



**APPENDIX A:**

**DETAILED METHODOLOGY**





## DETAILED METHODOLOGY

### COMMUNITY ENGAGEMENT SESSIONS

In order to gather important input from First Nation community members in Nova Scotia, community engagement sessions in each First Nation community were held over an eight-week period (between March 6<sup>th</sup> and April 24<sup>th</sup>, 2008); and one session was held in August, 2008. These interactive and engaging sessions allowed community members to freely articulate and discuss the health priorities, successes, and challenges of their communities.

A copy of the full community engagement session questions can be found in Appendix C.

### Participant Recruiting

All thirteen (13) First Nation communities in Nova Scotia were approached to host a session; the following twelve (12) opted to participate<sup>1</sup>:

- Acadia First Nation;
- Annapolis Valley First Nation;
- Bear River First Nation;
- Eskasoni First Nation;
- Glooscap First Nation;
- Membertou First Nation;
- Millbrook First Nation;
- Paq'tnekek First Nation;
- Pictou Landing First Nation;
- Potlotek First Nation;
- Wagmatcook First Nation; and
- We'koqma'q First Nation.

The consultants worked closely with the Health Directors in each participating community to develop an effective approach to recruiting participants to the sessions. First Nation Chiefs received a memo introducing the project from the Health Working Committee Co-Chairs, and the consultants distributed notices to the Health Directors to post in their community health centres, include in their community newsletters, and broadly promote the sessions as they saw fit within their communities.

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<sup>1</sup> The Chief and Council of Indian Brook stated that they view everything in their community is a priority; therefore going through a prioritization exercise would not be a useful process for them.





Examples of the letter to First Nation Chiefs, the community session notice, and the community newsletter article can be found in Appendix B.

## Facilitation Process

One consultant facilitated each of the community engagement sessions. The specific facilitation method varied between communities, based on the interests of participants; however most of the sessions incorporated the following components:

- An opening and closing prayer offered by a First Nation Elder.
- Background information on the *Providing Health Care, Achieving Health* project in 2005, the recommendations from the original report, how the current process builds upon the 2005 work, and projects (e.g., Aboriginal Health Transition Fund projects) that are being delivered in First Nation communities in Nova Scotia to address the recommendations.
- Large group work<sup>2</sup> to discuss the health priorities of the community, effective initiatives for addressing the priorities, and current gaps/challenges in addressing the priorities (results were recorded on flip charts).
- A prioritization exercise where participants rated (using colored dots) their top three priorities from those recorded on the flip charts.
- A large group review and approval of the most frequently selected priorities for the community.
- A discussion of the next steps in the process and how the input from participants will be vetted and used.
- A closing reflection exercise in which participants used a ‘talking stone’ (based on a traditional talking circle) to reflect on the process used in the session, what positive outcomes they gained from their participation, and what could be changed in the future to make the process more effective.

After each session, the consultants prepared a summary of the discussion, which was circulated to the participants for review and approval.

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<sup>2</sup> Participants in several sessions chose to work in small groups when the number of participants proved too large to accommodate a large group format. At least one participant in each small group volunteered to act as a small group facilitator/recorder.





## Participants

One hundred and thirty-seven (137) people from twelve (12) First Nation communities participated in the sessions, as outlined in the following table:

First Nation Community	Number of Participants
Acadia First Nation	19
Annapolis Valley First Nation	16
Bear River First Nation	10
Eskasoni First Nation	15
Glooscap First Nation	5
Membertou First Nation	11
Millbrook First Nation	11
Paq'tnkek First Nation	11
Pictou Landing First Nation	12
Potlotek First Nation	14
Wagmatcook First Nation	7
We'koqma'q First Nation	6
<i>Total</i>	<i>137</i>

## YOUTH WEB SURVEY

Youth from each of the thirteen (13) First Nation communities in Nova Scotia were invited to participate in an online web survey held over a three-week period (March 25<sup>th</sup> – April 11<sup>th</sup>, 2008). The web survey gathered input about the health priorities of youth in their communities, as well as the health priorities for their community as a whole.

A copy of the full youth web survey can be found in Appendix C.

## Participant Recruiting

As with the community engagement sessions, the Health Directors in each First Nation community were instrumental in developing an effective approach to recruiting participants for the youth web survey. This was especially important given that it was not possible to generate a list of youths' e-mail addresses in each community.

The consultants sent web survey notices to the Health Directors to post in their community health centres, include in their community newsletters, discuss with members of their youth groups, and broadly promote the web survey as they saw fit within their communities. The Atlantic Policy Congress of First Nation Chiefs was sent a web survey notice for distribution to





the Mi'kmaq Maliseet Atlantic Youth Council, and the consultants also posted messages about the youth web survey on nine Facebook groups from First Nation communities in Nova Scotia.

As an incentive for participation, the consultants held a draw for an iPod Touch for one youth who completed the survey.

An example of the youth newsletter/Facebook notice can be found in Appendix B.

### Administration Process

The consultants (*Horizons*) worked with *iSurvey Canada* (<http://www.isurvey.ca>) to design and administer the youth web survey. *Horizons* was responsible for designing the survey questions and *iSurvey* posted and administered the survey. The project Sub-committee tested and approved the survey once it was posted online.

Since it was not possible to gather e-mail addresses for the youth in each First Nation community, the web survey used an open, non-password encrypted process. This meant that the consultants were not able to distribute e-mail messages directly to participants or use a unique password-protected link for each of the participants. Rather, an open website link was used that allowed all interested youth to complete the survey.

### Participants

Forty-nine (49) youth from the following First Nation communities participated in the web survey:

First Nation Community	Number of Participants	Percentage of Participants
Acadia First Nation	3	6.1
Annapolis Valley First Nation	2	4.1
Bear River First Nation	1	2.0
Eskasoni First Nation	5	10.2
Glooscap First Nation	2	4.1
Indian Brook First Nation	1	2.0
Membertou First Nation	9	18.4
Millbrook First Nation	5	10.2
Paq'tnekek First Nation	3	6.1
Pictou Landing First Nation	8	16.3
Potlotek First Nation	6	12.2
Wagmatcook First Nation	1	2.0
We'koqma'q First Nation	3	6.1
<i>Total</i>	<i>49</i>	<i>100.0</i>





Thirty-nine percent (16 respondents) of the youth were male and 61% (25 respondents) were female. Their ages ranged from 12 years to 20 years (average 16 years). The majority of youth (42 respondents, 84.0% of respondents) reported they were currently attending school.

## HEALTH SYSTEM WEB SURVEY

A targeted list of health system professionals/partners who work with First Nation communities were invited to participate in an online web survey held over a three-week period (March 25<sup>th</sup> – April 11<sup>th</sup>, 2008). The web survey was designed to elicit participants' feedback about the priority recommendations in *Providing Health Care, Achieving Health*. To a lesser degree, participants were also asked to provide input about their level of awareness of the report recommendations, actions taken since 2005, and what they believed is needed to address the recommendations.

A copy of the full health system web survey can be found in Appendix C.

### Participant Recruiting

The project Sub-committee provided the consultants with a targeted list of health system partners to participate in the web survey, and invitations to participate were e-mailed to partners. Those without e-mail were telephoned to discuss the web survey and faxed/mailed hard copies of the survey. Weekly reminders to complete the survey were sent to all partners who had not completed the web survey.

An example of the health system web survey invitation letter can be found in Appendix B.

### Administration Process

As with the youth web survey, the consultants (*Horizons*) worked with *iSurvey Canada* (<http://www.isurvey.ca>) to design and administer the health system web survey. *Horizons* was responsible for designing the survey questions and *iSurvey* posted and administered the survey. The project Sub-committee tested and approved the survey once it was posted online.

Since a complete list of health system partners was available, this web survey used a controlled, password-encrypted process. This meant that the consultants were able to distribute e-mail messages directly to participants, use a unique password protected link for each of the participants, send out weekly reminder notices to those who had not completed the survey, and closely monitor the response rates.







## Participants

Sixty-three (63) people participated in the health system web survey – a response rate of 35.8% (63 of 176 potential participants). Participants indicated that they worked with/represented the following First Nation communities in Nova Scotia:

First Nation Community	Number of Participants Working with/Representing Each Community	Percentage of Participants
Acadia First Nation	11	6.4
Annapolis Valley First Nation	15	8.8
Bear River First Nation	13	7.6
Eskasoni First Nation	13	7.6
Glooscap First Nation	5	2.9
Indian Brook First Nation	14	8.2
Membertou First Nation	10	5.8
Millbrook First Nation	8	4.7
Paq'tnkek First Nation	7	4.1
Pictou Landing First Nation	12	7.0
Potlotek First Nation	9	5.3
Wagmatcook First Nation	14	8.2
We'koqma'q First Nation	9	5.3
All of the Above	27	15.8
Other	4	2.4
<b>Total</b>	<b>171<sup>3</sup></b>	<b>100.0</b>

<sup>3</sup> Please note that this number is higher than the total number of health system partners who participated in the survey (63) because participants could select more than one community that they worked with/represented.





**APPENDIX B:**

**PROJECT PROMOTIONAL  
MATERIALS**







## LETTER TO FIRST NATION CHIEFS

February 19<sup>th</sup>, 2008

To Nova Scotia Chiefs:

Tripartite Forum Health Committee Co-Chairs would like to inform you that we recently initiated a project that involves visiting each First Nation community in Nova Scotia to hear from community members about their health priorities. This work builds upon the 2005 *Providing Health Care, Achieving Health* report that identified health priorities for Nova Scotia Mi'Kmaq. Our goal is to apply what we hear to continue to improve health planning, and also to share broadly what is learned with Tripartite Forum partners, First Nations communities, and other First Nations organizations.

The main focus of this work will be to ask people in First Nations communities about their health priorities through a series of community sessions. We are hoping to have these sessions completed by the end of March. The project also involves conducting a web survey with First Nations youth, and a web survey with people representing different organizations, departments, and agencies involved with First Nations communities.

Horizons Community Development Associates Incorporated ([www.horizonscda.ca](http://www.horizonscda.ca)) is contracted to conduct this important piece of work and have been advised to work with health directors in each community to identify and seek participation of community members. During each session, community members will be asked to identify community health priorities, to describe what is working well already to address the priorities, and to tell us what else they think is needed to address the health priorities. We expect the sessions to be about three hours long, and they will include a meal.

If you would like to have more information about the project or have any issues or concerns about this work being done in your community, please contact Tripartite Co-Chairs.

Sincerely,

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Darlene Paul, Mi'Kmaq Co-Chair

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Paula English, Provincial Co-Chair

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Wade Were, Federal Co-Chair





## COMMUNITY ENGAGEMENT SESSIONS FLYER



Mi'kmaq • Nova Scotia • Canada  
TRIPARTITE FORUM

### EXPLORING HEALTH PRIORITIES COMMUNITY ENGAGEMENT SESSION (*Location, Date, & Time*)

The Tripartite Forum Health Committee wants to hear from us about our health priorities for our community. There will be a discussion with members of (*name*) First Nation to gather our input on (*date, time, & location*) (lunch will be provided). Anyone who is interested is welcome to participate!

Our input will build on a process done in 2005 to gather input into the *Providing Health Care, Achieving Health* report (<http://www.tripartiteforum.com/data/PHCAH.pdf>). We can talk about whether the priorities are still the same, or whether there are new priorities we think should be the focus. The Tripartite Forum will use our input to plan health programs and services for First Nation communities in Nova Scotia.

The questions we will discuss include:

1. What are the health priorities for your community?
2. Who in your community is most affected by these health priorities (e.g., women; children; youth; adults; Elders; people with disabilities; etc.)?
3. How is your community affected by these health priorities?
4. What is working well in your community already to address these health priorities?
5. Why is this working well in your community? What has changed as a result?
6. What makes it challenging to address these health priorities in your community?
7. What makes it easier to address these health priorities in your community?
8. What is needed to better address these health priorities in your community? Why is this needed?

The information gathered in the session will be shared with Forum partners and participating First Nation communities, and will be used to help plan health programs and services for First Nation communities in Nova Scotia.





The session will be facilitated by Horizons Community Development Associates Inc. (<http://www.horizonscda.ca>). To find out more about the session, or to sign up, please contact (*name of Health Director & contact info*) or Cari Patterson at 582-7940 (call collect) or [cari@horizonscda.ca](mailto:cari@horizonscda.ca).





## COMMUNITY ENGAGEMENT SESSIONS NEWSLETTER NOTICE

### Community Input Needed! Exploring Health Priorities in First Nation Communities

The Tripartite Forum Health Committee wants to hear from us about our health priorities for our community. There will be a discussion with members of (*name*) First Nation to gather our input on (*date, time, & location*) (lunch will be provided). Anyone interested is welcome to participate!

Our input will build on a process done in 2005 to gather input into the *Providing Health Care, Achieving Health* report (<http://www.tripartiteforum.com/data/PHCAH.pdf>). We can talk about whether the priorities are still the same, or whether there are new priorities we think should be the focus. The Tripartite Forum will use our input to plan health programs and services for First Nation communities in Nova Scotia.

The session will be facilitated by Horizons Community Development Associates Inc. (<http://www.horizonscda.ca>) To find out more about the session, or to sign up, please contact (*name of Health Director & contact info*) or Cari Patterson at 582-7940 (call collect) or [cari@horizonscda.ca](mailto:cari@horizonscda.ca).





## YOUTH WEB SURVEY NEWSLETTER & FACEBOOK NOTICES

**Between the ages of 12 and 20?  
You can win an iPod touch!**

The Tripartite Forum Health Committee (TFHC) wants to hear from you about health priorities for youth, and for your community. The TFHC is doing a web survey to gather input from youth in First Nations communities in Nova Scotia. Everyone who responds to the survey will have their name entered into a draw to win **an iPod touch!** The web survey information will be used to help plan health programs and services for First Nation communities in Nova Scotia.

Please check out the following website to access the online survey:

<http://youth.isurvey.ca>

The web survey will be online from **March 25<sup>th</sup> to April 11<sup>th</sup>, 2008.**





## HEALTH SYSTEM WEB SURVEY INVITATION LETTER

Dear colleague,

The Tripartite Forum is a partnership between the federal government, provincial government, and Mi'kmaq people in Nova Scotia. Its Health Committee is gathering information about the health priorities of Mi'kmaq people in Nova Scotia, which will be used for health planning purposes by the Tripartite Forum, provincial and federal governments, and First Nations organizations. Information about the health priorities is being gathered through discussions in First Nations communities, a web survey with youth in First Nations communities, and a web survey with health system partners.

You are invited to participate in the web survey for health system partners. It will take approximately 20 minutes to respond to the survey. Your input is very important. We respectfully request that you respond on or before April 11th.

To access the web survey, follow this link:

<https://www.isurvey.ca>

This work builds upon the work done in 2005 to gather input into the *Providing Health Care, Achieving Health* report (formerly known as the NS Blueprint). The *Providing Health Care, Achieving Health* report can be found at: <http://www.tripartiteforum.com/data/PHCAH.pdf>.

Your participation in the web survey is completely voluntary, and much appreciated. If you have any questions about the research, please contact: Cari Patterson, Director Horizons Community Development Associates Inc. Phone: (902) 582-7940 Fax: (902) 582-1423 E-mail: [cari@horizonscda.ca](mailto:cari@horizonscda.ca) Web: <http://www.horizonscda.ca>.

Thank you for the contribution of your time and experience. It is very important to this work.

Sincerely,

The Horizons Team, on behalf of the Tripartite Forum Health Committee

If you experience any difficulties logging on automatically through the secure link above, you can log in directly at <http://www.isurvey.ca> with your unique username and password: (*username & password*).







## **APPENDIX C:**

# **PROJECT PROTOCOLS/ ENGAGEMENT QUESTIONS**





## COMMUNITY ENGAGEMENT SESSION PROTOCOL

### *Key Discussion Questions:*

1. What are the health priorities for your community?
2. Who in your community is most affected by these health priorities (e.g., women; children; youth; adults; Elders; people with disabilities; etc.)?
3. How is your community affected by these health priorities?
4. What is working well in your community already to address these health priorities?
5. Why is this working well in your community? What has changed as a result?
6. What makes it challenging to address these health priorities in your community?
7. What makes it easier to address these health priorities in your community?
8. What is needed to better address these health priorities in your community? Why is this needed?





## YOUTH WEB SURVEY PROTOCOL

### Introduction

*The Tripartite Forum Health Committee is gathering input from youth in First Nation communities on what health topics they believe are most important in their communities. The following web survey is your opportunity to tell us what health issues are most important to you. The information you tell us will be used to help plan health programs and services for First Nation communities in Nova Scotia.*

***One person who completes this survey will win an iPod touch!***

*If you want to be entered into this draw, please fill out the form at the end of the survey. Thank you for helping us with this very important project!*

**1. Are you between the ages of 12 and 20?**

*(Please check one option only)*

Yes

No → *End Survey*

**2. (IF YES TO Q1) What is your age?**

*(Please type in your age)*

**3. Are you currently in school (i.e., elementary, junior, or high school)?**

*(Please check one option only)*

Yes

No

**4. Do you live in a First Nation community in Nova Scotia?**

*(Please check one option only)*

Yes

No → *End Survey*





**5. (IF YES TO Q4) Which First Nation community do you live in?**

*(Please check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Acadia First Nation           | <input type="checkbox"/> Paq'tnkek First Nation      |
| <input type="checkbox"/> Annapolis Valley First Nation | <input type="checkbox"/> Pictou Landing First Nation |
| <input type="checkbox"/> Bear River First Nation       | <input type="checkbox"/> Potlotek First Nation       |
| <input type="checkbox"/> Eskasoni First Nation         | <input type="checkbox"/> Wagmatcook First Nation     |
| <input type="checkbox"/> Glooscap First Nation         | <input type="checkbox"/> We'koqma'q First Nation     |
| <input type="checkbox"/> Indian Brook First Nation     |  |
| <input type="checkbox"/> Membertou First Nation        | <input type="checkbox"/> Other (please describe)     |
| <input type="checkbox"/> Millbrook First Nation        | <input type="checkbox"/> None of the Above           |

**6. What is your gender?**

*(Please check one option only)*

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

**7. Please read the following list and check off what health issues/topics you believe are most important to the people of your community.**

*(Please check all that apply; you can check up to 8 choices)*

- |  |   |
|--|---|
| <input type="checkbox"/> Abuse (e.g., physical; sexual; emotional)   | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Access to Healthy Food                      | <input type="checkbox"/> Ongoing Care from Health Providers (e.g., doctors; nurses; etc.) |
| <input type="checkbox"/> Access to Provincial Health Programs        | <input type="checkbox"/> On-Reserve Health Care   |
| <input type="checkbox"/> Alcohol Misuse/Abuse                        | <input type="checkbox"/> On-Reserve Health Care for Non-Aboriginals                       |
| <input type="checkbox"/> Care for People Transferring to Other Bands | <input type="checkbox"/> Parenting Skills   |
| <input type="checkbox"/> Community Diabetes Education                | <input type="checkbox"/> Physical Activity & Recreation                                   |
| <input type="checkbox"/> Culturally-Appropriate Health Care          | <input type="checkbox"/> Positive Role Models   |
| <input type="checkbox"/> Drug/Solvent Misuse/Abuse                   | <input type="checkbox"/> Problem Gambling   |
| <input type="checkbox"/> Education                                   | <input type="checkbox"/> Racism   |
| <input type="checkbox"/> Elder Health Care Services                  | <input type="checkbox"/> Role of Traditional Healing/Medicine                             |
| <input type="checkbox"/> Employment                                  | <input type="checkbox"/> Self-Esteem  |
| <input type="checkbox"/> Finding Health Care Services                |   |





- |   |   |
|---|---|
| <input type="checkbox"/> Good Housing                                   | <input type="checkbox"/> Sexual Health                            |
| <input type="checkbox"/> Healthy Pregnancy Services/Programs            | <input type="checkbox"/> Suicide                                  |
| <input type="checkbox"/> Home Care Services                             | <input type="checkbox"/> Tobacco Misuse                           |
| <input type="checkbox"/> Infant/Toddler Health Services/Programs        | <input type="checkbox"/> Transportation to Access Health Services |
| <input type="checkbox"/> Injury Prevention                              | <input type="checkbox"/> Violence                                 |
| <input type="checkbox"/> Long-Term Care Services                        | <input type="checkbox"/> Loss of Culture                          |
| <input type="checkbox"/> Mental Health (e.g., stress; depression; etc.) | <input type="checkbox"/> Other (please describe)                  |
| <input type="checkbox"/> Don't Know                                     |   |

**8. Please tell us why you believe these health issues/topics are important to the people of your community.**

*(Please type in your answer)*

**9. Please read the following list and check off what health issues/topics you believe are most important to the youth in your community.**

*(Please check all that apply; you can check up to 8 choices)*

- |   |   |
|---|---|
| <input type="checkbox"/> Abuse (e.g., physical; sexual; emotional)      | <input type="checkbox"/> Positive Peer Relationships              |
| <input type="checkbox"/> Access to Healthy Food                         | <input type="checkbox"/> Positive Role Models                     |
| <input type="checkbox"/> Alcohol Misuse/Abuse                           | <input type="checkbox"/> Problem Gambling                         |
| <input type="checkbox"/> Bullying &/or Violence                         | <input type="checkbox"/> Racism                                   |
| <input type="checkbox"/> Culturally-Appropriate Health Care             | <input type="checkbox"/> Role of Traditional Healing/Medicine     |
| <input type="checkbox"/> Drug/Solvent Misuse/Abuse                      | <input type="checkbox"/> School Environment                       |
| <input type="checkbox"/> Education                                      | <input type="checkbox"/> Self-Esteem                              |
| <input type="checkbox"/> Employment                                     | <input type="checkbox"/> Sexual Health                            |
| <input type="checkbox"/> Good Housing                                   | <input type="checkbox"/> Suicide                                  |
| <input type="checkbox"/> Injury Prevention                              | <input type="checkbox"/> Tobacco Misuse                           |
| <input type="checkbox"/> Loss of Culture                                | <input type="checkbox"/> Transportation to Access Health Services |
| <input type="checkbox"/> Mental Health (e.g., stress; depression; etc.) | <input type="checkbox"/> Youth-Friendly Health Care Services      |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> Parenting Skills for Teen Parents        |
| <input type="checkbox"/> Other (please describe)                        | <input type="checkbox"/> Physical Activity & Recreation           |
| <input type="checkbox"/> Don't Know                                     | <input type="checkbox"/> Positive Family Relationships            |





**10. Please tell us why you believe these health issues/topics are important to the youth of your community.**

*(Please type in your answer)*

**11. Is there anything that is working well in your community to address the health issues/topics you just selected?**

*(Please check one option only)*

Yes

No → *Skip to Q13*

**12. (IF YES TO Q11) Please describe what is working well in your community.**

*(Please type in your answer)*

**13. What makes it challenging to address these health issues/topics in your community?**

*(Please type in your answer)*

**14. What could be done to address these health issues/topics in your community?**

*(Please type in your answer)*

**15. In the future, do you think you might be interested in working in a health profession as a career?**

*(Please check one option only)*

Yes

No → *Skip to Q17*

Don't Know → *Skip to Q18*

**16. (IF YES TO Q15) Please explain why you would be interested in working in a health profession in the future.**

*(Please type in your answer)*







**17. (IF NO TO Q15) Please explain why you would not be interested in working in a health profession in the future.**

*(Please type in your answer)*

**18. Is there anything else you would like to tell us about the health issues/topics that are important to you and/or to your community?**

*(Please type in your answer)*

*Thank you for taking the time to complete our survey!*

*If you want to be entered into the draw for an iPod touch, please fill out the following form (this information will only be used to draw a winner, and then it will be deleted):*

Your First Name:

Your Last Name:

Your Mailing Address:

Your Phone Number:

Your E-mail Address:





## HEALTH SYSTEM WEB SURVEY PROTOCOL

### Introduction

*The Tripartite Forum Health Committee is looking for input from its health system partners on the health priorities of Mi'kmaq people in Nova Scotia. This work builds upon the work done in 2005 to gather input into the Providing Health Care, Achieving Health report (formerly known as the NS Blueprint). (The Providing Health Care, Achieving Health report can be found at: <http://www.tripartiteforum.com/data/PHCAH.pdf>.)*

*This web survey is your opportunity to tell us what health issues you believe are of highest priority to the First Nation communities you work with, and to provide some direction on what issues need to be addressed as we move forward in planning for the health of First Nation people in Nova Scotia. Thank you for helping us with this very important project!*

[Please note that we are asking for your organization and title in the next two questions so that we will know whose perspective is included in the data collected through the web survey (and whether any perspectives are missing from the overall bigger picture). We will not link any comments to any individual or organization in the analysis and presentation of the data, and we will not link anyone's name to any of the data. In other words, your responses will remain anonymous, even if you have provided this information.]

### 1. Please tell us what organization you are representing.

*(Please type in your organization's name)*

### 2. What is your position/title with this organization?

*(Please type in your position/title)*

### 3. Which of the following First Nation communities does your organization work with?

*(Please check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Acadia First Nation           | <input type="checkbox"/> Pictou Landing First Nation |
| <input type="checkbox"/> Annapolis Valley First Nation | <input type="checkbox"/> Potlotek First Nation       |
| <input type="checkbox"/> Bear River First Nation       | <input type="checkbox"/> Wagmatcook First Nation     |
| <input type="checkbox"/> Eskasoni First Nation         | <input type="checkbox"/> We'koqma'q First Nation     |
| <input type="checkbox"/> Glooscap First Nation         | <input type="checkbox"/> Other (please describe)     |
| <input type="checkbox"/> Indian Brook First Nation     |  |





- |   |  |
|---|--|
| <input type="checkbox"/> Membertou First Nation | <input type="checkbox"/> All of the Above  |
| <input type="checkbox"/> Millbrook First Nation | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Paq'tnkek First Nation | <input type="checkbox"/> Don't Know        |

**4. On a scale of 1-5, with 1 being “not at all aware” and 5 being “very aware”, please rate your awareness of the recommendations outlined in the *Providing Health Care, Achieving Health* report?**

*(Please check one option only)*

- |                     |   |   |   |               |
|---------------------|---|---|---|---------------|
| 1                   | 2 | 3 | 4 | 5             |
| Not at All<br>Aware |   |   |   | Very<br>Aware |

**5. Has your organization undertaken any activities to address the health priorities outlined in the *Providing Health Care, Achieving Health* report, or has it used the report to inform its work?**

*(Please check one option only)*

- Yes
- No → *Skip to Q7*
- Don't Know → *Skip to Q7*

**6. (IF YES TO Q5) Please describe these activities and/or how the report has been used.**

*(Please type in your response)*

*We are now going to provide you with a list of health recommendations that emerged from the *Providing Health Care, Achieving Health* report. The page numbers in parenthesis after each recommendation refer to the location of the recommendation in the original report, *Providing Health Care, Achieving Health*. We have organized the recommendations around six theme areas and will ask you to please select your top three choices under each theme that you believe are a priority in supporting First Nation health in Nova Scotia. The six theme areas are: 1) child, youth, family, and Elder programs; 2) access to health care services/programs; 3) partnerships and collaborative efforts; 4) health planning processes; 5) First Nation input and leadership; and 6) health data and monitoring efforts.*





**7. The following set of report recommendations address child, youth, family, and Elder programs/services for First Nations. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- Access to mental health services, particularly in the area of crisis intervention and treatment programs for children and youth is lacking in urban and rural settings alike (pages 33 & 48).
- Residential mental health facilities for youth in Atlantic Canada, with a focus on culturally relevant prevention, education, assessment, treatment and community-based follow up is lacking (pages 33 & 49).
- Achieving health in First Nation communities requires that investments be made in their youngest residents. Greater focus on early child development, including skilled use of assessment tools that are culturally appropriate is required (pages 25 & 51).
- Early intervention programs must be in place (re: early child development) to give every child their best possible start in life (pages 25 & 51).
- Parenting education programs that are culturally relevant and delivered by trusted mentors are required, as is a more formal system of role modeling (pages 24 & 50).
- Programs that provide support to young parents to continue their education while on social assistance are needed, allowing families to fulfill their academic, employment and economic potential (pages 24 & 50).
- The role of schools as contributing to the well being of youth in creative ways must be promoted (pages 25 & 50).
- Biases in the school curriculum must be assessed to ensure a representative number of Aboriginal youth emerge from the system on a path to the sciences and health careers (pages 26 & 50).
- While cultural competency is an issue that touches almost every Aboriginal person at some point in their lives, it was pointed out that a culturally competent Elder care program may be one of the highest health care support considerations (pages 21 & 49).
- Other priority areas (please describe)





Don't know

**8. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*

**9. The following set of report recommendations address First Nation access to health care services and programs. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- The provincial primary health care cultural competence guidelines should be expanded for implementation across the health care system and Aboriginal people should continue to be involved in all levels of program design and delivery (pages 20 & 49).
- Navigation supports are lacking throughout the health care system to help people find their way to the services they need. Regardless of where the patient navigation function resides, or what their professional background, Aboriginal people must know at the very least how to access health care services and have confidence in them (pages 32 & 48).
- Although Aboriginal people are reflected in the population-based funding formula to Nova Scotia under the Health and Social Transfer, in practice, First Nations people are eligible for access to some provincial health programs but not others. A rational and consistent policy addressing this dilemma is required, to be developed in collaboration with First Nations communities (pages 23 & 52).
- Indian and Northern Affairs Canada (INAC) should follow up with First Nations groups to provide data on the magnitude of the issue of non-Aboriginal family member seeking access to service on-reserve. INAC, the First Nations and Inuit Health Branch and the province should come together and agree on appropriate funding supports and mechanisms to address this issue on the base of sound data, and; guidelines should be shared on how to apply policies soundly and consistently (pages 34 & 49).
- The issue of 'transient clients' (those who transfer temporarily to another Band within or outside of their primary province of residence) should be further explored to ensure to seamless access to care in First Nations communities and by all Aboriginal people (pages 36 & 49).





