

Journey of Collaboration

Continuing the Journey: Fall Community Engagement Summary

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Executive Summary

As part of the Journey of Collaboration project, the Mi'Kmaq community was engaged and asked to answer the following question: "*If you were to dream, how would Western Health incorporate Mi'kmaw ways into healthcare delivery and policy*". During the spring of 2020, numerous answers were received and categorized into seven themes and 36 recommendations. The next step of the project was to ensure the community prioritized these recommendations. To do this, the community was engaged in the Fall of 2020 and asked to speak directly with the Project Coordinator, or to complete a survey asking how participants would suggest putting the recommendations into practice. The survey also provided an opportunity for respondents to state how they would suggest the prioritized recommendations are actioned.

The Mi'kmaw community has identified their priorities among the 36 recommendations. The next step is to reaffirm this information and move forward in creating a framework and action plan on how these recommendations can become a meaningful reality. This will be done through continued engagement with the Mi'kmaq Community. The seven themes and prioritized recommendations are as follows:

1. Community Outreach and Health Promotion

Educate the public on how the healthcare system operates.

2. Culturally Influenced Services

Deliver equal access to services despite location in Western Newfoundland.

3. Healthcare Provider Communication and Education

Utilize a person centered approach to improve communication between patients, health care departments, and providers.

4. Mi'kmaq Contribution to Space

Establish an indoor space for patients to pray and have ceremony.

5. Mi'kmaw Representation

Hire liaison(s) and/or patient navigator with knowledge of (French/ Mi'kmaw) Community.

6. Policy Changes

Allow a patient's family to participate in conversations and healthcare journeys of their loved one.

7. Support for Mi'kmaw Wellness

Have designated trained medicine people that individuals can contact for guidance.

Project Background

The Journey of Collaboration project is a partnership between Western Health, the Mi'kmaq community, the Western Regional School of Nursing, Grenfell Campus, and Qalipu First Nation. This project is an extension of the Person and Family Centered Care (PFCC) Framework, developed by Western Health in 2018, which outlines the organization's commitment to planning and delivering person-centered care.

This project is supported by the Health Services Integration Fund to integrate Indigenous voices in the co-design of health and wellness strategies addressing calls to action outlined in the Truth and Reconciliation Commission of Canada. Specific calls to action to be addressed include:

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental,

emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

- Increase the number of Aboriginal professionals working in the health-care field.
- Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism

The Western Health region encompasses many Mi'kmaw communities and many of the Mi'Kmaq of this region have a lifestyle sustained from the land's resources. Living a healthy, preventative lifestyle on the land remains a priority for the Mi'kmaq people. Additionally, some individuals when ill, choose to use traditional medicines, and/or traditional practices to help them heal. Due to the use of both Western and traditional practices when individuals visit a healthcare provider, they do not always feel supported in their healthcare journey. A collaborative healthcare option where patients are supported in using methods they desire would lead to better health and wellness outcomes for the Mi'kmaw people of Western Newfoundland.

The fall community engagement as part of the Journey of Collaboration project, was an opportunity for the community to clarify and evaluate their needs and wants. Between October and December 2020, the project coordinator engaged with the community to refine and confirm the information collected during the spring community engagement. The community was asked how Western Health can incorporate Mi'kmaw ways into healthcare delivery and policy. From here, through continuous engagement with the Mi'kmaw community, progressive meaningful steps will be developed to incorporate a 'two-eyed seeing'* approach into the healthcare system. The results of this engagement are outlined in this document.

*"We often explain Etuaptmumk - Two-Eyed Seeing by saying it refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all." Marshall, Albert. Mi'kmaq Elder (2004). Two-Eyed Seeing. Retrieved January 06, 2021, from <http://www.integrativescience.ca/Principles/TwoEyedSeeing/>.

Community Engagement

The spring community engagement brought forward numerous recommendations that were themed as follows:

1. Community Outreach and Health Promotion
2. Culturally Influenced Services
3. Healthcare Provider Communication and Education
4. Mi'kmaq Contribution to Space
5. Mi'kmaw Representation
6. Policy Changes
7. Support for Mi'kmaw Wellness

To understand how the Mi'kmaq community would prioritize the information collected in the spring of 2020, the community was provided the opportunity to participate in a survey or to engage with the Project Coordinator by providing feedback in-person, virtually, by telephone, or by email. All methods to participate were made available to Mi'kmaq in Western Newfoundland.

