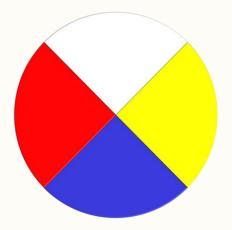




We Can't Give Away What We Don't Have: Community Engagement Through Indigenous Ways of Knowing











"All that we are is story. From the moment we are born to the time we continue on our spirit journey, we are involved in the creation of the story of our time here. It is what we arrive with. It is all we leave behind. We are not the things we accumulate. We are not the things we deem important. We are story. All of us. What comes to matter then is the creation of the best possible story we can while we're here; you, me, us, together. When we can do that and we take the time to share those stories with each other, we get bigger inside, we see each other, we recognize our kinship – we change the world, one story at a time..."









Stollery Children's Hospital

- Is a 150 bed children's hospital that opened in October 2001
- The hospital is noted as a "centre for specialized pediatric services", as well as being the "referral centre for pediatric cardiac surgery in Western Canada and for organ transplants. The hospital contains a NICU, PICU and multiple other clinics geared towards children.
- 50% of patients come from rural and remote communities with 35% of those patients being First Nations, Metis or Inc







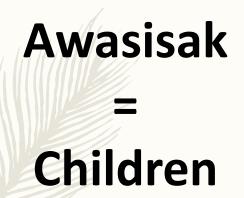
Where are we going? Where we have been.

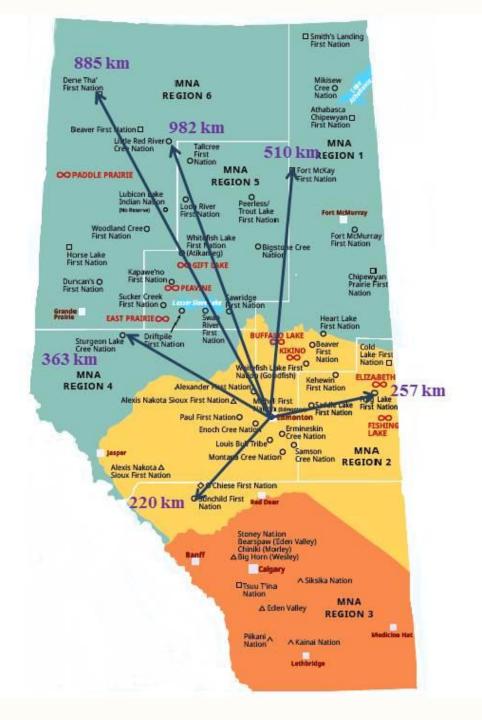
- Beginnings
- Culturally Appropriate Methodology
- Culturally Responsive Analysis
- Coming Full Circle















How to engage before you Engage









Purpose:

A Vision Day to talk about what is the best care for children and their families at the Stollery





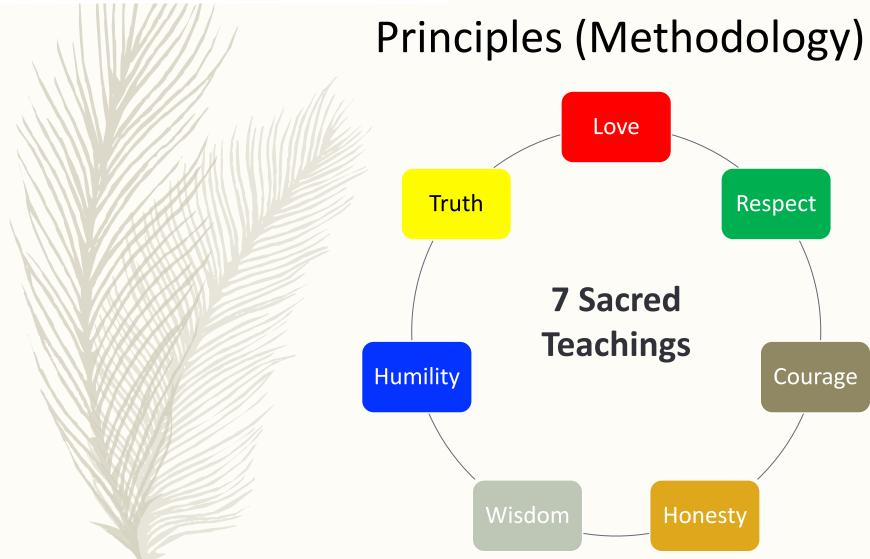


Let's Have a Plan!













