

Many Hands, One Dream

New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth

Summary of Breakout Groups—Day 2

December 4, 2005

Victoria, British Columbia

Our thanks to Donald Warne, MD, MPH for creating and delivering this presentation

Many Hands, One Dream

Day 2 Agenda

- Breakout Session AM
 - Building Strength: Reaching Out to Others
- Breakout Session PM
 - Planning the First Steps: Sharing Our Commitment

Building Strength (AM)

Key Components

- 1. Stakeholders**
- 2. Practices/Programs**
- 3. Policy Issues**
- 4. Research/Evaluation**

Key Stakeholders

•Local/Community

•Youth groups, Boys/Girls Clubs, Elders, schools, education systems, Head Start, day care, child/family services, traditional healers, recreation programs, social services, social workers, formal/informal leaders etc...

•Political Leaders

•Local/community, provincial, federal

Key Stakeholders

•National

- Health Canada, individual political leaders, national child & youth groups, INAC, CMA, CAPHC, National Youth Councils, others...

•Provincial

- Individual political leaders, provincial/regional health authorities, etc...

Key Stakeholders

•Media

- National & local television, radio, etc
- Aboriginal media/websites, newspapers

•Educational

- Universities, medical schools, schools of public health, etc

•Private Industry—oil, gas, etc

Key Stakeholders

Plan for Engaging Key Stakeholders

- Create and share the dream with others by meeting with them—identify key Aboriginal and non-Aboriginal leaders to share message
- Need to simplify how things get done—too many leaders in numerous sectors
- Need a consistent message from Aboriginal communities—promote buy-in and consensus as much as possible

Practices / Programs

•Community Ownership

- Programs need to be initiated, owned and operated at the local level
 - Communities need to identify and prioritize their own needs
 - Families/parents need to be involved
- Focus on prevention, not just treatment**

Practices / Programs

•Training

- Cultural competence, promote community member skills and participation, link education with health programs and funding

•Other Themes

- Teach culture in schools and programs
- Change the way success is measured
- Share ideas and successful programs

Policy Issues

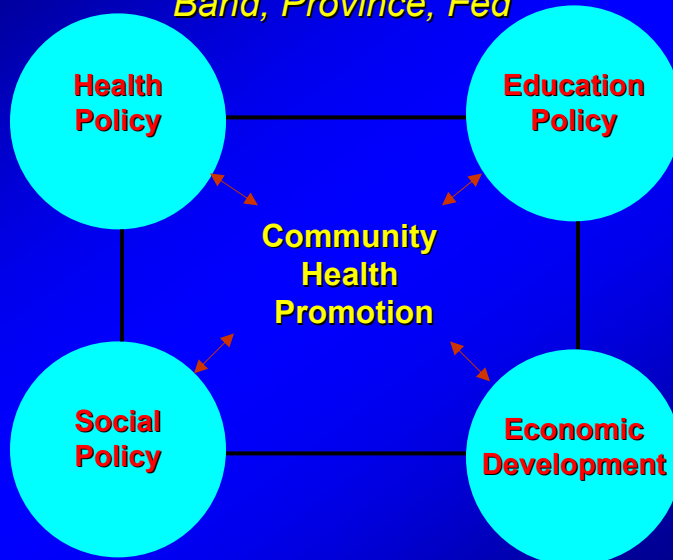
- Need to promote better understanding of communities & health issues among bureaucrats
- Policies need to focus on benefit to the communities and need to be flexible enough to reach multiple communities
- Promote community relationships with policy makers
- Submit summit report to policy makers at all levels of government

Policy Issues

- Need to create “Jordan’s Bill” to overcome jurisdictional issues related to Aboriginal child health
- Policies need to allow for cultural differences and innovation—“out of the box”
- Need coordination of policy development and a consistent message

Policy Coordination Strategies

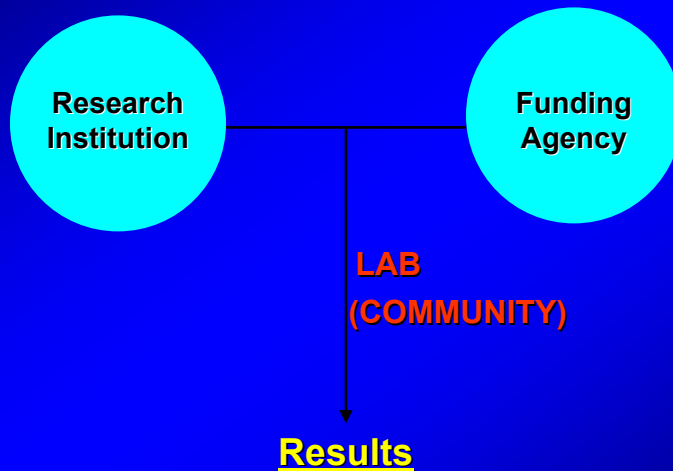
Band, Province, Fed



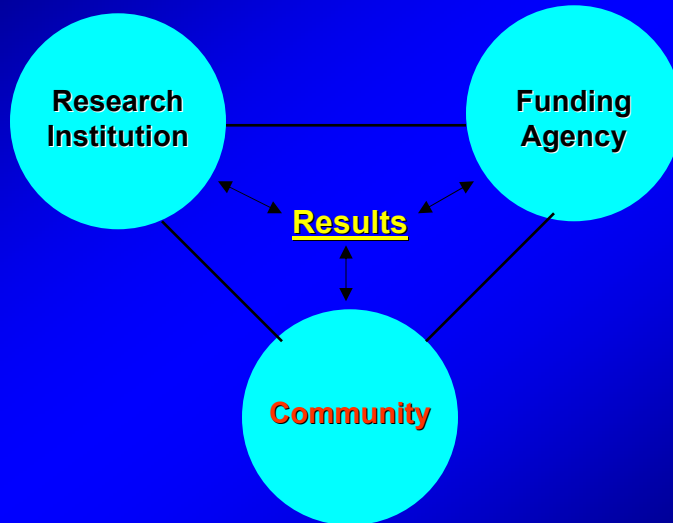
Research / Evaluation

- Community-Based Participatory Research
- Ownership of Data
- Ownership of Samples
- Set the Agenda
- Participate in Publication
- Reporting Requirements
- Evaluation of Outcomes

HISTORICAL RESEARCH PARADIGM



COMMUNITY PARTICIPATORY RESEARCH PARADIGM



Research / Evaluation

- Support Aboriginal researchers (NRN)
- Need research repository—expand NAHO role
- Need longitudinal research specific to FN, Inuit and Métis—Stats Canada needs to use appropriate terms (not “North Am Indian”)
- Need interdisciplinary research, qualitative and quantitative research & translational research
- Need formal program evaluation—more useful

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Take information from summit back to the community and share with key stakeholders

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Be a role model and listen to children with an open heart and open mind



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Engage Aboriginal families to be advocates in the process



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Give voice at traditional community gatherings
- Build and improve relationship between Aboriginal communities and SOGC



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Produce a press release from the summit
- Commit to making Indigenous children issues an election issue



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

Develop a strong position statement based on CPS vision, endorsed by Aboriginal organizations—communicate with key agencies and encourage them to work it into their plans



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Help youth become role models for children
- Encourage youth participation in health fairs



Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Network with others—create list serve
- Post conference presentations on website so other communities can get information

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Discuss health issues at community gatherings
- Promote inter-generational approach with all age groups

Blackfeet Saying

A child is sacred. And when that child comes into the home, the family must welcome it. And if the child is happy and feels the want, he will come into this world very, very strong. And not to know this is to know nothing.

