



Learning Together: A Dialogue on Community Health

Cortes Island: March 11th, 2008

DRAFT: LIRN Dialogue Summary Report

Presented in collaboration with the Cortes Island Health Centre and Klahoose First Nation

**Presented by the Partners of
Learning Initiatives for Rural
and Northern BC (LIRN)**



Canada
SERVICE CANADA

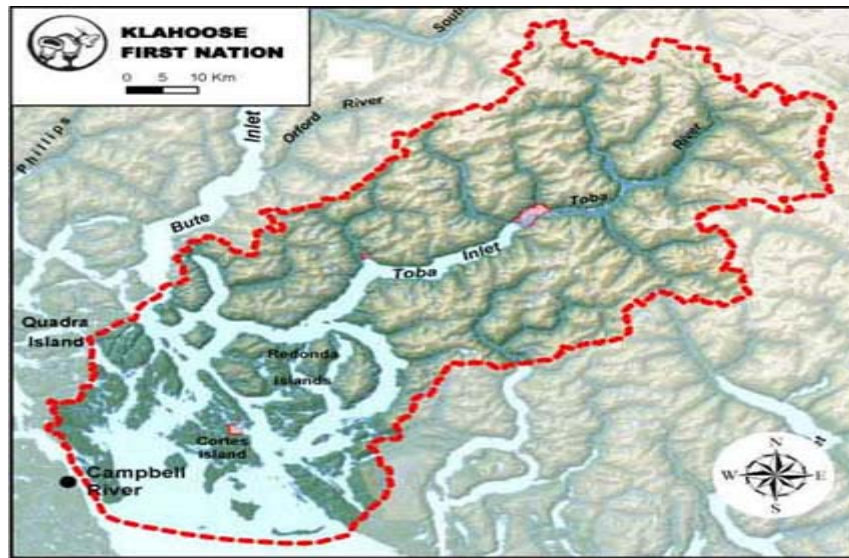


Canadian Rural Partnership



Table of Contents

1. Introduction	1
2. About the Partners	2
About LIRN	2
About Klahoose First Nation	5
About the Cortes Island Health Centre	5
3. About the Facilitator	6
4. Overview of the Knowledge, Skills and Passion that People Brought to the Dialogue	7
5. Complete List of Priority Areas for Community Health on Cortes Island	9
5.1. Primary Health Care	10
5.2. Health Services	10
5.3. Determinants of Health	11
5.4. Overall Community Well Being	11
6. Results of S.W.O.T. Analyses of Ideas for Developing Community Health	12
6.1. S.W.O.T. Analysis of the Idea of Developing Programs to Address Diabetes and Other Chronic Diseases	13
6.2. S.W.O.T. Analysis of Idea to Enhance Mental Health Services	14
6.3. S.W.O.T. Analysis of Idea to Plan for Ongoing Intercultural Dialogue and Learning	14
6.4. S.W.O.T. Analysis of Idea to Create Cortes Island Mental Health and Addictions Services Integration Team	15
6.5. S.W.O.T. Analysis of Idea to Create a Detox Centre for Cortes Island	16
7. Next Steps	17
8. Appendices	18
8.1. Evaluation results	18
8.2. Agenda	21
8.3. Participant list	23
8.4. Resources	24



1. Introduction

The LIRN partners and the Cortes Health Centre wish to express our gratitude to the Klahoose First Nation for hosting an intercultural dialogue on community health on their traditional territory.

The planning for the dialogue began in July 2007, after the Cortes Island Health Centre submitted a successful Expression of Interest to the partners of Learning Initiatives for Rural and Northern BC (LIRN). As one of 21 successful applicants, Dr. Kirstie Overhill of the Cortes Island Health Centre worked with Scott Graham of the Social Planning and Research Council (SPARC BC) to plan an intercultural dialogue with members of the Klahoose First Nation on the topic of community health on March 11th, 2008. The purpose of the dialogue was to explore community health issues, brainstorm actionable ideas for how to work together for improved community health, and to identify some opportunities for working together toward improved community health.

This report provides a summary of the results of the intercultural dialogue and deliberations on Cortes Island. In the next section, we provide an overview of the LIRN initiative and each of the LIRN partners who contributed to the *Learning Together* dialogue. Next, the results of the large group icebreaker are provided. In the section that follows, a summary of the priority areas that participants identified are presented, which is followed by the small group S.W.O.T. analyses of select ideas for developing community health. The second last section consists of a few short statements about next steps. The final section is the appendices, which include the evaluation results, agenda, participant list and a list of resources for community development.

