Kanesatake Health Centre Inc.
12 Joseph Swan Rd.,
Kanesatake, Quebec J0N 1E0

CULTURAL ADAPTATION OF PRE-HOSPITAL, IN-HOSPITAL AND POST-HOSPITAL SERVICES AND LIAISON FOR KANESATAKE

Final Evaluation Report

Submitted by
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March 31, 2011

Executive Summary

The overall goal of this Adaptation project was to create awareness and understanding of current Kanesatake holistic health programs and cultural practices, to enhance existing hospital liaison services and to create new linkages for services through the development of protocols for pre-hospital, in-hospital and post-hospital services.

The project was supported through a partnership between provincial and community services. The project partners were represented on a Steering Committee which oversaw the entire project. The Steering Committee had specific Terms of Reference which were developed as part of project planning. The committee operated by consensus, and quorum required the presence of at least one of the provincial partners.

In addition to a Steering Committee, there was a Project Manager hired, several consultants as well as a Cultural Attaché which developed the cultural training program. Community members were invited to participate on the Working Teams for the projects.

A presentation was prepared for the CSSS provincial health workers along with information flyers to explain the types of resources and services available in Kanesatake. A website was developed that provided more detailed information on all of the Health Center services, and the community itself.

A PIP model for hospital care and a formal liaison mechanism were developed. The Cultural Training was completed and presented to the workers at the CSSS and CLSC. The training was also put on a website to ensure its sustainability. A reference to this website will be placed in the orientation package for all new CSSS workers.

The project served to increase the capacity and awareness of both the community and the provincial partners by providing cultural and service information to the provincial workers and information on hospital liaison and referral services to the community.

The partnerships were very effective in this project as can be seen from the projects activities and outputs. The partnerships allowed doors to open that had not been opened before. There were some challenges in regards to language of communication and outside influences such as the pandemic, and changes in staffing with the CSSS, the Health Center Administration, and the Board of Directors of the Health Center.

The immediate AHTF project outcomes were met. There has been an enhanced awareness among the partners and interveners through capacity building, collaboration and information-sharing. However, it is too early to tell if the awareness resulting from information-sharing and cultural training will have an impact on service delivery.

There has been a strong commitment from all of the project partners to carry forward the work that was done through the AHTF project. The Steering Committee has agreed to meet twice a year for the next ten years, and has revised its terms of reference to support this pledge. The terms of reference document will be updated in 2013. A Sustainability Plan was developed for the project that will see the continuation of many of the liaison and information-sharing mechanisms that were put in place during this AHTF Adaptation Project.

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1. Introduction

1.1 Context

The Aboriginal Health Transition Fund (AHTF) is a five-year initiative (2004 to 2010) which seeks to improve the integration of Federal, Provincial and Territorial funded health systems, adapt existing health programs and services to serve better the needs of Aboriginal peoples (First Nations, Inuit and Métis), improve access to health services, and increase the participation of Aboriginal peoples in the design, delivery, and evaluation of health programs and services. Health Canada had recently received permission to extend all of the AHTF projects until March 2011.

The AHTF provides transitional funding to Provincial and Territorial governments and First Nations, Inuit and Métis organizations and communities in three areas:

- **Integration** - to support First Nations and Inuit communities to improve the coordination and integration between provincial and territorial health systems and health systems within First Nations and Inuit communities;
- **Adaptation** - to support provincial and territorial governments to adapt their existing health programs to the unique needs of all Aboriginal peoples including those in urban and Métis settlements and communities; and
- **Pan-Canadian** - to support cross-jurisdictional integration and adaptation initiatives in three streams: First Nations, Inuit and Métis; capacity funding to national Aboriginal organizations; workshops; evaluation activities; and overall administration of the AHTF.

The Aboriginal Health Transition Fund (AHTF) is a five-year $200-million fund set up in 2005-2006. It was established because there was increasing acknowledgement of the fact that to mitigate differences between the health status of Aboriginal individuals and non-Aboriginal Canadians, coordinated efforts were required on the part of all stakeholders involved in Aboriginal health. The investment allows federal, provincial and territorial governments (FPT) and First Nations governments offering healthcare services and Aboriginal communities to design new means of integrating and adapting existing health services.

1.2 Background

The project recipient is the Kanesatake Health Center Inc., located at 12 Joseph Swan Road, Kanesatake, Quebec, J0N 1E0. The Health Center was recently incorporated federally, and received its Letters Patent on August 15th, 2006.

The Kanesatake Health Center opened June 3, 1996. The Health Center (KHC) is community-based committed to promoting wellness and harmony within the community of the Kanesatake and its surrounding territories. The KHC endeavors to provide health services that are accessible to all Kanesatake community members regardless of age, race, sex, income, education, lifestyle choices, or religion.

The Health Center believes in a holistic approach to health and well being. It has adopted the belief that all individuals have the right to respectful care and the right to make informed decisions about the care they choose to receive. The mission of the Health Center directs that the staff, in their hearts, through their words and by their actions, endeavor to meet the health and wellness needs of the Kanesatake community, the family, the individual and the unborn child with honor and respect at all times.

The Health Center currently has many programs and services which include but are not limited to the following examples:

- Community Nursing services and clinics;
- Prenatal and Immunization clinics;
- Home and Community Care;
- Outreach for Elders;
- Drug and Alcohol Prevention;
- Youth Council and Youth Group (KYOT);
- Parents and Tots program;
- Environmental programs;
- Prevention programs for healthy living such as tobacco awareness
- Information and Support Groups for Diabetes, HIV-Aids, FASD;
- Mental Health Support programs.