- Physician remuneration models which enable practice approaches that are relevant to First Nations populations are needed (pages 30, 37 & 48).
- Achieving family-doctor-based continuity of care is a vital aspect of an improved health care system (pages 30, 32, 42 & 48).
- Every Nova Scotian, regardless of where they live, should be confident of their access to continuing care services (pages 35, 36, & 48).
- The “Continuing Care Policy Development and Research and Costing Project” presently underway at the national level by the First Nations and Inuit Health Branch should be reviewed with a particular focus on access or impact issues for First Nations populations on reserve (pages 36 & 52).
- A policy framework should address issues of access to traditional healers within the context of Aboriginal health service delivery (pages 34, 35, & 48).
- Core funding for diabetes education programs at the community level is lacking (pages 28 & 50).
- Nova Scotia Native Women’s Association has identified the need to expand the pilot project to address more social/health issues and to expand the service to more communities (pages 27, 28, & 50).
- Based on an evaluation of the Occupational Therapy Project, presently under development between The Confederacy of Mainland Mi’kmaq and Dalhousie University’s School of Occupational Therapy program, this model should be applied to other academic programs (pages 46 & 51).
- Strategic partnerships should be developed between the Aboriginal and academic communities (colleges and universities) to create programs that speak to the needs of Aboriginal students (pages 45, 46, & 53).
- There should be greater use of such technologies as “telehealth” in First Nation communities - particularly those that limit the need for patients to leave their community to receive services, and that support greater self-care and monitoring of health conditions (pages 38 & 48).







- In general, transportation poses a barrier to some primary care services and many specialist services for Aboriginal people throughout the province. Existing transportation programs lack flexibility to address individual community needs (pages 16, 30, 38, & 49).
- The appeal process and the time of emergency drug coverage under National Insured Health Benefits is inadequate and should be extended to match the time required for appeal (pages 34 & 49).
- Other priority areas (please describe)
- Don't know

**10. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*

**11. The following set of report recommendations address partnerships and collaborative efforts to address the health of First Nations. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- Truly effective chronic disease prevention strategies lie outside the scope of the health care system and speak to social, economic and environmental influences on the wellbeing of communities, families and individuals. Appropriately resourced multi-sectoral platforms with targeted and long-term strategies are required (pages 28 & 50).
- Support is needed for models of primary care in which family doctors work collaboratively with other physicians, pharmacists and other health service providers (pages 37 & 48).
- The Tripartite Forum Health Working Committee should develop effective approaches to facilitate the engagement of District Health Authorities in its planning (pages 40 & 50).
- The Tripartite Forum Health Working Committee should develop effective approaches to facilitate the engagement of District Health Authorities in a Nova Scotia Aboriginal health strategy (pages 40, 52, & 53).





- Liaison is required between the Tripartite's Health and Education Working Committees to examine issues of mutual concern (pages 45 & 53).
- The Tripartite Forum Chair should communicate with the President of the College of Physicians and Surgeons of Nova Scotia to invite that group to partner with the First Nations and Inuit Health Branch, the province and Aboriginals to address the issue of prescription drug abuse (pages 38 & 53).
- A process should be developed to resolve issues of jurisdictional responsibilities at the provincial, First Nations and federal levels (pages 35, 39 & 52).
- Other priority areas (please describe)
- Don't know

**12. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*

**13. The following set of report recommendations address First Nation health planning processes. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- A Nova Scotia Aboriginal Health policy and ten-year plan for health, which is developed on the strength of meaningful Aboriginal input, is needed (pages 7, 40, & 49).
- There is an opportunity for the Nova Scotia Department of Health to lead the development of a Provincial Aboriginal Health Policy in collaboration with the Tripartite Forum and with close and meaningful Aboriginal engagement (pages 7, 40, & 50).
- District Health Authorities and government departments represented on the Tripartite Forum should include Aboriginal health priorities within their own business planning and reporting mechanisms (pages 40 & 52).
- Regardless of the model by which Aboriginal input is achieved in the development of health plans and policy in Nova Scotia, any Community Health Board and District Health Authority with a First Nation community within its jurisdiction should include in its





community health plan or business plan respectively the specific strategies it intends to employ to address the health needs of its Aboriginal population (pages 41 & 52).

- Opportunities for joint health planning mechanisms among groups of First Nations communities should be identified and resourced (pages 36 & 53).
- Project activity is important but should not be the basis upon which local health care systems are planned, managed and delivered. Communities require sustained “core” funding based on locally identified priorities in order to address long-term health impacts (pages 47 & 48).
- The Mi'kmaq-Nova Scotia-Canada Tripartite Forum lacks the necessary financial and human resources to achieve its full potential as a platform to contribute to policy development, long term strategic planning and relationship building (pages 40, 50, & 52).
- An emergency preparedness strategy for Aboriginal communities must be articulated with clear roles, responsibilities and resources for implementation (pages 39 & 52).
- Other priority areas (please describe)
- Don't know

**14. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*

**15. The following set of report recommendations address First Nation input and leadership issues. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- As Nova Scotia expands the scope and membership of interdisciplinary primary health care teams, Aboriginal communities must be involved in the planning and implementation of professional roles, such as midwifery (pages 31 & 49).
- Greater Aboriginal involvement is required in planning and implementing federal and provincial health programs and services (pages 40 & 49).





- Aboriginal communities must be included in the Nova Scotia Department of Health's development of a strategic framework for continuing care services and be supported in participating as a stakeholder in the public consultation process planned for 2005 (pages 35 & 53).
- A multi-pronged approach which supports and optimizes Aboriginal input at all levels of the health care system such that the principle of inclusion in policy development and decision-making is achieved is required (pages 41 & 53).
- Mechanisms to support the participation of those Aboriginal people living off-reserve must be developed, in order to ensure that their particular health concerns are addressed (pages 41, 42, & 53).
- Local leaders must be supported in guiding their communities through multi-year, holistic strategies for health, provided with global resources to implement those plans and have a political framework to implement it (pages 47 & 50).
- Community leadership should be supported in developing creative strategies to leverage assistance programs for long-term social and economic development (pages 23 & 50).
- Local leaders, especially youth, for peer health education and mentorship activities require mobilization (pages 27 & 50).
- Other priority areas (please describe)
- Don't know

**16. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*

**17. The following set of report recommendations address First Nation health data and monitoring efforts. Please read the following list and select the top three priority areas you believe need to be addressed.**

*(Please check your top three choices only)*

- New approaches to evaluation and monitoring in the realm of Aboriginal health policy and clinical practice should be customized. We need to identify contemporary indicators





that guide us to an understanding of systems for health rather than only measuring the management of illness (pages 44 & 51).

- The use of electronic patient records to achieve improved quality of patient care is needed (pages 37 & 48).
- Tripartite Forum annual reporting should mark progress being made toward a provincial vision, based on indicators of success that are measurable, evidence-based and culturally appropriate. Similarly, District Health Authorities and government departments represented on the Tripartite Forum should include Aboriginal health priorities within their own business planning and reporting mechanisms (pages 40, 51, & 52).
- Capacities need to be built and mechanisms created for First Nations communities to collect, analyze and control their own health information (pages 43, 44, & 51).
- The Drug Evaluation Alliance of Nova Scotia Program which identifies drug utilization issues, develops targeted interventions for health professionals and consumers, and evaluates the impact of interventions should be fully utilized (pages 37 & 51).
- The First Nations and Inuit Health Branch, First Nations and the province should continue to work together to flag the drugs that are being over-prescribed in the system (pages 38 & 53).
- The First Nations and Inuit Health Branch and the Atlantic Policy Congress of First Nations Chiefs should be supported in continuing to gather specific information from the communities on the issue of prescriptions not covered in the approved drug list. Data should be collected to determine the prevalence of the problem as well as the prescriptions to which it most commonly relates. As part of the solution, this should result in an education program designed to provide physicians and pharmacists with alternatives where appropriate (pages 34 & 51).
- Other priority areas (please describe)
- Don't know

**18. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

*(Please type in your response)*





**19. Do you know of any work currently being done in the First Nation communities you work with that is effectively addressing these health priorities (e.g., programs, initiatives, services, partnerships, etc.)?**

*(Please check one option only)*

Yes

No → *Skip to Q21*

**20. (IF YES TO Q19) Please describe this work and why it is effective.**

*(Please type in your response)*

**21. In your opinion, what makes it challenging to address these health priorities?**

*(Please type in your response)*

**22. In your opinion, what could be done to address these health priorities?**

*(Please type in your response)*

**23. Is there anything else you would like to tell us about the health priorities of Mi'kmaq people in Nova Scotia?**

*(Please type in your response)*

*Thank you for taking the time to complete our survey!*







## **APPENDIX D:**

# **DETAILED RESULTS OF THE COMMUNITY ENGAGEMENT SESSIONS**





## COMMUNITY ENGAGEMENT SESSION RESULTS

### Number of Participants in Each First Nation Community Session

First Nation Community	Number of Participants
Acadia First Nation	19
Annapolis Valley First Nation	16
Bear River First Nation	10
Eskasoni First Nation	15
Glooscap First Nation	5
Membertou First Nation	11
Millbrook First Nation	11
Paq'tnkek First Nation	11
Pictou Landing First Nation	12
Potlotek First Nation	14
Wagmatcook First Nation	7
We'koqma'q First Nation	6
<i>Total</i>	<i>137</i>

### Perspectives Represented by Community Engagement Session Participants

Community Perspectives Represented by Participants	Number of Participants
Aboriginal Health Transition Fund Facilitator/Coordinator	2
Aboriginal Language Incentive Project Coordinator	1
Administrative Assistant	1
Band Administrator	2
Band Councillor	10
Capital/Housing Manager	1
Chief	3
Children's Oral Health Initiative Coordinator	1
Community Addictions Counsellor	3
Community Health Adult Care	3
Community Health Nurse	10
Community Health Representative	5
Community Member	23
Community Water Monitor	2
Construction Supervisor	1
Consultancy/Advisory Services	1
Continuing Care Assistant	1
Counseling Therapist	1
Daycare Director	1





<b>Community Perspectives Represented by Participants</b>	<b>Number of Participants</b>
Dental Therapist	1
Director of Education	1
Early Interventionist	1
Economic Development Officer	1
Education Director	5
Elder	4
Employment/Training Officer	1
Environmental Tech Services	1
Family Resource Centre	1
First Nation & Inuit Health Community Development & Liaison Officer	1
Fisheries Coordinator	1
Graphic Artist	1
Health Administrator	1
Health Board Member	3
Health Director/Coordinator	6
Health Information Evaluation Coordinator	1
Health Manager	1
Healthy Lifestyles/Wellness Coordinator	3
Home Care Coordinator	4
Home Care Director	1
Home Care Nurse	1
Home Care Worker	1
Janitor	2
Maternal & Child Home Visitor/Worker	2
Medical Office Assistant	1
Medical Transcription Clerk	1
Native Alcohol Drug Addictions Counselling Association Worker	4
Native Student Advisory	1
Physiotherapist/Acupuncturist	1
Receptionist	1
Recreation Director	1
Researcher	1
School Custodian	1
Social Development Clerk	2
Social Development Officer	1
Work Experience Student	1
Youth	1
Youth Coordinator/Support Worker	3
<i>Total</i>	<i>137</i>



Appendix D: Detailed Results of the Community Engagement Sessions  
Community Engagement Session Results



## TOP FIVE PRIORITIES BY COMMUNITY

Community	Top Five Priorities
Acadia First Nation	<ul style="list-style-type: none"> <li>• NIHB coverage/funding;</li> <li>• Mental health;</li> <li>• Health promotion education;</li> <li>• Access to traditional healers;</li> <li>• Addictions.</li> </ul>
Annapolis Valley First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Elder care/services;</li> <li>• Health promotion education;</li> <li>• Discrimination/racism; and</li> <li>• Services for non-Natives living on-reserve.</li> </ul>
Bear River First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Discharge process/planning;</li> <li>• Transportation;</li> <li>• Patient navigation; and</li> <li>• Health care services for members of other Bands.</li> </ul>
Eskasoni First Nation	<ul style="list-style-type: none"> <li>• Income/poverty;</li> <li>• Access to health care (i.e., people “falling through the cracks”);</li> <li>• Addictions/substance abuse (prescription drug abuse);</li> <li>• Culture/language; and</li> <li>• Mental health.</li> </ul>
Glooscap First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Addictions;</li> <li>• Transportation;</li> <li>• NIHB coverage/funding; and</li> <li>• First Nations power to address community issues.</li> </ul>
Membertou First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Early intervention services;</li> <li>• Recreation/physical activity facility;</li> <li>• Elder care/services; and</li> <li>• Addictions.</li> </ul>
Millbrook First Nation	<ul style="list-style-type: none"> <li>• Addictions;</li> <li>• Parenting skills/life skills;</li> <li>• Mental health;</li> <li>• Physical activity; and</li> <li>• Nutrition and healthy eating.</li> </ul>





Community	Top Five Priorities
Paq'tnkek First Nation	<ul style="list-style-type: none"> <li>• Funding for health care programs;</li> <li>• Family violence, unhealthy relationships, and lack of respect;</li> <li>• Mental health and self-esteem issues;</li> <li>• Diabetes; and</li> <li>• Elder care/services.</li> </ul>
Pictou Landing First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Addictions;</li> <li>• Education;</li> <li>• Communication; and</li> <li>• Language and culture.</li> </ul>
Potlotek First Nation	<ul style="list-style-type: none"> <li>• Mental health;</li> <li>• Substance abuse;</li> <li>• Healing/coming together as a community;</li> <li>• Infant mortality; and</li> <li>• Long-term stable funding for culturally appropriate services.</li> </ul>
Wagmatcook First Nation	<ul style="list-style-type: none"> <li>• Education;</li> <li>• Housing;</li> <li>• Addictions (and other lifestyle choices);</li> <li>• Income; and</li> <li>• Transportation to services.</li> </ul>
We'koqma'q First Nation	<ul style="list-style-type: none"> <li>• Healthy lifestyles;</li> <li>• Health promotion education/communication;</li> <li>• Culture;</li> <li>• Community volunteer (i.e., “sharing the load”); and</li> <li>• Patient navigation.</li> </ul>



Appendix D: Detailed Results of the Community Engagement Sessions  
Top Five Priorities By Community



## Exploring Health Priorities Community Engagement Session Acadia First Nation Discussion Summary – April 3, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Non-insured health (11 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Non-insured health – not covering enough.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders – drug coverage, diabetes, assistance with home care, travel to appointments.</li> <li>• Elders &amp; disabled:                             <ul style="list-style-type: none"> <li>○ Require more medications that may not be covered.</li> <li>○ Transportation to and from nursing care.</li> </ul> </li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Members getting sicker because they are unable to get services or medications needed.</li> <li>• Other programs go without funding or attention.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The Band will cover medical requests- Elders and community members.</li> <li>• Medical transportation paid by non-insured for specialists (transportation, lodging, meals).</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• The Band Administration is willing to help out, over and above, when a community member needs help.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of funding.</li> <li>• Pilot projects go to Bands with larger populations.</li> <li>• Funding (only funded for on service – we do for on &amp; off).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Uses funding for both on and off reserve.</li> </ul>







<b>Health Priority: Non-insured health (11 dots)</b>	
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More funding – federal government has a fiduciary responsibility to fund Aboriginal people.</li> <li>• Less cuts by federal government, not only funding but services, medications, etc.</li> </ul>
<b>Health Priority: Mental health/addictions (9 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Mental health.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Youth/young adults.</li> <li>• Women.</li> <li>• Men.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Stress and anxiety levels rise.</li> <li>• Higher welfare rates – unable to work because of addictions or mental health, poor health.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Mental health worker in Gold River.</li> <li>• NADACA (Native Alcohol &amp; Drug Abuse Association) in Yarmouth.</li> <li>• Rose Purdy – Drug &amp; Alcohol Addictions NADACA.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Helps mental health.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Peoples' pride (not wanting everybody knowing their business).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address</b>	<ul style="list-style-type: none"> <li>• Resources.</li> </ul>





<b>Health Priority: Mental health/addictions (9 dots)</b>	
<b>this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More staff (qualified).</li> <li>• More cultural connections – worker hired to facilitate cultural awareness and activities.</li> </ul>
<b>Health Priority: Education (9 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Education – around physical well-being.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Not specified.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Various workshops to education.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• People benefit from it.</li> <li>• Enjoy it.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Getting people to attend workshops.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Health centre staff.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More staff (qualified).</li> </ul>





<b>Health Priority: Traditional Healers (6 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Traditional healers – lack of healers &amp; coverage of costs.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of funding.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More funding.</li> </ul>





## Exploring Health Priorities Community Engagement Session Annapolis Valley First Nation Discussion Summary – April 8, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Mental Health (9 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Mental health.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• Teens are the main focus for mental health, especially given suicide rates among First Nation youth in general.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• There are some support groups off reserve that may be helpful for people dealing with some issues.</li> <li>• There is a youth group and a youth worker in the community.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Sometimes we don't know what is available, even though there may be some off-reserve supports that could be helpful.</li> <li>• Depending on the way suicide information is shared, it can make some youth think about it when they wouldn't have otherwise. Information about suicide has to be appropriate, so this doesn't happen (we don't want to put ideas in their heads).</li> <li>• When children leave the community to go to school, their self esteem goes down because they</li> </ul>





<b>Health Priority: Mental Health (9 dots)</b>	
	<p>experience racism and discrimination.</p> <ul style="list-style-type: none"> <li>• Wait times for accessing mental health services mean that people don't get service when they need it, and when they do finally get to see someone, they either don't need the support any more, or don't want it any more.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need mental health resources and service that are <u>timely, culturally appropriate &amp; accessible</u>.</li> <li>• We need to be able to work with teens to increase their self confidence.</li> <li>• We need a mental health worker <u>on the reserve</u> at least once a week.</li> <li>• It would be good to have a teen counselor – someone who can relate to youth and they can relate to, who understands mental health issues affecting youth.</li> </ul>

<b>Health Priority: Aging Population Requires More Services (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Aging population requires more service.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People who are aging.</li> <li>• People who have medical conditions.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• As people age and need more services, more funding will be needed to cover the services. The Band does not have the funding to cover these services, and the Band's funding keeps decreasing.</li> <li>• Some people have to go off reserve to get the services, and then they are away from their community and their family.</li> </ul>







<b>Health Priority: Aging Population Requires More Services (7 dots)</b>	
	<ul style="list-style-type: none"> <li>• When elderly people go into nursing homes, etc off reserve, they usually give up, and they die within a couple of months.</li> <li>• Sometimes people don't have transportation to get to medical services off reserve, even if they are willing to go and can get in.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Jurisdictional issues – who is responsible for what? It's not clear whether - or where - people can get help putting supports in place (e.g. wheelchair ramps) so they can stay in their homes.</li> <li>• It might be easier to build a facility on the reserve where several people who need supports (assisted living) can live together and share resources/supports, but people want to stay in their own homes.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Knowing that the aging population is increasing, and knowing that in 10 years people will have to access more services, planning ahead now would help us prepare and be ready when people do need more services.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Transportation to medical appointments.</li> <li>• Sufficient funding for the Band to cover the services people need/will need.</li> <li>• Planning ahead so we are prepared to deal with the increased need for services we know is coming.</li> </ul>







<b>Health Priority: Health Education (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Health education.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• If we can focus on youth, we can prevent them from developing health issues.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People are not as healthy as they could be if they understood the importance of looking after themselves.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• People have very unhealthy habits and it's hard to get them to change.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Having health information available.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need to be able to educate people about health issues – for example, healthy diet, importance of exercise, the proper way to take medication (understand and follow prescriptions accurately), the harmful effects of drug abuse, smoking, and alcohol during pregnancy.</li> <li>• We need more awareness in general about health and how important it is for people to look after themselves.</li> </ul>





<b>Health Priority: Discrimination (5 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Discrimination.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone in the community is affected.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• It is a mental/culture shock for people to go off reserve for supports and services in the community. If people are unstable, or have mental health concerns, they need the services they access to know they are Aboriginal, so the services providers can appreciate their perspective. This is hard enough to deal with when people are feeling healthy, let alone when they are not feeling good.</li> <li>• Some parents (from off-reserve) won't let their children play with our children because of racism.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• There is a lot of ignorance about our way of life. In school, children learn about how we lived back in the day, not how we live today. For example, some people think they are not allowed on reserves, and that we still live in tipis without electricity, etc.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Reduce racism.</li> <li>• Increase people's understanding about First Nations people and how we live.</li> </ul>





<b>Health Priority: Services/Supports for Non-Native People Living On Reserve (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Services/supports for non-native people living on reserve.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Non-Native people living on reserve with Native partners/children.</li> <li>• The whole community is impacted.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The Band doesn't have funding to provide services to Non-Native people, and no one else covers costs for them as long as they are living on reserve. How is their health supposed to be looked after?</li> <li>• If a Non-Native's partner dies, the non-Native would lose their home and have to move off the reserve. (Some changes to the Indian Act vis-à-vis the Charter of Human Rights and Freedoms may be changing this). Even if this didn't happen, if the Chief &amp; Council weren't good, they could make the person's life on the reserve a living hell – this shouldn't be left up to chance.</li> <li>• Communication about the rights of and services for non-Natives living on reserve is very poor – Chief &amp; Council are not informed about the regulations, and can't them inform people in the community. Furthermore, Chief &amp; Council express their concerns, but they fall on deaf ears.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Jurisdictional issues: off reserve service providers and organizations think that the Band covers the costs of services for Non-Natives living on reserve, so the off reserve organizations do not cover the costs. In fact the Band does not receive funds for this.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address</b>	<ul style="list-style-type: none"> <li>• Clear funding arrangement for services for non-Natives living on reserves.</li> </ul>





<b>Health Priority: Services/Supports for Non-Native People Living On Reserve (4 dots)</b>	
<b>this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Communication between Chief/Council and the appropriate level of government about the rules.</li> </ul>
<b>Health Priority: NIHB Coverage (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• NIHB coverage.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Coverage for drugs changes, and we don't know what is going to be covered (e.g. someone could be taking a drug that's been covered for the past five years, then suddenly when they go to renew their prescription, the drug isn't covered).</li> <li>• Sometimes coverage changes to include only generic drugs and they may not always work as well for some people.</li> <li>• When our meds aren't covered, we end up paying for them out of our own pockets because we need them. That takes away money from other things we need.</li> <li>• The 'prior approval' process doesn't work – a pharmacist/doctor has to write NIHB to advocate for a non-generic drug if that will work better, because even if the drug is approved, you have to wait too long to get the approval – meantime you need the medication.</li> <li>• Sometimes NIHB won't pay dispensing fees – not sure whether this is an overall change, or it just occurs in some cases.</li> <li>• In terms of dental coverage, dentists can't wait for NIHB to pay the coverage because it takes too long. So they charge us up front, and we can't afford it. In one case a family is expected to cover the costs of three sets of braces (\$20,000) up front, and get half reimbursed when the braces go on their kid's teeth and the other half when the braces come off – years later! How are people supposed to cover these costs??</li> </ul>
<b>What is working well in your</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>





<b>Health Priority: NIHB Coverage (3 dots)</b>	
<b>community already to address this health priority?</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• NIHB doesn't coordinate with other drug plans to make sure that between them they cover more, instead of covering the same thing. So if someone's partner has health insurance coverage and we are on it, the coverage covers the same thing NIHB covers, plus since the other company is the first co-pay, we have to pay a \$5 fee.</li> <li>• Doctors are generally too busy to do the paperwork needed – some charge a \$15 fee for completing the forms, and we have to cover those costs ourselves.</li> <li>• Sometimes you have to wait quite a while for a doctor's appointment – so even if the doctor can fill out the forms and we can pay the fee, it takes too long to get the forms filled out when we need them.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Someone to help navigate this system. There is now someone in place but it's new so it hasn't helped us yet. It's important that this person speaks in user-friendly (non-jargon, non-technical) terms that everyone can understand.</li> <li>• If NIHB trusts our doctors and don't challenge what they prescribe because the NIHB doctor (who doesn't know the patient) disagrees with what the doctor (with whom we have a relationship) prescribes.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Clear communication about what is covered by whom (NIHB? INAC?) and how it all works – Chief &amp; Council are confused, we're confused, off reserve service providers are confused.</li> <li>• It would help to have a liaison person come to each reserve to work all this through and be available to help make things clear and answer questions when needed.</li> </ul>







<b>Health Priority: Home Care/Supports (0 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Home care/supports.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders.</li> <li>• People recovering from illnesses.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Resources are not available for Band members who need supports to stay in their homes.</li> <li>• If people go off reserve for supports (e.g. nursing homes) they are covered by the public system. Need supports for people to stay in the community and get the supports they need.</li> <li>• (One example of a young woman staying in the hospital because she can't return to her home on the reserve – she was being abused there. As long as she refuses to return to her community, she is in the hospital. She needs to be able to return to her community and get the supports she needs).</li> </ul>
<b>What is working well in your community already to address these health priorities?</b>	<ul style="list-style-type: none"> <li>• Meals on Wheels (there is a fee but it still helps).</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Home care supports for people to stay in their homes.</li> </ul>







## **Exploring Health Priorities Community Engagement Session Bear River First Nation Discussion Summary – April 10, 2008**

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

Participants expressed concern that this process was not including off-reserve First Nations members. (Note: off-reserve members are participating in a separate process). This does not recognize the governance responsibility of Chief & Councils for all their members regardless where they live.

