

**Northern Aboriginal Communities Diabetes  
Self-Management Project**

**Submitted to**

**First Nations and Inuit Health Branch**

**By**

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# Northern Aboriginal Communities Diabetes Self-Management Project

## Project Team

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<b>Project Coordinator</b>	<b>Sherry Lynch</b>
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## Master Trainers

<b>Moricetown</b>	<b>Terry Cayer</b>
<b>Bella Bella</b>	<b>Karen Hannah</b>
<b>Gitsegukla</b>	<b>Sherry Lynch</b>
<b>Penticton</b>	<b>Barbara Marchand Gail Gaudry Patrick McGowan Lee White Anne Riddick</b>
<b>Kitkatla</b>	<b>Patrick McGowan</b>
<b>Prince George</b>	<b>Sherry Lynch Terry Cayer</b>

## Northern Aboriginal Communities Diabetes Self-Management Project

### Project Evaluation

This report is an evaluation of the Northern Aboriginal Communities Self-Management Program that was implemented in British Columbia during 2006 and 2007 by The University of Victoria - Centre on Aging. This project built upon the work completed during the previous project conducted during 2005 and 2006 entitled: "Diabetes Self-Management Programs in Aboriginal Communities". This project piloted and investigated implementation requirements for the program in Aboriginal communities.

The report will: a) provide a brief description of the Chronic Disease Self-Management Program; b) describe the project objectives and their implementation success; and c) describe the evaluation results.

#### *A - The Chronic Disease Self-Management Program*

The Chronic Disease Self-Management Program (CDSMP) is a lay-led patient education program. This program is led by pairs of trained lay leaders to groups of eight to ten people once each week for 2 1/2 hours for six consecutive weeks. Courses are held in community locations such as recreation centres, community centres, schools and churches. Each leader successfully completes a four-day training workshop where he/she learns to follow a scripted manual to lead the course. The courses are then delivered in the community. Course participants include persons living with chronic health conditions as well as their families, friends and caregivers. The program teaches the following content: how to develop an exercise program; using the mind to manage symptoms; healthy eating; breathing exercises; problem solving; communication skills (with family, friends, and health care providers); use of medication; and how to deal with the emotions of chronic illness such as anger and depression. The CDSMP does not take the place of traditional doctor-patient or professional-patient education but is complementary to and reinforces such education. In the program participants obtain new information, learn new skills and abilities, and develop higher levels of self-confidence (or self-efficacy) to manage and cope with chronic health conditions.

Key features of self-management education include: led by trained volunteers; highly interactive; delivered in community settings; provides opportunities for participants to learn from each other; teaches practical skills needed to manage and cope with conditions on a day-to-day basis; teaches cognitive techniques; uses 'best practice' interventions; strategies and techniques (i.e., it is the process of how the program is delivered rather than the content of the information presented that is integral); it is evaluated at several levels; and it encourages the development of individual and community capacity.

## *B – Project Objectives*

Specifically, the main objectives of the project were:

- 1) To make modifications to the Leader’s Manual piloted in 2005/2006, based on feedback received from leaders who participated in focus group meetings following the trainings.
- 2) To expand the reach of the CDSMP by training new volunteers leaders. Six workshop locations (determined in conjunction with nursing staff) would be chosen from three areas of the province: the Northeast, Northwest and Northern Coast. The trainings would take place between January and March 2007, and would entail coordinating and delivering six 4-day Leader-Training Workshops to a minimum of 75 people (minimum of 10 persons in each workshop).
- 3) To conduct an evaluation of participants’ perceptions of the training workshops and obtain their opinions regarding the benefits or problems with the program.
- 4) To provide ongoing encouragement, support, and program materials to leaders trained during 2005-2006 and 2006-2007 to the Leaders trained in this project so they can deliver the CDSMP program in their own communities.

## *C – Implementation of Project Objectives*

### *1 - Modifying the Leader’s Manual*

During the previous Aboriginal Diabetes Chronic Disease Self-Management Project in 2005-2006, several aspects of the Leader’s Training Manual were identified as not being clear and/or culturally relevant. The first task of the current project was to modify the Leader’s Manual. This work was completed during September and October of 2006. Appendix A contains the Leader Manual that was modified and used during the 2006-2007 Leader-Training Workshops.