Protocols (Method)







Get em' Talking

- 1. What worked well for you? What challenges have you experienced?
- 2. What can the Stollery do to provide better health services for our children and improve/enhance patient family experiences while in the hospital?
- 3. What does your ideal transition to/from hospital and community look like?





Rock the Vote







Culturally Responsive Analysis

Non-hierarchical

Real-time

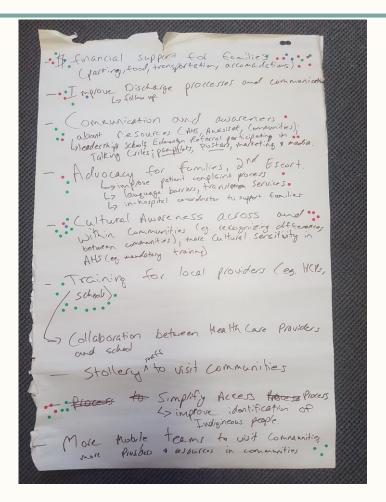
Ongoing







Continuing the Conversation



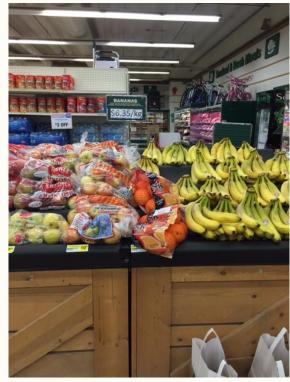




The Little Program that Could

- 1. Indigenous HCPs
- 2. Discharge planning
- 3. Housing
- 4. Indigenous Health Science Academy
- 5. Outreach Team









Acting on Priorities

- 4. Jordan's principle
- 5. Mental health
- 6. Supports
- 7. Cultural awareness and sensitivity
- 8. Indigenous diversity & support initiative



Indigenous Child and Family Engagement Coordinator - Algorithm

Duties for Engagement

- Cultural teachings sessions
- Jordan's Principal Supporter
- Collaborate with Art Gallery and artists
- Supporting strong relationships with Stollery team
- Volunteer Initiatives
- Organizelanguageinterpretations
- Smudging Ceremony
- Drumming Ceremony
- Hosting Weekly Tea
 and Bannock
- Collaborating with Ronald McDonald House
- Indigenous Youth Health Careers

Core Responsibilities

- Creating information packages
- Service logs and documentation
- Identify and share knowledge re: community and AHS resources and services with patient/families.
- Provide cultural, spiritual support
- Bridge builder i.e. familiarize families on function of western medical services and help staff understand the responses and reactions of Indigenous child and their family to those services



Duties to Complement Healthcare Teams:

- Bridge with SW access community resources i.e. Jordan's Principle, Air Canada Foundation, Ronald McDonald House, etc.
- Facilitate linking family with SW
- Consult SW by verbal, phone, email interactions with patients and families
- Documenting interactions with families and emailing to their SW
- Partnering with SW to see what can be done to support
 Indigenous families on their unit (Timing on seeing patient)

Duties to Stollery's Indigenous population

- Creating a culturally safe place
- Hospital Tours
- Accommodating/assisti ng families i.e. appointments, bus tickets, parking passes
- Accessing off site services
- Ronald MacDonald House
- Accompanying families to feel safe in order to ask questions
- Gaining Treaty/Metis card access



Room to Grow

- 1. Sharing experiences, hopes, visions and dreams
- 2. Looking to the future
- 3. Determining needs



Acknowledgements

We would like to acknowledge the talking circle participants for their time and effort; without their stories and willingness to share their experiences the ideas and recommendations would not be available to direct the efforts of the next steps of the Awasisak Indigenous Health Program. Participating communities include:

Slave Lake, Edmonton, Bonnyville, High Level, Fox Lake, Fort McMurray: O'Chiese, Maskwacis, Metis Nations of Alberta, Alexander, Driftpile First Nation, Swan River First Nation, Sucker Creek First Nation, Bigstone Cree Nation, Beaver Lake Cree Nation, Kehewin Cree First Nation, Whitefish First Nation, Frog Lake First Nation, Cold Lake First Nation, Saddle Lake First Nation, Dene Tha' First Nation, Chateh First Nation, Kapawe'no First Nation, Beaver First Nation Tallcree First Nation, Little Red River First Nation.

We would also like to thank Audrey Thomas, Linda Sinal, Shawn Hillhouse, Chrystal Plante, & Heather McCrady for their generous contributions of time, expertise, and experience.





Questions



- 1. Who are you?
- 2. How do you feel about what you have heard today?
- 3. What is one thing you will be doing differently going forward?