OVERVIEW OF INDIGENOUS ENGAGEMENT AND STRATEGIC DIRECTIONS

BACKGROUND

Discussions between the Erie St. Clair (ESC) LHIN and Indigenous health service providers (HSPs) confirmed the need for an Indigenous Health Planning Committee (IHPC). This Committee was established in 2009. The ESC LHIN has maintained its commitment to building long term relationships with area Indigenous communities premised on the right to health determination and the principles of: shared control, health equity, cultural inclusion, and wholistic health. The ESC LHIN values these foundational understandings and affirms to respect:

- Ownership Control Access and Possession (OCAP) principles relating to Indigenous health data and information (see Appendix A for a full copy of these principles)
- Recognition Indigenous communities' health structures and processes
- Indigenous patient's choice to access culturally appropriate/safe and traditional health services

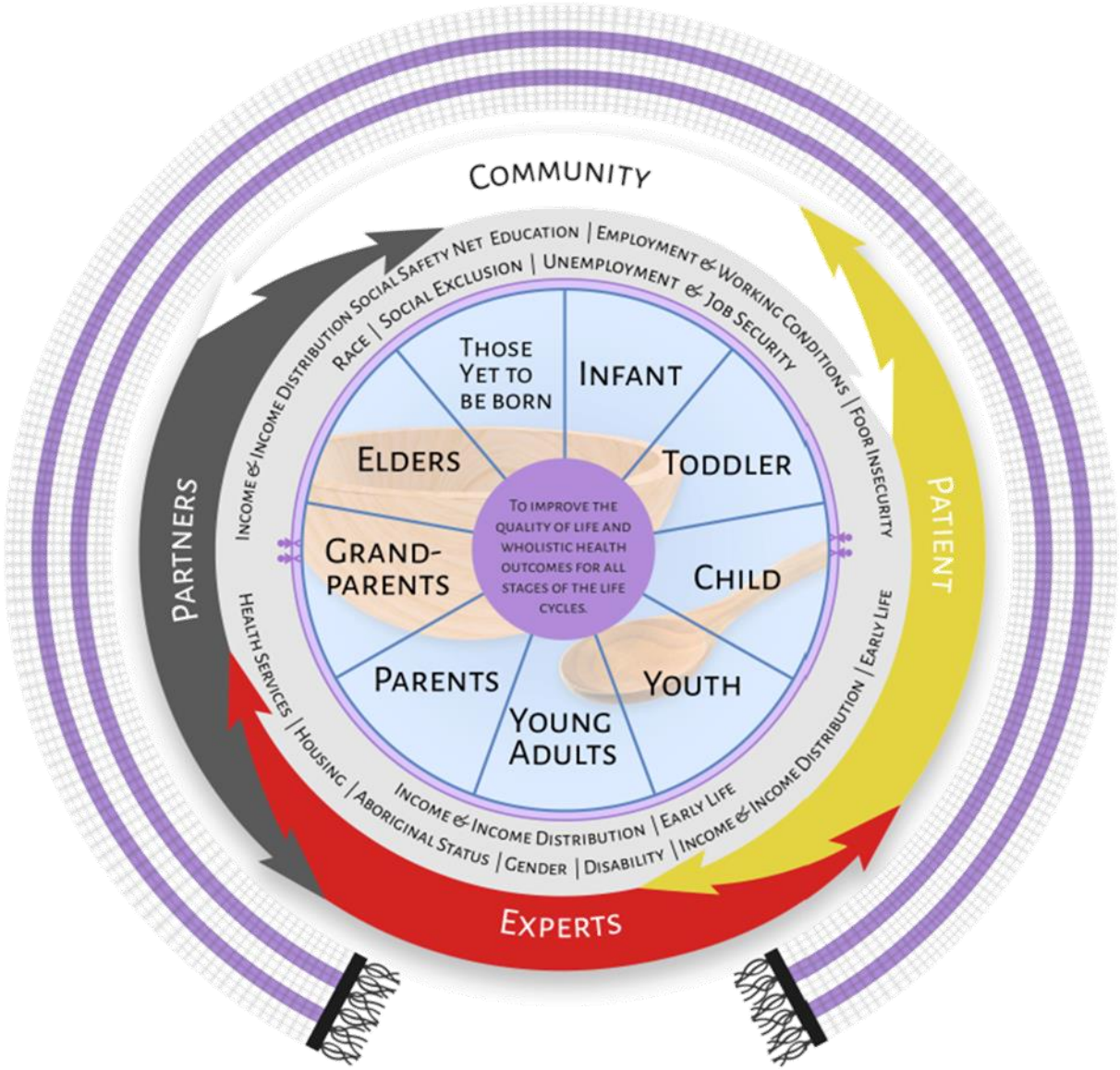
INTRODUCTION

Although the health of Aboriginal populations in Canada has been improving in recent years, First Nations, Métis, and Inuit peoples continue to experience lower health outcomes than non-Aboriginal Canadians[1]. Addressing the health disparities and poor health outcomes within Indigenous communities requires health system reforms aimed at: 1) including Indigenous people (as leaders and community experts) in the design and development of health services at all system levels; 2) improving Indigenous patients access to health and prevention services; 3) improved patient experiences premised on equitable health care treatment; and 4) building collaborative partnerships with community supports and service providers that promote a sound quality of life.

In combining the above principles and suggested reforms, the IHPC created a formal culture based integration model in the fall of 2014. The model amalgamates historical agreements; traditional teachings; future projections (vision statement); current state (social determinants of health); and health system coordination into a model of care for implementation and advancement by all community partners to enhance Indigenous patients health care access, experiences and health outcomes. The committee also recognizes these efforts cannot be undertaken independently rather non-Indigenous partners have an integral role as well.

[1] Highlights from the report of the Royal Commission on Aboriginal Peoples. 1996

CULTURE BASED INTEGRATION MODEL



Model Rationale

Bowl and Spoon (alternatively Beaver Tail Soup) Agreement