2. About the Partners

In this section, we provide a brief description of each of the partners of the LIRN dialogue Cortes Island.

About LIRN

LIRN is a collaborative approach to building on the capacities of rural, remote and northern British Columbian communities. The LIRN process encourages government (municipal, provincial and federal), First Nations, non-government organizations (community-based, regional and provincial) and businesses to work together to plan, deliver and evaluate a locally relevant learning initiative. LIRN is made possible through a partnership of federal and provincial governments, as well as non-government organizations that recognize the strengths and challenges of rural, remote and Northern BC communities. The LIRN partners also understand the importance of local opportunities to learn about and work on current issues, as well as assess, envision, plan and act for a better future.

As LIRN partners, the BC Rural Network, Canadian Rural Partnership, Service Canada, the Self Help Resource Association of BC, and the Social Planning and Research Council of BC (SPARC BC) have combined their expertise and resources in an effort to maximize community capacity building opportunities for people living in rural, remote, and northern parts of the province. The objective of the LIRN process is to create a safe space in which community members learn and work together in a manner that is locally relevant. On the following pages, we provide brief descriptions of each of the LIRN partners.

BC Rural Network and the Regional Rural Forums

Founded in 2004, the BC Rural Network is a coalition of organizations, communities, and individuals who share a commitment to enhance the capacity of British Columbia to develop responses to rural and remote community issues. The BCRN is a non-profit organization whose members and Board of Directors come from all regions of British Columbia. Our objectives are to:

- Act as a coordinating body for the dissemination of information, tools, and resources of importance to rural and remote communities in British Columbia;
- Act as a catalyst to build linkages between communities, rural organizations, and policy-makers who work on issues of importance to rural and remote communities in British Columbia;
- Improve awareness of the current work of existing rural groups and organizations in BC by providing a forum for rural and remote communities and organizations to voice concerns and issues, and learn from each other.

For more information about the BC Rural Network and the Regional Rural Forums, please visit our website at www.bcruralnetwork.ca or contact us at info@bcruralnetwork.ca

Canadian Rural Partnership

Canadian Rural Partnership (CRP) is a federal initiative which supports rural communities by helping to identify the issues they are facing, by taking collaborative action to address these issues, and connecting community to community and community to government to share information on available resources and best practice in rural development. We identify issues by bringing rural community residents together for dialogue or at conferences. The information from these gatherings is shared with a federal/provincial Rural Team which can undertake collaborative action to address these issues and can provide the input toward influencing government policies and programs with a Rural Lens. We also share information from one community to another and from government to communities through listservs, newsletters, best practice guides, and program lists. For more information about the Canadian Rural Partnership, please visit our website at: http://www.rural.gc.ca/team/bc/bchome_e.phtml

Service Canada and the New Horizons for Seniors Program

Service Canada is becoming the program delivery arm of the federal government. Over a dozen federal departments are working with Service Canada so it can become a single window of service and program delivery for the federal government. Service Canada is home to the Employment Insurance system, labour market programming to help unemployed people return to work, income support like Old Age Security and Canada Pension. Service Canada also coordinates the New Horizons for Seniors program, which is a program that provides funding for community-based projects that aim to encourage seniors to contribute to and become more engaged in their local communities. Service Canada is interested in strengthening linkages with communities for more effective delivery of federal programs and services. For more information about Service Canada and the New Horizons for Seniors program, please visit our website at: <http://www.sdc.gc.ca/en/isp/horizons/toc.shtml>

Social Planning and Research Council of BC (SPARC BC) and the Community Development Education Program

SPARC BC, a registered non-profit society and a federally registered charity, was established in 1966 and is a leader in research, public education and advocacy regarding issues of community development, accessibility, and income security. SPARC BC is a provincial organization with over 15,000 members and is governed by a Board of Directors from across BC. Our mission is to work with communities in building a just and healthy society for all.

The Community Development Education Program is one of our methods for realizing our mission. The Community Development Education Program aims to empower individuals and organizations by providing them with learning opportunities to identify local assets and issues, build local knowledge and develop skills and action-plans that contribute to effecting local consensus-oriented change. The curriculum resources and facilitation services of the Community Development Education Program are available to communities through the LIRN BC process. For more information about SPARC BC and the Community Development Education Program, please visit our website at www.sparc.bc.ca.