The main source of information gathered was through the survey, which supplied both quantitative and qualitative data. The survey was designed to allow participants to rank the recommendations generated from the spring engagement as well provide open ended comments on their top ranked recommendations. Additionally, participants were asked for suggestions of how the project should action and put recommendations into practice allowing for qualification of how people understood the recommendations.

The project coordinator also conducted one-on-one interviews and attended gatherings organized by Mi'kmaq focused community groups. In an effort to be available and accommodating to all people who wished to participate, the Project Coordinator shared their contact information widely with various communication tools, such as email, social media, and the Communications Department of Western Health. The Project Coordinator worked directly with organizations to offer virtual sessions and conference calls at the convenience of their schedules. Where possible the session was offered using the platform of the organization's choice. Accommodating the community was a priority and was important to building trusting relationships. As the Province works towards a new normal through public health measures the project was considerate of the community's preferences and adapted as necessary to the Covid-19 pandemic.

Themes and Recommendations

Throughout this journey authenticity in all themes and recommendations was and will be maintained through continuous engagement and collaboration with Mi'kmaw community and representatives who actively participated in the development and sustainability of the recommendations.

There were 79 individual responses to the survey. Community engagement included 2 in-person meetings, held by community groups under Covid-19 regulations totaling 43 individuals- and four additional one-on-one long form interviews.

In the fall engagement survey, the seven themes and 36 recommendations identified from the spring engagement themes, were ranked by survey respondents between October 15 and December 4, 2020.

The following section is an overview of ranked recommendations under each of the seven themes. All 36 recommendations; a description of each theme, and its corresponding recommendations, are detailed in the following charts.

Community Outreach and Health Promotion

The Mi'kmaq community would like to see educational programs and incentives that promote healthy living, eating, and staying active among all communities regardless of location. The focus of healthcare should be preventing disease. Western Health can begin to offer such workshops and share knowledge by following the recommendations below.

Recommendation	Ranking
Educate the public on how the healthcare system operates. Topics include: Self-assessment before visiting the emergency room, care of a nurse practitioner versus general practitioner, what programs are available (ex: feather carriers project/patient navigators).	1
Education in schools and community to 1: encourage Mi'kmaw individuals to choose health careers and return to serve their communities and 2: to promote healthy living.	2
Have a Western Health representative attend regular band meetings and cultural events to exchange knowledge, learn and promote healthcare programs. This initiative in turn educates the representatives on Mi'kmaw culture and spirituality.	3
Host medication checks in clinics in communities for patients to present their medications to pharmacists and traditional healers to receive feedback on risks, necessity of drug, combining traditional and western medicines etc.	4
Host workshops with the goal of healthy living and choices. Programs include healthy aging, suicide prevention, recognizing and helping those in abusive situations, and lifestyle and healthy eating. Continue to engage after the workshop by sharing wellness resources. These workshops may be important to keeping Elders in their home and allow space for youth and Elders to interact and learn from one another.	5
Host women's health sessions that allow open personal conversations about women's health.	6

Respondents in this section focused on the health authority having a presence in, and collaborating with, their community. There was a strong emphasis on a solid flow of information from the health authority to the community either directly or through a liaison. The gathered information also included several requests for direct action or follow through on the recommendations as the community would like to see outcomes beyond the collection of information.

Culturally Influenced Services

The Mi'kmaq community calls for an acceptable level of services despite their geographical location. Regardless of the health service that Mi'kmaw people avail of, there is a desire for equity, and to see culture represented regardless of location. All services need to be promoted within healthcare to ensure that all patients are aware of services that are available to them.

Recommendation	Ranking
Deliver equal access to services despite location in Western Newfoundland. Rural communities benefit from mobile clinics. Communities can also benefit from having improved access to a physician, medications, and mental health support seven days a week.	1
Increase supports for mental health such as on the land after care programs and hosting Mi'kmaw support groups such AA, NA, Al-anon survivors of sexual or physical abuse, anger management etc.	2
Supports to help keep Elders in their homes by increasing supports by Mi'kmaw workers. Patients who are awaiting long term care beds to be transferred to alternate care facilities instead of staying in hospital.	3
Create a resource booklet for Mi'kmaw patients. This up-to-date booklet should outline programs and services available to them and include financial and treatment support. This booklet also provides up to date information on community supports. Booklets can be promoted by patient navigators, health professionals and Elders.	4
Canadian food guide altered to reflect local edible foods. Dieticians to be educated on health benefits to promote eating local and healthy.	5
Provide culturally sensitive pre and postnatal care by reintroduction of Indigenous midwives and/or Mi'kmaw doulas. Indigenous midwives and doulas can offer culturally sensitive and safe relation -based care to support ceremony, traditions and the best choices for mothers and their families, such as breastfeeding.	6
Traditional food served at healthcare facilities.	7

Evidenced by its ranking of first overall amongst all recommendations in the survey, the delivery of equitable access to services is considered incredibly important to the community. The recommendation was rationalized in the long form responses related to coverage, mobility and the aging population that currently defines the demographics of the region.