The wooden bowl and spoon (centre of the wheel) is reminiscent of the treaty between the Anishinaabe, Mississaugas and Haudenosaunee (Iroquois). “This treaty was created after the French and Indian War. Newcomers were incorporated into the treaty in 1764 (Royal Proclamation/Treaty of Niagara)[2]. The "Bowl" represents what is now southern Ontario signifying the importance of sharing and working together. This is

[2] www.ryerson.ca/socialwork/DishwithOneSpoonTerrytory.html

represented in the notion of having one dish and one spoon. Representing all people have the responsibility of making sure the dish is never empty by taking care of and sharing the land and the resources within it.

Vision

The vision of the IHPC committee is to improve the quality of life and the wholistic health outcomes for all stages of the life cycle. The intention of the vision statement is to improve the care and the quality of life for all, inclusive of their physical, emotional, mental and spiritual wellbeing.

Life Cycle Wheel

The life cycle teaching celebrates "life through the passage of stages, including infancy and childhood, youth, adulthood and senior years"[3] inclusive of those yet to be born. This teaching explains the "interrelationship and interdependency of individuals, families and communities and their responsibilities to each other"[4] :

> Infants and children bring joy, love, curiosity and sharing to their families. This is a time for bonding, learning and nurturing during the child's formative years.
>
> Youth and young adults bring activity and enthusiasm for life in preparation for maturity. This is a time of choice among many paths in the search for meaning and understanding.
>
> Adults bring love, hope, caring, sharing and teaching. They have responsibility to provide for children, themselves and their extended families. As role models they make clear the vision for future generations.
>
> Elders bring wisdom, love and spiritual understanding in their roles as healers, counsellors, guides and keepers of teachings and ceremonies"[5].
>
> Those yet to be born, at the heart of many Indigenous teachings is the individual and collective responsibility for planning and preparing for the next seven generations. Within this teaching there is an awareness that the actions and decisions of current generations has an impact on all stages of life presently and into the future.
>
> In building healthly individuals, families and communities the preservation and passing on of cultural knowledge is essential. This teaching also provides a reminder of the importance of taking time to make decisions and mindfully deliberating on the impacts of decisions on current and future generations.