The Self-Help Resource Association of BC

The Self-Help Resource Association of BC (SHRA) promotes peer support approaches to community development, building the capacity of individuals and communities to become healthy, responsive and self-determining. SHRA programs and services focus on the processes of self-help and peer support, so that people can apply the information to their individual, organizational or community needs.

SHRA offers:

- Capacity-building workshops on group development and facilitation.
- Consultations, collaborations and partnerships related to peer support and community development initiatives.
- The Kinex Youth Initiative, a youth driven team supporting social and systemic change through peer support approaches.
- Information and referral services in the Lower Mainland.
- PeerNetBC.com, an online space for peer support communities.

Find out more about SHRA at www.selfhelpresource.bc.ca or contact us at cheryl.shra@telus.net.

About Klahoose First Nation

The Klahoose traditional territory encompasses Desolation Sound and islands in the northern Straits of Georgia as well as Toba Inlet and adjacent watersheds as shown on the Traditional Territory map on the introductory page.

The Klahoose speak a dialect of the Coast Salish Branch of the Salishan language family. They are closely related to the Sliammon people near Powell River, and the Homalco, living in Campbell River. The Klahoose First Nation traditional territory covers an area of approximately 430,500 hectares or 4305 sq. km. Comparing other areas on the globe, Bermuda, the well known British overseas territory in the mid Atlantic is approximately 54 sq. km. of land mass.

The Klahoose traditional territory encompasses a very diverse geography and a multitude of wildlife and marine creatures.

Klahoose has 10 reserves, with a total area of 1,357 hectares, the largest of which are Klahoose IR No.1, 923 hectares at the mouth of Toba River, and IR No.7, 183 hectares, the main village site on Cores Island in Squirrel Cove.

Klahoose has a membership of just over 200 people, with about 60 people living on reserve in Squirrel Cove on Cortes Island and another 150 living off reserve, mostly in Campbell River, Powell River and Vancouver.¹

About the Cortes Island Health Centre

The Cortes Health Centre is a free-standing medical clinic, designated as a Diagnostic and Treatment Centre by the Vancouver Island Health Authority (VIHA). The Centre is owned and operated by the Cortes Community Health Association (CCHA) whose mandate includes to act as advocate for the community in obtaining the best possible health care and to promote programs to improve health in the community.

The Centre was opened in 2005 and provides the services of a full time physician and nurse practitioner, a part time psychiatrist and visits by other mental health professionals and the public health nurse as well as a part time pharmacy. In addition to the Health Centre, the CCHA operates community programs which support the health of the community such as a Family Support Coordinator, a loan cupboard of medical equipment and a lending library of health related books.

¹ For more information on the Klahoose First Nation, see: http://www.klahoose.com/klahoose_Community.html

3. About the Facilitator

Scott Graham

Researcher and Director of Community Development Education Program
Social Planning and Research Council of British Columbia
201-221 East 10th Avenue Vancouver, BC
604.718.8501
sgraham@sparc.bc.ca

Scott Graham is a Researcher and the Director of the Community Development Education Program at SPARC BC. Scott works collaboratively with over ten rural and Northern BC communities each year to design and implement community learning initiatives. He is principal investigator for the Port Moody Interactive Government project, which aims to improve how the City of Port Moody engages its residents in local decision making processes. He also serves as principal investigator on a project entitled “The Power of Place: Integrating St’át’imc Knowledge into Lillooet K-12 school Curricula and Pedagogy”, which is funded through the generous support of the Canadian Council on Learning.

Recently, Scott worked as a facilitator for the UN-Habitat Regional Urban Observatory at Simon Fraser University to formulate good governance indicators for Metro Vancouver. He holds a Master of Arts degree in Theory and Policy Studies in Education from the University of Toronto. He has published many guidebooks on community development methods and has several scholarly publications, including a recent publication in *Directions: Journal of Educational Studies*, and *Policy Futures in Education* and a forthcoming publication in the *Journal of Applied Research on Learning*.

4. Overview of the Knowledge, Skills and Passion that People Brought to the Dialogue

The workshop began by having Norman Harry smudge the space. Shortly thereafter, participants sat in a large circle and introduced themselves. A short exercise followed the introductions, which involved participants developing responses to the this question: What do you bring to this dialogue? All participants wrote their contributions on sticky notes. A large circle was drawn in the centre of the floor and all participants placed their contributions into the circle. Moving around the large circle, participants took turns reading aloud two or three of the sticky notes from within the circle. Here is the list of the major themes and sub-themes of the collective assets in the room during the dialogue.