The Health Center also works with the provincial Social Services agency, Centre Jeunesse des Laurentides, to ensure the health and well-being of the Elders who are resident in the Riverside Elders home, and to support Child and Family Services through Health Center programming.

1.3 Adaptation Project

The Adaptation Project entitled: *"Cultural Adaptation of Pre-Hospital, In-Hospital and Post-Hospital Services and Liaison for Kanesatake",* aimed to increase understanding and awareness among staff at the local provincial services about services and cultural practices in Kanesatake. This project also sought to develop a working culturally sensitive model for care between provincial services and community services.

1.4 Project Partners

The partners for the Kanesatake AHTF were as follows:

- Board of Directors of the Kanesatake Health Center Inc.
- Centre de Santé et de Services Sociaux (CSSS) du Lac des Deux-Montagnes
- Mohawk Council of Kanesatake
- Riverside Elders' Home (under the Mohawk Council)
- Agence de Santé et de Services Sociaux (ASSS) des Laurentides
- Centre Jeunesse des Laurentides – point de service Kanesatake

1.4.1 The Mohawk Council of Kanesatake

The Mohawk Council of Kanesatake (MCK) is the duly elected body with legal powers and authority to govern in Kanesatake and its territory. The Council's jurisdiction covers various public services and programs that are provided to the Community, including the Riverside Elders' Home. The Mohawk Council has delegated the administration of the Health programs and services to the Kanesatake Health Center.

In 2006, the Council (MCK) agreed through Band Council Resolutions to support the incorporation of the Health Center as a mechanism that will allow the expansion and future development of Health Services to the community of Kanesatake. The Mohawk Council of Kanesatake has two permanent positions with voting privileges on the Board of Directors of the Kanesatake Health Center Inc.

1.4.2 CSSS du Lac-des-Deux Montagnes

The Health and Social Services Center (CSSS) of Lac-des-Deux-Montagnes is responsible to maintain and improve the health and well-being of the population of the Municipal Regional Council (MRC) of Deux-Montagnes and the southern sector of the MRC of Mirabel. Further, as a partner, it provides a specific range of services specialized to the population served by the Health and Social Services Center of Ste. Thérèse-de Blainville.

The CSSS ensures that the population of the territory has access to a broad range of health services and social services, in particular services of promotion-prevention, evaluation, diagnosis and treatment, readjustment, support and lodging as well as access to specialized and ultra specialized services.

To do this, the CSSS favours "program services" in order to improve accessibility as well as supporting continuity and a better coordination of the services. The Quebec Ministry for Health and Social Services defines a program as "an entity of services and activities organized with an aim of meeting the needs for the population or the needs for a group for people who share common problems".

Using an interdisciplinary approach, the 2 300 employees, 265 doctors and pharmacists as well as the 180 volunteers collaborate together to achieve the mission of the CSSS in all of its four installations:

Le Centre d'hébergement de Saint-Benoît

Located at Mirabel, the Saint-Benoît Residence offers 75 beds for permanent lodging. It offers in a temporary or permanent way, services for lodging, assistance, support and monitoring as well as services of readjustment, psychosocial, nursing, pharmaceutical and medical services for adults who have lost their autonomy and cannot remain at home any longer, even with the support of their loved ones. Currently this Residence is being renovated.

Le Centre d'hébergement de Saint-Eustache

The Saint-Eustace Residence offers, in a temporary or permanent way, services for lodging, assistance, support and monitoring as well as services of readjustment, psychosocial, nursing, pharmaceutical and medical for adults who have lost their autonomy and cannot remain at home any longer. There are 192 permanent beds and 3 palliative care beds. In addition, there is a day center and an external service for readjustment.

Le CLSC Jean-Olivier-Chénier

The CLSC offers first line health and social services, of a preventive or curative nature, readjustment or reintegration as well as community organization services. The services of the CLSC are provided at home, school, work and in the community. Psychosocial services and crisis intervention in person or at home are offered 24 hours a day and 7 days a week.

L'Hôpital de Saint-Eustache

With a capacity of 221 beds and 23 stretchers at the emergency clinic, this hospital offers general and specialized care. In 2005-2006, the Hospital of Saint-Eustace received 53,021 visits for the emergency clinic, offered 70,020 external consultations and 27,557 admissions, including 10,802 in short-term care.

Located near highways 13, 15 and 640, the Saint-Eustache Hospital is designated as a "secondary trauma center". Moreover, it acts as a Reference Center for the Québec tracking program for breast cancer. Since 1989, the Hospital of Saint-Eustache is member of the Mother-Child Network that works in collaboration with the University Hospital Complex (CHU) of Sainte Justine. In 2004, it became the second establishment in Quebec to receive the certification "Baby-friendly Hospital" decreed by the World Health Organization (WHO) and UNICEF for the protection, support and promotion of breast-feeding.

1.4.3 Centre Jeunesse des Laurentides-Kanesatake

The Centre Jeunesse des Laurentides is currently mandated by Indian and Northern Affairs Canada to provide social programs to the community of Kanesatake similar to those found in the province, according to the terms and conditions of its funding arrangement, and in compliance with the program objectives and requirements established by the INAC Social Development Program.

The Centre Jeunesse receives funding under the Assisted Living segment of the social program to provide In-Home Support Services to those Elders living at home, as well as funding for Foster Care and Institutional Care. The other segment of the Social Program for Child and Family Services is limited to services resulting from a Youth Protection mandate.

1.4.4 Board of Directors of the Kanesatake Health Center Inc.

The Board of Directors consists of 7 members, some of which are elected and others appointed by the nature of their employment under the Mohawk Council of Kanesatake. The mandate of the Board of Directors is to manage the property and business of the corporation. This is done through its delegation to the Executive Director of the Health Center who is the Chief Administrative Officer of the corporation.