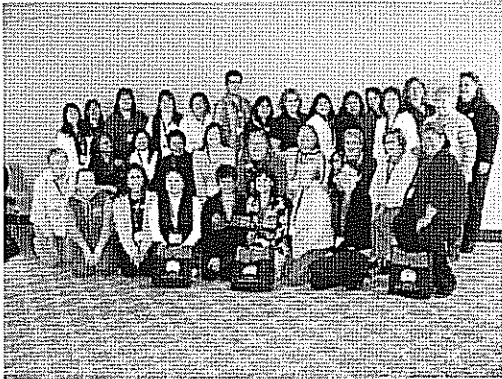
### *2 - Conducting Six New Leader-Training Workshops*

The second objective of the project was to organize and deliver six 4-day Leader-Training workshops to a minimum of 75 persons. The location and dates of the workshops were chosen in consultation with nursing staff. All Leader-Training Workshops took place in 2007 at the following locations:

<b>Community</b>	<b>Training Date</b>	<b>Persons Trained</b>
Moricetown	Feb 19 – 21	2
Bella Bella	Feb 26 - March 1	9
Penticton	March 12 – 14	31
Gitsegukla	March 12 – 15	15
Kitkatla	March 26 – 29	5
Prince George	April 1 – 3	27
		<b>Total 89 Leaders</b>

In addition to training new Program Leaders, two persons who were trained as Program Leaders during the 2005-2006 project participated in the Penticton Leader-Training Workshop and became certified Chronic Disease Self-Management Program Master Trainers. These two individuals were Barbara Marchand and Gail Gaudry from Lillooet. Appendix B contains a list of all trained CDSMP Leaders.

Photographs were taken at the training workshops and participants agreed to have them included in the report.



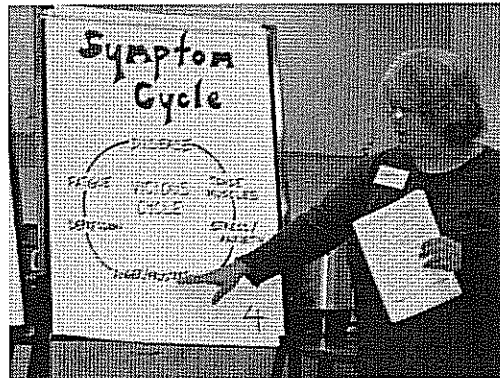
**Penticton Leaders Group Picture**



**Gitsegukla**



**Prince George**



**Bella Bella**



**Bella Bella**



**Bella Bella**



**Prince George**



**Prince George**



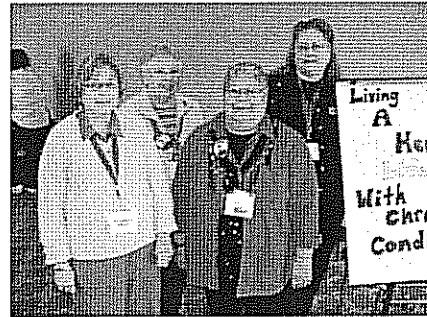
**Gitsegukla**



**Gitsegukla**



**Kitkatla**



**Penticton**

### 3 - Evaluation

During the Leader-Training Workshops a variety of methods were used to obtain participant perspectives on the training experience and how the program would be implemented in their communities and potential benefits and or problems that would transpire. These feedback methods included: a) feedback sheets completed by participants at the completion of the training (these were used at the larger training workshops in Penticton and Prince George); b) each participant having a turn to tell the group about his/her perception and having this recorded on a flip chart sheet; c) feedback sent by letter or email to the Project Director; and d) letters sent to the Centre on Aging Office by staff (Appendix C).

This qualitative information was transcribed into a file and a content analysis was conducted. The following themes emerged and individual quotations are included.

#### A - TECHNIQUES TAUGHT IN THE PROGRAM

##### *Action Plans*

The majority of respondents identified the action plan as one of their favorite and most useful techniques in the course. By learning how to set and achieve their goals, respondents expressed a sense of empowerment and motivation. They also felt that by making an action plan, they would commit to making changes.