Chief Theresa Meuse provided additional background on the 'Blueprint Process' because of her experience in the process at the time. She expressed concern that none of the dollars have come directly to First Nations communities to deal with health issues.

Concern was also expressed that once priorities are identified, programs and services that develop and/or are implemented are not First Nations driven and specific. Rather that they will then become part of provincial global programming.

There is a need to ensure that small communities' voices are heard and resources/programs are equitable.

There is a need for resources for engaging in decision-making – in local and regional planning. Citizen engagement should be considered a First Nations determinant of health.

Participants encourage the Tripartite Forum to communicate the results back to communities. They would also like to see common rural issues highlighted.





<b>Health Priority: Mental Health (8 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• All health issues in our community are deemed as a priority is based on a “Quality” not “Quantity” concept. Every community member is equally important when dealing with health issues.</li> <li>• Mental Health/well-being.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Lack of human and financial resources affect how we can and do respond to the health priorities. This in itself causes us to do the best we can with what we have to work with. May not always meet our overall need.</li> <li>• Everyone is family.</li> <li>• Crisis has an impact on whole community.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Working within the concept of a Holistic approach to Health. This opens opportunities to learn how everything is interconnected and that one cannot be fixed without looking at the whole picture. Holistic provision of health options to wellness is one example of how this works well.</li> <li>• Community will come together to provide support to someone.</li> <li>• People will receive the service they need.</li> <li>• Community has independent attitude to try to make something happen.</li> <li>• Healing services – programs such as massage therapy, reflexology, acupuncture; spirituality.</li> <li>• Have services in place that people have expressed interest in.</li> <li>• Provide programs and services before crisis.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Holistic approach has provided a new way of thinking about health - individually and as a community. Example: mental wellness is more than medical treatment. It involves changing their way of thinking. For example, having a stronger spiritual growth contributes to mental wellness.</li> </ul>





<b>Health Priority: Mental Health (8 dots)</b>	
	<ul style="list-style-type: none"> <li>• Responding to community.</li> <li>• Flexibility.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of human and financial resources. Do not have enough human resources to meet the need for providing the alternative methods to achieving mental wellness. Also, lack of space prevents having more than one healing method available at a time.</li> <li>• Mental health works on a business plan model. There are a number of people who can't afford private services.</li> <li>• Need for what is protocol when there is a critical incident.</li> <li>• Services are centralized – not available in community.</li> <li>• Federal department insensitivity – e.g. looking for stats shortly after a crisis.</li> <li>• Mental health is low priority to DHA in this geographic area.</li> <li>• Broader policy – affecting individuals. Not thinking about health from the broader “team” or holistic perspective.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Willingness of people wanting to use these services. We do have a space available although limited.</li> <li>• More funding and flexibility.</li> <li>• Creativity.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More funding helps with providing more services and could help with providing more options i.e. Naturopaths and the methods they can use but has a cost factor. Natural Supplements, detoxification methods that is linked to the mental wellness. Help mend the physical body and you increase the mental state of an individual. Gives more choice to those in need.</li> <li>• More space would mean we can offer more services at one time which helps meet the demand for services.</li> <li>• Community needs to know how to deal with issue – appropriately.</li> </ul>





<b>Health Priority: Mental Health (8 dots)</b>	
	<ul style="list-style-type: none"> <li>• Need for referrals from Halifax if someone is given a diagnosis.</li> <li>• More education of community – taking care of self.</li> <li>• Concern re access to services for youth.</li> </ul>

<b>Health Priority: Discharge Planning/Process (6 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of discharge planning. No process in place. Have a process in theory but is not put into practice.</li> <li>• Patient Assistance (i.e. Interpreter of medical jargon and treatment/care/asking the right questions) Makes it hard to plan when patient gets back into the community with out clear understanding.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone – community and Band employees.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Hospital(s) tell patients nothing on discharge.</li> <li>• People don't know when to ask questions/don't know what to do.</li> <li>• Hard to plan for after care when patient is unclear.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• We have a CHN that goes over and beyond their duties to help.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• The CHN becomes part of the community and has gained the trust of the members. Patients would prefer the help of our CHN versus an unknown VON. More people approach our CHN for help.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• CHN program is limited to delivery of care due to limited working hours and funds to be paying overtime.</li> <li>• Lack of communication between hospital and patients and family members.</li> </ul>





<b>Health Priority: Discharge Planning/Process (6 dots)</b>	
	<ul style="list-style-type: none"> <li>• No 'care'.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Having Health Canada people willing to help and work with us to help improve areas that meet our need.</li> <li>• Developing own information sheet/checklist for community members.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Funding for patient home care that allows us to have control of who provides this service in our community. Would allow us to meet our community need versus being part of a system that does meet our needs, especially in the area of cultural understanding and practice.</li> <li>• Patient Navigator – before going in hospital/when booked and before they are discharged – between tertiary hospitals and patients coming from small communities.</li> <li>• More information.</li> </ul>

<b>Health Priority: Transportation to Health Services (6 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Innovated alternatives for medical transportation that meet our need.</li> <li>• Transportation to health services.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Whole community – especially those that don't drive or don't have a vehicle.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Health Canada transportation program doesn't fit a community of this size. Program is limited and doesn't cover time drivers wait, going to the drug store, increased price of gas.</li> <li>• People working in the Health Centre are spending time trying to find rides for people.</li> <li>• Insurance requirements limiting number of people willing to drive.</li> <li>• People aren't getting to their appointments or services.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• There is nothing working well. We don't even have a medical carrier driver.</li> </ul>







<b>Health Priority: Transportation to Health Services (6 dots)</b>	
<b>health priority?</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• We cannot provide comment to this as it does not work well.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Health Canada policy.</li> <li>• Insurance.</li> <li>• Funding.</li> <li>• Lack of medical carrier drivers or those willing to be as a result of policies.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Our reality is we have no easier way of addressing this.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Community Vehicle – prevents depreciation of personal vehicles.</li> <li>• Closer access to services instead of travelling to Kentville or Yarmouth – 1 ½ hours away. Would help in finding someone to take them, if more local.</li> <li>• Salaried driver(s).</li> <li>• Changes to policy – flexibility.</li> <li>• Consider having one care in the community that could be used for health appointments and/or social opportunities.</li> </ul>

<b>Health Priority: Navigating ‘the System’</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Having someone to help navigate that has cultural understanding and appreciation for customs, community living, etc.</li> <li>• Understanding and navigating through the health system.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People with low incomes.</li> <li>• People with terminal illnesses.</li> </ul>







<b>Health Priority: Navigating ‘the System’</b>	
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Emotional rollercoaster.</li> <li>• Stress and stress of travelling to the city.</li> <li>• Lack of care – low, low level of caring.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Annapolis Health Centre – working, but not working well.</li> <li>• Post-natal care.</li> <li>• Muriel (CHN) and the Bear River Health Centre.</li> <li>• Community pulls together when needed – support and fundraisers, as needed.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Trying to find the answers and support people and their families. Nothing has really changed because we have become accustomed to doing business like this no matter what.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• There is a misconception that these services are not needed because it is taken care of on reserve.</li> <li>• Health providers (off reserve) changing plans without communicating.</li> <li>• Lack of supplies needed (e.g. dressings for someone leaving hospital).</li> <li>• Follow-up- requisitions not being followed up on.</li> <li>• Lack of referrals to services needed after discharge, e.g. Home Care, Cancer Care.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Community is made of people who have big hearts and pull through in time of need but still may not meet the overall need.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Avoid navigators who have no appreciation or understanding of our culture. Avoid having the community spend time educating instead of having navigator doing actual work needed.</li> <li>• Clone Muriel CHN☺.</li> <li>• A navigator – if there was a navigator, provide resources to First Nations communities to do it.</li> <li>• Follow-up services.</li> <li>• Consider what can be included in training of Doctors and health care professionals.</li> </ul>





Other issues identified but not worked on included:

- Access to service if not living in own area – have Band # but can't receive service from/at another band (2 dots).
- Access to Lifeflex (multi-use physical activity complex in Cornwallis) because of cost.

Additional feedback:

- Focus on small community. Most developments occur for the larger community but do not work for the smaller populated one. This gets back to the concept of “Quantity” versus “Quality”.
- Being recognized as a “Citizen of this Province” with special consideration given to our uniqueness and ability to develop within our own community.
- Two major contradictions:
  1. Cannot provide services for non-First Nations on reserve (and funding is not provided) which fragments holistic perspective on the family unit as well as the community as a whole. Yet other INAC programs such as Education require that non-First Nations be served.
  2. Cannot provide services to First Nations living off reserve though under local jurisdiction. This results in inequitable services and due to the lack of communication and information sharing, continuum of care is fragmented and/or referral services are limited.





## Exploring Health Priorities Community Engagement Session Eskasoni First Nation Discussion Summary – April 11, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Poverty (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Poverty.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children are hungry, affecting health, can't afford to buy healthy, natural foods.</li> <li>• Children, Elders, single parents, mothers.</li> <li>• All age groups.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Depression, suicide, chronic disease, alcohol &amp; drugs, crime.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Poverty.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Nothing.</li> </ul>
<b>What is needed to better address</b>	<ul style="list-style-type: none"> <li>• For Chief &amp; Council to be more available to hear concerns.</li> </ul>





<b>Health Priority: Poverty (7 dots)</b>	
<b>this health priority in your community? Why is this needed?</b>	

<b>Health Priority: People Falling Through the Cracks in Health Care (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• People falling through the cracks in health care.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People with disabilities – mental health issues and physical (restrictions/institution).</li> <li>• All important – all have problems.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Not enough services, programs – need for more programs, more money/fund for how we would like to see things different.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Native workers/native educated workers.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Funding – need for more funding.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• People – who want to make things happen and to get it done.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Money/funding.</li> </ul>





<b>Health Priority: Prescription Drug Abuse (5 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Prescription drug abuse.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone in the community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The problems identified all collaborate with one another. Such as prescription drug abuse causes many mental health issues within the community. There have been many suicide attempts/successes, school drop outs, child welfare problems (such as neglect, parental issues).</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• NADACA.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• NADACA promotes drug/alcohol free lifestyle beginning with children/youth with activities such as swimming, dance.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of funding, good leadership, education and interested individuals.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Better communication between community, organizations, government.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More programs, more funding, more emphasis on recruitment of Mi'Kmaq/Aboriginal doctors, nurses, dentists. There should be more Mi'Kmaq/Aboriginal programs (health) for interested individuals.</li> </ul>







<b>Health Priority: Lack of Cultural Knowledge (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of cultural knowledge re: diabetes – distance and poverty.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• All age groups.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Depression, suicide, chronic disease, alcohol &amp; drugs, crime.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Diabetic clinic.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Diabetic – aboriginal worker community members, fluency in Mi'Kmaq, readily available.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Nothing.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>







#### Fifth priority:

- Hunger – children are hungry; poor nutrition (3 dots)
- Long term care facility need (3 dots)
- Mental health – need for more support (3 dots)
- Promotion of healthy lifestyles – leading to fitness (3 dots)

Following the circulation of the draft notes, the following additional points were forwarded for inclusion:

- A limited meal program currently exists funded by the Gaming Commission. A number of home care clients receive meal preparation in their homes.
- A Food Bank in the community recently closed.
- There is a great need for all aspects/levels of continuing care.
- People dealing with mental illness are in particular need in the community in all areas of the medicine wheel.
- Issues of interagency cooperation need to be addressed so that gaps in services and people's holistic health needs can be addressed. This can include standardizing consent forms and addressing privacy.
- Openness regarding Band programs and services is important and is a concern.
- Community Health Representatives are an important part of health services. Their training and skills need to be utilized in an effective way. Similarly the health liaison's role needs to be clear.
- Having additional Mi'kmaq health professionals is very important.





## Exploring Health Priorities Community Engagement Session Glooscap First Nation Discussion Summary – April 3, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

**There is one consensus priority that is underlying and integrated into each of the priorities identified: First Nations people have to be at the centre of – and in control of - the systems that are supposed to be supporting us. We need to talk the talk because we walk the walk. We need to have decision making power over the systems and policies that affect our lives. We need people who have a vested interest in the well-being of First Nations communities and who understand our experiences directly to be at the heart of and driving processes and the system, making decisions that are good for us. The Aboriginal Health Human Resources Initiative (AHHRI) is a good example of an initiative designed to address this challenge within the health care system. This kind of solution is needed for all systems affecting the lives of First Nations people.**

<b>Health Priority: Mental Health &amp; Addictions (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Mental health &amp; addictions.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Main concern is prescription drugs – people are double-doctoring.</li> <li>• Most people who are mentally healthy do not have addictions, so mental health and addictions should always be tied together.</li> <li>• NIHB is being drained by double-doctoring and prescription drug abuse, so fewer funds are available for other coverage.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• Having a NADACA worker as a support person helps people.</li> <li>• Electronic patient records make it harder to double doctor.</li> </ul>





<b>Health Priority: Mental Health &amp; Addictions (4 dots)</b>	
<b>health priority?</b>	<ul style="list-style-type: none"> <li>• The NIHB system is identifying double-doctoring.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• People can go to someone they know from their own community for support.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Doctors are prescribing narcotics to people – what problems do people have to present with in order to get these prescriptions?</li> <li>• NADACA workers have to see people five times before they are allowed to refer people for mental health &amp;/or addictions treatment.</li> <li>• Lack of transportation makes it hard to get services to help people deal with addictions. NADACA workers are not allowed to transport people to services (e.g. detox) and the closest detox centres are Middleton and Halifax. They are not insured to drive people, and not supposed to even if they incur the cost of the insurance themselves. Without public transportation, NADACA workers are forced to suck up the costs themselves to get the person to the services they need. This would not happen if First Nations people were administering the program.</li> <li>• NIHB will fund travel for some services, but it is very difficult to navigate the system to help people get funding for travel to the services. NIHB will not, for example, fund NADACA workers to get people to services, and will pay families only a very low km rate if they take their family member to services. If an advocate has this much difficulty connecting people to the services, most people would just give up if they were trying to do this on their own.</li> <li>• Without Internet access, it is difficult to get access to forms etc that are needed to make referrals, and to request them by mail delays the process even more, making it very difficult for people to maintain their motivation to get help for addictions and mental health challenges.</li> <li>• Narcotic drugs are covered through NIHB, but some antibiotics are not – this is contributing to prescription drug abuse.</li> </ul>





<b>Health Priority: Mental Health &amp; Addictions (4 dots)</b>	
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Need more work to educate doctors about prescription drug abuse.</li> <li>• Need to eliminate the complications with transportation and getting people to the services they need.</li> <li>• First Nations people need to be running our own systems – we would not be facing many of these challenges and complications if we were making the decisions and the rules about how the system operates.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Need Native youth treatment centres (closest one is in NL).</li> </ul>

<b>Health Priority: Transportation (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Transportation.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone in the community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• We cannot access a public transportation system from the reserve – the closest access point is Hantsport.</li> <li>• We have no medical drivers to help people get to and from medical appointments. People do not have transportation to get to medical services (e.g. bone scans are done only in Halifax or Lunenburg).</li> <li>• Youth cannot access off-reserve recreational opportunities.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Pharmacy in Hantsport will deliver prescription drugs to the reserve.</li> <li>• Blood collection is done on the reserve. Even though we have to pay \$10 for the service –</li> </ul>





<b>Health Priority: Transportation (3 dots)</b>	
	which we shouldn't have to – it's still cheaper than having to take a taxi because we don't have a public transportation option to get to the pharmacy.
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>Some people will not pay the costs of blood collection on reserve or paying for gas to get to the city or the South Shore for medical services because they can't afford it or they choose to use the money for something else, when other people (off-reserve) are getting the service for free.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>Funding to cover transportation costs.</li> <li>Service providers coming to the reserve.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>

<b>Health Priority: NIHB Funding (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>NIHB funding.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>All community members of all ages.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>Coverage keeps changing, and we never know for sure whether a particular thing will be covered from one month to the next. For example, smoking cessation drugs used to be covered, but they are not covered now. Why wouldn't they be (especially considering narcotics and addictive medications <u>are</u> covered, and leading to prescription drug abuse??)</li> </ul>







<b>Health Priority: NIHB Funding (3 dots)</b>	
	<p>Shouldn't the system be helping people reduce dependency on addictive substances?)</p> <ul style="list-style-type: none"> <li>• Payment to service providers is very slow, so some (e.g. dentists) have now started asking individuals to pay up front because they can't afford to wait for reimbursement from NIHB. This means people are having to either do without other necessities so they can cover the costs for services until NIHB reimburses the service provider, or go without service because they need the money for other things.</li> <li>• Some necessary services are not covered (e.g. dental services are covered only if the problem interferes with people's ability to eat). If something is considered 'cosmetic' (by NIHB), it will not be covered. What about crooked teeth and how that affects the self esteem and well being of a young person? It's not only cosmetic and we should be the ones to decide what services are necessary.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Some good pharmacists will call doctors directly if a prescription isn't covered, and suggest something else. This comes down to an individual being willing to do it though, not to the way the system is designed to make sure we get the prescriptions we need promptly.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• You wait 2-3 weeks to get into your doctor, then they prescribe something you need, you go to the pharmacy to get it, and you find out that it's not covered. So you have to make another appointment to go back to your doctor so you can get a different prescription, wait another couple of weeks, then go back to the pharmacy.... Meanwhile you're getting sicker and sicker, and treatment could end up costing more. Or you end up paying for the drug yourself even though you can't afford it, because you know you need it to get better. This means you have to go without other things.</li> <li>• Or people end up coming to the Band for funds to cover drugs and the Band doesn't have the funding to cover the costs.</li> </ul>







<b>Health Priority: NIHB Funding (3 dots)</b>	
	<ul style="list-style-type: none"> <li>• Sometimes doctors are forced to prescribe generic drugs because they are cheaper and NIHB will cover them, even though these drugs may not work as well as brand name drugs in some cases. Doctors have to be able to prescribe the medications that will help us get better. Some doctors will insist on a particular drug vs. generic, but again, that comes down to whether an individual service provider is willing to advocate for her/his patient.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• If First Nations people had control of the NIHB system, we would make it work for our communities (for example, we would pay promptly so that service providers wouldn't have to ask individuals to cover the costs).</li> <li>• Services not covered under NIHB are covered by other insurance companies. Why shouldn't NIHB cover the same services?</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We (First Nations people) need to have control of the system.</li> <li>• Coverage needs to be consistent and fair.</li> </ul>

<b>Health Priority: Funding</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Funding.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• We don't receive enough funding to cover our staff (for example, the Band has to use some of its funds to cover some staff positions in the Health Centre).</li> <li>• We don't have funding for recreational facilities, to keep our youth active and healthy and give them something to do (and we don't have access to public transportation to get them to off-reserve activities).</li> </ul>





<b>Health Priority: Funding</b>	
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>The Band came up with funds to put in a pool in the community.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>There are a lot of single parents in the community – having a recreational facility (pool) on the reserve means that their children can participate.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>Funding for recreational programs for youth – e.g. recreation centre and programming staff.</li> </ul>

<b>Health Priority: Status of First Nations Status</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>Status of First Nations status.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>The entire community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>People living on the reserve who do not have status require health services, and coverage for home care, medications, social assistance. The Band does not receive funding to cover these costs. Because of the social guidelines, the Band would pay for the costs, even without needed funding to do so. This means the Band does not have the funds to pay for other necessities.</li> </ul>





<b>Health Priority: Status of First Nations Status</b>	
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>Jurisdictional issues - who has responsibility and who is willing to take responsibility?</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>

<b>Health Priority: Home Care</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>Home care.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>Elders, people recovering from an illness.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>Elders are not as able to look after themselves and their homes.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>





<b>Health Priority: Home Care</b>	
<b>health priority?</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• A seniors' service centre, or a supported living arrangement, where people who need some extra help are in one place and staff and others are available to help them and offer support. It would be more affordable to deliver the services in one location.</li> </ul>





## Exploring Health Priorities Community Engagement Session Membertou First Nation Discussion Summary – April 8, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Mental Health (8 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Mental health i.e. depression, self-esteem, anxiety.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• All ages.</li> <li>• Seniors are alone.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People express their frustrations through anger.</li> <li>• No support group for children with anxiety problems.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Lack of resources - only covers three sessions. Cost a lot for sessions.</li> <li>• A lot of people are in denial and not open to new teachings</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• We have one person at the Health Centre (Wellness Coordinator) that can get a counsellor for people requiring assistance.</li> </ul>







<b>Health Priority: Mental Health (8 dots)</b>	
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need a visible person to address this issue full time; even one at the school.</li> </ul>
<b>Health Priority: Lack of Early Intervention Services (8 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of early intervention for autism – no support group in the community.</li> <li>• Cannot access programs off the reserve. Have been denied access to provincial programs – the parent was told that she isn't eligible because she falls under Federal jurisdiction.</li> <li>• Nothing is available for mentally handicapped children.</li> <li>• 1/150 children are being diagnosed with autism – now considered an epidemic.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Parents &amp; children.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• There is no support for families with autistic or mentally challenged children, including FASD.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Gluten-free casein diet worked for the mom with the autistic child. It helped with the crampy stomach and keeping him diarrhea free.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Not well known. Not a lot of people have this problem in the community.</li> <li>• Not enough of resources in the community to address this issue.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• This type of session. Parent has the chance to make this topic known.</li> </ul>







<b>Health Priority: Lack of Early Intervention Services (8 dots)</b>	
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More intervention tools- picture boards at Health Centres.</li> <li>• Support groups for families.</li> </ul>
<b>Health Priority: Lack of Physical Activity Facility (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of physical activity facility.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• All community members – nothing there for Elders and adults.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• A lot of children are obese. There is increase of incidence of diabetes.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Nothing really in the community.</li> <li>• Lack of resources, i.e. money, people.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Resources – no money – community members don't have the money to pay for such programs like Weight Watchers.</li> <li>• We don't have space/no fitness room.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Need a facility</li> <li>• No place for people to play basketball, swim, etc.</li> </ul>





<b>Health Priority: Lack of Elder Care (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of Elder care.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders.</li> <li>• Home Care workers.</li> <li>• Adult children caring for Elders.</li> <li>• People with disabilities.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Aging population – more demands on health staff and programs.</li> <li>• Needs of Elders is greater than Home Care can provide.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Home &amp; Community Care.</li> <li>• 55+ Club.</li> <li>• Seniors trips.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• People are committed – volunteers for 55+ Club and seniors trips.</li> <li>• Staff within Home Care.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Limited staff and resources within Home Care.</li> <li>• Lack of family involvement.</li> <li>• Demands for service.</li> <li>• Lack of trained workers.</li> <li>• Aging population (baby boomers).</li> <li>• No long term care facilities for Mi'kmaw ONLY.</li> <li>• Needs are greater than what Home Care provide.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Existing programs – Home Care.</li> <li>• Forecasting future needs on statistics.</li> </ul>
<b>What is needed to better address</b>	<ul style="list-style-type: none"> <li>• More resources – financial &amp; human resources.</li> </ul>





<b>Health Priority: Lack of Elder Care (4 dots)</b>	
<b>this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Long term care in communities (nursing homes).</li> </ul>

<b>Health Priority: Addictions (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Addictions.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• All ages – family.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Addiction behaviours affect families, i.e. abuse.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Networking with agencies, sweat lodge teachings.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Nobody goes to the Elders anymore.</li> <li>• Confidentiality is an issue.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Addiction workers should have their own space.</li> <li>• Addiction workers know the family.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Need their own space.</li> </ul>





<b>Health Priority: Addictions &amp; Mental Health</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Addictions and mental health.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Poor health/nutrition.</li> <li>• Suicide dysfunctional families (child development).</li> <li>• Increase in crime &amp; violence.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Addiction workers.</li> <li>• Human resources.</li> <li>• Support groups/self-help groups – AA, NA.</li> <li>• Traditional healing – Sweats.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Volunteers &amp; workers.</li> <li>• Awareness of programs.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Resources.</li> <li>• Denial re: addictions.</li> <li>• Confidentiality (perceptions).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Awareness.</li> <li>• Addiction staff.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More resources – money and staff, volunteers, support groups (such as Alateen).</li> <li>• Outreach mental health services from District in Community.</li> <li>• Core funding from Federal Government.</li> </ul>





<b>Health Priority: Lack of Nutrition Programs – (Affecting diabetes, heart disease, prenatal/post natal)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of nutrition programs – affecting diabetes, heart disease, prenatal/post natal).</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone – diabetics, youth/children, Elders.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Poor health.</li> <li>• Increased diabetes.</li> <li>• Increased heart disease.</li> <li>• Increased obesity.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Diabetes workshops and diabetes working group activities.</li> <li>• UNSI nutritionist.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Diabetes Working Group.</li> <li>• School sessions.</li> <li>• Diabetes workshops.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No onsite community nutritionist – current nutritionist is for 13 bands for UNSI.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• UNSI Nutritionist is currently working close by. She is part of our Diabetes Working Group.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More resources – financial &amp; human resources.</li> </ul>





**Note:** One of the groups brainstormed a number of issues:

- Addictions & mental health
- Nutrition
- Diabetes (nutrition)
- Health disease (nutrition)
- Disabilities
- Elder care
- Prenatal & post natal fasd
- Respiratory – smoking
- Cancer
- Women's health

They then prioritized within the group and decided to work on addictions & mental health, nutrition (in relation to a number of chronic diseases) and Elder care.







## Exploring Health Priorities Community Engagement Session Millbrook First Nation Discussion Summary – March 6, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Drug and Alcohol Addiction (9 dots) – Linked with Mental Health Problems</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Drug and alcohol addiction.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children and youth are most directly affected if their families are addicts or alcoholics.</li> <li>• The whole community is affected by alcohol and drug addiction.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Parents aren't able to show their children how to be healthy, to live a healthy lifestyle</li> <li>• “Bad” role modeling for the children and youth, so they go on to have lots of problems themselves.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Medical drivers are available for people to get to a Detox facility or Rehab facility if they get a bed.</li> <li>• Full time staffing of RCMP detachment for enforcement is available in the community.</li> <li>• Full time addictions worker is available to get people into treatment facility if they want help.</li> <li>• Every Monday, a professional addictions therapist is available to see people at the Health Centre after they get treatment; he can also see people before treatment too.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Available in the community.</li> <li>• Relatively easy access to some type of help if requested.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Smoking is often overlooked and it is a serious problem too.</li> <li>• Children and youth see unhealthy role models – need to address parents' experiences.</li> <li>• Frustration: we can offer our services to do prevention, but we can't force people to use them.</li> <li>• Drinking alcohol is still a problem, parents make it look okay to drink alcohol but they can't</li> </ul>





<b>Health Priority: Drug and Alcohol Addiction (9 dots) – Linked with Mental Health Problems</b>	
	deal with their own problems effectively.
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Adult awareness workshops for the adults.</li> <li>• Child and youth diversion activities such as monthly dances are held.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Need a prevention program to stop children and youth from developing addictions/substance use problems.</li> <li>• Need to make the program interesting so kids will come and need more help at dances to keep kids involved</li> <li>• Need parenting support programs and education so that parents can have healthy lives and show their kids the proper way.</li> </ul>

<b>Health Priority: Lack of Parenting Skills/Life Skills (9 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of parenting skills/life skills.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children and youth.</li> <li>• Families.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Parents don't know how to teach their children the proper ways.</li> <li>• Parents don't know how to help their children access help in school.</li> <li>• Kids don't finish school, they need proper academic help in the schools that the parents can't provide.</li> <li>• People don't know how to look after their homes properly. Places get unhealthy and in disrepair.</li> <li>• Mould is a big problem in some houses, and people don't understand how to prevent it or fix it.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• Home visits from the Early Interventionist – going in and working with children and parents from an early age (even from prenatal).</li> </ul>





<b>Health Priority: Lack of Parenting Skills/Life Skills (9 dots)</b>	
<b>health priority?</b>	<ul style="list-style-type: none"> <li>• Family Support and Enrichment worker helps some clients to learn how to maintain their house (only a few).</li> <li>• Band provides free repairs to people living in Band owned homes.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• The parents learn how to play with their kids, and how to look after their kids. The kids and the parents develop better relationships.</li> <li>• The Early Interventionist develops a good relationship with the parents, and can address things with them and support them.</li> <li>• People can keep their home maintained if they are educated how to do it and where to get help.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Not everyone wants someone to come into their home – they have to volunteer to be part of the Early Interventionist program. Sometimes there can be a problem going on and we don't know about it because families don't want someone coming into their homes.</li> <li>• People in the community expect things to be done for them all the time for free (life skills).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Education to help people understand how to look after their kids and show them how to be healthy.</li> <li>• Educational programs to help people understand they need to learn how to look after their own homes.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Education for parents so they can get their own lives healthy.</li> <li>• Need leadership and policy to back us up when we try to address something. For example, when we go into a house for some reason and notice that it needs to be cleaned, maintenance work or repaired, we need to be able to make sure that it happens – people need a letter or something from Council to say that they have to do things to look after their places. They should sign an agreement when they get the keys to their new house.</li> </ul>

*Actions within Millbrook:*

- Letter to Council re: Mi'kmaq Family Services and the need for better, more culturally appropriate support and intervention for families.