2. Methodology

2.1 Evaluation Overview

Among other things, the evaluation of the Adaptation project addressed the following general points:

- Progress achieved towards the stated outcomes with reference to the work plans, stated measurement indicators and the logic model included in the integration project;
- Implementation and operation of the adaptation and the integration projects: successes, problems encountered (positive and negative aspects, improvements to be made, etc.)
- Best practices and weaknesses, what worked and what didn't work and the reasons for this, lessons learned from the projects;
- Relationships between the project partners and ability to mobilize organizations, services and people to contribute to the overall project success;
- Sustainability of the projects in reference to future dialogue and cooperation between the community health services and the provincial health services under the CSSS Deux-Montagnes.

2.2 Objectives

The overall purpose of the evaluation is to collect and organize information on both of the AHTF Projects to determine whether the projects achieved the anticipated results. The objectives are:

1. To provide a summary of the project work – the inputs, activities and outcomes for each project.
2. To determine if each of the projects has met its expectations.
3. To look at the lessons that were learned from each project.
4. To establish what would be the best practices for future projects.

2.3 Evaluation Activities

The activities involved in the evaluation design included:

- Review of existing project literature;

- Review of project work plans and evaluation plans;
- Attendance at project meetings as required;
- Preparation of a questionnaire intended for AHTF Steering Committee members and project partners;
- Preparation of a questionnaire for project work teams;
- Sending out the questionnaires or conducting interviews using prepared questionnaires;
- Reviewing project minutes and interim evaluation reports;
- Compiling and analyzing information received;
- Validating the findings;
- Completing the final report.

2.4 Evaluation Questions

The questions looked at during the evaluation:

- Extent to which there has been an adaptation of services as a result of the AHTF project;
- Level of collaboration with provincial programs and services (quality of and depth of collaboration);
- Any applied research which has been used, and its relevance and effectiveness;
- Quality of communication between local and provincial organizations and services participating;
- Any lessons learned from the AHTF activities;
- Extent to which the project fulfilled its objectives and achieved its expectations;
- The likelihood that program benefits will continue after completion without over-burdening local organizations and provincial partners.
- The extent to which local capacity been developed at the individual worker and health service levels, and if so, if it will be adequate to sustain the benefits envisaged.
- The overall key challenges, constraints and risks facing the project.
- Has there been shared responsibility and accountability for program results by all the local and provincial partners?
- How effective has been the communication, coordination and cooperation among the program partners?

2.5 Challenges

Some of the challenges for this evaluation were:

- The differences in jurisdiction, administrative organization and responsibilities between all of the AHTF project partners.
- Possible differences in language comprehension between community and provincial members working on committees.
- Differences in cultural background and orientation.
- Time available to the project partners and stakeholders to willingly respond to the evaluation questions whether by survey or interview.
- Many of the project activities for the Adaptation project were only concluded in the last few weeks, with information only available to the evaluator just before March 31st.

2.6 Methodologies

The methodologies used in the evaluation include:

- Review of Work Plan in detail with Steering Committee including time frames for each activity, and discussion of common and separate evaluation elements for each of the two projects.
- Work with Steering Committee and Project Coordinator to ensure that appropriate measures and indicators are collected.
- Review of project meeting minutes, documents and other information including any completed AHTF mid-project evaluations for both projects.
- Review of any project measures/indicators that have been collected for both projects.
- Analyzing collected data and preparing a summary of project inputs, activities and outcomes for both projects.
- Development of evaluation tools based on the literature review and the evaluation questions.
- Review of evaluation tools by Steering Committee.
- Interviews/surveys of project partners and stakeholders using approved evaluation tools in relation to each project.
- Compilation and analysis of data collected, reflecting on logic model for integration project.
- Finalize report.

3. Project Activities and Outputs

3.1 Project Oversight

The partners for this project included:

- Agence de Santé et Services Sociaux des Laurentides (ASSSL)
- Centre de Santé et Services Sociaux Deux Montagnes (CSSSDM)
- Centre de Jeunesse des Laurentides (CJL), Kanesatake Office
- Mohawk Council of Kanesatake (MCK)
- Riverside Elders' Home
- Kanesatake Health Center Inc.

Each of the partners was represented on a Steering Committee which oversaw the entire project. The Steering Committee had specific Terms of Reference which were developed as part of project planning. The committee operated by consensus, and quorum required the presence of at least one of the provincial partners.

Each of the partners was responsible for providing technical support to the project. This technical support consisted of making available technicians who worked on three different teams for each aspect of the project: Elders in Residence and In-Home Support, Maternal Child Health, and a Cultural Team. The teams were composed of community staff and specific technical resources from the CSSS.

3.2 Situation Addressed

There is not an active working relationship between the St. Eustache Hospital and Kanesatake Health programs and services, or the community In-Home Support Workers under the Centre Jeunesse des Laurentides. Any post-hospital referrals are made to the CLSC Jean Olivier who may or may not contact the Kanesatake Home and Community Care program or the Social Services workers.

Frequently, Elders from the Riverside Elders' Home are transported to hospital by ambulance, but there is no one accompanying them from the

center. Very often, the nurse who discharges these patients does not know who or how to arrange return transportation for these Elders to the Center.

Many of the Elders who use the services at the hospital only speak Mohawk. Many of the community members who go to the hospital are Anglophone, and do not speak French and cannot always understand what is being explained to them.