- *Action plans: I really enjoy this. It gives us more power to set a goal we could complete. I could us this daily.*
- *How you can reach your goals.*
- *How to use action plans to get things done.*
- *I enjoyed the action plans. It made me actually want to commit to doing it.*
- *Making an action plan and sticking to it.*

In addition to helping manage chronic conditions, course respondents found action plans useful in other areas of their lives:

- *Action plans have had in past (work, life skills) for getting back into my life. Do it and write it down.*
- *I will use action plans to help break that vicious cycle and stick to my goals.*

Many respondents also enjoyed the support and involvement from friends and family action plans provided:

- *I need an action plan – I can share it with my family.*
- *Having a buddy to check on you to see if you had done an action plan.*

- *Start walking with the grandchildren. Make a plan to walk around the area at least once a week after supper.*

Finally, it was suggested that other aspects of health promotion might be improved by incorporating action plans:

- *Exposure and practice with the different tools that can be used in all aspects of health promotion, particularly action plans.*
- *Reinforcing the action plan and problem solving of some programs after the primary health care model.*

### ***Problem Solving***

An important skill for course respondents to learn in order to become successful self-managers is problem solving. Many respondents noted much success with their new problem solving abilities, including the confidence to use problem solving on a regular basis:

- *I used the problem solving and it worked. I know I will need to use it again and it will help.*
- *Problem solving: The problem solving steps are a good tool to use, like everybody blows up instead of working the problem out. With the steps we can solve it with out getting angry.*
- *I will do more problem solving.*
- *I will use problem solving daily.*

Problem solving was seen as a technique that could be used not only in managing chronic health conditions, but also in daily living.

- *I can use the problem solving with my job or any thing in my life, thank you.*

To help figure out possible solutions to their problems, respondents are encouraged to use **brainstorming** and offer **feedback** to other members of the group. Respondents learned how to brainstorm and enjoyed the process because it could generate “*lots of good information.*” Many respondents enjoyed the sense of inclusion by offering their input to support others.

- *The brainstorming discussion to give our input, to feel included.*
- *Brainstorming was very helpful and I realized I am not alone. I'm not the only one with problems.*
- *I liked the feedback session with the support and ideas the group gives back.*



### ***Relaxation Techniques***

A number of respondents enjoyed and found helpful the relaxation techniques, including guided imagery, breathing techniques, and muscle relaxation.

### ***Dealing with Health Professionals***

Respondents cited that learning about ways to deal with health professionals was extremely helpful as this was an important issue for them. The idea of writing down health problems when preparing to go to an appointment was particularly helpful.

- *Write it down and know what to ask.*
- *Validate. Write it down. I am going to go home and start a journal for my health issues. My sister has a journal for herself, her son, and her husband. A medical journal. It works out so well when she's going to the doctor when she brings her journal along.*

A majority of respondents were not aware of Representation Agreements for Health Care.

### ***Communication Skills***

A participant felt that the course taught them to be “*assertive in a good way*”. The course demonstrated how people can communicate for themselves:

*I learned how to inform other people about my health.*

The course also showed them persons living with chronic health conditions have a role to play as “experts” in their own bodies. As one participant noted, “*the doctor is seen as the expert but he doesn't live in your body.*”

### ***How to deal with Stress***

- *Taught us how to deal with stress*

### ***How to deal with Depression***

Respondents felt the activity on depression management was extremely valuable. It not only provided information on recognizing depressive symptoms, but respondents felt that the course helped them by providing a safe atmosphere in which to talk about their own depression:

- *I never talked about my depression before, but learned some things that will help.*
- *Depression is hard to talk about but I could do it here.*

Also, by learning more about depression, respondents felt more capable of helping others in the community living with depression:

- *Depression – helping someone else. Leave the curtains open. Let the sunshine in.*
- *Breaking the cycle of going into depression.*

## **B - KNOWLEDGE GAINED FROM THE PROGRAM**

### ***Healthy Eating***

Respondents found helpful the section on learning the specifics of a healthy diet, such as limiting snacks and balancing their diet:

- *I don't need snacks at night.*
- *Cut out 'snacking endlessly'.*
- *Healthily eating for me and my family.*
- *Learned how to balance my diet.*

### ***Exercise***

Course respondents noted the importance of exercise in helping to improve their overall health. They also saw how exercise could be done as a family activity.

- *How exercise can help with almost everything (pain, fatigue, depression, stress, anger, etc.).*
- *To do exercise that I gave up. This workshop gave me the power to carry on with my life. I was in the pity mode "poor, poor, pitiful me". But now I have changed my ways. It is for me and for my body, and to go on with my healthy lifestyle. I have to take care of myself.*
- *Walk and bike and swimming and go hiking with my grand kids and with family.*

### ***Medications***

In the course, respondents noted that medication is only one way of managing their chronic health conditions.

