An Urban-Based Health and Social Services Model for the Vallée-de-l'Or Aboriginal People:

# The Minowé Clinic

A RESOURCE INTEGRATED TO THE VALLÉE-DE-L'OR LOCAL NETWORK



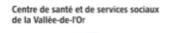
A joint initiative of the Centre de santé et de services sociaux de la Vallée-de-l'Or, the Centre jeunesse de l'Abitibi-Témiscamingue and the Val-d'Or Native Friendship Centre in collaboration with Avenir d'Enfants



"Do not go where the path may lead, go instead where there is no path and leave a trail."

Ralph Waldo Emerson























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# Minowé: Being healthy (in Anishnabe language)

In 2006, at the First Nations Socioeconomic Forum in Mashteuiatsh, the Québec Government and First Nations leaders committed to work at improving the living conditions of Québec's First Peoples.

One of the joint commitments made at the Forum involves the Québec Ministry of Health and Social Services (MSSS) and the Regroupement des centres d'amitié autochtones du Québec (RCAAQ), and reads as follows:

"MSSS, in partnership with Friendship Centres, has committed to a transfer of knowledge and expertise between local social service centres and the Friendship Centres to identify areas of compatibility and potential partnership for the delivery of services to members of First Nations."

First Nations Socioeconomic Forum Final Report.
Acting now... for the future. 2007

It is in this context that a partnership was established between the Centre de santé et de services sociaux de la Vallée-de-l'Or, the Centre jeunesse de l'Abitibi-Témiscamingue (CJAT) and the Val-d'Or Native Friendship Centre (VDNFC). Born from this alliance, the *Minowé* Clinic is a resource integrated to the MRC de la Vallée-de-l'Or's local network.

Located at the Val-d'Or Native Friendship Centre, the *Wirrowé* Clinic provides culturally relevant local services to Aboriginal people and is aimed at responding to the Aboriginal community's specific needs.

This socially innovative project, developed under a pilot initiative funded by Health Canada<sup>1</sup> and supported by scientific intelligence<sup>2</sup>, is now initiating its deployment and implementation in other Québec cities served by a Native Friendship Centre.

The deployment of the model is based on three axes<sup>3</sup>: I) Knowledge transfer; 2) Development of a health and social services master plan for the urban-based Aboriginal clinic model in Québec; 3) Exportation and implementation of the *Mirrowé* Clinic model.

The *Minowé* Clinic is defined as a socially innovative model that promotes a culturally relevant intervention approach and contributes to the well-being of Aboriginal children and their families.

In November 2011, a major partner has joined the process of co-construction of knowledge (project Abinodjic), Avenir d'Enfants for an amount of \$ 326,718 and this until November 2013.

I Health Canada's Aboriginal Health Transition Fund (AHTF) has allowed supporting the development and experimental phase of the Minowé Clinic from December 1st 2008 to March 31st 2011. The Val-d'Or Native Friendship Centre received a total grant of \$ 475,877 from Health Canada.

<sup>2</sup>The Community-University Research Alliances' "Aboriginal People in Quebec's cities" is a joint initiative of DIALOG – Research and Knowledge Network Relating to Aboriginal Peoples – and the Regroupement des centres d'amitié autochtones du Québec; it is funded by the Social Sciences and Humanities Research Council of Canada (2009-2014).

<sup>3</sup> Health Canada's Health Services Integration Fund (HSIF) 2012-2015 allows for the deployment and implementation of the model in collaboration with the Regroupement des centres d'amitié autochtones du Québec.



### **Vision**

The Minowé Clinic, a socially innovative model, actively contributes to engage the Aboriginal community as a primary actor in the improvement of its global health through practices specific to the First Peoples' culture.

### Mission

The Minowé Clinic is an urban-based resource integrated to the health and social services network that facilitates access through culturally relevant local health and social services for the MRC de la Vallée-de-l'Or's Aboriginal people.

### **Values**

### Respect, commitment, integrity, collaboration

### Respect

Respect is expressed through an empathic openness to and acceptance of others.

### Commitment

Commitment is demonstrated by investing oneself in the continuous improvement of service delivery.