Healthcare Provider Communication and Education

The Mi'kmaq community asks for a less obtrusive healthcare journey where they do not have to needlessly carry and revisit trauma as they interact with the health authority. Through education and improved communication between health professionals and Mi'kmaw leaders, Western Health can create a holistic healthcare system where patients are treated for the body, mind and spirit and encouraged to use traditional medicines. Healthcare providers should be trained to complete an assessment of the patient and make medication or intervention recommendations when necessary, in addition to referrals to community supports for traditional healing of the mind and spirit.

Recommendation	Ranking
Utilize a person centered approach to improve communication between patients, health care departments, and providers, particularly in regards to health history, scheduling of appointments and health care treatment plans. To ensure that a patient is not responsible for updating each physician on previous care and treatment, revisiting previous trauma to inform the physician has the potential to harm the individual further.	1
Educate healthcare professionals on common issues and diseases that commonly impact the Mi'kmaw community. Medical professionals promote a healthy way of living around this including suggesting traditional and alternative medicine like acupuncture and reflexology.	2
Educate physicians on community culturally sensitive support after completing a health assessment that notes disabilities and other underlying issues. Physicians rely on cultural support information to patients based up his/her needs.	3
Continuous education for current/ future healthcare professionals from Mi'kmaw Leaders and Elders to ensure; hands-on learning, Cultural sensitivity training, traditional medicines, Health equity, traditional wellness, history, issues and impact of colonization, active listening and how to appropriately ask questions.	4

Responses associated with this theme were directed towards communication and collaboration between community and the health authority as well as internal communication within Western Health to lessen the amount of pressures/stresses placed on Mi'kmaw clients, and their families, to present their medical history to physicians as those patients move through the healthcare system.

Mi'kmaw Contribution to Space

The Mi'kmaq Community would like to make a contribution to their profile at Western Health facilities. When a Mi'kmaw person visits a hospital or healthcare facility, it can be overwhelming. The individual may have previously experienced racism and may feel intimidated when speaking with a physician or health care provider. There is opportunity here to improve this by having health professionals educated but also by incorporating Mi'kmaw culture throughout the facility through visual aspects and designated space. Showcasing culture helps make a space culturally safe.

Recommendation	Ranking
Work with the Mi'kmaq Community to establish a designated indoor space to enable Mi'kmaw cultural practices and ceremonies at Western Health Facilities.	1
Establish designated Mi'kmaw patient rooms for Mi'kmaq patients to stay while receiving treatment. This room is decorated with Mi'kmaw art and shared with another Mi'kmaw patient.	2
Establish an outdoor, smoke free, wheelchair accessible space. This space could be used to host a sacred fire, healing circle, and sweat lodge. Used as part of an established healing plan for patients or used by the community to host healing circles and ceremonies for the public and patients. A garden could be especially beneficial for Alzheimer and dementia patients.	3
Schedule cultural activities to take place for patients, families, and staff to participate in culture. This may include drumming, singing, storytelling, crafts, etc. in a designated area.	4
Showcase symbols of Mi'kmaw culture throughout the facility by artwork, local scenery, signage, flag, celebration of days such as Aboriginal Day and selling traditional medicines and or art in gift shops.	5

Responses to this question were mainly based around creating new and supporting existing indoor space for patients to practice culture and ceremony. Western Health, as the host of the facility, could promote its existence and move to implement more of these spaces where they already see room to do so. There was also the caution that implementing some of these recommendations could instigate racism in non-Mi'kmaw people to which the Mi'kmaq Community would bear the brunt.

Mi'kmaw Representation

The Mi'kmaq community understands that it will benefit by having representation at healthcare facilities. By acknowledging the contribution that Mi'kmaw people can make to the health authority and health and wellness, Western Health will begin to establish a positive working relationship with the Mi'kmaw community.