- *There are other ways to deal with the disease, not just by taking medications.*

They also learned about side effects of medications.

### ***Greater Awareness of Chronic Conditions***

Respondents indicated that the course had made them more aware of the different chronic conditions and perspectives of people living with them.

- *Better understanding of what people with chronic diseases deal with.*
- *The education about having to live with a chronic disorder.*
- *Information on different perspectives.*
- *We are all the same, more the same than different.*

### **C - IMPACT ON LEADERS**

While the training prepared respondents to deliver the program in their community, respondents also personally benefited from participation. As one respondent stated: *I leaned how to deliver this workshop for others but it was good for me on a personal level too.*

#### ***Self-Reflection***

The training was an opportunity for respondents to take time to reflect about their own health.

- *Reflecting – looking at the illness.*
- *Also learned things about myself that never focused on before.*
- *I had to take a good look at myself.*
- *Recognize that I have moved on.*
- *Speaking goals aloud – clarifying thoughts.*

#### ***Empowerment***

The majority of respondents commented on how the course had emphasized the importance of health and “empowered them” to take action to manage their health.

- *I like the idea of helping yourself with your illness. This opened my eyes about how important it is to do that.*
- *Very focused on the individual being responsible for their own care.*
- *I'm a total believer in the self-empowerment concept.*
- *Self-management is a leadership process. You are the leader of yourself.*
- *This workshop shows me empowerment, self-management.*
- *Most of the material, I feel can be used in my own every day life. Not just for your own disease.*
- *To be able to further develop my goals, to be more successful in obtaining them.*
- *It gave me more confidence to look after myself.*
- *I felt helpless before, but with some support now I know I can live a healthier life.*
- *Motivation and increased energy.*

One respondent felt the course was helpful by showing participants how to use the information they had.

*- I felt really pulled in by the program and encouraged to participate. I knew some of this information before but I didn't know how to use it to help myself.*

### ***Positive Attitude***

Many respondents reported that the course helped them gain a more positive attitude. In learning techniques to help overcoming negativity, they felt more optimistic about themselves and their ability to enjoy their lives, regardless of their chronic condition:

- *Knowing that you can speak without negativity.*
- *How to deal with negative emotions was useful.*
- *About changing negative points of your life into positive points.*
- *How you can use your mind to handle things*
- *Learning I can live with my illness and make myself happy – and not to be depressed all the time.*
- *How I can deal with fear and anger.*
- *I feel more positive about my health for the future.*
- *A better more constructive way of managing and learning techniques to control my chronic condition.*
- *Feeling good about yourself.*
- *I feel very good about myself. Muesi Gho!*

### ***Confidence to lead the program***

A major part of leadership for many respondents was the confidence they gained through the training to be able to lead a course:

- *Gain confidence to get up in front of a crowd.*
- *Speaking up in public. Being with everybody gave me the strength.*
- *Confidence to lead the group without the assistance of a nurse (all the time).*

Although many found this difficult at first, specific techniques were found to be helpful:

- *Developing breathing helps stand up in front.*
- *Empowerment to teach by self-talk.*
- *I felt this group taught me a lot. They taught me that everyone is nervous but everybody looked calm. Now I know, even though I'm nervous if I prep first, deep breathe, visualize, and distract my thoughts I can do it!*
- *I did like the way we did in front of class assignment. The book/manual tells us everything.*

## **D - BENEFITS OF THE PROGRAM FOR THE COMMUNITY**

Many respondents who participated in the CDSM program expressed satisfaction in gaining knowledge and skills that would in turn benefit other members of their communities. They looked forward to getting friends, family members, and others community members involved. The program was a “*valuable tool to take back to the community.*”

- *The skills people learn will transfer to their families and to the community.*
- *My family members want to attend.*
- *I feel I will now be able to bring this program to individuals and groups in my community.*
- *You brought this training workshop to us but now its up to us to use it, to bring the program to others in the community.*
- *I will help more people.*
- *Talk to friends and family to learn about their illness.*
- *We can help and share with each other.*
- *I would like to do this with young people, especially my daughters.*
- *I didn't know it would be this good, and now I can offer this to others.*

Various practical skills, combined with a greater understanding of what people with chronic conditions go through, helped increase the leader's confidence in their ability to help other members of their communities.

