the **MINO PIMATISIWIN**

MODEL of **STBBI CARE**

PRINCIPLES
GROUNDING THE MODEL

1. Indigenous primary health care services are more likely than mainstream services to improve the health of indigenous communities because:

   i. They are generally controlled by their local communities and are therefore underpinned by the values and principles of the communities they serve;

   ii. They generally provide comprehensive programs that incorporate treatment and management, prevention, and health promotion as well as addressing social determinants of health.[1]

2. Indigenous people often find it difficult to access appropriate mainstream primary health care services.[2]

3. For non-Indigenous organizations serving Indigenous people, the initial focus has to be on building respectful, high quality relationships between the organization and the Indigenous community(ies) they serve.

4. Indigenous health programs are more effective when the local Indigenous community is invested in it, considers the program intrinsic to it (sense of ownership), and there is a high level of sustained community participation and leadership in it.[4]

5. Cultural safety is an outcome judged by the Indigenous people receiving the service, and requires understanding and redressing power differentials so that the person feels safe, respected and has their needs met.

"GOOD RELATIONSHIPS ARE A VALUE IN AND OF THEMSELVES, AND THEY ARE THE PLATFORM FROM WHICH TO PLAN AND IMPLEMENT SEXUAL AND REPRODUCTIVE HEALTH PROMOTION ACTIVITIES THAT RESONATE FOR MAORI."[3]

1   Harfield et al. Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. Globalization and Heatlh (2018) 14:12. https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/s12992-018-0332-2

2   Davy et al. Access to primary health care services for Indigenous peoples: A framework synthesis. International Journal for Equity in Heatlh. (2016) 15:163. https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-016-0450-5

3   Green J, Tipene J and Davis K. (2016). Mana Tangata Whenua: National Guidelines for Sexual and Reproductive Health Promotion with Maori. Available at: https://tewhariki.org.nz/assets/National_Guidelines_for_SRH_Promotion_with_Maori.pdf

4   Smylie et al. Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: a realist review. Social Science and Medicine (2016). 150: 128-43. https://ac-els-cdn-com.uml.idm.oclc.org/S0277953615302793/1-s2.0-S0277953615302793-main.pdf?_tid=64982178-6826-40ab-b1a3-0e59a2028625&acdnat=1540494932_c2d717bf6390cd14096e1cf1b5be663c

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SERVICE EXPERIENCED AS CULTURALLY SAFE

ACCESSIBLE

APPROACHABLE

COMMUNITY PARTICIPATION

INDIGENOUS WORKFORCE

APPROPRIATELY SKILLED WORKFORCE

FLEXIBLE & HOLISTIC SERVICES OFFERED

CONTINUOUS QUALITY IMPROVEMENT
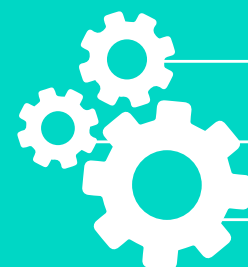
SELF DETERMINATION & EMPOWERMENT

ORGANIZATIONS NEED TO BE **CULTURALLY SAFE** THROUGHOUT EACH LEVEL OF ENGAGEMENT

POLICY
PRACTICE
KNOWLEDGE

INDIVIDUAL
COMMUNITY ORGANIZATION
HEALTH SERVICE ORGANIZATION

MODEL CONCEPTS

1. Changes need to occur, and are mutually dependent, in the realms of knowledge, policy and practice.

2. Indigenous community organizations generally have more trusting relationships with Indigenous community members for the same reasons that Indigenous health services are often more responsive to Indigenous community health needs. Thus, they can serve as important partners for both individuals and health service organizations, and help broker more positive relationships between Indigenous community members and non-Indigenous health service organizations.

MODEL DOMAINS

ACCESSIBLE:

- location is reachable by modes of transportation available to people who need the service without financial hardship
- services are available at times when people who need service can get there
- multiple types of appointments are available (e.g. scheduled, walk-in)
- outreach services in the community are offered to extend accessibility

APPROACHABLE:

- positive relationship between the service providing organization and the community
- the organization has built a positive reputation in the community so community members feel confident referring others to the service
- organization participates in community events to build relationships and raise awareness of services

- there is a welcoming environment which includes warm reception, basic amenities like water and toilets, and décor that includes the cultures of the people served

COMMUNITY PARTICIPATION:

- for non-Indigenous organizations, consideration of how to embed principles of Indigenous ownership
- establishing Indigenous governance through participation on Boards and/ or other advisory, leadership or decision-making committees
- facilitating multiple layers of community consultation, engagement, and collaboration including accountability or feedback loops
- respecting the role and status of Elders and Knowledge Keepers in the work and governance of services

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INDIGENOUS WORKFORCE:

- growing the workforce that represents the people served throughout a range of roles
- recognizing that Indigenous staff have responsibilities and obligations in relation to family and community which may be conducted within the health service
- recognizing the "value add" of Indigenous staff with relation to family and community served by the organization

APPROPRIATELY SKILLED WORKFORCE:

- actions based on respect, social justice, participation, equality, learning, collaboration, incorporating local languages, beliefs, gender and kinship systems
- provide care free of racism or discrimination
- active capacity building and reflective practice opportunities to increase ability to provide culturally safe care

FLEXIBLE AND HOLISTIC SERVICES:

- sees people as whole beings rather than single body part requiring attention
- tailoring approaches to meet evolving needs
- integrating services within a multidisciplinary approach to meet peoples' needs in the most efficient way for the person
- respectfully collaborating with or facilitating access to traditional healing when people request it

CONTINUOUS QUALITY IMPROVEMENT:

- collecting and utilizing data to improve health outcomes; meet the needs of the community; participate in QI initiatives; report on performance at the organizational and provider level; service planning; and evaluating service impact
- ensuring alignment with community priorities by mutually developing focus indicators
- promoting a rights-based approach to delivering equitable, high quality health care to Indigenous people

SELF-DETERMINATION AND EMPOWERMENT:

- facilitating self-determination and empowerment of Indigenous communities to establish and manage their own health services; enabling clients to take control of their own health at an individual and family level, and enabling empowerment of clients through program engagement
- providing employment and training to promote development of the local Indigenous health workforce
- facilitating leadership opportunities for Indigenous people within the organization
- promoting community development by sponsoring/ participating in community events that enable communities to draw on culture, increase social connectedness, and have pride in their identity.

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