### Integrity

Integrity means being honest, true and consistent in one's words and actions.

### **Collaboration**

Collaboration is expressed by involving partners to work for common interests.

# Partnership, a key to the *Minowé* Clinic's success

### STRATEGIC ORIENTATION

Partnership materialises through the consolidation and development of new relations between individuals, groups and organisations. It proposes an innovative model for the integration and adaptation of health and social services for First Peoples, by pooling expertise and resources.

"As a health and social services institution, our obligation towards the population represents a challenge to take action while taking into account this population's specific characteristics, but more importantly by closely involving those at the heart of these realities: Aboriginal people themselves."

Jérôme Lamont, Director General, CSSSVO

### **GENERAL OBJECTIVES**

- I Responds to a collective responsibility to facilitate access to health and social services for the Aboriginal community, based on identified needs, within a culturally relevant environment.
- 2- Is part of a social inclusion approach by fighting discrimination and prejudices, promoting mutual enrichment and the diffusion of First Peoples' culture.

### I. Minowé Clinic's partners:

- Centre de santé et des services sociaux de la Vallée-de-l'Or
- Centre jeunesse de l'Abitibi-Témiscamingue
- Val-d'Or Native Friendship Centrer

Partnership agreements are based on shared responsibilities:

- The CSSSVO is responsible for providing health and social services to the urban Aboriginal population on its territory.
- The CJAT is an actor, and often an exclusive one, in the area of youth protection services, and a key partner in providing services to Aboriginal youth.
- The VDNFC is the main service organisation serving the urban Aboriginal population and is a key actor in the organisation of local services.

The *Minowé* Clinic's partners are committed to:

- a. Mutually designing and implementing a culturally relevant health care and services structure by pooling their respective expertise.
- b. Implementing a permanent mechanism to coordinate, adapt and develop required services.
- c. Developing and implementing an action plan that takes into account each partner's resources and expertise.
- d. Identifying a recurrent funding formula that ensures the sustainability of the *Minowé* Clinic's services.
- **2. Partners associated** with the *Mirrowé* Clinic participate in the development of an innovative urban-based health and social services model for Québec's Aboriginal people:
  - Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue
  - Health Canada
  - Avenir d'Enfants foundation
  - Regroupement des Centres d'amitié autochtones du Québec
  - DIALOG Network
  - ODENA Research Alliance



### STRATEGIC ORIENTATION

The *Minowé* Clinic governance is based on concerted actions at the strategic, scientific and operational levels. It takes into account the partners' expertise and First Peoples' participation in a responsible, accountable and transparent decision-making process.

### Governance structure

Governance structure			
Definition	Strategic Committee	Liaison Committee	
Status	DECISION-MAKING	ADVISORY	
Membership	Director general, CSSSVO Director general, CJAT Director general, VDNFC	Liaison Officer, CSSVO Liaison Officer, CJAT Liaison Officer, VDNFC	
Mandate	<ul> <li>Acts at the strategic orientation, financial and political levels of the Minowé Clinic.</li> <li>Approves research programs.</li> <li>Ensures representation at the regional (Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue) and provincial level (Ministry of Health and Social Services).</li> </ul>	Facilitates access to health and social services for Aboriginal people in an urban setting by ensuring:  • communication and linking of services, both internally and between the partners;  • implementation and follow-up of the action plan;  • harmonisation of intervention tools;  • management of protocol agreements;  • management and clinical supervision of the Minowé Clinic's professionals.  Participates in assessments and collaborates to scientific research programming	
Meetings	Quarterly	Monthly	
Deliverables	Minutes of meetings and follow-up of the Strategic Committee's decisions.	Minutes of the Liaison Committee meetings.	

### **OBJECTIFS GÉNÉRAUX**

Coordination Committee meetings.

- I- Assure la pérennité de la Clinique *Winowé* en milieu autochtone en optimisant et rationalisant ses modes de fonctionnement et ses arrimages aux différents services de santé et services sociaux.
- 2- S'appuie sur un modèle de gouvernance qui met à contribution la société civile autochtone et les expertises des partenaires à différents niveaux : décisionnel, consultatif, opérationnel et conseil.