Passion, desire and commitment

- to help our seniors and youth
- to help in any way I can
- to work with community.
- to improve cultural safety and competence within and amongst health care service provision
- to improve the health of people

Positive Attitude

- a smile (x 2)
- laughter (x3)
- happiness

Willingness to learn, listen and understand

- a desire to understand
- understanding
- willingness to learn
- listening for issues, ideas, meaning
- the ability to listen
- a desire to learn
- listening

Empathy, caring and respect

- empathy
- respect (x4)
- respect for community control
- respect to those attending
- I respect everyone
- caring (x2)
- compassion (x2)
- I love everyone

Energy and Enthusiasm

- community spirit and energy
- enthusiasm / energy (x3)
- excitement about the possibilities that might come out today
- a sense of excitement and possibility about what Cortes can achieve as a community

Knowledge, skills and past experiences

- bi-cultural perspectives
- cultural knowledge
- advocacy / development
- insight
- global perspective of the social determinants of health in relation to Aboriginal health issues and challenges
- Knowledge
- health related knowledge
- an ability to use my writing skills to assist and support community action
- organizational skills
- communication skills
- time
- my experiences, encouragement, happiness, and some knowledge
- listening skills and life skills
- innovation
- experience (x2)
- knowledge (x3)
- today, I bring ideas for our community such as healthy diets, good communication
- Experience

Other

- I bring support for the community development for Klahoose members
- Action
- A partnership
- Access to funding
- Influence
- Newness
- A capacity to hold a vision for wellness



5. Complete List of Priority Areas for Community Health on Cortes Island

The participants at the Cortes Island LIRN Dialogue developed a series of priorities for community development in the area of health. In an effort to generate a list of health priority areas, participants answered the following question: What are your top three priority areas related to community health? After participants developed responses to this question by writing their answers and placing them on the wall, they engaged in an affinity exercise whereby they moved all of the brainstormed ideas into related groupings.

After developing a long list of ideas, participants created four overarching types of priority areas. The four areas were:

1. Priority Areas Related to Primary Health Care
2. Priority Areas Related to Health Services
3. Priority Areas Related to Determinants of Health
4. Priority Areas Related to Overall Community Well Being

In this section, we present the complete list of all priority areas that were identified by participants.

5.1. Primary Health Care

- Emergency transportation to hospital and emergency for all residents of Cortes Island
- Primary health care and chronic disease management
- Treatment for diseases (i.e. diabetes etc.)
- Primary health care programs and services that follow through and build on previous offerings
- Access to appropriate and timely health care services for all residents
- To find meaningful ways for VIHA to respond to identified health needs in the community
- Better and more consistent collaboration with VIHA and services they can provide
- Increased communication and networking on Cortes Island and with agencies / resources off island
- General Service Access: most health service providers are not on Cortes Island
- Create facilities on island equipped for women to give birth on island or at their own home
- Improve connection / liaison with service providers in Campbell River
- Maternal and child health
- Health service delivery in Klahoose community
- Integrate services and make them culturally responsive
- Create community based hospice care

5.2. Health Services

- Improved services for elders
- Interdisciplinary approach to health and wellness programming
- Working with Klahoose First Nation members on health issues in a manner that is culturally safe and responsive
- Culturally appropriate service delivery as identified by community members
- Establish health centre at Klahoose
- Have more healing circles
 - men's groups, women's groups
- Increased access to holistic health services
- Discuss the location of the Klahoose Health Centre

5.3. Determinants of Health

- More workshops on diabetes
- Establish a sewer system in Klahoose
- More fitness programs
- More initiatives that focus on helping people develop a healthy diet
- More employment plans and job opportunities
- Life-skills workshop for community members
- Projects that address the problem of social isolation and loneliness
- More follow-up with communities in addictions and abuse
- An understanding of how health is defined by each community
- Initiatives to promote healthy parenting
- Programs to address low self-esteem
- Support structures for maintaining healthy lifestyle choices (i.e. healthy foods, affordable housing, recreation etc.)
- Poverty
- Healthy employment / economic development to meet basic survival needs