It is in recognition of the gifts of each stage of life that we appreciate the significance of creating healthy and well balanced families and communities. Importantly, it is also

[3] New Directions: Aboriginal Health Policy for Ontario. 1994. Page 16
[4] Ibid
[5] Ibid

about making wise decisions and fully understanding the impact of those decisions on the current and future generations.

Friendship Band

This is represented by the two people connected by a purple line surrounding the life cycle. These symbols represent the wampum belts and treaties the Iroquois made with Great Britain and the Ojibway. Within these agreements the purple line signifies the parties agreement to keep friendly discourse with each other[6] . Similarly, the inclusion of the friendship band reflects the unity that all partners have in advancing the health and wellbeing of Indigenous communities in the region.

Social Determinants of Health

The social determinants of health reflect the multitude of systemic issues confronting many Indigenous patients and communities abilities to have a good quality of life including access to health care services when they need it. The 14 social determinants of health include: Indigenous status; disability; early life; education; employment and working conditions; food insecurity; health services; gender; housing; income and income distribution; race; social exclusion; social safety net; and unemployment and job security[7].

Community Representatives and External Partners

As a whole, the culture based integration model strives to take a comprehensive approach to health system strategy planning and coordination by bringing community, patients, experts, and partners together. It is envisioned these groups will add experience, topic expertise, and community linkages needed to support and advance priorities identified by the IHPC.

Kaswentha (Two Row Wampum)

The Kaswentha surrounding the wheel represents the agreement and conditions under which the Haudenosaunee (Iroquois) welcomed non-Indigenous people (originally made with the Dutch) to turtle island. The Kaswentha is an beaded belt depicting two parallel rows of purple wampum beads surrounded by rows of white beads (hence reference to the Two Row Wampum).

The two rows symbolize two paths or two vessels (representing each party to the agreement) traveling down the same river together. Some say the two separate rows of purple beads represent the past, present, and future spirits of Haudenosaunee and non-Haudenosaunee people.

Between the two rows of purple beads are three rows of white beads.This background of white beads is meant to symbolize the purity of the agreement and some say that it

[6] Wampum Belts, Iroquois Reprints, pages 40 and 47.
[7] Social Determinants of Health: The Canadian Facts, page 2

represents the "River of Life". Additionally, the three rows of white signify Friendship, Peace and Respect between the two nations. As much as the three rows keep the two nations separate, it also binds them together[8].

STRATEGIC DIRECTIONS

Recognizing the multitude of health care needs within Indigenous communities, the IHPC envisions the culture based integration model as framework to working closely with health service providers (HSPs). The IHPC established a regional Indigenous Health Strategic plan as a directional tool to be shared with HSPs for their adoption and joint advancement in aiming to improve Indigenous patients health outcomes.

The development of the strategic plan began with a regional Indigenous health needs assessment that was conducted from June to the end of September 2015 through survey questionnaires and focus groups. The survey questions were targeted toward identifying the unique localized health care needs of each community while also determining collective concerns as it relates to broader health system issues within the region.

The aim and intent of the needs assessments was to determine the areas where Indigenous patient's journey can be improved by understanding:

- Health care issues and needs based on availability and access to primary care and mental health and addiction services.
- Quality of care and service coordination between health service providers and Indigenous patients.
- Determining health system barriers, gaps in services, and areas requiring health service enhancement and coordination.

A total of 641 needs assessment surveys were completed and three focus groups were conducted with a total of 27 participants.

Drawing from the input from the surveys questionnaires, focus groups and previous engagement with community partners (specific to cultural sensitivity, mental health & addictions and data) five focus areas for advancement emerged. These focus areas include: 1) health equity; 2) chronic disease and prevention management; 3) access to care; 4) mental health and addiction services; 5) data and reporting. Collectively these themes became the foundations of the three year strategic directions/plan.