Coordination and Logistics Committee	Scientific and evaluation committee
OPERATIONAL	ADVISORY
<ul> <li>Assistant Director General</li> <li>Coordinator</li> <li>Nurse</li> <li>Social intervention support worker</li> <li>VDNFC's Social Development Director</li> <li>VDNFC's Community</li> </ul>	<ul> <li>Dialog Network and ODENA Research Alliance (Research and Knowledge Network Relating to Aboriginal Peoples) directed by Carole Lévesque, professor and researcher at INRS.</li> <li>Dialog has 150 members including regular and affiliated researchers from 27 universities across the world.</li> <li>A representative of Avenir d'Enfants is a member of the evaluation committee.</li> </ul>
<ul> <li>Ensures the implementation of the action plans and decisions, and provides necessary support to other committees.</li> <li>Ensures the implementation of the different activities through human resources and logistical support.</li> <li>Prepares financial and activity reports for the different funding organisations.</li> </ul>	<ul> <li>Ensures the implementation of scientific intelligence.</li> <li>Provides expertise in the development of research programs, scientific orientations, research areas, and prepares recommendations for the Strategic Committee.</li> <li>Reports on research needs and results and contributes to identifying complementary research activities, if need be.</li> <li>Determines knowledge dissemination and transfer strategies.</li> <li>Avenir d'Enfants brings its expertise in the evaluation of the model.</li> </ul>
Monthly	Quarterly
Drafting of annual reports, reports for funding organisations and minutes of the	Research reports, scientific papers, literature reviews, case studies, reflection and

Minowé Clinic : October 2012

analysis work.

### Holistic health and social services delivery

### STRATEGIC ORIENTATION

Services are delivered through a continuum of culturally relevant interventions so as to act upon the different aspects of life by providing health care and services with a holistic approach.

"...holism is based on an integrated conception of human health that considers all the aspects of a person's life in its total environment. [....] A new approach to Aboriginal healing would blend the insights of traditional and contemporary Aboriginal analysis with the emerging analysis of the determinants of health. It would honour the needs, values and traditions of those it serves."

- Report of the Royal Commission on Aboriginal Peoples, 1996.

### **GENERAL OBJECTIVES**

- I- Make frontline health and social services accessible and culturally relevant in order to improve the global health condition of the MRC de la Vallée-de-l'Or's Aboriginal population.
- 2- Develop efficient support and intervention practices with Aboriginal children and their families in a context of youth protection.

Despite the **accessibility of the CSSSVO services** to the general population, it is observed that:

- CSSSVO services reach few Aboriginal people on its territory;
- Aboriginal penetration rate of the CSSSVO's frontline services is very low;
- Concrete measures must be put in place to remedy the situation, considering the persisting health variances between Aboriginals and non Aboriginals.

**Service delivery** at the *Mirrowé* Clinic integrates a **culturally relevant approach** with interventions based on a comprehensive perspective on Aboriginal people's health and social issues. Aboriginal culture gives preference to a holistic view of health.

Minowé Clinic, a multi-service model for prevention and promotion of healthy lifestyles in an urban setting for the MRC de la Vallée-de-l'Or's Aboriginal people:

- 1) Reception, evaluation and referral services
- 2) Front-line services
- 3) Youth and family services, including youth faced with difficulties (perinatal care, psychosocial intervention and support youth protection process, SIPPE program (Integrated Perinatal and Early Childhood Support), etc.)
- 4) Services to persons faced with addictions
- 5) Services to persons faced with mental health problems
- 6 Physical health services (first-line and second-line chronic disease prevention)
- 7) Liaison function between CSSSVO, CJAT and VDNFC (referral protocols, joint action plan, training, information & expertise transfer, and professional support activities)

### The Minowé Clinic is staffed with a multidisciplinary team

- a nurse;
- a psychosocial support worker;
- an administrative coordinator:

The team is supported by a physician (for group prescriptions), a Strategic Committee, a Liaison Committee and a Scientific Committee.

The Minowé Clinic offers internships for medical and nursing students.