- *I always wanted to help others but didn't know how. Now I have some skills to do that.*
- *This gave me a boost of confidence that I can do things with or for other people.*
- *The social skills to help people with a chronic disease.*
- *Help others to understand their problems.*
- *I learned helpful things to live with and care for other with chronic conditions.*
- *I am excited to try this in my community. I feel very confident that I can do this.*
- *I believe in teaching skills for people to do things on their own and then you can give them support.*

Many Aboriginal leaders found the involvement from other members of the course helpful:

- *We learned from each other.*
- *Getting to know every one here.*
- *We all think about what to do.*

Leaders also learned the importance of a positive attitude as well as letting other members of their communities living with chronic conditions know that they are not alone:

- *That self-talk, learning how to change the negative to positive – I would use that when I work with the elders.*
- *Teach the people not to suffer by themselves. Let them know you are there for them. Help them to communicate with their Dr.*

- *Sharing with others that have diabetes like me. That is what we have to do in our community of Stella when we get home.*

Respondents also felt that the sense of empowerment created by self-management and self-care would be beneficial in their communities:

- *This health workshop is the best thing that happened for us. We learned we should take care of ourselves, not run to the Dr. at drop of a hat. Only see the Dr. when we cannot absolutely help ourselves, then we need Dr's help. More aware of ourselves and others and try to help, before Dr.'s care. As a group, we are made more aware what's happening with us.*
- *To be more helpful and understanding at home (for spouse with chronic conditions).*
- *Taking a look at different struggles.*
- *Learn to accept what we can do for ourselves and others.*

Respondents expressed that the CDSM program would be helpful in dealing with problems specific to their communities, such as:

- *Learned a lot of things – the symptom cycle is the problems we are having on the reserve.*
- *There is a strong feeling of being a victim in this community, leading to a lack of self-confidence. This course is good in communities like this.*

As reported above, respondents believed that teaching communication skills for dealing with doctors and other health care professionals would be helpful in their communities:

- *Health care teams: One of the things us native have is that we are too scared to let the doctors know what is causing us pain. The ideas we got from the group will be very helpful to us in the future.*

## **E - COURSE FORMAT AND CONTENT**

### ***Workshop Trainers***

One of the most important parts to any course is having the right type of leader. Course respondents enjoyed the positive atmosphere created by the workshop trainers:

- *One thing I liked about the lecturers, I like was that they seemed to take care of not making anybody feel embarrassed or uncomfortable with their questions and sharing, ex. when respondents got off track they were not cut off and were thanked for sharing.*
- *Very understanding training.*
- *I liked the soft and friendly way Barbara led the group.*
- *I was inspired by Terry and Sherry. Thank you to both of you. Keep up the good work you do!*

As one participant noted humorously:

- *Joke: the instructors smiled and laughed too much. Thank you.*

### ***Support from Trainers***

Respondents appreciated that there would be ongoing support from the staff at the Centre on Aging.

- *I like the coordinator's offer to be available for support after the workshop is over. People come here to do workshops then they go away and we never hear from them again.*

### ***Training Time Frame***

Training for leaders of the CDSM program usually takes place over the course of four days. However, in the case of training for Aboriginal leaders in Prince George and Penticton, training took place over 3 days due to the annual Aboriginal Diabetes conference, which was being held at the same time. As one respondent noted:

- *I would have preferred to do this program at another time, not during the conference where I would have liked to experience the other aspects offered.*

With the training delivered over the course of four days, the response from respondents about the course length was mixed. Some felt that the course was a bit rushed and would be improved if it was made longer:

- *It felt rushed. It would be better if it was 5 days.*
- *The workshop would be better if it was longer, especially for people with chronic conditions.*
- *4 days of training felt too rushed; it would be better if it was longer.*

Other respondents felt that the course was too long:

- *I liked the content of this course but...why make it so long and boring!*
- *I felt that you were dragging the course on to use up the time.*

And some felt that the pace was just right:

- *Thank you – The learning pace was just right. I felt quite comfortable that I could deliver this training.*

### ***Participation in the Training***

Many people who attended the course said they enjoyed the emphasis on participation and teamwork created by working in a group setting:

- *Enjoyed working in a group.*
- *Liked how everyone participated and the discussion.*
- *Really liked the "take part".*
- *Team building/partnering up.*
- *Work as a team player.*

However, some respondents felt that more time should have been given to group interaction:

- *Needed more time for a check in/introduction – would've made the practice teaching easier if we knew each other a little bit.*
- *I found it frustrating at times during the training because we were not given time for networking, especially during/after brainstorming activities. I understand that this is a canned/copyright program and we're time constrained, but the trainers/facilitators need to be more aware and RESPECTFUL of the cultural atmosphere they are presenting in!*

### ***Course Content - Overall***

Course respondents found the information they learned throughout the course informative, easy to learn, and helpful:

- *Concise, easy to understand, direct information.*
- *The whole thing was very interesting and full of information I can use.*

As one participant noted:

- *Other workshops I went to were good, but after they were over the material just went on the shelf. This is one that we can really use.*

In addition, rather than only being helpful for dealing with their chronic conditions, people who took the course felt the information they learned would be helpful in other areas of their lives:

- *Very informative. I will use this information in any work and life. Thank you.*
- *The "cognitive" point of view is valuable to all aspects dealing with issues, i.e. chronic illness, drug and alcohol, eating disorders.*



### ***Leader's Manual***

Many respondents felt the format of the Leaders Manual helpful in learning and teaching the course information. They appreciated the concise, easy to follow, and complete information:

- *Like the leaders manual – have it all laid out what to say.*
- *Step by step instruction on how to deliver the material.*
- *Tips on how to deal with different scenarios that may occur in a class.*
- *I will lean more every time I read it over.*
- *Having the info readily available instead of having to research the information and develop my own format.*
- *Like having the book to follow to lead a group to become goal setters and problem solvers.*
- *Leader's manual is awesome!*

### ***Textbook***

The course textbook was described as easy to use. One respondent mentioned that she had already started to put “*sticky notes*” in the textbook to note the important sections.

### ***Visuals***

Included in the text were simple visuals and charts, such as the ‘Symptom Cycle’ and ‘Pat’s Symptoms’, which course participant felt helped clarify certain concepts:

- *Liked the simplicity of the “symptoms cycle”.*
- *The charts. I especially like that they're put together in our appendix.*
- *Seeing that vicious cycle helped – I never thought of it that way, but I was living it, and now I know how to get out of it.*

## F - SUGGESTIONS FOR COURSE FORMAT AND CONTENT

A number of respondents offered their feedback concerning ways in which the course format might be better adapted to suit the unique needs of Aboriginal respondents:

- *Have information sessions with elders and young mothers and students in our community, and have door prize and just have fun. Met a lot of new friends.*
- *Reinforce BC Health Guide use as not everyone has access to technology including telephone.*
- *The simple teaching points in easy-to-take-in bites are good for my elders, however your format makes some false assumptions:*
  - o *Everyone has a phone*
  - o *Everyone speaks English*
  - o *Everyone can see*
  - o *Everyone can read*
  - o *Everyone can hear*
  - o *Everyone is sober often enough to attend a class*
- *There needs to be some kind of "permission" given for the leader. Understand its okay to be culturally appropriate when presenting. I feel like we will be arrested if we veer off the book for 1 second!*
- *Even among the younger family "support" my elders have, FASD is so prevalent that the program would be difficult. Not many read very well.*

Other suggestions included improving the content by including Aboriginal healing and being clearer on tests for diabetes:

- *As this is for Aboriginal culture – enforce or suggest Aboriginal Healing – medicine-healing circles, etc.*
- *Need to be clear about hemoglobin A1C on Diabetes session as there is another test specifically called Hemoglobin.*

One respondent felt that the group format may not be suitable for some people in the community.

- *Health teaching in my community takes place in isolated clients' homes, one small piece at a time (1 activity maximum). Many of my clients won't come to the clinic to visit the nurse's clinic even if they can find transportation.*

## G - GENERAL COMMENTS

- *There are valuable points to this program if taken seriously and a whole-hearted attempt put in to learning the "coping" techniques.*

- *Although I have wanted more specific diabetes education, this is going to be very helpful with all my chronic clients.*
- *I did not choose to come here, but now I realize that as a caregiver there were things I didn't know and now I have to make some changes.*
- *Even though this course is not what I expected, I did like it.*
- *We as your clients as learners appreciate your knowledge passed on to us. Thank you.*
- *I enjoyed this workshop. It's a good tool to teach at home.*
- *I love this health program on chronic conditions. Learned a lot.*
- *Thanks for this opportunity – a very worthwhile experience and good learning.*