Strategic Directions

The three year Indigenous health strategic plan is a progressive and transformative planning mechanism for ESC LHIN to adopt and include in its overall strategic and priority setting processes. The strategic plan is intended to become incorporated into the current and future initiatives and investments by the ESC LHIN to effect positive and

[8] http://www.akwesasne.ca

sustainable changes in the overall health status of Indigenous patients and communities.

In January 2016, the IHPC reviewed the five focus areas (identified above) and determined the following strategic directions for the next three years:

1. Reduce Health Inequities for Indigenous People
2. Improve Indigenous patient's access to health and prevention services (primary care, health links, palliative and hospice care, traditional healing and early support for children, youth and young adults)
3. Improve health system response to Indigenous chronic disease rates (chronic diseases and health care integration and coordination)
4. Expand the availability of mental health and addiction services for Indigenous people (accessibility to mental health and addiction services, service integration, Indigenous youth framework)
5. Enhance the quality and availability of reliable information and data for health planning (reporting mechanisms, data collection, standardization)

The following five strategic directions have been divided into the following tactical activities that will be implemented by the ESC LHIN and monitored and guided by the Local Indigenous Health Planning Committee.

Strategic Direction 1: Reduce Health Inequities for Indigenous People	
Activity (input)	**Tactics/Resources**
Regional cultural sensitivity/awareness	○ Awareness training (Aboriginal title, consultation requirements, cultural knowledge) for ESC LHIN staff and/or Board of Directors ○ Indigenous Cultural Safety (ICS) training for health service planners and HSPs ○ Indigenous patient resources for HSP's (videos and IHPC Culture Based Integration Model)
Population specific health utilization	○ Inclusion of health equity into reporting requirements/SAA's ○ Assessing compliance rates of HPS reporting on health equity indicators ○ Monitoring utilization rates to identify and address health system gaps ○ Obtaining measurable data for population specific health
Regional health equity requirements	○ Provision of health equity training (common terminology and equity impact assessment) ○ Development of health equity tools for HSP and monitoring
Outcomes: 1. Reduce health access gaps for population specific groups.	

Strategic Direction 2: Improve Indigenous patient's access to health and prevention services	
Activity (input)	**Tactics/Resources**
Primary care supports	○ Increase number of primary care providers/allied/wholistic HSP/PCP teams in Indigenous communities ○ Develop MSAA agreements with Indigenous communities ○ Advance telemedicine options - OTN, tele-homecare

Activity (input)	Tactics/Resources
	○ Develop a robust Indigenous community transportation strategy in conjunction with existing ESC LHIN rural health strategy
Health system navigation	○ Implement hospital Indigenous patient navigators (Windsor, Bluewater and Chatham Kent Health Alliance) ○ Implement Indigenous health link/sub regional coordinators (Sarnia and CKHA) ○ Advancement of the Walpole Island Intensive care management model ○ Implement mechanisms to ensure Indigenous patients receive a care plan ○ Develop an Indigenous patient ALC management/care plan ○ Improve patient experience/support/wait times to see a specialist
Palliative/hospice care	○ Complete a needs assessment to determine palliative and hospice care needs ○ Research Pallium Canada training for all Indigenous communities ○ Development of proof of concept palliative care model two First Nations- Walpole- Chatham Kent, KSP- Sarnia Lambton ○ Increase home support for discharged palliative care patients ○ Improve access to culturally based bereavement services
Cultural/traditional healing supports	○ Allocation of traditional healing funding for all Indigenous communities regionally ○ Establish an Elders council to determine: i. regional traditional healing strategy ii. culturally safe care standards iii. performance and reporting guidelines iv. Patient Assisted Death cultural supports v. Alternatives to self-identification vi. Criteria of an Indigenous patient care plan vii. Determine Indigenous specific determinants of health for the ESC region
Early support for children, youth and young adults	Establish a youth council to: i. Assess community health care needs and service gaps ii. Conduct health needs assessment/consultation iii. Development of a youth suicide community plan/needs assessment ○ Increase of youth mental health and after school programs (youth leaders and mentorship) within Indigenous communities and rural areas ○ Development of an Indigenous youth health care strategic plan in alignment with MCYS initiatives
Outcomes: 1. Increase access of Indigenous patients with primary care providers 2. Reduce ED visits and 30 day readmits 3. Increase the availability of traditional healing options for Indigenous patients 4. Establishment and promotion of culturally safe care standards	