Recommendation	Ranking
<p>Hire liaison(s) and/or patient navigator with knowledge of (French/ Mi'kmaw) Community to:</p> <ul style="list-style-type: none">● facilitate conversations between WH and the Mi'kmaq community, organize activities and training.● help patients navigate and connect with programs and services.● work with patients and physicians to create plans that involve spiritual, mental, and physical healing.	1
Add a Mi'kmaw representative to Western Health's Board of trustees and all boards within Western Health. Mi'kmaw people should be the leaders of Indigenous health programs and steer programs towards holistic health.	2
Create a volunteer Elder list (compensated) works at hospital for patient visits, ceremonies, storytelling, healing plans etc. This is particularly important for; palliative patients, new mothers, patients suffering from mental health and addiction. The patient doing ceremony could ideally remain in contact with the Elder once released.	3
Hire Mi'kmaw healthcare workers to serve Mi'kmaw people. Connect these workers to Mi'kmaw clients.	4
Create an Elder or advisory panel to oversee Indigenous Health projects at Western Health.	5

The liaison position was prioritized from the information. Preference for this position should be given to an Mi'kmaw person who is engaged with, and works in, the community and able to connect the local bands to move forward. Although adding representatives to WH boards was ranked second there were more responses in the open-ended question form data relating to having Elders designated for positions throughout the organization.

Policy Change

The Mi'kmaw community has identified several policies that currently do not represent fundamental beliefs of culture. The Mi'kmaq community would like Western Health to make changes to these policies for Mi'kmaw people to be supported in their healthcare decisions.

Recommendation	Ranking
Allow a patient's family, or support person, to participate in conversations and healthcare journeys of their family member. The people they ask to be with them can provide valuable insight and information into a patient's home life and unique situation.	1
Allow smudging, drumming and singing in a palliative patients' room for the patient's spirit to enter the spirit world.	2
Hospitals adjust intake surveys to include a question asking if a person identifies as Indigenous/Mi'kmaw. If a patient identifies as such, there should be a follow up assessment to identify his/her spiritual needs, traditional treatment, nutrition, and referral needs etc. Spiritual follow up made with the Elder or patient navigator.	3
Allow a patient to change doctors with convenience. The patient-family doctor relationship should be relation based and if it is not, the patient should be able to switch to a doctor who is better suited to meet his/her needs.	4
Allow patients to keep medicines with them always, including during surgeries.	5

The top ranked recommendation was acknowledged to currently be utilized in practice in Western Health, however the community reinforced that Western Health can continue to improve in this area and bring more knowledge to the community. They also cautioned about 'tracking Indigenous clients' though an intake survey, unless the reasoning was purely related to health diagnostics, some respondents did not seem open to the idea and considered it a segregation measure.

Support for Mi'kmaw Wellness

The Mi'kmaw community would like to see a resurgence of traditional health knowledge in their communities. A resurgence of this knowledge and practice would create healthier communities and individuals. It is therefore suggested that Western Health support initiatives that promote the traditional wellness of their residents.

Recommendation	Ranking
Have designated trained medicine people to provide support and guidance in patients' journey of health and wellness	1
Encourage health and remedies research in the region to advance healthcare.	2
Offer training on how/when/why harvest plants and animals from the land.	3
Create and encourage individuals to learn traditional energetic healing classes.	4

There was much less engagement on how the community suggests these recommendations be implemented and more advice on where the onus must be placed to bring them to reality. Western Health can bring opportunity for funding and science fact to the table in these areas, but designation and training needs to happen in, and on, a community level. Again, responses referred to 'wellness' as being needed foundationally in the healthcare system, through partnerships with communities and absorption of their knowledge.

Suggestions and Considerations

The engagement survey provided an opportunity for respondents to add other comments on anything they would like to share. Based on the information gathered through the survey, one on one interviews, emails, and phone calls, the following themes were identified:

1. Western Health's presence in Community.

Responses related to this theme asked Western Health to see what has already been accomplished and implemented and how these things could easily spread throughout their facilities, services, and policy. Things like; having a space for reflection, being able to have a support person present to help listen and process medical advice and news, exist but need to be communicated.

2. Communication improved with, and for, Community.

This theme demonstrated the respondents ask for Western Health to acknowledge their communities, be present there, and allow their people to be heard. Whether it is through mobile clinics, board seats, or healthcares presence at community events meetings. A clear picture of how Western Health can move forward in a good way in collaboration with the community starts there.

3. Collaboration on initiatives between Western Health and Community.

A challenge to the western thinking, which exists systematically, within the institution of Medicine and Health. Knowledge of Mi'kmaq ways, and needs, are just as valid to a Mi'kmaw person as medical advice given by a healthcare provider. This should be respected, and studied to support their legitimacy.

