



Aboriginal Health Forum

“Elements of Change”

Summary Report

March 27 & 28, 2008

Victoria Inn, Thunder Bay



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1.0 Executive Summary

A significant shift in the way health services are administered and delivered throughout Ontario is outlined in the *Local Health System Integration Act, 2006* (LHSIA). The preamble of the Act sets out ten principles by which the legislation is enacted. One of these principles states that:

“The people of Ontario and their government recognize the role of First Nations and Aboriginal people in the planning and delivery of health services in their communities.”

Engagement with Aboriginal¹ people is identified as a priority in the North West Local Health Integration Network's (LHIN) first *Integrated Health Services Plan* (IHSP), released in 2006. Aboriginal people (leaders, community members, Elders and health service providers) participated in a number of community engagement activities during the development of the IHSP, including two Aboriginal specific focus groups. The purpose of this engagement is to establish collaborative relationships with Aboriginal people to improve health status. Aboriginal community engagement has been ongoing and Aboriginal participants have been invited and included in various community engagement sessions in the North West LHIN over the past year. In addition, there have been some sessions that have focused specifically on Aboriginal health matters.

In an effort to engage the broader Aboriginal community, a two day ***Aboriginal Health Forum: Elements of Change*** was held in March, 2008 in Thunder Bay, Ontario. The forum was by invitation, with over 190 participants attending each day, representing 34 communities and 66 organizations from across the North West LHIN.

The ***Aboriginal Health Forum*** provided an opportunity for exchanging information, building relationships and identifying strategies for working together and improving communications.

¹ The term Aboriginal people is used interchangeably to define First Nations, Inuit, Métis and Non-Status peoples collectively.

2.0 Introduction

Local Health Integration Networks (LHINs) have a mandate to plan, integrate and fund health services within their designated areas, and have been specifically mandated to engage people and providers about health needs and priorities.

The North West LHIN, with its partners, is working towards its vision in the Northwest: ***Healthier people, a strong health system – our future***. The North West LHIN has responsibility for planning, integrating and funding many local health services, including, hospitals, the Community Care Access Centre, community health centres, long-term care homes, community support service agencies and community mental health and addiction services.

The North West LHIN covers 47% of Ontario's total land mass and is home to 235,046 people (2006), which is 2% of Ontario's population. The North West LHIN's boundaries extend from White River in the east to the Manitoba border in the west and from the United States border in the south, north to Hudson Bay. Portions of the population live in remote areas (the majority of whom are Aboriginal²) with road access only in the winter; others are accessible only by air year-round.

A key activity of the North West LHIN has been the development and continued refinement of an Integrated Health Services Plan (IHSP). This plan has a 3 year horizon (2007-2010) and provides an initial perspective on directions for change and strategies for enhancing health care delivery through better horizontal and vertical integration of services within the North West LHIN. This plan was developed through engagement and consultation with local communities, service providers and health service agencies and through analysis of supporting population health and health planning data. Engagement with Aboriginal people has been identified as a priority in the North West LHIN's first *Integrated Health Services Plan (IHSP)*.

As part of the IHSP engagement process, two focus groups were held with Aboriginal participants. During these sessions, suggestions for engaging the Aboriginal population included:

- Engagement needs to occur in the Aboriginal communities.
- Aboriginal women need to be included.
- Involve the Chiefs and Aboriginal leaders.
- Involve the Elders, frontline workers, children, youth and adults.
- Recognize and engage traditional healers, spiritual leaders, medicine men and women.

Over the past year, the North West LHIN has met with Aboriginal individuals, organizations and communities including First Nation and Métis leaders. For example, at the Fall 2007 Ontario Hospital Association Aboriginal Forum, the North West LHIN hosted a meet and greet session for conference participants and in the Winter 2008, Aboriginal Health Directors met with the North West LHIN to provide input into the North West LHIN's Aging at Home Strategy.

² Including First Nation, Métis and Inuit

As noted in the North West LHIN's Community Engagement Strategy, "LHINs aim to keep all community stakeholder groups informed, engaged and working together to strengthen local health services."³ In addition, as part of the *Local Health System Integration Act* (LHSIA) (2006), LHINs are required to engage the Local Aboriginal Health Planning Entity (LAHPE)⁴ for their geographic area. The Ministry of Health and Long -Term Care (MOHLTC) is developing a regulation for LAHPEs and the North West LHIN is committed to working with the LAHPE, once established, to address Aboriginal health needs and priorities in the Northwest.

Aboriginal community engagement is ongoing and the North West LHIN continues to meet with Aboriginal people and communities to address specific issues and/or topics of interest. In addition, Aboriginal participants are members of various North West LHIN Advisory groups, providing advice on specific issues and IHSP priorities.

Aboriginal health planning in the North West LHIN is complex and needs to consider various community and Treaty groups as well as the variation in issues and approaches that exist among these groups in the Northwest. Other challenges that affect Aboriginal planning in the North West LHIN include:

- Vast distances between Aboriginal communities and remoteness of northern First Nation communities.
- Language barriers and the lack of translation services.
- Lack of culturally sensitive and culturally appropriate services and programs.
- Lack of knowledge of existing services (i.e. provided by Health Canada and/or other providers/ministries).

The responsibility for providing health care services to Aboriginal people living in Canada is multi-faceted. Aboriginal people receive the majority of their health care services – primarily physician and hospital care, through the provinces and territories. The federal government contributes toward these expenditures through the Canada Health Transfer. In addition, the federal government provides some health services to First Nations, Métis and Inuit, such as public health activities, health promotion and the detection and mitigation of hazards to health in the environment on the basis of legislation, policy and historical practices. As a result of self government negotiations, transfer agreements, land claim agreements and other mechanisms, the majority of First Nation governments and some Métis and other Aboriginal and Inuit organizations now deliver a variety of health services and programs.⁵ The various jurisdictional responsibilities for the delivery of health care services create planning challenges when addressing the coordination and integration of health services for Aboriginal people.

The *Aboriginal Health Forum* provided an opportunity to begin the dialogue to establish collaborative relationships with Aboriginal leaders and health service providers to address health care issues in the North West LHIN.

³ North West Local Health Integration Network, Community Engagement Strategy, March 2007

⁴ The draft regulation is suggesting that this now be called an Aboriginal Committee

⁵ IRPP, Choices (October 2007). Aboriginal Health Care in Northern Ontario, B. Minore, M. Katt. Vol 13(6).

3.0 Background and Context

Aboriginal Health Status

Based on the 2006 Census data, the percentage of the population of Aboriginal identity in the Northwest is the highest in the province (13.9%) and substantially higher than the provincial average (1.7%). It is recognized that the population count of Aboriginal people living in the Northwest region is likely inaccurate. For example, the 2001 Census data reports 31,335 people of Aboriginal identity living in the North West whereas the 2005 Indian and Northern Affairs Canada (INAC) registry shows 55,129 First Nation residents of the North West LHIN. The lack of accurate Aboriginal population data is an issue that impacts health planning.

Canadian studies have consistently shown that Aboriginal populations have reduced life expectancy and poor health status compared to the general Canadian public. While data describing health service utilization and health care outcomes for the Aboriginal residents of the North West LHIN are not available, there is some evidence that the Aboriginal population is especially vulnerable; it has a higher burden of illness, is often located in especially remote communities and faces linguistic and cultural barriers to accessing health services. Access to primary and community health care services for the Aboriginal population is often limited by unavailability of local services and cultural barriers. This leads to reduced use of primary and preventive care and greater reliance on hospitals for acute care.

Health Canada's profile on the health of First Nation residents in Canada (2000) found that:

- First Nation birth rate was twice the Canadian rate
- Infant mortality rate is 16% higher than the Canadian rate
- Circulatory disease accounts for 37% of all deaths, followed by cancer (27%)
- Unintentional injury and suicide accounts for 6% of deaths
- Hospitalization rates are 2-3 x higher than Canadian rates for respiratory disease, digestive disease or injuries and poisonings

Northwest residents report higher than average rates of chronic disease.⁶ The large Aboriginal population in the Northwest, with their high incidence of diabetes, makes support for chronic disease prevention and management an important consideration for the North West LHIN. The development of chronic diseases earlier in their lifespan also has implications for long-term care and rehabilitation services.

In 2005, Statistics Canada reported that death due to suicide for Northwest residents was more than double the provincial average and much higher than any other region. The Northwest suicide rate for males is almost double the provincial average and the rate of death by suicide for females in the Northwest is four times the provincial average and almost three times higher than any other region. Suicide rates for males are usually much higher than suicide rates for females, with the Northwest female suicide rate higher than the Ontario average suicide rate for males;⁷ the severity of the issue is obvious.

⁶ LHIN Population Health Data, Prepared by MOHLTC HSIP, July 1, 2005.

⁷ Statistics Canada, Vital Statistics, 2005.