There is limited communication with provincial services through the CLSC. There is not a formal mechanism to integrate community services on behalf of the client or to case manage together to service clients for pre-hospital, in-hospital or post-hospital needs. There are many health, social and support services available at the Health Center or through the Social Services that are not being used or referred to by the agencies of the CSSS.

Since the Oka Crisis, and even before this event, there has been a lot of stereotyping of First Nations, and in particular of the Mohawk people of Kanesatake. These can have an influence on the health worker's perception of a patient in care.

The Mohawk people have been using their own cultural traditions and practices for centuries. Many of these traditions center around the family, birthing and death. As an example, birthing is seen as a natural event of life, and not a medical act. There are particular traditional practices around the preservation of the umbilical cord, the treatment of the placenta, and the way in which the mother sleeps with her baby.

First Nations have particular pre-determinants of health, and higher morbidity rates for such diseases as diabetes. They also have higher mortality rates for violence and suicide. These are all elements of an awareness training that would enhance primary care and other health services at the St. Eustache Hospital.

There are currently staff nurses in the emergency clinic and on the wards of the St. Eustache Hospital who have liaison duties. However, they are unaware of the types of services that could be available in the community to support clients during and after their stay at the hospital.

3.3 Objectives

The overall goal of the project is to create awareness and understanding of current Kanesatake holistic health programs and cultural practices, to enhance existing hospital liaison services and to create new linkages for services through the development of protocols for pre-hospital, in-hospital and post-hospital services.

The ensuing objectives for the project "*Cultural Adaptation of Pre-Hospital, In-Hospital and Post-Hospital Liaison Services for Kanesatake*" are:

1. Put in place the project team and administrative structure needed to manage the project from January 2009 – March 31st 2011.
2. To develop awareness of and information on the extent of the health and social services that are available in the community of Kanesatake for those persons who will be, are, or have been hospitalized in the St. Eustache Hospital.
3. To develop awareness and sensitivity among hospital staff and other professionals of the cultural holistic practices of the community around birth, family and death.
4. To provide training to existing liaison staff in emergency, maternity and general medicine sectors on the type of services available within the community to enhance and accommodate the health and well-being needs of clients from Kanesatake.
5. To increase the awareness of the community of Kanesatake on the role of the Hospital Liaison Support for Emergency, Maternity, and Medical Services.
6. Harmonization of culturally sensitive and appropriate holistic services and customs with current hospital procedures and services.
7. To develop protocols and new linkages for services between the CSSS and the Kanesatake Health Center Inc. according to the holistic needs of various types of clients from the community.
8. To work towards a culturally sensitive and appropriate holistic model for pre-hospital, in-hospital and post-hospital services and referrals for members of the community of Kanesatake between the agencies of the CSSS Deux Montagnes, Centre Jeunesse des Laurentides, and the Kanesatake Health Center Inc.

3.4 Adaptation Project Activities

3.4.1 Project Structure and Administration

A Project Manager, two Nurse Consultants (for Integration Project), and later a Culture Attaché were hired. Each position had to be reposted several times before a suitable candidate was found.

Three Joint Working Teams were put together, one of which focused on Cultural Training and Hospital Liaison for the Adaptation Project. Community members were invited to participate on all of the Work Teams.

Regular meetings of the Joint Working Team for Culture were held, as well as Coordinators meetings with the Project Coordinator, Nurse Consultants, and the Cultural Attaché. Steering Committee meetings with the project partners were held with the Project Coordinator chairing and recording the minutes.

3.4.2 Awareness of Services

Pamphlets and information flyers were developed providing an overview of the services and resources that are available in the community. A presentation was done for the workers of the CSSS on the health services that are available in Kanesatake. In addition, a website was developed for the Kanesatake health Center that provides an overview of the community and resources available.

The website provides a unique video drive-through of the community with explanations of all of the landmarks and service centers. There were 14 persons who completed an on-line survey for the website, and they all found the website to be very informative, well laid out, and easy to navigate through.

Discussions were started towards the end of the Adaptation project to have liaison staff from the hospital present information in the community. This will likely occur in April or May 2011.

3.4.3 Cultural Training

A Cultural Team was put together using Elders from the community as well as resources from Tsi Ronterihwanónhnha Language and Cultural Center. A Cultural training program entitled "Project Skennenkowa" was developed by the Cultural Attaché working with the Project Coordinator and the Cultural Team. The presentation used power point, video and discussions.

A training binder was prepared which included the training documentation, information on Kanesatake health services, and various additional cultural resources such as the Anthology of the History of Kanesatake. The training was presented to 120 of the staff at the local hospital and CLSC to increase awareness about the community and the culture.

The Cultural training was also placed online, and was used to train staff at local CSSS, of which an additional 117 took the training. The Cultural training website will be referenced in an orientation package of new employees of CSSS.

The participant evaluations from the training were very positive, they found it to be "super interesting", and wanted to see more time given for the training as they felt there was a lot of material to be covered in the amount of time provided.

3.4.4 Protocols and New Linkages for Services

A formal liaison mechanism between Kanesatake and CSSS MRC Lac des Deux-Montagnes was developed which provides links between the two jurisdictions in different departments. The departments included: Steering Committee, Maternal Child Health, Home and Community Care, Residential Care, and Hospital Services such as Liaison/Referral, Communication, and Transportation.