4. More focus on the wellness side of healthcare.

The Mi'kmaq community has long-standing traditions of what they consider positive health and wellness, and they would like to see their perspectives, especially prevention, represented through promotion and incorporation in future partnerships with Western Health.

5. Responsibility taken and action on recommendations.

The fifth theme is a challenge to the Mi'kmaq Community to not let Western Health bear the brunt of implementing and enacting these recommendations. Respondents were just as likely to note that the community should, or already is, making changes on their own in participation with local agents of the health authority.

The suggestions and considerations brought forward during the fall engagement were consistent with what was heard from the community during the spring community engagement. Through the information collected, the community confirmed that they are there to support for Western Health to make these changes for the better for everyone.

Next Steps

The Mi'kmaw community has identified their priorities amongst the 36 recommendations. The next step is to reaffirm this information and to move forward in creating a plan on how these recommendations can become a meaningful reality. This will be done through continued engagement with the Mi'kmaq Community by any means that the community deems appropriate, and the status of the pandemic allows.

The initial step is verification of this report and then the creation of a go-forward strategy for community, partners, and Western Health which can be utilized to implement and make the recommended changes.

Appendix A - Engagement Plan

Journey of Collaboration Engagement Plan – Phase Two of Project Engagement

Western Health, September 2020

Issue Statement

Western Health will enhance person and family centered care in the region by partnering with the indigenous community in program/service planning.

Objectives

- Western Health will support and incorporate Mi'Kmaw ways into its way of business with the overall goal of delivering person and family centered care.
- Mi'Kmaw people to help define how Western Health can partner with the community in planning and services.

Project Overall Engagement Approach

The Journey of Collaboration project is a journey that requires the Mi'Kmaw community's input and guidance on a continuous basis from the idea generation phase to the implementation plan. Validation of each phase will take place through participation in the next phase. The first phase of engagement, completed on July 31, 2020, informed community about the project and collected recommendations on how to incorporate Mi'Kmaw ways into healthcare delivery and policy. The second phase of engagement will showcase the recommendations collected in phase one of engagement and ask the community to prioritize them. In addition, participants will have the option to provide guidance on how they would like to see the recommendations develop in a respectful and authentic way. Phase three of engagement will further the development of recommendations prioritized in phase two of engagement.

Round One Engagement Summary

From April 2, 2020 to May 6, 2020, the Journey of Collaboration Project Coordinator created a Mi'Kmaw network list. The leaders and Elders on this list were contacted for their input on how to communicate and engage their respective communities. Each conversation indicated that face to face meetings were the preferred method of engagement. All recommendations from these conversations were highlighted in the engagement plan for phase one of engagement, however, engagement methods were adapted to suit the new physical distancing guidelines. The previous engagement plan was used to guide engagement for phase one of the project's engagement.

From June 10, 2020 to July 31, 2020 the first phase of community engagement took place. At this time, Western Health asked, "If you were to dream, how would Western Health incorporate Mi'kmaw ways into healthcare delivery and policy?". Western Health engaged the community using various methods. The community was engaged through offering virtual and teleconference meetings to established groups, having an online anonymous survey and sharing the Project Coordinator's phone number and email widely for participants to contact her

directly. The methods used were not all suggested by the community as engagement needed to be adapted for the current Covid-19 pandemic and physical distancing measures. In an attempt to make participation accessible to everyone, paper surveys were distributed upon request.

Communication tools included a project poster, a two-minute promotional video and the online survey. These tools were shared widely through the established network, Western Health and project partners. Some organizations chose to organize virtual or teleconference sessions while others chose to share the tools with their network by email, social media and word of mouth.

There were 160 responses to engagement. There were 76 responses by online survey, 21 paper surveys, 3 virtual sessions with a total of 21 participants, 2 group teleconference calls with 6 total participants, 35 individual phone calls, and 1 response by email. This phase of engagement indicated to Western Health the community's overall desires to have Mi'Kmaw ways at Western Health. To learn how to put these ideas into action, the community needs to be engaged on a continuous basis. The results from phase one of engagement will be shared with the network and general public by emailing the report and summary infographic to the network and posting it on Western Health's website. The report and infographic will inform the public on the next phase of engagement in which they are invited to participate.

Engagement Round Two

The next phase of engagement will serve two purposes. The first is to inform the community of the results from round one of engagement. The second is to ask community to prioritize the recommendations in order to inform the project of the main community needs. By informing the project of the main needs, the project can move forward on a community validated basis. In addition to prioritizing the recommendations, participants can indicate how they would like the recommendations to develop in an authentic and respectful manner.