Information from three sources about Aboriginal health status was presented at the *Aboriginal Health Forum* as follows:

Health Canada's profile (2000) on the health of First Nation residents in Canada found that:

- First Nation birth rate was twice the Canadian rate.
- Infant mortality rate is 16% higher than the Canadian rate.
- Circulatory disease accounts for 37% of all deaths, followed by cancer (27%).
- Unintentional injury and suicide accounts for 6% of deaths.
- Hospitalization rates are 2-3 x higher than Canadian rates for respiratory disease, digestive disease or injuries and poisonings.

Cancer Care Ontario (2001) has revealed the following about Aboriginal populations in Ontario:

- Rates of cancer are increasing.
- Survival rates are poorer in First Nation communities due to late stage diagnosis.
- High prevalence in smoking, resulting in growing rates of lung cancer.
- High prevalence of diabetes, which can lead to cancer of the breast, prostate and colorectal.

The First Nation Inuit Regional Health Survey (1997) indicated that the major health problems include, high incidence of:

- Diabetes
- Asthma
- Variety of addictions: alcohol, drugs, solvents, and gambling
- Mental health issues: suicide to psychiatric disorders
- Heart disease
- Arthritis, kidney disease, skin disorders, and dental problems.

Information from these various reports and local Aboriginal community engagement, helped to frame the themes for the roundtable discussions on Day 2 of the *Aboriginal Health Forum*.

Aboriginal Community Engagement

Engagement with Aboriginal people has been identified as a priority in the North West LHIN's first *Integrated Health Services Plan*. As outlined in this plan: "The purpose of this engagement process is to establish collaborative relationships with Aboriginal people to achieve improved health status. The North West LHIN is committed to working with Aboriginal communities (and as appropriate the Federal Government and others) to better understand and address issues of access to health care services."

Aboriginal participants have been invited and included in various community engagement activities with the North West LHIN over the past year. In addition, there have been some sessions that have been focused specifically on Aboriginal health. For example, in Fall 2007, the North West LHIN hosted a meet and greet session at the

OHA Aboriginal Health Forum and in February 2008, Aboriginal Health Directors attended an Aging at Home engagement session.

In an effort to advance the North West LHIN's IHSP priority: "*Engagement with Aboriginal People*" and to engage with the broader Aboriginal community, a two-day **Aboriginal Health Forum** was held in March 2008 in Thunder Bay, Ontario. The forum was by invitation, with over 190 participants attending each day, from across the North West LHIN (including people from Treaty 3, Treaty 9, Robinson Superior Treaty, Métis and urban centres). This forum involved participation from 34 communities and 66 organizations.

The purpose of the forum was to explore opportunities to:

- Build relationships
- Work together
- Improve/enhance communication.

An Aboriginal Health Forum Planning Committee was established in February, 2008 with representatives from the Métis Nation of Ontario, Matawa, and the LHIN. The role of the committee was to provide advice in the preparation of the forum (i.e. setting the agenda, identifying facilitators, advising on the process for engagement and the involvement of Elders).

Each of the Aboriginal, First Nation communities and Aboriginal health care provider agencies were invited to identify four delegates from their community/agency to attend the forum. Participants at the forum came from a variety of backgrounds and specializations including: nurses, health care providers, educators, community members, Elders, Chiefs, and council members.

Elders provided a traditional opening and closing ceremony, and were available for the duration of the forum, providing advice and guidance as needed. The moderator ensured that the agenda was followed and was flexible to adjust the agenda to accommodate changes. A welcome and introductions were provided by the forum co-chairs. The North West LHIN Board Chair and CEO provided a presentation that addressed: health transformation in Ontario; the role and responsibility of the North West LHIN; some Aboriginal health status data; they also responded to questions from participants. The Minister of Health and Long-Term Care attended the conference, brought greetings and announced the approval to begin the construction of the new hospital in Sioux Lookout (Meno Ya Win Health Centre) that will be the Centre of Excellence for Aboriginal Health in the North West LHIN. Facilitators supported the roundtable discussions on both days to provide structure and focus to these discussions. (See Appendix for detailed Agendas for Day 1 and 2).

The **Aboriginal Health Forum** provided an opportunity for participants to share information, and discuss ways that the North West LHIN and Aboriginal people and communities can work together to address health issues. Participants indicated that ongoing and increased community engagement is needed.

4.0 Roundtable Discussions

Day 1 - Aboriginal Community Engagement

Day 1 of the *Aboriginal Health Forum* focused on engagement with Aboriginal leaders and Chiefs regarding relationship building, working together and enhancing communication. Small group discussions were grouped according to geographic and Treaty region (i.e. Treaty 3, Treaty 9, Robinson Superior Treaty, Métis and Urban). Facilitators were assigned to each group to record the results of the discussion.

Specifically, their discussion was guided by the following questions:

1. **What is the best process to engage Aboriginal/First Nation people that:**
 - a. **supports building relationships and mutual understanding;**
 - b. **provides opportunities for the future?**

2. **As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to:**
 - c. **Created linkages and collaborative approaches;**
 - d. **Promote partnerships;**
 - e. **Work with the broader healthcare system within the North West LHIN?**

3. **How can we establish open and ongoing communication?**
 - f. **What can Aboriginal/First Nations do?**
 - g. **What can the North West LHIN do?**
 - h. **How can we use technology (more) effectively?**

Summary of Day 1 Discussion.

A total of ten roundtable discussions took place and themes were identified from each session and similar ideas are presented below. Detailed comments according to each group can be found in the Appendices.

Question 1:

What is the best process to engage Aboriginal/First Nations people that

- a) **supports building relations and mutual understanding**
- b) **provides opportunities for the future**
 - communication of information/current/health issues (14)
 - linkages (10)
 - community involvement/contacts/awareness/mutual understanding (9)
 - holistic/culture awareness/relationship building (7)
 - establish protocol for services in own language/dialects/respect (6)
 - information sharing regarding North West LHIN (6)
 - education/workshops/training opportunities/leadership skills (4)
 - needs assessment for community needs (4)
 - job opportunities (3)
 - enhancement of current programs (2)

Question 2:

As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to

- a) Create linkages and collaborative approaches?**
- b) Promote partnerships?**
- c) Work with the broader health care system within the North West LHIN?**
 - community support (19)
 - linkages/technology/training/Tribal Councils/First Nations/LHINs (18)
 - partnership building/relationship building/advisory on health (12)
 - training own health professionals/traditional cultural healing (8)
 - pilot projects in health/chronic disease/other health issues (6)
 - more representation on Board of Directors (Aboriginal) (3)
 - language translation (3)

Question 3:

How can we establish open and ongoing communication?

- a) What can Aboriginal/First Nations do?**
- b) What can the North West LHIN do?**
- c) How can we use technology (more) effectively?**
 - community meetings/include members/First Nations/Tribal Councils (29)
 - LHIN contact/organizational structure/other LHINs information/Board of Directors format (17)
 - respectful of culture/traditions/trust (9)
 - training/telehealth (8)
 - translation of information/written and oral (7)

Participants agreed that the best process to engage Aboriginal people is to establish a process for information sharing that is current, addresses health issues and includes all Aboriginal groups. The lack of knowledge about LHINs and existing health care services was repeatedly expressed by Aboriginal participants. Several groups suggested that an environmental scan of existing services is needed. In addition, it was noted that there is a need to address and understand language, culture and existing Aboriginal protocols to support building relationships, trust and mutual understanding with Aboriginal people. There was strong support for the development of partnership building and strengthening relationships between Aboriginal communities and the LHIN. In addition, Aboriginal leaders outlined the importance of linkages with Tribal Councils and First Nation organizations and communities through the use of technology. The need for training, translation and culturally appropriate services was also identified as important when working with the broader healthcare system. The need for ongoing and enhanced community engagement and communication between the LHIN and Aboriginal organizations and communities was emphasized and supported.

Day 2 - Aboriginal Health Themes

Day 2 of the *Aboriginal Health Forum* focused on health services and engagement with Aboriginal caregivers. Roundtable discussions were held related to eight themes which had been identified through various health status reports and previous local Aboriginal community engagement sessions.

The eight themes were:

- Access to Care
- Mental Health and Addictions (MH&A)
- Primary Care
- Chronic Disease Prevention and Management (CDPM)
- Senior Services (Elder Care)
- Partnerships/Linkages with the Broader Health System
- Integration Opportunities
- Speciality Services

Participants had an opportunity to join in discussions related to two themes of interest. Generally, the questions that guided these discussions related to each theme included:

1. What is working well in health services for Aboriginal people?
2. What are some unmet needs?
3. What are some opportunities to improve services for Aboriginal people?
4. What partnerships or linkages are needed with the broader health care system to improve the organization and delivery of services?

Summary of Day 2 Findings

Discussion points for each theme were summarized and common responses are identified below. A full summary of comments can be found in the Appendices. It should be noted that there were no participants at the Primary Care discussion sessions.

