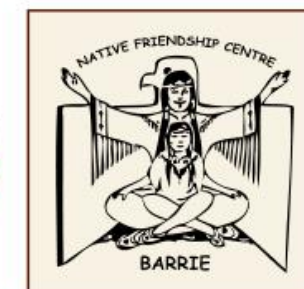


Métis Nation of Ontario



Centre de santé communautaire
CHIGAMIK
Community Health Centre



ABORIGINAL HEALTH CIRCLE

A YEAR IN REVIEW



ABORIGINAL HEALTH CIRCLE & LHIN BOUNDARY



As the Patient's First Legislation is being implemented, the NSM LHIN is establishing 5 sub-regions to better plan, coordinate and deliver health care.

These five regions are:

Barrie
Collingwood
Midland
Orillia
Muskoka

It will be important for First Nation and Métis communities to become involved at the regional level in health care planning and decision-making. There are approx. 25,000 in the region.

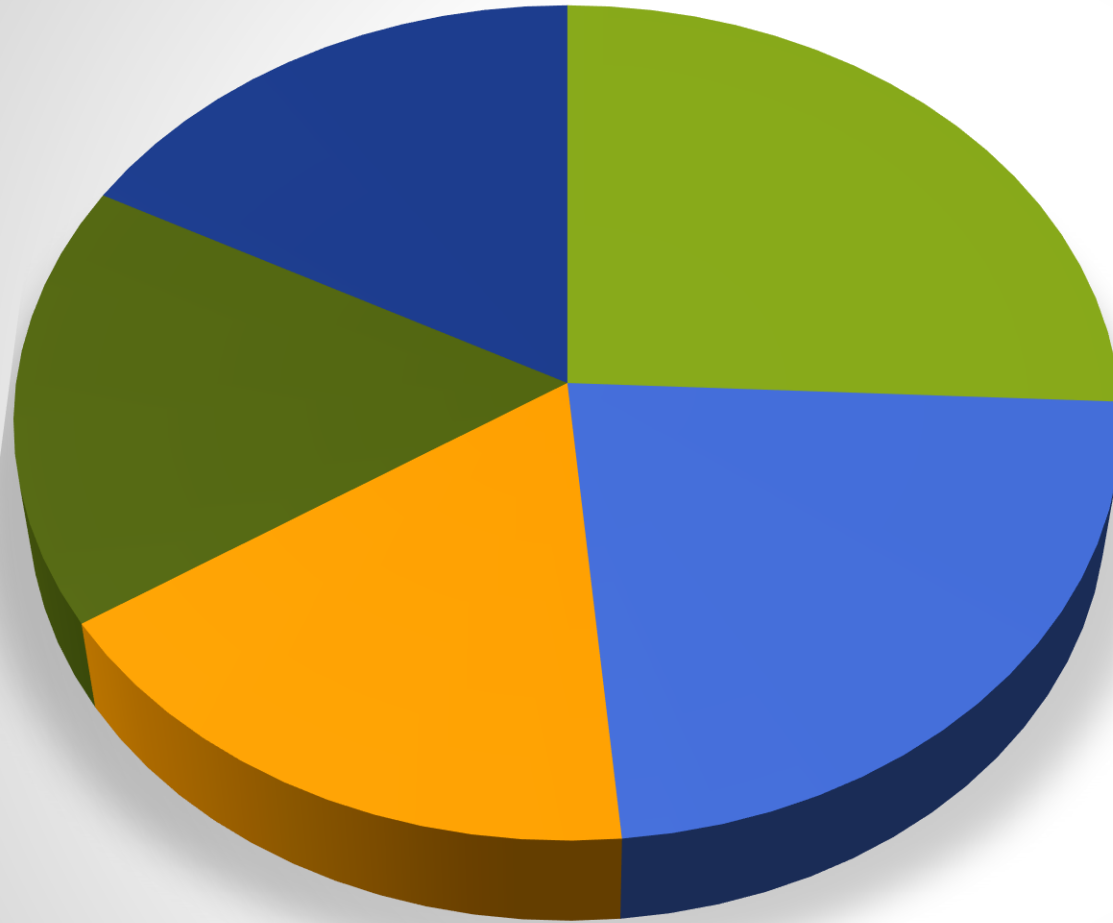
MEETING WITH OUR COMMUNITY

First Nation, Métis and Inuit community members met several times this past year, beginning in February 2016 with a community meeting on Patients First.