5.4. Overall Community Well Being

- Address the need for increased services by Physiotherapist and Occupational Therapists
- Increased number of initiatives to build community capacity to address health issues
- Increased awareness of personal responsibility for developing good health (i.e. healthy lifestyle choices)
- Increased funding for health education and inspirational speakers
- More workshops for learning about health issues
- Newsletter on Cortes Island about health issues
- Greater emphasis on prevention of disease
- Policies of zero tolerance for abuse
- Reduction in violence both amongst community members and directed at front line staff
- Enhanced programs to address addictions – substance misuse (drug and alcohol)
- Intervention strategies with some community members
- A Safe Home on Cortes Island for domestic violence recipients
- Programs to help people with Fetal Alcohol Syndrome
- Moving people from states of dependence and unwellness to greater independence and health in all areas of life
- Programs for mental health consumers: people not getting assessment / admission / proper treatment
- A treatment center at Klahoose and Cortes

6. Results of S.W.O.T. Analyses of Ideas for Developing Community Health

After participants generated a list of priority areas, they used the dotmocracy method to select a limited number of priority areas, which formed the focus for each of the two small groups. Using a worksheet, each of the two working groups assessed the strengths, weaknesses, opportunities and threats in the community and outside of the community that relate to their select priority areas.

The group closest to the windows at the Klahoose Band Office was focused on the following three ideas for developing community health:

1. Develop Programs to Address Diabetes and Other Chronic Diseases
2. Enhance Mental Health Services
3. Develop a Plan for Ongoing Intercultural Dialogue and Learning

The small group that was seated closest to the stage and the drums were focused on the following two ideas for developing community health:

4. Idea to Create Cortes Island Mental Health and Addictions Services Integration Team
5. Develop a Detox Centre

Given the interconnected nature of community health issues, the analytical work of the groups overlapped in several instances. The tables on the following pages contain the results of each group's analytical work on the above developmental ideas.

6.1. S.W.O.T. Analysis of the Idea of Developing Programs to Address Diabetes and Other Chronic Diseases

Strengths	Weaknesses
<ul style="list-style-type: none"> • Home care nursing • Brighter futures worker • Doctor • Nurse / NP • CDM toolkit • Communication to CR • Joy, CHN • ITHA • Aboriginal Diabetes Initiative • Food security dietician • Wellness committee • CHR 	<ul style="list-style-type: none"> • Not working together • Economically hard to eat healthy • Lack of awareness / education • No lab testing available • Off island transport for F/V care • Homecare • Transportation off and on island • Not knowing who to approach
Opportunities	Threats
<ul style="list-style-type: none"> • Diabetes sharing circle that can be expanded • Sharing money • Cross over of services • Nurses in various posts share programs • Education regarding resource availability 	<ul style="list-style-type: none"> • Duplication of roles • Increased work load due to increased communication / meeting • Not culturally appropriate care

6.2. S.W.O.T. Analysis of Idea to Enhance Mental Health Services

Strengths	Weaknesses
<ul style="list-style-type: none"> • Tolerance of MH patients • Traditional healing available • Psychotherapist • Clinical therapist 2 weeks per month • Residential school • A & D – 1 day per week • ASCRIPT team in Klahoose • AA meeting held 	<ul style="list-style-type: none"> • Partnership with CR services missing / inadequate to island members and St. Joes as well • Lack of funding • Lack of Detox centre • No supportive housing program • Affordable / protected housing for MH clients • Psychotherapist very busy
Opportunities	Threats
<ul style="list-style-type: none"> • Combining funding to have a full program • Education regarding health • Are having discussions with CR Mental Health 	<ul style="list-style-type: none"> • Suicide • Privacy on small island • Reluctance to involve RCMP even when appropriate

6.3. S.W.O.T. Analysis of Idea to Plan for Ongoing Intercultural Dialogue and Learning

Strengths	Weaknesses
<ul style="list-style-type: none"> • Relationships are being built • NP to take leadership role in communication • Band staff who are waiting to take leadership role 	<ul style="list-style-type: none"> • Understanding of different decision making processes • Small band staff overwhelmed with demands
Opportunities	Threats
<ul style="list-style-type: none"> • To learn in a safe environment about culture • To continue to come together • To share staff concerns / issues in a new group 	<ul style="list-style-type: none"> • Loss of key personnel • No CHR in place after March • Fear of making a mistake - so inaction