Access to Care

Roundtable participants noted that telehealth, home visits and home care through the Community Care Access Centre were working well. There was also appreciation expressed for the support that was provided by northern nursing stations and the First Nation and Inuit Health Branch (FNIHB). The importance of partnerships was also identified as an enabler for Aboriginal people to access care. The high cost of living on remote reserves (i.e. access to healthy foods) was reported to be a barrier to good health. The lack of networking with the broader health system was also identified as a barrier for accessing care. The lack of specialized services, lack of translation services and the lack of understanding of Aboriginal culture and traditions and insufficient funding were listed as factors that contribute to unmet needs. The need for greater understanding of the impact of the diverse geography on Aboriginal health was emphasized. Improved technology was seen as a way to improve access to services; it was suggested that telemedicine be implemented in all Aboriginal communities. The recruitment of health professionals to Aboriginal programs and additional funding for existing programs were viewed as opportunities to improve access to care services.

In the report back to the large group, participants expressed frustration in trying to access services and indicated that there is a lack of knowledge regarding where to go for services. There was a need expressed for more Aboriginal health care workers and more education. Shortage of trained staff, lack of rehabilitation services, long wait times, a shortage of physicians and lack of telemedicine were identified as gaps in accessing health care services.

Mental Health and Addictions

Some community based programs that provide prevention and intervention of addiction services, community counselling programs and substance abuse centres were deemed to be working well in the Northwest. Specific programs that are in place and noted to be working well included: family violence program (O.W.N. – Our Way Now); the methadone programs in Dryden, Kenora and Thunder Bay; the Thunder Bay Aboriginal Health Access Centre (AHAC) programs in life skills, anger management and violence prevention; and the mental health program at NODIN. The importance of Elder traditional healing and cultural teachings was also identified as a strong community support, especially for the youth.

Gaps in service and a lack of mental health and addictions services were also identified. For example, participants identified a lack of coordinated services, poor after-care supports and a lack of support for youth/adults with suicidal behaviour and poor community supports for Aboriginal women as a major concern. The need for facilities for youth with addictions, located in local communities that include a detoxification program was also emphasized. The lack of trained staff and poor reintegration programs, once a person returned to their community following treatment were noted to be unmet needs. The lack of sufficient funding for people to travel for treatment was also identified as a concern.

In the report back to the large group, it was noted that mental health and addiction programs need to be more collaborative, provide training for Aboriginal counsellors and address local needs e.g. crisis management. It was noted that current needs far exceed the available resources.

Primary Care

No participants attended this session; no comments recorded

Chronic Disease Prevention Management

Participants identified the following resources were in place and working well to support Aboriginal people with chronic disease: northern nursing stations, diabetes day program, community foot care programs, Aboriginal Health Access Centre, Keewaytinook Okimakanak (KO) telehomecare, Tele-rehab and Telehealth/telemedicine programs (i.e. palliative care program). Reported unmet needs related to the lack of education and resources such as: advanced foot care training, respite and rehabilitation training and limited access to Aboriginal health care workers and physician services. The need for improved communication between clients, nursing stations and the hospital was emphasized.

Opportunities identified to improve chronic disease prevention and management included training for volunteers to assist families and caregivers as well as ensuring culturally appropriate care and the use of interpreters were supported by the participants. The Aboriginal Health Access Centres were viewed as a resource to assist in achieving these strategies.

The use of KO telemedicine was deemed to be a valuable link to improve the organization and delivery of services. Connections and partnerships with disease specific networks such as cancer, diabetes and stroke were also identified as being a way to improve care to Aboriginal people.

In the report back to the large group it was noted that early screening, diabetes programs, telehealth/telemedicine and mobile services are working well. Whereas interrupted services, lack of culturally appropriate services, lack of knowledge about chronic disease and poor communication between the client and provider and between remote and urban centres were identified as gaps. Building capacity within communities and the employment of more Aboriginal people was emphasized.

Senior Services (Elder Care)

Participants noted that the Aboriginal Friendship Centres' programs such as life long care, transportation services, life skills and home maintenance outreach services and the Métis Nation of Ontario Long-Term Care program were working well to support seniors/Elders. Reported unmet needs included the lack of: medical escorts for the elderly, meals on wheels, translation services and friendly visiting programs.

Several opportunities were identified to improve senior services/Elder care:

- Improve follow-up care
- Link seniors across communities for social support, use tele-visitation
- Expand existing programs (takes pressure off existing mainstream services)
- Provide local meals on wheels/congregate dining programs
- Ensure cross cultural training and translation services available.

Participants emphasized the need for health care providers to be more culturally aware of Aboriginal needs and provide culturally appropriate services.

Reporting back to the large group, several Elders reported that there was a need for a system navigator who can speak the language and knows the system - to help both the workers and the clients. The need for cross cultural training was emphasized. It was also noted that service needs for seniors and Elders are growing, often beyond available resources. In addition, there was some concern expressed that where existing services were working they should not be discontinued.

Partnerships/Linkages with the Broader Health System

The following supports/partnerships/linkages were identified as working well:

- Lifelong Care Programs
- Partnership with Community Care Access Centre
- Alcohol/Drug Programs
- Dilico Programs

- Cancer Society:
 - Prevention advocacy
 - Anti-smoking (quit smoking) program
 - Anti-pesticide
- Partnership with Thunder Bay Regional Health Sciences Centre
- Remote diagnostics e.g. diagnosing hearing for children in remote communities using telehealth/telemedicine

Participants reported that unmet needs were associated with the lack of health care professionals in communities, lack of ‘emergency’ supports in many communities and poor communication between health care providers and First Nation communities. Politics related to health care was identified as a potential barrier to forming partnerships with the broader health care system; the need for coordination and cooperation among providers and communities was emphasized. Other opportunities to improve partnerships and linkages with the broader health care system included improved communication, education and more contact with health programs to address specific needs of each community. Implementation of an Aboriginal Healthy Babies program, support programs for caregivers and the expansion of telehealth/telemedicine to all northern remote communities were identified as ways to improve partnerships and linkages with the broader health care system.

Integration Opportunities

Participants noted that early childhood development programs, and the Healthy Babies, Healthy Children program through the Health Units were working well. In addition, the integration of medical and traditional care options at Meno Ya Win Health Centre was identified as working well to support the integration of health care services for Aboriginal people. It was suggested that services targeting the same demographic population should be integrated and that there is a need to reduce duplication and maximize existing resources. Other integration opportunity suggestions included:

- combine services, i.e. Healthy Babies/Early Childhood Development
- combine fetal alcohol syndrome disorder services for communities
- integrate traditional and non-traditional healing practices with all health providers.

Summary comments presented to the large group emphasized the need to work together to ensure efficient use of our limited resources. The need for cultural training for health care professionals was emphasized.

Specialty Services

Participants identified the following supports that are working well related to specialty services:

- local hospitals – x-rays, lab, telehealth
- on reserve transportation for health related issues
- local health care workers; they understand the health care system and process
- Non-Insured Health Benefits (NIHB) program
- Anishnawbe Mushkiki – providing community based programs.

Some unmet needs identified by participants include: home dialysis (often individuals have to leave their remote communities for treatment), limited or lack of local long term care services and the lack of midwives in remote communities. Long wait times to see a

specialist, family physician and/or a nurse practitioner were cited as barriers to accessing care in a timely manner. Language and cultural barriers were also identified as having an impact on the delivery of health care services for Aboriginal people. Participants identified the following opportunities to improve speciality services for Aboriginal people: expand technology services, including telehealth/telemedicine; expand staff education and training (e.g. colonoscopies, smoking cessation); expand speech/language assessment for children; provide stroke and brain rehabilitation support. Opportunities to offer chiropody, footcare and mental health assessments in Aboriginal communities were also reported.

In the report back to the large group, the length of time to see a specialist, the travel distances to access services and the lack of available local services were identified as concerns. The advancement of technology and the use of telehealth/telemedicine were seen as positive improvements to the system; expansion of this technology was emphasized.

5.0 Summary

The **Aboriginal Health Forum** provided an opportunity for exchanging information, building relationships and identifying some strategies for working together and improving communications.

There were a total of 58 evaluations collected at the end of the Forum (29% response rate). (See Appendix for details.) Respondents indicated the following:

- 63% (37 respondents) had an increased understanding of the LHIN and Aboriginal health issues, 13% (8 respondents) had a somewhat increased understanding, and 22% (13 respondents) indicated that they did not have an increased understanding.
- 66% (39 respondents) had enough opportunity to provide input at the Forum, 5% (4 respondents) had somewhat of an opportunity to provide input and 29% (17 respondents) indicated that they did not have an opportunity to provide input.

Participants on both days indicated that they liked the information sharing and the roundtable discussion/breakout groups; however the lack of time and lack of attendance by key participants were raised as concerns. Participants clearly indicated the need for more sessions, better/improved communication and more involvement from all levels within the Aboriginal communities.

The **Aboriginal Health Forum** provided an opportunity to listen and learn from each other and provided the North West LHIN with information that will assist in planning and addressing Aboriginal health care issues in future.