Other community meetings included:

- ✧ Aboriginal Health Forum - March 2016
- ✧ Palliative Care Community Consultation – August 2016
- ✧ MCYS Community Mapping Project - August 2016
- ✧ MCYS Final Report Back to Community – November 2016
- ✧ Provincial Poverty Reduction Strategy – November 2016
- ✧ Indigenous/Métis Treatment Centre Update – February 2017
- ✧ AHC Visioning Day – March 2017

TOP 5 PRIORITIES IDENTIFIED AT THE AHC HEALTH FORUM 2016



- Education and Training on FNMI history & culture for all health professionals
- Acceptance, recognition and use of traditional methods/medicines
- Aboriginal community manages funds for self-directed programs
- Aboriginal liaisons/navigators in all primary care (become the norm)
- Indigenous Treatment Centre

WHAT WE HEARD FROM THE COMMUNITY: EMERGING THEMES

From the community meetings, there were consistent messages and themes that were heard.

- 1) Integrating the Health Care System in NSM LHIN
- 2) Expanding Indigenous/Métis led Health Care Services
- 3) Supporting Traditional Healing Practices
- 4) Increased Involvement in Decision Making

WHAT WE HEARD FROM THE COMMUNITY: IDENTIFIED NEEDS

1) Integrating the Health Care System in NSM LHIN

- Taking a wholistic approach to health care, recognize impact of social determinants of health
- Federal and Provincial governments to work together (better understanding of jurisdictions)
- Relationships between patients and providers that are reciprocal and authentic
- Health care providers educated in Indigenous/Métis Ways (cultural safety training)
- Recognize clearly the difference of isolated communities vs. urban communities
- Voluntary Self-Identification Processes throughout Health Care System

2) Expanding First Nation/Métis led Health Care Services

- Dedicated or separate funding envelope for Indigenous services to develop or grow
- Services for culturally appropriate Home & Community Care, Long-Term Care, Hospice and Palliative Care for each community. Aboriginal Patient Navigators in each hospital.
- Need for First Nation/Métis Primary Health Care Team, governed and delivered by the FNMI community
- Need for First Nation/Métis, Inuit Youth Treatment Centre & Youth Healing Lodge

WHAT WE HEARD FROM THE COMMUNITY: IDENTIFIED NEEDS

3) Supporting and Expanding Traditional Healing Practices

- Recognize the value of Traditional Medicine practices, with stable funding for Aboriginal Healers
- Partnerships between traditional healers and family doctors
- More culturally based, land based, wellness programs within community
- Support & resources for regaining and retention of traditional medicines and ceremonies
- Traditional healers in community Health Centres, Health Links, Family Health Teams & community.

4) Increased Involvement in Decision Making

- Community designs and delivers health care services and manages funds for self-directed programs
- Aboriginal Health Circle as the focus to support health service development and delivery
- To be a strong, respected and equal voice at the planning tables
- To move the language from “engagement” to “decision-making”
- To encourage and insist that LHIN regional planning tables take a committed approach to include Indigenous and Métis involvement in the Patients First process.

AHC – 2016/17: A YEAR IN REVIEW

The AHC meets bi-monthly to plan, and to respond to emerging health issues across the LHIN. Following the direction and input provided during community meetings, including the priorities identified at the 2016 AHC Health Forum, this year the AHC did substantive work in the following areas:

- ✧ Home and Community Care
- ✧ Hospice and Palliative Care
- ✧ Health System Improvement
- ✧ Capacity Building
- ✧ Primary Health Care
- ✧ Indigenous Youth Treatment Centre

HOME AND COMMUNITY CARE

- AHC provided input into the One Sector Support and Levels of Care Framework
- The Ontario Renal Network connected to our community to promote early screening
- AHC has representation at the Personal Support Strategy Committee and sub committees, working to increase access and participation for FNMI communities.
- AHC Recommendations to
 - Increase culturally based nursing and CCAC supports in First Nation and Indigenous communities. Address accessibility issues.
 - expand Aging@Home personal support worker program into other communities
 - Increase FNMI work force by working with Georgian College on a Pathways to Health program followed by a PSW course
 - More seniors geriatric services