## **H - MISCELLANEOUS**

### ***Training Environment***

- *To have a course this long. Comfort for trainees should have been considered.*
- *Tables were requested but we didn't get. It is very uncomfortable sitting in a chair for 3 days.*
- *Having another class open for the overflow.*

### ***Repetition***

- *I didn't like it when you repeated yourself many, many times.*
- *I don't like repetitiveness! I found that a lot in this course.*

### ***Need for co-leader***

- *I didn't know that this program was for "Professional Development". Therefore, I did not bring another person from my Band to help with training, so this will be a bit difficult to present.*

### ***Additional workshops***

- *Other isolated communities would benefit from this program (e.g. Klemtu, Rivers Inlet).*
- *We wish this workshop could come again in Prince George. Should be in six months time, as people would use it at our community. Our people need to learn all about chronic conditions*

**Appendix A**  
**Leader's Manual**

**(Please refer to the attached files)**

## Appendix B

**Participant names were transcribed from the training sign-in sheets.**

### ABORIGINAL TRAININGS

January to March 2007

#### Penticton Conference (n = 31)

	Community	Nation
Gail Gaudry	Lillooet	
Barb Marchand	Lillooet	
Judy Dofher	Kelowna	Westbank
Karen Irving	Kamloops	Kamloops
Dianne Jones	Merritt	Upper Nicola
Julie Espaniel	Shalalth	St'at'imc
Dorinda Shirley	Kitwanga	Gitanyow
Fay Michell	Lillooet	St'at'imc
Vanessa Thevarge	Lillooet	St'at'imc
Angela Semrick	Barriere	Simpcw
Shannon Catcheside	Barriere	Simpcw
Simone Lampreau	Barriere	Simpcw
Dorene August	Chase	Neskonlith
Nikki Thiessen	Chase	Neskonlith
Bernadine Phillips	Lytton	Lytton
Pamela Sam	Lytton	Lytton
Colleen Mosterd-McLean	Kamloops	Kamloops
Linda Mitchell	Salmon Arm	Neskonlith
Vivian Williams	Enderby	Secwepemc
Wilma Maxime	Enderby	Secwepemc
Tamara Tuller	Nimpo Lake	
Leah Vega	Nimpo Lake	
Jacquie McNeil	Savona	Secwepemc
Illa Setah	Nemiah Valley	
Colleen Booth	Nemiah Valley	
Leona Kelly	Chilliwack	Sto:lo
Inez Jasper	Chilliwack	Sto:lo
Daniel Point	Chilliwack	Sto:lo
Tammy Martin	Gold River	Nuu-Cha-Nulth
Glenda Frank	Ahousaht	Ahousaht
Eleanor Joe	Chilliwack	Sto:lo
Barb Blanchard	Daroche	Sto:lo
Sadie McPhee	Hope	Yale

#### Prince George Conference (n = 27)

		Nation
Chuck Passmore	Vanderhoof	Saik'us
Pius Charlie	Burns Lake	Burns Lake Band
Stella George	Vanderhoof	Saik'us

Marlene Rita Morin  
Joseph Morin Jr.  
Rita George  
Rose Luggi  
Hazel Alexis  
Eleanor Skin  
Reuben Skin Sr.  
Dennis Patrick  
Margaret Sampson  
Rita Luggi  
Theresa Luggi Sr.  
Audrey Tom  
Jack Tom  
Ruth Tibbetts  
Mabel Jack  
Veronica Louie  
Zaa Louie  
Dickson Alexis  
Eileen Louis  
Nancy Charlie  
James Sampson  
Sophie Ogen  
Alfred Solonas  
Cindy Solonas

Fort Fraser  
Fort Fraser  
Burns Lake  
Fraser Lake  
Vanderhoof  
Southbank  
Southbank  
Fraser Lake  
Burns Lake  
Fraser Lake  
Fraser Lake  
Burns Lake  
Burns Lake  
Burns Lake  
Burns Lake  
Fraser Lake  
Fraser Lake  
Vanderhoof  
Fraser Lake  
Burns Lake  
Burns Lake  
Burns Lake  
Fort Fraser  
Fort Fraser

Brown Lake  
Stellet'en First Nation  
Saik'us  
Skin Tyee  
Skin Tyee  
Stellet'en First Nation  
Burns Lake Band  
Stellet'en First Nation