6.0 Next Steps

- The *Aboriginal Health Forum: Summary Report* will inform the North West LHIN as work proceeds with Aboriginal planning and the establishment of an Aboriginal Committee (Local Health Planning Entity).
- The North West LHIN will continue to work with and engage Aboriginal people in developing its Aboriginal Community Engagement Plan and addressing the health service needs of Aboriginal people in the Northwest.
- The North West LHIN will provide Aboriginal communities and organizations with information and updates regarding health care issues in the Northwest.
- The North West LHIN is committed to working with the Aboriginal Committee (Local Aboriginal Health Plan Entity⁸) once established to address Aboriginal health needs and priorities.

⁸ The draft regulation is suggesting that this now be called an Aboriginal Committee

7.0 Glossary of Abbreviations

AHAC	Aboriginal Health Access Centre
CCAC	Community Care Access Centre
CDPM	Chronic Disease Prevention and Management
CSS	Community Support Services
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FNIHB	First Nations and Inuit Health Branch
IHSP	Integrated Health Services Plan
KO	Keewaytinook Okimakanak
LAHPE	Local Aboriginal Health Planning Entity
LHIN	Local Health Integration Network
LHSIA	Local Health System Integration Act
MH&A	Mental Health and Addictions
MOHLTC	Ministry of Health and Long-Term Care
NAN	Nishnawbe Aski Nation
NIHB	Non Insured Health Benefits
NNADAP	National Native Alcohol and Drug Abuse Program
NOSM	Northern Ontario School of Medicine
PTO	Political Territory Organization
TBIFC	Thunder Bay Indian Friendship Centre

8.0 Appendices

- I Agenda
- II Roundtable Discussion Summaries
- III Aboriginal Health Forum: Evaluation Form and Summaries

APPENDIX I: Agenda

North West
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
du Nord-Ouest

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**Aboriginal Health Forum:
 Elements of Change**

Day 1
March 27, 2008
8:00 a.m. to 4:00 p.m. (Forum)
6:00 p.m. to 8:30 p.m. (Meet and Greet Reception and Dinner)
Victoria Inn, Regency Ball Room
Thunder Bay

AGENDA

8:00 a.m.	Breakfast and Registration
9:00 a.m.	Opening Ceremony - Elder
9:30 a.m.	Welcome and Introductions Ennis Fiddler, North West LHIN Board member, Forum Co-chair Judy Morrison, North West LHIN Board Member, Forum Co-chair Dr. John Whitfield, North West LHIN Board Chair
10:00 a.m.	North West LHIN Presentation Gwen DuBois-Wing, Chief Executive Officer Dr. John Whitfield, North West LHIN Board Chair
10:30 a.m.	Questions and Answers
11:00 a.m.	Refreshment Break
11:15 a.m.	Breakout/Group Discussion #1
12:00 p.m.	Lunch
1:00 p.m.	Breakout/Group Discussion #2 and #3
2:30 p.m.	Refreshment Break
2:45 p.m.	Group Discussion Report Back
3:30 p.m.	Closing Remarks Ennis Fiddler, North West LHIN Board member, Forum Co-chair Judy Morrison, North West LHIN Board member, Forum Co-chair
3:50 p.m.	Closing Prayer - Elder

Evening Session

6:00 p.m.	Meet and Greet Reception
6:30 p.m.	Dinner
7:30 p.m.	Keynote Speaker: Susan Aglukark

North West
LOCAL HEALTH INTEGRATION NETWORK
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du Nord-Ouest

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Aboriginal Health Forum: Elements of Change

Day 2
March 28, 2008
8:00 a.m. to 3:00 p.m.
Victoria Inn, Regency Ball Room
Thunder Bay

AGENDA

8:00 a.m.	Continental Breakfast and Registration
8:50 a.m.	Opening Prayer - Elder
9:00 a.m.	Welcome and Introductions Ennis Fiddler, North West LHIN Board member, Forum Co-chair Judy Morrison, North West LHIN Board Member, Forum Co-chair Dr. John Whitfield, North West LHIN Board Chair
9:15 a.m.	North West LHIN Presentation Gwen DuBois-Wing, Chief Executive Officer Dr. John Whitfield, North West LHIN Board Chair
9:45 a.m.	Questions and Answers
10:15 a.m.	Refreshment Break
10:30 a.m.	Review Breakout Discussion
10:40 a.m.	Breakout/Group Discussion #1
11:30 a.m. 12:00 p.m.	Lunch Courtney Jourdain presentation
12:30 p.m.	The Honourable Minister of Health and Long Term Care, George Smitherman (invited)

1:00 p.m.	Breakout/Group Discussion #2
2:00 p.m.	Group Discussion Report Back
2:30 p.m.	Closing Remarks Ennis Fiddler, North West LHIN Board member, Forum Co-chair Judy Morrison, North West LHIN Board member, Forum Co-chair Dr. John Whitfield, North West LHIN Board Chair
2:45 p.m.	Closing Ceremony - Elder
3:00 p.m.	Wrap Up and Evaluation

APPENDIX II: Roundtable Discussion Summaries

Day 1 Questions, March 27, 2008

The *Aboriginal Health Forum* participants were separated into the following discussion groups: Treaty 9, Robinson Superior Treaty, Urban, Métis and Treaty 3. Due to the small number of Métis participants they joined other groups. Three questions were posed to the groups, these were recorded and the following notes are from these small group roundtable discussions.

Treaty #9 Group

Question 1:

What is the best process to engage Aboriginal/First Nation people that:

a) Supports building relationships and mutual understanding?

- Collaboratively develop a protocol for Aboriginal community engagement.
- Conduct a needs assessment for each community to understand their health care needs.
- Provide information about the LHIN (what it does and will do, the goals and objectives re: Aboriginal peoples) and identify how the LHIN will benefit Aboriginal communities. This information should be clear, simple and translatable.
- Establish a process for Aboriginal people to access services in their own language.
- Include Aboriginal communities in the development, and implementation of health care planning (ensure Elders are consulted) – to gain support for the LHIN.
- Establish a plan for integration and enhancement of current (existing) programs and services – need a holistic approach.
- Identify amount of money available for working with First Nations.
- Identify leadership development in health care issues for Aboriginal people.
- LHIN needs to identify their expectations from First Nation communities.
- Mutual understanding of cultural differences and diversity is needed and a willingness by the LHIN to learn First Nation culture, and adapt itself accordingly.
- A communication system needs to exist that supports:
 - “health promotion”
 - information dissemination
 - accurate and current information.
- Aboriginal communities need easy contact information.

b) Provides opportunities for the future?

- Identify opportunities for jobs:
 - Jobs with the LHIN
 - Use of technology
 - e-Health
 - Telehealth/telemedicine.
- Community participation in decision making on things that may/will impact Aboriginal communities. There was a strong need expressed for First Nation input into design and implementation of programs and structures.
- Engage First Nation communities to gain understanding of needs and desires.
- Contact and build a relationship with the Health Director in each First Nation.

- Make community visits, for example: quarterly sharing sessions on reserves about the LHIN; on site visits with community members; provide workshops in communities; routine follow up meetings to address newly arising issues etc.
- Translate written materials to ensure they are accessible; recognize the need to include multiple dialects.
- Use radio for education (e.g. Wawatay – programs can be available in both languages)
- Include more First Nation input into designing of programs so that the guidelines suit the needs of First Nations people.
- Expand cultural awareness to build acceptance and mutual respect within the healthcare sector.
- Maintain ongoing communication (i.e. email, newsletters); provide information about the LHIN: LHIN mandate, how it was developed; current and future activities.
- Include Aboriginal participants in educational opportunities, such as:
 - Workshops/training
 - Adult education
 - Leadership skills
 - Survival skills
- Reduce automated services (machine talks for a person, no room to answer or input) and identify designated LHIN contact people who can be easily accessed by the First Nations.
- Expanded Aboriginal participation and voices on health boards and committees.
- Expand health services closer to home (e.g. Dialysis appointments - people get lonely and give up or don't go).
- Expand community engagement to northern and remote communities; only the communities along the highway have been visited to date.
- Expand use of videoconferencing, and telehealth/telemedicine.
- There is a need to educate other service providers re: Aboriginal issues and culture.
- Focus on prevention.
- More political involvement is needed (i.e. Chief and council).

Question 2:

As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to:

a) Create linkages and collaborative approaches?

- Work together to improve/expand existing programs/services:
 - Use technology
 - Training opportunities
 - Linkages with education (work with Elders)
 - Early recruitment
 - Train own health professionals
 - Collaborative approaches.
- Implement pilot projects to address health/chronic diseases/issues:
 - If policies and projects are successful – need to continue funding
 - Gain LHIN support in accessing capital money
- Identify a contact person in each community
- Work with Tribal Councils

b) Promote partnerships?