Due to low prevalence of Covid 19, physical distancing measures have relaxed since previous engagement. Organizations such as Western Health are currently authorized to host indoor and outdoor gatherings provided that distancing guidelines and safety protocols set by the chief medical officer and Western Health are maintained. The Journey of Collaboration Project Coordinators are pleased to see this change and will prioritize this method of engagement as recommended by leaders and Elders in community.

To remain flexible for everyone, other methods of engagement will continue to be offered. Participants can choose to participate by online survey, paper survey, individual phone calls and emails, group virtual and teleconference sessions organized by community groups as well as scheduled virtual and teleconference options organized by the Project Coordinator. Communication tools that will be used for this phase of engagement will include an infographic, a short video, and a promotional poster. The network, Western Health and the project's partners will greatly help in sharing these tools.

The second phase of engagement will begin by engaging the community through the engagement methods mentioned above. The recommendations in each of the 7 themes will be

rated by community in the outgoing survey. Besides ranking priority recommendations, participants will have the option to provide feedback on how they would like to see the recommendations develop into a meaningful reality. Community members who are keen to see top recommendations develop are welcome to leave his/her contact information at this stage. Participants can then be called upon to attend focus groups with key Western Health employees to create a plan to move the recommendation forward in round three. All engagement phases will inform the upcoming implementation plan.

As an incentive to participate, a draw will take place for grocery gift cards. Community members that engage in the project via any method (survey, telephone, email, videoconference, face to face visit, etc.) can choose to provide their name and contact information to be entered into the draw. The draw is scheduled to take place on November 30th.

Target Audiences

Western health will be inclusive to all ages, genders and social situations during engagement. Western Health will engage with Indigenous communities and individuals throughout Western Newfoundland with the support of its network:

Qalipu First Nation Newfoundland Aboriginal Women's Network People of the Dawn Friendship Centre St Georges Indian Band Benoit First Nation Indian Head First Nation Band Corner Brook Aboriginal Women Association Burgeo Band of Indians NorPen Aboriginal Womens Group Flat Bay Band	Native Womens Association Port au Port Band Bay St. George all-inclusive circle Whitewolf youth group Three Rivers Indian Band Benoit's Cove Womens Group Main River Group Rocky Harbour Womens Group North Shore Aboriginal Group Indian Cove Womens Group
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Engagement Methods

Due to physical distancing measures in place, the desired face to face community engagement will take place with physical distancing protocols in place. The other methods proposed are inclusive and adapted to times of uncertainty. The proposed methods are found below.

Community Visits

Why: Face to face community gatherings was indicated by leaders and Elders in the network as the desired way to engage community. This allows connection and trust to build between community and project coordinators.

How: With the assistance of the established network, Project Coordinators will identify safe community spaces to meet residents during an allotted time. The engagement will

not take place in way of a gathering but as one on one visits with interested individuals who wish to meet Project Coordinators and respond to the survey face to face. Safety considerations such as space capacity, mask wearing, available hand sanitizer will respect the provincial and Western Health's guidelines.

Recommendation: Work with an established network to consider culturally suitable spaces to meet with community, keeping in mind that this may be outdoors and include culturally appropriate aspects.

Virtual Meetings

Why: Virtual sessions allow participants the space and collaborative energy to expand upon ideas with others. It also permits participants to meet the Project Coordinator face to face.

Lessons learned: In round one of engagement, some community leaders organized virtual sessions with their memberships. While this was well received, other leaders may have organized virtual groups if they had the technology or know-how to do so. It is also noted that potential participants who are not members of established groups would not receive an invitation.

Recommendation: It is recommended that the Project Coordinator schedule virtual meeting times for which participants can register. This information will be shared on the project's promotional poster to ensure that anyone who sees the poster can attend.

Teleconference Calls

Why: This method allows community to participate in a group setting without the need for technology or a long-distance telephone plan.

Lessons learned: In round one of engagement, it was noted that not all participants can call long distance. Therefore, there may have been some potential participants who missed the opportunity to participate. Potential participants also lost the opportunity to participate if they were not members of the established groups who organized the calls.

Recommendation: Project Coordinator to schedule and advertise teleconference calls to encourage everyone to participate.

Online Survey

Why: Online surveys allow people to participate anonymously and on his/her own time.

Lessons learned: Most participation was through the online survey in the first round of engagement. This survey was anonymous, and participants could participate when they wished. This is clear when you review the times of online participation. Many survey

responses were submitted in the evening and night when the Project Coordinator would not have been available.

