APPENDIX H

SWOT Analysis from the Internal Consultation Meetings

May 14-16 & 22, 2002

The former Regina Health District directors, managers and some staff from across the divisions participated in several consultation workshops aimed at sharing information about the Working Together Toward Excellence project (WTTEP) and gathering their input. Also a similar workshop was held for managers and staff of the Pipestone and Touchwood-Qu' Appelle health districts that will be combined as a new regional health authority. Part of the workshop agenda focused on sharing participant ideas about the strengths, weaknesses, opportunities and threats / challenges that pertain to the development of a "centre for excellence" in Aboriginal health and healing.

Strengths

The Board's willingness to move forward on Aboriginal health and healing and the current commitment of senior management to a "future focused" approach are very important foundations for the project. Participants said that the fact that the Regina Health District board members had determine Aboriginal health as a priority and endorsed the initiative is a significant strength.

The structure of the new expanded Regional Health Authority will be a strength and the generally broad scope of District services allow for and foster integration and cooperation.

A growing awareness and knowledge about what is going on in the area of Aboriginal health. In the Pipestone and Touchwood Qu' Appelle participants said, "we know our population and we know a lot about them." Good research of First Nations and Métis peoples health and wellness concerns has been done, particularly by RHD Public Health Services, at provides data and background understandings in documents to be shared. Management and non-aboriginal staff are willing to look at the Aboriginal side of things. Moreover it was noted that a research department exists in the RHD and it is part of the organization's culture.

Existing programs and services within the former RHD; namely, Wasakaw Pisim - Native Counseling Services, the Four Directions Community Health Centre and the Representative Workforce Coordinator are strengths. Participants said it was strategically foresighted to construct Healing Centres in the city hospitals as structures and physical space for traditional activities. They look forward to them being utilized more fully. Also District experiences in front line services and programs that reach the community are strengths. The current evaluation and developments at Four Directions are showing the way in Aboriginal health programming. Cultural awareness evident in such programs and the District has progressed to having sweet grass smudges and ceremonies in hospitals and respecting and honoring First Nations and Métis culture in other disciplines. Notables included work being done to integrate into palliative children grief camps and interagency efforts to prevent Type 2 diabetes through community education activities.

Community willingness to make change is evident and there is "a circle of influence developing between Hospital and Community whereby you can facilitate change more readily." Aboriginal community strengths such as emphasis on family life, holistic health, Elders and humour are becoming our strengths.

Client centered care and values within the districts is a plus. The current attention and focus on development of Primary Health Care strengthens new approaches. We already have a PHC nurse at Four Directions. In Pipestone and Touchwood Qu' Appelle services are mobile and thus accessible, using outreach clinics and satellite offices.

New Human Service Developments like the *Kids First* facilitate early intervention and support by the Maternal & Infant program and bring a focus to preschoolers and young families.

Talented First Nations and Métis staff are working to serve the population and shape the organization of programs and services for Aboriginal health improvement. Aboriginal staff are very committed and learning how to work in the partnership teams.

Partnerships with other organizations are very strong. Particularly, we have good ties and relationships with other educational programs for new training such as University of Saskatchewan Nursing Education Program of Saskatchewan (NEPS) including student summer employment programs. Linkages are established with SIAST that strive to help people enter and complete study programs. Developed trusting relationships exist with Saskatchewan Indian Federated College and the federal Canada Prenatal Nutrition Program.

Saskatchewan has a reputation for health improvement. There is already recognition throughout the country of the work that is being done by the Regina Health District.

Weaknesses

Programs have failed to focus on aboriginal population's needs and to understand the needs. Are we well positioned to meet the complex needs of the growing Aboriginal population infants, including the prenatal, infant, preschooler, child, youth, adult and Elder population and families?

What do we move forward into...? There is some uncertainty about how to truly meet the needs of individuals that we serve. Health programming has failed to recognize or address the determinants of health and make effective to have linkages to housing, education, justice, etc. We don't have mechanisms to influence police or educators in schools. In some cases we see abuse of referral system and also under utilized resources and programs.