- Aboriginal communities need to a better understanding how “MOHLTC” and the provincial system work.
- Need mutual understanding of how things work in First Nation communities.
- There is a “hierarchy” within Aboriginal communities for funded health programs: Political Territorial Organizations → Tribal Councils → First Nations: impacts funding at the community level.
- LHIN needs to be visible in the community; need to visit First Nation communities, do radio shows etc., and need to meet with front line workers.
- Focus on the positive – what services exist and what is working well; need to share success stories.
- Making self (as leader) available to attend meetings to bring forth First Nation concerns and to collect information to bring back to First Nation.

c) Work with the broader health care system within the North West LHIN?

- Develop a process between federal and provincial regarding patient travel to address:
 - Patient escorts
 - Translating services
- Ensure that northern patients have the same quality of care as southern counterparts.
- Train more Aboriginal people in mental health and addictions; there is a need for more mental health therapists.
- Need a patient navigator (to walk Aboriginal clients and their families through the system); need to learn how to navigate the health system.
- Advocate for more Aboriginal members on boards, committees, etc.
- Develop strong linkages using:
 - Websites/internet
 - Local organizations
 - Other First Nations
- Work with other First Nations to build good relationships, share information and involve all members of the community including Elders and the youth.
- Community engagement with First Nation should include a holistic approach, presentations to Tribal Councils, etc.
- Insert Aboriginal language into all areas of LHINs, translation, home care, elderly care, dialysis mobility (ambulatory care services)
- Include Aboriginal advice to the LHIN on a ongoing basis
- No support system in urban centres for First Nation members who require long stays; there should be one Aboriginal person to help with translation, transportation, filling out forms, etc.
- Education of health providers that not only dialysis patients require long term care, even those who have arthritis need help.
- Improved access to Anishnawbe Mushkiki required - always booked.
- Patient education required that is Aboriginal orientated prior to discharge or before transfer to an urban centre.
- Improved referral services needed, i.e. NIHB will not cover appointments in Manitoba and there is limited translation services in local centres, so many cancel their appointments.
- Need improved information re: roles and responsibilities i.e. LHIN and FNHIB.

- Have to collaborate more; First Nation could develop a process to initiate this process
- Have joint engagement with provincial and federal representatives? (This can be influenced though Aboriginal community leadership)
- LHIN, First Nation, hospitals and staff should be educated on Native/cultural Issues.

Question 3:

How can we establish open and ongoing communication?

a) What can Aboriginal/First Nations do?

- Establish a local LHIN contact person.
- Understand the LHIN and provincial health structure for decision making.
- Host community meetings and provide access to the community.
- Invite the LHIN to Tribal Council/District meetings
- Use local facilities to host educate sessions e.g. meeting rooms, radio, etc.
- Participate in ongoing LHIN community engagement activities.
- Work collaboratively with the LHIN to implement the 3 Ds in health planning:
 - Design
 - Develop
 - Deliver

b) What can the North West LHIN do?

- LHIN needs to be flexible and transparent in meeting the needs of First Nation communities.
- LHIN needs to be respectful of First Nation culture and traditional approaches.
- Invite First Nation/Aboriginal groups to attend meetings and ongoing community engagement sessions.
- Translate materials appropriately.
- Provide First Nations with information about programs/services.
- Expand telehealth/telemedicine services and programs.
- Use technology to enhance communication e.g. videoconferencing, email, website.
- Provide training/funding opportunities for First Nations communities.

c) How can we use technology (more) effectively?

- Expand telehealth/telemedicine.
- Implement strategies to reduce the language barrier and address the different dialects e.g. translation services, interpretor services.
- Provide escorts for Elders.
- Gather support from First Nation by Band Chief and Council - from community and letter from Health Director.
- Address service gaps such as speech therapy.
- Each community should have at least one expert re: the LHIN
- First Nation communities need more Internet use; online training for health staff needed.
- LHIN website - make it easy and user friendly, with easier access to LHIN health reports.
- Better coordinated calendars so they don't overlap with Matawa, NAN, other Aboriginal agencies, and Ministries.
- First Nations need training to help fill future vacant health positions.

Robinson Superior Treaty Group

Question 1:

What is the best process to engage Aboriginal/First Nation people that:

- a) Supports building relationships and mutual understanding?**
- b) Provides opportunities for the future?**
 - LHIN and Aboriginal community linkages are a “two-way street” there needs to be a better way for the LHIN to contact and be informed about Aboriginal people, our programs, initiatives, historical context and background.
 - We need more staff who are Aboriginal – the LHIN also needs more staff who are Aboriginal.
 - Urban agencies and their workers need to know about the life on the reserve – not being aware of this environment will not help those without the reserve community background.
 - Elders need to be asked how they will receive care in their later years – appropriate care is key to the dignity in the lives of our Elders.

Question 2:

As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to:

- a) Create linkages and collaborative approaches?**
- b) Promote partnerships?**
- c) Work with the broader health care system within the North West LHIN?**
 - No comments documented

Question 3:

How can we establish open and ongoing communication?

- a) What can Aboriginal/First Nations do?**
- b) What can the North West LHIN do?**
- c) How can we use technology (more) effectively?**
 - Need to build skills in the communities i.e. Fishing.
 - We have to talk and get together as Aboriginal people, have common messaging – not separate and segregate.
 - Indian Friendship Centres serve community members and do not differentiate between people; this is a strength to build on.
 - We need to create a joint process for us to talk.
 - Need to create capacity in communities.
 - We need more technology – there are some places with no access.
 - Use technology to deliver services at home in communities.
- d) What can the LHIN provide or do better?**
 - Demonstrate a desire to communicate.
 - Demonstrate commitment to working together.
 - Continue to include Aboriginals in community engagement.

Urban Group

Question 1:

What is the best process to engage Aboriginal/First Nation people that:

a) Supports building relationships and mutual understanding?

b) Provides opportunities for the future?

- The building of healthy relationships is “after the fact” as the LHIN plan has already been made.
- What is “meaningful engagement” if we are going to build relationships?
- Hold smaller meaningful meetings, we need to share information across all groups and communities – we need to know what each other is doing.
- Create linkages between communities i.e. northern, remote and urban Aboriginal peoples.
- Build networks and collaboration among all Aboriginal people, this is needed due to the shortage of resources for our work.
- There appears to be limited knowledge and awareness of Aboriginal people within the LHIN, and in Ontario. This must be done... create awareness and dialogue around services.
- Ontario is last province to create an integrated model – hospitals have tended to receive most of the funds – now with the LHIN we are moving towards community based delivery models. How do we influence where and how money from the province will be spend? Perhaps the LAHPE model.
- Develop a full continuum of care – there is no coordination between rural, remote First Nation communities and the urban Aboriginal community.
- Assessments are not appropriate, they are often culturally irrelevant and in tenure of Aboriginal communities this is totally inappropriate.
- Protocols need to be created but these are only as good as the people who are in control (at the top) and whether they are followed. All parties need to agree.
- Non-Aboriginal people don’t understand Treaty rights and constitutional status of Aboriginal people – in terms of health services of our people. More education is needed for health service providers.
- There is a lack of understanding of roles and responsibilities and how federal and provincial jurisdictions connect regarding health care delivery e.g. FNIHB, LHIN, MOHLTC etc.
- Traditional foods are an integral issue to all health care.
- There is a need to “mend fences” on the part of LHINs. How does the LHIN explain its role and how it impacts local communities?
- LHINs have a negative image – there is a need for improved communication and information sharing; come and talk to us.

Question 2:

As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to:

a) Create linkages and collaborative approaches?

b) Promote partnerships?

c) Work with the broader health care system within the North West LHIN?

- Create linkages with other LHINs – coordinate with other Aboriginal groups across Ontario and Canada.
- Need to learn about other models, best practices, and/or pilot projects.
- We need to understand the LHIN process, especially its financial elements.

- Need to learn and understand how LHINs partner with various Aboriginal programs underway, for example: those offered by Indian Friendship Centres.
- Create linkages based on principles with and by Aboriginal people.
- We already have an Aboriginal Urban infrastructure. The LHIN needs to understand and connect with these urban resources that have been created.
- Aboriginal people leave the reserve for education and/or work. These people remain on the band list and are without resources. Key partners in cities are Aboriginal Health Centres – collaboration is needed across communities and organizations to address health needs for this population.
- Aboriginal programs that are established and are successful – should not be replaced – they need to continue (e.g. those funded through the Indian Friendship Centres).
- Privatization of health care is a frightening prospect for Aboriginal communities.

Question 3:

How can we establish open and ongoing communication?

a) What can Aboriginal/First Nations do?

b) What can the North West LHIN do?

c) How can we use technology (more) effectively?

- Mutual understanding of each other.
- Continue with Forums like today in order to build trust.
- Include Aboriginal people in making recommendations re: policies.
- Include PTOs in the consultation and community engagement process.
- Include traditional process and participation.
- LHIN will need to get direction/knowledge re: traditional and cultural issues.
- Aboriginal communities need on-going training.
- Need videoconferencing on all First Nations communities.
- First Nations need money for support and need computers.
- Use technology (i.e. videoconferencing) to access doctors.

Treaty #3 Group

Question 1:

What is the best process to engage Aboriginal/First Nation people that:

a) Supports building relationships and mutual understanding?