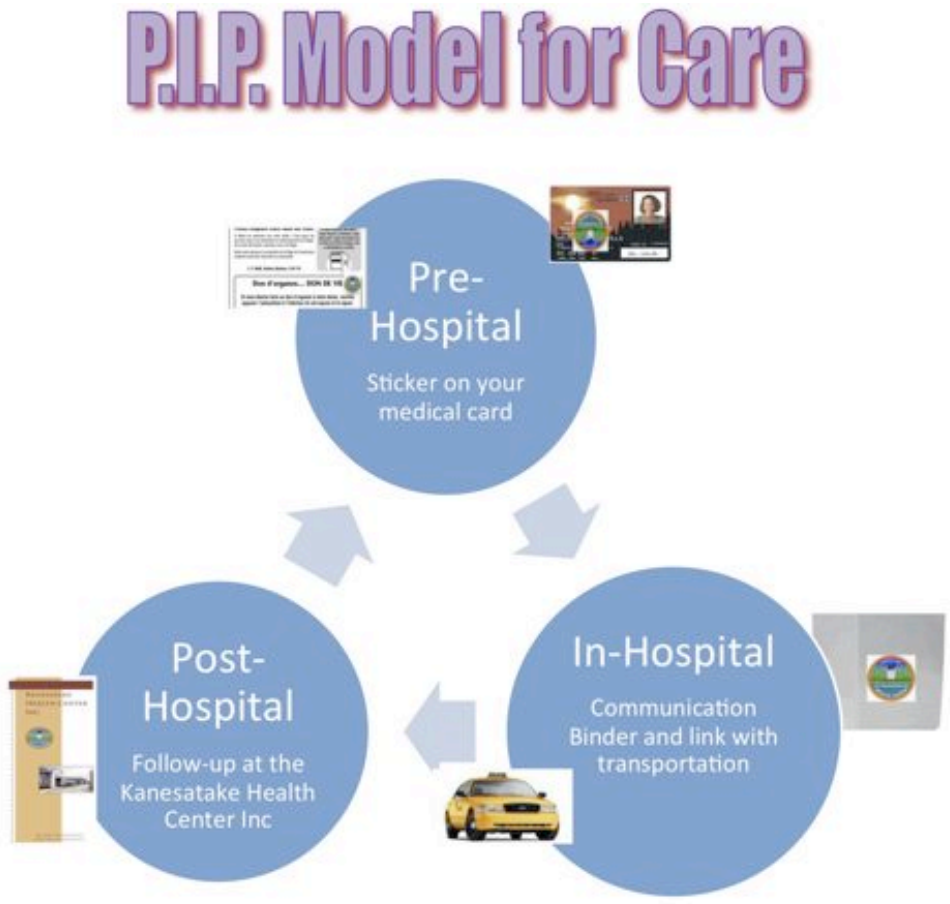
The table provides both the community contacts and the provincial contacts for each department, as well as the objectives for the liaison.

3.4.5 Service Model

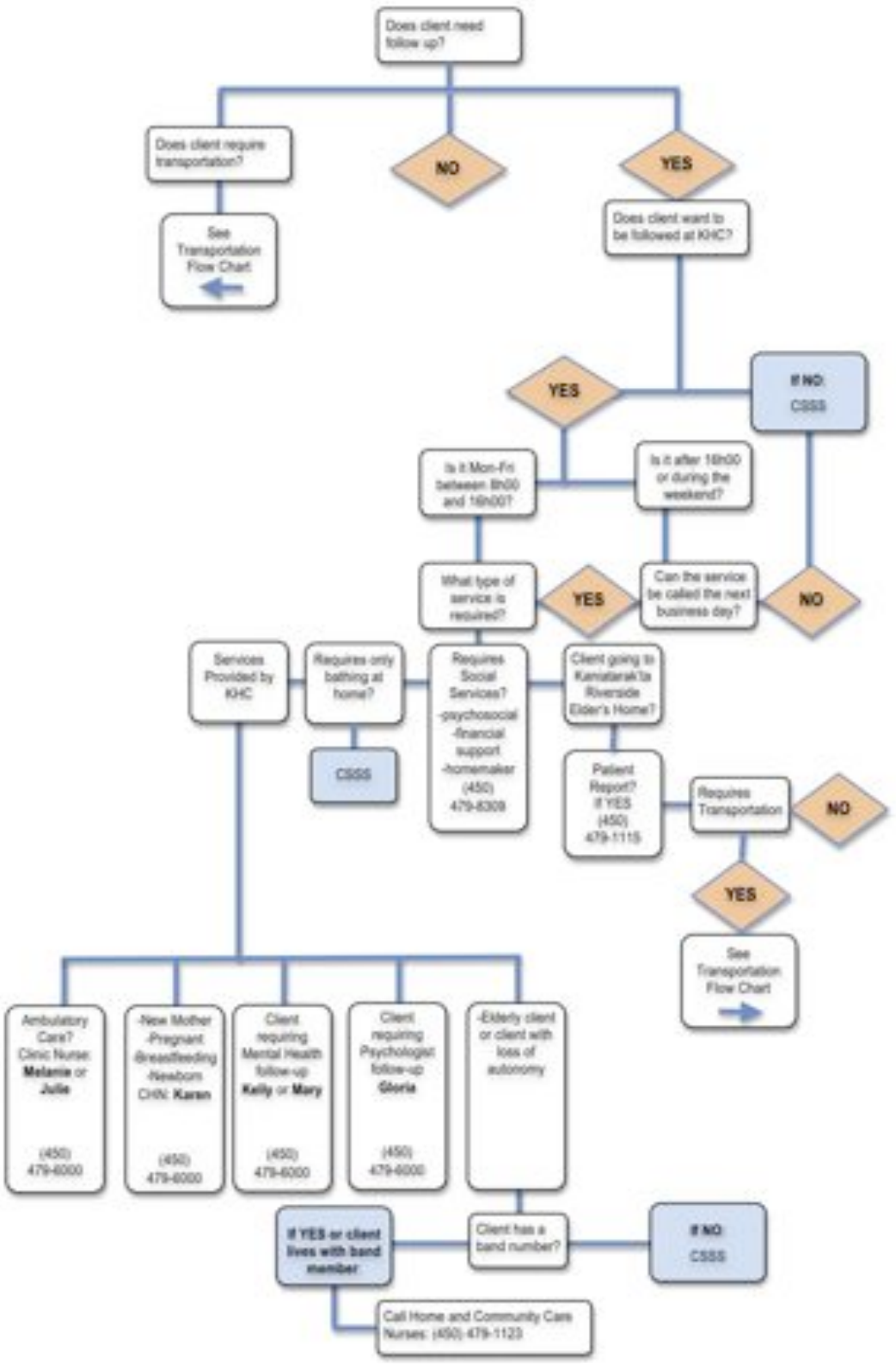
The development of a culturally sensitive and appropriate model of hospital care for Kanesatake community members remains ongoing. However, there are two important pieces that were developed by the Adaptation project, and will be further updated through the project's sustainability plan.

