general questions.
- There are many ideas around using a liaison agent.
- The holistic approach is very interesting with First Nations communities.
- The language barrier may be more difficult that we thought.
- We do not know our native clientele.
- That silence in this culture means reflection and not a refusal to collaborate.
- The medicine wheel.
- The importance of adapting our interventions to the person in front of us.
- We are all human no matter the color of our skin.
- Do not expect the same reaction from a native client when giving information or having an exchange.

- I have a good attitude with my interventions and I can now develop others.
- I will use the medicine wheel when I ask how they are doing.
- Wow, we are off track, lot of judgments made.
- It doesn't matter who is the client, our attitude and our approach is fundamental so that our intervention can be positive and efficient.
- Our interventions have to be adapted to the client and their culture.
- The Circle, the four dimensions of being human – Spiritual, Mental, Physical and Emotional
- It important to accept difference and different ways of doing.

4.3.2 Approach

Participants were asked to reflect if this training will change their methods of working with First Nations clients, and if so why, or to state if it was too early to know. The following is a summary of their responses; similar or repetitive statements were not used:

- This training helped me to put myself at the center of a battery of attitudes and skills to be developed or reinforced to ensure a secure working relationship with my native partners.
- Yes but I will need the tool box from the workbook to realize what I need to do.
- I am already there, but the training will help me become better.
- I do think my attitude will be more open.
- Yes becoming more and more culturally competent.
- I think that the native population had an approach with others before in which there had to be an equal-equal relationship.
- To become more and more culturally competent
- Work to develop a consensus with the community rather than trying to promote a unique solution.
- Yes I will know more, understand more, know how to be with them, and not judge.
- I will listen more.
- Take time, respect the silence.
- Yes I will try to inquire what they want, how they want it, and how I can help them.
- I will be more attentive about respecting their values, the native culture.
- Yes I will stop breaking my head and in the future I will be more authentic. A human is a human.
- Knowing more about the native culture helps me to better understand and to diminish my prejudices.
- Yes, pay attention to “knowing how to be” and “knowing to do”
- Take the time to build the relationship.
- I will participate more in the family milieu.
- I will put myself in their skin to better understand their perceptions of the services.
- Not necessarily, but it has increased my interest in knowing.
- The holistic circle interests me in adapting my approach.

- It has helped me feel less guilty about my interventions.
- More focused on the person rather than the objective for the meeting.
- It just confirms what I already knew instinctively.
- Yes I will avoid explaining too much about administrative procedures and focus on the helping relationship, and always keep in mind the cultural differences.
- Not too much but I appreciated the training.
- No, it just confirmed that I am on the right track.
- Certainly but I am already very open.
- Yes, I believe others will have a clear understanding on how to work with Aboriginals
- Maybe but I already have a winning approach that I use.
- I will sensitize my co-workers
- Yes I will even if our method of working has already been adapted to First Nations.
- Yes I certainly understand better what they have experienced and what they live through each day.
- No, since I provide equal care to everyone.
- No, since I am treating the person and not the nationality.
- Yes and no since I already have these skills, but the training reinforced them.
- I will continue to adapt my work towards different cultures.
- I don't think so, but I am more sensitive on the subject.
- No this training confirmed to me that my way of intervening with the families that I visit is respectful of their values and their ways of doing.
- Yes, I will be more at ease in intervening with authenticity, transparency, and listening skills.
- The more we understand, the better we adapt.

4.3.3 Comments

The following is a summary of the additional comments that were added, similar or repetitive statements were not used:

- I have to reflect and consider my comments.
- Thank you for the quality of the facilitation.
- Thank you , very interesting, and very appreciated
- The presentation was interesting. All of the elements provided during the day helps me to better understand the differences.
- Please spend more time on the taboos, the particularities, the differences in urban setting and on reserve.
- The training was a little long. It could also apply to other communities. There are many elements to explain the culture, and show the different ways of doing.