- LHIN representatives need to come into individual communities.
- Provide information on what funding the LHIN provides to the Aboriginal communities.
- Develop mutual understanding of First Nation/LHIN protocol and processes (e.g. INAC Funding).
- Knowledge and education re: literature and information about First Nation engagement needed.
- Need a better understanding of what LAHPE means for First Nation people & LHIN relationships.
- More First Nation representation on board.
- Need funding for healing centres and youth/Elders.
- Need information/understanding of what services the LHIN provides on/off reserve.
- LHIN cultural training is mandatory.

b) Provide opportunities for the future?

- Aboriginal Health Directors can share directions and information from individual communities with the LHIN.
- Need to identify specific services and where they are located to help with planning.
- Understanding of funding and what is available e.g. wage parity, staff parity (client case loads), healing centres, and programs for youth and Elders etc.
- First Nation projects/proposals should have First Nation committees.
- Need to follow OCAP (Ontario Coalition Against Poverty) principles.

Question 2:

As Aboriginal/First Nation leaders, how do you see yourselves working with the LHIN to:

a) Create linkages and collaborative approaches?

b) Promote partnerships?

c) Work with the broader health care system within the North West LHIN?

- LHIN to work together with the hospital board to increase Aboriginal Awareness/Voice.
- Aboriginal leaders need to get into action and commit to action.
- What Aboriginal information that has been provided to the LHIN and the province.
- Forecast future health issues facing our Aboriginal communities.
- Need for common training across communities.
- Traditional healing as an essential service is needed from health service providers.
- Cultural training for non-natives/LHIN workers is needed to improve health outcomes for Aboriginal people.
- Enhanced use of the internet will improve connections and information sharing among providers and between Aboriginal communities and the LHIN.
- Regularly schedule forums, work with Tribal Councils to fit with their agendas.
- LHIN and Aboriginal communities and the broader health care system need to work as one.
- Can we review LAHPE document? Did the 3 southern chiefs decide this document for all of Northern Ontario First Nations? Can we table LAHPE document for First Nation review? This consultation was not consultation section 3S, should consultation be as another level – (PTO) Chiefs assembly?
- Need to have an understanding and work together on First Nation projects.
- Aboriginal groups would be willing to contribute money and resources for projects.

Question 3:

How can we establish open and ongoing communication?

a) What can Aboriginal/First Nations do?

b) What can the North West LHIN do?

c) How can we use technology (more) effectively?

- Need more forums such as this to share information, and develop mutual understanding of each other.

- Send a team to come and visit out communities and help develop an understanding of our needs.
- Need to update community needs assessment through our communities i.e. survey.
- Collaborate together in policy format, include Aboriginal people when making recommendations to policies.
- More communication with community health directors/CHR's and nurse practitioners to understand our health issues.
- Respect our governance structure
 - Treaty Rights #1
 - Jurisdictional issues
- Expanded mental health and addiction services for youth needed:
 - Cultural approaches to solving the problem
 - Youth need to know their identity
- Integration of Personal Support Worker and Homemaker to improve services
 - There is a competition and homemaker is not trained clinically
- Lack of specialized services for First Nation; use of technology could enhance services to communities ie. psychiatric services.
- Growing drug problem on First Nation reserves – need for comprehensive programs to address these problems (Refer to mental health assessment done of Treaty #3 in 2005).
- Include PTO's in the consultation and community engagement process.
- Recognize and incorporate traditional processes and participation.
- LHINs will need to get information and direction to address traditional and cultural issues.
- Expand videoconferencing to all First Nation communities.
- Funding needed for community supports.
- Need computers.
- Expand access to doctors using videoconferencing.
- Use videoconferencing for education e.g. show the disease - what diabetes does to the body.

Day 2 Questions, March 28, 2008

The *Aboriginal Health Forum* participants were asked to choose two themes from the following list:

- Access to Care
- Mental Health and Addictions (MH&A)
- Primary Care
- Chronic Disease Prevention and Management (CDPM)
- Senior Services (Elder Care)
- Partnerships/Linkages with the Broader Health System
- Integration Opportunities
- Speciality Services

Two roundtable discussion sessions were held on day two and participants attended sessions based on their theme choice, questions were asked related to each theme, responses were recorded and notes from these small group discussions are presented below.

It should be noted that no participants attended the sessions on Primary Care; as a result no notes were recorded.

Access to Care

Question 1:

What is working well that supports/provides access to care for Aboriginal people?

- Telehealth/Telemedicine
- Aboriginal Advocates
- NOSM – Northern Ontario School of Medicine
- Aboriginal Health Access Centers
- Home visits & home care
- CCAC (community care access centre)
- FNIHB
- Partnerships
- Nursing stations

Question 2:

What needs are not being met?

- High cost of living
- Not enough funding to provide comprehensive care
- Lack of understanding of the impact of geography and distance
- Lack of networking between Aboriginal groups and the broader health system
- Limited or lack of specialized services (High cost for specialist \$1000/day)
- Lack of or limited diagnostic services
- Language barriers, lack of translation and interpreter services
- Lack of understanding of Aboriginal culture and tradition
- Lack of access to healthy food (esp. in northern and remote communities)
- Lack of understanding of the Aboriginal definition of holistic

Question 3:

What are some opportunities to improve access to care services?

- Improve technology i.e. telehealth/telemedicine - implement on all First Nations and with First Nation organizations.
- Requirement of additional health professional; opportunities through Lakehead University, Confederation College and the NOSM continuing education program.
- Need for increased funding to existing programs.

Question 4:

What partnerships or linkages are needed with the broader health care system to improve the organization and delivery of services?

- Identify needed networks, partnerships and/or linkages.

Mental Health and Addictions

Question 1:

a) What is in place and working well that support/provides mental health and addiction services for Aboriginal people?

- Community based programs provides prevention and intervention addiction services
- Community counseling programs
- Short term
- O.W.N. (Our Way Now), family violence program
- Morning Star Detox
- Substance Abuse Treatment Centres
- TLC (training & learning centre for Youth)
- Nothing
- Programs:
 - NNADAP
 - NODIN Counselling
- TBAY Mental health workers (2) – adults (2) serious mental health issues
- Methadone programs – Dryden, Kenora, Thunder Bay
- Métis – video conferencing mental health - Kenora, Dryden, Thunder Bay
- Visiting psychiatrist
- 2 mental health workers – 1 week per month in Kingfisher Lake
- Mental health counselor from NODIN
- Thunder Bay AHAC Life skills, anger management, violence prevention, etc.
- Elders and traditional healer
- Cultural teachings

Question 2:

What are some unmet needs?

- Programs for youth and adults with suicidal behaviours
- Facilities for youth with addictions
- Lack of coordination for services
- Separation of adult and children (mental health services)
- Lack of services for mental health services for children
- Detoxification programs for adolescents
- Lack of funding and under funding (e.g. Wages: town vs. reserve)
- Understaffing – location/accessibility

- Lack of resources - detox centre for oxycotin/percodan
- Silo thinking programs
- Accessibility issues with traditional healing
- Training for program coordinator
- Aftercare – lack of support in community
- Prescription drugs – no facilities to support
- Mental health problems the treatment centres sometimes won't take them due to medication
- Treatment stays are not long enough some non-status and Métis clients are not accepted due to not being under FNIHB
- No support for Aboriginal women that want treatment
- Not enough treatment centres in Ontario
- Women are forced to put children in foster care
- Need family treatment centres
- Not enough funding for First Nations travel – FNIHB won't cover all expenses – First Nations ends up in deficit for education component for treatment centres ex: prescriptions need to be educated on disorders
- Reintegration after care program
- Mental health gap for youth 16 to 18 years of age; no programs
- Too many waiting lists
- Children – not enough or non-existent service
- Family support services for all members
- Government needs to work together (feds and province)

Question 3:

What are some opportunities to improve mental health and addiction services for Aboriginal people?

- More funding
 - Program delivery
 - For clients i.e. transportation, escorts
- Elders traditional practices
- Policy review – change to empower communities
- Improve access to specialized help (i.e. psychiatric assessments)
- Address doctor prescription writing (Oxycotin) make accountable
- Change perceptions, address stigma issues with mental health
- Address (holistic) approach to medical care
- Training for front line workers for after care and family support

Question 4:

What partnerships or linkages are needed with the broader health care system to improve the organization and delivery of these services?

- Provide health forums for all mental health and addictions service providers to create networking
- Get medical professional educated with regard to linkages exist and how to use them e.g. Telehealth
- Examine medical process
- Withdrawal management services better linked to reduce wait times and open beds
- Need to look at community need
- Drop the restrictions & take a real look at what the community is doing and needs

Primary Care

No participants attended this session; no comments recorded.

Chronic Disease Prevention Management

Question 1:

What is in place and working well that supports/provides chronic disease prevention and management services for Aboriginal people?