6.4. S.W.O.T. Analysis of Idea to Create Cortes Island Mental Health and Addictions Services Integration Team

Strengths	Weaknesses
<ul style="list-style-type: none"> • Gill – Counsellor, Norm – NADAAP • AA meetings Klahoose – Mansons • Harm reduction materials: DVD’s, videos, booklets resource • Klahoose website • Psychiatrist once a week • Child and youth – once a month • Adult every 2 weeks • Klahoose has ability to direct there own health plan 	<ul style="list-style-type: none"> • Lack of awareness among community members around resources that exist • Disinterest among community members in materials that are available • Lack of services • No forum when things go bad • Klahoose plans are ignored once they get to CR • No one to connect with at CR that will continue with our plans • Klahoose is so short staffed, unable to be response-able to mental health and addictions
Opportunities	Threats
<ul style="list-style-type: none"> • To develop a committee around mental health and addiction services located on Cortes Island to establish networks on / off Cortes; Identify Klahoose Band member and Cortes community rep to join team. • Actionable ideas for team: education around child and youth drug and alcohol prevention, develop position for nurse practitioner, mental health and support nurse, telephone screening and support daily, develop self-care strategies for caregivers / health providers, Elders helping Elders program, video nights, preventative workshops and programs, counseling one on one, community directed based early recovery, intervention programs, form partnerships in resources and treatment (Holmalco, Sliammon, Mansons, etc.), build directory of agencies around addictions. 	<ul style="list-style-type: none"> • Nothing ever becomes of programs and the health workers don’t know where things are going • The health workers have a full plate and community issues become overwhelming – echoed in Cortes community • Workers in Klahoose and Cortes are getting “burn out”, we have to take care of our caregivers first, people get run into the ground • Polarization – shame, blame game • Continuity of programs/services

6.5. S.W.O.T. Analysis of Idea to Create a Detox Centre for Cortes Island

Strengths	Weaknesses
<ul style="list-style-type: none"> • Land use • Potential partnership • Aboriginal proposal • In community treatment, support 	<ul style="list-style-type: none"> • Funding • Getting people through the door • Recruitment and retention of staff and clients • Re-entry of client from detox
Opportunities	Threats
<ul style="list-style-type: none"> • Harm reduction strategy • Community development to lead harm reduction • Renovated houses (e.g. Alkali Lake) • Contact Sechelt as model 	<ul style="list-style-type: none"> • Confidentiality • Physical Resource



7. Next Steps

In the following paragraphs, Dr. Kirstie Overhill provides an overview of some of the next steps extending from the LIRN dialogue.

Many pressing needs were discussed during the one day LIRN session. As a small community with limited resources, it will be necessary for us to focus on a few areas where we can make headway and not try to ‘do it all’ at once. We also want to make sure that all the ideas discussed are saved for future action even if we do not proceed with them immediately.

The LIRN BC document will be circulated to all participants for use in future planning, and in designing grant applications and initiatives that match community priorities.

A working group on Chronic Disease Management (in particular diabetes) will be established including Cortes and Klahoose providers and administrators to discuss collaborative care, and the integrate services and funding from off-island sources.

A Working group on Mental Health/Addictions will be established with a similar mandate.

Discussions will be held with ITHA to discuss the role of nursing services on Cortes and possible collaborations.

Discussions on how to provide culturally appropriate care will continue.

8. Appendices

8.1. Evaluation results

All participants were asked to complete an evaluation of the LIRN workshop. In this appendix, we feature the summary of the evaluation results.

Completed by 21

1. Please Indicate the sector in which you work

First Nations - 4
Government - 4
Social and/or Community - 11
Economic - 2
Environment – 0

2. Please indicate how relevant this event was for your community?

Mean: 4.6
Mode: 5

Comments:

- Very much needed – researching / helping our people
- Excellent
- Strengthened sense of community regarding wellness issues
- Good review of what is already here and working some good reframing of weaknesses to make them strengths

3. Please indicate how the LIRN event helped you connect with the people in your community.

Mean: 4.6
Mode: 5

Comments:

- To review and search for help
- Desperately need follow-up
- Would you all come back?
- Gained knowledge about Klahoose initiatives
- A number of off-island people specific to health and specific framing of issues in unfamiliar professional language
- Not long enough

4. Did the LIRN event increase your interest in exploring new ways to work with people in your community

Mean: 4.5

Mode: 5

Comments:

- As needed, life skills
- Yes
- Not long enough

5. How would you rate the event facilitator?

Mean: 4.9

Mode: 5

Comments:

- Facilitated very well
- Good balance of activities
- A little too quick to move from discussion to SWOT analysis
- Excellent facilitation

6. How did this workshop impact you?

Comments:

- Clarity, inspiration
- Knowledge of health issues and who the health providers are
- Very deeply
- Enlightened me so much
- We all did a good job
- Made me think of ways to help the community and ways to create partnership between Klahoose and the rest of Cortes
- Increased my sense of possibility for effective community development
- Provided an opportunity to see how current services can be improved or re-modeled for more efficient distribution of services
- It was great
- Lots of food for thought
- Very much, I learned a great deal about connecting / networking
- Deepened connection with island and off-island
- Increased awareness / understanding of issues, opportunities for change, connections
- Met so many great community leaders
- Connections made for several issues

7. What was your favorite part of today?

Comments:

- Connecting with people
- Meeting in Klahoose
- The process and meeting people
- Meeting new people and making connections
- Meeting off island providers
- Helping myself and the community
- Great workshop all day!
- Knowledge that was shared
- Games and participation
- Making the picture
- Collaborative sustain development
- How initial impact was gathered and organized
- Small group discussion provided an opportunity for in-depth topic-development
- Writing out the plan on how we work together
- Gathering, listening
- Facilitators ability to connect everybody, make us laugh and have us do all this work because we felt connected
- Being able to connect and talk
- Meeting everyone
- Connecting, dialogue, meeting everyone, energy, food

8. What was your least favorite part of today?

Comments:

- Some parts of the small group dialogue
- Saying goodbye
- None – it was all great
- Having to leave without connecting with community members of health
- It would be nice to have name tags
- Not enough time to deal adequately with so many critical issues for our own community
- It was ALL good. It was great how we all took part in it
- Not enough time to think, sit with ideas, hear everyone's ideas
- Our first exercise; laughing, getting to know each other
- Our last exercise; getting things done
- Short time

8.2. Agenda

Learning Together: A Dialogue on Community Health

Agenda for March 11th, 2008
Supported by the partners of LIRN
Klahoose Band Office, Cortes Island

Objectives of workshop:

1. To engage in dialogue about community health issues
2. To brainstorm actionable ideas for how to work together for improved community health
3. To select some concrete next steps for working together on priority issues

- 9:00 **Registration**
- 9:15 **Welcome and introductions**
- 9:45 **Overview of agenda and establish guidelines for dialogue**
- 10:10 **Read the writing on the wall**
- Have a snack, read the responses to the two pre-workshop questions and add additional responses: 1) What are your top three priority areas related to community health? 2) What outcomes do you expect from a LIRN workshop on Cortes Island?
- 10:30 **Build an affinity diagram and select priorities**
- In silence, participants sort the priorities into natural groupings.
 - Using the dotmocracy method, participants will select their top priority areas for today's workshop.
- 10:50 **Break**
- 11:05 **Brainstorm actionable ideas**
- Participants will form small groups around the priority area that is of most interest to them and discuss actionable ideas that relate to their given area of community health. Each group will require a facilitator, a note taker and a reporter.
- 11:45 **Select actionable ideas**
- Once the actionable ideas have been developed and discussed, participants will select 2-3 actionable ideas for their work in the afternoon.
- 12:00 **Lunch**

Afternoon Session

12:40 **Report on selected actionable ideas**

1:00 **Conduct a S.W.O.T. analysis of the selected action ideas**

- Using the provided worksheet, participants in small groups will identify the strengths, weakness, opportunities and threats related to the actionable idea

1:30 **Identify internal and external stakeholders**

- Using the provided worksheet, participants will identify the internal and external stakeholders that should be involved in the development of the actionable idea.

2:00 **Break**

2:20 **Define next steps: Who, what, when and where...**

- Participants will clarify the steps that need to be taken.