- The training opened our eyes to a reality that we are not familiar with. We are in a better position to understand First Nation communities.
- Very pertinent
- I really appreciated my day. Good facilitator, always on her toes.
- The holistic image will be part of my own personal and professional vision.
- We have a number of issues in Val D'Or, bullying, violence on 3rd Avenue, emergencies for drug overdoses. There should be a reflection at this level.
- Excellent, superb training, excellent trainer dynamic and competent.
- The 2 videos were excellent.
- Add in about racism between the races, and the reasons why they fight.
- The day passed quickly and went very well.
- This was the part two of this training I have attended. I found it to be very interesting.
- My perceptions, you remind us one time to be authentic ourselves, but another time to be more concerned of differences for respect and understanding.
- Dinner and snacks were generous and delicious, trainer was very competent, information and tools were very useful and appreciated.
- I will counsel my colleagues to take this training.
- I prefer to eat outside locally. The teamwork was good, I especially liked the comments.
- I learned a lot from the two trainings. Excellent work
- Excellent training which has to be given to anyone working with First Nations.
- Interesting and pertinent follow-up to the first Piwaseha training.
- Local was very cold. Had difficulty hearing as some people were talking loud.
- Thirsty to go farther in knowing about First Nations culture.
- Trainer was well-informed.
- Liked the manner in which the training rolled-out, and that it was given by a native woman.
- Information on the rituals such as smudging would be interesting.
- Thank you for the two trainings; it enabled me to change my perceptions of First Nations.
- I would like to have more tools for new approaches to intervention, activities around confrontation of values, things we find in intercultural interventions.
- The documentation was hard to follow with the content of the day (missing certain slides...)
- It was good to have such high quality training for free. Thank you.
- Very good approach – this training should be given in secondary schools and in universities.
- Local was not appropriate.
- Thank you, very interesting, the facilitator was very knowledgeable and managed the group and the time well.
- Good training, educational content. To improve add more interaction and animation.
- The training is very pertinent to any professional working with First Nations.

- First section on the history and the knowledge was a little bit too long. Documents were read rather than presented as information.
- This training confirmed by interest in working in a native environment.
- Good training that has given us the taste to know more and to put in practice the tools and information received.

4.3.4 Meeting Needs

Participants were asked if the training met their needs, and **93.7%** checked off that the training did meet their expectations.

4.3.5 Descriptors

Participants were asked to provide three words that best described their experience of the day. The words used most often were:

answers questions	open	tangible content	sharing	interesting
know, learn to do, learn to be	listen	respect	painful	motivating
cultural safety	pertinent	interactive	hospitable	comforting
cultural competence	fantastic	enriching	appropriate	useful
very nice day	refreshing	continuity	stimulating	knowledge
well-organized	satisfying	harmonization	simple	human
good complement to Piwaseha	agreeable	understanding	dynamic	perfect
competent cultural trainer	fresh	clear	wisdom	passion
very good training	good	full	exhilarating	obligatory
was too short	exchange	instructional	energetic	discovery
want more depth	educating	informative	good tools	constructive
another training please	productive	excellent	sociable	efficient
quality adapted exercises	good	factual	realistic	superb
very concentrated	equitable	captivating	eye-opening	reflective
exchanges appreciated	soothing	rich	values	culture
take the time	learning	rhythm	quality	promising
good academic training	discussion	good animator	love yourself	pleasure
adapted to region	validation	reassuring	follow-up	heart
take time to improve our professional relations			helpful	

4.4 Additional Information

4.4.1 Reason

Participants were asked to provide additional information on reasons why they attended: (Some participants checked off more than one box...)

Reason	Percentage
par intérêt	91.6%
par obligation	3.7%
parce que c'était fortement recommandé par l'administration	11.1%

4.4.2 Organization

Participants were asked to state which organization they came from:

Organization	Percentage
ASSSAT	9.5%
CLSC	21.6%
Hospital Center (CH)	13.7%
Psychiatric Hospital	10.5%
Long-Term Care Facility (CHSLD)	1.1%
Readaption Centers (La Maison, Centre Normand et Clair Foyer)	3.2%
Social Services Centre Jeunesse	24.2%
Medical Clinic	0.0%
Community Organization	12.6%
Other organizations	3.6%
Total	100.00%

The largest representations of workers for the training were from Centre Jeunesse (social services) and from the CLSC and Hospital Centre (health services).

5. Summary and Conclusions

5.1 Summary

The following table provides a look at the attainment of planned project objectives through the activities completed for 2014-2015.