Strategic Direction 3: Improve health system response to Indigenous chronic disease rates	
Activity (input)	**Tactics/Resources**
Diabetes management	○ Development of a diabetes prevention/service plan for Indigenous patients ○ Improve diabetes support/resources for Indigenous patients ○ Upgrade centralized intake process for diabetes ○ Advance and implement an ESC LHIN wide care path for diabetes inclusive of renal dialysis

	○ Increased collaboration between PDEPs and ADEPs and Indigenous diabetes programs/services
Service integration/ coordination	○ Inclusion Indigenous patient pathways into existing ESC LHIN care paths (COPD, CHF and Stroke Care) ○ Creation of asthma and respiratory care path for Indigenous patients ○ Conduct an environmental scan/service inventory of local and regional Indigenous services Development of formal agreements between HSPs and Indigenous communities ○ Implementation of accountability and performance indicators ○ Collaborate with Non-Insured Health Benefits re: out of pocket expenses ○ Increase in-home care coordination/supports/equipment for Indigenous patients ○ Development of an Indigenous specific stroke and hip rehabilitation care strategy
Outcomes: 1. Reduce ED diabetes visits and LOS for hospitalized diabetes related complications 2. Improve integration and collaboration between HSPs and Indigenous communities 3. Improve transitions/pathways of care for Indigenous patients	

Strategic Direction 4: Expand the availability of mental health and addiction services for Indigenous people	
Activity (input)	**Tactics/Resources**
Accessibility of mental health and addiction services	○ Advancement of mental health workers in 3 Indigenous communities (Kettle and Stony Point, Caldwell/Windsor and Aamjiwnaang ○ Implementation of Mental Health and Addictions Patient Navigators ○ Implementation of integrated Indigenous Mental Health and Addictions Response Teams ○ Development of transportation plan to support service accessibility ○ Increased support and programming for LGBTQ for specific mental health and addiction services ○ Implementation of psychiatry services in Indigenous communities
Service integration and coordination	○ Develop an awareness campaign of available mental health and addiction services ○ Increased networking and collaboration between service providers and Indigenous communities ○ Support the uptake, utilization of RAIT teams in Indigenous communities based on their needs and case management practices
Outcomes: 1. Improve access to mental health and addiction services 2. Early detection and prevention of mental health and addictions 3. Improve integration and collaboration between HSPs and Indigenous communities 4. Increased utilization of community based addiction services	

Strategic Direction 5: Enhance the quality and availability of reliable information and data for health planning	
Activity (input)	**Tactics/Resources**
Improve	○ Conduct field visits with each Indigenous community to review/ assess current reporting/data collection processes and requirements

reporting/data mechanisms	○ Design and deliver report training sessions aimed at clarifying reporting requirements ○ Research the process and costs associated with the creation of an electronic data tool kit for First Nations communities
Standardization of reporting and data forms between HSPs and Indigenous communities	○ Review and assess all current reporting fields/requirements to determine if there is an opportunity to streamline information collection ○ Collaborate with MOHLTC and Health Canada to determine if there are opportunities to further streamline information collection.
Outcomes: 1. Improve and streamline submission of quarterly and annual reports 2. Enhance quarterly and annual reports to become more functional and useful for service providers (i.e. detection of trends) 3. Establish an Indigenous patient health care utilization database 4. Establish common reporting mechanisms to facilitate more effective strategic planning.	