- Aboriginal Health Access Centres (need additional supports to meet growing needs)
- KO telehealth/telemedicine
 - Tele-rehab
 - Telehomecare - pilot could be expanded
 - Staff supported to do general care; require additional resources
 - Tele-visitation provides social connectedness
 - Telepsychiatry to meet mental health needs
 - Tele-pathology for disease management
- Palliative care program for Aboriginal people via Telehealth
- Education for front-line staff
- Chiroprapist at Access Centre (however 6 month wait)
- Advanced foot care nurse
- Culturally appropriate healthy lifestyle promotion and culturally appropriate care – through Aboriginal programs
- Community kitchens/life skills training (MH & A)
- Aboriginal diabetes initiative -Yellow Quill College
- Foot care in communities through the Diabetes Day program
- Aboriginal diabetes programs and Diabetes Day Program
- Seniors get together – nutrition bingo (health teaching and socialization)
- Meno Ya Win Health Centre – doing some Telehealth education re: chronic disease and staff education
- Early screening
- Aboriginal Health Access Centres (3) Fort Frances, Kenora, Thunder Bay: do early screening, prevention programs, patient education etc.
- Mobile services (e.g. Mobile Eye Van, Breast Screening Van – need to expand services to travel to remote northern communities)
- Interpreter services (i.e. Meno Ya Win Health Centre program)
- Culturally appropriate care in some centres/programs – uses a team model

Question 2:

What are some unmet needs?

- Need for advanced foot care training in Aboriginal communities
- Respite care in Aboriginal communities
- Gaps in services exist with rehabilitation services: Occupational Therapy (OT), Physiotherapy (PT), speech and language in Thunder Bay and no services in many northern remote communities
- Potential for expansion of telehomecare
- Gap in hands on training for front line workers in remote communities (e.g. rehabilitation, foot care)
- Lack of knowledge how remote communities fit with Sioux Lookout Plan, information required re: who is responsible and how this links with LHIN planning.
- Expansion of services identified through Healthy Babies, Healthy Children program

- No continuum of care between remote communities – long waits, people are falling between the cracks
- Access to physician services in remote communities is a concern
- Patient safety related to management of chronic conditions especially related to medication management
- Need for cultural competence for health service providers, they need to understand the health needs from the client experience
- Interpretive Services - must ensure this is adequate to meet needs of communities (Confederation College is doing some training for medical interpreters)
- Need for more Aboriginal health care workers – to reflect the population being served
- Improve communication for transferred clients needed especially when clients are transferred from nursing stations to hospital
- Access to affordable foot care needed for diabetics especially those who are at risk – often it is not affordable
- Expansion of services at the Aboriginal Health Access Centres needed and improved access to culturally appropriate care though out Northwestern Ontario is also needed
- Improved access to services (e.g. specialists, specialized services, diagnostics, rehabilitation services, home care in some communities)
- Health human resources (e.g. training, pay equity, incentives to stay, etc.)
- Need to expand telehealth/telemedicine through KO Telemedicine

Question 3:

a) What are some opportunities to improve chronic disease prevention and management services for Aboriginal people?

- Need Aboriginal navigators to help people relocate or to receive health services
- Support clients when they come to urban centres
- Aboriginal Health Access Centres (3) serve a large population – potential for this model to be expanded and enhanced
- Northern hubs to manage chronic illness (more culturally appropriate) need a physical plant!
- Provide self management programs available to people in language that works for them i.e. Moving on after stroke – self management through telehealth
- Training volunteers to help fill the need for families/caregivers
- Support people with non-health specific issues
- Ensure the adequate non-health supports are in place for effective self-management (i.e. transportation)
- Expand /enhance programs to meet growing needs ie. At the Friendship Centres, Métis Centre etc.
- Expand programs/services to include primary prevention model

Question 4:

What partnerships or linkages are needed with the broader health care system to improve the organization and delivery of services?

- Health needs to look beyond partner and other ministries and consider social determinants of health – programs like “Healthy Living Food boxes” need to be supported
- Connect to other areas/ministries – education
- Use KO telemedicine – valuable link for disease specific networks:
 - Cancer
 - Diabetes
 - Stroke
- Identify and create partnerships that impact chronic disease management and precaution
- Establish linkages and maintain contact with Aboriginal organization providing various services – supports a continuum of care
- Build on models such as Aboriginal cancer care (smaller versions of regional programs might be established in remote communities)
- Give resources to communities to develop and maintain their own programs

Senior Services (Elder Care)

Question 1:

What is in place and working well that supports/provides Senior Services/Elder Care for Aboriginal people?

- Friendship Centre
 - Life Long care
 - Transportation
 - Security checks
 - Congregate Dining
 - Caregiver support
 - Adult day
 - Aboriginal support services
 - Life skills
 - Home maintenance outreach
- Métis Nation of Ontario – long term care
- Education sessions
 - Diabetes
 - Foot care
 - Nutrition
- Home and community care
- Many people on First Nations not aware of available services
 - Need someone 24/7 to inform
 - Lack of LTC on reserve
 - No supports
- Tele-visitation (link those receiving care off reserve with community and family)
- Anishnawbe Mushkiki (Thunder Bay) primary health /culturally appropriate
- Robinson/Superior
 - Home and Community Care services for 9 communities
- Health Access Centres
 - N.P. clinics including seniors
 - 3 in North West LHIN (Kenora, Fort Frances and Thunder Bay)

- Home Maintenance program (Kenora Chiefs Advisory)
- Key point: What little we have is working, don't take it away; Build on it.
- Extended family
- Respite care - home and community care

Question 2:

What are some of the unmet needs?

- Require medical escorts for elderly
- Translation/friendly visits (24/7)
- Meals on wheels
- Aboriginal long term care – Aboriginal wing
- Elders complex – (small on reserve/larger facility in Thunder Bay)
- Include family/community in Elder Care
- Home visits – by physicians “house calls”
- Ideal for Elders:
 - continuum of care
 - home and community services
 - meals assistance
 - community based nursing care and community services, supportive housing
 - case management
 - specialized equipment (ramps/lifts, handrails)
 - respite, long-term care
 - physician/Nursing station support
 - pharmacy and medication support
 - transportation
 - telemedicine
 - Elder abuse (awareness and assistance)
 - qualified workers – competitive salaries and benefits
 - end of life services (\$ for appropriate burial)
- Supports for Elders living in urban areas (high costs)
- Transportation (local & specialized)
- “Do not model after the system as it stands now”
- Most Elders will not ask for help for fear of having to leave their home
- Inclusive community/family
- Assessment tools being used not effective for Aboriginal people
- Own homemaking & home support services (Not CCAC model/criteria)
- A lot of seniors are looking after grandchildren; they need support
- Protection re: Elder abuse (drugs/pension/physical issues)
- Massive and growing service needs – we know what we want and need required money to service Elders (need PARITY)

Question 3:

What are some opportunities to improve Senior Services/Elder Care for Aboriginal people?

- Improve follow-up care
- Linking seniors across communities
- Telemedicine/telehealth
- Expand existing programs (takes pressure off existing mainstream services)
- Improve communication of services provided/available
- Partnerships off/on reserve
- Cross cultural training

- Use existing information/data for planning and proposals
- Technology:
 - For follow up care
 - Linking seniors across communities
- KO Telemedicine
 - Telehealth
- Need clarification re: jurisdiction (existing treaties)
- Improve/better communication amongst services to support not compete
- Not to reinvent the wheel – improve what is out there
- Own LHIN Aboriginal working group
- Paying family members to provide care
- Use data for programs planning/proposals

Question 4:

What partnerships or linkages are needed with the broader health care system to improve the delivery of these services?

- Hospitals have to be more culturally aware of requirements of Aboriginal people and have access to culturally appropriate services
- Improve communication with organizations such as CCAC
- More sharing of what services available where... to ensure needs are being met
- Need an Aboriginal liaison services (system navigator) speaks the language and knows the system (own authority - not a hospital staff person)

Partnerships/Linkages with the Broader Health System

Question 1:

What is in place and working well that supports/provides partnerships and linkages with the broader health care system?

- Lifelong Care Program (TBIFC)
 - Works with Seniors
 - Support services
 - Partnership with Community Care Access Centre
- Alcohol/Drug Working Program
- Health Outreach Workers
- Dilico
 - Service Provider
 - Home and Community Care
 - Nursing
 - Partnership with VON, Bayshore
- Cancer Society
- Prevention Advocacy
 - Environment
 - Anti-smoking
 - Anti-pesticide
- Partner Regional Sciences Centre
- Community service Provider
 - Volunteer across province “peer support”
 - Quit smoking campaign

Question 2:

What are some unmet needs?

i) Health Unit:

- Even though we have our district Health Unit, it cannot provide services/care to First Nation within district properly i.e. “TB” care
- Big gaps exist

ii) First Nation Bands:

- Medical services does not pay for other services - these can fall on shoulders of individual bands
- No such thing as “emergency” support
- N.W. Health Unit Pilot project – federal funded
- Deficit created because you don’t want to send anyone away who needs care
- Lack of health care professionals within community
 - Leads to lack of linkages/partnerships
- No process setup to follow for linking with First Nation communities

iii) Communication between health providers and First Nation communities must be addressed - perhaps through a conference devoted to it.

iv) Politics/Leaders create huge barrier to ideas/needs because jurisdiction etc. Health Canada and the Province

- Co-coordinator/cooperation between the two
- Huge! This linkage needs to be addressed.