Objectives	Activities Completed	Success Indicators	Outputs Created
The delivery of planned training sessions to health and social workers within the Réseau Abitibi-Témiscamingue	<ul style="list-style-type: none"> ▪ Regular contact with independent evaluator and partners from UQAT and ASSAT. ▪ Communications ▪ Updates for partners through website ▪ Encourage health program familiarity between provincial and FN community based programs. ▪ Training delivery (13 sessions in Abitibi-Témiscamingue and 2 sessions in Northern Ontario) ▪ Final evaluation report ▪ Final activity report ▪ Final financial report 	<ul style="list-style-type: none"> ▪ Willingness and collaboration of partners that support the project ▪ Number of participants in training sessions ▪ Number of partnerships created 	<ul style="list-style-type: none"> ▪ 15 training sessions were held ▪ 5 Formal Communications published and sent out ▪ 232 participants received training ▪ 15 partnerships supported the development and delivery of the training ▪ Participants provided positive training evaluations for Wedokodadowiin ▪ Professional guide for health workers developed

5.2 Outcomes

The following table analyses the project outcomes in relation to the Logic Model:

Type of Outcomes	Outcome Description	Achievements
Short-term Outcomes	<ul style="list-style-type: none"> ▪ Openness to dialogue and partnering ▪ Openness to receive Cultural training 	<ul style="list-style-type: none"> ▪ The reinforcement of partnerships formed in the AHTF project and the introduction of new collaborators on the working group led to dialogue and sharing; ▪ The efforts of the Coordinator, UQAT and ASSSAT to work together resulted in health and social workers receiving the cultural training.
Intermediate Outcomes	<ul style="list-style-type: none"> ▪ Greater Cultural awareness among service providers ▪ Actual activities that help to build bridges for communication between FN and the provincial network 	<ul style="list-style-type: none"> ▪ The provision of Wedokodadowiin training to the health and social services network of the region provided cultural awareness, and brought a greater understanding of the need for cultural competency. ▪ The activities of the project built networking bridges with ASSSAT and the Directors of the CSSS in the region. Unfortunately, with the restructuring of Bill 10, which will eliminate the ASSS in Quebec, much of this work will have to start over.
Long-Term Impact Outcomes	<ul style="list-style-type: none"> ▪ Lasting partnerships with Provincial health and social services ▪ Culturally adapted health care for FN ▪ Better care for FN 	<ul style="list-style-type: none"> ▪ The long term impact of this project will be felt by the First Nations cliental who utilize these services. By promoting cultural competency within urban health care, it can transform services to better meet the needs of First Nation people resulting in better health care in all areas. ▪ However, this awakening for First Nations Urban Health Services will continue to improve and the positive impact will be a win-win situation for First Nations and provincial health and social services in the region.

5.3 Sustainability

The project will be sustainable through the partnership agreement between the ANPSS and UQAT for the ongoing delivery of the Wedokodadowiin training on demand through UQAT Continuing Education, similar to Piwaseha. The project also developed a Professional Guide for Health Workers which will be distributed, and also put on the UQAT website with a downloadable on-line PDF.

Working together has provided a better understanding between the Algonquin communities and the provincial network, and has opened the lines of communication. There is a better understanding of the unique cultural needs of the Algonquin communities, as well as the situation of health and social services within the communities.

UQAT, ASSSAT and ANPSS are committed to encourage provincial health and social services in Abitibi-Témiscamingue to work more closely with First Nations, and will continue to promote capacity building through the cultural training even though the HSIF project is completed.

5.4 Conclusion

After three years of steady progress, the project has culminated in the successful delivery of the Wedokodadowiin Training Program. During this process, collaborative working relationships were developed or improved, mutual respect and understanding was fostered, and additional lines of communication were opened.

The seeds of cultural sensitivity have been sown. An open dialogue has been started. The evaluations of the participants were very favorable, and the training has now been given over to UQAT to continue the program delivery so that more health and social workers will become culturally competent to provide culturally safe and culturally appropriate health care to aboriginal people living in the region of Abitibi-Témiscamingue.

Partenaires pour les soins de santé adaptés aux réalités culturelles/Partners for Culturally
Adapted Health Care

Les Membres du Comité Consultatif/Members of the Advisory Committee

Décembre/December 3, 2013



G-D debout L-R standing:

Donna McBride, Tracy Fournier, Karine Carufel, Janet Mark, Audrey McBride, Annie Vienney, Nathalie LaRose,
Carmen Rioux, Monique Raymond, Linda Simon, Martina Mathias,

G-D assis L-R seated : Lucie Savard, Gilles Ross, Alex Cheezo, Christine Desrochers, Luc Sigouin, Chantal Gervais.

Absentes absent: Sonia Young, Pauline Kistabish, René Ruperthouse, Martine Carrier, Dorothée Chrétien et Janette
Brazeau, Aînée/Elder

Appendices:

Professional Guide