Non-supportive work environment is a weakness. Biases and protectionism, "This is my unit!" prevent some from understanding and responding to the needs Aboriginal population. The are psychological barriers to acute side being "on board" such as, the clinical emphasis on addressing only physical factors in serving aboriginal people. There are profound forces to maintain the status quo. For example, the Research

Department is very acute care focused. There is a need Epidemiology for the broader focus. We don?t have the same level of commitment from all areas within the RHD. While there is a commitment from some players, there are pockets of lack of support. There are portfolios where there is lack of commitment. Some might say "Why are we making a big deal about Aboriginal Health?" One participant commented that "On a daily basis I have people that tie my balloons to the ground"; meaning that new development isn?t always easy or straightforward in the current organizational work environment. Also Union contracts were noted as rigid, tending to get in the way of program responsiveness and staff development.

New planning for the Regional Health Authority No. 4 is a time of change and some insecurity. Change is stressful and health care providers and organizations are confronted with stressful change daily. Turnover at senior management levels particularly at the CEO level and District Management Team creates instability and causes questions about the level of sustained commitment in general ways that affect the organization.

Labour market shortage in healthcare generally and specifically to serve the growing Aboriginal population is a weakness. There is a lack of staff who have adequate education. For example, no Aboriginal students have applied to study in the pharmaceutical profession. We don?t have a representative workforce and not enough staff to meet the workload ? how do we recruit and train correctly? We are just beginning to work with Aboriginal partners on Aboriginal initiatives. And when we manage to recruit Aboriginal staff, we run into prejudice from non-aboriginal recipients of service. Aboriginal staff can face external issues that make retention difficult.

Our promotion is weak. We need to communicate our Aboriginal initiatives effectively by publicizing them well internally & externally.

Racism and prejudice come through in some services. There is a lack of knowledge and understanding at the front line amongst the service staff. Those who provide direct client care and housekeeping duties require opportunities for Aboriginal awareness and cross-cultural training just as much as do the managers, because all contribute to the quality of health care.

Barriers to services and personal engagement practice weaken effectiveness. It takes a long time to earn the trust of people to address issues like HIV/AIDS, Hep C etc... Anonymity isn't a guaranteed right in small communities and on reserves making approaches to social and health problems difficult. Transportation of clients to programs is costly especially in rural settings but necessary to increase participation. Communication can be a problem because there is a lack of residential phones. Follow-up is difficult with transient population. Immunization rates are still low and there is a need to focus on high need areas. We are lacking for aboriginal client feedback about our service in some areas.

"Tight" fiscal restraints leave little room to maneuver. Financial resources to make changes and adaptations are lacking. Do we have budgets to meet the complex needs 8 year old child who has experienced multiple losses? The percentage of overall budget that goes specifically to Aboriginal health is relatively small. This creates a sense that "things are less possible, rather than more possible." Project-based grant funding supports dependency rather than longevity and real innovation. Regarding research, time and resources are at a premium. There is a cap on research to enhance Primary Health Care development.

Opportunities

The new Regional Health Authority has an opportunity to prioritize areas of Aboriginal Health under this "forward looking" initiative. Expansion will bring established relations with several rural and sixteen First Nation communities. There are cultural and social strengths and capacities in those

communities and more opportunities to involve traditional healers within RHD western medicine and incorporate Elders. The building of a new Hospital at Fort Qu' Appelle is another opportunity for improvement and excellence. More outreach programs could be developed and we could bring more programs and services to on-reserve citizens via greater collaboration with Community Health Representatives. Greater service area could mean the possibility of new referral system in dealing with transient clients.

There is a large First Nations and Métis population who are recovering their culture and traditions. The RQHR's need to raise awareness and educate people both internal staff and external citizens bout First Nation's heritage, culture and knowledge could be met through this human resource. The RQHR could develop the fuller capacity for in-house cross-cultural training of home health aid staff. Also Aboriginal individuals are themselves seeking cultural awareness and understanding. Partnering with others could enhance the RQHR's capacity for community education and subsequently health improvement.

