

# **Chronic Disease Self-Management Program in BC Aboriginal Communities**

**Health Canada**

**Patrick McGowan, PhD**

**April, 2006**

**University  
of Victoria**



**Centre  
on Aging**

## Executive Summary

The objectives of the 2005-2006 project were to:

1. Arrange and coordinate 5 four-day Leader Training Workshops.
1. Recruit 10-18 people to participate in each workshop.
2. Arrange 5 focus group meetings (one in each community).
3. Conduct the meetings and speak to community leaders
4. Make recommendations for subsequent implementation activity

Between November 2005 and March 2006, ten 4-day Leader-Training Workshops were organized and delivered in the following communities: Gitwinksihlkw and Kincolith, Port Alberni, Greenville, New Aiyansh, Lillooet, Tofino, Keremeos, Gold River, and Penticton (Regional Aboriginal Diabetes Conference). These workshops were provided by Patrick McGowan, Terry Cayer, Mark Davies, Karen Hannah and Sherry Lynch.

A total of 96 people participated in the six 4-day Leader-Training workshops. The workshops were held in the following communities:

Community	Dates	No. of participants
Gitwinksihlkw & Kincolith	November 22 to 28, 2005	15
Port Alberni	December 6 to 9, 2005	6
Greenville	January 22 to 26, 2006	11
New Aiyansh	January 27 to 30, 2006	8
Lillooet	February 9 to 12, 2006	6
Tofino	February 20 to 23, 2006	9
Keremeos	February 27 to March 2, 2006	9
Gold River	March 6 to 9, 2006	10
Penticton	March 27 to 30, 2006	22

Focus group meetings were held immediately following the conclusion of the Leader-Training workshops in three of the ten communities. The following questions were addressed.

### What do you think you need to give this workshop?

A number of participants commented on the need to promote the workshop in their community. Suggestions included having:

- a notice in the community newsletter
- front page news about the program
- a story for the local radio stations, or someone to talk about the program
- a story in our First Nations' newspapers
- a notice on local TV

- posters
- a local newspaper story or article about the course
- the VHF radio to tell people about the course

The need for supplies and a location were cited. Additionally, staff resources were mentioned, such as an “*established contact for the program,*” “*supervisor support,*” and a “*coordinator to help arrange things,*” as well as “*ongoing support from the CDSMP [University of Victoria]*”

Support in the community was seen as important, such as support from the “*Chief and Council*” and “*local First Nations support.*”

Enticements for participation included transportation to get there, snacks, lunch, and door prizes.

With regards to funding, Leader honorariums were suggested. As well, leaders could receive certificates and a newsletter.

One suggestion was for the Elders (as translators) to translate the workshop into their own language so that people “*will feel comfortable in their own language.*”

**What do you think you’ve accomplished/how have you benefitted from this training workshop?**

Three health professional staff were interviewed regarding their experience with the workshop.

The following comments were made:

Purpose of training

*The purpose of the leader training wasn’t clear. We really didn’t know what we were getting into. The training should have been done on the reserve with multiple calls and explanations to the people that were invited (Penticton training was done as part of the Diabetes Aboriginal Conference).*

Recruitment to Workshop

*Use personal invitations to come.*

*Use honorariums, say \$50. That will be an incentive for the first couple of courses in the community. Tell people that the honorarium is to ask them their thoughts and advice on what should go into the course. Once we do one or two in the community, other members will find it easier to come out.*

Workshop length

*In the course, people need more time to talk and share. Go for three hours instead of 2.5 hours with extra time being at the beginning or the ending of the sessions.*

*People need more time to talk. It could be during the introductions and it has to be more intense.*

*Need a longer introduction.*

### Workshop content

*Not sure any of the processes need to be changed as they seem feasible, just the wording and the charts.*

*We could make the language more lay friendly e.g. not use words like cognitive symptom management.*

*Change the wording around to make it more friendly.*

*Make sure that culture is respected. For instance, in relaxation, including sweats and talking to Elders.*

*Stress confidentiality.*

*It's hard to get people to come to a group because everyone knows everyone else, therefore, we must be clear about confidentiality.*

*Change the charts around a bit, add colours, put symbols in. You will never get the consensus and you have to be aware that there are negative people that won't agree with anything.*

*Need to change the charts around to make it more esthetic and more appropriate for First Nations' communities. Use colours of black and white, red and yellow. Use scenes with grass, eagle feathers and pine trees.*

*Make sure that the colours are used: black, white, red and yellow.*

*Make it really clear that it is their course, it was tailored for them, for them to be stronger.*

*Use things like the talking sticks or warm rocks.*

*All these things (mentioned above) need to take place to entice people to come back to the sessions.*

### Involve Elders

*Invited Elders to sit and listen so that they know what is taking place.*

*Ask the Elders to contribute.*

Leaders' Confidence

*Realize that people will be afraid of standing up and leading the course in front of others. The two leaders need time to talk about it before they lead it. They will need time to clear the air and make sure they are on friendly terms.*