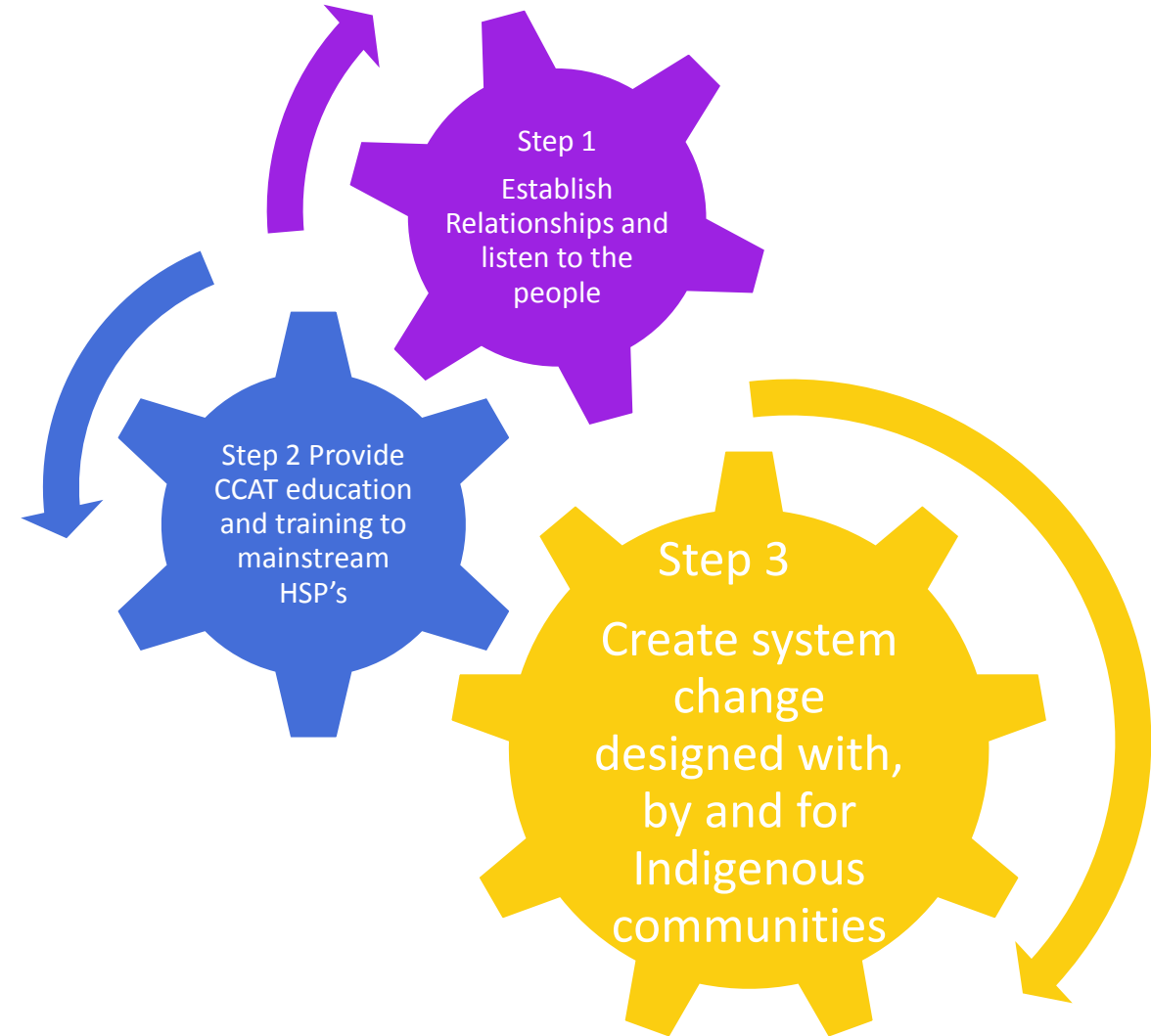


RAMA FIRST NATION: PROVIDING CULTURAL BASED LONG TERM CARE SERVICES, SUPPORTIVE & INDEPENDENT LIVING FOR SENIORS

- Community owned, managed and operated, using community funds.
- 10 – extended care 24 hour beds for seniors with complex conditions served by qualified First Nation staff
- 1 hospice/palliative care bed
- 18 Independent living units that support family visiting including PSW supports
- Exercise room
- Large cultural room for gatherings, dining, etc.
- A model for other local First Nations

HOSPICE AND PALLIATIVE CARE

- AHC provided input into the Simcoe Muskoka Cancer Care plan 2016-2019 (to improve the performance of the cancer system)
- Established AHC representation on the NSM Regional Palliative Care Network steering committee (ensure integrated and coordinated care considering unique cultural and spiritual needs)
- Provided guidance to support the online Cancer Care training with Indigenous Elders that included lunch and learns
- Gaps were identified and include the need for cultural spaces for smudging, pipe ceremonies, etc. at hospice sites
- AHC & the LHIN hosted a community engagement session for palliative care. The need for palliative care in the First Nation communities was identified as a necessity
- RVH CCO with Beausoleil for OTN support for palliative care
- RVH CCO and AHC working on a training program and homelessness supports for palliative care



HEALTH SYSTEM IMPROVEMENT

System Change:

- ✧ Supporting Health Links in identifying Indigenous/Métis patients
- ✧ Smudging policy developed at the Cancer Care Unit at RVH. Model for other health institutions.
- ✧ Voluntary Self-Identification becoming recognized as an important tool in health service improvement. Currently In use at GBGH. Use expanding across the LHIN, i.e., OSMH
- ✧ On-going funding secured for Aboriginal Patient Navigator at GBGH
- ✧ Recognition of Indigenous health needs as a priority at LHIN planning tables
- ✧ Growing recognition of the value of traditional healing practices
- ✧ FNMI participation in the development of a regional strategy for Peri-Natal Mood Disorder