Recommendation: Create an online survey and promote it from the beginning of engagement until the end.

Direct Contact

Why: Directly contacting the Project Coordinator allows a relationship to develop between the Project Coordinator and the participant.

Lessons learned: Directly contacting project coordinator by phone or email did not experience high volumes of participation in round one of engagement. Those who did call had questions about the project and/or had difficulty putting his/her ideas into words.

Recommendation: Share Project Coordinator information widely to encourage outreach to Project Coordinator.

Paper Survey

Why: This method permits Elders and those without access to the other options to participate.

Lessons learned: Paper surveys were requested on two occasions in round one of engagement. In both scenarios, half of the surveys delivered were collected. It is believed that if this option was provided to others, it would receive great uptake.

Recommendation: Let participants and stakeholders know that they can request a paper survey be sent to his/her home/organization. Return envelopes to be stamped for free return of the survey.

Pandemic Procedures for Community Visits

Indoor and outdoor engagement will follow provincial regulations. The Project Coordinator will work with the network to choose a location within community to host community visits. The guidelines for that location will be followed. Though engagement will be in small numbers, the project will follow the guidelines for large groups set by the government below. The Project Coordinators will keep record of each person at engagement for 2 weeks after the event.

Indoor: There will be 2 meters of physical distancing between participants or household bubbles. The maximum participants will be 50% of the venue's capacity up to 100 people maximum. Masks are required for anyone over age 5. Hand sanitizer and garbage cans will be located on site. There will be visual signage to remind participants of self-screening, when to stay home, hand hygiene, cough etiquette.

Outdoor: There will be a limit of 100 people with 2 meters of physical distancing maintained between participants or family bubbles. Hand sanitizer and garbage cans will be located on site. There will be visual signage to remind participants of self-screening, when to stay home, hand hygiene, cough etiquette. Masks will be required where physical distancing cannot be maintained.

Communication Tools

The established network of community leaders and Elders will significantly help in sharing the project's information with his/her membership or community. Western Health and project partners will also share the project information. In considering the tools for promotion, a promotional poster, an infographic and a two-minute video are the communication tools being considered.

The promotional poster will showcase the current stage of the project and how to participate in phase two of engagement.

The infographic will highlight the main themes from the first phase of engagement. This infographic will link participants to the current round of engagement to encourage participation.

The promotional video can introduce both Project Coordinators for this phase of engagement along with highlighting themes from the first round and request people participate again to prioritize the recommendations.

Key Messages

In addition to the objectives to this project, there are key messages that the Project Coordinator will deliver at each engagement session:

1. We need your knowledge; this will help us incorporate policies for the betterment of your community and future generations.
2. The Project Coordinator can be reached at any time of the project.
3. Your feedback will be anonymously incorporated into the implementation plan.
4. This project is a journey, community will be asked to participate along the way.

Communication/Marketing

The Project Coordinator will work closely with the established network, Western Health and partners to promote engagement with their membership. There will be a poster and short video to encourage engagement. These tools will be shared on social media, email, newsletter and word of mouth by the network, Western Health and partners.

See communication plan Appendix A.

Schedule

All engagement will take place between September 23 and October 23th, 2020.

Scheduled virtual sessions can be October 1, 2020 and October 14, 2020. Scheduled teleconference engagement calls can be October 6, 2020 and October 21, 2020.

Privacy and Confidentiality

The below statement will be recounted when a participant engages in the project:

"This survey is anonymous so the information you provide will be confidential. Your privacy will be maintained as all responses will be reported collectively. The responses from this survey will not be used for future projects"

Engagement Resources and Materials

Resources required for the many aspects of engagement are:

Technology:

- Computer
- Phone
- Platforms for virtual calls

Facilitators/assistance:

- Note taker
- Technical support

Discussion document

- Infographic to be established to show the results of round one of engagement

Environmental Considerations:

- Engagement to take place during the Covid-19 pandemic. Some participants may be particularly struggling with their health and health access at this time so results may be skewed.
- There is a separation of Mi'Kmaw people due the enrollment process at Qalipu First Nation

Recording, Reporting and Reflection of Stakeholder Input

Responses will be recorded by a designated note taker during phone, virtual or face to face engagement. Other responses will be completed online or by paper.

Once data is collected, results will be shared back to stakeholder membership and general public through the implementation plan for validation. The implementation plan will be used as a guide to implement the recommendations into Western Health's policy and planning.