The first is a binder of information to be placed in each hospital department. The purpose of the binder is to ensure that hospital liaison staff will be aware of services available and protocols to be followed to contact the community service providers. The binder includes a decision tree as shown on next page. Eventually the contents will be on hospital intranet for the employees in the 'outils' section.

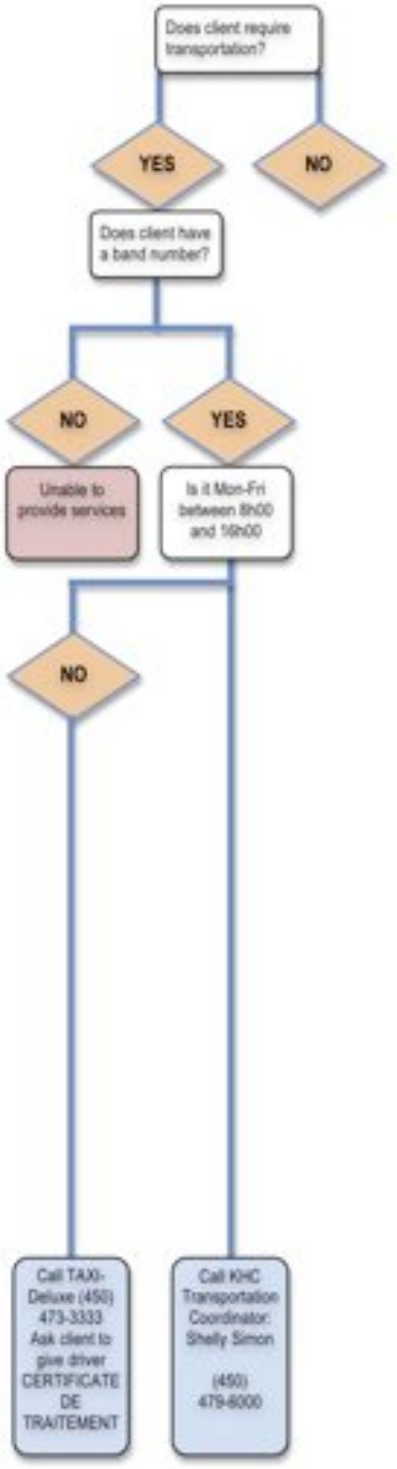
The second is the PIP Model which is initiated by a sticker that the community member has on his/her health card.



The decisional tree for follow-up services after discharge (binder).



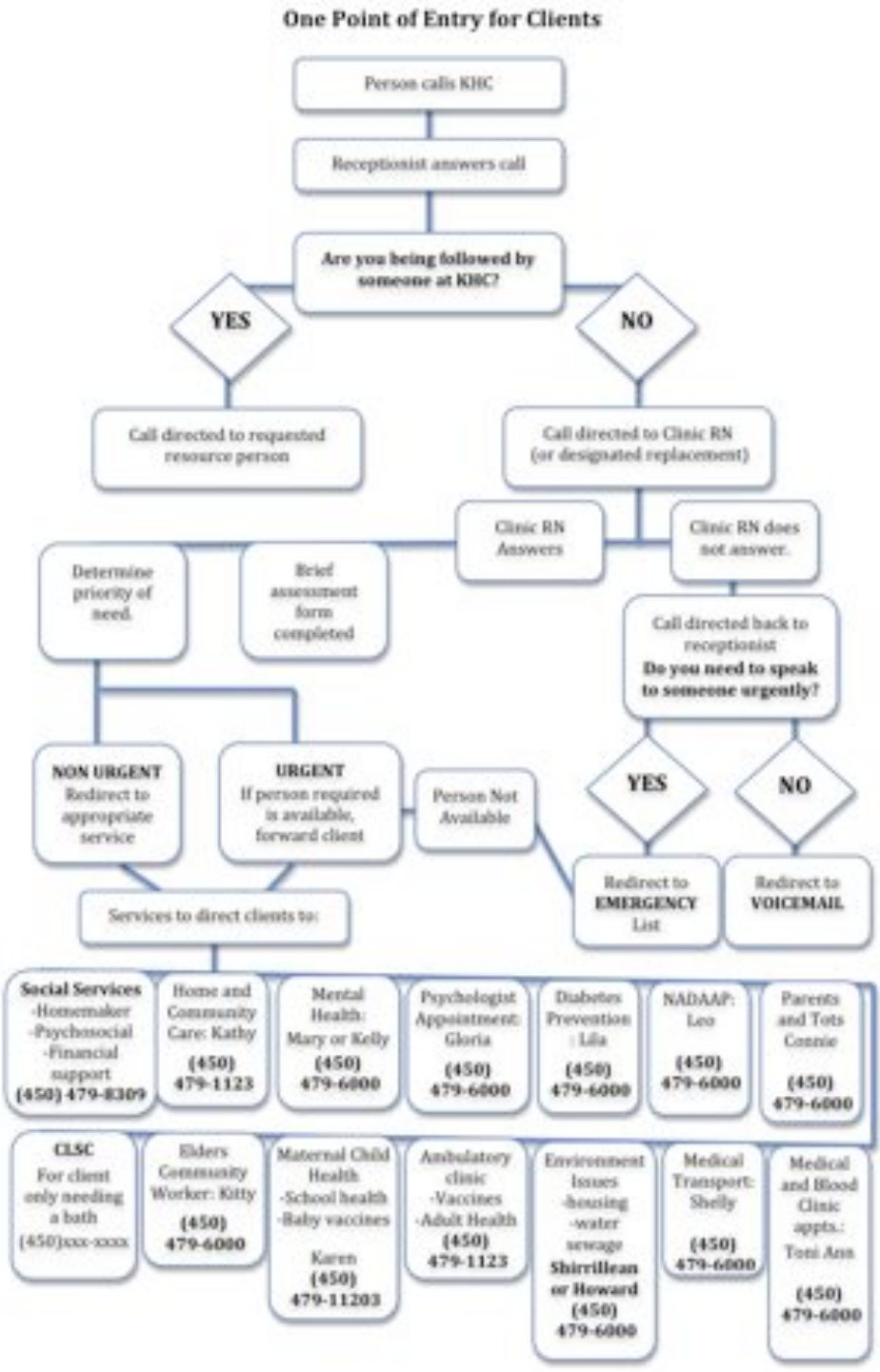
The following is an example of the decisional tree that was developed for transportation. This was seen to be particularly important for the Elders who are returning to the Elders Residence after a hospital stay.