CAPACITY BUILDING

Capacity Building in First Nation & Métis Communities. Regional training with over 600 participants provided as follows:

- ✧ Traditional Teachings: The Creation Story (Jim Dumont), 13 Moons Teaching, Traditional Medicines with Esstin McCleod, Feather Carriers: Leadership for Life training
- ✧ Mental Health and Addictions Training: Trauma Informed Care with Jane Middleton Moz; The Addicted Brain with Dr. Jim Cullen;
- ✧ Partnerships with Centre for Addiction and Mental Health to provide training in our region.
- ✧ Regional training in screening for Infant Mental Health with Dr. Chaya Kulkarni

Capacity Building with our Partners:

- ✧ 2-Day Cross Cultural Awareness Training throughout the year (105 participants)
- ✧ Deliver a “Train the Trainer 2 week Program” – 25 participants completed training, build capacity
- ✧ Cross Cultural Awareness Training for: LHIN Board & Staff, 5 Hospice agencies with up to 100 participants, Wahta Health Hub, and the Homeless Committee
- ✧ Core Indigenous Cultural Safety online training for 174 health service professional as a foundational component
- ✧ Annual report for HSP’s to identify number of Indigenous Cultural safety training and local CCAT training and support HSP’s with voluntary self identification.

PRIMARY HEALTH CARE

- In the many First Nation/Métis community meetings held this past year, community members expressed their concern for the challenges experienced in accessing primary health care that was timely and culturally safe.
- There were many suggestions (Patient First Consultation & AHC Health Forum 2016) as well as at the AHC Visioning Day in Feb. 2017 that Primary Health Care for the Indigenous Metis populations would improve if respectful relationships could grow.
- Indigenous/Métis design, delivery and management of services within the Primary Health Care system would result in better health outcomes.
- There are many examples in Ontario that demonstrate the capacity of the Indigenous/Metis community to deliver Primary Health Care services that are effective in producing good health outcomes. There are 10 Aboriginal Health Care Access Centres in Ontario that have been doing this work since 1995.
- The AHC is staying apprised of potential opportunities within the MoH to develop an Indigenous Primary Health care team.



INDIGENOUS PRIMARY CARE

Pictured is the new Aboriginal Health Access Centre located in Ottawa

The services delivered by the Wabano Health Access Centre have been in place since 1997.

Primary Health Care is delivered to the First Nation, Métis and Inuit populations



A VISION FOR AN INDIGENOUS TREATMENT CENTRE

WORK TO DATE:

- FEASIBILITY STUDY AND PRELIMINARY BUSINESS PLAN SHARED WITH MINISTRY OF HEALTH & MCYS,
- DEVELOPMENT OF BUSINESS PLAN WITH HUMAN RESOURCES CONTRIBUTED BY WAYPOINT,
- INTERIM SITE COMMITTEE TO DEVELOP CRITERIA FOR SITE SELECTION
- SUPPORT IN PLACE FROM COMMUNITIES, PARTNERS AND NSM LHIN

NEW INVESTMENTS FROM THE LHIN THIS YEAR FOR 2016/2017

First Nation, Métis & Inuit Patient Navigator 100 K

- Beausoleil First Nation

Expanded Home & Community Care,
Transportation 120 K

- Moose Deer Point First Nation

One time investments for Equipment and Seniors
Needs Assessment 50K

- Wahta First Nation

AHC INVOLVEMENT IN OTHER INDIGENOUS STRATEGIES

INDIGENOUS EARLY YEARS STRATEGY, ETC.

- Participation at the Special Needs Reference Group
- Perinatal Mood Disorders
- Infant Mental Health
- Expansion of urban childcare
- Creation of Child & Family Centres/Hubs
- HKCC supports

INDIGENOUS CHILDREN & YOUTH STRATEGY MCYS COMMUNITY MAPPING REPORT

- **The Community Mapping Project identified community needs for:**
- Indigenous Youth Addiction Treatment Centre
- Youth Healing Lodge
- Therapeutic homes
- Land Based cultural programs
- Child Welfare Reform

MIIGWETCH - SAGO - MERCI - THANK YOU!

- The Aboriginal Health Circle acknowledges the work of the Indigenous & Métis community and service providers in giving their time and effort in visioning a better health care system for all
- The Aboriginal Health Circle acknowledges the support of our community partners in working toward inclusion of Indigenous & Métis health, and especially Waypoint Mental Health Centre and the Simcoe Canadian Mental Health Association,
- And to the North Simcoe Muskoka LHIN for ongoing support and commitment to positive change.