<b>Health Priority: Mental Health Problems (6 dots) – Linked with Drug &amp; Alcohol Addiction</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Mental health problems – linked with drug and alcohol addiction.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children and youth.</li> <li>• Whole community is affected</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Crisis situations in mental health (such as a suicide attempt) affect the family and the community.</li> <li>• There are people with chronic depression and anxiety who do not function well in the community.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Having a mental health counsellor available for two ½ days per month, who fits with most of the community.</li> <li>• Having a doctor in the community 3 days per week who can make referrals to private mental health and get Health Canada to pay for 10-12 sessions in an emergency situation.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• People can trust a counsellor who fits with the community and who gets used to and understands the community's ways</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Youth are not getting the help they need early enough – this is leading to other problems.</li> <li>• We have access to a mental health counsellor but there is not enough time in the community. When people need help immediately they can't get it. Staff will try and make a referral to someone at mental health right away, but if the counsellor was just at the Health Centre that week it's a whole month until the next scheduled office hours. People are told to go to the hospital if it's an emergency. People don't want to go to the hospital to begin with, because no one there understands their experiences, and even if they do go, they just sit there for hours and then get sent home without solving the problem.</li> <li>• When this happens, we as workers look like we're not doing anything to try and help, even</li> </ul>





<b>Health Priority: Mental Health Problems (6 dots) – Linked with Drug &amp; Alcohol Addiction</b>	
	<p>though we may be doing a lot to try and access help for the person – we just can't do it.</p> <ul style="list-style-type: none"> <li>• Access to welfare at age 18 is an issue – young people start getting money at that young age and use it for drinking and drugs.</li> <li>• We can offer our services to do prevention, but we can't force people to use them.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Mental health promotion!</li> <li>• Prevention of mental health problems.</li> <li>• Life skills for chronic stress problems</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More of a counsellor's time.</li> <li>• It is important that the counsellor fit with the community.</li> <li>• We need support for the whole family not just the patient.</li> </ul>

<b>Health Priority: Physical Activity (PA)/Healthy Eating (HE) (6 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Physical activity/healthy eating.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children and youth.</li> <li>• Don't want children to miss out on physical activity because their parents are not doing well.</li> <li>• Everyone in the community is affected by this.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Parents, children and youth are not eating healthy, not getting enough exercise, which leads to other problems - for example, obesity and diabetes.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• PA: "Klubs for Kids" program is working well to help children in elementary and junior high be active.</li> <li>• HE: Kids in the Kitchen program has been offered and was well received</li> <li>• Diabetic clients can get one on one counselling with the Nutritionist from CMM and the Millbrook Community Health Nurse if they want to get more information about managing</li> </ul>







<b>Health Priority: Physical Activity (PA)/Healthy Eating (HE) (6 dots)</b>	
	their diabetes.
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Available on the Reserve or transportation provided by the Reserve.</li> <li>• More one-on-one education sessions for diabetic patients.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• PA: Need very structured physical activities at the gymnasium for children and youth, and not always able to offer this.</li> <li>• PA: Need accountability for offering these structured activities for all kids.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• HE: A dietician or nutritionist to help everyone (not just diabetics) learn about eating healthy. We need to make 1:1 referrals for this – people won't go to the hospital to see someone usually.</li> <li>• We could do a survey with the community to see what people would like for wellness programs.</li> </ul>

*Actions within Millbrook:*

- Support the Gym Supervisor to develop structured activity schedule for youth of different ages.
- Health Centre summer student to do survey one- on -one with community members

<b>Health Priority: Different Agencies Working Together Better (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Different agencies working together better.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community and the agencies working in Millbrook.</li> </ul>
<b>How is your community affected by</b>	<ul style="list-style-type: none"> <li>• The interagency group is not doing what it is supposed to (e.g. follow up on action items, field</li> </ul>







<b>Health Priority: Different Agencies Working Together Better (4 dots)</b>	
<b>this priority?</b>	work). <ul style="list-style-type: none"> <li>• The group needs to be willing to talk about and address issues so we can really do something.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Meet on a regular basis with a date set for the next meeting.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Meetings are at a set time.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• People are reluctant to talk about real issues.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need to be able to talk about issues, really address them, and follow up.</li> <li>• We need leadership/policy to support workers doing their jobs and doing the follow up.</li> </ul>

<b>Health Priority: Housing – Allocation &amp; Repair (2 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Housing – allocation &amp; repair.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> <li>• Seniors.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Allocation: Housing has sometimes gone to very young people, not necessarily the neediest. The Housing Authority decides on who gets housing based on a set of criteria – this has to be followed and supported by Council.</li> </ul>





<b>Health Priority: Housing – Allocation &amp; Repair (2 dots)</b>	
	<ul style="list-style-type: none"> <li>• Repair: When people don't know how to – or simply don't – take care of their housing, it gets run down. Safety becomes an issue, especially for children living in the home.</li> <li>• Seniors: they need to know where to go when they need something related to Housing (as well as for other lifestyle issues).</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Repair: Housing program has a repair person.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Repair: When the repair person arrives, people want other things fixed. Need a letter or form letter from the Band administrator to go to the residents to say which repairs are approved (and which repairs are not approved).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Health staff (especially the Community Support and Family Enrichment Worker) needs to be involved in Housing issues too when the house continually needs repairs because of the lack of discipline of the children by the parent(s). Parents have to teach their children by example of how to respect their home and look after it properly.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• If we have a check-off list for homeowners with information about home maintenance, and we can help people learn to do routine maintenance, the houses will be better looked after in the long run and last longer.</li> <li>• A meeting is needed to develop some sort of guidelines about what types of information the tenants need to have when they are allocated a new home, also details about who will organize the information and in what format it will be given to the new tenants.</li> </ul>





<b>Health Priority: Access to Medication, Medical Supplies and Services that People Need</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Access to medication, medical supplies and services that people need.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People who need medication or services such as physiotherapy but can't afford to pay for it themselves.</li> <li>• The whole community because the Band pays for these drugs and services.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• There is less money for other things because Band money is going to pay for drugs.</li> <li>• People are getting drugs that are less expensive, that are not really what they need, so these drugs can be covered under First Nations Health.</li> <li>• Some non-drug therapies such as chiropractor and physiotherapy are not covered by Health Canada. These services could keep some people off unnecessary medications.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The Band pays for medications and medical services not covered by Health Canada.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• The Band has their own resources to pay for medications not covered.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Very expensive program each year. Not everyone gets the same benefits because it is not always known to the whole community. Especially off-Reserve Band Members do not always know.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• There are guidelines for reimbursement, but they need to be updated and publicised.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• More information to whole Band membership so there is equal access to programs and services as much as possible and practical.</li> </ul>





*Actions within Millbrook:*

- Elizabeth to pull out Millbrook-relevant recommendations from Prescription Drug Use Study, and send them to people.
- Elizabeth to attend Drug Forum March 10<sup>th</sup> and 11<sup>th</sup> in Halifax.

<b>Health Priority: Leadership and Policy to Support People Doing Their Jobs</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Leadership and policy to support people doing their jobs.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The community members.</li> <li>• Workers trying to do our jobs – need backup and accountability so community members know their responsibilities as well as their rights.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The rules for some programs and services are not clearly written down so there is uncertainty about eligibility and delivery of services.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• There are a few written guidelines to follow for some of the health benefits offered by the Band.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• There are guidelines for some programs.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Difficult to make completely clear rules and regulations to cover every situation, some discretion has to be left up to managers to deal problems and issues on a case by case basis.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Managers in the Band departments have to be consistent in application of the rules and regulations that are passed by the Council.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Strong leadership to deal with sensitive issues in the community so things are fair to everyone.</li> <li>• There has to be non-interference by the chief and council in clear cut policy matters that are the responsibility of the different managers, unless the manager is not doing their job properly.</li> </ul>





*Actions within Millbrook:*

- Elizabeth to report to Council about this discussion.

<b>Health Priority: Water Monitoring</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Water monitoring.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• We need people trained to monitor the water quality, and look after it. Also a back-up person trained.</li> <li>• If there were water contamination it could potentially have very serious results (Walkerton example).</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• A Community Based Water Monitor is trained to test the water in Millbrook regularly and it is being done consistently.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• On-going training and a qualified water monitor on staff of Health Centre.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Only one person trained, so far there is not a back up person. Also no one from the Council attends the training and information sessions to help with getting the community to understand how important this issue can be if there are water quality problems in the community.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• If one of the Councillors or the Band Administrator would attend the information sessions provided by Health Canada on a regular basis.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Information given to the Chief and Council about the importance of the water monitoring program in the community and the potential for problems.</li> </ul>







## Exploring Health Priorities Community Engagement Session Paq'tnkek First Nation Discussion Summary – March 18, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Funding (11 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Funding.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Our community as a whole is affected. Elders and children/youth are the most vulnerable.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• There is a lack of funding to adequately provide the programs and services that are needed in the community, and a lack of funds to cover additional time needed to offer additional programs and services.</li> <li>• This lack of resources means we can't employ people to do what needs to be done to help our community.</li> <li>• Prescriptions are not always covered though non-insured health benefits – there is a lack of federal commitment to assisting community members with various health programs.</li> <li>• As a result of not having programs and services that people need, some people are isolated and their self esteem is low, parenting skills aren't what they need to be, parents aren't involved in their children's lives, people aren't active, they are using drugs and alcohol, and there is abuse and family violence, and vandalism. People also don't have respect for each other or themselves.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>







<b>Health Priority: Funding (11 dots)</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>Starting to bring in proper resources, etc. (Mi'kmaq Family &amp; Children's Services, RCMP, Women's Resource Centre).</li> <li>Communications between departments, Band staff, and community members, outside organizations (e.g. RCMP, Women's Resource Centre).</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>There isn't enough funding so some needed programs and services are not offered, and the ones that are offered are not offered consistently.</li> <li>There is a lack of commitment from the federal government for programs that are to be delivered.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>Willingness to listen and a commitment by the federal government to allow community members to make the necessary changes in the various determinants of health (e.g., funding, resources).</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>Funding, education, community involvement.</li> <li>Secure funding to allow our community the flexibility to be self-sufficient.</li> </ul>

<b>Health Priority: Respect (7 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>Respect.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>The entire community is affected.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>Many community members do not respect themselves, others, parents. There is a generational gap – the older people show the most respect for themselves and others, the next generation shows less respect, the next generation shows even less respect, and there is little respect among the youngest generation (e.g., in the past young people would have helped prepare for a wake</li> </ul>





<b>Health Priority: Respect (7 dots)</b>	
	<p>out of respect, now they may not even show up to the wake).</p> <ul style="list-style-type: none"> <li>• Selfishness is a problem – all ‘I want’ and no one wants to give to help to progress (e.g., family helping family, parents helping children).</li> <li>• There is not enough community volunteers – people need to be more involved to help develop community pride. The same people are helping all the time, and they are getting tired.</li> <li>• Community members’ lack of self esteem – related to their motivation of life/living.</li> <li>• We have had theft, fires, vandalism.</li> <li>• We have had verbal and physical confrontations.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The Interagency Group – representatives from various organizations – Mi’kmaq Family &amp; Children’s Services, RCMP, Women’s Resource Centre, etc.</li> <li>• Workshops, information sessions, newsletters.</li> <li>• Community involvement in planning and education sessions.</li> <li>• Communications between departments, Band staff, and community members, outside organizations (e.g. RCMP, Women’s Resource Centre).</li> <li>• Having a Council that’s dedicated to working together.</li> <li>• Parental involvement.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Commitment and involvement at a community level (i.e., Chief and Council and its members).</li> <li>• More things are available and approachable, and members have confidentiality.</li> <li>• Trust building of community members/Council.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of communication among community members.</li> <li>• Lack of trust, confidentiality, respect, self esteem.</li> </ul>





<b>Health Priority: Respect (7 dots)</b>	
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Having a Community Health Nurse consistent and here working ‘hands on’ with the community.</li> <li>• A good relationship with Chief and Council.</li> <li>• Teamwork – less negativity.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Being a community - having respect for self, others, community.</li> <li>• On-reserve RCMP and Emergency Health Services.</li> <li>• On-reserve crisis intervention, suicide prevention (and staff training), substance abuse workshops, nutrition workshops.</li> </ul>

<b>Health Priority: Diabetes (5 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Diabetes.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community, all ages.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Community inactivity and its relation to obesity and/or the development of diabetes, high blood pressure, cholesterol.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Our Health Centre – Community Health Representative and Community Health Nurse are starting to be able to educate us, offer support groups, etc.</li> <li>• Having a Community Health Nurse, Community Health Representative.</li> <li>• Workshops, information sessions, newsletters.</li> <li>• Having a reliable nurse – being able to have confidential conversations.</li> <li>• Now have access to the gym.</li> <li>• Have community workshop on different topics.</li> </ul>
<b>Why is this working well? What</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>





<b>Health Priority: Diabetes (5 dots)</b>	
<b>has changed as a result?</b>	
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Community involvement – getting them there.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need education about proper eating and nutrition so we can reduce diabetes. This is tied to <b>community inactivity</b> and <b>unhealthy eating</b> and they lead to chronic diseases.</li> <li>• We need initiatives to increase physical activity among community members.</li> <li>• Funding, education, community involvement.</li> <li>• Vegetarian cooking and nutrition information.</li> </ul>

<b>Health Priority: Elders (5 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Elders.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders and their families.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Many Elders' health limits their access to community programs.</li> <li>• Elders need services like home care and health care, and their families need to learn how to be good caregivers for them. This is tied in with Elders' safety and well-being – which includes the physical conditions of their houses and whether they are safe to live in (e.g. bad state of repair, uneven floors, drafty, mouldy) and get around in.</li> </ul>
<b>What is working well in your</b>	<ul style="list-style-type: none"> <li>• Medical transportation.</li> </ul>





<b>Health Priority: Elders (5 dots)</b>	
<b>community already to address this health priority?</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Having a Community Health Nurse, Community Health Representative.</li> <li>• Foot care clinic, doctors, dental care (monthly).</li> <li>• Having a reliable nurse – being able to have confidential conversations.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Having a Community Health Nurse consistent and here working ‘hands on’ with the community.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Home care service and health care services.</li> <li>• Support/learning for families to learn how to take care of Elders.</li> </ul>

<b>Health Priority: Low Self-Esteem of Community Members (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Low self esteem of community members.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Low self esteem can lead to depression, and low motivation, then people don’t get involved in the community, and they are isolated.</li> <li>• Lack of mental wellness, diagnosis and misunderstanding of mental illness.</li> <li>• We have had suicide attempts.</li> </ul>







<b>Health Priority: Low Self-Esteem of Community Members (4 dots)</b>	
	<ul style="list-style-type: none"> <li>• Underage drinking and substance abuse by community members.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Communications between departments, Band staff, and community members, outside organizations (e.g. RCMP, Women's Resource Centre).</li> <li>• Starting to bring in proper resources, etc. (Mi'kmaq Family &amp; Children's Services, RCMP, Women's Resource Centre).</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of communication among community members.</li> <li>• Lack of trust, confidentiality, respect, self esteem.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Team work – less negativity.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Funding, education, community involvement.</li> <li>• On-reserve crisis intervention, suicide prevention (and staff training), substance abuse workshops.</li> </ul>

<b>Health Priority: Family Violence &amp; Unhealthy Relationships (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Family violence &amp; unhealthy relationships.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community – if we had to pick a group, we'd say youth.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People don't treat each other well.</li> <li>• Affected by vandalism – family violence.</li> </ul>







<b>Health Priority: Family Violence &amp; Unhealthy Relationships (4 dots)</b>	
	<ul style="list-style-type: none"> <li>• We have had theft, fires, vandalism.</li> <li>• We have had verbal and physical confrontations.</li> <li>• Bullying.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Communications between departments, Band staff, and community members, outside organizations (e.g. RCMP, Women's Resource Centre).</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Starting to bring in proper resources, etc. (Mi'kmaq Family &amp; Children's Services, RCMP, Women's Resource Centre).</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of trust, confidentiality, respect, self esteem.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• On-reserve RCMP and Emergency Health Services.</li> <li>• On-reserve crisis intervention, suicide prevention (and staff training), substance abuse workshops, nutrition workshops.</li> </ul>

<b>Health Priority: Lack of Acknowledgement About Mental Health Problems (Stigma) ( 4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lack of acknowledgement about mental health problems.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected</b>	<ul style="list-style-type: none"> <li>• There is a lack of mental wellness.</li> </ul>





<b>Health Priority: Lack of Acknowledgement About Mental Health Problems (Stigma) ( 4 dots)</b>	
<b>by this priority?</b>	<ul style="list-style-type: none"> <li>• There is misunderstanding about mental illness – people need to know it’s as normal as any other kind of illness.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Our Health Centre – Community Health Representative and Community Health Nurse are starting to be able to educate us, offer support groups, etc.</li> <li>• Workshops, information sessions, newsletters.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Mental health services are not available on the reserve.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Mental health services on the reserve.</li> <li>• We need to acknowledge mental illness and how it can be treated.</li> <li>• Support for autism for families.</li> </ul>

<b>Health Priority: Substance Abuse (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Substance abuse.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community, especially youth.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Under-age drinking and substance abuse by all community members.</li> </ul>





<b>Health Priority: Substance Abuse (4 dots)</b>	
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• NADACA worker.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>

<b>Health Priority: Not Enough Community Volunteers (2 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Not enough community volunteers.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Being involved in the community leads to community pride. It is always the same people that get involved with everything, and we need more people to get involved.</li> <li>• Not enough community input.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• Community involvement in planning and education sessions.</li> </ul>





<b>Health Priority: Not Enough Community Volunteers (2 dots)</b>	
<b>health priority?</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Commitment and involvement at a community level (i.e. Chief and Council and its members).</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Selfishness is a problem – all ‘I want’ and no one want to give to help to progress (e.g., family helping family, parents helping children).</li> <li>• Lack of communication among community members.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Being a community – having respect for selves, others, Elders.</li> <li>• Teamwork – less negativity.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• People need to be more involved to help develop community pride.</li> </ul>

<b>Health Priority: Non-insured Health Benefits (2 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Non-insured health benefits.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Dental bills – any other reserve to pay bills.</li> <li>• Prescriptions are not always covered through non-insured health benefits – there is a lack of federal commitment to assisting community members with various health programs.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Our prescriptions/dentals covered through areas other than non-insured health benefits.</li> </ul>





<b>Health Priority: Non-insured Health Benefits (2 dots)</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Lack of funding.</li> <li>• Lack of commitment from federal government for programs that are to be delivered.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Willingness to listen and a commitment by the federal government to allow community members to make the necessary changes in the various determinants of health (e.g. funding, resources).</li> </ul>

<b>Health Priority: Housing (2 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Housing.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Overcrowding.</li> <li>• Many homes have mould, worms.</li> <li>• Improper housing/living conditions for seniors/community members.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>







<b>Health Priority: Housing (2 dots)</b>	
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>

<b>Health Priority: Water Maintenance (1 dot)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>Water maintenance.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>The whole community.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>The quality of the drinking water is a concern and it has to be monitored and maintained.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>Water men – Chris and Joe.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>





<b>Health Priority: Water Maintenance (1 dot)</b>	
<b>community?</b>	
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>





## Exploring Health Priorities Community Engagement Session Pictou Landing First Nation Discussion Summary – April 1, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

**There is one priority that is an umbrella for every priority, and is part of everything else: language and culture. Our language and culture has to be part of everything we do and shape how we do things.**

<b>Health Priority: Addictions &amp; Mental Health (11 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Addictions &amp; mental health.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• Youth in particular are affected re: addictions.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• It is a social, physical, emotional, and economic problem.</li> <li>• Children are possibly affected by Fetal Alcohol Syndrome (FAS); adults are possibly affected by Fetal Alcohol Effects (FAE).</li> <li>• Addictions take away people’s motivation to go to work, go to school, and to improve their lives.</li> <li>• Some people gamble because they need money and there is nothing else to do to get money.</li> <li>• Youth are affected because they do risky behaviours - sometimes this leads to teen pregnancy, sexually transmitted infections, drug and alcohol abuse, violent behaviour, bullying behaviour, sexual &amp; mental abuse.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• Having a NADACA worker in the community.</li> <li>• Having a mental health counsellor in the community.</li> </ul>





<b>Health Priority: Addictions &amp; Mental Health (11 dots)</b>	
<b>health priority?</b>	<ul style="list-style-type: none"> <li>• In larger communities there is a safe house – a place for people to go when they are in crisis. They can get support there, right in the community. Maybe there could be something like that in our community.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Support available in the community.</li> <li>• Prevention workshops in community.</li> <li>• Networking with other health partners (i.e. District Health Authority).</li> <li>• The issues of mental health and addictions are in the open now, thus decreasing the shame on clients.</li> <li>• Clear what the challenges are in mental health treatment.</li> <li>• People are coming out to address mental health and addictions now.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Support services being available only during office hours.</li> <li>• People do not want to go to the hospital for services.</li> <li>• Services are not available in our own language and from our own cultural perspective.</li> <li>• Follow up communication.</li> <li>• Transportation is a BIG issue.</li> <li>• Access remains to be an issue.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Having support people (in community and in hospital) who speak the language (and also understand medical terms), understand the culture, can be a spiritual leader, help the person who needs help feel more comfortable.</li> <li>• If we had a place for people to live and get support for mental illness (like in Waycobah), there could be a room set aside for someone who is in crisis and needs support from within the community. Support people would already be there.</li> <li>• Prevention is needed so people don't become addicted.</li> <li>• Mental health promotion is needed to keep people healthy.</li> </ul>





<b>Health Priority: Addictions &amp; Mental Health (11 dots)</b>	
	<ul style="list-style-type: none"> <li>• Proper assessment tools or access to assessments for people suspected of FAS/FAE</li> <li>• Education is needed so that people realize mental health problems and addictions are issues (awareness) and understand what they really are (education).</li> <li>• Education is needed re: FAS and FAE – knowing if people are dealing with FAE could be helpful for figuring out how to help them deal with things.</li> <li>• Culturally friendly treatment is needed for people who are dealing with these issues.</li> <li>• Mental health counselling and treatment is needed. This must be available from someone who is Native-speaking, and understands the culture. This is important in the community and at the hospital.</li> <li>• Support for both addictions and mental health problems has to be available when people need it (e.g. 24/7) and not just during office hours.</li> <li>• We need trained support people and a structured plan for them to work under so they can help other community members who are experiencing a crisis.</li> <li>• Treatment that is specific to youth in addictions and mental health.</li> <li>• Sexuality needs to be approached in a culturally sensitive manner as well.</li> </ul>

<b>Health Priority: Education (11 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Education.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• All community members of all ages.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Some people have low literacy levels - this can make it hard to correctly interpret public information. For example, an elderly person in the community thought all power would be shut off for an hour during Earth Hour, so used limited funds to purchase an expensive flashlight. It</li> </ul>







<b>Health Priority: Education (11 dots)</b>	
	<p>can also be hard to follow medical instructions (e.g. prescriptions).</p> <ul style="list-style-type: none"> <li>• People’s self-esteem and well-being is lower if they don’t have an education.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Having a community school for children on the reserve (Grades K4 – Grade 6).</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Community and culture are involved in the community school so the children benefit.</li> <li>• There are two First Nation support workers in the local provincial schools which provide a community connected resource for the students.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Some of the community children are going to school off-reserve, and we would like to get them back into the community school.</li> <li>• Individual vs. communal culture (i.e. Families not structured).</li> <li>• Provincial system not culturally appropriate.</li> <li>• People do not understand the value and rewards of education (and/or not committed).</li> <li>• (See addictions and mental health – addictions make people lose their motivation to go to school and improve their lives).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• We need a community-based, culturally-based school for children for Grades 7 – 12 as well as for adults.</li> <li>• We need our own alternative schools for children from our own language and cultural perspective.</li> <li>• We need a school in our community for adults. This could be for upgrading skills and knowledge and/or for taking distance university courses, trade courses or life long learning.</li> <li>• We need diagnosis and treatment of different learning needs so that everyone has an opportunity to get a good education.</li> </ul>





<b>Health Priority: Communication (5 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Communication.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The entire community is affected when people don't know what's going on.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• We need good communication between the leadership and the people.</li> <li>• Language and heritage is part of the communication need – information that gets shared has to be available in our language and in a way that makes sense for our culture.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The Service Team works well - directors of different services share information with each other.</li> <li>• Using our own language.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• When the Service Team works together and keeps each other informed, they can support community members better.</li> <li>• Our language is soothing to people who are upset, even if they don't understand it. We have to be able to communicate using our language to help each other.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• The majority of the Mi'kmaq people in the community don't speak the Mi'kmaq language.</li> <li>• English literacy skills are not known – no data.</li> <li>• Approximately 40% of the community members are non-native.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Making information available in a way that people receive it and understand it (e.g. own language, not always in written form).</li> <li>• We need to share information in different ways (not only written). A community radio station would be a good way of sharing information.</li> </ul>





<b>Health Priority: Elder Support (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Elder support.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders and their families.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Elders are experiencing economic abuse by younger family members. For example, they may receive a visit once a month from their grandchildren at the time their monthly cheque arrives because the grandchildren want money from them.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• New Horizons Elders' group.</li> <li>• Lifeline – a way for Elders to call for help if they need it in an emergency.</li> <li>• Elders Christmas dinner/party.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Elders don't have to be alone all the time – they have a chance to get out and be around other people.</li> <li>• Elder's views/opinions are valued and respected.</li> <li>• Elders and youth now have a connection.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Elders are intimidated at times.</li> <li>• Having caring, respectful support workers.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Adequate homecare – it means the Elder has someone to help them look after them and their home, and they have someone to talk to, someone to check on them regularly to make sure they are okay (this is also needed for people who are ill or recovering from an illness, even though they may not be elderly).</li> <li>• Elders need people to speak to them in their own language and someone who understands their life experience from their own culture.</li> <li>• Self-sustaining Elders group.</li> </ul>