TRANSPORTATION

FLOW CHART

To compliment these two decisional trees, a further one was develope
the Kanesatake Health Center so that calls can be directed to the app
person or service.



4. Findings

4.1 Capacity Building and Awareness

The project served to increase the capacity and awareness of both the community and the provincial partners. The cultural training provided an awareness and sensitivity among hospital staff and other professionals of the cultural holistic practices of the community around birth, family and death.

The community itself was made aware of what services are available, and what the gaps in services between the community and the province are. There are plans to provide the community with an awareness of what the hospital liaison staff is and what they do.

4.2 Challenges, Constraints and Barriers

One of the challenges that the Cultural Training Work Team faced was to determine what to teach provincial partners about the community and the culture, given that there are a variety of beliefs and traditions within the community. The provincial partners' expectations were perhaps not met to the same extent that they would have liked with regards to learning about specific rituals and ceremonies, which are simply not shared.

The changeover of staff in the CSSS created a number of delays for the project. The lateness of finalizing the cultural training created challenges for the CSSS to accommodate several training sessions. Budgets were very tight and the project had to cover some of the replacement costs for staff attending the training.

Language was a major constraint for the Adaptation Project because the majority of the community of Kanesatake is anglophone. The cultural training had to be delivered in French. All of the minutes, information pamphlets and other documents had to be translated into French. The website also had to be available in English and French.

4.3 Collaboration, Communication and Cooperation

The degree of collaboration, communication and cooperation for this project was very high. The coordination and liaison with the hospital came late in the project but is remarkable considering the brief amount of time on which this was worked on; again, indicating high levels of collaboration and cooperation.

The communication for the project was good. Minutes were taken of all the meetings and made available. All information was provided in writing. The Steering Committee, Consultants, Work Teams and Project Manager communicated often using email. The project communicated a lot with the community using its own Facebook page. In addition, there were flyers sent out in the mail concerning meetings and other project activities.

4.4 Effectiveness of Partnerships

The partnerships were very effective in this project as can be seen from the projects activities and outputs. The partnerships allowed doors to open that had not been opened before. There has been a lot of collaboration and coordination of services between the community health services and the liaison workers at the hospital.

The project partnerships were strong and effective and did share some of the responsibilities. However the final accountability for the successful program results remained with the Kanesatake Health Center's AHTF Team.

4.5 Outside Influences

The support of the Steering Committee and the (previous) Executive Director at the Health Center that believed in this project moved this project forward in the beginning. The support of the communications person at the hospital really allowed many parts of the Adaptation project related to the province to move forward.

Unfortunately, the H1N1 pandemic, changeover in staff at the CSSS, gaps in the leadership at KHC, and changes to the KHC Board of Directors provided a climate of uncertainty regarding the follow through with the project.

4.6 Project Outcomes

The project reached many of the immediate Aboriginal Health Transition Fund (AHTF) outcomes for Adaptation projects. There has been an enhanced awareness among the partners and interveners through capacity building, collaboration and information-sharing. The cultural training and the formal liaison mechanisms have increased the capacity of both systems to create change and to adapt health systems to meet the needs of the community.

There has been increased collaboration through the partnership between the Agence des Laurentides (ASSS), the CSSS Deux Montagnes, Centre Jeunesse des Laurentides and the Kanesatake Health Center Inc., as well as with the Mohawk Council. The Board of Directors of the Kanesatake Health Center has recently participated in the Strategic Planning session held by the CSSS.

The project has reached its own objectives by providing cultural training, creating a model for hospital care, and establishing a formal mechanism for liaison between provincial and community services.

