

Executive Summary

March 19, 2013

KAHNAWAKE COMMUNITY HEALTH PLAN HEALTH TRANSFERRED PROGRAMS 2012 - 2022



This “Kahnawake Community Health Plan Health Transferred Programs 2012-2022” report is the third Community Health Plan (CHP) developed by Onkwata’karitáhtshera (Kahnawake’s one health and social service agency). This CHP spans a longer period of time than previous years, following a Ten-Year Block Contribution funding model (formerly Flexible Transfer). This report provides a framework to manage community resources with the objective of improving health in the community. It follows a prescribed format from Health Canada containing a total of 16 Sections. The report is approximately 103 pages, not including Appendices A to U.

The CHP provides long-term stability for community organizations and takes into consideration the following:

1. Change is slow and a longer period is needed to affect health changes, attitudes and longstanding lifestyles.
2. Health priorities need longer timeframes to validate changes.
3. Longer timeframes are required so the community can retain knowledge and make necessary lifestyle changes.
4. Impacts employee retention and allows for full-time versus contract positions so employees are fully engaged in the process.
5. Community buy-in is needed to achieve the results.

Section 1 of the report identifies the health priorities and needs. Seven (7) health priorities identified are:

1. **Substance Abuse /Addictions**
2. **Mental Health Issues**
3. **Learning/ Development Disabilities**
4. **Cardiovascular Disease (hypertension)**
5. **Cancer**
6. **Diabetes**
7. **Obesity**

The health priorities are validated by research and statistical information gathered from various sources from within the organization and community partners.

Other needs and additional resources were identified and elaborated on. If these needs were fulfilled they would enhance the level of services currently offered by community health organizations. These are broken down to three general categories:

Global Need	⇒	2 needs are identified at the Onkwata’karitáhtshera level and include governance support and operations
Health Service Needs	⇒	13 needs identified and include what services need enhancements and gaps to be filled
Infrastructure Needs	⇒	identifies 8 needs and include information systems and technology infrastructure as well as new facilities and resources

Other key findings include:

- The scope of substance abuse has expanded from alcohol and drugs to include prescription drugs; mainly anti-depressants and pain relief type drugs. As such, this health priority is directly related to the second priority; mental health.
- Health care workers have experienced a significant increase in the number of clients with mental health related issues and clients requiring mental health and social services.

- A consistent challenge facing the community is supporting learning/development disabilities.
- A need exists for a residential care facility for individuals with developmental delays.
- Other community health needs that warrant consideration are suicide, STIs, Alzheimer's/dementia, and safety-accidents/injuries (all ages).
- A significant trend affecting families is parenting issues.
- Diabetes and hypertension screening in adults revealed that 60% of 500 participants were at risk or had hypertension.
- Kahnawake continues to face challenges finding English language material and documentation provided by the Provincial government.

Health programming is based on the health priorities/needs identified above. Organizational services/programs and subsequent logic models have been realigned /restructured with a respective health priority. An overarching goal, strategy and rationale were assigned to each priority, as recommended by Health Canada. The charts below identify services/programs with their respective health priority. Other services/programs that contribute to the CHP have been categorized under the following health priority titles: *Multiple Support Priority, Primary Health, Home & Community Care or Health Management.*

Health Priority	Service/Program
1. Addictions	<ul style="list-style-type: none"> • Addictions Response Services • Children's Drama • In School Prevention Program • Making Adult Decisions • Our Gang
2. Cancer	<ul style="list-style-type: none"> • Adult Prevention • Environmental Health Services • Cancer Care
3. Cardiovascular	<ul style="list-style-type: none"> • Adult Prevention
4. Developmental Disabilities	<ul style="list-style-type: none"> • Assisted Living Services • Fetal Alcohol Spectrum Disorder
5. Diabetes	<ul style="list-style-type: none"> • Diabetes Education • KMHC Operations
6. Mental Health	<ul style="list-style-type: none"> • Healing & Wellness Lodge • KMHC Social Service Worker • NYC Outreach • Nobody's Perfect • Parenting & Family Center • HCN Tertiary Prevention • Shakotisnien:nens Support Counsellor
7. Obesity	<ul style="list-style-type: none"> • Adult Prevention

Other contributing services/programs that support the CHP.

Health Priority	Service/Program
8. Multiple Support Priority	<ul style="list-style-type: none"> • Brighter Futures • Communications • KMHC Operations • KSCS Admin. & Operations
9. Primary Health	<ul style="list-style-type: none"> • Child Injury Prevention • Community Health Unit (CHU)-Breastfeeding Support • CHU-Newborn Home Visits • CHU-Prenatal Clinic • CHU-Prenatal To Toddler Data & Statistics • CHU-Well Baby Clinic • HIV • Preconceptual Health • Reportable Diseases • School Health-Elementary Schools, Survival School • Staff Health • Volunteer Program
10. Home & Community Care	<ul style="list-style-type: none"> • Home Care Nursing (HCN) – End of Life Care • HCN – Home Hospital • HCN– Tertiary Prevention • Home Care Program
11. Health Management	<ul style="list-style-type: none"> • HCN-Data & Stats • HCN-Skills Development • Human Resources • Recruitment & Retention of Health Care Professionals • Risk & Quality Management

Onkwata'karitáhtshera intends to establish sub-committees for each health priority. Their mandate will be to inventory services for each area, review and assess the gaps and links and begin to align our efforts more strategically to addressing these health priorities. Onkwata'karitáhtshera has the responsibility and authority to modify or change the CHP throughout the 10 year time frame as we realized some of our goals or should more critical needs emerge. All of this in consideration of the funding agreement requirements; making this a living document.

Sections 2 to 13 of the CHP, describes what each organization has in place to manage the programs/services (i.e. accountability and authority, organigrams, personnel policies, complaint and conflict resolution mechanisms, confidentiality procedures, professional supervision) to ensure effective and reliable delivery of health and social services.

The last sections (14-16) include the training plan, emergency preparedness plan and the evaluation plan. The CHP contains preliminary plans; the more comprehensive/detailed plans can be found in the appendices. The detailed training plans for each organization include the following:

- Organization Mission and Vision
- Training plan strategy/process
- A listing of the different categories of employees identified in the Health Plan
- Identified training needs for each category, short and long term
- The training sources as internal or external.

The Emergency Preparedness Plan contains several parts; the first is the community emergency management plan detailing each organization's role within the overall plan. Each organization (KMHC & KSCS) also has a more detailed response plan in place. Lastly, both organizations have a plan in place in the event of an Influenza Pandemic.

The comprehensive Evaluation Plan outlines the evaluation period, identifies the questions, strategy and methodology to be used. It also includes a projected budget; as well as things for consideration when the summative evaluation is conducted.

Overall, the 2012-2022 Kahnawake CHP continues to address the priority health issues, to validate the positive changes to health and well-being in the community, and acknowledges capacity building within the organizations and the community to meet those issues/needs. Kahnawake has been recognized as a best practice site for its integrated approach to health and social services and KSCS and KMHC have worked diligently to simplify and streamline processes to improve access to services, including those provided by the Province.

The Kahnawake Community Plan Updated March 19, 2013 can be accessed by the following means:

- KMHC website (www.kmhc.ca) or KMHC Communications Department
- KSCS website (www.kscs.ca) or KSCS Communications Department