There is an opportunity to support Aboriginal autonomy and their efforts to take responsibility for their health. It is understood that health can come from individuals, families, groups and organizations taking ownership problems and enacting solutions. Primary prevention is very important. First Nations and Métis spokespersons are concerned about achieving autonomy and ownership of responsive programs and services.

There are a lot of needs out there – funding creates the opportunity for doing? And the funding is there if you are set-up to utilize it effectively. Funding opportunities exist in Primary Health Care services. Research funding opportunities are a recent emphasis of governments. We could strive to link current service clusters within the "high needs" populations – e.g. Diabetes. There are model programs and initiatives to learn from and emulate such as the First Nations in the North Battleford area.

Growing Aboriginal population presents an opportunity to address the labour market shortage if we can only successfully partner with education. Are younger people being educated about responding to the health and social problems of Aboriginal peoples? What is the school system doing? Schools can be used as media for health promotion to families and communities; for example to inform the kids about drinking water when you're vomiting or have diarrhea, rather than abstain from drinking which can be fatal.

There is an opportunity for a major focus on Aboriginal health improvement in partnership with SIFC to develop First Nation youth health and wellness campaigns. Focused partnerships and the rigor of accreditation could really enhance health action. One model for partnering is the relationship between Canada Prenatal Nutrition Program and the U of S Faculty of Nursing to encourage NEPS' first year students coming into Public Health.

Threats / Challenges

Maintaining the District priority commitment to Aboriginal health may prove challenging in a time of re-organization, fiscal constraints and through the ups and downs of the fiscal cycle.

Lack of secure and ample funding is an issue. Competition for financial resources does not foster partnership and cooperation.

Rigidity of the unions' contracts that are inflexible within the organizational culture and can restrict social equity advances even as they protect the rights and interests of their members.

Discrimination and racism within the District and within the population is a threat to progress. There is a fear of "reverse discrimination" that limits opportunities for all. Non-Aboriginal people and other visible minorities may feel their interests and concerns are overlooked, even discounted, by the greater emphasis on Aboriginal people.

Finding short term "wins"; for example, in home care service provisions, is challenging.

Staff Market shortage: Education for pharmacists and pharmacy technicians

Poverty is a problem that impacts on health outcomes and healthcare itself. Can we create linkages with housing, justice, and education to affect the determinants of health.

Complexity and fragmentation of the jurisdictions – (First Nations (on- and off-reserve), Métis, federal, provincial, municipal, health district) is an enormous threat to cooperation on health improvement. Aboriginal people in urban centers are isolated from the political reserve structure. Who is the voice for the urban-Aboriginal citizens? Health record-keeping between jusrisdictions is difficult. Political interference with health improvement agendas can impede progress.

Infringing on the self government gains made by First Nations and Métis people is counter-productive and problematic. A Centre for Excellence project may be seen as challenging Aboriginal autonomy in health action. Developers must be aware of certain political alliances and social issues that are taboo. In smaller communities the "immediacy of political influences can significantly affect the development and operation of Aboriginal programs and services.

Privacy and identities are hard to protect. In a smaller community, image is very important. Fear and embarrassment can prevent people from getting help for certain diseases and social problems like substance abuse, etc. Moreover in such environments it may not be politically-correct to talk about deterring a teenager from having a third child.

The Aboriginal community may fear that health care systems will expropriate their traditional knowledge. A connection between aboriginal healing tradition and contemporary health care will need to be negotiated and realized in the honoring ways that affirm culture and involve First Nations and Métis people. Grassroots fundamentals are challenging for organizations to incorporate. Organ donation and transplantation is just one issue that may not be supported by traditional teachers and healers but a modern medical possibility that can save many Aboriginal peoples lives. How can we encourage the adoption of this practice while respecting heritage understandings about mortality and the integrity of the body?

Cultural diversity in Aboriginal populations is challenging. Furthermore, as part of the cultural array, some younger Aboriginal people don?t know what they are looking for and they are not sure they want to reclaim their heritage ways due to their lack of knowledge.

Partnership is a fine idea but a difficult and complex reality to sustain. How do all players come together for this project?