4.7 Adaptation of Health Services

The cultural training served to increase awareness and understanding among CSSS staff about Mohawk culture. However, it is difficult to tell at this time if the increased awareness will be incorporated into daily practice in the future. There would be a need to train all of the staff under the CSSS, and to continue to train replacement and new staff in order for the awareness to be apparent in daily practice or service delivery.

The community of Kanesatake forms a small percentage of the clientele of the CSSS for the St. Eustache hospital and the CLSC. Consequently the presence of the community does not have any real impact on the delivery of services. Any changes in services would only be done if the change were to impact more than just this community.

Nevertheless, the project has been able to create formal liaison mechanisms that will potentially improve access to a choice of services for community members.

4.8 Sustainability

There was a strong commitment from all of the project partners to carry forward the work that was done through the AHTF project. The Steering Committee agreed to meet twice a year for the next ten years, and has revised terms of reference to support this pledge. The terms of reference document will be updated in 2013.

A Sustainability Plan was developed for the project. This plan highlighted four main areas for sustainability:

- The committees – three of the committees including: the Steering Committee, the Elders Community Health Advisory Committee, and the Maternal Child Health Advisory Committee.
- The Adaptation Project outcomes;
- The Integration Project outcomes;
- The recommendations from the gaps analysis that was completed early on during the Integration Project.

4.9 Lessons Learned

Some of the lessons learned through this project are:

- The decision to put the cultural training on-line was very effective in increasing the accessibility, effectiveness and sustainability of this program.
- This project was very fortunate to have all of the key persons from all of the partners involved in the project. This enabled the project to move forward especially in the last few months with deadlines looming ahead.
- The project was also very successful because of the inclusion of the community on the working groups, and in information meetings. The inclusion of the Elders as part of the Cultural Team was also very effective.
- The project was able to move forward because of the decision taken to hire outside for the Project Manager and Cultural Attaché. There were fewer restrictions for these contractual positions. The Nurse-consultants from the Integration Project were also hired from outside,

and assisted with the Hospital PIP Model, the binder of information and the Liaison Mechanisms.

- At the same time, this also meant that the expertise derived from the project has not been attached to the community, even though there is a Sustainability Plan in place.

5. Summary and Recommendations

5.1 Summary of Findings

The overall goal of this Adaptation project is to create awareness and understanding of current Kanesatake holistic health programs and cultural practices, to enhance existing hospital liaison services and to create new linkages for services through the development of protocols for pre-hospital, in-hospital and post-hospital services.

To do this, the project was supported through a partnership between provincial and community services. The project partners were represented on a Steering Committee which oversaw the entire project. In addition to a Steering Committee, there was a Project Manager hired, several consultants as well as a Cultural Attaché which developed the cultural training program. Community members were invited to participate on the Working Teams for the projects.

The project outputs included a website containing information on Kanesatake Health Center and services as well as the Cultural Training Program, a PIP model for hospital care including a binder for liaison staff in each department, a cultural training binder, and a formal liaison mechanism. The project served to increase the capacity and awareness of both the community and the provincial partners by providing the cultural and service information to the provincial workers and information on hospital liaison and referral services to the community. However, the institutional capacity was not fully developed because of the decision to hire staffing from outside. However, the outside consultants have worked very hard to ensure the sustainability of the project.

The partnerships were very effective in this project as can be seen from the projects activities and outputs. The partnerships allowed doors to open that had not been opened before. There were some challenges in regards to language of communication and outside influences such as the pandemic, and changes in staffing with the CSSS and with the Board of Directors of the Health Center.

The immediate AHTF project outcomes were met. There has been an enhanced awareness among the partners and interveners through capacity building, collaboration and information-sharing. However, it is too early to tell if the awareness resulting from information-sharing and cultural training will have an impact on service delivery.

There has been a strong commitment from all of the project partners to carry forward the work that was done through the AHTF project. The Steering Committee has agreed to meet twice a year for the next ten years, and has revised its terms of reference to support this pledge. The terms of reference document will be updated in 2013. A Sustainability Plan was developed for the project that will see the continuation of many of the liaison and information-sharing mechanisms that were put in place during this AHTF Adaptation Project.

5.2 Recommendations

Although, for many reasons, the adaptation project got off to a slow start in the beginning, the project delivered some incredible results in the last few months. The following recommendations are based on the outstanding efforts of this project.

1. The AHTF Project should be extended for another five years so that projects such as the one in Kanesatake can have the appropriate time and resources to increase the levels of awareness and capacity building to truly create changes in service delivery and adaptations in professional practice and programming.

2. The Adaptation project in Kanesatake has yielded some remarkable tools notably the PIP Model for Hospital Care, the decision trees for referral services, the formal liaison mechanism, the Cultural Training Program and the Sustainability Plan. There should be an occasion created so that these tools can be explained and shared with other communities in detail.

3. Funding should be provided to translate the Cultural Training Program into English. This training should be given to non-Aboriginal persons

hired to work in Kanesatake, and to other provincial agencies that service the community and its members such as social services, policing, justice, schools, corrections Canada, etc, and to business partners.

4. The work of the Adaptation Project in providing hospital liaison services to the community should be continued and expanded upon in addition to the measures detailed within the Sustainability Plan. This could entail adding to the work plan of the Health Center. There are many other related services that can be developed in coordination with the Steering Committee.

5. Funding should be provided so that the Health workers and professionals at the health center can develop greater capacity from the project consultants (that managed the AHTF) in training and mentoring to take over responsibility for updating all of the tools and extending the work that was undertaken.

6. References

Health Canada (2006). "Aboriginal Health Transition Fund Adaptation Envelope", First Nations and Inuit Branch, Health Canada, October 2006.

Health Canada (2008). "Aboriginal Health Transition Fund Evaluation Framework", November 2008.