<b>Health Priority: Elder Support (3 dots)</b>	
	<ul style="list-style-type: none"> <li>• Elder centre in community or Elders room in an existing community building.</li> <li>• Lifeline or some regular system for checking in with Elders to make sure they are okay.</li> <li>• Reviewing job description of support staff for Elders and adjusting it where necessary.</li> </ul>
<b>Health Priority: Environment (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Environment.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The entire community.</li> </ul>
<b>How is your community affected by this priority?</b>	<p><u>Water:</u></p> <ul style="list-style-type: none"> <li>• Chemicals are added to the water to treat it and the chemicals are too strong for some people and are making them sick.</li> <li>• Due to strong chlorine smell and taste, people choose not to drink the community water.</li> <li>• People use limited money to buy water filters and bottled water. The bottles the water comes in are said to be made of harmful chemicals as well.</li> <li>• Due to the close proximity to the boat harbour, the community members have the impression the water is unfit for consumption or domestic use.</li> </ul> <p><u>Air Quality</u></p> <ul style="list-style-type: none"> <li>• Community members experience breathing problems due to the poor air quality and the pollution from the county's industrial businesses.</li> </ul>
<b>What is working well in your community already to address this</b>	<ul style="list-style-type: none"> <li>• Water tested weekly by community health representative.</li> <li>• Joint Environmental &amp; Health Committee meets monthly (consists of community, provincial,</li> </ul>





<b>Health Priority: Environment (3 dots)</b>	
<b>health priority?</b>	and federal reps). <ul style="list-style-type: none"> <li>• Air quality monitoring station in community.</li> <li>• Ongoing discussion of boat harbour clean up with all levels of government.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Increased awareness of the pollution from boat harbour.</li> <li>• Safe water in the community as it is tested weekly (meets regulated standards).</li> <li>• Community awareness is increased from Joint Environmental &amp; Health Committee.</li> <li>• People are more aware of personal health issues now.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Pollution contributes to global warming, which affects this community greatly – boat harbour and local industry.</li> <li>• Getting government to listen to our health concerns – Is it boat harbour or our First Nations lifestyle?</li> <li>• Soil testing being done?</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• More communication/discussion involving community.</li> <li>• Updates on new research, studies – water testing, air monitoring, etc.</li> <li>• Up-to-date training for water monitors as needed.</li> </ul>

<b>Health Priority: Community residents without Status (1 dot)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Community residents without Status.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children born on the reserve without status still need education and service that everyone else on the reserve needs. The community makes sure the children have the services they need, but we do not receive the funding to cover the costs of providing the services (This means that we</li> </ul>







<b>Health Priority: Community residents without Status (1 dot)</b>	
	<p>have less money to pay for other things we have responsibility for).</p> <ul style="list-style-type: none"> <li>• Off reserve status community members are not getting services.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Community will look after all people with no status in the community. This is not working well, but is a community sacrifice.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• We find a way to get them the services even though we do not have the funding to cover our costs.</li> <li>• Decreases funding to the community as a whole.</li> <li>• This has the potential to create hatred between community status and non status members.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Paying for services we don't have funding for means we have less money to pay for other things we need to cover on the reserve.</li> <li>• Formula funding not changed to reflect community numbers or increase in services.</li> <li>• What will happen down the road in terms of identity for the children who are born on reserve without status and for people on the reserve with Status? We are concerned about assimilation if we are told that our children are not native, and not eligible for services.... we need to keep our language and culture and make sure the children learn it.</li> <li>• Jurisdictional problems – who has responsibility and who is willing to take responsibility?</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• The public system would pay for non-status people's education and health services if they were living off-reserve, so why not if they live on reserve? We need to be able to charge the public system for the costs of providing service to non-status people living on the reserve.</li> <li>• Funding formulas need to increase to provide monies for non status community members, or obtain the funding from the appropriate provincial system.</li> <li>• Encourage interaction between First Nations communities.</li> </ul>





<b>Health Priority: Social Assistance Creates a Dependency (1 dot)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Social assistance creates a dependency.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected when community members are dependent on the social assistance system.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People are not motivated to get off social assistance and work or get an education (addictions and mental health problems may be affecting their motivation too) when they can make more money receiving assistance.</li> <li>• People get dependent on social assistance and that erodes the community. People need to be able to learn and contribute and make their lives better, look after their families and feel good about themselves.</li> <li>• Poor health, as it is expensive to eat healthy.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• Workshops in the community on self-esteem.</li> <li>• Service team meetings to discuss community issues.</li> <li>• Discussion has begun.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Change is slow – people are afraid of change.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Not enough meaningful jobs in Pictou Landing.</li> <li>• Not enough training for employment.</li> <li>• Income tax is an issue for employment off reserve.</li> <li>• Travel an issue for getting to work off reserve.</li> <li>• Change is slow – people are afraid of change.</li> <li>• Healthy food is not accessible or affordable.</li> </ul>
<b>What makes it easier to address this health priority in your</b>	<ul style="list-style-type: none"> <li>• Profile workers/role models/success stories in the community newsletters.</li> <li>• Education and training in the community.</li> </ul>





**Health Priority: Social Assistance Creates a Dependency (1 dot)**

community?

- Fair, consistent social assistance program based on need.
- Examine other First Nations communities and how they address this issue.
- “Invest in me” program as a possible model for use in our community – successful in Cape Breton community.
- Increased awareness of health as it related to a nutritious diet.





## Exploring Health Priorities Community Engagement Session Potlotek First Nation Discussion Summary – August 28, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Mental Health (Includes Drug &amp; Alcohol Abuse) (8 dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• Youth are affected.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• We have a tolerance for tragic deaths (e.g., recently there were five funerals in two weeks). We're numb to it because we see too much. Word travels fast when something tragic happens (e.g., through networking websites). Now the community comes together only about half the time to support the family after a death.</li> <li>• There are suicides and suicide attempts and threats in the community (even though our community has a lower rate than other communities).</li> <li>• There is family violence, emotional violence, lack of spirituality.</li> <li>• There is a broken link among the generations, and this contributes to drug and alcohol abuse. Without meaningful activities that connect youth to the community and the other generations, the youth get bored, they vandalize property, use drugs, and then even more problems develop.</li> </ul>
<b>What is working well already to address it?</b>	<ul style="list-style-type: none"> <li>• One thing that is working is a new organization called Two-Spirited Nations, that supports two-spirited people coming out.</li> <li>• ASIST and suicide prevention training help and our community could use some training.</li> <li>• The We'koqma'q women's shelter people started coming here to be a support but we need the support here in the long term. People came for a couple of weeks and no community members showed up but if they were here in the long term people would show up and get the support they need.</li> </ul>





<b>Health Priority: Mental Health (Includes Drug &amp; Alcohol Abuse) (8 dots)</b>	
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• There is no one on staff for people to call if they need help. We can only make referrals.</li> <li>• We can get money for referrals. It's harder to get funding to pay someone to be here because we can't access the funds for the service efficiently, and the Band ends up paying up front. The federal government should either give us the money to cover the service, or offer the service themselves.</li> <li>• Suicide, suicide attempts, and suicide threats are under-reported (by the health centre, by the police, and also by the families, who feel ashamed), so the community and the public may not understand how big the problem really is.</li> <li>• We don't know what happens behind closed doors. Sometimes people feel bad for the kids so they allow the kids to do things (e.g., drugs/alcohol, violence) and then they don't report it because they feel ashamed. Then things don't get officially counted and people don't know how big the problem really is.</li> <li>• When people are intoxicated, they are honest, and they may talk about suicide or abuse, but others don't believe them, don't think it's going to happen, don't want to get involved, or don't know how to handle it. Then no one knows whose responsibility it is to do something to help or intervene. And each person needs a place to go for support.</li> <li>• The closest substance abuse treatment services for youth are CHOICES in Halifax or a treatment centre in NL.</li> <li>• Parents are condoning drug and alcohol use by their kids – they may let their kids drink with them, and sometimes they even give pills to the kids.</li> <li>• The youth centre opened its doors before there was any programming, and a garage in the community opened the same date, and it's where kids go to drink and do drugs.</li> <li>• The leadership condones drug and alcohol use by example.</li> </ul>







<b>Health Priority: Mental Health (Includes Drug &amp; Alcohol Abuse) (8 dots)</b>	
	<ul style="list-style-type: none"> <li>• Addictive personalities kick in and people are not accepting of others. Only when people are clean and feeling humbled can they be more accepting of others.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• In the past, we had funding for a counsellor from outside the community to come in 2 days/week. It worked well because people were not concerned about the counsellor breaking confidentiality, and they were comfortable talking with him because he was not from the community.</li> </ul>
<b>What is needed to address this, and why?</b>	<ul style="list-style-type: none"> <li>• We need mental health services here on a regular basis offered by someone from outside the community.</li> <li>• We need better community awareness about how bad the problem of suicide and attempted suicide really is.</li> <li>• We need NADACA workers for youth.</li> <li>• We need an Al-Anon group or something like it to support the families of people who have drug and alcohol problems.</li> <li>• We need a staff person to follow up with families when there has been a crisis.</li> </ul>

<b>Health Priority: Healing/Coming Together as a Community (7 dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• Community members have become de-sensitized to tragic events, tragic deaths, tragic lives.</li> <li>• We come together over a tragedy like a suicide, and wait for the next tragic event to come together again. We don't come together for positive things anymore.</li> <li>• A lot of people have no respect for themselves, others, Elders – it's part of the drug culture.</li> <li>• A large number of youth aged 14-19 are not attending school. They stay up all night and sleep during the day.</li> </ul>
<b>What is working well already to</b>	<ul style="list-style-type: none"> <li>• Eskasoni has an alternative school set-up, and it works well for their youth. We are trying to</li> </ul>





<b>Health Priority: Healing/Coming Together as a Community (7 dots)</b>	
<b>address it?</b>	develop one here. If we do have an alternative school, it has to be set up to meet the needs of the youth (e.g., it can't start early in the morning, or they won't come).
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• Community dynamics can be a challenge. We need something enticing to bring our community together and work for overall community health. How do we get past this challenge? How do we get people to participate? It has been tough for our community to have a vision of the future.</li> <li>• Racism is a big issue in terms of drop out rates.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• We need to do something to help people accept themselves and others, so they don't bring other people down with them.</li> <li>• Education can be very healing. For example, when residential school survivors can learn in their own cultural framework, that can be very healing for them.</li> <li>• We need to be able to involve parents in after school programs with their kids. That will help parents and children make more positive connections, and the children will have more positive feelings about going to school, and there will be a more positive feeling, and a better atmosphere in the family.</li> <li>• We need data and numbers to back up our funding proposals and show the effectiveness of programs, services, and supports.</li> <li>• A community development process that is based on adult education and peace building.</li> </ul>
<b>What is needed to address this, and why?</b>	<ul style="list-style-type: none"> <li>• We need recreation activities that will bring out love, respect, and talent in people, and make us shine, make us proud of our community. Other people will be proud to visit our community.</li> <li>• Capacity building is needed for our community – we need to learn how to come together and get unstuck so our community can be stronger and overall healthier.</li> <li>• Interventions here have been band-aided. We need to <u>heal</u>, so we have to do something about</li> </ul>





<b>Health Priority: Healing/Coming Together as a Community (7 dots)</b>	
	<p>the underlying causes. We need ongoing healing, and we need to be supportive of each other.</p> <ul style="list-style-type: none"> <li>• Support for community development processes in the community.</li> </ul>
<b>Health Priority: Infant Mortality (6 dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• Pregnant women and their families.</li> <li>• The whole community.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• The infant mortality rate in Potlotek is high over the past ten years (source: NS Atlee Perinatal Database). There were 9 infant mortalities in the past 6-9 months.</li> <li>• People are shocked, and don't know the cause of the mortality. They want to lay blame somewhere. They need answers.</li> <li>• Women and their families go through a grieving process, and other people don't remember that they are grieving – people expect them to 'get on with their lives' when they may not feel they can.</li> </ul>
<b>What is working well already to address it?</b>	
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• Risk factors among pregnant women in our community are challenging: tobacco use/smoking, diabetes and other chronic diseases/hypertension, obesity/high Body Mass Index. We are at risk just because of who we are.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• Specialist care for pregnant women,</li> <li>• Women understanding their own health and how to take care of themselves while they are pregnant.</li> </ul>
<b>What is needed to address this,</b>	<ul style="list-style-type: none"> <li>• Women here already have a lot of risk factors during their pregnancies. They would receive</li> </ul>





<b>Health Priority: Infant Mortality (6 dots)</b>	
<b>and why?</b>	<p>more pre-natal care if they had access to an obstetrician and a midwife in the community.</p> <ul style="list-style-type: none"> <li>• Women need to more aware of their own health status so they can make informed decisions during their pregnancies (e.g., a woman developed diabetes while she was pregnant and it went undetected and she delivered a stillborn baby).</li> </ul>

<b>Health Priority: Long term, consistent, stable, adequately funded, culturally appropriate services in the community. (2 dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The entire community is affected.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• The population is increasing but the funding amounts don't change, so the amount of funding is actually decreasing.</li> <li>• The Band does not receive adequate funding for the services the community needs. Our band has to support families with gaming money.</li> <li>• The community expects the Chief and Council to be accountable if there are no services. If the Band then pays for the services when it doesn't have the money, it has to go to the federal government to make sure we have enough funding to offer the programs and services we need, in the community, in our language, in a way that is culturally appropriate for the community.</li> <li>• There is no coverage for physiotherapy, orthotics, occupational therapy, a lot of orthodontic work. What are people who need these services supposed to do?</li> <li>• Follow through is not done – e.g., if someone has a root canal, they need a crown, but crowns are not covered.</li> <li>• We can't speak our own language when we go to the hospital or for services outside the community.</li> <li>• People are concerned about confidentiality when they get services in the community – and it is sometimes broken. Our workers need to be trained to follow a professional code of conduct, and we need outside professionals to come to the community for some services (e.g., mental</li> </ul>





<b>Health Priority: Long term, consistent, stable, adequately funded, culturally appropriate services in the community. (2 dots)</b>	
	<p>health).</p> <ul style="list-style-type: none"> <li>• Probation orders may require people to participate in services or supports, but these supports may not even be available in the community. So the person is in breach of probation even if s/he wants to access the services.</li> </ul>
<b>What is working well already to address it?</b>	<ul style="list-style-type: none"> <li>• The community provides what it can – e.g., in the school we provide breakfast, lunch, snacks, transportation, we provide as much home care as people need when they come out of the hospital.</li> </ul>
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• Fishing and gaming is used to subsidize funding from the federal government, when it should be used to support the industries. We are robbing Peter to pay Paul.</li> <li>• The community doesn't understand cuts to welfare and education, and they look to the Band to cover things.</li> <li>• We have to travel outside the community for services, and many people don't have access to vehicles. We rely on a medical carrier, and we might be running late, but we're not going to cancel an appointment because we're running late, yet people may expect us to.</li> <li>• We're not going to stay away from the hospital when one of our community members is there dying or has died. We need to go be there and hospital staff need to understand and respect that it is part of our culture.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• Adequate, consistent funding from the federal government.</li> <li>• Having interpreters in hospitals and in health centres so we can have culturally sensitive care are in our own language.</li> <li>• Funding to offer supports and programs for different age groups in the community (e.g, older teens used to come to the youth centre, but as soon as the young ones started coming, they</li> </ul>







<b>Health Priority: Long term, consistent, stable, adequately funded, culturally appropriate services in the community. (2 dots)</b>	
	stopped. We need programs for different ages, not teens with younger children).
<b>What is needed to address this, and why?</b>	<ul style="list-style-type: none"> <li>• People of all ages need things to do – not only places to go do things, but ways to be connected to others in the community through the activities. We need funding and supports to be able to make this happen in a way that is culturally appropriate for our community.</li> <li>• The health care system has to be culturally sensitive to our needs.</li> <li>• We need more trained home care workers and continuing care assistants. (E.g., a cousin may be able to help look after my Mom, but Mom needs someone who is trained to give her the care she needs).</li> </ul>
<b>Health Priority: Policing (1 dot)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The whole community, all ages.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• The police don't do due diligence in our community. People know their schedules (and they tell people their schedules) so community members know when they can act up.</li> <li>• Police are not here when things are happening, and don't intervene before situations escalate, so things often get worse than they need to.</li> </ul>
<b>What is working well already to address it?</b>	
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• Just when we get to know a police officer, he moves on, and we have to start all over again with someone new.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• Having a First Nations police force is helpful if the officers are from a different community (then they won't be expected to let people off because they know them or they're related).</li> <li>• A consistent, engaged presence in the community, with time to build relationships and leave a</li> </ul>





<b>Health Priority: Policing (1 dot)</b>	
	legacy for the community.
<b>What is needed to address this, and why?</b>	<ul style="list-style-type: none"> <li>• Police officers getting involved in the community (e.g., in sports) so they get to be known and trusted by community members. We want policing to be a support for the community, not a bad thing.</li> </ul>

<b>Health Priority: Green Economic Development (no dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• A lot of people think there is treasure out west – they go there to work and get big money, new cars, fancy clothes, and then they get homesick so they come back and they see nothing here for them; they are junkies looking for a fix.</li> </ul>
<b>What is working well already to address it?</b>	
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	<ul style="list-style-type: none"> <li>• We are kept in an oppressive cycle of poverty - family/personal income affects our well being. People are used to working enough weeks to get EI – that’s what kids look forward to as they get older. People are unable to move ahead.</li> <li>• Young people think the money will come magically – they don’t realize where it comes from and they assume things will be covered.</li> </ul>
<b>What helps to address this priority?</b>	<ul style="list-style-type: none"> <li>• Our location is an advantage – we are one hour from each reserve. There is so much going by us and around us all the time – we just need to figure out how to bring it here. We are sitting on a treasure – we just need to know how to access it.</li> <li>• Having economic development activities to fall back on.</li> </ul>
<b>What is needed to address this,</b>	<ul style="list-style-type: none"> <li>• We need support to figure out what our treasure is here, and how we can see it and use it to help</li> </ul>





<b>Health Priority: Green Economic Development (no dots)</b>	
<b>and why?</b>	<p>make our community stronger and healthier, then people won't be drawn away for treasure in other places.</p> <ul style="list-style-type: none"> <li>• We need long term employment.</li> <li>• We need to help youth learn how to budget, and how to save money.</li> </ul>

<b>Health Priority: Healthy Living (no dots)</b>	
<b>Who is most affected?</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>
<b>How is the community affected?</b>	<ul style="list-style-type: none"> <li>• People are living unhealthy lives – there is smoking, tobacco use, drinking, drugs, diabetes, not enough activity.</li> <li>• There are chemicals in our water and in our food. Our water is safe for cleaning our houses but not for drinking – we have to drink bottled water, which is not green and which has its own chemicals that are not safe (e.g., Bisphenol-A).</li> </ul>
<b>What is working well already to address it?</b>	
<b>Why is this working? What has changed as a result?</b>	
<b>What are the challenges to addressing this priority?</b>	
<b>What helps to address this priority?</b>	
<b>What is needed to address this, and why?</b>	





## Exploring Health Priorities Community Engagement Session Wagmatcook First Nation Discussion Summary – April 10, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Education (7 dots)</b>		
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Education.</li> </ul>	
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Children and youth are affected – and there are ripple effects for the community.</li> </ul>	
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• There are two threads to the education issue: 1) the challenges teachers have to address in the school on the reserve and 2) lack of supports for post-secondary education for First Nation students.</li> </ul>	
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> <p style="text-align: center;"><i>Teacher Challenges</i></p> <ul style="list-style-type: none"> <li>• The teachers are supposed to be following the provincial curriculum, but there are so many social issues they have to deal with, they may not be able to deliver the entire curriculum.</li> </ul> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;"><i>Lack of Post-Secondary Supports</i></p> <ul style="list-style-type: none"> <li>• Youth are not prepared to leave the reserve for post-secondary studies.</li> <li>• When they do leave, they feel isolated; scared of going off reserve, worried about how they'll be treated.</li> <li>• Youth going to school on the reserve may also be academically disadvantaged – for example, there is no science lab in the school on reserve and no home-economic courses on the reserve – so they haven't had the same opportunities for learning as students in off-reserve schools.</li> </ul> </td> </tr> </table>	<p style="text-align: center;"><i>Teacher Challenges</i></p> <ul style="list-style-type: none"> <li>• The teachers are supposed to be following the provincial curriculum, but there are so many social issues they have to deal with, they may not be able to deliver the entire curriculum.</li> </ul>
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<b>Health Priority: Education (7 dots)</b>		
<p><b>What is working well in your community already to address this health priority?</b></p>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>	<p><i>Lack of Post-Secondary Supports</i></p> <ul style="list-style-type: none"> <li>Programs like the Native Student Centre at CBU – for example, people can go in and call home, talk about their feelings of isolation, ask for help figuring things out in an unfamiliar setting.</li> </ul>
<p><b>Why is this working well? What has changed as a result?</b></p>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>
<p><b>What makes it challenging to address this health priority in your community?</b></p>	<p><i>Teacher Challenges</i></p> <ul style="list-style-type: none"> <li>Teachers have to be social worker, cook, mom, crisis interventionist.</li> <li>Kids are coming to school sometimes without sleep, and without food (they may not have eaten since the food they had at school the day before in the breakfast and lunch programs). This is affecting their ability to concentrate in school, and teachers have to deal with it.</li> <li>Teachers have to deal in school with things going on in the</li> </ul>	<p><i>Lack of Post-Secondary Supports</i></p> <ul style="list-style-type: none"> <li>Youth don't have the life skills to know how to deal with daily living off-reserve, when they are away from what is familiar to them.</li> <li>When they are living away from home, they may not have any way of getting home for visits, and on holidays (when they are required to leave university residence).</li> <li>If youth don't succeed at first and they are feeling isolated, they may become discouraged, drop out, and never try again.</li> <li>They may think it's not worth bothering to make all the effort to go to school because they will have to move off the reserve, and end up with a low paying job.</li> <li>Different communities have different amounts of funds to support post-secondary education.</li> </ul>







<b>Health Priority: Education (7 dots)</b>		
	<p>community.</p> <ul style="list-style-type: none"> <li>• There sometimes isn't communication about what's going on in the community, so the teachers have to deal with many different versions from the students. They need a consistent, accurate message to portray to the students.</li> </ul>	
<p><b>What makes it easier to address this health priority in your community?</b></p>	<p><i>Teacher Challenges</i></p> <ul style="list-style-type: none"> <li>• The Health Centre has a plan for dealing with and communicating about crisis – the school needs the same thing.</li> <li>• The crisis team that responds has to be from our community – First Nations who understand the perspective and experience of the community.</li> </ul>	<p><i>Lack of Post-Secondary Supports</i></p> <ul style="list-style-type: none"> <li>• Young people need life skills to deal with daily life off-reserve (e.g. they need to know how to manage their money, use their education cheques – which are insufficient – to pay their bills and cover their expenses).</li> </ul>
<p><b>What is needed to better address this health priority in your community? Why is this needed?</b></p>	<p><i>Teacher Challenges</i></p> <ul style="list-style-type: none"> <li>• Teachers need communication about what's going on and</li> </ul>	<p><i>Lack of Post-Secondary Supports</i></p> <ul style="list-style-type: none"> <li>• If they haven't had an opportunity to do some things (e.g., science labs), they need someone beside them to</li> </ul>





<b>Health Priority: Education (7 dots)</b>		
	<p>supports to know how to deal with whatever the issue is.</p> <ul style="list-style-type: none"> <li>• The schools need a crisis plan with identified supports.</li> <li>• Teachers need a plan for how to talk with children about any incidents in the community.</li> <li>• Community members need training re: responding to crisis. They must also be allowed time off work to participate in the training (e.g., ASIST training next month).</li> <li>• The school and the Health Centre need to communicate better with each other to coordinate efforts, information.</li> </ul>	<p>help them learn new things.</p> <ul style="list-style-type: none"> <li>• We need a network to support kids getting rides to go back and forth between school and home.</li> <li>• We need an interpreter on campuses (like the interpreter in the hospital) to help students understand their new surroundings, talk with someone who can relate to their experience (e.g., CBU Native Students Centre).</li> </ul>

<b>Health Priority: Housing (6 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Housing.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone in the community – many generations are living in one house because there is not enough housing for everyone.</li> <li>• Everyone is affected by poor housing conditions – mould (due to bad pipes) is a big problem.</li> </ul>





<b>Health Priority: Housing (6 dots)</b>	
	<ul style="list-style-type: none"> <li>• People who have disabilities need houses with supports to assist them in daily living – unclear how housing is allocated, because some people who do not have disabilities are living in homes with these supports.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People are living in multi-generational homes that were designed for one family.</li> <li>• Young people have no options (e.g. apartments, smaller homes) when they are ready to leave home, so they end up living with their parents/grandparents.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• People receive an amount each year for maintenance of their homes – but often have to dip into this money for diapers, things for their kids.</li> <li>• If people need less one year and more the next year, how is the money distributed?</li> <li>• Some people are still living in houses that were condemned a couple of years ago.</li> <li>• Unclear how housing is allocated.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• A maintenance department with staff that come and works on preventative maintenance and repairs in the homes.</li> <li>• Look at the needs of the people living in the homes.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need guidelines for people to follow for house maintenance, and for dealing with mould at different stages.</li> <li>• When people get a new home, they need to be shown how to look after it, how and when to use and clean the equipment (e.g. air exchanger, furnace).</li> </ul>





<b>Health Priority: Lifestyle Choices/Addictions (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Lifestyle choices/addictions.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Lifestyle choices and addictions (e.g. alcohol, gambling) are affecting the whole community.</li> <li>• Youth are affected by bullying on the Internet, Facebook and MSN.</li> <li>• All community members are affected by social, economic, physical, sexual abuse.</li> <li>• Elders are affected by economic, social abuse.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Prescription drug abuse – people are affected by stealing, selling, buying prescription drugs.</li> <li>• Prescription drugs – people are affected if they don't know how to take their prescriptions properly.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• People will not join things (e.g. activities) because they know the activities won't last long.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Consistency is important in programs.</li> <li>• Recreation programs for kids – e.g. structured leisure time for kids, after-school programs for kids, youth centre for kids (have one here, but it's closed due to mould) – to give them a positive influence, and help them make more positive choices when they get older.</li> <li>• Activities for adults (e.g. woodworking).</li> </ul>
<b>What is needed to better address this health priority in your</b>	<ul style="list-style-type: none"> <li>• Prescription drugs – people need education re how to follow their prescriptions.</li> <li>• We need more effective addictions workers.</li> </ul>





<b>Health Priority: Lifestyle Choices/Addictions (4 dots)</b>	
<b>community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need to involve parents in the school – get them engaged with the children in the school so they know what’s going on. They’ve never been invited to be part of daily life in the school (e.g., helping in a classroom).</li> <li>• Need funding for a recreation director and paid staff to offer programs.</li> <li>• Use the school from 3:00 – 10:00 after school for programs, and on weekends.</li> <li>• The fitness centre needs to be staffed so people can use it.</li> </ul>

<b>Health Priority: Income (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Income.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• People who have special needs are affected because they don’t have the supports they need to help them succeed; parents who have children with special needs don’t have the supports to buy the things their children need to assist them.</li> <li>• People who want to leave the reserve don’t have the option of keeping their income assistance supports.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The Band offers incentives to people who are working.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>







<b>Health Priority: Income (3 dots)</b>	
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• If you go from receiving income assistance to working full time, you lose the incentives from the Band.</li> <li>• If you are working part-time, you can't afford to pay your bills – you can bring in a higher income on income assistance – the Band could extend incentives to people who are working part time.</li> <li>• It is more affordable to stay home and collect income assistance than to go to work.</li> <li>• People receiving employment assistance don't receive any support from the band.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Supports to help people with special needs (children and adults) succeed.</li> <li>• A sliding scale of assistance.</li> <li>• Need to get paid fair wages for your education and work.</li> <li>• The incentives from the band to move from income assistance to full time work should be in place for a year after you start working, so you can get ahead.</li> <li>• Subsidies based on income.</li> <li>• Income assistance should be personalized for each individual.</li> </ul>

<b>Health Priority: Transportation (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Transportation.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected – we have no access to public transportation (buses or taxis).</li> </ul>





<b>Health Priority: Transportation (3 dots)</b>	
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People can't access transportation to get groceries (no grocery store on reserve) or prescriptions.</li> <li>• People can't get to medical appointments, and we don't have enough medical drivers or funding for medical drivers.</li> <li>• Many people miss appointments, procedures, and appointments with medical specialists, because they don't have any way to get there. They want to go, but maybe their drive didn't show up, or the car broke down, so they end up missing. This is a big burden on the health care system. This feeds the stereotype many health care workers have about First Nations people not bothering to show up for appointments. Then people are not treated well when they finally are able to get to appointments.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• We have one driver designated for taking people to detox. That works well as long as he is available.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• The Band office has to issue cheques to pay for transportation when it is covered, and the cheques need two signers.</li> <li>• Health Canada will pay for some travel, but only to the closest medical specialist. So for example, someone may have been going to the same eye doctor in Antigonish for 10 years, but Health Canada will pay for travel only to Sydney – the person then has to leave a doctor they have a relationship with, or pay the difference in travel costs to stay with their own doctor.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your</b>	<ul style="list-style-type: none"> <li>• The Band could provide the Health Centre with emergency funds to pay drivers for medical appointments, and the Health Centre and the Band could sort out the paperwork afterwards, so</li> </ul>





<b>Health Priority: Transportation (3 dots)</b>	
<b>community? Why is this needed?</b>	<p>people wouldn't have to miss their appointments because there aren't enough cheque signers available in an emergency situation.</p> <ul style="list-style-type: none"> <li>• We need a transportation system with a structured schedule and route so people can access the services they need.</li> </ul>

<b>Health Priority: Cultural Competence/Safety (1 dot)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Cultural competence/safety.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Everyone on the reserve is affected when people providing services off-reserve have no understanding or appreciation of our cultural experience, perspective, values. The impact is on First Nations people directly, and the problem is outside First Nation communities.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• If someone misses an appointment because there is no public transportation to get to the appointment, service providers think First Nations people skip appointments and can't be bothered to come. If the service provider understood the experience of First Nations people, s/he would appreciate the difficulty people have getting to appointments, and would not hold it against the person.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• There was cultural competence training for all Cape Breton doctors and Health Directors working with First Nation communities, and it has made an incredible difference.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• Doctors and Health Directors have a much better understanding of the realities of the lives of First Nations people and take the time to understand people's life circumstances.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>





<b>Health Priority: Cultural Competence/Safety (1 dot)</b>	
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Training for people working with First Nations communities.</li> </ul>





## Exploring Health Priorities Community Engagement Session We'koqma'q First Nation Discussion Summary – April 24, 2008

Each health priority identified is outlined on a separate chart on the next several pages with relevant discussion points included.