Media Policy

Media can be used to help promote the engagement sessions and project. Media is not welcome at any virtual or in person engagement session for privacy reasons.

Appreciation

At each engagement session or visit despite the method, participants can put his/her name in for a draw for a grocery card. This is intended to act as a gift to participants, especially during a time that many are struggling financially.

Appendix B - Communication Plan

Journey of Collaboration Round 2 Engagement: Communication Plan

Objective	Action	Stakeholder	Channel	Responsible	Timeline
1. To promote project and encourage project engagement throughout Western Newfoundland.	1.1 Email all community partners to promote Journey of Collaboration engagement.	Community	<ul style="list-style-type: none"> ● Email invitation to participate ● Poster ● Link to short video 	Project Coordinator	September 30 to October 30, 2020
	1.2 Share engagement session information.	Community	<ul style="list-style-type: none"> ● Email ● Tweets ● Facebook ● Poster ● Video 	-Regional Manager R&E -Regional Director Comms	September 30 (periodically) to November 30, 2020.
	1.3 Issue media release.	Media	Press Release	-Regional Manager R&E -Regional Dir Comms	September 30, 2020
	1.4 Post survey information to the Western Health website.	Community	Poster (with Survey Link and contact information)	-Regional Manager R&E -Regional Dir Comms	September 30, 2020
2. Update committee on project progress.	2.1 Provide monthly updates.	Project steering committee.	Engagement response Key findings, and implementation plan.	Project Coordinator	Sept 2, 2020 to March 31, 2021
3. Promote third round of engagement to Mi'kmaq Community	3.1 Email community partners and participants	Community	Outline previous round results	Project Coordinator	Feb 2021
	3.2 Share poster on social media	Community	Poster engagement session dates, times and locations	Project Coordinator	November 2020

Appendix C - Discussion Guide

Discussion Guide: Phase two engagement “building dreams into reality”

Wendy Brake, Project Coordinator

Virtual or Phone Engagement

DURATION: 1 hour

WELCOME

Welcome participants and thank them for agreeing to be part of the project; appreciate willingness to participate

INTRODUCTIONS

- Introduce moderator and note taker*
- Round room introductions

PURPOSE OF FOCUS GROUP

- Explain the purpose of participation
- Provide some background information regarding the project and its development

PRIVACY AND CONFIDENTIALITY

Thank you for taking the time to answer our questions and provide your ideas. The comments, feedback, ideas you provide to us will be invaluable to help us as we move forward. It's important that we let you know that we respect your privacy. While I may need to record your name and contact information in case I need to contact you to clarify your feedback, I will not share this or any other information that identifies you as an individual.

GROUND RULES

Helpful tips for the focus group to run smoothly and respectfully for all participants:

- We would like everyone to participate.
- The facilitator will call on each participant for his/her feedback**
- Only one person talks at a time. It is important that there are no side bar discussions and that everyone is listening as one person speaks.
- There are no right or wrong answers to questions – just ideas and opinions, which are all valuable.
- Aim to start and end on time.
- Does anyone else have any ‘ground rules’ they would like to add?

CONCLUSION

- Summarize answers to the questions that are recorded. Ask: Is this an adequate summary? Have we missed anything?
- When the session is complete, thank participants for their participation and the note taker for taking notes.

Journey of Collaboration Project background

This project is a Western Health Initiative. In 2018, Western Health created a Person and family care framework. This framework is an approach that respectfully and meaningfully involves patients in their healthcare decisions and journey – Jayatilaka, 2014. Western Health noted that 25.5% of their region is Indigenous and saw the potential to work directly with you. They then reached out to Qalipu First Nation, leaders of Mi'Kmaq communities and partners to develop the Journey of Collaboration project. This project aims to integrate Indigenous voices in the co-design of health and wellness strategies. The first round of engagement for this project took place in June and July 2020. At this time of engagement, the community told us how they dreamt of Mi'Kmaq ways to be at Western Health. Currently, in the second round of engagement, we want to know your top priorities from the first round of ideas and how you wish for them to develop. As you participate today, you are informing us on what the priorities are and how to start addressing Mi'Kmaq needs.

Focus Group Target Audience:

- Invite Indigenous community members and organizations

Question

1. Polling method to be used for each category. Once the top recommendation is identified, briefly discuss, how do we make this dream into a reality?

Prompts:

How do we make this a reality?

What does the process look like?

What resources are required?

How will this be sustained?

Who should be involved?

***Notetaker may be required for some engagement but not all.**

****Each group will decide whether to call on each person or to have an open discussion.**