Question 3:

What are some opportunities to improve the partnerships and linkages with the broader health care system?

- (Positive Example) Remote Diagnostics – hearing – diagnosing children from Federal/Provincial - what can we do?
- We could provide cost saving solutions to open doors of communication
- Who do we talk to?
- There has to be programs/support in place so people/front line to help make change to health practice
- Need to identify certain “needs” in communities more clearly
- Savings \$ down the road would mean less sick people, less health care costs if supports/training
- Communication needs to be better; education, linkages/partnerships can help to create long-term sustainability
- More linkages with Aboriginal groups delivering services i.e. diabetes, engage First Nations – approach of delivery is key*
- Each community has unique needs
 - Bottom of bucket feelings happen with lack of funding
- Different funding base than just population based for the far north no access to CCAC services
 - remote communities via teleconference

- Priority with LHINs – Aging in the home
 - Add onto component of life long care
 - Build on, NOT start a new initiative
- Aboriginal Health Care (Thunder Bay)
- Partnership/connection for youth
 - In place now – CAP “C”, Métis Services
- No services like Aboriginal Healthy Babies Healthy Children
- “Akwe:go” program support 7-11 – TBIFC (Thunder Bay Indian Friendship Centre)
 - Prevention supports
 - Work with schools as well
- Needs to be more services for children/youth – health problems will follow
- Supports to the Caregiver

Question 4:

What partnerships or linkages are needed and/pr could be established with the broader health care system to improve the organization and delivery of Aboriginal health care services?

- Cap “C” Métis Services
- Aboriginal Healthy Baby Program needs to be implemented
- Require more services for children/youth – other health problems will follow as they age if not addressed
- Support for the caregiver

Integration Opportunities

Question 1:

What is in place and working well that supports integration opportunities for the delivery of health care services for Aboriginal people?

- Early Childhood Development
- Healthy Babies Health Children
 - Opportunity to combine above
- FAE/FAS Programs
 - Fetal Alcohol Effects
 - Fetal Alcohol Syndrome
- Improved “traditional healing” opportunities
- Integration of medical and traditional opportunities (Meno Ya Win Health Centre) - Aboriginal component is included at all levels, all programs
- Aboriginal Health Policy
- Aboriginal Healing and Wellness Program

Question 2:

What integration services are currently in place?

- Services targeting the same demographics with the same mandate should be integrated!
- Reduce duplication and the overlap of services and programs
- Need to maximize existing services

Question 3:

What integration opportunities can be implemented in the future to improve health care services for Aboriginal people?

- Combine services i.e. Healthy Babies/Early Childhood Development programs
- Combine fetal alcohol effect syndrome programs for communities
- Improve traditional healing, integration of medical and traditional healing

Question 4:

What barriers exist that prevent integration, partnerships or linkages to occur?

- *no comments recorded*

Specialty Services

Question 1:

What is in place and working well that supports/provides specialty services for Aboriginal people?

- Local Hospitals
 - Provide some services for example:
 - X-rays
 - Lab
 - Telehealth
- On reserve transportation
- Workers in community
 - Case conferences
 - Referrals
 - Know the process & system
- NIHB program
- Anishnawbe Mushkiki Health Access Centre

Question 2:

What are some unmet needs?

- Home dialysis – have to leave community for Northern Ontario
- Waiting period to see specialist
- Family doctors
- Nurse practitioners
- Not enough focus on prevention
- NIHB program
 - Limited
 - Cutbacks
- Long term care
 - In homes
- Midwifery in Northern isolated communities
- Language barriers

Question 3:

What are some opportunities to improve the speciality services for Aboriginal people?

- Advancement in technology at
 - Community level
 - Local hospitals
- More staff training
- Preliminary diagnosis
- Education prevention- cancer care Ontario programs
- Training education, colonoscopies, smoking cessation
- Speech/language assessments for children
- FASD assessments – high psychiatry
- Mental health assessments
- Chiroprody
- Orthotics
- Foot care nurses trained
- Nurses trained in diabetes education
- Dieticians (Anishinabe food promotion)
- Occupational health assessors travelling the north
- Elders programs/transportation
- Supportive care training and accommodation in communities (supportive housing)
- Supportive services and human resources and resources
- Funding transportation – handicapped
- Accessible housing
- Stroke rehab support
- Brain injury support

Question 4:

What partnerships or linkages are needed with the broader health care system to improve the organization and delivery of speciality services?

- Money for medical services (Health Canada)
- Aboriginal LHIN working group

APPENDIX III: Aboriginal Health Forum: Evaluation Summaries

Aboriginal Health Forum

Elements of Change

Evaluation Form Summaries

Day 1 - March 27, 2008

28 Responses

1. Did the session provide you with an increased understanding of the North West Local Health Integration Network?

Yes (18) Somewhat (4) No (6)

2. Did you have enough opportunity to provide input at the Aboriginal Health Forum?

Yes (19) No (9)

3. What did you like best about the session?

- Opportunity to learn about the LHIN, meet new people and network.
- The discussion groups, interacting with community members, hearing Elders speak, dinner, laughter, fun!
- Good information sharing, connecting with many communities, and an opportunity to begin the process of working together.
- Pens, food, blue bag, opportunity to be heard and hopefully result in action.
- The diversity (urban, remote areas) translation available, breakout sessions were good, the entertainment, venue was ideal, met new people (really liked the delegate list).
- Métis break out group; seemed the only time for our voice to be heard.
- Hearing the views and opinions and advice from each other.
- That our leadership was invited and were heard!
- The opportunity to share concerns about Aboriginal health needs.

4. What did you like least about the session?

- Lack of commitment/responses from the board to address specific issues; need more dialogue in this area.
- Still need to learn more about one another: this forum was a good beginning.
- The non-native facilitators were unaware of our culture, organizational structures, communities etc.
- Uncertainty of the political will from Tribal Councils and First Nation Councils.
- Lack of question period with the Minister of Health.
- Venue concerns: breakfast, lack of room availability.

5. How could we improve the sessions in the future?

- More forums, and more community engagement sessions.
- Improve communications re: LHIN conferences, meetings and other events.
- Continue to engage Aboriginal people and communities - we all have different priorities; we need to co-exist and work together.
- Use more First Nation facilitators
- Provide more explanation/information about the LHIN, its purpose, mandate etc.
- Encourage more feedback from participants.
- Visit individual community and provide mini sessions to the leadership and health teams.
- Add more sessions with the Chiefs and their communities, Urban, First Nations, Métis Nations for full understanding of the LHIN and ensure more involvement from the community level.

Aboriginal Health Forum

Elements of Change

Evaluation Form

Day 2 - March 28, 2008

30 Responses

1. Did the session provide you with an increased understanding of the North West Local Health Integration Network?

Yes (19) Somewhat (4) No (7)

2. Did you have enough opportunity to provide input at the Aboriginal Health Forum?

Yes (19) Somewhat (3) No (8)

3. What did you like best about the session?

- Breakout sessions, reporting back; the vast wisdom and experience of our First Nation professionals, ability to interact with others.
- Learning about other community's challenges and how they meet them and networking with other Health professionals and community leaders.
- Venue, entertainment, yummy food.
- The info sharing by directors of the board, and the Minister's speech.
- Well, it's a start – good that Smitherman came – entertainment awesome – breakout sessions interesting – very well organized.
- The openness of people to listen.
- Issues were becoming clearer – never enough time.
- The needs of the communities out weigh existing services and funding; need to work together – this was a great beginning to work together.

4. What did you like least about the session?

- No opportunity to ask Minister Smitherman questions.
- Wanted to hear more about the LHIN plans.
- The reporting in large group – maybe too late in day but I didn't find it helpful to summarize group discussions.
- Could we have an update of previous day's highlights for those only attending Day 2.
- A lot of people left, no attendance was taken, they do this at most gatherings.
- Wanted to attend all the breakout sessions: all sounded interesting and relevant.
- Strong focus on First Nation: need to include Métis and Inuit in discussions as well as those who are off reserve.
- Not much attention paid to traditions/customs of our population.

5. How could we improve the sessions in the future?

- More sessions like this in future; visit each community and Treaty areas for further discussions.
- Keep staff and front line workers informed of LHIN events.
- Appreciated the minister's visit – goes to credibility of this forum; a question and answer period with the Minister would have been appreciated.
- Visit communities/meet people and N.A.N district 49 communities and more?
- More time for feedback from participants.
- It was very well run. No comments on improving the session.
- Include the Métis! Have a Métis Elder, entertainment, include us in the info you put out i.e: map of Métis settlements, etc.
- All of the sessions should have been divided into equal groups; it's too bad that one or two sessions had no people attend.