

2016 Community Health Plan (CHP) Niska evaluation recommendations

Stakeholder recommendations (2016)

The following list of recommendations was formulated collectively by the CHP stakeholders who participated in the stakeholder workshop held by Niska on October 14th, 2016. The list represents keywords that identify the main areas for which recommendations are needed. They are based on more in-depth recommendations developed by workshop participants, the content of which we integrated into our emerging recommendations (Section 5.2).

1. Data
2. Community Engagement
3. Our Ways: Language & Culture (Tsiniionkwaritho:ten)
4. Client- and Family-Centred Care (Full Spectrum)
5. Collaboration Challenges
6. Focus on High Risk & Most Vulnerable
7. Collaborative Planning
8. Community Wellness Plan (CWP)
9. CHP as Tool & Resource
10. Communications

Evaluator recommendations (2016)

The recommendations were drafted and shared with the executive committee and secretariat of Onkwata'karitáhtshera. They categorized each recommendation according to the level of contribution (impact) that its implementation would have on CHP activities and outcomes (high-medium-low), and the feasibility of implementing that recommendation (high-medium-low). They also rated each recommendation strategy on scale of one to five (5 = excellent strategy, 1 = poor strategy).

The recommendations are presented based on this ranking exercise. Note that no recommendations were identified as having a low contribution.

HIGHEST PRIORITY RECOMMENDATIONS

The following recommendations were identified as having both a high contribution (implementing the recommendation would have a significant impact on the activities and outcomes of the CHP) and a high feasibility (it would be feasible to implement within the next five years). These recommendations should be considered as a top priority for Onkwata'karitáhtshera over the next five years.

Data

1. We recommend that Onkwata'karitáhtshera identify the data needs for the CHP in the upcoming years. This includes identifying what data is required by funders, as well as what outcome-type data is needed to contribute to the impact evaluation in 2022.
2. We recommend that Onkwata'karitáhtshera develop a data-sharing protocol to identify what data can be shared, how it can be shared, and any other logistical considerations. The purpose of this protocol would be to better facilitate data-sharing between organizations while respecting client confidentiality.

Collaboration

3. We recommend that KSCS and KMHC continue working to enhance the client experience and to ensure that a full continuum of care is available and accessible for all Kahnawa'kehró:non, by making incremental improvements to inter-organizational coordination and collaboration.

Communication and collaboration

4. We recommend that Onkwata'karitáhtshera continue to promote the CHP as a practical tool and resource for staff. Building on its success at making the current CHP a living document, Onkwata'karitáhtshera should continue to promote the CHP as a guide for programs and services.

HIGH PRIORITY RECOMMENDATIONS

Recommendations 5 through 7 were identified as having a high contribution (implementing the recommendation would have a significant impact on the activities and outcomes of the CHP) and a medium feasibility (it would be somewhat feasible to implement within the next five years), while Recommendation 8 was identified as having a medium contribution (implementing the recommendation would have an impact on the activities and outcomes of the CHP) and a high feasibility (it would be feasible to implement within the next five years).

Data

5. We recommend that the four subcommittees update their logic models to include process and impact indicators and their associated data sources. Subcommittees should identify key outcome indicators that can be measured over the next five years.

Collaboration

6. We recommend that Onkwata'karitáhtshera consider implementing regular community-wide collaborative planning sessions with KSCS, KMHC, and other key stakeholders (e.g. Peacekeepers, Mohawk Council of Kahnawá:ke, Kahnawá:ke Fire Brigade, schools) to encourage collective decision-making and prioritization.

Culture and language

7. We recommend that Onkwata'karitáhtshera build on successful culturally-based health initiatives at KMHC and KSCS by seeking innovative ways to integrate Kanien'kehá:ka culture and language across all health priorities of the CHP.

Communication and engagement

8. We recommend increasing the frequency and accessibility of communications about the CHP and CHP-related programs, services, and activities to the community. Onkwata'karitáhtshera could consider developing a simple communication strategy to guide communication efforts over the coming five years.

MEDIUM PRIORITY RECOMMENDATIONS

The following recommendations were identified as having a medium contribution (implementing the recommendation would have an impact on the activities and outcomes of the CHP) and a medium feasibility (it would be somewhat feasible to implement them in the next five years).

Health priorities

9. We recommend maintaining the seven health priorities identified through community consultation prior to 2012, while working to obtain and gather the data needed to assess the accuracy of the health priorities and update them accordingly in 2022. However, special consideration should be given to studying the possibility of reinstating Violence as a health priority.

Communication and engagement

10. We recommend continuing to engage Kahnawa'kehró:non in dialogue, on a sustained basis, about CHP implementation and priorities, programs, and services. As much as possible, community members should be involved in assessing the progress of the CHP priority areas and providing input for decision-making.
11. We recommend developing a strategy to better support programs in reaching the most vulnerable, with the objective of increasing participation in programs and use of services by high-risk segments of the Kahnawá:ke population. Further research into good practices for reaching vulnerable populations would be helpful, in particular those practices that are best adapted to a First Nations context.

LOW PRIORITY RECOMMENDATIONS

The following recommendation was identified as having a high contribution (implementing the recommendation would have a significant impact on the activities and outcomes of the CHP) but a low feasibility (it would not be particularly feasible to implement within the next five years).

12. We recommend that Onkwata'karitáhtshera produce a regular report on the Community Health Plan, including summaries of activities related to the health priorities and integrating data from

all organizations involved in delivering programs and activities under the CHP. This document could be used to promote the CHP and raise awareness among staff, partner organizations, and the wider community.