<b>Health Priority: Healthy Lifestyles (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Healthy lifestyles.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected.</li> <li>• People of all ages are affected, especially youth.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• There are high rates of diabetes for all age groups, from gestational diabetes to diabetes among Elders.</li> <li>• People have addictions to drugs, tobacco, alcohol.</li> <li>• Some people are pushing pills, including Oxycontin (e.g. one youth had a heart attack from taking pills he had bought off the Internet to make himself strong).</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• We have a diabetic clinic.</li> <li>• We have a walking group.</li> <li>• We organize sports tournaments (e.g. volleyball, softball).</li> <li>• We have a very active and enthusiastic youth advisory committee.</li> <li>• Canada Prenatal Nutrition Program (CPNP) workshops help women understand how nutrition affects their baby.</li> <li>• The Wolf Pack group is working well to get some kids active for a period of time. They are getting up early in the morning and getting a lot of physical activity, feeling good about themselves, losing weight.</li> </ul>







<b>Health Priority: Healthy Lifestyles (4 dots)</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• People are physically active, which helps prevent problems and makes people feel good about themselves. Several people in the community have lost a lot of weight by walking.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Not everyone will come to a diabetes clinic or a walking group. Some people are in denial, and it is important to figure out how to reach them so they can learn to take care of themselves.</li> <li>• We don't have the physical infrastructure to support people being active (e.g. people have to walk on the road, and it's busy [it's the Trans Canada]).</li> <li>• We don't have a NADACA worker in our community right now.</li> <li>• The court system gives people who push drugs a slap on the wrist. Rehab or jail is only a temporary solution.</li> <li>• Youth are using Facebook to advertise the parties, drinking, using drugs. So other young people see photographs that are posted, and they show people drinking and smoking, and even piercings they've got. This is not a positive influence.</li> <li>• It's now 'cool' to chew tobacco. Even after sports events, there is tobacco spit all over the floor.</li> <li>• Challenges of sporadic initiatives that offer something positive (like Wolf Pack) is that they are not connected in to long term planning for the youth in the community (e.g. the program just ends).</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Organizers need to make all events, activities, tournaments for youth drug and alcohol-free. If everyone did this and it was clear to everyone, we could reduce the drugs youth are using. We need zero tolerance for drug and alcohol in activities. If this doesn't happen, youth will binge drink before an activity (e.g. a trip) that is alcohol and drug free. They need to learn not to drink and do drugs at any activities.</li> <li>• People that offer initiatives (e.g. Wolf Pack) have to work with other programmers to figure out how the initiative fits into the whole bigger picture, to make sure health and safety concerns are addressed, to look ahead and think about how to coordinate for long term benefits for youth and</li> </ul>





<b>Health Priority: Healthy Lifestyles (4 dots)</b>	
	the community.
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need timely access to doctors' appointments (e.g. if someone has a problem with her foot and has diabetes, she should not have to wait three weeks to get in to see the doctor).</li> <li>• People need to hear from other people – role models - about the challenges they have faced (e.g. with diabetes, with addictions, with mental health) and how they have overcome the challenges.</li> <li>• People need education about taking good care of themselves (e.g. learning about different kinds of insulin).</li> <li>• We need infrastructure: sidewalks, walking trails that are safe for everyone, a bigger gym space where we can have tournaments.</li> <li>• When people go are charged with crimes (especially drug-related), they need to get real help – for example, GED course and self help groups, figuring out better ways to get money – they need real help from the system to help them make their lives better so they can stay out of the system.</li> </ul>

<b>Health Priority: Education/Communication (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Education/communication.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The whole community is affected when we don't have an effective education/communication plan around health issues, or any other issues.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People aren't aware of opportunities because they didn't receive the information. Some people (e.g. those with cable TV) may get the information when others (e.g. those without cable TV) don't get it, depending on how the information is shared.</li> <li>• People miss out on learning/educational information if the information isn't shared in a systematic way.</li> </ul>
<b>What is working well in your</b>	<ul style="list-style-type: none"> <li>• It is good to have the community newsletter (for people who read written information).</li> </ul>





<b>Health Priority: Education/Communication (4 dots)</b>	
<b>community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The community website works for the people who have Internet access and feel comfortable getting information this way.</li> <li>• The community channel is a good tool for people who have cable TV.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Have to consider literacy levels (written information isn't the best form for some people), income (e.g. some people have cable TV and can see information there, and others don't), and access to the Internet (some people get information from the Internet and through e-mail and others don't).</li> <li>• Sometimes things get started (e.g. community newsletter) and they go as long as a volunteer has energy for it, then it stops because the volunteer gets burned out.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need a way to let the community know about things, and get information out there about all issues.</li> <li>• We need a central area for getting information back and forth. This has to be done in a planned coordinated way that looks at the big picture of the community.</li> <li>• This system has to be consistent and last. Communication and education can't just be done until people burn out – it has to be part of the way the community works.</li> </ul>

<b>Health Priority: Culture (4 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Culture.</li> </ul>
<b>Who in your community is most</b>	<ul style="list-style-type: none"> <li>• The whole community.</li> </ul>





<b>Health Priority: Culture (4 dots)</b>	
<b>affected by this priority?</b>	
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Mother Earth is not well taken care of. There is garbage everywhere on the roads.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• The recycling programs in Nova Scotia don't include First Nations communities.</li> <li>• There are dogs all over the place and they rip open the garbage.</li> <li>• The man who empties our garbage bins has been fined for taking cardboard in garbage to the dump – what about our garbage that he takes to the dump – it's not sorted at all.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Eskasoni has competitions for taking care of the Earth – maybe we could do something like that.</li> <li>• People are interested in traditional work like bead work and basket making – we could use that to draw people here to learn about our culture.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• We need to take pride in begin Mi'kmaq and in caring for the Earth.</li> <li>• We need a recycling program.</li> <li>• We need to teach kids about garbage – it's all over the place and they don't use the garbage cans.</li> <li>• We need an ecotourism plan so we can develop walking trails with interpretation information, preserve the land through live history, and be advocates for cleaning the environment. We could also employ people seasonally, and train them off-season.</li> </ul>





<b>Health Priority: Sharing the Load (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Sharing the load.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• The entire community is affected.</li> <li>• People trying to make the community better are affected.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• 50% of our population is under the age of 20. Doesn't it make sense to offer programs and supports to youth to make and keep them healthy in mind, body, spirit, emotion? We need to offer programs and supports to keep our Elders healthy in body, mind, spirit and emotion as well.</li> <li>• Youth are bored, and need something to do. Without positive healthy options, they get involved with drugs, alcohol, and have mental health problems.</li> <li>• Programs start up occasionally, and they run for a while. They don't have consistent funding or resources, so eventually the people running them become burned out and they stop running the programs. Then, next time one starts up again, people are less likely to become involved because they know that it won't last.</li> <li>• The people who are trying to make the community better are getting tired, burned out. When they are not listened to, their motivation goes down. What about their mental health?</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• We are creating a job description for Elders to be involved (full time) in teaching the children in our new school [which opens in September 2008].</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• The challenges of residential school and reserve lands are hard on our people.</li> <li>• Too few people are doing too much – it can't continue without enough resources, funding, infrastructure, support to have staff to develop programs, implement programs, report on</li> </ul>







<b>Health Priority: Sharing the Load (3 dots)</b>	
	<p>programs and keep things going.</p> <ul style="list-style-type: none"> <li>• We have a very enthusiastic Youth Advisory Committee. They come up with good ideas, but the ideas are stopped at the Band Council.</li> <li>• Fewer people are volunteering now because they've been burned out and there aren't enough resources to continue programs and supports.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• Membertou has an Elders worker – someone whose job is to work with and support Elders. We could use something like that instead of having the child/youth worker try to fit helping Elders into her job when she already has enough to do and can't give the Elders the time they deserve and need.</li> <li>• We can be proactive, self-motivated, help ourselves, and not be reliant on the system.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• Sufficient staff, funding, resources, and a stable infrastructure to consistently offer programs to promote holistic health and well being, and prevent/reduce the problems people have with drugs, alcohol, mental health, suicide, poor lifestyles, low motivation.</li> <li>• We need to teach our children and youth about our culture, tell them our stories. They need to know what we've learned from our stories. Elders should be a part of the school system, and teach our youth full time.</li> <li>• We need community forums and referendums to support and decide about ideas and whether they should go forward. Actions need to come out of our talks, instead of actions that just fizzle out.</li> </ul>

<b>Health Priority: Navigating Through the Provincial Health System (3 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Navigating through the provincial health system.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Community members who go to the hospital – and their families.</li> <li>• Health Centre/home care workers.</li> </ul>





<b>Health Priority: Navigating Through the Provincial Health System (3 dots)</b>	
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People go to the hospital for services and the Health Centre is not informed that they are going, that they have been admitted, or when they are discharged. Sometimes people have been in the hospital and are then home again, expecting that the Health Centre knows about their needs, and understands that the Health Centre will be doing follow up, changing dressings, etc. In reality, the Health Centre (and Home Care) may not even know the person was in the hospital.</li> <li>• People are told after discharge from hospital, for example, that they can go to the Health Centre to get their dressings changed, and the Health Centre doesn't know anything about it. Therefore the Health Centre can't arrange follow up for the person in their home, and people may be in their homes and not getting the care they need.</li> <li>• People go for tests and don't understand the results, so they come to the Health Centre for help, and we don't have the information about the tests or results, so we can't help them.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• The regional hospital has a liaison person, who can inform the Health Centre as people are admitted to hospital, inform the Health Centre when people are discharged from hospital and help the person navigate and understand the hospital experience.</li> </ul>
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>• No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• There is a protocol that is supposed to be followed when people are released from the hospital – informing the Health Centre is supposed to be part of discharge planning, yet this protocol is not being followed. (E.g. in three years, the home care workers have been invited only twice to discharge planning meetings).</li> <li>• There is no liaison person in the smaller hospitals (e.g. Baddeck, Inverness).</li> <li>• The CHN has put up posters in the hospitals to remind people of the protocol but it is still not followed.</li> <li>• People have to be proactive and inform the Health Centre they are going into the hospital and let the Health Centre know when they are discharged. Not everyone thinks of this or can do it.</li> </ul>





<b>Health Priority: Navigating Through the Provincial Health System (3 dots)</b>	
	<ul style="list-style-type: none"> <li>• Some people don't want home care, and they rely on their family to look after them.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• In the provincial home care system, an assessment is done as part of discharge planning – that should happen here too. This allows home care to be there as a helper, and it promotes independence.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• The provincial system has to recognize home care in First Nations communities.</li> <li>• Community members (Elders?) to visit people in hospital?</li> </ul>

<b>Health Priority: Prenatal Misdiagnosis (0 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>• Prenatal misdiagnosis.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>• People who are having babies.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>• Sometimes pregnant women from the community go for tests and their babies are misdiagnosed as having Down's Syndrome, and the doctors recommend terminating the pregnancy. Recently that happened here and the couple decided to continue the pregnancy and the baby was born perfectly normal. There is something about the facial structure of First Nations people that can be confused with features of Down's Syndrome prenatally.</li> <li>• First Nations people are born with a blue mark on their butts. Sometimes doctors conclude that this mark is due to abuse.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>





<b>Health Priority: Prenatal Misdiagnosis (0 dots)</b>	
<b>Why is this working well? What has changed as a result?</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What makes it easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>Doctors and health care staff need to be educated about unique physical considerations for First Nations people so that they don't misdiagnose conditions and make ungrounded recommendations and conclusions.</li> </ul>

<b>Health Priority: Health Care Wait Time (0 dots)</b>	
<b>What are the health priorities for your community?</b>	<ul style="list-style-type: none"> <li>Health care wait time.</li> </ul>
<b>Who in your community is most affected by this priority?</b>	<ul style="list-style-type: none"> <li>People who need health care from the medical system.</li> </ul>
<b>How is your community affected by this priority?</b>	<ul style="list-style-type: none"> <li>People have to wait too long for treatment. In some cases, people with cancer are gone before they can get treatment.</li> </ul>
<b>What is working well in your community already to address this health priority?</b>	<ul style="list-style-type: none"> <li>No response to this question.</li> </ul>
<b>Why is this working well? What</b>	<ul style="list-style-type: none"> <li>No response to these questions.</li> </ul>





<b>Health Priority: Health Care Wait Time (0 dots)</b>	
<b>has changed as a result?</b>	
<b>What makes it challenging to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What makes is easier to address this health priority in your community?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>
<b>What is needed to better address this health priority in your community? Why is this needed?</b>	<ul style="list-style-type: none"> <li>• No response to this question.</li> </ul>







**APPENDIX E:**

**DETAILED RESULTS OF THE  
YOUTH WEB SURVEY**





## YOUTH WEB SURVEY RESULTS<sup>1</sup>

### 1. Are you between the ages of 12 and 20?

	#	%
Yes	53	82.8
No ( <i>End Survey</i> )	11	17.2
<b>Total</b>	<b>64</b>	<b>100.0</b>

### 2. (IF YES TO Q1) What is your age?

	#
Minimum	12 years
Maximum	20 years
Mean	16 years
Mode	12 years

### 3. Are you currently in school (i.e., elementary, junior, or high school)?

	#	%
Yes	42	84.0
No	8	16.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

### 4. Do you live in a First Nation community in Nova Scotia?

	#	%
Yes	42	85.7
No ( <i>End Survey</i> )	7	14.3
<b>Total</b>	<b>49</b>	<b>100.0</b>

### 5. (IF YES TO Q4) Which First Nation community do you live in?

	#	%
Acadia First Nation	3	6.1
Annapolis Valley First Nation	2	4.1
Bear River First Nation	1	2.0

<sup>1</sup> Please note that the percentages included in the tables represent the number of responses to each item vs. the number of participants who selected each item. This approach was necessary to account for the fact that participants could select more than one item for most of the survey questions.





	#	%
Eskasoni First Nation	5	10.2
Glooscap First Nation	2	4.1
Indian Brook First Nation	1	2.0
Membertou First Nation	9	18.4
Millbrook First Nation	5	10.2
Paq'tnkek First Nation	3	6.1
Pictou Landing First Nation	8	16.3
Potlotek First Nation	6	12.2
Wagmatcook First Nation	1	2.0
We'koqma'q First Nation	3	6.1
<b>Total</b>	<b>49</b>	<b>100.0</b>

## 6. What is your gender?

	#	%
Male	16	39.0
Female	25	61.0
<b>Total</b>	<b>41</b>	<b>100.0</b>

## 7. Please read the following list and check off what health issues/topics you believe are most important to the people of your community. (You can check up to 8 choices)

	#	%
Drug/Solvent Misuse/Abuse	22	8.7
Alcohol Misuse/Abuse	21	8.3
Loss of Culture	17	6.7
Education	15	5.9
Mental Health (e.g., stress; depression; etc.)	14	5.5
Abuse (e.g., physical; sexual; emotional)	13	5.1
Employment	12	4.7
Suicide	11	4.3
Obesity	10	3.9
Racism	10	3.9
Violence	10	3.9
Physical Activity & Recreation	9	3.5
Positive Role Models	8	3.1
Community Diabetes Education	7	2.8
Problem Gambling	7	2.8
Self-Esteem	7	2.8
Elder Health Care Services	6	2.4





	#	%
Parenting Skills	6	2.4
Sexual Health	6	2.4
Access to Healthy Food	5	2.0
Good Housing	5	2.0
Healthy Pregnancy Services/Programs	5	2.0
Role of Traditional Healing/Medicine	4	1.6
Tobacco Misuse	4	1.6
Home Care Services	3	1.2
Access to Provincial Health Programs	2	0.8
Infant/Toddler Health Services/Programs	2	0.8
Injury Prevention	2	0.8
On-Reserve Health Care	2	0.8
On-Reserve Health Care for Non-Aboriginals	2	0.8
Care for People Transferring to Other Bands	1	0.4
Culturally-Appropriate Health Care	1	0.4
Finding Health Care Services	1	0.4
Long-Term Care Services	1	0.4
Ongoing Care from Health Providers (e.g., doctors; nurses; etc.)	1	0.4
Transportation to Access Health Services	1	0.4
Other – Our Land	1	0.4
<b>Total</b>	<b>254</b>	<b>100.0</b>

**8. Please tell us why you believe these health issues/topics are important to the people of your community.**

	#	%
They are issues we see/deal with in our community	12	14.0
Our community would be a better/healthier place to live, and people's lives would improve if these issues were dealt with	10	11.6
Drug/alcohol abuse is a problem in our community	7	8.1
Suicide and stress are problems in our community	5	5.8
It will help youth become better future adults	4	4.7
Loss of culture/tradition is a problem in our community	4	4.7
Need positive role models for youth to help improve future generations	3	3.5
People need to learn how to proactively address these issues or they will escalate	3	3.5
Health is very important	3	3.5
These are issues seen/dealt with on a lot of reserves	2	2.3
Violence is a problem in our community	2	2.3
Dealing with these issues will help future youth	2	2.3
Education is important because it sets youth on a good future path	2	2.3





	#	%
Loss of culture/tradition leads to anger, unhappiness, abuse, etc.	2	2.3
Youth activities are needed to keep youth busy and out of trouble	2	2.3
Youth activities are needed to help people make positive choices	2	2.3
Tobacco misuse is a problem in our community	2	2.3
First Nation people need to feel safe living in their communities	1	1.2
I don't want my children to grow up with these issues	1	1.2
Health care is a problem in our community	1	1.2
Employment will keep youth busy and out of trouble	1	1.2
Elders are important in our community, so Elder care is important	1	1.2
Youth activities are needed to battle obesity	1	1.2
People are not active enough in our community	1	1.2
Teen pregnancy is a problem in our community	1	1.2
The community ignores these important issues because they are afraid of "looking bad"	1	1.2
The community needs to take action to make positive changes	1	1.2
Employment is important to bring money into the community	1	1.2
Employment will help boost self-esteem in the community	1	1.2
Physical abuse is a problem in our community	1	1.2
Mental/emotional abuse is a problem in our community	1	1.2
Loss of culture/tradition means we are losing the culture of the first people in North America	1	1.2
Positive parenting skills are important for raising the next generation	1	1.2
Racism is an issue because we receive benefits that non-natives don't – need education to counteract this	1	1.2
Land management is needed in the community because our population is growing and we are running out of room for houses	1	1.2
Pollution is a problem in our community	1	1.2
<b>Total</b>	<b>86</b>	<b>100.0</b>

**9. Please read the following list and check off what health issues/topics you believe are most important to the youth in your community. (You can check up to 8 choices)**

	#	%
Education	21	10.3
Drug/Solvent Misuse/Abuse	19	9.4
Alcohol Misuse/Abuse	17	8.4
Bullying &/or Violence	16	7.9
Physical Activity & Recreation	14	6.9
Loss of Culture	11	5.4
Obesity	8	3.9
Parenting Skills for Teen Parents	8	3.9







	#	%
Suicide	8	3.9
Self-Esteem	7	3.4
Sexual Health	7	3.4
Abuse (e.g., physical; sexual; emotional)	6	3.0
Employment	6	3.0
Mental Health (e.g., stress; depression; etc.)	6	3.0
Positive Family Relationships	6	3.0
Positive Role Models	6	3.0
Racism	5	2.5
Youth-Friendly Health Care Services	5	2.5
Access to Healthy Food	4	2.0
Good Housing	4	2.0
Positive Peer Relationships	4	2.0
School Environment	4	2.0
Culturally-Appropriate Health Care	3	1.5
Role of Traditional Healing/Medicine	2	1.0
Tobacco Misuse	2	1.0
Transportation to Access Health Services	2	1.0
Injury Prevention	1	0.5
Problem Gambling	1	0.5
<b>Total</b>	<b>203</b>	<b>100.0</b>

**10. Please tell us why you believe these health issues/topics are important to the youth of your community.**

	#	%
Youth alcohol/drug use is a problem in our community	7	9.6
Need to address these issues in youth now so they can lead more productive lives and/or be healthy as they grow up	6	8.2
These issues affect a lot of youth in our community	5	6.8
Youth physical inactivity is a problem in our community	4	5.5
Youth need positive role models to help them “stay on the right track”	3	4.1
Youth need to be able to see a positive future for themselves and their communities, rather than focusing on the negative	3	4.1
Teen pregnancy is a problem in our community	3	4.1
Youth obesity is a problem in our community	3	4.1
These health issues are important to youth	3	4.1
There are no services/help for youth with these issues in our community	2	2.7
Bullying sometimes leads to suicide	2	2.7
Youth in our community have to attend a “white high school” and there are race tensions	2	2.7





	#	%
Negative home lives and a lack of positive family relationships are problems in our community	2	2.7
Youth need to recognize the value of education	2	2.7
Lack of parenting skills is a problem in our community	2	2.7
Youth dropping out of school is a problem in our community	2	2.7
Youth in our community are getting sexually transmitted diseases/infections	2	2.7
These are issues that have affected us for generations	1	1.4
Youth need guidance to help them get good jobs	1	1.4
Youth need education to help them get good jobs	1	1.4
These issues affect youth on a lot of reserves	1	1.4
Addressing these issues will help our community	1	1.4
Physical activity will help keep youth busy and out of trouble	1	1.4
Education will help keep youth busy and out of trouble	1	1.4
Employment will help keep youth busy and out of trouble	1	1.4
Bullying affects youth for a long time	1	1.4
Physical abuse is a problem in our community	1	1.4
Mental/emotional abuse is a problem in our community	1	1.4
Loss of culture/traditions is a problem in our community	1	1.4
Racism is mentally damaging	1	1.4
Youth need to live healthy lives	1	1.4
Youth tobacco use is a problem in our community	1	1.4
Addressing these issues will help future youth	1	1.4
Youth suicide and self-esteem issues are problems in our community	1	1.4
Education will help raise the self-esteem of youths	1	1.4
Employment will help raise the self-esteem of youths	1	1.4
Need to raise awareness of youth issues in our community	1	1.4
<b>Total</b>	<b>73</b>	<b>100.0</b>

**11. Is there anything that is working well in your community to address the health issues/topics you just selected?**

	#	%
Yes	24	77.4
No	7	22.6
<b>Total</b>	<b>31</b>	<b>100.0</b>

**12. (IF YES TO Q11) Please describe what is working well in your community.**





	#	%
Workshops and information sessions are available in the community	5	13.9
Physical activity programs for youth in the community (e.g., recreation; sports; summer games)	5	13.9
Schools/education in the community	4	11.1
Community Health Clinic/Centre in the community	3	8.3
Programs to prevent suicide and stress among youth are available in the community	2	5.6
Employment programs in the community (e.g., summer employment)	2	5.6
A health care facility is near by	1	2.8
Help is available within the community (unspecified)	1	2.8
There is easy access to health programs in the community	1	2.8
There are AA meetings in the community	1	2.8
Community health clinic helps out on the reserve	1	2.8
A doctor is available when needed	1	2.8
Elder care programs in the community	1	2.8
The Chief runs a youth program to help them get in touch with their spiritual, mental, and physical health	1	2.8
Young children are starting to become interested in bringing our culture back to life	1	2.8
Drug and alcohol worker is available in the community who works with youth	1	2.8
Youth centre in the community	1	2.8
The health of the community is improving	1	2.8
Youth gatherings in the community	1	2.8
Cultural and Recreational Youth Program on the reserve that offers drug/alcohol free events for youth and gets youth involved in sports and events	1	2.8
DARE program is offered in the community (a life-skills program for youth to help them avoid involvement in drugs, gangs, and violence)	1	2.8
<b>Total</b>	<b>36</b>	<b>100.0</b>

### 13. What makes it challenging to address these health issues/topics in your community?

	#	%
People don't listen to youth and their needs	3	10.7
No focus on youth health needs	3	10.7
Hard to get people to participate in programs even if they need them	3	10.7
There is no one for youth to talk to or youth are unsure of who to talk to	2	7.1
Keeping our community clean/garbage	2	7.1
Lack of hope	2	7.1
Mother works as a nurse	1	3.6
Chief/Council don't help with/support health issues	1	3.6
Drugs/alcohol are easy to get in the community	1	3.6
No faith that there will be programs for us – they have asked us what we need but don't follow through	1	3.6





	#	%
Children are a higher priority than youth in terms of programming	1	3.6
People deny health problems exist in the community even if they have the problems themselves	1	3.6
Some youth just don't care about health issues	1	3.6
Youth don't enjoy talks about health issues	1	3.6
Boat harbour pollution	1	3.6
Lack of money to offer programs for youth	1	3.6
Bullying	1	3.6
Youth don't have the time – busy with school work	1	3.6
It is not challenging	1	3.6
<b>Total</b>	<b>28</b>	<b>100.0</b>