Burns Lake Band  
Burns Lake Band  
Burns Lake Band  
Skin Tyee  
Stellet'en First Nation  
Stellet'en First Nation  
Saik'us  
Stellet'en First Nation  
Burns Lake Band  
Burns Lake Band  
Broman Lake  
Nadleh Whut'en  
Nadleh Whut'en

**Bella Bella (n = 9)**

Mel Innes  
Esther Innes  
Marie Tite  
Monica Buytendorp  
Paul Thompson  
Danielle Wilson  
Jack Wilson  
Barb Windsor  
Gloria Windsor

Waglisla  
Waglisla  
Denny Island  
Waglisla  
Waglisla  
Waglisla  
Waglisla  
Waglisla  
Waglisla

**Kitkatla (n = 5)**

Melissa Jackson  
Jonathan Hill  
Gilbert Hill  
Emma Moody  
Mary Hill

Kitkatla  
Kitkatla  
Kitkatla  
Kitkatla  
Kitkatla

**Gitsegulka (n = 15)**

Hubertha McDames	South Hazelton
Marie Russell	South Hazelton
Paul Hyzims	South Hazelton
Kerry Hyzims	South Hazelton
Elsie Sampare	South Hazelton
John Tommy	South Hazelton
Barry Sampare	South Hazelton
Winnie Sampare	South Hazelton
Ben Hill	South Hazelton
Mildred Johnson	South Hazelton
Wanda Williams	South Hazelton
Margaret Hill	South Hazelton
Wendy Hyzims	South Hazelton
Alberta Milton	South Hazelton
Violet Sampare	South Hazelton

**Moricetown (n = 2)**

Pat Frank	Smithers
Jodi R. Johnson	Kitimat

**Total Trained Leaders (n = 89)**

## Appendix C

### Staff Feedback

## **Gitsegukla Health Programs and Services**

Box 25, Seymour Avenue  
South Hazelton, BC, V0J 2R0

June 28, 2007

Dear Dr. McGowan:

On behalf of the health authority and the community of Gitsegukla I would like to thank you very much for including Gitsegukla in the Living a Healthy Life with Chronic Conditions Leadership training.

The participants included 11 women and 4 men of various ages. Each one of them expressed their enthusiasm for the course and the skills that they had gained.

As you may know, in this community, this course was not advertised strictly to train individuals to teach the course, but rather as an opportunity to learn some new skills which would help each person be a leader within their own family. This was a concept which appealed to many of the participants and we were able to recruit quite a good sized class, fourteen of whom completed the class and received certificates.

The fact that the program was offered here in the village was a great advantage to this community. Many of the participants do not have transportation and would not have travelled to attend sessions everyday in another location.

We were especially lucky to have Sherry Lynch as the facilitator of the program. Sherry quickly established warm and friendly relationships with the students that made them comfortable participating fully in the class. By the end of the week almost all of the students were able to confidently take part in the public speaking. Since the program, 4 of the participants came out to help when the 6 week self-management program was run.

This training has been a very positive experience and has been a great opportunity to build community strengths and extend the message of self-management to the community members. We would be happy to participate in any future health programs that the Center on Aging may be offering.

Sincerely,

Debbie Sullivan  
Community Health Nurse



April 17, 2007

To Patrick McGowan

During recent years capacity building has been a focus of health promotion in Bella Bella. The Chronic Disease Self Management Program leader training workshop has done much to facilitate this goal.

Eight men and women completed the leadership training and over that four day period remarkable transitions occurred. Shy, soft-spoken people became focused and assertive, showed themselves to be strong leader material. Also healthy lifestyle choices were made and continue to the present. These individuals developed problem solving skills necessary in assisting others.

Our goals in capacity building include the community's independent ability to run sustainable programs. Your leadership training workshop offers a practical avenue towards this goal in chronic health management.

Once our leaders begin teaching, the ripple effect will be far reaching into the community where raised awareness and leadership by their peers rather than "outside" professionals will have a great impact on their chronic illness management. Also participants will see their peers being leaders, which may offer hope and motivation for them to become community leaders.

This workshop has already taught valuable facilitating skills to myself and other health care providers. The workshop, leaders manual and textbook will continue to be resources to health care providers in the future.

Thank you again for your contribution to the good health of the Heiltsuk people in Bella Bella.

Respectfully,  
Monica Buytendorp RN, BScN