2:45 **Report on next steps**

3:10 **Summary and evaluation**

3:30 **End**

8.3. Participant list

Name	Organization	Email
Anita Dotts	Cortes Health Centre / VIHA	anita.dotts@viha.ca
Bernice McGowan	VIHA and CCHA	kiddle@oberon.ark.com
Charmaine Enns	VIHA	charmaine.enns@viha.ca
Cheryl Paul	Brighter Futures Coordinator	cherylcrow_808@hotmail.com
Chloe Gregg	MOA for Dr. Overhill	corteshealthcentre@twincomm.ca
Darlene Martin	VIHA - Aboriginal Health	darlene.martin@viha.ca
Enid O'Hara	VIHA - Gold River	enind.ohara@viha.ca
Ester Strijbos	Seniors Healing Seniors, Cortes	esterstef@telus.net
Frances Woodcock	Klahoose First Nation	franw@klahoose.org
Hendrick Roelants	VIHA (Decision Support)	hendrick.roelants@viha.ca
Jessie Louie	Band Councillor	jlouie06@telus.net
Jill Goodacre	Klahoose First Nation Clinical Therapist	jgoodacre@shaw.ca
Joy Phillips	Intertribal Health Authority	joy@intertribalhealth.ca
Kirstie Overhill	Cortes Health Centre	corteshealthcentre@twincomm.ca
Lisa Scalapino	Understanding the Early Years	ueylise@gicable.com
Mary Henderson	Intertribal Health Authority	maryh@intertribalhealth.ca
Mary R. Harry	Klahoose First Nation	(250) 935-0192
Myra Gansnev	VIHA Mental Health and Addictions	myra.gansnev@viha.ca
Natalie Hanson	Plutonic Power - Klahoose First Nation	natattack07@hotmail.com
Norman Harry	Residents School Program for Klahoose First Nation	normarharrysr@hotmail.com
Rose Hanson	Klahoose First Nation	(250) 935-0207
Sandy Miller	VIHA Aboriginal Health	sandy.p.miller@viha.ca
Sheila Hart	Cortes Community Health Association	sheilahart@uniserve.com
Suzan Denis	Family Support Coordinator	suzan@suzandenis.com

8.4. Resources

- New Horizons for Seniors - Service Canada: This program provides funding for community-based projects across Canada. Projects encourage seniors to continue to play an important role in their community by: helping those in need; providing leadership; and sharing their knowledge and skills with others. Calls for Applications are issued once or twice a year.
<http://www.hrsdc.gc.ca/en/isp/horizons/toc.shtml>
- 300 plus community development programs a searchable database put together by the Canadian Rural Partnership, BC Rural Network, BC Healthy Communities, and Community Futures in Trail http://www.communityfutures.com/cms/Funding_Sources.2.0.html
- Union of BC Municipalities site for local government programs including green projects, healthy living, crime prevention, FN relations, and infrastructure
<http://www.civicinfo.bc.ca/18.asp>
- Charity Village: Sources of Funding: Corporate Funding Programs, Government, Foundations, etc. <http://www.charityvillage.com/cv/ires/fund.asp>
- Charity Village Main Street – Suppliers, careers, resources, training, etc.
<http://www.charityvillage.com/cv/ires/fund.asp>
- The Green Source from Environment Canada
http://www.ec.gc.ca/ecoaction/grnsrc/index_e.cfm
- Voluntary Sector Knowledge Network – management, fund raising, accountability, leadership and other resources <http://www.vskn.ca/>
- Centre for Sustainability - Partners in Organizational Development (POD), a technical assistance granting program for not-for-profit organizations in British Columbia in social services, arts, or environment. <http://www.centreforsustainability.ca/programs/>
- The Canada Site A to Z http://www.gc.ca/azind/bindex_e.html
- BC Healthy Communities: Community Involvement, Political Commitment, Inter-sectoral Partnerships, Healthy Public Policy – regional facilitators and seed funding
<http://www.bchealthycommunities.ca/content/home.asp>
- Community Foundations of Canada – foundation finder and other tools http://www.cfc-fcc.ca/who_we_are/list.cfm?id=2
- Real Estate Foundation – land use planning and conservation
<http://www.communitytransition.org/about.php>
- Service Canada – The Partnership Handbook – building and maintaining effective partnerships to move communities forward.
<http://www.hrsdc.gc.ca/en/epb/sid/cia/partnership/handbook.doc>
- Free internet based long distance calling <http://www.skype.com/>
- Free meeting organizing utility <http://www.meetingwizard.com/>
- Free on-line collaboration for files and spreadsheets
https://www.google.com/accounts/ServiceLogin?service=writely&passive=true&continue=http%3A%2F%2Fdocs.google.com%2F<mpl=WR_tmp_2_lfty&nui=1