#### 14. What could be done to address these health issues/topics in your community?

	#	%
Have health workshops or other knowledge-building events (with question and answer periods)	6	15.8
Raise awareness of programs/supports (i.e., advertisements; radio ads; local TV ads; posters; community gatherings)	3	7.9
Get more programs/supports in the community	3	7.9
Have information sessions, rallies, seminars, meetings, and/or gathering for youth to discuss health issues	3	7.9
Get a place for youth to hang out (e.g., youth centre)	2	5.3
Have consistency in programs – set them up and don't abandon them if attendance is low at first	2	5.3
End pollution	2	5.3
People need to listen and care about/take action on their health	2	5.3
Nothing will be done until someone dies	1	2.6
Get more youth activities	1	2.6
Offer prizes for attending information sessions	1	2.6
Be patient at the start of programs – people need time to gain interest and trust before attending	1	2.6
Council needs to discuss health issues at meetings	1	2.6
Need a Youth Worker – someone who is positive and educated on youth issues	1	2.6
Make programs shorter and more intense rather than long	1	2.6
Get more jobs	1	2.6
Get sports teams	1	2.6
Improve education (i.e., school education)	1	2.6
Get a drug rehabilitation centre	1	2.6
Gather input on programs/services from community members	1	2.6
Teach youth about the impacts of bullying	1	2.6





	#	%
Have meetings with Chief/Council to discuss health issues	1	2.6
Have meetings with parents to discuss health issues	1	2.6
<b>Total</b>	<b>38</b>	<b>100.0</b>

**15. In the future, do you think you might be interested in working in a health profession as a career?**

	#	%
Yes	12	40.0
No	6	20.0
Don't Know	12	40.0
<b>Total</b>	<b>30</b>	<b>100.0</b>

**16. (IF YES TO Q15) Please explain why you would be interested in working in a health profession in the future.**

	#	%
To help my community (and other First Nation communities) become healthy	6	22.2
To help youths of tomorrow have healthier, successful lives	4	14.8
I would be proud of my job and the help I provided to my community	3	11.1
I like to help other people	2	7.4
To be able to work with people	2	7.4
I am proud of my culture	2	7.4
To help future youths have a better experience than I did growing up	2	7.4
Want to become a Mi'kmaq studies teacher to teach others about my culture	1	3.7
To act as a role model to youth living unhealthy lives	1	3.7
To help Elders	1	3.7
To help clean the environment on the reserve	1	3.7
To teach youths to become positive role models	1	3.7
It sounds like a fun field	1	3.7
<b>Total</b>	<b>27</b>	<b>100.0</b>

**17. (IF NO TO Q15) Please explain why you would NOT be interested in working in a health profession in the future.**

	#	%
Would rather work in another field	3	50.0
Don't like germs, blood, needles, and/or sick people	2	33.3
Don't have the patience required	1	16.7
<b>Total</b>	<b>6</b>	<b>100.0</b>







**18. Is there anything else you would like to tell us about the health issues/topics that are important to you and/or to your community?**

	#	%
Drug abuse/addiction is an important topic	3	20.0
Community members need more knowledge about health issues that impact them	2	13.3
Diabetes is an important topic	1	6.7
Obesity is an important topic	1	6.7
Need to offer healthy foods at convenience stores	1	6.7
Hope the results of this survey get passed on to Councils across NS – they need to hear about what youth need	1	6.7
Sexual abuse is an important topic	1	6.7
Physical abuse is an important topic	1	6.7
Need more cultural teachings	1	6.7
Need a building for cultural events	1	6.7
Need more youth gatherings	1	6.7
Need to stop water pollution	1	6.7
<b>Total</b>	<b>15</b>	<b>100.0</b>





## **APPENDIX F:**

# **DETAILED RESULTS OF THE HEALTH SYSTEM WEB SURVEY**





## HEALTH SYSTEM WEB SURVEY RESULTS<sup>1</sup>

### 1. Please tell us what organization you are representing.

	#	%
Acadia First Nation	1	1.9
Annapolis Valley First Nation	1	1.9
Atlantic Aboriginal Health Research Program	1	1.9
Atlantic Policy Congress of First Nation Chiefs	3	5.7
Cape Breton District Health Authority	2	3.8
Colchester East Hants District Health Authority	1	1.9
Education (unspecified)	1	1.9
Eskasoni Health Centre	3	5.7
Eskasoni Home & Community Care	1	1.9
Health Canada	4	7.5
Health Canada, First Nations & Inuit Health	13	24.5
Health Canada, Policy & Intergovernmental Relations	1	1.9
Indian & Northern Affairs Canada	1	1.9
Membertou First Nation	1	1.9
Micmac Native Friendship Centre	1	1.9
Mi'kmaq Employment & Training Secretariat	1	1.9
Mi'kmaw Family & Children Services	1	1.9
Nova Scotia Department of Health	1	1.9
Nova Scotia Department of Health Promotion & Protection	4	7.5
Nova Scotia Office of Aboriginal Affairs	1	1.9
Provincial Government (unspecified)	1	1.9
Service Canada	1	1.9
South West Health	1	1.9
The Confederacy of Mainland Mi'kmaq	2	3.8
Union of Nova Scotia Indians	5	9.4
<b>Total</b>	<b>53</b>	<b>100.0</b>

### 2. What is your position/title with this organization?

*This data is being withheld to protect the confidentiality of participants.*

<sup>1</sup> Please note that the percentages included in the tables represent the number of responses to each item vs. the number of participants who selected each item. This approach was necessary to account for the fact that participants could select more than one item for most of the survey questions.





### 3. Which of the following First Nation communities does your organization work with?

	#	%
Acadia First Nation	11	6.4
Annapolis Valley First Nation	15	8.8
Bear River First Nation	13	7.6
Eskasoni First Nation	13	7.6
Glooscap First Nation	5	2.9
Indian Brook First Nation	14	8.2
Membertou First Nation	10	5.8
Millbrook First Nation	8	4.7
Paq'tnkek First Nation	7	4.1
Pictou Landing First Nation	12	7.0
Potlotek First Nation	9	5.3
Wagmatcook First Nation	14	8.2
We'koqma'q First Nation	9	5.3
All of the Above	27	15.8
Other – Any “urban Aboriginals”	1	0.6
Other – First Nation communities served by Addictions Services (in each DHA) and the Office of Aboriginal Affairs	1	0.6
Other – Members of the Native Council	1	0.6
Other – 10 of 13 First Nations in NS (unspecified)	1	0.6
<b>Total</b>	<b>171</b>	<b>100.0</b>

### 4. On a scale of 1-5, with 1 being “not at all aware” and 5 being “very aware”, please rate your awareness of the recommendations outlined in the *Providing Health Care, Achieving Health* report?

	#	%
1 Not at All Aware	10	20.4
2	8	16.3
3	17	34.7
4	7	14.3
5 Very Aware	7	14.3
<b>Total</b>	<b>49</b>	<b>100.0</b>

### 5. Has your organization undertaken any activities to address the health priorities outlined in the *Providing Health Care, Achieving Health* report, or has it used the report to inform its work?





	#	%
Yes	21	47.7
No	4	9.1
Don't Know	19	43.2
<b>Total</b>	<b>44</b>	<b>100.0</b>

**6. (IF YES TO Q5) Please describe these activities and/or how the report has been used.**

	#	%
Used report to build relationships with First Nation communities	7	12.7
Used report to help in planning for First Nation health	6	10.9
Used report to learn about First Nation health priorities/trends	5	9.1
Report informed discussions with partners about First Nation health issues	4	7.3
Report helped the Tripartite Forum Health Committee structure its priorities/plans	2	3.6
Used report to inform us on First Nation health research/data/surveillance priorities	2	3.6
Use report priorities for planning Aboriginal Health Transition Fund projects and creating selection criteria	2	3.6
Used report to develop home care resources/projects/studies (e.g., First Nation falls prevention tool; AHTF home care project; pediatric home care project; scan of home care projects/services for First Nations)	2	3.6
Used report to support the work of the Mi'kmaq Maliseet Atlantic Health Board	2	3.6
The health recommendations relate/overlap with our social and education programs, so we read them to keep up-to-date on issues	1	1.8
Used report as an example of the collaborative approach used by the Tripartite Forum	1	1.8
Report created a foundation for the province's work on Aboriginal health and health promotion	1	1.8
Report helped the DHAs develop proactive approaches to working with First Nations	1	1.8
Was on the working committee who developed the hearings leading up to the report	1	1.8
Contributed background information to report from the First Nation Regional Health Survey	1	1.8
Used report to develop FNIHB Atlantic's strategic plan	1	1.8
Circulated report to all FNIHB Atlantic program managers for use in their program development	1	1.8
Used report as an orientation tool for FNIHB program/policy staff	1	1.8
Used report to prepare for the Aboriginal Health Summit	1	1.8
Use report as a basis for FNIHB Health Information Management Strategic Plan and its associated activities (e.g., education sessions; community data needs assessments; etc.)	1	1.8
Recommendations were used by FNIHB to identify processes that needed to be developed (but we still need tools/bureaucratic support to do the actual work)	1	1.8
Established a First Nation Advisory Committee on the DHA (reps also sit on other committees)	1	1.8







	#	%
Invited Bands to provide data for DHA accountability reports	1	1.8
DHA provided a Registered Nurse position for a youth health centre on a reserve	1	1.8
DHA provided funding/resources for a team-building retreat for Band members within its jurisdiction	1	1.8
Recruited First Nation people as CHB members	1	1.8
Used report to develop a mental health and addiction strategic plan	1	1.8
Palliative care training was provided to home care and health staff on reserve	1	1.8
Used report to identify collaborative service provision opportunities	1	1.8
Used report to develop an AHTF proposal to address mental health and addictions issues	1	1.8
Used report as a tool to help integrate the Chiefs' regional priorities set out through the Mi'kmaq Maliseet Atlantic Health Board	1	1.8
Used report as a capacity development tool	1	1.8
<b>Total</b>	<b>55</b>	<b>100.0</b>

**7. The following set of report recommendations address child, youth, family, and Elder programs/services for First Nations. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
Access to mental health services, particularly in the area of crisis intervention and treatment programs for children and youth is lacking in urban and rural settings alike (pages 33 & 48)	23	19.8
Parenting education programs that are culturally relevant and delivered by trusted mentors are required, as is a more formal system of role modeling (pages 24 & 50)	18	15.5
Achieving health in First Nation communities requires that investments be made in their youngest residents. Greater focus on early child development, including skilled use of assessment tools that are culturally appropriate is required (pages 25 & 51)	15	12.9
Early intervention programs must be in place (re: early child development) to give every child their best possible start in life (pages 25 & 51)	15	12.9
While cultural competency is an issue that touches almost every Aboriginal person at some point in their lives, it was pointed out that a culturally competent Elder care program may be one of the highest health care support considerations (pages 21 & 49)	11	9.5
Residential mental health facilities for youth in Atlantic Canada, with a focus on culturally relevant prevention, education, assessment, treatment and community-based follow up is lacking (pages 33 & 49)	10	8.6
The role of schools as contributing to the well being of youth in creative ways must be promoted (pages 25 & 50)	5	4.3
Biases in the school curriculum must be assessed to ensure a representative number of Aboriginal youth emerge from the system on a path to the sciences and health careers (pages 26 & 50)	5	4.3





	#	%
Programs that provide support to young parents to continue their education while on social assistance are needed, allowing families to fulfill their academic, employment and economic potential (pages 24 & 50)	3	2.6
Other – Youth substance abuse/addictions programs (culturally-relevant)	2	1.7
Other – Drug/alcohol prevention programs	1	0.9
Other – Access to health care programs/services (in general)	1	0.9
Other – Childhood obesity programs	1	0.9
Other – Relationship between Band accountability/corruption and health status	1	0.9
Other – Parents taking an ongoing, active role in their child's education	1	0.9
Other – On-reserve home care facilities for Elders/youth in crisis	1	0.9
Other – Use of quality health information/data (for surveillance; assessment; health plans; evidence-based decision-making; priority-setting)	1	0.9
Other – Food security for children/Elders (e.g., school food programs; meals on wheels)	1	0.9
Other – Health empowerment programs	1	0.9
<b>Total</b>	<b>116</b>	<b>100.0</b>

**8. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
First Nations need early intervention programs for children and their parents to help set the stage for their future development	12	12.1
First Nations need access to mental health services (e.g., programs for children, youth, adults, and Elders)	8	8.1
First Nations need programs that target youth	8	8.1
Health interventions need to target multiple generations in First Nation communities (e.g., target infants, children, youth, adults, and/or Elders)	7	7.1
First Nations need parenting programs	6	6.1
First Nation communities have told us that these are priorities for them	6	6.1
First Nations need holistic health programs (i.e., programs that target the mind, body, and spirit)	5	5.0
First Nations need Elder care programs	4	4.0
First Nations need access to educational and skill-building opportunities (e.g., for youth and adults)	4	4.0
Mental health is one of the most under-recognized challenges that can have a huge impact on a First Nation person's life	3	3.0
First Nations need health education/health promotion programs to help them learn how to take charge of their own health (e.g., programs for youth and adults)	3	3.0
First Nation single mothers/young parents need supports to help them complete their schooling	3	3.0





	#	%
First Nations need culturally-relevant health programs	3	3.0
Need to “break the cycle of illness” evident in generations of First Nations people	3	3.0
Children and parents need strong First Nation mentors to help raise their self-esteem and empower them	2	2.0
First Nations need access to addictions programs (e.g., for youth and adults)	2	2.0
First Nations need more employment opportunities (e.g., for youth and adults)	2	2.0
Need to focus on key, critical health programs first, to demonstrate their results/value to First Nation people/leaders	2	2.0
Need to use an “upstream” or preventative approach to health rather than a treatment approach	2	2.0
Important to target education-related health issues early on to prepare children for school and lay the foundation for their future learning and development	1	1.0
First Nations need to be included in provincial and federal health programs	1	1.0
First Nations need better access to health services	1	1.0
First Nation youth need services to “break the cycle” (i.e., illness of mind, body, and spirit) and help prepare them to become future leaders	1	1.0
First Nations need supports to be able to overcome basic poverty challenges before they can realistically be expected to address other health issues	1	1.0
First Nations need health information/data on which to base their health plans, create programs, and/or evaluate their programs	1	1.0
First Nations need programs that target/support their resiliency (e.g., life skills programs; coping skills programs)	1	1.0
First Nations need greater access to insured health benefits	1	1.0
First Nations need a fair appeals process if they are denied insured health benefits	1	1.0
Need greater accountability of all partners who are working to improve the health of First Nations	1	1.0
First Nation children need obesity programs – it impacts their physical, social, and mental development	1	1.0
First Nations need suicide prevention programs	1	1.0
Need strategic plans to address the growing demand for Elder care services in First Nations	1	1.0
Home care workers in First Nation communities need cultural, holistic training	1	1.0
<b>Total</b>	<b>99</b>	<b>100.0</b>

**9. The following set of report recommendations address First Nation access to health care services and programs. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
Achieving family-doctor-based continuity of care is a vital aspect of an improved health care system (pages 30, 32, 42 & 48)	19	11.0





	#	%
Every Nova Scotian, regardless of where they live, should be confident of their access to continuing care services (pages 35, 36, & 48)	19	11.0
Navigation supports are lacking throughout the health care system to help people find their way to the services they need. Regardless of where the patient navigation function resides, or what their professional background, Aboriginal people must know at the very least how to access health care services and have confidence in them (pages 32 & 48)	18	10.4
Although Aboriginal people are reflected in the population-based funding formula to Nova Scotia under the Health and Social Transfer, in practice, First Nations people are eligible for access to some provincial health programs but not others. A rational and consistent policy addressing this dilemma is required, to be developed in collaboration with First Nations communities (pages 23 & 52)	18	10.4
Based on an evaluation of the Occupational Therapy Project, presently under development between The Confederacy of Mainland Mi'kmaq and Dalhousie University's School of Occupational Therapy program, this model should be applied to other academic programs (pages 46 & 51)	11	6.4
Physician remuneration models which enable practice approaches that are relevant to First Nations populations are needed (pages 30, 37 & 48)	10	5.8
Nova Scotia Native Women's Association has identified the need to expand the pilot project to address more social/health issues and to expand the service to more communities (pages 27, 28, & 50)	10	5.8
The provincial primary health care cultural competence guidelines should be expanded for implementation across the health care system and Aboriginal people should continue to be involved in all levels of program design and delivery (pages 20 & 49)	9	5.2
Core funding for diabetes education programs at the community level is lacking (pages 28 & 50)	9	5.2
In general, transportation poses a barrier to some primary care services and many specialist services for Aboriginal people throughout the province. Existing transportation programs lack flexibility to address individual community needs (pages 16, 30, 38, & 49)	9	5.2
The appeal process and the time of emergency drug coverage under Non Insured Health Benefits is inadequate and should be extended to match the time required for appeal (pages 34 & 49)	9	5.2
Indian and Northern Affairs Canada (INAC) should follow up with First Nations groups to provide data on the magnitude of the issue of non-Aboriginal family member seeking access to service on-reserve. INAC, the First Nations and Inuit Health Branch and the province should come together and agree on appropriate funding supports and mechanisms to address this issue on the base of sound data, and; guidelines should be shared on how to apply policies soundly and consistently (pages 34 & 49)	7	4.0
Strategic partnerships should be developed between the Aboriginal and academic communities (colleges and universities) to create programs that speak to the needs of Aboriginal students (pages 45, 46, & 53)	6	3.5





	#	%
The “Continuing Care Policy Development and Research and Costing Project” presently underway at the national level by the First Nations and Inuit Health Branch should be reviewed with a particular focus on access or impact issues for First Nations populations on reserve (pages 36 & 52)	5	2.9
The issue of ‘transient clients’ (those who transfer temporarily to another Band within or outside of their primary province of residence) should be further explored to ensure to seamless access to care in First Nations communities and by all Aboriginal people (pages 36 & 49)	3	1.7
A policy framework should addresses issues of access to traditional healers within the context of Aboriginal health service delivery (pages 34, 35, & 48)	3	1.7
There should be greater use of such technologies as “telehealth” in First Nation communities - particularly those that limit the need for patients to leave their community to receive services, and that support greater self-care and monitoring of health conditions (pages 38 & 48)	2	1.2
Other – All of the above	1	0.6
Other – Accountability measures (e.g., accreditation for Band health facilities)	1	0.6
Other – On-reserve health services for autistic children and their parents	1	0.6
Other – Cultural safety/competency should be mandatory for all health care workers who serve First Nations (need to have examinations/testing for skills)	1	0.6
Other – Need to hold town hall consultations to get a “real answer” to this question	1	0.6
Other – Diabetes health promotion in schools and clinics	1	0.6
<b>Total</b>	<b>173</b>	<b>100.0</b>

**10. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
First Nations need to know what health services/resources they are entitled to and what alternatives are available to them (i.e., patient navigation)	7	8.4
Services in First Nation communities should be equal to provincial health services – all Nova Scotians should be entitled to equal service	5	6.0
Diabetes in First Nation communities is a high priority (e.g., need stable and strong interventions, on-reserve clinics, and core funding)	4	4.8
Everyone should be entitled to the same health care whether they live on-reserve or off-reserve	4	4.8
Transportation to health care services is inadequate and needs to be addressed	3	3.6
Health care jurisdictional issues are getting in the way of service to First Nations	3	3.6
Early intervention in First Nation communities is a high priority	3	3.6
More than three of these issues are priorities for the health of First Nations and need to be addressed	3	3.6
More funding is needed to ensure equitable health care services for First Nation	3	3.6







	#	%
communities		
Tele-health can provide a less stressful experience for First Nation individuals	2	2.4
Culturally-relevant, holistic programs/services are needed for First Nations	2	2.4
First Nation communities have identified these as priorities	2	2.4
Addressing these issues will improve the overall health and well-being of First Nation communities	2	2.4
Access to continuing care/long-term care for First Nations is a high priority	2	2.4
Need advocacy for First Nation health system changes at all levels	2	2.4
Health care services are needed for First Nation youth	2	2.4
Health care services are needed for First Nation Elders	2	2.4
Strategic partnerships around education can help provide supports for First Nation individuals to complete their education	1	1.2
Strategic partnerships around education can help provide relevant work-based education	1	1.2
Strategic partnerships around education can help provide a stable, trained workforce for First Nation communities	1	1.2
Tele-health can provide more immediate access to specialists for First Nation individuals	1	1.2
Tele-health can provide follow-up care for First Nation individuals	1	1.2
Tele-health can be less costly on the health system	1	1.2
Health promotion can be very viable in schools	1	1.2
Health promotion can be very viable in First Nation communities	1	1.2
Health promotion can cover numerous aspects of health (e.g., parenting; exercise; nutrition; diabetes; etc.)	1	1.2
First Nations need to know what mental health services/resources they are entitled to and what alternatives are available to them (i.e., patient navigation)	1	1.2
Too many First Nation individuals are “falling through the cracks” in terms of health services – this leads to stress and more health/mental health issues	1	1.2
Traditional medicine is holistic and targets overall wellness	1	1.2
Health promotion efforts need to integrate traditional medicine approaches	1	1.2
Planning for future health care needs is critical for First Nation communities	1	1.2
First Nations need health planners to help them with health awareness/empowerment issues, as well as future infrastructure and human resource needs	1	1.2
Health needs to be decentralized/devolved from government and placed into the hands of First Nation communities	1	1.2
Need navigation tools to help First Nation people with literacy issues	1	1.2
Need navigations tools that are culturally-appropriate for First Nations	1	1.2
More funding is needed for health care providers who serve both on-reserve and off-reserve populations	1	1.2
Prescription drug appeals take too long – people need drugs immediately	1	1.2
The provincial primary health care competency guidelines need to be fully utilized	1	1.2





	#	%
Governments and agencies need to work collaboratively on First Nation health issues	1	1.2
Health care workers should be trained (and tested) on skills to provide culturally-safe care to First Nations	1	1.2
Addressing the health needs of First Nation women can benefit the entire community in the long-term	1	1.2
Tele-health can address transportation to health care barriers	1	1.2
The empowerment of First Nation people to support their own health is needed	1	1.2
Health plans need to address more than short-term, patient-doctor issues to include the long-term, holistic supports needed (i.e., for autism, mental health, aging, and diabetes)	1	1.2
Socioeconomic issues need to be addressed in order to improve the health of First Nation communities (e.g., poverty; job opportunities; training)	1	1.2
First Nation Bands need to provide an annual report on education and employment issues to mark progress in these areas (e.g., school attendance rates; drop-out rates; post-secondary education; employment rates; etc.)	1	1.2
Many provincial health policies are racially-biased	1	1.2
Rural health care access issues need to be addressed for both First Nation and non-First Nation communities	1	1.2
Access to occupational therapy for First Nations is a high priority	1	1.2
<b>Total</b>	<b>83</b>	<b>100.0</b>

**11. The following set of report recommendations address partnerships and collaborative efforts to address the health of First Nations. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
Truly effective chronic disease prevention strategies lie outside the scope of the health care system and speak to social, economic and environmental influences on the wellbeing of communities, families and individuals. Appropriately resourced multi-sectoral platforms with targeted and long-term strategies are required (pages 28 & 50)	26	23.2
A process should be developed to resolve issues of jurisdictional responsibilities at the provincial, First Nations and federal levels (pages 35, 39 & 52)	26	23.2
The Tripartite Forum Health Working Committee should develop effective approaches to facilitate the engagement of District Health Authorities in a Nova Scotia Aboriginal health strategy (pages 40, 52, & 53)	15	13.4
The Tripartite Forum Health Working Committee should develop effective approaches to facilitate the engagement of District Health Authorities in its planning (pages 40 & 50)	14	12.5
The Tripartite Forum Chair should communicate with the President of the College of Physicians and Surgeons of Nova Scotia to invite that group to partner with the First Nations and Inuit Health Branch, the province and Aboriginals to address the issue of prescription drug abuse (pages 38 & 53)	12	10.7





	#	%
Support is needed for models of primary care in which family doctors work collaboratively with other physicians, pharmacists and other health service providers (pages 37 & 48)	11	9.8
Liaison is required between the Tripartite's Health and Education Working Committees to examine issues of mutual concern (pages 45 & 53)	5	4.5
Other – Tripartite Forum should meet with partners to discuss culturally-safe health needs	1	0.9
Other – Need more community health plans	1	0.9
Other – Need planning for the long-term prevention of health issues	1	0.9
<b>Total</b>	<b>112</b>	<b>100.0</b>

**12. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
Partnerships and collaborations with First Nation communities are essential for improving health – they must be “true”, equal partnerships	9	13.2
Political and/or jurisdictional agendas must be resolved to improve the health of First Nation communities – it is hindering services and leading to wasted resources/funding	7	10.3
All DHAs must be engaged with the First Nation communities in their jurisdictions	6	8.8
Everyone in Nova Scotia – whether they live on-reserve or off-reserve, or are First Nation individuals or non-First Nation individuals – has a right to medical care (there are problems with First Nation access to equitable health care in Nova Scotia)	4	5.9
Intersectoral collaboration is needed to address health issues in First Nation communities	3	4.4
Need to focus on population health issues in First Nations (e.g., health promotion; upstream investments)	3	4.4
Links between the Tripartite Forum committees (i.e., Health; Education; Sport/Recreation; Social; and/or Justice) is needed to address the health of First Nation communities	2	2.9
Health care providers need clear roles and responsibilities for providing health services to First Nation communities	2	2.9
Tripartite Forum needs to address the issue of First Nation prescription drug abuse with the College of Physicians and Surgeons of Nova Scotia because this is a preventable problem	2	2.9
Prescription drug abuse is already being addressed with the College of Physicians and Surgeons of Nova Scotia (by the Atlantic Policy Congress of First Nation Chiefs)	2	2.9
Health promotion education is needed for all First Nation communities	1	1.5
First Nation communities need health promotion education on FAS/FAE	1	1.5
First Nation communities need health promotion education on teen pregnancy	1	1.5
Access to mental health services is needed in First Nation communities to address teen	1	1.5





	#	%
stress and suicide issues		
Linking health researchers/academia with First Nation communities would provide benefits to both sides	1	1.5
Only three DHAs are working with First Nation communities in Nova Scotia (one is just beginning the process)	1	1.5
The Mi'kmaq and Cape Breton DHA Working Committee is a good example of collaboration	1	1.5
Governments need to make decisions and establish clear mandates for First Nation health	1	1.5
First Nation communities need referrals/access to specialists	1	1.5
Tripartite Forum Health Committee would be an effective mechanism for bringing First Nation health issues to the attention of DHAs	1	1.5
Some First Nation reserves have arsenic in the water supply	1	1.5
Drug coverage for First Nations needs to be addressed	1	1.5
Wait times for drug coverage appeals for First Nations needs to be addressed	1	1.5
Partnerships and collaborations with First Nation communities would facilitate cultural exchange	1	1.5
Partnerships and collaborations with First Nation communities would foster better working relationships	1	1.5
Tripartite Forum would be an effective mechanism for resolving jurisdictional issues	1	1.5
Education for health care providers to provide culturally-safe care to First Nations should be mandatory	1	1.5
Indian and Northern Affairs Canada needs to be engaged to understand and apply the principles of the social determinants of health in their work with First Nation communities	1	1.5
The First Nation and Inuit Health Branch of Health Canada and Indian and Northern Affairs Canada should be merged to collectively address population health and prevention issues in First Nation communities – need one federal body to work on prevention issues and leave the treatment/health care issues to the province	1	1.5
Need health system changes for First Nation communities now not in the future	1	1.5
DHA employees should provide on-reserve care to First Nation communities	1	1.5
First Nation Bands need to be more accountable in terms of health outcomes and services, rather than just accountable for the management of health funding	1	1.5
First Nation Bands need to learn about and implement health care standards and best practices	1	1.5
The Mi'kmaq Rights Initiative would be an effective mechanism for resolving jurisdictional issues	1	1.5
The Aboriginal Health Transition Fund Discharge Planning Project is working on creating clear roles and responsibilities for health care workers across jurisdictions	1	1.5
All these issues are priorities for First Nation communities and it is important to focus on all of them not just a few	1	1.5