The **Val-d'Or Native Friendship Centre** is an urban service hub, a living environment and a cultural anchor for First Peoples. It actively contributes to the social, community, economic and cultural development of its community through innovative and proactive strategies. The *Minowé* Clinic is anchored in this mission, providing local and culturally relevant health and social services.

### **Research:** knowledge acquisition and transfer

### STRATEGIC ORIENTATION

The *Minowé* Clinic gives preference to community-based research, continued knowledge sharing as well as co-construction of knowledge through the development of innovative practices taking into account the First Peoples' specific cultural context.

### **GENERAL OBJECTIVES**

- I- Assess, measure and analyse the social, economic and cultural impact of the *Minowé* Clinic's services on the global health of Aboriginal people living in an urban setting.
- 2- Document the *Winowé* Clinic's experience through a co-production and co-creation process in order to ensure the transfer and dissemination of knowledge to respond to First Peoples' challenges in the area of health and social services.

## I. The *Minowé* Clinic's potential for innovation is defined by the following key factors:

- its approach aimed at reducing health and social services variances for Aboriginals living in an urban setting;
- its solution-seeking approach to clearly identified social issues and challenges;
- its capacity to develop efficient support and intervention practices with Aboriginal children and families in a vulnerable situation;
- its transformation and systemic change purpose, i.e. to modulate health and social services supply by introducing a culturally relevant approach.

# 2. Scientific intelligence and research program

### The ODENA Research Alliance

Scientific intelligence will allow documenting, assessing and measuring the impact of the Clinic's interventions on the Aboriginal population using its services. The Community-University Research Alliances' Aboriginals in Quebec's cities initiative has committed to provide researchers and to develop a research program for the Clinic.

In addition, the Minowé

project aims at providing the Québec scientific community with new theoretical, methodological and epistemological approaches liable to respond more efficiently to the need for knowledge related to Aboriginal people.

### Avenir d'Enfants

The contribution of Avenir d'Enfants aims to support the experimental phase of the Minowé Clinic project by the production of knowledge and the development of transfer mechanisms targeting Aboriginal children 0-5 years and their families living in vulnerability situations as well as pregnant women. The momentum is ideal to attach the component "acquisition and transfer of knowledge» by the establishment of a scientific monitoring supported financially by Avenir d'Enfants. The two are inseparable and complementary that makes a real difference and export a powerful new approach for Aboriginal children in Quebec.

The project proposes to evaluate the direct impacts at two levels:

- 1. In the lives of young Aboriginal children under 5, their parents, close family and extended family.
- 2. In the way of doing of the three organizations partners that have services to offer and want to improve their performance in terms of results.

# Minowé Clinic... A model for Québec

From the very beginning, the project to develop an urban-based health and social services model for the Vallée-de-l'Or Aboriginal people included a component designed to export the model to other Québec cities where a Native Friendship Centre is found.

### Urban Aboriginal people in Québec in a nutshell...

- More than 50 towns in Québec have a relatively important Aboriginal population;
- This population was 16 times larger in 2008 than in 1980;
- In average, it increased by 70% from 2001to 2006;
- lt now represents over 60% of the total Aboriginal population in Québec;
- In Val-d'Or, the Aboriginal population increased by 270% in 20 years (1986 to 2006);
- In 2010, it was possible to estimate that at least 80 000 Aboriginal persons resided temporarily or permanently in towns and villages;
- Some 30% live in Montreal and Quebec City while 70% are found in the regions.
  - Développement social journal, Vol. 11, No. 3, February 2011

The Québec Native Friendship Centres network is active in 10 cities:

Val-d'Or, Montreal, Quebec City, Senneterre, Chibougamau, La Tuque, Joliette, Septlles, Saguenay and Trois-Rivières (in development stage).

The Regroupement des Centres d'amitié autochtones du Québec (RCAAQ) – the provincial Friendship Centres association - has been mandated to export the health and social services model to other cities in Québec. This objective is part of the joint commitment made by MSSS and RCAAQ at the First Nations Socioeconomic Forum in Mashteuiatsh.

Avenir d'Enfants also showed a great interest in getting involved in the deployment of the model to other friendship centers in Quebec