	#	%
First Nations need a health care system that provides holistic care	1	1.5
Addressing the issue of prescription drug abuse in First Nation communities is a high priority	1	1.5
<b>Total</b>	<b>68</b>	<b>100.0</b>

**13. The following set of report recommendations address First Nation health planning processes. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
Regardless of the model by which Aboriginal input is achieved in the development of health plans and policy in Nova Scotia, any Community Health Board and District Health Authority with a First Nation community within its jurisdiction should include in its community health plan or business plan respectively the specific strategies it intends to employ to address the health needs of its Aboriginal population (pages 41 & 52)	19	18.3
Project activity is important but should not be the basis upon which local health care systems are planned, managed and delivered. Communities require sustained “core” funding based on locally identified priorities in order to address long-term health impacts (pages 47 & 48)	16	15.4
Opportunities for joint health planning mechanisms among groups of First Nations communities should be identified and resourced (pages 36 & 53)	14	13.5
There is an opportunity for the Nova Scotia Department of Health to lead the development of a Provincial Aboriginal Health Policy in collaboration with the Tripartite Forum and with close and meaningful Aboriginal engagement (pages 7, 40, & 50)	13	12.5
A Nova Scotia Aboriginal Health policy and ten-year plan for health, which is developed on the strength of meaningful Aboriginal input, is needed (pages 7, 40, & 49)	11	10.6
The Mi'kmaq-Nova Scotia-Canada Tripartite Forum lacks the necessary financial and human resources to achieve its full potential as a platform to contribute to policy development, long term strategic planning and relationship building (pages 40, 50, & 52)	11	10.6
District Health Authorities and government departments represented on the Tripartite Forum should include Aboriginal health priorities within their own business planning and reporting mechanisms (pages 40 & 52)	10	9.6
An emergency preparedness strategy for Aboriginal communities must be articulated with clear roles, responsibilities and resources for implementation (pages 39 & 52)	6	5.8
Other – Need First Nation health data (e.g., hospitalizations; utilization of provincial programs; cardiovascular health)	1	1.0
Other – Need more communication between DHAs and communities in their	1	1.0







	#	%
jurisdictions		
Other – Need to place planning power in the hands of First Nations	1	1.0
Other – Need to include CHBs in planning	1	1.0
<b>Total</b>	<b>104</b>	<b>100.0</b>

**14. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
First Nations need to be active, equal partners in health planning and program development	8	14.3
DHAs need to work closely with First Nations to understand their health needs and the impacts that their work has on First Nation communities – collaborative planning is needed	5	8.9
Committed funding is needed for providing health care services to First Nations	4	7.1
Need to support/nurture continued partnerships between First Nations and the provincial and federal governments	3	5.4
Need to ensure integrated, inclusive planning for First Nation health	3	5.4
First Nation health plans and partnerships will only be effective if there is a mechanism to support/implement the planned work	2	3.5
Pilot projects do not lead to sustainable programs and healthy outcomes for First Nations – need funding for long-term programs	2	3.5
Addressing these priorities would be realistic – they are clearly articulated, time oriented, inclusive of all partners, and/or attainable	2	3.5
First Nations need to reach consensus about what health issues in their communities need addressing	1	1.8
Health staff need education on First Nation health issues	1	1.8
DHAs need education on First Nation health issues	1	1.8
First Nations need strong supports from Indian and Northern Affairs Canada (and other external parties) to help them develop/implement their “all hazards” emergency preparedness plans	1	1.8
First Nations need strong supports from Health Canada to help them develop/implement their health emergency preparedness plans	1	1.8
First Nation communities need to be linked with provincial, district, and local organizations to help them address gaps in health service	1	1.8
All these issues are priorities for First Nations	1	1.8
Need to ensure sustained changes in health policy and practice for First Nations	1	1.8
Need accountability and performance measurement for all joint planning projects	1	1.8
Need core funding for a long-term First Nation health strategy	1	1.8
First Nation communities need to be empowered to make changes from within their own communities	1	1.8





	#	%
Professionals from British Columbia (e.g., Dr. Evan Adams) should be invited to Nova Scotia to provide advice/input into First Nations health issues – they have an effective model in place	1	1.8
First Nation Bands should consider amalgamating and delivering health services under one envelope (e.g., The Confederacy of Mainland Mi'kmaq)	1	1.8
DHAs need to work with Health Canada to identify gaps and improve quality of health service to First Nations	1	1.8
Need reliable First Nation health data to support informed decision-making	1	1.8
First Nation Bands need to share health data with the DHAs to support effective health planning	1	1.8
Need overarching policies to guide the First Nations health work of all partners in Nova Scotia	1	1.8
Need a First Nation health authority in Nova Scotia that will work with the DHAs	1	1.8
Need to develop intermediate and long-term health plans for First Nations	1	1.8
Policies should be created and driven by First Nations and used to inform the work of the provincial and federal governments	1	1.8
Negotiations are beginning around First Nation health jurisdictional issues in Nova Scotia	1	1.8
Home care is a high priority for First Nations	1	1.8
First Nations need to be able to provide input on how programs will be delivered in their communities to help ensure culturally-aware services/programs	1	1.8
First Nations need to be able to provide input on how they can access health services outside their communities (e.g., transportation issues)	1	1.8
The health needs of First Nation communities needs to take priority over the sustainability of the entire Nova Scotia health system	1	1.8
All Nova Scotians should have equal access to health care/services	1	1.8
Jurisdictional issues are impacting First Nation access to health services	1	1.8
<b>Total</b>	<b>56</b>	<b>100.0</b>

**15. The following set of report recommendations address First Nation input and leadership issues. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
A multi-pronged approach which supports and optimizes Aboriginal input at all levels of the health care system such that the principle of inclusion in policy development and decision-making is achieved is required (pages 41 & 53)	19	17.4
Aboriginal communities must be included in the Nova Scotia Department of Health's development of a strategic framework for continuing care services and be supported in participating as a stakeholder in the public consultation process planned for 2005 (pages 35 & 53)	16	14.7





Greater Aboriginal involvement is required in planning and implementing federal and provincial health programs and services (pages 40 & 49)	15	13.8
Local leaders must be supported in guiding their communities through multi-year, holistic strategies for health, provided with global resources to implement those plans and have a political framework to implement it (pages 47 & 50)	13	11.9
Community leadership should be supported in developing creative strategies to leverage assistance programs for long-term social and economic development (pages 23 & 50)	13	11.9
Local leaders, especially youth, for peer health education and mentorship activities require mobilization (pages 27 & 50)	13	11.9
As Nova Scotia expands the scope and membership of interdisciplinary primary health care teams, Aboriginal communities must be involved in the planning and implementation of professional roles, such as midwifery (pages 31 & 49)	11	10.1
Mechanisms to support the participation of those Aboriginal people living off-reserve must be developed, in order to ensure that their particular health concerns are addressed (pages 41, 42, & 53)	6	5.5
Other – Need open, transparent service delivery/budgeting on-reserve – take Band politics out of health centres	1	0.9
Other – First Nation leaders need to understand and recognize/value the importance of health as a foundation for social and economic success	1	0.9
Other – Host an Atlantic Conference on Health to come up with a 10-year health plan	1	0.9
<b>Total</b>	<b>109</b>	<b>100.0</b>

**16. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
First Nation communities need to be broadly, equitably engaged as partners to improve their health	7	23.3
First Nations need planning to provide direction in their work (planning needs to be done by them not for them)	4	13.3
Leadership in First Nation communities is key to improved health	4	13.3
Health planning processes need to be reflective of First Nation interests, values, and long-term self-determination goals (e.g., follow OCAP principles)	3	10.0
First Nation leaders need to know what health issues exist in their communities and plan to address them effectively	2	6.7
First Nation Health Directors need to know what health issues exist in their communities and plan to address them effectively	1	3.3
All First Nations need to have a Health Director – they play a pivotal role in the health of their community	1	3.3
Local First Nation leaders need to support/empower their communities to make health changes (all community members, including youth and Elders)	1	3.3





	#	%
First Nation management needs to be transparent and not based on family ties or who is in Council	1	3.3
First Nation staff need secure jobs to allow them to work towards their community's goals (and staff should not change when Council does)	1	3.3
Jurisdictional boundaries and the impacts of labels (e.g., on-reserve/off-reserve; status/non status) on health service access needs to be resolved to achieve better First Nation health outcomes	1	3.3
Need to establish partnerships with policy makers (at all levels) to help them better understand First Nation health issues	1	3.3
Need to identify and work with partners who can help First Nations make positive changes to affect better health outcomes in their communities	1	3.3
Need to address the root causes of poverty in First Nations	1	3.3
First Nations need data/evidence to support their requests for programs and resources	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

**17. The following set of report recommendations address First Nation health data and monitoring efforts. Please read the following list and select the top three priority areas you believe need to be addressed.**

	#	%
New approaches to evaluation and monitoring in the realm of Aboriginal health policy and clinical practice should be customized. We need to identify contemporary indicators that guide us to an understanding of systems for health rather than only measuring the management of illness (pages 44 & 51)	21	20.4
Capacities need to be built and mechanisms created for First Nations communities to collect, analyze and control their own health information (pages 43, 44, & 51)	21	20.4
The First Nations and Inuit Health Branch and the Atlantic Policy Congress of First Nations Chiefs should be supported in continuing to gather specific information from the communities on the issue of prescriptions not covered in the approved drug list. Data should be collected to determine the prevalence of the problem as well as the prescriptions to which it most commonly relates. As part of the solution, this should result in an education program designed to provide physicians and pharmacists with alternatives where appropriate (pages 34 & 51)	17	16.5
Tripartite Forum annual reporting should mark progress being made toward a provincial vision, based on indicators of success that are measurable, evidence-based and culturally appropriate. Similarly, District Health Authorities and government departments represented on the Tripartite Forum should include Aboriginal health priorities within their own business planning and reporting mechanisms (pages 40, 51, & 52)	15	14.6
The First Nations and Inuit Health Branch, First Nations and the province should continue to work together to flag the drugs that are being over-prescribed in the system	9	8.7





	#	%
(pages 38 & 53)		
The Drug Evaluation Alliance of Nova Scotia Program which identifies drug utilization issues, develops targeted interventions for health professionals and consumers, and evaluates the impact of interventions should be fully utilized (pages 37 & 51)	8	7.8
The use of electronic patient records to achieve improved quality of patient care is needed (pages 37 & 48)	7	6.8
Other – Rather than just flagging the over-prescription of drugs, need to also examine the under-prescription of drugs	1	1.0
Other – Need to build partnerships with the provincial government to allow communities access to health information/data they need to do their health plans and evaluations	1	1.0
Other – Each community needs their own health database	1	1.0
Other – In order to effectively target health needs, consistent, comparable data on First Nations across Atlantic Canada is needed	1	1.0
Other – Stop cutbacks on drugs deemed safe – pay for First Nation access to the expensive drugs that work	1	1.0
<b>Total</b>	<b>103</b>	<b>100.0</b>

**18. If applicable, please describe why you believe these health priorities are important to the First Nation communities you work with.**

	#	%
Need to build capacity (i.e., appropriate skills and technology) in First Nation communities to help them gather, manage, and analyse health information	4	16.7
Need information/data on drug use, misuse, and abuse, as well as information on drug prescribing trends in order to target appropriate interventions for First Nations (e.g., programs for youth and Elders)	4	16.7
First Nation communities (and partners) need health information/data to inform their health planning efforts	3	12.5
Electronic patient records would greatly contribute to improved and integrated health services for First Nations	2	8.3
First Nations need supports to identify and/or define meaningful health indicators and outcomes	2	8.3
First Nations need to own/hold/control their own health information/data	2	8.3
First Nation communities (not just the Atlantic Policy Congress of First Nation Chiefs) need to be involved in the examination of prescription drug misuse/abuse issues	1	4.2
Need to stop cutbacks on drugs deemed too expensive for First Nation coverage	1	4.2
The collection of community health data should be built into First Nation programs, so that staff collect it on an ongoing basis	1	4.2
It is important to not disaggregate First Nation health data down to the community	1	4.2







	#	%
level – the numbers are too small and are not meaningful		
Monitoring/collecting of First Nation health data is an area that needs work	1	4.2
First Nations need culturally-relevant substance abuse treatment programs for youth	1	4.2
Monitoring and evaluation efforts need to focus on broader, health promotion/prevention indicators in First Nations (holistic and culturally relevant), rather than on the incidence of disease	1	4.2
<b>Total</b>	<b>24</b>	<b>100.0</b>

**19. Do you know of any work currently being done in the First Nation communities you work with that is effectively addressing these health priorities (e.g., programs, initiatives, services, partnerships, etc.)?**

	#	%
Yes	29	53.7
No	25	46.3
<b>Total</b>	<b>54</b>	<b>100.0</b>

**20. (IF YES TO Q19) Please describe this work and why it is effective.**

	#	%
Early intervention programs have been established (e.g., in Eskasoni)	4	8.0
First Nation and Inuit Health Branch Atlantic Health Information Management Strategy has been implemented to build capacity of First Nations to collect, analyze, disseminate, and control their own health information	3	6.0
Many First Nation and Inuit Health Branch projects are happening to address the health needs of First Nations (e.g., Aboriginal Health Transition Fund projects)	3	6.0
Partners have started to integrate a holistic approach to First Nation health services/programs	2	4.0
Eskasoni First Nation has developed its own health centre – it is open on a daily basis and staffed with Aboriginal professionals	2	4.0
A new community health planning process is beginning in several First Nations in Nova Scotia – this process supports communities to assess their needs, map their assets, establish health management structures, and create health plans that include goals, objectives, activities, and success indicators	2	4.0
Eskasoni health centre has its own nationally-registered diabetes centre (it also deals with prenatal/postnatal diabetic issues) – before people had to go to the local hospital	2	4.0
The Nova Scotia Aboriginal Health Transition Fund Integrated Project (partnership between the Department of Health's Continuing Care Branch, The Confederacy of Mainland Mi'kmaq, the Union of Nova Scotia Indians, and the First Nation and Inuit Health Branch) is working to address continuing care services and home care discharge planning for First Nations on-reserve – it has established a policy forum, is	2	4.0





	#	%
evaluating discharge plans, and has developed a home care framework		
The Aboriginal Health Transition Fund project on early intervention is a good example of partners coming together to provide a much needed integrated service to First Nations	2	4.0
The Mi'kmaq Cape Breton DHA Working Committee has been formed to address the lack of resources/services provided to First Nations by the DHA – it is a diverse partnership where the voices of First Nations in Cape Breton are being heard	1	2.0
The Mi'kmaq Provincial Sport Animator is working to raise the physical activity levels of children in First Nation schools	1	2.0
First Nation and Inuit Health Branch has established three new positions to assist First Nations in their community health planning processes – these workers help them navigate federal programs, and understand new policies and funding arrangements	1	2.0
The Atlantic Aboriginal Health Research Program has effectively built to health research capacity of First Nations through supporting students and community-based research projects	1	2.0
Many Aboriginal Health Transition Fund projects have engaged all three levels of government in planning for key First Nation health priorities	1	2.0
An Aboriginal Health Transition Fund project is developing a provincial Aboriginal Health Policy	1	2.0
An Aboriginal Health Transition Fund project is conducting a feasibility study on First Nation midwifery	1	2.0
An Aboriginal Health Transition Fund project is working on First Nation cultural competencies in mental health workers	1	2.0
An Aboriginal Health Transition Fund project is working on improved navigation to cancer care services for First Nations	1	2.0
An Aboriginal Health Transition Fund project is developing memorandums of understanding between DHAs and First Nations for planning, communication, and service delivery	1	2.0
The Tripartite Forum Health Committee has been engaging DHAs in their quarterly meetings	1	2.0
The College of Physicians and Surgeons of Nova Scotia, First Nations and Inuit Health Branch, and the Atlantic Policy Congress of First Nation Chiefs have partnered on provider intervention work related to prescription drug abuse	1	2.0
The Aboriginal Health Human Resources Initiative has issued an RFP to post-secondary institutions to address the needs of Aboriginal students and improve cultural competency in their curricula	1	2.0
The National Aboriginal Youth Suicide Prevention Strategy has been implemented	1	2.0
More tele-health projects have been implemented in First Nation communities	1	2.0
The Aboriginal Diabetes Initiative has been expanded	1	2.0
A new Maternal and Child Health Program has been implemented to find supports for special needs First Nation children and their parents	1	2.0





	#	%
Non Insured Health Benefits programs is providing First Nation communities with drug profiles to help them take action on prescription drug abuse issues	1	2.0
Work has been done in First Nation communities to prepare them for a health emergency (e.g., pandemic influenza)	1	2.0
Mental health programs have been established in First Nation communities	1	2.0
Programs to address health care access for special needs have been established in First Nation communities	1	2.0
Chronic disease prevention and health promotion information and resources have been provided to First Nations	1	2.0
First Nation communities in Cape Breton have been using the Population Health Research Unit at Dalhousie University to gather health data from provincial databases	1	2.0
Electronic medical records are being used in five Cape Breton First Nation Bands to allow them to track actual health outcomes versus simply tracking the number of visits – data clerks are being trained at each health centre	1	2.0
First Nation Bands in Cape Breton are partnering with each other and having monthly management meetings – they are looking at infrastructure supports for Health Directors	1	2.0
First Nation and Inuit Health Branch is working with the provincial government to implement Panorama – a pan Canadian surveillance tool – in First Nation communities in the province	1	2.0
Tuiken project is collecting data and supporting First Nation planning processes	1	2.0
An Aboriginal Health Transition Fund proposal is being developed for a Mental Health and Addictions Prevention and Promotion Initiative – project will partner with First Nation communities to understand mental health and additions issues, identify what is already working in their communities, and move planning and programming opportunities forward	1	2.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

## 21. In your opinion, what makes it challenging to address these health priorities?

	#	%
Lack of clearly defined roles and responsibilities among federal, provincial, district, and First Nation partners (including the need to resolve jurisdictional issues and funding roles)	9	13.6
Reduced funding, tightened budgets, and/or a lack of resources	6	9.1
Lack of capacity within First Nation communities to address health issues (e.g., infrastructure; human resources/trained staff; leadership; skills for performance appraisal; skills to do MSI billing; etc.)	6	9.1
Need to strengthen the cultural-competency skills of health care workers and offer culturally appropriate tools/services to First Nations	4	6.1
Effectively delivering health programs to very small First Nation communities	2	3.0





	#	%
Lack of understanding by health care workers and/or partners on what services they can deliver to First Nation individuals, and what federal and provincial programs that First Nation people can access	2	3.0
No unified voice/leadership for the health needs of the 13 First Nations in Nova Scotia	2	3.0
Lack of long-term, sustained efforts to address First Nation health issues – short-term efforts do not lead to real results	2	3.0
Poverty and socio-economic challenges in First Nation communities lead to health problems and need to be addressed before health improvements are seen	2	3.0
The <i>Indian Act</i> uses an outdated model that is based on the ultimate decision-making power of Chiefs who change term every 2 years	2	3.0
Applying OCAP principles is difficult when trying to collect/retrieve First Nation data from the provincial system – many First Nation people fear electronic data collection and do not want unique identifiers to be used	2	3.0
Community Health Nurses are not included in the planning for the health of their communities even though they are the ones who have to implement the programs – they know what the needs of their communities are and should be involved in planning	2	3.0
Partners, leaders (i.e., Chiefs and Health Directors), and First Nation communities are at different stages of preparedness to address First Nation health issues (e.g., different knowledge levels; different values placed on health issues) – this leads to a lack of consistency and congruence between partners	1	1.5
Government needs to work with grassroots community leaders rather than Chiefs (who typically have priorities other than health)	1	1.5
The needs of First Nation communities in each Health Canada First Nation and Inuit Health region differ, and headquarters does not understand the differences which makes it challenging to provide relevant community programming	1	1.5
Political and bureaucratic barriers	1	1.5
Need leadership at the provincial level to support the idea that First Nation health should be a key indicator of success for the overall provincial health system	1	1.5
First Nation youth are one of the fastest growing demographics in Nova Scotia – and there are no plans for address their health needs	1	1.5
Gaining DHA attention to First Nation health issues when the communities in their jurisdictions are so small	1	1.5
Lack of clear priority issues for health – other First Nation issues are taking priority over health	1	1.5
Lack of equity in First Nation access to health services – all Nova Scotians should be entitled to equal health care service	1	1.5
Funding formulas do not support First Nation access to the health services they need	1	1.5
Need to gather solid evidence of the gaps in health services to First Nations	1	1.5
The health care system is difficult for First Nations to navigate	1	1.5
Shortage of health care professionals	1	1.5
Transportation to access off-reserve health services	1	1.5





	#	%
Need customized strategies to address the health priorities in each First Nation community – they all have different priorities, leadership, and capacities	1	1.5
The historically poor relationship between First Nations and the provincial government	1	1.5
Poor communication between First Nation and Inuit Health Branch and Indian and Northern Affairs Canada – need a unified voice and direction at the federal level	1	1.5
Organizations are working in silos and not engaging/communicating with other partners working on similar priorities	1	1.5
The relationship between the First Nation and Inuit Health Branch and First Nation communities is funding-based rather than a relationship that is actively collaborating towards improved health goals	1	1.5
First Nation Bands need to be accountable to their communities and funders for the quality of their health services not just the number of programs/services they provide	1	1.5
First Nation Bands need to be accredited for the health services they provide (should be a requirement for funding)	1	1.5
First Nations are not given true power to make decisions about the health of their communities	1	1.5
Many First Nation communities are small, so province-wide rather than community-tailored initiatives need to be planned and implemented – this makes it difficult to meet everyone's needs and many First Nations do not welcome aggregated service delivery	1	1.5
Lack of understanding that First Nations in Nova Scotia do not want “provincial Aboriginal health plans” or “FNIHB health plans” – they want their own “Mi'kmaq health plans” that are developed and controlled by their people	1	1.5
Need to take an “upstream”, healthy communities approach to address the root causes of First Nation health issues – needs to be holistic to address a variety of related issues (e.g., poverty; transportation; education; gender; culture; employment; etc.)	1	1.5
<b>Total</b>	<b>66</b>	<b>100.0</b>

## 22. In your opinion, what could be done to address these health priorities?

	#	%
Need inclusive community health planning projects, that include supports for building the planning capacity of First Nations	5	8.5
Need to address First Nation access to equitable provincial health care services	4	6.8
Need to identify and use best practice program models/approaches	4	6.8
Need long-term, stable funding and resources	4	6.8
Need participatory community health research projects to build the evidence for First Nation health issues	3	5.1
Need partnerships across all levels – with a common vision, clearly defined roles and responsibilities, and a commitment to achieve progress in the health of First Nations	3	5.1
First Nation leaders need the authority and supports to identify the needs of their own	3	5.1







	#	%
communities and plan for their future		
First Nations need to be engaged in developing and collecting health status indicators for their communities and for government – capacity-building is needed in this area	3	5.1
First Nation and Inuit Health Branch and the province need to be more flexible to allow for non-conventional programs for First Nations (e.g., culturally-based governance models; culturally-relevant programs/services)	2	3.4
Need to create socioeconomic development strategies to serve as a driver for health improvements in First Nation communities	2	3.4
All three levels of government need to agree on priorities and develop reasonable, mutually satisfactory courses of action	2	3.4
Need “true” partnerships between First Nations and government	2	3.4
Need revised funding formulas to address First Nation health issues – need to shift from rigid funding criteria to criteria that address the actual needs of individual communities	2	3.4
Provincial and federal governments should be mandated to resolve jurisdictional issues so First Nations receive the same level of care as other Nova Scotians	2	3.4
Need strong leadership to address First Nation health issues	2	3.4
Training on these health priorities for First Nation Band employees should be mandatory – what they learn can have a positive impact on their work and may be passed on to other family and community members	1	1.7
Need to implement programs currently being developed and evaluate their effectiveness	1	1.7
Need to manage change effectively (i.e., work in increments), so as not to overwhelm partners and to allow for focused attention and follow-through at each stage	1	1.7
Need to develop long-term First Nation health programs	1	1.7
Need advocacy for First Nation health issues – advocacy efforts need to be articulate, sustained, and collaborative	1	1.7
Need effective policies/direction around jurisdictional issues related to First Nations health	1	1.7
Indian and Northern Affairs Canada and the First Nation and Inuit Health Branch need to be better integrated	1	1.7
Need to tighten controls on doctors’ prescribing behaviours with First Nations	1	1.7
Government needs to act on the priorities of First Nations, not just listen to what they identify as priorities	1	1.7
Need to focus on the First Nation health information/data needed to identify health priorities and support ongoing planning and evaluation	1	1.7
Need a tripartite health accord like they have in British Columbia – it is a \$240 million agreement over 10 years	1	1.7
DHAs and Bands should be mandated to do joint health planning	1	1.7
Need to improve government communication about First Nation health issues both internally and across the federal-provincial-community levels	1	1.7





	#	%
First Nation and Inuit Health Branch needs to create local “quality improvement teams” to provide supports to Bands around quality of health care and health care standards issues	1	1.7
Partners and First Nation communities need education on First Nation health issues	1	1.7
Use unique identifiers on the health cards of First Nation people to support surveillance efforts	1	1.7
<b>Total</b>	<b>59</b>	<b>100.0</b>

### 23. Is there anything else you would like to tell us about the health priorities of Mi'kmaq people in Nova Scotia?

	#	%
A lot of progress has been made on addressing the health priorities of First Nations in Nova Scotia	2	8.3
A lack of community-capacity is creating a burden on grassroots people/projects trying to address the health issues in First Nations	2	8.3
Federal and provincial health partners need to be more flexible to allow for true community development, based on a culturally-competent, holistic, population health approach with First Nations	2	8.3
First Nation poverty and socioeconomic issues are urgent, and governments need to invest funding and effort into addressing these issues	2	8.3
Cutbacks are creating a burden on grassroots people/projects trying to address the health issues in First Nations	1	4.2
First Nations need to create a secure health organizational structure within their communities (i.e., “the right person for the job”, rather than who is related to Council members)	1	4.2
Federal and provincial health partners need to be more flexible to allow for true consultation and engagement with First Nations	1	4.2
Homeopathic medicines need to be considered as an alternative to more dangerous conventional drugs	1	4.2
Need a central body in Nova Scotia to coordinate/lead all the work being done to address First Nation health (i.e., one consistent messenger/source)	1	4.2
Health care services for First Nations need to be less fragmented – health professionals are forced to stick to certain categories of services they can provide, and to whom (i.e., on-reserve/off-reserve; status/non-status), due to their funding/programming mandates	1	4.2
Need holistic, inclusive approaches to health services that benefit all First Nations in Atlantic Canada	1	4.2
Need a total “mind shift” (unspecified) at both the community and provincial level in order to effectively address First Nation health issues	1	4.2
Need to focus on “upstream”, educational/preventative efforts for First Nations despite the demand for “downstream”, treatment programs	1	4.2





	#	%
A 10-year plan for First Nation health is too big – need to focus on shorter, higher-quality plans	1	4.2
First Nations need full access to health care services like all other Nova Scotians – funding to First Nation communities to deliver services in lieu of provincial health programs is not working	1	4.2
In order to really make progress on the issue of First Nation health, governments and First Nation communities need to work as equal partners	1	4.2
Support by leaders for First Nation health issues is very important/critical to success	1	4.2
Need to invest in health care infrastructure for First Nation communities (i.e., staffing; facilities; resources; etc.)	1	4.2
Need to attract more youth to health care training	1	4.2
Need to focus on priority health issues in First Nation communities (e.g., diabetes; obesity; diet; heart disease; drug use)	1	4.2
<b>Total</b>	<b>24</b>	<b>100.0</b>

